MetroMapping

Development of a methodology to redesign care paths to support Shared Decision Making

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MetroMapping: Development of a methodology to redesign care paths to support Shared Decision Making

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Background: To support shared decision-making (SDM), initiatives are often focussed mainly on communication in the encounter and the use of decision aids. Our previous research (Griffioen et al. Cancer Med 2021) revealed: decision-making as a sequence of (un)planned moments before, during, after the consultation; work for patients and relatives to acquire/understand/recall information; often unclear roles and tasks, and unexpected energy drains (due to, e.g., changes in the trajectory).

We aimed to develop a service design methodology to improve SDM. The entire patient journey is considered a service. All 'touch points' (leaflets, devices, etc.) become parts of a consistent service, supporting stakeholders' decision making. We used oncology as a case.

Methods: We combined insights from:

- Co-creation and process-mapping, enabling participants to oversee and improve decision-making, cooperation, and task allocation
- Presentation of complex information along the care trajectory
- Resilience, of individuals and systems, in terms of anticipation, sense-making, trade-offs, and adaptation

Findings: Through MetroMapping (MM, www.metromapping.org/en/), care paths are redesigned in a human-centred, holistic, iterative way, actively engaging patients, significant others, clinicians, and quality-of-care staff throughout the design process. MM addresses five layers: 1) current experiences of patients, significant others, and clinicians, 2) metroline visualizing the entire care trajectory, 3) information needed in every phase, 4) persons involved in care and decision-making, and 5) physical contexts and artefacts.

Discussion: Important assets of MM are its flexibility for heterogeneous care paths and its intuitive visual language, enabling multidisciplinary collaboration and engagement of patients with various levels of health literacy. It is currently tested in various care paths in Europe.

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16:15 - 17:45
Orals: O.22 Communication skills training in healthcare staff

O.22.1
A validated rubric for assessing bad news delivery skills of physiotherapists

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Background: One of the most challenging communication skills for healthcare professionals is the delivery of bad news to patients. Professionals are often insufficiently equipped with such skills. Although literature largely focuses on bad news concerning severe medical conditions, there are many health care contexts in which patients may be confronted with bad news, including physiotherapy. In this project we developed a rubric for assessing and developing physiotherapists' bad news delivery skills. In literature on formative assessment, rubrics are assessed as adequate teaching instruments (van Ginkel et al., 2017), since they explicate criteria and provide information on: the current performance (feed-back), the desired level of performance (feed-up) and suggestions to bridge the gap between the actual and the desired performance (feed-forward).

Methods: The rubric was constructed by identifying communication models and insights into bad news delivery in existing literature in the domains of (1) communication in physiotherapy (2) medical teaching and learning and (3) conversation analysis. The effectiveness of the rubric was evaluated by an expert group of physiotherapists through semi-structured interviews.

Findings: The expert's evaluation enriched the rubric with respect to content-related aspects and form-related aspects. The result is a validated rubric instrument, constructed through iterative cycles of development and refinement. The rubric is concerned with the content and structure of bad news conversations as well as the non-verbal aspects, their related levels in performance and adequacy. The criteria correspond to those emphasized in literature and professional practice.

Discussion: The rubric helps to improve bad news delivery in practice and stimulates using a patient-centered approach, in which the message is adapted to the needs of the patient (Sparks et al., 2007). This may lead to higher patient satisfaction and improve the way the patient may deal with the news.

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