

of membranes and 4) failure to assess patient understanding/recall. Final analyses will determine whether such themes arise differentially by race, insurer, or specialty.

CONCLUSIONS/IMPLICATIONS

Delivery and resuscitation decision-making for periviable neonates has life-altering implications for parents and families. Yet, our preliminary findings suggest that key components of shared and informed decision-making are absent when obstetricians and neonatologists counsel patients about these options and decisions. Final analyses will shed light on the potential for race or class-based disparities in the degree that shared decision-making occurs in this setting.

132. ▲ A Fast and Frugal Patient Reported Measure of the Shared Decision Making Process: A Protocol for Assessing the Psychometric Properties of CollaboRATE.

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BACKGROUND

Several reviews of shared decision making (SDM) measures have highlighted that a brief, broadly applicable, reliable and valid patient-reported measure of SDM in the clinical encounter is lacking. In consultation with patients, we have recently developed such a theoretically derived three-item measure known as CollaboRATE and intend now to assess its psychometric properties. This paper describes the study protocol.

METHODS

The study will adopt a novel approach to experimentally assessing the validity and reliability of CollaboRATE using a series of simulated doctor-patient encounters. Participants in this study will comprise a socio-demographically representative sample of 1,300 adults who reside in the United States and understand spoken and written English. Participants will be recruited from an internet panel and will complete an online survey. During the survey, participants will be randomly allocated to view one of six simulated encounters. Three dimensions of care will be manipulated across the six encounters: (i) effort made by the provider to explain the health issue, (ii) effort made by the provider to elicit patient preferences, and (iii) presence of integration of patient preferences into decision-making. After viewing the encounter, participants will be asked to complete CollaboRATE. Differences in ratings across groups will be assessed to determine support for the convergent validity of the measure. Participants will also complete longer, validated measures of shared decision-making (to assess concurrent validity) and a measure of the perceived technical skills of the provider (to assess

discriminant validity). Finally, a subsample of 300 participants will complete the survey on a second occasion, some of whom will view the same encounter again, allowing the examination of both test-retest reliability and responsiveness of CollaboRATE.

CONCLUSIONS

If demonstrated to be valid and reliable, CollaboRATE will represent a patient-reported measure of SDM that could be broadly applicable to a wide range of health encounters and suitable for use in routine practice to provide real-time feedback to providers and institutions.

139. ✦ How can we activate patients? The remaining change for health

Spanish Presentation

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How can we activate patients? The remaining change for health OBJECTIVE

To achieve the necessary skills to activate their patients in order to improve their effectiveness to recover or keep up their health Specific objectives:

1. To release to the attendees the different projects in the Strategy to Tackle the Challenge of Chronicity in the Basque Country, Spain, especially in the area of "Empowerment the patient (Patient-Active and Osarean)"
2. To work together the skills to promote the proactivity of patients and think over the strategies to empower patients
3. To show to the attendees the different technical that we use in the Active Patients Program.
4. To think over about the importance of sharing health decisions with patients and respect their own decisions.

RELEVANCE

The new framework in health care, where chronic diseases have a big weight, requires the patient to be proactive and take part for their health. We need a change in the paradigm of health care, from a paternalistic model to a model of shared decision making between patients and health. The health professionals has generally been formed in the paternalistic model and hence requires knowing and practicing tools to get patient activation and involvement in your health care both face and non-face

METHODOLOGY

We'll try to stimulate individual reflection of students through a previous survey (see attached annex) and after it we'll make work in groups. We'll make a theoretical and practical session to expose the issues of paradigm change towards shared decision making and Active Patient Program. We also show them the non presencial tools. The attendees will participate in a session group, experimenting with Role Play methodology how to carry out an Active Patient session and working basic tools of proactivity. And finally we'll make a discussion about the importance of change to a patient participation and what it takes to get it.