3 MINUTES MAKE A DIFFERENCE

Evidence-Based Strategies for Shared Decision-Making in Clinical Practice

Shared decision-making (SDM) is defined by the Agency for Healthcare Research and Quality (AHRQ) as a "collaborative process in which patients and clinicians work together to make health care decisions informed by evidence, the care team's knowledge and experience, and the patient's values, goals, preferences and circumstances."

Why SDM Matters

A strong body of evidence links SDM to **better clinical and quality of life outcomes**, with **only 2-3 minutes on average of extra time**.

Patients who engage in SDM demonstrate:

- Greater understanding and confidence.
- Decreased uncertainty and regret.
- More realistic expectations.
- Improved satisfaction and adherence.

Today, more than any time before, patients are flooded with health information *and misinformation*. The ability to **communicate clear, evidence-based guidance has never been more critical**. SDM bridges the gap between data and understanding, **helping patients make informed choices grounded in science and trust**.

Key Components of SDM

Choice Awareness

Recognize that more than one reasonable option exists and invite the patient to participate.

Values Clarification

Use discussion or tools to identify what matters most to the patient.

Information Exchange

Share clear, balanced evidence while exploring the patient's goals and concerns.

Deliberation

Discuss how each option aligns with the patient's values and life context.

Decide Together

Agree on a plan that reflects evidence and the patient's preferences.

Establish Partnership

Build trust and mutual respect. Each partner contributes expertise.

Informed Consent vs SDM

Informed Consent	SDM
Occurs after a treatment recommendation.	Begins before a decision is made.
Focuses on disclosure of information and obtaining permission.	Focuses on dialogue, mutual understanding and joint problem-solving.
Clinician explains risks, benefits and alternatives of a chosen option.	Clinician and patient co-create the decision, exploring multiple evidence-based options.
Patient's Role: Accept or decline the proposed treatment.	**Patient's Role:** Deliberate, express values and guide the decision toward personal goals.
Ethically satisfies legal requirements.	Ethically fulfills patient autonomy and partnership in care.
Outcome: A signed form.	**Outcome:** A shared plan that reflects what matters most to the patient.

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Implementing SDM in Practice

Three-Talk Model

A practical, conversational SDM roadmap that guides clinicians through **three stages of dialogue**. Provides the macro flow that all other tools fit within.

1 Team Talk

Invite partnership, explain that a decision is needed and establish the clinician and patient as a team.

"Let's work as a team to make a decision that suits you best."

2 Option Talk

Present reasonable options, outlining benefits, harms and uncertainties using plain language and decision aids.

"Let's compare the best possible options."

3 Decision Talk

Explore patient values and preferences to reach a choice that best fits their goals and circumstances.

"Tell me what matters most to you for this decision."

SHARE Approach

Converts the SDM philosophy into a five-step process for **applying SDM consistently**:

- **S** — **Seek patient participation.**
- **H** — **Help explore options.**
- **A** — **Assess values and preferences.**
- **R** — **Reach a decision together.**
- **E** — **Evaluate the decision and plan.**

(Micro-Techniques That Guide How to Communicate Within Each Stage)

Ask-Tell-Ask Model

The "Ask-Tell-Ask" technique (also known as Elicit-Provide-Elicit) is a collaborative communication method that starts by asking what the patient already knows and what concerns they hold; then telling new information in a tailored way; and finally asking again to check understanding and elicit reactions.

- **Ask:** "What's your understanding?"
- **Tell:** Provide new information.
- **Ask:** "What do you now understand and how do you feel?"

5A's Framework

A structured, repeatable process for guiding patient engagement and follow-through during SDM.

- **Ask:** Identify the issue and invite the patient's perspective or readiness to discuss change or options.
- **Advise:** Share clear, evidence-based recommendations tailored to the patient's context and goals.
- **Assess:** Determine the patient's understanding, motivation and confidence to proceed.
- **Assist:** Offer tools, supports or strategies that help the patient act on the decision.
- **Arrange:** Plan follow-up to review progress, adjust the plan and reinforce shared accountability.

OARS Model (Motivational Interviewing)

The OARS Model outlines four conversational skills from motivational interviewing that foster empathy, trust and engagement throughout SDM.

- **Open-Ended Questions:** Invite patients to share thoughts, feelings and priorities.
- **Affirmations:** Recognize strengths and efforts to build confidence.
- **Reflective Listening:** Mirror back what patients say to show understanding.
- **Summaries:** Synthesize key themes to ensure shared meaning and guide next steps.

Teach-Back Method

The Teach-Back Method is a communication technique used to confirm patient understanding by having them restate information in their own words.

- **Explain:** Share key information in plain language.
- **Ask for Recall:** "Just to be sure I explained that clearly, can you tell me how you'll describe this plan to someone at home?"
- **Listen and Clarify:** Identify gaps, re-explain if needed and confirm understanding before closing the conversation.

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SDM Challenges and Strategies to Overcome Them

Time Constraints and Workflow Integration

Challenge: Limited visit length and competing priorities.

Strategy to Overcome: Embed "micro-SDM" into existing steps.

- **Pre-Visit:** Patient portal survey or preference form.
- **During Visit:** Ask-Tell-Ask (e.g., "What matters most to you about treatment?").
- **Post-Visit:** Auto-send summary or link to decision aid.

Confidence and Skill Development

Challenge: Uncertainty about how to share decisions while maintaining efficiency.

Strategy to Overcome: Normalize SDM as a communication skill, not extra work.

- Micro-trainings or peer role-plays (Ask-Tell-Ask, 5A's).
- Use quick-reference cards or embedded EHR "tips."

Patient Reluctance or Decisional Fatigue

Challenge: Patients may feel overwhelmed or defer to the clinician.

Strategy to Overcome: Simplify, pace and revisit.

- Limit to top 2–3 options per visit.
- Use picture summaries or short videos.
- **Apply teach-back:** "How would you explain this to a friend?"

System-Level Supports

Challenge: SDM not built into workflow documentation.

Strategy to Overcome: Integrate prompts and templates.

- Use EHR SmartPhrase (e.g., ".sdm1" becomes "Discussed risks/benefits and patient goals.")
- Add "Decision aid used" checkbox.
- **Dashboard metric:** "% of visits with documented patient preference."

Build a Team to Drive High Quality Patient Care

Challenge: Clinician assumes sole responsibility for SDM.

Strategy to Overcome: Distribute SDM tasks across the care team.

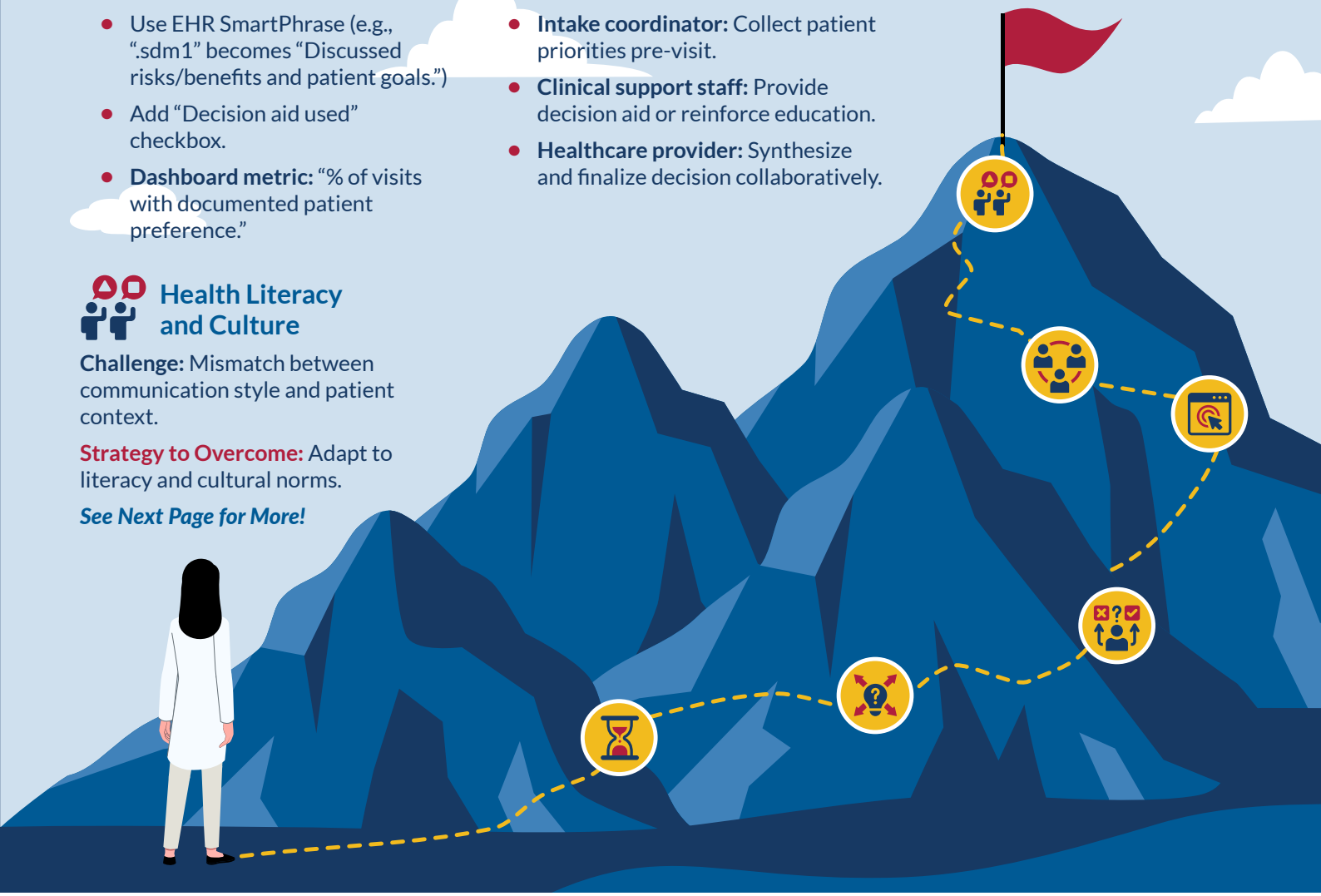
- **Intake coordinator:** Collect patient priorities pre-visit.
- **Clinical support staff:** Provide decision aid or reinforce education.
- **Healthcare provider:** Synthesize and finalize decision collaboratively.

Health Literacy and Culture

Challenge: Mismatch between communication style and patient context.

Strategy to Overcome: Adapt to literacy and cultural norms.

See Next Page for More!



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Factors Driving SDM

Adapted from Kaiser Family Foundation (KFF)

Economic Stability
- Employment
- Income
- Expenses
- Debt
- Medical Bills
- Support

Neighborhood and Physical Environment
- Housing
- Transportation
- Parks
- Playgrounds
- Walkability
- Zip Code/ Geography

Environment
- Literacy
- Language
- Early Childhood Education
- Vocational Training
- Higher Education

Food
- Food Security
- Access to Healthy Options

Community, Safety, and Social Context
- Social Integration
- Support Systems
- Community Engagement
- Stress
- Exposure to Violence/Trauma
- Policing/Justice Policy

Health Care System
- Health Coverage
- Provider and Pharmacy Availability
- Access to Linguistically and Culturally Appropriate Respectful Care
- Quality of Care

Mortality, Morbidity, Life Expectancy, Health Care Expenditure, Health Status, Functional Limitations

Populations experiencing poverty, discrimination, disability or limited access to resources often face greater barriers to SDM. Successful SDM requires adapting both communication and choices to each patient's real-world context. **With every management plan, clinicians should consider and ask how cost, transportation, employment and/or caregiving demands might affect implementation.**

Disparities in Participation

SDM ensures **every patient's perspective is heard**. Language barriers, mistrust or low health literacy can silence input. Clinicians can:

- **Invite input directly:** "I'd like to hear how this fits for you."
- **Normalize questions:** "Many people wonder about costs or side effects. Let's talk about that."
- Use teach-back to confirm clarity, not test.

Incorporating Cultural Values

Health decisions reflect culture, family and meaning, not only evidence.

- **Ask early:** "Who helps you make health decisions?"
- Weave the patient's beliefs with clinical data.
- Use interpreters or cultural liaisons as team members.

Sources: Agency for Healthcare Research and Quality (AHRQ). Available at: https://www.ahrq.gov/sdm/share-approach/index.html; Faiman B, Tariman JD. Clin J Oncol Nurs. 2019;23(5):540-542; Ha Dinh TT, et al. JBI Database System Rev Implement Rep. 2016;14(1):210-247; Lundahl B, et al. Patient Educ Couns. 2013;93(2):157-168; Tamura-Lis W. Urol Nurs. 2013;33(6):267-271, 298; Wieringa TH, et al. Syst Rev. BioMed Central Ltd. 2019;8(1); Yahanda AT, Mozersky J. AMA Journal of Ethics® Vol 22.; 2020; Muscat DM, et al. J Gen Intern Med. 2021;36(2):521-524; Elwyn G. 2021;104(7):1591-1595; Montori VM, et al. BMJ Evid Based Med. 2023;28(4):213-217; Ma LZ, et al. BMC Med. 2022;20(1):132; Kaiser Family Foundation (KFF). June 1 2020. Available at: https://www.kff.org/covid-19/health-disparities-symptom-broader-social-economic-inequities; Turkson-Ocran, RA, et al. J Am Heart Assoc. 2021 Oct 19;10(20):e018183.

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