Background:
• Shared decision making (SDM) focuses on patient-centered care and incorporates patient preferences and values in the determination of their healthcare choices. The National Quality Forum initiated a “Call to Action” to integrate SDM processes into practice in which clinicians and patients work together to make healthcare decisions that align with what matters most to patients. Clinicians and their team need to communicate information about NSCLC and its treatment as well as determine their patients’ preferences, goals, and risk tolerance before they can make a truly informed decision.

Methods:
• Our collaborative partnership co-developed a pilot educational initiative to address and improve patient-centered care and SDM processes in the institutional cancer care setting.

Results:

Conclusions:
Our collaborative partnership developed educational training and case simulations that improved SDM skills by all Yale NSCLC team members.

The training served as a roadmap for guidance in addressing patients’ goals, values, and preferences as well as evidence-based treatments. Utilizing these skills, the empowered NSCLC team can improve clinician-patient decision-making and patient-centric care. The training process also facilitated team building and encouraged ongoing participation in SDM.

“Take Away” Messages from Yale NSCLC Team Members at Focus Group
• "You need to listen to patients...prompt patient to ask questions” — Roy Herbst, MD
• "Decision is not a point in time...patients like to rethink their decisions” — Kerin Adelson, MD
• “SDM is practical and feasible...generates enthusiasm among professionals” — Sarah Goldberg, MD
• “SDM can help in the “development of treatment plans” — Kathryn Medow, NP

Results (cont’d):

Summary of Qualitative Semi-Structured Interview Findings
All team members showed an improved understanding of SDM, training needed to facilitate SDM implementation, the importance of patient-centered care discussions, the need for implementing SDM in the institutional setting despite challenges, and ownership in exploring a roadmap on how this could be implemented.

Summary of Case Study Role-Play Scenario Findings
Training empowered all Yale NSCLC team members to show pre- to post-education improvement in SDM (34% to 88%). Areas of greatest improvement: 1) providing reasonable treatment options (+58%); 2) determining decision style preference – extent to which a patient wants to participate in the decision process (+76%); 3) determining a patient’s risk tolerance regarding treatments (+77%); and 4) determining a patient’s goals/preferences (+88%).

Yale NSCLC SDM Pilot Case Study Role-Play Assessments

<table>
<thead>
<tr>
<th>Domain</th>
<th>Baseline (overall group) Mean SCORE</th>
<th>EOS (overall group) Mean SCORE</th>
<th>Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable Options</td>
<td>2.04 (SD .58)</td>
<td>3.13 (SD .27)</td>
<td>1.19</td>
<td>58%</td>
</tr>
<tr>
<td>Decision Style Preference</td>
<td>1.79 (SD .75)</td>
<td>3.15 (SD .37)</td>
<td>1.35</td>
<td>76%</td>
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<tr>
<td>Knowledge</td>
<td>2.25 (SD .27)</td>
<td>3.17 (SD .26)</td>
<td>.92</td>
<td>41%</td>
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<tr>
<td>Risk Tolerance</td>
<td>1.92 (SD .47)</td>
<td>3.40 (SD .23)</td>
<td>1.48</td>
<td>77%</td>
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<tr>
<td>Trade-Off Decisions</td>
<td>2.04 (SD .25)</td>
<td>2.96 (SD .19)</td>
<td>.92</td>
<td>45%</td>
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<td>Readiness</td>
<td>2.75 (SD .27)</td>
<td>3.69 (SD .22)</td>
<td>.94</td>
<td>34%</td>
</tr>
<tr>
<td>Values and Self-Efficacy</td>
<td>1.69 (SD .69)</td>
<td>3.17 (SD .26)</td>
<td>1.48</td>
<td>88%</td>
</tr>
</tbody>
</table>

5 Point (Likert Style) Score: 0%= 0; 25%= 1; 50%= 2; 75%= 3; 100%= 4

Future Directions for Research:
The complexity of cancer care delivery contributes to communication problems. To meet this challenge, future SDM pilots might include the rollout of the “Yale Model Shared Decision-Making Solution” into a larger system-based institutional setting at Yale and other institutions.

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