Empowering the Non-Psychiatrist to perform Medical Decision Making Capacity Assessments in a Medical Hospital – A Multimodal Intervention

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Learning Objectives:

- Explore the role of the non-psychiatrist in hospital medical decision making capacity assessment
- Learn of methods by which capacity assessment can be taught to the non-consultant
- Explore attitudinal changes regarding capacity assessment after EMR embedded tools are introduced

Abstract:

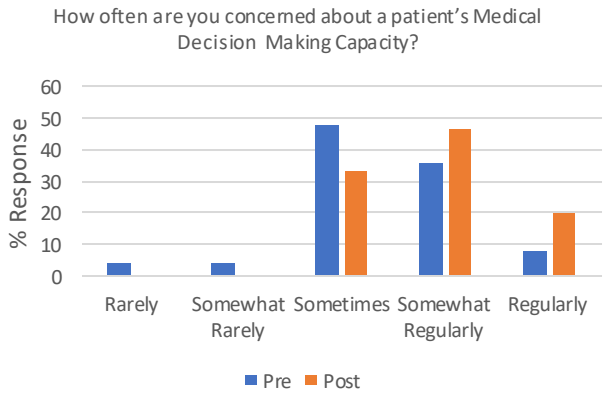
In the medical hospital, decision making capacity assessment often falls to the psychiatric consultant rather than the primary medical service. This presents numerous patient care dilemmas along with increased demand on the psychiatric consultation service. This may be mitigated by empowering the non-psychiatrist primary provider to evaluate patient decision making capacity via standardized and structured capacity assessments. Through a multimodal intervention involving lectures and integration of a capacity assessment "worksheet" into the electronic medical record, we hypothesized that providers will develop greater comfort in independently performing capacity assessments [1]. We found after our intervention that there were no notable changes in comfort level in performing capacity assessments among participants, however providers felt that capacity assessment was more important than previously thought.

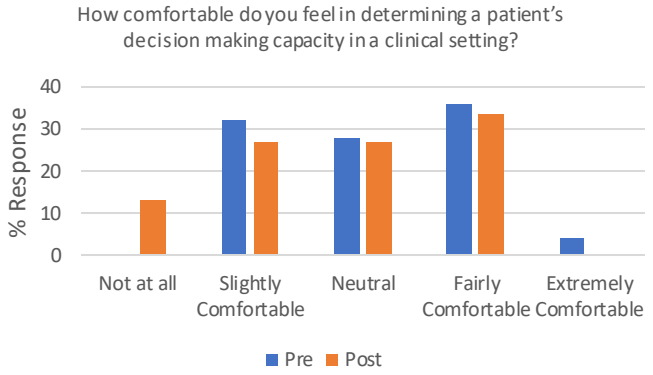
Methods:

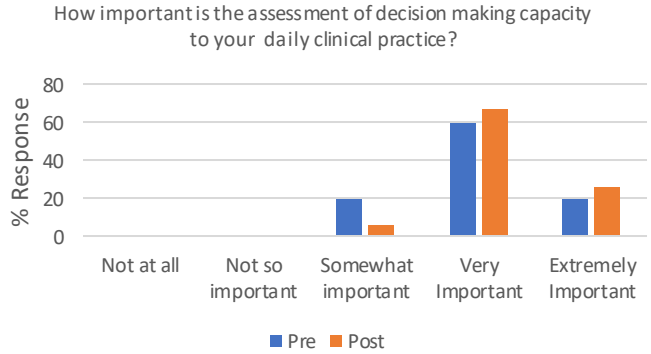
A convenience sample of the combined general medicine nurse practitioner and physician assistant service of a large tertiary care hospital (ACP or Advanced Care Provider service) was provided a brief introductory lecture on capacity assessment. An initial, anonymous survey was done to determine baseline attitudes toward capacity assessment. The survey itself include 3 questions assessing the frequency of concern, comfort in assessment, and the perceived importance of medical decision making capacity in the hospital setting. Each question had a Likert style five-answer range of responses. A version of the Aid to Capacity Evaluation (ACE) was introduced into the Electronic Medical Record (EMR) as a "token" that any provider could use. The ACE was chosen for its comparative brevity, inter-rater reliability, and the fact that it is freely accessible[1,2]. Information about the ACE was disseminated via email and printed documents to the ACP service. The survey was repeated six months after these interventions were introduced. The primary outcome measures were changes in attitudes toward capacity assessment before and after the multimodal interventions. In the post-intervention survey attitudes toward the usefulness of the EMR tool was assessed, which was absent from the initial survey.

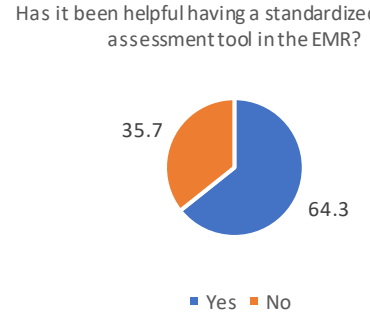
Results:

There were 25 respondents in the pre-intervention survey. This dropped to 15 respondents when attitudes were re-assessed after 6 months. Results for each question is as follows.









Discussion:

In the 6 month follow up survey there were few differences between the pre and post intervention responses with regards to the providers' level of concern about and comfort in determining a patient's decision making capacity. There appeared, however, to be a greater appreciation of the importance of medical decision making capacity post-intervention. Despite this, the majority of respondents felt that the introduction of the EMR tool was helpful. There were numerous limitations with our methods. We did not have the capability of tracking the responses of unique individual providers. As such tests of significance could not be performed and only group attitudes could be observed. There was a notable difference in the number of respondents between the pre and post intervention queries, likely owing to staff turnover. The study population was mid-level providers who are dependent on supervision from attending medical hospitalists who are not targeted participants. We have no survey measures from the patient's perspective. Though the ACE was chosen for its ease of use, there may be other structured capacity assessments suited for hospital utilization [2,3]. There is a paucity of studies involving the teaching of capacity assessment to non-psychiatrists, particularly involving introduction of assessment tools into EMRs. Further study into the pedagogy of medical capacity assessment is warranted.

References:

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