Learning Objectives

After attending this workshop, participants will be able to
- Describe Shared Decision-Making (SDM) as a clinical skill important in the practice of pediatrics, both inpatient and outpatient
- Recognize that SDM can be taught to residents/fellows on any rotation where patients’ families are faced with multiple diagnostic work-up or treatment options
- Practice several training strategies that can be used to teach SDM

Strategy #1. Didactic Presentation
- Definition of SDM
- Significance of SDM
- Core Components / Barriers and Facilitators
  - Outpatient
  - Inpatient

Strategy #2. On-line clinical cases, with problem-based learning

Strategy #3. Observation of simulated clinical encounter, with behavior coding

Strategy #4. SDM on family-centered rounds

Identify SDM tools that they can use to teach SDM to pediatrics residents and fellows in their home institutions

ICE BREAKER

Decision-Making

The decision-making process involving healthcare providers and patients is thought to exist along a continuum
- Autonomous
- Paternalistic

What is Shared Decision-Making (SDM)?

"the active participation of both clinicians and families in treatment decisions, the exchange of information, discussion of preferences, and a joint determination of the treatment plan" (~ Fiks et al. 2010)
**Significance of SDM**
- Growing emphasis on SDM (Institute of Medicine, Accountable Care Act)
- Recognized as an important dimension of high quality health care
  - Improvements in patient outcomes
  - Helpful in medical complexity
- Well-described in the adult medicine literature; less studied in pediatrics

**Core Components of SDM - Outpatient**
- Describe need for a treatment decision
- Review treatment options
- Explore patient values
- Determine preferences
- Negotiate course of action
- Make plans for follow-up
  - Volk et al., 2014

**SDM Barriers and Facilitators - Outpatient**
- **Barriers**
  - Patient (family) characteristics
  - Differences between family and clinician
    - Culture/language
    - Perceived power
  - Lack of clinician knowledge or tools
  - Health system constraints (e.g., limited time, lack of continuity)
- **Facilitators**
  - Clinician motivation
  - Positive effect on clinical process and outcomes
  - Adams et al. 2017

**Core Components of SDM - Inpatient**

**SDM Barriers and Facilitators - Inpatient**
- **Barriers**
  - Busy service and time constraints
  - Severity and acuity of illness
  - High parental stress and anxiety
  - Lack of an established relationship with providers
- **Facilitators**
  - Sufficient time per patient encounters
  - Longer hospitalization stay
  - Rennke et al. 2017
  - Blankenburg et al. 2018

**TRAINING STRATEGY 2:**
**ON-LINE PROBLEM-BASED LEARNING USING CLINICAL CASES**
Objective: To investigate effects of 2 different on-line interactive learning experiences on self-rated SDM in DBP fellows

Design: RCT, with 97 DBP fellows enrolled from across US

- Random assignment to Intervention or Comparison groups
- Data gathered electronically at Pre-Intervention and 4 weeks Post-Intervention

Method: On-line learning experiences, with clinical cases, faculty responses, links to additional scientific evidence

- Intervention Case - ongoing care of child with ASD, highlighted treatment decision with direct teaching about SDM processes
- Comparison Case - use of risperidone in child with ASD, highlighted practice guidelines concerning atypical antipsychotics with direct teaching about medication pros and cons

Results

- Pre-intervention, groups were similar re: fellow training level, gender, and program location
- At 4 weeks post-intervention (after the educational intervention), both groups showed significantly increased SDM (measured with a self-report scale, SDM-9-Doc)

Conclusions

- SDM can be enhanced by an on-line case-based training that is focused on evidence-based practice or focused on SDM principles
- Consistent and measurable SDM education can be provided to trainees, irrespective of training site location

Observer OPTIONS Modified (Barr et al., 2015)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Affirm need for a decision. The clinician draws attention to or re-affirms that alternate treatment or management options exist or that the need for a decision exists.</td>
</tr>
<tr>
<td>2</td>
<td>Support education and deliberation process. The clinician reassures the patient, or re-affirms, that the clinician will support the patient to become informed and to deliberate about the options.</td>
</tr>
<tr>
<td>3</td>
<td>Describe options, exchange views. The clinician gives information, or checks understanding, about the pros and cons of the options that are considered reasonable (including taking no action), to support the patient in comparing the alternatives.</td>
</tr>
<tr>
<td>4</td>
<td>Elicit preferences. The patient’s preferences are described as decision is made.</td>
</tr>
<tr>
<td>5</td>
<td>Integrate preferences and decisions. The clinician makes an effort to integrate the patient’s preferences as decisions are made.</td>
</tr>
</tbody>
</table>

Options - Scoring

For each item, choose a score of 0 to 4

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No effort</td>
</tr>
<tr>
<td>1</td>
<td>Minimal effort</td>
</tr>
<tr>
<td>2</td>
<td>Moderate effort</td>
</tr>
<tr>
<td>3</td>
<td>Skilled effort</td>
</tr>
<tr>
<td>4</td>
<td>Exemplary effort</td>
</tr>
</tbody>
</table>
Poll Everywhere

- Now we’re going to ask you to use Poll Everywhere and the OPTIONS to rate SDM in a simulated clinical interaction.

Clinical Scenario – Jimmy (5.5 year old boy with recent diagnosis of ADHD and ↑ing difficulties in kindergarten)

Video – Shared Decision-Making

Thoughts About the Clinical Interaction?

- What components of SDM were present in this scenario?
- What components of SDM were missing?
- Any possible barriers?

TRAINING STRATEGY 4:
INPATIENT SDM ON FAMILY-CENTERED ROUNDS

Setting:
- August 2014 – March 2015
- Hospitalist services in pediatrics and internal medicine
- Two large university-based hospitals
- Team-level SDM measured

Repeated Cross-sectional Study Design:
- Unique patients and matched hospitalists in the pre- and post-intervention periods
Results – Peer Assessments

Mean RPAD Change +1.8 (range: 0.5 to 2.8), p = 0.05

Results – High Scoring RPAD Items

Packet

- Tools that can be used to facilitate SDM
- Patient Decision Aids (e.g. Ottawa Hospital Research Institute, A-Z inventory)
- Option grid/Decision Box (e.g. Complex behavior problems in children and youth - Option Grid – Dartmouth, OSA - Cincinnati Children’s Hospital Medical Center)
- Medication Cards/Booklet (e.g. ADHD - Cincinnati Children’s Hospital Medical Center)

Results – Low Scoring RPAD Items

Reflection

- Plans for incorporating SDM training in your home institution

Final Ideas or Questions?
Thank you!

Selected References

- Design-A-Case (DAC) UTMB Health. [Website].
- [Website].

Selected Websites

- [Website].
- [Website].
- [Website].
- [Website].