



# From Theory to Practice

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HANDS-ON SHARED DECISION MAKING

PROVIDED BY THE PREFERENCE LABORATORY

THE DARTMOUTH INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE

# Contact Us

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For more information on **shared decision making** or any of the **tools** described in the following materials, please contact the **Preference Laboratory** at the Dartmouth Institute for Health Policy & Clinical Practice: <http://preferencelaboratory.org>.



# Today's Goals

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**Deepen understanding** of shared decision making

**Get familiar** with new language and perhaps new ideas

**Feel confident** sharing shared decision making skills with others

**Finish on time and have fun!**

# Setting the Stage

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THEORY OF SHARED DECISION MAKING

# Definitions

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## **Preference**

A great liking for one alternative over another

## **Equipoise**

A situation of sufficient balance

## **Shared Decision Making (SDM)**

The practice of eliciting an informed preference when there are treatment options with clinical equipoise

# Three Talk Model

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**Team talk** Explain the intention to collaborate and support deliberation

**Option talk** Compare alternatives

**Decision talk** Elicit preferences and integrate into subsequent actions

# Barriers

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## **It is assumed that SDM:**

- happens naturally
- is done well
- is inherent in kind people

## **SDM is seen as:**

- a 'soft' skill
- obvious

## **SDM takes practice to do well**

## **SDM takes practice to do well consistently**

# Making the Case

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**Ethical Imperative**

**Patient Autonomy**

**Patient Agency**

# Tools and Measures

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IMPLEMENTING SHARED DECISION MAKING

# Definitions

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## Decision Aids

Range from leaflets to videos **designed to support patients** to become informed about screening, treatment, and interventions

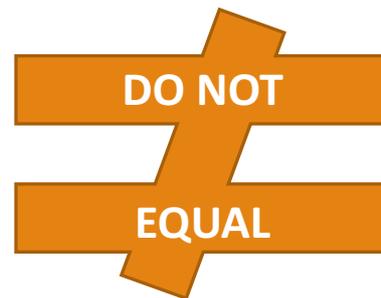
## Encounter Tools

Types of decision aids **designed for use during a visit at the point-of-care** to enhance deliberation of options

# Clarification

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## Decision Aids



## Shared Decision Making

# An Example: Option Grids

**Options Grids** are flexible encounter tools that can help engagement in SDM at the point-of-care. For more information:

<http://optiongrid.org/>



## Trigger finger

Use this grid to help you and your healthcare professional talk about how best to treat trigger finger.

Frequently asked questions	Splinting	Steroid Injection	Surgical Release
What type of treatment is this?	A splint is put on your problem finger to keep some of the joints still for up to 6 weeks.	Steroids are injected with a needle into your problem finger to reduce inflammation and tightness.	Using local anaesthesia, an operation is done to cut the tissue that is causing your trigger finger.
How effective is this treatment?	Works in 30 in every 100 people who have mild problems (30%). Partly works in up to 50 in every 100 people (50%).	60 in every 100 people (60%) get relief with one injection. Another 20 in every 100 people (20%) are better after a second injection.	Surgery works in over 99 in every 100 people (99%).
What are the advantages?	Splinting is simple and is the least expensive.	It can be done in the office and recovery is quick.	The treatment almost always works.
What are the disadvantages?	Splints are a bit awkward to wear.	40 in every 100 people (40%) will need repeat injections.	More painful, higher cost, longer recovery than other treatments.
What are the problems or risks?	Less likely than steroids to stop pain and triggering.	Infection and tendon rupture can happen - but are extremely rare: less than 1 in every	Finger stiffness can occur. Damage to the nerve or artery, infection, long-lasting pain,

# Using Option Grids

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**Explain it**

**Give it**

**Use it**

...and be flexible!

# Measuring in Practice

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## **Is SDM actually happening?**

How can we measure if SDM has occurred or is improving?

Whose perspective should be measured?

What are the most critical considerations when picking a measure?

# Two Examples of Measures

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collabo**RATE**<sup>TM</sup>

Observer **OPTION<sup>5</sup>**

# CollaboRATE

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**CollaboRATE** is a patient-reported measure of SDM where after a health visit, patients answer the following 3 questions on a scale of 0 to 9. Zero = **no effort was made**; 9 = **every effort was made**.

1. How much effort was made to help you understand your health issues?
2. How much effort was made to listen to the things that matter most to you about your health issues?
3. How much effort was made to include what matters most to you in choosing what to do next?

For more information: <http://www.collaboratescore.org/>

# Observer OPTION<sup>5</sup>

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Observer **OPTION<sup>5</sup>** is an observer-reported measure of SDM. Each of the 5 items measures key dimensions of SDM on a scale of 0 to 4. Below are the items in brief:

1. Does the clinician present multiple options?
2. Does the clinician establish a partnership with the patient?
3. Are the options described?
4. Does the clinician ask the patient for their preferences?
5. Are the patients' preferences included in the decision about next steps?

For more information: <http://www.optioninstrument.org/>

# Questions & Comments

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LET'S HEAR FROM YOU

## Knee osteoarthritis: treatment options

Use this **Option Grid™** decision aid to help you and your health care professional decide how to best to manage your knee pain and activity level. The first steps are to become as fit as possible, work to approach your ideal weight, and consider having physical therapy. Surgery is normally recommended only after non-operative treatments have been tried.

Frequently Asked Questions ↓	Pain relievers	Joint injections (steroids)	Knee replacement surgery
<b>Will this reduce the pain I have in my knee?</b>	It depends on which pain relievers are taken and for how long. Medications like ibuprofen are effective for 50 in every 100 people (50%). Other over the counter medications, like Tylenol (acetaminophen), including those that have codeine, are also effective.	It depends on the medicine injected. Some people get good symptomatic relief after an injection, which may include pain relief and/or reduced swelling.	About 90 in every 100 people (90%) who have this operation say it leads to relief of most or all of their pain, over time. 10 in every 100 people (10%) say it does not lead to significant pain relief.
<b>Will this treatment help improve my ability to be active?</b>	It may. As you get pain relief, you should be able to be more active and this in turn can also help to reduce pain. It may help to take pain relievers before being physically active.	Yes, usually for up to a month or so after each injection. Plan to be more active as a result of the pain relief. Advice from a physical therapist may help.	Yes, the majority of patients experience improvement in their activity level. However, not everyone sees differences in their ability to walk or climb stairs.
<b>Are there any risks to this treatment?</b>	As with all medications, pain relievers have some side effects. For example, codeine may lead to constipation and prolonged use of tablets like ibuprofen (and other NSAIDs) increases your risk of stomach bleeding.	There is a small risk of frequent injections causing cartilage damage, especially in weight-bearing joints. Allergic reactions and infections due to joint injections are uncommon. You might feel slight pain at the injection site for a few days.	Wound infection needing treatment occurs in 5 in every 100 people (5%). Joint infection occurs in fewer than 1 in every 100 people (1%). Blood clots in the leg occur in 2 in every 100 people (2%). The risks of surgery increase if you have other conditions, such as heart or lung disease, are a smoker, or are overweight.
<b>How long will it take me to feel better after the treatment?</b>	You may start experiencing pain relief within a few days of when you start taking the medication.	Most people who experience relief feel better within the first week or so after the injection.	Pain relief is gradual. You will stay in the hospital for around three to five days. Most people walk unaided after 3 months. Full recovery usually takes between 6 and 12 months.
<b>Will I need to have more treatment or surgery?</b>	If things don't get better, talk to your clinician about other treatment options.	Pain relief lasts for up to a month or so. You can have up to 3 or 4 injections per year.	Most knee replacements can last 15 years, many last longer.
<b>What are the outcomes for people with arthritis who have this treatment?</b>	Many people cope well by using medication, being active, and losing weight. Reducing your pain may help you achieve the benefits of exercise.	Some people have good relief by having injections when swelling and pain cause problems.	Surgery is usually considered after other options have been tried. About 80 to 85 in every 100 people (80%-85%) are satisfied after having a knee replacement. About 15 to 20 in every 100 (15%-20%) are not satisfied.

**\*Under Revision: April 2016**

### Editors:

**Evidence document:** <http://optiongrid.org/admin/resources/grid/evidences/60.pdf?x=ym0brq8lh>

**Publication date:** 2015-05-27 **Expiry date:** 2016-04-08 **ISBN:** 978-0-9571887-6-1 **License:** CC BY-NC-ND 4.0 (International)

Download the most current version from: <http://optiongrid.org/option-grids/grid-landing/60>

This Option Grid does not constitute medical advice, diagnosis, or treatment. See [Terms of Use](#) and [Privacy Policy](#) at [www.optiongrid.org](http://www.optiongrid.org).



<b>Observer OPTION<sup>5</sup> Measure</b>	<b>Score</b>
<p><b>Item 1:</b> For the health issue being discussed, the clinician <b>draws attention to or confirms</b> that alternate treatment or management options exist or that the need for a decision exists. If the patient rather than the clinician draws attention to the availability of options, the clinician responds by agreeing that the options need deliberation.</p> <p>0 = No effort      1 = Minimal effort   2 = Moderate effort   3 = Skilled effort   4 = Exemplary effort</p>	
<p><b>Item 2:</b> The clinician reassures the patient, or re-affirms, that the clinician <b>will support the patient to become informed or deliberate</b> about the options. If the patient states that they have sought or obtained information prior to the encounter, the clinician supports such a deliberation process.</p> <p>0 = No effort      1 = Minimal effort   2 = Moderate effort   3 = Skilled effort   4 = Exemplary effort</p>	
<p><b>Item 3:</b> The clinician <b>gives information, or checks understanding, about the options</b> that are considered reasonable (this can include taking ‘no action’), to support the patient in comparing alternatives. If the patient requests clarification, the clinician supports the process.</p> <p>0 = No effort      1 = Minimal effort   2 = Moderate effort   3 = Skilled effort   4 = Exemplary effort</p>	
<p><b>Item 4:</b> The clinician makes an effort to <b>elicit the patient's preferences</b> in response to the options that have been described. If the patient declares their preference(s), the clinician is supportive.</p> <p>0 = No effort      1 = Minimal effort   2 = Moderate effort   3 = Skilled effort   4 = Exemplary effort</p>	
<p><b>Item 5:</b> The clinician makes an <b>effort to integrate the patient's elicited preferences</b> as decisions are made. If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes an effort to do so.</p> <p>0 = No effort      1 = Minimal effort   2 = Moderate effort   3 = Skilled effort   4 = Exemplary effort</p>	
<p><b>Total Score 0-20</b> <b>Rescale 0-100</b></p>	

### Scoring Guide

<b>Score</b>	<b>Description</b>
0 = No effort	Zero effort observed.
1 = Minimal effort	Effort to communicate could be implied or interpreted.
2 = Moderate effort	Basic phrases or sentences used.
3 = Skilled effort	Substantive phrases or sentences used.
4 = Exemplary effort	Clear, accurate communication methods used.

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### Early thinking

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