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ETHICS EDUCATION INTO INTERNAL MEDICINE RESIDENCY TRAINING IN SPAIN: A SURVEY BY THE SPANISH SOCIETY OF INTERNAL MEDICINE WORKING GROUP IN BIOETHICS

^{1,2}Paula Martínez De La Cruz, ^{2,3}Carme Font, ^{2,4}Antonio Blanco-Portillo. ¹Hospital Universitario Fundación Alcorcón, Alcorcón, Spain; ²Spanish Society of Internal Medicine (SEMI) Working Group in Bioethics; ³Hospital Clinic de Barcelona, Barcelona, Spain; ⁴Hospital Universitario Doce de Octubre, Madrid, Spain

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Introduction Training in clinical ethics is key to dealing with multiple ethical conflicts the clinicians face in daily practice and to developing skills for professional excellence including shared decision-making with patients and multidisciplinary teams. The aim of the present study was to assess what are the current training activities in clinical ethics for Internal Medicine residents in Spain.

Methods A cross-sectional survey was developed by members of the Spanish Society of Internal Medicine (SEMI) Working Group in Bioethics that included 7 questions focused to determine information regarding the specific training in bioethics, the teaching role of the clinical ethics committee (CEC) in each centre and the preferences for training activities in this area. The survey was sent to SEMI members by email in January 2023. Responses were anonymized and handled in accordance with the Organic Law 3/2018 on the Protection of Personal Data.

Results Data from 120 responses from 80 hospitals and 38 different provinces were analysed. Training in bioethics during the residency was reported that should be mandatory by 98% of the responders albeit it was already received by only 56% of them (61.3% with a compulsory course, 41.9% an optional course and 24.2% a planned clinical session). Training in bioethics was more common in centres that had CEC compared to those that do not (67% versus 37% respectively; $p < 0.05$). 80% of the respondents who had received training in bioethics stated that would like to receive further education in this topic including a 49% of them that would like to participate in directed internships.

Discussion The identification of barriers and facilitators for developing educational activities in clinical ethics may contribute to shared-decision making approaches in daily care.

Conclusions There is room for developing training strategies in bioethics to Internal Medicine residents in Spain.

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EXPLORING THE LEVEL OF SHARED DECISION-MAKING DURING TRIADIC DEMENTIA CARE

¹Alejandra Martínez-Pereira*, ^{1,2}Lisa Mistler, ³Wambui Moraa Onsando, ³Salar Khaleghzadegan, ¹Renata W Yen, ⁴Brianna Morgan, ⁴Joshua Chodosh, ^{1,3}Paul Barr. ¹Center for Technology and Behavioral Health, Geisel School of Medicine at Dartmouth, Lebanon, USA; ²Dartmouth Health, Lebanon, USA; ³The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth College, Lebanon, USA; ⁴Department of Medicine at NYU Grossman School of Medicine, New York City, USA

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Introduction Information exchange, rapport, and engagement in goal-setting and decision-making are key to effective interpersonal clinic visit communication for patients living with dementia (PLWD) and care partners (CPs) often present. In the VOICES3 study, we will describe and determine the impact of interpersonal communication during triadic interactions (clinician-care partner-patient) of PLWD on patient and care partner outcomes. In this abstract, we will present preliminary data on the level of shared decision-making (SDM) and its associated care experiences and health-related outcomes.

Methods Participants were recruited from primary care settings in New Hampshire and New York City. We include patients 50 years of age or older, with mild cognitive impairment through to severe dementia, and their CP who attends visits. We audio-recorded all medical visits of study participants for 12 months. We analyzed recordings using Observer OPTIONMCC, which characterizes the level of SDM for clinicians (0–4) and SDM participation for CPs and patients (0–2). Higher scores indicate a higher level of SDM. PLWD and their CPs also completed a post-visit survey of their care experience, quality of life and CP preparedness.

Results Of 51 dyads recruited to date, we have analyzed 6 visits (6 unique dyads) using OPTIONMCC. CPs were more frequently involved in SDM than PLWD (median score: 1.07 vs 0.5); only goal talk was consistently covered in the the visits. The median Observer OPTIONMCC score for the clinician is 66.1/100; supporting deliberation/forming partnership and eliciting preferences were the least observed items.

Discussion and Conclusion It is early to make definitive conclusions about the level of SDM. By study completion, we will recruit 200 dyads and anticipate analyzing approximately 600 clinic visits.

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SHARED DECISION-MAKING IN ESKD CARE: EVALUATING CAPACITY COACHING IN A PILOT RANDOMIZED TRIAL

¹Maria Mateo Chavez*, ^{1,2}Pin Han Lee, ¹Diane Rakotomalala, ¹Ricardo Loor Torres, ¹Megan Branda, ¹Christi Sagen, ¹Mayra Duran, ³Ziad Zoghby, ³Robert C Albright, ³Andrea Kattah, ³Lourdes Gonzalez Suarez, ¹Victor M Montori, ³Vicky Hines, ¹Kasey R Boehmer. ¹Knowledge and Evaluation Research, Mayo Clinic, Rochester, Minnesota, USA; ²Case Western Reserve University; ³Division of Nephrology and Hypertension, Mayo Clinic, Rochester, Minnesota, USA

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Introduction Patients with End-Stage Kidney Disease (ESKD) often face healthcare tasks beyond their capacity, leading to adverse outcomes. Capacity Coaching (CC), a novel shared decision-making (SDM) intervention, aims to collaboratively design tailored treatment plans for ESKD between patients