Principles of Shared Decision Making and Health Literacy in the Clinical Setting

Spring 2020 (01/13/20 - 05/04/20)
Mondays, 9:00am to 12:00pm
Location: Richmond Room,
Taylor Avenue Building, 2nd floor

INSTRUCTOR:
Mary C. Politi, Ph.D.
Office: 309W, TAB building
Phone: (314) 747-1967
mpoliti@wustl.edu

Teaching Assistant:
Rachel Grant, MSW
TAB, West Suite
Phone: (314) 747-5657
grant.r@wustl.edu

OFFICE HOURS: By appointment

PREREQUISITES: None

COURSE DESCRIPTION & OBJECTIVES
This course will provide a comprehensive introduction to principles of shared decision making (SDM) and health literacy and their implications for clinical communication. Topics will include basic and applied research on shared decision making and decision biases, principles of designing and evaluating patient decision aids, principles of health literacy, research on relationship between health literacy, numeracy, and health outcomes, best practices for communication with individuals who have limited numeracy or health literacy, best practices (and controversies) in communicating probabilities and their associated uncertainty about screening and treatment outcomes, and best practices for designing and evaluating written information for clinical populations (such as intake forms, brochures, and informed consent documents). We will also cover how to navigate potential disagreements in treatment plans. Examples will be tailored to the interests of the students.

Course activities will include interactive lectures, class discussions, class member presentations, guest presentations, and class activities.

Each class activity will be prepared by the instructors or by guest speakers.

COMPETENICES
1. Define shared decision making (SDM) and health literacy
2. Understand communication skills necessary to engage in SDM
3. Understand principles of designing patient decision support interventions
4. Discuss how health literacy interventions might improve patient outcomes
5. Describe the health literacy demands of the health care system
6. Understand how health literacy and SDM are related to patient centered outcomes
7. Be able to identify appropriate health literacy and SDM measures and outcomes
GRADING

Your grade will be based on:

1. **Participation and Sample Dialogue or Document Discussion (20%)**
   - Class participation consists of reading assigned materials prior to class, being prepared to discuss the assigned readings and topics of discussion in class, engaging in and contributing to thoughtful class discussion, and demonstrating respect for the opinions of your peers. Students are required to read all of the articles unless the article says “optional” next to it.
   - Class members will sign up to lead a discussion for one class session. This will involve leading us through a sample clinical encounter or role play of a topic relevant to health literacy or shared decision making, or bringing in a print document used in your research or clinical practice (with questions about how to improve this from a health literacy or SDM framework).

2. **Class presentation (30%)**
   - Class members will sign up to present a project of their choice (relevant to one of the course topics). The presentation can include a “work in progress” or a more finished product such as your final paper project. Class members should plan to present for no more than 15 minutes, followed by class discussion. A presentation template will be provided for guidance.

3. **Final paper (50%)**
   - The final paper will be broken down into sections (due at different points in the semester):
     a. topic (1 paragraph) plus background and significance section (about 2-3 pages) (20%) due March 9 by 9 am
     b. full paper incorporating feedback from first submission (30%) due April 27 by 9 am

Please do not miss class because you are finishing your paper.

The final paper should be about 10 pages double spaced using Arial font size 11 with 1” margins. The final paper can overlap with the class presentation if desired. The paper topic can relate to any topic discussed during the class. There are two options for the paper:

1. **Evaluate or critique an existing strategy used in a clinical setting, with a solution for how to improve it based on principles of health literacy or shared decision-making (or both).** Possible paper structure can include a description of the problem (background/significance), a description of possible solutions, and then a selection of one solution and an explanation of how it could work to improve practice. Examples of past projects: improving informed consent documents for elective surgery (with attention to health literacy and shared decision making), improving the approach to counseling patients about smoking cessation (using principles of motivational interviewing to encourage smoking cessation as well as shared decision making to identify the best approach(es) for an individual to quit), developing a decision aid or communication tool to support clinicians in counseling patients about a clinical situation with multiple reasonable options for testing or treatment.

2. **Develop a research proposal for empirically testing an intervention to improve clinical practice based on either a health literacy or shared decision making issue.** The structure
should include a description of the problem (background/significance), a possible solution or intervention to address the problem, and research methods that will be used to measure and evaluate the intervention. Think of this option much like a small grant proposal with a specific aims page, background, innovation, and methods section. You do not need a detailed analysis plan since we do not cover analyses in our specific class, but you are welcome to include a detailed analysis plan, if you would like some comments and/or if you use this proposal or something similar in other MPHS classes.

Please note: We are more than willing to meet to discuss your paper or email with specific questions to help you work through the details. However, we cannot review full paper drafts in advance of the deadline.

Grading Scale
A+: 97-100; A: 93-96; A-: 90-92; B+: 87-89; B: 83-86; B-: 80-82; C+: 77-79; C: 73-76; C-: 70-72

ATTENDANCE AND PARTICIPATION

Class attendance is required. As a courtesy to other students and guest presenters, you are expected to arrive on time. The value of the class stems from the quality of the dialog and conversations with peers and course instructors. If you have more than 2 absences, we will have to work out ways to appropriately make up content missed. Please let me know in advance if you need to miss class.

COLLABORATIONS

Many collaborations result from class discussions and projects.

Examples:

(1) Kronzer, V*. (2016). Screening for health literacy is not the answer. BMJ 2016;354:i3699


If you have a paper or grant idea that you would like to pursue beyond class, please let me or another MPHS faculty member know. We can help you find collaborators or mentors, and/or can help you write up your idea for a manuscript submission.

**CANVAS**

We will use Canvas to manage our class, access assignment instructions, and post course-related questions. Canvas can be accessed at [https://mycanvas.wustl.edu/](https://mycanvas.wustl.edu/). Log in with your WUSTL Key, and the course should appear on the homepage. Student-specific questions should be emailed directly to the instructor(s).

**LAPTOP USE DURING CLASS:**

Please be considerate of others during class, especially other presenters. If you have to attend to a clinical matter, please leave the room briefly and return when you are engaged again. Please also see this article about note taking on paper vs. on a laptop:


“*even when laptops are used solely to take notes, they may still be impairing learning because their use results in shallower processing*”

**POLICY ON LATE ASSIGNMENTS**

Late assignments will result in a deduction of one grade point (A+ down to A) for each day late (including weekends) unless prior approval is obtained from the instructor or a compelling situation prevents prior approval (i.e. documented health issues or family emergencies).

**DROP DATES**

You may drop for any reason during the course of the semester. However, you may only receive a partial or no tuition reimbursement depending upon how far into the semester you drop the course. See the **MPHS Student Handbook**. Late withdrawals will appear on your transcript as a withdrawal.

**MPHS Academic Policy Guidelines:**

Guidelines regarding MPHS course registration and enrollment, grades, tuition obligation, and academic leave are consolidated in the **MPHS Student Handbook**. Please review this document.
MPHS Guidelines for Academic and Non-Academic Transgressions:

By registering for this course you have agreed to the terms of the MPHS Academic Integrity Policy, outlined below and in more detail in the MPHS Student Handbook. Please review this policy before submitting your first graded assignment.

Academic Integrity/Plagiarism Policy:

- Academic dishonesty is a serious offense that may lead to probation, suspension, or dismissal from the University. Academic dishonesty includes plagiarism (the use of someone else’s ideas, statements, or approaches without proper citation). Academic dishonesty also includes copying information from another student, submitting work from a previous class for a new grade without prior approval from your instructor, cheating on exams, etc. You are responsible for reviewing WashU’s academic integrity resources to become aware of all the actions that constitute academic dishonesty.

- All instances of academic dishonesty will be reported to the Office of the Registrar for investigation and potential disciplinary action. In addition, the instructor will make an independent decision about the student’s grade on any assignment in question. The MPHS process regarding academic dishonesty is described in the MPHS Student Handbook.

DISABILITY RESOURCES

It is the goal of Washington University to assist students with disabilities in removing the barriers their disabilities may pose and provide support in facing the challenge of pursuing an education at Washington University.

Washington University recognizes and accepts its professional, legal and moral responsibility to avoid discrimination in the acceptance and education of qualified students with disabilities and to provide reasonable accommodations to such students consistent with the principles embodied in the law. These guidelines apply to students seeking admittance as well as to those who become disabled while they are enrolled.

Washington University makes every effort to insure that all qualified applicants and students can participate in and take full advantage of all programs and opportunities offered within the university. Washington University encourages and gives full consideration to all applicants for admission. Washington University does not discriminate in access to its programs and activities on the basis of age, sex, sexual orientation, race, disability, religion, color or national origin.

To learn more about services provided to students with disabilities, initiate the process of formal documentation and/or to arrange for accommodations, please review the Disability Resources for the Med School at the start of the course.

MENTAL HEALTH RESOURCES

Mental Health Services’ professional staff members work with students to resolve personal and interpersonal difficulties, many of which can affect the academic experience. These include conflicts with or worry about friends or family, concerns about eating or drinking patterns, and feelings of anxiety and depression. See: shs.wustl.edu/MentalHealth.

SEXUAL ASSAULT RESOURCES

You can also speak confidentially and learn about available resources by contacting Dr. Gladys Smith, PhD, Sexual Violence Prevention Therapist and Licensed Psychologist at the Medical Campus, (314) 362-2404. Additionally, you can report incidents to the Office of Student Affairs or by contacting WUSM Protective Services 314-362-4357 or your local law enforcement agency.
BIAS RESOURCES
The University has a process through which students and staff who have experienced or witnessed bias, prejudice or discrimination against a student can report their experiences to the University’s Bias Report and Support System (BRSS) team. For details see: diversityinclusion.wustl.edu/brss/.

Office of the Associate Vice Chancellor for Diversity, Equity and Inclusion (DEI)
The DEI Training Team designs, facilitates and leads diversity education programming for faculty, staff and students on a wide range of topics including: creating a climate of respect, the value of diversity and the role of biases in our day-to-day lives. diversity.med.wustl.edu/training/

The Office of Diversity Programs promotes diversity among and prepares medical students to lead in a global society. A priority for the Office of Diversity Programs is to cultivate and foster a supportive campus climate for students of all backgrounds, cultures and identities. mddiversity.wustl.edu/

The Diversity and Inclusion Student Council promotes an inclusive campus environment for all School of Medicine students. sites.wustl.edu/disc/

The Office for International Students and Scholars embraces the university’s mission of welcoming promising students from around the world. wumma.wustl.edu/

ASSIGNMENTS & DUE DATES

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
</table>
https://catalyst.nejm.org/videos/importance-patience-patient/  
Optional:  
|      |      | Overview of course; Origins of SDM, Core elements of SDM and Patient Engagement |  |
|      |      | Class activity: Patient/clinician SDM scenarios, sign up for sample dialogue or discussion day |  |
Definition of numeracy, how can it influence decision-making, numeracy & health, effective risk communication

Class activity:
Case examples of risk communication strategies and implications of them


Optional:


Optional:

**Decision Psychology**

Psychological processes affecting accuracy in medical diagnosis, heuristics, biases affecting medical decisions, conflicts of interest as they affect SDM

Class activity: Interactive activities are incorporated into the lecture


Pop culture articles:

- https://www.theatlantic.com/amp/article/565775/?_twitter_impression=true

**Optional:**


---

**Patient Decision Aids**

History of PtDAs, IDPAS, how DAs are incorporated in practice (including implementation in the UK, Canada, Germany, and the US), sample DAs, evaluating PtDAs (IPDASi), who should be responsible for decision communication or administering DAs?

Class activities: Evaluating a decision aid, evaluating a consultation using the OPTION scale


https://catalyst.nejm.org/shared-decision-making-patient-decision-aids/

**Optional:**


Coulter, Stilwell, Kryworuchko, Mullen, Ng, van der Weijden (2013).
<table>
<thead>
<tr>
<th>6</th>
<th>2/24</th>
<th><strong>Values Clarification/Preference Elicitation Exercises</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Utility assessments, narratives, balance sheets, diabetes cards, values during the consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Class activity:</strong> Evaluating different types of values clarification exercises</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Guest speaker:</strong> Lisa Pollack, PhD, SDM and surgical approaches to hysterectomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Politi, M.C., Dizon, D.S., Frosch, D.L., Kuzemchak, M.D., &amp; Stiggelbout, A.S. (2013). Importance of clarifying patients’ desired role in shared decision making to match their level of engagement with their preferences. <em>BMJ</em>, 347:f7066</td>
</tr>
<tr>
<td>7</td>
<td>3/2</td>
<td><strong>Informed Consent, Health Literacy, &amp; SDM</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health literacy interventions for informed consent, SDM interventions for informed consent for clinical procedures and clinical research</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Class Activity:</strong> Evaluating existing informed consent documents</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Guest Speaker:</strong> Frank Soltys, MD, 10 am, NICU decision-making</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Details</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| 8 3/9 | What is Health Literacy? | Definitions and components of health literacy; epidemiology of health literacy in the U.S.  
Class activity: American Medical Association video and discussion  
https://www.cdc.gov/healthliteracy/learn/index.html  
Final paper project topic due by 9:00am |
| 9 3/16 | Health Literacy and SDM | Effect of health literacy on decision making preferences; Health literacy and shared decision making framework; Directions for future research  
Class activity: Origami instructions  
Guest Speaker: Ashley Houston, OTD, MSCI, 10 am, over-diagnosis and uncertainty about cancer screening  
| 10 3/23 | Determinants and Outcomes of Health Literacy | Associations between health literacy, health outcomes, and health services use; possible mechanisms; social determinants of health literacy  
Class activities: Discussion of pathways by which health literacy impacts health  
Politi, M.C., Dizon, D.S., Frosch, D.L., Kuzemchak, M.D., & Stiggelbout, A.S. (2013). Importance of clarifying patients’ desired role in shared decision making to match their level of engagement with their preferences. *BMJ*, 347:f7066 |
outcomes; variables affecting health literacy

Guest speaker: Mychal Voorhees, MA, Community Outreach and Public Health Services Coordinator for Becker Medical Library

Optional:


11 3/30 Assessing Health Literacy Demands of Health Care System (class starts at 9:45 am today to make time for the BJC environment exercise)

Assessment of written materials; Health literacy issues in health care system access and navigation

Class activity: Materials assessment; Discussion of assessment of BJC environment


Assignment to complete for class:
Assessment of BJC hospital environment (supplemental handout)

12 4/6 Assessing Health Literacy of Patients

Objective health literacy measures, subjective health literacy measures, limitations of existing measures

Class activity: Assessment of health literacy skills using common measures; case example from health literacy assessment in ED

Guest speaker: Courtney Goodwin, MPH, health literacy measurement among young adults


Kronzer, V. (2016). Screening for health literacy is not the answer. *BMJ* **2016;354**:i3699

Optional:
Mancuso JM. Assessment and measurement of health literacy: An integrative review of the literature. *Nursing and Health Sciences*. 2009:**11**:77-89.

13 4/13 Health Literacy Interventions

Health literacy interventions; State of the evidence;

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Health literacy, biases, and provider-patient communication</td>
</tr>
<tr>
<td></td>
<td>Oral health literacy; health literacy and provider-patient communication; best practices in provider patient communication</td>
</tr>
<tr>
<td></td>
<td>Class Activity: Strategies for clear communication with patients, clinician biases in communication</td>
</tr>
<tr>
<td></td>
<td>Guest Speaker: Brittany Minor, MS, OTR/L, health literacy and communication with older adults, 10 am</td>
</tr>
<tr>
<td>15</td>
<td>Student Project Presentations</td>
</tr>
<tr>
<td></td>
<td>Final Paper Due by 9 am</td>
</tr>
<tr>
<td>16</td>
<td>Student Project Presentations</td>
</tr>
</tbody>
</table>