Decision-making capacity assessment education

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Abstract

Background/Objectives: As the elderly population and associated number of persons with dementia increase, so does the need for decision-making capacity assessments (DMCAs). Many healthcare professionals (HCPs), however, do not feel prepared to conduct DMCAs. We have provided 4-h DMCA workshops to HCPs since 2006 and offered physicians either a 3-h or 2-day DMCA workshop from 2013 to present. We evaluated the effectiveness of the workshops on self-reported key concepts of capacity.

Design: Pre-/post-test design.

Setting: DMCA workshops for physicians across Canada and HCPs within Alberta.

Participants: Two hundred and eighty-one physicians and 835 HCPs.

Measurements: Pre-/post-workshop ratings on level of comfort with and understanding of 15 core DMCA concepts using 4-point Likert-type items.

Results: For the DMCA workshops among physicians, ten 3-h workshops were held in 2014–2015 with 166 participants and seven 2-day workshops, between 2014 and 2018, with 115 participants. With respect to the self-report on core DMCA concepts, at least 62.7% (range: 62.7%–89.6%) of physician participants had higher post-workshop ratings (sign test; p < 0.001) than pre-workshop ratings for all core DMCA concepts. For the DMCA workshops among HCPs, 4-h workshops were delivered to 835 HCP participants from 2008 to 2012. At least 49.6% of participants (range: 49.6%–78.9%) had increased post-workshop ratings (sign test; p < 0.001) for all level of comfort items with and understanding of core DMCA concepts.

Conclusion: There is a need for DMCA training for physicians and HCPs. The content and method of the workshops are effective at enhancing self-reported level of comfort with and understanding of core DMCA concepts.

KEYWORDS
decision-making capacity assessment, healthcare professionals, training
INTRODUCTION

Older adults including individuals with neurocognitive disorders are increasing in number. For an increasing number, autonomous decision-making capacity (DMC) around their medical, personal, and financial affairs can come into question. This has resulted in a greater demand for decision-making capacity assessments (DMCAs). Conducting DMCAs is complex and has serious implications, thus, requires that physicians and other clinicians be appropriately prepared to competently perform DMCAs.

Many clinicians lack knowledge and skills in DMCAs. Consequently, they may inadvertently conduct DMCAs unnecessarily and use non-standardized approaches. This can result in inaccurate declarations of DMC. More thorough DMCa training for clinicians is urgently needed. Lack of standardized DMCa training has led to increased variability in judgment regarding an individual’s DMC. Appropriate DMCa education can help clinicians employ more standardized approaches to DMCAs and avoid multiple pitfalls that can occur in the process of conducting DMCAs.

Professional development opportunities such as structured in-services or education programs have the potential to increase clinician consistency and accuracy in conducting DMCAs. Since 2006, in Alberta, Canada, such training for clinicians, including physicians, psychologists, nurses, occupational therapists, and social workers, was developed based on a DMCa model that includes guiding principles, legislation, processes, tools, worksheets, and 15 core DMCa concepts to inform person-centered best practices at the client level, increase the ability of practitioners, inter-professional teams, and organizations to provide DMCAs at the clinical level. Details of the DMCa model are available.

The DMCa model includes 15 core DMCa concepts essential for clinicians conducting assessments. Identified through a consensus process by a multidisciplinary hospital-based capacity working group, these 15 core DMCa concepts focus on knowledge required, confidence, and comfort to conduct DMCAs. The 15 core concepts include: (1) understanding of “capacity” and (2) relevant legislation; (3) DMCa triggers, (4) domains, and (5) problem-solving techniques. In addition (6) circumstances warranting a full DMCa, and (7) potential pitfalls of DMCAs, (8) the role of functional, (9) cognitive and (10) standardized assessments, (11) discipline-specific roles (12) and interplay of all disciplines involved in the DMCa process, and (13) system of organization and documentation, (14) confidence in DMCa knowledge and skills, and (15) level of comfort in conducting DMCAs (see Tables S1 and S2).

Workshop evaluations and pre-/post-workshop questionnaires aim to capture self-reported level of agreement pre-/post-training associated with participants’ understanding, confidence, or comfort related to each of the 15 core DMCa concepts. This research reports on the impact of the workshops on these core DMCa concepts based on pre-/post-workshop questionnaires.

METHODS

Clinicians’ self-reported levels of understanding of core DMCa concepts, including comfort and confidence conducting DMCAs, were compared with pre-/post-DMCa workshops in a pre-/post-test study design. Similar pre-/post-workshop questionnaires collected from physician 3-h workshop participants, physician 2-day workshop participants, and 4-h workshop clinician participants were quantitatively analyzed. The pre-/post-questionnaires were identical with additional demographic (i.e., sex, age, professional designation, and duration in current work) and prior training questions being included on the pre-questionnaire. Each of the 15 core DMCa concepts was self-rated by participants on a 4-level Likert-type scale ranging from strongly disagree to strongly agree. Descriptive statistics were used to summarize demographic data and evaluation ratings, and the sign test was used to compare pre-/post-workshop ratings. This study received ethics approvals from the Health Research Ethics Board of the University of Alberta (ID Number: Pro00046580 and Pro000 48425).

The 3- and 4-h workshops follow very similar learning objectives allowing more time for other clinicians to ask questions who may be less familiar with DMCa. They were run across multiple sites from community, supportive living, long-term care, rehabilitation, and acute care. The 2-day workshop is offered by the Office of the Public Guardian and Trustee and incorporates the 3-h with further information on the legislation, completing a capacity report, and how to perform a capacity interview (see workshop description in Supplementary File S1).

RESULTS

For the DMCa workshops among physicians, ten 3-h workshops were held in 2014–2015 with 166 participants and seven 2-day workshops, between 2014 and 2018, with 115 participants. With respect to the self-report on core DMCa concepts, at least 62.7% (range: 62.7%-89.6%) of physician participants had higher post-workshop ratings.

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than pre-workshop ratings for all core DMCA concepts (sign test; $p < 0.001$).

For the DMCA workshops among other clinicians, 4-h workshops were delivered to 835 participants from 2008 to 2012. The majority of participants were nurses (28.8%), social workers (26.1%), and occupational therapists (24.1%). Some physicians (4.2%) also participated in the clinician workshops. At least 49.6% of participants (range: 49.6%–78.9%) had increased post-workshop ratings for all the level of comfort items and understanding of core DMCA concepts (sign test; $p < 0.001$).

Pre-workshop ratings differed across statements, with averages ranging from 1.99 to 3.03. Post-workshop, the ratings on all statements increased, with averages ranging from 3.09 to 3.76. Post-workshop ratings on core DMCA concepts revealed that five core DMCA concepts had improved ratings from at least 80% of physician participants post-workshop and 70% of the clinician participants. These were awareness of problem-solving techniques, understanding of the concept of trigger, awareness of legislative acts, confidence in knowledge and skills, and awareness of a system of organization and documentation. See Figure 1.

**DISCUSSION**

Appropriate knowledge and tools can demystify the DMCA process, enhance confidence, and reduce the frequency of DMCAs being done on an inappropriate basis. With appropriate training, clinicians can enhance their ability to competently conduct DMCAs. Our DMCA educational workshops specifically address improving ability to conduct DMCAs, with over 80% of participants showing improved ratings on their self-reported understanding, confidence, and comfort conducting DMCAs. In light of the need for more thorough DMCA training, efforts ought to be made to ensure that physicians and other clinicians, as part of managing other geriatric syndromes, be trained in DMCAs. There are recommendations that physicians receive ongoing DMCA education leading to requests for compulsory training.

**Limitations**

There is no objective assessment of competency change post-workshop, by way of assessment of knowledge or skill, just self-reported improvement in the 15 core DMCA concepts. Future iterations of the training could include standardized patient encounters to practice DCMA.

**CONCLUSION**

There is an urgent need for DMCA training for clinicians. The study results suggest that the content and delivery method of the workshop are effective in improving clinicians' self-reported knowledge, confidence, and comfort with the core concepts to perform DMCAs. The study adds to the literature with its large $n$ and being interdisciplinary with national workshops across multiple settings.

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**FIGURE 1** Proportion of participants with improved post-workshop ratings

![Proportion of participants with improved post-workshop ratings](image)

**Notes**

1. An improved rating refers to a participant's increase in the post-workshop rating of a statement, relative to the pre-workshop rating.
2. Each statement is a 4-point Likert-type item (Strongly disagree, Disagree, Agree, Strongly Agree).
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CONFLICT OF INTEREST
The authors declare that no conflicts of interest exist.

AUTHOR CONTRIBUTIONS
LC and SB-P contributed to the conception and design of the study. LC, SB-P, AP, TK, and MJ contributed to the acquisition of the data. LC, SB-P, AP, PT, and OS contributed significantly to the analysis and interpretation of the data. LC and CV drafted the article. All authors revised the article critically for important intellectual content and gave final approval of the version to be published.

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SUPPORTING INFORMATION
Additional supporting information may be found online in the Supporting Information section at the end of this article.
Table S1 Proportion of participants with improved post-workshop ratings.
Table S2 Mean pre- and post-workshop ratings.
Supplementary File S1. Course description for decision-making capacity assessment workshop.

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