

clinical evidence. We have developed a model of the key elements in a development process that we believe should be followed and documented by all PtDA developers.

## CONCLUSIONS

The case for including each of the elements is pragmatic rather than evidence-based. Optimal methods for ensuring that each stage of the process is carried out effectively require further development and testing.

## ▲ How well do publicly available patient decision aids meet the IPDAS quality criteria?

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## BACKGROUND

The Ottawa Decision Aid Library Inventory (DALI) was created in 2003 as an end product of the “Decision aids for people facing health treatment or screening decisions” Cochrane review. It was designed as a web application to allow people to find patient decision aids (PtDA) that were publicly available (A to Z Inventory (AtoZ)) and allow PtDA developers to register their PtDAs and use the Complete Inventory to find other PtDAs not publicly available (in development, out-of-date).

## METHODS

Descriptive analysis of the PtDA quality ratings in the AtoZ. DALI includes results from the IPDAS criteria rated 9 out of 9 (30 items). For small scale developers, PtDAs are entered individually. For large scale developers (producing >10), PtDAs are managed in bulk based on their development process. An administrative review of the data is done before any PtDA is included in the AtoZ. For this analysis, PtDAs in the AtoZ were combined by developer group.

## RESULTS

As of January 2013, there are 285 PtDAs in the AtoZ from 25 developers (up from 215 PtDAs and 10 developers in 2008). Last year, there were 37,618 visits with 111,688 views of the AtoZ. Quality appraisal summary is based on the 5 large developer, plus a group that includes PtDAs from the 20 small developers. All developers met most content criteria. However, only 2 of 5 large developers and 75% of small developers presented probabilities. For development criteria, needs assessments, field testing and readability are inadequately reported to be able to judge these criteria. For evaluation criteria, 3 of 5 large developers and 39% of small developers have report improved knowledge but only 1 of 5 large developers and 20% of small developers have evidence of informed values matched choice.

## CONCLUSION

The AtoZ is a highly used resource. The number of developers is still low with many producing only a single PtDA. Development criteria are likely to be better with improved reporting. More research is required to meet IPDAS effectiveness criteria of achieving an informed values matched choice.

## ◆ Patient perspectives on the utility of decision aids: “Before I read this, I thought, ‘Oh well, you just have to go with what the doctors say’”

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## BACKGROUND

Although patient decisions aids have been studied in numerous trials, their potential for improving communication and shared decision-making within the clinical encounter remains unclear. We have a particularly superficial understanding of patient perspectives on this issue. We sought to examine patients’ perceptions of the utility of decisions aids in supporting them to construct informed, values-consistent preferences and participate actively in decision-making in the clinical encounter.

## METHODS

We interviewed 27 pregnant or postnatal women residing in Queensland, Australia to assess their perspectives on one of five maternity care decision aids. To maximise sample diversity, women were recruited from both urban and rural areas and were not required to have used the decision aid previously. Interviews were semi-structured and conducted face-to-face or over the telephone. Women who had used the decision aid as intended were asked about its actual utility while women who had not were exposed to the tool and then asked about its utility in hypothetical terms. Interviews were audio recorded, transcribed and analysed.

## RESULTS

The clear, comprehensive information provided and the non-directive communication of options and outcomes were the most highly valued features of the decision aids. Although women regarded the decision aids positively, several reported that the tools would serve largely to validate and confirm pre-existing preferences, rather than to stimulate deliberation and construction of informed, values-consistent preferences. These women considered the decision aids most beneficial for those who lacked an existing preference, particularly women pregnant for the first time. Many women said that the decision aid made them aware of their right to participate in decision-making, reinforced the importance of their personal values, and increased their confidence to communicate their preferences openly and assertively. However, women’s simultaneous references to significant patient-provider power differences in the clinical encounter cause us to question whether these benefits would be realised in actual practice.

## CONCLUSIONS

This study demonstrated that decision aids are welcome and valuable tools for patients, if not always for intended reasons. More research is needed to determine whether increases in patient confidence to participate in decision-making translate into changes in patient and provider behaviour in the encounter.