

**Case study:**

# Using the ‘most significant change’ technique to understand the impact of shared decision making

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## Counterbalancing potential bias using the most significant change (MSC) technique

Monitoring and evaluating the impact of an implementation programme is always challenging, but even more so when those assessing the impact are themselves involved in the implementation process. While close involvement can increase understanding and provide valuable insight, there is a danger that it may also lead to subjective assessment of impact that is neither robust nor reliable.

In the MAGIC programme, the role of the project facilitators and clinical leads as both implementers and assessors of change activities leads to potential bias. The views of a few may fail to reflect the views of those in the wider team, while the enthusiasm of the clinical lead and facilitator may affect their perception of the programme's impact. To address this challenge, the MAGIC team in Cardiff have drawn on the Most Significant Change (MSC) technique (Davies and Dart 2004), which provides a rigorous methodology to counterbalance potential bias.

### What happened?

The MSC technique is a form of participatory monitoring and evaluation that ensures a range of project stakeholders, clinical team members as well as programme staff, are involved in providing, and systematically selecting, stories of significant change. In Cardiff, the majority of secondary care team members (31 of 40) agreed to share their stories of significant change by answering the following questions:

1. Can you tell me about your involvement with the MAGIC programme during the last nine months?
2. From your point of view, what has been the most significant change that has resulted from the MAGIC programme during the last nine months?

3. Why is this change significant to you?
4. How, if at all, has the work of members of the MAGIC team contributed to the change?

Clinicians' responses to the questions were transcribed, then small groups of stakeholders were asked to review the transcripts. The first review panel consisted of the clinical leads and the MAGIC project facilitator, who identified categories of change – for example, increased awareness of SDM, use of option grid, use of decision quality measure, etc – then allocated stories to the categories, selecting two or three for each.

The second review panel included MAGIC's project manager, the change management consultant and MAGIC's principal investigator, who reviewed the selected stories and chose one or two per category. Selected stories were subsequently discussed and reviewed with the clinical leads.

### What is the impact?

The MSC technique has helped the MAGIC team to mitigate some of the problems arising from simultaneous implementation, monitoring and evaluation. The simplicity of the technique helped to increase participation; few clinicians were unwilling to spare five minutes to answer four short questions. Involving those who play different roles within the project – clinical leads, project manager, principal investigator etc – in the review and selection of stories further facilitated participation in the evaluation process. In addition, the stories of significant change provided a breadth and depth of data that would have been impossible to gain from the facilitator and clinical leads alone.

### What are the lessons?

The technique has enabled identification of clinicians' perceptions of the key barriers and facilitators to change, alongside their views on the elements of the programme that have been most successful in accomplishing change.