Search History:
1. Medline; "shared decision making".ti; 895 results.

NB: A simple search showing articles containing ‘shared decision making’ in the article title indexed in Medline up to 10th July 2015.

Results:

Title: The psychometric properties of Observer OPTION(5), an observer measure of shared decision making.

Citation: Patient education and counseling, Aug 2015, vol. 98, no. 8, p. 970-976 (August 2015)

Author(s): Barr, Paul J, O'Malley, Alistair James, Tsulukidze, Maka, Gionfriddo, Michael R, Montori, Victor, Elwyn, Glyn

Abstract: Observer OPTION(5) was designed as a more efficient version of OPTION(12), the most commonly used measure of shared decision making (SDM). The current paper assesses the psychometric properties of OPTION(5). Two raters used OPTION(5) to rate recordings of clinical encounters from two previous patient decision aid (PDA) trials (n=201; n=110). A subsample was re-rated two weeks later. We assessed discriminative validity, inter-rater reliability, intra-rater reliability, and concurrent validity. OPTION(5) demonstrated discriminative validity, with increases in SDM between usual care and PDA arms. OPTION(5) also demonstrated concurrent validity with OPTION(12), r=0.61 (95%CI 0.54, 0.68) and intra-rater reliability, r=0.93 (0.83, 0.97). The mean difference in rater score was 8.89 (95% Credibility Interval, 7.5, 10.3), with intraclass correlation (ICC) of 0.67 (95% Credibility Interval, 0.51, 0.91) for the accuracy of rater scores and 0.70 (95% Credibility Interval, 0.56, 0.94) for the consistency of rater scores across encounters, indicating good inter-rater reliability. Raters reported lower cognitive burden when using OPTION(5) compared to OPTION(12). OPTION(5) is a brief, theoretically grounded observer measure of SDM with promising psychometric properties in this sample and low burden on raters. OPTION(5) has potential to provide reliable, valid assessment of SDM in clinical encounters. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Title: Shared decision-making in medical encounters regarding breast cancer treatment: the contribution of methodological triangulation.

Citation: European journal of cancer care, Jul 2015, vol. 24, no. 4, p. 461-472 (July 2015)

Author(s): Durif-Bruckert, C, Roux, P, Morelle, M, Mignotte, H, Faure, C, Moumjid-Ferdjaoui, N

Abstract: The aim of this study on shared decision-making in the doctor-patient encounter about surgical treatment for early-stage breast cancer, conducted in a regional cancer centre in France, was to further the understanding of patient perceptions on shared decision-making. The study used methodological triangulation to collect data (both quantitative and qualitative) about patient preferences in the context of a clinical consultation in which surgeons followed a shared decision-making protocol. Data were analysed from a multi-disciplinary research perspective (social psychology and health economics). The triangulated data collection methods were questionnaires (n = 132), longitudinal interviews (n = 47) and observations of consultations (n = 26). Methodological triangulation revealed levels of divergence and complementarity between qualitative and quantitative results that suggest new perspectives on the three inter-related notions of decision-making, participation and information. Patients’ responses revealed important differences between shared decision-making and participation per se. The authors note that subjecting patients to a normative behavioural model of shared decision-making in an era when paradigms of medical authority are shifting may undermine the patient’s quest for what he or she believes is a more important right: a guarantee of the best care available. © 2014 John Wiley & Sons Ltd.

Source: Medline

Title: Using the RAI-MH to support shared decision-making in mental healthcare.

Citation: Healthcare management forum / Canadian College of Health Service Executives = Forum gestion des soins de santé / Collège canadien des directeurs de services de santé, Jul 2015, vol. 28, no. 4, p. 163-166, 0840-4704 (July 2015)
Author(s): Martin, Lynn, Perlman, Christopher, Bieling, Peter

Abstract: Persons with mental illness often struggle to meaningfully participate in decisions about their services. This study engaged persons with mental illness to understand how health information could empower them. Participants reported wanting information on diagnoses, medications, symptoms, and strengths as well as clinician notes and rationale. The Resident Assessment Instrument for Mental Health contains this information and is mandated in inpatient psychiatry. Its findings could be summarized and shared with individuals to promote and facilitate shared decision-making. © 2015 The Canadian College of Health Leaders.

Source: Medline

Title: Tools to Promote Shared Decision Making in Serious Illness: A Systematic Review.

Citation: JAMA internal medicine, Jul 2015, vol. 175, no. 7, p. 1213-1221 (July 1, 2015)

Author(s): Austin, C Adrian, Mohottige, Dinushika, Sudore, Rebecca L, Smith, Alexander K, Hanson, Laura C

Abstract: Serious illness impairs function and threatens survival. Patients facing serious illness value shared decision making, yet few decision aids address the needs of this population. To perform a systematic review of evidence about decision aids and other exportable tools that promote shared decision making in serious illness, thereby (1) identifying tools relevant to the treatment decisions of seriously ill patients and their caregivers, (2) evaluating the quality of evidence for these tools, and (3) summarizing their effect on outcomes and accessibility for clinicians. We searched PubMed, CINAHL, and PsychInfo from January 1, 1995, through October 31, 2014, and identified additional studies from reference lists and other systematic reviews. Clinical trials with random or nonrandom controls were included if they tested print, video, or web-based tools for advance care planning (ACP) or decision aids for serious illness. We extracted data on the study population, design, results, and risk for bias using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) criteria. Each tool was evaluated for its effect on patient outcomes and accessibility. Seventeen randomized clinical trials tested decision tools in serious illness. Nearly all the trials were of moderate or high quality and showed that decision tools improve patient knowledge and awareness of treatment choices. The available tools address ACP, palliative care and goals of care communication, feeding options in dementia, lung transplant in cystic fibrosis, and truth telling in terminal cancer. Five randomized clinical trials provided further evidence that decision tools improve ACP documentation, clinical decisions, and treatment received. Clinicians can access and use evidence-based tools to engage seriously ill patients in shared decision making. This field of research is in an early stage; future research is needed to develop novel decision aids for other serious diagnoses and key decisions. Health care delivery organizations should prioritize the use of currently available tools that are evidence based and effective.

Source: Medline

Title: Occupational therapists' shared decision-making behaviors with patients having persistent pain in a work rehabilitation context: A cross-sectional study.

Citation: Patient education and counseling, Jul 2015, vol. 98, no. 7, p. 864-870 (July 2015)

Author(s): Coutu, Marie-France, Légaré, France, Stacey, Dawn, Durand, Marie-José, Corbière, Marc, Bainbridge, Lesley, Labrecque, Marie-Elise

Abstract: In a work rehabilitation context, we assessed occupational therapists' (OTs) shared decision-making (SDM) behaviors with individuals having persistent pain and explored factors influencing SDM behaviors. A cross-sectional study that used audio recordings of work rehabilitation consultations between OTs trained in SDM and a convenient sample of patients. Eligible patients were: off work for ≥12 weeks due to persistent pain associated with a musculoskeletal disorder, starting a work rehabilitation program, and French speaking. Transcripts were analyzed using the Observing Patient Involvement in Shared Decision Making (OPTION) instrument and assessed patients' decisional conflict and socioeconomic status. Of 15 OTs trained in SDM, 11 (90% female), provided audiotaped SDM meetings with 37 patients (40.5% female; aged 18-62 years). Their average OPTION score was 53.94 out of 100 (SD=9.68; range 35.42-70.83), indicating basic skills. Significant factors associated with OPTION scores (Radjusted(2)=21.7%) were the interview length (p=0.008) and level of patient education (p=0.038). Basic SDM behaviors were integrated in the practice of OTs trained in SDM. Evaluating SDM behaviors is a step toward providing OTs with performance feedback toward achieving client-centered care. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline
Assessing Option Grid® practicability and feasibility for facilitating shared decision making: An exploratory study.

Citation: Patient education and counseling, Jul 2015, vol. 98, no. 7, p. 871-877 (July 2015)

Author(s): Tsulukidze, Maka, Grande, Stuart W, Gionfriddo, Michael R

Abstract: To assess the feasibility of Option Grid® for facilitating shared decision making (SDM) in simulated clinical consultations and explore clinicians' views on their practicability. We used mixed methods approach to analyze clinical consultations using the Observer OPTION instrument and thematic analysis for follow-up interviews with clinicians. Clinicians achieved high scores on information sharing and low scores on preference elicitation and integration. Four themes were identified: (1) Barriers affect practicability of Option Grid®; (2) Option Grid® facilitate the SDM process; (3) Clinicians are aware of the gaps in their practice of SDM; (4) Training and ongoing feedback on the optimal use of Option Grid® are necessary. Future research must evaluate the impact of training on the use of Option Grid®, and explore how best to help clinicians bridge the gap between knowledge and action. Clinicians proficiently imparting information in simulations struggled to elicit and integrate patient preferences - understanding this gap and developing strategies to close it are the next steps for implementing SDM into clinical practice. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

GROUP DECISIONS. Shared decision-making drives collective movement in wild baboons.

Citation: Science (New York, N.Y.), Jun 2015, vol. 348, no. 6241, p. 1358-1361 (June 19, 2015)

Author(s): Strandburg-Peshkin, Ariana, Farine, Damien R, Couzin, Iain D, Crofoot, Margaret C

Abstract: Conflicts of interest about where to go and what to do are a primary challenge of group living. However, it remains unclear how consensus is achieved in stable groups with stratified social relationships. Tracking wild baboons with a high-resolution global positioning system and analyzing their movements relative to one another reveals that a process of shared decision-making governs baboon movement. Rather than preferentially following dominant individuals, baboons are more likely to follow when multiple initiators agree. When conflicts arise over the direction of movement, baboons choose one direction over the other when the angle between them is large, but they compromise if it is not. These results are consistent with models of collective motion, suggesting that democratic collective action emerging from simple rules is widespread, even in complex, socially stratified societies. Copyright © 2015, American Association for the Advancement of Science.

Source: Medline

Shared decision-making in epilepsy management - Its time has come, but are we missing some concepts?

Citation: Epilepsy & behavior : E&B, Jun 2015, vol. 47, p. 73-74 (June 2015)

Author(s): Shafer, Patricia Osborne

Source: Medline

Shared decision-making in epilepsy management.

Citation: Epilepsy & behavior : E&B, Jun 2015, vol. 47, p. 78-82 (June 2015)

Author(s): Pickrell, W O, Elwyn, G, Smith, P E M

Abstract: Policy makers, clinicians, and patients increasingly recognize the need for greater patient involvement in clinical decision-making. Shared decision-making helps address these concerns by providing a framework for clinicians and patients to make decisions together using the best evidence. Shared decision-making is applicable to situations where several acceptable options exist (clinical equipoise). Such situations occur commonly in epilepsy, for example, in decisions regarding the choice of medication, treatment in pregnancy, and medication withdrawal. A talk model is a way of implementing shared decision-making during consultations, and decision aids are useful tools to assist in the process. Although there is limited evidence available for shared decision-making in epilepsy, there are
several benefits of shared decision-making in general including improved decision quality, more informed choices, and better treatment concordance. Copyright © 2015 Elsevier Inc. All rights reserved.

Source: Medline

Title: The opportunities and challenges for shared decision-making in the rural United States.

Citation: HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues, Jun 2015, vol. 27, no. 2, p. 157-170 (June 2015)

Author(s): Nelson, William A, Barr, Paul J, Castaldo, Mary G

Abstract: The ethical standard for informed consent is fostered within a shared decision-making (SDM) process. SDM has become a recognized and needed approach in health care decision-making. Based on an ethical foundation, the approach fosters the active engagement of patients, where the clinician presents evidence-based treatment information and options and openly elicits the patient's values and preferences. The SDM process is affected by the context in which the information exchange occurs. Rural settings are one context that impacts the delivery of health care and SDM. Rural health care is significantly influenced by economic, geographical and social characteristics. Several specific distinctive features influence rural health care decision-making-poverty, access to health care, isolation, over-lapping relationships, and a shared culture. The rural context creates challenges as well as fosters opportunities for the application of SDM as a natural dynamic within the rural provider-patient relationship. To fulfill the ethical requirements of informed consent through SDM, it is necessary to understand its inherent challenges and opportunities. Therefore, rural clinicians and ethicists need to be cognizant of the impact of the rural setting on SDM and use the insights as an opportunity to achieve SDM.

Source: Medline

Title: [Using Shared Decision-Making on a Patient With Renal Cell Carcinoma and Subcutaneous Metastasis: A Care Experience].

Citation: Hu li za zhi The journal of nursing, Jun 2015, vol. 62, no. 3, p. 89-94, 0047-262X (June 2015)

Author(s): Tsai, Ling-Yu, Lin, Chiu-Chu

Abstract: When a patient aggressively receives treatment and looks forward to returning home, the prolonging of meaningful life is difficult, even with medical treatment. It is typically very challenging at this juncture for the members of the medical team to fully disclose to the patient the true extent of his / her condition and to recommend the withdrawal of life-support medical treatment. This article describes a nursing care experience with a renal cell carcinoma patient with subcutaneous metastasis. Her pain was induced by an edema and subcutaneous tumor in her lower limbs, which diminished the effectiveness of hemodialysis. During hospitalization, the mood of the patient shifted from looking forward to recovery to facing a rapidly worsening health status. Achieving a balance between fighting the disease and sustaining patient quality of life became increasingly difficult, and the patient began experiencing anxiety about dying. We use the belief of shared decision-making to guide the case in a discussion of her expectations during which primary medical care options and her choice to withdraw from hemodialysis treatment were explained. Essential oils, selected for appropriateness with her current disease stage, were used to stabilize her mood and relieve pain. In the end, we helped the patient to complete her pre-death preparations and to say goodbye to her children, parents, and siblings. As a result, the patient experienced a good death.

Source: Medline

Full Text:
Available from ProQuest in Hu Li Za Zhi
Available from EBSCOhost in Journal of Nursing

Title: The effects of shared decision making in the conservative management of stable ankle fractures.

Citation: Injury, Jun 2015, vol. 46, no. 6, p. 1116-1118 (June 2015)

Author(s): Hutchinson, R H, Barrie, J L

Abstract: The majority of ankle fractures seen in clinic are stable, will not displace and do not require plaster casting to achieve union in a good position. Nevertheless, many patients with stable ankle fractures are advised that they need a cast. In this study we counseled patients regarding the different options for conservative management of their stable ankle fracture. We then encouraged them to make an informed decision on which method of treatment they
would like to pursue. We analyzed eight years of a single consultant's fracture clinic. 163 patients were offered a choice of: a weight bearing below knee cast; a functional ankle brace; or a regime of rest, ice, compression bandage and elevation ("RICE" regime). All patients were advised to mobilize on the injured ankle as their pain allowed. 163 patients were suitable for all 3 treatment options. 82% (133/163) chose an ankle brace, 15% (25/163) opted for a RICE regime and 3% (5/163) chose a below knee cast. Of these only one returned to clinic complaining of increased pain, however after further discussion the patient opted to continue with his RICE regime as planned. A conservative approach to these injuries is now common practice; however there is a wide variation in what type of conservative management is given. Recent studies suggest orthopedic surgeons are still treating the majority of these injuries with a weight-bearing cast despite risks of stiffness, skin damage and thromboembolism. This study showed when the patient is given opportunity to make an informed choice the vast majority opt not to have a cast. The study suggests management of these injuries should be decided via a two-way conversation between patient and practitioner. Using a shared decision making approach to these injuries is a useful method of providing patients with the most suitable treatment for their personal treatment goals. Copyright © 2015 Elsevier Ltd. All rights reserved.

Source: Medline

Full Text: Available from Elsevier in Injury

Title: Tools for "Decloaking" the Elephant in the Room: Conflict of Interest, Shared Decision-Making, and Patient-Centered Care.

Citation: Journal of pain & palliative care pharmacotherapy, Jun 2015, vol. 29, no. 2, p. 173-177 (June 2015)

Author(s): Ruble, James H

Abstract: Recently, apparent failures in ethical conduct appear to have impacted the public trust of health care professionals. In particular, conflict of interest, whether actual or perceived, is hindering effective relationships between patients, clinicians, and society.Clinicians are poised to experience further damage to the goodwill and reputation of their professions if direct actions and changes to practice philosophy are not taken. Over the past 20 years, two substantial tools related to patient engagement have matured. These are shared decision-making (SDM), and patient-centered care (PCC). These are more than tools; they are logical frameworks for organizing the patient-clinician relationship. It is important for all clinicians to increase their understanding of these tools and incorporate in all facets of their professional practice.

Source: Medline

Title: 'My kidneys, my choice, decision aid': supporting shared decision making.

Citation: Journal of renal care, Jun 2015, vol. 41, no. 2, p. 81-87 (June 2015)

Author(s): Fortnum, Debbie, Smolonogov, Tatiana, Walker, Rachael, Kairaitis, Luke, Pugh, Debbie

Abstract: For patients with chronic kidney disease (CKD) who are progressing to end-stage kidney disease (ESKD) a decision of whether to undertake dialysis or conservative care is a critical component of the patient journey. Shared decision making for complex decisions such as this could be enhanced by a decision aid, a practice which is well utilised in other disciplines but limited for nephrology. A multidisciplinary team in Australia and New Zealand (ANZ) utilised current decision-making theory and best practice to develop the 'My Kidneys, My Choice', a decision aid for the treatment of kidney disease. A patient-centred, five-sectioned tool is now complete and freely available to all ANZ units to support the ESKD education and shared decision-making process. Distribution and education have occurred across ANZ and evaluation of the decision aid in practice is in the first phase. Development of a new tool such as an ESKD decision aid requires vision, multidisciplinary input and ongoing implementation resources. This tool is being integrated into ANZ, ESKD education practice and is promoting the philosophy of shared decision making. © 2014 European Dialysis and Transplant Nurses Association/European Renal Care Association.

Source: Medline

Title: Patients' Experience of Shared Decision Making Using an Online Patient Decision Aid for Osteoarthritis of the Knee - A Service Evaluation.

Citation: Musculoskeletal care, Jun 2015, vol. 13, no. 2, p. 116-126 (June 2015)

Author(s): Washington, Katy, Shacklady, Carol
Abstract: The aims of the present study were to gain a perspective of patients' experience of an online patient decision aid (PDA) for osteoarthritis of the knee (OA knee) as a method of shared decision making in a Musculoskeletal Clinical Assessment and Treatment Service (MSK CATS). In the MSK CATS, patients with OA knee discuss their condition and treatment options with the clinician. In the present study, patients, in addition to this discussion, used an online patient decision aid and subsequently completed a questionnaire regarding their experience of both of these processes. Most patients felt that both the clinical discussion and the PDA were easy to understand, user friendly, and not biased towards any treatment, but thought that the PDA gave a better understanding of OA knee. Most patients had already decided on their treatment following the clinical discussion alone, but one found that the PDA helped them change their mind about treatment. The PDA was a useful adjunct to the clinical discussion and could be best used for a selection of patients within the MSK CATS setting at a point where further clinical discussion could take place if necessary. Copyright © 2014 John Wiley & Sons, Ltd. Copyright © 2014 John Wiley & Sons, Ltd.

Source: Medline


Citation: Neuromodulation : journal of the International Neuromodulation Society, Jun 2015, vol. 18, no. 4, p. 335-336 (June 2015)

Author(s): Desai, Mehul J, Safriel, Yair

Source: Medline

Title: Scope of shared decision making in patients with psychologic complaints.

Citation: The American journal of emergency medicine, Jun 2015, vol. 33, no. 6, p. 841-842 (June 2015)

Author(s): Chaubey, Vinod K, Kaur, Nirmal J

Source: Medline

Full Text: Available from Elsevier in American Journal of Emergency Medicine

Title: In response to "Scope of shared decision making in patients with psychologic complaints".

Citation: The American journal of emergency medicine, Jun 2015, vol. 33, no. 6, p. 841. (June 2015)

Author(s): Reschke, Daniel J, Seeskin, Zachary H, Hahn, Elizabeth A, Pang, Peter S

Source: Medline

Full Text: Available from Elsevier in American Journal of Emergency Medicine

Title: INFORMed choices: Facilitating shared decision-making in health care.

Citation: The Australian & New Zealand journal of obstetrics & gynaecology, Jun 2015, vol. 55, no. 3, p. 294-297 (June 2015)

Author(s): Beckmann, Michael, Cooper, Catherine, Pocock, Daniel

Abstract: A clinical audit was undertaken before and after the introduction of a five-minute video presentation as an adjunct to the clinical consultation in the setting of ruptured membranes at term. The video framed clinical information using an INFORM structure: providing Information, Facts, Options, Reasons, Meaning. Subsequently, women were more likely to report that information was unbiased, based on facts and evidence that they were involved in the decision-making and overall satisfied with the information provided. © 2015 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Source: Medline
Title: Setting goals in chronic care: Shared decision making as self-management support by the family physician.

Citation: The European journal of general practice, Jun 2015, vol. 21, no. 2, p. 138-144 (June 2015)

Author(s): Lenzen, Stephanie A, Daniëls, Ramon, van Bokhoven, Marloes A, van der Weijden, Trudy, Beurskens, Anna

Abstract: Self-management is considered a potential answer to the increasing demand for family medicine by people suffering from a chronic condition or multi-morbidity. A key element of self-management is goal setting. Goal setting is often defined as a moment of agreement between a professional and a patient. In the self-management literature, however, goal setting is regarded as a circular process. Still, it is unclear how professionals working in family medicine can put it into practice. This background paper aims to contribute to the understanding of goal setting within self-management and to identify elements that need further development for practical use. Debate: Four questions for debate emerge in this article: (1) What are self-management goals? (2) What is necessary to accomplish the process of goal setting within self-management? (3) How can professionals decide on the degree of support needed for goal setting within self-management? (4) How can patients set their goals and how can they be supported? Self-management goals can be set for different (life) domains. Using a holistic framework will help in creating an overview of patients' goals that do not merely focus on medical issues. It is a challenge for professionals to coach their patients to think about and set their goals themselves. More insight in patients' willingness and ability to set self-management goals is desirable. Moreover, as goal setting is a circular process, professionals need to be supported to go through this process with their patients.

Source: Medline

Title: The ethics of "primo non nocere", professional responsibility and shared decision making in high-stakes neurosurgery.

Citation: Acta neurochirurgica, May 2015, vol. 157, no. 5, p. 807-809 (May 2015)

Author(s): Munthe, Christian

Source: Medline

Title: Ethical Opportunities with the Perioperative Surgical Home: Disruptive Innovation, Patient-Centered Care, Shared Decision Making, Health Literacy, and Futility of Care.

Citation: Anesthesia and analgesia, May 2015, vol. 120, no. 5, p. 1158-1162 (May 2015)

Author(s): Goeddel, Lee A, Porterfield, John R, Hall, Jason D, Vetter, Thomas R

Source: Medline

Title: Promoting Shared Decision Making in Disorders of Sex Development (DSD): Decision Aids and Support Tools.

Citation: Hormone and metabolic research = Hormon- und Stoffwechselforschung = Hormones et métabolisme, May 2015, vol. 47, no. 5, p. 335-339 (May 2015)

Author(s): Siminoff, L A, Sandberg, D E

Abstract: Specific complaints and grievances from adult patients with disorders of sex development (DSD), and their advocates center around the lack of information or misinformation they were given about their condition and feeling stigmatized and shamed by the secrecy surrounding their condition and its management. Many also attribute poor sexual function to damaging genital surgery and/or repeated, insensitive genital examinations. These reports suggest the need to reconsider the decision-making process for the treatment of children born with DSD. This paper proposes that shared decision making, an important concept in adult health care, be operationalized for the major decisions commonly encountered in DSD care and facilitated through the utilization of decision aids and support tools. This approach may help patients and their families make informed decisions that are better aligned with their personal values and goals. It may also lead to greater confidence in decision making with greater satisfaction and less regret. A brief review of the past and current approach to DSD decision making is provided, along with a review of shared decision making and decision aids and support tools. A case study explores the need and potential utility of this suggested new approach. © Georg Thieme Verlag KG Stuttgart · New York.

Source: Medline
Title: Shared decision making and use of decision AIDS for localized prostate cancer: perceptions from radiation oncologists and urologists.

Citation: JAMA internal medicine, May 2015, vol. 175, no. 5, p. 792-799 (May 2015)


Abstract: The current attitudes of prostate cancer specialists toward decision aids and their use in clinical practice to facilitate shared decision making are poorly understood. To assess attitudes toward decision aids and their dissemination in clinical practice. A survey was mailed to a national random sample of 1422 specialists (711 radiation oncologists and 711 urologists) in the United States from November 1, 2011, through April 30, 2012. Respondents were asked about familiarity, perceptions, and use of decision aids for clinically localized prostate cancer and trust in various professional societies in developing decision aids. The Pearson χ² test was used to test for bivariate associations between physician characteristics and outcomes. Similar response rates were observed for radiation oncologists and urologists (44.0% vs 46.1%; P=.46). Although most respondents had some familiarity with decision aids, only 35.5% currently use a decision aid in clinic practice. The most commonly cited barriers to decision aid use included the perception that their ability to estimate the risk of recurrence was superior to that of decision aids (7.7% in those not using decision aids and 26.2% in those using decision aids; P<.001) and the concern that patients could not process information from a decision aid (7.6% in those not using decision aids and 23.7% in those using decision aids; P<.001). In assessing trust in decision aids established by various professional medical societies, specialists consistently reported trust in favor of their respective organizations, with 9.2% being very confident and 59.2% being moderately confident (P=.01). Use of decision aids among specialists treating patients with prostate cancer is relatively low. Efforts to address barriers to clinical implementation of decision aids may facilitate greater shared decision making for patients diagnosed as having prostate cancer.

Source: Medline

Title: Navigating the unknown: shared decision-making in the face of uncertainty.

Citation: Journal of general internal medicine, May 2015, vol. 30, no. 5, p. 675-678 (May 2015)

Author(s): Berger, Zackary

Abstract: In shared decision-making (SDM), patient and physician deliberate together on the basis of shared evidence, supporting the patient’s choice among multiple options, informed by her values and preferences. One factor complicating the implementation of SDM is uncertainty, which has long been recognized in medicine but perhaps not sufficiently addressed in the context of SDM. In order to ensure that SDM can be realistically applied to real-world clinical encounters, the issue of uncertainty should be recognized and explicitly incorporated into SDM strategies. Here we propose practical approaches, based in doctor-patient communication science and bioethics, that may be of help for incorporating the uncertainty factor into SDM in the context of the doctor-patient encounter. We also discuss how decision aids might be more widely applicable through routinely acknowledging the preference sensitivity of decisions and supplementing these tools with a discussion of uncertainty.

Source: Medline

Title: Shared decision making in senior medical students: results from a national survey.

Citation: Medical decision making : an international journal of the Society for Medical Decision Making, May 2015, vol. 35, no. 4, p. 533-538 (May 2015)

Author(s): Zeballos-Palacios, Claudia, Quispe, Renato, Mongilardi, Nicole, Diaz-Arocutipa, Carlos, Mendez-Davalos, Carlos, Lizarraga, Natalia, Paz, Aldo, Montori, Victor M, Malaga, German

Abstract: To explore perceptions and experiences of Peruvian medical students about observed, preferred, and feasible decision-making approaches. We surveyed senior medical students from 19 teaching hospitals in 4 major cities in Peru. The self-administered questionnaire collected demographic information, current approach, exposure to role models for and training in shared decision making, and perceptions of the pertinence and feasibility of the different decision-making approaches in general as well as in challenging scenarios. A total of 327 senior medical students (51% female) were included. The mean age was 25 years. Among all respondents, 2% reported receiving both theoretical and practical training in shared decision making. While 46% of students identified their current decision-making approach as clinician-as-perfect-agent, 50% of students identified their teachers with the paternalistic
approach. Remarkably, 53% of students thought shared decision making should be the preferred approach and 50% considered it feasible in Peru. Among the 10 challenging scenarios, shared decision making reached a plurality (40%) in only one scenario (terminally ill patients). Despite limited exposure and training, Peruvian medical students aspire to practice shared decision making but their current attitude reflects the less participatory approaches they see role modeled by their teachers. © The Author(s) 2015.

Source: Medline

Title: Understanding shared decision making in pediatric otolaryngology.


Author(s): Chorney, Jill, Haworth, Rebecca, Graham, M Elise, Ritchie, Krista, Curran, Janet A, Hong, Paul

Abstract: The aim of this study was to describe the level of decisional conflict experienced by parents considering surgery for their children and to determine if decisional conflict and perceptions of shared decision making are related. Prospective cohort study. Academic pediatric otolaryngology clinic. Sixty-five consecutive parents of children who underwent surgical consultation for elective otolaryngological procedures were prospectively enrolled. Participants completed the Shared Decision Making Questionnaire and the Decisional Conflict Scale. Surgeons completed the Shared Decision Making Questionnaire-Physician version. Eleven participants (16.9%) scored over 25 on the Decisional Conflict Scale, a previously defined clinical cutoff indicating significant decisional conflict. Parent years of education and parent ratings of shared decision making were significantly correlated with decisional conflict (positively and negatively correlated, respectively). A logistic regression indicated that shared decision making but not education predicted the presence of significant decisional conflict. Parent and physician ratings of shared decision making were not related, and there was no correlation between physician ratings of shared decision making and parental decisional conflict. Many parents experienced considerable decisional conflict when making decisions about their child's surgical treatment. Parents who perceived themselves as being more involved in the decision-making process reported less decisional conflict. Parents and physicians had different perceptions of shared decision making. Future research should develop and assess interventions to increase parents' involvement in decision making and explore the impact of significant decisional conflict on health outcomes. © American Academy of Otolaryngology-Head and Neck Surgery Foundation 2015.

Source: Medline

Title: Cognitive coping style (monitoring and blunting) and the need for information, information satisfaction and shared decision making among patients with haematological malignancies.

Citation: Psycho-oncology, May 2015, vol. 24, no. 5, p. 564-571 (May 2015)

Author(s): Rood, Janneke A J, Van Zuuren, Florence J, Stam, Frank, van der Ploeg, Tjeerd, Huijgens, Peter C, Verdonck-de Leeuw, Irma M

Abstract: A haematological malignancy is a serious, life-altering disease and may be characterised as an uncontrollable and unpredictable stress situation. In dealing with potentially threatening information, individuals generally utilise two main cognitive coping styles: monitoring (the tendency to seek threat-relevant information) and blunting (avoiding threatening information and seeking distraction). The aim of this study was to obtain insight into the association between cognitive coping style and (a) need for information, (b) satisfaction with information, (c) involvement in decision making, and (d) quality of life (QoL). In this cross-sectional study, coping style was assessed among adult patients diagnosed with a haematological malignancy, using an adapted version of the Threatening Medical Situations Inventory. Information need, information satisfaction, decision-making preference and QoL were measured with validated questionnaires. In total, 458 patients returned the questionnaire (66%). A monitoring coping style was positively related to need for both general and specific information. Blunting was positively and QoL was negatively related to need for information. Monitoring was positively related to involvement in decision-making and negatively to information satisfaction. Using multivariate analysis, this relation between monitoring and information satisfaction disappeared, and for blunting, we found a negatively significant relation. QoL was not related to coping style. Among patients with haematological malignancies, coping style is related to a need for information, information satisfaction, and involvement in treatment decision-making. Therefore, it is important for health care professionals to be aware of individual differences in cognitive coping style. Copyright © 2014 John Wiley & Sons, Ltd.

Source: Medline

Title: Patients' understanding of shared decision making in a mental health setting.
Shared decision making is a fundamental component of patient-centered care and has been linked to positive health outcomes. Increasingly, researchers are turning their attention to shared decision making in mental health; however, few studies have explored decision making in these settings from patients’ perspectives. We examined patients’ accounts and understanding of shared decision making. We analyzed interviews from 54 veterans receiving outpatient mental health care at a Department of Veterans Affairs Medical Center in the United States. Although patients’ understanding of shared decision making was consistent with accounts published in the literature, participants reported that shared decision making goes well beyond these components. They identified the patient-provider relationship as the bedrock of shared decision making and highlighted several factors that interfere with shared decision making. Our findings highlight the importance of the patient-provider relationship as a fundamental element of shared decision making and point to areas for potential improvement. © The Author(s) 2014.

**Abstract:** Shared decision making is a fundamental component of patient-centered care and has been linked to positive health outcomes. Increasingly, researchers are turning their attention to shared decision making in mental health; however, few studies have explored decision making in these settings from patients’ perspectives. We examined patients’ accounts and understanding of shared decision making. We analyzed interviews from 54 veterans receiving outpatient mental health care at a Department of Veterans Affairs Medical Center in the United States. Although patients’ understanding of shared decision making was consistent with accounts published in the literature, participants reported that shared decision making goes well beyond these components. They identified the patient-provider relationship as the bedrock of shared decision making and highlighted several factors that interfere with shared decision making. Our findings highlight the importance of the patient-provider relationship as a fundamental element of shared decision making and point to areas for potential improvement. © The Author(s) 2014.

**Source:** Medline

**Title:** Pre-consultation educational group intervention to improve shared decision-making for postmastectomy breast reconstruction: a pilot randomized controlled trial.

**Citation:** Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer, May 2015, vol. 23, no. 5, p. 1365-1375 (May 2015)


**Abstract:** Breast cancer survivors who make preference-sensitive decisions about postmastectomy breast reconstruction often have large gaps in knowledge and undergo procedures that are misaligned with their treatment goals. We evaluated the feasibility and effect of a pre-consultation educational group intervention on the decision-making process for breast reconstruction. We conducted a pilot randomized controlled trial (RCT) where participants were randomly assigned to the intervention with routine education or routine education alone. The outcomes evaluated were decisional conflict, decision self-efficacy, satisfaction with information, perceived involvement in care, and uptake of reconstruction following surgical consultation. Trial feasibility and acceptability were evaluated, and effect sizes were calculated to determine the primary outcome for the full-scale RCT. Of the 41 patients enrolled, recruitment rate was 72 %, treatment fidelity was 98 %, and retention rate was 95 %. The Cohen's d effect size in reduction of decisional conflict was moderate to high for the intervention group compared to routine education (0.69, 95 % CI = 0.02-1.42), while the effect sizes of increase in decision self-efficacy (0.05, 95 % CI = -0.60-0.71) and satisfaction with information (0.11, 95 % CI = -0.93-0.76) were small. A higher proportion of patients receiving routine education signed informed consent to undergo breast reconstruction (14/20 or 70 %) compared to the intervention group (8/21 or 38 %) P = 0.06. A pre-consultation educational group intervention improves patients' shared decision-making quality compared to routine preoperative patient education. A full-scale definitive RCT is warranted based on high feasibility outcomes, and the primary outcome for the main trial will be decisional conflict.

**Source:** Medline

**Title:** Shared Decision-Making in Surgery.

**Citation:** Surgical technology international, May 2015, vol. 26, p. 31-36, 1090-3941 (May 2015)

**Author(s):** Ubbink, Dirk T, Hageman, Michiel G J S, Legemate, Dink A

**Abstract:** Medical treatment of patients always entails the risk of undesired complications or side effects. This is particularly poignant in surgery as both the disease to be treated and the surgical intervention to be performed can be life threatening. Hence, it is essential to inform a surgical patient in detail about the expectations desired, but also the possible undesired outcomes and complications, especially when new surgical techniques are introduced. Apart from communication about available evidence regarding treatment options, the patient's preference needs to be invoked to make sure the surgeon's advice matches the patient's preference. Shared decision-making (SDM) invokes the bidirectional communication between physicians and patients required to involve the patient's preference in the eventual treatment choice. SDM is considered as an essential part of evidence-based medicine as it helps determine whether the available evidence on the possible benefits and harms of treatment options match the patient's characteristics and preferences. This paper will exemplify what SDM is, why it is important, and how it can be performed in surgical practice. Several tools to facilitate SDM are presented.
Title: Emergency physician perceptions of shared decision-making.

Citation: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine, Apr 2015, vol. 22, no. 4, p. 399-405 (April 2015)

Author(s): Kanzaria, Hemal K, Brook, Robert H, Probst, Marc A, Harris, Dustin, Berry, Sandra H, Hoffman, Jerome R

Abstract: Despite the potential benefits of shared decision-making (SDM), its integration into emergency care is challenging. Emergency physician (EP) perceptions about the frequency with which they use SDM, its potential to reduce medically unnecessary diagnostic testing, and the barriers to employing SDM in the emergency department (ED) were investigated. As part of a larger project examining beliefs on overtesting, questions were posed to EPs about SDM. Qualitative analysis of two multispecialty focus groups was done exploring decision-making around resource use to generate survey items. The survey was then pilot-tested and revised to focus on advanced diagnostic imaging and SDM. The final survey was administered to EPs recruited at four emergency medicine (EM) conferences and 15 ED group meetings. This report addresses responses regarding SDM. A purposive sample of 478 EPs from 29 states were approached, of whom 435 (91%) completed the survey. EPs estimated that, on average, multiple reasonable management options exist in over 50% of their patients and reported employing SDM with 58% of such patients. Respondents perceived SDM as a promising solution to reduce overtesting. However, despite existing research to the contrary, respondents also commonly cited beliefs that 1) "many patients prefer that the physician decides," 2) "when offered a choice, many patients opt for more aggressive care than they need," and 3) "it is too complicated for patients to know how to choose." Most surveyed EPs believe SDM is a potential high-yield solution to overtesting, but many perceive patient-related barriers to its successful implementation. © 2015 by the Society for Academic Emergency Medicine.

Source: Medline

Title: Medically unnecessary advanced diagnostic imaging and shared decision-making in the emergency department: opportunities for future research.

Citation: Academic emergency medicine : official journal of the Society for Academic Emergency Medicine, Apr 2015, vol. 22, no. 4, p. 475-477 (April 2015)

Author(s): Hess, Erik P, Marin, Jennifer, Mills, Angela

Source: Medline

Title: Exploring the experiences of client involvement in medication decisions using a shared decision making model: results of a qualitative study.

Citation: Community mental health journal, Apr 2015, vol. 51, no. 3, p. 267-274 (April 2015)

Author(s): Goscha, Richard, Rapp, Charles

Abstract: This qualitative study explored a newly introduced model of shared decision making (CommonGround) and how psychiatric medications were experienced by clients, prescribers, case managers and peer support staff. Of the twelve client subjects, six were highly engaged in shared decision-making and six were not. Five notable differences were found between the two groups including the presence of a goal, use of personal medicine, and the behavior of case managers and prescribers. Implications for a shared decision making model in psychiatry are discussed.

Source: Medline

Title: Developing an Atrial Fibrillation Guideline Support Tool (AFGuST) for shared decision making.

Citation: Current medical research and opinion, Apr 2015, vol. 31, no. 4, p. 603-614 (April 2015)


Abstract: Patient values and preferences are an important component to decision making when tradeoffs exist that impact quality of life, such as tradeoffs between stroke prevention and hemorrhage in patients with atrial fibrillation.
(AF) contemplating anticoagulant therapy. Our objective is to describe the development of an Atrial Fibrillation Guideline Support Tool (AFGuST) to assist the process of integrating patients' preferences into this decision. CHA2DS2VASc and HAS-BLED were used to calculate risks for stroke and hemorrhage. We developed a Markov decision analytic model as a computational engine to integrate patient-specific risk for stroke and hemorrhage and individual patient values for relevant outcomes in decisions about anticoagulant therapy. Individual patient preferences for health-related outcomes may have greater or lesser impact on the choice of optimal antithrombotic therapy, depending upon the balance of patient-specific risks for ischemic stroke and major bleeding. These factors have been incorporated into patient-tailored booklets which, along with an informational video, were developed through an iterative process with clinicians and patient focus groups. Current risk prediction models for hemorrhage, such as the HAS-BLED, used in the AFGuST, do not incorporate all potentially significant risk factors. Novel oral anticoagulant agents recently approved for use in the United States, Canada, and Europe have not been included in the AFGuST. Rather, warfarin has been used as a conservative proxy for all oral anticoagulant therapy. We present a proof of concept that a patient-tailored decision-support tool could bridge the gap between guidelines and practice by incorporating individual patient's stroke and bleeding risks and their values for major bleeding events and stroke to facilitate a shared decision making process. If effective, the AFGuST could be used as an adjunct to published guidelines to enhance patient-centered conversations about the anticoagulation management.

Source: Medline

Title: Transmitting risk effectively in studies is feasible, but insufficient for shared decision-making.

Citation: Evidence-based medicine, Apr 2015, vol. 20, no. 2, p. 76. (April 2015)

Author(s): Zeballos-Palacios, Claudia, Hargraves, Ian, Montori, Victor M

Source: Medline

Full Text: Available from Highwire Press in Evidence-Based Medicine

Title: Supporting patients in shared decision making in clinical practice.

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), Apr 2015, vol. 29, no. 31, p. 50-57 (April 1, 2015)

Author(s): Madsen, Claire, Fraser, Aileen

Abstract: This article defines shared decision making in patient care and describes the background to this philosophy. The shared decision making approach is part of a wider initiative to promote patient-centred care and increase patient involvement in clinical decisions. Shared decision making recognises patients' rights to make decisions about their care and is used to assist them to make informed and individualised decisions about care and treatment. As well as reviewing the principles of shared decision making, the article offers practical guidance on how nurses can implement this initiative, including information on sharing expertise, agenda setting, assessing risks and benefits, setting goals, and support and follow up.

Source: Medline

Title: Parent-reported outcomes of a shared decision-making portal in asthma: a practice-based RCT.

Citation: Pediatrics, Apr 2015, vol. 135, no. 4, p. e965. (April 2015)

Author(s): Fiks, Alexander G, Mayne, Stephanie L, Karavite, Dean J, Suh, Andrew, O'Hara, Ryan, Localio, A Russell, Ross, Michelle, Grundmeier, Robert W

Abstract: Electronic health record (EHR)-linked patient portals are a promising approach to facilitate shared decision-making between families of children with chronic conditions and pediatricians. This study evaluated the feasibility, acceptability, and impact of MyAsthma, an EHR-linked patient portal supporting shared decision-making for pediatric asthma. We conducted a 6-month randomized controlled trial of MyAsthma at 3 primary care practices. Families were randomized to MyAsthma, which tracks families' asthma treatment concerns and goals, children's asthma symptoms, medication side effects and adherence, and provides decision support, or to standard care. Outcomes included the feasibility and acceptability of MyAsthma for families, child health care utilization and asthma control, and the number of days of missed school (child) and work (parent). Descriptive statistics and longitudinal regression models assessed differences in outcomes between study arms. We enrolled 60 families, 30 in each study arm (mean age 8.3 years); 57% of parents in the intervention group used MyAsthma during at least 5 of the 6 study months. Parents of children...
with moderate to severe persistent asthma used the portal more than others; 92% were satisfied with MyAsthma. Parents reported that use improved their communication with the office, ability to manage asthma, and awareness of the importance of ongoing attention to treatment. Parents in the intervention group reported that children had a lower frequency of asthma flares and intervention parents missed fewer days of work due to asthma. Use of an EHR-linked asthma portal was feasible and acceptable to families and improved clinically meaningful outcomes. Copyright © 2015 by the American Academy of Pediatrics.

Source: Medline

Full Text:
Available from American Academy of Pediatrics in Pediatrics; Note: ; Notes: Username and password available from the Trust Library.
Available from Pediatrics in South Devon Healthcare Trust Library

Title: Plain and pain talk in palliative and hospice care: multidirectional knowledge transfer and shared decision making.

Citation: Advances in skin & wound care, Mar 2015, vol. 28, no. 3, p. 101. (March 2015)

Author(s): Salcido, Richard

Source: Medline

Title: Involvement as inclusion? Shared decision-making in social work practice in Israel: a qualitative account.

Citation: Health & social care in the community, Mar 2015, vol. 23, no. 2, p. 208-215 (March 2015)

Author(s): Levin, Lia

Abstract: Shared decision-making (SDM), a representation of shared knowledge and power between social workers and their clients, is gaining popularity and prevalence in social services around the world. In many senses, SDM reflects values traditionally associated with social work and service provision, such as equality and anti-discrimination. In the complex context of social problem-solving, however, the relationship between SDM, social workers and their clients is multi-faceted and deserves particular attention. The current study examined SDM and the dilemmas it entails through interviews conducted in 2012 with 77 Israeli social workers and policy makers whose responses were analysed according to the guiding principles of descriptive phenomenological content analysis and dialogical commonality. Participants' responses represent notions of hope, change, identity and choice. Findings are discussed in correspondence with current and recent trends in Israeli social services, and the social work profession in Israel. © 2014 John Wiley & Sons Ltd.

Source: Medline

Title: Operationalizing a shared decision making model for work rehabilitation programs: a consensus process.

Citation: Journal of occupational rehabilitation, Mar 2015, vol. 25, no. 1, p. 141-152 (March 2015)

Author(s): Coutu, Marie-France, Légaré, France, Durand, Marie-José, Corbière, Marc, Stacey, Dawn, Bainbridge, Lesley, Labrecque, Marie-Elise

Abstract: The objective of this study was to design and operationalize shared decision making (SDM) rehabilitation model for worker rehabilitation programs. SDM has previously been shown to improve decision outcomes in patient-health care professional relationships. To date, SDM has not yet been adapted to work rehabilitation, although it could be a valuable approach to better understand and agree on return-to-work decisions. We designed a preliminary model for return-to-work decisions for workers suffering from pain due to musculoskeletal injuries. We submitted the preliminary model and a questionnaire to expert health care professionals. Using the Technique for Research of Information by Animation of a Group of Experts method, a group consensus process was used to discuss and refine the experts' responses to operationalize a model adapted for rehabilitation. Eleven occupational therapists (three were clinical coordinators) and four psychologists participated in three group consensus sessions. The final version of the model included one general longitudinal objective (the maintenance of a working alliance and assuring mutual comprehension among all stakeholders), and 11 specific objectives: establishing a working alliance, seven in the deliberation phase of the SDM process, and three in the implementation of the decision. Participants also reached consensus on between 1 and 8 indicators per objective. We developed and operationalized an SDM rehabilitation model intended for a return-to-work implementation plan. The next step will be to document its feasibility among the main stakeholders (employer, union, insurer and worker) taking part in decisions about return to work.
Title: Shared decision making and screening: an ongoing dialogue informed by data.
Citation: Oncology (Williston Park, N.Y.), Mar 2015, vol. 29, no. 3, p. 149., 0890-9091 (March 2015)
Author(s): Mulshine, James L, Yankelevitz, David F
Source: Medline

Title: Shared decision making and self-management support: tools for empowering individuals to manage their health.
Citation: Professional case management, Mar 2015, vol. 20, no. 2, p. 103-105 (2015 Mar-Apr)
Author(s): Watson, Annette C
Source: Medline

Title: Shared decision making in interventional radiology: tools and limitations.
Citation: Radiology, Mar 2015, vol. 274, no. 3, p. 940. (March 2015)
Author(s): Jarman, Jemima
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

Title: Promoting Shared Decision Making to strengthen outcome of young children with Autism Spectrum Disorders: the role of staff competence.
Citation: Research in developmental disabilities, Mar 2015, vol. 38, p. 48-63 (March 2015)
Author(s): Strauss, Kristin, Benvenuto, Arianna, Battan, Barbara, Siracusano, Martina, Terribili, Monica, Curatolo, Paolo, Fava, Leonardo

Abstract: Little is known on how the conceptual description of Shared Decision Making (SDM) accomplishes clinical practice in the context of lifetime disabilities as in particular Autism Spectrum Disorders (ASD), when intervention is long-lasting and requires constant family involvement. This study aimed mainly to investigate to what extent the staff's competence in SDM contributes to positive child and parent improvement when involving parents in Early Intensive Behavior Interventions (EIBI). It was also geared to verify whether SDM staff competence contributes to a child's treatment responsiveness. A total of 25 young children with ASD (23 male, 3 female, age range 34-92 months, mean age 51.4±13.6) were included in the study. Of these, nine children were allocated to a Parent Involvement condition accompanied by SDM Staff Training (PI-SDM), and eight children to a Parent Inclusion in Treatment Delivery Only condition without SDM Staff Training (PI-DO). Nine months treatment outcomes of severity, developmental and adaptive measures were compared to Treatment As Usual (n=8). PI-SDM was associated with improvement of autistic symptoms (p≤.05), adaptive functioning (p≤.01) and developmental outcome (p≤.01), as well as parent (p≤.05) and staff competence (p≤.001). The magnitude of outcome was inferior in the PI-PO and TAU group. A Reliable Change was identified in more than 40% of children included in PI-SDM, while PI-PO (>20%) and TAU (>12%) let to little Reliable Change and partially skill deterioration. Staff's SDM skill competence predicts reduced parental stress (β=.500, p≤.05) and contributes significantly to a positive treatment responder trajectory (p≤.01), besides lower severity (p≤.05), higher adaptive (p≤.01) and communication skills (p≤.05). The study indicates that parent inclusion should be conceptualized as a collaborative partnership model rather than as adherence in treatment provision, based on a target SDM staff training that may constitute an external contributor to treatment responsiveness and positive child as well as parent outcome. Copyright © 2014 Elsevier Ltd. All rights reserved.
Source: Medline
Title: Proposal for the shared decision-making process regarding initiation and continuation of maintenance hemodialysis.

Citation: Therapeutic apheresis and dialysis : official peer-reviewed journal of the International Society for Apheresis, the Japanese Society for Apheresis, the Japanese Society for Dialysis Therapy, Mar 2015, vol. 19 Suppl 1, p. 108-117 (March 2015)


Source: Medline

Title: End-of-life decisions in intensive care medicine-shared decision-making and intensive care unit length of stay.

Citation: World journal of surgery, Mar 2015, vol. 39, no. 3, p. 644-651 (March 2015)

Author(s): Graw, Jan A, Spies, Claudia D, Kork, Felix, Wernecke, Klaus-D, Braun, Jan-Peter

Abstract: Most deaths on the intensive care unit (ICU) occur after end-of-life decisions (EOLD) have been made. During the decision-making process, responsibility is often shared within the caregiver team and with the patients' surrogates. The intensive care unit length of stay (ICU-LOS) of surgical ICU-patients depends on the primary illness as well as on the past medical history. Whether an increasing ICU-LOS affects the process of EOLD making is unknown. A retrospective analysis was conducted on all deceased patients (n = 303) in a 22-bed surgical ICU of a German university medical center. Patient characteristics were compared between surgical patients with an ICU-LOS up to 1 week and those with an ICU-LOS of more than 7 days. Deceased patients with a long ICU-LOS received more often an EOLD (83.2% vs. 63.6%, p = 0.001). Groups did not differ in urgency of admission. Attending intensivists participated in every EOLD. Participation of surgeons was significantly higher in patients with a short ICU-LOS (24.1%, p = 0.003), whereas nurses and the patients' surrogates were involved more frequently in patients with a long ICU-LOS (18.8%, p = 0.021 and 18.9%, p = 0.018, respectively). EOLDS of surgical ICU-patients are associated with the ICU-LOS. Reversal of the primary illness leads the early ICU course, while in prolonged ICU-LOS, the patients' predicted will and the expected post-ICU-quality of life gain interest. Nurses and the patients' surrogates participate more frequently in EOLDS with prolonged ICU-LOS. To improve EOLD making on surgical ICUs, the ICU-LOS associated participation of the different decision makers needs further prospective analysis.

Source: Medline

Title: Ethical concerns in caring for elderly patients with cognitive limitations: a capacity-adjusted shared decision-making approach.


Author(s): Ho, Anita, Pinney, Stephen J, Bozic, Kevin

Abstract: Mrs. A is a pleasant seventy-seven-year-old widow with an increasingly symptomatic right knee that has markedly limited her activities in the past year. Mrs. A's daughter, who lives in town, urged her to seek treatment. History, physical examination, and radiographs confirmed the diagnosis of end-stage knee arthritis. Dr. Z, the orthopaedic surgeon, presented total knee arthroplasty as a potential treatment option and provided detailed information on the surgery and recovery. Mrs. A indicated that if Dr. Z thinks that total knee arthroplasty is a good idea, she would agree to have the surgery. She lives alone and goes grocery shopping once a week, but her pain makes such endeavors frustrating for her. Her daughter visits regularly, takes her to medical appointments, and helps her with medications. Mrs. A has returned for a preoperative visit with Dr. Z, and her total knee arthroplasty has been tentatively scheduled for the following month. At this visit, Mrs. A notes that she wants to drive to the adjacent state to visit her son two weeks after the surgery and is glad she will have "a new knee" for that visit. When asked more questions about her understanding of the total knee arthroplasty and postoperative instructions, Mrs. A says Dr. Z can just talk to her daughter when she comes to pick her up from the appointment. Copyright © 2015 by The Journal of Bone and Joint Surgery, Incorporated.

Source: Medline
Title: Factors influencing the surgical decision for the treatment of degenerative lumbar stenosis in a preference-based shared decision-making process.

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, Feb 2015, vol. 24, no. 2, p. 339-347 (February 2015)

Author(s): Kim, Ho-Joong, Park, Jae-Young, Kang, Kyoung-Tak, Chang, Bong-Soon, Lee, Choon-Ki, Yeom, Jin S

Abstract: In a preference-based shared decision-making system, several subjective and/or objective factors such as pain severity, degree of disability, and the radiological severity of canal stenosis may influence the final surgical decision for the treatment of lumbar spinal stenosis (LSS). However, our understanding of the shared decision-making process and the significance of each factor remain primitive. In the present study, we aimed to investigate which factors influence the surgical decision for LSS when using a preference-based, shared decision-making process. We included 555 patients, aged 45-80 years, who used a preference-based shared decision-making process and were treated conservatively or surgically for chronic leg and/or back pain caused by LSS from April 2012 to December 2012. Univariate and multivariable-adjusted logistic regression analyses were used to assess the association of surgical decision making with age, sex, body mass index, symptom duration, radiologic stenotic grade, Oswestry Disability Index (ODI), visual analog scale (VAS) scores for back and leg pain, Short Form-36 (SF-36) subscales, and motor weakness. In univariate analysis, the following variables were associated with a higher odds of a surgical decision for LSS: male sex; the VAS score for leg pain; ODI; morphological stenotic grades B, C, and D; motor weakness; and the physical function, physical role, bodily pain, social function, and emotional role of the SF-36 subscales. Multivariate analysis revealed that male sex, ODI, morphological stenotic grades C and D, and motor weakness were significantly associated with a higher possibility of a surgical decision. Motor weakness, male sex, morphological stenotic grade, and the amount of disability are critical factors leading to a surgical decision for LSS when using a preference-based shared decision-making process.

Source: Medline

Title: Comparing the nine-item Shared Decision-Making Questionnaire to the OPTION Scale - an attempt to establish convergent validity.

Citation: Health expectations : an international journal of public participation in health care and health policy, Feb 2015, vol. 18, no. 1, p. 137-150 (February 2015)

Author(s): Scholl, Isabelle, Kristen, Levente, Dirmaier, Jörg, Härter, Martin

Abstract: While there has been a clear move towards shared decision-making (SDM) in the last few years, the measurement of SDM-related constructs remains challenging. There has been a call for further psychometric testing of known scales, especially regarding validity aspects. To test convergent validity of the nine-item Shared Decision-Making Questionnaire (SDM-Q-9) by comparing it to the OPTION Scale. Cross-sectional study. Data were collected in outpatient care practices. Patients suffering from chronic diseases and facing a medical decision were included in the study. Consultations were evaluated using the OPTION Scale. Patients completed the SDM-Q-9 after the consultation. First, the internal consistency of both scales and the inter-rater reliability of the OPTION Scale were calculated. To analyse the convergent validity of the SDM-Q-9, correlation between the patient (SDM-Q-9) and expert ratings (OPTION Scale) was calculated. A total of 21 physicians provided analysable data of consultations with 63 patients. Analyses revealed good internal consistency of the SDM-Q-9 and limited internal consistency of the OPTION Scale. Inter-rater reliability of the latter was less than optimal. Association between the total scores of both instruments was weak with a Spearman correlation of r = 0.19 and did not reach statistical significance. By the use of the OPTION Scale convergent validity of the SDM-Q-9 could not be established. Several possible explanations for this result are discussed. This study shows that the measurement of SDM remains challenging. © 2012 John Wiley & Sons Ltd.

Source: Medline

Title: Shared decision-making: easy to evoke, challenging to implement.

Citation: JAMA internal medicine, Feb 2015, vol. 175, no. 2, p. 167-168 (February 2015)

Author(s): Kuppermann, Miriam, Sawaya, George F

Source: Medline
**Title:** Factors influencing patients' preferences and perceived involvement in shared decision-making in mental health care.

**Citation:** Journal of mental health (Abingdon, England), Feb 2015, vol. 24, no. 1, p. 24-28 (February 2015)

**Author(s):** Eliacin, Johanne, Salyers, Michelle P, Kukla, Marina, Matthias, Marianne S

**Abstract:** Although research has suggested that patients desire to participate in shared decision-making, recent studies show that most patients take a passive role in their treatment decisions. The discrepancy between patients' expressed desire and actual behaviors underscores the need to better understand how patients perceive shared decision-making and what factors influence their participation. To investigate patients' preferences and appraisals of their involvement in treatment decisions. Fifty-four qualitative interviews were conducted with veterans receiving outpatient mental health care at a U.S. Veterans Affairs Medical Center. Interviews were analyzed using thematic analysis. Participants outlined several factors that influence their preferences and involvement in treatment decisions. These include the patient-provider relationship, fear of being judged, perceived inadequacy, and a history of substance abuse. Patients' preferences and willingness to engage in shared decision-making fluctuate over time and are context dependent. A better understanding of these factors and a strong patient-provider relationship will facilitate better measurement and implementation of shared decision-making.

**Source:** Medline

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**Title:** Shared decision making among parents of children with mental health conditions compared to children with chronic physical conditions.

**Citation:** Maternal and child health journal, Feb 2015, vol. 19, no. 2, p. 410-418 (February 2015)

**Author(s):** Butler, Ashley M, Elkins, Sara, Kowalkowski, Marc, Raphael, Jean L

**Abstract:** High quality care in pediatrics involves shared decision making (SDM) between families and providers. The extent to which children with common mental health disorders experience SDM is not well known. The objectives of this study were to examine how parent-reported SDM varies by child health (physical illness, mental health condition, and comorbid mental and physical conditions) and to examine whether medical home care attenuates any differences. We analyzed data on children (2-17 years) collected through the 2009/2010 National Survey of Children with Special Health Care Needs. The sample consisted of parents of children in one of three child health categories: (1) children with a chronic physical illness but no mental health condition; (2) children with a common mental health condition but no chronic physical condition; and (3) children with comorbid mental and chronic physical conditions. The primary dependent variable was parent-report of provider SDM. The primary independent variable was health condition category. Multivariate linear regression analyses were conducted. Multivariate analyses controlling for sociodemographic variables and parent-reported health condition impact indicated lower SDM among children with a common mental health condition-only (B = -0.40; p < 0.01) and children with comorbid conditions (B = -0.67; p < 0.01) compared to children with a physical condition-only. Differences in SDM for children with a common mental health condition-only were no longer significant in the model adjusting for medical home care. However, differences in SDM for children with comorbid conditions persisted after adjusting for medical home care. Increasing medical home care may help mitigate differences in SDM for children with mental health conditions-only. Other interventions may be needed to improve SDM among children with comorbid mental and physical conditions.

**Source:** Medline

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**Title:** Health-care needs and shared decision-making in priority-setting.

**Citation:** Medicine, health care, and philosophy, Feb 2015, vol. 18, no. 1, p. 13-22 (February 2015)

**Author(s):** Gustavsson, Erik, Sandman, Lars

**Abstract:** In this paper we explore the relation between health-care needs and patients' desires within shared decision-making (SDM) in a context of priority setting in health care. We begin by outlining some general characteristics of the concept of health-care need as well as the notions of SDM and desire. Secondly we will discuss how to distinguish between needs and desires for health care. Thirdly we present three cases which all aim to bring out and discuss a number of queries which seem to arise due to the double focus on a patient's need and what that patient desires. These queries regard the following themes: the objectivity and moral force of needs, the prediction about what kind of patients which will appear on a micro level, implications for ranking in priority setting, difficulties regarding assessing and comparing benefits, and implications for evidence-based medicine.

**Source:** Medline
Title: "No education about me without me": a shared decision-making approach to patient education.

Citation: Nursing, Feb 2015, vol. 45, no. 2, p. 15-16 (February 2015)

Author(s): Fahlberg, Beth

Source: Medline

Title: [About shared decision making and other related words].

Citation: Tidsskrift for den Norske lægeforening : tidsskrift for praktisk medicin, ny række, Jan 2015, vol. 135, no. 2, p. 149. (January 27, 2015)

Author(s): Nylenna, Magne

Source: Medline

Title: Core domains of shared decision-making during psychiatric visits: scientific and preference-based discussions.

Citation: Administration and policy in mental health, Jan 2015, vol. 42, no. 1, p. 40-46 (January 2015)

Author(s): Fukui, Sadaaki, Matthias, Marianne S, Salyers, Michelle P

Abstract: Shared decision-making (SDM) is imperative to person-centered care, yet little is known about what aspects of SDM are targeted during psychiatric visits. This secondary data analysis (191 psychiatric visits with 11 providers, coded with a validated SDM coding system) revealed two factors (scientific and preference-based discussions) underlying SDM communication. Preference-based discussion occurred less. Both provider and consumer initiation of SDM elements and decision complexity were associated with greater discussions in both factors, but were more strongly associated with scientific discussion. Longer visit length correlated with only scientific discussion. Providers' understanding of core domains could facilitate engaging consumers in SDM.

Source: Medline

Title: Shared decision making in type 2 diabetes with a support decision tool that takes into account clinical factors, the intensity of treatment and patient preferences: design of a cluster randomised (OPTIMAL) trial.

Citation: BMC family practice, Jan 2015, vol. 16, p. 27. (2015)

Author(s): den Ouden, Henk, Vos, Rimke C, Reidsma, Carla, Rutten, Guy E H M

Abstract: No more than 10-15% of type 2 diabetes mellitus (T2DM) patients achieve all treatment goals regarding glycaemic control, lipids and blood pressure. Shared decision making (SDM) should increase that percentage; however, not all support decision tools are appropriate. Because the ADDITION-Europe study demonstrated two (almost) equally effective treatments but with slightly different intensities, it may be a good starting point to discuss with the patients their diabetes treatment, taking into account both the intensity of treatment, clinical factors and patients' preferences. We aim to evaluate whether such an approach increases the proportion of patients that achieve all three treatment goals. In a cluster-randomised trial including 40 general practices, that participated until 2009 in the ADDITION Study, 150 T2DM patients 60-80 years, known with T2DM for 8-15 years, will be included. Practices are randomised a second time, i.e. intervention practices in the ADDITION study could be control practices in the current study and vice versa. For the GPs from the intervention group a 2-hour training in SDM was developed as well as a decision support tool to be used during the consultation. GPs plan the first visit with the patients to decide on the intensity of the treatment, personalised targets and the priorities of treatment. The control group will continue with the treatment they were allocated to in the ADDITION study. 24 months. The primary outcome is the proportion of patients who achieve all three treatment goals. Secondary outcomes are the proportion of patients who achieve five treatment goals (HbA1c, blood pressure, total cholesterol, body weight, not smoking), evaluation of the SDM process (SDM-Q9 and CPS), satisfaction with the treatment (DTSQ), wellbeing and quality of life (W-BQ12, ADD QoL-19), health status (SF-36, EQ-5D) and coping (DCMQ). The proportions of achieved treatment goals will be compared between both groups. For the secondary outcomes mixed models will be used. The Medical Research Ethics Committee of the University Medical Centre Utrecht has approved the study protocol (Protocol number: 11-153). This trial will provide evidence whether an intervention with a multi-faceted decision support tool increases the proportion of achieved personalised goals in type 2 diabetes patients. NCT02285881, November 4, 2014.
Title: An informed shared decision making programme on the prevention of myocardial infarction for patients with type 2 diabetes in primary care: protocol of a cluster randomised, controlled trial.

Citation: BMC family practice, Jan 2015, vol. 16, p. 43. (2015)

Author(s): Buhse, Susanne, Mühlhauser, Ingrid, Kuniss, Nadine, Müller, Ulrich Alfons, Lehmann, Thomas, Liethmann, Katrin, Lenz, Matthias

Abstract: International and national societies claim a patient centred approach including shared decision making (SDM) in diabetes care. In a previous project, a SDM programme on the prevention of myocardial infarction has been developed. It is aimed at supporting patients with type 2 diabetes to make informed choices on preventive options, to share the decision making process with the health care team, and to improve adherence to the chosen treatment. In this study, the programme will be implemented and evaluated in primary care practices. A cluster randomised, controlled trial will be conducted to compare the SDM programme with standard care enrolling patients with type 2 diabetes (N = 306) from primary care practices (N = 24). The intervention programme comprises a six hours provider training, a patient decision aid including evidence-based information, a 90 minutes structured teaching session provided by medical assistants, a sheet to document the patients' individual treatment goals, and a structured consultation with the general practitioner for sharing information, setting treatment goals, and for adapting treatment regimens if necessary. Patients in the control group receive a brief extract of recommendations of the German National Disease Management Guideline on the treatment of patients with type 2 diabetes. Primary outcome measure is adherence to blood pressure treatment and statin treatment at 6 months follow-up. Secondary outcome measures comprise informed choice and the achievement of patients' treatment goals. Analyses will be carried out on intention-to-treat basis. Concurrent qualitative methods will be used to explore the implementation processes. At the end of this study, information on the efficacy of the SDM programme in the primary care context will be available. In addition, processes that might interfere with or that might promote a successful implementation will be identified. ISRCTN77300204.
Abstract: To explore the likely influence and impact of shared decision-making on medical malpractice litigation and patients' intentions to initiate litigation. We included all observational, interventional and qualitative studies published in all languages, which assessed the effect or likely influence of shared decision-making or shared decision-making interventions on medical malpractice litigation or on patients' intentions to litigate. The following databases were searched from inception until January 2014: CINAHL, Cochrane Register of Controlled Trials, Cochrane Database of Systematic Reviews, EMBASE, HMIC, Lexis library, MEDLINE, NHS Economic Evaluation Database, Open SIGLE, PsycINFO and Web of Knowledge. We also hand searched reference lists of included studies and contacted experts in the field. Downs & Black quality assessment checklist, the Critical Appraisal Skill Programme qualitative tool, and the Critical Appraisal Guidelines for single case study research were used to assess the quality of included studies. 6562 records were screened and 19 articles were retrieved for full-text review. Five studies were included in the review. Due to the number and heterogeneity of included studies, we conducted a narrative synthesis adapted from the ESRC guidance for narrative synthesis. Four themes emerged. The analysis confirms the absence of empirical data necessary to determine whether or not shared decision-making promoted in the clinical encounter can reduce litigation. Three out of five included studies provide retrospective and simulated data suggesting that ignoring or failing to diagnose patient preferences, particularly when no effort has been made to inform and support understanding of possible harms and benefits, puts clinicians at a higher risk of litigation. Simulated scenarios suggest that documenting the use of decision support interventions in patients' notes could offer some level of medico-legal protection. Our analysis also indicated that a sizeable proportion of clinicians prefer ordering more tests and procedures, irrespective of patient informed preferences, as protection against litigation. Given the lack of empirical data, there is insufficient evidence to determine whether or not shared decision-making and the use of decision support interventions can reduce medical malpractice litigation. Further investigation is required. This review was registered on PROSPERO. CRD42012002367.

Source: Medline

Full Text: 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

Title: Cultural adaptation of a shared decision making tool with Aboriginal women: a qualitative study.

Citation: BMC medical informatics and decision making, Jan 2015, vol. 15, p. 1. (2015)

Author(s): Jull, Janet, Giles, Audrey, Minwaashin Lodge, The Aboriginal Women's Support Centre, Boyer, Yvonne, Stacey, Dawn

Abstract: Shared decision making (SDM) may narrow health equity gaps experienced by Aboriginal women. SDM tools such as patient decision aids can facilitate SDM between the client and health care providers; SDM tools for use in Western health care settings have not yet been developed for and with Aboriginal populations. This study describes the adaptation and usability testing of a SDM tool, the Ottawa Personal Decision Guide (OPDG), to support decision making by Aboriginal women. An interpretive descriptive qualitative study was structured by the Ottawa Decision Support Framework and used a postcolonial theoretical lens. An advisory group was established with representation from the Aboriginal community and used a mutually agreed-upon ethical framework. Eligible participants were Aboriginal women at Minwaashin Lodge. First, the OPDG was discussed in focus groups using a semi-structured interview guide. Then, individual usability interviews were conducted using a semi-structured interview guide with decision coaching. Iterative adaptations to the OPDG were made during focus groups and usability interviews until saturation was reached. Transcripts were coded using thematic analysis and themes confirmed in collaboration with an advisory group. Aboriginal women 20 to 60 years of age and self-identifying as First Nations, Métis, or Inuit participated in two focus groups (n = 13) or usability interviews (n = 6). Seven themes were developed that either reflected or affirmed OPDG adaptions: 1) "This paper makes it hard for me to show that I am capable of making decisions"; 2) "I am responsible for my decisions"; 3) "My past and current experiences affect the way I make decisions"; 4) "People need to talk with people"; 5) "I need to fully participate in making my decisions"; 6) "I need to explore my decision in a meaningful way"; 7) "I need respect for my traditional learning and communication style". Adaptations resulted in a culturally adapted version of the OPDG that better met the needs of Aboriginal women participants and was more accessible with respect to health literacy assumptions. Decision coaching was identified as required to enhance engagement in the decision making process and using the adapted OPDG as a talking guide.
Abstract: Decision boxes (DBoxes) are two-page evidence summaries to prepare clinicians for shared decision making (SDM). We sought to assess the feasibility of a clustered Randomized Controlled Trial (RCT) to evaluate their impact. A convenience sample of clinicians (nurses, physicians and residents) from six primary healthcare clinics who received eight DBoxes and rated their interest in the topic and satisfaction. After consultations, their patients rated their involvement in decision-making processes (SDM-Q-9 instrument). We measured clinician recruitment rates, questionnaire completion rates, patient eligibility rates, and estimated the RCT needed sample size. Among the 20 family medicine clinics invited to participate in this study, four agreed to participate, giving an overall recruitment rate of 20%. Of 148 clinicians invited to the study, 93 participated (63%). Clinicians rated an interest in the topics ranging 6.4-8.2 out of 10 (with 10 highest) and a satisfaction with DBoxes of 4 or 5 out of 5 (with 5 highest) for 81% DBoxes. For the future RCT, we estimated that a sample size of 320 patients would allow detecting a 9% mean difference in the SDM-Q-9 ratings between our two arms (0.02 ICC; 0.05 significance level; 80% power). Clinicians’ recruitment and questionnaire completion rates support the feasibility of the planned RCT. The level of interest of participants for the DBox topics, and their level of satisfaction with the DBoxes demonstrate the acceptability of the intervention. Processes to recruit clinics and patients should be optimized.

Abstract: End-stage renal disease carries a prognosis similar to cancer yet only 20% of end-stage renal disease patients are referred to hospice. Furthermore, conversations between dialysis team members and patients about end-of-life planning are uncommon. Lack of provider training about how to communicate prognostic data may contribute to the limited number of end-of-life care discussions that take place with this chronically ill population. In this study, we will test the Shared Decision-Making Renal Supportive Care communication intervention to systematically elicit patient and caretaker preferences for end-of-life care so that care concordant with patients’ goals can be provided. This multi-center study will deploy an intervention to improve end-of-life communication for hemodialysis patients who are at high risk of death in the ensuing six months. The intervention will be carried out as a prospective cohort with a retrospective cohort serving as the comparison group. Patients will be recruited from 16 dialysis units associated with two large academic centers in Springfield, Massachusetts and Albuquerque, New Mexico. Critical input from patient advisory boards, a stakeholder panel, and initial qualitative analysis of patient and caretaker experiences with advanced care planning have informed the communication intervention. Rigorous communication training for hemodialysis social workers and providers will ensure that standardized study procedures are performed at each dialysis unit. Nephrologists and social workers will communicate prognosis and provide advance care planning in face-to-face encounters with patients and families using a social work-centered algorithm. Study outcomes including frequency and timing of hospice referrals, patient and caretaker satisfaction, quality of end-of-life discussions, and quality of death will be assessed over an 18 month period. The Shared Decision-Making Renal Supportive Care Communication intervention intends to improve discussions about prognosis and end-of-life care with end-stage renal disease patients. We anticipate that the intervention will help guide hemodialysis staff and providers to effectively participate in
advance care planning for patients and caretakers to establish preferences and goals at the end of life. NCT02405312.

Source: Medline

Full Text:
Available from ProQuest in BMC Palliative Care
Available from BioMed Central in BMC Palliative Care
Available from National Library of Medicine in BMC Palliative Care

Title: Risk assessment by client and case manager for shared decision making in outpatient forensic psychiatry.

Citation: BMC psychiatry, Jan 2015, vol. 15, p. 120. (2015)

Author(s): van den Brink, Rob H S, Troquete, Nadine A C, Beintema, Harry, Mulder, Tamara, van Os, Titus W D P, Schoevers, Robert A, Wiersma, Durk

Abstract: In outpatient forensic psychiatry, assessment of re-offending risk and treatment needs by case managers may be hampered by an incomplete view of client functioning. The client's appreciation of his own problem behaviour is not systematically used for these purposes. The current study tests whether using a new client self-appraisal risk assessment instrument, based on the Short Term Assessment of Risk and Treatability (START), improves the assessment of re-offending risk and can support shared decision making in care planning. In a sample of 201 outpatient forensic psychiatric clients, feasibility of client risk assessment, concordance with clinician assessment, and predictive validity of both assessments for violent or criminal behaviour were studied. Almost all clients (98 %) were able to fill in the instrument. Agreement between client and case manager on the key risk and protective factors of the client was poor (mean kappa for selection as key factor was 0.15 and 0.09, respectively, and mean correlation on scoring -0.18 and 0.20). The optimal prediction model for violent or criminal behaviour consisted of the case manager's structured professional risk estimate for violence in combination with the client's self-appraisal on key risk and protective factors (AUC = 0.70; 95%CI: 0.60-0.80). In outpatient forensic psychiatry, self-assessment of risk by the client is feasible and improves the prediction of re-offending. Clients and their case managers differ in their appraisal of key risk and protective factors. These differences should be addressed in shared care planning. The new Client Self-Appraisal based on START (CSA) risk assessment instrument can be a useful tool to facilitate such shared care planning in forensic psychiatry.

Source: Medline

Full Text:
Available from ProQuest in BMC Psychiatry
Available from BioMed Central in BMC Psychiatry
Available from National Library of Medicine in BMC Psychiatry

Title: Decision aids that really promote shared decision making: the pace quickens.

Citation: BMJ (Clinical research ed.), Jan 2015, vol. 350, p. g7624. (2015)

Author(s): Agoritsas, Thomas, Heen, Anja Fog, Brandt, Linn, Alonso-Coello, Pablo, Kristiansen, Annette, Akl, Elie A, Neumann, Ignacio, Tikkinen, Kari Ao, Weijden, Trudy van der, Elwyn, Glyn, Montori, Victor M, Guyatt, Gordon H, Vandvik, Per Olav

Source: Medline

Title: Choosing Together: encouraging person centred care and shared decision making.


Author(s): Rashid, Ahmed

Source: Medline

Title: Court judgment on consent provides spur for embracing shared decision making.


Author(s): Coulter, Angela
Title: Protocol for a pre-implementation and post-implementation study on shared decision-making in the surgical treatment of women with early-stage breast cancer.

Citation: BMJ open, Jan 2015, vol. 5, no. 3, p. e007698. (2015)

Author(s): Savelberg, Wilma, Moser, Albine, Smidt, Marjolein, Boersma, Liesbeth, Haekens, Christel, van der Weijden, Trudy

Abstract: The majority of patients diagnosed with early-stage breast cancer are in a position to choose between having a mastectomy or lumpectomy with radiation therapy (breast-conserving therapy). Since the long-term survival rates for mastectomy and for lumpectomy with radiation therapy are comparable, patients' informed preferences are important for decision-making. Although most clinicians believe that they do include patients in the decision-making process, the information that women with breast cancer receive regarding the surgical options is often rather subjective, and does not invite patients to express their preferences. Shared decision-making (SDM) is meant to help patients clarify their preferences, resulting in greater satisfaction with their final choice. Patient decision aids can be very supportive in SDM. We present the protocol of a study to β test a patient decision aid and optimise strategies for the implementation of SDM regarding the treatment of early-stage breast cancer in the actual clinical setting. This paper concerns a pre-implementation and post-implementation study, lasting from October 2014 to June 2015. The intervention consists of implementing SDM using a patient decision aid. The intervention will be evaluated using qualitative and quantitative measures, acquired prior to, during and after the implementation of SDM. Outcome measures are knowledge about treatment, perceived SDM and decisional conflict. We will also conduct face-to-face interviews with a sample of these patients and their care providers, to assess their experiences with the implementation of SDM and the patient decision aid. This protocol was approved by the Maastricht University Medical Centre (MUMC) ethics committee. The findings will be disseminated through peer-reviewed journal articles and presentations at national conferences. Findings will be used to finalise a multi-faceted implementation strategy to test the implementation of SDM and a patient decision aid in terms of cost-effectiveness, in a multicentre cluster randomised controlled trial (RCT). NTR4879. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Source: Medline

Full Text: Available from Highwire Press in BMJ Open

Title: Decision aids for shared decision-making in Barrett's esophagus surveillance.

Citation: Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association, Jan 2015, vol. 13, no. 1, p. 91-93 (January 2015)

Author(s): Naik, Aanand D, El-Serag, Hashem B

Source: Medline

Title: Shared decision making in chronic care in the context of evidence based practice in nursing.

Citation: International journal of nursing studies, Jan 2015, vol. 52, no. 1, p. 393-402 (January 2015)

Author(s): Friesen-Storms, Jolanda H H M, Bours, Gerrie J W, van der Weijden, Trudy, Beurskens, Anna J H M

Abstract: In the decision-making environment of evidence-based practice, the following three sources of information must be integrated: research evidence of the intervention, clinical expertise, and the patient's values. In reality, evidence-based practice usually focuses on research evidence (which may be translated into clinical practice guidelines) and clinical expertise without considering the individual patient's values. The shared decision-making model seems to be helpful in the integration of the individual patient's values in evidence-based practice. We aim to discuss the relevance of shared decision making in chronic care and to suggest how it can be integrated with evidence-based practice in nursing. We start by describing the following three possible approaches to guide the decision-making process: the paternalistic approach, the informed approach, and the shared decision-making approach. Implementation of shared decision making has gained considerable interest in cases lacking a strong best-treatment recommendation, and when the available treatment options are equivalent to some extent. We discuss that in chronic care it is important to always invite the patient to participate in the decision-making process. We delineate the following six attributes of health care interventions in chronic care that influence the degree of shared decision
making: the level of research evidence, the number of available intervention options, the burden of side effects, the impact on lifestyle, the patient group values, and the impact on resources. Furthermore, the patient's willingness to participate in shared decision making, the clinical expertise of the nurse, and the context in which the decision making takes place affect the shared decision-making process. A knowledgeable and skilled nurse with a positive attitude towards shared decision making—integrated with evidence-based practice—can facilitate the shared decision-making process. We conclude that nurses as well as other health care professionals in chronic care should integrate shared decision making with evidence-based practice to deliver patient-centred care. Copyright © 2014 Elsevier Ltd. All rights reserved.

Source: Medline

Title: Retrieval of publications addressing shared decision making: an evaluation of full-text searches on medical journal websites.

Citation: JMIR research protocols, Jan 2015, vol. 4, no. 2, p. e38. (2015)

Author(s): Blanc, Xavier, Collet, Tinh-Hai, Auer, Reto, Iriarte, Pablo, Krause, Jan, Légaré, France, Cornuz, Jacques, Clair, Carole

Abstract: Full-text searches of articles increase the recall, defined by the proportion of relevant publications that are retrieved. However, this method is rarely used in medical research due to resource constraints. For the purpose of a systematic review of publications addressing shared decision making, a full-text search method was required to retrieve publications where shared decision making does not appear in the title or abstract. The objective of our study was to assess the efficiency and reliability of full-text searches in major medical journals for identifying shared decision making publications. A full-text search was performed on the websites of 15 high-impact journals in general internal medicine to look up publications of any type from 1996-2011 containing the phrase "shared decision making". The search method was compared with a PubMed search of titles and abstracts only. The full-text search was further validated by requesting all publications from the same time period from the individual journal publishers and searching through the collected dataset. The full-text search for "shared decision making" on journal websites identified 1286 publications in 15 journals compared to 119 through the PubMed search. The search within the publisher-provided publications of 6 journals identified 613 publications compared to 646 with the full-text search on the respective journal websites. The concordance rate was 94.3% between both full-text searches. Full-text searching on medical journal websites is an efficient and reliable way to identify relevant articles in the field of shared decision making for review or other purposes. It may be more widely used in biomedical research in other fields in the future, with the collaboration of publishers and journals toward open-access data.

Source: Medline

Title: Correction: 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 2015, vol. 17, no. 2, p. e32. (2015)

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

Source: Medline

Available from National Library of Medicine in Journal of Medical Internet Research

Title: Where is the evidence? A systematic review of shared decision making and patient outcomes.

Citation: Medical decision making : an international journal of the Society for Medical Decision Making, Jan 2015, vol. 35, no. 1, p. 114-131 (January 2015)

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

Abstract: Despite widespread advocacy for shared decision making (SDM), the empirical evidence regarding its effectiveness to improve patient outcomes has not been systematically reviewed. The purpose of this study was to systematically review the empirical evidence linking patient outcomes and SDM, when the decision-making process has been explicitly measured, and to identify under what measurement perspectives SDM is associated with which types of patient outcomes (affective-cognitive, behavioral, and health). PubMed (through December 2012) and hand search of article bibliographies. Studies were included if they empirically 1) measured SDM in the context of a patient-clinician interaction and 2) evaluated the relationship between SDM and at least 1 patient outcome. Study results were
categorized by SDM measurement perspective (patient-reported, clinician-reported, or observer-rated) and outcome type (affective-cognitive, behavioral, or health). Thirty-nine studies met inclusion criteria. Thirty-three used patient-reported measures of SDM, 6 used observer-rated measures, and 2 used clinician-reported measures. Ninety-seven unique patient outcomes were assessed: 51% affective-cognitive, 28% behavioral, and 21% health. Only 43% of assessments (n = 42) found a significant and positive relationship between SDM and the patient outcome. This proportion varied by SDM measurement perspective and outcome category. It was found that 52% of outcomes assessed with patient-reported SDM were significant and positive, compared with 21% with observer-rated and 0% with clinician-reported SDM. Regardless of measurement perspective, SDM was most likely to be associated with affective-cognitive patient outcomes (54%), compared with 37% of behavioral and 25% of health outcomes. The relatively small number of studies precludes meta-analysis. Because the study inclusion and exclusion criteria required both an empirical measure of SDM and an assessment of the association between that measure and a patient outcome, most included studies were observational in design. SDM, when perceived by patients as occurring, tends to result in improved affective-cognitive outcomes. Evidence is lacking for the association between empirical measures of SDM and patient behavioral and health outcomes. © The Author(s) 2014.

Source: Medline

Title: Shared decision-making in selection of prosthetic aortic valve.

Citation: Open heart, Jan 2015, vol. 2, no. 1, p. e000269. (2015)

Author(s): Bahl, Rahul

Source: Medline

Full Text: Available from Highwire Press in Open Heart

Title: Improving access to shared decision-making for Hispanics/Latinos with inadequately controlled type 2 diabetes mellitus.

Citation: Patient preference and adherence, Jan 2015, vol. 9, p. 619-625 (2015)

Author(s): Davidson, Jaime A, Rosales, Aracely, Shillington, Alicia C, Bailey, Robert A, Kabir, Chris, Umpierrez, Guillermo E

Abstract: To describe the cultural and linguistic adaptation and Spanish translation of an English-language patient decision aid (PDA) for use in supporting shared decision-making in Hispanics/Latinos with type 2 diabetes mellitus (T2DM), a group at a high risk for complications. A steering committee of endocrinologists, a primary care physician, a certified diabetes educator, and a dietician, each with extensive experience in providing care to Hispanics/Latinos was convened to assess a PDA developed for English-speaking patients with T2DM. English content was reviewed for cultural sensitivity and appropriateness for a Hispanic/Latino population. A consensus-building process and iterative version edits incorporated clinician perspectives. The content was adapted to be consistent with traditional Hispanic/Latino cultural communication precepts (eg, avoidance of hostile confrontation; value for warm interaction; respect for authority; value of family support for decisions). The PDA was translated by native-speaking individuals with diabetes expertise. The PDA underwent testing during cognitive interviews with ten Spanish-speaking Hispanics/Latinos with T2DM to ensure that the content is reflective of the experience, understanding, and language Hispanic/Latino patients use to describe diabetes and treatment. Content edits were made to assure a literacy level appropriate to the audience, and the PDA was produced for online video dissemination. High-quality, well-developed tools to facilitate shared decision-making in populations with limited access to culturally sensitive information can narrow gaps and align care with individual patient preferences. A newly developed PDA is available for shared decision-making that provides culturally appropriate treatment information for inadequately controlled Hispanics/Latinos with T2DM. The impact on the overall health of patients and care management of T2DM requires further study.

Source: Medline

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

Title: Antibiotic and shared decision-making preferences among adolescents in Malaysia.

Citation: Patient preference and adherence, Jan 2015, vol. 9, p. 665-673 (2015)

Author(s): Ngadimon, Irma Wati, Islahudin, Farida, Hatah, Ernieda, Mohamed Shah, Noraida, Makmor-Bakry, Mohd
Abstract: The purpose of this study was to establish baseline information on the current level of knowledge about, attitude toward, and experience with antibiotic usage, and preferences for shared decision making among adolescents in Malaysia. A cross-sectional survey, involving 1,105 respondents who were aged between 13 and 17 years and who lived in Malaysia, was conducted using a validated questionnaire. The survey assessed knowledge, attitude, and experience with regard to antibiotic usage, and adolescents' preferences for the style of shared decision-making process. The majority (n=786 [71.13%]) of the respondents had a low level of knowledge, 296 (26.79%) had a moderate level of knowledge, and 23 (2.08%) had a high level of knowledge. Further, they demonstrated a slightly negative attitude mean score of 3.30±0.05 (range: 0-8 points) but a positive experience mean score of 2.90±0.029 (range: 0-4 points). There was a positive correlation between knowledge and attitude scores, with a higher knowledge level associated with a more positive attitude toward antibiotic usage (r=0.257, P<0.001). Higher knowledge scores were associated with a more negative experience with antibiotic usage (r=-0.83, P=0.006). When assessing preference in shared decision making, more adolescents preferred an active role (n=408 [37%]) compared with collaborative (n=360 [32.6%]) or passive (n=337 [30.5%]) (P=0.028) roles. Current health care settings should involve adolescents in the decision-making process. Education packages can be introduced to improve adolescents' knowledge of and practice of taking antibiotics, as well as to encourage their participation in decision making, in an attempt to reduce misuse of antibiotics.

Source: Medline

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

Title: Safety in surgery: the role of shared decision-making.

Citation: Patient safety in surgery, Jan 2015, vol. 9, p. 24. (2015)

Author(s): Page, Alexandra E

Abstract: The only surgery without risk of complications is the one not performed. Shared decision-making (SDM) offers a process which can help a physician and patient move beyond passive informed consent to a more collaborative, patient-centered experience. By offering a balanced review of conservative and invasive treatment options, including the option of observation only, SDM provides patients an opportunity to express their personal values and goals in the context of health decisions. Thus, when the patient decides to accept the inherent risks of surgery, there has truly been an opportunity to understand and discuss all treatment alternatives.

Source: Medline

Full Text: Available from ProQuest in Patient Safety in Surgery
Available from BioMed Central in Patient Safety in Surgery
Available from National Library of Medicine in Patient Safety in Surgery

Title: Use of a web-based survey to facilitate shared decision making for patients eligible for cancer screening.

Citation: The patient, Jan 2015, vol. 8, no. 2, p. 171-177, 1178-1653 (2015)

Author(s): Brackett, Charles D, Kearing, Stephen

Abstract: Our aim was to facilitate shared decision making (SDM) during preventive visits by utilizing a web-based survey system to offer colorectal cancer (CRC) and prostate cancer screening decision aids (DAs) to appropriately identified patients prior to the visit. Patients completed a web-based questionnaire before their preventive medicine appointment. Age- and gender-appropriate patients completed additional questions to determine eligibility for CRC or prostate-specific antigen (PSA) screening. Eligible patients were offered a choice of video or print DA, and completed questions assessing their knowledge, values, and preferences regarding the screening decision. Responses were summarized and fed forward to clinician and patient reports. Overall, 11,493 CRC and 4,384 PSA questionnaires were completed. Patient responses were used to identify those eligible for cancer-screening DAs: 2,187 (19 %) for CRC and 2,962 (68 %) for PSA; 15 % of eligible patients requested a DA. Many patients declined a DA because they indicated they "already know enough to make their decision" (34 % for CRC, 46 % for PSA). A web-based questionnaire provides an efficient means to identify patients eligible for cancer screening decisions and to offer them DAs before an appointment. Pre-visit use of DAs along with reports giving feedback to patients and clinicians provides an opportunity for SDM to occur at the visit.

Source: Medline
Title: [Shared decision-making in mental health care: a role model from youth mental health care].

Citation: Tijdschrift voor psychiatrie, Jan 2015, vol. 57, no. 5, p. 352-360, 0303-7339 (2015)

Author(s): Westermann, G M A, Maurer, J M G

Abstract: In the communication and interaction between doctor and patient in Western health care there has been a paradigm shift from the paternalistic approach to shared decision-making. To summarise the background situation, recent developments and the current level of shared decision-making in (youth) mental health care. We conducted a critical review of the literature relating to the methodology development, research and the use of counselling and decision-making in mental health care. The majority of patients, professionals and other stakeholders consider shared decision-making to be desirable and important for improving the quality and efficiency of care. Up till recently most research and studies have concentrated on helping patients to develop decision-making skills and on showing patients how and where to access information. At the moment more attention is being given to the development of skills and circumstances that will increase patients' interaction with care professionals and patients' emotional involvement in shared decision-making. In mental health for children and adolescents, more often than in adult mental health care, it has been customary to give more attention to these aspects of shared decision-making, particularly during counselling sessions that mark the transition from diagnosis to treatment. This emphasis has been apparent for a long time in textbooks, daily practice, methodology development and research in youth mental health care. Currently, a number of similar developments are taking place in adult mental health care. Although most health professionals support the policy of shared decision-making, the implementation of the policy in mental health care is still at an early stage. In practice, a number of obstacles still have to be surmounted. However, the experience gained with counselling and decision-making in (youth) mental health care may serve as an example to other sections of mental health care and play an important role in the further development of shared decision-making.

Source: Medline

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Title: Impact of a web-based treatment decision aid for early-stage prostate cancer on shared decision-making and health outcomes: study protocol for a randomized controlled trial.

Citation: Trials, Jan 2015, vol. 16, p. 231. (2015)

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Abstract: At an early stage, prostate cancer patients are often eligible for more than one treatment option, or may choose to defer curative treatment. Without a pre-existing superior option, a patient has to weigh his personal preferences against the risks and benefits of each alternative to select the most appropriate treatment. Given this context, in prostate cancer treatment decision-making, it is particularly suitable to follow the principles of shared decision-making (SDM), especially with the support of specific instruments like decision aids (DAs). Although several alternatives are available, present tools are not sufficiently compatible with routine clinical practice. To overcome existing barriers and to stimulate structural implementation of DAs and SDM in clinical practice, a web-based prostate cancer treatment DA was developed to fit clinical workflow. Following the structure of an existing DA, Dutch content was developed, and values clarification methods (VCMs) were added. The aim of this study is to investigate the effect of this DA on (shared) treatment choice and patient-reported outcomes. Nineteen Dutch hospitals are included in a pragmatic, cluster randomized controlled trial, with an intervention and a control arm. In the intervention group, the DA will be offered after diagnosis, and a summary of the patients' preferences, which were identified with the DA, can be discussed by the patient and his clinician during later consultation. Patients in the control group will receive information and decisional support as usual. Results from both groups on decisional conflict, treatment choice and the experience with involvement in the decision-making process are compared. Patients are requested to fill in questionnaires after treatment decision-making but before treatment is started, and 6 and 12 months later. This will allow the development of treatment satisfaction, decisional regret, and quality of life to be monitored. Clinicians from both groups will evaluate their practice of information provision and decisional support. This study will describe a web-based prostate cancer treatment DA with VCMs. The effect of this DA on the decision-making process and subsequent patient reported outcomes will be evaluated. The Netherlands National Trial Register: NTR4554, registration date 1 May 2014.

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Title: Impact of an interprofessional shared decision-making and goal-setting decision aid for patients with diabetes on decisional conflict - study protocol for a randomized controlled trial.
Abstract: Competing health concerns present real obstacles to people living with diabetes and other chronic diseases as well as to their primary care providers. Guideline implementation interventions rarely acknowledge this, leaving both patients and providers feeling overwhelmed by the volume of recommended actions. Interprofessional (IP) shared decision-making (SDM) with the use of decision aids may help to set treatment priorities. We developed an evidence-based SDM intervention for patients with diabetes and other conditions that was framed by the IP-SDM model and followed a user-centered approach. Our objective in the present study is to pilot an IP-SDM and goal-setting toolkit following the Knowledge-to-Action Framework to assess (1) intervention fidelity and the feasibility of conducting a larger trial and (2) impact on decisional conflict, diabetes distress, health-related quality of life and patient assessment of chronic illness care. A two-step, parallel-group, clustered randomized controlled trial (RCT) will be conducted, with the primary goal being to assess intervention fidelity and the feasibility of conducting a larger RCT. The first step is a provider-directed implementation only; the second (after a 6-month delay) involves both provider- and patient-directed implementation. Half of the clusters will be assigned to receive the IP-SDM toolkit, and the other will be assigned to be mailed a diabetes guidelines summary. Individual interviews with patients, their family members and health care providers will be conducted upon trial completion to explore toolkit use. A secondary purpose of this trial is to gather estimates of the toolkit's impact on decisional conflict. Secondary outcomes include diabetes distress, quality of life and chronic illness care, which will be assessed on the basis of patient-completed questionnaires of validated scales at baseline and at 6 and 12 months. Multilevel hierarchical regression models will be used to account for the clustered nature of the data. An individualized approach to patients with multiple chronic conditions using SDM and goal setting is a desirable strategy for achieving guideline-concordant treatment in a patient-centered fashion. Our pilot trial will provide insights regarding strategies for the routine implementation of such interventions in clinical practice, and it will offer an assessment of the impact of this approach. Clinicaltrials.gov Identifier: NCT02379078.

Date of Registration: 11 February 2015.

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