

Decision Coaching and Training



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Outline

- Definition
- Adapting the ODSF for decision coaching
- Evidence
- Use & Related Tools
- Strengths, Limitations, Gaps

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What is decision coaching?

- Develops patients' skills in deliberating about options, preparing for a consultation, and implementing change.
- Trained facilitators are supportive but non-directive
- Delivery: face to face, groups, telephone, email, internet, automated (telephone, e-tools)



(O'Connor et al., 2008; Stacey et al., 2008)

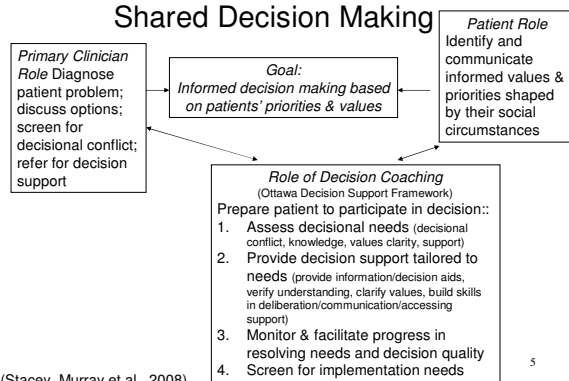
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Framework for Decision Coach-Mediated Shared Decision Making



(Stacey, Murray et al., 2008)

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Systematic review: Adopting shared decision making

4 of 5 trials improved adoption of SDM using multiple interventions:

- Educational meeting for health professionals
- Distribution of educational materials (e.g. patient decision aids)
- Audit and feedback

CHUQ F Légaré, S Ratté, D Stacey, J Kryworuchko, K Gravel, ID Graham, S Turcotte, PO D'Amours, January 2010

Evaluation of Decision Coach Training based on ODSF

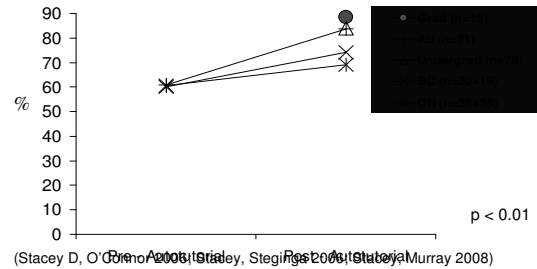
- 2 RCTs
 - 41 health call centre nurses in Canada (Stacey et al., 2006)
 - 88 oncology/palliative health professionals in Canada (Murray et al., in press)
- 1 pre-/post-test
 - 34 oncology call centre health professionals in Australia (Stacey et al., 2008)
- 2 post-test
 - 78 undergraduate and 15 graduate nursing students in Canada (Stacey et al., 2008)

Decision Coach Training

		Research studies			
		BC	ON	AU	UO
Training	Online Tutorial	X	X	X	X
	Workshop	X	X	X	
Protocol	OPDG	X	X	X	
Performance appraisal	DSAT-10	X	X	X	



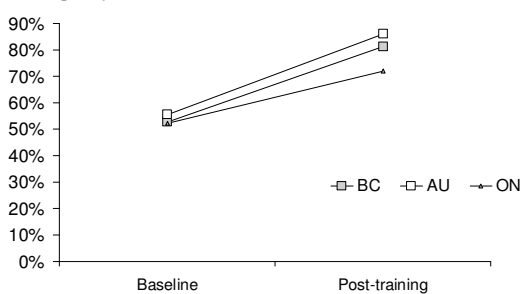
Tutorial improves knowledge



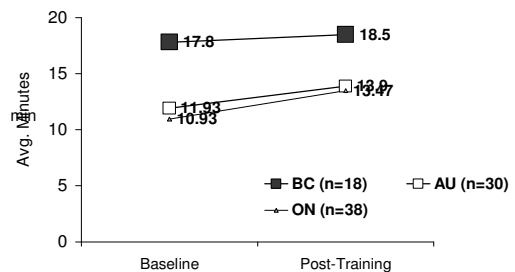
Workshop improves coaching skills with sim pts

(Murray press; Stacey 2006; Stacey 2008)

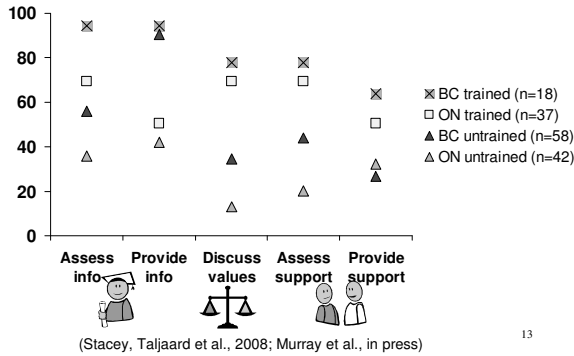
Mean quality scores



Without affecting call length in 2/3 studies



Discuss Decisional Needs



Characteristics of Studies (N=7)

Study	Country	Setting	Participants	Decision
Deschamps 2004	CA	Primary Care	128 women (67+61)	HRT
Hunter 2005	CA	Genetics clinic	352 women older maternal age (116+126+110)	Prenatal testing
Lerman 1997	USA	Cancer Centres	578 women (analysis based on 122+114+164)	BRCA1 genetic testing
Green 2001a	USA	Community	43 women with 1st degree relative br ca (29+14)	BRCA1/2 genetic testing
Rothert 1997	USA	Community	379 peri-menopausal women (83+89)	HRT
Kennedy 2004	UK	Gynaecology Hospital Clinic	625 women (215+206+204)	Menorrhagia treatment
Myers 2005a	USA	Primary Care	242 African-American men (121 +121)	Prostate Ca screening

Characteristics of Intervention (n=7)

Study	Coaching Intervention			Key Comparisons
	Coach	Activity	Time	
Deschamps 2004	Pharmacist	Coaching in person	40 min	Coaching alone vs PtDA alone
Hunter 2005	Qualified genetic counselor	Coaching in person	60 min	Coaching alone vs PtDA alone
Lerman 1997	Trained oncology nurse or genetic counselor	Coaching in person	60-90 min	Coaching plus PtDA vs PtDA alone
Rothert 1997	Doctor or nurse with psychologist or researcher	Coaching in a grp session	4.5 hr+	Coaching alone vs PtDA alone
Green 2001a	Certified genetic counselor	Coaching in person	n/r	Coaching alone vs Usual care (vs coaching plus PtDA)
Kennedy 2004	Trained research nurse	Coaching in person	20 min	Coaching plus PtDA vs PtDA alone
Myers 2005a	Trained health educator	Coaching by telephone or in person	n/r	Coaching plus PtDA vs PtDA alone

Decision Coach Role Elements

Elements	Des-champs 2004	Hunter 2005	Lerman 1997	Rothert 1997	Green 2001a	Kennedy 2004	Myers 2005a
Assess/discuss pts' DM needs/ resources							
Provide information (e.g. options, benefits, risks)	X	X	PtDA	X	X	PtDA	PtDA
Assess understanding			??				
Clarify values		X		X	X	X	X
Build skills in deliberation/ communication/ access support				X		X	X
Monitor/ facilitate progress in DM	X			X	X	X	X
Screen for implementation needs							16

Outcomes	Coaching vs PtDA alone	Coaching vs Usual care	Coaching+PtDA vs PtDA alone
Studies	Deschamps 2004; Hunter 2005; Rothert 1997	Green 2001	Lerman 1997; Myers 2005; Kennedy 2004;
Satisfaction	↑ Sat process (H) No diff prep DM (D) No diff. sat choice/ sat HCP (R)		1/1 ↑ Sat process (K)
Knowledge	2/2 No diff. (↑ all grps) (R, H)	1/1 92% vs 74% (G)	1/1 No diff. (↑ all grps) (L)
Choice	3/3 No diff.	1/1 No diff. (G)	1/2 ↓ hysterectomy 38% vs 48% (K) ; 1/2 No diff. testing intent (L)
Cost			1/1 ↓ mean costs (K)
DCS	3/3 No diff. (↓ all grps)		
Role	1/1 No diff. (D)		
Adherence	2/2 No diff. (D, R)		
Values agree with choice			1/1 No diff. (L)
Self Efficacy	1/1 No diff. (R)		
Impact on Health	1/1 No diff. (H) anxiety; pregnancy outcomes		1/1 No diff. (K)

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Patient Decision Aids
 Development Toolkit
 Implementation Toolkit
 • Assessment
 • Decision Support Tools
 • Education & Training
 • Implementation
 • Quality Monitoring Tools
 About Us
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Step 3: Education & Training
 Provide opportunities for practitioners to enhance their support skills.

Ottawa Decision Support Tutorial (ODST)

The ODST is an online tutorial designed to help practitioners develop skills in providing decision support. [Get more details on how the ODST has been used in evaluation studies here.](#)

The ODST features:

- Self-paced online learning
- Self-assessment quizzes with tailored feedback
- Criterion-referenced final evaluations
- Certificate of Completion (for scores of 80% or more on the final quiz)
- Downloadable PDF version of course reading

[Click here to login to the ODST.](#)

Login requires selection of your own user name and password. There is no fee for the ODST.

What decision do you face?
 When do you need to make a decision?
 How long are you with making a choice?
 Do you have a choice?
 Are you having a hard time making a choice?
 Do you feel you will have to make a choice for you?
 Do you know how to handle the benefits and risks of each option?
 Are you clear about which benefits and risks matter most to you?

What are the benefits and risks?
 Do you know the benefits and risks of each option?
 Do you know how to handle the benefits and risks of each option?
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Decision support protocol

A process for coaching clients making decisions with 2 or more options

Available at www.ohri.ca/decisionaid

Based on: *Ottawa Decision Support Framework* 20

Concepts	Coaching actions
Clinical Situation	Assess clinical reason for decision and urgency of response needed
Decision/ problem	Assess client perception of the decision <i>Tell me about the decision you are facing.</i> Assess client stage of decision making <i>When do you need to make a choice? How far along are you in making a choice? Are you leaning toward one option?</i>
Decisional conflict	Assess client's uncertainty about preference <i>Do you feel sure about the best choice for you?</i>
Knowledge & expectation	Assess facts: options, benefits, harms/side effects, probabilities, scientific uncertainty Assess expectations: probable outcomes <i>Do you know...which options you have?...both the benefits and risks/side effects of each option?</i>
Needs	Provide/clarify/reinforce facts; Realign expectations <i>That's right; You've got it. Did you know....?</i>
Values/ priorities/ goals	Assess values/importance for probable outcomes <i>Are you clear about... which benefits and harms /side effects matter most to you?</i>

(Stacey, Murray et al., 2008)

Performance appraisal with DSAT-10

Stacey et al. *Patient Education and Counseling* 2008; 73(3), 519-25

Element	Assessment Criteria	Hear and acknowledge or assess in interaction	Intervened	Comments
Decision making status	Identify uncertainty about making a decision Timing for when decision needs to be made is discussed/ acknowledged Stage of decision-making assessed or self-evident	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge of Options	Potential benefits of options Potential harms of options	<input type="checkbox"/>	<input type="checkbox"/>	
Values /preference associated with	Discuss importance of benefits Discuss importance of harms	<input type="checkbox"/>	<input type="checkbox"/>	
Others' involvement in the decision	Discuss preferred role in decision making, others involvement and their opinions Discuss pressure or support from others	<input type="checkbox"/>	<input type="checkbox"/>	
Next steps	Near end of the encounter, summarize the next steps to address patient's decision making needs	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL SCORE		0	1/10	

Decision Coaching Use - Clinical

	Activity	NHS	Ottawa	DHMC	Health Dialog
Training	Online Tutorial			X	X
	Workshop	X	X	X	X
Protocol	DCS short	X	X	X	X
	OPDG or adapted		X	X	X
Performance appraisal	DSAT				X

Decision Coaching Use - Curriculum

	Activity	Ottawa U undergrad	Ottawa U graduate	Chile	Toronto undergrad
Training	Online Tutorial	X	X		
	Theory	X	X	X	X
	Skills		X	X	
Protocol	DCS short		X		
	OPDG or adapted	X	X		X
Performance appraisal	DSAT		X	X	

NEW Nursing Best Practice Guideline:
Decision Support for patients with Chronic Kidney Disease
 2009

Guideline Goals:

- To help nurses recognize and support patients with CKD at risk of or experiencing decisional conflict related to making treatment decisions;
- To help nurses facilitate patient involvement in reaching quality health decisions that are informed by best available evidence and consistent with patients' values.

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Obama Bill (March 2010)

.R. 3590 The Patient Protection and Affordable Care Act
Shared Decision-making Provisions

- Providers must be educated on use of decision aids
- Providers' SDM performance measures to be developed
- Grants for HCPs: develop and implement SDM... preference for grants to HCPs who participate in training by "SDM resource centers"
- Possible model to be tested by the CMS is SDM. Model to assist patients making informed health care choices by paying providers for using patient decision support tools that improve patient/caregiver understanding of their medical treatment options.

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Summary Decision Coaching

- Training improves HCP knowledge and skills with simulated patients
- Some research showing:
 - Improves satisfaction with process relative to PtDA alone
 - Lowers hysterectomy rates and related costs but no effect on other decisions
 - Improves knowledge relative to usual care but not different from PtDA alone
 - No incremental benefit on decisional conflict
 - Limited evidence of no effect on adherence, self-efficacy, role in DM, health outcomes

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Discussion

1. Take 2 minutes to jot down
 - Strengths
 - Weaknesses
 - Gaps in research
2. Discussion

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Strengths, Weaknesses, Gaps

- | | |
|--------------|------------------|
| • Strengths | • Knowledge Gaps |
| – . | – . |
| – . | – . |
| • Weaknesses | |
| – . | |
| – . | |

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Methods

Part I: Training

- Identified studies known to the research team

Part II: Decision Coaching

- Sample: 55 RCTs from the Cochrane Review of Patient Decision Aids (Cochrane Library, 2009)
- Two reviewers independently screened 55 RCTs to determine if the intervention:
 - included decision coaching
 - allowed the effects of decision coaching to be measured in isolation from other interventions.
- Data was extracted using standardized forms

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