

**Title:**

Development and Evaluation of a Shared Decision-Making Tool for Contraceptive Counseling

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**Abstract Summary:**

This project aims at providing health professionals with a tool to guide counseling and decision-making when caring for reproductive age women and evaluating the health professional's satisfaction with the tool as well patient's outcomes.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to summarize the concept of shared decision making.	Review definitions of shared decision making and how this concept was used as the basis for a contraceptive counseling tool.
The learner will be able to describe the prevalence of unplanned pregnancy in the United States and be able to list at least three adverse outcomes of unplanned pregnancy.	Describe data related to unplanned pregnancy and outcomes of unplanned pregnancy.
The learner will be able to verbalize how contraceptive misuse, and non-use relates to unintended pregnancy.	Describe data related to patient adherence to contraceptive methods and non-use, and their relationship to unplanned pregnancy.
The learner will list at least one barrier to health care provider's use of the Shared Decision Making Tool for Contraceptive Counseling.	Review of data related to providers' experiences of using the Shared Decision Making Tool for Contraceptive Counseling.

**Abstract Text:**

**Introduction/Background:** Almost half of all pregnancies in the United States are unintended or mistimed, with a disproportionate share of unintended pregnancies occurring amongst disadvantaged populations. There are correlations between pregnancy intention and health outcomes for both the women experiencing the pregnancy and the children who result from it as well as a large taxpayer cost. Examination of contraception use among women who experienced an unintended pregnancy points to

knowledge gaps regarding contraceptive methods. Structured contraceptive options counseling is an opportunity to impact the unintended pregnancy rate and improve health incomes for both women and children.

Shared decision making is the concept that patients and providers can partner together to make medical decisions regarding the patient's health, acknowledging the patients' expertise in their own barriers, preferences, and values. Incorporating the patient's perspective with the providers' expertise regarding medical evaluation and treatment creates a more acceptable medical decision making.

The Dimock Center Obstetrics and Gynecology Department and several providers employed by other local Title X Family Planning Clinics participated in this project to use shared decision making regarding patient's contraceptive choices. This project was facilitated through the Sigma Theta Tau International (STTI) Maternal Child Health Nurse Leadership Academy (MCHNLA). The MCHNLA is funded by Johnson and Johnson.

**Aim/Goal/Purpose sentence:** The goal of this project was to create and evaluate a tool that guides the contraceptive decision making discussion between health care professionals and patients seeking pregnancy prevention strategies.

**Methods section:** To assess patient satisfaction with contraceptive counseling, a pre-survey was administered to patients seeking contraceptive advice and counseling at the Dimock Center Obstetrics and Gynecology department.

An additional survey was administered to assess whether providers used tools to guide their discussions regarding contraceptive decisions, whether the tool was helpful in making a decision, and if a tool was not used, whether the patient desired such a tool.

Following the pre-surveys, providers, nurses and family planners were trained to use the Shared Decision Making for Contraceptive Counseling Tool (SDMCC), and the tool was provided for use in the clinic. Following staff training, a post-survey was administered to patients seeking contraceptive advice.

To assess the satisfaction of Family Planning Professionals with the tool, several providers, nurses and family planning counselors who are employed by Title X sub-recipient clinics were trained to use the Shared Decision Making Tool for Contraceptive Counseling. They were provided with a printable copy of the tool and instructions for assembling the tool. Two months later, an online survey was administered to evaluate the tool's use.

**Results:** In the first patient pre-survey, 100% of patients rated their satisfaction with provider contraceptive counseling as a 9 out of 10 or greater. Very few patients wrote comments on their survey, but of the comments written, 100% were positive. In the second patient survey, we evaluated the number of patients stated that their provider did use a tool to help review contraceptive methods and whether they thought the educational tools were helpful. Patients who wrote comments regarding their counseling expressed the desire to learn more about potential side effects of methods.

The majority of providers who answered the tool evaluation survey felt that there was no information missing from the tool nor was the information redundant. Barriers to use of the tool included forgetting that the tool was available, perception that using the tool would take too long, and financial and logistical barriers to producing the tool.

**Conclusions/Discussion:** The high levels of patient satisfaction in the first pre-survey could be a result of a high standard of contraceptive counseling, however it could also be related to patients' perceptions of anonymity. Anxiety that their responses might affect their care may have also influenced the patient's comments or concern regarding the consequences of poor ratings to their providers. The results of this survey were not a good basis of comparison between counseling with and without the shared decision

making tool. The revised or second pre-survey showed a similar level of positive results, indicating that providers frequently used tools to aid their counseling and that they were very happy with the tools.

The majority of providers felt that the information regarding the tool was sound, however there were barriers to putting use of the tool into practice. Recommendations to address the barriers include providing paper copies for the healthcare professionals, creating an electronic version of the tool with online access, implementation of posting a poster version of the tool in each exam room, and translation of the tool into other languages to improve utilization. Recommendations for future research include a study comparing the time spent in using the tool vs traditional counseling, as well as research evaluating the tool in family practice and pediatric settings.