Key Elements of Shared Decision-Making

ASK
- Apply a patient-centered approach
- Use motivational interviewing

PRIORITIZE
- Help the patient focus on specific needs

ASSESS
- Assess the capacity of the decision-making process
- Address Patient and Provider Barriers

ADVISE
- What is the evidence?
- Discuss benefits and risks

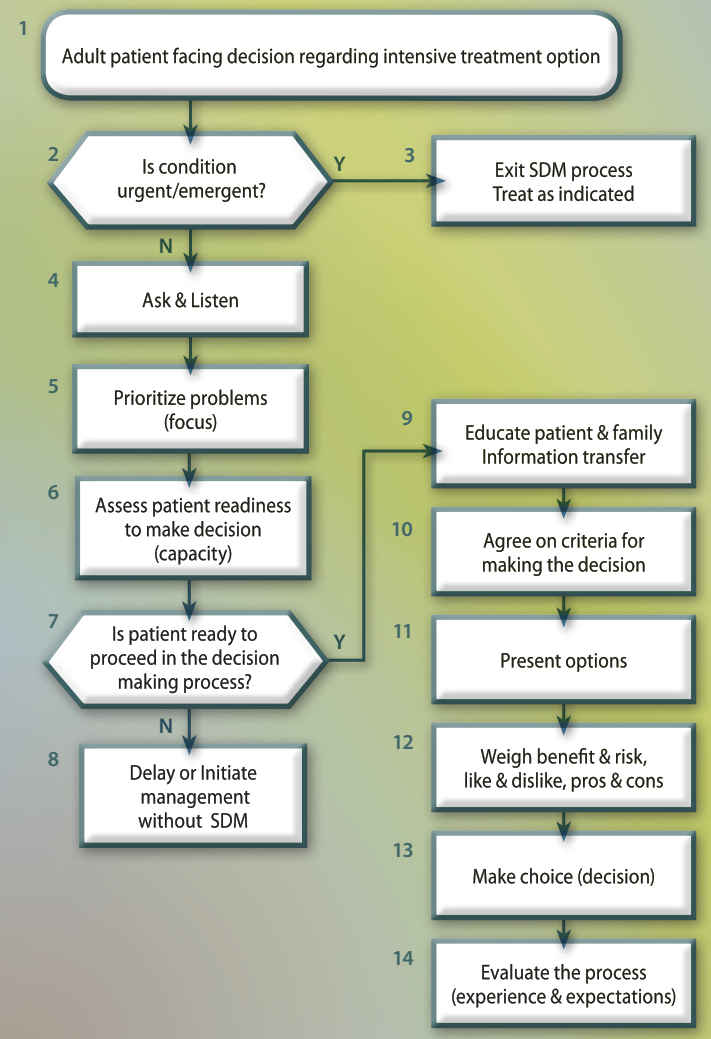
ACKNOWLEDGE
- Agree on what's important for the individual
- Share values, power, expectations

ASSIST
- Provide tools to help weigh the options
- Promote input from others

MAKE DECISION
- If ready, patient makes the choice

EVALUATE
- Evaluate the process
- Revisit the decision if there are concerns

Shared Decision-Making Algorithm



Shared Decision-Making

A Guide for Busy Clinicians

http://www.healthquality.va.gov
https://www.qmo.amedd.army.mil

Be Prepared to Defer the Process to Another Visit, if Needed.

Shared Decision-Making requires effective communication. The process at its best minimizes misunderstanding between healthcare team, the patient and family.

STEP 1 — ASK...

...And Listen

Use Motivational Interviewing to identify issues

STEP 2 — PRIORITIZE

Explore the Patient's Needs and Expectations

STEP 3 — ASSESS

Identify Barriers to Shared Decision-Making

STEP 4 — ADVISE

What are the benefits?

What are the risks?

Information Transfer:

STEP 5 — ACKNOWLEDGE

Acknowledge the Criteria upon which the decision will be made

STEP 6 — ASSIST

Present the Options:

What are the choices?

STEP 7 — MAKE THE DECISION

STEP 8 — EVALUATE

Revisit the Process if concerns arise

Basic Principles of Motivational Interviewing:

Empathy: understanding the reality of the participants situation

Developing Discrepancy: focusing on personalizing desire and reasons for change

Support Self-Efficacy: help others find ways to be successful that will work for them

Roll with Resistance: don't push for change, don't provide information prematurely or without permission from the patient

Overcoming Provider Centered Obstacles

Provider-Centered Barriers	Solutions
Insufficient comfort in experience	Consider consultation or referral
Unfamiliar with case	Review the record, schedule another visit
Limited access to resources	Communicate limitations
Time constraints	Refocus on achievable
Beliefs and values	Transfer care
Unable to establish rapport	Allow time, include other team members

Overcoming Patient Centered Obstacles

Patient-Centered Barriers	Solutions
Health Literacy and Numeracy	Use plain language
Language	Interpretive services
Perceptual *(sight, hearing)*	Assistive devices
Cognitive limitations	Involve surrogates
Emotional interference	Identify strong emotions
Depression	Identify and treat depression
Decision-making style	Establish roles and preferences
Beliefs and values	Ensure cultural competency
Knowledge gaps	Attention to environment
Transmission *(noise or physical distractions)*	Real-time education, homework, referral

Agree on What's Important to the Individual

- Evidence
- Values
- Power
- Expectations

Give It Some Time

Allow Time to Discuss and Consult with:

- Peers (Group Visits)
- Team members
- Family members
- Community resources

Weigh the Alternatives

Pros	—	Cons
Risks	—	Benefits
Likes	—	Dislikes
Achievable	—	Challenging
Short-Tem	—	Long-Term

Facilitate the Process

Offer Patient-Decision-Aid (PDAs) Tools:

- Paper and Pencil (cards, worksheet)
- Web-based tools
- Discussion with others

Evaluate the Process with the Patient

- Expectations
- Experience
- Satisfaction