

## Guide to shared decision making for PACES Scenario Writing Group Members

### Background

Dr Nick Lewis-Barned, Clinical Fellow for Shared Decision Making and Support for Self-Management (SDM/SSM) at the Royal College of Physicians of London, recently developed a guide for the PACES Station 2 and 4 Scenario Writing Group (SWG) to support members to consider how candidates' abilities to demonstrate partnership working with patients can be assessed. The guide accompanies the current MRCP(UK) Guide for PACES Scenario Writers. Below is a summary of the key messages.

### What is shared decision making?

In settings outside of health, people's decisions are influenced by a number of factors including different sources of information, advice and personal preferences. As a result, people make very different choices in apparently similar situations. Within healthcare, patients similarly have individual views about decisions that can be influenced by a range of factors. Failure to understand these factors can make it harder for patients to accept decisions, resulting in poorer health outcomes.

Evidence shows that patients want to be more involved in making decision about their care and treatment, and that those patients that are involved are more satisfied, have positive experiences, and show improved knowledge and confidence in coping with their conditions.

Shared decision making is a collaborative process that reflects non-clinical decision making; it involves patients and clinicians working together to select appropriate care packages, balancing clinical evidence as well as personal preferences.

### Shared decision making within PACES Station 2 and 4

To support clinicians to adopt this process, physician training and assessments need to place greater emphasis on the skills needed to work in partnership with patients. The PACES Examination offers this opportunity through the incorporation of aspects of SDM into the scenarios used at Station 2 (history-taking) and Station 4 (communication and ethics). Key elements of this include:

- eliciting patient perspectives (e.g. *'What do you already understand?'*)
- clarifying what matters most to the person (e.g. *'In all of this, what matters most to you?'*)
- providing clear information and explanations of medical options *and* checking understanding – addressing *first* the things that the person identified above, then any medical issues (e.g. *'What do you understand from what we've discussed?'*)
- eliciting patient identified options (*'What does this suggest to you about what we might be able to do, and what concerns do you have about these?'*) and providing any other options not raised by the person
- arriving at a decision that reflects the person's preferences; if this is not the doctor's 'first choice', being clear about the options for review and revision (*'So if this doesn't work, how will we know and what's the best way of seeing how it's going?'*)
- overall decision quality – a key element of this is whether the candidate has supported the person to make a decision that is their own or 'persuaded' them that the doctor knows best (the *'Whose decision was it?'* test); the examiner will need to make a judgement on this

- skills around organising an interview (reflecting, summarising and signposting in particular, and possibly a degree of ‘teach back’); these will demonstrate that the candidate has given structure to the consultation and in particular can bring it to a productive conclusion.

High quality station 2 and 4 scenarios will include these elements and therefore lead to a positive identification of the plan as developed by the patient with the doctor’s support, rather than it being agreed to by the person because no other options appeared to be available and/or acceptable to the doctor.

### **Next steps**

The guide has been shared with scenario writers for Station 2 and 4, and the Clinical Examining Board for the PACES Examination will be considering other ways of incorporating aspects of shared decision making and partnership working into assessment in the future.

If you would like more information on Shared Decision Making you can contact Dr Lewis-Barned, Clinical Fellow for Shared Decision-Making at [Nick.Lewis-Barned@rcplondon.ac.uk](mailto:Nick.Lewis-Barned@rcplondon.ac.uk), or Ella Jackson, Future Hospital Programme Project Manager at [Ella.Jackson@rcplondon.ac.uk](mailto:Ella.Jackson@rcplondon.ac.uk).