



Module 1: Shared Decision Making and the SHARE Approach

Module Goal/Aim

The goals of this module are to provide an introduction to shared decision making, and for participants to understand the five steps of the SHARE Approach to shared decision making, including how to put it into practice.

Module Learning Objectives

At the conclusion of this activity, the participant will be able to:

- Define shared decision making
- List critical elements required in effective shared decision making
- Explain key steps for conducting shared decision making, including who is involved

Timing

This module will take 90 minutes to present. (**NOTE TO INSTRUCTOR:** Specific breakdown of times allotted for discussion/activity will appear within the module).

Learning Methodology Checklist

- Large group discussion
- Small group work
- Videos on shared decision making with group discussion
- Role-playing activities
- PowerPoint slide presentation

Materials Checklist

- LCD projector and laptop
- Internet access in the room where training is taking place; this is required to play Video 1 in Module 1. Internet access can also be used for Video 2, but is not required.
- Flip chart (with tape or sticky band) or a whiteboard
- Markers
- Index cards with numbers 1 or 2 to place on tables for role playing
- Module 1 Participant Guide – one per participant (see details below under Instructor Preparation)

- Print copies of AHRQ Publications (see links below) - one each per participant for the role playing activity
 - Consumer Summary “Managing Osteoarthritis Pain With Medicines: A Review of the Research for Adults” [AHRQ Pub. No. 06(07)-EHC009-A]
 - Clinician Summary “Analgesics for Osteoarthritis” [AHRQ Pub. No. 11(12)-EHC076-3]

Instructor Preparation

4 weeks before training

Order **multiple free copies** of AHRQ Consumer and Clinician Summaries listed above from the AHRQ Publications Clearinghouse (800-358-9295) or order online at the AHRQ Publication Clearinghouse Web site (<http://ahrqpubs.ahrq.gov>). Ask for the publications by the title and number above and refer to order code E-8. Order enough copies for each workshop participant to receive his/her own copy of both summaries. You will be handing the Clinician and Consumer Summaries out to training participants for the role-playing activity. You may also click on the links below to download and print the PDFs.

Comparative Effectiveness and Safety of Analgesics for Osteoarthritis

- Clinician Summary:
http://effectivehealthcare.ahrq.gov/ehc/products/180/951/anal_osteo_clin_fin_to_post.pdf
- Consumer Summary:
http://effectivehealthcare.ahrq.gov/ehc/products/180/950/anal_osteo_cons_fin_to_post.pdf

2 weeks before training


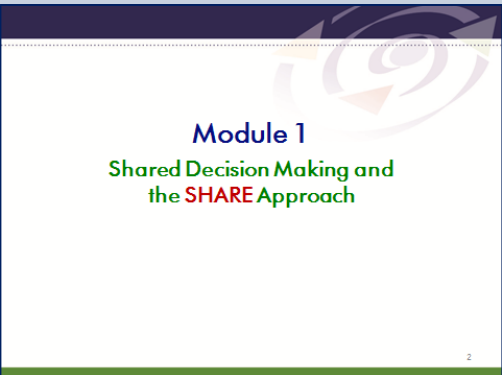
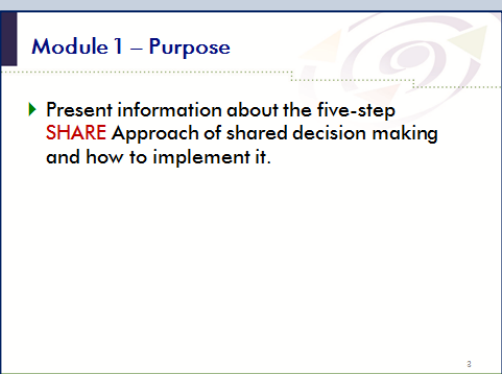
- Email each participant links to each of the summaries listed above or PDF copies downloaded from the www.effectivehealthcare.ahrq.gov Web site (see above).

In the email, ask each participant to prepare for the workshop by reading the summaries prior to attending. (NOTE: You will also be handing out print copies of the summaries at the Module 1 training session. However, it is helpful if participants are familiar with them prior to the role play.)

- Photocopy Module 1 materials and assemble into Module 1 Participant Guide workbooks for each participant. Include:
 - **Module 1** PowerPoint slide set (3 slides per page)
 - **Tool 1: Essential Steps of Shared Decision Making: Quick Reference Guide**
 - **Tool 2: The SHARE Approach. Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters**
 - **The SHARE Approach** poster (for health professionals)
 - **Know Your Options** poster (for patients)
 - **SHARE Approach Role Play Activity** handout (This handout is located at the back of Module 1 in your Trainer’s Guide.)
 - **Sample Conversation Starters** handout (This handout is located at the back of Module 1 in your Trainer’s Guide.)
- Table cards with numbers for group role playing (make one card for each participant workgroup table. Assume four to five participants per workgroup table). **Note:** If you do not have enough space in the workshop room, ask groups to sit far away from one another so they cannot hear other discussion groups.

On the day of training

- Have the SHARE Approach screen saver showing on your computer to share with participants as they come into the classroom.
- Have the **Module 1: Shared Decision Making and the SHARE Approach** PowerPoint file open and minimized on the computer.
- Have Video 1— Shared Decision Making at Stillwater Medical Group (available at: <http://vimeo.com/35274883>) open and minimized on the computer.
- Have Video 2—the AHRQ SHARE Approach Video (available at: www.ahrq.gov/shareddecisionmaking and on the thumb drive you received in training) open and minimized on the computer.
- Arrange tables to facilitate small group work or be prepared for participants to move to smaller groups.
- Place table numbers on tables for role-playing groups. Assume four to five participants per workgroup.

<p>Module 1 INTRODUCTION (10 minutes)</p>	
<p>Slide 1</p> 	<p>DO: Open PowerPoint called, Module 1.</p>
<p>Slide 2</p> 	<p>SAY: Module 1 is titled, Shared Decision Making and the SHARE Approach.</p>
<p>Slide 3</p> 	<p>SAY: The purpose of this module is to present information about the five-step SHARE Approach of shared decision making and how to implement it.</p>

Slide 4

Module 1 – Learning objectives

At the conclusion of this activity, the participant will be able to:

- ▶ Define shared decision making.
- ▶ List critical elements required in effective shared decision making.
- ▶ Explain key steps for conducting shared decision making.

SAY: At the conclusion of this module, the participant will be able to:

- Define shared decision making
- List critical elements required in effective shared decision making
- Explain key steps to conduct shared decision making

Slide 5

Patient and provider perspectives

- ▶ <http://vimeo.com/35274883>
- ▶ With permission from the Stillwater Medical Group, Stillwater, MN




SAY: Before we get into describing shared decision making and how to implement shared decision making in clinical practice, let's hear from some real patients and providers about what they think of shared decision making.

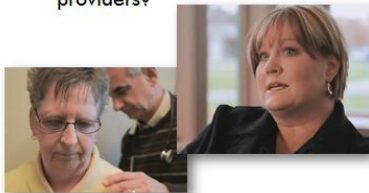
Let's watch a short video clip of actual patients and providers who explain how shared decision making has impacted their lives and their practice (permission received from the Stillwater Medical Group).

DO: Play video clip <http://vimeo.com/35274883>

Slide 6

Discussion

 How did the patients feel about their experience with their providers?

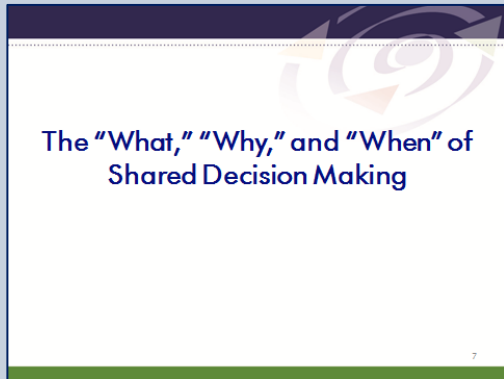


ASK: How did the patients feel about their experience with their providers?

SAY: This clip clearly shows the partnership between patient and provider and why shared decision making is of value.

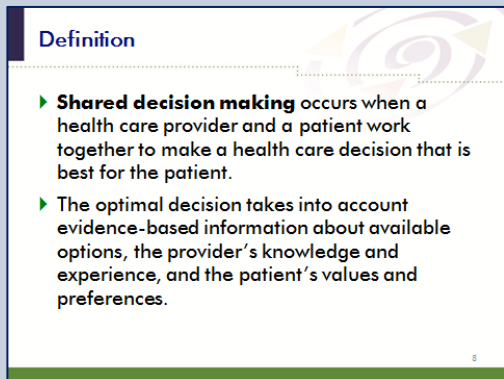
BASICS OF SHARED DECISION MAKING
(10 minutes)

Slide 7



SAY: Let's start by talking about the "what," "why," and "when" of shared decision making. What is it, why should we do it, and when should it be done?

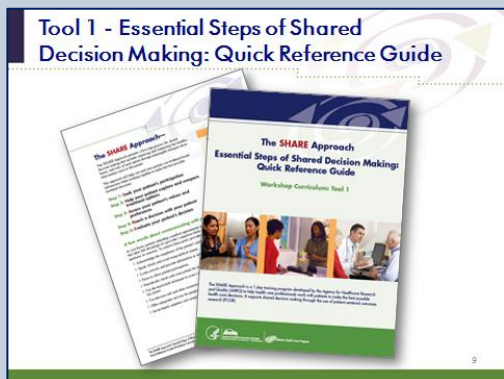
Slide 8



SAY: This next slide shows the definition of shared decision making. Shared decision making is when a health care provider and a patient work together to make a health care decision that is best for the patient.

The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

Slide 9



DO: Hold up **Tool 1**.

SAY: Let's look at **Tool 1, Essential Steps of Shared Decision Making: Quick Reference Guide**. It is one of the tools we will be using today and what you will be using for your training in your community.

Slide 10

The SHARE Approach

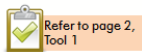
- ▶ The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each health care option through meaningful dialogue about what matters most to the patient.

SAY: The SHARE Approach to shared decision making is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each health care option through meaningful dialogue about what matters most to the patient.

Slide 11

The SHARE Approach

- ▶ **Step 1:** **S**eek your patient's participation
- ▶ **Step 2:** **H**elp your patient explore and compare treatment options
- ▶ **Step 3:** **A**ssess your patient's values and preferences
- ▶ **Step 4:** **R**each a decision with your patient
- ▶ **Step 5:** **E**valuate your patient's decision



SAY: The SHARE Approach employs five steps, each step beginning with a letter to spell S-H-A-R-E (a mnemonic aid) to help remember the steps. You will find this on page 2 of Tool 1.

DO: Hold up your hand and move fingers/thumb as you say the five steps.



- **S**eek your patient's participation
- **H**elp your patient explore and compare treatment options
- **A**ssess your patient's values and preferences
- **R**each a decision with your patient
- **E**valuate your patient's decision

Slide 12

Nine essential elements (Makoul & Clayman)¹

- ▶ Conducted a systematic review of the literature in 2006
 - Identified the most frequently referenced essential elements of shared decision making
 - The SHARE Approach includes these nine elements.

SAY: In 2006, researchers Makoul and Clayman conducted a systematic review of the literature to identify the most frequently referenced elements of shared decision making.

Based on the findings of their review, they described nine essential elements of shared decision making that should be included in any shared decision-making model.

The five steps of the SHARE Approach include the nine essential elements of shared decision making.

Slide 13

Nine essential elements (Makoul & Clayman)¹

1. Define/explain problem.
2. Present options.
3. Discuss benefits/risks/costs.
4. Clarify patient's values/preferences.
5. Discuss patient ability/self-efficacy.
6. Discuss doctor knowledge/recommendations.
7. Check/clarify patient's understanding.
8. Make or defer a decision.
9. Arrange follow-up.

SAY: These nine elements of shared decision making were identified as essential by Makoul and Clayman.

- Define/explain problem.
- Present options.
- Discuss benefits/risks/costs.
- Clarify patient's values/preferences.
- Discuss patient ability/self-efficacy.
- Discuss doctor knowledge/recommendations.
- Check/clarify patient's understanding.
- Make or defer a decision.
- Arrange follow-up.

Slide 14

Why shared decision making is important?

- ▶ In many cases there are several treatment options available.
- ▶ Evidence-based assessments of treatments and interventions often fail to identify one treatment as clearly superior to another.
- ▶ Shared decision making (guided by providers) can help patients understand the benefits and harms of the options and clarify their own values and preferences.

SAY: Shared decision making is important because in many cases, there are several treatment options available to a patient.

Often times, evidence-based assessments of treatment options don't identify one treatment that is clearly superior to another.

In these instances, patient's values and preferences are important for determining what the best treatment option is for a patient.

Shared decision making (guided by providers) can help patients understand the benefits and harms of the options and clarify their own values and preferences.

Slide 15

Benefits for your patients²⁻⁸

- ▶ Shared decision making can:
 - Improve the patient's experience of care
 - Improve patient adherence to treatment recommendations - emerging evidence that it can help improve health outcomes

SAY: Shared decision making has many benefits for the patient.

Shared decision making:

- Improves the patient's experience of care
- Improves patient adherence to treatment recommendations; there is also emerging evidence that it can improve health outcomes.

Slide 16

Benefits for your organization⁸

- ▶ Shared decision making can:
 - Improve the quality of care delivered
 - Increase patient satisfaction



You will learn more about patient and provider benefits from shared decision making in Module 4.

SAY: Shared decision making can benefit the provider organization by improving the quality of care delivered and increasing patient satisfaction.

We will discuss more about the benefits to patients and providers in Module 4.

Slide 17

When to engage in shared decision making?

- ▶ Engage when your patient has a health problem that needs a treatment decision.
 - Not every patient encounter requires shared decision making.
- ▶ Some patients may not want to or be ready to participate in shared decision making.⁹⁻¹¹
 - A patient choosing not to participate in the decision-making process is still making a decision.

SAY: The shared decision-making process begins when your patient has a health problem that needs a treatment decision. Remember, not every patient encounter requires shared decision making.

Some patients may not want to or be ready to participate. The patient choosing not to participate in the decision making process is still making a decision.

Slide 18

What studies are showing¹¹⁻¹³

- ▶ Studies suggest that many health providers believe patients are not interested in participating in health care decision making.
- ▶ Evidence suggests that most patients want more information than given, and many would like to be more involved in their health decisions.

SAY: Studies suggest that many health care professionals believe that patients are not interested in participating in their health care decision making.

However, evidence suggests that most patients want more information than they are routinely given by their provider, and many would like to be involved in making their own health care decisions.

Slide 19

The “Who” and “How” of Shared Decision Making

SAY: Let’s now turn to the “who” and “how” of shared decision making. Who is involved, and how do we do it?

Slide 20

Who is involved in shared decision making in the clinical setting?

- ▶ The entire medical team should be familiar with and involved in shared decision making.



SAY: Who is involved in shared decision making in the clinical setting?

The entire medical team should be familiar with and involved in shared decision making.

Slide 21

Collaborative roles in shared decision making – Key Roles

- ▶ **Patient**
 - Actively participates and is the center of shared decision making
- ▶ **Physician, physician assistant, or nurse practitioner**
 - Lets their patient know there is a choice and invites patient to be involved in the decision
 - Presents options and describes the risks and harms
 - Explores patient's values and preference

Refer to page 6, Tool 1.

DO: Refer to page 6 in **Tool 1, the Quick Reference Guide.**

SAY: Key roles in shared decision making:

The patient is an active participant in and is at the center of shared decision making.

The primary health care provider, such as the physician, physician assistant, or nurse practitioner, communicates that a health care choice exists, and invites the patient to be involved in the decision. The provider presents the options, describes the risks and benefits of each, and explores patient's values and preferences.

Slide 22

Collaborative roles in shared decision making – other team members

- ▶ **Decision coach (nurses, social workers, health educator)**
 - Helps assess factors impacting the patient's decisional conflicts
 - Provides support
 - Monitors progress
 - Screens what is influencing implementations

? What does decision conflict look like?
Your patient may:

- Verbalize uncertainty about the choice
- Waver between choices
- Delay the decision
- Question personal values or what is important to them
- Be preoccupied with the decision
- Show signs of distress or tension

SAY: Other roles in shared decision making include other members of your staff:

A decision coach can be assumed by nurses, social workers, or health educators. A decision coach can help assess factors influencing patients' decisional conflicts, provide support to address decisional needs, monitor progress in decision making, and screen for factors influencing implementation.

As an aside, this right hand side bar lists some of attributes your patients may show if they are experiencing decisional conflict.

Slide 23

Collaborative roles in shared decision making – other team members

- ▶ **Shared decision making manager/support staff**
 - Organizes the clinical practice to incorporate shared decision making
 - Manages the library of decision aids and technologies
 - Manages the clinical processes

SAY: A shared decision-making manager or other support staff can organize the clinical practice to incorporate shared decision making. This person manages the library of decision aids and technologies and manages the clinical processes.

Slide 24

Collaborative roles in shared decision making

- ▶ Family members and caregivers
 - Lend support in clarifying the patient's values and preference
 - Serve as legal proxy for children, elderly, or seriously ill patients



SAY: Family members or caregivers can be an important influence on decision making. They lend support in clarifying values or preferences. Family can be legal proxy for children, elderly, or seriously ill patients.

Slide 25

Collaborative roles in shared decision making

- ▶ Medical treatment specialists
 - Offer input when treatment options require input from specialists

SAY: Other team members, including medical treatment specialists, may need to weigh in on the decision.

Slide 26

Supportive materials from AHRQ



Decision support resources are an important part of the “**how**” of shared decision making.

SAY: In addition to thinking about who is involved in shared decision making, we also want to consider how it is done. Much of the remaining portion of this module is about how you do shared decision making. But before we get into the detailed steps of how to do shared decision making, let's talk briefly about decision support resources that can assist the process of shared decision making.

Slide 27

Using evidence-based decision aids to support shared decision making

- ▶ Rely on materials that have reliable, unbiased summaries of evidence-based research.
- ▶ AHRQ and other organizations have many evidence-based treatment option resources.
- ▶ AHRQ's Effective Health Care Program is a growing library of free, easy-to-read treatment option resources for many health conditions.



Refer to pages 7-8, Tool 1.

More on decision support resources in Module 2.

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SAY: Decision aids that **have reliable, unbiased summaries of evidence-based research** for many health conditions are crucial in shared decision making.

AHRQ and other organizations have many evidence-based treatment option resources that can facilitate the process of shared decision making with patients.

AHRQ's Effective Health Care Program has a growing library of free, easy-to-read treatment option resources for many health conditions.

We will learn more about these aid resources, how to use them, and how to access them in Module 2.

Pages 7 and 8 in **Tool 1, the Quick Reference Guide** can direct you how to find these resources.

Slide 28

Benefits of using decision aids in shared decision making⁸

- ▶ Improves patient's knowledge of options
- ▶ Results in patient having more accurate expectations of possible benefits and risks
- ▶ Leads to patient making decisions that are more consistent with his/her values
- ▶ Increases patient's participation in decision making

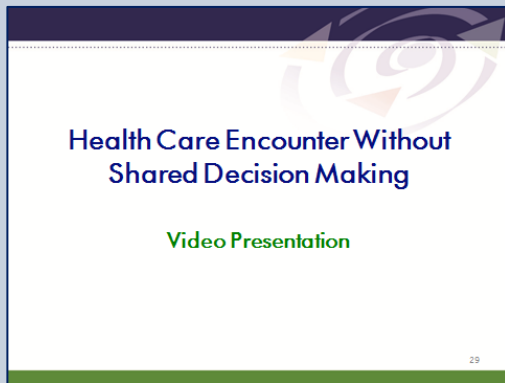
28

SAY: The benefits of using decision aids include:

- Improving patients' knowledge of their options
- Patients having more accurate expectations of possible benefits and risks
- Patients making decisions that are more consistent with their values
- Increasing patients' participation in decision making

HEALTH CARE ENCOUNTER WITHOUT SHARED DECISION MAKING
(7 minutes)

Slide 29

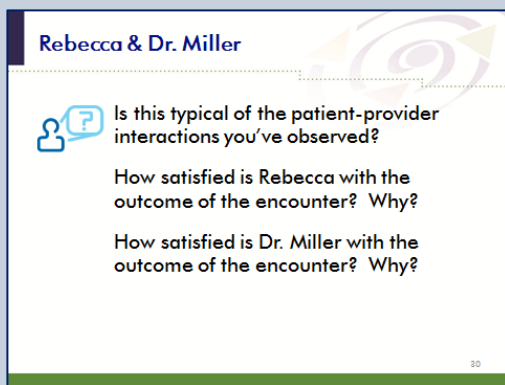


SAY: Before we explore the “how to” steps of shared decision making, I am going to show a short video clip of a health care appointment with a provider, without using shared decision making. As you are watching this, please watch how the relationship between the patient and the provider progresses. Also pay attention to who is in charge of this dialogue. You may want to take some notes for our discussion following the video.

DO: Show Part 1 of the SHARE Approach Video.

DISCUSSION

Slide 30



ASK: Ask 1-2 participants the following questions:

- Is this typical of the patient-provider interactions you've observed?
- How satisfied is Rebecca with the outcome of the encounter? Why?
- How satisfied is Dr. Miller with the outcome of the encounter? Why?

**SHARED DECISION MAKING:
STEP-BY-STEP
(20 minutes)**

Slide 31



SAY: Keeping this clinical encounter in mind, let's move on to how to incorporate shared decision making into a clinical care patient-provider encounter. After learning how to incorporate the SHARE Approach, we will show another video clip that incorporates shared decision making.

Slide 32



SAY: The SHARE Approach to shared decision making involves five steps. This slide shows the poster you have in your workshop materials, and it can be posted in your clinic. You may want to post it in your office or cubical, in the break room or above the photocopy machine. The poster can help serve as a prompt for you and your team to use this five-step approach with your patients.

Slide 33

Presenting SHARE steps . . .

- ▶ The mnemonic "SHARE" is a learning device to help you readily recall the steps in the SHARE Approach Model.
- ▶ You may find that you do not present them in "linear order" during encounters.
- ▶ The important takeaway is to address all five steps.

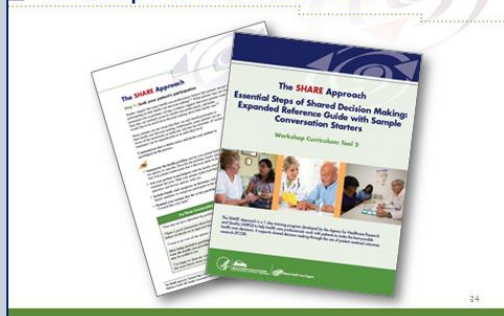
SAY: The mnemonic, SHARE, is a learning tool to help you readily remember the five steps.

You may find that you do not present them in "linear order" during your interactions with patients. For example, steps 1, 2, and 3 could all be going on simultaneously.

The important takeaway is to address all five steps.

Slide 34

Tool 2 - Expanded Reference Guide with Sample Conversation Starters



DO: Hold up Tool 2.

SAY: Open Tool 2, the SHARE Approach. Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters, to page 3 to follow along for the five steps of shared decision making.

Slide 35

Step 1: Seek your patient's participation

- ▶ Communicate that a choice exists and invite the patient to participate in the decision-making process.

Many patients are not aware that they can and should participate in their health care decision making.

Many patients are not aware of the uncertainty in medicine, and that the outcomes of various treatments are variable.



Refer to page 3,
Tool 2

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SAY: Let's look at Step 1 on page 3 of the tool. Seek your patient's involvement.

- Communicate that a choice of treatment exists and invite your patient to participate in the decision-making process.

Many patients are not aware that they can and should participate in their health care decision making.

In addition, many patients are not aware of the uncertainty in medicine, and that the outcomes of various treatments are variable.

Slide 36

Step 1: Seek your patient's participation

Tips

- ▶ Summarize the health problem and communicate there may be more than one treatment choice.
- ▶ Ask your patient to participate with the health care team.
- ▶ Assess the role your patient wants to play.
- ▶ Include family/caregivers in decisions.

Use cues to continually engage your patient. For example, "I'd like your input"



Refer to page 3,
Tool 2

36

SAY: Each of the steps offer practical tips that you can use. I suggest you read through Tool 2 when you get back to your office. Soon, using one or more of the tips will become second nature to you during shared decision making.

Let's go over some tips to help you invite your patient to participate.

- Summarize the health problem clearly and communicate there may be more than one treatment choice.
- Ask your patient to participate with the health care team in the decision-making process. Help the patient understand he or she is being invited to ask questions, get answers, and discuss options with you.
- Assess the role your patient wants to play in the decision-making process.
- Provide ongoing cues during the interaction about why their input is important. For example, say, "I would like your input."
- Ask your patient if he or she would like family and caregivers to participate.

Slide 37

Step 1: Seek your patient's participation

Conversation Starters

"Now that we have identified the problem, it's time to think about what to do next. I'd like us to make this decision together."

"There is good information about how these treatments differ that I'd like to discuss with you before we decide on an approach that is best for you."

"I'm happy to share my views and help you reach a good decision. Before I do, may I describe the options in more detail?"



Refer to page 3, Tool 2.

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SAY: Here are some conversation starters to invite your patient's involvement:

- "Now that we have identified the problem, it's time to think about what to do next. I'd like us to make this decision together."
- "There is good information about how these treatments differ that I'd like to discuss with you before we decide on an approach that is best for you."
- "I'm happy to share my views and help you reach a good decision. Before I do, may I describe the options in more detail?"

Slide 38

Discussion



Do you have other phrases that you use as conversation starters to get patients engaged?



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ASK: Do you have other phrases that you use as conversation starters to get patients engaged?

DO: Take 2-3 comments from the workshop participants.

Slide 39

Patient Poster

Know Your Options Three questions for your provider

1 What are my treatment options?

2 What are the benefits and harms (risks)?

3 Where can I find more information to help me decide?



Learn about the benefits and risks of your treatment options:
<http://www.ahrq.gov/patients-consumers/treatmentoptions>

Learn about questions to ask your provider: <http://www.ahrq.gov>

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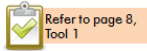
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SAY: One of the tools available in your Participant Guide workbook is the **Know Your Options** patient poster to be placed in the clinic.

Slide 40

Engaging your patients to ask questions

- ▶ Post the “Know Your Options” poster in your waiting room and exam rooms. Find it:
 - On your thumb drive
 - In your notebook
 - On the AHRQ Web site at www.ahrq.gov/shareddecisionmaking
- ▶ Learn about AHRQ’s “Questions are the Answer” campaign.



SAY: You can also find this tool on your thumb drive, and it is available for free in the shared decision making toolbox on the AHRQ Web site.

This poster is designed to prompt patients to ask questions and become involved in their health care.

Part of the patient’s responsibility is to ask questions of their provider.

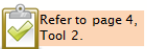
AHRQ also has a question builder tool as part of its “Questions are the Answer” campaign to help patients prepare questions for their visit. The Web site for “Questions are the Answer” is on page 8 of **Tool 1, the Quick Reference Guide**.

Slide 41

Step 2: Help your patient explore and compare treatment options

- ▶ Discuss the benefits and risks of each treatment option.
- ▶ Use evidence-based decision-making resources to compare treatment options.

Read more about decision-support resources in Module 2.



SAY: Let's look at Step 2, which is to help your patient explore and compare treatment options.

Turn to page 4 of **Tool 2, the SHARE Approach**.

Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters.

This step involves discussing the benefits and risks of the treatment options, so the provider’s knowledge about risks and benefits of a treatment and the use of evidence-based decision aids are very important to this step.

This is the step where evidence-based decision aids and other resources are very important.

In Module 2, you will learn more about using decision support resources to help you do so.

Slide 42

Step 2: Help your patient explore and compare treatment options

Tips

- ▶ Check for patient knowledge of the options.
- ▶ Clearly communicate risks and benefits of each option.
- ▶ Explain the limitations of what is known about the options.
- ▶ Use simple visual aids and evidence-based decision aids when possible.
- ▶ Summarize by listing the options.

SAY: Tips to help your patient explore and compare treatment options include:

Assess what your patient already knows about the options. Some patients gather their own information. Explore with your patient what he/she may already know about his/her treatment options.

List the treatment options, and describe them in plain language. Clearly communicate risks and benefits of each option.

Explain the limitations of what is known and unknown about the options and what would happen with no treatment. Offer evidence-based decision aid tools whenever possible.

Summarize by listing the options again.

Slide 43

Step 2: Help your patient explore and compare treatment options

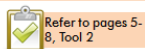
Conversation Starters

"Here are some choices we can consider."

"Let me tell you what the research says about the benefits and risks of the medicine/treatments that you are considering."

"I have some booklets I want to give you that have information about your condition and the treatment options."

"These tools have been designed to help you to understand your options in more detail."



SAY: Some conversation starters for helping your patient assess pros and cons of treatments options are on pages 5-8. Let's go over some of them now.

- "Here are some choices we can consider."
- "Let me tell you what the research says about the benefits and risks of the medicine/treatments that you are considering."
- When introducing decision aids, you can say: "I have some booklets I want to give you that have information about your condition and the treatment options."
- "These tools have been designed to help you to understand your options in more detail."

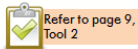
Slide 44

Step 3: Assess your patient's values and preferences

- ▶ An optimal decision is one that takes into account patient preferences and values.
- ▶ Communicate with your patient about the outcomes that are most important to him or her.

What matters most to your patient?

- Recovery time
- Out-of-pocket costs
- Being pain free
- Having a specific level of functionality



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SAY: The third step in the SHARE model is to assess your patient's values and preferences. See page 9 of **Tool 2, the SHARE Approach. Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters.**

Some health care providers may not be aware of the outcomes that matter most to patients. In fact, studies have shown that health care professionals aren't truly tuned in to the things that really matter to patients.

And other studies have shown that patient treatment decisions often change after patients become well informed about their available options and the associated risks.

The best decision for your patient is one that takes into consideration his/her preferences and values. Talk with your patient about what matters the most and what outcomes are the most important to him/her.

Slide 45

Step 3: Assess your patient's values and preferences

Tips

- ▶ Encourage your patient to talk about his or her values and preferences.
- ▶ Use open-ended questions.
- ▶ Listen actively to the patient and show empathy and interest.
- ▶ Acknowledge what matters to your patient.
- ▶ Agree on what is important to your patient.

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SAY: Some tips to accomplish Step 3 are:

- Encourage your patient to talk about what is important to him or her regarding the options.
- Use open-ended questions. Avoid questions with yes and no answers.
- **Listen actively to your patient.** Show empathy and interest in the effect that a problem is having on your patient's life.
- Acknowledge the values and preferences that matter to your patient.
- Come to agreement on what your patient prefers and is important.

Slide 46

Step 3: Assess your patient's values and preferences

Conversation Starters

"When you think about the possible risks, what matters most to you?"

"As you think about your options, what's important to you?"

"Which of the options fits best with treatment goals we've discussed?"

"Is there anything that may get in the way of doing this?"



Refer to page 9,
Tool 2

SAY: Some things you can say to get the conversation going about your patient's values and preferences are:

- "When you think about the possible risks, what matters most to you?"
- "As you think about your options, what's important to you?"
- "Which of the options fits best with the treatment goals we've discussed?"
- "Is there anything that may get in the way of doing this?"

Assessing preferences matter, especially when patients defer decisions to clinicians.

Find out what matters to the patient. This may greatly impact achieving satisfactory health outcomes and patient satisfaction.

Slide 47

Step 4: Reach a decision with your patient

- ▶ Decide together on the best option.
- ▶ Arrange for follow-up steps to achieve the preferred treatment.



Refer to page 10,
Tool 2

SAY: The fourth step in the SHARE model is to reach a decision with your patient about the treatment option that is best. Turn to page 10 of **Tool 2, the SHARE Approach. Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters.**

Making a decision may take time. Check to see if your patient needs more time to consider the options or discuss them with others.

After assessing the treatment options, including benefits and risks, and guiding your patient to express what matters the most to him or her in determining the best option, decide together on the best treatment option.

Your patient may choose to delegate the decision

to someone else or decide not to make a decision. In that case, active surveillance may be the option.

Schedule follow-up appointments to carry out the preferred treatment or active surveillance.

Slide 48

Step 4: Reach a decision with your patient

Tips

- ▶ Ask your patient if he/she is ready to make a decision
- ▶ Ask your patient if he/she needs more information
- ▶ Schedule another session if your patient needs more time to consider the decision
- ▶ Confirm the decision with your patient
- ▶ Schedule follow-up appointments to carry out preferred options

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SAY: Tips to help move your patient to come to a decision after jointly talking about the pros and cons of the treatment are:

- Ask your patient if he or she is ready to make a decision or if they have any additional questions.
- Ask if he or she would like additional information tools, such as decision aids to help make a decision.
- If more time is needed, schedule another session.
- Confirm the decision by asking your patient to describe the option she or he chose.
- Have other staff schedule appointments to carry out the preferred option.

Slide 49


Step 4 dialogue: Reach a decision with your patient

Conversation Starters

“It’s fine to take more time to think about the treatment choices. Would you like some more time, or are you ready to decide?”

“What additional questions do you have for me to help you make your decision?”

“Now that we had a chance to discuss your treatment options, which treatment do you think is right for you?”

 Refer to page 10, Tool 2

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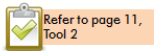
SAY: Some actual dialogue to help move your patient to a decision includes:

- “It’s fine to take more time to think about the treatment choices. Would you like some more time, or are you ready to decide?”
- “What additional questions do you have for me to help you make your decision?”
- “So now that we had a chance to discuss your treatment options, do you have a preference for which treatment you would prefer? Which treatment do you think is right for you?”

Slide 50

Step 5: Evaluate your patient's decision

- ▶ Support your patient so the treatment decision has a positive impact on health outcomes.
- ▶ For management of chronic illness, revisit decision after a trial period.



SAY: Once a decision has been made, it will be important to follow up with your patient on how he or she is doing. Evaluate your patient's decision. **This is the last step in the SHARE Approach to shared decision making.** See page 11 of Tool 2, **The SHARE Approach. Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters.**

For patients facing life-threatening conditions, some of the decisions will be irreversible, so careful follow-up is needed during the treatment phase.

For decisions related to management of chronic disease, the decision should be revisited periodically.

Slide 51

Step 5: Evaluate your patient's decision

Tips

- ▶ Make plans to review the decision in the future.
- ▶ Monitor implementation of treatment decision.
- ▶ Assist your patient with managing barriers to implementation.
- ▶ Revisit the decision if the option does not produce the desired health outcomes.

SAY: Some tips to aid in evaluating your patient's decision are:

- Make plans to review the decision in the future. Decisions may be reviewed and changed if they are not working well.
- Monitor the extent to which the treatment decision is implemented.
- Help with managing barriers to implementing a decision. Provide access to self-management support programs or other resources.
- Reconsider other options if the preferred option is not working.

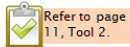
Slide 52

Step 5: Evaluate your patient's decision

Conversation Starters

"Let's plan on reviewing this decision at our next appointment."

"If you don't feel things are improving, please schedule a follow-up visit so we can plan a different approach."



SAY: To let your patient know that you will continue to evaluate the decision that was made, keep the communication avenues open by saying something, like:

- "Let's plan on reviewing this decision at our next appointment."
- "If you don't feel things are improving, please schedule a follow-up visit so we can plan a different approach."

Slide 53

Patient buy-in is essential to adherence

- ▶ The patient is generally responsible for implementing many of the decisions that are made, particularly decisions made in a primary care setting (e.g. lifestyle changes or taking medications).
- ▶ Adherence to treatment is enhanced by shared decision making!^{6-7,12}

SAY: Patient buy-in is essential to adherence.

The patient, not the health care provider, is generally responsible for implementing many of the decisions that are made, particularly decisions made in a primary care setting, for example lifestyle changes or taking medications.

Patient adherence to treatment plans is enhanced by shared decision making!

HEALTH CARE ENCOUNTER WITH SHARED DECISION MAKING (8 minutes)

Slide 54

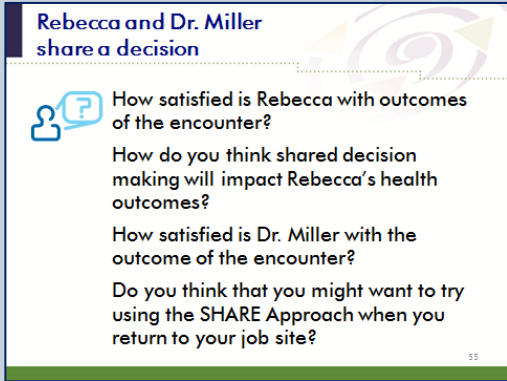
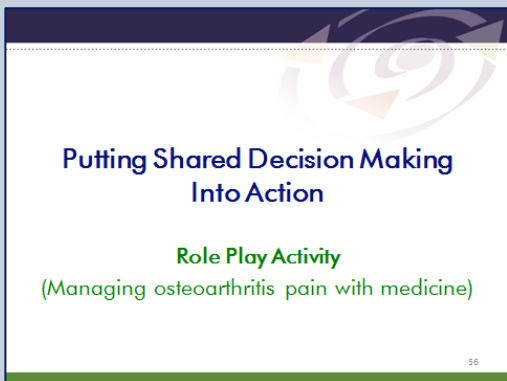
Shared Decision Making in Action

Video Presentation

SAY: Now let's take a look at the same clinical encounter we observed in the previous video clip, but now enhanced with shared decision-making strategies.

We will see Dr. Miller and Rebecca share a decision.

Look for the five steps of shared decision making as you watch this short video clip.

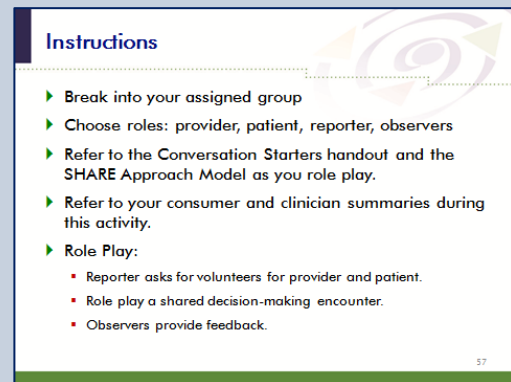
	<p>DO: Show Part 2 of the SHARE Approach Video: Rebecca and Dr. Miller Share a Decision (Note, this video clip identifies when each of the five steps of the SHARE Approach occur so that it is easier for the participants to view actions for each step in the SHARE Approach Model).</p>
<p>DISCUSSION</p>	
<p>Slide 55</p> 	<p>ASK:</p> <ul style="list-style-type: none"> • How satisfied was Rebecca with the outcomes of the encounter? • How do you think shared decision making will impact Rebecca's health outcomes? • How satisfied is Dr. Miller with the outcome of the encounter? • Do you think that you might want to try using the SHARE Approach when you return to your job site? <p>SAY: Note that incorporating the SHARE model didn't add much time to the encounter.</p>
<p>ROLE PLAY (25 minutes)</p>	
<p>Slide 56</p> 	<p>SAY: After learning about the SHARE Approach to shared decision making, we'd like to take the next half hour to have you practice shared decision making.</p> <p>The condition we will use for the role play during this workshop is managing osteoarthritis pain with medicines.</p> <p>You received the AHRQ evidence-based consumer and clinician summaries related to this topic prior to the workshop, and copies of it are in your workbook. Hopefully, you have read these summaries in advance.</p>

DO: Ask participants to break into groups of 4-6 people based on the size of your group and the amount of space in your room.

Pass out the **SHARE Approach Role Play Activity** handout.

Distribute the **SHARE Approach Sample Conversation Starters** handout. Table numbers are already on the tables.

Slide 57



Instructions

- ▶ Break into your assigned group
- ▶ Choose roles: provider, patient, reporter, observers
- ▶ Refer to the Conversation Starters handout and the SHARE Approach Model as you role play.
- ▶ Refer to your consumer and clinician summaries during this activity.
- ▶ Role Play:
 - Reporter asks for volunteers for provider and patient.
 - Role play a shared decision-making encounter.
 - Observers provide feedback.

SAY: Your handout outlines the instructions for this role-play exercise. They are also listed on this slide. After you have broken into your groups:

- Choose roles: health care provider, patient, reporter, and observers.
- Some groups will be working with case study 1. Others will be working with case study 2.
- Refer to the consumer and clinician summaries as needed as you conduct the role plays.

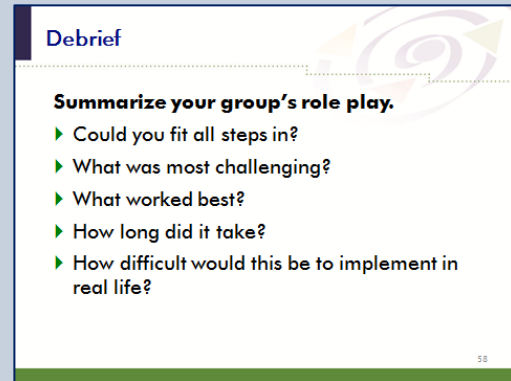
The provider will role play a shared decision-making encounter with the patient.

- For each step of the SHARE Approach, use one of the conversation starter phrases. Use one of the samples provided, or come up with your own.
- The provider will go through all five steps of shared decision making with the patient.
- At the end of the role play, observers provide feedback.

Be prepared to report your experiences with shared decision making at the end of the 25-minute role-play period. The reporter from each role play will report the experiences from the role play.

**ROLE-PLAY DEBRIEF
(10 minutes)**

Slide 58



Debrief

Summarize your group's role play.

- ▶ Could you fit all steps in?
- ▶ What was most challenging?
- ▶ What worked best?
- ▶ How long did it take?
- ▶ How difficult would this be to implement in real life?

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DO: After 25 minutes are up, ask the participants to get ready to debrief.

SAY: Now it's time to debrief. Let's start with Table/Group 1 to report your role-play experiences.

Please summarize your group's role play, and address the following points in your report.

- Could you fit all steps in?
- What was most challenging?
- What worked best?
- How long did it take?
- How difficult would this be to implement in real life?

DO: Call up the reporter from each table to report out, starting with Table/Group 1. Continue until all tables/groups have reported out.

SAY: Great job with role playing. You are really getting the hang of using shared decision making in practice.

As time goes on, you will find that incorporating the SHARE Approach will come much more easily to you. Posting the poster and putting the screen saver on your computer can help remind you of the model.

Slide 59

Key takeaways

▶ Shared decision making is a two-way street

- Occurs when a health care provider and a patient work together to make a health care decision that is best for the patient.
- The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

SAY: Let's briefly review key takeaway information for Module 1.

Shared decision making is a two-way street.

It occurs when a health care provider and a patient work together to make a health care decision that is best for the patient.

The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

Slide 60

Key takeaways

- ▶ The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each health care option through meaningful dialogue about what matters most to the patient.

SAY: The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each health care option through meaningful dialogue about what matters most to the patient.

Slide 61

Key takeaways

- ▶ Conversation starters can help you engage patients as you present each of the SHARE Approach Model's five steps.

SAY: Conversation starters can help you engage patients as you present each of the SHARE Approach Model's five steps.

Slide 62

Key takeaways

- ▶ Using evidence-based decision aids in shared decision making can:
 - Improve patient's knowledge of options
 - Result in patient having more accurate expectations of possible benefits and risks
 - Lead to patient making decisions that are more consistent with their values
 - Increase patient's participation in decision making

SAY: Using evidence-based decision aids in shared decision making can:

- Improve patients knowledge of their options
- Result in patients having more accurate expectations of possible benefits and risks
- Lead to patients making decisions that are more consistent with their values
- Increase patients' participation in decision making

Slide 63



SAY: This concludes the overview of the main points of shared decision making using the SHARE Approach.

The next module will expand on the importance of using evidence-based information in shared decision making in clinical practice.

Slide 64

Citations

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SHARE Approach Module 1 Role-Play Activity

Prior to the workshop, you received the following AHRQ materials:

- *Managing Osteoarthritis Pain With Medicines: A Review of the Research for Adults*, an evidence-based consumer summary
- *Analgesics for Osteoarthritis*, an evidence-based clinician summary

Osteoarthritis is the medical condition we will be using for the role-play case study today. Hopefully, you have read these summaries.

Instructions for Role-Play Activity:

You will have 25 minutes for this role play. The instructions for this role-play exercise are:

- Break into your assigned group/table.
- Choose roles: Provider, patient, observers, and reporter.
- Review *Case Study 1* or *Case Study 2* about two 70-year-old women with osteoarthritis.
- Refer to *The SHARE Approach Sample Conversation Starters* handout for sample language to use during this role play activity.

Role-Play 1:

- The reporter will ask an individual from the group to volunteer as the role-play provider and another to volunteer as the role-play patient.
- Role play a shared decision-making encounter with your patient.
 - For each step of the SHARE Approach, use one of the conversation starter phrases.
 - Go through all five steps of shared decision making with the patient.
- At the end of the role play, observers provide feedback.

Change places for Role-Play 2.

Role-Play Case Study 1

Osteoarthritis Case Study

Ms. Jones is a 70-year-old woman with diagnosed osteoarthritis (OA), and she has moderate pain.

Until recently, she had been doing fine with OA pain by maintaining a healthy weight and exercise. In the past few months, she has been experiencing more OA pain, and she now wants to consider a modality to control the pain better.

In general, Ms. Jones does not like to take prescription or oral medications, if there is another option.

Her treatment options are:

- Acetaminophen (Tylenol®)
- Nonsteroidal anti-inflammatory drugs: NSAIDs (Advil®, Motrin®, Aleve®, and Celebrex®)
- Skin creams (BENGAY®, Aspercreme®, Theragen®)
- Supplements (glucosamine, chondroitin)

Role-Play Case Study 2

Osteoarthritis Case Study 2

Ms. Wilson is a 70-year-old woman with diagnosed osteoarthritis (OA), and she is in moderate pain.

Until recently, she had been doing fine with OA pain by maintaining a healthy weight and exercise. In the past few months, she has been experiencing more OA pain, and she now wants to consider a modality to control the pain better.

Ms. Wilson has a past medical history of peptic ulcers. In addition, Ms. Wilson is low income and concerned about the cost of prescription drugs.

Her treatment options are:

- Acetaminophen (Tylenol®)
- Nonsteroidal anti-inflammatory drugs: NSAIDs (Advil®, Motrin®, Aleve®, and Celebrex®)
- Skin creams (BENGAY®, Aspercreme®, Theragen®)
- Supplements (glucosamine, chondroitin)

Role-Play Reporting

Be prepared to report your experiences with SDM at the end of the 30-minute role-play period. The recorder from each role play will report the experiences from the role play.

Please address the following points in your report:

- Summarize your group's role play.
- Could you fit all the steps in?
- What was the most challenging?
- What worked best?
- How long did it take?
- How difficult would this be to implement in real life?

The **SHARE** Approach

Sample Conversation Starters

Step 1: **Seek your patient's participation**

Try These Conversation Starters To Invite Participation
“Now that we have identified the problem, it’s time for us to think about what to do next.”
“There is good information about how these treatments differ that I’d like to discuss with you before we decide on an approach that is best for you.”
“I want to go over all the options so we can find a path that works for you.”
After being invited to participate and having the options outlined, patients may still want the health care provider to make the decision for them. In that case, the following may be useful to try:
“I’m happy to share my views and help you reach a good decision. Before I do, would you like more detail about your options?”

Step 2: **Help your patient explore and compare treatment options**

Try These Conversation Starters To Start Discussion About Options
“Let me list the options before we get into more detail about each of them.”
“Here are some choices we can consider.”
“Let’s go over your options.”

Try These Conversation Starters To Explore Pros and Cons
“Let me tell you what the research says about the benefits and risks of the medicines you are considering.”
“These options may have different effects for you compared with other people, so I want to describe them.”
“The treatments I just described are not always effective for everyone, and the chances of having side effects can vary from one person to another.”

Try These Conversation Starters When Introducing Decision Aids

“These tools have been designed to help you understand your options in more detail.”

“I have some booklets I want to give you that have information about your condition and the treatment options. They will be able to help you in your decision-making process.”

“This online tool offers a handout as well as a video. The video highlights the pros and cons of each treatment option. Let’s discuss your options and go over the benefits and risks at our next visit.”

“These online resources provide information to patients about the importance of exploring your treatment options. They compare the benefits and risks of each and offer information on options that you may want to discuss at your next visit.”

Step 3: Assess your patient’s values and preferences

Try These Conversation Starters To Learn About Your Patients’ Values and Preferences

“As you think about your options, what’s important to you?”

“When you think about the possible risks, what matters most to you?”

“Which of these potential side effects worries you the most?”

“Which of the options fit best with treatment goals we’ve discussed?”

“Is there anything that may get in the way of doing this?”

Step 4: Reach a decision with your patient

Try These Conversation Starters for the Decision and Follow-up Phases

“It is fine to take more time to think about the treatment choices. Would you like some more time, or are you ready to decide?”

“What additional questions do you have for me to help you make your decision?”

“This is a big decision and it’s important for you to consider which treatment option you prefer.”

“Let’s meet again next week. In the meantime, here is some information for you to read and think about. We can continue the discussion once you’ve had a chance to do that.”

“Are there other people that you want to talk to in order to help you make this decision?”

“Now that we had a chance to discuss your treatment options, which treatment do you think is right for you?”

Step 5: Evaluate your patient's decision

Try These Conversation Starters for Prompting Future Evaluation

“Can we talk next [appropriate timeframe] to see how you are doing?”

“Let’s plan on reviewing this decision next [appropriate timeframe].”

“If you don’t feel things are improving, please schedule a follow-up visit so we can plan a different approach.”