

DECISION MAKING CAPACITY INSTRUCTOR'S GUIDE

BACKGROUND:

Evaluation of decision-making capacity (DMC) is a clinical challenge faced by many interns and residents, especially those treating inpatients. Questions regarding capacity commonly arise in numerous specialties, including emergency medicine, obstetrics/gynecology, surgery, and general medicine. Requests for a detailed capacity evaluation may be directed to consultants in psychiatry; however, basic capacity evaluations can be performed by any licensed physician. The goal of this curriculum is to help psychiatry and non-psychiatry trainees alike learn the concepts and skills necessary to perform a capacity evaluation that is both efficient and sufficiently comprehensive.

While existing literature can provide an introduction to this topic, few or no “hands-on” resources are available to simulate applying a conceptual understanding to the clinical setting. The format of this curriculum – an initial review of core elements, followed by repeated application of the concepts to case examples – was developed to address the dual needs of both familiarizing learners with core concepts and giving them an opportunity to begin to adapt their conceptual understanding to clinical practice. Specifically, the instructor-led review of the introductory “Primer” helps ensure that all learners have a basic understanding of key principles, while the use of cases allows learners to apply the concepts presented in the primer, develop a more nuanced understanding of the concepts, and strengthen their mastery of concepts through repetition.

The content in this course is based on generally accepted practice, albeit at an introductory level. A general introduction to these concepts can also be found in general and psychosomatic psychiatry textbooks. In addition, the article “Assessment of Patients’ Competence to Consent to Treatment”¹ was reviewed by the author and provided a meaningful framework for developing ways of explaining concepts to learners, though this article is not directly quoted in the curriculum. The citation for this article is also provided as a reference for learners who would like to do more detailed reading on the topic following the delivery of this curriculum, as the language and examples provided in this resource are comprehensive and detailed but still at a level that is appropriate for trainees.

The development of this curriculum was initially inspired by the author’s own experiences learning to perform capacity evaluations as an intern, and subsequent experiences teaching this topic as a senior resident and later as a faculty member in Adult Psychiatry. Through these experiences, it was noted that many trainees struggle to feel confident in applying concepts of DMC evaluation in actual clinical contexts. Difficulties typically arise in both ability to *recall* the essential elements of a capacity evaluation, as well as ability to *translate* rote memorization of these concepts into real-world clinical practice.

In order to further assess the need for a focused DMC curriculum, a pre-course survey was administered to a pilot group of nine 3rd and 4th year medical students completing their core

rotations in psychiatry at the University of Minnesota. In this survey, students were asked to identify the essential components of a capacity evaluation and also describe their subjective level of confidence in performing capacity evaluations. In response to these pre-course questions, no student rated his or her confidence in assessing DMC as higher than 60% (on a 0-100% scale), and more than half of the students indicated that their confidence in evaluating DMC was 30% or less. In addition, **no** student was able to name all four elements that must be assessed in a decision-making capacity evaluation. In fact, no student was able to name more than one of the four essential criteria, although several did express awareness of related concepts such as anticipating potential outcomes.

The identical survey was also administered to the same group of students immediately following delivery of this curriculum in order to assess efficacy of the curriculum. Post-course responses indicated substantial improvement in both objective and subjective realms: seven out of nine students were now able to identify all 4 essential elements of a capacity evaluation, and the remaining two students were able to identify three out of four essential elements. The majority of students (8 out of 9) now rated their confidence in assessing DMC as 60-100%. The one remaining student was an outlier and indicated confidence of 2%. While long-term retention data have not been obtained, these early responses do suggest that participation in this didactic session is associated with notable improvement in understanding of this topic.

PURPOSE & GOALS:

To introduce medical students and residents to the essential components of evaluating decision-making capacity in their patients, and to provide them with opportunities to practice their understanding of these principles through sample cases.

EDUCATIONAL OBJECTIVES:

- Participants will be able to identify the 4 criteria that must be met for decision-making capacity to be deemed intact.
- Participants will be able to apply these criteria to determine whether decision-making capacity is present or absent in 3 sample cases.
- Participants will feel more confident in their ability to utilize these principles to evaluate decision-making capacity in actual clinical contexts.

RESOURCE FILES:

1. Sample cases (filename: [capacity.cases.pdf](#))

- Three sample cases are included for participants to review and discuss as a group. These cases are designed to illustrate important concepts in evaluating decision-making capacity and how these concepts might be applied in the clinical context.

2. Case discussion guide (filename: [capacity.case.discussion.guide.pdf](#))

- This guide contains the answers to the questions presented for each case, as well as more nuanced discussion points that should be reviewed in large group format.

3. Primer on decision making capacity (filename: [capacity.summary.handout.pdf](#))

- This document provides background information and an introductory discussion of the topic. It introduces and explains the 4 key elements that must be assessed in order to evaluate decision-making capacity.
- This primer is intended to be a resource for both instructors and learners. It can be used prior to a formal didactic session to introduce the topic, during the session to explain topics and serve as a resource for working through the cases, and after the session as a resource for trainees to keep.

TOTAL MODULE DURATION: 60 minutes

REQUIRED RESOURCES:

- Hard copies of primer for each student
- Hard copies of cases for each student
- Hard copy of case discussion guide for instructor
- Chalkboard/whiteboard for use during overview and large group discussion

DESCRIPTION OF MODULE:

Intended Audience

- The curriculum was designed for a target audience of medical students in their final years of training, as well as interns and junior residents. While it could also be used to introduce concepts earlier in training (e.g. the pre-clinical years), it is anticipated that this would likely be a less useful time to implement the curriculum, given the lower salience to a learner not yet involved in clinical practice.

Pre-reading

- Appelbaum PS. Assessment of patients' competence to consent to treatment. *N Engl J Med.* 2007; 357:1834-1840
- Schwartz N. Medical decision making capacity in the ED. July 2, 2018. <http://epmonthly.com/article/medical-decision-making-capacity-in-the-ed/>

Recommended implementation/timeline

- Pre-module
 - Prior to a formal didactics session, the primer can be provided to students to read and familiarize themselves with content. This will allow more time for focusing on group debate and discussion of the cases, if desired, and will allow the instructor to focus lecture delivery on repetition of concepts to strengthen mastery, as well as addressing questions students may have after their initial exposure to the concepts in the primer.
- During the module
 - Review of **Primer on Decision Making Capacity** by learners. It is recommended that the instructor and students read through the primer together out loud (e.g. take turns reading paragraphs). (5 minutes)

- Participants divided into groups of 3-4 and **Sample Cases** distributed to each group (5 minutes)
- Each group reviews each of the **Sample Cases**, generating their own thoughts about the questions and issues raised. The primer may be used as a resources as needed. Of note, medical details of the cases are intentionally left vague, so that the focus remains on the process of evaluating decision-making capacity, rather than discussions of differential diagnosis or specific treatments. Instructors should keep in mind that participants may need redirection to refocus their usual attention on diagnosis and treatment towards the discussion of the process of evaluating decision-making capacity. The larger group reconvenes after each case to share answers, thoughts and questions. Healthy debate is encouraged! Instructors should ensure that the key points discussed in the Case Discussion Guide are covered during large group discussion.
 - Small group review of Case 1 (5 minutes)
 - Large group review of Case 1 (10 minutes)
 - Small group review of Case 2 (5 minutes)
 - Large group review of Case 2 (10 minutes)
 - Small group review of Case 3 (5 minutes)
 - Large group review of Case 3 (10 minutes)
- Debrief discussion held at the conclusion of the session led by the instructor, with reiteration of the 4 essential elements of capacity evaluation (5 minutes)

Of note, timing can be adjusted depending on the needs of the learners and program. Advanced learners may need less time, whereas beginning learners may need more time. In addition, some groups may prefer to spend slightly more time in small group discussion, and less in large group discussion. Finally, while it would be ideal for the students to receive and review the primer prior to the formal didactic and to have the instructor review primer content at the beginning of the didactic, time limitations (including the difficulty many trainees have in finding time to do additional reading while on their clinical rotations) may prevent this, and all content may need to be presented during the formal didactics session.

CONCLUSIONS:

Assessing decision-making capacity is a clinical task often faced by trainees in the early years of their clinical work, but many trainees are unfamiliar with the basic tenets of capacity evaluation or how to apply basic concepts in clinical practice. This curriculum begins to address those deficits by providing trainees with an opportunity to learn fundamentals as well practice applying them via case examples. Post-course survey results suggest that this curriculum is effective in familiarizing trainees with the necessary concepts as well as increasing subjective confidence in their abilities to perform this task.

There are a number of limitations of the current curriculum and assessment of curriculum efficacy. First, while the cases provided attempt to help trainees begin to bridge their

understanding from “book-learning” to clinical practice, no simulated case can perfectly reflect the nuances and complications of actual practice. In addition, for a complex topic such as assessing DMC, true mastery can only come from repeated practical experience; this cannot be attained from completion of simulated cases alone. Finally, while the post-course survey and student feedback does suggest efficacy, longer term follow-up survey data would be helpful to assess retention of the material over the course of weeks or months. Future directions to enhance the curriculum further could include assessment of long-term retention of material, repetition of content later in training, and possibly developing additional, specialty-specific cases tailored to different practice settings (e.g. pediatrics, OB/GYN, etc).

REFERENCES:

1. Appelbaum PS. Assessment of Patients' Competence to Consent to Treatment. *N Engl J Med* 2007; 357:1834-1840.