

Decision Making Capacity Assessment: Efficacy and Satisfaction of an Iterative Curriculum

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BACKGROUND

The assessment of patients' decision-making capacity (DMC) is a critical skill for all physicians, yet the literature describes a lack of preparation, comfort, and competence amongst practicing physicians.^{1,2} While physicians often turn to CL psychiatrists as the experts in DMC, many medical students will go on to work in non-academic settings without access to psychiatric consultation. Thus, we must prepare future physicians early to achieve mastery in this skill. CL psychiatrists play a vital role in educating healthcare students on DMC skills. There is no standardized method for teaching or evaluating DMC assessment in undergraduate medical education. The limited literature supports the use of active learning for such communication skills.³⁻⁵ We present an iterative DMC curriculum and communication checklist.

METHODS

Kern's 6-Step Approach

Problem Identification & General Needs Assessment Many physicians feel uncomfortable and unprepared to assess DMC. There are no consistent guidelines for when, where, or how decision-making capacity is taught.

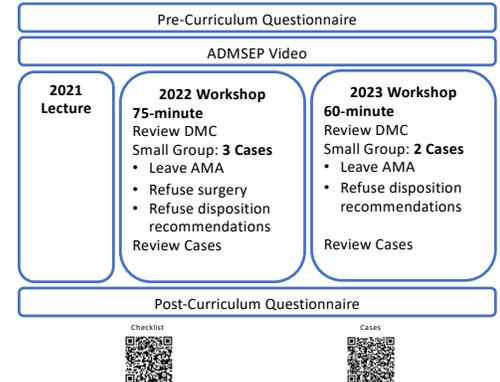
Targeted Needs Assessment Psychiatry clerkship director at Feinberg SOM identified the need for improving the clinical DMC curriculum, which had been limited to half of a 60-minute lecture. Specifically, the director was looking to build on cognitive changes (factual knowledge) and target clinical changes (application and behavior of skill).

Goals and Objectives After completing the core psychiatry clerkship, students will be able to: define the elements of decision-making capacity, know who is responsible for determining capacity, gain competency in assessing for capacity, feel more comfortable assessing capacity, and value the importance of a physician's ability to determine capacity.

Educational Strategies Flipped Classroom, case-based, skills practice with role play, capacity assessment checklist (communication skills checklist created by expert panel).

Implementation 2022-2023 was the initial implementation. 2023-2024 implemented an iterative version of the curriculum based on changes in resource allocation and student feedback.

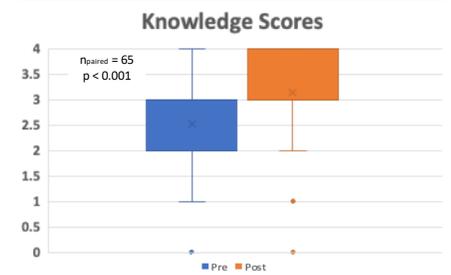
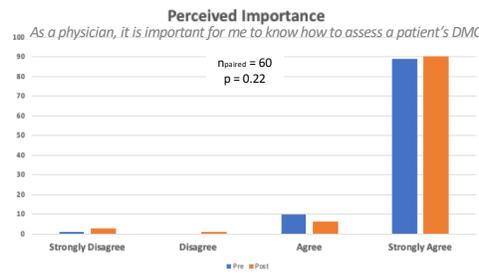
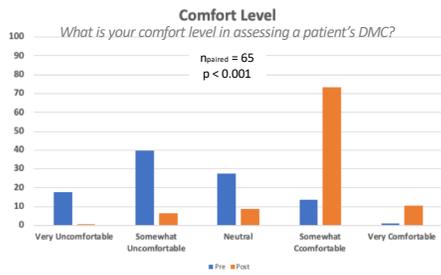
Evaluation and Feedback Evaluation of the curriculum included pre- vs post-workshop surveys assessing knowledge-based questions, comfort, and attitudes about DMC. End-of-clerkship evaluations measured quantitative and qualitative student feedback.



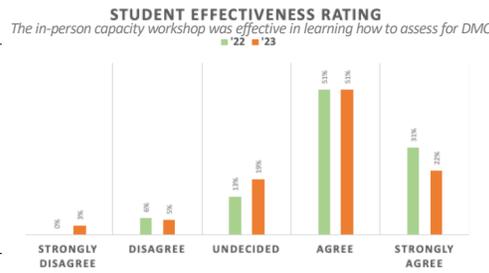
Analyses

Baseline experience, knowledge, and attitudes data from all respondents are described in the table and figures. Paired data (i.e., students who completed both pre- and post-questionnaires) from the 2023-2024 academic year were statistically analyzed. Pre- vs post- comfort level with DMC and perceived importance of DMC were assessed using Wilcoxon signed-rank tests. Pre- vs post- knowledge scores were assessed with a paired t test. Student evaluations (quantitative and qualitative) are described.

RESULTS



	2022 - 2023		2023 - 2024	
	Pre	Post	Pre	Post
Survey Completers	122	135	101	123
Medical Students	116	126	90	112
PA Students	6	9	11	11
Prior capacity education	45%	-	57%	-
Prior capacity assessment	13%	-	22%	-
Comfort level (% comfortable)	8%	83%	15%	84%
Attitudes (% agree with importance)	100%+	99%+	99%	96%
Knowledge (mean score)	46%	83%	63%	78%



⁵ missing values

2023-2024 Representative Feedback

Strengths: "I think the workshop was very effective because we had the opportunity to practice assessing capacity in small groups." "I liked the hands-on aspect - the fact that we actually got to simulate and speak out loud to our peers helped reinforce the memory." "Capacity was something that I was uncomfortable around, but after this lecture I feel like I have a better grasp of the topic."

Areas for improvement: "The role-playing part, which we spend a lot of time doing was very unhelpful as the students could take liberty in interpreting the written text and paint a different picture than what the instructors intended." "I think it would have been more valuable to discuss one case together." "I wished that there were 3 cases so that everyone had the opportunity to practice assessing capacity."

DISCUSSION

This DMC curriculum was effective and generally well accepted by students. Future iterations might include a mix of small and large group role play, which may allow for richer group discussion. Dependent on available resources, mastery may be assessed using the checklist in an OSCE or mastery-based learning simulation. This curriculum may be adapted to other contexts and audiences (e.g. residents, advanced practice nurses). While all physicians must be competent in assessing DMC, CL psychiatrists arguably have the greatest experience with complex assessments. Thus, we encourage CL psychiatrists to be the champions of educating medical trainees and may consider adopting the presented curriculum.

References

