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GÖG-Colloquium

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Joint Action Prevent

Shared Decision Making

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1. What is Shared Decision Making?
2. What is in it for the hospital/department/clinician?
3. What does it require of you to implement Shared Decision Making?



AGENDA

What have we done with Shared Decision Making in Denmark?

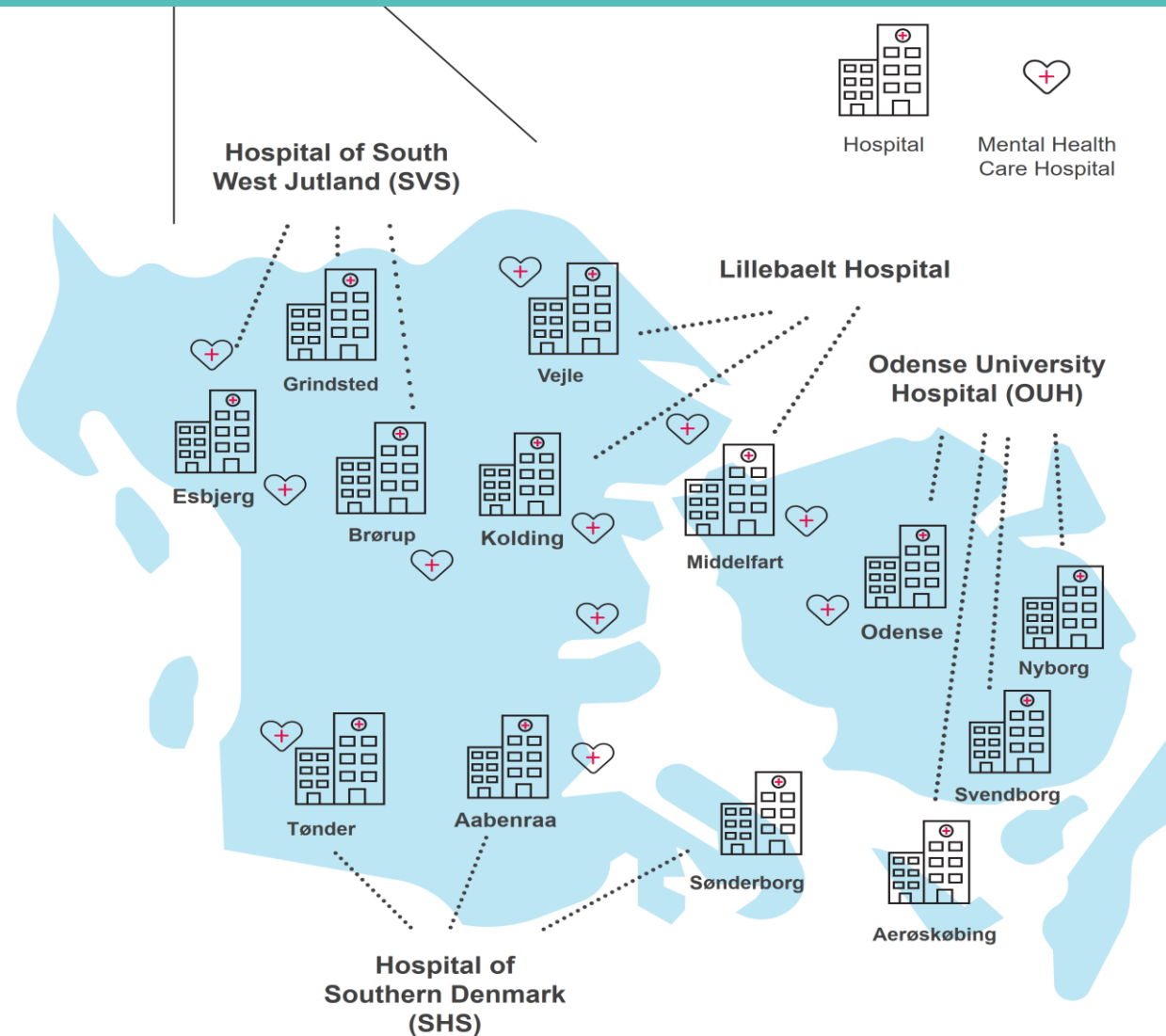
How does Shared Decision Making work?

Join the European Pilot

Shared Decision Making in the Southern Region of Denmark

Facts on the Center for Shared Decision Making (SDM):

- Lillebaelt Hospital established Center for Shared Decision Making in 2014
- The Center's focus was SDM-research. In 2019 that focus was extended to include implementation.
- The Center for Shared Decision Making is responsible for the implementation of SDM in the entire region of southern Denmark.



How far are we?



88

DECISION HELPERS DEVELOPED
IN DENMARK

2643

LEADERS, TEACHERS AND
CLINICIANS HAVE BEEN EDUCATED

62

DEPARTMENTS/AREAS IN REGION OF
SOUTHERN DENMARK ARE IN
IMPLEMENTATION

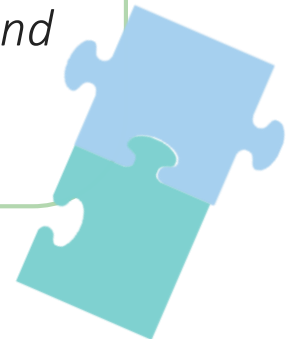


A definition of Shared Decision Making



Center for Shared Decision Making defines the term "Shared Decision Making" as follows:

"A collaboration between patient and clinician when decisions are to be made about diagnosis, treatment, care or follow-up to the extent and in a way, which is preferable for the patient. This includes use of evidence-based information concerning options, benefits, harms, uncertainties and medical counselling and supports the exploration of the patient's own values and preferences"





[What is shared decision making? | Bupa Health](#)


KEY POINTS

The Clinician is an expert in the diagnosis.
The Patient is an expert in their own life.

There are benefits and downsides to every
treatment option

What's most important to you?

QUESTIONS FOR THE CROWD

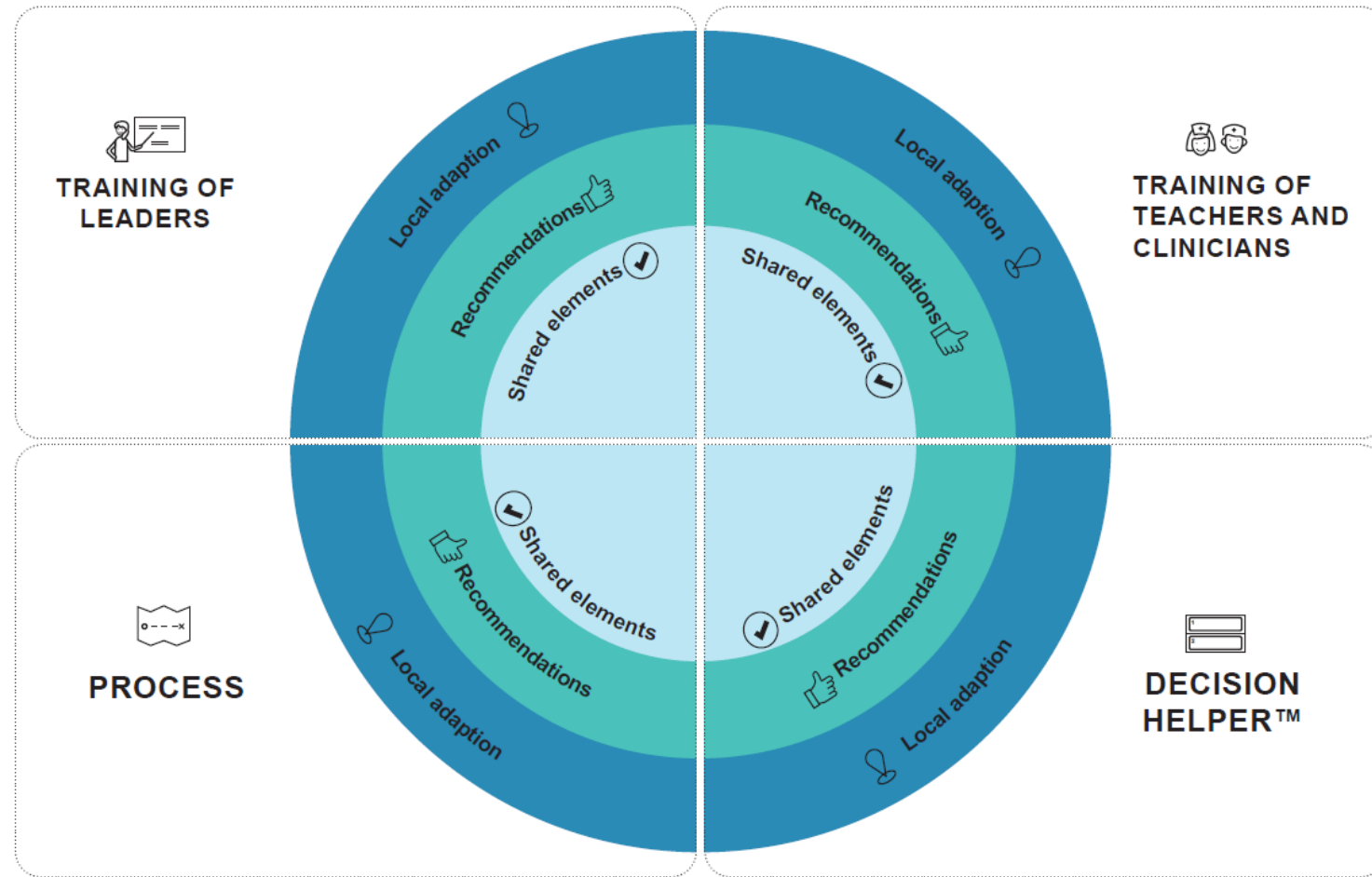
A cluster of small, light blue and white bubbles of varying sizes is positioned below the word 'CROWD' in the title.

Do you know of
Shared Decision
Making?

Do you think it fits
to your Austrian
context?

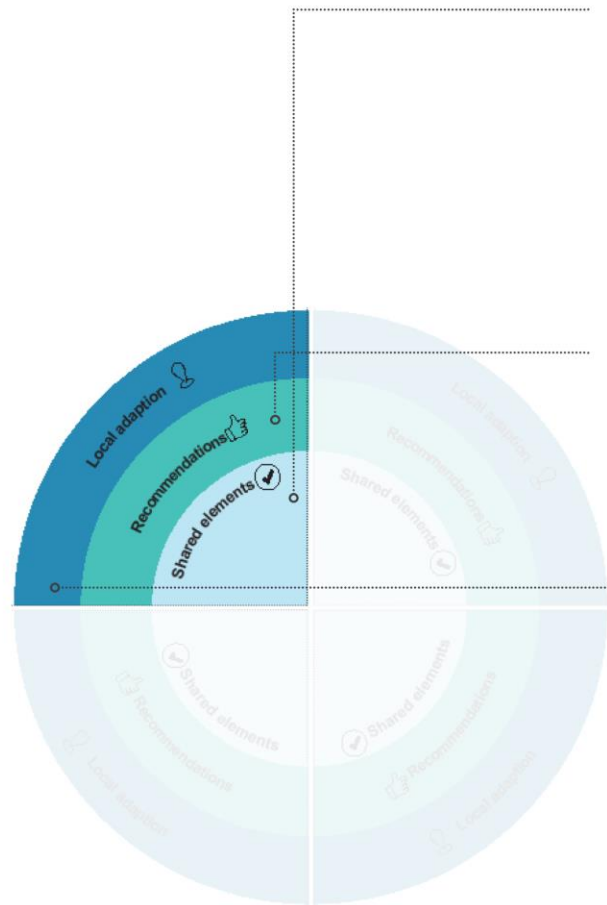
How far are you
with this mindset?

The implementation model of Shared Decision Making in the Region of Southern Denmark SDM:HOSP.



Involvement of leaders

TRAINING OF LEADERS



Shared elements:

- Organise a course of min. three hours in shared decision making for leaders
- Teachers are local implementation consultants with feedback from teachers of Center for Shared Decision Making
- Obligatory course material



Recommendations:

- Leaders at all levels participate in the course
- As many leaders as possible from the same department* participate over time



Local adaption of elements:

- Local supplements to obligatory course material
- Center for Shared Decision Making can be involved in case of large classes

*Definition of department depends on the setting. It may also refer to a section, a team or a field.



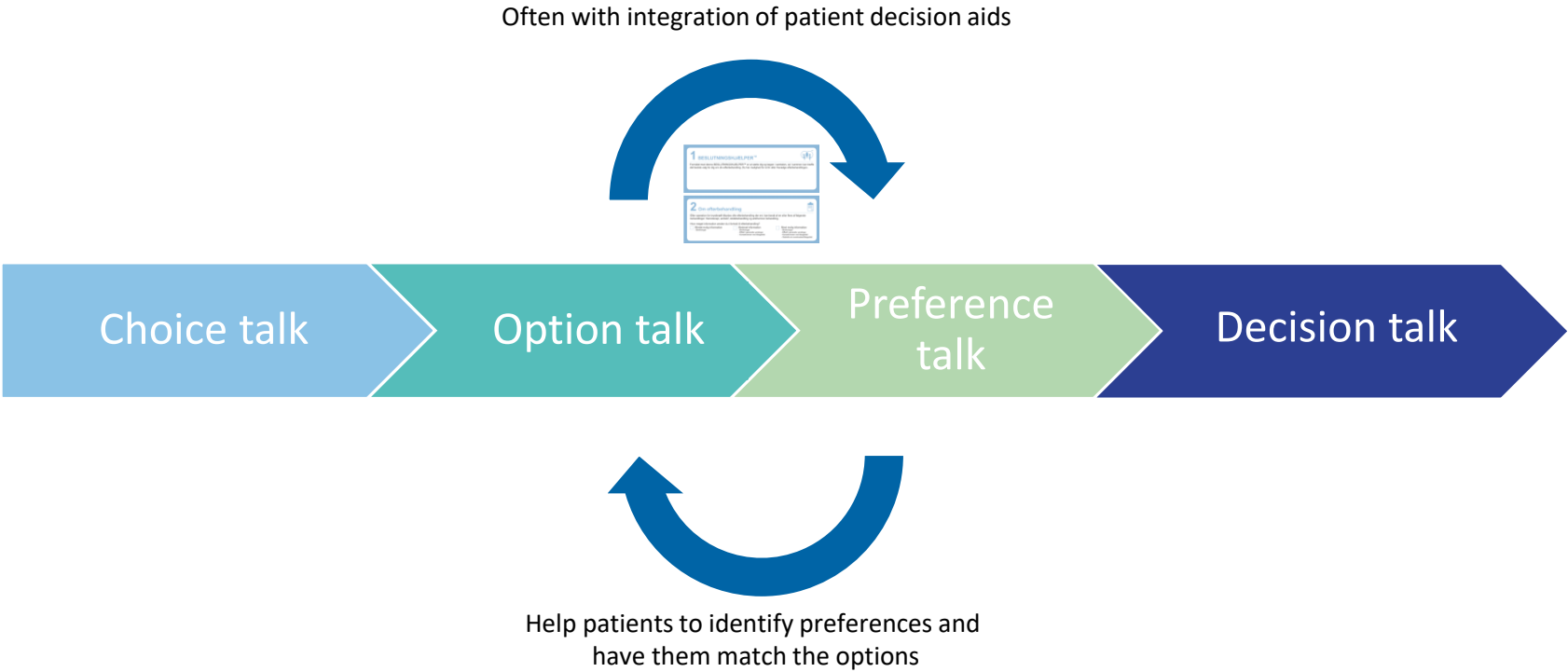
AGENDA

What have we done with Shared Decision Making in Denmark?

How does Shared Decision Making work?

Join the European Pilot

How to practice shared decision making



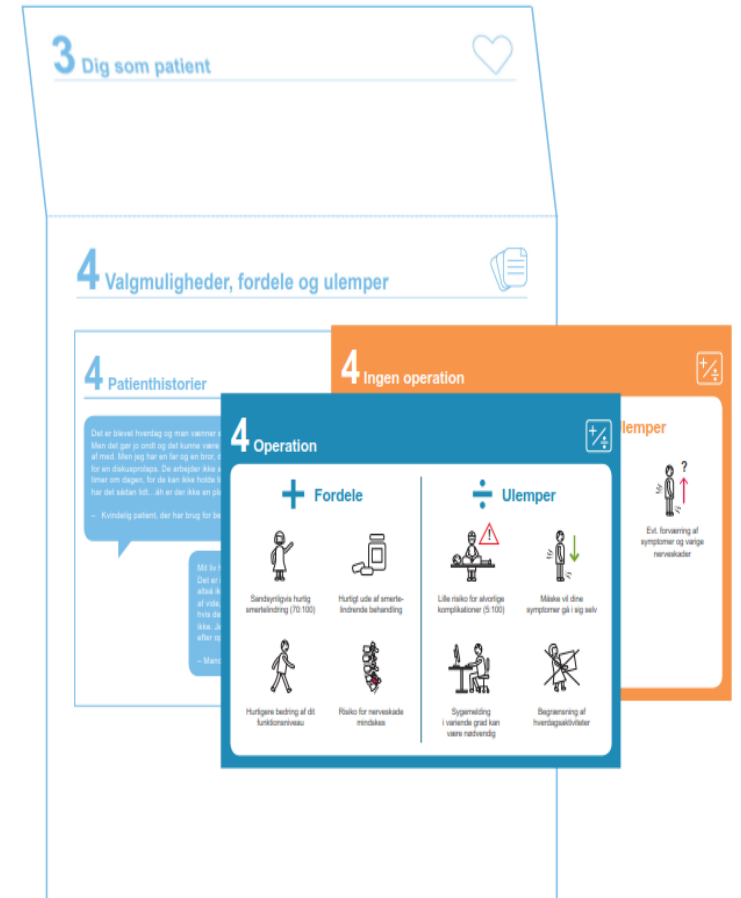
Ref: Elwyn G, Shared Decision Making: A Model for Clinical Practice. J Gen Intern Med. 2012 October; 27(10): 1361–1367

Patient decision aid

What is it?

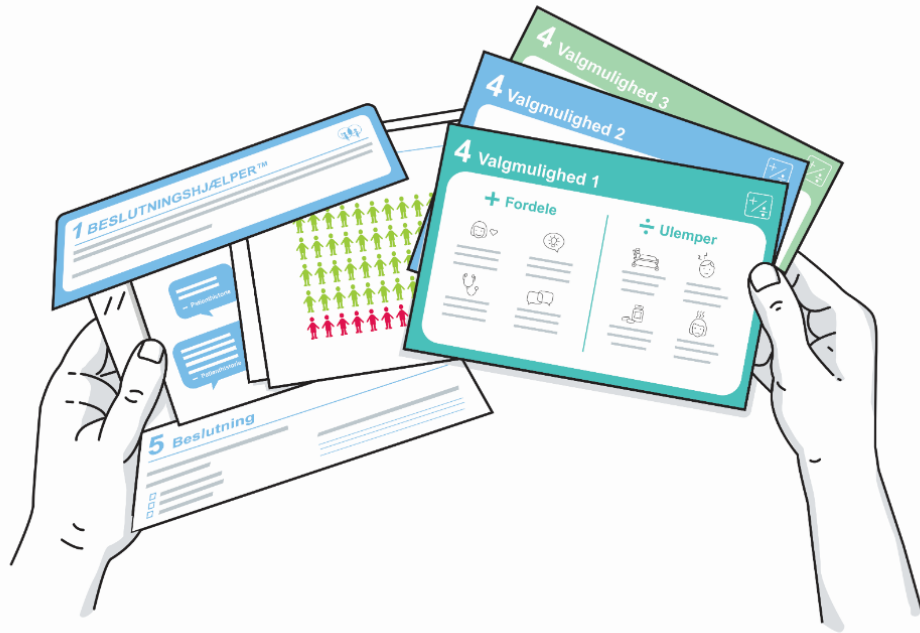


- Clinicians and patients can use patient decision aids to support Shared Decision Making
- The tool is used in the dialogue between patient and clinician when a decision is to be made
- Must provide the patients with clear, understandable information about their condition and treatment options
- The tool outline results, risks and uncertainties in a clear and unbiased way. **NO RECOMMENDATIONS**
- Helps the patient to consider what is important to him/her and what solution is the best in his/her situation
- A patient decision aid cannot stand alone and must not replace the dialogue between patient and clinician



DECISION HELPER

A Danish template for patient decision aids.



- We have developed a template (a DECISION HELPER™).
- This template for the BESLUTNINGSHJÆLPEN was developed in collaboration with Design School Kolding, patients, and clinicians.
- The DECISION HELPER has been tested in multiple research projects. The results show, that the level of Shared Decision Making increases, when the consultation is supported by a DECISION HELPER.
- The template is filled in with text and illustrations based on the specific clinical situation.
- The DECISION HELPER is a patient decision aid, which is used in the consultation between the Clinician and the Patient.
- Our Patients wanted a paper-based patient decision aid, and not a digital solution.



A DECISION HELPE on Patient's smoking habits (Medical Department, Vejle Hospital).



4 Smoking / Generally



+ Advantages

÷ Disadvantages



Togetherness with other smokers



Avoids withdrawal symptoms



Risk of COPD and cancer



Coughing, phlegm, poor wound healing, atherosclerosis, impotence



Addiction



Enjoyment of smoking



Continuing life as usual



Avoids weight gain



Accelerates decline in lung function



Feeling of judgment



Premature death

4 Smoking cessation / Generally



+ Advantages

÷ Disadvantages



Better quality of life



Less coughing and phlegm



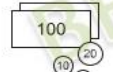
Reduces the risk of cancer and other diseases



Risk of weight gain



Requires will power and motivation



Saves money



Improves wound healing



Improves sense of taste and smell



Less togetherness with other smokers



Risk of defeat if it fails



Withdrawal symptoms and cravings

A DECISION HELPER on Patient's smoking habits (Medical Department, Vejle Hospital).



4 Patient stories Lung cancer



Anyone can get hit by it. So if you want a pair of lungs, that can make it through, if you get hit again, then it is important to quit smoking.
I can manage a new round of lung cancer on much better terms than before I quit smoking.

- Former smoker

Some people say that you get more air when you quit smoking, but I can't feel that. Unfortunately, I don't have much air left.

- Former smoker

I like smoking. It is comfortable for me to have a cigarette. I relax.

- Smoker

It is so easy for others to say that you just have to make the decision. But it isn't that easy to quit. However, I will always advise others to take their family into consideration.

- Former smoker

I succeeded this time because I had gained the certainty that smoking has a harmful effect on my life and on the length of my life. So if I wanted to live long enough, I had to quit smoking.

- Former smoker

It is one of the few joys I have left, and therefore I will continue.

- Smoker

What do our clinicians say?



"In my opinion, it is good for the patients – and it also brings quality for us. I think the patients are more involved. That they are more satisfied. It seems easier for me to get the patients 'on board'... I believe their compliance improves. I think fewer problems arise when we agree on what should happen. And there are fewer questions. That's my impression... that it leads to better outcomes."

– Physician, Vejle, 2021



"Find the right treatment the first time" – it's about doing the right thing from the start. Take the time to create the right plan from the beginning – it's about improving quality of life and avoiding mistakes – ... then it becomes very interesting to work with."

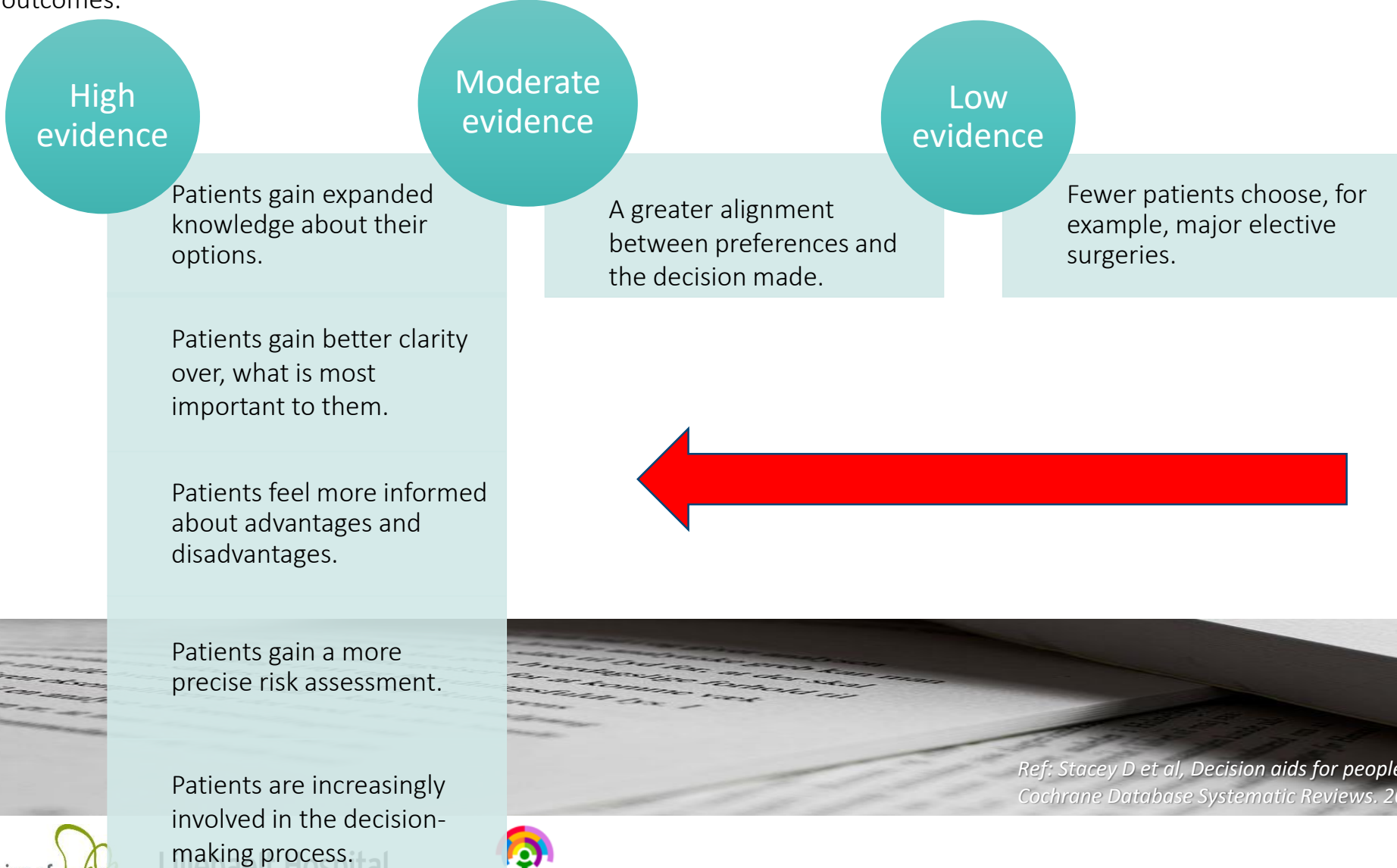
– Nurse, Vejle, 2021



Does it work? An updated figure



The updated Cochrane review from 2024 (N=206 studies) has shown that the use of decision support tools in various clinical situations has led to the following outcomes:



There have been no reports of negative effects on health, satisfaction, or other outcomes.

Ref: Stacey D et al, Decision aids for people facing health treatment or screening decisions. Cochrane Database Systematic Reviews. 2024. Issue 1. Art. No.: CD001431.



AGENDA

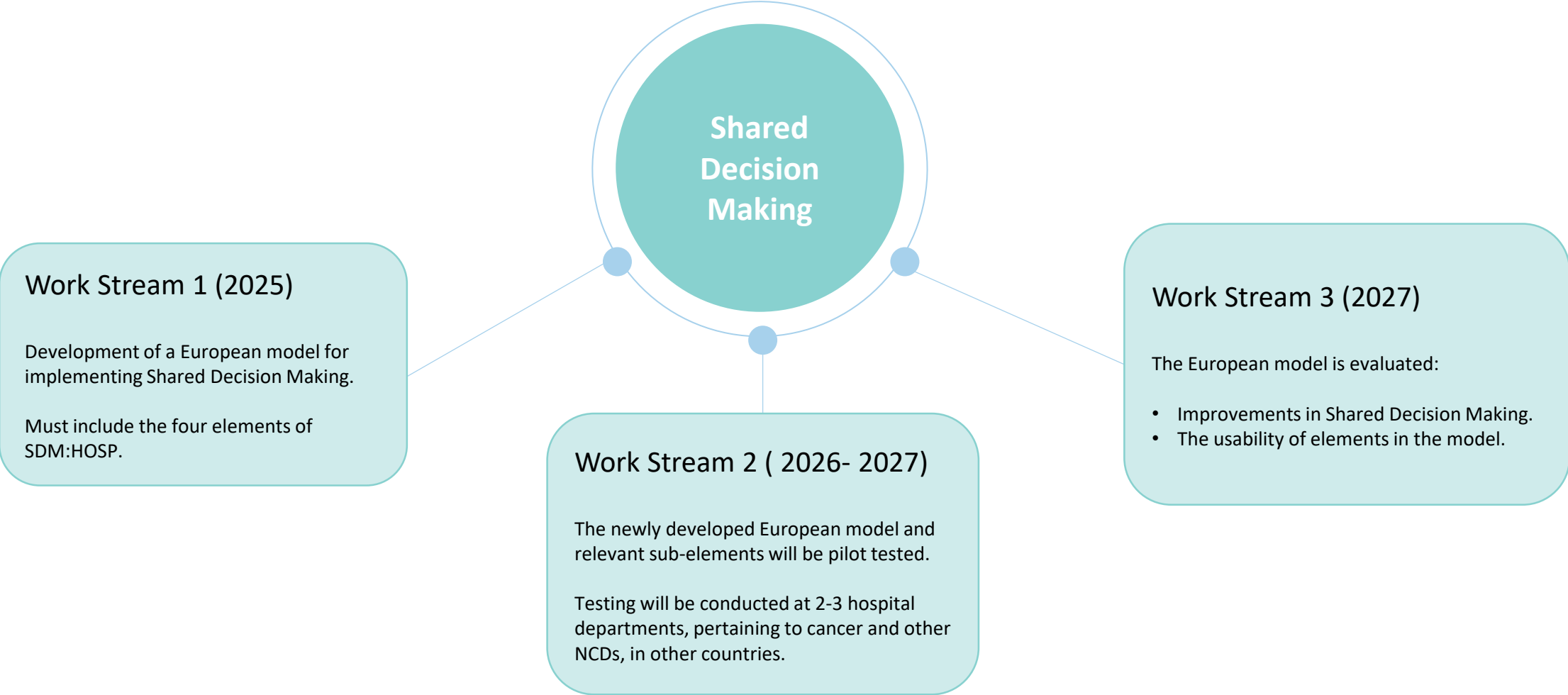
What have we done with Shared Decision Making in Denmark?

How does Shared Decision Making work?

Join the European Pilot



To improve Shared Decision Making for patients with cancer or other non-communicable diseases (NCDs).



One year after implementation start



After one year, you will have:

- A DECISION HELPER that has been thoroughly tested and fully developed, meeting the international IPDAS criteria for patient decision aids.
- Clinicians who are trained as “teachers” and who teach their colleagues SDM within the department. Clinicians who have been trained by the “teachers” and practice SDM in consultations.
- Concrete tools such as a conversation model, assessment instruments for departmental implementation, etc., available within the department.

WHO ARE WE LOOKING FOR IN OUR PROJECT?

- 2-3 HOSPITAL DEPARTMENTS/CLINICS/
GENERAL MEDICAL PRACTICES
- THAT DEAL WITH CANCER OR OTHER NCD'S
- THEY HAVE THE RESSOURCES TO TRY AND
IMPLEMENT SOMETHING NEW
- THE CONCACT PERSON MUST SPEAK ENGLISH



A new study (Søndergaard et al.) show, that the use of SDM:

- Increases clinicians jobsatisfaction
- Makes it possible for clinicians to leave work with a "happy conscience"
- Is experienced and perceived as a fulfillment of the "Hippocratic Oath"

In addition to this, a different study show, that it does not take significantly longer time to use a patient decision aid in the consultation (Søndergaard et al.).

Søndergaard, S.R., Stie, M., Bechmann, T., Offersen, B. V., Nielsen, M. H., Møller, M., Berry, L. L., Zachariae, R., Steffensen, K. D. & Lund, L. (2024) Through Clinicians Eyes: Use of an In-consultation Patient Decision Aid in Radiation Treatment for Early Breast Cancer. A Qualitative Study. *Clinical Breast Cancer*, Vol. 000, No.xxx. <https://doi.org/10.1016/j.clbc.2024.02.009>

Søndergaard, S. R., Madsen, P. H., Hilberg, O., Bechmann, T., Jakobsen, E., Jensen, K. M., Olling, K., & Steffensen, K. D. (2021). The impact of shared decision making on time consumption and clinical decisions. A prospective cohort study. *Patient Education and Counseling*, 104(7), 1560-1567. <https://doi.org/10.1016/j.pec.2020.12.014>



Training of leaders

- One course with chosen members of the department's leadership, 3 hours.

Training of teachers and clinicians

- One course with chosen clinicians from the department, containing 2 days, each 8 hours. Homework of between the two days. After the course the participants can and must teach their own colleagues in SDM (time consumption depends of the size of the department).

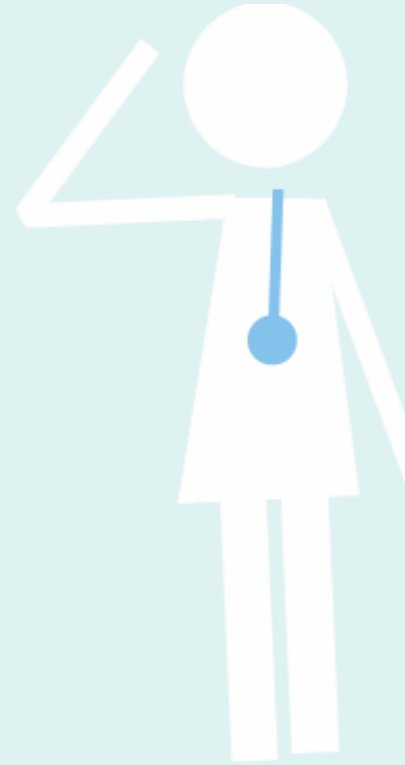
Process

- Regular meeting with us from the Center for Shared Decision Making and the leadership, work groups and teachers in the department.

DECISION HELPER

- A work group developing the department's DECISION HELPER. We expect a time consumption of approx. 31 hours per work group.

ANY QUESTIONS?



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