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

Spring 2022 (01/24/22 – 05/09/22)
Mondays, 9:00am to 10:00am (discussion in person) + recorded lectures (watch before class)
Location for in person meetings: Doll & Hill, TAB

INSTRUCTOR:
Mary C. Politi, Ph.D.
Office: 309W, TAB building
Phone: (314) 747-1967
mpoliti@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, evaluating, and implementing 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, evaluating, and implementing 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. Throughout the course, as relevant to the topics, development and evaluation methods will include latest standards in stakeholder engagement, patient-centered outcomes research, and implementation science.

Course activities will include recorded lectures, interactive class discussions together in person, recorded class member presentations, recorded guest presentations, and class activities.

COMPETENCIES
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 (20%)**
   - Class participation consists of reading and listening to assigned materials prior to class, being prepared to discuss the assigned readings and topics 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.
   - Since we will have less face time this year, students are required to submit a one-to-two paragraph reflection on the recorded lecture and assigned readings, due the day before class each week. These will be used to guide the synchronous discussions led by the instructor.

2. **Sample Dialogue or Document Discussion (30%)**
   - 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). We will role-play or discuss the document or research question in small break-out groups, and then regroup together to report on our discussion.

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 14 by 9 am**
     b. full paper incorporating feedback from part a (30%) due **May 2 by 9 am**

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

The final paper should be no more than 10 pages double spaced using Arial font size 11 with 1” margins. The final paper can overlap with the class presentation if appropriate. 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 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. The value of the class stems from the quality of the dialog and conversations with peers and course instructors (this year, via Zoom). If you have more than 2 absences planned or you become ill and need to take more time off, we will work with you to make up content missed as best as possible. Please let us know in advance if you know you will need to miss class and we will handle this on an individual basis.

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/. 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).

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/
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### Numeracy, Risk Communication (Patients)

Watch recorded lecture 2. Definition of numeracy, how can it influence decision-making, numeracy & health, effective risk communication

**In-Class activity:**
Case examples of risk communication strategies and implications of them, discussion questions submitted

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### Risk Communication/Risk Perception—Public


**In-Class activity:**
Student-led role play/case example, discussion on Health News Review video, discussion questions.

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[References]


4  2/14  Decision Psychology

Watch recorded lecture 4: Psychological processes affecting accuracy in medical diagnosis, heuristics, biases affecting medical decisions, conflicts of interest as they affect SDM

In-Class activity:
Interactive activities are incorporated into the lecture; discussion of biases; student-led role play/case example


Pop culture articles:
https://www.theatlantic.com/amp/article/565775/?_twitter_impression=true

Optional:

Barry, Chan, Moulton, Sah, Simmons, Braddock (2013). Disclosing conflicts of interest in patient decision aids. BMC Medical Informatics and Decision Making, 13(Suppl 2):S3.


5  2/21  Patient Decision Aids

Watch recorded lecture 5: 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?

In-Class activities:
Evaluating different types of decision aids (3 groups) + discussion. Student-led role play/case example.


Optional:

### 6  2/28  Values Clarification/Preference Elicitation Exercises

Watch brief recorded lecture 6: Utility assessments, narratives, balance sheets, diabetes cards, values during the consultation

Watch Guest Recording: [Engaging Stakeholders As Research Partners, Dr. Hazel Tapp, Carolinas Healthcare System](http://ipdas.ohri.ca/IPDAS-Chapter-D.pdf)

In-Class activity: Discussing different types of values clarification exercises; student-led role play or case example


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:j7066*.

**Optional:**


### 7  3/7  Informed Consent, Health Literacy, & SDM

Watch brief recording: Health literacy interventions for informed consent, SDM interventions for informed consent for clinical procedures and clinical research

Watch Guest recording: [Informed Consent for Clinical Trials: Ethical Issues (Dr. Holly Taylor, JHU)](http://ipdas.ohri.ca/IPDAS-Chapter-E.pdf)

In-Class Activity: Evaluating informed consent


**Optional:**

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imparts health outcomes; variables affecting health literacy. Student-led case example or role play.

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

NOTE: instead of a reflection, please create a conceptual framework (watch lecture for details)


11 4/4 Assessing Health Literacy Demands of Health Care System (BJC environment exercise or SMOG and SAM)

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

Class activity: NOTE: Instead of reflection, do the BJC environment, SMOG, SAM. Student-led case example or role play.


12 4/11 Assessing Health Literacy of Patients

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

In-Class activity: Assessment of health literacy skills using common measures; case example from health literacy assessment in ED. Student-led case example or role play.


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

Optional: 
13 4/18 **Health Literacy Interventions**

Health literacy interventions; State of the evidence; Directions for future research

**In-Class activity:** Student-led case example or role play.


**Optional:**

14 4/25 **Health literacy, biases, and provider-patient communication**

Oral health literacy; health literacy and provider-patient communication; best practices in provider patient communication

**Guest Recording:** Using Administrative Data to Examine ‘Real World’ Surgical Outcomes from Evidence to Action Dr. Emily Finlayson, UCSF, patient-reported outcomes, older adults’ surgical decisions

**Class Activity:** Clinician biases in communication; conflict resolution styles (NOTE: reflection should be about conflict resolution). Student-led case example or role play.


**Optional:**

15 5/2 **Student Project Q&A**

**Final Paper Due by 9 am; Q&A on student projects**

16 5/9 **Student Project Q&A**

If needed (depending on enrollees) Q&A on student projects