

User Manual –10-item Decision Support Analysis Tool (DSAT-10)

Definition

The ‘Decision Support Analysis Tool’ was originally developed to evaluate healthcare professional’s use of decision support and communication skills during a clinical encounter [1]. The DSAT can also be used to evaluate the quality of decision support provided to patients by decision coaches whose role is to prepare them for decision-making with their health care provider. In 2008, the original DSAT was revised to the DSAT-10 that focuses on decision support only and uses a simpler coding system [2].

Sample Tool –DSAT-10

Element	Assessment Criteria	Hear acknowledge or assess	Intervened	Comments / Notes / Examples
Decision making status	Identify uncertainty about making a decision	<input type="checkbox"/> (1 point)		
	Timing for when decision needs to be made is discussed / acknowledged	<input type="checkbox"/> (1 point)		
	Stage of decision making: assessed or self-evident	<input type="checkbox"/> (1 point)		
Knowledge of	Options AND	<input type="checkbox"/>	<input type="checkbox"/>	
	Potential benefits of options AND	<input type="checkbox"/>	<input type="checkbox"/>	
	Potential harms of options	<input type="checkbox"/> (if all checked 1 point)	<input type="checkbox"/> (if all checked 1 point)	
Values / preference associated with	Discuss importance of benefits AND	<input type="checkbox"/>		
	Discuss importance of harms	<input type="checkbox"/> (if all checked 2 points)		
Others’ involvement in the decision	Discuss preferred role in decision making, others involvement and their opinions AND	<input type="checkbox"/>	<input type="checkbox"/>	
	Discuss pressure or support from others	<input type="checkbox"/> (if all checked 1 point)	<input type="checkbox"/> (if all checked 1 point)	
Next steps	Near end of the encounter, summarize the next steps to address patient’s decision making needs	<input type="checkbox"/> (1 point)		
TOTAL SCORE		out of 10		

(Stacey D, Taljaard M, Drake ER, O’Connor AM. [Audit and feedback using the brief Decision Support Analysis Tool \(DSAT-10\) to evaluate nurse-standardized patient encounters](#). Patient Education and Counseling. 2008; 73:519-525.)

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Directions for Use

This instrument is used to analyze audio or video-taped interactions between health professionals and patients discussing health decisions. It was developed based on the Ottawa Decision Support Framework [3].

Scoring and Interpretation

1. Listen to each encounter twice.
2. Check the boxes if the items were present and **adequately** addressed within the taped encounter (see Appendix A: criterion descriptions). Not applicable (n/a) is used in circumstances when it was not necessary to have assessed or intervened for that specific item (e.g. if clearly the patient knows about options, benefits and harms then the health professional does not need to explore their knowledge further; if the patient is the only one that is making the decision and has no pressure or need for support then the health professional does not need to intervene in this area).
3. Identify examples from health professional dialog to support that the criterion was met.

Higher scores indicate higher quality of decision support from the healthcare professional.

Psychometric Properties

Kappa coefficient over all items on the DSAT-10 was 0.55 (95% CI: 0.49, 0.61) with higher agreement for encounters involving trained nurses (0.62; 95% CI: 0.43, 0.80); indicating substantial agreement in the case of encounters with trained nurses but only moderate agreement in the case of untrained nurses. [2]

The DSAT-10 discriminates significantly between trained and untrained nurses [2].

For individual items on the DSAT-10 in the case of trained nurses, the inter-rater agreement scores were >88% for all items except intervening to address support needs (72.2%); for untrained nurses the agreement scores ranged from 63.8% (assess knowledge of options, benefits, and harms) to 87.9% (provides information on options, benefits, and harms) [2]

Applications Using this Tool

1. Family physicians discussing menopausal management options with women [1]
2. Call centre nurses discussing decisions with simulated patients [2]
3. Surgical, radiation, and medical oncologists from Australia and New Zealand discussing treatment options with women diagnosed with breast cancer [4]

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Availability

You may use any of these scales at no cost without permission.

These tools are protected by copyright but are freely available for you to use, provided you cite the reference in any questionnaires or publications.

Suggested Citation

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References

1. Guimond P, Bunn H, O'Connor AM, Jacobsen MJ, Tait VK, Drake ER, Graham ID, Stacey D, Elmslie T. [Validation of a tool to assess health practitioners' decision support and communication skills](#). Patient Education & Counseling. 2003 Jul;50(3):235-45. (The original version of the DSAT is described in this article.)
2. Stacey D, Taljaard M, Drake ER, O'Connor AM. [Audit and feedback using the brief Decision Support Analysis Tool \(DSAT-10\) to evaluate nurse-standardized patient encounters](#). Patient Education & Counseling. 2008;73:519-525.
3. O'Connor AM, Tugwell P, Wells GA, Elmslie T, Jolly E, Hollingworth G, McPherson R, Bunn H, Graham I, Drake E. [A decision aid for women considering hormone therapy after menopause: Decision support framework and evaluation](#). Patient Education & Counseling. 1998;33(3):267-279
4. Butow P, Juraskova I, Chang S, Lopez AL, Brown R, Bernhard J. [Shared decision making coding systems: How do they compare in the oncology context?](#) Patient Education & Counseling. 2010 Feb;78(2):261-8. doi: 10.1016/j.pec.2009.06.009. Epub 2009 Aug 3.

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Appendix A: Brief Decision Support Analysis Tool (DSAT-10) with definitions

Element	Assessment Criteria	Definitions
Decision making status	Identify uncertainty about making a decision	Identifies uncertainty about a specific decision being made, including identifying the specific decision.
	Timing for when decision needs to be made is discussed / acknowledged	Discusses or acknowledges when the decision has to be made according to the patient / timing of next MD visit. May also suggest changes to that time frame, if needed and as appropriate.
	Stage of decision making: assessed or self-evident	It may be self-evident that the patient is considering the options given that he/she has initiated an encounter about a decision. The nurse may also clarify if they are considering options, their leaning, whether or not the patient has made a decision, or what steps are being taken to carry out the decision.
Knowledge of	Options And Potential benefits of options And Potential harms of options	<i>Assess:</i> Asks questions or acknowledges patient’s knowledge of their options, potential benefits / harms associated with the options, and their likelihood. <i>Intervene:</i> Discusses / provides / facilitates access to sources of factual information about the options, outcomes, probabilities of outcomes. Information provided in a balanced, factual way without obvious bias. <i>Fact words:</i> Know, rationale, reasons for doing it, chances, what happens, why it happens, health risks.
Values / preference associated with	Discuss importance of benefits And Discuss importance of harms	Asks patient what is most important or acknowledges patients’ comments indicating the importance of benefits/harms. Assists to clarify importance of benefits / harms by discussing or suggesting / referring to balance-scales, shading / weighing exercises, or other tools to clarify values. <i>Feeling / value words:</i> important, worried, concerned about, tolerate, comfortable, unacceptable, bothersome, outweigh, tradeoffs, worth it, number one thing, put up with, happy if, jeopardize, cost too great.
Others’ involvement in the decision	Discuss preferred role in decision making, others involvement and their opinions And Discuss pressure or support from others	<i>Assess:</i> Asks or acknowledges patients preferred role in decision making and who else is involved in making the decision, their opinion, any pressure to choose one option. <i>Intervene:</i> Discusses strategies to involve others who are supportive / important, handle social pressures, communicate values with others (e.g. review information, ask questions, share list of pros and cons, share what is important).
Next-steps	Near end of the encounter, there is a summary of the next steps to address patient’s decision making needs	Near the end of the encounter, obtain agreement or commitment to take steps to address identified decision making needs. Either asks patient what they are going to do at this point or summarizes for the patient what needs to be done. For example: (a) if not enough information, identify where to get it or offers to send materials or refers to website; and/or (b) if pressure from others, provide ways to manage opinions of others.
SCORING (total possible score 10 points)		Criteria are scored as present / absent. Points are allocated as follows: <ul style="list-style-type: none"> • 1 point, if all checkboxes in a box are checked, except, • 2 points, if the importance of <u>both</u> benefits and harms discussed, • No part marks are given.