Search History:

1. Medline; "shared decision making".ti; 895 results.
2. Medline; 1 [Limit to: Publication Year 2014-2014]; 142 results.

NB: A simple search showing all articles indexed in Medline in 2014 containing ‘Shared decision making’ in the article title.

Results:

Title: Consultation techniques using shared decision making for patients with cancer and their families.

Citation: Clinical journal of oncology nursing, Dec 2014, vol. 18, no. 6, p. 701-706 (December 2014)

Author(s): Kawasaki, Yuko

Abstract: This article elucidates the nursing consultation techniques in shared decision making (SDM) for patients with cancer and their family members. Descriptive data (207 records) from the nurse-led SDM consultation facility and content analysis were used to extract the nursing consultation techniques. In addition, the order in which these techniques were used to structure the SDM process for patients with cancer was identified. The author extracted eight categories pertaining to nurse consultation techniques for the SDM process: sharing feelings, helping to identify the focus of the consultations, helping to devise a personalized recovery plan, providing information in accordance with the patient's responses, supporting the patient to understand the information provided, ensuring continued treatment and care, strengthening the patient support system, and exploring possibilities on the basis of patient needs. The identified logical order in which these techniques were applied may be useful as a guide to systematic decision-making support.

Source: Medline

Title: Shared decision-making and decision support: their role in obstetrics and gynecology.

Citation: Current opinion in obstetrics & gynecology, Dec 2014, vol. 26, no. 6, p. 523-530 (December 2014)

Author(s): Tucker Edmonds, Brownsyne

Abstract: To discuss the role for shared decision-making in obstetrics/gynecology and to review evidence on the impact of decision aids on reproductive health decision-making. Among the 155 studies included in a 2014 Cochrane review of decision aids, 31 (29%) addressed reproductive health decisions. Although the majority did not show evidence of an effect on treatment choice, there was a greater uptake of mammography in selected groups of women exposed to decision aids compared with usual care; and a statistically significant reduction in the uptake of hormone replacement therapy among detailed decision aid users compared with simple decision aid users. Studies also found an effect on patient-centered outcomes of care, such as medication adherence, quality-of-life measures, and anxiety scores. In maternity care, only decision analysis tools affected final treatment choice, and patient-directed aids yielded no difference in planned mode of birth after cesarean. There is untapped potential for obstetricians/gynecologists to optimize decision support for reproductive health decisions. Given the limited evidence-base guiding practice, the preference-sensitive nature of reproductive health decisions, and the increase in policy efforts and financial incentives to optimize patients' satisfaction, it is increasingly important for obstetricians/gynecologists to appreciate the role of shared decision-making and decision support in providing patient-centered reproductive healthcare.

Source: Medline

Title: [A study of the usefulness of shared decision making during medical treatment and care-giving in home care].

Citation: Gan to kagaku ryoho. Cancer & chemotherapy, Dec 2014, vol. 41 Suppl 1, p. 39-41, 0385-0684 (December 2014)

Author(s): Ohara, Hiro, Sato, Mutsuko

Abstract: Forty patients who made a decision about home-based care among 65 deaths from November 2012 to December 2013(21 men, 19 women, average age: 83 years)were evaluated. The family had already decided upon home caregiving in six of these cases. We conducted a clinical ethics dialogue on performing caregiving at home or introducing home care for 34 cases. However, many differences were found in the description of the contents of the medical side of home care and the concept of patients and families in six cases of those 34 cases. It was difficult to

conduct the clinical ethics dialogue in such cases. We also incorporated a shared decision making method in order to overcome differences in the way of thinking of these cases. As a result, patients and their families came to voluntarily receive home care and caregiving at home. Thus, shared decision making was a useful method in home care.

Source: Medline

Title: A design process for using normative models in shared decision making: a case study in the context of prenatal testing.

Citation: Health expectations : an international journal of public participation in health care and health policy, Dec 2014, vol. 17, no. 6, p. 863-875 (December 2014)

Author(s): Rapaport, Sivan, Leshno, Moshe, Fink, Lior

Abstract: Shared decision making (SDM) encourages the patient to play a more active role in the process of medical consultation and its primary objective is to find the best treatment for a specific patient. Recent findings, however, show that patient preferences cannot be easily or accurately judged on the basis of communicative exchange during routine office visits, even for patients who seek to expand their role in medical decision making (MDM). The objective of this study is to improve the quality of patient-physician communication by developing a novel design process for SDM and then demonstrating, through a case study, the applicability of this process in enabling the use of a normative model for a specific medical situation. Our design process goes through the following stages: definition of medical situation and decision problem, development/identification of normative model, adaptation of normative model, empirical analysis and development of decision support systems (DSS) tools that facilitate the SDM process in the specific medical situation. This study demonstrates the applicability of the process through the implementation of the general normative theory of MDM under uncertainty for the medical-financial dilemma of choosing a physician to perform amniocentesis. The use of normative models in SDM raises several issues, such as the goal of the normative model, the relation between the goals of prediction and recommendation, and the general question of whether it is valid to use a normative model for people who do not behave according to the model's assumptions. © 2012 John Wiley & Sons Ltd.

Source: Medline

Title: Shared decision-making in pediatric intensive care units: a qualitative study with physicians, nurses and parents.

Citation: Indian journal of pediatrics, Dec 2014, vol. 81, no. 12, p. 1287-1292 (December 2014)

Author(s): Kahveci, Rabia, Ayhan, Duygu, Döner, Pınar, Cihan, Fatma Gökşin, Koç, Esra Meltem

Abstract: To understand how decisions are made in Intensive Care Unit (ICU) settings where critically-ill children require life-support decisions and what are the perceptions of health professionals and parents. In this qualitative study, in-depth, semi-structured, face to face interviews with 8 doctors, 9 nurses and 6 parents of critically ill children were conducted. Interviews were digitally recorded and transcribed. The transcriptions were further analyzed following open coding and formation of themes. The themes were discussed in two major titles: perceived roles and emotions during the decision-making process. All nurses and patients agreed that the decision maker should be the physician. Nurses understood patients' emotions better and had a closer relation with the parents. Both doctors and nurses thought that parents could not have all responsibilities about treatment choices, because they do not have the required knowledge. Similarly parents were afraid to make a wrong decision, thus they wanted to leave this to the doctors. The present study revealed that shared-decision making is not well understood by health care professionals in Turkey. Doctor is the major decision-making authority and this is also accepted and preferred by the patients and nurses.

Source: Medline

Title: Shared decision-making: applying a person-centered approach to tailored breast reconstruction information provides high satisfaction across a variety of breast reconstruction options.

Citation: Journal of surgical oncology, Dec 2014, vol. 110, no. 7, p. 796-800 (December 2014)

Author(s): Temple-Oberle, Claire, Ayeni, Omodole, Webb, Carmen, Bettger-Hahn, Margo, Ayeni, Olubukunola, Mychailyshyn, Nadia

Abstract: A person-centered approach to co-decision-making using tailored information respects each woman's preferences and may heighten breast reconstruction satisfaction. Women seeking breast reconstruction underwent

initial and follow-up consultations wherein suitable options were discussed, and take-away material, balanced website links, and access to a nurse specialist and peer volunteers was provided. After reconstruction, the BRECON-31(©) was administered and analyzed in three groups: autologous, alloplastic, and latissimus dorsi (LD)/implant. BRECON-31(©) subscale scores were compared between the groups, and multiple regression used to determine if the type of reconstruction independently predicted satisfaction. One hundred twenty three of 176 (70%) women completed the questionnaire (43% autologous, 47% alloplastic, and 10% LD/implant reconstructions). The LD/implant group had a low rate of immediate reconstruction (8.3%, P = 0.04), and the highest rate of chemotherapy (91.7%, P = 0.002) and radiation (100%, P = 0.003). The alloplastic group had a high rate of bilateral reconstruction (86.8%, P = 0.01). All groups scored well on the self-image, arm concerns, intimacy, satisfaction, and expectations subscales. All groups scored moderately on the self-consciousness, appearance, and nipple subscales. The autologous group scored the lowest on recovery (51 vs. 68 and 65, P < 0.0001) and only moderately well on the abdomen subscale (67). Multiple regression analysis showed that satisfaction was not driven by type of reconstruction (P > 0.05). High satisfaction can be achieved using a person-centered approach by providing detailed information, appreciating each woman's unique features, and tailoring the reconstruction plan to the individual. Recovery remains a particular challenge, especially for women undergoing autologous reconstruction. © 2014 Wiley Periodicals, Inc.

Source: Medline

Title: Shared decision making: roots in antiquity.

Citation: Psychiatric services (Washington, D.C.), Dec 2014, vol. 65, no. 12, p. 1399. (December 1, 2014)

Author(s): Goldman, Howard H

Source: Medline

Title: Factors associated with shared decision-making preferences among veterans with serious mental illness.

Citation: Psychiatric services (Washington, D.C.), Dec 2014, vol. 65, no. 12, p. 1409-1413 (December 1, 2014)

Author(s): Park, Stephanie G, Derman, Marisa, Dixon, Lisa B, Brown, Clayton H, Klingaman, Elizabeth A, Fang, Li Juan, Medoff, Deborah R, Kreyenbuhl, Julie

Abstract: This study evaluated preferences for shared decision making with respect to mental health treatment in a sample of veterans who were diagnosed as having serious mental illness. Participants were 239 outpatients receiving care from the Department of Veterans Affairs who completed self-report questionnaires assessing demographic factors, shared decision-making preferences, psychiatric symptom severity, and the therapeutic relationship with their second-generation antipsychotic prescribers (N=21). Preferences were assessed in regard to three components of decision making: knowledge about mental illness, options about mental health treatment, and decisions about mental health care. Most participants (85%) indicated that they preferred to be offered options and to be asked their opinions about mental health treatment. More variability was noted in preferences for obtaining knowledge and making final treatment decisions; 61% preferred to rely on their providers' knowledge and 64% preferred their provider to make treatment final decisions. Greater preferences for participation in shared decision making were found among African American clients, those currently working for pay, those with college or higher education, those with other than a schizophrenia spectrum diagnosis, and those who reported a poorer therapeutic relationship with their prescribers. The degree to which veterans with serious mental illness desired to participate in their mental health care differed in terms of the aspect of care and across demographic and clinical factors. A thorough assessment of shared decision-making preferences is an important component of recovery-oriented, client-centered care.

Source: Medline

Title: Adapting shared decision making for individuals with severe mental illness.

Citation: Psychiatric services (Washington, D.C.), Dec 2014, vol. 65, no. 12, p. 1483-1486 (December 1, 2014)

Author(s): Hamann, Johannes, Heres, Stephan

Abstract: Shared decision making has found its way into mental health care to a limited extent only, and especially "challenging" patients do not benefit from this approach. The authors describe barriers to shared decision making among mental health professionals and among patients. They propose an integrative approach-SDM-PLUS-that fosters shared decision making in mental health settings. SDM-PLUS empowers both patients and mental health care providers. Patients are empowered to become more active and self-confident and to acquire greater skills in regard to

health literacy and communication. Providers are trained in analyzing decisional situations and are empowered to use a wider array of communication strategies to optimize patient participation.

Source: Medline

Title: Commentary: shared decision making must be adopted, not adapted.

Citation: Psychiatric services (Washington, D.C.), Dec 2014, vol. 65, no. 12, p. 1487. (December 1, 2014)

Author(s): Deegan, Patricia E

Source: Medline

Title: Consumer and relationship factors associated with shared decision making in mental health consultations.

Citation: Psychiatric services (Washington, D.C.), Dec 2014, vol. 65, no. 12, p. 1488-1491 (December 1, 2014)

Author(s): Matthias, Marianne S, Fukui, Sadaaki, Kukla, Marina, Eliacin, Johanne, Bonfils, Kelsey A, Firmin, Ruth L, Oles, Sylwia K, Adams, Erin L, Collins, Linda A, Salyers, Michelle P

Abstract: This study explored the association between shared decision making and consumers' illness management skills and consumer-provider relationships. Medication management appointments for 79 consumers were audio recorded. Independent coders rated overall shared decision making, minimum level of shared decision making, and consumer-provider agreement for 63 clients whose visit included a treatment decision. Mental health diagnoses, medication adherence, patient activation, illness management, working alliance, and length of consumer-provider relationships were also assessed. Correlation analyses were used to determine relationships among measures. Overall shared decision making was not associated with any variables. Minimum levels of shared decision making were associated with higher scores on the bond subscale of the Working Alliance Inventory, indicating a higher degree of liking and trust, and with better medication adherence. Agreement was associated with shorter consumer-provider relationships. Consumer-provider relationships and shared decision making might have a more nuanced association than originally thought.

Source: Medline

Title: Using simulation to assess the influence of race and insurer on shared decision making in periviable counseling.

Citation: Simulation in healthcare : journal of the Society for Simulation in Healthcare, Dec 2014, vol. 9, no. 6, p. 353-359 (December 2014)

Author(s): Tucker Edmonds, Brownsyne, McKenzie, Fatima, Fadel, William F, Matthias, Marianne S, Salyers, Michelle P, Barnato, Amber E, Frankel, Richard M

Abstract: Sociodemographic differences have been observed in the treatment of extremely premature (periviable) neonates, but the source of this variation is not well understood. We assessed the feasibility of using simulation to test the effect of maternal race and insurance status on shared decision making (SDM) in periviable counseling. We conducted a 2 × 2 factorial simulation experiment in which obstetricians and neonatologists counseled 2 consecutive standardized patients diagnosed with ruptured membranes at 23 weeks, counterbalancing race (black/white) and insurance status using random permutation. We assessed verisimilitude of the simulation in semistructured debriefing interviews. We coded physician communication related to resuscitation, mode of delivery, and steroid decisions using a 9-point SDM coding framework and then compared communication scores by standardized patient race and insurer using analysis of variance. Sixteen obstetricians and 15 neonatologists participated; 71% were women, 84% were married, and 75% were parents; 91% of the physicians rated the simulation as highly realistic. Overall, SDM scores were relatively high, with means ranging from 6.4 to 7.9 (of 9). There was a statistically significant interaction between race and insurer for SDM related to steroid use and mode of delivery ($P < 0.01$ and $P = 0.01$, respectively). Between-group comparison revealed nonsignificant differences ($P = <0.10$) between the SDM scores for privately insured black patients versus privately insured white patients, Medicaid-insured white patients versus Medicaid-insured black patients, and privately insured black patients versus Medicaid-insured black patients. This study confirms that simulation is a feasible method for studying sociodemographic effects on periviable counseling. Shared decision making may occur differentially based on patients' sociodemographic characteristics and deserves further study.

Source: Medline

Title: Shared decision making: what do clinicians need to know and why should they bother?

Citation: The Medical journal of Australia, Nov 2014, vol. 201, no. 9, p. 513-514 (November 3, 2014)

Author(s): Hoffmann, Tammy C, Del Mar, Christopher B

Source: Medline

Title: Shared decision making: what do clinicians need to know and why should they bother?

Citation: The Medical journal of Australia, Nov 2014, vol. 201, no. 9, p. 513. (November 3, 2014)

Author(s): Levinson, Michele

Source: Medline

Title: Shared decision making: what do clinicians need to know and why should they bother?

Citation: The Medical journal of Australia, Nov 2014, vol. 201, no. 9, p. 513. (November 3, 2014)

Author(s): Picone, Debora

Source: Medline

Title: Implementing and evaluating shared decision making in oncology practice.

Citation: CA: a cancer journal for clinicians, Nov 2014, vol. 64, no. 6, p. 377-388 (2014 Nov-Dec)

Author(s): Kane, Heather L, Halpern, Michael T, Squiers, Linda B, Treiman, Katherine A, McCormack, Lauren A

Abstract: Engaging individuals with cancer in decision making about their treatments has received increased attention; shared decision making (SDM) has become a hallmark of patient-centered care. Although physicians indicate substantial interest in SDM, implementing SDM in cancer care is often complex; high levels of uncertainty may exist, and health care providers must help patients understand the potential risks versus benefits of different treatment options. However, patients who are more engaged in their health care decision making are more likely to experience confidence in and satisfaction with treatment decisions and increased trust in their providers. To implement SDM in oncology practice, physicians and other health care providers need to understand the components of SDM and the approaches to supporting and facilitating this process as part of cancer care. This review summarizes recent information regarding patient and physician factors that influence SDM for cancer care, outcomes resulting from successful SDM, and strategies for implementing SDM in oncology practice. We present a conceptual model illustrating the components of SDM in cancer care and provide recommendations for facilitating SDM in oncology practice. © 2014 American Cancer Society, Inc.

Source: Medline

Full Text:
Available from *ProQuest* in Ca : a Cancer Journal for Clinicians

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Title: Higher integrity health care: evidence-based shared decision making.

Citation: Circulation. Cardiovascular quality and outcomes, Nov 2014, vol. 7, no. 6, p. 975-980 (November 2014)

Author(s): Elwyn, Glyn, Fisher, Elliott

Source: Medline

Title: Developing a two-sided intervention to facilitate shared decision-making in haemophilia: decision boxes for clinicians and patient decision aids for patients.

Citation: Haemophilia : the official journal of the World Federation of Hemophilia, Nov 2014, vol. 20, no. 6, p. 800-806 (November 2014)

Author(s): Athale, A, Giguere, A, Barbara, A, Krassova, S, Iorio, A

Abstract: People with haemophilia face many treatment decisions, which are largely informed by evidence from observational studies. Without evidence-based 'best' treatment options, patient preferences play a large role in decisions regarding therapy. The shared decision-making (SDM) process allows patients and health care providers to make decisions collaboratively based on available evidence, and patient preferences. Decision tools can help the SDM process. The objective of this project was to develop two-sided decision tools, decision boxes for physicians and patient decision aids for patients, to facilitate SDM for treatment decisions in haemophilia. Development of the decision tools comprised three phases: topic selection, prototype development and usability testing with targeted end-users. Topics were selected using a Delphi survey. Tool prototypes were based on a previously validated framework and were informed by systematic literature reviews. Patients, through focus groups, and physicians, through interviews, reviewed the prototypes iteratively for comprehensibility and usability. The chosen topics were: (i) prophylactic treatment: when to start and dosing, (ii) choosing factor source and (iii) immunotolerance induction: when to start and dosing. Intended end users (both health care providers and haemophilia patients and caregivers) were engaged in the development process. Overall perception of the decision tools was positive, and the purpose of using the tools was well received. This study demonstrates the feasibility of developing decision tools for haemophilia treatment decisions. It also provides anecdotal evidence of positive perceptions of such tools. Future directions include assessment of the tools' practical value and impact on clinical practice. © 2014 John Wiley & Sons Ltd.

Source: Medline

Title: Confronting evidence: individualised care and the case for shared decision-making.

Citation: Irish medical journal, Nov 2014, vol. 107, no. 10, p. 331-332, 0332-3102 (2014 Nov-Dec)

Author(s): Ryan, P, Vaughan, D

Abstract: In many clinical scenarios there exists more than one clinically appropriate intervention strategy. When these involve subjective trade-offs between potential benefits and harms, patients' preferences should inform decision-making. Shared decision-making is a collaborative process, where clinician and patient reconcile the best available evidence with respect for patients' individualized care preferences. In practice, clinicians may be poorly equipped to participate in this process. Shared decision-making is applicable to many conditions including stable coronary artery disease, end-of-life care, and numerous small decisions in chronic disease management. There is evidence of more clinically appropriate care patterns, improved patient understanding and sense of empowerment. Many trials reported a 20% reduction in major surgery in favour of conservative treatment, although demand tends to increase for some interventions. The generalizability of international evidence to Ireland is unclear. Considering the potential benefits, there is a case for implementing and evaluating shared decision-making pilot projects in Ireland.

Source: Medline

Title: Adapting an evidence-based intervention for homeless women: engaging the community in shared decision-making.

Citation: Journal of health care for the poor and underserved, Nov 2014, vol. 25, no. 4, p. 1552-1570 (November 2014)

Author(s): Cederbaum, Julie A, Song, Ahyoung, Hsu, Hsun-Ta, Tucker, Joan S, Wenzel, Suzanne L

Abstract: As interest grows in the diffusion of evidence-based interventions (EBIs), there is increasing concern about how to mitigate implementation challenges; this paper concerns adapting an EBI for homeless women. Complementing earlier focus groups with homeless women, homeless service providers (n = 32) were engaged in focus groups to assess capacity, needs, and barriers with implementation of EBIs. Deductive analyses of data led to the selection of four EBIs. Six consensus groups were then undertaken; three each with homeless women (n = 24) and homeless service providers (n = 21). The selected EBI was adapted and pretested with homeless women (n = 9) and service providers (n = 6). The structured consensus group process provided great utility and affirmed the expertise of homeless women and service providers as experts in their domain. Engaging providers in the selection process reduced the structural barriers within agencies as obstacles to diffusion.

Source: Medline

Title: A model to support shared decision making in electronic health records systems.

Citation: Medical decision making : an international journal of the Society for Medical Decision Making, Nov 2014, vol. 34, no. 8, p. 987-995 (November 2014)

Author(s): Lenert, Leslie, Dunlea, Robert, Del Fiol, Guilherme, Hall, Leslie Kelly

Abstract: Shared decision making (SDM) is an approach to medical care based on collaboration between provider and patient, with both sharing in medical decisions. When patients' values and preferences are incorporated in decision making, care is more appropriate, ethically sound, and often lower in cost. However, SDM is difficult to implement in routine practice because of the time required for SDM methods, the lack of integration of SDM approaches into electronic health record (EHR) systems, and absence of explanatory mechanisms for providers on the results of patients' use of decision aids. This article discusses potential solutions, including the concept of a "personalize button" for EHRs. Leveraging a 4-phase clinical model for SDM, this article describes how computer decision support (CDS) technologies integrated into EHRs can help ensure that health care is delivered in a way that is respectful of those preferences. The architecture described herein, called CDS for SDM, is built on recognized standards that are currently integrated into certification requirements for EHRs as part of meaningful use regulations. While additional work is needed on modeling of preferences and on techniques for rapid communication models of preferences to clinicians, unless EHRs are redesigned to support SDM around and during clinical encounters, they are likely to continue to be an unintended barrier to SDM. With appropriate development, EHRs could be a powerful tool to promote SDM by reminding providers of situations for SDM and monitoring ongoing care to ensure treatments are consistent with patients' preferences. © The Author(s) 2014.

Source: Medline

Title: Patient preferences and bariatric surgery procedure selection; the need for shared decision-making.

Citation: Obesity surgery, Nov 2014, vol. 24, no. 11, p. 1933-1939 (November 2014)

Author(s): Weinstein, Andrew L, Marascalchi, Bryan J, Spiegel, Matthew A, Saunders, John K, Fagerlin, Angela, Parikh, Manish

Abstract: Bariatric surgery is the most effective treatment for patients suffering from obesity-related comorbidities. There is little data regarding how patients choose one particular bariatric procedure over another. This study aimed to better define the relationship between preferences of patients considering bariatric surgery and the procedure patients undergo. A bilingual questionnaire was administered to all prospective patients seen between March 1 and August 31, 2012. The questionnaire assessed basic knowledge of bariatric surgery (based on the information seminar) as well as patient preferences of the various outcomes and complications for sleeve gastrectomy, gastric bypass, and gastric banding. One hundred seventy-two patients completed the questionnaire. Fifty-eight percent of patients chose "maximum weight loss" as the most important outcome, and 65 % chose "leak" as the most concerning complication. Subgroup analysis of patients with diabetes revealed that 58 % chose "curing diabetes" as the most important outcome. Nineteen percent of patients were either not sure which procedure they wanted or changed their decision after consultation with the surgeon. The decision to choose one bariatric procedure over another is complex and is based on factors beyond absolute patient preferences. Although maximum weight loss is a commonly reported preference for patients seeking bariatric surgery, patients with diabetes are more focused on diabetes remission. Most patients have already decided which procedure to undergo prior to surgeon consultation. Patients may benefit from shared decision making, which integrates patient values and preferences along with current medical evidence to assist in the complex bariatric surgery selection process.

Source: Medline

Title: What's in shared decision-making for the physician?

Citation: Patient education and counseling, Nov 2014, vol. 97, no. 2, p. 145-146 (November 2014)

Author(s): Gulbrandsen, Pål

Source: Medline

Title: Temporal characteristics of decisions in hospital encounters: a threshold for shared decision making? A qualitative study.

Citation: Patient education and counseling, Nov 2014, vol. 97, no. 2, p. 216-222 (November 2014)

Author(s): Ofstad, Eirik H, Frich, Jan C, Schei, Edvin, Frankel, Richard M, Gulbrandsen, Pål

Abstract: To identify and characterize physicians' statements that contained evidence of clinically relevant decisions in encounters with patients in different hospital settings. Qualitative analysis of 50 videotaped encounters from wards, the emergency room (ER) and outpatient clinics in a department of internal medicine at a Norwegian university hospital. Clinical decisions could be grouped in a temporal order: decisions which had already been made, and were brought into the encounter by the physician (preformed decisions), decisions made in the present (here-and-now decisions), and decisions prescribing future actions given a certain course of events (conditional decisions). Preformed decisions were a hallmark in the ward and conditional decisions a main feature of ER encounters. Clinical decisions related to a patient-physician encounter spanned a time frame exceeding the duration of the encounter. While a distribution of decisions over time and space fosters sharing and dilution of responsibility between providers, it makes the decision making process hard to access for patients. In order to plan when and how to involve patients in decisions, physicians need increased awareness of when clinical decisions are made, who usually makes them, and who should make them. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Informed shared decision-making and patient satisfaction.

Citation: Psychosomatics, Nov 2014, vol. 55, no. 6, p. 586-594 (2014 Nov-Dec)

Author(s): Bot, Arjan G J, Bossen, Jeroen K J, Herndon, James H, Ruchelsman, David E, Ring, David, Vranceanu, Ana-Maria

Abstract: Evidence suggests that when patients have a role in medical decisions they are more satisfied with their health care. To assess predictors of patient satisfaction, ratings of the provider's informed shared decision-making (ISDM), and disability among patients with orthopedic pain complaints. A total of 130 patients with nontraumatic painful conditions of the upper extremity were enrolled. Medical encounters were audio recorded and coded by 2 independent coders. Eight ISDM elements and a total ISDM score were evaluated. Bivariate and multivariable analyses were used to answer the study questions. Participants completed the Princess Margaret Hospital Patient Satisfaction with their Doctor Questionnaire to measure satisfaction; the Disabilities of Arm, Shoulder and Hand questionnaire; the Patient Health Questionnaire-9 to measure depression; the Whiteley Index to assess heightened illness concerns; and the pain catastrophizing scale to assess coping strategies in response to pain. Less health anxiety, female gender, the ISDM element Identify choice, and any specific diagnosis determined 22% of the variation in satisfaction. Less health anxiety and unemployed unable to work compared with full-time working status were associated with a better rating of shared decision-making on the ISDM. Catastrophic thinking, female gender, symptoms of depression, and any specific diagnosis were associated with greater disability. Catastrophic thinking and symptoms of depression were the greatest contributors to the variation in disability. Psychologic factors are the strongest determinants of patient satisfaction, ratings of shared decision-making on the ISDM, and upper-extremity disability. Health anxiety is the most important factor in ratings of patient satisfaction and ISDM, whereas depression and catastrophizing are salient predictors of disability. Prognostic level I. Copyright © 2014 The Academy of Psychosomatic Medicine. Published by Elsevier Inc. All rights reserved.

Source: Medline

Full Text:
Available from *Elsevier* in Psychosomatics

Title: Older patients and their GPs: shared decision making in enhancing trust.

Citation: The British journal of general practice : the journal of the Royal College of General Practitioners, Nov 2014, vol. 64, no. 628, p. e709. (November 2014)

Author(s): Butterworth, Joanne E, Campbell, John L

Abstract: Older patients differ from younger patients in their perceptions of trust in doctors; their sense of shared decision making is particularly associated with their trust in the GP. Enhancing trust and improving shared decision making are thought to have positive health outcomes. Older patients are sometimes reported as being less frequently involved in decisions about their health care, however, and in having more unmet healthcare needs than younger patients. This study explored older patients' trust in their GPs and their perceptions of shared decision making. Qualitative methods were used. Systematic sampling identified 20 participants, aged ≥65 years, from three GP surgeries in Devon, UK. A constant comparative approach was applied to thematic analysis of transcribed interviews. All participants valued feeling involved in decisions but differed regarding how they felt involved. Trust influenced preferences for shared decision making: a trusted GP 'ally', to competently manage participants' increasing health-information requirements throughout the vulnerable ageing process, was important. Trust was affected by factors contributing to the facilitation of involvement. GP characteristics, communication skills, consultation duration, and

continuity of care were common themes. Although limited geographically and subsequently by ethnic group, the present sample allows for reasonable transferability of the study to other UK populations. A range of factors are highlighted for consideration when planning primary healthcare delivery: to facilitate the optimal involvement of older patients in decisions about their health care, while enhancing their trust in the GP; to help minimise potential health inequalities for this patient group. © British Journal of General Practice 2014.

Source: Medline

Title: [The art of communication. Shared decision making: stay attuned to your patients].

Citation: MMW Fortschritte der Medizin, Oct 2014, vol. 156, no. 18, p. 18-20, 1438-3276 (October 23, 2014)

Author(s): Klein, Friederike

Source: Medline

Title: Ethics and shared decision-making in paediatric occupational therapy practice.

Citation: Developmental neurorehabilitation, Oct 2014, vol. 17, no. 5, p. 347-354 (October 2014)

Author(s): Delany, Clare, Galvin, Jane

Abstract: Sharing information and decisions with children and their parents is critical in pediatric rehabilitation. Although the ethical significance and clinical benefits of sharing decisions are established, approaches for implementing shared decision-making in clinical practice are still developing. To explore the ethical challenges of sharing information and decisions with one family in pediatric occupational therapy. We used a single qualitative in-depth interview with an occupational therapist to examine the ethical dimensions of sharing decisions. We found that asking what was ethically at stake in the information-sharing process, highlighted how timing and style of information sharing impacts on understanding and collaboration within the therapeutic relationship. Using ethics-based questions assisted in drawing out the complexity of implementing the ideals of sharing information and decisions in pediatric practice. Reflecting on ethical dimensions of communication with families assists to identify approaches to shared decision-making in clinical practice.

Source: Medline

Title: The connection between evidence-based medicine and shared decision making.

Citation: JAMA, Oct 2014, vol. 312, no. 13, p. 1295-1296 (October 1, 2014)

Author(s): Hoffmann, Tammy C, Montori, Victor M, Del Mar, Chris

Source: Medline

Title: A group-randomized trial of shared decision making for non-steroidal anti-inflammatory drug risk awareness: primary results and lessons learned.

Citation: Journal of evaluation in clinical practice, Oct 2014, vol. 20, no. 5, p. 638-648 (October 2014)

Author(s): Miller, Michael J, Allison, Jeroan J, Cobaugh, Daniel J, Ray, Midge N, Saag, Kenneth G

Abstract: Frequent use and serious adverse effects related to non-steroidal anti-inflammatory drugs (NSAIDs) underscore the need to raise patient awareness about potential risks. Partial success of patient- or provider-based interventions has recently led to interest in combined approaches focusing on both patient and physician. This research tested a shared decision-making intervention for increasing patient-reported awareness of NSAID risk. A group randomized trial was performed in Alabama from 2005 to 2007. Intervention group doctor practices received continuing medical education (CME) about NSAIDs and patient activation tools promoting risk assessment and communication during visits. Comparison group doctor practices received only CME. Cross-sectional data were collected before and after the intervention. Generalized linear latent and mixed models with logistic link tested relationships among the intervention, study phase, intervention by study phase interaction and patient-reported awareness of risks with either prescription or over-the-counter (OTC) NSAIDs. Three hundred and forty-seven patients at baseline and 355 patients at follow-up participated in this study. The intervention [adjusted odds ratio (AOR)=0.74, P=0.248], follow-up study phase (AOR=1.31, P=0.300) and intervention by study phase interaction (AOR=0.98,

P=0.942) were not significantly associated with patient-reported awareness of any prescription NSAID risk. Follow-up study phase was associated with increased odds of reporting any OTC NSAID risk awareness (AOR=2.99, P<0.001), but the patient activation intervention and intervention by study phase interaction were not significantly associated with patient-reported awareness of any OTC NSAID risk (AOR=0.98, P=0.929; AOR=0.87, P=0.693, respectively). Our point-of-care intervention encouraging shared decision making did not increase NSAID risk awareness. © 2014 John Wiley & Sons, Ltd.

Source: Medline

Title: Shared decision making in the management of children with newly diagnosed immune thrombocytopenia.

Citation: Journal of pediatric hematology/oncology, Oct 2014, vol. 36, no. 7, p. 559-565 (October 2014)

Author(s): Beck, Carolyn E, Boydell, Katherine M, Stasiulis, Elaine, Blanchette, Victor S, Llewellyn-Thomas, Hilary, Birken, Catherine S, Breakey, Vicky R, Parkin, Patricia C

Abstract: This study aimed to examine the treatment decision-making process for children hospitalized with newly diagnosed immune thrombocytopenia (ITP). Using focus groups, we studied children with ITP, parents of children with ITP, and health care professionals, inquiring about participants' experience with decision support and decision making in newly diagnosed ITP. Data were examined using thematic analysis. Themes that emerged from children were feelings of "anxiety, fear, and confusion"; the need to "understand information"; and "treatment choice," the experience of which was age dependent. For parents, "anxiety, fear, and confusion" was a dominant theme; "treatment choice" revealed that participants felt directed toward intravenous immune globulin (IVIG) for initial treatment. For health care professionals, "comfort level" highlighted factors contributing to professionals' comfort with offering options; "assumptions" were made about parental desire for participation in shared decision making (SDM) and parental acceptance of treatment options; "providing information" was informative regarding modes of facilitating SDM; and "treatment choice" revealed a discrepancy between current practice (directed toward IVIG) and the ideal of SDM. At our center, families of children with newly diagnosed ITP are not experiencing SDM. Our findings support the implementation of SDM to facilitate patient-centered care for the management of pediatric ITP.

Source: Medline

Title: Shared decision-making in decisions on treatment.

Citation: Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række, Sep 2014, vol. 134, no. 17, p. 1670-1672 (September 16, 2014)

Author(s): Gulbrandsen, Pål, Ofstad, Eirik Hugaas, Holmøy, Trygve, Vandvik, Per Olav

Source: Medline

Title: Lack of shared decision making in cancer screening discussions: results from a national survey.

Citation: American journal of preventive medicine, Sep 2014, vol. 47, no. 3, p. 251-259 (September 2014)

Author(s): Hoffman, Richard M, Elmore, Joann G, Fairfield, Kathleen M, Gerstein, Bethany S, Levin, Carrie A, Pignone, Michael P

Abstract: Clinicians are encouraged to support patients in achieving shared decision making (SDM) for cancer screening. To describe decision making processes and outcomes for cancer screening discussions. A 2011 national Internet survey of adults aged ≥50 years who made cancer screening decisions (breast, BrCa; colorectal, CRC; prostate, PCa) within the previous 2 years was conducted. Participants were asked about their perceived cancer risk; how informed they felt about cancer tests; whether their healthcare provider addressed pros/cons of testing, presented the option of no testing, and elicited their input; whether they were tested; and their confidence in the screening decision. Data were analyzed in 2013-2014 with descriptive statistics and logistic regression. Overall, 1,134 participants (477 men, 657 women) aged ≥50 years made cancer screening decisions, and 1,098 (354, BrCa; 598, CRC; 146, PCa) decisions were discussed with a healthcare provider. Most discussions (51%-67%) addressed pros of screening some or a lot, but few (7%-14%) similarly addressed cons. For all cancer screening decisions, providers usually (63%-71%) explained that testing was optional, but less often asked women (43%-57%) than men (70%-71%) whether they wanted testing. Only 27%-38% of participants reported SDM, 69%-93% underwent screening, and 55%-76% would definitely make the same decision again. Perceived high/average cancer risk and feeling highly informed were associated with confidence in the screening decision. Discussions often failed to provide balanced information

and meet SDM criteria. Supporting SDM could potentially improve the quality of cancer screening decisions. Published by Elsevier Inc.

Source: Medline

Full Text:
Available from *Elsevier* in American Journal of Preventive Medicine

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Title: Decisional conflict in economically disadvantaged men with newly diagnosed prostate cancer: baseline results from a shared decision-making trial.

Citation: Cancer, Sep 2014, vol. 120, no. 17, p. 2721-2727 (September 1, 2014)

Author(s): Kaplan, Alan L, Crespi, Catherine M, Saucedo, Josemanuel D, Connor, Sarah E, Litwin, Mark S, Saigal, Christopher S

Abstract: Decisional conflict is a source of anxiety and stress for men diagnosed with prostate cancer given uncertainty surrounding myriad treatment options. Few data exist to help clinicians identify which patients are at risk for decisional conflict. The purpose of this study was to examine factors associated with decisional conflict in economically disadvantaged men diagnosed with prostate cancer before any treatment choices were made. A total of 70 men were surveyed at a Veterans Administration clinic with newly diagnosed localized prostate cancer enrolled in a randomized trial testing a novel shared decision-making tool. Baseline demographic, clinical, and functional data were collected. Independent variables included age, race, education, comorbidity, relationship status, urinary/sexual dysfunction, and prostate cancer knowledge. Tested outcomes were Decisional Conflict Scale, Uncertainty Subscale, and Perceived Effectiveness Subscale. Multiple linear regression modeling was used to identify factors associated with decisional conflict. Mean age was 63 years, 49% were African American, and 70% reported an income less than $30,000. Poor prostate cancer knowledge was associated with increased decisional conflict and higher uncertainty ($P < .001$ and $P = 0.001$, respectively). Poor knowledge was also associated with lower perceived effectiveness ($P = 0.003$) whereas being in a relationship was associated with higher decisional conflict ($P = 0.03$). Decreased patient knowledge about prostate cancer is associated with increased decisional conflict and lower perceived effective decision-making. Interventions to increase comprehension of prostate cancer and its treatments may reduce decisional conflict. Further work is needed to better characterize this relationship and identify effective targeted interventions. © 2014 American Cancer Society.

Source: Medline

Title: Implementation of shared decision making in cardiovascular care: past, present, and future.

Citation: Circulation. Cardiovascular quality and outcomes, Sep 2014, vol. 7, no. 5, p. 797-803 (September 2014)

Author(s): Hess, Erik P, Coylewright, Megan, Frosch, Dominick L, Shah, Nilay D

Source: Medline

Title: Deciding together? Best interests and shared decision-making in paediatric intensive care.

Citation: Health care analysis : HCA : journal of health philosophy and policy, Sep 2014, vol. 22, no. 3, p. 203-222 (September 2014)

Author(s): Birchley, Giles

Abstract: In the western healthcare, shared decision making has become the orthodox approach to making healthcare choices as a way of promoting patient autonomy. Despite the fact that the autonomy paradigm is poorly suited to paediatric decision making, such an approach is enshrined in English common law. When reaching moral decisions, for instance when it is unclear whether treatment or non-treatment will serve a child's best interests, shared decision making is particularly questionable because agreement does not ensure moral validity. With reference to current common law and focusing on intensive care practice, this paper investigates what claims shared decision making may have to legitimacy in a paediatric intensive care setting. Drawing on key texts, I suggest these identify advantages to parents and clinicians but not to the child who is the subject of the decision. Without evidence that shared decision making increases the quality of the decision that is being made, it appears that a focus on the shared nature of a decision does not cohere with the principle that the best interests of the child should remain paramount. In the face of significant pressures toward the displacement of the child's interests in a shared decision, advantages of a shared decision to decisional quality require elucidation. Although a number of arguments of this nature may have

potential, should no such advantages be demonstrable we have cause to revise our commitment to either shared decision making or the paramountcy of the child in these circumstances.

Source: Medline

Title: The Pediatric Inpatient Family Care Conference: a proposed structure toward shared decision-making.

Citation: Hospital pediatrics, Sep 2014, vol. 4, no. 5, p. 305-310, 2154-1663 (September 2014)

Author(s): Fox, David, Brittan, Mark, Stille, Chris

Abstract: Over the past decade, there has been a steady increase in the medical complexity of patients on the pediatric inpatient service while at the same time, there are few data to show that families are satisfied with communication of complex issues. Family care conferences are defined as an opportunity outside of rounds to meet and discuss treatment decisions and options. They offer a potential pathway for psychosocial support and facilitated communication. The lack of consensus about the structure of these conferences impedes our ability to research patient, family, and provider outcomes related to communication. The goal of the present article was to describe a structure for family care conferences in the pediatric inpatient setting with a literature-based description of each phase of the conference. The theoretical framework for the structure is that patient and family engagement can improve communication and ultimately health care quality. This proposed model offers guidance to providers and researchers whose goal is to improve communication on the inpatient service. Copyright © 2014 by the American Academy of Pediatrics.

Source: Medline

Title: Shared decision-making among caregivers and health care providers of youth with type 1 diabetes.

Citation: Journal of clinical psychology in medical settings, Sep 2014, vol. 21, no. 3, p. 234-243 (September 2014)

Author(s): Valenzuela, Jessica M, Smith, Laura B, Stafford, Jeanette M, D'Agostino, Ralph B, Lawrence, Jean M, Yi-Frazier, Joyce P, Seid, Michael, Dolan, Lawrence M

Abstract: The present study aimed to examine perceptions of shared decision-making (SDM) in caregivers of youth with type 1 diabetes (T1D). Interview, survey data, and HbA1c assays were gathered from caregivers of 439 youth with T1D aged 3-18 years. Caregiver-report indicated high perceived SDM during medical visits. Multivariable linear regression indicated that greater SDM is associated with lower HbA1c, older child age, and having a pediatric endocrinologist provider. Multiple logistic regression found that caregivers who did not perceive having made any healthcare decisions in the past year were more likely to identify a non-pediatric endocrinologist provider and to report less optimal diabetes self-care. Findings suggest that youth whose caregivers report greater SDM may show benefits in terms of self-care and glycemic control. Future research should examine the role of youth in SDM and how best to identify youth and families with low SDM in order to improve care.

Source: Medline

Title: A systematic process for creating and appraising clinical vignettes to illustrate interprofessional shared decision making.

Citation: Journal of interprofessional care, Sep 2014, vol. 28, no. 5, p. 453-459 (September 2014)

Author(s): Stacey, Dawn, Brière, Nathalie, Robitaille, Hubert, Fraser, Kimberly, Desroches, Sophie, Légaré, France

Abstract: Vignettes and written case simulations have been widely used by educators and health services researchers to illustrate plausible situations and measure processes in a wide range of practice settings. We devised a systematic process to create and appraise theory-based vignettes for illustrating an interprofessional approach to shared decision making (IP-SDM) for health professionals. A vignette was developed in six stages: (1) determine IP-SDM content elements; (2) choose true-to-life clinical scenario; (3) draft script; (4) appraise IP-SDM concepts illustrated using two evaluation instruments and an interprofessional concept grid; (5) peer review script for content validity; and (6) retrospective pre-/post-test evaluation of video vignette by health professionals. The vignette contained six scenes demonstrating the asynchronous involvement of five health professionals with an elderly woman and her daughter facing a decision about location of care. The script scored highly on both evaluation scales. Twenty-nine health professionals working in home care watched the vignette during IP-SDM workshops in English or French and rated it as excellent (n = 6), good (n = 20), fair (n = 0) or weak (n = 3). Participants reported higher knowledge of IP-SDM after the workshops compared to before ($p < 0.0001$). Our video vignette development process resulted in a

product that was true-to-life and as part of a multifaceted workshop it appears to improve knowledge among health professionals. This could be used to create and appraise vignettes targeting IP-SDM in other contexts.

Source: Medline

Title: Health IT and shared decision making: tools to combat medication nonadherence.

Citation: Journal of the American Pharmacists Association : JAPhA, Sep 2014, vol. 54, no. 5, p. 463-464 (2014 Sep-Oct)

Author(s): Patel, Ravi, Marcum, Zachary A

Source: Medline

Title: Shared decision making in transplantation: how patients see their role in the decision process of accepting a donor liver.

Citation: Liver transplantation : official publication of the American Association for the Study of Liver Diseases and the International Liver Transplantation Society, Sep 2014, vol. 20, no. 9, p. 1072-1080 (September 2014)

Author(s): Op den Dries, Sanna, Annema, Coby, Berg, Aad P van den, Ranchor, Adelita V, Porte, Robert J

Abstract: At the time of the organ offer for transplantation, donor-related risks such as disease transmission and graft failure are weighed against the patient's risk of remaining on the waiting list. The patient's commonly inactive role in decision making and the timing and extent of donor-specific risk information have been discussed in the medical literature. This is the first study revealing the opinions of liver patients on these issues. Forty patients listed for liver transplantation and 179 liver transplant patients participated in an anonymous questionnaire-based survey. The majority of the patients wanted to be informed about donor-related risks (59.8%-74.8%). The preferred timing for being informed about donor-related risks was the time of the organ offer for 53.3% of the patients. Among these patients, 79.8% wished to be involved in making the decision to accept or not accept a liver for transplantation, 10.6% wished to make the final decision alone, and only 9.6% did not want to be involved in the decision-making process. Implementing this knowledge through the standardization of the content, the manner of transfer, and the amount of information that we provide to our patients will improve opportunities for shared decision making at different time points during the transplant allocation process. This will enable us to provide the same opportunities and care to every patient on the waiting list. © 2014 American Association for the Study of Liver Diseases.

Source: Medline

Title: Twelve myths about shared decision making.

Citation: Patient education and counseling, Sep 2014, vol. 96, no. 3, p. 281-286 (September 2014)

Author(s): Légaré, France, Thompson-Leduc, Philippe

Abstract: As shared decision makes increasing headway in healthcare policy, it is under more scrutiny. We sought to identify and dispel the most prevalent myths about shared decision making. In 20 years in the shared decision making field one of the author has repeatedly heard mention of the same barriers to scaling up shared decision making across the healthcare spectrum. We conducted a selective literature review relating to shared decision making to further investigate these commonly perceived barriers and to seek evidence supporting their existence or not. Beliefs about barriers to scaling up shared decision making represent a wide range of historical, cultural, financial and scientific concerns. We found little evidence to support twelve of the most common beliefs about barriers to scaling up shared decision making, and indeed found evidence to the contrary. Our selective review of the literature suggests that twelve of the most commonly perceived barriers to scaling up shared decision making across the healthcare spectrum should be termed myths as they can be dispelled by evidence. Our review confirms that the current debate about shared decision making must not deter policy makers and clinicians from pursuing its scaling up across the healthcare continuum. Copyright © 2014 The Authors. Published by Elsevier Ireland Ltd.. All rights reserved.

Source: Medline

Title: Confusion in and about shared decision making in hospital outpatient encounters.

Citation: Patient education and counseling, Sep 2014, vol. 96, no. 3, p. 287-294 (September 2014)

Author(s): Gulbrandsen, Pål, Dalby, Anne Marie Landmark, Ofstad, Eirik Hugaas, Gerwing, Jennifer

Abstract: To explore how physician efforts to involve patients in medical decisions align with established core elements of shared decision making (SDM). Detailed video analysis of two hospital outpatient encounters, selected because the physicians exhibited much effort to involve the patients in decision making, and because the final decisions were not what the physicians had initially recommended. The analysis was supplied by physician, patient, and observer-rated data from a total of 497 encounters collected during the same original study. The observer-rated data confirmed that these physicians demonstrated above average patient-centred skills in this material. Behaviours of these two not trained physicians demonstrated confusion about how to perform SDM. Information provided to the patients was imprecise and ambiguous. Insufficient patient involvement did not prompt the physicians to change strategy. Physician and patient reports indicated awareness of suboptimal communication. Inadequate SDM in hospital encounters may introduce confusion. Quantitative evaluations by patients and observers may reflect much effort rather than process quality. SDM may be discredited because the medical community has not acquired the necessary skills to perform it, even if it is ethically and legally mandated. Training and supervision should follow regulations and guidelines. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Understanding patient perceptions of shared decision making.

Citation: Patient education and counseling, Sep 2014, vol. 96, no. 3, p. 295-301 (September 2014)

Author(s): Shay, L Aubree, Lafata, Jennifer Elston

Abstract: This study aims to develop a conceptual model of patient-defined SDM, and understand what leads patients to label a specific, decision-making process as shared. Qualitative interviews were conducted with 23 primary care patients following a recent appointment. Patients were asked about the meaning of SDM and about specific decisions that they labeled as shared. Interviews were coded using qualitative content analysis. Patients' conceptual definition of SDM included four components of an interactive exchange prior to making the decision: both doctor and patient share information, both are open-minded and respectful, patient self-advocacy, and a personalized physician recommendation. Additionally, a long-term trusting relationship helps foster SDM. In contrast, when asked about a specific decision labeled as shared, patients described a range of interactions with the only commonality being that the two parties came to a mutually agreed-upon decision. There is no one-size-fits all process that leads patients to label a decision as shared. Rather, the outcome of "agreement" may be more important than the actual decision-making process for patients to label a decision as shared. Studies are needed to better understand how longitudinal communication between patient and physicians and patient self-advocacy behaviors affect patient perceptions of SDM. Published by Elsevier Ireland Ltd.

Source: Medline

Title: Associations between antidepressant adherence and shared decision-making, patient-provider trust, and communication among adults with diabetes: diabetes study of Northern California (DISTANCE).

Citation: Journal of general internal medicine, Aug 2014, vol. 29, no. 8, p. 1139-1147 (August 2014)

Author(s): Bauer, Amy M, Parker, Melissa M, Schillinger, Dean, Katon, Wayne, Adler, Nancy, Adams, Alyce S, Moffet, Howard H, Karter, Andrew J

Abstract: Depression and adherence to antidepressant treatment are important clinical concerns in diabetes care. While patient-provider communication patterns have been associated with adherence for cardiometabolic medications, it is unknown whether interpersonal aspects of care impact antidepressant medication adherence. To determine whether shared decision-making, patient-provider trust, or communication are associated with early stage and ongoing antidepressant adherence. Observational new prescription cohort study. Kaiser Permanente Northern California. One thousand five hundred twenty-three adults with type 2 diabetes who completed a survey in 2006 and received a new antidepressant prescription during 2006-2010. Exposures included items based on the Trust in Physicians and Interpersonal Processes of Care instruments and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) communication scale. Measures of adherence were estimated using validated methods with physician prescribing and pharmacy dispensing data: primary non-adherence (medication never dispensed), early non-persistence (dispensed once, never refilled), and new prescription medication gap (NPMG; proportion of time without medication during 12 months after initial prescription). After adjusting for potential confounders, patients' perceived lack of shared decision-making was significantly associated with primary non-adherence (RR = 2.42, $p < 0.05$), early non-persistence (RR = 1.34, $p < 0.01$) and NPMG (estimated 5% greater gap in medication supply, $p < 0.01$). Less trust in provider was significantly associated with early non-persistence (RRs 1.22-1.25, ps < 0.05) and

NPMG (estimated NPMG differences 5-8%, ps < 0.01). All patients were insured and had consistent access to and quality of care. Patients' perceptions of their relationships with providers, including lack of shared decision-making or trust, demonstrated strong associations with antidepressant non-adherence. Further research should explore whether interventions for healthcare providers and systems that foster shared decision-making and trust might also improve medication adherence.

Source: Medline

Title: Family perceptions of shared decision-making with health care providers: results of the National Survey of Children With Special Health Care Needs, 2009-2010.

Citation: Maternal and child health journal, Aug 2014, vol. 18, no. 6, p. 1316-1327 (August 2014)

Author(s): Smalley, LaQuanta P, Kenney, Mary Kay, Denboba, Diana, Strickland, Bonnie

Abstract: The Maternal and Child Health Bureau recently revised its measure of family-provider shared decision-making (SDM) to better align with parents' views and the intent of SDM. We sought to assess achievements in meeting the revised measure; examine socio-demographic/health correlates; and determine the relationships between SDM and access to quality health care. We analyzed data for 40,242 children with special health care needs (CSHCN) from the 2009-2010 National Survey of CSHCN and assessed the prevalence of SDM and association with other US CSHCN socio-demographic/health characteristics using bivariate and multivariate methods. Logistic regression was used to determine associations between SDM and having a medical home and preventive medical/dental visits. Approximately 70% of families of CSHCN perceived themselves as shared decision-makers in their child's care. Families of CSHCN with greater functional limitations had twice the odds of lacking SDM than those never affected. Disparities in attainment rates were noted for families with low versus high income (61 vs. 77%), less versus more than high school education (59 vs. 73%), privately insured versus uninsured (76 vs. 57%), and minority versus white race (63 vs. 74%). CSHCN with medical homes had 6 times greater odds of perceived SDM and as much as one and a half times the odds of receiving preventive care than CSHCN without a medical home. Major differences in family SDM perceptions are associated with having a medical home, particularly when characterized by family-centered care. Populations of concern are those with more functionally limited children and increased socio-economic challenges.

Source: Medline

Title: Shared decision-making about assistive technology for the child with severe neurologic impairment.

Citation: Pediatric clinics of North America, Aug 2014, vol. 61, no. 4, p. 641-652 (August 2014)

Author(s): Nelson, Katherine E, Mahant, Sanjay

Abstract: Shared decision-making is a process that helps frame conversations about value-sensitive decisions, such as introduction of assistive technology for children with neurologic impairment. In the shared decision-making model, the health care provider elicits family values relevant to the decision, provides applicable evidence in the context of those values, and collaborates with the family to identify the preferred option. This article outlines clinical, quality of life, and ethical considerations for shared decision-making discussions with families of children with neurologic impairment about gastrostomy tube and tracheostomy tube placement. Copyright © 2014 Elsevier Inc. All rights reserved.

Source: Medline

Full Text:
Available from *Elsevier* in [Pediatric Clinics of North America]

Title: From informed consent to shared decision-making.

Citation: South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde, Aug 2014, vol. 104, no. 8, p. 561-562, 0256-9574 (August 2014)

Author(s): Manyonga, Howard, Howarth, Graham, Dinwoodie, Mark, Nisselle, Paul, Whitehouse, Sarah

Abstract: Morality in medicine was long dominated by paternalism: the belief, based on the principles of beneficence (best interests) and non-maleficence (no harm), that doctors knew best and only shared information with patients that the doctor felt was necessary. Attitudes today have shifted and there is a recognition that doctors don't 'know best'. Patients are entitled to choose for themselves, and respect for patient autonomy (self-determination) is now dominant.

Shared decision-making, an approach whereby doctors and patients make decisions together using the best available evidence, extends the respect for patient autonomy beyond the narrow legalistic confines of informed consent. Patient autonomy is respected and patients have the opportunity to engage with the healthcare process. Shared decision-making has become more prominent partly because there is an ethical imperative to involve patients properly in decisions about their care, and partly because there is increasing evidence that this approach has benefits.

Source: Medline

Title: Shared decision making: what do clinicians need to know and why should they bother?

Citation: The Medical journal of Australia, Jul 2014, vol. 201, no. 1, p. 35-39 (July 7, 2014)

Author(s): Hoffmann, Tammy C, Légaré, France, Simmons, Magenta B, McNamara, Kevin, McCaffery, Kirsten, Trevena, Lyndal J, Hudson, Ben, Glasziou, Paul P, Del Mar, Christopher B

Abstract: Shared decision making enables a clinician and patient to participate jointly in making a health decision, having discussed the options and their benefits and harms, and having considered the patient's values, preferences and circumstances. It is not a single step to be added into a consultation, but a process that can be used to guide decisions about screening, investigations and treatments. The benefits of shared decision making include enabling evidence and patients' preferences to be incorporated into a consultation; improving patient knowledge, risk perception accuracy and patient-clinician communication; and reducing decisional conflict, feeling uninformed and inappropriate use of tests and treatments. Various approaches can be used to guide clinicians through the process. We elaborate on five simple questions that can be used: What will happen if the patient waits and watches? What are the test or treatment options? What are the benefits and harms of each option? How do the benefits and harms weigh up for the patient? Does the patient have enough information to make a choice? Although shared decision making can occur without tools, various types of decision support tools now exist to facilitate it. Misconceptions about shared decision making are hampering its implementation. We address the barriers, as perceived by clinicians. Despite numerous international initiatives to advance shared decision making, very little has occurred in Australia. Consequently, we are lagging behind many other countries and should act urgently.

Source: Medline

Title: Measuring shared decision making: a review of constructs, measures, and opportunities for cardiovascular care.

Citation: Circulation. Cardiovascular quality and outcomes, Jul 2014, vol. 7, no. 4, p. 620-626 (July 2014)

Author(s): Sepucha, Karen R, Scholl, Isabelle

Source: Medline

Full Text:
Available from *Highwire Press* in Circulation: Cardiovascular Quality and Outcomes

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Title: Why shared decision making is not good enough: lessons from patients.

Citation: Journal of medical ethics, Jul 2014, vol. 40, no. 7, p. 493-495 (July 2014)

Author(s): Olthuis, Gert, Leget, Carlo, Grypdonck, Mieke

Abstract: A closer look at the lived illness experiences of medical professionals themselves shows that shared decision making is in need of a logic of care. This paper underlines that medical decision making inevitably takes place in a messy and uncertain context in which sharing responsibilities may impose a considerable burden on patients. A better understanding of patients' lived experiences enables healthcare professionals to attune to what individual patients deem important in their lives.This will contribute to making medical decisions in a good and caring manner, taking into account the lived experience of being ill.

Source: Medline

Full Text:
Available from *Highwire Press* in Journal of medical ethics

Title: Shared decision-making on the use of hormone therapy: a nationwide survey in the Republic of Korea.

Citation: Menopause (New York, N.Y.), Jul 2014, vol. 21, no. 7, p. 726-731 (July 2014)

Author(s): An, Ah Reum, Shin, Dong Wook, Chun, So Hyun, Lee, Hyun-Ki, Ko, Young-Jin, Lee, Hyejin, Son, Ki Young, Choi, Ho-Chun, Cho, Belong, Lee, Jong-koo, Kim, Jung Gu

Abstract: This study aims to assess the current status of shared decision-making on instituting postmenopausal hormone therapy (HT). Two cross-sectional nationwide surveys of postmenopausal women and primary care physicians in the Republic of Korea were conducted in 2012 via face-to-face interviews. A total of 685 women (aged 50-69 y) who with natural menopause and 250 primary care physicians were included. Only 56.8% of primary care physicians reported that they explain the benefits and risks of HT and leave the decision to postmenopausal women. The others usually recommended using or not using HT. Of those postmenopausal women who had discussed such therapy with physicians (147 of 685; 21.5%), not all were aware of breast cancer or cardiovascular risks (only 65.3% and 38.8% were informed, respectively). Although most physicians perceived HT as beneficial for menopausal symptom control (99.6%) and acknowledged the related risk of breast cancer (84.8%), nearly half had the impression that HT was preventive of cardiovascular diseases. The interviewed women were less informed of the benefits and risks of HT than were the physician respondents. The awareness levels of the treated and untreated women did not differ. Participation of postmenopausal women in deciding whether to use HT is not prevalent. Physician-woman information transfer is suboptimal, and treatment decisions often are not based on the best available evidence. The current status of shared decision-making in this setting is clearly in need of improvement.

Source: Medline

Title: Engaging our patients: shared decision making and interventional radiology.

Citation: Radiology, Jul 2014, vol. 272, no. 1, p. 9-11 (July 2014)

Author(s): Prabhakar, Anand M, Harvey, H Benjamin, Platt, Judy T, Brink, James A, Oklu, Rahmi

Source: Medline

Full Text:
Available from *Elsevier* in Radiology
Available from *The Radiological Society of North America* in Radiology; Note: ; Notes: Username and password available from the Trust Library
Available from *Radiology* in Radiology Department, Torbay Hospital

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Title: A prospective study comparing the predictions of doctors versus models for treatment outcome of lung cancer patients: a step toward individualized care and shared decision making.

Citation: Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology, Jul 2014, vol. 112, no. 1, p. 37-43 (July 2014)

Author(s): Oberije, Cary, Nalbantov, Georgi, Dekker, Andre, Boersma, Liesbeth, Borger, Jacques, Reymen, Bart, van Baardwijk, Angela, Wanders, Rinus, De Ruysscher, Dirk, Steyerberg, Ewout, Dingemans, Anne-Marie, Lambin, Philippe

Abstract: Decision Support Systems, based on statistical prediction models, have the potential to change the way medicine is being practiced, but their application is currently hampered by the astonishing lack of impact studies. Showing the theoretical benefit of using these models could stimulate conductance of such studies. In addition, it would pave the way for developing more advanced models, based on genomics, proteomics and imaging information, to further improve the performance of the models. In this prospective single-center study, previously developed and validated statistical models were used to predict the two-year survival (2yrS), dyspnea (DPN), and dysphagia (DPH) outcomes for lung cancer patients treated with chemo radiation. These predictions were compared to probabilities provided by doctors and guideline-based recommendations currently used. We hypothesized that model predictions would significantly outperform predictions from doctors. Experienced radiation oncologists (ROs) predicted all outcomes at two timepoints: (1) after the first consultation of the patient, and (2) after the radiation treatment plan was made. Differences in the performances of doctors and models were assessed using Area Under the Curve (AUC) analysis. A total number of 155 patients were included. At timepoint #1 the differences in AUCs between the ROs and the models were 0.15, 0.17, and 0.20 (for 2yrS, DPN, and DPH, respectively), with p-values of 0.02, 0.07, and 0.03. Comparable differences at timepoint #2 were not statistically significant due to the limited number of patients. Comparison to guideline-based recommendations also favored the models. The models substantially outperformed ROs' predictions and guideline-based recommendations currently used in clinical practice. Identification of risk groups on the basis of the models facilitates individualized treatment, and should be further investigated in clinical impact studies. Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Real life clinic visits do not match the ideals of shared decision making.

Citation: The Journal of pediatrics, Jul 2014, vol. 165, no. 1, p. 178 (July 2014)

Author(s): Lipstein, Ellen A, Dodds, Cassandra M, Britto, Maria T

Abstract: To use observation to understand how decisions about higher-risk treatments, such as biologics, are made in pediatric chronic conditions. Gastroenterology and rheumatology providers who prescribe biologics were recruited. Families were recruited when they had an outpatient appointment in which treatment with biologics was likely to be discussed. Consent/assent was obtained to video the visit. Audio of the visits in which a discussion of biologics took place were transcribed and analyzed. Our coding structure was based on prior research, shared decision making (SDM) concepts, and the initial recorded visits. Coded data were analyzed using content analysis and comparison with an existing model of SDM. We recorded 21 visits that included discussions of biologics. In most visits, providers initiated the decision-making discussion. Detailed information was typically given about the provider's preferred option with less information about other options. There was minimal elicitation of preferences, treatment goals, or prior knowledge. Few parents or patients spontaneously stated their preferences or concerns. An implicit or explicit treatment recommendation was given in nearly all visits, although rarely requested. In approximately one-third of the visits, the treatment decision was never made explicit, yet steps were taken to implement the provider's preferred treatment. We observed limited use of SDM, despite previous research indicating that parents wish to collaborate in decision making. To better achieve SDM in chronic conditions, providers and families need to strive for bidirectional sharing of information and an explicit family role in decision making. Copyright © 2014 Elsevier Inc. All rights reserved.

Source: Medline

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Available from *Journal of Pediatrics* in South Devon Healthcare Trust Library

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Title: Can shared decision making help eliminate disparities in rheumatoid arthritis outcomes?

Citation: The Journal of rheumatology, Jul 2014, vol. 41, no. 7, p. 1257-1259, 0315-162X (July 2014)

Author(s): Hirsh, Joel M

Source: Medline

Title: English language proficiency, health literacy, and trust in physician are associated with shared decision making in rheumatoid arthritis.

Citation: The Journal of rheumatology, Jul 2014, vol. 41, no. 7, p. 1290-1297, 0315-162X (July 2014)

Author(s): Barton, Jennifer L, Trupin, Laura, Tonner, Chris, Imboden, John, Katz, Patricia, Schillinger, Dean, Yelin, Edward

Abstract: Treat-to-target guidelines promote shared decision making (SDM) in rheumatoid arthritis (RA). Also, because of high cost and potential toxicity of therapies, SDM is central to patient safety. Our objective was to examine patterns of perceived communication around decision making in 2 cohorts of adults with RA. Data were derived from patients enrolled in 1 of 2 longitudinal, observational cohorts [University of California, San Francisco (UCSF) RA Cohort and RA Panel Cohort]. Subjects completed a telephone interview in their preferred language that included a measure of patient-provider communication, including items about decision making. Measures of trust in physician, education, and language proficiency were also asked. Logistic regression was performed to identify correlates of suboptimal SDM communication. Analyses were performed on each sample separately. Of 509 patients across 2 cohorts, 30% and 32% reported suboptimal SDM communication. Low trust in physician was independently associated with suboptimal SDM communication in both cohorts. Older age and limited English proficiency were independently associated with suboptimal SDM in the UCSF RA Cohort, as was limited health literacy in the RA Panel Cohort. This study of over 500 adults with RA from 2 demographically distinct cohorts found that nearly one-third of subjects report suboptimal SDM communication with their clinicians, regardless of cohort. Lower trust in physician was independently associated with suboptimal SDM communication in both cohorts, as was limited English language proficiency and older age in the UCSF RA Cohort and limited health literacy in the RA Panel Cohort. These findings underscore the need to examine the influence of SDM on health outcomes in RA.

Source: Medline

Title: Patient-accessible tool for shared decision making in cardiovascular primary prevention: balancing longevity benefits against medication disutility.

Citation: Circulation, Jun 2014, vol. 129, no. 24, p. 2539-2546 (June 17, 2014)

Author(s): Fontana, Marianna, Asaria, Perviz, Moraldo, Michela, Finegold, Judith, Hassanally, Khalil, Manisty, Charlotte H, Francis, Darrel P

Abstract: Primary prevention guidelines focus on risk, often assuming negligible aversion to medication, yet most patients discontinue primary prevention statins within 3 years. We quantify real-world distribution of medication disutility and separately calculate the average utilities for a range of risk strata. We randomly sampled 360 members of the general public in London. Medication aversion was quantified as the gain in lifespan required by each individual to offset the inconvenience (disutility) of taking an idealized daily preventative tablet. In parallel, we constructed tables of expected gain in lifespan (utility) from initiating statin therapy for each age group, sex, and cardiovascular risk profile in the population. This allowed comparison of the widths of the distributions of medication disutility and of group-average expectation of longevity gain. Observed medication disutility ranged from 1 day to >10 years of life being required by subjects (median, 6 months; interquartile range, 1-36 months) to make daily preventative therapy worthwhile. Average expected longevity benefit from statins at ages ≥50 years ranges from 3.6 months (low-risk women) to 24.3 months (high-risk men). We can no longer assume that medication disutility is almost zero. Over one-quarter of subjects had disutility exceeding the group-average longevity gain from statins expected even for the highest-risk (ie, highest-gain) group. Future primary prevention studies might explore medication disutility in larger populations. Patients may differ more in disutility than in prospectively definable utility (which provides only group-average estimates). Consultations could be enriched by assessing disutility and exploring its reasons. © 2014 American Heart Association, Inc.

Source: Medline

Full Text:
Available from *Highwire Press* in Circulation

Title: Shared decision-making and patient control in radiation oncology: implications for patient satisfaction.

Citation: Cancer, Jun 2014, vol. 120, no. 12, p. 1863-1870 (June 15, 2014)

Author(s): Shabason, Jacob E, Mao, Jun J, Frankel, Eitan S, Vapiwala, Neha

Abstract: Shared decision-making (SDM) has been linked to important health care quality outcomes. However, to the authors' knowledge, the value of SDM has not been thoroughly evaluated in the field of radiation oncology. The objective of the current study was to determine the association between SDM and patient satisfaction during radiotherapy (RT). The authors also explored patient desire for and perception of control during RT, and how these factors relate to patient satisfaction, anxiety, depression, and fatigue. A cross-sectional survey of 305 patients undergoing definitive RT was conducted. Patients self-reported measured variables during the last week of RT. Relationships between variables were evaluated using chi-square analyses. Among study participants, 31.3% of patients experienced SDM, 32.3% perceived control in treatment decisions, and 76.2% reported feeling very satisfied with their care. Patient satisfaction was associated with perceived SDM (84.4% vs 71.4%; $P < .02$) and patient-perceived control (89.7% vs 69.2%; $P < .001$). Furthermore, the perception of having control in treatment decisions was associated with increased satisfaction regardless of whether the patient desired control. Increased anxiety (44.0% vs 20.0%; $P < .02$), depression (44.0% vs 15.0%; $P < .01$), and fatigue (68.0% vs 32.9%; $P < .01$) were reported in patients who desired but did not perceive control over their treatments, compared with those who both desired and perceived control. The findings of the current study emphasize the value of SDM and patient-perceived control during RT, particularly as it relates to patient satisfaction and psychological distress. Regardless of a patient's desire for control, it is important to engage patients in the decision-making process. © 2014 American Cancer Society.

Source: Medline

Title: Shared decision--making and blood transfusions: is it time to Share More?

Citation: Anesthesia and analgesia, Jun 2014, vol. 118, no. 6, p. 1151-1153 (June 2014)

Author(s): Toledo, Paloma

Source: Medline

Title: Children's participation in shared decision-making: children, adolescents, parents and healthcare professionals' perspectives and experiences.

Citation: European journal of oncology nursing : the official journal of European Oncology Nursing Society, Jun 2014, vol. 18, no. 3, p. 273-280 (June 2014)

Author(s): Coyne, Imelda, Amory, Aislinn, Kiernan, Gemma, Gibson, Faith

Abstract: Despite decision-making featuring throughout the trajectory of cancer care, children's participation in decision-making remains an area much under-researched and complicated by conflicting opinions. This study explored children's participation in shared decision-making (SDM) from multiple perspectives from one haematology/oncology unit in Ireland. Qualitative research design was used to explore participants' experiences of children's decision-making. Interviews were conducted with children(1) aged 7-16 years (n = 20), their parents (n = 22) and healthcare professionals (n = 40). Data were managed with the aid of NVivo (version 8). Parents and children's roles in decision-making were significantly influenced by the seriousness of the illness. Cancer is a life-threatening illness and so the treatment 'had to be done'. Children were not involved in major decisions (treatment decisions) as refusal was not an option. They were generally involved in minor decisions (choices about care delivery) with the purpose of gaining their cooperation, making treatment more palatable, giving back a sense of control and building trusting relationships. These choices were termed 'small' decisions that would not compromise the child's welfare. Some adolescents were aware that choices were not 'real' decisions since they were not allowed to refuse and expressed feelings of frustration. Healthcare professionals and parents controlled the process of SDM and the children's accounts revealed that they held a minimal role. Children appeared content that adults held responsibility for the major treatment decisions. However, they desired and valued receiving information, voicing their preferences and choosing how treatments were administered to them. Copyright © 2014 Elsevier Ltd. All rights reserved.

Source: Medline

Title: What matters to users of services? An explorative study to promote shared decision making in health care.

Citation: Health expectations : an international journal of public participation in health care and health policy, Jun 2014, vol. 17, no. 3, p. 418-428 (June 2014)

Author(s): Padgett, Kath, Rhodes, Christine, Lumb, Maureen, Morris, Penny, Sherwin, Sue, Symons, Jools, Tate, Joannie, Townend, Ken

Abstract: Involving service users and carers in decisions about their health care is a key feature of health-care practice. Professional health and social care students need to develop skills and attributes to best enable this to happen. The aims were to explore service user and carer perceptions of behaviours, attributes and context required to enable shared decision making; to compare these perceptions to those of students and academic staff with a view to utilizing the findings to inform the development of student assessment tools. A mixed methods approach was used including action learning groups (ALG) and an iterative process alongside a modified Delphi survey. The ALGs were from an existing service user and carer network. The survey was sent to sixty students, sixty academics and 30 service users from 16 different professional disciplines, spanning four Universities in England. The collaborative enquiry process and survey identified general agreement that being open and honest, listening, showing respect, giving time and being up to date were important. The qualitative findings identified that individual interpretation was a key factor. An unexpected result was an insight into possible insecurities of students. The findings indicate that distilling rich qualitative information into a format for student assessment tools could be problematic as the individual context could be lost, it is therefore proposed that the information could be better used as a learning rather than assessment tool. Several of those involved identified how they valued the process and found it beneficial. © 2012 John Wiley & Sons Ltd.

Source: Medline

Title: Brief training of student clinicians in shared decision making: a single-blind randomized controlled trial.

Citation: Journal of general internal medicine, Jun 2014, vol. 29, no. 6, p. 844-849 (June 2014)

Author(s): Hoffmann, Tammy C, Bennett, Sally, Tomsett, Clare, Del Mar, Chris

Abstract: Shared decision making is a crucial component of evidence-based practice, but a lack of training in the "how to" of it is a major barrier to its uptake. To evaluate the effectiveness of a brief intervention for facilitating shared decision making skills in clinicians and student clinicians. Multi-centre randomized controlled trial. One hundred and seven medical students, physiotherapy or occupational therapy students undertaking a compulsory course in evidence-based practice as part of their undergraduate or postgraduate degree from two Australian universities. The

1-h small-group intervention consisted of facilitated critique of five-step framework, strategies, and pre-recorded modelled role-play. Both groups were provided with a chapter about shared decision making skills. The primary outcome was skills in shared decision making and communicating evidence [Observing Patient Involvement (OPTION) scale, items from the Assessing Communication about Evidence and Patient Preferences (ACEPP) Tool], rated by a blinded assessor from videorecorded role-plays. confidence in these skills and attitudes towards patient-centred communication (Patient Practitioner Orientation Scale (PPOS)). Of participants, 95 % (102) completed the primary outcome measures. Two weeks post-intervention, intervention group participants scored significantly higher on the OPTION scale (adjusted group difference = 18.9, 95 % CI 12.4 to 25.4), ACEPP items (difference = 0.9, 95 % CI 0.5 to 1.3), confidence measure (difference = 13.1, 95 % CI 8.5 to 17.7), and the PPOS sharing subscale (difference = 0.2, 95 % CI 0.1 to 0.5). There was no significant difference for the PPOS caring subscale. This brief intervention was effective in improving student clinicians' ability, attitude towards, and confidence in shared decision making facilitation. Following further testing of the longer-term effects of this intervention, incorporation of this brief intervention into evidence-based practice courses and workshops should be considered, so that student clinicians graduate with these important skills, which are typically neglected in clinician training.

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Available from *National Library of Medicine* in Journal of General Internal Medicine
Available from *Springer NHS Pilot 2014 (NESLi2)* in Journal of General Internal Medicine; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Capsule commentary on Hoffman et al., Brief training of student clinicians in shared decision making: a single-blind randomized control trial.

Citation: Journal of general internal medicine, Jun 2014, vol. 29, no. 6, p. 891. (June 2014)

Author(s): Sterling, Madeline

Source: Medline

Full Text:
Available from *ProQuest* in Journal of General Internal Medicine
Available from *National Library of Medicine* in Journal of General Internal Medicine
Available from *Springer NHS Pilot 2014 (NESLi2)* in Journal of General Internal Medicine; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Ethical framework for shared decision making in the neonatal intensive care unit: Communicative ethics.

Citation: Paediatrics & child health, Jun 2014, vol. 19, no. 6, p. 302-304, 1205-7088 (June 2014)

Author(s): Daboval, Thierry, Shidler, Sarah

Source: Medline

Full Text:
Available from *ProQuest* in Paediatrics and Child Health
Available from *National Library of Medicine* in Paediatrics and Child Health

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Title: National trends in prostate cancer screening among older American men with limited 9-year life expectancies: evidence of an increased need for shared decision making.

Citation: Cancer, May 2014, vol. 120, no. 10, p. 1491-1498 (May 15, 2014)

Author(s): Drazer, Michael W, Prasad, Sandip M, Huo, Dezheng, Schonberg, Mara A, Dale, William, Szmulewitz, Russell Z, Eggener, Scott E

Abstract: Prostate-specific antigen (PSA) screening for prostate cancer remains controversial. Most groups recommend informed decision making for men with 10 years of remaining life expectancy. The primary objective of this observational cohort study was to investigate the association between predicted 9-year mortality and prostate cancer screening among American men aged ≥65 years in 2005 and 2010. The second objective was to analyze the proportions of men who discussed screening with their physicians. Data were extracted from the 2005 and 2010 National Health Interview Surveys. Men aged ≥65 years without prostate cancer were divided into predicted 9-year

mortality quartiles. The proportions of men confirming a screening PSA within the prior year were determined. Logistic regression was used to compare screening rates. Screening rates for men aged ≥65 years were 48% in 2005 and 48% in 2010 (P = .9). Men ages 65 to 74 years who had <27% predicted 9-year mortality were most commonly screened, with 56% screened in 2010, compared with 34% of men aged ≥75 years with >75% predicted 9-year mortality. Approximately 55% of screened men aged ≥75 years who had ≥53% predicted 9-year mortality recalled discussing the advantages of screening, whereas 25% recalled discussing the disadvantages. Prostate cancer screening with PSA did not differ significantly between 2005 and 2010 for men aged ≥65 years based on predicted 9-year mortality. Approximately 33% of older men with a high likelihood of 9-year mortality were screened despite minimal clinical benefit. Twice as many men recalled discussing the potential advantages of screening compared with the disadvantages. Cancer 2014;120:1491-1498. © 2014 American Cancer Society. © 2014 American Cancer Society.

Source: Medline

Title: Shared decision making and motivational interviewing: achieving patient-centered care across the spectrum of health care problems.

Citation: Annals of family medicine, May 2014, vol. 12, no. 3, p. 270-275 (2014 May-Jun)

Author(s): Elwyn, Glyn, Dehlendorf, Christine, Epstein, Ronald M, Marrin, Katy, White, James, Frosch, Dominick L

Abstract: Patient-centered care requires different approaches depending on the clinical situation. Motivational interviewing and shared decision making provide practical and well-described methods to accomplish patient-centered care in the context of situations where medical evidence supports specific behavior changes and the most appropriate action is dependent on the patient's preferences. Many clinical consultations may require elements of both approaches, however. This article describes these 2 approaches-one to address ambivalence to medically indicated behavior change and the other to support patients in making health care decisions in cases where there is more than one reasonable option-and discusses how clinicians can draw on these approaches alone and in combination to achieve patient-centered care across the range of health care problems.

Source: Medline

Full Text:
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Available from *Highwire Press* in Annals of Family Medicine, The
Available from *National Library of Medicine* in Annals of Family Medicine

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Title: Design and testing of tools for shared decision making.

Citation: Circulation. Cardiovascular quality and outcomes, May 2014, vol. 7, no. 3, p. 487-492 (May 2014)

Author(s): Matlock, Daniel D, Spatz, Erica S

Source: Medline

Full Text:
Available from *Highwire Press* in Circulation: Cardiovascular Quality and Outcomes

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Title: Predictors of shared decision making and level of agreement between consumers and providers in psychiatric care.

Citation: Community mental health journal, May 2014, vol. 50, no. 4, p. 375-382 (May 2014)

Author(s): Fukui, Sadaaki, Salyers, Michelle P, Matthias, Marianne S, Collins, Linda, Thompson, John, Coffman, Melinda, Torrey, William C

Abstract: The purpose of this study was to quantitatively examine elements of shared decision making (SDM), and to establish empirical evidence for factors correlated with SDM and the level of agreement between consumer and provider in psychiatric care. Transcripts containing 128 audio-recorded medication check-up visits with eight providers at three community mental health centers were rated using the Shared Decision Making scale, adapted from Braddock's Informed Decision Making Scale (Braddock et al. 1997, 1999, 2008). Multilevel regression analyses revealed that greater consumer activity in the session and greater decision complexity significantly predicted the SDM score. The best predictor of agreement between consumer and provider was "exploration of consumer preference," with a four-fold increase in full agreement when consumer preferences were discussed more completely. Enhancing

active consumer participation, particularly by incorporating consumer preferences in the decision making process appears to be an important factor in SDM.

Source: Medline

Full Text:
Available from *ProQuest* in Community Mental Health Journal
Available from *Springer NHS Pilot 2014 (NESLi2)* in Community Mental Health Journal; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Trends and perspectives of shared decision-making in schizophrenia and related disorders.

Citation: Current opinion in psychiatry, May 2014, vol. 27, no. 3, p. 222-229 (May 2014)

Author(s): Beitinger, Romain, Kissling, Werner, Hamann, Johannes

Abstract: Shared decision-making (SDM) is a model of how doctors and patients make medical decisions, which is seen as very applicable to mental health. This review addresses the following issues: Do patients and professionals see the need for SDM? Does SDM actually take place for patients with schizophrenia? What are facilitators and barriers of SDM in schizophrenia treatment? What are the outcomes of SDM? Publications in the last 18 months showed the following: Both patients and providers acknowledge the desirability of SDM. SDM occurs less often in mental health than desired by patients and less frequently compared with general practice. SDM in mental health is complex, takes time and involves more than just two participants; patients' lack of decisional capacity is seen as the major barrier. There are only a few interventional studies measuring the outcome of SDM; existing research constantly shows positive, but small effects. SDM is highly accepted and wanted in the treatment of schizophrenia and related disorders, but more research is needed regarding how SDM can be implemented in regular care. Healthcare professionals need more training in how to deal with difficult decisional situations.

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Available from *Current Opinion in Psychiatry* in South Devon Healthcare Trust Library

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Title: Counseling women with a previous cesarean birth: toward a shared decision-making partnership.

Citation: Journal of midwifery & women's health, May 2014, vol. 59, no. 3, p. 237-245 (2014 May-Jun)

Author(s): Cox, Kim J

Abstract: Pregnant women who had a previous cesarean birth must choose whether to have a repeat cesarean or to attempt a vaginal birth. Many of these women are candidates for a trial of labor. Current practice guidelines recommend that women should be thoroughly counseled during prenatal care about the benefits and harms of both a trial of labor after cesarean (TOLAC) and an elective repeat cesarean delivery and be offered the opportunity to make an informed decision about mode of birth in collaboration with their provider. The purpose of this article is to improve the process of counseling, decision making, and informed consent by increasing health care providers' knowledge about the essential elements of shared decision making. Factors that affect the decisions to be made and concepts that are critical for effective counseling are explored, including clinical considerations, women's perspectives, decision-making models, health literacy and numeracy, communicating risk, and the use of decision aids. Issues related to birth sites for TOLAC are also discussed, including access, safety, refusal of surgery, and clinical management. © 2014 by the American College of Nurse-Midwives.

Source: Medline

Title: The role of maternity care providers in promoting shared decision making regarding birthing positions during the second stage of labor.

Citation: Journal of midwifery & women's health, May 2014, vol. 59, no. 3, p. 277-285 (2014 May-Jun)

Author(s): Nieuwenhuijze, Marianne J, Low, Lisa Kane, Korstjens, Irene, Lagro-Janssen, Toine

Abstract: Through the use of a variety of birthing positions during the second stage of labor, a woman can increase progress, improve outcomes, and have a positive birth experience. The role that a maternity care provider has in determining which position a woman uses during the second stage of labor has not been thoroughly explored. The purpose of this qualitative investigation was to explore how maternity care providers communicate with women during

the second stage of labor regarding birthing position. A literature-informed framework was developed to conduct a process of deductive content analysis of communication patterns between nulliparous women and their maternity care providers during the second stage of labor. Literature discussing shared decision making, control, and predictors of positive birth experiences were reviewed to develop a coding framework. The framework included the following categories: listening to women, encouragement, information, offering choices, and style of support. Forty-one audiotapes of women and their maternity care providers during the second stage of labor were transcribed verbatim and analyzed. Themes identified in the transcripts included all those in the analytic framework, plus 2 added categories of communication: empathy and interaction. Maternity care providers in this study enabled women to select various birthing positions using a dynamic process that moved between open, informative approaches and more closed, directive approaches, depending on the woman's needs and clinical condition. As clinical conditions unfolded, women became more actively involved in shared decision making regarding birthing positions, and maternity care providers found the right balance between being responsive to the woman's questions or directives. Enabling shared decision making during birth is not a linear process using a single approach; it is dynamic process that requires a variety of approaches. Maternity care providers can support a woman to use different birthing positions during the second stage of labor by employing a flexible style that incorporates clinical assessment and the woman's responses. © 2014 by the American College of Nurse-Midwives.

Source: Medline

Title: Intermittent auscultation of the fetal heart rate during labor: an opportunity for shared decision making.

Citation: Journal of midwifery & women's health, May 2014, vol. 59, no. 3, p. 344-349 (2014 May-Jun)

Author(s): Hersh, Sally, Megregian, Michele, Emeis, Cathy

Abstract: Electronic fetal heart rate monitoring is the most common form of intrapartal fetal assessment in the United States. Intermittent auscultation of the fetal heart rate is an acceptable option for low-risk laboring women, yet it is underutilized in the hospital setting. Several expert organizations have proposed the use of intermittent auscultation as a means of promoting physiologic childbirth. Within a shared decision-making model, the low-risk pregnant woman should be presented with current evidence about options for fetal heart rate assessment during labor. © 2014 by the American College of Nurse-Midwives.

Source: Medline

Title: Shared decision making for treatment of cancer: challenges and opportunities.

Citation: Journal of oncology practice / American Society of Clinical Oncology, May 2014, vol. 10, no. 3, p. 206-208 (May 2014)

Author(s): Katz, Steven J, Belkora, Jeffrey, Elwyn, Glyn

Source: Medline

Title: Adapting community based participatory research (CBPR) methods to the implementation of an asthma shared decision making intervention in ambulatory practices.

Citation: The Journal of asthma : official journal of the Association for the Care of Asthma, May 2014, vol. 51, no. 4, p. 380-390 (May 2014)

Author(s): Tapp, Hazel, Kuhn, Lindsay, Alkhazraji, Thamara, Steuerwald, Mark, Ludden, Tom, Wilson, Sandra, Mowrer, Lauren, Mohanan, Sveta, Dulin, Michael F

Abstract: Translating research findings into clinical practice is a major challenge to improve the quality of healthcare delivery. Shared decision making (SDM) has been shown to be effective and has not yet been widely adopted by health providers. This paper describes the participatory approach used to adapt and implement an evidence-based asthma SDM intervention into primary care practices. A participatory research approach was initiated through partnership development between practice staff and researchers. The collaborative team worked together to adapt and implement a SDM toolkit. Using the RE-AIM framework and qualitative analysis, we evaluated both the implementation of the intervention into clinical practice, and the level of partnership that was established. Analysis included the number of adopting clinics and providers, the patients' perception of the SDM approach, and the number of clinics willing to sustain the intervention delivery after 1 year. All six clinics and physician champions implemented the intervention using half-day dedicated asthma clinics while 16% of all providers within the practices have participated in the intervention. Themes from the focus groups included the importance of being part the development

process, belief that the intervention would benefit patients, and concerns around sustainability and productivity. One year after initiation, 100% of clinics have sustained the intervention, and 90% of participating patients reported a shared decision experience. Use of a participatory research process was central to the successful implementation of a SDM intervention in multiple practices with diverse patient populations.

Source: Medline

Title: Patient-centered imaging: shared decision making for cardiac imaging procedures with exposure to ionizing radiation.

Citation: Journal of the American College of Cardiology, Apr 2014, vol. 63, no. 15, p. 1480-1489 (April 22, 2014)

Author(s): Einstein, Andrew J, Berman, Daniel S, Min, James K, Hendel, Robert C, Gerber, Thomas C, Carr, J Jeffrey, Cerqueira, Manuel D, Cullom, S James, DeKemp, Robert, Dickert, Neal W, Dorbala, Sharmila, Fazel, Reza, Garcia, Ernest V, Gibbons, Raymond J, Halliburton, Sandra S, Hausleiter, Jörg, Heller, Gary V, Jerome, Scott, Lesser, John R, Raff, Gilbert L, Tilkemeier, Peter, Williams, Kim A, Shaw, Leslee J

Abstract: The current paper details the recommendations arising from an NIH-NHLBI/NCI-sponsored symposium held in November 2012, aiming to identify key components of a radiation accountability framework fostering patient-centered imaging and shared decision-making in cardiac imaging. Symposium participants, working in 3 tracks, identified key components of a framework to target critical radiation safety issues for the patient, the laboratory, and the larger population of patients with known or suspected cardiovascular disease. The use of ionizing radiation during an imaging procedure should be disclosed to all patients by the ordering provider at the time of ordering, and reinforced by the performing provider team. An imaging protocol with effective dose ≤3 mSv is considered very low risk, not warranting extensive discussion or written informed consent. However, a protocol effective dose >20 mSv was proposed as a level requiring particular attention in terms of shared decision-making and either formal discussion or written informed consent. Laboratory reporting of radiation dosimetry is a critical component of creating a quality laboratory fostering a patient-centered environment with transparent procedural methodology. Efforts should be directed to avoiding testing involving radiation, in patients with inappropriate indications. Standardized reporting and diagnostic reference levels for computed tomography and nuclear cardiology are important for the goal of public reporting of laboratory radiation dose levels in conjunction with diagnostic performance. The development of cardiac imaging technologies revolutionized cardiology practice by allowing routine, noninvasive assessment of myocardial perfusion and anatomy. It is now incumbent upon the imaging community to create an accountability framework to safely drive appropriate imaging utilization. Copyright © 2014 American College of Cardiology Foundation. Published by Elsevier Inc. All rights reserved.

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Full Text:
Available from *ProQuest* in Journal of the American College of Cardiology

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Title: Shared decision-making in back pain consultations: an illusion or reality?

Citation: European spine journal : official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society, Apr 2014, vol. 23 Suppl 1, p. S13. (April 2014)

Author(s): Jones, L E, Roberts, L C, Little, P S, Mullee, M A, Cleland, J A, Cooper, C

Abstract: Amid a political agenda for patient-centred healthcare, shared decision-making is reported to substantially improve patient experience, adherence to treatment and health outcomes. However, observational studies have shown that shared decision-making is rarely implemented in practice. The purpose of this study was to measure the prevalence of shared decision-making in clinical encounters involving physiotherapists and patients with back pain. Eighty outpatient encounters (comprising 40 h of data) were observed audio-recorded, transcribed verbatim and analysed using the 12-item OPTION scale. The higher the score, the greater is the shared decision-making competency of the clinicians. The mean OPTION score was 24.0% (range 10.4-43.8%). Shared decision-making was under-developed in the observed back pain consultations. Clinicians' strong desire to treat acted as a barrier to shared decision-making and further work should focus on when and how it can be implemented.

Source: Medline

Title: Actual involvement vs preference for involvement as an indicator of shared decision making.

Citation: JAMA internal medicine, Apr 2014, vol. 174, no. 4, p. 643-644 (April 2014)

Author(s): Melis, René J F, Makai, Peter, Perry, Marieke

Source: Medline

Title: Actual involvement vs preference for involvement as an indicator of shared decision making-reply.

Citation: JAMA internal medicine, Apr 2014, vol. 174, no. 4, p. 644. (April 2014)

Author(s): Meltzer, David O, Ruhnke, Gregory W, Tak, Hyo Jung

Source: Medline

Title: Patient engagement and shared decision-making.

Citation: Journal of general internal medicine, Apr 2014, vol. 29, no. 4, p. 562. (April 2014)

Author(s): Guyatt, Gordon H, Mulla, Sohail M, Scott, Ian A, Jackevicius, Cynthia A, You, John J

Source: Medline

Full Text:
Available from *ProQuest* in Journal of General Internal Medicine
Available from *National Library of Medicine* in Journal of General Internal Medicine
Available from *Springer NHS Pilot 2014 (NESLi2)* in Journal of General Internal Medicine; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Shared decision making in dermatology: asking patients, 'What is important to you?'.

Citation: The British journal of dermatology, Apr 2014, vol. 170, no. 4, p. 759-760 (April 2014)

Author(s): Anstey, A, Edwards, A

Source: Medline

Full Text:
Available from *British Journal of Dermatology* in South Devon Healthcare Trust Library

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Title: Shared decision making: science and action.

Citation: Circulation. Cardiovascular quality and outcomes, Mar 2014, vol. 7, no. 2, p. 323-327 (March 2014)

Author(s): Ting, Henry H, Brito, Juan Pablo, Montori, Victor M

Source: Medline

Full Text:
Available from *Highwire Press* in Circulation: Cardiovascular Quality and Outcomes

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Title: Shared decision making: state of the science.

Citation: Circulation. Cardiovascular quality and outcomes, Mar 2014, vol. 7, no. 2, p. 328-334 (March 2014)

Author(s): Lin, Grace A, Fagerlin, Angela

Source: Medline

Full Text:
Available from *Highwire Press* in Circulation: Cardiovascular Quality and Outcomes

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Title: Shared decision making and informed consent for hysterectomy.

Citation: Clinical obstetrics and gynecology, Mar 2014, vol. 57, no. 1, p. 3-13 (March 2014)

Author(s): Ogburn, Tony

Abstract: This article provides an overview of the components of the informed consent process for surgery including the components specific to hysterectomy. Shared decision making and informed consent for hysterectomy rely on a mutual understanding by the patient and surgeon of the goals, risks, benefits, and alternatives as well as the choice of hysterectomy technique. The importance of a patient-centered approach is emphasized with an explanation of several communication methods and resources for decision aids that will help to ensure that patients have a good understanding of the items listed above and are able to provide informed consent.

Source: Medline

Title: Shared decision-making, stigma, and child mental health functioning among families referred for primary care-located mental health services.

Citation: Families, systems & health : the journal of collaborative family healthcare, Mar 2014, vol. 32, no. 1, p. 116-121 (March 2014)

Author(s): Butler, Ashley M

Abstract: There is growing emphasis on shared decision making (SDM) to promote family participation in care and improve the quality of child mental health care. Yet, little is known about the relationship of SDM with parental perceptions of child mental health treatment or child mental health functioning. The objectives of this preliminary study were to examine (a) the frequency of perceived SDM with providers among minority parents of children referred to colocated mental health care in a primary care clinic, (b) associations between parent-reported SDM and mental health treatment stigma and child mental health impairment, and (c) differences in SDM among parents of children with various levels of mental health problem severity. Participants were 36 Latino and African American parents of children (ages 2-7 years) who were referred to colocated mental health care for externalizing mental health problems (disruptive, hyperactive, and aggressive behaviors). Parents completed questions assessing their perceptions of SDM with providers, child mental health treatment stigma, child mental health severity, and level of child mental health impairment. Descriptive statistics demonstrated the majority of the sample reported frequent SDM with providers. Correlation coefficients indicated higher SDM was associated with lower stigma regarding mental health treatment and lower parent-perceived child mental health impairment. Analysis of variance showed no significant difference in SDM among parents of children with different parent-reported levels of child mental health severity. Future research should examine the potential of SDM for addressing child mental health treatment stigma and impairment among minority families.

Source: Medline

Title: Advance directives, advance care planning, and shared decision making: promoting synergy over exclusivity in contemporary context.

Citation: Journal of pain and symptom management, Mar 2014, vol. 47, no. 3, p. e1. (March 2014)

Author(s): Swetz, Keith M, Matlock, Daniel D, Ottenberg, Abigale L, Mueller, Paul S

Source: Medline

Full Text:
Available from *Elsevier* in Journal of Pain and Symptom Management

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Title: How much shared decision making occurs in usual primary care of depression?

Citation: Journal of the American Board of Family Medicine : JABFM, Mar 2014, vol. 27, no. 2, p. 199-208, 1557-2625 (2014 Mar-Apr)

Author(s): Solberg, Leif I, Crain, A Lauren, Rubenstein, Lisa, Unützer, Jürgen, Whitebird, Robin R, Beck, Arne

Abstract: Shared decision making (SDM) is an important component of patient-centered care, but there is little information about its use in the primary care of depression, so we sought to study its frequency in usual care as reported by patients. Telephone interview of 1168 depressed patients taking antidepressants in 88 Minnesota primary care clinics who were identified from pharmacy claims data soon after a prescription for an antidepressant. We measured depression severity with the 9-item Patient Health Questionnaire and used a composite measure of SDM that reflected patient involvement in treatment decisions. These patients reported an average score for SDM of 50.7

(standard deviation, 32.8) on a scale of 0 to 100, where higher scores equate with greater SDM. In univariate analyses, the largest differences among scores were for age (scores of 58, 53, 45, and 33 for those aged 18-34, 35-49, 50-64, and >64 years, respectively; P < .0001); duration of treatment (a score of 56.6 on treatment <6 weeks vs 45.5 if longer; P < .001); and other treatments in the past 6 months (60.5 if yes vs. 46.0 if no; P = .001). SDM was not associated with any clinic characteristics, but it was correlated with patient-reported quality of care (r = 0.48; P < .001). Multivariate analyses confirmed some of these findings while showing a more complex set of relationships. Older patients with depression and those who have been in treatment longer report much less SDM in their care. Improving SDM, especially for these groups, may be an important target for improving patient experience and perceived quality.

Source: Medline

Full Text:
Available from *Highwire Press* in Journal of the American Board of Family Medicine, The

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Title: Shared decision making in the safety net: where do we go from here?

Citation: Journal of the American Board of Family Medicine : JABFM, Mar 2014, vol. 27, no. 2, p. 292-294, 1557-2625 (2014 Mar-Apr)

Author(s): Bouma, Angelique B, Tiedje, Kristina, Poplau, Sara, Boehm, Deborah H, Shah, Nilay D, Commers, Matthew J, Linzer, Mark, Montori, Victor M

Abstract: Shared decision making (SDM) is an interactive process between clinicians and patients in which both share information, deliberate together, and make clinical decisions. Clinics serving safety net patients face special challenges, including fewer resources and more challenging work environments. The use of SDM within safety net institutions has not been well studied. We recruited a convenience sample of 15 safety net primary care clinicians (13 physicians, 2 nurse practitioners). Each answered a 9-item SDM questionnaire and participated in a semistructured interview. From the transcribed interviews and questionnaire data, we identified themes and suggestions for introducing SDM into a safety net environment. Clinicians reported only partially fulfilling the central components of SDM (sharing information, deliberating, and decision making). Most clinicians expressed interest in SDM by stating that they "selected a treatment option together" with patients (8 of 15 in strong or complete agreement), but only a minority (3 of 15) "thoroughly weighed the different treatment options" together with patients. Clinicians attributed this gap to many barriers, including time pressure, overwhelming visit content, patient preferences, and lack of available resources. All clinicians believed that lack of time made it difficult to practice SDM. To increase use of SDM in the safety net, efficient SDM interventions designed for this environment, team care, and patient engagement in SDM will need further development. Future studies should focus on adapting SDM to safety net settings and determine whether SDM can reduce health care disparities.

Source: Medline

Full Text:
Available from *Highwire Press* in Journal of the American Board of Family Medicine, The

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Title: Shared decision-making: is it time to obtain informed consent before radiologic examinations utilizing ionizing radiation? Legal and ethical implications.

Citation: Journal of the American College of Radiology : JACR, Mar 2014, vol. 11, no. 3, p. 246-251 (March 2014)

Author(s): Berlin, Leonard

Abstract: Concerns about the possibility of developing cancer due to diagnostic imaging examinations utilizing ionizing radiation exposure are increasing. Research studies of survivors of atomic bomb explosions, nuclear reactor accidents, and other unanticipated exposures to similar radiation have led to varying conclusions regarding the stochastic effects of radiation exposure. That high doses of ionizing radiation cause cancer in humans is generally accepted, but the question of whether diagnostic levels of radiation cause cancer continues to be hotly debated. It cannot be denied that overexposure to ionizing radiation beyond a certain threshold, which has not been exactly determined, does generate cancer. This causes a dilemma: what should patients be informed about the possibility that a CT or similar examination might cause cancer later in life? At present, there is no consensus in the radiology community as to whether informed consent must be obtained from a patient before the patient undergoes a CT or similar examination. The author analyzes whether there is a legal duty mandating radiologists to obtain such informed consent but also, irrespective of the law, whether there an ethical duty that compels radiologists to inform patients of potential adverse effects of ionizing radiation. Over the past decade, there has been a noticeable shift from a benevolent, paternalistic approach to medical care to an autonomy-based, shared-decision-making approach, whereby patient and physician work as partners in determining what is medically best for the patient. Radiologists should discuss the benefits and hazards of imaging with their patients. Copyright © 2014. Published by Elsevier Inc.

Source: Medline

Title: Knowledge is not power for patients: a systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making.

Citation: Patient education and counseling, Mar 2014, vol. 94, no. 3, p. 291-309 (March 2014)

Author(s): Joseph-Williams, Natalie, Elwyn, Glyn, Edwards, Adrian

Abstract: To systematically review patient-reported barriers and facilitators to shared decision making (SDM) and develop a taxonomy of patient-reported barriers. Systematic review and thematic synthesis. Study findings/results for each included paper were extracted verbatim and entered into qualitative software for inductive analysis. Electronic and follow-up searches yielded 2956 unique references; 289 full-text articles were retrieved, of which 45 articles from 44 unique studies met inclusion criteria. Key descriptive themes were grouped under two broad analytical themes: how the healthcare system is organized (4 descriptive themes) and what happens during the decision-making interaction (4 descriptive themes, 10 sub-themes). Predominant emergent themes related to patients' knowledge and the power imbalance in the doctor-patient relationship. Patients need knowledge and power to participate in SDM - knowledge alone is insufficient and power is more difficult to attain. Many barriers are potentially modifiable, and can be addressed by attitudinal changes at the levels of patient, clinician/healthcare team, and the organization. The results support the view that many patients currently can't participate in SDM, rather than they won't participate because they do not want to. Future implementation efforts should address patient-reported factors together with known clinician-reported barriers and the wider organizational context. Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Measuring critical deficits in shared decision making before elective surgery.

Citation: Patient education and counseling, Mar 2014, vol. 94, no. 3, p. 328-333 (March 2014)

Author(s): Ankuda, Claire K, Block, Susan D, Cooper, Zara, Correll, Darin J, Hepner, David L, Lasic, Morana, Gawande, Atul A, Bader, Angela M

Abstract: Identifying patient factors correlated with specific needs in preoperative decision making is of clinical and ethical importance. We examined patterns and predictors of deficiencies in informed surgical consent and shared decision-making in preoperative patients. Validated measures were used to survey 1034 preoperative patients in the preoperative clinic after signed informed consent. Principal component analysis defined correlated groupings of factors. Multivariable analysis assessed patient factors associated with resultant groupings. 13% of patients exhibited deficits in their informed consent process; 33% exhibited other types of deficits. Informed consent deficits included not knowing the procedure being performed or risks and benefits. Other deficits included not having addressed patient values, preferences and goals. Non-English language and lower educational level were factors correlated with higher risk for deficits. Deficits exist in over a third of patients undergoing preoperative decision-making. Sociodemographic factors such as language and educational level identified particularly vulnerable groups at risk for having an incomplete, and possibly ineffective, decision-making process. Interventions to identify vulnerable groups and address patient centered surgical decision making in the pre-operative setting are needed. Focused interventions to address the needs of at-risk patients have potential to improve the surgical decision-making process and reduce disparities.
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Source: Medline

Title: Cultural targeting and tailoring of shared decision making technology: a theoretical framework for improving the effectiveness of patient decision aids in culturally diverse groups.

Citation: Social science & medicine (1982), Mar 2014, vol. 105, p. 1-8 (March 2014)

Author(s): Alden, Dana L, Friend, John, Schapira, Marilyn, Stiggelbout, Anne

Abstract: Patient decision aids are known to positively impact outcomes critical to shared decision making (SDM), such as gist knowledge and decision preparedness. However, research on the potential improvement of these and other important outcomes through cultural targeting and tailoring of decision aids is very limited. This is the case despite extensive evidence supporting use of cultural targeting and tailoring to improve the effectiveness of health communications. Building on prominent psychological theory, we propose a two-stage framework incorporating cultural concepts into the design process for screening and treatment decision aids. The first phase recommends use

of cultural constructs, such as collectivism and individualism, to differentially target patients whose cultures are known to vary on these dimensions. Decision aid targeting is operationalized through use of symbols and values that appeal to members of the given culture. Content dimensions within decision aids that appear particularly appropriate for targeting include surface level visual characteristics, language, beliefs, attitudes and values. The second phase of the framework is based on evidence that individuals vary in terms of how strongly cultural norms influence their approach to problem solving and decision making. In particular, the framework hypothesizes that differences in terms of access to cultural mindsets (e.g., access to interdependent versus independent self) can be measured up front and used to tailor decision aids. Thus, the second phase in the framework emphasizes the importance of not only targeting decision aid content, but also tailoring the information to the individual based on measurement of how strongly he/she is connected to dominant cultural mindsets. Overall, the framework provides a theory-based guide for researchers and practitioners who are interested in using cultural targeting and tailoring to develop and test decision aids that move beyond a "one-size fits all" approach and thereby, improve SDM in our multicultural world. Copyright © 2014 Elsevier Ltd. All rights reserved.

Source: Medline

Title: Patient preferences for testing for pulmonary embolism in the ED using a shared decision-making model.

Citation: The American journal of emergency medicine, Mar 2014, vol. 32, no. 3, p. 233-236 (March 2014)

Author(s): Geyer, Brian C, Xu, Maria, Kabrhel, Christopher

Abstract: Shared decision making (SDM) is a process whereby patients and clinicians work together to make informed medical decisions that incorporate patient values. Recent data suggest that, for patients with low pretest probability of pulmonary embolism (PE), doubling the standard d-dimer cutoff may reduce the need for imaging with minimal increase in missed PE diagnoses. We used an SDM approach to determine patient preferences regarding this diagnostic approach. We prospectively enrolled a consecutive sample of emergency department (ED) patients presenting with chest pain or dyspnea. We provided patients with a standardized description of the diagnostic workup for PE. We also provided image arrays describing the risks of computed tomography in low pretest probability patients and the risks of deferring imaging assuming a d-dimer was less than twice the value normally considered positive. We surveyed patients for their preference to undergo or defer imaging in this scenario. We enrolled 203 ED patients. Mean age was 55 ± 17 years, and 61% were male. Seventy-four patients (37%) elected to defer computed tomography of the pulmonary arteries testing. Patients with a previous PE diagnosis were less likely to defer computed tomography of the pulmonary arteries testing (P = .007). There was no association between the decision to defer testing and age, sex, family history of PE, or self-assessed risk-taking tendency. When presented with a hypothetical scenario, more than one-third of patients deferred imaging for PE based on low clinical probability and a d-dimer less than twice the normal threshold. An SDM approach is acceptable to patients and may decrease imaging for PE. Copyright © 2014 Elsevier Inc. All rights reserved.

Source: Medline

Full Text:
Available from *ProQuest* in American Journal of Emergency Medicine, The
Available from *Elsevier* in American Journal of Emergency Medicine

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Title: Patient-physician shared decision making.

Citation: JAMA, Feb 2014, vol. 311, no. 8, p. 863. (February 26, 2014)

Author(s): Veroff, David R, Birkmeyer, John D, Wennberg, David E

Source: Medline

Title: Patient-physician shared decision making--reply.

Citation: JAMA, Feb 2014, vol. 311, no. 8, p. 864. (February 26, 2014)

Author(s): Katz, Steven J, Hawley, Sarah

Source: Medline

Title: Shared decision making in atrial fibrillation: where we are and where we should be going.

Citation: Circulation, Feb 2014, vol. 129, no. 6, p. 704-710 (February 11, 2014)

Author(s): Seaburg, Luke, Hess, Erik P, Coylewright, Megan, Ting, Henry H, McLeod, Christopher J, Montori, Victor M

Source: Medline

Full Text:
Available from *Highwire Press* in Circulation

Title: Emergency physician radiation risk communication: a role for shared decision-making.

Citation: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine, Feb 2014, vol. 21, no. 2, p. 211-213 (February 2014)

Author(s): Marin, Jennifer R, Grudzen, Corita R

Source: Medline

Title: Provider perspectives on the utility of a colorectal cancer screening decision aid for facilitating shared decision making.

Citation: Health expectations : an international journal of public participation in health care and health policy, Feb 2014, vol. 17, no. 1, p. 27-35 (February 2014)

Author(s): Schroy, Paul C, Mylvaganam, Shamini, Davidson, Peter

Abstract: Decision aids for colorectal cancer (CRC) screening have been shown to enable patients to identify a preferred screening option, but the extent to which such tools facilitate shared decision making (SDM) from the perspective of the provider is less well established. Our goal was to elicit provider feedback regarding the impact of a CRC screening decision aid on SDM in the primary care setting. Cross-sectional survey. Primary care providers participating in a clinical trial evaluating the impact of a novel CRC screening decision aid on SDM and adherence. Perceptions of the impact of the tool on decision-making and implementation issues. Twenty-nine of 42 (71%) eligible providers responded, including 27 internists and two nurse practitioners. The majority (>60%) felt that use of the tool complimented their usual approach, increased patient knowledge, helped patients identify a preferred screening option, improved the quality of decision making, saved time and increased patients' desire to get screened. Respondents were more neutral is their assessment of whether the tool improved the overall quality of the patient visit or patient satisfaction. Fewer than 50% felt that the tool would be easy to implement into their practices or that it would be widely used by their colleagues. Decision aids for CRC screening can improve the quality and efficiency of SDM from the provider perspective but future use is likely to depend on the extent to which barriers to implementation can be addressed. © 2011 John Wiley & Sons Ltd.

Source: Medline

Title: Shared decision making: an alternative view.

Citation: Mayo Clinic proceedings, Feb 2014, vol. 89, no. 2, p. 276. (February 2014)

Author(s): Schattner, Ami

Source: Medline

Full Text:
Available from *ProQuest* in Mayo Clinic Proceedings
Available from *Elsevier* in Mayo Clinic Proceedings

Title: Shared decision making in dermato-oncology: preference for involvement of melanoma patients.

Citation: Melanoma research, Feb 2014, vol. 24, no. 1, p. 68-74 (February 2014)

Author(s): Albrecht, Karoline J, Nashan, Dorothée, Meiss, Frank, Bengel, Jürgen, Reuter, Katrin

Abstract: Increasing importance is being conferred to the implementation of shared decision making (SDM) in clinical practice for medical, ethical, and sociological reasons. In Germany, SDM has recently been adopted as an explicit

goal in the S3-melanoma treatment guideline. The aim of this study is to present data on how melanoma patients want to be involved in treatment decisions and second on the dynamic of these preferences for involvement. This was investigated in consecutively recruited melanoma patients (stages I-III) in two German Skin Cancer Centers as part of a longitudinal questionnaire study. The Control Preference Scale assessed patients' preferences at baseline (n=405) and was readministered 1 year later (n=314) to detect potential changes. In addition, the perceived realization of SDM in the adjuvant interferon-α treatment decision was investigated in a subgroup of patients (n=108) using the nine-item Shared Decision Making Questionnaire (SDM-Q-9). More than 80% of the patients want to play an active role (autonomous or collaborative) in treatment decisions and only 17% want to delegate their decision to the doctor. We found a significant preference shift within a year in 43% of the patients, predominantly toward more active involvement. The results of the SDM-Q-9 indicate a moderate degree of perceived participation, with differing perceived implementation of the individual the SDM process steps. With the majority of melanoma patients preferring an active role in treatment decisions and improvable implementation of the SDM process steps in clinical practice, our findings support the relevance of SDM in dermato-oncology.

Source: Medline

Title: Increasing engagement in evidence-based PTSD treatment through shared decision-making: a pilot study.

Citation: Military medicine, Feb 2014, vol. 179, no. 2, p. 143-149 (February 2014)

Author(s): Mott, Juliette M, Stanley, Melinda A, Street, Richard L, Grady, Rebecca H, Teng, Ellen J

Abstract: Within the Veterans Health Administration, post-traumatic stress disorder (PTSD) treatment decisions are left to the patient and provider, allowing substantial variability in the way treatment decisions are made. Theorized to increase treatment engagement, shared decision-making interventions provide a standardized framework for treatment decisions. This study sought to develop (phase 1) and pilot test the feasibility and potential effectiveness (phase 2) of a brief shared decision-making intervention to promote engagement in evidence-based PTSD treatment. An initial version of the intervention was developed and then modified according to stakeholder feedback. Participants in the pilot trial were 27 Iraq and Afghanistan Veterans recruited during an intake assessment at a Veterans Affairs PTSD clinic. Participants randomized to the intervention condition (n = 13) participated in a 30-minute shared decision-making session, whereas patients randomized to the usual care condition (n = 14) completed treatment planning during their intake appointment, per usual clinic procedures. Among the 20 study completers, a greater proportion of participants in the intervention condition preferred an evidence-based treatment and received an adequate (≥9 sessions) dose of psychotherapy. Results provide preliminary support for the feasibility and potential effectiveness of the intervention and suggest that larger-scale trials are warranted. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

Source: Medline

Full Text:
Available from *ProQuest* in Military Medicine

Title: The German version of the Four Habits Coding Scheme - association between physicians' communication and shared decision making skills in the medical encounter.

Citation: Patient education and counseling, Feb 2014, vol. 94, no. 2, p. 224-229 (February 2014)

Author(s): Scholl, Isabelle, Nicolai, Jennifer, Pahlke, Stephanie, Kriston, Levente, Krupat, Edward, Härter, Martin

Abstract: To translate a measure of physicians' communication skills, the Four Habits Coding Scheme (4HCS), into German, to examine its psychometric properties, and to analyze its association with the OPTION Scale, which assesses physicians' shared decision making (SDM) behavior. We performed a secondary data analysis of 67 audio-recorded medical consultations. Reliability, internal consistency, and factorial validity of the translated 4HCS were analyzed. The association with the OPTION Scale was examined using correlation and linear regression. Testing of reliability revealed intraclass correlation coefficients above .70. Results regarding internal consistency and factorial validity were inconclusive. The correlations between the OPTION score and the four dimensions of the 4HCS were .04 (p=.782), -.14 (p=.303), -.15 (p=.279) and .55 (p<.001), respectively. In multiple regression the four dimensions of the 4HCS explained substantial amount of variation in the OPTION scores (R(2)=.42, P<.001). The measure showed good observer reliability, however further testing is necessary. Due to the strong interrelation of both measures, SDM should be seen in the context of broader communication skills. The 4HCS can be used in research and medical education. Further studies are necessary that investigate SDM within the context of communication skills. Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Does the use of shared decision-making consultation behaviors increase treatment decision-making satisfaction among Chinese women facing decision for breast cancer surgery?

Citation: Patient education and counseling, Feb 2014, vol. 94, no. 2, p. 243-249 (February 2014)

Author(s): Lam, Wendy W T, Kwok, Marie, Chan, Miranda, Hung, Wai Ka, Ying, Marcus, Or, Amy, Kwong, Ava, Suen, Dacita, Yoon, Sungwon, Fielding, Richard

Abstract: To assess the extent to which breast surgical consultations used shared decision making (SDM), identify factors associated with use of SDM, and assess if using SDM increases decision-making satisfaction. Two hundred and eighty-three video-recorded diagnostic-treatment decision consultations between breast surgeons and women with breast cancer were assessed using the Decision Analysis System for Oncology (DAS-O) coding system designed for assessing SDM behaviors. Women completed a questionnaire at pre-consultation, one-week post-consultation and one-month post-surgery. Patient outcomes included decision conflict, patient satisfaction with medical consultation, and decision regret. Overall, the level of SDM behaviors was low. The extent of SDM behavior within consultation was related to greater consultation duration (p<0.001), more than one treatment being offered (p<0.001), and fewer questions raised by patients/companions (p<0.05). While use of SDM consultation did not influence post-consultation decision conflict, it increased satisfaction with information given and explained, patients' feelings of trust and confidence in their surgeons, and reduced post-surgical decision regret. These breast surgical consultations mostly adopted informed treatment decision-making approaches. Using SDM improved patient consultation and decision satisfaction. The study findings highlight a need to reinforce the importance of SDM in consultations among breast surgeons. Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Using an Option Grid in shared decision making.

Citation: Practical neurology, Feb 2014, vol. 14, no. 1, p. 54-56 (February 2014)

Author(s): Seal, Robert P, Kynaston, Jeremy, Elwyn, Glyn, Smith, Philip E M

Source: Medline

Full Text:
Available from *Highwire Press* in Practical neurology

Title: An opportunity to improve informed consent and shared decision making: the role of the ACS NSQIP Surgical Risk Calculator in oncology.

Citation: Annals of surgical oncology, Jan 2014, vol. 21, no. 1, p. 5-7 (January 2014)

Author(s): Paruch, Jennifer L, Ko, Clifford Y, Bilimoria, Karl Y

Source: Medline

Full Text:
Available from *ProQuest* in Annals of Surgical Oncology
Available from *Springer NHS Pilot 2014 (NESLi2)* in Annals of Surgical Oncology; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: An interprofessional approach to shared decision making: an exploratory case study with family caregivers of one IP home care team.

Citation: BMC geriatrics, Jan 2014, vol. 14, p. 83. (2014)

Author(s): Légaré, France, Stacey, Dawn, Brière, Nathalie, Robitaille, Hubert, Lord, Marie-Claude, Desroches, Sophie, Drolet, Renée

Abstract: Within the context of an exploratory case study, the authors assessed the perceptions of family caregivers about the decision-making process regarding relocating their relative and about the applicability of an interprofessional approach to shared decision making (IP-SDM). They also assessed perceptions of health professionals and health managers about IP-SDM. From November 2010 to October 2011, we worked with one IP home care team dedicated to older adults (the case) from a large primary health care organization in Quebec City, Canada. We identified six of their clients who had faced a decision about whether to stay at home or move to a long-term care facility in the past

year and interviewed their family caregivers. We explored the decision-making process they had experienced regarding relocating their relative and their perceptions about the applicability of IP-SDM in this context. Attitudes towards IP-SDM and potential barriers to this approach were explored using a focus group with the participating IP home care team, individual interviews with 8 managers and a survey of 272 health professionals from the primary care organization. A hybrid process of inductive and deductive thematic analysis was used and data were triangulated across all sources. Family caregivers reported lack of agreement on the nature of the decision to be made, a disconnection between home care services and relatives' needs, and high cost of long-term care alternatives. Factors influencing their decision included their ability to provide care for their relative. While they felt somewhat supported by the IP home care team, they also felt pressured in the decision. Overall, they did not perceive they had been exposed to IP-SDM but agreed that it was applicable in this context. Results from the survey, focus group and interviews with health professionals and managers indicated they all had a favourable attitude towards IP-SDM but many barriers hampered its implementation in their practice. The family caregivers in this study did not experience IP-SDM when relocating their relative. Added to results obtained with health professionals and managers, this highlights the need for an effective intervention targeting identified barriers to implementing IP-SDM in this context.

Source: Medline

Full Text:
Available from *ProQuest* in BMC Geriatrics
Available from *BioMed Central* in BMC Geriatrics
Available from *National Library of Medicine* in BMC Geriatrics
Available from *Springer NHS Pilot 2014 (NESLi2)* in BMC Geriatrics; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Option Grids to facilitate shared decision making for patients with Osteoarthritis of the knee: protocol for a single site, efficacy trial.

Citation: BMC health services research, Jan 2014, vol. 14, p. 160. (2014)

Author(s): Marrin, Katy, Wood, Fiona, Firth, Jill, Kinsey, Katharine, Edwards, Adrian, Brain, Kate E, Newcombe, Robert G, Nye, Alan, Pickles, Timothy, Hawthorne, Kamila, Elwyn, Glyn

Abstract: Despite policy interest, an ethical imperative, and evidence of the benefits of patient decision support tools, the adoption of shared decision making (SDM) in day-to-day clinical practice remains slow and is inhibited by barriers that include culture and attitudes; resources and time pressures. Patient decision support tools often require high levels of health and computer literacy. Option Grids are one-page evidence-based summaries of the available condition-specific treatment options, listing patients' frequently asked questions. They are designed to be sufficiently brief and accessible enough to support a better dialogue between patients and clinicians during routine consultations. This paper describes a study to assess whether an Option Grid for osteoarthritis of the knee (OA of the knee) facilitates SDM, and explores the use of Option Grids by patients disadvantaged by language or poor health literacy. This will be a stepped wedge exploratory trial involving 72 patients with OA of the knee referred from primary medical care to a specialist musculoskeletal service in Oldham. Six physiotherapists will sequentially join the trial and consult with six patients using usual care procedures. After a period of brief training in using the Option Grid, the same six physiotherapists will consult with six further patients using an Option Grid in the consultation. The primary outcome will be efficacy of the Option Grid in facilitating SDM as measured by observational scores using the OPTION scale. Comparisons will be made between patients who have received the Option Grid and those who received usual care. A Decision Quality Measure (DQM) will assess quality of decision making. The health literacy of patients will be measured using the REALM-R instrument. Consultations will be observed and audio-recorded. Interviews will be conducted with the physiotherapists, patients and any interpreters present to explore their views of using the Option Grid. Option Grids offer a potential solution to the barriers to implementing traditional decision aids into routine clinical practice. The study will assess whether Option Grids can facilitate SDM in day-to-day clinical practice and explore their use with patients disadvantaged by language or poor health literacy. Current Controlled Trials ISRCTN94871417.

Source: Medline

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Available from *ProQuest* in BMC Health Services Research
Available from *BioMed Central* in BMC Health Services Research
Available from *National Library of Medicine* in BMC Health Services Research
Available from *Springer NHS Pilot 2014 (NESLi2)* in BMC Health Services Research; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Publication trends of shared decision making in 15 high impact medical journals: a full-text review with bibliometric analysis.

Citation: BMC medical informatics and decision making, Jan 2014, vol. 14, p. 71. (2014)

Author(s): Blanc, Xavier, Collet, Tinh-Hai, Auer, Reto, Fischer, Roland, Locatelli, Isabella, Iriarte, Pablo, Krause, Jan, Légaré, France, Cornuz, Jacques

Abstract: Shared Decision Making (SDM) is increasingly advocated as a model for medical decision making. However, there is still low use of SDM in clinical practice. High impact factor journals might represent an efficient way for its dissemination. We aimed to identify and characterize publication trends of SDM in 15 high impact medical journals. We selected the 15 general and internal medicine journals with the highest impact factor publishing original articles, letters and editorials. We retrieved publications from 1996 to 2011 through the full-text search function on each journal website and abstracted bibliometric data. We included publications of any type containing the phrase "shared decision making" or five other variants in their abstract or full text. These were referred to as SDM publications. A polynomial Poisson regression model with logarithmic link function was used to assess the evolution across the period of the number of SDM publications according to publication characteristics. We identified 1285 SDM publications out of 229,179 publications in 15 journals from 1996 to 2011. The absolute number of SDM publications by journal ranged from 2 to 273 over 16 years. SDM publications increased both in absolute and relative numbers per year, from 46 (0.32% relative to all publications from the 15 journals) in 1996 to 165 (1.17%) in 2011. This growth was exponential (P < 0.01). We found fewer research publications (465, 36.2% of all SDM publications) than non-research publications, which included non-systematic reviews, letters, and editorials. The increase of research publications across time was linear. Full-text search retrieved ten times more SDM publications than a similar PubMed search (1285 vs. 119 respectively). This review in full-text showed that SDM publications increased exponentially in major medical journals from 1996 to 2011. This growth might reflect an increased dissemination of the SDM concept to the medical community.

Source: Medline

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Available from *ProQuest* in BMC Medical Informatics and Decision Making
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Available from *Springer NHS Pilot 2014 (NESLi2)* in BMC Medical Informatics and Decision Making; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Genders of patients and clinicians and their effect on shared decision making: a participant-level meta-analysis.

Citation: BMC medical informatics and decision making, Jan 2014, vol. 14, p. 81. (2014)

Author(s): Wyatt, Kirk D, Branda, Megan E, Inselman, Jonathan W, Ting, Henry H, Hess, Erik P, Montori, Victor M, LeBlanc, Annie

Abstract: Gender differences in communication styles between clinicians and patients have been postulated to impact patient care, but the extent to which the gender dyad structure impacts outcomes in shared decision making remains unclear. Participant-level meta-analysis of 775 clinical encounters within 7 randomized trials where decision aids, shared decision making tools, were used at the point of care. Outcomes analysed include decisional conflict scale scores, satisfaction with the clinical encounter, concordance between stated decision and action taken, and degree of patient engagement by the clinician using the OPTION scale. An estimated minimal important difference was used to determine if nonsignificant results could be explained by low power. We did not find a statistically significant interaction between clinician/patient gender mix and arm for decisional conflict, satisfaction with the clinical encounter or patient engagement. A borderline significant interaction (p = 0.05) was observed for one outcome: concordance between stated decision and action taken, where encounters with female clinician/male patient showed increased concordance in the decision aid arm compared to control (8% more concordant encounters). All other gender dyads showed decreased concordance with decision aid use (6% fewer concordant encounters for same-gender, 16% fewer concordant encounters for male clinician/female patient). In this participant-level meta-analysis of 7 randomized trials, decision aids used at the point of care demonstrated comparable efficacy across gender dyads. Purported barriers to shared decision making based on gender were not detected when tested for a minimum detected difference. ClinicalTrials.gov NCT00888537, NCT01077037, NCT01029288, NCT00388050, NCT00578981, NCT00949611, NCT00217061.

Source: Medline

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Available from *Springer NHS Pilot 2014 (NESLi2)* in BMC Medical Informatics and Decision Making; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Development and pilot testing of an online case-based approach to shared decision making skills training for clinicians.

Citation: BMC medical informatics and decision making, Jan 2014, vol. 14, p. 95. (2014)

Author(s): Volk, Robert J, Shokar, Navkiran K, Leal, Viola B, Bulik, Robert J, Linder, Suzanne K, Mullen, Patricia Dolan, Wexler, Richard M, Shokar, Gurjeet S

Abstract: Although research suggests that patients prefer a shared decision making (SDM) experience when making healthcare decisions, clinicians do not routinely implement SDM into their practice and training programs are needed. Using a novel case-based strategy, we developed and pilot tested an online educational program to promote shared decision making (SDM) by primary care clinicians. A three-phased approach was used: 1) development of a conceptual model of the SDM process; 2) development of an online teaching case utilizing the Design A Case (DAC) authoring template, a well-tested process used to create peer-reviewed web-based clinical cases across all levels of healthcare training; and 3) pilot testing of the case. Participants were clinician members affiliated with several primary care research networks across the United States who answered an invitation email. The case used prostate cancer screening as the clinical context and was delivered online. Post-intervention ratings of clinicians' general knowledge of SDM, knowledge of specific SDM steps, confidence in and intention to perform SDM steps were also collected online. Seventy-nine clinicians initially volunteered to participate in the study, of which 49 completed the case and provided evaluations. Forty-three clinicians (87.8%) reported the case met all the learning objectives, and 47 (95.9%) indicated the case was relevant for other equipoise decisions. Thirty-one clinicians (63.3%) accessed supplementary information via links provided in the case. After viewing the case, knowledge of SDM was high (over 90% correctly identified the steps in a SDM process). Determining a patient's preferred role in making the decision (62.5% very confident) and exploring a patient's values (65.3% very confident) about the decisions were areas where clinician confidence was lowest. More than 70% of the clinicians intended to perform SDM in the future. A comprehensive model of the SDM process was used to design a case-based approach to teaching SDM skills to primary care clinicians. The case was favorably rated in this pilot study. Clinician skills training for helping patients clarify their values and for assessing patients' desire for involvement in decision making remain significant challenges and should be a focus of future comparative studies.

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Title: On speaking terms: a Delphi study on shared decision-making in maternity care.

Citation: BMC pregnancy and childbirth, Jan 2014, vol. 14, p. 223. (2014)

Author(s): Nieuwenhuijze, Marianne J, Korstjens, Irene, de Jonge, Ank, de Vries, Raymond, Lagro-Janssen, Antoine

Abstract: For most women, participation in decision-making during maternity care has a positive impact on their childbirth experiences. Shared decision-making (SDM) is widely advocated as a way to support people in their healthcare choices. The aim of this study was to identify quality criteria and professional competencies for applying shared decision-making in maternity care. We focused on decision-making in everyday maternity care practice for healthy women. An international three-round web-based Delphi study was conducted. The Delphi panel included international experts in SDM and in maternity care: mostly midwives, and additionally obstetricians, educators, researchers, policy makers and representatives of care users. Round 1 contained open-ended questions to explore relevant ingredients for SDM in maternity care and to identify the competencies needed for this. In rounds 2 and 3, experts rated statements on quality criteria and competencies on a 1 to 7 Likert-scale. A priori, positive consensus was defined as 70% or more of the experts scoring ≥6 (70% panel agreement). Consensus was reached on 45 quality criteria statements and 4 competency statements. SDM in maternity care is a dynamic process that starts in antenatal care and ends after birth. Experts agreed that the regular visits during pregnancy offer opportunities to build a relationship, anticipate situations and revisit complex decisions. Professionals need to prepare women antenatally for unexpected, urgent decisions in birth and revisit these decisions postnatally. Open and respectful communication between women and care professionals is essential; information needs to be accurate, evidence-based and understandable to women. Experts were divided about the contribution of professional advice in shared decision-

making and about the partner's role. SDM in maternity care is a dynamic process that takes into consideration women's individual needs and the context of the pregnancy or birth. The identified ingredients for good quality SDM will help practitioners to apply SDM in practice and educators to prepare (future) professionals for SDM, contributing to women's positive birth experience and satisfaction with care.

Source: Medline

Full Text:
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Available from *BioMed Central* in BMC Pregnancy and Childbirth
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Available from *Springer NHS Pilot 2014 (NESLi2)* in BMC Pregnancy and Childbirth; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Efficacy of shared decision making on treatment satisfaction for patients with first-admission schizophrenia: study protocol for a randomised controlled trial.

Citation: BMC psychiatry, Jan 2014, vol. 14, p. 111. (2014)

Author(s): Ishii, Mio, Okumura, Yasuyuki, Sugiyama, Naoya, Hasegawa, Hana, Noda, Toshie, Hirayasu, Yoshio, Ito, Hiroto

Abstract: Shared decision making is a promising model for patient-centred medicine, resulting in better clinical outcomes overall. In the mental health field, interventions that consider the patient-centred perspective--such as patient quality of life, involvement in the treatment, treatment satisfaction, and working alliance--have increased and better clinical outcomes discovered for patients with schizophrenia. However, few studies have examined the efficacy of shared decision making for schizophrenia treatment. The objective of this study is to evaluate the effect of a shared decision making intervention compared to treatment as usual on patient satisfaction at discharge for first-admission patients with schizophrenia. This is a randomised, parallel-group, two-arm, open-label, single-centre study currently being conducted in an acute psychiatric ward of Numazu Chuo Hospital, Japan. We are recruiting patients between 16 and 65 years old who are admitted to the ward with a diagnosis of schizophrenia without prior experience of psychiatric admission. Fifty-eight participants are being randomised into a shared decision making intervention group or a treatment as usual control group in a 1:1 ratio. The intervention program was developed based on a shared decision making model and is presented as a weekly course lasting the duration of the patients' acute psychiatric ward stay. The primary outcome measure is patient satisfaction at discharge as assessed by the Client Satisfaction Questionnaire. Due to the study's nature, neither the patient nor staff can be blinded. This is the first randomised controlled trial to evaluate the efficacy of shared decision making for patients with early-treatment-stage schizophrenia. The intervention program in this study is innovative in that it includes both of the patient and staff who are involved in the treatment. The study has been registered with ClinicalTrials.gov as NCT01869660.

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Title: Consultant psychiatrists' experiences of and attitudes towards shared decision making in antipsychotic prescribing, a qualitative study.

Citation: BMC psychiatry, Jan 2014, vol. 14, p. 127. (2014)

Author(s): Shepherd, Andrew, Shorthouse, Oliver, Gask, Linda

Abstract: Shared decision making represents a clinical consultation model where both clinician and service user are conceptualised as experts; information is shared bilaterally and joint treatment decisions are reached. Little previous research has been conducted to assess experience of this model in psychiatric practice. The current project therefore sought to explore the attitudes and experiences of consultant psychiatrists relating to shared decision making in the prescribing of antipsychotic medications. A qualitative research design allowed the experiences and beliefs of participants in relation to shared decision making to be elicited. Purposive sampling was used to recruit participants from a range of clinical backgrounds and with varying length of clinical experience. A semi-structured interview schedule was utilised and was adapted in subsequent interviews to reflect emergent themes.Data analysis was completed in parallel with interviews in order to guide interview topics and to inform recruitment. A directed analysis

method was utilised for interview analysis with themes identified being fitted to a framework identified from the research literature as applicable to the practice of shared decision making. Examples of themes contradictory to, or not adequately explained by, the framework were sought. A total of 26 consultant psychiatrists were interviewed. Participants expressed support for the shared decision making model, but also acknowledged that it was necessary to be flexible as the clinical situation dictated. A number of potential barriers to the process were perceived however: The commonest barrier was the clinician's beliefs regarding the service users' insight into their mental disorder, presented in some cases as an absolute barrier to shared decision making. In addition factors external to the clinician - service user relationship were identified as impacting on the decision making process, including; environmental factors, financial constraints as well as societal perceptions of mental disorder in general and antipsychotic medication in particular. This project has allowed identification of potential barriers to shared decision making in psychiatric practice. Further work is necessary to observe the decision making process in clinical practice and also to identify means in which the identified barriers, in particular 'lack of insight', may be more effectively managed.

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Title: "Appropriate" diagnostic testing: supporting diagnostics with evidence-based medicine and shared decision making.

Citation: BMC research notes, Jan 2014, vol. 7, p. 922. (2014)

Author(s): Polaris, Julian J Z, Katz, Jeffrey N

Abstract: Evidence-based medicine is an important approach to avoiding care that is unlikely to benefit patients in both the treatment and the diagnostic context. The medical evidence alone may not determine the most appropriate care decision. Patient interests are best served when the advantages and risks of a diagnostic test are viewed through the lens of the patient's values. That is, the paradigm of evidence-based medicine should be complemented by the paradigm of shared decision making. Diagnostic testing may offer physiological and psychological benefits. Clinicians should also discuss the potential harms, however, which may be physiological (e.g. radiation or scarring), psychological (e.g. anxiety), and financial (e.g. cost-sharing burdens). All three of these concerns are compounded by the risk of false positives or incidental findings that are not serious, but which require decisions about further testing or treatment. We suggest that patient-centered decision making around diagnostic testing involves a two-step inquiry:(1) Is the test medically appropriate? Does the available evidence documenting short- and long-term risk and benefits support the test for its intended use, given the patient's characteristics and symptoms?(2) Is the test appropriate for this patient? Has the provider initiated a conversation about tradeoffs that helps the patient evaluate whether the balance of risks and benefits is consonant with the patient's own values and preferences? Potential benefits and harms to consider include the physiological, the psychological, and the financial.

Source: Medline

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Available from *Springer NHS Pilot 2014 (NESLi2)* in BMC Research Notes; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Shared decision-making in treatment of Merkel cell carcinoma.

Citation: BMJ case reports, Jan 2014, vol. 2014 (2014)

Author(s): Muus Steffensen, Signe, Korsgaard, Niels

Abstract: An 82-year-old woman presented with an asymptomatic mass, rapidly growing on her left cheek for the previous 3 months. Punch biopsy of the tumour was performed, and the pathology was compatible with Merkel cell carcinoma. A resection margin of more than 1 cm would involve left oral commissura, potentially damaging speech, eating and drinking ability. The patient had a strong wish of keeping surgery simple in order to maintain quality of life. Tumour excision was performed with 1 cm resection margin, and postoperatively the patient was referred to adjuvant radiation therapy. Sensibility of upper and lower lip remained unaffected, while motor innervation of left upper lip was impaired. Despite this, the patient's ability to talk and eat was unaffected. Surgery, with adjunctive radiation therapy, is

the first-line of treatment for the primary tumour. The option for a more conservative treatment is not first choice, but can be considered upon individual assessment.

Source: Medline

Title: Shared decision-making at end-of-life is aided by graphical trending of illness severity.

Citation: BMJ case reports, Jan 2014, vol. 2014 (2014)

Author(s): Bittleman, David B, Solinger, Alan B, Finlay, G Duncan

Abstract: The Rothman Index (RI) gives a visual picture of patient's condition and progress for the physician and family to view together. This case demonstrates how the RI graph facilitates physician-family communication. An 85-year-old man with normal pressure hydrocephalus and ventriculoperitoneal shunt presented with a subdural haematoma. He required a temporoparietal craniotomy and evacuation of left subdural haematoma, followed by care in an intensive inpatient rehabilitation unit. His course was complicated by aspiration pneumonia, dehydration, renal failure and phenytoin toxicity. During hospitalisation, the patient's RI graph was reviewed daily with his family. The RI provided an unambiguous visualisation of the trend of patient acuity, which depicted the patient's persistent decline in health, and made clear to the family the situation of the patient. This clarity was instrumental in prompting frank discussions of prognosis and consideration of comfort measures, resulting in timely transfer to hospice.

Source: Medline

Title: Shared decision making asks patients to share their aims and values for treatment.

Citation: BMJ (Clinical research ed.), Jan 2014, vol. 348, p. g1435. (2014)

Author(s): Hamilton, David W

Source: Medline

Title: Power imbalance prevents shared decision making.

Citation: BMJ (Clinical research ed.), Jan 2014, vol. 348, p. g3178. (2014)

Author(s): Joseph-Williams, Natalie, Edwards, Adrian, Elwyn, Glyn

Source: Medline

Title: Decision aids, empowerment, and shared decision making.

Citation: BMJ (Clinical research ed.), Jan 2014, vol. 349, p. g5811. (2014)

Author(s): Hargraves, Ian, Montori, Victor M

Source: Medline

Title: Shared decision-making as a cost-containment strategy: US physician reactions from a cross-sectional survey.

Citation: BMJ open, Jan 2014, vol. 4, no. 1, p. e004027. (2014)

Author(s): Tilburt, Jon C, Wynia, Matthew K, Montori, Victor M, Thorsteinsdottir, Bjorg, Egginton, Jason S, Sheeler, Robert D, Liebow, Mark, Humeniuk, Katherine M, Goold, Susan Dorr

Abstract: To assess US physicians' attitudes towards using shared decision-making (SDM) to achieve cost containment. Cross-sectional mailed survey. US medical practice. 3897 physicians were randomly selected from the AMA Physician Masterfile. Of these, 2556 completed the survey. Level of enthusiasm for "Promoting better conversations with patients as a means of lowering healthcare costs"; degree of agreement with "Decision support tools that show costs would be helpful in my practice" and agreement with "should promoting SDM be legislated to control overall healthcare costs". Of 2556 respondents (response rate (RR) 65%), two-thirds (67%) were 'very enthusiastic' about promoting SDM as a means of reducing healthcare costs. Most (70%) agreed decision support

tools that show costs would be helpful in their practice, but only 24% agreed with legislating SDM to control costs. Compared with physicians with billing-only compensation, respondents with salary compensation were more likely to strongly agree that decision support tools showing costs would be helpful (OR 1.4; 95% CI 1.1 to 1.7). Primary care physicians (vs surgeons, OR 1.4; 95% CI 1.0 to 1.6) expressed more enthusiasm for SDM being legislated as a means to address healthcare costs. Most US physicians express enthusiasm about using SDM to help contain costs. They believe decision support tools that show costs would be useful. Few agree that SDM should be legislated as a means to control healthcare costs.

Source: Medline

Full Text:
Available from *Highwire Press* in BMJ Open

Title: Familial pancreatic cancer: the case for prophylactic pancreatectomy in lieu of serial screening and shared decision making.

Citation: Case reports in oncological medicine, Jan 2014, vol. 2014, p. 737183., 2090-6706 (2014)

Author(s): Iskandar, Mazen E, Wayne, Michael G, Steele, Justin G, Cooperman, Avram M

Abstract: At-risk family members with familial pancreatic cancer (FCaP) face uncertainty regarding the individual risk of developing pancreatic cancer (CaP) and whether to choose serial screening or prophylactic pancreatectomy to avoid CaP. We treated 2 at-risk siblings with a history of FCaP, congenital hepatic fibrosis (CHF), and jaundice secondary to a bile duct stricture. In one, a pancreaticoduodenal resection was done and in the second a total pancreatectomy. Malignancy was not present, but extensive pancreatic intraepithelial neoplasia (PanIn) 2 was present throughout both pancreata. The clinical course and literature review are presented along with the previously unreported association of CHF and CaP.

Source: Medline

Full Text:
Available from *ProQuest* in Case Reports in Oncological Medicine

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Title: Designing and evaluating an interprofessional shared decision-making and goal-setting decision aid for patients with diabetes in clinical care--systematic decision aid development and study protocol.

Citation: Implementation science : IS, Jan 2014, vol. 9, p. 16. (2014)

Author(s): Yu, Catherine H, Stacey, Dawn, Sale, Joanna, Hall, Susan, Kaplan, David M, Ivers, Noah, Rezmovitz, Jeremy, Leung, Fok-Han, Shah, Baiju R, Straus, Sharon E

Abstract: Care of patients with diabetes often occurs in the context of other chronic illness. Competing disease priorities and competing patient-physician priorities present challenges in the provision of care for the complex patient. Guideline implementation interventions to date do not acknowledge these intricacies of clinical practice. As a result, patients and providers are left overwhelmed and paralyzed by the sheer volume of recommendations and tasks. An individualized approach to the patient with diabetes and multiple comorbid conditions using shared decision-making (SDM) and goal setting has been advocated as a patient-centred approach that may facilitate prioritization of treatment options. Furthermore, incorporating interprofessional integration into practice may overcome barriers to implementation. However, these strategies have not been taken up extensively in clinical practice. To systematically develop and test an interprofessional SDM and goal-setting toolkit for patients with diabetes and other chronic diseases, following the Knowledge to Action framework. 1. Feasibility study: Individual interviews with primary care physicians, nurses, dietitians, pharmacists, and patients with diabetes will be conducted, exploring their experiences with shared decision-making and priority-setting, including facilitators and barriers, the relevance of a decision aid and toolkit for priority-setting, and how best to integrate it into practice.2. Toolkit development: Based on this data, an evidence-based multi-component SDM toolkit will be developed. The toolkit will be reviewed by content experts (primary care, endocrinology, geriatricians, nurses, dietitians, pharmacists, patients) for accuracy and comprehensiveness.3. Heuristic evaluation: A human factors engineer will review the toolkit and identify, list and categorize usability issues by severity.4. Usability testing: This will be done using cognitive task analysis.5. Iterative refinement: Throughout the development process, the toolkit will be refined through several iterative cycles of feedback and redesign. Interprofessional shared decision-making regarding priority-setting with the use of a decision aid toolkit may help prioritize care of individuals with multiple comorbid conditions. Adhering to principles of user-centered design, we will develop and refine a toolkit to assess the feasibility of this approach.

Source: Medline

Full Text:

Available from *National Library of Medicine* in Implementation Science : IS

Title: Evidence summaries (decision boxes) to prepare clinicians for shared decision-making with patients: a mixed methods implementation study.

Citation: Implementation science : IS, Jan 2014, vol. 9, p. 144. (2014)

Author(s): Giguere, Anik M C, Labrecque, Michel, Haynes, R Brian, Grad, Roland, Pluye, Pierre, Légaré, France, Cauchon, Michel, Greenway, Matthew, Carmichael, Pierre-Hugues

Abstract: Decision boxes (Dboxes) provide clinicians with research evidence about management options for medical questions that have no single best answer. Dboxes fulfil a need for rapid clinical training tools to prepare clinicians for clinician-patient communication and shared decision-making. We studied the barriers and facilitators to using the Dbox information in clinical practice. We used a mixed methods study with sequential explanatory design. We recruited family physicians, residents, and nurses from six primary health-care clinics. Participants received eight Dboxes covering various questions by email (one per week). For each Dbox, they completed a web questionnaire to rate clinical relevance and cognitive impact and to assess the determinants of their intention to use what they learned from the Dbox to explain to their patients the advantages and disadvantages of the options, based on the theory of planned behaviour (TPB). Following the 8-week delivery period, we conducted focus groups with clinicians and interviews with clinic administrators to explore contextual factors influencing the use of the Dbox information. One hundred clinicians completed the web surveys. In 54% of the 496 questionnaires completed, they reported that their practice would be improved after having read the Dboxes, and in 40%, they stated that they would use this information for their patients. Of those who would use the information for their patients, 89% expected it would benefit their patients, especially in that it would allow the patient to make a decision more in keeping with his/her personal circumstances, values, and preferences. They intended to use the Dboxes in practice (mean 5.6±1.2, scale 1-7, with 7 being "high"), and their intention was significantly related to social norm, perceived behavioural control, and attitude according to the TPB (P<0.0001). In focus groups, clinicians mentioned that co-interventions such as patient decision aids and training in shared decision-making would facilitate the use of the Dbox information. Some participants would have liked a clear "bottom line" statement for each Dbox and access to printed Dboxes in consultation rooms. Dboxes are valued by clinicians. Tailoring of Dboxes to their needs would facilitate their implementation in practice.

Source: Medline

Full Text:
Available from *National Library of Medicine* in Implementation Science : IS

Title: Comparing traditional and participatory dissemination of a shared decision making intervention (ADAPT-NC): a cluster randomized trial.

Citation: Implementation science : IS, Jan 2014, vol. 9, p. 158. (2014)

Author(s): Tapp, Hazel, McWilliams, Andrew, Ludden, Thomas, Kuhn, Lindsay, Taylor, Yhenneko, Alkhazraji, Thamara, Halladay, Jacquie, Derkowski, Diane, Mohanan, Sveta, Dulin, Michael

Abstract: Asthma is a common disease that affects people of all ages and has significant morbidity and mortality. Poor outcomes and health disparities related to asthma result in part from the difficulty of disseminating new evidence and care delivery methods such as shared decision making (SDM) into clinical practice. This non-blinded study will randomize 30 primary care clinics in NC stratified by four PBRNs. We will test dissemination across these practices using a facilitator-led participatory approach to dissemination (FLOW), a novel method of participatory dissemination involving key principles of community-based participatory research, and a more typical "lunch and learn" dissemination method. Specifically, we will use cluster randomization to assign each of the 30 practices to one of three arms: (1) control, no dissemination; (2) traditional dissemination, one didactic session a year and distribution of educational material; and (3) FLOW dissemination. We hypothesize that at the unit of randomization, the clinic, patients in the FLOW dissemination arm will be more likely to share in their treatment decisions compared to patients in the traditional dissemination or control arms. All outcomes will be measured at the level of the clinic. Adoption of the SDM approach will be evaluated by 1) asthma exacerbations, 2) level of patient involvement in the decision making process, and 3) qualitative assessments from patients and providers. The trial was registered on January 27, 2014 through the United States National Institutes of Health's ClinicalTrials.gov NCT02047929 and funded by the Patient-Centered Outcomes Research Institute (PCORI).

Source: Medline

Full Text:
Available from *National Library of Medicine* in Implementation Science : IS

Title: The role of medical schools in promoting social accountability through shared decision-making.

Citation: Israel journal of health policy research, Jan 2014, vol. 3, p. 26. (2014)

Author(s): Karnieli-Miller, Orit, Zisman-Ilani, Yaara, Meitar, Dafna, Mekori, Yoseph

Abstract: Reducing health inequalities and enhancing the social accountability of medical students and physicians is a challenge acknowledged by medical educators and professionals. It is usually perceived as a macro-level, community type intervention. This commentary suggests a different approach, an interpersonal way to decrease inequality and asymmetry in power relations to improve medical decisions and care. Shared decision-making practices are suggested as a model that requires building partnership, bi-directional sharing of information, empowering patients and enhancing tailored health care decisions. To increase the implementation of shared decision-making practices in Israel, an official policy needs to be established to encourage the investment of resources towards helping educators, researchers, and practitioners translate and integrate it into daily practice. Special efforts should be invested in medical education initiatives to train medical students and residents in SDM practices.

Source: Medline

Full Text:
Available from *BioMed Central* in Israel Journal of Health Policy Research
Available from *Springer NHS Pilot 2014 (NESLi2)* in Israel Journal of Health Policy Research; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: The superiority of patient engagement and shared decision-making in noninferiority trials.

Citation: Journal of general internal medicine, Jan 2014, vol. 29, no. 1, p. 16-17 (January 2014)

Author(s): Hoffman, Richard M, McNaughton-Collins, Mary

Source: Medline

Full Text:
Available from *ProQuest* in Journal of General Internal Medicine
Available from *National Library of Medicine* in Journal of General Internal Medicine
Available from *Springer NHS Pilot 2014 (NESLi2)* in Journal of General Internal Medicine; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Physicians as part of the solution? Community-based participatory research as a way to get shared decision making into practice.

Citation: Journal of general internal medicine, Jan 2014, vol. 29, no. 1, p. 219-222 (January 2014)

Author(s): Grande, Stuart W, Durand, Marie-Anne, Fisher, Elliott S, Elwyn, Glyn

Abstract: Although support among policy makers and academics for the wide scale adoption of shared decision making (SDM) is growing, actual implementation is slow, and faces many challenges. Extensive systemic barriers exist that prevent physicians from being able to champion SDM and lead practice change. In other areas of public health where implementation has been a challenge, community-based participatory research (CBPR) has effectively engaged resistant stakeholders to improve practice and the delivery of care. Might CBPR, defined broadly as research that engages participants in the conception, design, and implementation of relevant health programs, be a more effective way to engage physicians, patients, and managers in the implementation process? Consequently, we argue that adopting a participatory approach may help to overcome recognized barriers to progress in this area.

Source: Medline

Full Text:
Available from *ProQuest* in Journal of General Internal Medicine
Available from *National Library of Medicine* in Journal of General Internal Medicine
Available from *Springer NHS Pilot 2014 (NESLi2)* in Journal of General Internal Medicine; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Musculoskeletal health disparities: health literacy, cultural competency, informed consent, and shared decision making.

Citation: Journal of long-term effects of medical implants, Jan 2014, vol. 24, no. 2-3, p. 195-204 (2014)

Author(s): McClellan, Frank M, Wood, James E, Fahmy, Sherin M, Jones, Lynne C

Abstract: The factors that contribute to musculoskeletal healthcare disparities may influence the results of studies regarding the long-term outcome of orthopaedic implants. Patient decisions regarding their healthcare and their subsequent outcomes are influenced by health literacy. Providing patients with the information that they need to consent to treatment must be provided in a culturally competent manner. The influence of the physician or healthcare provider on the treatment choice varies depending on the type of decision-making process: patient-based, physician-based, or shared decision making. Respecting the patient's autonomy while acknowledging the knowledge and experience of the physician, we advocate for shared decision making. This may require modification of existing regulations regarding informed consent. Furthermore, federal and state directives have been put into place to address healthcare disparities, especially with respect to culturally competent care and access to proper healthcare.

Source: Medline

Title: The psychometric properties of CollaboRATE: a fast and frugal patient-reported measure of the shared decision-making process.

Citation: Journal of medical Internet research, Jan 2014, vol. 16, no. 1, p. e2. (2014)

Author(s): Barr, Paul James, Thompson, Rachel, Walsh, Thom, Grande, Stuart W, Ozanne, Elissa M, Elwyn, Glyn

Abstract: Patient-centered health care is a central component of current health policy agendas. Shared decision making (SDM) is considered to be the pinnacle of patient engagement and methods to promote this are becoming commonplace. However, the measurement of SDM continues to prove challenging. Reviews have highlighted the need for a patient-reported measure of SDM that is practical, valid, and reliable to assist implementation efforts. In consultation with patients, we developed CollaboRATE, a 3-item measure of the SDM process. There is a need for scalable patient-reported measure of the SDM process. In the current project, we assessed the psychometric properties of CollaboRATE. A representative sample of the US population were recruited online and were randomly allocated to view 1 of 6 simulated doctor-patient encounters in January 2013. Three dimensions of SDM were manipulated in the encounters: (1) explanation of the health issue, (2) elicitation of patient preferences, and (3) integration of patient preferences. Participants then completed CollaboRATE (possible scores 0-100) in addition to 2 other patient-reported measures of SDM: the 9-item Shared Decision Decision Making Questionnaire (SDM-Q-9) and the Doctor Facilitation subscale of the Patient's Perceived Involvement in Care Scale (PICS). A subsample of participants was resurveyed between 7 and 14 days after the initial survey. We assessed CollaboRATE's discriminative, concurrent, and divergent validity, intrarater reliability, and sensitivity to change. The final sample consisted of 1341 participants. CollaboRATE demonstrated discriminative validity, with a significant increase in CollaboRATE score as the number of core dimensions of SDM increased from zero (mean score: 46.0, 95% CI 42.4-49.6) to 3 (mean score 85.8, 95% CI 83.2-88.4). CollaboRATE also demonstrated concurrent validity with other measures of SDM, excellent intrarater reliability, and sensitivity to change; however, divergent validity was not demonstrated. The fast and frugal nature of CollaboRATE lends itself to routine clinical use. Further assessment of CollaboRATE in real-world settings is required.

Source: Medline

Full Text:
Available from *National Library of Medicine* in Journal of Medical Internet Research

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Title: Supporting health care professionals to improve the processes of shared decision making and self-management in a web-based intervention: randomized controlled trial.

Citation: Journal of medical Internet research, Jan 2014, vol. 16, no. 10, p. e211. (2014)

Author(s): Sassen, Barbara, Kok, Gerjo, Schepers, Jan, Vanhees, Luc

Abstract: Research to assess the effect of interventions to improve the processes of shared decision making and self-management directed at health care professionals is limited. Using the protocol of Intervention Mapping, a Web-based intervention directed at health care professionals was developed to complement and optimize health services in patient-centered care. The objective of the Web-based intervention was to increase health care professionals' intention and encouraging behavior toward patient self-management, following cardiovascular risk management guidelines. A randomized controlled trial was used to assess the effect of a theory-based intervention, using a pre-test and post-test design. The intervention website consisted of a module to help improve professionals' behavior, a module to increase patients' intention and risk-reduction behavior toward cardiovascular risk, and a parallel module with a support system for the health care professionals. Health care professionals (n=69) were recruited online and

randomly allocated to the intervention group (n=26) or (waiting list) control group (n=43), and invited their patients to participate. The outcome was improved professional behavior toward health education, and was self-assessed through questionnaires based on the Theory of Planned Behavior. Social-cognitive determinants, intention and behavior were measured pre-intervention and at 1-year follow-up. The module to improve professionals' behavior was used by 45% (19/42) of the health care professionals in the intervention group. The module to support the health professional in encouraging behavior toward patients was used by 48% (20/42). The module to improve patients' risk-reduction behavior was provided to 44% (24/54) of patients. In 1 of every 5 patients, the guideline for cardiovascular risk management was used. The Web-based intervention was poorly used. In the intervention group, no differences in social-cognitive determinants, intention and behavior were found for health care professionals, compared with the control group. We narrowed the intervention group and no significant differences were found in intention and behavior, except for barriers. Results showed a significant overall difference in barriers between the intervention and the control group ($F_1=4.128$, $P=.02$). The intervention was used by less than half of the participants and did not improve health care professionals' and patients' cardiovascular risk-reduction behavior. The website was not used intensively because of time and organizational constraints. Professionals in the intervention group experienced higher levels of barriers to encouraging patients, than professionals in the control group. No improvements were detected in the processes of shared decision making and patient self-management. Although participant education level was relatively high and the intervention was pre-tested, it is possible that the way the information was presented could be the reason for low participation and high dropout. Further research embedded in professionals' regular consultations with patients is required with specific emphasis on the processes of dissemination and implementation of innovations in patient-centered care. Netherlands Trial Register Number (NTR): NTR2584; http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=2584 (Archived by WebCite at http://www.webcitation.org/6STirC66r).

Source: Medline

Full Text:
Available from *National Library of Medicine* in Journal of Medical Internet Research

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Title: Older adults with CKD and acute kidney failure: do we know enough for critical shared decision making?

Citation: Journal of the American Society of Nephrology : JASN, Jan 2014, vol. 25, no. 1, p. 5-8 (January 2014)

Author(s): Williams, Amy W

Source: Medline

Title: Shared decision-making: the perspectives of young adults with type 1 diabetes mellitus.

Citation: Patient preference and adherence, Jan 2014, vol. 8, p. 423-435 (2014)

Author(s): Wiley, Janice, Westbrook, Mary, Greenfield, Jerry R, Day, Richard O, Braithwaite, Jeffrey

Abstract: Shared decision-making (SDM) is at the core of patient-centered care. We examined whether young adults with type 1 diabetes perceived the clinician groups they consulted as practicing SDM. In a web-based survey, 150 Australians aged 18-35 years and with type 1 diabetes rated seven aspects of SDM in their interactions with endocrinologists, diabetes educators, dieticians, and general practitioners. Additionally, 33 participants in seven focus groups discussed these aspects of SDM. Of the 150 respondents, 90% consulted endocrinologists, 60% diabetes educators, 33% dieticians, and 37% general practitioners. The majority of participants rated all professions as oriented toward all aspects of SDM, but there were professional differences. These ranged from 94.4% to 82.2% for "My clinician enquires about how I manage my diabetes"; 93.4% to 82.2% for "My clinician listens to my opinion about my diabetes management"; 89.9% to 74.1% for "My clinician is supportive of my diabetes management"; 93.2% to 66.1% for "My clinician suggests ways in which I can improve my self-management"; 96.6% to 85.7% for "The advice of my clinician can be understood"; 98.9% to 82.2% for "The advice of my clinician can be trusted"; and 86.5% to 67.9% for "The advice of my clinician is consistent with other members of the diabetes team". Diabetes educators received the highest ratings on all aspects of SDM. The mean weighted average of agreement to SDM for all consultations was 84.3%. Focus group participants reported actively seeking clinicians who practiced SDM. A lack of SDM was frequently cited as a reason for discontinuing consultation. The dominant three themes in focus group discussions were whether clinicians acknowledged patients' expertise, encouraged patients' autonomy, and provided advice that patients could utilize to improve self-management. The majority of clinicians engaged in SDM. Young adults with type 1 diabetes prefer such clinicians. They may fail to take up recommended health services when clinicians do not practice this component of patient-centered care. Such findings have implications for patient safety, improved health outcomes, and enhanced health service delivery.

Source: Medline

Full Text:
Available from *National Library of Medicine* in Patient preference and adherence

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Title: To what extent is treatment adherence of psychiatric patients influenced by their participation in shared decision making?

Citation: Patient preference and adherence, Jan 2014, vol. 8, p. 1547-1553 (2014)

Author(s): De Las Cuevas, Carlos, Peñate, Wenceslao, de Rivera, Luis

Abstract: Nonadherence to prescribed medications is a significant barrier to the successful treatment of psychiatric disorders in clinical practice. It has been argued that patient participation in shared decision making improves adherence to treatment plans. To assess to what extent treatment adherence of psychiatric patients is influenced by the concordance between their preferred participation and their actual participation in decision making. A total of 967 consecutive psychiatric outpatients completed the Control Preference Scale twice consecutively before consultation, one for their preferences of participation, and the other for the style they had usually experienced until then, and the eight-item self-report Morisky Medication Adherence Scale 8. Most psychiatric outpatients preferred a collaborative role in decision making. Congruence was achieved in only 50% of the patients, with most mismatch cases preferring more involvement than had been experienced. Self-reported adherence was significantly higher in those patients in whom there was concordance between their preferences and their experiences of participation in decision making, regardless of the type of participation preferred. Congruence between patients' preferences and actual experiences for level of participation in shared decision making is relevant for their adherence to treatment.

Source: Medline

Full Text:
Available from *National Library of Medicine* in Patient preference and adherence

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Title: Does shared decision-making provide an opportunity to improve the outcome of peritoneal dialysis catheter insertion?

Citation: Peritoneal dialysis international : journal of the International Society for Peritoneal Dialysis, Jan 2014, vol. 34, no. 1, p. 9-11 (2014 Jan-Feb)

Author(s): Wilkie, Martin, Hurst, Helen

Source: Medline

Title: Most important factors for the implementation of shared decision making in sciatica care: ranking among professionals and patients.

Citation: PloS one, Jan 2014, vol. 9, no. 4, p. e94176. (2014)

Author(s): Hofstede, Stefanie N, van Bodegom-Vos, Leti, Wentink, Manon M, Vleggeert-Lankamp, Carmen L A, Vliet Vlieland, Thea P M, Marang-van de Mheen, Perla J, DISC study group

Abstract: Due to the increasing specialization of medical professionals, patients are treated by multiple disciplines. To ensure that delivered care is patient-centered, it is crucial that professionals and the patient together decide on treatment (shared decision making (SDM)). However, it is not known how SDM should be integrated in multidisciplinary practice. This study determines the most important factors for SDM implementation in sciatica care, as it is known that a prior inventory of factors is crucial to develop a successful implementation strategy. 246 professionals (general practitioners, physical therapists, neurologists, neurosurgeons, orthopedic surgeons) (30% response) and 155 patients (96% response) responded to an internet-based survey. Respondents ranked barriers and facilitators identified in previous interviews, on their importance using Maximum Difference Scaling. Feeding back the personal top 5 most important factors, each respondent indicated whether these factors were barriers or facilitators. Hierarchical Bayes estimation was used to estimate the relative importance (RI) of each factor. Professionals assigned the highest importance to: quality of professional-patient relationship (RI 4.87; CI 4.75-4.99); importance of quick recovery of patient (RI 4.83; CI 4.69-4.97); and knowledge about treatment options (RI 6.64; CI 4.53-4.74), which were reported as barrier and facilitator. Professionals working in primary care had a different ranking than those working in hospital care. Patients assigned the highest importance to: correct diagnosis by professionals (barrier, RI 8.19; CI 7.99-8.38); information provision about treatment options and potential harm and benefits (RI 7.87; CI 7.65-8.08); and explanation of the professional about the care trajectory (RI 7.16; CI 6.94-7.38), which were reported as barrier and facilitator. Knowledge, information provision and a good relationship are the most important conditions for SDM perceived by both patients and professionals. These conditions are not restricted to one specific disease or

health care system, because they are mostly professional or patient dependent and require healthcare professional training.

Source: Medline

Full Text:
Available from *ProQuest* in PLoS One
Available from *National Library of Medicine* in PLoS ONE

Title: Do interventions designed to support shared decision-making reduce health inequalities? A systematic review and meta-analysis.

Citation: PloS one, Jan 2014, vol. 9, no. 4, p. e94670. (2014)

Author(s): Durand, Marie-Anne, Carpenter, Lewis, Dolan, Hayley, Bravo, Paulina, Mann, Mala, Bunn, Frances, Elwyn, Glyn

Abstract: Increasing patient engagement in healthcare has become a health policy priority. However, there has been concern that promoting supported shared decision-making could increase health inequalities. To evaluate the impact of SDM interventions on disadvantaged groups and health inequalities. Systematic review and meta-analysis of randomised controlled trials and observational studies. CINAHL, the Cochrane Register of Controlled Trials, the Cochrane Database of Systematic Reviews, EMBASE, HMIC, MEDLINE, the NHS Economic Evaluation Database, Open SIGLE, PsycINFO and Web of Knowledge were searched from inception until June 2012. We included all studies, without language restriction, that met the following two criteria: (1) assess the effect of shared decision-making interventions on disadvantaged groups and/or health inequalities, (2) include at least 50% of people from disadvantaged groups, except if a separate analysis was conducted for this group. We included 19 studies and pooled 10 in a meta-analysis. The meta-analyses showed a moderate positive effect of shared decision-making interventions on disadvantaged patients. The narrative synthesis suggested that, overall, SDM interventions increased knowledge, informed choice, participation in decision-making, decision self-efficacy, preference for collaborative decision making and reduced decisional conflict among disadvantaged patients. Further, 7 out of 19 studies compared the intervention's effect between high and low literacy groups. Overall, SDM interventions seemed to benefit disadvantaged groups (e.g. lower literacy) more than those with higher literacy, education and socioeconomic status. Interventions that were tailored to disadvantaged groups' needs appeared most effective. Results indicate that shared decision-making interventions significantly improve outcomes for disadvantaged patients. According to the narrative synthesis, SDM interventions may be more beneficial to disadvantaged groups than higher literacy/socioeconomic status patients. However, given the small sample sizes and variety in the intervention types, study design and quality, those findings should be interpreted with caution.

Source: Medline

Full Text:
Available from *ProQuest* in PLoS One
Available from *National Library of Medicine* in PLoS ONE

Title: [Shared decision making and minimal disruptive medicine in the management of chronic diseases].

Citation: Revista peruana de medicina experimental y salud pública, Jan 2014, vol. 31, no. 1, p. 111-117 (2014)

Author(s): Zeballos-Palacios, Claudia, Morey-Vargas, Oscar L, Brito, Juan P, Montori, Víctor M

Abstract: Chronic diseases are the leading cause of morbidity and mortality worldwide. These conditions require considerable time investment and resources from the health system in Peru, as well as from patients and their families. Paradoxically, the developed medical strategies for managing these conditions generate a constant and increasing burden for the patient and their environment, which affects quality of life and therapeutic results. In this article, the role of shared decision making and minimal disruptive medicine will be described as strategies to address these problems.

Source: Medline

Title: Shared decision making: using theories and technology to engage the patient in their health journey.

Citation: Studies in health technology and informatics, Jan 2014, vol. 205, p. 303-307, 0926-9630 (2014)

Author(s): Russell, Amina, Abidi, Samina Raza, Abidi, Syed Sibte Raza

Abstract: Shared decision making is considered the cornerstone of patient-centred care but transpires in only 10% of face-to-face consultative encounters. Technology interventions have rampantly sought to fill the shared decision making gap but fall short in patient engagement. Recent studies indicate that combining multiple approaches could lead to greater commitment towards achieving positive health outcomes. Consequently, this study combines and embeds the I-Change behavioural theory with choice architecture within a technology-based aid to facilitate shared health decision making for hypertension reduction. An ontology knowledge model combining the behavioural and choice methods forms the core framework that will inform the technical solution. The model is both scalable and patient-centric. A pilot study will trial the solution, solicit feedback and propose refinements for future clinical use.

Source: Medline

Title: A systematic review of shared decision making interventions in chronic conditions: a review protocol.

Citation: Systematic reviews, Jan 2014, vol. 3, p. 38. (2014)

Author(s): Gionfriddo, Michael R, Leppin, Aaron L, Brito, Juan P, Leblanc, Annie, Boehmer, Kasey R, Morris, Megan A, Erwin, Patricia J, Prokop, Larry J, Zeballos-Palacios, Claudia L, Malaga, German, Miranda, J Jaime, McLeod, Heidi M, Rodríguez-Gutiérrez, René, Huang, Rongchong, Morey-Vargas, Oscar L, Murad, Mohammad Hassan, Montori, Victor M

Abstract: Chronic conditions are a major source of morbidity, mortality and cost worldwide. Shared decision making is one way to improve care for patients with chronic conditions. Although it has been widely studied, the effect of shared decision making in the context of chronic conditions is unknown. We will perform a systematic review with the objective of determining the effectiveness of shared decision making interventions for persons diagnosed with chronic conditions. We will search the following databases for relevant articles: PubMed, Scopus, Ovid MEDLINE, Ovid EMBASE, Ovid EBM Reviews CENTRAL, CINAHL, and Ovid PsycInfo. We will also search clinical trial registries and contact experts in the field to identify additional studies. We will include randomized controlled trials studying shared decision making interventions in patients with chronic conditions who are facing an actual decision. Shared decision making interventions will be defined as any intervention aiming to facilitate or improve patient and/or clinician engagement in a decision making process. We will describe all studies and assess their quality. After adjusting for missing data, we will analyze the effect of shared decision making interventions on outcomes in chronic conditions overall and stratified by condition. We will evaluate outcomes according to an importance ranking informed by a variety of stakeholders. We will perform several exploratory analyses including the effect of author contact on the estimates of effect. We anticipate that this systematic review may have some limitations such as heterogeneity and imprecision; however, the results will contribute to improving the quality of care for individuals with chronic conditions and facilitate a process that allows decision making that is most consistent with their own values and preferences. PROSPERO Registration Number: CRD42013005784.

Source: Medline

Full Text:
Available from *BioMed Central* in Systematic Reviews
Available from *Springer NHS Pilot 2014 (NESLi2)* in Systematic Reviews; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

Title: Interventions for improving the adoption of shared decision making by healthcare professionals.

Citation: The Cochrane database of systematic reviews, Jan 2014, vol. 9, p. CD006732. (2014)

Author(s): Légaré, France, Stacey, Dawn, Turcotte, Stéphane, Cossi, Marie-Joëlle, Kryworuchko, Jennifer, Graham, Ian D, Lyddiatt, Anne, Politi, Mary C, Thomson, Richard, Elwyn, Glyn, Donner-Banzhoff, Norbert

Abstract: Shared decision making (SDM) can reduce overuse of options not associated with benefits for all and respects patient rights, but has not yet been widely adopted in practice. To determine the effectiveness of interventions to improve healthcare professionals' adoption of SDM. For this update we searched for primary studies in The Cochrane Library, MEDLINE, EMBASE, CINAHL, the Cochrane Effective Practice and Organisation of Care (EPOC) Specialsied Register and PsycINFO for the period March 2009 to August 2012. We searched the Clinical Trials.gov registry and the proceedings of the International Shared Decision Making Conference. We scanned the bibliographies of relevant papers and studies. We contacted experts in the field to identify papers published after August 2012. Randomised and non-randomised controlled trials, controlled before-and-after studies and interrupted time series studies evaluating interventions to improve healthcare professionals' adoption of SDM where the primary outcomes were evaluated using observer-based outcome measures (OBOM) or patient-reported outcome measures (PROM). The three overall categories of intervention were: interventions targeting patients, interventions targeting healthcare professionals, and interventions targeting both. Studies in each category were compared to studies in the same category, to studies in the other two categories, and to usual care, resulting in nine comparison groups.

Statistical analysis considered categorical and continuous primary outcomes separately. We calculated the median of the standardized mean difference (SMD), or risk difference, and range of effect across studies and categories of intervention. We assessed risk of bias. Thirty-nine studies were included, 38 randomised and one non-randomised controlled trial. Categorical measures did not show any effect for any of the interventions. In OBOM studies, interventions targeting both patients and healthcare professionals had a positive effect compared to usual care (SMD of 2.83) and compared to interventions targeting patients alone (SMD of 1.42). Studies comparing interventions targeting patients with other interventions targeting patients had a positive effect, as did studies comparing interventions targeting healthcare professionals with usual care (SDM of 1.13 and 1.08 respectively). In PROM studies, only three comparisons showed any effect, patient compared to usual care (SMD of 0.21), patient compared to another patient (SDM of 0.29) and healthcare professional compared to another healthcare professional (SDM of 0.20). For all comparisons, interpretation of the results needs to consider the small number of studies, the heterogeneity, and some methodological issues. Overall quality of the evidence for the outcomes, assessed with the GRADE tool, ranged from low to very low. It is uncertain whether interventions to improve adoption of SDM are effective given the low quality of the evidence. However, any intervention that actively targets patients, healthcare professionals, or both, is better than none. Also, interventions targeting patients and healthcare professionals together show more promise than those targeting only one or the other.

Source: Medline

Title: Shared decision making about IVF for savior siblings.

Citation: The virtual mentor : VM, Jan 2014, vol. 16, no. 1, p. 24-29 (January 2014)

Author(s): Jungheim, Emily S

Source: Medline

Title: [Does routine outcome monitoring have a promising future? An investigation into the use of shared decision-making combined with ROM for patients with a combination of physical and psychiatric symptoms].

Citation: Tijdschrift voor psychiatrie, Jan 2014, vol. 56, no. 6, p. 375-384, 0303-7339 (2014)

Author(s): van der Feltz-Cornelis, C M, Andrea, H, Kessels, E, Duivenvoorden, H J, Biemans, H, Metz, M

Abstract: Although routine outcome monitoring (ROM) has been developed and widely used in the course of patient centered outcome research in the Netherlands, so far the technique has hardly ever been used to improve the treatment of individual patients. To describe how a rom technique based on the principles of shared decision-making (SDM) was developed and evaluated at the Center for Body, Mind and Health at GGz Breburg, a specialised mental health institution in the Netherlands. We have developed a conceptual model for SDM that involves patient participation and the use of evidence-based decision-aids with cut-off scores. According to the conceptual model for SDM that we developed, the patient and the health professional involved took 'shared' decisions in three phases; the decisions related to triage, the drawing-up of a treatment plan and a follow-up treatment course. At the end of the 6 month intake-phase 7 of the 67 patients who were deemed eligible for ROM/SDM were dropped from the study because they were incapable of performing ROM assessments. Due to diagnostic advice and referral at the end of the intake-phase, 25 patients did not require further treatment. Of the remaining 35 patients, 33 delivered at least one follow-up ROM assessment during the subsequent treatment phases. In these patients somatic and psychiatric symptoms were found to be significantly reduced. ROM combined with sdm can be used successfully with patients who have a combination of physical and psychiatric symptoms and the technique can be applied by the professional in charge. Very few patients dropped out of the follow-up measurements and somatic as well as depressive or psychiatric symptoms diminished significantly. These findings indicate that a Randomised Clinical Trial is warranted in order to test the effectiveness of sdm combined with ROM as a decision-making instrument.

Source: Medline