Shared Decision-Making (SDM) Toolkit: Train-The-Trainer Tools for Teaching SDM in the Classroom and Clinic

Introduction to Shared Decision-Making (SDM) Toolkit:

Train-The-Trainer Tools for Teaching SDM in the Classroom and Clinic

Purpose:

This toolkit is designed to train trainers to teach providers how to effectively apply core elements of SDM in clinical encounters with patients regardless of practice setting. It provides self-study materials for trainers, tools for in-situ clinical training for providers, and references for additional resources.

Audience:

Attending physicians who teach residents, fellows and medical students as well as other health care providers and staff implementing SDM into the practice setting. All members of the healthcare team should be trained and evaluated in SDM on an ongoing basis. This is an opportunity for interprofessional education and development.

Learning Objectives: After self-study of this toolkit, the SDM trainer will be able to:

1. Apply the toolkit to train providers in SDM.
2. Use the SDM Teaching Guide in face-to-face encounters to train physicians and other healthcare providers and staff.
3. Observe, assess, and provide "On-The-Fly Coaching" feedback to providers during training.
4. Incorporate tools such as reminder cards, cue posters, decision aids, and other SDM tools into training and implementation of SDM.
5. Access other resources to improve understanding of SDM in order to enhance training capability.
6. Evaluate training.

Contents of this Toolkit include:

1. SDM Implementation Curriculum
2. SDM Teaching Guide (Appendix A)
3. SDM Reminder Pocket Card (Appendix B)
4. SDM Cue Poster (Appendix C)
5. Patient Activation Brochure (Appendix D)
6. SDM Assessment/Observation Checklist (Appendix E)
7. SDM Implementation Barriers and Troubleshooting (Appendix F)
8. SDM Resources (Appendix G)
9. Evaluation Survey (Appendix H)

SDM Implementation Curriculum

Goals: To "train the trainers" to teach physicians, other health care providers, and learners the definition of SDM, the rationale for its use, and how to engage patients in SDM during clinical encounters.

Training/Learning Objectives

After participating in this curriculum, the provider will be able to:

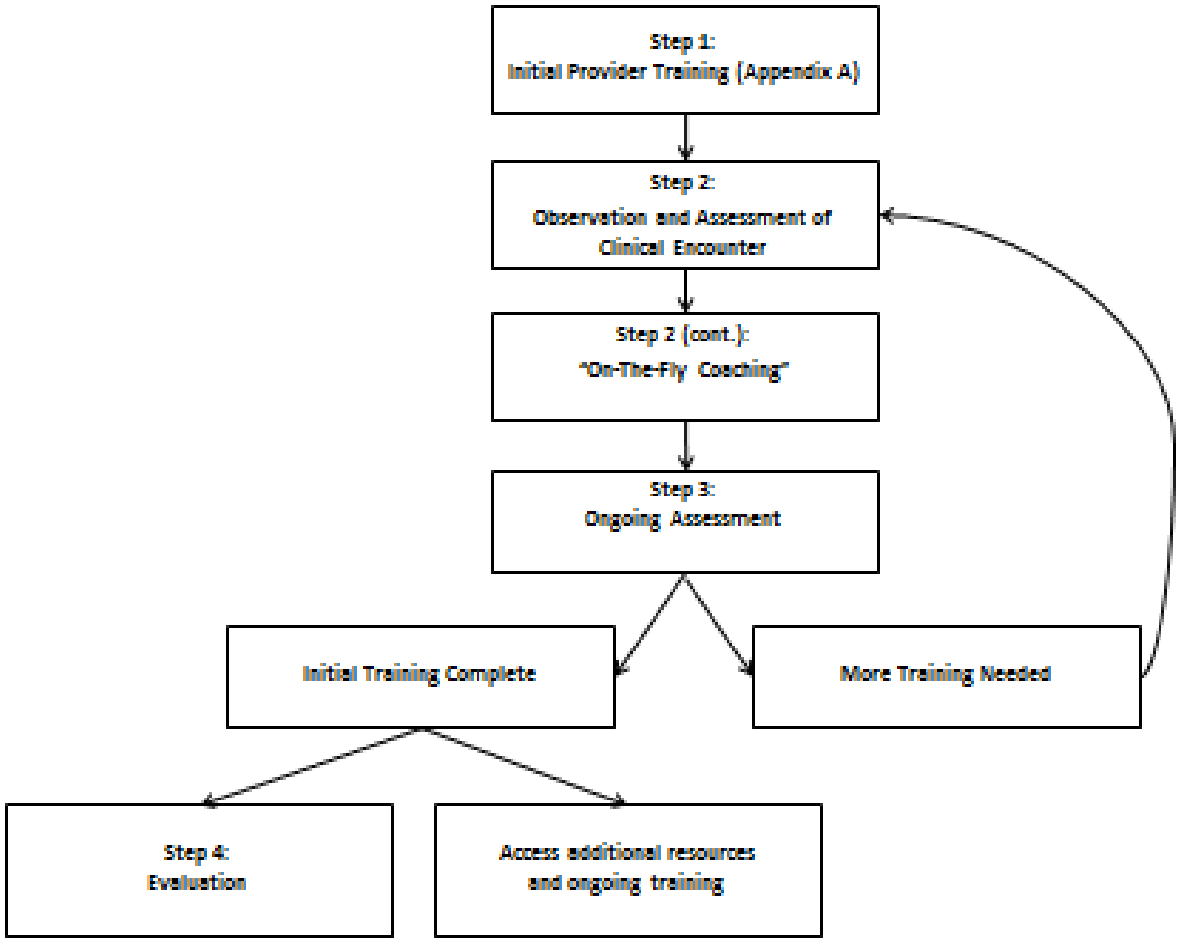
1. Explain the differences between informed consent and shared decision-making.
2. Explain the ethical-legal rationales for SDM.
3. Describe the key elements of Decision Aids.
4. Incorporate key elements of SDM into clinical encounters with patients regarding preference-sensitive treatments and procedures.

The Provider Training Process consists of 4 steps

- Step 1: Initial Provider Training.
- Step 2: Observation, Assessment and "On-The-Fly Coaching".
- Step 3: Ongoing Assessment/Training.
- Step 4: Evaluation.

Figure 1 outlines the steps and sequence of the SDM Provider Training Process.

Figure 1:



Step 1: Initial Provider Training (see Appendix A)

This focused introductory session introduces providers to the principles and basic skills of SDM. The session is intentionally designed to be brief, lasting 20 – 30 minutes, depending on time constraints of participants and time allotted for discussion and questions.

Trainers will distribute SDM Teaching Guide to all participants (Appendix A). The guide includes goals and objectives of the training, a training outline, information about SDM components, and examples of SDM components from actual clinical encounters.

Content of the Initial Provider Training Packet includes:

1. SDM Teaching Guide (Appendix A)
2. SDM Reminder Pocket Card (Appendix B)
3. SDM Cue Poster (Appendix C)
4. Patient Activation Brochure (Appendix D)
5. SDM Assessment/Observation Checklist (Appendix E)
6. SDM Implementation Barriers and Troubleshooting (Appendix F)
7. SDM Resources (Appendix G)

Trainer provides brief introductory remarks about the following:

1. Differences between informed consent and SDM.
2. Ethical/legal rationales for SDM.
3. Key elements of SDM (including teach back) and how to incorporate them into the clinical encounter.
4. Commonly missed elements of SDM in clinical encounters.
5. Memory aids. Distribute "SDM Reminder Pocket Cards" (Appendix B) and "SDM Cue Posters" (Appendix C).
    a. SDM Reminder Pocket Cards are 3x5 inch laminated two-sided cards with the components of SDM on both sides. They are meant to be easily carried by a provider or staff, such as in a pocket, on a clipboard, etc… to be used as a learning tool and as a memory aid during patient/provider interactions.
    b. SDM Cue Posters are 8.5x11 inch or larger posters with the elements of SDM clearly displayed. They are intended for display in exam rooms, waiting areas, provider and staff workstations, and in any area that could prompt learning and implementation of SDM.
6. Contents and application of the patient activation brochure (Appendix D).
7. Contents and application of the decision aid(s).
    a. A critical role providers can provide in SDM is the distribution of decision aids to appropriate patients. The point of diagnosis is a key time to distribute the

decision aid, and the physician can discuss the role of the aid in the patients SDM process.

8. Upcoming components of implementation including direct observation of clinical encounters which includes SDM assessment and "On-The-Fly Coaching".

Providers: Must be familiar with contents of activation brochure(s) (Appendix D) and decision aid(s) (Appendix G) when meeting with patients in order to answer questions and/or to offer clarification on content.

Step 2: Observation, Assessment and "On-The-Fly Coaching" of SDM in Clinical Encounters

Observation/Assessment

In-situ observation, assessment, and coaching are key elements assuring effective implementation of SDM in the clinic setting. By the end of Step 2, the provider will be able to incorporate key elements of SDM into their clinical encounters.

Process:

Following the Initial Provider Training, the trainer and provider schedule a series of observations and assessments of actual clinical encounters in practice settings. The number of observations and "On-the-Fly" coaching sessions should be determined collaboratively by provider and trainer or by agreement with participating organization's leadership.

During coaching sessions, trainers provide in-situ coaching to providers (including residents, fellows, and students) on applying what they learned during the initial training in the field. Trainers will provide "real-time" feedback, and "On-The-Fly" coaching on provider's skills in performing SDM to reinforce effective behaviors and suggest changes where necessary.

The SDM checklist (Appendix E) helps the trainer provide "real-time" feedback and facilitate "On-The-Fly" coaching to the provider. The checklist also makes explicit to providers and other learners the essential skills associated with SDM.

Steps for using the assessment tool:

- Trainer observes the actual clinical encounter in the practice setting and uses an SDM checklist to assess whether the provider and patient are engaging in all elements of SDM.

- Provider completes a SDM checklist at the completion of each clinical encounter to self-assess their perception of whether each SDM element was implemented in the clinical encounter.
- Trainer and provider compare checklists. If there is a discrepancy in provider and observer assessments, discuss how and why each person scored the assessments the way they did.
- Identify barriers and offer real-time feedback and coaching.

Steps for "On the Fly" Coaching:

- Trainer and provider discuss and approve an area/time in practice setting where and when brief "On-The-Fly Coaching" can occur. This might be after every observed patient encounter, at designated training times such as lunch or break, or before/after the workday.
    - The choice of when to provide feedback can influence the choice of location. Immediate feedback is often given in a hallway between patient encounters or in a workspace. Reviews of multiple encounters during breaks/lunch or before/after the workday can be done in a workspace, office, meeting room or break area.
- Trainer reviews assessment(s) for designated observation period and reviews patterns of incorporation of SDM into clinical encounters.
    - "On-The-Fly Coaching" needs are based on assessments of direct observations.
- Trainer then provides real time "On-The-Fly Coaching" on needs identified from assessments.
    - SDM Teaching Guide, memory aids, best practice examples, role playing, and other techniques are used to immediately offer the provider coaching.
    - The goal is for the provider to be able to incorporate all elements of SDM in the clinical encounter with a patient.

Step 3: Ongoing Assessment/Training

A system of ongoing assessment needs to be established to assess "stickiness" of learning and progress of provider "uptake" over time. Changing deeply ingrained patterns of communication takes time, training, and ongoing institutional support.

Tools such as, but not limited to, ongoing provider assessments, quizzes or exams, and surveys can be used to assess SDM learning and application, and additional training can be applied based on observed needs.

A protocol must be established for when the initial training is complete. This might be an assessment of provider skills and improvement, a set time training process based on organizational resource constraints, or any other method that allows for a clear decision on the scope of initial training.

Ongoing Training

SDM training should be viewed as an ongoing process, not a single time point engagement. Organizations seeking to implement SDM as routine practice need to commit time and resources, including curricular time for ongoing support of clinician training. See Appendix G for additional resources.

- Ongoing support/refresher training for providers and core staff
    - Periodic refresher training can be offered using in-person trainings or using e-tools.
- New staff
    - SDM training should be a codified part of new staff orientation and training.
- Medical student, resident and fellow turnover
    - If medical students, residents and fellows are part of the practice environment, a program must be developed to address ongoing training needs.

By the end of Step 3 the provider(s) will be able to consistently identify missing elements of SDM and incorporate the key elements of SDM into clinical encounters.

Step 4: Evaluation (Appendix H)

Conduct a verbal process evaluation at a designated time(s) in the SDM training and implementation process. This survey should address:

- How has the training increased your ability to implement SDM in clinical encounters?
- Training successes, "What elements of training were most helpful"?
- What additional training do you feel would be helpful in preparing providers to successfully implement SDM?
- What are the barriers to implementation?
- What additional training do you feel you need to successfully implement SDM?
- How can the overall SDM process be improved?

Additional SDM Implementation Issues and Concerns

To enhance the success of implementation, the following steps are recommended:

1. Decision aids.
    a. Decision aids must be approved/peer reviewed. Decide whether to develop these aids internally and submit for review process or to acquire existing aids (Appendix G).
2. Patient Activation (Appendix G, Appendix D).
    a. A critical role providers can provide in SDM is patient education through the distribution of decision aids. The point of diagnosis is a key time to distribute the decision aid, and the provider can discuss the role of the aid in the patient's SDM process.
    b. SDM is an interactive process between the provider(s) and the patient. Patients may not expect or understand the SDM process. Activate the patient to take a more active role in the decision-making process related to preference-sensitive treatment options by distributing a patient activation tool as well as establishing the patient role at the beginning of each clinical encounter. Some providers are "prescribing" patient activation materials as part of their clinical practice.
3. Develop a process for defining SDM preference-sensitive conditions and treatments in practice settings.
    a. Example: In some clinical settings, an epidural steroid injection is understood to be an SDM preference-sensitive treatment option. In other clinical settings, it is understood as a non-SDM preference-sensitive diagnostic tool.
4. Identify trainers/training teams.
    a. Designated trainer(s) must become conversant in theories and concepts of SDM.
    b. Trainers must be familiar with all SDM decision aid content.
5. Engage support staff such as nurses, medical assistants, patient care coordinators, therapists and/or any other members of the direct care team.
    a. Any staff personnel who work directly with patients should be familiar with the basic concepts of SDM and be comfortable with the content of any SDM related materials given to the patient, so they can actively engage with the patient to answer questions and to assist in the SDM process.
6. Engage administration such as clinic manager and support staff supervisors.
    a. Administration can aid in facilitating tasks such as distributing decision aids, posting SDM reminder/cue materials, and in managing changes in workflow patterns associated with implementing SDM.
7. See Appendix F for a list of potential barriers/issues/concerns and troubleshooting tips.
8. See Appendix G for background materials and additional training and implementation resources.