Which validated methods and tools are currently available to teach the "patient preferences and values" component of Evidence Based Practice?

Taormina 2017

Milena Guarinoni, Lucia Dignani, Piersante Sestini

8th EBHC conference

Evidence Based Medicine

Dave Sackett (1934-2015)

Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.

Evidence Based Medicine

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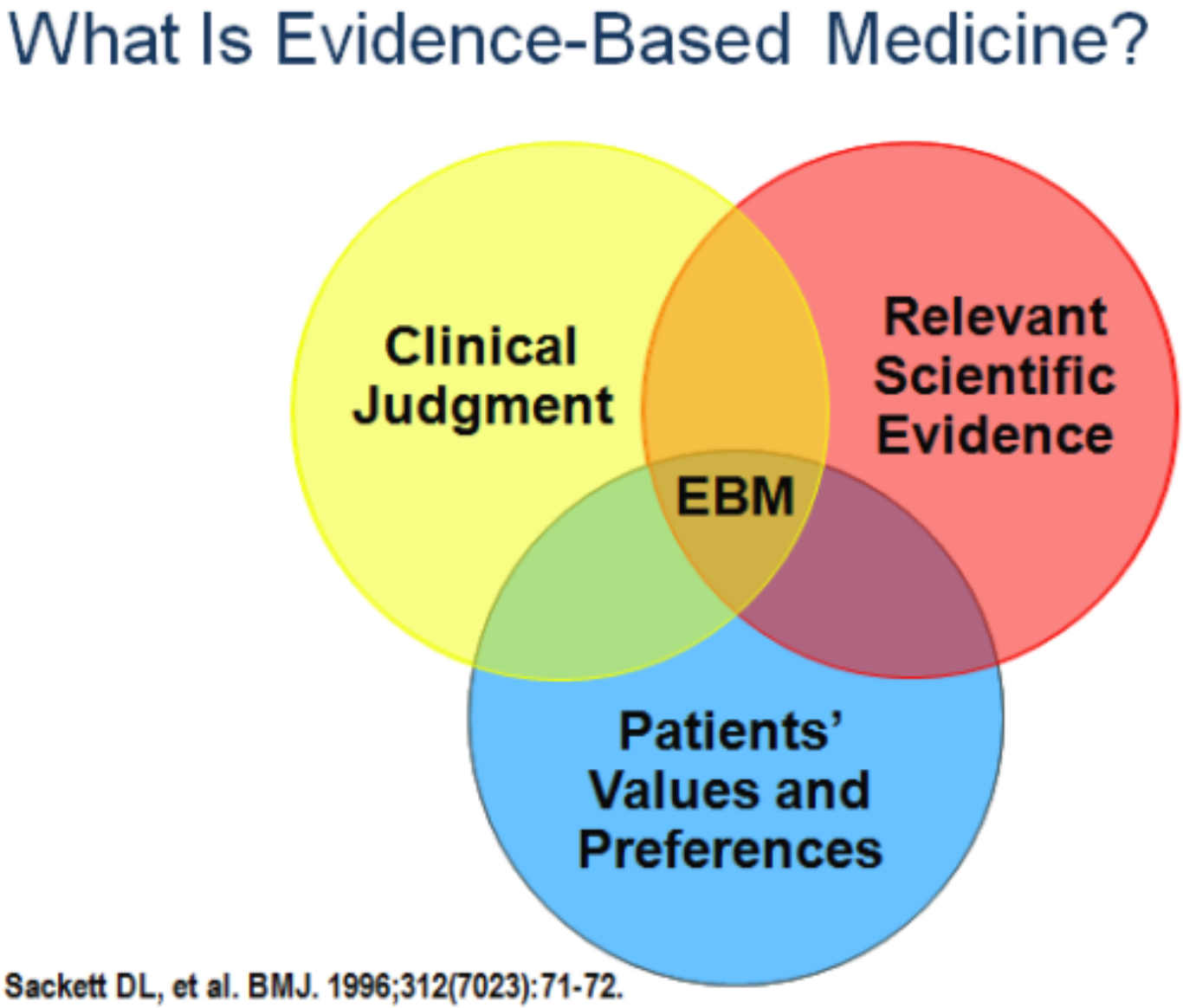
The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. [...] Increased expertise is reflected in many ways, but especially in [...] ***the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care.***

Without integration of preferences and values isn't EBP!



Preferences and Values of individual patients

When should they be investigated?

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- Step 4 of the *Sicily Statement*: "Application of results in practice"
- According to some authors, contextual factors should also be investigated at **Stage 0, before asking the clinical questions**

- Porzsolt F, Ohletz A, Thim A, Gardner D, Ruatti H, Meier H, Schlotz-Gorton N, Schrott L. **Evidence-based decision making - the 6-step approach**. *ACP J Club*. 2003 ;139:A11-2
- Wyer PC, Silva SA. **Where is the wisdom? A conceptual history of evidence-based medicine**. *J Eval Clin Pract*. 2009;15:891-8
- Sestini P. **Epistemology and ethics of evidence-based medicine: putting goal-setting in the right place**. *J Eval Clin Pract*. 2010;16:301-5
- Silva SA, Charon R, Wyer PC. **The marriage of evidence and narrative: scientific nurturance within clinical practice**. *J Eval Clin Pract*. 2011;17:585-93

4th International Conference of Evidence-Based Health Care Teachers & Developers
Better Evidence for Better Health Care
Taormina (Italy), 31st October – 4th November, 2007
Hosted by GIMBE
in cooperation with Oxford Centre for Evidence-based Medicine, CASP International Network

52. STEP 4 OF THE SICILY STATEMENT ON EVIDENCE-BASED PRACTICE. A NEGLECTED AREA IN TEACHING PROGRAMS?

Sestini P

University of Siena

Evidenced-based practice (EBP) involves conscientious, explicit and judicious integration of (a) clinical expertise with (b) the best available external evidence from systematic research and with (c) the values and expectations of patients in making clinical choices (Sackett DL et al. BMJ 1996;312:71).

The practice and teaching of EBP, according to the Sicily statement on EBP (Dawes M et al. BMC Med Educ 2005;5:1) involves 5 steps: 1) Formulate the clinical question(s); 2) Search available information; 3) Critically appraise retrieved information; 4) Apply the evidence; 5) Evaluate performance.

Although the third fundamental pillar of EBP (i.e. integration of patients preferences and values) is clearly implicit in step iv of the Sicily statement, it is less clear how this step should be practiced and even less clear how it should be taught or learnt. I performed in May 2007 a systematic search of the available literature using a search strategy recently used to survey the effectiveness of EBP education (Hopayian K et al. Int J Evid Based Healthc, in press).

The search yielded 318 papers, including 6 systematic reviews, 3 randomized clinical trials and 6 before-after studies that included evaluation on the effectiveness of an intervention of EBP education. However, none of the studies included an evaluation of the students knowledge, skills, attitude of behavior to integrate patient values and expectations in clinical choices. The ones which came closer, were a study including teaching communication of evidence-based information to patients and one on educating health professionals to meet the needs of patients from ethnic minority groups.

Thus, information on teaching integration of patients preferences, values and expectations in clinical practice is currently scarce, and there is a need for performing more research in this area.

2007

No evidence found about teaching and/or evaluating integration of patient values, preferences and expectations

Tilson et al. BMC Medical Education 2011, 11:78
http://www.biomedcentral.com/1472-6920/11/78

BMC Medical Education

CORRESPONDENCE Open Access

Sicily statement on classification and development of evidence-based practice learning assessment tools

Julie K Tilson[1*], Sandra L Kaplan[2], Janet L Harris[3], Andy Hutchinson[4], Dragan Ilic[5], Richard Niederman[6], Jamila Potomkova[7] and Sandra E Zwolsman[8]

Assessment Category	Type of Assessment	Steps of EBP				
Benefit to Patients	Patient-Oriented Outcomes					
Behaviors	Activity Monitoring	EBPIS[26]	EBPIS	EBPIS	EBPIS	EBPIS
Skills	Performance Assessment	Fresno Test[29]	Fresno Test	Fresno Test; Berlin[28]		
Knowledge	Cognitive Testing	Fresno Test; KACE[47]	Fresno Test; KACE	Fresno Test; Berlin; KACE		
Self-Efficacy	Self-Report/ Opinion	EBBS[26]; EPIC[27]	EBBS; EPIC	EBBS; EPIC	EBBS; EPIC	EBBS; EPIC
Attitudes		EBPAS[18]; KACE	EBPAS; KACE	EBPAS; KACE	EBPAS; KACE	KACE
Reaction to the Educational Experience						
Classification Rubric for EBP Assessment Tools in Education (CREATE)		Ask	Search	Appraise	Integrate	Evaluate

2011

Tools available to evaluate different steps of EBP

Tilson et al. BMC Medical Education 2011, 11:78
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2011

Knowledge and skills still limited to Ask, Search, Appraise

What is the situation 10 years later?

Aim

Find out which validated methods and tools are currently used or investigated to teach or assess health workers on how to identify and integrate patients preferences and values in evidence-based practice.

Methods 1/3

Search (4 March 2017)

- MEDLINE
- Web of Science
- Cochrane Central
- Register of Controlled Trials
- CINHAL
- Scopus
- Grey Literature Report
- Screening reference lists of relevant studies, searching websites of selected research groups and organizations

Methods 2/3

Search strategy

Main search:

- Patient(s) values
- Patient(s) preferences
- Education, professional
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http://www.decision.chaire.fmed.ulaval.ca/en/list-of-sdm-programs

Lists 106 programs (in 15 Countries) that teach Shared Decision Making

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Secondary search:

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Lists 106 programs (in 15 Countries) that teach Shared Decision Making

Secondary search:

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Constraints:

- Qualitative and quantitative designs, No limits of language or time, No limits about health care profession

Methods 3/3

Data collection and analysis

- Downloaded all titles and abstracts
- Removed duplicates
- Two authors screened all titles/abstracts
- Excluded all studies which failed to meet the inclusion criteria
- Obtained the full text of potentially relevant papers
- Disagreements resolved by discussion between authors

Results

Main search (EBP)

- Keywords variously combined returned 26 articles, **mostly unrelevant**
- **None** of the articles contained information useful for this review
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Additional search (SDM)

The additional search returned a few studies about teaching shared decision making, only one of which was **integrated in a EBP course**

Our poor harvest

- Hoffmann TC, Bennett S, Tomsett C, Del Mar C. **Brief training of student clinicians in shared decision making: a single-blind randomized controlled trial**. *J Gen Intern Med*. 2014;29:844-9*
- Giguère A, Labrecque M, Njoya M, Thivierge R, Légaré F. **Development of PRIDe: a tool to assess physicians' preference of role in clinical decision making**. *Patient Educ Couns*. 2012 ;88:277-83..
- Morrow CE, Reed VA, Eliassen MS, Imset I. **Shared decision making: skill acquisition for year III medical students**. *Fam Med*. 2011;43:721-5
- Légaré F, Moumjid-Ferdjaoui N, Drolet R, *et al*. **Core competencies for shared decision making training programs: insights from an international, interdisciplinary working group**. *J Contin Educ Health Prof* . 2013;33:267-73
- Schwartz A, Weiner SJ, Harris IB, Binns-Calvey A. **An educational intervention for contextualizing patient care and medical students' abilities to probe for contextual issues in simulated patients**. *JAMA*. 2010;304:1191-7

* ***In the context of an EBP course*** **for learning SDM**

Retrieved tools

Assessing Communication about Evidence and Patient Preferences (ACEPP)

- IA. Presentation of evidence related to options. Max score 10 (9 steps)
- IB. Discussion of other aspects of evidence in consultation. Max 10 (6 steps)
- II. Patient preferences. Max score 10 (6 steps)
- III. Clinical/Patient Circumstances. Max score 10 (3 steps)

Total score = IA+IB+II+III (Maximum score 40)

- IV. Integration. Maximum score 3

(Shepherd HL *et al*. *Patient Educ Couns*. 2011;84:379-85)

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Patient–Practitioner Orientation Scale (PPOS)

- 18 yes/no questions on attitudes about phisician/patient relationship

(Krupat E *et al*. *Patient Educ Couns*. 2000;39:49-59)

Conclusions

Bottom line

- EBP is based on the integration between best research evidence, clinical expertise and patient values

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- There is little research about methods and tools to teach how to integrate the latter, particularly in the context of EBP education
- **New research is needed** to develop methods and tools to teach and evaluate the skills needed to identify, assess and integrate patient preferences and values in the EBP process.

Thanks for your attention!