experiences impacted their opinions about their providers. The most common initial reaction to the video was that it portrayed how healthcare decisions are ideally made. However, patients and their families noted this process may vary dependent on the urgency of the decision. Many participants raised the issue of family conflict in decision making which impacted their overall experience. Patients also acknowledged they want to feel their provider has "expertise" and they understand decision making is complex.

CONCLUSION

There is variation in patient understanding of SDM and its key components. Patients' experiences with SDM in their care also varied. When shown an example of SDM, patients expressed positive feelings about the concept. More effort is needed to understand how to more effectively promote patient understanding of SDM in order to support clinical implementation efforts.

Table 1: Focus Group Characteristics			
Participants	Total=38	Female=30	Male=8
Age (Years)	35 to 54=16	55 to 74=19	75 and older=3
Income (US Dollars/yr)	Less than 40,000=13	40,000 to 100,000=20	More than 100,000=3
Ethnicity	White=29	African American=7	Other=2

Table 2: Who was involved in the decision making process?	%
Medical specialist	74%
Primary care physician	58%
Spouse	50%
Son/Daughter	40%
Sibling	32%
Parent	29%
Friend	26%
Clergy	11%
Other	11%

35. ✖ Augmenting the Patient Voice: Protocol for a Scoping Review to Assess the Development and Feasibility of Previous Intervention Methods

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BACKGROUND

Despite established interventions fashioning patient-centered design principles to improve healthcare delivery, current studies offer no reasonable explanation that account for the slow progress associated with augmenting the patient voice in the clinical encounter. For the purposes of this study, we define the patient's voice as the ability to express views, opinions, and preferences and elicit desired information. Research investigating tools to capture the patient voice demonstrate gains by informing patients of their treatment options, but integration of these strategies in routine care remains problematic. This scoping review aims to: 1) characterize and categorize methods designed to augment the patient's voice; 2) summarize the evidence of their efficacy; and 3) develop and use a method to assess their usability, feasibility, and scalability as well as the degree to which patients were engaged in their development.

METHODS

We will search PubMed/Medline, Web of Science, CINAHL, PsycINFO, and Google Scholar for peer-reviewed articles that report the development and evaluation of various methods designed to augment the patient voice, including those focused on patient engagement, empowerment, and activation. We plan to classify methods into categories based on key descriptive and analytic characteristics (e.g., expected duration, degree of completion difficulty, level of literacy required, and effectiveness). We will synthesize evidence of intervention efficacy defined by "the power or capacity" to augment the patient voice. Lastly, we will assess the readiness of the methods for the real world based on four criteria: co-production (to what extent were patients engaged in intervention development), usability (ability to navigate or access intervention), feasibility (does the intervention fit well into usual care practices), and scalability (can this intervention be replicated in similar settings across among diverse organizations).

CONCLUSIONS

This scoping review will provide an overview of the evaluated methods, and summarizes their degree of efficacy, usability, feasibility and scalability. It will also identify gaps and attempt to understand why so many interventions have had such limited impact and sustained uptake to date, paying specific attention to work to date that has employed the methods of user participation and experience.