

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6202

### **Title**

*Perspectives of family physician educators on implementing shared decision making for preventive health care*

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

Education and training

### **Presenters**

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### **Abstract**

Context: Shared decision making (SDM) is often underutilised in clinical practice. In prior work, we observed varying views among resident physicians about the need for SDM. However, we know little about the views on implementing SDM in practice from the perspective of those who supervise and educate residents. Objective: To explore the views of family physician educators about the implementation of SDM in clinical practice, with a focus on the delivery of preventive health care. Study Design and Analysis: Qualitative descriptive study using a practical thematic analysis of data from individual online interviews. Population: We interviewed family physician educators based at three teaching units in Montreal. Using a purposive approach to recruitment, participants had to be practising family doctors who supervised family medicine residents in their clinics. Results: Nine female and six male family physician educators were interviewed, with practice experience ranging from 2 to 42 years (average 19 years). They spent 93% of their time in community-based clinical practice (range 66-100%) and supervised residents from 4 to 12 hours a week (average 9). We identified five overarching themes (with sub themes in italicised text), grouped into two categories: 1. Conceptual ideas about the nature of SDM and 2. Challenges that surround putting SDM into practice when delivering preventive health care. Themes in category #1 were: (1a) Participants held diverse and dynamic understandings of SDM (difficulty conceptualising what SDM is, understanding of SDM changes over time, SDM requires clinical equipoise). (1b) Participants identified why SDM is important (patient centred care). Themes in category #2 were: (2a) When to engage in SDM is influenced by multiple external factors (systemic factors, research-based evidence) as well as (2b) Patient factors (social factors, discordance or misalignment between doctor and patient on a specific decision, patient safety). (2c) Resources and strategies are

needed to put SDM into action. Supporting quotes will be presented for each theme. Conclusion: In the context of delivering preventive health care, we found inconsistent conceptual understanding of SDM across physician educators in Family Medicine. As a result, putting SDM into practice faces multiple challenges.

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