CCMI
Centre for Collaboration Motivation & Innovation

The Shared Decision Making Guide

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Shared Decision Making (SDM) is a conversation structured around 4 questions, below. Depending on the response, other follow-up questions may be asked. The SDM conversation may develop over time as the patient and clinician gain a greater understanding of each other's knowledge, values and preferences. SDM is evolving and questions remain about the time requirements and how teams can best work together to support SDM in practice.

1. Ask Question #1 to invite the patient to participate in the decision.

   "How would you like to go about making this decision?"

   a. If the patient has a preference for decision making, move on to the second question.

   b. For patients who are not sure, offer a behavioral menu.

      i. First ask permission to share ideas.
      "Would you like to hear how others have made decisions in the past?"

      ii. Then share options ALL AT ONCE.
      "Some people I have worked with listen to information and make their own choice, some like to arrive at a decision through discussion, some want to hear a recommendation from me to help them make a choice and others like me to make a decision for them after I've provided the information and learned more about them."

      iii. Always end by asking if they have any ideas of their own.
      "Do any of those ideas work for you, or perhaps there is another idea of your own that would help you make this decision?"

2. The second question assesses values and preferences.

   "What is important for you to consider in making this decision?"

   You may need to prompt for values and preferences. Some examples include: quality of life, cost (monetary, time, and resources), caregiver burden, function, supporting independence and comfort.

3. After the patient shares their values and preferences, the next step is Risk Communication.

   Even if the patient chooses to have the clinician make the choice, the clinician informs the patient of the risks and benefits in understandable terms, and shares a choice consistent with the patient's values. The clinician then checks to see if this choice is acceptable to the patient.

   The following steps represent the ideal situation, when concrete information about risks is available. In this case, it is helpful to use printed information during the conversation. In many situations, clinicians will need to summarize risks based on the best available information. When applicable, the clinician clearly communicates that evidence is unclear or conflicting.

   a. Base discussion of options on patient's concerns and values.

   b. Talk about Pros and Cons

      i. Communicate Benefits or Risk Reduction. Use Absolute Risks, when available. *Example: "Based on the risk calculator, taking a statin reduces your risk of having a heart attack in the next 10 years from 10 in a 100 to 8 in 100."*

      ii. Provide Balanced Framing of Risk. *Example: "About 10 of 100 people like you will have a heart attack in the next 10 years and 90 will not."*

      iii. Review possible downsides. *Example: "This medication needs to be taken every day for a long time. The pills cost money, and common side effects are…"*

c. Use Graphics or Pictures.

4. Ask Question #3 to elicit the choice.

   "What do you think you will do?"

   If the patient seems comfortable with their choice, affirm the decision. ***"That's great. It sounds like a good choice for you."***

5. Address Decisional Conflict (when present)

   a. If the patient is uncertain about the options, use a behavioral menu. After asking permission, provide two or three ideas, and ask if they have thought of anything else as you've been talking (behavioral menu). The following menu choices may apply:
   "Sometimes people decide to consider it for a while, talk to someone they trust, or get another opinion. Would any of these work for you or do you have an idea of your own?

   b. Be present with them as they consider their situation. See the Spirit of MI, below.

   c. Use Open-ended Questions, Affirmations, Reflections and Summaries to help them explore their feelings and values. For example, regret about a past decision may surface.

      i. Seek to understand reasons for uncertainty and address them. ***"What is making this decision hard?"*** Elicit ideas from the patient to address the concerns. ***"What would help to make this decision easier?"***

      ii. Acknowledge the difficulty of the situation and their ability to manage it. Examples: ***"This is a difficult decision." "You know yourself best."***

      iii. Reflect their feelings or values. Example: ***"You are an independent person and staying that way is important to you, but you aren't sure if this is a decision you can make by yourself."***

      iv. Summarize the key points or the dilemma. Example: ***"Starting a new medication has come as a surprise, and you can see that things aren't getting better the way they are. The medication has some worrisome side effects, so you want to take your time considering your options. What would need to happen to make the decision clear?"***

6. If the patient is still unsure, the conversation may need to be postponed or referred to another team member.

7. Ask Question #4 to check for understanding (Teach Back).

   "Can you tell me back what we've talked about regarding this decision so I know if I was clear?"

8. The final step is to document the choice or the conversation if no choice was made. If the decision is a behavior change, Brief Action Planning may follow.

The Spirit of Motivational Interviewing

The Spirit of Motivational Interviewing underlies Shared Decision Making

1. Compassion: Actively promote the other's welfare
2. Acceptance: Respect autonomy and the right to change or not change
3. Partnership: Work in collaboration
4. Evocation: Ideas come from the person, not the clinician or helper

This tool was developed by Connie Davis, Damara Gutnick, Kathy Reims and Alice Domes