

133. ■ Developing CollaboRATE - A Fast and Frugal Patient-Reported Measure of the Shared Decision Making Process in the Clinical Encounter

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BACKGROUND

Measuring shared decision making (SDM) from the patient perspective is difficult. Our goal was to develop a measure of the SDM process that is fast, frugal, and scalable. Our first step was to focus on generating items and assessing their interpretability among lay people using cognitive interviews.

METHODS

We reviewed published models of SDM to identify the key dimensions and develop test items. First, we assessed specified dimensions by asking patients about the efforts made by providers to perform the following tasks: 1) the explanation of health problems or issues; and 2) the elicitation of patient preferences. We developed preliminary sets of items, for each dimension, with multiple possible sub-phrases. We recruited individuals from public areas in the Dartmouth-Hitchcock Medical Center, populating a pre-specified sample matrix on dimensions of age and gender. Cognitive interviews were conducted to assess participants' comprehension and interpretation of test items. Interviews were recorded and independently analyzed. A final set of items was piloted with patients immediately following a clinic visit to assess face validity and ease of completion.

RESULTS

We interviewed 27 participants (12 in the first round, 15 in the second round) and piloted the instrument with 30 participants in the final clinic round. Three age categories (18-44, 45-64, and over 65) were evenly represented. During the interviews, we found participant responses reflected challenges of interpretation when asked directly about dimensions. Through further cognitive interviews, we were able to identify terms and construct items that were understood by participants and more closely aligned patient interpretation with the definition of dimensions in the field. The term 'matters most to you' closely aligned with 'preferences' and 'what to do next' reflected 'decision-making'. Another key finding was the need for a third item that represented the dimension of "preference integration" into the decision-making process beyond "preference elicitation". The final three-item scale was piloted and participants responded positively to the brevity of: time to complete (less than 30 seconds) and the clarity of the items.

CONCLUSIONS

We developed a three-item measure of the SDM process ensuring end user's understanding and interpretations were aligned with intended measurement goals.

110. ■ Discussions of Chemotherapy-Induced Nausea and Vomiting and its Management in Oncology Visits

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BACKGROUND

Chemotherapy-induced nausea and vomiting (CINV) is a common and troubling side-effect of cancer treatment. Despite the availability of treatment for CINV, it is not known how patients are informed about its management, particularly for delayed symptoms that patients must manage at home (i.e., CINV that occurs hours or days after chemotherapy is administered).

METHODS

Initial (prior to chemotherapy) and second (after first chemotherapy was administered) visits by patients to an oncologist and/or nurse across 5 sites were audio-recorded. Nurse visits were included in the sample as advanced practice nurses routinely are responsible for providing detailed information ("chemo education"). Two coders independently coded the recordings for discussions of CINV, other side effects, and instances of patient understanding. Kappas for inter-rater reliability ranged from .66-.91.

RESULTS

Of 73 visits recorded with 20 patients, 35 were with the oncologist (22 initial; 13 second) and 38 with an oncology nurse (28 initial; 10 second). Visits averaged 19.6 minutes (range: 1.8-41.5) in length, with an average of 1.3 minutes spent discussing CINV (range: 0.0-6.8). CINV management strategies were discussed frequently in both initial visits with oncologists (n=26, 68%) and second visits (n=11; 85%). However, when it was discussed, physicians averaged less than one minute (0.7 min) talking about CINV in pre-chemo visits compared to 1.3 minutes in post-chemo visits. Patient understanding was asked about in most visits with physicians (n=20/35; 57%). Patterns among nurses were somewhat different. In all 28 initial visits with nurses, CINV was discussed, for an average of 1.9 minutes. In second visits with nurses, CINV was discussed in 9/10, for an average of 1.1 minutes. Nurses gave more detailed information regarding management of CINV (111 instances compared to 26 for physicians), primarily in initial visits.

CONCLUSIONS

Studies that focus on patient management of symptoms, particularly in oncology, should include detailed analysis of information given by nurses, as they are likely to give specific information to help patients decide about management strategies. Although CINV is addressed frequently in this sample, assessment of patient understanding is inadequate. Patients may need more support to self-manage symptoms in the outpatient setting.