**Authors and Title:** Andrej Michalsen et al, Inter-professional shared decision-making in intensive care units: a systematic review and recommendations from an expert panel

**Question:** Should interprofessional shared decision-making be used in the care of critically ill patients?

**Bibliography**: Baggs 1995; Jensen 2013; Karanikola 2014; Van den Bulcke 2016

| **SEM Table e2.** Certainty Assessment and Summary of Findings for Clinician-centered Outcomes |
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| **Certainty assessment** | **Impact** | **Certainty** | **Importance** |
| **No. of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** |
| **Interprofessional collaboration** |
| 2  | observational studies  | very seriousa,b | not serious  | not serious  | not serious  | none  | In Jensen at al 2013, no significant difference was found in clinicians' satisfaction with collaboration following implementation of guidelines with specific components related to interdisciplinary decision making about withholding or withdrawal of life-sustaining treatments. In Van den Bulcke et al 2016, an intervention to enhance teamwork was associated with improvement in perceived “organizational factors” (IPEQS mean subscale score 6 points higher; p < 0.001, 95% CI 4-9) and “care processes” (IPEQS mean subscale score 5.5 points higher; p < 0.001, 95% CI 4-8) among ICU staff.  | ⨁◯◯◯VERY LOW  | CRITICAL  |
| **Satisfaction with decision-making** |
| 1  | observational studies  | seriousc | not serious  | not serious  | not serious  | none  | Using the Collaboration and Satisfaction About Care Decisions tool, Baggs et al 1995 identified a correlation between the total collaboration score and satisfaction scores for the decision-making process related to level of aggressiveness of care (for nurses, r = 0.70, p < 0.001; for residents, r = 0.50, p < 0.001).  | ⨁◯◯◯VERY LOW  | CRITICAL  |
| **Moral distress** |
| 1  | observational studies  | seriousc | not serious  | not serious  | not serious  | none  | Karanikola et al 2014 identified a negative correlation between nurse-physician collaboration and both frequency and severity of moral distress (r = -0.169, p < 0.0001; r = -0.215 p < 0.0001, respectively).  | ⨁◯◯◯VERY LOW  | CRITICAL  |
| **Job satisfaction** |
| 1  | observational studies  | seriousc | not serious  | not serious  | not serious  | none  | Karanikola et al 2014 identified a positive correlation between nurse-physician collaboration and work satisfaction (r = 0.276, p < 0.001).  | ⨁◯◯◯VERY LOW  | CRITICAL  |
| **Intention to resign** |
| 1  | observational studies  | seriousc | not serious  | not serious  | not serious  | none  | Karanikola et al 2014 identified a negative correlation between nurse-physician collaboration and intention to resign (r = -0.155, p < 0.001).  | ⨁◯◯◯VERY LOW  | CRITICAL  |
| **Quality of care** |
| 1  | observational studies  | very seriousa,d | not serious  | not serious  | not serious  | none  | In Jensen at al 2013, healthcare professionals perceived higher quality of care for patients undergoing withdrawal of therapy following implementation of guidelines with specific components related to interdisciplinary decision making about withholding or withdrawal of life-sustaining treatments.  | ⨁◯◯◯VERY LOW  | IMPORTANT  |

**CI:** Confidence interval

#### Explanations:

1. Comparisons of pre- and post-intervention data do not include adjustment for potential confounders.
2. In Jensen et al 2013, only 66% (152/229) of participants responded both at baseline and after the intervention. Similarly in Van den Bulcke et al 2016, only 51% (50/99) of participants responded both at baseline and after the intervention.
3. Correlations only, no adjustment for potential confounding.
4. In Jensen et al 2013, only 66% (152/229) of participants responded both at baseline and after the intervention.