A shared decision making approach to knowledge transfer and exchange

KT-08 Forum

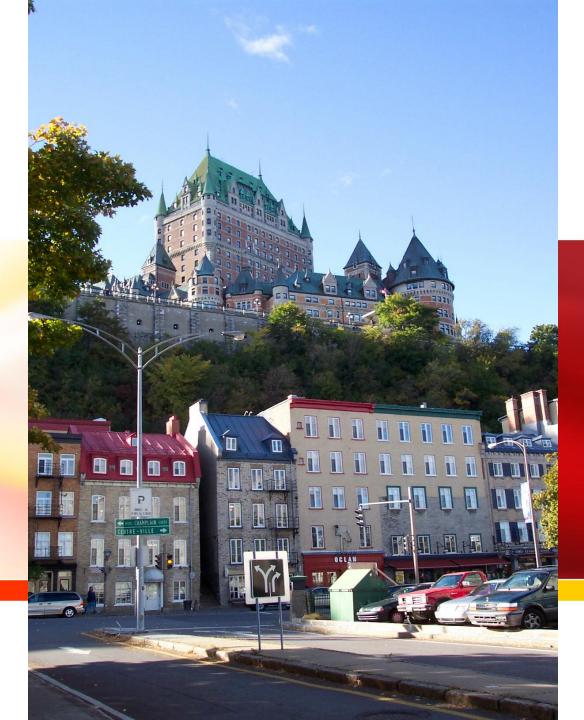
Banff, Alberta June 9th 2008

France Légaré, MD, PhD, (F)CCMF Canada Research Chair in Implementation of Shared Decision Making in Primary Care



Bienvenue!

Québec 1608-2008





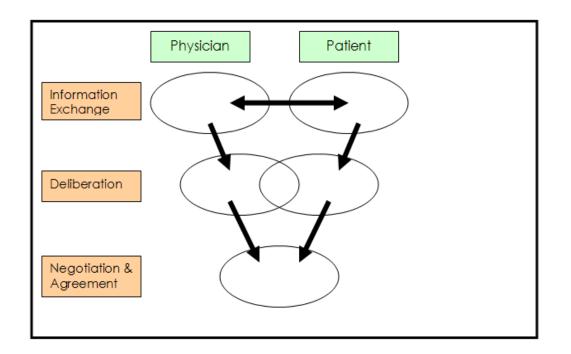
- •Define a SDM approach to KTE
- Identify gaps in knowledge
- Present some of the projects addressing these gaps



What is a SDM approach to KTE?



Shared Decision Making



Dunn, S. 2008



Adapted from Charles and Gafni, 1999

Effective knowledge exchange

•"Interactions between clinicians and patients which result in mutual learning through the process of planning, producing, disseminating, and applying existing or new evidence in clinical decision-making."



SDM approach to **KTE**

A process that is embedded in a specific relationship and by which both the clinician and the patient influence each other's cognitions, emotions and behaviours, and come to agreement about a decision.



What are the gaps in knowledge for a SDM approach to KTE?



Gaps in knowledge

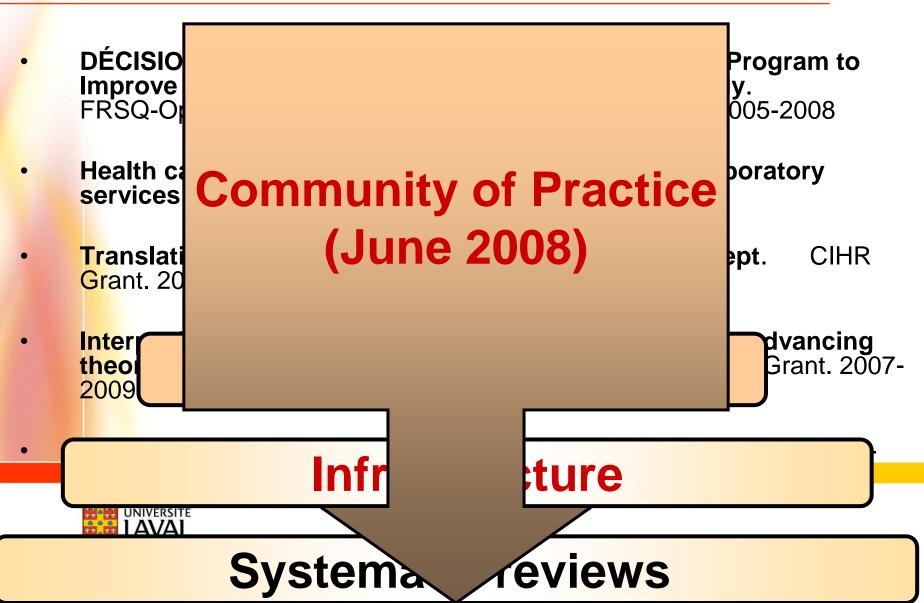
- Lack of proper research infrastructure
- Lack of theorisation
- •Lack of valid and reliable measurements
- Lack of analytical strategies for clustered relationship-centered* studies
- Lack of effective intervention



What are some of the projects addressing these gaps?



Research program



Review – measures of MD-DM

References identified and screened: 3431

Included instruments: 11 (39 articles)

Conceptual Year of PT Reliability Validity publication basis version Yes: 9* Yes: 5* Yes: 10* 1986 to 2007 Yes: 9 No: 1 No: 5 Unknown: 1** Unknown:1** Unknown: 1**

*Dyadic approach to measurement for 2 instruments **Original study in German not included



Légaré F, et al. BMC Med Infor Decision Making. 2007;7:30

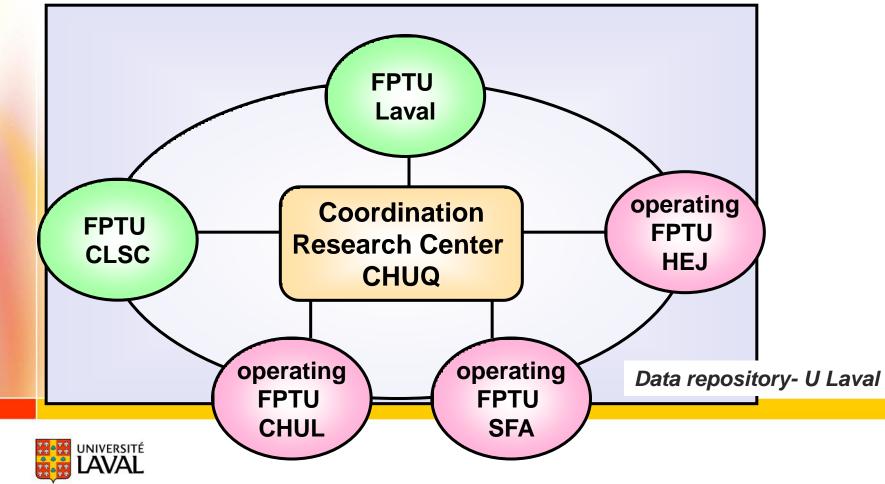
Review – measures of SDM

Perception of	Assessment of the interaction		Perception of
patient of clinician (e.g. satisfaction with process)	Interdependence		clinician of patient (e.g. satisfaction with process)
	a. Dyadic– both clinician and patient completed the instrument (e.g. DCS)	b. Third observer (e.g. OPTION)	
17	4	6	0



IP-SDM CIHR Research Team. May 20th-21st 2008. Québec City

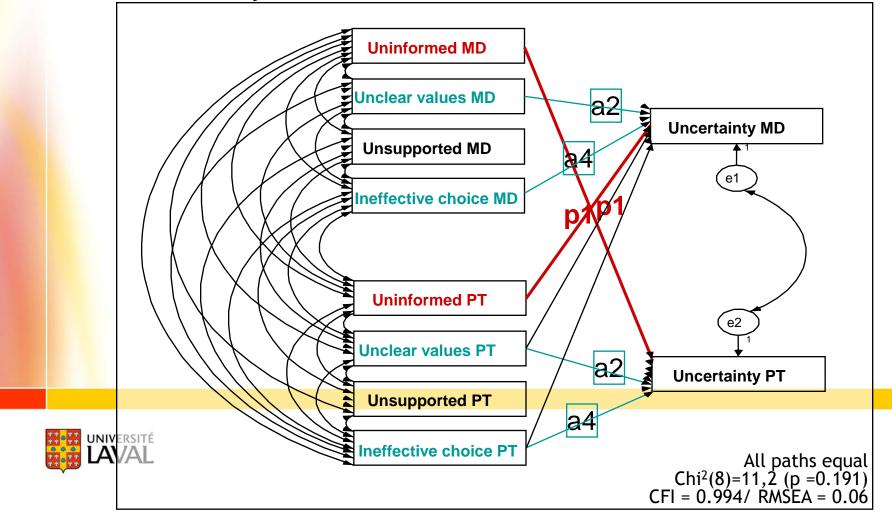
Laboratory –CFI funded



FPTU= Family Practice Teaching Unit

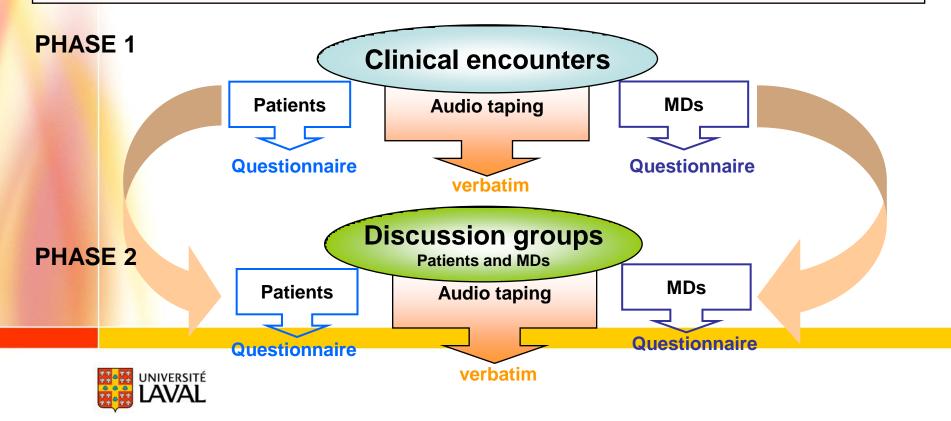
Actor-Partner-Interdependence Model application (LeBlanc A. et al. Accepted)

Uncertainty and its modifiable deficits

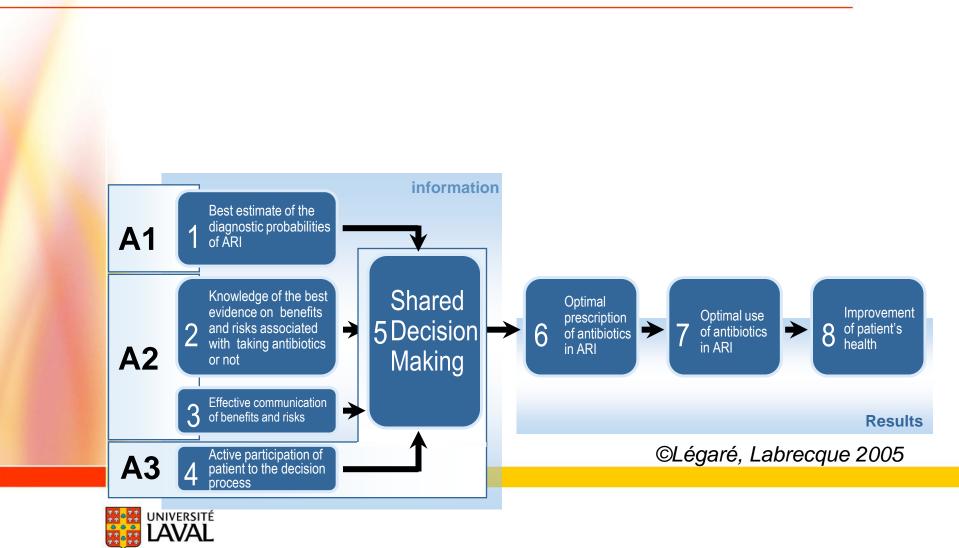


Prenatal screening test – preliminary results

Légaré F, Rousseau F et al. Implementation of a shared decision making int the context of prenatal screening for Down syndrome in primary care. Ongoing



Intervention



Légaré F., Labrecque M., et al. BMC Family Practice, 2007

Translating shared decision making into health care clinical practices: proof of concepts



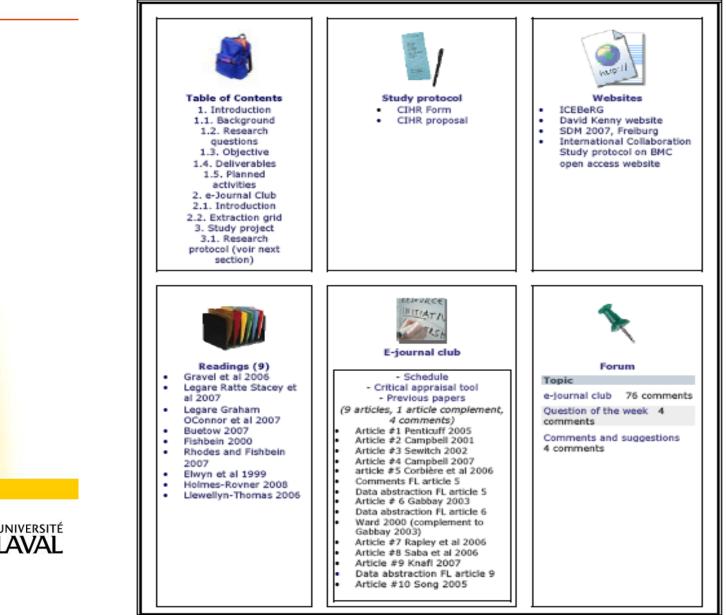
Légaré F, et al. Implementation Science 2008, 3: 2.





Légaré F. et al. Translating shared decision making in clinical practice: convening a community of practice

WELCOME TO THIS INTERNATIONAL COLLABORATION VENTURE! The main goal of this new international collaboration is to bring together the resources and the expertise needed to develop an interdisciplinary and international research team dedicated to the study of implementing SDM in clinical practice using a dyadic perspective.



CONCLUSION

 It is anticipated that in the future we will use a relationship-centered* approach to knowledge translation and exchange more often since it has the potential to help increase our understanding of the interdependence occurring between patients and providers.







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http://decision.chaire.fmed.ulaval.ca/