What could be done to improve availability and quality of training in shared decision making?

Associate Professor Tammy Hoffmann

Centre for Research in Evidence-Based Practice, Bond University & The University of Queensland
“A good level of SDM occurs about 10% of the time”

Barriers to SDM... & training

- Lack of time
- “We already do SDM”
- Not sure what it really is
- Not clear what it is meant to achieve
- “It doesn’t make any difference to outcomes”
- “Most of my patients don’t want to be *that* involved”

Patient-mediated interventions

e.g. decision support tools or training in questions to ask

Health professional training in SDM


Shared decision making:
A skill that needs to be taught
Determining where on the shared decision-making continuum the patient feels most comfortable requires clear communication and dedicated time.
Patients should be educated about the essential role they play in decision making and be given effective tools clinicians, in turn, need to relinquish their role as the single, paternalistic authority and train to become more effective coaches or partners — learning, in other words, how to ask, “What matters to you?” as well as “What is the matter?”
Shared decision making: really putting patients at the centre of health care. Postgraduate training and accreditation can also support implementation of shared decision making. Skills training can change practice.

Because clinicians have to be able to discuss evidence based information and elicit patient preferences, linking courses on shared decision making with those on evidence based medicine could also be beneficial. Risk communication and eliciting patient preferences remain a neglected part of evidence based medicine. Integrating shared decision making into the evidence based medicine framework will cut both ways, helping clinicians to communicate evidence and ask patients for their preference as well as promoting shared decisions.
Interventions for improving the adoption of shared decision making by healthcare professionals (Review)

Légaré F, Ratté S, Stacey D, Kryworuchko J, Gravel K, Graham ID, Turcotte S

Authors’ conclusions
The results of this Cochrane review do not allow us to draw firm conclusions about the most effective types of intervention for increasing healthcare professionals’ adoption of SDM. **Healthcare professional training may be important**, as may the implementation of patient mediated interventions such as decision aids.
Why teach SDM to undergraduates?

- Time when health professionals acquire their professional identity
- Time when interview and consultation ‘scripts’ and habits are developed
- ‘Hidden’ curriculum – trained to believe it is important to have “the answer”
- Lack of role models who practice SDM
Why offer SDM training as CPD?

• Most likely **not** taught when undergraduate

• Lack of training is a major barrier to SDM occurring
What are some of the steps & skills needed?

- Developing a partnership with the patient
- Determining patient’s preferences for information (amount & format)
- Determining patient’s preferences for his/her role in decision making
- Eliciting and responding to patient’s ideas, concerns, expectations
- Discussing options, along with the benefit/s and harm/s of each
- Presenting likelihood of benefits and harm/s, individualising where possible
- Helping patient reflect on options & impact of alternative decisions, considering values and lifestyle
- Checking understanding; supporting & negotiating a decision or agreeing to defer
- Agreeing upon an action plan & arranging follow-up/review as needed
Core skills?

- Debate about ‘core’ skills
- Agreement about 2 broad areas of competencies:
  - Relational skills
  - Risk communication skills

Main topics that SDM training should cover?

- What SDM is
- Why SDM is important
- What SDM has been shown to do (and what it hasn’t)
- Key skills and how it can occur in practice
- Role of decision support tools
  - Availability/finding them
  - Evaluating their quality
  - How to use
  - What if none exist?
- Implementation of SDM (& challenges of this)
Background to Hoffmann et al RCT

- Already full curricula (in EBP course & elsewhere)
- But important topic!
- Brief intervention needed
- Have always taught this topic/skills, but was it effective?
Are SDM skills taught to health professionals in Australia?
Current situation in Australia – Teaching to undergraduates

• IF taught, typically integrated with other teaching e.g. case studies, problem-based learning
  • Extent to which core skills covered not clear

• 10% - taught it as part of stand-alone course (e.g. EBP, communication skills, etc)

• Student skill/competency typically not assessed

• ~50% reported involvement of consumers with teaching of communication skills
  • very few involved consumers with assessment of skills
Barriers to teaching SDM to undergraduates

- “Lack of knowledge of importance of this issue to clinical practice”
- “Very full curriculum already”
- “potential resistance of students who come in with perceptions about what treatment is...”
- “Lack of practical experience so students don’t grasp the important aspects”
- “No follow through/modeling on professional placements”
SDM training offered as CPD
- Very limited options

A few courses run by private providers
- E.g. 3 hour workshop – with a focus on risk management and “reducing litigation”
Discussion...

Funding acknowledgement:

NHMRC/Primary Health Care Research Evaluation and Development Career Development Fellowship, with funding provided by the Australian Department of Health and Ageing