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## P179 -Measuring shared decision making in routine clinical practice: Pilot of SDM-Q-9/-Doc and CollaboRATE scales within a low-clearance renal clinic.

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**Introduction:** Shared decision making (SDM) is an approach where clinicians and patients make decisions together using the best available evidence. This has been shown to improve patient experience and clinical outcomes. However, there is no standard quality measure of the SDM process, which may limit improvement in practice, patient care and service delivery. The aims of the study were to assess nurse and patient perspectives of the shared decision making and assess the feasibility of using quantitative measures of shared decision making in the setting of a Low-Clearance renal clinic.

**Methods:** We piloted the use of two established scales for measuring shared decision making in 20 patients with advanced chronic kidney disease considering dialysis. The first, SDM-Q-9/-Doc, is a dyadic approach that measures shared decision making from the perspective of both the patient and clinician using a 9-question, 6-point likert scale. The second is the CollaboRATE scale, which measures patient perspectives on a 3-question, 10-point likert scale. All have been psychometrically tested and used within a variety of clinical settings. These scales were completed by the patient and a Low-Clearance Specialist Nurse at the end of 20 clinical encounters where SDM was used to support patients' choice of renal replacement modality.

**Results:** There was high acceptability amongst staff and patients with >97% item completion. The mean total score for clinicians using SDM-Q-Doc was 83.5/100 (SD=11.7). Patients reported higher scores with a mean total score using the SDM-Q-9 of 92.1/100 (SD=10.3,  $p<0.05$  compared to clinicians). The mean total using the alternative patient measure, CollaboRATE, was 26.1/27 (SD=2.0). There was strong correlation between the two patient-centred measures ( $r=0.72$ ,  $p<0.01$ ), but poor correlation between patient and clinicians scores ( $r=0.05$ ,  $p=0.83$ ).

**Conclusion:** The use of these questionnaires was acceptable to patients and clinicians, and incorporation into routine clinical encounters is feasible. The mean total scores from all three measures suggest both clinicians and patients perceived the clinical encounters as shared decision making. However, the lack of correlation between patient and clinician scores indicate perceptions of individual encounters may be incongruous. These results suggest the quality of SDM within a clinical encounter cannot be inferred from a unilateral measure, and a dyadic approach to assessing SDM within the clinical environment would be more appropriate for identifying barriers to SDM and areas for improvement.