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The Role of Shared Decision Making in Creating Impactful Continuing Medical Education

Charles Cross; Michele F. Ingram, BS; Susan Miller, PhD; Lynn Rubin, MS; Diana Tommasi, PharmD; Poonam Kapadia

Projects In Knowledge Powered by Kaplan

All authors have nothing to disclose.

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Introduction

Oftentimes, particularly for complex and chronic conditions, many reasonable choices for treatment are available but a clear single best path forward is lacking.[1] In such cases of preference-sensitive healthcare decisions, patient involvement can help ensure treatment success. The process of reaching a decision with active patient engagement and that aligns with the patient's preferences, values, and goals is known as shared decision making (SDM).[2,3] During SDM, patients are empowered to consider their options with their clinician, who provides unbiased medical evidence.

SDM is increasingly recognized as an integral component of patient-centered care and its use associated with positive impacts on patients, clinicians, and healthcare costs, but uptake and application of SDM in clinical practice is suboptimal.[4-6] While the best way to teach SDM and increase its utilization has yet to be clarified,[6,7] Projects In Knowledge (PIK) Powered By Kaplan has developed educational programs for healthcare providers designed to improve understanding of the importance of and core principles of SDM and to enhance uptake of SDM practices. Here we present our initial experiences and outcomes from three SDM educational programs centered around (1) type 2 diabetes (T2D), (2) obesity, and (3) acute myeloid leukemia (AML).

Objectives

The learning objectives for this poster are to improve the ability of continuing professional development (CPD) professionals to

- **RECOGNIZE** the importance of role play in medical education
- **DEMONSTRATE** shared decision making strategies with clinician learners
- **EVALUATE** change in learner communication strategies through an iterative learning process

Methods

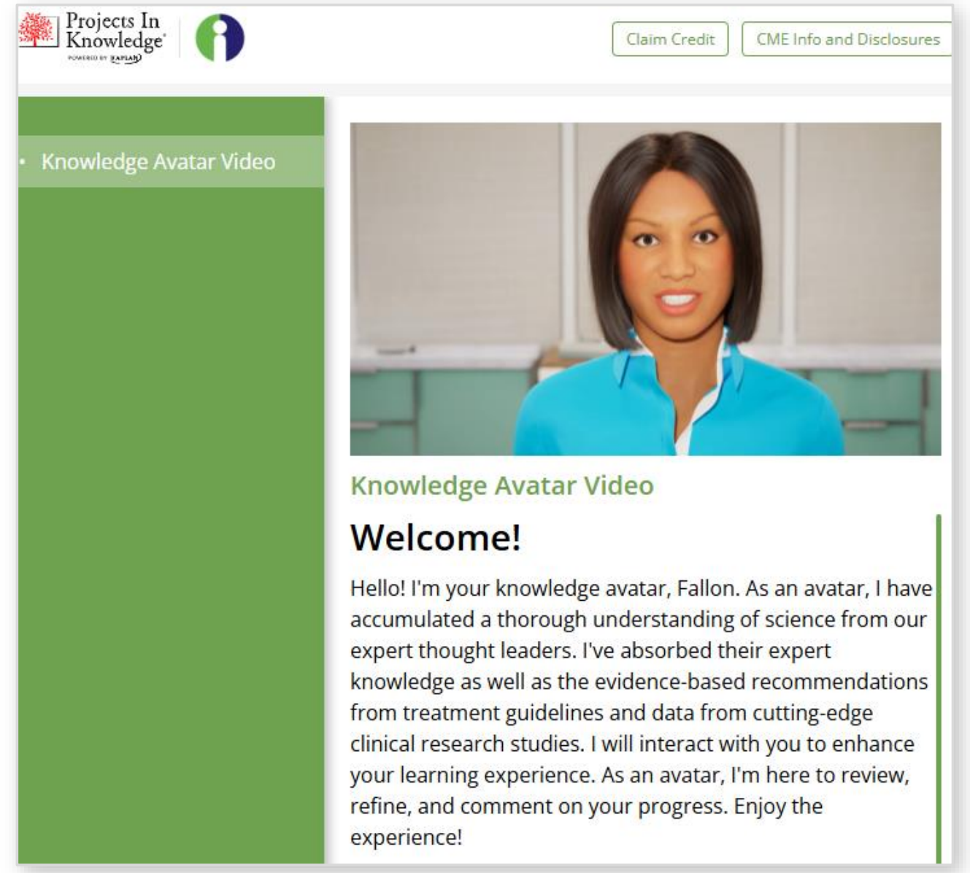
The 4-part educational curricula include

- *On-demand webcast:* Provided an overview of concepts and skills for patient-clinician communication, as well as information and expert insights on the disease state, treatment strategies, and guideline recommendations
- *Case role-play webcast:* Featured an expert faculty and patient actor/advocate who modeled communication strategies for SDM in an optimal clinician-patient interaction
- ***Two** i-Human patient case simulations:* Interactive and self-paced virtual case simulations for hands-on learning to practice new concepts and test clinical skills

Review of Role Play Scenario:
Impact of Poor Communication on Patients

Clinician learner assessments

- Baseline assessments of learner knowledge and competence
- PIK i-Human simulator Knowledge Avatar-captured in-simulation care decisions
- Post-education and 45-day follow-up assessments of learner knowledge, competence, and performance



Knowledge Avatar Video

Welcome!

Hello! I'm your knowledge avatar, Fallon. As an avatar, I have accumulated a thorough understanding of science from our expert thought leaders. I've absorbed their expert knowledge as well as the evidence-based recommendations from treatment guidelines and data from cutting-edge clinical research studies. I will interact with you to enhance your learning experience. As an avatar, I'm here to review, refine, and comment on your progress. Enjoy the experience!

Results

From May to October 2024, PIK released three SDM-focused CME programs for on-demand learning. Each program has 4 components featuring essential SDM concepts and application, and one to two shorter activities that serve as primers for the longer-form content. Clinician learners can complete each component in any order, although the components were designed for sequential learning beginning with the expert faculty-led webcast.

Educational Activities

Activity A: Reframing the Conversation: The Intersection Between Type 2 Diabetes and Obesity

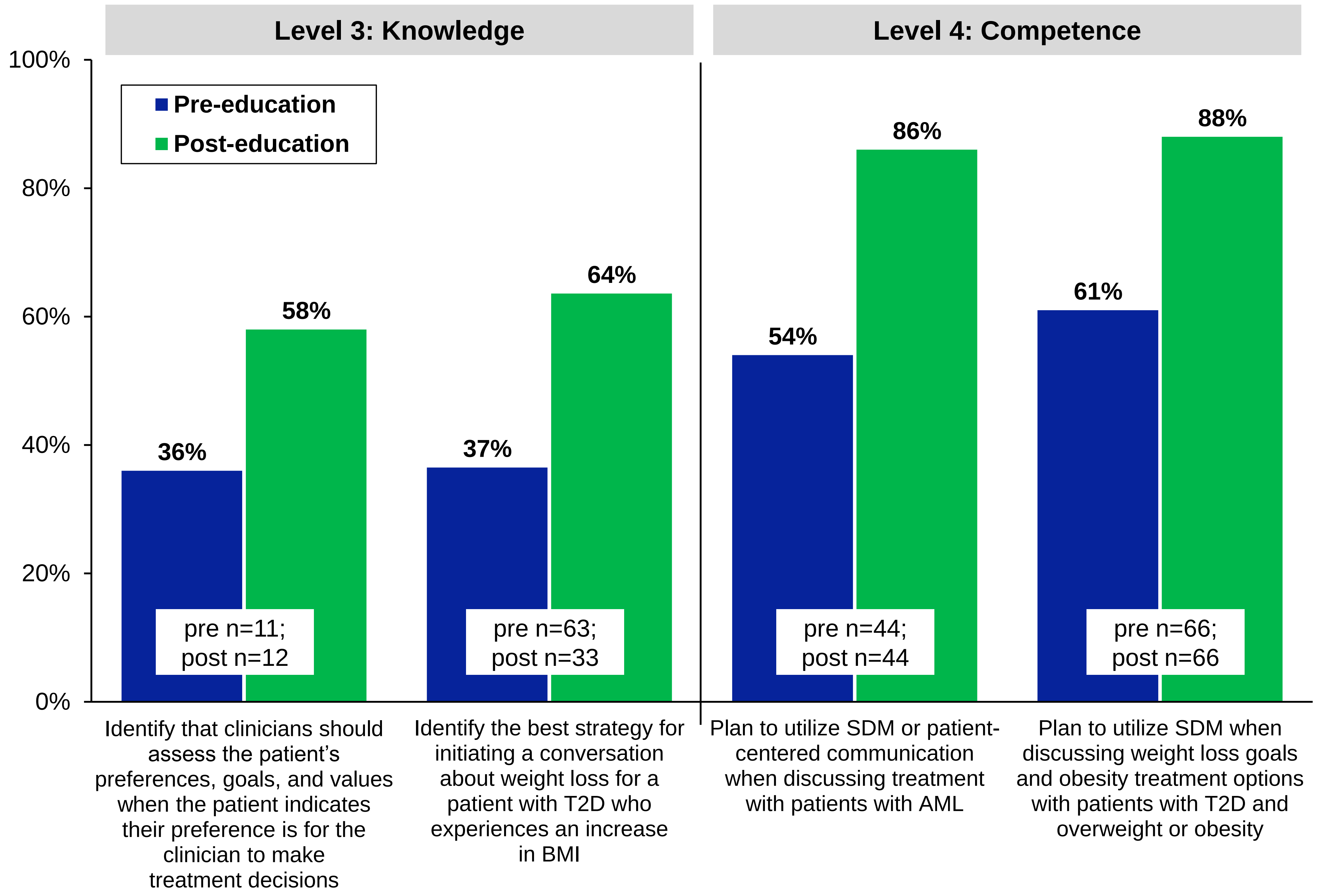
Activity B: Let's Talk About Obesity: Bridging Diagnosis, Advanced Therapies, and Patient-Centered Communication

Activity C: The Role of Shared Decision Making in Navigating the Complex Treatment Landscape of R/R AML

Assessment of changes in knowledge and competence (**Figure 1**)

- Substantial pre-intervention to post-intervention increases in clinician knowledge related to SDM and in clinician learner commitment to utilizing SDM practices with their patients were observed.
- Increases in clinician competence were most notable in Activity A (27%) and Activity C (32%).
- The pre-education to post-education change in learner utilization of SDM practices was not as pronounced for Activity B (18% increase) as for the other activities, likely due to high baseline levels of current SDM use.

Figure 1. Interim Data Show Increased SDM-Related Knowledge and Competence



Post-education, clinician learners reported greater utilization of collaborative decision making, shared treatment planning, and improvements in patient outcomes (**Figure 2**).

Figure 2. Key Trends From Qualitative Clinician Learner Feedback

1. **Shared Decision Making (SDM):**
   - "Involve patient in shared decision making with healthcare team."
   - "Patient actively participated in shared discussion about obesity management and agreed to treatment approach for better compliance."
   - "Improved utilizing of an SDM process when discussing treatment options with my patients with R/R AML."
2. **Better Patient Communication and Engagement:**
   - "Improved treatment discussions with my patients."
   - "Improved patient-centered communication strategies when discussing weight-related issues with my patients."
   - "Better patient participation and engagement with better communication on my end."
3. **Patient Education and Empowerment:**
   - "Patient learned about pharmacotherapy options and the benefit/risk profiles."
   - "Patient was encouraged by motivational interviewing to set realistic weight management goals."
4. **Measurable Patient Outcomes and Improved Disease Management:**
   - "Increased patient response to therapy."
   - "Increased patient quality-of-life."
   - "Enhanced management and treatment of my patients."
   - "Reduced treatment-related adverse patient events."
   - "Updated and improved AML clinical care protocols."

Discussion

- Interim findings show improved clinician understanding of SDM and improved intent to use SDM and patient-centered communication tools with their patients.
- Qualitative feedback from learners indicating both improved patient-provider communication and health outcomes suggests a likely transformative impact on patient care.
- Preliminary data confirm the challenges of measuring SDM through knowledge-based questions due to high baseline knowledge.
- Valuable insights emerge from qualitative data, underscoring the importance of capturing qualitative data when measuring the impact of SDM programs.
- Our findings show that on-demand learning and patient simulators are effective modalities for improving SDM knowledge and competence in the areas of T2D, obesity, and AML.

Conclusion

An educational model that combines an iterative series of educational activities: (1) didactic webcast, (2) role-play video scenarios of clinician and patient interactions, and (3) hands-on clinical application with a patient simulator is effective in improving clinician knowledge and influencing clinician behavior by increasing SDM and patient-centered communication in practice. In turn, these improvements can beneficially impact patient care and outcomes.

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