Shared Decision Making in Canada: major research directions and key implementation activities

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Decision box

What is a Decision box?

The Decision box is an evidence-based summary of the most important benefits and harms of a health care intervention. It covers a medical question that has no single best answer. It is framed to help weigh the benefits and harms of all options in light of patients’ individual health status. It prepares healthcare professionals to translate evidence to patients, an essential step to evidence-based practice and shared decision making.

- Who is it for?
- When is it used?
- What does it include?
- What formats does it use?

Order printed Decision boxes

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www.decisionbox.ulaval.ca
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IP-SDM MODEL

Environment
Social norms • Organizational routines • Institutional structure

Patient/Family Team

- Family/Surrogate/Significant others
- Patient
  - Decision to be made
  - Information exchange
  - Values/preferences
  - Feasibility
  - Preferred choice

Interprofessional team

- Initiator of SDM process
- Decision coach
- Health care professional(s)

Actual choice

Implementation

Outcomes

Deliberation leading to a common understanding

(Legare, Stacey et al., 2010, J Eval Clin Practice)
Decision coaching

- Develops patients’ skills in deliberating about options, preparing for a consultation, and implementing change.

- Trained facilitators are supportive but non-directive

- Delivery: face to face, groups, telephone, email, internet

- Contact Prof. dstacey@uottawa.ca

Stacey et al., 2008
Decision aids- Saskatchewan

- 4 surgical pathways:
  - prostate
  - hip knee replacement.
  - back (soon)
  - Uro-gynecology (soon)

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Validation of SURE, a Four-Item Clinical Checklist for Detecting Decisional Conflict in Patients

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Background: We sought to determine the psychometric properties of SURE, a 4-item checklist designed to screen for clinically significant decisional conflict in clinical practice. Methods: This study was a secondary analysis of a clustered randomized trial assessing the effect of DECISION+2, a 2-hour online tutorial followed by a 2-hour interactive workshop on shared decision making, on decisions to use antibiotics for acute respiratory infections. Patients completed SURE and also the Decisional Conflict Scale (DCS), as the gold standard, after consultation. We evaluated internal consistency of SURE using the Kuder-Richardson 20 coefficient (KR-20). We compared DCS and SURE scores using the Spearman correlation coefficient. We assessed sensitivity and specificity of SURE scores (cut-off score ≤3 out of 4) by identifying patients with and without clinically significant decisional conflict (DCS score >37.5 on a scale of 0-100). Results: Of the 712 patients recruited during the trial, 654 completed both tools. SURE scores showed adequate internal consistency (KR-20 coefficient of 0.7). There was a significant correlation between DCS and SURE scores (Spearman’s ρ = −0.45, P < 0.0001). The prevalence of clinically significant decisional conflict as estimated by the DCS was 5.2% (95% CI 3.7-7.3). Sensitivity and specificity of SURE ≤3 were 94.1% (95% CI 78.9-99.0) and 89.8% (95% CI 87.1-92.0), respectively. Conclusions: SURE shows adequate psychometric properties in a primary care population with a low prevalence of clinically significant decisional conflict. SURE has the potential to be a useful screening tool for practitioners, responding to the growing need for detecting clinically significant decisional conflict in patients. Keywords: shared decision making; decisional conflict; clinical checklist; SURE; sensitivity and specificity. (Med Decis Making fire 2013 Jun 17. [Epub ahead of print]

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Inventory of SDM training programs

<table>
<thead>
<tr>
<th>Program name</th>
<th>Clinical communication based on the Four Habits model (modified for Norway)</th>
</tr>
</thead>
</table>
| Authors or developers and contact information | Pål Gulbrandsen  
Professor, Researcher  
Akerhus University Hospital  
Oslo  
Norway  
pal.gulbrandsen@ahu.no |
| Country / Language | Norway/Original language: English with amendment in Norwegian |
| Creation or publication date | 2006 |
| Clinic context | Any clinical context |
| Target users | Physicians |
| Pre or post licensure | Post-licensure |
| General objectives | To improve interviewing skills to maximize patient’s satisfaction and to improve medical outcomes |
| Format | Group course with different educational activities |

n = 99 programs  
n = 3 from Australia
Essential competencies for SDM?

• In 2012, an interdisciplinary, international group of 25 participants including patients and clinicians from Canada, France, USA, UK and Germany agreed upon:
  – Relational competencies
  – Risk communication competencies
Kirkpatrick’s framework

- Patient outcomes
- Change in organizational practice
- Change in professional practice
- Change in attitudes and perceptions
- Acquisition of knowledge and skills
- Learner’s reaction to the new information

Theoretical Domains Framework

- Knowledge
- Skills
- Social/Professional Role and Identity
- Beliefs about Capabilities
- Optimism
- Beliefs about Consequences
- Reinforcement

- Intentions
- Goals
- Memory, Attention and Decision Processes
- Environmental Context and Resources
- Social Influences
- Emotion
- Behavioral Regulation

Cane, O’Connor, Michie, 2012