

Scaling up shared decision making to the general public through workshops in public libraries: proof of concept study

Lionel Adisso¹, Valérie Borde², Marie-Ève Saint-Hilaire⁵, Hubert Robitaille¹, Patrick Archambault³, Johanne Blais³, Cynthia Cameron³, Michel Cauchon³, Richard Fleet³, Jean-Simon Létourneau³, Michel Labrecque⁴, Julien Quinty³, Isabelle Samson³, Alexandrine Boucher¹, France Légaré^{1,3}



¹CHU de Québec Research Centre, St François d'Assise Hospital, Québec, Canada, ²Freelance journalist and scientific communicator, Québec, Canada, ³Department of Family Medicine and Emergency Medicine – Université Laval, Québec, Canada, ⁴Canadian Institutes of Health Research, Québec, Canada, ⁵Bibliothèque de Québec (Québec City network of public libraries), Québec, Canada

▶ BACKGROUND

- ❖ Shared decision making (SDM) is a process whereby decisions are made together by patients and/or families and clinicians.
- ❖ Patients are often unaware of the possibility of SDM when faced with a decision in the consulting room.
- ❖ SDM (Decision+) thus needs to be scaled up to the level of the general public.

▶ OBJECTIVE

- ❖ To assess the feasibility, acceptability and impact of a SDM public awareness campaign in public libraries.

▶ METHODS

❖ Study design and recruitment

- We developed a partnership with the Québec City public library network and co-designed a 1.5 hour interactive workshop to be presented in public libraries.
- We chose a clinical topic of maximum reach: deciding to use antibiotics (ATB) or not for acute respiratory infections.
- We designed the workshop content and devised a format whereby a physician and a scientific communicator/journalist present the information and invite questions and participation.
- We recruited 10 physicians (6 family and 4 emergency physicians) and rehearsed the format with support from the scientific journalist to present the workshop 10 times in 9 public libraries of the public libraries network.
- We publicized the event with the public at large and gave the workshop free of charge and in different areas of the city to maximize participant diversity.

❖ Eligibility criteria

- People ≥ 16 years

❖ Data collection:

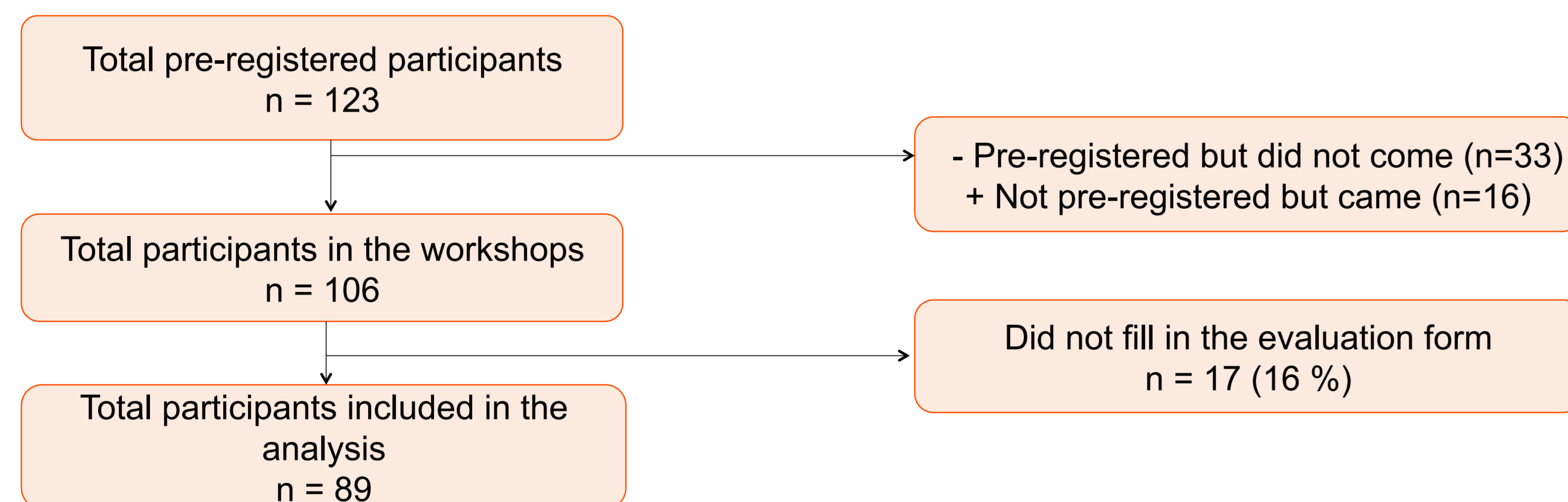
- Using an evaluation form we collected participants' sociodemographics, opinions, level of satisfaction and knowledge gain on ATB and SDM concepts.

❖ Data analysis

- We used descriptive statistics and tested the significance of knowledge gain using T-test.

▶ RESULTS

❖ Figure 1. Flow of participants



❖ Table 1. Participants' characteristics

	Number of participants	Percentage (%)
Sex		
Women	69	77.6
Men	10	11.2
Missing	10	11.2
Age (years)		
16-30	9	10.1
31-45	16	18.0
46-60	17	19.1
61-75	30	33.7
76+	6	6.7
Missing	11	12.4
Occupation		
Retired	42	47.2
Full-time employed	14	15.7
Students	11	12.3
Part-time employed	3	3.4
Unemployed	2	2.3
Missing	17	19.1

❖ Table 2. Participants' opinions

Items	Participants' opinions	
	Not at all or little in agreement	Rather or strongly in agreement
Quality and relevance*		
Content adapted to lay audience	4 (4.5)	83 (93.2)
Clear information	0	88 (98.9)
Relevant content	1 (1.1)	84 (94.4)
Activity components		
Goals have been achieved	1 (1.1)	84 (94.4)
Time was sufficient	2 (2.3)	82 (92.1)
I participated actively	6 (6.7)	77 (86.5)
Documentation is useful	2 (2.3)	84 (94.4)
Animation		
Atmosphere conducive to exchange	2 (2.3)	86 (96.6)
Good complementarity between the facilitators	2 (2.3)	85 (95.5)
Facilitators answered questions in a clear and practical way	1 (1.1)	84 (94.4)
Generally		
Workshop has met my expectations	3 (3.3)	83 (93.3)
I would recommend this activity	3 (3.3)	84 (94.4)

N(%) – Number of participants (percentage represented). * Missing values explain the total number of participants in the table

❖ Table 3. Participants' knowledge gain on antibiotics (ATB) and SDM

Score/10	Minimum	Maximum	Mean	Difference (gain or loss)	95% CI mean gain
ATB (before)	1.0	10.0	6.0	+2.4	2.0 – 2.8
ATB (after)	5.0	10.0	8.4		
SDM (before)	0.0	10.0	4.7	+4.0	3.4 – 4.5
SDM (after)	3.0	10.0	8.7		

❖ Table 4. ATB versus SDM mean gain

	Minimum	Maximum	Mean	SD	p
Gain ATB	0.0	7.0	2.4	1.9	< 0.001
Gain SDM	0.0	9.0	4.0	2.4	

▶ Participants' appreciation

- Appreciate the workshop format
- Presenters interactivity
- Workshop duration is not sufficient
- Others public places

▶ Team members' characteristics and appreciation

- 31-60 years
- Time spent on this project : 8 – more than 100 hours (median = 10h)
- Satisfied with improvement (control patients, video)
- Suggest more advertisement
- Others public places
- Duration of the workshop.

▶ CONCLUSION

- ❖ Workshops appreciated in this format, with possible improvement. People gained in SDM knowledge.
- ❖ This is a proof of concept of a dissemination of research results to the general public.
- ❖ Future prospects: scale up to a wider public; add role-play.
- ❖ New intervention to expand SDM awareness from healthcare providers to future patients.