6 Communication and Shared Decision-Making

1. What is the definition of Shared Decision Making (SDM) according to Charles, Gafni, and Whelan's breakthrough paper in 1997 on the SDM?
   A. A theoretical model of care delivery designed to lower healthcare costs.
   B. An *a priori* model lacking structural validation in actual practice.
   C. A theoretical care delivery model that involves collaboration of the patient and clinician.
   D. A model of local care delivery within regions of the state.

2. In 2014, the Agency for Healthcare Research and Quality (AHRQ) developed five steps for SDM. Which one of the following clinician's statements exemplifies the first of the five steps?
   A. "Do you already know which treatment you want to choose?"
   B. "Share with me what you are taking away from our discussion of treatment options."
   C. "There are two treatments we should discuss, I would like to explore your thoughts for treatment."
   D. "When reviewing the treatment options, are there any worries that immediately come to mind?"

3. Which one of the following key elements of SDM has the lowest likelihood of being actualized during SDM implementation?
   A. Sharing of information between family and patient.
   B. Collaborative approach between services.
   C. Consensus building between the treatment team.
   D. Explicit mutual agreement on treatment decision between patient and treatment team.

4. SDM has demonstrated short- and long-term benefit and has become a preferred model of care delivery by lawmakers and policymakers. Which one of the following statements by the patient reflects an immediate, short-term benefit of SDM?
   A. "My quality of life is I think good to very good on the treatment I was prescribed."
   B. "I have been taking my oral chemotherapy regularly."
   C. "My confidence in my provider really improved after receiving the information that I needed."
   D. "I have been in remission for over 4 years now without any episode of cancer recurrence."

5. In a study among oncology nurses on their perceived barriers to SDM, which one of the following statements on SDM is correct?
   A. There is no nursing scope of practice limitation for SDM and nursing practice.
   B. Oncology nurses have more than adequate time for SDM.
   C. Oncology nurses reported lack of resources for education and training on SDM.
   D. All nursing leaders embrace and support SDM as a standard of care.

6. Which of the following is not a significant influence in an older adult's cancer treatment decisions:
   A. Convenience of therapy
   B. Trust with the physician
   C. Provider recommendations
   D. Access to patient decision aids

7. The most frequently used instrument to measure the degree of patient role preferences in the cancer setting is the:
   A. OPTION tool
   B. Pattern of Treatment Decision Making questionnaire (Control Preferences Scale)
   C. Decisional Conflict Scale
   D. Satisfaction with Decision Scale

8. The oncology nurse must anticipate that the top patient priority after a cancer diagnosis would include information on:
   A. treatment options and timing
   B. self-care and family support
   C. cancer diagnosis and disease
   D. prognosis and financial options

9. Which one of the following has the least significant impact on the quality communications between the clinician and the patient?
   A. Locus of control.
   B. Informed decision-making style.
   C. Socio-emotional approach.
   D. Empathy.

10. Which one of the following statements reflects the complex role of variables within the context of uncertainty?
    A. I will reinforce to the patient that she should make her decision on treatment after a discussion of options with her oncologist.
    B. The patient has been given education based on National Comprehensive Cancer Network (NCCN) guidelines.
    C. The patient lives on her own and her support comes from her neighbor, who has a full-time job.
    D. I didn't tell the patient my concern regarding the possibility of her developing brain metastasis. I know that her mom is currently in hospice care and I didn't want to add even more stress to her life.

11. In the 1970s, the shared model of care began to become popular in health care, especially in cancer care settings, as more patients wished to have a larger say in how their care was determined. Which one of the following is NOT a major factor in the emergence of Shared Decision Making as the dominant model of care in modern health care?
    A. An increased desire from consumers to take more control, have more autonomy, and being a more active participant in their own health care.
    B. The signing into law of the Patient Protection and Affordable Care Act (PPACA), often shortened to the Affordable Care Act (ACA), in 2010.
    C. An explosion of cancer treatment choices and options for patients to consider.
    D. An increase in health care consumerism in Australia, Canada, Europe, and the United States.

12. An oncology nurse's role in Shared Decision Making can be complex and take on many different aspects. A single mother of three, Mrs. S, a 52-year old female, who has been newly diagnosed with breast cancer, meets with her nurse to discuss the diagnosis and next steps. The nurses shares brochures and pamphlets with the patient on her type of cancer and the cancer treatments available. The institution where the nurse works has produced these educational materials for nurses to utilize when meeting with new patients. These materials describe some of the possible tests and treatments and outline what patients can expect next to happen. During their conversation, Mrs. S expresses her concern over, not only the diagnosis, but how she will be treated during the continuum of care, and shares her deep worries over caring for her teenage children. Which of the following best represents the manifestation of a nursing role during Shared Decision Making.
    A. Patient education and psychosocial support
    B. Psychosocial support and advocacy
    C. Patient education and patient needs assessment
    D. Patient education and outcome evaluation