## Appendix A: SDM Teaching Guide

# Development and Evaluation of a Shared Decision-Making (SDM) Curriculum with Teach Back

**INITIAL PROVIDER* TRAINING (20-30 minutes):**

**Goal--** To teach providers how to effectively apply core elements and tools of SDM in clinical encounters with patients about preference-sensitive procedures.
--use of decision aids.
--use of teach back.

**Objectives--**
1. Explain the differences between informed consent (IC) and SDM.
2. Explain the ethical-legal rationales for SDM.
3. Describe the key elements of decision aids.
4. Discuss incorporation of key elements of SDM (Braddock et al) + teach back into discussions with patients about preference-sensitive treatments and procedures.

**Methods--** One-on-one and/or small group teaching (not to exceed 5 providers)
Duration: 20-30 min max

***** We define providers as healthcare team members responsible for consenting patients for a procedure or surgery (attending physicians, fellows, residents, and physician assistants). However, all members of the healthcare team should be trained and evaluated in SDM on an ongoing basis. This creates consistency in messaging and support throughout the organization. This is also an opportunity for interprofessional education and development.

**TRAINING IMPLEMENTATION:**

**Meet with providers**:

1. Distribute training materials to providers
   --review the required elements of SDM
   --provide exemplars

**Provide brief background on SDM and review use of pocket card and other materials to prompt addressing of SDM elements**:

1. What is SDM? How does it differ from informed consent (IC)?

   - The goal of SDM is to empower patients to participate as active partners in their health care decisions. SDM is appropriate for preference-sensitive conditions in which there is more than one choice of therapy, including the choice of no intervention. In SDM there is more than one medically appropriate choice and the "best" choice for individual patients takes into account their preferences, concerns, and goals for treatment.
   - SDM is a collaborative decision-making process between the patient and provider for treatment decisions in which there is more than one effective treatment option. It is not an appropriate process for emergency situations with only one medically appropriate choice.
   - Examples of common preference sensitive treatment conditions are total hip/knee replacement, treatment of obesity, breast cancer treatments, prostate cancer screenings, treatment of chronic pain, use of anti-psychotic medications, and end of life care.
   - In IC, the patient is provided pertinent information about the condition and treatment options, including risks, benefits, and alternatives and given an opportunity to ask questions before consenting to the recommended treatment.
   - IC focuses on recommendations for treatment alternatives consistent with good medical practice (provider-centered), while SDM places strong emphasis on patient preferences, context, and input from trusted others (patient-centered). IC is an appropriate and ethical decision model for emergency situations in which choices are limited and decisions must be urgently made. While most examples of SDM occur in elective medical care, SDM may be appropriate in urgent care with multiple treatment options.

   - Clinical Examples:
     - SDM (preference-sensitive decision): the choice between pursuing physical therapy, epidural injections or surgery for pain due to a bulging disk.
     - IC (emergency decision): patient presents to the emergency room with severe abdominal pains and is found to have a ruptured appendix requiring emergency appendectomy.

- SDM (urgent out-patient decision): patient with metastatic lung cancer presents with new onset lower extremity weakness from a tumor eroding into the thoracic spine. Urgent choices include surgical stabilization or radiation therapy vs. no intervention.
- IC (single treatment recommendation, provider driven): patient with total rupture of quadriceps tendon with subsequent inability to stand/walk with affected leg. Only treatment recommendation is time sensitive surgery to reattach tendon to patella. No treatment would mean continued loss of function of limb. Patient must choose between surgery or no treatment.

2. Discuss rationale for implementation:
   - Patient Protection and Affordable Care Act (PPACA) has adopted SDM.
   - In the state of WA, liability protection exists for SDM involving decision aid(s) and teach back. Other states are considering similar legislation.

3. Briefly review the required elements of SDM discussion:
   - patient's role in the decision-making process **(Role)**
   - how the decision would impact the patient's daily life **(Context)**
   - the essential clinical issues **(Nature)**
   - reasonable alternatives **(Alternatives)**
   - pros & cons **(Pros & cons)**
   - likelihood of success **(Uncertainty)**
   - patient demonstrates understanding of the decision **(Understanding)**
   - whether the patient would like to consult others **(Input)**
   - patient preferences **(Preference)**
   - **Teach Back-** patient articulates back what has just occurred in the clinical encounter

4. Review the "Good" Exemplars
   -Provide examples of good SDM

5. Review most common deficiencies (**role, preferences, input,** and **teach back**)

6. Checklist and Reminder Cue Poster:
   -Provide rapid checklist and Reminder Cue Poster for provider to indicate/remind of the elements of SDM.

**Decision Aids (DA) and Patient Activation Brochures:**

All patients will receive SDM "patient activation pamphlet" ≥ 7 days prior to visit.
--connect with staff to facilitate distribution.

Appropriate patients will receive activation pamphlet + decision aid ≥ 7 days in advance of visit.

--obtain list of potential candidates from providers/staff.

--distribute decision aid and activation pamphlet to identified patients.

Office access to decision aid provided for patient review while waiting for provider.

--Determine which patients are present for decision aid specific conditions; and make available for personal viewing while waiting for provider or to take home if appropriate.

All patients will undergo SDM regardless of patient activation/ DA availability

**ASSESSMENT/"ON-THE-FLY COACHING"**:

Methods to assess learning and offer additional training in SDM:

Observe clinical encounter of patients who have preference-sensitive diagnosis.

--Trainer will observe clinical encounter.

--Assess clinical encounter with check list

--Provide real-time feedback and "On-The-Fly-Coaching" regarding SDM elements.

**EVALUATION:**

Post observation/assessment verbal Provider Survey.

--SDM implementation?

--Training assessment?

--Provider preparedness?

Pocket Card (FRONT)

**CHECKLIST:**

| YES | NO | |
|---|---|---|
| | | Did you discuss the patient's role in the decision-making process? **(Role)** |
| | | Did you discuss how the decision would impact the patient's daily life? **(Context)** |
| | | Did you discuss the essential clinical issues? **(Nature)** |
| | | Did you discuss reasonable alternatives? **(Alternatives)** |
| | | Did you discuss the pros & cons? **(Pros & cons)** |
| | | Did you discuss the likelihood that surgery would/would not succeed? **(Uncertainty)** |
| | | Did the patient demonstrate an understanding of the decision? **(Understanding)** |
| | | Did you discuss whether the patient would like to consult others? **(Input)** |
| | | Did you discuss what the patient preferred? **(Preference)** |
| | | Did you ask the patient to teach back what was discussed? **(Teach Back)** |

Pocket Card (BACK)

**EXEMPLAR:**

| DIMENSION | **ELEMENTS** |
|---|---|
| Provide information | **NATURE**—What are the health concerns we are addressing? |
| | **ALTERNATIVES**—What are the treatment options? |
| | **PROS&CONS**—What are the relevant risks and benefits? |
| | **UNCERTAINTY**—What is the chance that the treatment will help/fail? |
| Foster involvement | **ROLE**—What role do you want to play in the decisions? |
| | **CONTEXT**—How will the decision impact your daily life? |
| | **UNDERSTANDING**—What questions do you have? |
| | **INPUT**—Would you like to talk to anyone else before you make your final decision? |
| | **PREFERENCES**—Does that sound reasonable? What do you think? |
| Check for understanding | **TEACH BACK**— Did you ask the patient to teach back what was discussed? |

Reference:

Braddock III C, Hudak, PL, Feldman JJ, Bereknyei S, Krankel RM, Levinson W. "Surgery Is Certainly One Good Option": Quality and Time Efficiency of Informed Decision-Making in Surgery. J Bone Joint Surg Am. 2008;90:1830-1838.

**GOOD EXAMPLE OF SDM:**

Dr.: Any treatment we decide on today should be a shared decision. It is up to you to decide what you want your role to be, some patients want to take an active decision making role, some patients want to collaborate with other people on the decision, and some want to leave most of the decision about treatment up to the Dr. None of these is right or wrong, it depends upon you, your values, your supports, and how comfortable you feel with making those kind of decisions. **[Role]**

P: Thanks Dr., I would like to learn more today and talk with my family before we decide on how to move forward. **[Role]**

Dr.: I understand you are having back pain with leg pain and numbness. Is that correct?

P: Yes, I can barely walk and play with my grandkids **[Nature].**

Dr.: You have a condition called lumbar stenosis. There are nerves that come from your back and move down your leg. Your nerves travel through your spinal canal which is like a tunnel in your back, and that tunnel gets tighter as we get older sometimes. Your nerves are getting squeezed or compressed. It usually feels better by leaning over like on a grocery cart or with sitting down. **[Nature]**

Dr.: We want to perform surgery to release the pressure on your nerves so that you can walk better without pain and less weakness. **[Nature]**

So, I typically share 3 treatment options that you can choose from: physical therapy, injections, and surgery. **[Alternatives]**

Dr.: You could pursue a program of physical therapy. The program could relieve some of your symptoms. We could also prescribe a series of epidural steroid injections to reduce inflammation of the nerve and hopefully facilitate healing. Lastly, according to your MRI and your symptoms, your stenosis is severe enough to require surgery. The surgery that will take the pressure off of the nerve is called decompression surgery. We cut of a piece of the bone on one side of your spine and this gives room for the nerve to travel through the canal or tunnel. **[Alternatives]**

If it works, it typically improves your leg discomfort, **[Context]** but it does not always help back pain. **[Uncertainty]**

You do not have to make an immediate decision for surgery, because this problem will not cause you to become paralyzed or result in death. **[Context]** If you would like to discuss your options with your wife or get a second opinion, I can provide you with some written materials **[Input],** but this is your body and it's up to you to let us know which treatment option you prefer. **[Role/preference]**

You should be aware that there are 4 major risks of any spine surgery. These are extremely rare complications, but less than 1% of surgeries can result in that death, blindness, paralysis and paralysis**.** Also, with any surgery there is risk of infection. If this occurs we can treat it with antibiotics and sometimes we will have to open you back up and clean out the area. **[Pros& cons]** What questions do you have?

P: No, Dr. It's all very clear. **[Understanding]**

Dr.: So now that we have had a chance to discuss your condition the treatment options do you have a preference of which treatment you would prefer? Which treatment do you think is right for you? **[Preference]**

P: Now that I have more information I would like to talk with my family and talk to a friend who is a physical therapist. I am not sure if I am ready for a surgery quite yet. I can get back to you or schedule another appointment as soon as I think about it some more. **[Preference]**

Dr.: That's great. As we talked about before this is a decision you have to be comfortable with and it is ultimately your decision. **[Role]** I also have some booklets I want to give with you that have information about your condition and the treatment options. They will be able to help you in your decision making process. **[Decision Aid]**

Now that we have had a chance to talk I would like you to explain back to me what it is we talked about today. Would you please tell me about your condition, the treatment options discussed and what was decided? **[Teach Back]**

**Elements of SDM most often overlooked by provider during the clinical encounter are:**

1. **Role**
2. **Preferences**
3. **Input**
4. **Teach Back**