

演練SHARE Approach



STEP **1** **S**eek your patient's participation.



STEP **2** **H**elp your patient explore & compare treatment options.



STEP **3** **A**ssess your patient's values and preferences.



STEP **4** **R**each a decision with your patient.



STEP **5** **E**valuate your patient's decision.

陳祖裕

The **SHARE** Approach

共享決策的基本步驟

課程內容提供者：

美國醫療照護研究暨品質署 (AHRQ)



披露

- ▶ 本教育活動由專業教育服務群組（PESG）與AHRQ和Afya基金會合作認可
- ▶ 由AHRQ資助，並在沒有商業支持的情況下開發
- ▶ PESG、AHRQ和Afya基金會工作人員沒有與此活動相關的利益衝突、經濟利益或贊助關係

PESG = Professional Education Services Group

AHRQ = Agency for Healthcare Research and Quality

講員披露

- ▶ 本人與AHRQ無任何利益或贊助關係

什麼是SHARE Approach?

- ▶ SHARE Approach是共享決策的五個步驟
- ▶ 透過有意義的對話談論病人最在意的事項
- ▶ 包括探索和比較每種醫療照護方案的益處、危害和風險

Shared decision making

什麼是共享決策？

共享決策是指醫療專業人員和病人一起工作。這使人們成為他們自己治療和照護決策的中心。在共享決策過程中，重要的是：

- 充分探索照護或治療方案及其風險和益處
- 討論病人可用的不同選擇
- 與醫療和社會照護專業人員一起做出決定

共享決策的好處

- 接受和提供照護的人都可以理解對於對方什麼是重要的
- 人們感到受到支持並能做出明智的選擇及對照護達成共同決策
- 醫療和社會照護專業人員可以根據個人需求定制照護 或治療

SHARE Approach 工具和課程開發

- ▶ 六個月的創建性研究，包括：
 - 醫療專業人員需求評估（即網絡調查涉及2,300多名利益相關者，7個焦點小組與醫療專業人員，6位專家訪談）
 - 文獻回顧，以及對PCOR資源和工具的稽核
- ▶ 由14名專家組成的技術專家小組（TEP）
 - TEP在一年的時間舉行四次虛擬會議
 - TEP次委員會成員審查並評論課程工具

TEP = Technical Expert Panel

訓練目的



- ▶ 為要更了解：
 - 共享決策和執行所需之實證資源
 - 實施共享決策需要做些什麼

SHARE Approach 工具

▶ SDM及溝通工具

- 工具1-7：是模組1、2和3中引用的參考指南和述事表
- 工具8和9：是模組4所用之共享決策管理員簡介及施行指引

請至下列網址參閱：

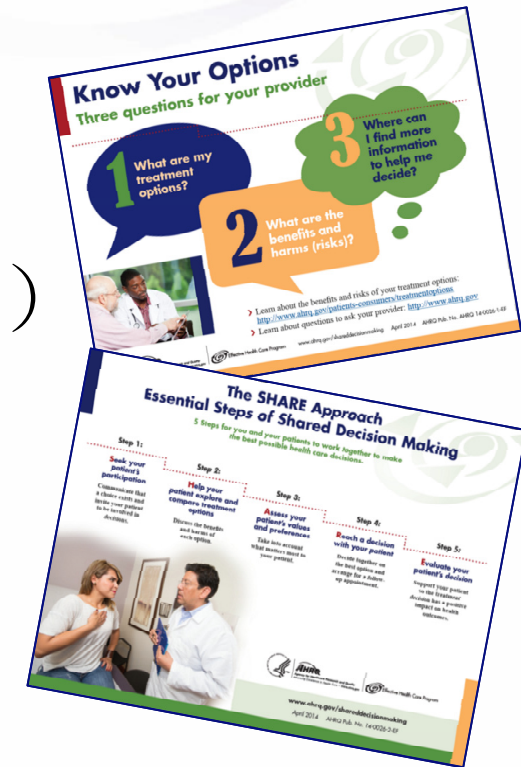
www.ahrq.gov/shareddecisionmaking.



SHARE Approach 工具

▶ SDM及溝通工具

- SHARE Approach海報（適用於醫專業人員）
- 了解您的選項海報（適用於病人）
- SHARE Approach影片
- SHARE Approach屏幕保護程式



請至下列網址參閱：

www.ahrq.gov/shareddecisionmaking.

Know Your Options

Three questions for your provider

1 What are my treatment options?

2 What are the benefits and harms (risks)?

3 Where can I find more information to help me decide?



- › Learn about the benefits and risks of your treatment options: <http://www.ahrq.gov/patients-consumers/treatmentoptions>
- › Learn about questions to ask your provider: <http://www.ahrq.gov>



來自 AHRQ 的持續支持

AHRQ 為研討會參與者提供持續的支持活動

- ▶ SHARE Approach 學習網路：AHRQ 支援一個受訓後參與者分享經驗的論壇
- ▶ SHARE Approach 網路會議：AHRQ 每年舉辦三次經過認證的網路會議，以支持受過培訓的研討會參與者實施 SDM



Shared Decision Making and the **SHARE** Approach

目的

- ▶ 提供**SHARE Approach**的五個步驟以及實施方式的相關資訊

學習目標



在此活動結束時，參與者將能夠：

- ▶ 定義共享決策
- ▶ 列出有效共享決策所需的關鍵要素
- ▶ 解釋進行共享決策的關鍵步驟

定義

- ▶ 醫療照護提供者和病人一起做出最適合病人的醫療照護決策
- ▶ 最佳的決策乃考慮有關可用選項的實證資訊、提供者的知識和經驗，以及病人的價值觀和偏好

SHARE Approach



- ▶ SHARE Approach 是用於共享決策的五個步驟
- ▶ 透過有意義的對話談論病人最在意的事項
- ▶ 包括探索和比較每種醫療照護方案的益處、危害和風險

SHARE Approach 五步驟

- ▶ **Step 1: S**eek your patient's participation
- ▶ **Step 2: H**elp your patient explore and compare treatment options
- ▶ **Step 3: A**ssess your patient's values and preferences
- ▶ **Step 4: R**each a decision with your patient
- ▶ **Step 5: E**valuate your patient's decision

SHARE Approach 五步驟

- ▶ 第1步：尋求病人的參與 (**S**eek)
- ▶ 第2步：幫助病人探索和比較治療方案 (**H**elp)
- ▶ 第3步：評估病人的價值觀和偏好 (**A**ssess)
- ▶ 第4步：與病人共同達成決定 (**R**each)
- ▶ 第5步：評估病人的決定 (**E**valuate)

九個基本要素 (Makoul & Clayman, 2006)

1. 定義/解釋問題
2. 目前的選擇
3. 討論利益/風險/成本
4. 釐清病人的價值觀/偏好
5. 討論病人能力/自我效能
6. 討論醫師的知識/建議
7. 檢查/釐清病人的理解
8. 做出或推遲決定
9. 安排追蹤

何時進行SDM？

- ▶ 當病人的健康問題需要作出治療決定時
 - 並非每個病人都需要SDM
- ▶ 有些病人可能不想或未準備好參與SDM
 - 選擇不參與決策過程的病人也是在作出決定

為什麼共享決策重要？

在許多情況下，沒有單一的「正確」醫療照護決定，因為有關治療、醫學檢驗和健康問題的選擇都有利有弊。

在下列這些類型的情況下，共享決策尤為重要：

- 當有多個合理的選項時，包括篩選或治療決定
- 當沒有一個選項具有明顯優勢時
- 當每種選項可能的益處和危害對病人產生不同的影響時



The **SHARE** Approach

Step by Step

The **SHARE** Approach

Essential Steps of Shared Decision Making

Five steps for you and your patients to work together to make the best possible health care decisions.

Step 1:

Seek your patient's participation

說明有選擇存在並邀請病人參與決定

Step 2:

Help your patient explore and compare treatment options

討論每一選項的好處和傷害

Step 3:

Assess your patient's values and preferences

考量什麼是病人最在意的事

Step 4:

Reach a decision with your patient

決定最佳選項並安排後續預約看診

Step 5:

Evaluate your patient's decision

計劃重新審視決策並監督其實施



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Effective Health Care Program

www.ahrq.gov/shareddecisionmaking

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PERSPECTIVE

Shared Decision Making: A Model for Clinical Practice

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Dave Tomson, BM BCh⁶, Carole Dodd, MSc⁷, Stephen Rollnick, PhD¹, Adrian Edwards, PhD¹, and
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The principles of shared decision making are well documented but there is a lack of guidance about how to accomplish the approach in routine clinical practice. Our aim here is to translate existing conceptual descriptions into a three-step model that is practical, easy to remember, and can act as a guide to skill development. Achieving shared decision making depends on building a good relationship in the clinical encounter so that information is shared and patients are supported to deliberate and express their preferences and views during the decision making process. To accomplish these tasks, we propose a model of how to do shared decision making that is based on *choice*, *option* and *decision talk*. The model has three steps: a)

(SDM) has been defined as: ‘an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences’.²

The principles of SDM are well documented and the common elements have been summarized.⁵ The earliest mention was in 1982,⁶ but the idea draws on and deepens the principles of patient centered care.^{7,8} Others^{9,10} provided more detail and this led to a greater focus on the skills required.^{11,12} Yet, despite attention to principles and competences, there remains a lack of clear guidance about

Shared decision making : a model for clinical practice



The **SHARE** Approach

Essential Steps of Shared Decision Making



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Initial preference

Preference Construction

Informed preference

Choice Talk

Option Talk

Decision Talk

Step 1:

Seek your patient's participation

說明有選擇存在並邀請病人參與決定

Step 2:

Help your patient explore and compare treatment options

討論每一選項的好處和傷害

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考量什麼是病人最在意的事

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決定最佳選項並安排後續預約看診

Step 5:

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計劃重新審視決策並監督其實施



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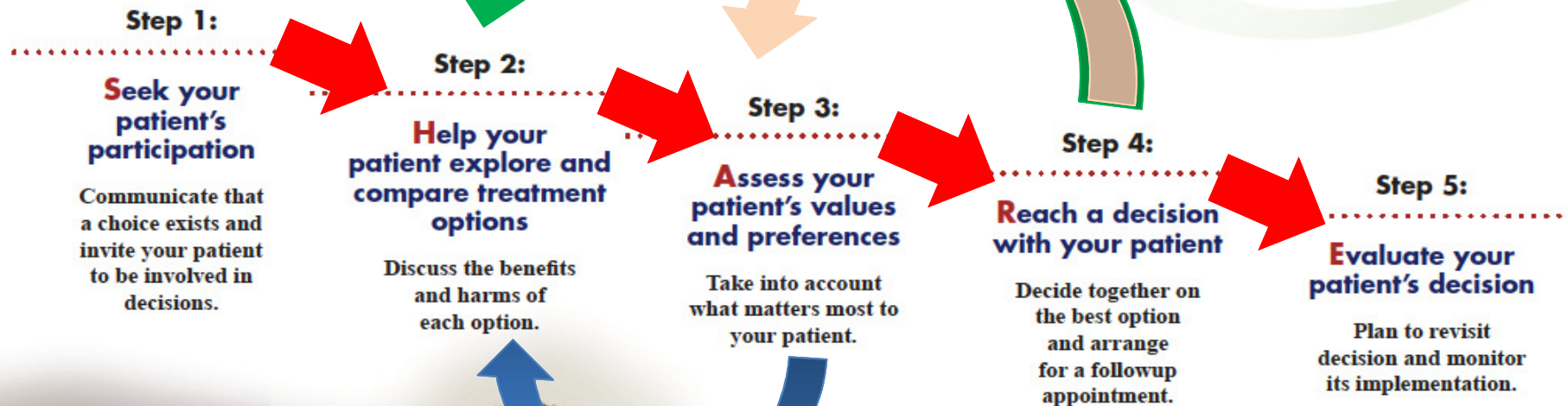
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SHARE 步驟

- ▶ 助記符“SHARE”是一種學習設計，可幫助您輕鬆回憶SHARE Approach的五個步驟
- ▶ 您會發現在與病人互動期間可能不以「線性順序」來呈現它們
- ▶ 重要的是要執行所有五個步驟

The **SHARE** Approach Essential Steps of Shared Decision Making

Five steps you and your patient work together to make the best possible health care decision.



www.ahrq.gov/shareddecisionmaking

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SHARE Approach 五步驟

- ▶ 第1步：尋求病人的參與 (**S**eek)
- ▶ 第2步：幫助病人探索和比較治療方案 (**H**elp)
- ▶ 第3步：評估病人的價值觀和偏好 (**A**ssess)
- ▶ 第4步：與病人共同達成決定 (**R**each)
- ▶ 第5步：評估病人的決定 (**E**valuate)

第1步：尋求病人的參與

- ▶ 與病人溝通有選擇存在，並邀請病人參與決策過程

許多病人並不知道他們可以而且應該參與他們的醫療照護決策。

許多病人不了解醫學的不確定性，並且各種治療的結果是可變的。

第1步：尋求病人的參與

Tips

- ▶ 總結健康問題並溝通可能有一種以上的治療選擇
- ▶ 請病人參與醫療照護團隊
- ▶ 評估病人想要扮演的角色
- ▶ 納入家人/照顧者參與決策

使用提示不斷邀請病人參與，
例如「我想知道你的意見。」

第1步：尋求病人的參與

啟動對話用語

「現在我們已經確定是什麼問題，是時候考慮下一步該做什麼了。希望我們一起來做出決定。」

「有很多資訊是關於這些治療方法有何不同，在決定什麼是最適合您的方法之前，我想與您討論。」

「我很樂意分享我的觀點並幫助您做出正確的決定。在此之前，可以讓我更詳細地描述這些選項嗎？」

Box 1. Choice Talk

Choice talk is about making patients that reasonable options exist. This step does not necessarily have to be done face-to-face – an email, letter or a telephone call can also be effective: e.g. asking a patient whose tests come back showing a herniated intervertebral disc to use a decision support website.

Choice talk is a *planning* step. Components of the choice talk include:

a. Step back. Summarize and say: “Now that we have identified the problem, its time to think what to do next.”

b. Offer choice. Beware that patients often misconstrue the presentation of choice and think that the clinician is either incompetent or uninformed, or both. Reduce this risk by saying: “There is good information about how these treatments differ that I’d like to discuss with you.”

c. Justify choice. Emphasize: 1) the importance of respecting individual preferences and, 2) the role of uncertainty.

Personalizing preferences: Explaining that different issues matter more to some people than to others should be easily grasped. Say: “treatments have different consequences ... some will matter more to you than to other people...”

Uncertainty: Patients are often unaware about the extent of uncertainty in medicine: that evidence may be lacking and that, individual outcomes are unpredictable at the individual level. Say: “Treatments are not always effective and the chances of experiencing side effects vary...”

d. Check reaction. Choice of options may be disconcerting: some patients may express concern. Suggested phrases: “Shall we go on” or “Shall I tell you about the options?”

e. Defer closure. Some patients react by asking clinicians to “tell me what to do ...” We suggest that *deferring closure* if this occurs, reassuring that you are willing to support the process.

Say: “I’m happy to share my views and help you get to a good decision. But before I do so, may I describe the options in more detail so that you understand what is at stake?”

Box 1. Choice Talk

選擇談話是要讓病人知道有合理的選項。這一步驟不一定要面對面進行－電子郵件、信件或電話也可以是有效的。例如：向一位檢查結果是椎間盤突出的病人請他使用決策支持網站。

選擇談話是一個**計劃**步驟。**選擇談話**的組成部分包括：

- a. **後退** 總結並說：「我們現在已經確定是什麼問題，該想想下一步怎麼辦。」
- b. **提出選擇** 注意，病人常對「選擇」有誤解，會認為醫師是能力差或糊塗，或兩者兼而有之。用下面的說法來降低這種風險：「**有一些不錯的信息，能說明各種治療方式有哪些差異，我想和你討論。**」
- c. **驗證選擇** 強調：1) 尊重個人偏好的重要性，2) 醫療存在不確定性。
 - 個人化偏好**：解釋每個人會偏好不同選擇，有人對其中的差異很重視，也有人無所謂。說：「**不同治療有不同的後果...有些後果你會比其他人更在意...**」
 - 不確定性**：病人通常不了解醫療存在的**不確定性**：可能是缺乏實證，也可能是個別病人的結果不能預測。說：「**各項治療並不一定有效，而發生副作用的機會也會不同...**」
- d. **檢查反應** 選項的選擇可能會令病人不安：有些病人甚至因為要選擇而擔心。建議的短語：「**我們要繼續嗎？**」或「**要我跟您說明那些選擇嗎？**」
- e. **延遲結束** 一些病人的反應是問醫師「告訴我該做什麼...」。如果發生這種情況，我們建議延遲作結，以向病人保證您願意支持該過程。說：「**我很高興能夠分享我的觀點，並幫助您做出一個好的決定。但在我這樣做之前，我可以更詳細地描述選項，以便你了解危險在什麼地方，好嗎？**」



<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/video/index.html>



Clinicians & Providers

Education & Training

- ▶ Continuing Education
- ▶ Curriculum Tools
- ▶ Diabetes Planned Visit Notebook
- ▶ Advancing Pharmacy Health Literacy Practices Through Quality Improvement
- ▶ Chronic Care Model
- ▶ CLABSI Tools
- ▶ CUSP Toolkit
- ▶ Shared Decision Making Toolkit

Hospitals & Health Systems

Prevention & Chronic Care

Quality & Patient Safety

SHARE Approach Video

This video is to be used in conjunction with the SHARE Approach workshop.

The first half of this video shows an example of a clinical encounter without shared decision making. The second half of the video shows a similar clinical encounter using the SHARE Approach to shared decision making.

SHARE Approach Video [- 9 min., 58 sec.]

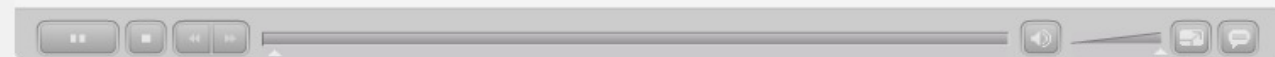
The Agency for Healthcare Research and Quality
Training Workshop
presents

The SHARE Approach

Essential Steps of Shared Decision Making

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of Shared Decision Making workshop.



討論



片中的醫師用什麼啟動對話用語？

您是否有其他短語用作啟動對話用語以引導病人參與？



SHARE Approach 五步驟



- ▶ 第1步：尋求病人的參與 (**S**eek)
- ▶ 第2步：幫助病人探索和比較治療方案 (**H**elp)
- ▶ 第3步：評估病人的價值觀和偏好 (**A**ssess)
- ▶ 第4步：與病人共同達成決定 (**R**each)
- ▶ 第5步：評估病人的決定 (**E**valuate)

第2步：幫助病人探索和比較治療方案

- ▶ 討論每種治療方案的益處和風險
- ▶ 使用實證決策資源來比較治療方案

第2步：幫助病人探索和比較治療方案

Tips

- ▶ 檢查病人對選項的了解
- ▶ 清楚地傳達每個選項的風險和效益
- ▶ 解釋各選項的已知限制
- ▶ 盡可能使用簡單的視覺輔助工具和實證決策輔助工具
- ▶ 列出選項進行總結

第2步：幫助病人探索和比較治療方案

啟動對話用語

「我們可以考慮以下幾種選擇。」

「讓我告訴您有關您正在考慮的藥物/治療在研究報告所陳述的益處和風險。」

「我想給您一些小冊子，裡面有關於您的病情和治療方案的資訊。」

「這些工具旨在幫助您更詳細地了解您的選項。」

SHARE Approach 五步驟

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第3步：評估病人的價值觀和偏好

- ▶ 最佳的決策必須有考慮病人偏好和價值
- ▶ 與病人溝通什麼是對他或她最重要的結果

什麼是對病人最在意的？

- 康復時間
- 自付費用
- 沒有痛苦
- 具有特定級別的功能

第3步：評估病人的價值觀和偏好

Tips

- ▶ 鼓勵病人談論他或她的價值觀和偏好
- ▶ 使用開放式問題
- ▶ 積極聆聽病人的意見並表現出同理心和興趣
- ▶ 確認什麼是病人最在意的
- ▶ 同意什麼是對病人重要的

第3步：評估病人的價值觀和偏好

啟動對話用語

「當您考慮可能存在的風險時，您最在意的是什麼？」

「當您考慮您的選項時，對您來說什麼是重要的？」

「哪些選項最適合我們討論過的治療目標？」

「有什麼可能妨礙我們這樣做嗎？」

Box 2. Option Talk

- a. Check knowledge.** Even well-informed patients may only be partially aware of options and the associated harms and benefits, or misinformed, Check by asking: “What have you heard or read about the treatment of prostate cancer?”
- b. List options.** Make a clear *list* of the options as it provides good structure. Jot them down and say: “Let me list the options before we get into more detail”. If appropriate, include the option of ‘watchful waiting’, or use positive terms such as “active surveillance’.
- c. Describe options.** Generate dialog and explore preferences. Describe the options in practical terms. If there are two medical treatments, say: “Both options are similar and involve taking medication on a regular basis”. Point out when there are clear differences (surgery or medication), where postponement is possible or where decisions are reversible. Say: “These options will have different implications for you compared to other people, so I want to describe ...”

Harms and benefits. Being clear about the pros and cons of different options is at the heart of shared decision making. Learn the about effective risk communication, about framing effects and the importance of providing risk data in absolute as well as relative terms. Try giving information in ‘chunks’ (chunking and checking).
- d. Provide patient decision support.** These tools make options visible and may save time. Some are sufficiently concise to use in clinical encounters. Examples of these short tools are Issues Cards, Decision Boards, and Option Grids (<http://www.optiongrid.co.uk/>). SDM may need more than one encounter. More extensive patient decision support tools may play a crucial role. Say: “These tools have been designed to help you understand options in more detail. Use them and come back so that I can answer your questions”.
- e. Summarize.** List the options again and assess understanding by asking for re-formulations. This is called a ‘teach-back’ method and is a good check for misconceptions.

Box 2. Option Talk

- a. **檢查知識** 縱使知情的病人也可能只了解部分的選項和相關的傷害和利益，或者有誤解。透過詢問來檢查：「你對前列腺癌的治療有什麼看法？」
- b. **表列選項** 列出選項的清單以提供了良好的思維架構。記下選項，並說：「在我們進入更詳細的討論前，讓我列出各個選項。」如果適當，可包括「謹慎等待」的選項，或使用積極的術語，如「主動監控」。
- c. **描述選項** 進行對話並探索意願。以實用名詞描述選項。如果有兩種治療方法，說：「兩種選擇都是類似的，包括定期用藥。」當有明顯的差異時（如手術或藥物）便須指明差異，其中延後決定和更改決定都是可被容許的。說：「這些選項對您和別人會有不同的意義，所以我想描述...」
傷害和利益 明確指出不同選項的利弊是共同決策的核心。說明者要了解有效的風險溝通、框架效應，以及以絕對和相對陳述提供風險數據的重要性。嘗試以「組塊」（組塊和檢查）方式提供訊息。
- d. **提供病人決策支持** 這些工具使選項更明確且可節省時間。已有一些簡明而可用於臨床情境的工具。這些簡短工具的例子包括議題卡、決策板和選項格子（<http://www.optiongrid.co.uk/>）。SDM可能需要多次面談。更廣泛的病人決策支持工具可以發揮關鍵作用。說：「這些工具目的是要幫助您更詳細地了解選項。你試試使用這些工具，以便下次返診時我可以回答你的問題」。
- e. **摘要** 再次列出選項，並請由病人用自己的話述說一遍，趁此檢查病人是否了解。這就是「回覆示教」，是檢查錯誤觀念的良好方法。

SHARE Approach 五步驟

- ▶ 第1步：尋求病人的參與 (**S**eek)
- ▶ 第2步：幫助病人探索和比較治療方案 (**H**elp)
- ▶ 第3步：評估病人的價值觀和偏好 (**A**ssess)
- ▶ 第4步：與病人共同達成決定 (**R**each)
- ▶ 第5步：評估病人的決定 (**E**valuate)

第4步：與病人共同達成決定

- ▶ 一起決定最好的選項。
- ▶ 安排後續步驟以實現首選的治療

第4步：與病人共同達成決定

Tips

- ▶ 詢問病人他/她是否準備好做出決定
- ▶ 詢問病人他/她是否需要更多資訊
- ▶ 如果病人需要更多時間來考慮該決定，請安排另一次會面
- ▶ 與病人確認決定
- ▶ 安排後續預約以執行首選方案

第4步：與病人共同達成決定

啟動對話用語

「多用些時間來考慮治療選擇是對的。你想要再多一些時間還是已準備好決定？」

「在決定前您還有哪些其他問題？」

「現在我們有機會討論您的治療方案，您認為哪種治療方法適合您？」

Box 3. Decision Talk

- a. Focus on preferences.** Guide the patient to form preferences. Suggested phrases: “What, from your point of view, matters most to you?”
- b. Elicit a preference.** Be ready with a back-up plan by offering more time or being willing to guide the patient, if they indicate that this is their wish.
- c. Moving to a decision.** Try checking for the need to either *defer* a decision or *make* a decision. Suggested phrases: “Are you ready to decided?” or “Do you want more time? Do you have more questions?” “Are there more things we should discuss?”
- d. Offer review.** Reminding the patient, where feasible, that decisions may be reviewed is a good way to arrive at closure.

Box 3. Decision Talk

- a. **專注於偏好** 指導病人形成偏好。建議的短語：「從您的觀點，什麼是對您最重要的？」
- b. **獲取偏好** 要備好更多的時間和願意以執行後備方案，如果病人表明希望多知道一些，便依他們所願來指導他們。
- c. **進行決定** 嘗試檢查是否需要延後決定或做出決定。建議的短語：「你準備好了嗎？」或「你想要更多的時間嗎？你還有其他問題嗎？」「我們應該討論更多的事情嗎？」
- d. **提供回顧** 在可行的情況下提醒病人，在結束前回顧一下決定是個好的作法。

SHARE Approach 五步驟

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- ▶ 第3步：評估病人的價值觀和偏好 (**A**ssess)
- ▶ 第4步：與病人共同達成決定 (**R**each)
- ▶ 第5步：評估病人的決定 (**E**valuate)

第5步：評估病人的決定

- ▶ 支持病人以便治療決策對健康結果產生正面影響
- ▶ 對於慢性病的治療，在試用期後重新審視決定

第5步：評估病人的決定

Tips

- ▶ 制定計畫在將來對決定作審查
- ▶ 監測治療決策的實施
- ▶ 協助病人處理執行障礙
- ▶ 如果選項未產生預期的效果，則重新審視該決定

第5步：評估病人的決定

啟動對話用語

「讓我們計劃在下次約評時回顧這個決定。」

「如果您覺得事情沒有改善，請安排一次後續看診，這樣我們就可以計劃另一種不同的方法。」

The **SHARE** Approach

Essential Steps of Shared Decision Making

Five steps for you and your patients to work together to make the best possible health care decisions.

Step 1:

Seek your patient's participation

Communicate that a choice exists and invite your patient to be involved in decisions.

Step 2:

Help your patient explore and compare treatment options

Discuss the benefits and harms of each option.

Step 3:

Assess your patient's values and preferences

Take into account what matters most to your patient.

Step 4:

Reach a decision with your patient

Decide together on the best option and arrange for a followup appointment.

Step 5:

Evaluate your patient's decision

Plan to revisit decision and monitor its implementation.



www.ahrq.gov/shareddecisionmaking

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