

A three-talk model for shared decision making: multistage consultation process

BMJ 2017; 359 doi: <https://doi.org/10.1136/bmj.j4891> (Published 06 November 2017)

<https://www.bmj.com/content/359/bmj.j4891>

Abstract

Objectives To revise an existing three-talk model for learning how to achieve shared decision making, and to consult with relevant stakeholders to update and obtain wider engagement.

Design Multistage consultation process.

Setting Key informant group, communities of interest, and survey of clinical specialties.

Participants 19 key informants, 153 member responses from multiple communities of interest, and 316 responses to an online survey from medically qualified clinicians from six specialties.

Results After extended consultation over three iterations, we revised the three-talk model by making changes to one talk category, adding the need to elicit patient goals, providing a clear set of tasks for each talk category, and adding suggested scripts to illustrate each step. A new three-talk model of shared decision making is proposed, based on “team talk,” “option talk,” and “decision talk,” to depict a process of collaboration and deliberation. Team talk places emphasis on the need to provide support to patients when they are made aware of choices, and to elicit their goals as a means of guiding decision making processes. Option talk refers to the task of comparing alternatives, using risk communication principles. Decision talk refers to the task of arriving at decisions that reflect the informed preferences of patients, guided by the experience and expertise of health professionals.

Conclusions The revised three-talk model of shared decision making depicts conversational steps, initiated by providing support when introducing options, followed by strategies to compare and discuss trade-offs, before deliberation based on informed preferences.

Reviewer: 2- Patient and Public Reviewer

Comments:

General comments

This paper presents a revised “three-talk model” that is aimed at helping clinicians

learn how to do shared decision making. The existing three-talk model, developed by some of the authors of this paper and others, was published in JGIM in 2012, and has been cited over 700 times. The authors went through a multi-step process of consulting shared decision making (SDM) researchers, a survey of stakeholders, and a survey of clinicians, which they describe in the paper.

My overall impression is that the revised model is an improvement over the existing model. I also think that the model will be of general interest to clinicians, as well as other stakeholders such as patients and funders. However, I feel somewhat conflicted about the paper because the detailed description of the process the authors went through to come up with the revised model may be of less interest to some. I wonder if it is possible to move some of the details, such as some of the specific comments made on different aspects of the model, to an appendix. In general, I thought some sections of the paper could be shortened and tightened up.

Specific comments

1. Abstract. The abstract does not make sufficiently clear that the model is aimed at training clinicians. In addition, parts of it read oddly, e.g., “To consider the need to revise an existing three-talk model, and consult, if necessary, with relevant stakeholders to update and obtain wider stakeholder engagement.” It seems to me that the decision had already been made that the model needed updating and that consultations with relevant stakeholders were necessary. The paper is about the process of doing that, not whether or not to do it.

2. Although the paper has been submitted to a general medical journal, parts of it read like a private communication between SDM researchers. E.g., repeated references to “colleagues,” by which is meant other SDM researchers, I assume. For example, in the abstract, “We invite adaptation and evaluation of the model by colleagues in other contexts and cultures.” This made me wonder if anyone who was not a “colleague” was welcome to submit feedback.

3. Page 2, line 51. Should “Yet” be “Yes”?

4. Page 3, first full paragraph. I think the previous model should simply be described objectively. The use of “our” seems strange, given that the list of authors is quite different from the authors of the 2012 paper, although there is overlap.

5. Page 3, second full paragraph. This paragraph is too long and is repetitive in places (e.g., goal setting is mentioned twice). The last sentence puzzled me and may have a word missing. The sentence states that “we questioned the need for revisions” but doesn’t say why and this seems like a distraction. Is there a word missing before “consultations”?

6. I wonder if more effort could have been made to involve patients in the process. Circulating the survey on the Society for Participatory Medicine list serv seems insufficient. (By the way, I am a member of SPM and it currently has 421 members. I do not think it had 700 members at the time the survey was circulated.) Perhaps a formal focus group could have been assembled.

Additional Questions:

Please enter your name: Marilyn Mann

Job Title: retired lawyer (patient reviewer)

Institution: none

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: Yes

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here:

Yale Center for Outcomes Research and Evaluation

(CORE), under contract with CMS, developed a measure of hospital-level quality of informed consent documents for elective, hospital-based procedures. I participated on a working group of patient advocates advising CORE on the project. I received a small consulting fee.

I served as patient reviewer on a Option Grid decision aid, which was a project of Glyn Elwyn's group at Dartmouth. I received no payment.

Note: Accompanying reviews for this paper can be found at:

<https://www.bmj.com/sites/default/files/attachments/bmj-article/pre-pub-history/First%20decision%2018.9.17.pdf>