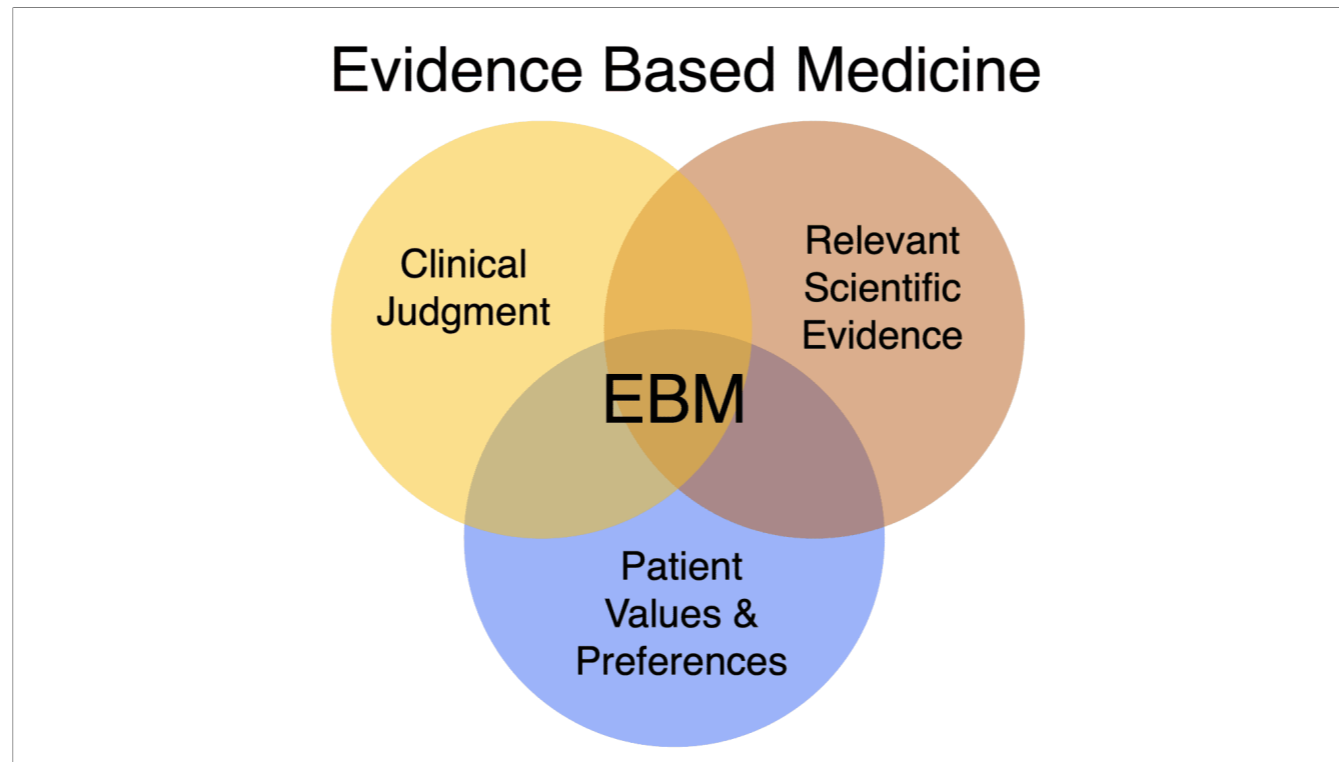


# Shared Decision Making

What is Shared Decision Making?

A process where, when there is a choice to be made about the patient's care, the clinician and patient work together to get the 'right' or 'best' plan for the patient based on *their* individual preferences.

Usually will involve clinicians actively having to empower the patient because of historical precedent!



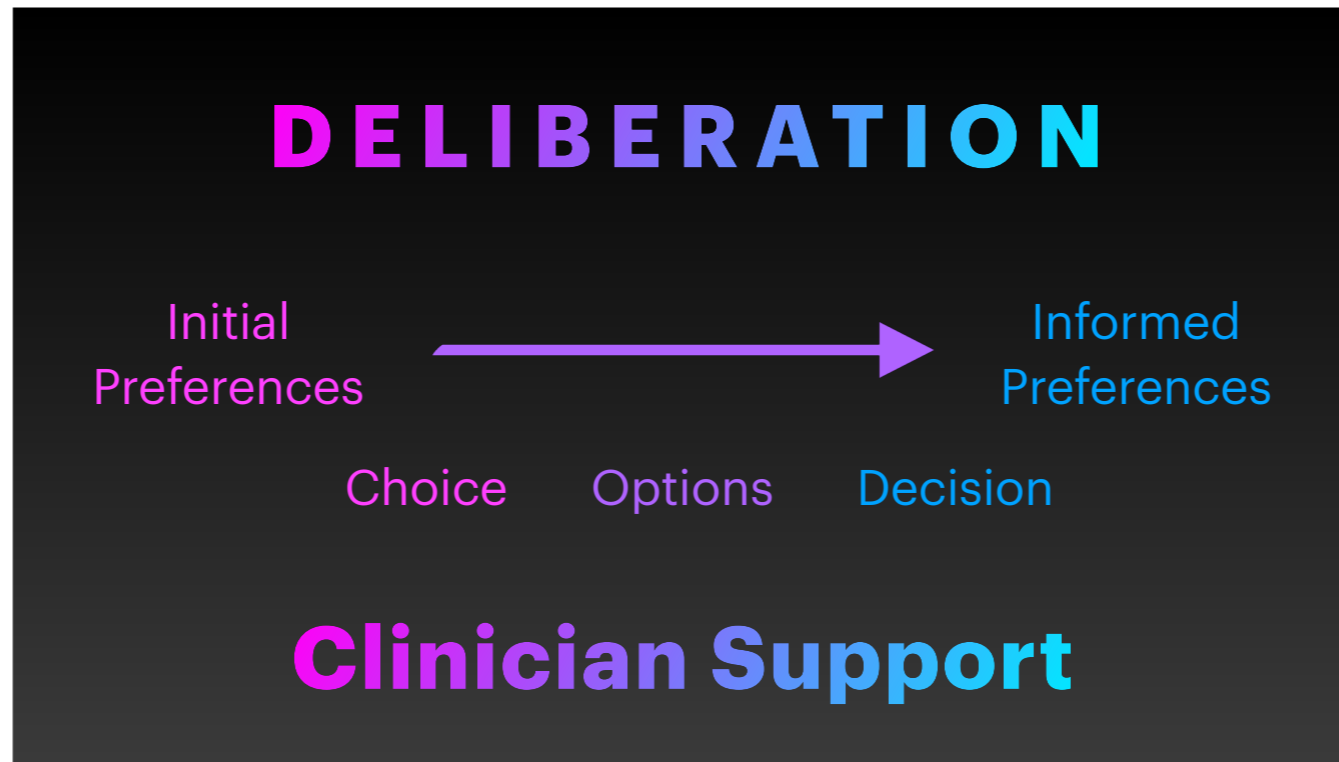
Why does this matter?

True evidence based medicine includes the values and preferences of patients.

If we don't include them in our deliberations, we are NOT practicing Evidence Based Medicine.

Take out the patient - Paternalistic Medicine.

Take out the clinician - Consumeristic Medicine.



So how do we actually DO Shared Decision Making.

The plan today is to actually spend time thinking about the process.

What do we currently do that is good? What we do that isn't? What are we going to do differently after today?

This is a simple diagram to help us understand what should be going on in a Shared Decision Making consultation.

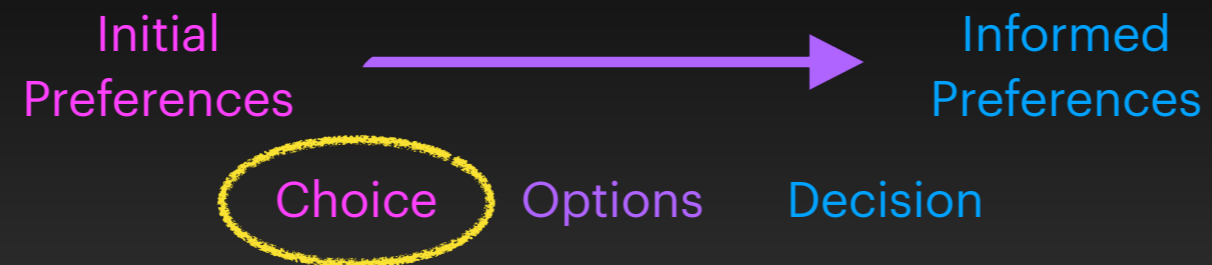
Essentially we are taking the patient on a journey of DELIBERATION - allowing them to make a decision about their healthcare that is right for them.

There are three parts to this model - Choice, Options & Decision

For each of these parts we will think about why it is important and how we can build it in to our actual practice.

Time for the first one...

# DELIBERATION



**Clinician Support**

Let's think about the first of these - CHOICE

Why is choice important?

# Choice

The patient needs to understand that they have a choice and that their input is a key part of delivering good care.

Think back to the EBM circles.

# Choice

Why might patients think they don't have a choice?

How could we make sure they know they DO have a choice?

What problems might bringing up the option of choice raise?

Past experience

Lack of Knowledge

Our behaviours and/or language

Signposting/Marking it as a change in the consultation - 'Now that we have an idea about what the problem is...

Using a tool

Building a relationship of cooperation

Asking for the unreasonable - we only have to offer what is reasonable; helpful to learn what they want, even if we can't give it to them

Not engaged - 'Do whatever you want doctor.'

Burdened - 'Oh I just can't decide'

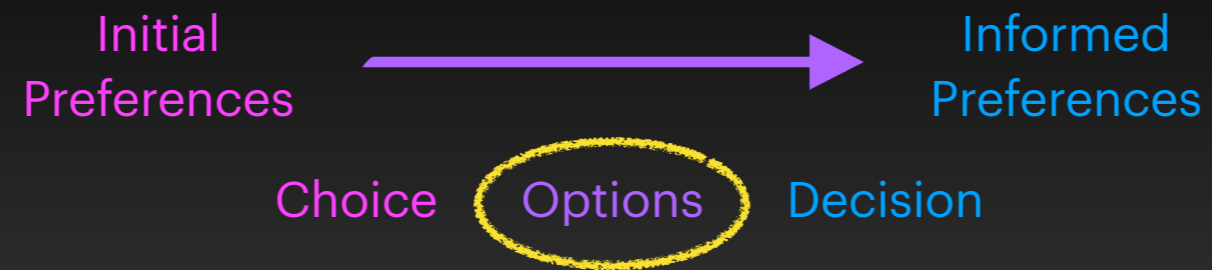
Does the patient feel uncertain - 'I really don't know what to do. It is such a big decision.'

Do we look uncertain - 'Don't you know what the best thing to do is?'

# Choice

We need the patient's input when deciding on a management plan, so we must make it clear that we want it and the effort to get it.

# DELIBERATION



**Clinician Support**

Now we look at OPTIONS.

Is Shared Decision Making just about presenting the options?

# Options

To make a good choice, the patient needs to understand the options that are available and the relative benefits and risks for them.

Shared Decision Making is much more than just presenting the options BUT we do need to present the options!

However, we need to explain the options in a way that helps and supports the patient AS AN INDIVIDUAL to make a choice.

What would that look like?

# Options

Is there a best way to present options?

How could we support patients during this process?

Do we need to stay neutral when presenting options?

Explain the different options first BEFORE thinking about the benefits and risks? - allows them to consider everything before 'worrying'  
Explain them in order of popularity or from least invasive to most invasive? - move from familiar to less understood  
Start with 'We could do nothing' - sets the tone for benefits and risks of other options.

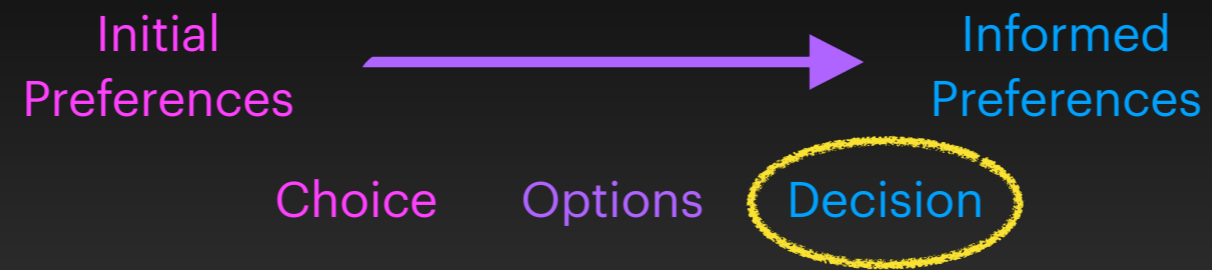
Give clear information - leaflets, decision tools (Brief Decision Aids), other patient information options  
Don't overload them with too much information too quickly - 'Do you want me to go on or should we take a break!'  
Watch for clues about what is understood or not. - 'That's not quite what I said, let me go over that again.'  
Look for cues about preference and explore these. - 'You pulled a face there when I mentioned surgery. Why was that?'  
Embrace uncertainty - 'Everyone is a bit different and what is right for someone else may not be the best choice for you, or for me?'  
Explain that different people will have different preferences - not one right answer  
Model the above - express your own opinions or those of a friends/family member (if appropriate!!)

Fine to express opinions and thoughts but keep reminding the patient which are 'clinical' opinions and which are 'personal' ones.  
As mentioned above, model it on yourself expressly using personal preferences to show the process you are aiming for.

# Options

A clear presentation of options helps patients understand the uncertainty of medicine and the need to make a decision together.

# DELIBERATION



**Clinician Support**

Finally we come to the DECISION

# Decision

From the options available, patients need to make the choice about their treatment that is best for them.

Ultimately, what we are trying to get to is a place where the patient can make a decision.

It is a mistake, however, to think that our work is done once we have laid out the options.

We have an ACTIVE role to play in the decision making process.

# Decision

What might patients find hard about making a decision?

How could we help support the decision making process?

What do you find hard about making decisions?

They may feel they need to make a decision NOW - 'There is no rush, we can wait for a few hours/days/weeks.'

They may feel burdened - 'Would you like to talk it over with someone else (husband/wife/partner etc)

They may feel it is a definitive point in their care (it might be!) - 'Listen, if you change your mind, we can always try another option in the future.'

They may not feel they have enough information yet - 'Take this information away and have a read about it. Look it up online. Find out a bit more and then we can talk again.'

They may feel they have too much information! - 'Would you like me to summarise the options briefly?'

Give them time/information etc as needed.

Help them explore the options in the light of preferences they have expressed during the consultation.

Model it for them.

Empower the 'Do nothing' option - 'Watchful waiting' - 'Active surveillance'

Use Decision Support Aids

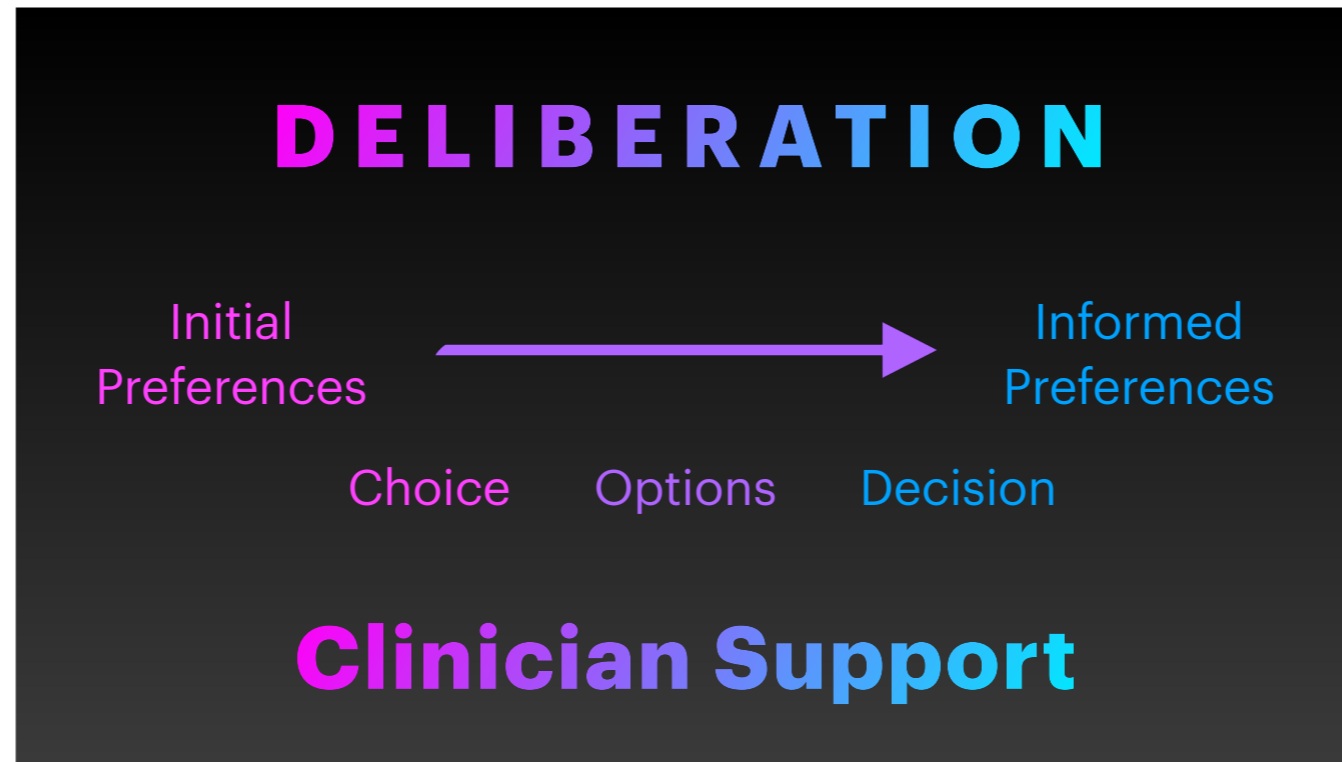
Focus on their preferences

Help them to move towards actually making a decision (or not) - 'Do you feel ready to make a decision?' 'What questions have you still got?'

# Decision

Based on their personal preferences the patient makes a decision with the active support of the clinician.

We have an ACTIVE role in this and should not remain passive.



We've spent a very short time considering how we could make sure we are building Shared Decision Making in to our everyday practice.

This model is a helpful way to consider what is trying to be achieved and whilst it is presented in a linear fashion, the reality is that the various parts may happen in a much more fluid way through an expert consultation.

Tools like this can help provide us with a structure to these discussions and the development of consultation skills will help us use those tools better but at the heart of Shared Decision Making is an attitude towards our patients.

Are we committed to engaging with them, listening to them, empowering them and partnering with them in the delivery of healthcare?

If so, then we have a good chance of practicing the high quality evidence based medicine that our patients deserve. If not... then why are we practicing medicine at all?



<https://www.bmj.com/content/357/bmj.j1744>



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445676/>

## Shared Decision Making Resources



<https://www.sciencedirect.com/science/article/pii/S0738399114002699>



<https://patient.info/doctor/decision-aids>