Measurement Challenges In Shared Decision Making – Putting Patients Back Into Patient Reported Measurement

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Background
The methodological challenge of measuring clinical performance of shared decision making (SDM) is increasingly relevant to health professionals. Incentives have been proposed to encourage clinicians to engage in SDM with patients, yet identifying valid and reliable measures has proven difficult. In a recent review of measures in the field of SDM, psychometric properties were assessed, however the initial development of the measures was not reported. This first step is integral to the measures validity as without thorough development it is difficult to be sure of the construct the items are purporting to measure.

Methods
We reviewed the development of the 13 PRMs reported in a recent review of measures in the field of SDM. We reviewed each of the papers and extracted data using a standardized case report form. We focused on whether the target audience, patients, was involved in the development of the items included in the measure.

Findings
We found that patients were only involved in the development of three of the 13 measures. The lack of patient involvement in patient reported measure (PRM) development is associated with two threats to content validity common to all 13 PRMs of SDM: 1) an assumption of patient awareness of 'decision points' and 2) an assumption that there is only one decision point in each healthcare consultation.

Discussion
The lack of patient involvement in the development of patient reported measures in the field of SDM is surprising. This threatens the accurate assessment of SDM performance, which may hamper efforts to introduce incentives related to its implementation. The use of qualitative methods, such as cognitive interview, may help improve measure development.

Special Interest Group Meeting

Stakeholder workshop on the development of guidelines for reporting evaluation studies of patient decision aids

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Overall aim
To engage a broader group of stakeholders in development of a checklist and guidelines for reporting on evaluation studies of patient decision aids based on the work of the International Patient Decision Aid Standards (IPDAS) Reporting Guidelines group.

Description
The IPDAS collaboration aims to enhance the quality and effectiveness of patient decision aids (PDAs) by establishing an evidence-informed set of criteria for improving PDA content, development, implementation and evaluation. In 2013, the background IPDAS chapters were updated to reflect the current state of the evidence supporting the IPDAS standards. Several chapters highlighted significant deficits in the reporting of studies evaluating PDAs, particularly in the areas of reporting on the elements of the PDA and measurement. This prompted the development of the IPDAS Reporting Guidelines group to examine the need for reporting guidelines.

Improved reporting of studies has important implications for advancing the PDA evidence base, focused and informed peer-review, effective interpretation and meta-analysis, and implementation of high quality PDAs.

The IPDAS Reporting Guidelines group, with representatives and input from authors of each chapter, has been working for the past year to develop a draft reporting guideline. During this workshop we will discuss the feasibility and usefulness of reporting guidelines, present the work in progress, and seek feedback and comments from the participants to inform development of the final guidelines.

Learning objectives
During this interactive workshop, participants will

1. Learn the components necessary for high quality reporting of effectiveness studies of PDAs.
2. Examine how reporting checklists and guidelines in other areas have been developed and the advantages of having clear, well designed reporting standards.
3. Discuss and provide feedback on the proposed checklist and guidelines including reporting of key measures such as decision quality (the extent to which patients are well informed and receive treatments that match their goals) and decision making process (the extent to which patients are engaged and involved in selecting treatments).

Pre-requisite knowledge/requirements
None, particularly relevant for those who have conducted or plan to conduct evaluation studies of PDAs.

Desired attendance numbers
50 – 100 depending on conference attendance

Duration: 90 Minutes

1. Purva Abhyankar, Hilary Bekker, Angela Coulter, Deb Feldman-Stewart, Aubri Hoffman, Annie LeBlanc , Carrie Levin, Dan Matlock, Mary Ropka, Victoria Shaffer, Stacey Sheridan Peep Stalmeier, Celia Wills