Whose Decision Is It? Decision coaching with a patient decision aid to identify the right insulin delivery method for youth and their parents

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Introduction

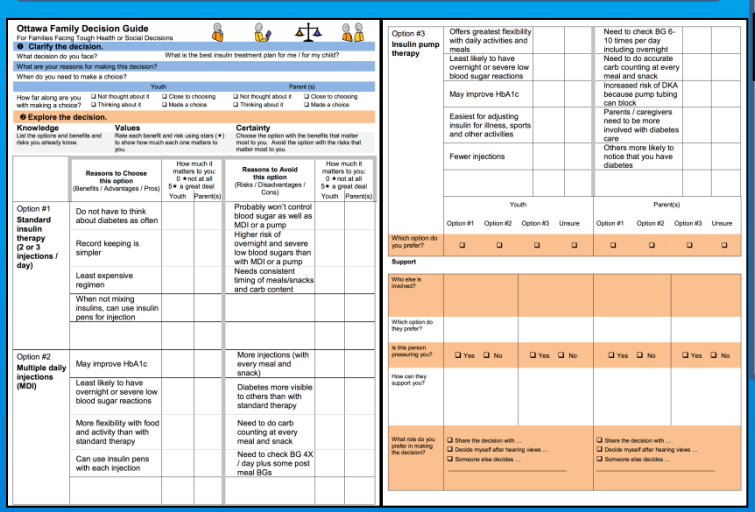
- **Shared decision making** (SDM) is a collaborative model of healthcare decision making where patient, family and healthcare professionals share information and deliberate together to make an informed, values-based decision[1]
- SDM is useful for **preference-sensitive** decisions where the best choice depends on patient/family preferences and values and how they weigh trade-offs between options
- Youth with type 1 and their parents face frequent preference-sensitive decisions that affect their daily lives and diabetes control

Objective & Methods

Study Objective: To evaluate the effects of decision coaching (individualized, non-directive counselling) with a patient decision aid on decisional conflict for youth with type 1 diabetes and their family facing an insulin delivery decision
Design: Pre-/post-test design
Setting: Pediatric academic centre
Participants: Youth considering a change in their insulin delivery method and their parents
Primary Outcome: Decisional conflict measured using the 10-item Decisional Conflict Scale[2] pre-coaching and 10-14 days post-coaching
Secondary Outcome: Satisfaction
SDM Intervention:

- Decision coaching by Diabetes Social Workers
- The Ottawa Family Decision Guide, pre-populated for insulin delivery options
- Youth purposefully invited to respond to each discussion item before parent(s)

Figure 1:
The Ottawa Family Decision Guide: Insulin Delivery Options



Results

Demographics: Youth (n=45), Parents (n=66)	
Mean age in years (SD)	Youth 12.5 (2.9), Parents 45.8 (5.6)
Youths' duration of T1D	38% 6-12 months 40% 1-5 years 22% 5+ years
Relationship to youth	56% Mother, 38% Father, 6% Other
Parents' highest education completed	21% high school 7% trade certificate/diploma 51% university/college 11% postgraduate

Decisional Conflict Scale (DCS)

	Pre Mean (SD)	Post Mean (SD)	P value
Youth (n=37)			
Total score	32.0 (19.7)	6.6 (12.2)	<0.0001
Subscales			
Informed	51.8 (26.9)	9.0 (17.8)	<0.0001
Values	48.6 (33.8)	6.1 (18.1)	<0.0001
Support	20.7 (18.6)	3.2 (8.6)	<0.0001
Certainty	35.8 (32.6)	8.8 (19.7)	<0.0001
Parent (n=51)			
Total score	37.6 (20.7)	3.5 (7.4)	<0.0001
Subscales			
Informed	52.6 (30.5)	2.9 (9.2)	<0.0001
Values	44.7 (34.1)	0.0 (0.0)	<0.0001
Support	23.9 (18.6)	3.3 (8.2)	<0.0001
Certainty	48.6 (30.7)	9.6 (18.6)	<0.0001

- DCS scores range from 0-100; scores < 25 are associated with implementing the decision[2]
- P values generated from paired t-tests

Satisfaction with Coaching[3]	Youth (n=37)	Parents (n=53)
The length of session was 'just about right' [Mean(SD)=55(9) minutes]	56.8%	88.7%
The decision coaching session helped me to consider the options in a balanced way	89.2%	94.3%
The decision coaching session was very or somewhat helpful	89.2%	88.7%
I would definitely / probably recommend it to others	94.6%	98.1%

Conclusions

- Youth can be coached to share their preferences prior to hearing their parents' views
- Decision coaching with a decision aid reduced decisional conflict for youth and parents facing a preference-sensitive insulin delivery decision
- Youth and parents were satisfied with the decision coaching intervention

Acknowledgements: Maura Manuel, Annick Constant, Jason Chan, the CHEO Diabetes Team

References

1.Charles C, Gafni A, Whelan T. Shared decision making in the medical encounter: what does it mean? (or it takes at least two to tango) Social Science & Medicine, 1997; 44: 681–692. **2.** O'Connor AM. Validation of a decisional conflict scale. Medical Decision Making. 1995: 15: 25-33. **3**. DeMarco TA, Peshkin BN, Mars BD, Tercyak KP. Patient satisfaction with cancer genetic counselling: a psychometric analysis of the genetic counselling satisfaction scale. J Genet Couns 2004;13(4):293-304.