SHARE APPROACH

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QUESTION

Evidence on use of the AHRQ's SHARE approach, as training for staff to provide the foundations for adoption of shared decision-making into routine practices.

SEARCH LIMITS

English-language, last 10 years.

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened using Covidence. See the Appendix for the PRISMA chart, search terms, and Medline search strategy.

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- Citation Searching – forwards and backwards searching on relevant studies
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

LITERATURE RESULTS

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GENERAL RESOURCES

ONLINE RESOURCES (GREY LITERATURE)

Agency for Healthcare Research & Quality (AHRQ). (2023). **The SHARE Approach**. Web Link
- Workshop curriculum for training health professionals
- Reference guides, posters and other resources
- Also see: AHRQ Factsheet, 2016.

National Institute for Health and Care Excellence (NICE). (2021). **Shared decision making – NICE guidelines**. Web Link
- Section 1.1 – Embedding shared decision making at an organisational level, pp5
- Section 1.2 – Putting shared decision making into practice, pp9

Australian Commission on Quality & Safety in Healthcare (ACQSH). (2011). **Patient-centred care: Improving quality and safety through partnerships with patients and consumers**. Web Link
- Section 5.4 - Organisational strategies, pp56

PEER-REVIEWED LITERATURE - IN REVERSE CHRONOLOGICAL ORDER

Articles are grouped by theme:

- Studies referencing the SHARE Approach
- General results on shared decision making:
  - Patient Satisfaction & Outcomes
  - Implementation
  - Clinical Practice
  - Barriers & Facilitators
  - Physician Engagement
  - Paediatrics
  - Education

Each article summary contains excerpts from the abstract and an online link.

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Erturkmen, G. B. L., et al. (2023). **Design, Implementation and Usability analysis of Patient Empowerment in ADLIFE project via Patient Reported Outcome Measures and Shared Decision Making**. *Preprint from Research Square*, 10 Jul 2023. Web Link
This paper outlines the design, implementation, and usability study results of the patient empowerment process for chronic disease management, using Patient Reported Outcome Measurements and Shared Decision-Making Processes. The ADLIFE project implements the "SHARE approach' for enabling shared decision-making via two digital platforms for healthcare professionals and patient. Having finalized design, implementation, and pre-deployment usability studies, and updated the tool based on further feedback, our patient empowerment mechanisms enabled via PROMs and shared decision-making processes are ready to be piloted in clinal settings. Clinical studies will be conducted based at six healthcare settings across Spain, UK, Germany, Denmark, and Israel.

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Hargraves, I. G., et al. (2020). **Generalized shared decision making approaches and patient problems. Adapting AHRQ's SHARE Approach for Purposeful SDM**. Patient Education and Counseling. 103(10): 2192-2199. Article Link
Generalized shared decision making (SDM) describes the involvement of patients in choosing options. However, there are many situations in which patients and clinicians make decisions together that don't focus on choosing between options. Poor uptake associated with clinicians' perception that SDM doesn't apply to clinical situations they face may reflect the lack of adaptation of generalized SDM approaches to patients' problems. The Purposeful SDM schema published in 2019 identifies problems for which different kinds of SDM are appropriate. We sought to adapt SHARE to the different problems that patients face using a matrix to relate SHARE steps and Purposeful SDM modes and describe changes in generalized concepts and practices of SDM across these modes. Aspects of SHARE require adaptation to different patient problems. SDM in education, practice, and tools may be supported by adapting generalized SDM approaches to patients' problems.

Bello, C. M., et al. (2023). **Shared Decision-Making in Acute Pain Services**. Current Pain and Headache Reports. 27, pages193–202 (2023). Article Link
Emerging evidence fosters the value of SDM in various acute care settings. We provide an overview of general SDM practices and possible advantages of incorporating such concepts in APS, point out barriers to SDM in this setting, present common patient decisions aids developed for APS and discuss opportunities for further development. Especially in the APS setting, patient-centred care is a key component for optimal patient outcome. SDM could be included into everyday clinical practice by using structured approaches such as the "seek, help, assess, reach, evaluate" (SHARE) approach, the 3 "MAking Good decisions In Collaboration"(MAGIC) questions, the "Benefits, Risks, Alternatives and doing Nothing"(BRAN) tool or the "the multifocal approach to sharing in shared decision-making"(MAPPIN'SDM) as guidance for participatory decision-making.

Kushner, B. S. (2022). **Randomized control trial evaluating the use of a shared decision-making aid for older ventral hernia patients in the Geriatric Assessment and Medical Preoperative Screening (GrAMPS) Program**. Hernia. 26(3):901-909, 2022 06. Article Link
Shared decision making (SDM) is ideally suited to abdominal wall surgery in older adults given the breadth of decision making required by the hernia surgeon and the impact on quality of life (QOL) by various treatment options. Given the paucity of literature surrounding SDM in hernia patients, the feasibility of a novel, formalized SDM aid/tool was evaluated in a pilot randomized trial. Patients 60 years or older with a diagnosed ventral hernia were prospectively randomized at an academic hernia center. In the experimental arm, a novel SDM tool, based on the SHARE Approach, guided the consultation. Previously validated SDM assessments and patient's hernia knowledge retention was measured. All patients in the experimental arm (100%) enjoyed working through the SDM aid/tool and felt it was a worthwhile exercise. Incorporating a formalized SDM tool into a busy hernia surgical practice is feasible and well received by patients. In addition, early results suggest it improves retention of basic hernia knowledge and may reduce patient's decisional conflict. Next steps include condensing the SDM tool to enhance efficiency within the clinic and beginning a large, randomized control trial.

Leyland, R., et al. (2021). **Structured reflection on shared decision making**. The clinical teacher 18(1): 55-61. Article Link
Shared decision making (SDM), whereby patients and clinicians work collaboratively to make health care decisions, brings multiple benefits. It has, however, been slow to integrate into clinical practice. There are some examples of SDM being embedded and evaluated within medical undergraduate curricula but, despite role models being important in promoting students' patient-centred attitudes, these examples do not involve students reflecting on clinicians' use of SDM in practice. We

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undertook a qualitative evaluation of a small group educational intervention. A key element was the students' use of a structured reflective template, drawing on the SHARE (seek, help, assess, reach, evaluate) SDM tool, to analyse examples of clinicians using SDM in practice critically. A structured training intervention that promotes critical reflection on clinical role models can help to shift undergraduate medical students' understanding of, and attitudes towards, SDM. The ethical arguments for SDM, evidence for its benefits and the alignment of SDM with participants' own core values appeared to help achieve student 'buy in'. Students struggled with notions of power, risk and time constraints, and empathised with both patients and clinicians. They highlighted the scarcity of SDM in practice.

SDM – PATIENT SATISFACTION & OUTCOMES

Chia, Y. Y. P. and A. Ekladious (2021). **Australian public hospital inpatient satisfaction related to early patient involvement and shared decision-making in discharge planning**. Internal Medicine Journal 51(6): 891-895. Article Link
A prospective study of 50 inpatients of a general internal medicine unit at an Australian public teaching hospital was carried out using a patient satisfaction questionnaire given to patients on the day of discharge. Result(s): Early involvement and shared decision-making in discharge planning are valued by patients. Incorporating checking of patients' understanding of diagnoses, management, discharge instructions, and follow-up plans into ward round routines may benefit patient satisfaction. This study stimulates further research into the use of a proforma to capture and check patients' understanding of discharge diagnoses and plans.

Hughes, T. M., et al. (2018). **Association of shared decision-making on patient-reported health outcomes and healthcare utilization**. American Journal of Surgery. 2018 Jul;216(1):7-12. Article Link
Shared decision-making (SDM) is a process that respects the rights of patients to be fully involved in decisions about their care. By evaluating all available healthcare options and weighing patients' personal values and preferences against available unbiased evidence, patients and healthcare professionals can make health-related decisions together, as partners. We sought to evaluate the impact of perceived SDM on patient-reported outcomes, healthcare quality, and healthcare utilization. Poor SDM was associated with worse patient-reported health outcomes, worse established quality indicators, and higher healthcare utilization. While increasing physician education may help optimize SDM, differences in patient-perceived SDM were also strongly driven by inherent patient characteristics.

Durand, M., et al. (2014). **Do Interventions Designed to Support Shared Decision-Making Reduce Health Inequalities? A Systematic Review and Meta-Analysis**. PLoS ONE. 2014 Apr 15;9(4):e94670. Article Link
Objective To evaluate the impact of SDM interventions on disadvantaged groups and health inequalities. We included 19 studies and pooled 10 in a meta-analysis. The meta-analyses showed a moderate positive effect of shared decision-making interventions on disadvantaged patients. The narrative synthesis suggested that, overall, SDM interventions increased knowledge, informed choice, participation in decision-making, decision self-efficacy, preference for collaborative decision making and reduced decisional conflict among disadvantaged patients. Results indicate that shared decision-making interventions significantly improve outcomes for disadvantaged patients. According to the narrative synthesis, SDM interventions may be more beneficial to disadvantaged groups than higher literacy/socioeconomic status patients. However, given the small sample sizes and variety in the intervention types, study design and quality, those findings should be interpreted with caution.

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SDM - IMPLEMENTATION

Lu, Y., et al. (2022). **Shared Decision Making in the U.S.: Evidence exists, but implementation science must now inform policy for real change to occur**. Jun;171:144-149. Article Link
There is greater acceptance overall that SDM is a key strategy for achieving patient-centered care, enhancing patient safety, and achieving the triple aim of better health, better care, and lower costs. Essential elements of SDM include recognizing and acknowledging that a decision is required; knowing and understanding the best available evidence on risks and benefits; and incorporating the patient's values and preferences into the decision]. This paper provides an update of our previous review of SDM in the US published in 2017. We describe changes in healthcare policies to support SDM at the federal and state levels, the integration of SDM into clinical practice, and the role of implementation science to advance SDM. Finally, we discuss potential next steps to inform policies for SDM and facilitate uptake of SDM in clinical practice.

van Veenendaal, H., et al. (2018). **Accelerating implementation of shared decision-making in the Netherlands: An exploratory investigation**. Patient Education and Counseling. Volume 101, Issue 12, Pages 2097-2104. Article Link
To prioritize strategies to implement shared decision-making (SDM) in daily practice, resulting in an agenda for a nationwide approach. Determinants for change were addressed at four implementation levels: (1) the concept of SDM, (2) clinician and/or patient, (3) organizational context and (4) socio-political context. Results: Following the identification of perceived barriers, four strategies were proposed to scale up SDM: 1) stimulating intrinsic motivation among clinicians via an integrated programmatic approach, 2) training and implementation in routine practice, 3) stimulating the empowerment of patients, 4) creating an enabling socio-political context. Conclusion: Clinicians mentioned that applying SDM makes their job more rewarding and indicated that implementation in daily practice needs ground-up redesign. The challenge is to effectively influence the behavior of clinicians and patients alike, and adapt clinical pathways to facilitate the exploration of patient values.

Scholl, I., et al. (2018). **Organizational- and system-level characteristics that influence implementation of shared decision-making and strategies to address them — a scoping review**. Implementation Science volume 13, Article number: 40. Article Link
Shared decision-making (SDM) is poorly implemented in routine care, despite being promoted by health policies. The study aim was to compile a comprehensive overview of organizational- and system-level characteristics that are likely to influence the implementation of SDM, and to describe strategies to address those characteristics described in the literature. A wide range of characteristics described as supporting and inhibiting implementation were identified. Organizations that wish to support the adoption of SDM should carefully consider the role of organizational- and system-level characteristics. Implementation and organizational theory could provide useful guidance for how to address facilitators and barriers to change.

Elwyn, G., et al. (2015). **Implementing shared decision-making: consider all the consequences**. Implementation Science. 11 : 114. Article Link
We considered published work that has examined outcomes relating to shared decision-making. We focused on systematic reviews and other high-quality narrative reviews. We outline a framework which illustrates a hypothesized set of proximal, distal, and distant consequences that might occur if collaboration and deliberation could be achieved routinely, proposing that well-informed preference-based patient decisions might lead to safer, more cost-effective healthcare, which in turn might result in reduced utilization rates and improved health outcomes.

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SDM – CLINICAL PRACTICE

Drummond, L., et al. (2023). **Experiences of shared decision making in acute hospitals: A mixed methods secondary analysis of the Irish National Inpatient Experience Survey**. Patient Education and Counseling. Aug;113:107755. Article Link
This study explored patient experiences of shared decision making (SDM) in public acute hospitals in Ireland. Quantitative and qualitative data from three years of the Irish National Inpatient Experience Survey were analysed. There were differences in experiences of SDM by aspects of care and patient group. Efforts to improve SDM in acute hospitals are required, particularly at the time of discharge. SDM may be improved by facilitation of more time for discussion between clinicians and patients and/or their families/caregivers.

Montori, V., et al. (2022). **Shared decision-making as a method of care.** BMJ evidence-based medicine. ;28:213-217. Article Link
Although there are multiple models and accounts of what SDM is and is not, in practice, SDM starts by determining the nature of the problematic situation the patient is experiencing. This often requires considering insights that only the patient and perhaps their family can share, insights about both the patient's biology and biography. Then clinicians must mobilise their competence and compassion to work with patients to develop a sensible care plan that responds to the situation as understood, is based on relevant evidence, attends to the emotional aspects of the problem, and is feasible and sustainable for the patient. Therefore, we believe SDM is not 'another thing clinicians must do', that is, to help patients select the best evidencebased option given their preferences, but that it is a method of care, as central to the clinician's art as history taking, the physical examination, the selection and interpretation of diagnostic tests, and patient education and counselling.

Hargraves, I., et al. (2019). **Purposeful SDM: A problem-based approach to caring for patients with shared decision making.** Patient Education and Counseling. Oct;102(10):1786-1792. Article Link
Whilst important, securing appropriate patient involvement or equipping patients to choose is not necessarily the principal purpose of SDM. The purpose of SDM like all medical decision making is to act well in response to a patient's problem, broadly conceived. In which situations and how SDM addresses patient problems is unclear. We seek to develop a purposeful approach to SDM that is oriented to the kinds of problems that SDM might help resolve. SDM may be understood as a range of methods that vary substantially with patients' situations and the purpose that they pursue.

SDM – BARRIERS & FACILITATORS

Waddell, A., et al. (2021). **Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review**. Implementation science : IS 16(1): 74. Article Link
This systematic review aimed to review literature exploring barriers and facilitators to implementing SDM in hospital settings from multiple stakeholder perspectives. SDM implementation research in hospital settings appears to be a young field. Future research should build on studies examining perspectives beyond the clinician-patient dyad and further consider the role of organisational- and system-level factors. Organisations wishing to implement SDM in hospital settings should also consider factors specific to tertiary care settings in addition to addressing their organisational and individual SDM needs.

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Schoenfeld, E. M., et al. (2019). **Physician-identified barriers to and facilitators of shared decision-making in the Emergency Department: an exploratory analysis**. Jun; 36(6): 346-354. Article Link
Shared decision-making (SDM) is receiving increasing attention in emergency medicine because of its potential to increase patient engagement and decrease unnecessary healthcare utilisation. This study sought to explore physician-identified barriers to and facilitators of SDM in the ED. Emergency physicians (EP) face many barriers to using SDM. Some, such as lack of follow-up, are unique to the ED; others, such as the challenges of communicating uncertainty, may affect other providers. Many of the barriers to SDM are amenable to intervention, but may be of variable importance in different EDs. Further research should attempt to identify which barriers are most prevalent and most amenable to intervention, as well as capitalise on the facilitators noted.

Joseph-Williams, N., et al. (2014). **Knowledge is not power for patients: A systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making**. Patient Education and Counseling. 2014 Mar;94(3):291-309. Article Link
To systematically review patient-reported barriers and facilitators to shared decision making (SDM) and develop a taxonomy of patient-reported barriers. Key descriptive themes were grouped under two broad analytical themes: how the healthcare system is organized (4 descriptive themes) and what happens during the decision-making interaction (4 descriptive themes, 10 sub-themes). Predominant emergent themes related to patients' knowledge and the power imbalance in the doctor–patient relationship. Patients need knowledge and power to participate in SDM – knowledge alone is insufficient and power is more difficult to attain. Many barriers are potentially modifiable, and can be addressed by attitudinal changes at the levels of patient, clinician/healthcare team, and the organization. The results support the view that many patients currently can't participate in SDM, rather than they won't participate because they do not want to.

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SDM – PHYSICIAN ENGAGEMENT

Pieterse, A. H., et al. (2023). **What does shared decision making ask from doctors? Uncovering suppressed qualities that could improve person-centered care**. Patient Education and Counseling. 2023 Sep;114:107801. Article Link
Key SDM tasks call for doctors to understand communication and decision mechanisms to carry them out well, including reflecting on what they know and do not know, considering what to say and how, and listening unprejudiced to patients. We have identified ten professional qualities and related competencies required for SDM, with each to be selected based on the specific situation. The competencies and qualities need to be preserved and nurtured during doctor identity building, to bridge the gap between knowledge, technical skills, and authentic efforts to achieve SDM.

Driever, E. M., et al. (2020). **Shared decision making: Physicians' preferred role, usual role and their perception of its key components**. Patient Education and Counseling 103(1): 77-82. Article Link
Objective: To investigate physicians' preferred and usual roles in decision making in medical consultations, and their perception of shared decision making (SDM). A cross-sectional survey of 785 physicians in a large Dutch general teaching hospital was undertaken in June 2018, assessing their preferred and usual decision making roles and their view on SDM key components. Although most physicians prefer SDM, they often revert to a paternalistic approach and tend to limit SDM to discussing treatment options. Practice implication: Teaching physicians in SDM should include raising awareness about discussing the decision process itself and help physicians to counter their tendency to revert to paternalistic decision making in daily practice.

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Pollard, S., et al. (2015). **Physician attitudes toward shared decision making: A systematic review**. Patient Education and Counseling. 2015 Sep;98(9):1046-57. Article Link
Although evidence suggests that shared decision-making (SDM) can improve patient outcomes, uptake to date has been sparse. The purpose of this review was to determine the reported opinions of physicians regarding the use of SDM in clinical practice and to identify strategies to promote uptake. Physicians express positive attitudes toward SDM in clinical practice, although the level of support varies by clinical scenario, treatment decision and patient characteristics. Practice implications Physician support for SDM is a necessary, if not sufficient, condition to facilitate meaningful SDM. In order to garner support for SDM, additional empirical evidence regarding the clinical and patient important outcomes must be established. Based on the results of this review, the authors suggest assessing the impact of SDM within the context of chronic disease management where multiple therapeutic options exist, and outcomes may be measured long-term.

SDM - PAEDIATRICS

Hoang, K., et al. (2020). **Shared Decision-making with Parents of Hospitalized Children: A Qualitative Analysis of Parents' and Providers' Perspectives**. Hospital Pediatrics 10(11): 977-985. Article Link
Shared decision-making (SDM) is the pinnacle of patient-centered care and has been shown to improve health outcomes, especially for children with chronic medical conditions. However, parents perceive suboptimal involvement during hospitalization. The objective was to explore the perspectives of parents of hospitalized children and their hospital providers on facilitators and barriers to SDM in the hospital and identify strategies to increase SDM. There is a discrepancy between parents' and providers' understanding of SDM, with parents most valuing their providers' ability to actively listen and explain the medical issue and options with them. There are many barriers that exist that make it difficult for both parties to participate. Several strategies related to family-centered rounds have been identified that can be implemented into clinical practice to mitigate these barriers.

Boland, L., et al. (2019). **Barriers and facilitators of pediatric shared decision-making: a systematic review**. Implementation Science. Jan 18;14(1):7. Article Link
We synthesized pediatric SDM barriers and facilitators from the perspectives of healthcare providers (HCP), parents, children, and observers (i.e., persons who evaluated the SDM process, but were not directly involved). We conducted a systematic review guided by the Ottawa Model of Research Use (OMRU). At each OMRU level, the most frequent barriers were features of the options (decision), poor quality information (innovation), parent/child emotional state (adopter), power relations (relational), and insufficient time (environment). The most frequent facilitators were low stake decisions (decision), good quality information (innovation), agreement with SDM (adopter), trust and respect (relational), and SDM tools/resources (environment). Across participant types, the most frequent barriers were insufficient time (HCPs), features of the options (parents), power imbalances (children), and HCP skill for SDM (observers). The most frequent facilitators were good quality information (HCP) and agreement with SDM (parents and children). Numerous diverse and interrelated factors influence SDM use in pediatric clinical practice. Our findings can be used to identify potential pediatric SDM barriers and facilitators, guide context-specific barrier and facilitator assessments, and inform interventions for implementing SDM in pediatric practice.

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SDM - EDUCATION

Lehane, E., et al. (2023). **Teaching strategies for shared decision-making within the context of evidence-based healthcare practice: A scoping review**. 2023 Apr;109:107630. Article Link
To describe the nature of teaching Shared Decision Making (SDM) within the context of Evidence Based Practice (EBP) to support development of contemporaneous EBP education programmes for healthcare learners. Teaching strategies most often used regardless of learner cohort or setting included didactic, face-to-face lectures, together with role-play/modelling, small group workshops and video recordings. Programme evaluation outcomes predominantly focused on participant reactions to training and participant learning. While a disconnect between EBP and SDM remains evident in healthcare programmes, increased recognition by educators to actively facilitate this interdependent relationship is emerging. Intentionally structuring learning activities in a manner which demonstrates the relevance and interdependence of SDM and EBP may mitigate 'learning silos' and enhance learners' abilities to make connections required in practice.

Zegarek, M. H., et al. (2022). **Twelve Tips for teaching shared decision making.** 2022 Jul 6;1-7. Medical Teacher. Request Article
Shared decision making (SDM) is a process in which preference-sensitive decisions are discussed with patients in a collaborative and accessible format so that patients can select an option that integrates their values and preferences into the context of evidence-based medicine. While SDM has been shown to improve some metrics of quality of care and is now included in many competencies developed by accreditation bodies, it can be challenging to successfully incorporate competencies in SDM into clinical teaching. We aim to suggest ways to integrate teaching competencies in SDM into all forms of clinical teaching. These twelve tips provide strategies to foster trainee development of the relational and risk-benefit communication competencies that are required for successful shared decision making.

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Schoenfeld, E. M., et al. (2018). **A Qualitative Analysis of Attending Physicians' Use of Shared Decision-Making: Implications for Resident Education.** Journal of Graduate Medical Education. 2018 Feb;10(1):43-50. Article Link
Physicians need to rapidly and effectively facilitate patient-centered, shared decision-making (SDM) conversations, but little is known about how residents or attending physicians acquire this skill. We explored emergency medicine (EM) attending physicians' use of SDM in the context of their experience as former residents and current educators and assessed the implications of these findings on learning opportunities for residents. Fifteen EM physicians from academic and community practices were interviewed. All reported using SDM techniques to some degree. Multiple themes noted had negative implications for resident acquisition of this skill: (1) the complex relationships among patients, residents, and attending physicians; (2) residents' skill levels; (3) the setting of busy emergency departments; and (4) individual attending factors. One theme was noted to facilitate resident education: the changing culture-with a cultural shift toward patient-centered care. A constellation of factors may diminish opportunities for residents to acquire and practice SDM skills.

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MEDLINE SEARCH STRATEGY

1 ((share or ahrq) adj3 approach).mp. (215)

2 (seek adj help adj assess adj reach adj evaluate).tw,kf. (2)

3 *Decision Making, Shared/ (1045)

4 **1 or 2 or 3** (1256)

5 "Delivery of Health Care"/ and share*.ti. (330)

6 (in practice or clinical practice or barrier* or facilitator*).tw,kf. (726560)

7 **5 or 6** (726835)

8 Hospitals, Teaching/ or Hospitals, High-Volume/ or Hospitals/ (127494)

9 (hospital* or medical centre* or medical center* or health?care).tw,kf. (1974051)

10 **8 or 9** (2000141)

11 **4 and 7 and 10** (104)

12 limit 11 to last 10 years (101)

13 share approach.tw,kf. (15)

14 **12 or 13** (116)

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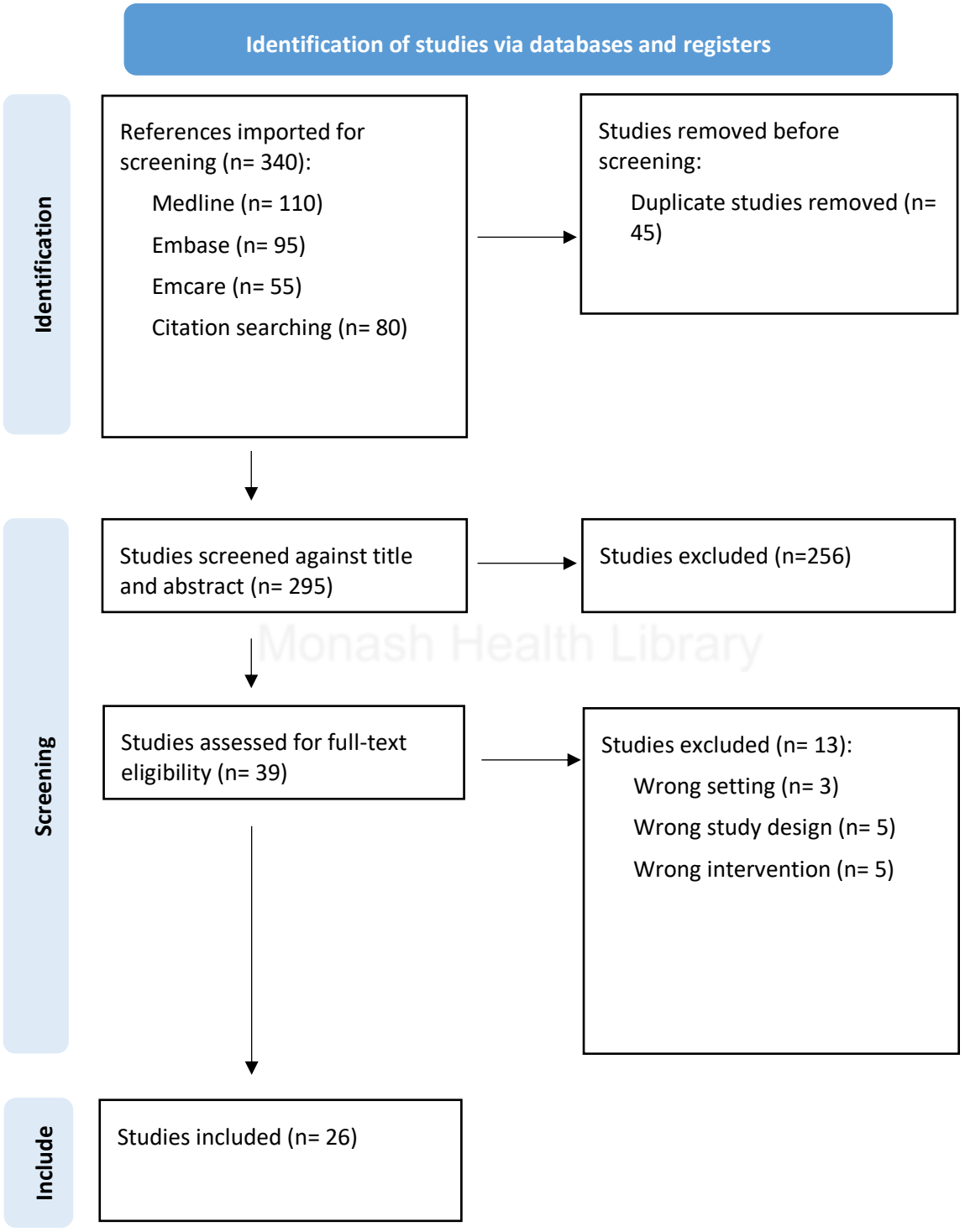
APPENDIX

PRISMA CHART



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