Shared Decision-Making **in Clinical Practice**

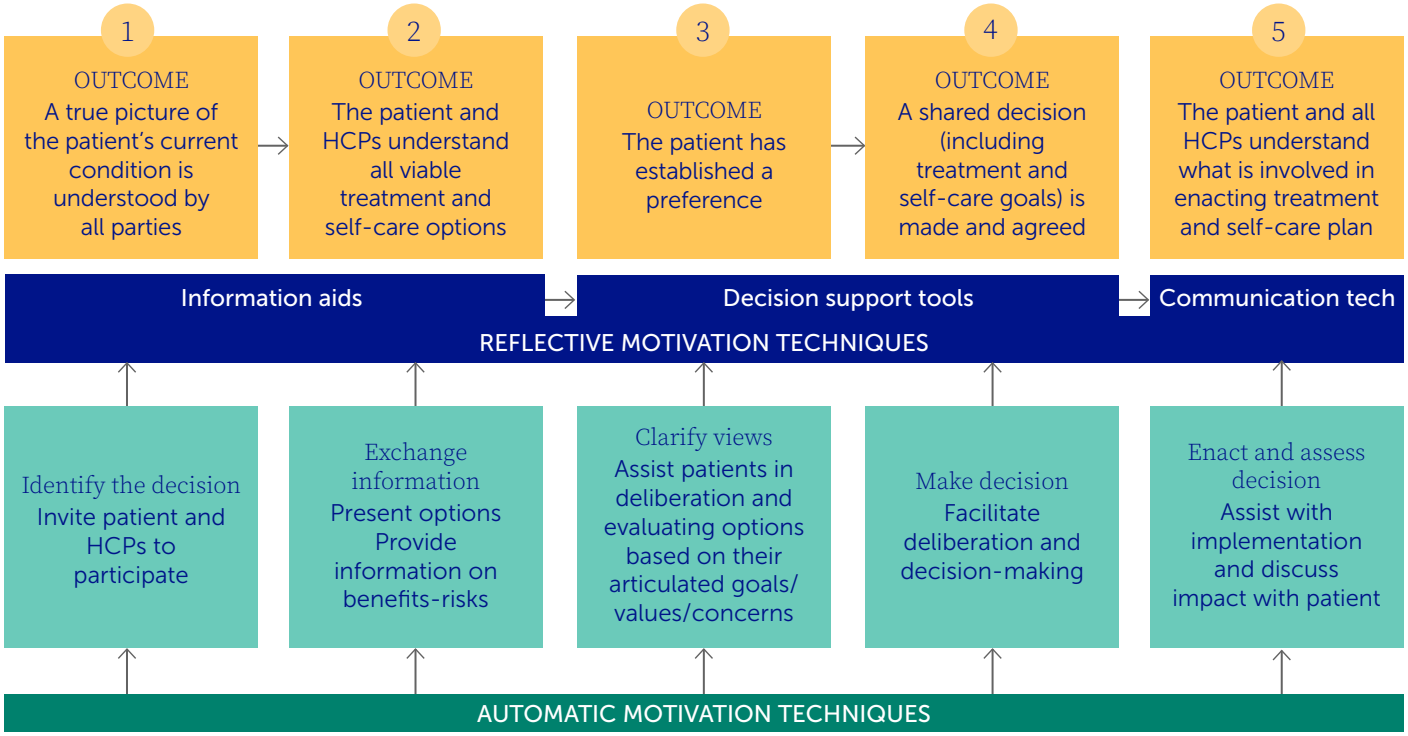
Practical advice from a behavioural scientist, Professor Ivo Vlaev, Warwick Business School, University of Warwick

The shared decision-making process allows patients and healthcare professionals to jointly make a decision based on the best available evidence for treatment options while respecting each patient's values and preferences[1]

Shared decision-making can make a significant contribution to **empowering women** living with psoriatic diseases[2]

Family planning topics should be discussed **right from the point of diagnosis** with female patients of reproductive age and revisited regularly[2,3]

The 5-outcome framework of shared decision-making[4,5]



1. Coulter A and Collins A Making Shared Decision-Making a Reality: No Decision About Me, Without Me. 2011. Available at: https://www.kingsfund.org.uk/sites/default/files/Making-shared-decision-making-a-reality-paper-Angela-Coulter-Alf-Collins-July-2011_0.pdf Accessed November 2024; **2.** Gottlieb AB et al. Int J Womens Dermatol. 2019;5(3):141–150; **3.** Smith CH et al. Br J Dermatol. 2020. doi:10.1111/bjd.19039.Epub 2020 March 18; **4.** Based on the Informed Medical Decisions Foundation (IMDF) Six Steps of Shared Decision-Making and developed in collaboration with the Dartmouth-Hitchcock Center for Shared Decision-Making; **5.** Toupin-April K et al. J Rheumatol. 2017;44(10):1544–1550.

REFLECTIVE MOTIVATION
Is controlled, effortful, rule based, slow, conscious and rational.

AUTOMATIC MOTIVATION
Is uncontrolled, effortless, fast, unconscious and emotional.

When considering how to improve shared decision-making, it may be useful to know that automatic motivation can be influenced in many ways, including:

MESSENGER
We are heavily influenced by who communicates information to us

INCENTIVES
Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses

NORMS
We are strongly influenced by what others do

DEFAULTS
We go with the flow of pre-set options

SALIENCE
Our attention is drawn to what is novel and seems relevant to us

PRIMES
What we do is often influenced by subconscious cues

AFFECT
Our emotional association can powerfully shape our actions

COMMITMENT
We seek to be consistent with our public promises and reciprocate acts

EGO
We act in ways that make us feel better about ourselves

Dolan P et al. Institute for Government and Cabinet Office. MINDSPACE: Influencing Behaviour Through Public Policy. 2009. Available at: https://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf Accessed November 2024.

Shared decision-making may require an open and honest dialogue

1

A true picture of the patient's current condition is understood by all parties: gathering information

SALIENCE – Exchange information:

"What matters to you?"

"What has led to you coming to see me today? Tell me about it."

"And how is psoriasis impacting your life?"

"So, from what you're telling me, it's getting in the way of daily life? Does it affect you in other ways?"

"Tell me what you know about psoriasis."

SALIENCE – Looking back:

"Do you remember when things were going well? What changed?"

2

The patient and HCPs understand all viable treatment and self-care options: conveying information

Convey information:

MESSENGER

"Let me share information about psoriasis treatment options and outcomes, and we can figure out the best course of action for you"

SALIENCE

"What types of treatment or actions have you tried?"

NORMS

"How you are feeling is not unusual and is manageable"

"Let me share what other people with these problems commonly experience"

"Many people find it helpful to..."

EGO – Provide information/advice with permission:

"May I offer some possibilities or options?"

"Are you interested in some suggestions about your future and family planning?"

"Are you open to other considerations?"

3

The patient has established a preference: difficult conversations

PRIMING – Elaborating:

"In what ways?" "How much?" "What else?"

PRIMING – Querying extremes:

"What's the worst that could happen if we don't make a change?"

"What's the best thing that could happen?"

AFFECT – Empathising with the patient:

"We don't want to tell you what you should do, instead we would like to listen to what you would like to do to manage and treat your psoriasis as best as possible together."

AFFECT – Asking evocative questions:

"What worries you about your psoriasis/your current situation/your family planning?"

EGO – Empowering the patient:

"I can tell you about the different options that could help you, but it's important to me that you carefully consider these and tell me which you prefer and why."

"What do you want to happen?"

"What do you expect from your psoriasis treatment?"

EGO – Looking forward:

"Thinking about each treatment, what would be better about your future?"

4

A shared decision (including treatment and self-care goals) is made and agreed: action

Activation:

SALIENCE

"Thinking about what we've discussed, what do you think you would be able to do/ would like to try?"

"Tell me what you think of the different options I shared with you?"

DEFAULTS

"What changes would you like to make? What help do you need to make them?"

"Would a review of some options be helpful when thinking about your expectation for your daily life/ your wish to have a family?"

5

The patient and all HCPs understand what is involved in enacting treatment and self-care plan: commitment

COMMITMENT – Treatment goal:

"So, what we've agreed is that you're going to..."

"So, we've agreed the next step for you to manage your psoriasis is..."

COMMITMENT – Provoke planning:

"Where do we go from here?"

"What's the next step?"

"What do you see yourself doing to manage your psoriasis in 4 and 8 weeks' time?"

"What might interfere with this plan?"

INCENTIVES

"Well done for regularly taking your medications"

"You are doing really well managing your condition"

"Your skin has improved"

Sustainable Healthcare – Supported self-care, SDM and Conversation Frameworks. Professor Matthew Cripps and Posy Goraya, NHS England and NHS Improvement; Prantik Saha. Motivational Interviewing – Approaching Behavior Change. Columbia University / Children's Hospital of New York. Available at: http://www.columbia.edu/itc/hs/medical/residency/peds/new_compeds_site/pdfs_new/presentations/motivationalinterviewing.ppt Accessed: November 2024

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