A comparison of processes and outcomes in the MAGIC programme (Cardiff)

Implementing SDM in clinical practice

Background
Few sites have demonstrated successful implementation of shared decision making (SDM) or patient decision aids (PDAs) outside a research setting. The Health Foundation commissioned the Making Good Decisions in Collaboration (MAGIC) programme to explore how to implement SDM in clinical practice. Two different implementation phases were conducted across sites in Cardiff and Newcastle. We report experiences in Cardiff.

Phase 1
Methods
• Intensive collaborative work with clinical teams to develop SDM interventions.
• Assessment of implementation strategies for embedding developed SDM interventions into clinical practice.
• Led by Cardiff University.

Results
• Four primary and four secondary care teams were recruited.
• A range of different interventions were piloted.
• Most successful interventions were advanced training workshops and interventions developed collaboratively with teams: Option Grids, Ask 3 Questions Campaign and Decision Quality Measures
• Sustained implementation of SDM tools 3yrs post intervention.

Phase 2
Methods
• Development of consultancy model (9 stage) for implementation of SDM interventions with limited resources.
• Assessment of widespread and sustained implementation of SDM interventions.
• Led by Cardiff and Vale University Health Board.

Results
• Three or less stages of the consultancy model were completed by 10/19 teams who expressed interest in SDM.
• Clinicians demonstrated raised awareness of SDM, citing SDM skills training as main determinant for change.
• No teams exhibited sustained implementation of SDM interventions.

Key Learning
• Changing clinicians attitudes should be the starting point of any attempt at SDM implementation.
• Attitude change was achieved not only by skills training, but also by bespoke and intensive support for the co-development of SDM interventions.
• Co-development of SDM interventions facilitated a consensus on the purpose and value of SDM to be achieved within clinical teams.
• Creating an organisational culture that views SDM as a vehicle for delivering service improvement may facilitate bottom up approaches to implementation and create and environment where fewer resources are required to change practice.