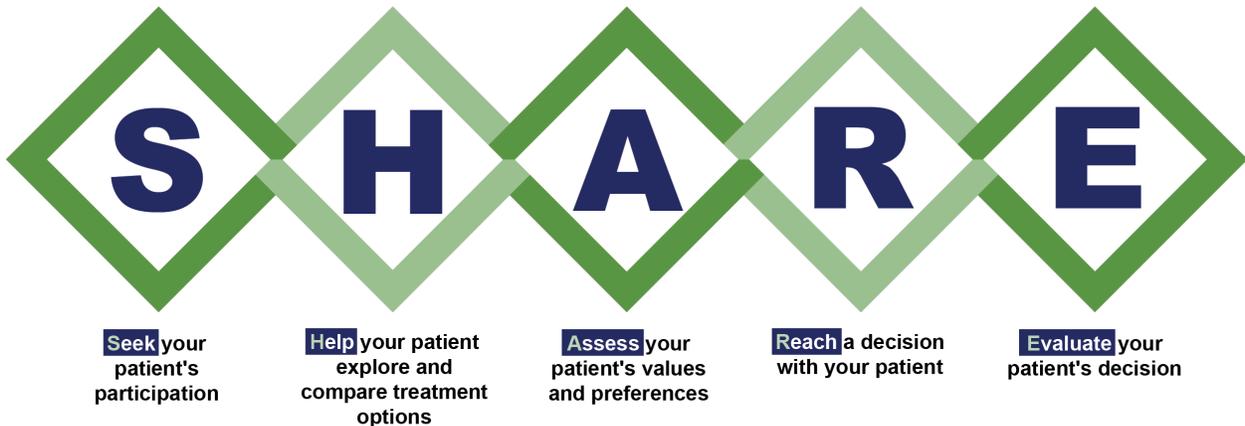


# The SHARE Approach: Facilitator's Guide



## Overview

The SHARE Approach training combines asynchronous video modules and companion in-person group activities.

## Who should complete the training?

Any member of your practice could benefit from the SHARE training. However, prior testing of SHARE suggests that the training is most relevant for those who see patients in a clinical role.

# How to Implement the SHARE Approach Training

This training consists of:

- 3 asynchronous video modules
- 6 in-person group activities

The activities are meant to be completed after watching the associated SHARE Approach video module. Ideally, your entire practice would gather to complete the group activities. However, practice size and structure may create limitations and multiple group sessions may be needed.

## **OPTION 1:**

Participants watch all 3 asynchronous training videos on their own, prior to the in-person activity sessions. The moderator delivers in-person activities in one or multiple sessions.

## **OPTION 2:**

Participants complete asynchronous training video Module #1 on their own, then meet in person for 2 activities associated with Module #1.

Participants then complete training video Module #2 on their own, then meet in person for 1 activity associated with Module #2.

Participants then complete training video Module #3 on their own, and then meet in person for 3 activities associated with Module #3.

## **OPTION 3:**

Participants watch the modules in-person together and complete group activities together, across one or more sessions.

## **Accessibility Considerations:**

- > Please check your organization's policy for accessibility options.
- > Find an interpreter when necessary.
- > Ensure language barriers are addressed.
- > Present all materials as written when possible or necessary.

# Module 1: Essential Elements of Shared Decision Making

## Learning Objectives:

At the end of this activity, participants will be able to:

- > Define shared decision making, including situations in which shared decision making is appropriate and useful.
- > Explain key steps for conducting shared decision making according to the SHARE Approach.

Before the in-person activities, everyone in your group should watch the video: [www.exampleModule1.com](http://www.exampleModule1.com)

## In-Person Group Activity #1: Making a Patient-Centered Recommendation

- > Estimated time: 10-20 minutes.
- > Purpose: Practice making a patient-centered recommendation.
- > Moderator preparation: The preparation for this activity is minimal. We recommend that you read through these instructions prior to your group meeting.

### *Introduction for your group (read aloud):*

An important conceptual barrier to shared decision making is the belief that clinicians cannot make recommendations and still do shared decision making. This activity is designed to help you practice making a recommendation in a patient-centered way, which you learned about in the Module 1 video. Think of one of your patients that recently asked you for a recommendation about choosing between two or more reasonable options. How would you respond in a way that is patient-centered, and that takes into account their preferences and values?

### *Practice:*

Ask for volunteers to offer their attempt at a patient-centered recommendation. It helps if they have a specific patient encounter or recommendation in mind. Or, if you have a large group, pair off and ask participants to try out their patient-centered recommendation with a partner.

Once volunteers have made initial attempts, remind the group of the language they learned in Module 1:

- > Not a patient-centered approach: "Based on your numbers and symptoms, I'd recommend \_\_\_\_."
- > Patient-centered language: "I'm happy to make a recommendation, but before I do, I want to understand what is important to you."
- > Patient-centered language: "Based on your numbers and your current symptoms, and because you told me is important to you, I'd recommend \_\_\_\_."

If the group wants or appears to need more practice, tell participants to break into pairs and practice their patient-centered recommendation again. Suggest that their partner plays the role of a patient, if that is helpful.

### ***Moderate a brief group discussion.***

Suggested discussion questions:

- > Do you feel you nailed it? If not, what did you or your partner miss?
- > What language did you use that you might start to use in real life?

## **In-Person Group Activity #2: Role Play Exercise**

- > Estimated time: 30 minutes.
- > Purpose: Practice using the SHARE elements to do shared decision making.
- > Moderator preparation: Print copies of the role play instructions and roleplay checklist for each participant (located at the end of this document).

### ***Set up your team for success:***

As the moderator, make sure to set the tone of a safe learning environment. For example, tell your group that it is okay to make mistakes, and remind them that we are all learning.

### ***Choose how to conduct the role play:***

This role play can be done in different ways, depending on your group size and dynamic. You can pick an option that best suits your group dynamics. Here are some suggested options:

#### *Option 1 (easy level - recommended):*

Pair off and let each member of the pair practice playing the role of the patient and clinician, switching roles halfway through. This option is good for large groups, and if participants do not want to feel put on the spot.

*Option 2 (intermediate level):*

“Fish bowl” role play. Identify 2 individuals who are willing to serve in the patient and clinician roles and practice in front of the group. Ask the group to critique, reflect, and encourage. This option is for groups with individuals willing to be on the spot and receiving and providing feedback in front of a group.

*Option 3 (advanced level):*

“Shark Tank” role play. Identify 1 person to play the patient, and each participant practices being the clinician in front of the group. The group responds with critique and encouragement. This option requires a high-functioning, highly collegial team. It also requires that someone agrees to play the patient role and can do so with enthusiasm.

***Brief overview of role play:***

In this activity, the person taking on the patient role will invent their own patient persona, based on their clinical experience, and portraying a health issue that is appropriate for shared decision making (e.g., there are 2 or more reasonable treatment options; complex problem-solving is needed). The patient will begin by communicating some details of their persona and the health issue to the person playing the clinician role. From this point, this is a dynamic, creative role play that allows the players to create a realistic scenario.

As the moderator, describe the role play activity that you have chosen for the group (from the three aforementioned options). It may help to carefully review the participant instructions on the role play hand-out as a group. Ask participants if they have any questions before you begin.

***Tips for facilitating a great role play activity:***

- > **Emphasize that this is practice.** Practice is important, and practice with feedback is even better. In this role play activity, we are going to practice using shared decision making with each other.
- > **Before you begin, make sure to emphasize that shared decision making is different from motivational interviewing.** Remember, shared decision making is different from motivational interviewing. Your job in supporting shared decision making is not to convince the patient to accept a particular treatment plan, but rather to help the patient identify which option is right for them.
- > **Have participants use the Roleplay Checklist to see if they incorporated the SHARE Approach elements when playing the clinician role.**

***Facilitate a group discussion after the role play:***

Discussion is especially important if your group has completed the role play in pairs. Guide the group to come back together and discuss what happened.

Suggested discussion questions:

- > Could you fit all of the SHARE elements in? Which parts felt more or less essential?
- > What was most challenging? You can review the Roleplay Checklist Handout to review how the elements of SHARE fit into the discussion.
- > What worked best?
- > How difficult would it be to implement what you did here in real life?

# Module 2: Decision Aids

## Learning Objectives:

At the end of this activity, participants will be able to:

- > Explain what a patient decision aid is and benefits of using one.
- > Identify where to find decision aids.
- > Describe how to use decision aids.

Before the in-person activities, watch the video:

[www.exampleModule2.com](http://www.exampleModule2.com)

## In-Person Group Activity #3: Exploring Decision Aids

- > **Estimated time:** 30-40 minutes.
- > **Purpose:** Familiarize participants with decision aids, and think about how the practice might use them.
- > **Moderator preparation:** First, ask your colleagues whether decision aids have ever been used by anyone in the practice. Next, pick some decision aids to explore as a group for this activity. You can pick multiple decision aids addressing one health topic, or decision aids covering different health topics. AHRQ cannot endorse any specific decision aids, and this activity is more effective when practices explore decision aids that are relevant to their practice and patient population. Make sure that each participant has access to the decision aids you have selected. Here are some options to consider:
  - > Send decision aid web links or PDFs to participants in advance of the meeting.
  - > Plan to display decision aid on audio-visual equipment if you have it.
  - > Print out paper copies of decision aids to circulate at the group meeting.

### *During the group meeting:*

**Optional icebreaker discussion:** If members of your practice have experiences with decision aids, draw on the experiences of your team. Ask them to describe their experience as a mini case study, and ask follow-up questions, such as:

- How did you choose a decision aid?
- How do you get the decision aid to patients and use it with them?
- What makes you continue to use a decision aid? Why do you like using it? Or why do you not use it? What made you stop using it?

**Main discussion:** Moderate a discussion about the decision aids you selected. Walk through each one slowly. During the discussion, you may need to remind the group that there are lots of decision aids. The ones you chose to view as a group may or may not be right for your practice. If your group does not like the decision aid you have chosen to discuss, try to focus on what a better decision aid would look like. Consider the following discussion questions, but also feel free to create your own questions:

- What do you like about this decision aid?
- What do you not like about this decision aid?
- Can you imagine how we would use this decision aid in practice?
- What kind of support would you need to use this decision aid? What challenges do you anticipate and how can those be overcome?
- If this decision aid doesn't work for our team, what would a more helpful decision aid look like?

# Module 3: Communication

## Learning Objectives:

At the end of this activity, participants will be able to:

- > Identify common communication challenges that make shared decision making deceptively difficult.
- > Explain the impact of limited health literacy on patient understanding.
- > Describe techniques to better communicate health numbers in a way that patients can understand.
- > Learn the teach-back method to facilitate understanding and communication.

Before the in-person activities, watch the video:

[www.exampleModule3.com](http://www.exampleModule3.com)

## In-Person Group Activity #4: Discussion About What Makes Communication Difficult

- **Estimated time:** 10-20 minutes.
- **Purpose:** Identify barriers to shared decision making and how those barriers could be overcome.
- **Moderator preparation:** Read the instructions below, and think about how you might best moderate a discussion with your group. For example, are there specific challenges in your patient population that would be worth discussing in more detail?

### *Introduction and discussion prompt for your group (read aloud):*

This group activity is a discussion about what makes communication with patients difficult. When you think about shared decision making, what challenges do you anticipate? How do you think you'd overcome each of those challenges?

Encourage participants to say how they might overcome specific challenges that they identify. If your group is slow to offer challenges, here are some that your group could discuss:

- Making recommendations
- Managing expectations
- Family members disagree
- Low literacy & numeracy
- English as second language
- Cultural differences
- Cognitive challenge

## In-Person Group Activity #5: Communicating Numbers

- > **Estimated time:** 10-15 minutes.
- > **Purpose:** Practice communicating about risk and benefit of treatments in a way that patients can understand.
- > **Moderator preparation:** Print out the **Communicating Numbers Handout** for each participant. Review Module 3 recommendations on how to communicate numbers.

### *Introduction for your group (read aloud):*

Communicating about numbers can be difficult. In this activity we will practice communicating numbers to patients. On your **handout** is a scenario that you also saw in the SHARE video. Read this scenario, and then think about how you would best communicate this numerical information to your patient. In this activity we're going to take turns practicing how we should communicate this information to a patient.

Note (do not read aloud): If this scenario is not relevant to your patient population, encourage participants to keep in mind that this is practice, and they can use this example to discuss how to communicate numbers to patients.

**Ask for volunteers:** Let many participants try communicating this information. Suggest that participants try to use the tips on the handout. Continue practicing until everyone has had a turn or the group feels they have seen at least a couple of very good demonstrations.

## In-Person Group Activity #6: Course Wrap Up Discussion

- > **Estimated time:** 15-30 minutes.
- > **Purpose:** Discuss how to implement regular shared decision making at the practice.
- > **Moderator preparation:** Review the instructions below.

### *Introduction for your group (read aloud):*

You can start using the SHARE approach now, potentially even with your next patient. In this final group discussion, we are going to think about how we can best implement shared decision making in our practice.

### *Next, pose these final discussion questions:*

- > What is a situation that occurs in our practice frequently where you could start doing shared decision making today?
- > What do you need to do shared decision making now? What could you do with your very next patient to start incorporating shared decision making into your practice?
- > What additional help or resources would be useful?
- > Could you use a decision aid for any particular decision? What would we need to do as a practice to support the implementation of a decision aid for this decision?

# Roleplay Exercise Instructions – PATIENT

In this practice exercise, you will take turns playing the role of a patient and a clinician who are engaging in a shared decision-making conversation.

## Instructions for the PATIENT role:

Your job is to play the role of a patient for your colleague to interview. You get to invent your patient character. You can play a patient who exists in real life (but obviously don't use their real name), or you can play a character that is entirely made up. Before you begin, tell your partner about the reason for your visit, the decision being discussed, and any relevant details about your patient character.

Key to this exercise is that the patient you play has to **MAKE A DECISION** in which **THEIR PREFERENCES MATTER**. The provider should try to identify which treatment plan is right for you, given your preferences. This decision will be the focus of the shared decision-making conversation.

When it is time to switch roles, we recommend keeping the same patient and decision, but changing one or two factors that may affect the preferences they have, or the decision they need to make.

Below are some example topics for shared decision making. These are ideas to help you get started, but feel free to choose a topic that is not listed:

### ***Pick a topic that will require a decision:***

- > Acne medication
- > Alzheimer's medication
- > Arthritis (hip/knee replacement)
- > Atrial fibrillation
- > Breast cancer – screening
- > Breast cancer – early stage treatment
- > Cervical cancer vaccine
- > Colon cancer screening
- > Enlarged prostate
- > Prostate cancer treatment
- > Lung cancer Screening
- > Osteoporosis medication

***After choosing a treatment context and decision to be made, identify your patient's characteristics:***

- > Reason for visit
- > Primary & secondary diagnoses
- > Demographics: Age, gender, race/ethnicity

***Also consider possible complicating factors and whether you want to include them in your character. For example:***

- > Housing
- > Food insecurity
- > Transportation
- > Social support challenges, such as isolation
- > Language barrier
- > Low health literacy

# Roleplay Exercise Instructions – CLINICIAN

## Instructions for the CLINICIAN role:

Practice honing your shared decision-making skills. Before you begin, your partner should tell you about the reason for their visit, the decision being discussed, and any relevant details about their patient character. Review this page and try to follow along with the SHARE components as you meet with your patient.

Key to this exercise is that the patient has to MAKE A DECISION in which THEIR PREFERENCES MATTER. Try to identify which treatment plan is right for the patient, given their preferences. This decision will be the focus of the shared decision-making conversation.

REMEMBER: Shared decision making is different from motivational interviewing. You are not trying to convince the patient to accept a particular treatment option. Instead, you are trying to identify what treatment plan fits best with your patient's preferences.

## Remember the SHARE steps. If you get stuck, use some of the suggested language below:

### *Seek your patient's participation*

- > I want to go over all the options so we can find a path that works for you.
- > There is good information about how these treatments differ that I'd like to discuss with you before we can decide what approach is best for you.

### *Help your patient explore and compare treatment options*

- > What have you heard or read about [condition or treatment]?
- > Here are some choices we can consider.
- > Let's go over your options.
- > Let me tell you what the research says about the benefits and harms of the medicines you are considering.
- > These options may have different effects for you compared with other people, so I want to describe them.
- > The treatments I just described are not always effective for everyone, and the chances of having side effects can vary from one person to another.

### ***Assess your patient's values and preferences***

- > What are you worried about?
- > What are you hoping for?
- > As you think about these options, what's important to you?
- > Which of these potential risks worries you the most?
- > Is there anything that might get in the way of doing this?

### ***Reach a decision with your patient***

- > It is fine to take more time to think. Would you like some more time, or are you ready to decide?
- > What additional questions do you have for me to help you make your decision?
- > Are there other people that you want to talk to in order to help you make this decision?

### ***Evaluate your patient's decision***

- > Let's plan on reviewing this decision next [appropriate timeframe].
- > If you don't feel things are improving, please schedule a follow-up visit so we can plan a different approach.

# ROLEPLAY CHECKLIST HANDOUT

Use this checklist to see if you incorporated elements of the SHARE Approach during the roleplay activity.

## **Seek your patient's participation**

- I invited my patient to participate in the decision-making process.
- I told my patient they had options.

## **Help your patient explore and compare treatment options**

- I presented all of the reasonable treatment/intervention options to my patient.
- I discussed the risks and benefits of each option with my patient

## **Assess your patient's values and preferences**

- I encouraged my patient to talk about what matters most to him or her regarding the treatment options.
- I acknowledged what matters most to him or her.

## **Reach a decision with your patient**

- I asked my patient what option he or she preferred.
- I asked my patient if he or she needed additional information or wanted to consult others before making a decision.

## **Evaluate your patient's decision**

- My patient and I made plans to review their decision in the future.
- I worked with my patient to help them manage barriers to implementing their decision.

# COMMUNICATING NUMBERS HANDOUT

## Scenario:

Imagine a 70-year-old man with hypertension and diabetes who has new atrial fibrillation. You calculate a CHA2DS2-VASc score of 3, giving him a 3.2% chance of stroke per year. With a blood thinner, his risk would go down to 1.1% per year. His risk of having a major bleed requiring a hospitalization would be about 2% per year.

## 4 Useful Tips:

### *Use frequencies or percentages*

- > "Your risk of having a stroke is about 3% per year."
- > "About 3 out of 100 people like you will have a stroke each year."

### *Avoid the 1-in-X format. Keep denominators the same*

- > Worse: "About 1 out of 33 have a stroke and about 1 out of 50 have significant bleeding each year."
- > Better: "About 3 out of 100 have a stroke and about 2 out of 100 have significant bleeding each year."

### *Use absolute instead of relative risk*

- > Terrible: "There is a 300% increased risk of stroke without a blood thinner."
- > Bad: "Your risk of stroke is tripled without a blood thinner."
- > Better: "Your risk of stroke is 3 out of 100 without a blood thinner and 1 out of 100 with a blood thinner each year."

### *Frame both positively and negatively*

- > With this medicine, about 2 out of 100 will have serious bleeding. This also means that 98 out of 100 will not have bleeding."

