

**Discussion** PedSDM will provide comprehensive evidence on SDM and PCP in routine care of CSHCN, highlighting specific implementation barriers and research gaps. Study results will inform the development of an evidence- and consensus-based clinical practice guideline for SDM and PCP among CSHCN and parents in Germany.

**Conclusion** Until official clinical practice guidelines become available, PedSDM will highlight opportunities for providers to strengthen SDM and PCP in the target group.

124

#### DEVELOPMENT AND IMPLEMENTATION OF A PATIENT DECISION AID ON POST-VASECTOMY SEMEN ANALYSIS

<sup>1</sup>Happy Tahirih Kampire\*, <sup>1,2</sup>Souleymane Diabate, <sup>3</sup>Jonathan Cloutier, <sup>3</sup>Michel Dallaire, <sup>3</sup>Simon Plourde, <sup>1,3</sup>Michel Labrecque. <sup>1</sup>Université Laval, Québec City, Canada; <sup>2</sup>Research center of the CHU de Québec – Université Laval, Québec City, Canada; <sup>3</sup>Vasectomie Québec, Québec City, Canada

10.1136/bmjebm-2024-SDC.123

**Introduction** A semen analysis is recommended three months after vasectomy to assess the success of the procedure. However, typically in North America, only 55–71% of vasectomized men comply with the prescribed test. According to the Ottawa Decision Support Model (ODSM), deciding whether to do a post-vasectomy semen analysis (PVSA) or not is a 'difficult' decision. Our study aimed to create a patient decision aid (PtDA) and implement it in the practice of *Vasectomie Québec*, Canada's most important vasectomy provider.

**Methodology** The development of the PtDA was based on the ODSM framework and the International Patient Decision Aid Standards (IPDAS) criteria, using the literature on the determinants of compliance to PVSA and *Vasectomie Québec* statistics on the effectiveness of vasectomy.

**Results** The PtDA provides information on PVSA, vasectomy success/failure probabilities (including a pictogram), reasons for choosing to do the test or not, and resources to facilitate an informed decision. It was tested with 57 vasectomized men at



Abstract 124 Figure 1

*Vasectomie Québec*. Men regarded the PtDA as informative (95%) and helpful in understanding the merits and drawbacks associated with each option (98%). It facilitated clarification of their priorities (93%), the certainty of their decision (89%), and their deliberation (90%). Respondents expressed satisfaction with the tool, citing its user-friendliness (90%), clear presentation (98%), and appropriate font length (81%) and size (94%). Most reported that the language (98%) and statistical information (96%) were clear and easy to understand. Between October 2022 and September 2023, *Vasectomie Québec* supplied the final PtDA to over 4,700 vasectomized men. **Conclusion** A PtDA on PVSA was successfully developed and implemented in a large vasectomy clinic in Canada. It could be adapted to other settings according to their success/failure statistics and access to PVSA. An evaluation of the impact of the PtDA on decision-making and compliance is underway.

125

#### WOULD HEALTH LITERATE USERS BE ABLE TO MAKE INFORMED CHOICES ABOUT CONTRACEPTION?

<sup>1</sup>Jürgen Kasper, <sup>2</sup>Helene Kolnes, <sup>3</sup>Marit Müller De Bortoli, <sup>4</sup>Sandro Zacher, <sup>5</sup>Simone Kienlin, <sup>1</sup>Victoria Telle Hjelset, <sup>6</sup>Anke Steckelberg, <sup>7</sup>Hilde Laholt. <sup>1</sup>Faculty of Health Sciences, Department of Nursing and Health Promotion, OsloMet Metropolitan University, Oslo, Norway; <sup>2</sup>; <sup>3</sup>Faculty of Health and Social Sciences, Department of Nursing and Health Sciences, University of South-Eastern Norway, Norway; <sup>4</sup>Institute for Health and Nursing Science, Medical Faculty, Martin Luther University Halle-Wittenberg, Halle (Saale), Germany; <sup>5</sup>The South-Eastern Norway Regional Health Authority, Department of Medicine and Healthcare, Hamar, Norway; <sup>6</sup>Institute of Health and Nursing Science, Faculty of Medicine, Martin-Luther-University of Halle-Wittenberg, Halle (Saale), Germany; <sup>7</sup>Department of Health and Care Sciences, Faculty of Health Sciences, UiT The Arctic University of Norway, Tromsø, Norway

10.1136/bmjebm-2024-SDC.124

**Introduction** In Norway, the public debate is very much focusing on health literacy, while the quality of existing information for the public has not been challenged. The study aimed at mapping the quality of health information on contraception methods addressing Norwegian users. We wanted to determine whether, how and to which degree Norwegian health information is facilitating informed choices on contraceptive methods.

**Methods** A cross sectional design was carried out using a convenient sample of websites identified through structured google searches. As far as possible, easily accessible and non-professional websites on the topic were included. Websites were quality appraised using the 19 quality criteria of MAP-Pinfo, a recently validated checklist operationalizing the recommendations of the guideline evidence-based health information. Inter-rater-reliability (ITR), ratings were documented by two independently working students before ascertaining consensus. The students' consensus was compared with an independently generated expert rating and consensus ascertained, respectively.

**Results** 52 websites were identified (14 authorities, 5 foundations, 25 commercials, 8 health portals). ITR was good between students ( $T=.78$ , range .38–1) and excellent between students and expert ( $T=.86$ ; range .42–1). Average percentage of met criteria is 17 (range 0.5–33,  $SD=6$ ). Quality of information in all five categories was insufficient (definitions 47%; transparency 8%, content 3%, presentation 33%). Information quality does not differ between developer groups.

**Discussion** The set of criteria is considered the minimal standard and noncompliance with single criteria can already jeopardize the making of informed choices.