



## Appendix E. Decision Coach Curriculum

## **Decision Making Session Guide**


### **I. GREET/INTRODUCE, ASK PERMISSION, AND ELICIT UNDERSTANDING OF PCI:**

 Hello my name is \_\_\_\_\_ and I am \_\_\_\_\_. How are you today?


Reflect any feelings of concern or distress

 If it's ok with you I'd like to spend a few minutes giving you some information about your procedure?  
What have you heard or been told about your procedure?

Acknowledge patient's response and provide missing information and/or correct misinformation.

 Yes that's correct, what you are going to have today is a coronary angiogram where the doctor is going to look at the arteries in your heart. These arteries carry blood to your heart to keep it working. Sometimes the arteries narrow, blocking the blood flow, which can cause chest pain. To treat this, a small, mesh tube called a stent can be inserted into the artery..

Assess the patient's understanding of the information provided:

 Does that make sense to you?

Clarify any confusion.



## II. USE DECISION SUPPORT TOOL TO DISCUSS STENT DIFFERENCES

### STENT TYPES AND INTRO TO SHARED DECISION-MAKING

*What I'd like to spend a few minutes talking with you about is the stent you might receive. There are two kinds of stents: a drug coated stent and a bare metal stent. The key difference is that the drug coated stent has a drug coating on it to help it remain open. On this sheet I have some information about the different effects that these two stents can have that I'd like to go over with you. It is important for your doctor to know your preferences. However, during the procedure information may arise that the physician feels one stent is better than the other.*

### REPEAT HEART PROCEDURE

Review the comparison between the repeat heart procedure risk and assess patient reaction:

*The first comparison I want to show you is the risk that, after your treatment, the artery will close up again requiring a repeat heart procedure to replace the stent. This chart shows you the chance of a repeat procedure for the two types of stents and, as you can see, the chances are quite low for both procedures. For the bare metal stent it is X in 100. However, the medicine on the drug coated stent helps to prevent blood from sticking to it, reducing the chance of the artery closing up again. So the risk for the drug coated stent is Y in 100.*

*What are your thoughts about that?*

Briefly reflect patient reactions to encourage patient thinking/talking and to ensure patient understanding.

### REQUIRED MEDICINE

Review the comparison between the required medicines and assess patient reaction:

*The second comparison I want to show you is the difference in how long you will have to take a blood thinning medicine after your procedure. As you can see from the chart, with a bare metal stent you will need to take the medicine for at least 1 month, and for the drug coated stent at least 12 months. This is very important because of the risk of a blood clot, heart attack or death if you stop the medicine too soon.*

*The difference in how long you take the medicine will also affect the cost - although the cost to you will depend on your insurance coverage. It is estimated that the cost of the medicine for the bare metal stent will be between \$16-\$200 whereas for the drug coated stent it will be between \$192-\$2400.*

*What are your thoughts about (1) the difference in how long you have to take the medicine and (2) the difference in cost?*

Briefly reflect patient reactions to encourage patient thinking/talking and to ensure patient understanding.

### **BRUISING AND BLEEDING**

Review the comparison between the duration of bruising and bleeding effects of the medication:

*The third comparison I want to show you also relates to a side effect of taking the blood thinning medicine and the increased likelihood of bleeding. Examples include easier nose bleeding, gum bleeding, or bleeding from shaving. As you can see from the chart, for the bare metal stent, because you don't need to take the medicine for as long, you will be affected by the side effect of bruising and bleeding easily for at least a month, whereas for the drug coated stent it will be for at least 12 months.*

*What are your thoughts about the difference in time for easy bruising and bleeding?*

Briefly reflect patient reactions to encourage patient thinking/talking and to ensure patient understanding.

### **OTHER MEDICAL PROCEDURES AND SURGERY**

Review the comparison between the delay in having other medical procedures and surgery:

*The final comparison I want to show you also relates to the bleeding risk associated with the blood thinning medicine. While you are on the medicine you may not undergo major medical procedures, major dental work, or surgery. As you can see from the chart this means that with the bare metal stent you may need to delay these procedures or surgeries for at least a month, whereas with the drug coated stent you may need to delay it for at least 12 months.*

*What are your thoughts about the comparison in how long you have to delay major medical procedures or surgery?*

Briefly reflect patient reactions to encourage patient thinking/talking and to ensure patient understanding.

### **PROMPT GLOBAL REFLECTION ON ALL OF THE INFORMATION AND SHARING PREFERENCE WITH DOCTOR**

Review the comparison between the delay in having other medical procedures and surgery:

*So now that we have reviewed all of the pros and cons of the two stent options what are you thoughts?*

Briefly reflect patients overall reactions and preference.

Conclude by encouraging patient to share their preference with their doctor, reminding them that the doctor will make the final decision about what is best for them:

*It sounds like for you what is most important is...[reflect patient concern/preference]. When you speak with your doctor before your procedure you can mention that we talked and that one of your concerns was..[patient concern]. Your doctor will make the decision as to what is best in your case but if there is a choice s/he can take this into account.*

*How does that sound?*

### III. **CONCLUSION**

Ensure the patient has all the information they need and conclude.

Do you have any questions? Good! I hope this was helpful and that your procedure goes well.

## Patient Screening For Decision Coach Script

### DECIDE-PCI

*Hello, my name is \_\_\_\_\_. I'm calling from Saint Luke's Hospital about your upcoming heart procedure.*

*I need to get just a little background information from you before you come in. Do you have time for a few questions?*

1. *First, do you have diabetes?*

→ **If patient answers "no":** *Are you taking any medicine for high blood sugar?*

- Patient may say something like "well my blood sugar was high, but the doctor told me to watch my diet". If so, mark yes for question #1.

2. *Do you have peripheral artery disease? This is sometimes called 'PAD'; it causes pain in your legs.*

→ **If patient isn't sure:** *Has your doctor ever told you that you have poor circulation in your legs? Or have you had a special test on your legs where they measure the pressure in your arteries, an ankle-brachial index or 'ABI'?*

- If patient has leg pain due to varicose veins, mark no for question #2
- If patient has had a stent in his leg, mark yes for question #2

3. *Do you have a history of high blood pressure?*

→ **If patient isn't sure or answers no:** *Are you taking any medicine for high blood pressure?*

- Examples include metoprolol,

4. *Have you ever had open heart surgery or bypass surgery?*

5. *Have you ever had a heart cath procedure before? That is the test where they go in through the groin to look at the arteries in your heart. Sometimes it's called an angiogram, and sometimes you receive heart stents.*

→ **If patient answers yes:** *When did you have your last heart cath?*

If patient screens positive:

*I am going to send you an education sheet about the heart procedure. Do you have e-mail, or would you prefer a mailing? A nurse will call you before your procedure review the education sheet in more detail. When is a good time for her to call?*

If patient screens negative:

*Thank you for your time. A nurse will call you the night before your procedure.*

# DECIDE PCI Shared Decision Making Tool Training



# What is shared decision-making (SDM)?



- “An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences”.
- **Decision-making task:**
  - Clinicians and patients share evidence
  - Support patients to consider options
  - Patients achieve informed preferences





# What is shared decision-making?



- When no clearly superior treatment, SDM can ensure care better aligns with patient preferences and values.
- Benefits can include:
  - increased patient knowledge
  - less anxiety over the care process
  - improved health outcomes
  - reductions in unwarranted variation in care and costs
  - greater alignment of care with patients' values.



# What is shared decision-making?



- Assumes that *self-determination* is desirable and that clinicians need to support this
- Some argue that:
  - patients don't want to be involved (cultural values)
  - lack the capacity or ability (low literacy/numeracy)
  - might make 'bad' decisions
  - SDM is not practical



# Implementing SDS



- **Communication skills**
- **Patient Decision Aids/Decision Tools**
  - written materials, videos, or interactive electronic presentations
  - designed to explain care options, benefits, side effects, costs etc.
- **E.g., DECIDE PCI DECISION TOOL**

A coronary stent is a device that props open a narrowed artery in the heart. There are 2 types of coronary stents: bare metal and drug-coated. The chart below explains the differences between a bare metal stent and a drug-coated stent. Research shows there is no difference in survival rates between the two types of stents. You may prefer one stent over the other based on the information below and a discussion with your doctor or nurse.

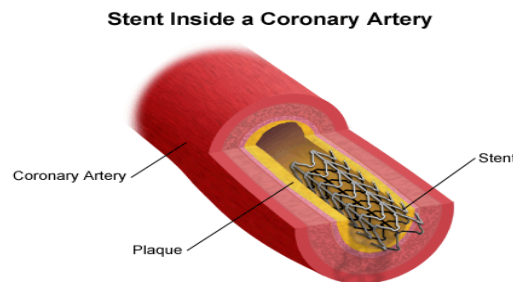
	BARE METAL STENT	DRUG COATED STENT
<p><b>Repeat Heart Procedure</b> If the stent that you receive today becomes blocked, you will need another heart procedure to place another stent.</p>	<p><b>Out of 100 people like you:</b> 91 will not need a repeat procedure due to stent blockage 9 will need a repeat procedure due to stent blockage</p>	<p><b>Out of 100 people like you:</b> 95 will not need a repeat procedure due to stent blockage 5 will need a repeat procedure due to stent blockage</p>
<p><b>Required Medicine</b> You will need to take a blood thinner medicine (in addition to aspirin).</p>	✓ At least 1 month†	✓ At least 12 months†
<p>Stopping the medicine early increases the risk of a heart attack and death.</p>	✓ Before 1 month	✓ Before 12 months
<p>Cost of medicine varies, depending on insurance coverage.</p>	✓ Total cost: \$16 - \$200	✓ Total cost: \$192 - \$2400
<p><b>Bruising and Bleeding</b> Most patients bruise and bleed more easily while taking the extra blood thinner medicine.</p>	✓ At least 1 month	✓ At least 12 months
<p><b>Other Medical Procedures and Surgery</b> Major medical procedures, major dental work, and surgery must wait.</p>	✓ At least 1 month	✓ At least 12 months

†Duration of medication therapy varies. Do not stop your medicine without talking with your doctor first.

# What is PCI and the choice that has to be made?



- Percutaneous coronary intervention (PCI) is a treatment for stenotic (narrowed) coronary arteries.
- Often a small mesh tube or stent is placed at the site of blockage to open the artery.
- Either a drug eluding/drug coated stent or a bare metal stent can be used.
  - The drug-coating helps the drug-eluding stent remain open.
- Pros and cons are associated with each type of stent.



# What is the DECIDE PCI Decision Tool?



- Presents factors that could affect patient preferences regarding pros and cons of stent choice.
- Based on the patient's risk factors.
- Although final choice is based on medical considerations, if both stents are suitable can be helpful to know the patient's preference.
- Purpose:
  - Help the patient consider the factors.
  - Encourage the patient to communicate any preferences to their cardiologist.

# What communication skills are needed to use the tool?



- **Skills should foster the patient's freedom to choose:**
  - Help patients understand.
  - Help patients process the information.
  - Support patients to make the best choice for themselves.
- **The skills we will be using include:**
  - asking permission
  - open-ended questions
  - reflective listening
  - Summarizing



# Asking Permission



- Ask permission anytime we want to:
  - Raise a topic with a patient.
  - Provide information or advice.



# Open-ended questions



- What have you heard about open-ended questions?
  - E.g., “How are you feeling about having the procedure?” vs. “Do you have any questions?”



# Reflective listening



- Saying to the patient what you think they have said.
- Patient knows you are listening & understanding.
  - NOT the same as asking more questions, disagreeing, agreeing, praising, reassuring, or interpreting.
- For example:
  - “I really don’t care what they do as long as I don’t have anymore chest pain”
- A reflective statement might be:
  - “You’re not too worried about the details as long as the procedure takes care of the problem”

# Reflective listening



- When used correctly reflections serve as/serve to:
  - A statement, not a question
  - Hypothesis testing
    - ✦ "If I understand you correctly it sounds like..."
  - Affirm and validate
- Keeps the patient thinking and talking



# Reflective listening



- How do you think patients respond to reflective statements?
  
- Try to follow an open-ended question with reflections until the patient stops elaborating.

# Exercise – Group Batting Practice



- One person makes a statement: “Something I’d like to change in my life....”
  - “is to find more time for exercise”
- Everyone tries to come up with reflections:
  - “you are very busy and don’t have enough time to workout”
  - “you want to be healthier”
  - “you wish you were fitter”



# Exercise – Group practice role-play



- **Groups of 3 (Patient, Decision Coach, Observer)**
- **Begin with this open question:**
  - “What is something in your life that you feel two ways about?”
    - ✦ (e.g., things you feel have pros and cons such as exercise, watching TV, raising children, being a nurse).
  - Keep conversation going with reflections to learn how the speaker feels.
- **Observer tallies of questions and reflections.**
  - When the listener asks two questions in a row the observer should prompt the decision coach to try a reflection instead.
- **Switch roles if time permits.**



# Summarizing



- **Brings out the highlights or key points**
  - like a long reflection.
- **Used at a point of transition:**
  - (i.e., to wrap up one topic and move onto a new topic with a new open ended question).

# Giving Information using Elicit, Provide, Elicit



- **Give information using 3 steps:**
  - Elicit what patient already knows/thinks
    - ✦ "What have you heard about the procedure you're having?"
  - Provide info
    - ✦ Give any additional information/correct misinformation
  - Elicit patient reaction/understanding
    - ✦ "Does that make sense?" "What do you think about that?"



# References



- Elwyn G, Coulter A, Laitner S, Walker E, Watson P, Thomson R. Implementing shared decision making in the NHS. *BMJ*. 2010;341:c5146. doi: 10.1136/bmj.c5146.
- Lee, E.O., Emanuel, E. Shared Decision Making to Improve Care and Reduce Costs. *N Engl J Med* 2013; 368:6-8 January 3, 2013 DOI: 10.1056/NEJMp1209500

