



**The 2008 Summer Institute on Informed Patient Choice:
“Interprofessional Education in Decision Support / Patients’ Decision Aids”
June 25 – July 2, 2008**

THE OVERALL AIMS OF THE 2008 SIIPC ARE TO:

- Identify promising theories, methods, and outcomes evidence for designing educational programs for effective interprofessional training in the clinical practice of Decision Support / Patients’ Decision Aids (DS /PtDAs).
- Compare different models for implementing interprofessional clinical training programs in DS/PtDAs.
- Debate whether there’s a need to certify clinicians in the practice of DS/PtDAs, and, if so, identify the key principles for establishing a sustainable process for certification.
- Develop collaborative links among scientists who are prepared to investigate key basic and applied problems in the field of interprofessional education about the clinical practice of DS/PtDAs.
- Anticipate emerging trends in the field of interprofessional education about the clinical practice of DS/PtDAs.

See pages 12-14 for the Background Rationale underlying these Overall Aims.

LEAD & VISITING FACULTY

Hilary Llewellyn-Thomas, PhD, SIIPC Director

Co-Director of the Center for Informed Choice in The Dartmouth Institute for Health Policy and Clinical Practice (formerly the Center for the Evaluative Clinical Sciences).
Director of The Summer Institutes on Informed Patient Choice.
Professor, Department of Community & Family Medicine, Dartmouth Medical School.

Lesley Bainbridge, BSR(PT), M.Ed, PhD (c)

SIIPC 2008 Visiting Faculty
Associate Principal, College of Health Disciplines
Director, Interprofessional Education, Faculty of Medicine, University of British Columbia

Michael J. Barry, MD

SIIPC 2008 Lead Faculty
Chief, General Medicine Unit, Massachusetts General Hospital
Professor of Medicine at Harvard Medical School

Jeff Belkora, ScB, MSc, PhD...

SIIPC 2008 Visiting Faculty
Assistant Adjunct Professor, Surgery, University of California at San Francisco
Director, Decision Services, UCSF Breast Care Center

APRIL DRAFT CURRICULUM

George T. Blike, MD

Professor of Anesthesiology & Community and Family Medicine
Medical Director, Office of Patient Safety
Dartmouth Hitchcock Medical Center

W. Blair Brooks, MD

SIIPC 2008 Visiting Faculty
Section Chief, General Internal Medicine, Dartmouth-Hitchcock Medical Center
Associate Professor of Medicine and Community & Family Medicine
Dartmouth Medical School

Kate Clay, RN, MA

SIIPC 2008 Visiting Faculty
Program Director for the Center for Shared Decision Making (CSDM) at the Dartmouth-Hitchcock Medical Center (DHMC)

Nancy E. Cochran, MD

SIIPC 2008 Visiting Faculty
Associate Professor of Medicine (Ambulatory Care) and Community & Family Medicine
Dartmouth Medical School

Glyn Elwyn, BA, MB, BCh, MSc, FRCGP, PhD

SIIPC 2008 Lead Faculty
Professor of Primary Care Medicine, Department of General Practice, Centre for Health Sciences Research, Cardiff University

William Godolphin, BSc, PhD, FACP

SIIPC 2008 Visiting Faculty
Co-Director, Division of Health Care Communication, College of Health Disciplines,
Professor Emeritus, Department of Pathology & Laboratory Medicine, Faculty of Medicine
University of British Columbia

France Légaré, MD, PhD, CCFP, FCFP

SIIPC 2008 Lead Faculty
Tier 2 Canada Research Chair in Implementation of Shared Decision Making in Primary Care; Associate Professor, Department of Family Medicine, Université Laval Centre Hospitalier Universitaire de Québec

John Norcini, PhD

SIIPC 2008 Visiting Faculty
President and Chief Executive Officer
Foundation for Advancement of International Medical Education and Research (FAIMER)
Philadelphia, PA

APRIL DRAFT CURRICULUM

Annette O'Connor, MScN, PhD, FCAHS

SIIPC 2008 Lead Faculty

Professor and Tier 1 Canada Research Chair in Health Care Consumer Decision Support,
University of Ottawa.

Senior Scientist, Clinical Epidemiology Program, Ottawa Health Research Institute

Dawn Stacey, RN, PhD

SIIPC 2008 Lead Faculty

Assistant Professor, School of Nursing, University of Ottawa

Associate Scientist, Ottawa Health Research Institute

Richard Street, PhD

SIIPC 2008 Visiting Faculty

Professor and Head of Communication

Research Professor of Medicine

Texas A&M University

and

Director, Program in Health Communication and Decision-Making

Houston Center for Quality of Care and Utilization Studies

Baylor College of Medicine

GUEST SPEAKER

Paul B. Batalden, MD

Professor of Pediatrics and of Community & Family Medicine

Healthcare Improvement Leadership Development

The Dartmouth Institute for Health Policy & Clinical Practice

Professional Interests:

- Systems for managing the improvement of health and value of health care for a panel of patients.
- Systems for assessing the burden of illness in a defined population.
- Systems for assessing the degree to which health care workers can learn in their work setting

Selected Publications:

- Nelson EC, Batalden PB, Godfrey MM. Quality By Design: A Clinical Microsystems Approach. Jossey-Bass, in press March 2007
- Batalden PB, Nelson EC, Gardent PB, Godfrey MM. Leading the Macrosystem and Mesosystem for Microsystem Peak Performance. From Front Office to Front Line: Essential Issues for Health Care Leaders. Steven Berman (ed), Joint Commission On Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, pp 1-40, 2005.
- Davidoff F, Batalden PB. Toward stronger evidence on quality improvement. Draft publication guidelines: the beginning of a consensus project. *Quality & Safety in Health Care*, 14, 319-325, October 2005.

THE 2008 SUMMER INSTITUTE IN INFORMED PATIENT CHOICE IS SUPPORTED BY:

The Center for Informed Choice, The Dartmouth Institute for Health Policy and Clinical Practice

The Foundation for Informed Medical Decision Making

The Agency for Health Care Research and Quality.*

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TUESDAY, June 24

Evening : Welcome Reception

WEDNESDAY June 25

8:30 – 9:00 AM

Plenary

Opening Remarks

Hilary Llewellyn-Thomas:

The Dartmouth Summer Institutes on Informed Patient Choice: What are They All About?

Hilary will: outline the range of disciplinary motivations at play in the field of Decision Support / Patients' Decision Aids; highlight how notable recent developments imply that this interdisciplinary field has now reached a "tipping point"; describe how the theme for each annual Summer Institute is selected to address a key "tipping point" issue; and explain the background rationale for this year's theme – Interprofessional Education in Decision Support / Patients' Decision Aids.

9 – 10:30 AM

Plenary:

Stage-Setting Lecture

Michael Barry & Annette O'Connor:

Decision Support / Patients' Decision Aids: A View from 60,000 Feet

Michael and Annette have been asked to outline their views on the history of the movement to involve patients more closely in making certain health decisions, and on the use of formal decision support tools including decision aids to facilitate such participation. They will describe the evolution of their own work in developing and implementing decision aids in "real life" settings.

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

Stage-Setting Lecture

Lesley Bainbridge & William Godolphin:

Interprofessional Education in Health Care: A View from 60,000 Feet

Lesley & Bill have been asked to outline their perspectives on the concept of interprofessional education in general – its original motivations; guiding theories; current models; core principles; evidence of effectiveness; and emerging issues.

12:30 – 2:30 PM

- 14 pre-assigned Fellows will have the option to travel to Dartmouth Hitchcock Medical Center, take a tour of DHMC's Center for Shared Decision Making, then return to campus.
- Other Fellows in "Meet the Faculty / Meet your Fellows" Lunches

2:30 – 4:00 PM

Plenary:

Stage-Setting Lecture

Lesley Bainbridge & William Godolphin:

Interprofessional Education in Decision Support / Patients' Decision Aids: A View from 30,000 Feet

Lesley & Bill have been asked to outline their perspectives on the particular concept of interprofessional education for Decision Support (with or without Patients' Decision Aids) as a Clinical Skill. In this presentation, they will highlight the implications that they draw from their first lecture, and will emphasize the points they think the Institute's participants need to keep in mind throughout the week's Summer Institute.

APRIL DRAFT CURRICULUM
THURSDAY, June 26

9 – 10:30 AM

Plenary:

France Légaré & Dawn Stacey:

Interprofessional Approaches to Shared Decision Making in Primary Care

France & Dawn are leading a project supported by the Canadian Institute for Health Research (CIHR) that is assessing the current theories, models, methods, and measurement strategies for interprofessional approaches to providing patients with decision support / decision aids in primary care. They have been asked to outline their progress to date with this complex initiative.

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

Glyn Elwyn & Dawn Stacey:

The Concept of Core Competencies

Glyn & Dawn have extensive experience with identifying and defining core competencies in the clinical provision of decision support for patients, with teaching those competencies, and with evaluating the success of that teaching. They have been asked to highlight the “lessons learned” from this work that are particularly relevant to developing interprofessional education efforts in this field.

12:30 – 2:30 PM

- 14 pre-assigned Fellows will have the option to travel to Dartmouth Hitchcock Medical Center, take a tour of DHMC’s Center for Shared Decision Making, then return to campus.
- Other Fellows in “Meet the Faculty / Meet your Fellows” Lunches

2:30 – 4:00 PM

Plenary:

Hilary Llewellyn-Thomas, France Légaré, Dawn Stacey, Glyn Elwyn

- 2:30 – 2:45 PM

Overview of the Small Workgroups’ “Objectives, “Deliverables”, and Process

- 2:45 – 3:30 PM

Establishing “Common Ground”

- 3:30 – 3:45 PM

Overview of Task-Topic List

4:00 – 5:00

Break-Out into Small Groups: [~8 Fellows per Group; ~ 9 Small Groups]

Group Facilitators & Fellows

Each Small Group either identifies its own topic or selects from a topic list regarding:

- *the identification of competencies for decision support as a clinical skill,*
 - *the design of possible curriculum models for gaining those competencies; and*
 - *the selection of criteria/evaluation methods for judging whether those competencies have been attained.*
- *Small Groups will develop their work-plan for the week.*
 - *Then, during the rest of the week, the Fellows will work to prepare a report on their selected topic. At the end of the week, these Small Group Reports will be presented in plenary sessions for discussion and debate.*

APRIL DRAFT CURRICULUM
FRIDAY, June 27

9 – 10:30 AM

Plenary:

Richard Street:

Theories and Methods for Teaching Communication Skills

Rick has been asked to:

- A. Draw on his expertise in communication theory, in empirical studies of communication issues, and in the challenges of teaching communication skills in health care; and then, based on this background...
- B. Highlight the theories, empirical evidence, and educational challenges regarding the teaching of effective communication skills that he thinks would be particularly relevant in designing interprofessional education programs for Decision Support / Patients' Decision Aids as a Clinical Skill.

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

Kate Clay, Nan Cochran, Blair Brooks:

Teaching Decision Support as a Clinical Skill: Lessons Learned from Experience

Drawing on their work at Dartmouth-Hitchcock Medical Center & the Veterans' Administration Hospital in White River Junction, Kate, Nan and Blair have been asked to:

- A. Outline their experiences with teaching Nurses, Medical Students, Residents, etc. about "decision support as a clinical skill".
- B. And, based on these experiences, offer their insights into 2 debatable points:
 - When we're teaching clinicians about how to carry out decision support, should/shouldn't we teach different skills for different kinds of diagnostic condition? (eg. Should we teach different sets of DS skills for ... Screening situations? Non-life-threatening chronic illness situations? Life-threatening oncology situations?)
 - When we're teaching clinicians about how to carry out decision support, should/shouldn't we teach different skills for different kinds of practice model? (eg. Should we teach different sets of DS skills for ...A call center model? A walk-in center model? Primary care? Specialty care?)

12:30 – 2:30 PM

- 14 pre-assigned Fellows have option to travel to Dartmouth Hitchcock Medical Center, take tour of DHMC's Center for Shared Decision Making, then return to campus.
- Other Fellows in "Meet the Faculty / Meet your Fellows" Lunches

2:30 – 5:00 PM

Small Group Session 2:

- Continued Work with Small Group Tasks.

Over the 4 Small Group Sessions, Fellows will engage with their selected topic re.

- *the identification of competencies for decision support as a clinical skill,*
- *the design of possible curriculum models for gaining those competencies; and*
- *the selection of criteria/evaluation methods for judging whether those competencies have been attained.*

APRIL DRAFT CURRICULUM
SATURDAY, June 28

9 – 10:30 AM

Plenary:

Jeff Belkora

Continuing... Teaching Decision Support as a Clinical Skill: Lessons Learned from Experience

Drawing on his work at the [University of California at San Francisco](#), Jeff has been asked to build on yesterday's session, and:

- A. Outline his experiences with teaching Nurses, Medical Students, Residents, etc. about "decision support as a clinical skill".
- B. And, based on these experiences, offer his insights into the same 2 debatable points:
 - When we're teaching clinicians about how to carry out decision support, should/shouldn't we teach different skills for different kinds of diagnostic condition? (eg. Should we teach different sets of DS skills for ... Screening situations? Non-life-threatening chronic illness situations? Life-threatening oncology situations?)
 - When we're teaching clinicians about how to carry out decision support, should/shouldn't we teach different skills for different kinds of practice model? (eg. Should we teach different sets of DS skills for ...A call center model? A walk-in center model? Primary care? Specialty care?)

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Small Group Session 3:

- Continued Work with Small Group Tasks.

Over the 4 Small Group Sessions, Fellows will engage with their selected topic re.:

- *the identification of competencies for decision support as a clinical skill,*
- *the design of possible curriculum models for gaining those competencies; and*
- *the selection of criteria/evaluation methods for judging whether those competencies have been attained.*

Open Afternoon

Evening

Dinner at Dartmouth Outing Club

APRIL DRAFT CURRICULUM
SUNDAY, June 29

9 – 10:30 AM

Open Study

Measuring The Decision Support Process & Collecting Outcomes Evidence

- There will be no designated speaker for this “Open Study” session.
- Instead, Fellows will be ...
 1. Provided with 4 key review papers that provide detailed insight into the major measurement issues inherent in:
 - Assessing whether the *process* of providing decision support has been high-quality or low-quality; and
 - Assessing whether the *outcomes* of high-quality / low-quality support processes are relatively good / bad.
 2. Then -- alone or together in *ad hoc* groups -- they will consider the implications of these reviews for the question: “What measure(s) “should” be used to evaluate the effectiveness of any particular interprofessional education program that teaches decision support skills for interprofessional practice settings?”

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

George Blike

Using Simulation Lab Settings: Strategies and Issues

George has been asked to:

- A. In the general case: Draw on his expertise in the theories, methods, and empirical evidence about using simulated situations to foster competence in clinical practice; and, based on this background,
- B. In the particular case: Highlight the “lessons learned” from this background that would be particularly relevant to using simulated situations to foster clinical competence in Decision Support / Patients’ Decision Aids.

12:30 – 2:30 PM

- “Meet the Faculty / Meet your Fellows” Lunches

2:30 – 5:00 PM

Small Group Session 4:

Prepare presentation to larger group in plenary session.

APRIL DRAFT CURRICULUM
MONDAY, June 30

9 – 10:30 AM

Plenary:

John Norcini.

Certifying Clinical Competency

This member of our Visiting Faculty has been asked to draw on his expertise in certification for competence in clinical practice, and consider:

- A. In the general case: The motivations for certification efforts in health care; relevant theories, models, and core principles; the evidence of effectiveness; and emerging issues in certification.
- B. In the special case: The issues inherent in the idea of establishing interprofessional certification programs for Decision Support / Patient's Decision Aids as a Clinical Skill:

[Fellows & Faculty to particularly note this presentation, in anticipation of Debate / Discussion C on the next day, Tuesday...]

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

Work Group Reports:

- o Group 1:
- o Group 2:
- o Group 3:
- o **+ Commentary by Lead Faculty**

12:30 – 2:30 PM

- 14 pre-assigned Fellows have option to travel to Dartmouth Hitchcock Medical Center, take tour of DHMC's Center for Shared Decision Making, then return to campus.
- Other Fellows in "Meet the Faculty / Meet your Fellows" Lunches

2:30 – 4:00 PM

Plenary:

Work Group Reports:

- o Group 4:
- o Group 5:
- o Group 6:
- o **+ Commentary by Lead Faculty**

APRIL DRAFT CURRICULUM
TUESDAY, July 1

9 – 10:30 AM

Plenary:

Work Group Reports:

- Group 7:
- Group 8:
- Group 9:
- **+ Commentary by Lead Faculty**

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

A. Discussion / Debate: Are There Common Competencies That Cut Across Curricula, Practice Models, Patients' Diagnostic Groups?

B. Discussion / Debate: Are There Common Evaluative Criteria That Cut Across Curricula, Practice Models, Patients' Diagnostic Groups?

12:30 – 2:30 PM

- 14 pre-assigned Fellows have option to travel to Dartmouth Hitchcock Medical Center, take tour of DHMC's Center for Shared Decision Making, then return to campus.
- Other Fellows in "Meet the Faculty / Meet your Fellows" Lunches

2:30 – 4:00 PM

Plenary:

C. Discussion / Debate: What's Needed / What's Feasible?:

- Certifying Practitioners in DS/PtDAs: Should it be done? How would it be done? Who would do it?
- Certificates of Completion of Courses in DS/PtDAs: Are These "Good Enough"?
- Accreditation of Courses in DS / PtDAs: Should it be done? How would it be done? Who would do it?

Evening

"Almost Bon Voyage" Reception

APRIL DRAFT CURRICULUM
WEDNESDAY, July 2

9 – 10:30 AM

Plenary:

GUEST SPEAKER *Paul Batalden*

A Clinical Microsystems Perspective

Paul has been asked to speak -- as a member of the Dartmouth Institute for Health Policy and Clinical Practice -- for about 60 to 90 minutes. Given that:

- The SIIPC 2008's overarching theme is "Interprofessional education in Decision Support (DS)".
- This theme is driven by an increasing need to help multiple providers (RNs, MDs, physical therapists, social workers, etc.) to become skilled at working together in providing effective, high-quality patient-centered DS as a clinical intervention.
- Furthermore, this kind of DS will need to be provided in clinical microsystems.

Therefore, we think it will be extremely important hear his point of view about this kind of topic statement:

"Efforts to design sustainable interprofessional education programs in DS/PtDAs should take into account the principles of microsystem design, structure, function, & evaluation."

10:30 – 11:00 AM

Break

11:00 AM – 12:30 PM

Plenary:

Discussion / Debate: The "Tipping Point" in Decision Support/Patients' Decision Aids

- Wrap-up of SIIPC 2008
- Future SIIPC Themes
- Keeping in Touch: SIIPC Alumni, Website, Archives

**THE BACKGROUND RATIONALE TO
The 2008 Summer Institute on Informed Patient Choice**

What are the Dartmouth Summer Institutes on Informed Patient Choice (SIIPCs)?

- The Dartmouth Summer Institutes on Informed Patient Choice are held annually, under the auspices of the Dartmouth Institute for Health Policy and Clinical Practice. They are supported by the Agency for Healthcare Research and Quality, and the Foundation for Informed Medical Decision Making.
- Their overall goal is to identify and mentor the next generation of scientists who are prepared to investigate key basic and applied problems in the field of patients' health care decision making -- with a particular emphasis on the provision of decision support (DS) using patients' decision aids (PtDAS).

What is “Decision Support”?

- In preference-sensitive health care situations, there is no single “best” therapeutic action that’s indicated for all patients.
- Therefore, the goal is to help patients make an informed, preference-based choice among the several relevant therapeutic options.
- “Decision Support” (DS) is a systematic, theory-based clinical strategy for helping individuals who wish to be involved in making these kinds of preference-sensitive choices to participate in this decision-making process.

What are “Patients’ Decision Aids”?

- “Patients’ Decision Aids” (PtDAs) are standardized, evidence-based tools intended to facilitate the process of decision support.
- They are intended to supplement rather than replace patient-practitioner interaction.
- PtDAs differ from conventional education materials, which present information about a recommended therapeutic intervention.
- Instead, PtDAs are designed to help people make deliberative choices among 2 or more preference-sensitive, clinically acceptable options, including the status quo.
- At a minimum, PtDAs provide information about the options and their associated relevant outcomes.
- PtDAs also help patients to...
 - personalize this information,
 - understand that they can be involved in choosing among the various options,
 - appreciate the scientific uncertainties inherent in that choice,
 - clarify the personal value or desirability of potential benefits relative to potential harms,
 - communicate their values to their practitioners, and
 - gain skills in the steps of collaborative decision making.

What's the Strategy for Planning Each Year's SIIPC?

Each year, a Planning Committee / Lead Faculty:

- Identifies a particular key scientific theme in the field of DS/PtDAs,
- Invites a Faculty of fundamental and applied scientists who are world leaders in the thematic area to identify the most pressing scientific opportunities in the field of patients' health care decision making, and to outline how best to prepare the next generation of scientists to seize those opportunities.
- Invites Fellows to attend the Summer Institute, and to join in discussion and debate with this Faculty.

What's the Theme for SIIPC 2008?

The theme for the 2008 Summer Institute is “**Interprofessional Education in Decision Support / Patients' Decision Aids**”. The Specific Aims are to:

- Identify promising theories, methods, and outcomes evidence for designing educational programs for effective interprofessional training in the clinical practice of DS /PtDAs.
- Compare different models for implementing interprofessional clinical training programs in DS/PtDAs.
- Debate whether there's a need to certify clinicians in the practice of DS/PtDAs, and, if so, identify the key principles for establishing a sustainable process for certification.
- Develop collaborative links among scientists who are prepared to investigate key basic and applied problems in the field of interprofessional education about the clinical practice of DS/PtDAs.
- Anticipate emerging trends in the field of interprofessional education about the clinical practice of DS/PtDAs.

Why This Particular Theme at This Particular Time?

➤ We have Made Progress with PtDAs:

- The efficacy of good-quality PtDAs as tools to help provide patients with decision support has been established.
- The infra-structure for building/maintaining libraries of effective PtDAs is growing and improving.
- International consensus standards for designing/testing PtDAs have been developed.

➤ We Have Made Progress with DS Practice Models & Measures:

- Several models for implementing decision support services have been developed.
- We have measures to assess the quality of the decision support process as well as the quality of the choices that patients actually make.

➤ We Have Made Progress with Teaching DS/PtDAs as a Clinical Skill:

- Several models for teaching DS/PtDAs as a clinical skill have been developed and implemented.
- Now is the time to train clinical teachers in DS/PtDAs and integrate their teaching into faculties of health sciences, practice settings, and continuing education curricula.

➤ However:

- It may be short-sighted to focus only on discipline-specific training in DS/PtDAs.
- Currently, there is considerable emphasis on patient-centered care, and increasing recognition of the pivotal role that DS (with or without PtDAs) could play in fostering that patient-centered care.
- At the same time, complex patient care requires multidisciplinary health care teams.

- Therefore, in preference-sensitive care situations, there are competing pressures on diverse practitioners who, despite their differing backgrounds and competencies, are attempting simultaneously to foster individualized patient-centered care as well as ensure the continuity and coordination of that care.
 - Under these circumstances, it's very difficult for the potential positive contribution of DS/PtDAs to be fully realized.
- So -- An Interprofessional Education Strategy:
- One strategy for resolving this dilemma is to provide practitioners with the knowledge base and skill set they need to engage in the *interprofessional practice* of DS/PtDAs. If the different members of multidisciplinary health care teams were well-prepared to work together in providing DS/PtDAs, these conjoint efforts could foster improved coordination and continuity in patient-centered care.
 - Accordingly, there is a pressing need to systematically assess and integrate the emerging theories, models, and evaluative strategies for the *interprofessional teaching* of DS/PtDAs as a clinical skill.
 - To do this, we need to build collaborative links between experts in patients' decision support and experts in professional education, in order to develop, test, and implement effective, sustainable *interprofessional* training programs to teach DS/PtDAs as a clinical skill.
 - **This is the background motivation for the 2008 SIIPC.**