

Implementing SDM in clinical practice

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

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.

option grid

Breast cancer surgery

Use this grid to help you and your healthcare professional talk about how best to treat breast cancer.

Frequently asked questions	Lumpectomy with radiotherapy	Mastectomy
What is removed?	The cancer lump is removed, with some surrounding tissue.	The whole breast is removed.
Which strategy is best for long-term survival?	Survival rates are the same for both options.	Survival rates are the same for both options.
What are the chances of cancer coming back in the breast?	Breast cancer will come back in the breast in about 10 in 100 women (10%) in the 12 years after a lumpectomy. Recent improvements in treatment may have reduced this risk.	Breast cancer will come back in the area of the scar in about 8 in 100 women (8%) in the 12 years after a mastectomy. Recent improvements in treatment may have reduced this risk.
Will I need more than one operation?	Possibly, if there are still cancer cells in the breast after the lumpectomy. This can occur in up to 20 in 100 women (20%).	No, unless you choose breast reconstruction.
How long will it take to recover?	Most women are home within 24 hours of surgery.	Most women are home within 48 hours of surgery.
Will I need radiotherapy?	Yes, for up to six weeks after surgery.	Radiotherapy is not usually given after a mastectomy.
Will I need to have my lymph glands removed?	Some or all of the lymph glands in the armpit are usually removed.	Some or all of the lymph glands in the armpit are usually removed.
Will I need chemotherapy?	You may be offered chemotherapy, but this does not depend on the operation you choose.	You may be offered chemotherapy, but this does not depend on the operation you choose.
Will I lose my hair?	Hair loss is common after chemotherapy.	Hair loss is common after chemotherapy.

Ask 3 Questions



Phase 2

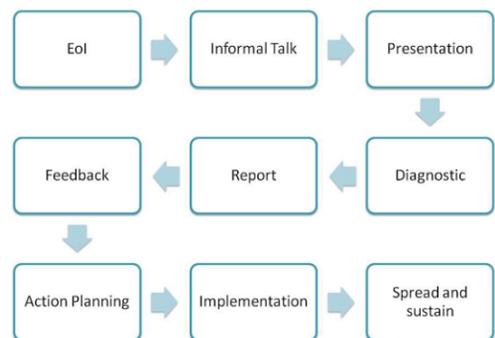
Methods

- 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.

Consultancy Process Steps



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 an environment where fewer resources are required to change practice.