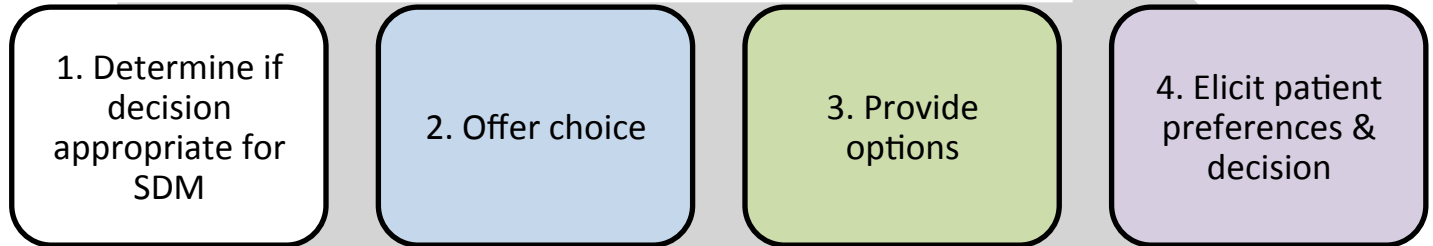


Shared Decision Making (SDM) Made Easy!

4-step process to SDM

(adapted from *J Gen Intern Med* 2012;27:1361-7 and *Gut* 2012;61:459-65)



A decision is appropriate for SDM when:

1. There is no clear best option
2. Something is at stake
3. Choice is preference-sensitive

Offering choice:

1. Summarize problem requiring management
2. Justify patient's role in choice (e.g. sensitive to preferences/goals, benefit/harm uncertainties)
3. Assess reaction
4. Defer premature closure (i.e. patients responding with "what would you do?") by offering to describe options

Providing options:

1. Assess preconceptions and prior knowledge
2. Use an available *decision aid*
3. List ALL options
4. Describe options
 - Highlight clear important differences
 - Use *evidence-based risk communication*
5. Summarize using teach-back method

Sources of decision aids:

- Ottawa Hospital Research Institute: decisionaid.ohri.ca/ (appraised using quality criteria checklist)
- Option Grid: optiongrid.org/optiongrids.php
- Mayo Clinic: shareddecisions.mayoclinic.org/decision-aid-information/decision-aids-for-chronic-disease/

Evidence-based risk communication: (adapted from *Ann Intern Med* 2014;161:270-80)

1. Avoid qualitative terms (e.g. common, very rare); QUANTIFY
2. Compare absolute risk with and without treatment
3. Describe risk using % or natural frequency (i.e. 1 in 100 or 1 in 10,000)
 - Avoid use of NNT/NNH
 - Use common denominator to describe benefits and risks
4. Use visual aids (e.g. "smiley face" graphs or bar graphs)
5. Contextualize
 - Describe consequences of outcomes
 - Compare risk to frequency of other events (e.g. car crash or being struck by lightning)

Coming to a decision:

1. Focus on preferences ("What matters most to you?")
2. Elicit a preference about available options
3. Move to a decision
 - "Do you have any questions?"
 - "Are you ready to decide?"
 - Be prepared to defer if choice not time-sensitive
4. Offer future review and reconsideration when possible