

036

### THE OUTCOME OF IMPLEMENTING SHARE DECISION MAKING TO ASSIST TRAUMATIC BRAIN INJURY PATIENTS IN SELECTING REHABILITATION PROGRAM

Hui-Ya Chan\*, Ying-Ru Li, Ming-Fang Yin, Guan-Liang Chen, Hsiu-Yun Liu. *Department of Nursing, National Taiwan University Hospital, Taipei, Taiwan*

10.1136/bmjebm-2024-SDC.36

**Introduction** Patients with Traumatic Brain Injury (TBI) would face how the rehabilitation programs chosen for them after hospital discharge. Patient decision aids (PDA) were adopted to help the decision process during the discharge preparation stage of NTUH. The aim of the study is to evaluate the outcome of shared decision-making (SDM) among the TBI patients.

**Methods** There are three rehabilitation services for TBI patients in Taiwan. We listed the advantages and disadvantages of each service in PDA. A short questionnaire was reviewed to ensure patients and families understood all the contents. Preparation for Decision Making Scale (PDMS) was measured after patients' decision-making. The outcome was calculated from the completed process record, the rate of patient feedback responses, and the score of PDMS.

**Results** From 20221101 to 20231031, we recruited 20 cases to initiate the SDM process and accumulated 18 completed process records. A total of 14 cases completed the entire process, so the rate of patient feedback is 77.78%. The average PDMS score was 0.78. The result of 10.96 was calculated from the above items, which met the target of NTUH. Besides, the individual scores of PDMS items of this study were similar to the investigation by the Joint Commission of Taiwan.

**Discussion** The results show the benefit of using a PDA with SDM among TBI patients. Because the situation of SDM is different, some different scores of PDMS among different groups were acceptable.

**Conclusion** The result of this study indicated that SDM was helpful for TBI patients who need to choose a suitable rehabilitation programme. In the future, it may be worthwhile to make more efforts to provide or adapt PDAs and SDM among those who need to choose the next care programme after hospital discharge.

037

### DECIDE (SHARED DECISION IN HEALTH): A THREE STEPS USER-CENTERED DESIGN

<sup>1,2,3</sup>Elodie Charuel\*, <sup>1,2</sup>Sarah Chateauneuf, <sup>1,2</sup>Léa Mathieu, <sup>1,2</sup>Thibault Menini, <sup>1,4</sup>Sabrina Bedhomme, <sup>1</sup>Philippe Vorilhon, <sup>5</sup>Jean-Pierre Lebeau, <sup>1,2,6</sup>Hélène Vaillant-Roussel. <sup>1</sup>Research Unit ACCePPT, Clermont Auvergne University, Clermont-Ferrand, France; <sup>2</sup>Department of General Practice, UFR Medicine and Medical Professions, University of Clermont Auvergne, Clermont-Ferrand, France; <sup>3</sup>Maison de santé pluriprofessionnelle Universitaire Les Batignolles (MSPU), Joze, France; <sup>4</sup>Pharmacy Faculty, Clermont Auvergne University, Clermont-Ferrand, France; <sup>5</sup>EA7505 Education Ethique Santé, University of Tours, France; <sup>6</sup>Department of Clinical Research and Innovation, Clermont-Ferrand University Hospital, Clermont-Ferrand, France

10.1136/bmjebm-2024-SDC.37

**Introduction** In primary care, patients are faced with the choice of whether or not to take an optional prescription drug. DECIDE aims to develop a decision aid exposing the benefit-risk balance of these drugs to help general practitioners

(GP) or community pharmacist (CP) to practice shared-decision making (SDM).

**Methods** Following a user-centred design approach, DECIDE was developed in three stages.

A set of specifications was drawn up by consensus of a nominal group of patients, GPs and CPs. The first prototype was user tested by GPs and pharmacists with their patients in simulated SDM situations. The thematic analysis of the open individual interviews conducted by clinical psychologists permitted to improve the prototype. An ethic committee approved this study. Finally, an expert consensus by the eDELPHI method was sought to validate DECIDE as a decision aid.

**Results** The nominal group (4 patients, 6 GPs and 6 CPs) agreed on several criteria about the presentation of symptoms, molecules and benefit/risk balance and level of evidence.

2 cycles of users-tests were performed. Analysis of 24 interviews permitted to improve the readability, enhance visual representation of the frequency of adverse effects, level of evidence and effectiveness on patient important outcomes. A social psychologist helped to erase cognitive bias. 16 experts responded to the eDELPHI questionnaire. A consensus was reached after the first round on 10 of the 13 proposals directly inspired by the IPDAS criteria. A second round is currently taking place, after adjustments.

**Discussion** Following a rigorous three stages user-centered method, DECIDE met the challenge to be a decision aid adaptable to several molecules and situations.

**Conclusion** In 2024, DECIDE will be evaluated on its impact on the decision conflict scale by a randomised clinical trial in real life involving 48 GPs and CPs in France.

038

### BELIEF-BASED INTENTIONS TO TAKE UP CANCER SCREENING

Marcus Cheetham\*, Christoph A Meier. *Department of Internal Medicine, University Hospital Zurich, Zurich, Switzerland*

10.1136/bmjebm-2024-SDC.38

**Introduction** Life years gained (LYG) can help individuals weigh-up the benefit and harm of cancer screening.<sup>1</sup> Averaged across a population, LYG can be weeks or days.<sup>2</sup> However, naïve beliefs about LYG (i.e., no knowledge of LYG data) influence intention to initiate screening.<sup>3</sup> As proof-of-concept, we present a conceptual framework and method based on diffusion-of-innovations theory and s-shaped function research<sup>4</sup> to characterise naïve (belief-based) intentions about initiating screening.

**Methods** N=30 adult participants completed a survey that included a *two-alternative intention task* in which they affirmed or rejected their screening intention in relation to different LYG (i.e., 0 to 5 LYG in 6-month increments). An s-shaped function curve was fitted to the response data, its slope determined by logistic function models, and parameter estimates derived to categorise participants according to intention to *always* screen or *never* screen or whether intention *depends* on number of LYG. For the latter, we computed the inflection point on the curve that indicates the specific tipping point in LYG between affirming and rejecting screening.