

## 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

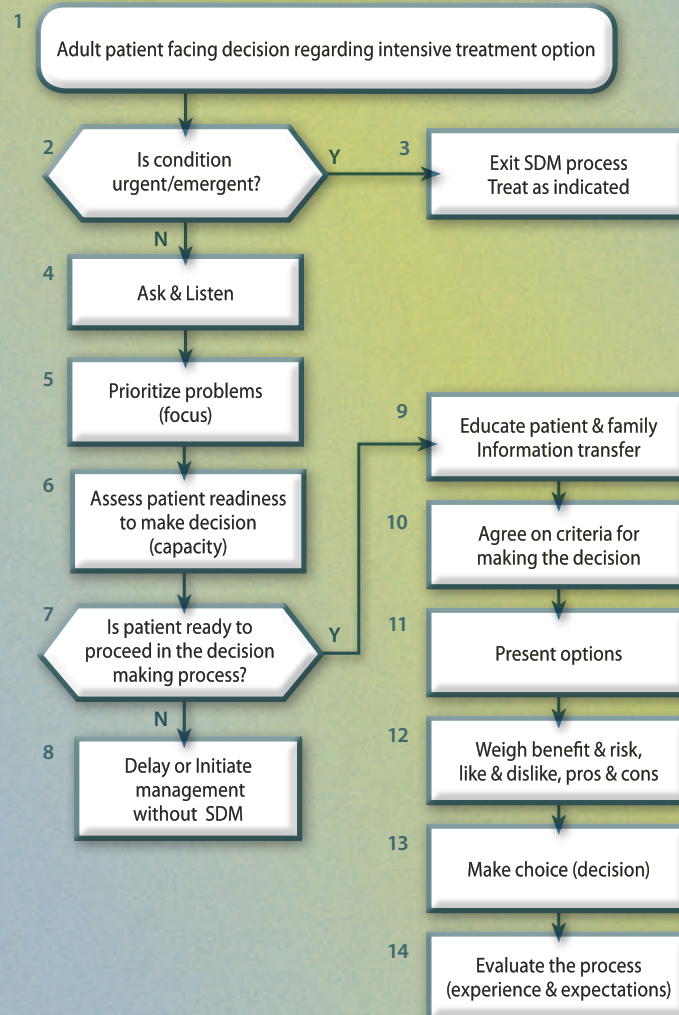
### ➔ MAKE DECISION

- » 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





**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**



**STEP 8**

**EVALUATE**  
 Revisit  
 the Process  
 if concerns arise

**EVALUATE THE PROCESS WITH THE PATIENT**  
 » Expectations  
 » Experience  
 » Satisfaction

**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      » Power  
 » Values        » Expectations

**GIVE IT SOME TIME**  
 ALLOW TIME TO DISCUSS  
 AND CONSULT WITH:  
 » Peers            » Family members  
 (Group Visits)    » Community  
 » Team members    resources

**WEIGH THE ALTERNATIVES**

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

**FACILITATE THE PROCESS**  
**OFFER PATIENT-DECISION-AID (PDAs) TOOLS:**  
 » Paper and Pencil (cards, worksheet)  
 » Web-based tools  
 » Discussion with others

