

Why Is Nurse-Led Shared Decision-Making Important in HR+/HER2-EBC Treatment?

- SDM is associated with improved patient satisfaction with care choices and has a positive impact on treatment adherence and persistence
- Patients with EBC often prefer to participate in decisions related to their care, but implementation of SDM in real-world practice is often suboptimal
- Nurses can play a key role in facilitating and supporting SDM, filling voids in patient-provider communication and providing high-quality, personalized education and counseling to patients



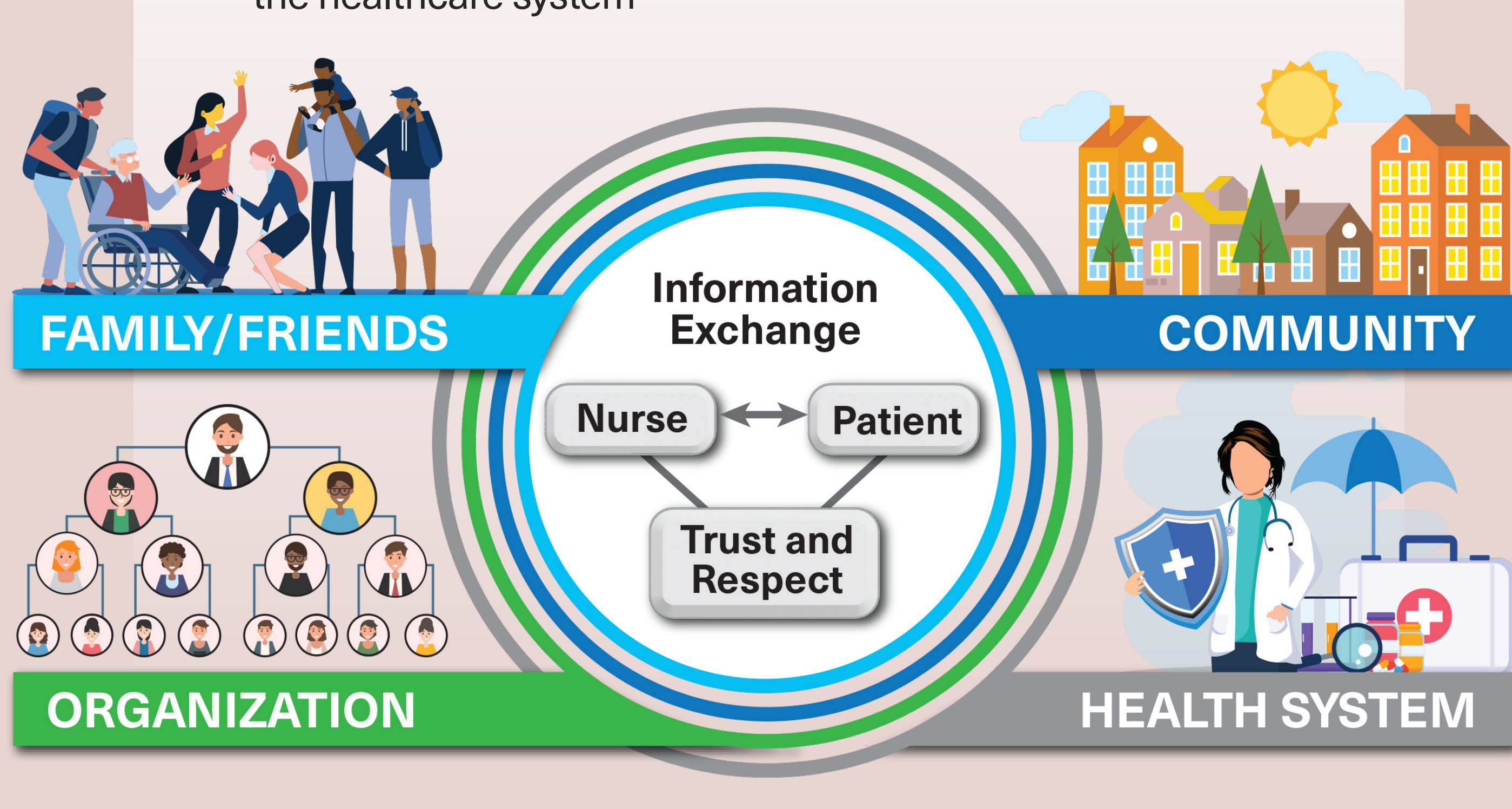
Process of SDM

STEP 1

Communication/Relationship Building

Communication and relationship building are the foundation for the initiation of SDM, and require:

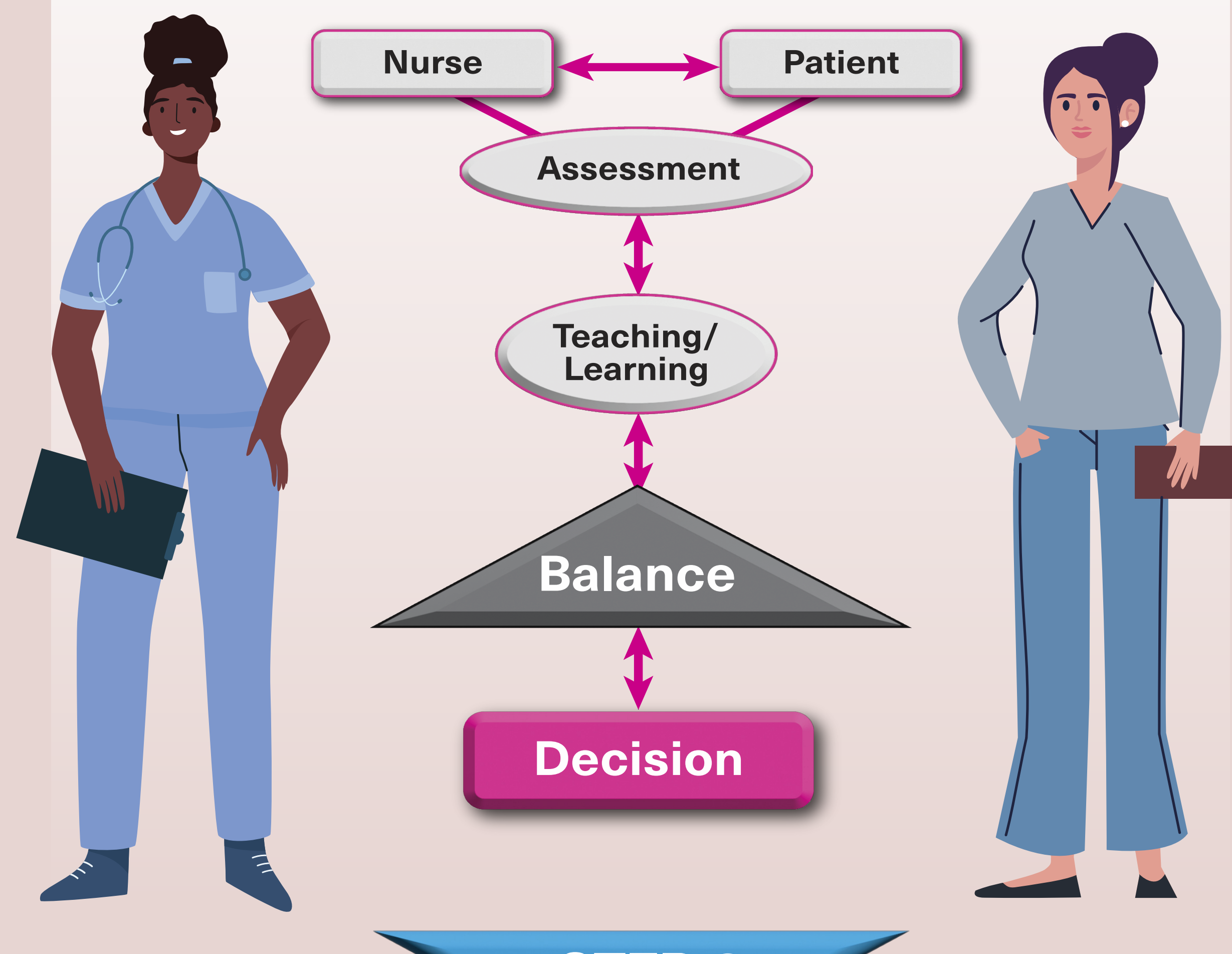
- Building trust and respect
- Information exchange/communication
- Awareness of potential facilitators and barriers to SDM within the greater context of the patient's environment and the healthcare system



STEP 2

Working Toward a Shared Decision

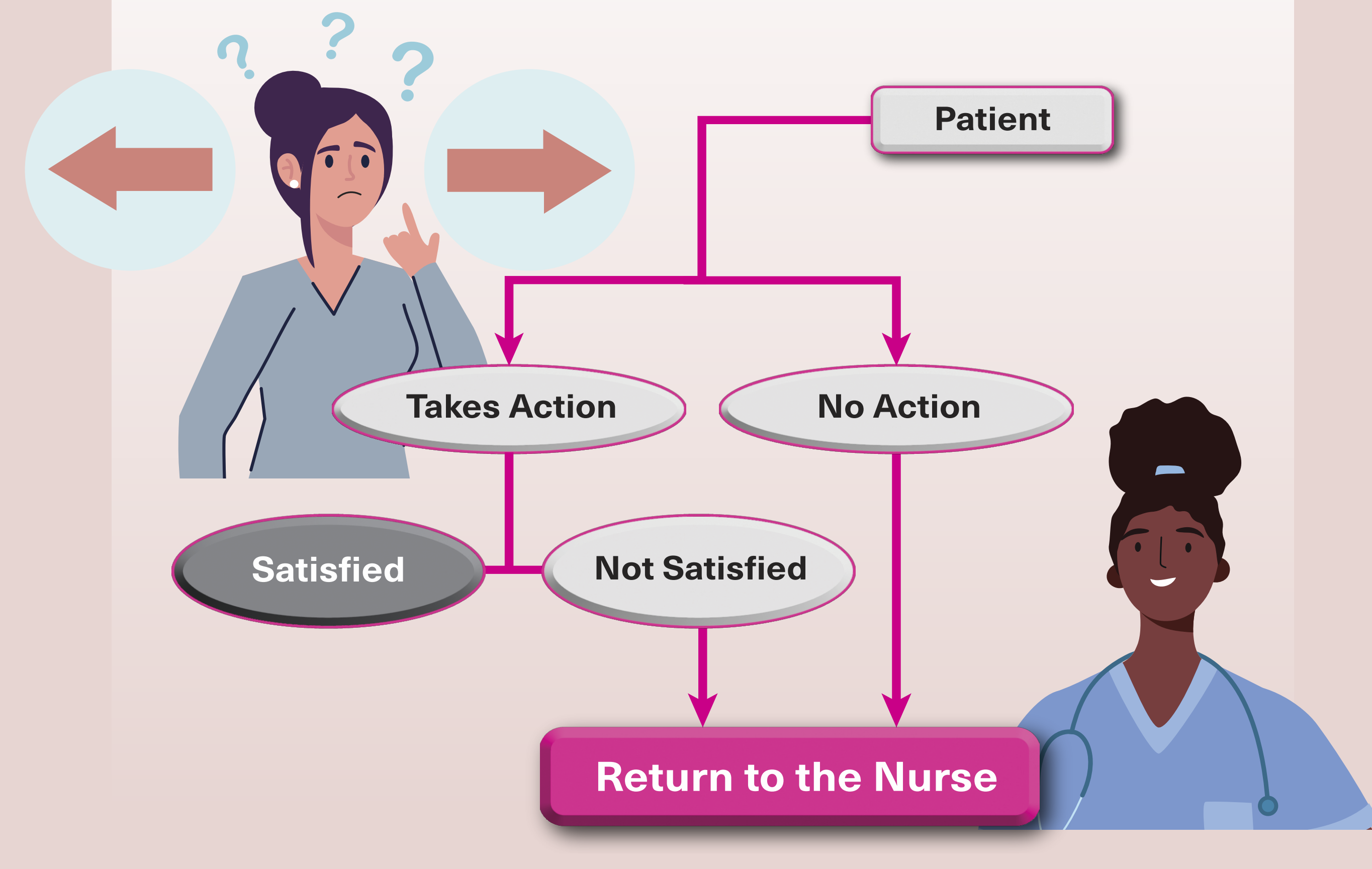
Achieving SDM requires dedicated, ongoing work, including assessment of individual patient characteristics that may influence SDM (eg, gender, race, spiritual and cultural beliefs), teaching SDM, and achieving the balance necessary to arrive at a shared decision.



STEP 3

Action Toward Shared Decision-Making

SDM does not end with the decision; once the provider and patient come to a shared decision, the patient needs to follow through. There may be times when patients find the action challenging or the actions that are required are not what they expected, and the patient may need to return to the provider.



Adapted from Truglio-Londrigan and Slyer, 2018.

5 Steps for Effective Shared Decision-Making in HR+/HER2- EBC

SHARE the Decision-Making Process:

S **EEK** your patient's participation

Indicate that a choice exists and invite your patient to be involved.

CONVERSATION AIDS:

- "Let's work as a team to choose the treatment that's best for you."
- "Would you like your [family/caregiver] to be involved in the decision?"
- "It's important for you to be involved in the process."
- "How comfortable are you with being involved?"
- "How much would you like to be involved?"

H **ELP** your patient explore and compare treatment options

Discuss the benefits and harms of each option, in a way your patient can understand.

CONVERSATION AIDS:

- "Let's compare your possible options."
- "Let me tell you what the research says about the benefits and risks of each option."
- "What do you already know about [option]?"
- "Is [recovery time, out of pocket expenses, being pain free, maintaining your independence] important to the decision?"
- "What questions do you have?"

A **SSESS** your patient's values and preferences

Encourage your patient to talk about what matter most to them and listen actively and empathetically to their reply.

CONVERSATION AIDS:

- "As you think about your options, what's important to you?"
- "Which of these potential side effects worries you the most?"
- "Which of these options fits best with your treatment goals?"
- "[recovery time, out of pocket expenses, being pain free, maintaining your independence] important to the decision?"
- "Is there anything that may get in the way of you taking this medicine?"

R **EACH** a decision with your patient

Decide together on the best treatment option and schedule a follow-up appointment to initiate treatment.

CONVERSATION AIDS:

- "Now that we had a chance to discuss your treatment options, which treatment do you think is right for you?"
- "It is fine to take more time to think about the treatment choices. Would you like some more time, or are you ready to decide?"
- "Are there other people who you want to talk to in order to help you make this decision?"
- "What additional questions do you have for me to help you make your decision?"
- "Let's meet again next week to get you started on your treatment."

E **VALUATE** your patient's decision

Support your patient as to maximize the benefit of the treatment decision on their clinical outcome, as well as other outcomes that may be important to the patient.

CONVERSATION AIDS:

- "Can we talk next [appropriate timeframe] to see how you are doing?"
- "Have you had any new side effects?"
- "Has anything prevented you from taking your medication as planned?"
- "Is there any information you'd like to share with me?"
- "If you don't feel things are improving, please schedule a follow-up visit so we can plan a different approach."

References:

Agency for Healthcare Research and Quality, U.S. Department of Health & Human Services. <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html>

Truglio-Londrigan M, Slyer JT. Shared decision-making for nursing practice: an integrative review. *Open Nurs J*. 2018;12:1-14.

Abbreviations:

EBC: early breast cancer; HER2: human epidermal growth factor receptor 2; HR: hormone receptor; SDM: shared decision-making.