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Shared decision making (SDM) in older patients is more complex when multiple chronic conditions (MCC) have to be taken into account. The aim of this research is to explore the effect of the evidence based implementation intervention SDMMCC on (1) the preferred and perceived participation (2) decisional conflict and (3) actual SDM during consultations. 216 outpatients participated in a video observational study. The intervention consisted of a SDM training for geriatricians and a preparatory tool for patients. Consultations were videotaped and coded with the OPTIONMCC. Pre- and post-consultation questionnaires were completed. Participation was measured by the Patients' perceived Involvement in Care Scale (PICS). Decisional conflict was measured by the Decisional Conflict Scale (DCS). The patients mean age was 77 years, 56% was female. The preparatory tool was completed by 56 older adults (52%), of which 64% rated the tool as positive. The preparatory tool was used in 12% of the consultations. The mean overall OPTIONMCC score showed no significant changes on the level of SDM (39.3 vs 39.3 P0.98), however there were significant improvements on discussing goals and options on sub-items of the scale. There were no significant differences found in the match on preferred and perceived participation (86.5% vs 85.0% P 0.595) or in decisional conflict (22.7 vs 22.9 P0.630). The limited use of the preparatory tool could have biased the effect of the intervention. In future research more attention must be paid towards the implementation of preparatory tools, not only among patients but also among geriatricians.

THE DEVELOPMENT OF AN INTERVENTION TO IMPROVE SHARED DECISION MAKING IN GERIATRIC OUTPATIENTS

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Shared decision making (SDM) contributes to personalised decisions that fit the personal preferences of patients. However, older adults frequently face multiple chronic conditions (MCC). Therefore, implementing SDM requires special features. The aim of this paper is to describe the development of an intervention to improve SDM in older adults with MCC. Following the Medical Research Council framework for developing complex interventions, the SDMMCC intervention was developed step-wise. Based on a literature review and empirical research we developed in a co-creation

process with the end-users a training for geriatricians and a preparatory tool for older patients with MCC and informal caregivers. After assessing feasibility the intervention was implemented at two outpatient geriatric clinics in a pilot study (N=108). Key elements of the training for geriatricians include: developing skills how to involve older adults with MCC and informal caregivers in SDM and learning how to explore personal goals related to quality of life. Key elements of the preparatory tool for patients include: an explicit invitation to participate in SDM, nomination that the patient's own knowledge is valuable, invitation to form a partnership with the geriatrician, encouragement to share information about daily and social functioning and exploration of possible goals. Furthermore, invitation of informal caregivers to share their concerns. Through a process of co-creation both a training for geriatricians and a preparatory tool for older adults and their informal caregivers were developed, tailored to the needs of the end-users and based on the 'Dynamic model of SDM with frail older adults'.

BELIEFS REGARDING GERIATRICS PRIMARY CARE TOPICS AMONG MEDICAL STUDENTS AND INTERNAL MEDICINE RESIDENTS

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Our study evaluated and contrasted responses to 25 content areas essential to the primary care of older adults by medical students and residents, and identified attitudes toward aging amongst students and residents. One hundred and thirty-six medical students and 61 Internal Medicine residents completed a survey including the 25-item Geriatrics Clinician-Educator Survey and 18-item Images of Aging Scale. Students and residents rated importance and knowledge for content areas from 1 (low) to 10 (high). Gap scores reflecting the difference in ratings between importance and knowledge were calculated. The Images of Aging scale ranges between 0 (furthest from what you think) and 6 (closest to what you think). Results indicated that students and residents reflected similar beliefs about the importance of content areas, but students provided lower ratings in knowledge. Students revealed larger gap scores in areas that reflected general primary care (e.g., assess chronic conditions, medications), whereas residents revealed larger gap scores in areas that reflected specialists' expertise (e.g., driving risk, cognition, psychiatric symptoms). Attitudes toward older adults did not differ appreciably between students and residents. In sum, primary care topics applicable for any age demographic were rated as most important by first-year medical students and Internal Medicine residents. Topics relevant to older populations – particularly those requiring specialists' knowledge or requiring sensitive discussion with older adults – were rated as less important and were less well mastered.

EFFECTIVENESS OF A SIMULATION-BASED EMPATHY ENHANCEMENT PROGRAM WITH MINDFULNESS ON SOCIAL WORKERS

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