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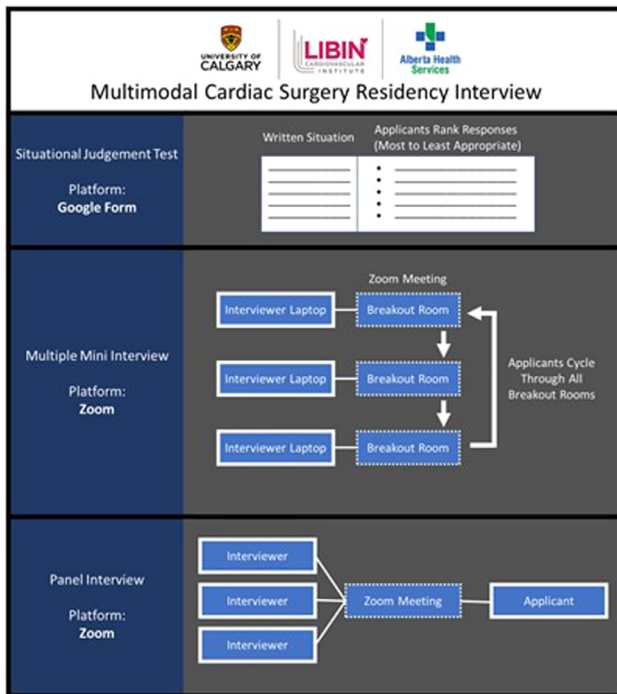


Image. Multimodal Cardiac Surgery Residency Interview Strategy

P062 DEVELOPMENT OF SHARED DECISION MAKING TRAINING MODULE FOR PATIENTS FACING PREFERENCE-SENSITIVE DECISIONS REGARDING MAJOR SURGICAL PROCEDURES

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BACKGROUND: In our NSQIP participating center, patient experience measures demonstrate that 25% of patients over 65 years of age regret the decision for cardiac surgery, demonstrating a mismatch of expectations and outcomes. Studies of surgical decision-making demonstrate poor decisional quality, especially patient comprehension and expression of preferences. Shared decision making (SDM), a formalized approach wherein patients are educated about the risks, benefits to treatment options, and supported to share personal preferences, has been shown to improve comprehension, reduce decisional conflict, and better align patient expectations with outcome, however, multiple systematic reviews have demonstrated almost no sustained uptake of this approach in surgery. The goal of this study is to implement SDM with relevant training aimed at the surgical team with a pre-post design that measures effectiveness through Option 5 scoring of informed consent interactions.

METHODS AND RESULTS: Five focus groups with patients (n=2) and health care providers (HCPs) (n=3) were carried out to determine barriers and facilitators of SDM and learning preferences for HCPs. Thematic analysis of focus groups demonstrated barriers to SDM (lack of time during surgeon-patient interaction; authoritative imbalance between patients

and clinicians; and deficits in patient comprehension); and identified HCP training preferences (synchronous short events with relevant examples). SDM training was developed in light of the findings. Common barriers and facilitators to SDM identified in the groups were used to develop communication and logistical strategies included in the training. HCP learning preferences identified in provider groups were used to inform the format and presentation style of the training to improve participant engagement. Pre-intervention informed consent discussions were audio-recorded and analyzed using Option 5 methodology which comprises a 5 item measure of SDM used to assess the extent to which clinicians involve patients in the decision-making process. OPTION-5 scoring (n=40) demonstrated low decisional quality (average score 27/100) with almost no perceptible elicitation or incorporation of patient preferences during consent discussions. Following the training of surgeons and multidisciplinary team members, 40 more informed consent discussions will be audio-recorded and evaluated using the OPTION-5 scoring metric. Scores before and after training will be compared by item to determine change in informed consent discussion quality.

CONCLUSION: Informed consent in surgery is lacking in SDM approaches. Barriers have been identified and SDM training has been developed with a team-based approach in mind. The effect of the training intervention on surgical consent discussion quality will be measured using OPTION-5 and if successful broader implementation will be carried out.

Canadian Frailty Network

P063 VIRTUAL CARDIOLOGY CLINICAL SKILLS TEACHING FOR MEDICAL STUDENTS USING AN ELECTRONIC STETHOSCOPE DURING THE COVID-19 PANDEMIC: FEASIBILITY AND FEEDBACK.

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BACKGROUND: The provision of teaching within medical schools, particularly at the pre-clerkship level, has been difficult during the COVID-19 pandemic due to the need for limited patient contact. The opportunities for Med I and Med 2 students for bedside teaching have been a particular challenge. During the Cardiology clinical skills unit at Dalhousie University there was a shift in Public Health recommendations necessitating a quick change in teaching strategy during the second wave of the pandemic. With medical students no longer able to enter the hospital for practice histories and physicals on 'real' cardiac patients, an effort was made to provide a similar experience using a virtual platform.

METHODS AND RESULTS: Bedside teaching for cardiology at Dalhousie (Halifax site) involves three 4-week rotations of roughly 28 students per group. One of these groups was provided with a virtual experience using a hospitalized patient with cardiac disease on week one, followed by in-person

clinical skills teaching with a standardized patient without cardiac disease in weeks 2-4. For the virtual experience the history portion was conducted using Zoom, and the physical examination was demonstrated using an iPhone connected to an electronic stethoscope which allowed broadcast of heart sounds to the students over the Zoom platform. The stethoscope used was the Thinklabs One™ digital. The three in-person sessions were provided in groups of 4 students to one standardized patient along with a cardiologist. At the end of the four-week session the students were asked to evaluate the experience of the virtual history and physical examination with the 'real' patient in a short survey and compare it to the standardized patient experience. Of the 28 students, 16 completed the evaluation survey (57%). All students (100%) selected either 'Agree' or 'Strongly agree' on a 5-point Likert scale when asked if the virtual session provided a valuable learning experience for both history taking and physical examination. The majority of students (87.5%) also felt that the virtual bedside teaching was either equivalent or preferable to the in-person learning experience with the standardized patient.

CONCLUSION: Virtual clinical skills teaching using a Zoom platform and an electronic stethoscope was both feasible and provided a valuable alternative learning experience for medical students during the COVID-19 pandemic.

Canadian Cardiovascular Society (CCS) Abstracts — Electrophysiology

P064

NON-INVASIVE CARDIAC RADIOABLATION FOR RECURRENT VENTRICULAR TACHYCARDIA: INITIAL RESULTS AND INSIGHTS

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BACKGROUND: Non invasive cardiac radio-ablation (RA) has emerged as an alternative to escalating anti arrhythmic drugs (AADs) in patients who are unwilling or unable to undergo catheter ablation (CA) for recurrent ventricular tachycardia (VT). We present our initial experience of treating 9 patients on a compassionate use basis and offer insights into programme development and delivery in Canada.

METHODS AND RESULTS: Twenty four patients have been referred to the programme since August 2019. We have treated 9 patients with RA as 12 patients declined and another three underwent emergent CA for VT storm. Of the 15 patients who did not receive RA, 10 are now deceased (67%). Following RA one patient (11%) deceased at 11 months due to respiratory infection. Although highly selective, clinical characteristics between those receiving and not receiving RA are similar. Patients undergoing RA are

medically stabilised and receive echo, CT and PET scanning similar to patients undergoing CA. All 9 patients underwent non invasive EP study (NIPS) under light sedation administered by a single IV cannula without complication. VT is induced using the ICD in situ and mapped using the CardioInsight ECGi system. Targets for RA are identified combining the ECGi data with the contemporaneous imaging data. This analogue process involves Cardiac EP/ Imaging, Radiation Oncologists and Medical Physicists. The median time to RA from NIPS is 12 working days (IQR 8, 20). A single fraction of 25 Gy is targeted using 4D-CT with an average on beam time of 15 minutes. All patients receive Rivaroxaban 20 mg for thirty days post RA. Thus far 1 patient (11%) has suffered pneumonitis requiring a 4 week course of oral corticosteroids, but there have been no other adverse events attributable to RA. Post RA 8 patients (89%) experienced an immediate reduction in VT burden as recorded by their ICD. As compared to the 6 months prior to RA, there was a greater than 90% reduction in VT requiring ICD therapy (ATP or shocks) and at 9 months only 1 patient (11%) has suffered recurrent ICD shocks. The majority of patients (67%) have had antiarrhythmic drug therapy reduced or withdrawn post RA.

CONCLUSION: Non invasive cardiac radioablation appears safe, well tolerated and effective in the short term for those unwilling or unable to receive catheter ablation for recurrent VT. Several opportunities remain to improve logistics, targeting and availability of the procedure to improve outcomes for this cohort of patients in Canada.

P065

IMPACT OF ORAL ANTICOAGULANT CLASS ON ADHERENCE IN PATIENTS WITH ATRIAL FIBRILLATION: A 23-YEAR POPULATION-BASED COHORT STUDY IN CANADA

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BACKGROUND: Studies measuring OAC adherence in AF patients have suffered from short follow-up times, inability to account for frequent medication switches and have excluded warfarin. Our objective was to compare AF patients' long-term adherence between OACs and identify the impact of taking direct oral anticoagulants (DOAC) versus vitamin K antagonists (VKA) on adherence, while accounting for switching.

METHODS AND RESULTS: Using linked, population-based administrative data containing physician billings, hospitalization and prescription records of 4.8 million British Columbians (1996-2019), incident adult cases of AF were identified. Primary measure of adherence was proportion days covered (PDC). Consecutive rolling windows of 90 day in length were created for each patient starting from their first OAC prescription fill date until the end of their follow-up time. PDC for each of the 90-day-long rolling windows were calculated. If a