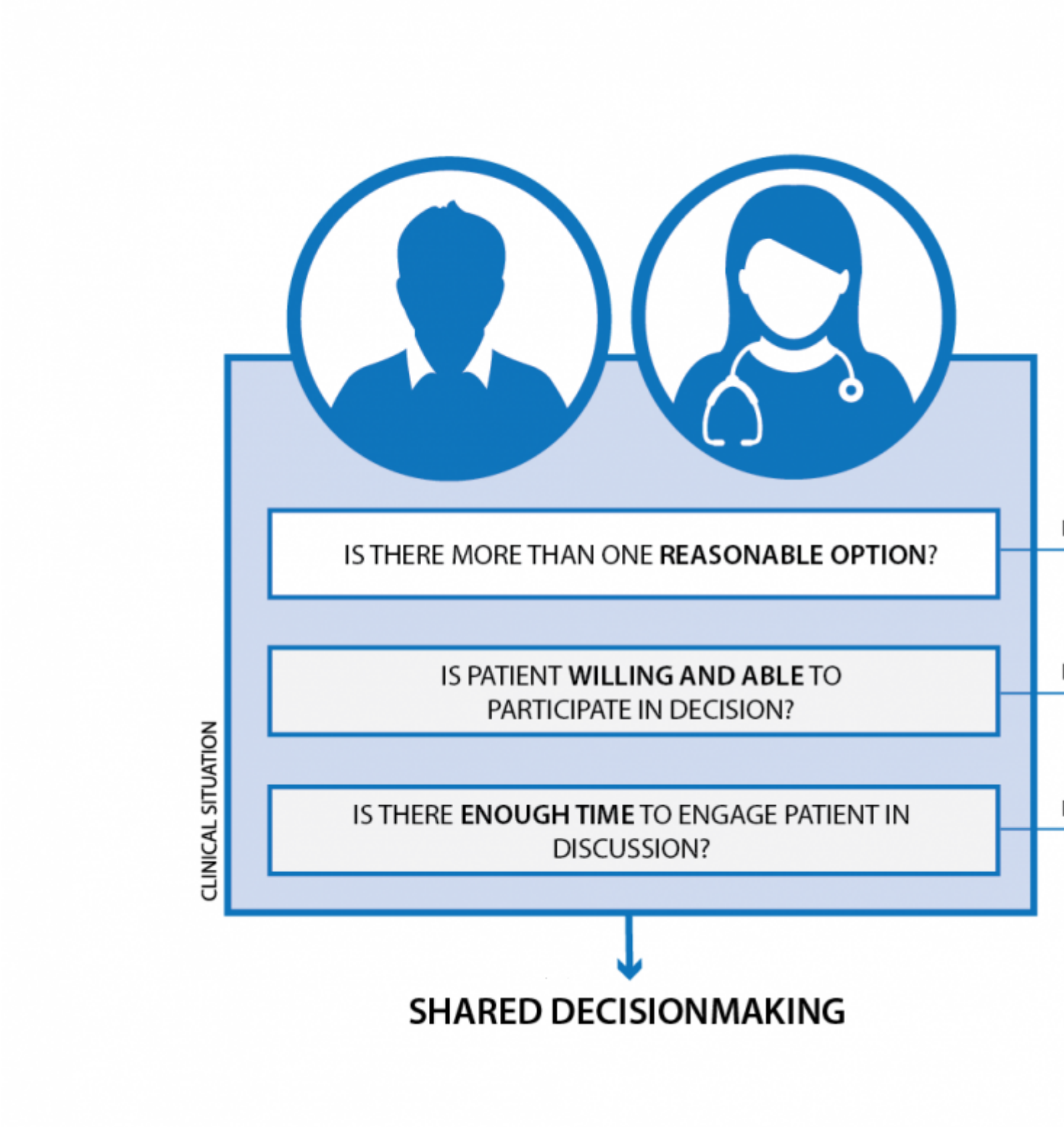
Case Study: A Framework for Shared Decisionmaking in Clinical Practice



Challenge:

Although the general principles of SDM are known, the use and evaluation of SDM in the ED remain in its infancy. Additionally, there are misconceptions about the particular meaning of the term, its process, and the conditions under which it is most likely to be valuable. Thus, we developed a framework to illustrate how SDM should be approached in clinical practice and addressed common misperceptions.

Findings:

We discussed three factors necessary for SDM to be appropriate ? clinical equipoise or uncertainty (when two or more medically reasonable management options exist), patient decision-making ability (patients? willingness and ability to participate in medical decisions), and time (which can impact the patient in questions, or other contemporaneous patients in the ED). We also outlined four steps emergency physicians should take when engaging patients in SDM ? 1) acknowledge that a clinical decision needs to be made; 2) share information regarding management options with the potential harms, benefits, and outcomes of each; 3) explore patient values, preferences, and circumstances; and 4) decide together on the best option for the patient.

SDM in the ED has previously been misconceived to be: 1) the same as informed consent or refusal; 2) simply good patient-clinician communication; 3) a way to decrease resource use; 4) a means of shifting responsibility for decisions to the patient; and 5) a way to offer patients any intervention they would like (also known as ?fast-food medicine").

Conclusions:

With an improved understanding of SDM, our proposed approach is useful and should be used to facilitate the provision of high-quality, patient-centered emergency care. We believe it should be the preferred and default approach to decision-making in the clinical setting, except in situations where the three factors discussed above are not suitable.

Study Reference:

Probst MA, *Kanzaria HK*, Schoenfeld EM, Menchine MD, Breslin M, Walsh C, Melnick ER, Hess EP. Shared Decisionmaking in the Emergency Department: A Guiding Framework for Clinicians [1]. 2017; doi: 10.1016/j.annemergmed.2017.03/063.

Figure 1 Copyright:

Links
[1] http://www.annemergmed.com/article/S0196-0644(17)30359-1/fulltext
[2] http://www.ebmedicine.net