

This symposium aims to be a space for reflection and action to enhance the effective implementation of SDM in primary care using this innovative approach, the TNT.

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IMPLEMENTATION OF A COMMUNITY 'RALLYE RESSOURCES' ACTIVITY FOR FAMILY MEDICINE STUDENTS

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Introduction Family medicine principles include responsibility for a community. We aim to implement an educational activity, the 'Rallye Ressources' (RR), which brings family medicine trainees to discover community-based organizations and explore collaboration with them in one Faculty of Medicine in France.

Methods Informed by the CARDA reporting guidelines, we will conduct a descriptive study to report on the organization and co-development of the RR, held annually in several family medicine groups of Université Laval and to be implemented in one Faculty of Medicine in France. The activity is designed to teach family medicine trainees the community sociodemographics within which they train and have them reflect on their responsibilities toward this community. Residents visit community organizations over the course of a day and have discussion with community-based agents. Data collection includes official documents from the organizations and the family medicine training program and interviews with 5 to 13 health professionals who organize the activities and self-administered questionnaires to 5–10 community-based agents to learn about barriers and enablers of the RR implementation. In France, we will be co-developing an adapted version of the RR with stakeholders. A pilot RR will be carried out and assessed in participating residents with self-administered questionnaires.

Preliminary Results The expected results are a better understanding of the organization and implementation process of the RR. Already, 3 participants have agreed to be interviewed and 5 have provided us with documents.

Discussion Co-development is an important part of this study as it ensures that the activity will be adapted to the local context.

Conclusion This study will provide a better understanding of how to improve training of family medicine residents in community dimensions.

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SHARED DECISION-MAKING TOOLS TO IMPROVE ANTIBIOTIC PRESCRIBING IN SWISS PRIMARY CARE: DEVELOPMENT AND USER-TESTING

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Introduction In Switzerland, primary care physicians (PCP) often disregard guideline recommendations and prescribe antibiotics to treat self-limiting infections,^{1–3} but when PCPs who participated in quality circles (QC) were informed by the latest evidence and taught to use shared decision-making (SDM), antibiotic prescription rates fell.^{4–6} We thus developed educational evidence-based summary information (EBSI) and clinical encounter support tools (CEST) to reduce antibiotic prescriptions for the infections that account for 80% of outpatient antibiotic prescriptions⁷ and tested their applicability and usability in practice.

Method A scoping search informed the initial draft of tools based on SDM's program theory and taxonomy of behaviour change techniques.⁸ ⁹From Oct 2020 to Nov 2021, we gathered feedback from 3 focus groups (46 PCPs) in two QC sessions and interviewed 11 patients and 6 experts in infectiology and SDM to improve and test the documents. We surveyed participating PCPs before and after the focus group sessions to measure the increase in their knowledge.

Results Most PCPs (40/46) said they would use the final versions because the EBSIs would be useful in daily practice and the CEST would help them transfer knowledge to patients during SDM. PCPs were not confident of their SDM skills and felt they needed more training. PCPs self-reported that their knowledge increased, correlating with our survey results. Patients were satisfied with the counselling process and our experts confirmed our documents were accurate.

Discussion PCPs and patients appreciated the EBSIs and CESTs, but need more training within their QCs to increase their confidence in their SDM and communication skills.

Conclusion We worked with stakeholders to successfully develop, adapt, and test tools that encourage PCPs to engage in SDM about antibiotic prescriptions and will conduct further research to determine if using the tools reduces antibiotic prescription rates.

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