

Chapter 10

Coaching and shared decision making

Shared decision making is fundamentally the conversation that happens between a patient and their clinician to reach a healthcare choice together. This chapter is written for anyone interested in shared decision making and covers the following:

- **What shared decision making is and why it is important**
- **The evidence**
- **Essential and ideal elements**
- **The relationship with health coaching**

What is shared decision making and why it is important?

Enabling patients and citizens to be active participants in their health and healthcare is a critical goal for the NHS in England.

Shared decision making (SDM) is **'a process in which clinicians and patients work together to select tests, treatments, management or support packages, based upon clinical evidence and the patients informed preferences. It involved the provision of evidence-based information about options, outcomes and uncertainties, together with decision support counselling and a system for recording and implementing patients' informed preferences'**¹

Shared decision making occupies the middle ground between traditional clinician-centred practice, where patients rely on their doctor or clinician to make decisions about their care, and consumerism where patients have access to information and make their own choices.

In shared decision making there are two sources of equal expertise that come together to enable better decisions – clinician and patient. In shared decision making the patient's knowledge and preferences are taken into account, alongside the clinician's expertise and the decisions they reach in agreement with each other are informed by research evidence on effective treatment, care or support¹. This leads to better

At a glance

Shared decision making (SDM) is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together the clinician's expertise, such as treatment options, evidence, risks and benefits, with the areas the patient knows best - their preferences, personal circumstances, goals, values and beliefs.

Health coaching sits within the clinical practice model to enhance the SDM conversation

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decisions and outcomes for both the patient and clinician.

In addition to the clinical reasons to undertake shared decision making, from an ethical perspective it is important to ensure that patients have unbiased and clear information on options, benefits and harms. It is the right thing to do.

A recent landmark case, *Montgomery v Lanarkshire Health Board (Scotland) [2015]* has focused the legal requirements to undertake shared decision making. The importance of a patient's right to make their own decision has been advocated in legal cases before, but the *Montgomery* case confirms that the need for 'informed consent' is firmly part of English law. This ruling recognises a growing appreciation for patient's self-determination and ability to understand the consequences of a particular treatment. Clinicians now have a clear duty to take reasonable care to ensure that patients are aware of material risks. Shared Decision Making is a key way of ensuring this.

What is the evidence for effective shared decision making?

Evidence shows that what makes shared decision making flourish is the collaborative conversation. The Health Foundation² reviewed the evidence from eleven large scale change projects which covered a wide range of areas. The review found key learning including:

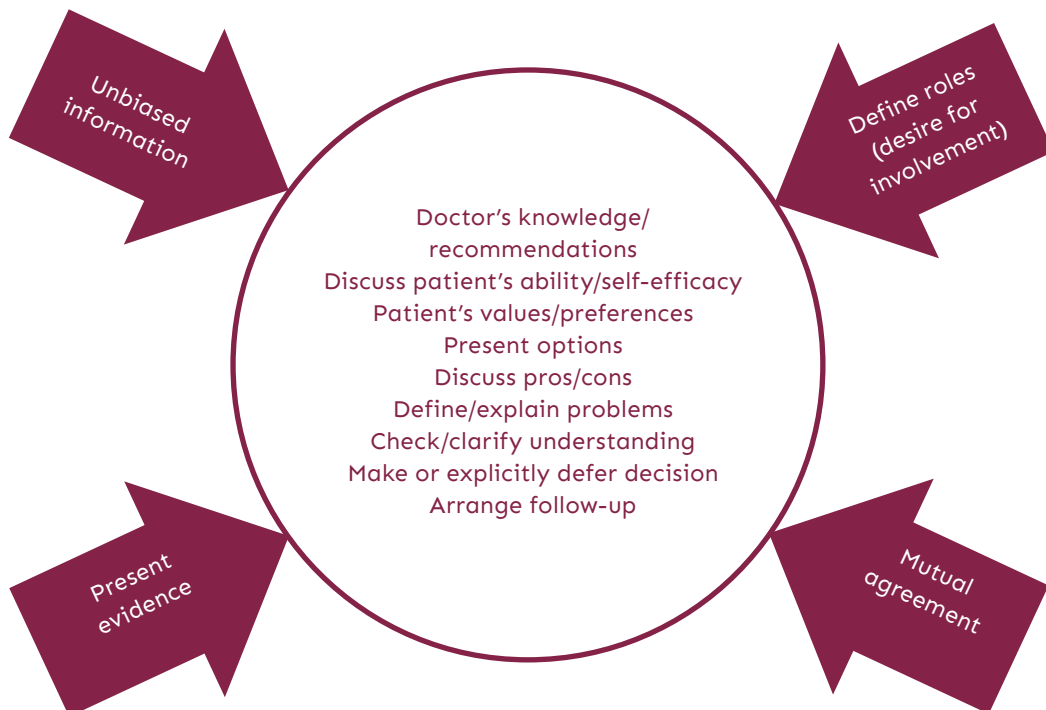
- **Decision support tools alone will not achieve shared decision making**
- **Offer people a range of support options to choose from, so that they can select to suit personal preferences and needs**
- **Recognise that people are different and tailor interventions appropriately**
- **Changing professional roles, behaviours and mind sets is vital, challenging, but not impossible**
- **Train the whole team, not just individuals**

Shared decision making has sometimes been seen as synonymous with decision support tools and approaches. The Health Foundation and other studies³ conclude that for tools to effectively work they should be embedded within the consultation, so that they function as part of a collaborative relationship.

What are the key elements of shared decision making?

There are a number of different models of shared decision making, but it is possible to define the core concepts³. The key concepts include 'patient values/preferences' and 'options'. Figure 15 outlines a model

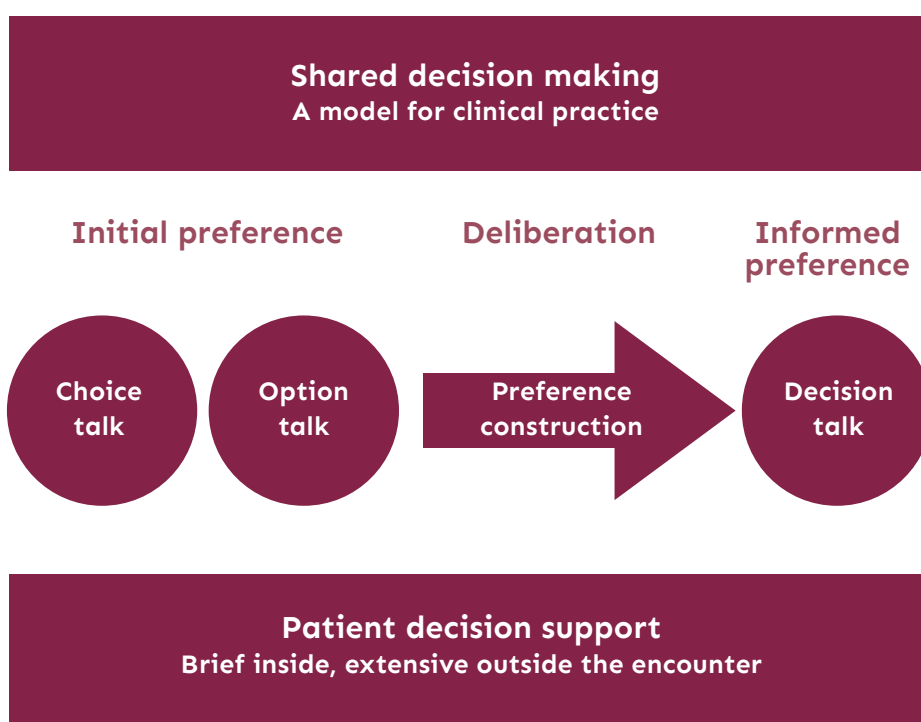
Figure 15. Essential and ideal elements of shared decision making



built up from a consensus of concepts and describes essential and ideal elements of shared decision making.

To accomplish shared decision making a three-step model for clinical practice is suggested⁴. The model illustrates the process of moving from initial to informed preferences (Figure 16).

Figure 16. Shared decision making - a three-step model for clinical practice



The relationship between health coaching and shared decision making

Health coaching is a key skill, approach and mind-set that can be used effectively to enable shared decision making as part of a collaborative conversation.

For example, one definition of health coaching is very similar to SDM where it is

“based on strong provider communication and negotiation skills, informed, patient-defined goals, conscious patient choices, exploration of the consequences of decisions, and patient acceptance of accountability for decisions made”.

Both health coaching and shared decision making have significant similarities. Each is based on:

- **A partnership relationship between clinician and patient and the expertise of both**
- **An assumption that people have assets, are resourceful and can use these to help themselves e.g. to make decisions or change behaviour**

- **A therapeutic model which aims to support people to get to where they want to be**
- **A personalised approach**
- **The creation of an action plan and agreement of next steps**

However, although health coaching and shared decision making are complementary they differ in emphasis and intent – namely, to support change in health behaviour and make informed decisions respectively. Figure 17 outlines the key differences and how they inter-relate.

Figure 17. The Inter-relationship between shared decision making and health coaching

