Got SDM?: A multimodal intervention to improve shared decision-making during inpatient rounds on medicine and pediatric services
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Background: Shared decision-making (SDM) has been shown to be an important tool for improving patient engagement and health care outcomes. Despite the demonstrated value of SDM across disciplines, little is known about how to increase SDM in general inpatient settings. We sought to evaluate the effectiveness of an educational “bundle” on inpatient resident teams’ abilities to demonstrate shared decision-making during morning rounds.

Methods: We completed an IRB-approved pre/post intervention study of SDM on inpatient ward rounds on pediatrics and internal medicine services at two large university-based hospitals. Twelve observers were trained to use a validated, 9-item behavior observation tool, the Rochester Participatory Decision-Making Scale (RPAD), and observed the occurrence of SDM behaviors on inpatient rounds. Inter-rater reliability was achieved through a series of blinded video calibrations until average SD<1 on a 9-point scale, and SD<0.5 per item on a 1-point scale. Data was collected for 12 weeks prior to and 12 weeks following a multimodal educational intervention. This education “bundle” included three parts: 1) a series of train-the-trainer workshops for residents, chief residents and hospitalist faculty, with interactive role-play exercises and video scenarios to evaluate SDM using the RPAD; 2) an educational “campaign” including pocket cards, screensavers on hospital computers, posters, and email reminders; and 3) an audit and feedback program during morning rounds with observations followed by real-time assessment and feedback. Teams received follow-up electronic communications to reinforce SDM behaviors. Mean scores across all nine RPAD items were calculated, and performance across pediatrics and internal medicine services was compared using ANOVA.

Results: In total, 32 teams, 95 ward rounds, and 268 unique patient encounters were observed pre-intervention and 34 teams, 100 ward rounds, and 391 unique patient encounters were observed post-intervention. Both pre- and post- groups were split approximately evenly between pediatrics and internal medicine services. A statistically significant improvement was seen in the four services, with 1.8 mean improvement in RPAD total score on a 9-point scale (range: 0.5 to 2.8, p = <0.05) (Figure 2).

Conclusions: An SDM educational bundled intervention launched over an 8-week period was effective in improving shared decision-making skills in inpatient medicine and pediatric ward teams across all 4 observed services.

Figure 1: RPAD Composite Scores Pre- and Post-Intervention (by site and total)