

# Development of a decision aid for dermal substitute application

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## Introduction

Decision aids provide patients and healthcare professionals with tailor-made information and (patient-relevant) outcomes, supporting them to make an informed treatment decision. Treatment of full skin defects such as severe burns remains a major challenge. The standard treatment for full-thickness burns is an autologous split-thickness skin graft (STSG), which inevitably lead to scarring. Multiple studies have indicated that using dermal substitutes can improve scar quality. Both STSG-only and STSG combined with a dermal substitute have advantages and disadvantages.

## Aim and methodology

1) Determine needs and preferences for a decision aid regarding the treatment of full-thickness burns

### 1) Need assessment

 In-depth interviews with 6 patients

 Online survey under healthcare professionals

2) Create the decision aid




### 2) Co-creation of the decision aid

 5 co-design sessions with patients, healthcare professionals and researchers


 Usability tests with patients and healthcare professionals

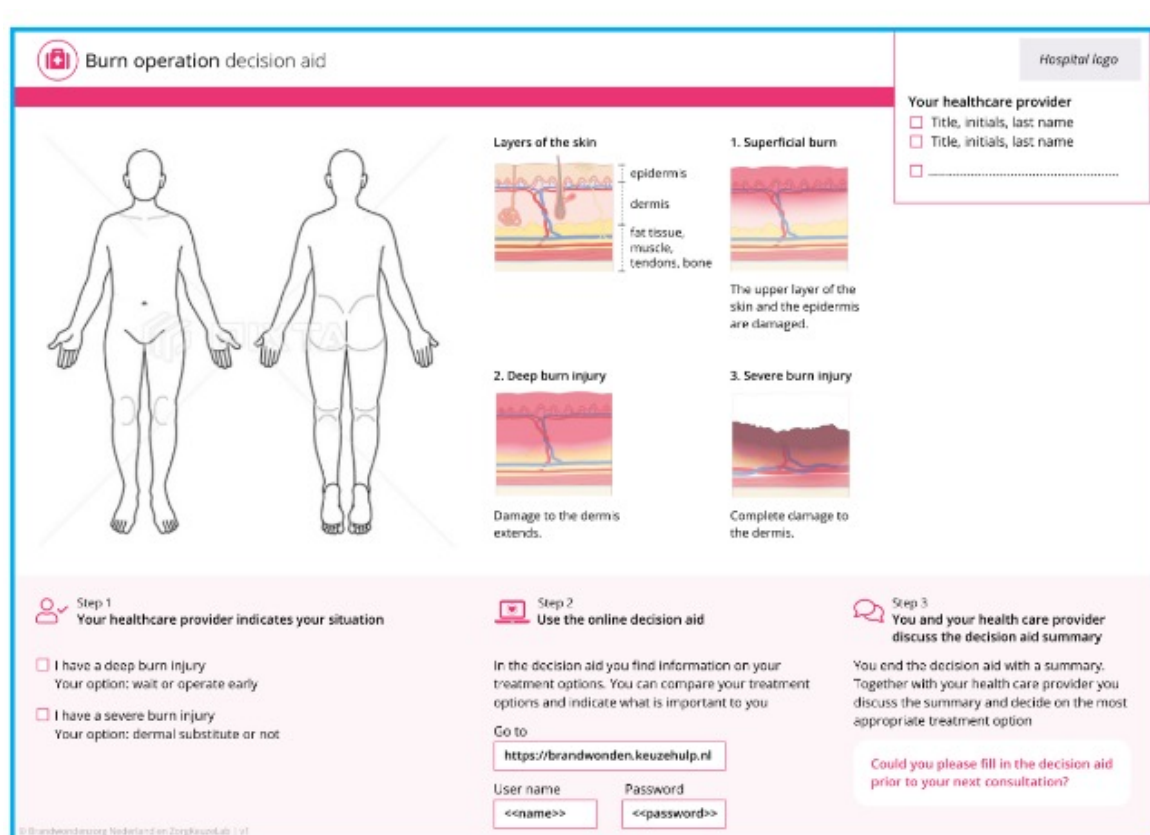
## Results

**Table 1 Need assessment.** In-depth interviews with patients and a survey under healthcare professionals indicated a need for a decision aid regarding the application of dermal substitutes for the treatment of full-thickness burns.


 Patients (n = 6)	  Healthcare professionals (response rate: 31%, n = 34)
Most patients mentioned that a decision aid would have been useful but mainly emphasized the importance for their relatives.	82% of health professionals indicated that a decision aid for the application of dermal is desired.
Every patient indicated that their healthcare professional had decided on the course of treatment. Still, patients were satisfied by the decision making process.	62% of healthcare professionals indicated that the treatment decision had been made by patient and healthcare professional together.
Patients indicated that more information on the treatment is needed.	~40% of healthcare professionals found the current information provision inadequate.

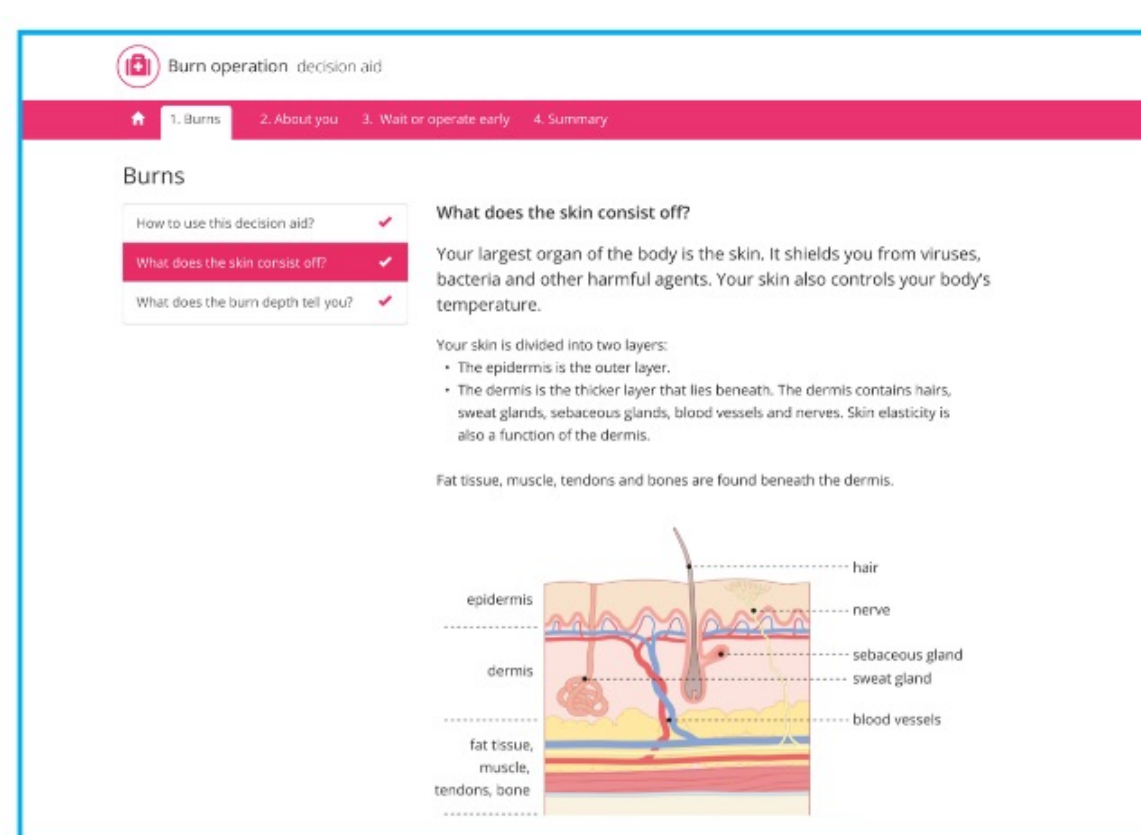
**Figure 2 Co-creation of the decision aid.** After 5 co-design sessions the developed decision aid consists of three components: 1) a paper hand-out sheet; 2) an interactive website; 3) a personal summary sheet. Final adjustments to illustrations, decision aid set-up and content were made after feedback received during the usability test. The usability test showed that both patients and healthcare professionals highly appreciated the decision aid.

 1. Health care professional hand out decision aid




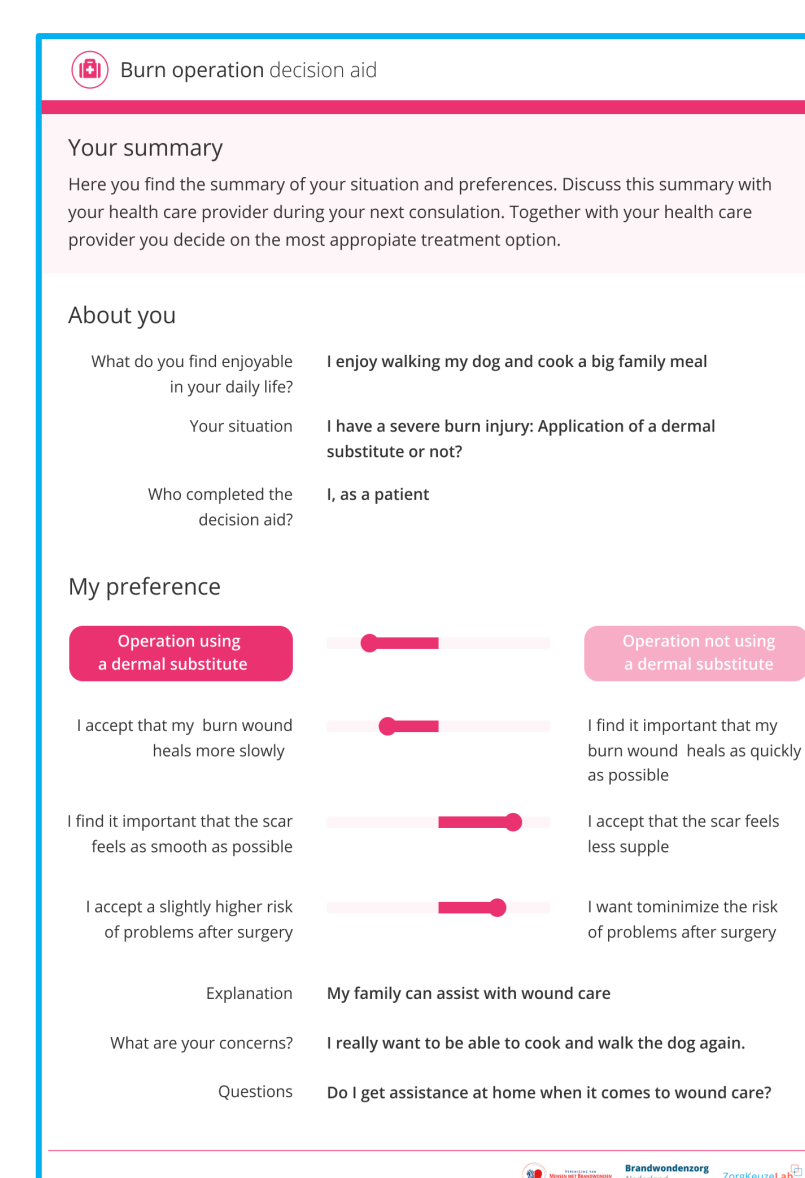
The health care professional explains the patient's situation and treatment options using the **decision aid handout**. This sheet contains a unique login for the online patient decision aid.

 2. Patient uses decision aid



The patient reads information, possibly with the help of a loved one, in the online **patient decision aid** and lists their goals, considerations and treatment preferences.

 3. Shared decision making



Together, the patient and health care professional choose the most suitable treatment after discussing the **decision aid summary**.

## Conclusion and acknowledgements

The decision aid was designed to facilitate shared decision making. In November the decision aid will be pilot-tested.

The decision aid has been developed in collaboration with patients, healthcare professionals and ZorgKeuzeLab.