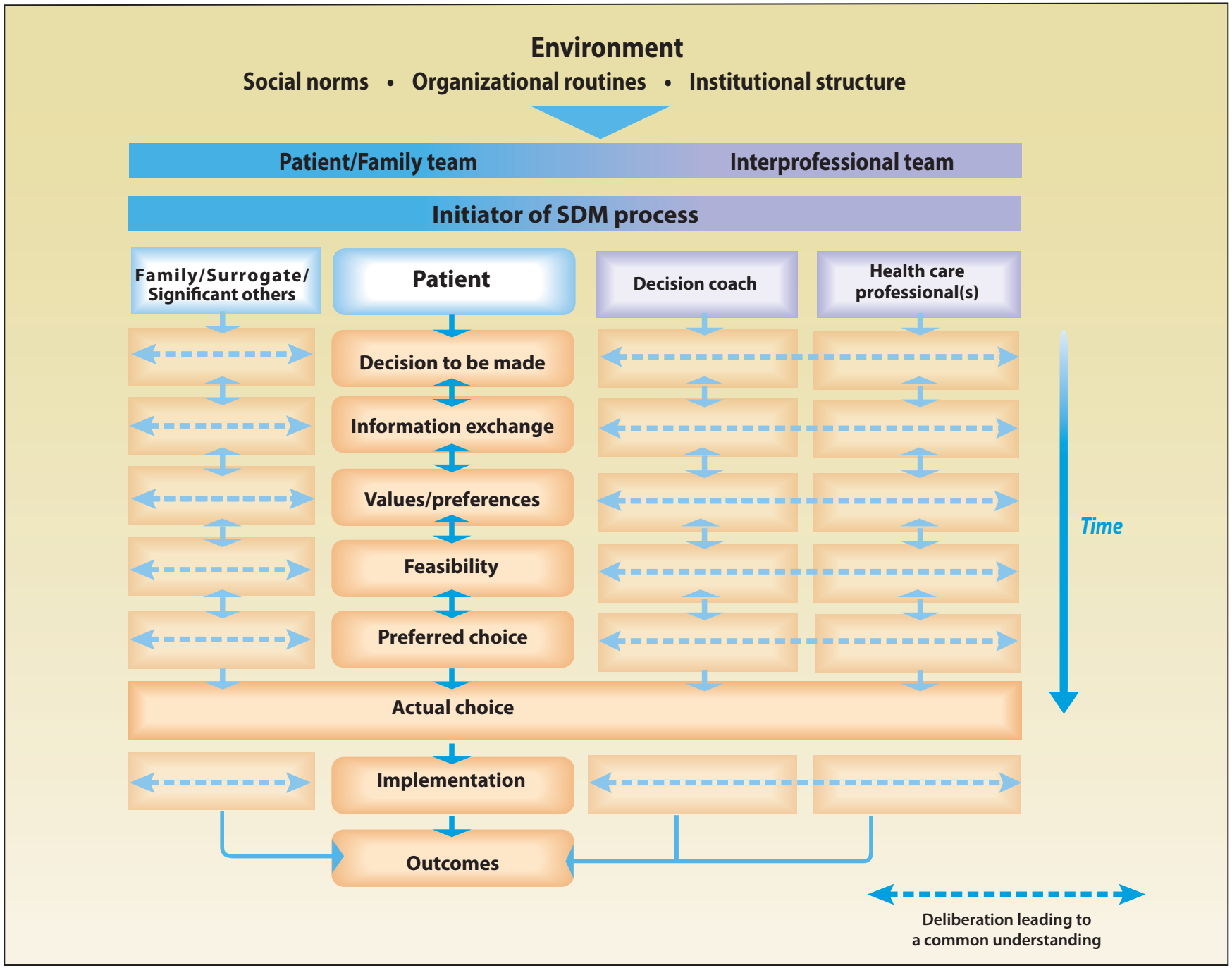
IP-SDM MODEL



IP-SDM Model Concepts Defined

Key assumptions underlying the IP-SDM Model

1. Involving patients in the shared decision making process is essential for achieving patient-centred care and reaching decisions that are informed and based on individual patient values.
2. By achieving a common understanding of the essential elements of the shared decision making process by the interprofessional team and recognizing the influence of the various individuals on this process, there will be improved success in reaching a shared decision.
3. Achieving an interprofessional approach to shared decision making may occur synchronously in the example of family conferences in the intensive care unit but more often occur asynchronously and thereby require a shared framework with this common understanding.
4. Family or significant others are important stakeholders involved or implicated by the decision and their values and preferences may not be consistent with the patient.

Concepts	Description
Actors	
Patient	The patient is central in the Interprofessional Shared Decision-Making (IP-SDM) model and justifies the decision-making process. To begin the process, the patient presents with a health problem/situation requiring decision-making.
Initiator of SDM process	The first person with whom the patient is involved in the decision-making process. This role can be played by any healthcare professionals, i.e., family physician, nurse practitioner, etc. when there is a decision that need to be made.
Decision coach	A health professional trained to support the patient's involvement in healthcare decision making but who does not make the decision for the patient (Stacey, et al., 2008).
Family member(s) / Surrogate / Significant others	Persons who can play a supportive role for the patient toward the decision-making process. Surrogate can be ask to take decision for the patient if his health condition does not allow him to take care of himself, e.g. severe mental health illness, unconscious person, etc.
Healthcare professional(s)	The various health professionals that the patient may encounter through the decision-making process. For an IP approaches to SDM, the model assumes that at least two healthcare professionals from different health professions collaborate to achieve SDM with the patient either concurrently or not. Profession is determined by educational preparation and/or licensure. We chose not to include the non-regulated healthcare providers even if we recognize their important contribution. Our decision is based on the IP definition we adopted during the first phase of the project (See definition in the Introduction section).

Concepts	Description
SDM process	
Decision to be made	The initiator of SDM process informs the patient and significant others that there is a choice to be made among different relevant options and make the portrayal of these options. We could also use the term "Equipoise" which refers to a situation where a decision point exists with more than one potential option, including the option to remain status quo, and for which the benefits and harms need to be weighted across the options (Charles, et al, 1997; Elwyn, 2000; Towle & Godolphin, 1999) An IP approach to SDM may require that professionals establish a common knowledge and ultimately understanding of the options, as well as recognize that equipoise exists, and then present this to patients in a way that patients get a consistent message and recognize the need for decision making.
Information exchange	The options relevant to the patient's health condition must be clearly exposed to the patient and significant others. The health professional(s) and the patient share information on the benefits and harms and it may be supplemented with evidence-based resources (e.g. educational material, patient decision aids). The information exchanged could also include affective and emotional aspects, the unconscious dimension that should be taken into account in the DM process.
Values/preferences	Following or concomitantly the information exchange, patient must have the opportunity to discuss and clarify his values and preferences in regard of the different available options. While patient values are ideally the cornerstone of the overall process, our model acknowledges that the values of all individuals involved in the decision-making process may influence the decision and these influences should be acknowledged/recognized. Those involved, including the health professionals, may need to share a common understanding of the values that are at play even when they do not share similar values.
Feasibility	The feasibility of the options needs to be considered in the decision making process. An option that has been explored may, for reasons such as time and resources, be unrealizable. We recognized that the availability of some healthcare options varies considerably across healthcare systems and nations. Availability of the expertise locally and at the time required is not trivial to decision making. Regardless, the feasibility of the options is an important consideration by the IP team (that includes the patient) before determining individual preferences.
Preferred choice	With help from different individuals, the patient should reach a preferred choice. As well, healthcare providers may prefer an option and share their preferred choice with the patient in the form of a recommendation.
Actual choice	Finally, the actual decision is, ideally, agreed upon by all. At the very least, the decision needs to be agreed to by the healthcare provider who can help the patient access the choice and arrange the steps necessary for implementation of the choice.

Concepts	Description
Implementation	During the implementation of the choice that has been made, the patient is supported to ultimately impact favorably on the health outcomes that the patient values most. Implementation fidelity, or the extent to which the option is implemented as planned, as well as health outcomes must be evaluated so that they can inform the decision making process further.
Outcomes	Many healthcare decisions are revisited by patients and their families with the IP team, especially where desired health outcomes are not realized with an initial choice.
Time	The different steps to go through to whole share decision-making process necessitate time investment. The time invested can be variable. It relates to the fact the SDM process could be iterative. The patient can also revisit a decision. These actions will require overtime but could be necessary for the patient to be satisfied with his decision and avoid decisional regrets.
Meso-macro level	
Environment	The environment refers to the global context in which the IP-SDM process takes place. It is composed of three levels, i.e. social norms, organizational routines and institutional standards. E.g. cultural values, government policies, professional organizations' rules and institutional structures are seen as part of the environment and as elements that may have an influence on the IP-SDM process. If it is true the environment influence the IP-SDM process, the fact is the individuals can also influence their environment and make that change to adapt to an evolving context. The underlying assumption is that an IP approach to SDM within clinical encounters will not occur independently of the influence of factors from the healthcare system level.
Patient / Family team	Patient and family (including significant others and surrogate) compose a team who will collaborate with the IP team members throughout the DM process.
IP team members	The IP team is composed of healthcare professionals that are relevant regarding the patient health state. The IP team can influence the SDM process via the member roles and relationship. The IP team needs to develop a collaborative relationship that implies authentic, constructive and open/honest communication that includes mutual trust and respect among the team as well as between the team and the patient. It must provide integrated and cohesive care, agreed about the symmetry of power relationships between professionals. The IP team members must be able to share their knowledge and establish a partnership occurring on a regular base, without interruptions and over time. This partnership should count on a systematic communication of information all along the therapeutic process. IP team members also need to recognize that broader factors are likely to impact on their ability to collaborate with the patient in decision making. In this perspective, the organization should act on the environment of practice to facilitate the implementation of this approach. Professional regulatory institutional standards should also be adapted to facilitate an interprofessional approach to patient care.

Concepts	Description
Figures	
Arrows	The two way vertical arrows represent the possibility to go back and forth in an iterative process before to take a final decision. The healthcare decision can be revisited by patients and their family or significant others with the IP team, especially where desired health outcomes are not realised with an initial choice.
Squares	The first two lines (blue and violet) identifies the individuals involve in the DM process. The boxes are reproduced under each column (light brown) to indicate that every involved individual must, ideally, achieve common understanding at each step of the DM process.
Dotted lines	The dotted lines across the different individuals indicate discussion amongst those involved in the decision-making process, including the various health professionals, about the benefits and harms of the available options. The deliberation between those involved should lead to a common understanding at each step of the decision making process. These dotted lines represent an opportunity for further research to help us learn more about how IP teams collaborate to achieve SDM and what relationships are essential for IP-SDM processes.

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