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## **Title**

*Willingness to engage in shared decision making: Impact of an educational intervention for resident physicians (SDM-FM)*

## **Priority 1 (Research Category)**

Education and training

## **Presenters**

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## **Abstract**

**Objectives:** We know little about the willingness of Family Medicine (FM) residents to engage in shared decision making (SDM). Thus, we evaluated the willingness of FM residents to engage in SDM, before and after an educational intervention.

**Methods:** We delivered a 2-hour educational intervention consisting of a lecture and a workshop for FM residents on the topic of implementing SDM in preventive health care (SDM-FM). Before the lecture (T1), participants completed a measure of their willingness to engage in SDM, called incorpoRATE. Six months later, participants completed the measure a second time (T2). We summarized the T1 scores and evaluated within-resident changes between T1 and T2 incorpoRATE scores.

**Results:** At T1, 64 of 73 participating residents completed incorpoRATE; 43 (59%) were postgraduate year one (PGY1) and 21 were in their final year (PGY2). 44 participants completed the measure a second time (T2). The range of incorpoRATE sum scores at T1 was from 4.9 to 9.1 out of 10. Mean incorpoRATE scores for PGY2 residents were higher than PGY1 resident scores ( $7.4 \pm 1.2$  versus  $6.8 \pm 0.8$ ,  $p=0.038$ ). Among 44 participants who completed incorpoRATE at both time points the mean scores were  $7.0 \pm 1.0$  at T1 and  $7.4 \pm 1.0$  at T2 ( $t=-2.833$ ,  $p=0.007$ , Cohen's  $D = 0.43$ ). This increase was driven by a change in one item of the measure, representing the domain of confidence in skill for using SDM in clinical practice ( $t=-5.232$ ,  $p<0.001$ ). No statistically significant change was seen in the other six items of the measure.

**Conclusions:** Among FM residents, the willingness to engage in SDM varies greatly. A lecture and workshop were associated with a small increase in the willingness of residents to engage in SDM.