Shared Decision Making

Essential Behaviors to Improve the Patient Experience

Q. When you and this provider talked about starting or stopping a prescription medicine, did you and this provider talk about the <u>reasons you might want to take a medicine</u>? OR the <u>reasons you might not want to take a medicine</u>?

- **Use nontechnical, plain language. The use of medical jargon not only dissatisfies patients but can be a source of confusion and stress for many patients and families** if they misinterpret the terminology.
    - Provide explanations and answers in understandable language, and work with physicians to help them understand which frequently used words/phrases might be confusing to patients. Technical language may isolate and dissatisfy patients by causing confusion or anxiety.
        - Use plain language guidance to simplify words for better comprehension. Resources that provide more widely understood synonyms for medical language are available on the Internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.
        - Evaluate plain language usage while rounding in the clinic.
    - Provide physicians with examples of commonly used health phrases/words that are often misunderstood and suggest better alternatives. Hang posters at workstations or in break rooms with these examples.
        - For example, the word "abdomen" might not be understood by a patient as easily as the words "stomach," "belly" or "tummy."

Q. When you and this provider talked about starting or stopping a prescription medicine, OR about having surgery or a procedure, did this provider ask what you thought was best for you?

- **Body language matters.** The need for trust in health care is very high, and there are things in the medical practice that can quickly affect trust in negative ways, such as poor body language. Though patients are asked for their opinions regarding treatment, patients look to providers to guide their decisions.
    - **Sit at eye level** with the patient and maintain eye contact when talking.
    - **Lean forward when the patient is talking** to show attentive listening, and maintain a relaxed body posture.
    - **Speak with a calm pace and tone of voice**. Rushing through a conversation indicates a lack of care for patient issues.
    - **Maintain behaviors such as eye contact**, **nodding** to acknowledge patient information, etc. while using computers. With the continued adoption of electronic medical records and electronic documentation during visits, positioning computers in optimal locations can be key.
- **Never dismiss patient concerns**. Statements such as "I'm sure it's nothing to worry about" are well-intended but can make a patient feel that his or her fears and anxiety are unfounded.
    - **Train on how to validate, rather than ignore or challenge, stress and emotions that are presented.** Achieve this by empathizing. When the patient expresses a complaint or makes a decision, offer empathic responses or follow-up questions.

- **Offer reassuring phrases if a patient expresses or shows concern**: "We are going to take great care of you," "Let's talk more about your concern," etc.

- **Avoid interrupting patients**; it is a sign of disrespect and disregard. If you need to interrupt, say something along the lines of, "Let's take a step back and address these concerns one by one."

Q. When you and this provider talked about having surgery or any type of procedure, did you and this provider talk about the reasons <u>you might want to have the surgery or procedure</u>? OR about the reasons <u>you might not want to have the surgery or procedure?</u>

- Speak in patients' terms.

  - **Provide answers and explanations in understandable language**. Technical terms used by health care providers can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of information about medication.

    – Use plain language guidance to simplify words for better comprehension, both verbally and in writing. Resources that provide more widely understood synonyms for medical language are available on the Internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.

    – For example, consider replacing the word "adverse" with "bad," "dangerous" or "harmful."

  - **Watch for cues that indicate a lack of understanding**, for example, if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.

  - **Speak with a calm pace and tone of voice**. Patients' comprehension of the discussion and information is not only dependent on the actual words but on creating an environment that supports understanding and retention.

    – Occasional pauses allow patients to interject questions and give them time to absorb what was said.

    – Encourage patients during discussions to speak up about what they need clarified, repeated, or additional information about. For example: "We have given you a lot of information. What questions do you have?" or "It is okay if there is something you want me to explain better. This is a lot to take in all at once. Most people have questions."

  - Provide factual information free of opinion. Patients will ask for your opinions if they want them.

Q. During this visit, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

- **Verify with each visit if the patient would like information shared with family or friends and document it in the patient record.**
  - Confirm what information is to be shared.
  - Confirm what information is not to be shared.

- **Greet visitors who may be with the patient pleasantly and acknowledge their presence** just as you acknowledge the presence of the patient. Introduce yourself to anyone who does not already know you and explain your role in the patient's care (or what you are doing, while you are doing it).

  - **Respectful and empathic body language should extend to family and friends**. Make eye contact with all present while talking. Lean forward during the discussion to show attention. Offer a comforting touch (e.g., put your hand on the family member or friend's arm) if the person becomes emotional.

Q. Does this provider respect your wishes about how much of your personal health information to share with your family or friends?

- **Ensure that documentation regarding information sharing is in the patient chart** so that all staff members are aware of the patient's wishes.

- **Note the patient's preferences when speaking privately with them**. This can serve as a reminder for the patient that you are acknowledging and following through with their preferences.

- **Communicate quietly about private information**, regardless if family and friends are around.
  - Be aware that others are often nearby, and that there are consequences if protected health information is not handled correctly.

- **Communicate with other members of the care team quietly about patient information.** Do not discuss the patient or family with others unless necessary. When you are discussing the patient's condition, be as discreet and private as possible (e.g., not in public places).