Shared Decision Making: How to Develop Skills for Partnering With Patients

PHM 2017 Conference
Nashville, TN

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Presenters

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- Debbie Sakai, MD; Stanford

No Disclosures; No Conflicts of Interest
“I think you need a new car...”

“... the **safest** car on the road.”

www.tumblr.com
Workshop Objectives

1) Describe the key elements of shared decision-making (SDM)

2) Practice incorporating elements of SDM into typical inpatient ward rounds encounters through the use of a validated SDM tool (the Rochester Participatory Assessment Tool) to guide SDM quality on rounds

3) Develop individual goals from the workshop to integrate into personal clinical practice and/or teaching

Multimodal SDM Intervention

Total RPAD score: mean 1.8 point improvement (9-point scale, range: 0.5 to 2.8, p <0.05)
Agenda

- Intro to Shared Decision-Making (10 min)
- SDM assessment/RPAD (10 min)
- Videos exercises + group discussion (15 min)
- Active case exercises and scoring (25 min)
- Discussion of barriers and strategies (10 min)
- Summary, teaching tips, action plan (5 min)

Shared Decision-Making

A process in which the provider and patient collaborate in a health decision after discussing the options, available evidence and potential benefits and harms, while considering the patient’s values, preferences, and associated circumstances.

Goals

- Optimize understanding
- Foster preference/value-sensitive decisions
- Provide opportunity for questions
Who is on your team?

The patient’s

Who is on your team?
Set-Up

- How involved does the patient want to be?
- Role of family and friends?
- Role of the health care provider?

Ask
Inform
Ask
Ask

“What is your understanding of ___________?”

“What do you think I should know about ________________?”

“Can you help me to understand your experience with __________?”
Inform

Explain the nature of the decision
\[ \nabla^2 c = \kappa^2 c, \]
\[ \frac{\partial c_a}{\partial t} = [J^1_a \alpha(c, c_a) + J_a(c_a) \beta(c, c_a)] R \]
\[ + D_a \nabla^2 c_a - kc_i c_a \]
\[ \frac{\partial c_i}{\partial t} = D_i \nabla^2 c_i - k_a c_i c_a + J_i(c, c_a) \beta(c, c_a) R \]
\[ \frac{\partial R}{\partial t} = [D_{\text{cell}} - (\lambda + \lambda_2 \gamma(c, c_a)) R] \nabla^2 R \]
\[ - \lambda_2 \frac{\partial \gamma}{\partial c_a} R^2 \nabla^2 c_a - \lambda_2 \frac{\partial \gamma}{\partial c} R^2 \nabla^2 c \]
\[ + rR(R_{\text{eq}} - R) - k_{23} \gamma(c, c_a) R. \]
Discuss Uncertainties
Present **alternatives**
Including **pros & cons**

**Decision Aids**

- Increased knowledge
- More accurate risk perceptions
- More value-congruent decisions
- Reduced internal conflict
- Fewer patients undecided

Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Review 2011.
Ask-Inform-Ask

- What questions do you have about ..... 
- Which of the options sounded the best for you? 
- What barriers do you anticipate? 
- What additional thoughts or concerns do you have?
“Any...”

Open-Ended ?s
Examine Barriers to Follow Through

Check for...

...understanding
Check Own Understanding

Clarify Agreement
Rochester Participatory Decision-Making Scale (RPAD): Reliability and Validity

Cleveland G. Shields, PhD
Peter Franks, MD
Kevin Fiscella, MD, MPH
Sean Meldrum, MA
Ronald M. Epstein, MD

ABSTRACT

PURPOSE We wanted develop a reliable and valid objective measure of patient-physician collaborative decision making, the Rochester Participatory Decision-Making Scale (RPAD).

METHODS Based on an informed decision-making model, the RPAD assesses physician behavior that encourages patient participation in decision making. Data were from a study of physician-patient communication of 100 primary care physicians. Physician encounters with 2 standardized patients each were audio recorded, resulting in 193 useable recordings. Transcribed recordings were coded both with RPAD and the Measure of Patient-Centered Communication (MPCC), which includes a related construct, Finding Common Ground. Two sets of dependent variables were derived from (1) surveys of the standardized patients and (2) surveys of 50 patients of each physician, who assessed their perceptions of the physician-patient relationship.

RESULTS The RPAD was coded reliably (intraclass correlation coefficient ICC = 0.72). RPAD correlated with Finding Common Ground (r = 0.19, P < .01) and with the survey measures of standardized patient’s perceptions of the physician-patient relationship (r = 0.32 - 0.36 [P < .005]) but less with the patient survey measures (r = 0.06 to 0.07 [P < .005]). Multivariate, hierarchical analyses suggested that the RPAD made a more robust contribution to explaining variance in standardized patient perceptions than did the MPCC Finding Common Ground.

CONCLUSIONS The RPAD shows promise as a reliable, valid, and easy-to-code objective measure of participatory decision making.

RPAD
Did the physician...

1. Explain the issue or nature of the decision
2. Discuss uncertainties, alternatives, pros & cons
3. Clarify agreement
4. Examine barriers to follow-through
5. Give opportunities to ask questions and check for understanding
6. Medical language matches understanding
7. Ask, “Any questions?”
8. Ask open-ended questions
9. Check own understanding of patient’s point of view & preferences

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did the physician/reim explain the clinical issue or nature of the decision? *Focus on the nature of the explanation— if this was cursory, hurried or confusing, then score 0. If this was clear, score 2.</td>
<td>1) Adequate evidence (2) Does the speaker talk at a reasonable pace and in normal tones of voice (3) The explanation is clear (4) The amount of time given is adequate</td>
</tr>
<tr>
<td>2</td>
<td>Discussion of the uncertainties associated with the situation or alternatives. *Score for discussion of “alternatives” in addition to uncertainties.</td>
<td>1) Adequate evidence (2) The discussion of the uncertainties is enriching (3) The uncertainties are clear (4) The uncertainties are thoroughly discussed</td>
</tr>
<tr>
<td>3</td>
<td>Clarification of agreement *2/2: passive assent—head nodding, or simple vocalizations (“yes” “sure” “yeah”) *1: “directive” examples: Do you agree with this plan? Are you on board with this?</td>
<td>1) Adequate evidence (2) The patient expresses active consent (3) The patient expresses active agreement (4) The patient expresses active participation</td>
</tr>
<tr>
<td>4</td>
<td>Examine barriers to follow-through with the treatment plan. *2/2: patient volunteers concerns without prompting by MD *1: examples: “What concerns do you have?” “Do you foresee any issues impeding your ability to follow through with this plan?”</td>
<td>1) Adequate evidence (2) The physician discloses concerns or problems with following through with treatment (3) The physician actively examines the patient’s concerns or problems with following through with treatment plan</td>
</tr>
<tr>
<td>5</td>
<td>Physician/reim gives patient opportunity to ask questions AND checks patient’s understanding of the treatment plan. *To score a 2, the MD must specifically ask if the patient understands their problems or treatment plan.</td>
<td>1) Adequate opportunity for the patient to ask questions (2) The patient has an opportunity to ask questions (3) The physician/reim asks patient for their understanding of problems or plans</td>
</tr>
<tr>
<td>6</td>
<td>Physician/reim’s medical language matches patient’s level of understanding. *Watching the patient’s facial expressions and body language can assist here. (For instance, facial expression is 0 if the patient is a physician.)</td>
<td>1) Clear mismatch between the technicality of the physician’s and patient’s language (2) Clear mismatch between the technicality of the physician’s and patient’s language (3) The physician’s and patient’s language matches most of the time (4) The physician’s and patient’s language clearly matches</td>
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</table>
RPAD
Did the physician...

1. Explain the issue or nature of the decision

<table>
<thead>
<tr>
<th>Did the physician/team explain the clinical issue or nature of the decision?</th>
<th>0=no evidence</th>
<th>ᵃ=gives a cursory, hurried, unclear, rushed explanation or long confusing lecture</th>
<th>1=clearly explains his/her view of the medical/clinical problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Focus on the nature of the explanation—if this was cursory, hurried or confusing, then score ᵃ. If this was clear, score a 1.</em></td>
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<td></td>
</tr>
</tbody>
</table>

RPAD
Did the physician...

2. Discuss uncertainties, alternatives, pros & cons

<table>
<thead>
<tr>
<th>Discussion of the uncertainties associated with the situation OR alternatives. <em>Score for discussion of “alternatives” in addition to uncertainties.</em></th>
<th>0=no evidence</th>
<th>ᵃ=acknowledges uncertainties or alternatives but does not explain thoroughly or only does with active patient prompting.</th>
<th>1=thoroughly explains uncertainties or alternatives in the problem or treatment.</th>
</tr>
</thead>
</table>


RPAD
Did the physician...

3. Clarify agreement

<table>
<thead>
<tr>
<th>Clarification of agreement</th>
<th>0 = no evidence</th>
<th>X = patient expressed passive assent</th>
<th>1 = actively asks for patient agreement and tries to obtain a commitment from the patient to the treatment plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;1/2: passive assent=head nodding, or simple vocalizations (&quot;ok&quot; &quot;sure&quot; &quot;yeah&quot;)&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;1: &quot;active&quot; examples: Do you agree with this plan?&quot; &quot;Are you on board with this?&quot;</td>
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</table>

RPAD
Did the physician...

4. Examine barriers to follow-through

<table>
<thead>
<tr>
<th>Examine barriers to follow-through with the treatment plan</th>
<th>0 = no evidence</th>
<th>X = patient discloses concerns or problems with following through with treatment</th>
<th>1 = physician actively examines patient’s concerns or problems with following through with treatment plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;1/2: patient volunteers concerns without prompting by MD&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;1: examples: &quot;What concerns do you have?&quot; &quot;Do you foresee any issues impacting your ability to follow through with this plan?&quot;</td>
<td></td>
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5. Give opportunities to ask questions and check for understanding

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Physician/team gives patient opportunity to ask questions AND checks patient’s understanding of the treatment plan. *To score a 5, the MD must specifically ask if the patient understands their problems or treatment plan.</td>
</tr>
<tr>
<td>0</td>
<td>No opportunity for the patient to ask questions</td>
</tr>
<tr>
<td>½</td>
<td>Patient has opportunity to ask questions</td>
</tr>
<tr>
<td>1</td>
<td>Physician/team asks patient for their understanding of problems or plans</td>
</tr>
</tbody>
</table>

6. Medical language matches understanding

<table>
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<th>Score</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>5</td>
<td>Physician's/team’s medical language matches patient’s level of understanding. *Watching the patient's facial expressions and body language can assist here. (For instance, medical jargon is OK if the patient is a physician.)</td>
</tr>
<tr>
<td>0</td>
<td>Clear mismatch between the technicality of the physician’s/team’s and patient’s language</td>
</tr>
<tr>
<td>½</td>
<td>Level of technicality or detail of the physician’s/team’s and patient’s language matches most of the time</td>
</tr>
<tr>
<td>1</td>
<td>Level of technicality or detail of the physician’s/team’s and patient’s language clearly matches</td>
</tr>
</tbody>
</table>
### Did the physician...

7. Ask, “Any questions?”

8. Ask open-ended questions

<table>
<thead>
<tr>
<th></th>
<th>Physician/team asks, “Any questions?”</th>
<th>0=no evidence</th>
<th>½=yes, but no discussion ensues</th>
<th>1=yes, and physician/team engages in a discussion with the patient about the question</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>To score this ½ or 1, the MD must say the word “question.” (e.g., “What questions do you have?”) To score this a 1, discussion must follow this question</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Physician/team asks open-ended questions. OK for question in 7 to “count twice,” although there is a possibility that a provider will be scored for 8 but not for 7. To score this a 1, discussion must ensue</td>
<td></td>
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</table>

### Did the physician...

9. Check own understanding of patient’s point of view & preferences

<table>
<thead>
<tr>
<th></th>
<th>Physician/team checks his/her understanding of the patient’s point of view. To score this as ½ or 1, the physician should essential use “teach back.” (e.g., “do I understand you correctly, you feel comfortable trying the insulin injections?”)</th>
<th>0=no evidence</th>
<th>½=yes, but no discussion ensues</th>
<th>1=yes, and physician/team engages in a discussion with patient about the physician’s/team’s perceptions of patient’s point of view</th>
</tr>
</thead>
</table>
RPAD
Did the physician...

1. Explain the issue or nature of the decision
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Video Exercise

• Watch video as if you’re watching a colleague
• Take notes and fill out the RPAD
• Be prepared to share with the group
Peds Meningitis video: Link

Medicine video link

Discussion

- SDM factors seen in interview
- Best practice? What could be improved?
- Use of RPAD as conceptual or teaching tool
Breakout Session: 2 Cases

- Divide into groups of 3 (adult and pediatrics)
- Each group will role play 1 case and switch roles
- Roles: MD, Patient, Observer
- 12 min per case
- 7 min acting / 5 min debrief
- Observer fills out RPAD (gives to MD after)

Large Group Debrief

- SDM Skills for Clinician
- The patient’s experience
- Use of the RPAD
- Implications for teaching and implementation?
SDM Summary

<table>
<thead>
<tr>
<th>Key SDM Elements</th>
<th>RPAD Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invite patient/family’s participation</td>
<td>Explain the clinical issue or nature of the decision</td>
</tr>
<tr>
<td></td>
<td>Physician’s medical language matches patient’s level of understanding</td>
</tr>
<tr>
<td>Describe nature of decision, clinical issue</td>
<td>Present alternatives</td>
</tr>
<tr>
<td></td>
<td>Physician’s medical language matches patient’s level of understanding</td>
</tr>
<tr>
<td>Discuss pros &amp; cons of alternatives</td>
<td>Discuss inherent uncertainties</td>
</tr>
<tr>
<td></td>
<td>Discussion of the uncertainties associated with the situation</td>
</tr>
<tr>
<td>Assess understanding</td>
<td>Assess understanding</td>
</tr>
<tr>
<td></td>
<td>Physician gives patient opportunity to ask questions and checks patients understanding of the treatment plan</td>
</tr>
<tr>
<td></td>
<td>Physician asks, &quot;Any questions?&quot;</td>
</tr>
<tr>
<td></td>
<td>Physician checks his/her understanding of patient’s point of view</td>
</tr>
<tr>
<td>Ascertain patient/family’s preference</td>
<td>Clarification of agreement</td>
</tr>
<tr>
<td></td>
<td>Examine barriers to follow-through with treatment plan</td>
</tr>
</tbody>
</table>

Wisdom of the Group

- Best Practices for SDM practice and teaching?
- Likely obstacles?
- Facilitators or resources?
- Tips for others?
Action Plan: Next Steps?

- Identify a context to practice and/or teach SDM at your home institution
- What are your short term and long term goals?
- What steps should be taken first? Next?
- How will you monitor your progress? Your success?

THANK YOU
References

- UT Southwestern [www.gerisage.com]
- Informed Medical Decisions Foundation [www.informedmedicaldecisions.org]
- SDM OncoTalk UW 2002
- Ottawa Hospital Research Institute [http://decisionaid.ohri.ca/odsf.html]
- Medical Decision Making, September/October 2010; 30 (5 suppl). [http://mdm.sagepub.com/content/30/5_suppl]