

The **SHARE** Approach

Steps of Shared Decision Making: Expanded Reference Guide With Sample Conversation Starters

Workshop Curriculum: Tool 2

The SHARE Approach is a five-step model, curriculum, and toolkit for shared decision making developed by the Agency for Healthcare Research and Quality. The SHARE Approach aims to help healthcare professionals work with patients to explore and compare healthcare options through meaningful dialogue about what matters most to the patient and to make the best possible healthcare decisions.

The concept of engaging patients in their healthcare decision making to improve the quality of healthcare in the United States was firmly grounded in the Institute of Medicine (IOM) report *Crossing the Quality Chasm*.¹

The IOM defined patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs, and values” and that ensures “that patient values guide all clinical decisions.”

The SHARE Approach: Essential Steps of Shared Decision Making outlines five steps healthcare professionals can take to ensure that they are implementing shared decision making with patients during clinical encounters. The steps were designed to incorporate the essential elements that have been defined for shared decision making.²

About This Tool

This tool was designed to help you incorporate the SHARE Approach from the Agency for Healthcare Research and Quality (AHRQ) into your practice. It describes each step in the SHARE Approach and offers sample conversation starters for you to consider as you engage in meaningful discussions with your patients about their healthcare options.

As you begin implementing the SHARE Approach in practice, you will find that shared decision making is an individualized process with each patient.



The SHARE Approach usually begins with inviting your patient to be part of the decision-making process. As you implement the SHARE Approach, you may find that some steps overlap with one another and may not occur in a linear order. That is okay.

The steps are prompts to help ensure you engage your patients in their healthcare decisions through meaningful dialogue about the benefits, harms, and risks of their healthcare options, what matters most to them, and their unique situation. Use the checklist at the end of this document to check off the steps you used with your patient.

Intended Audience for This Tool

This tool is designed for healthcare professionals who engage in shared decision-making discussions with patients.

The SHARE Approach

Essential Steps of Shared Decision Making

Step 1: Seek your patient's participation.

Step 2: Help your patient explore and compare healthcare options.

Step 3: Assess your patient's values, preferences, and situation.

Step 4: Reach a decision with your patient.

Step 5: Evaluate your patient's decision.

The SHARE Approach

Step 1: Seek your patient's participation.

Studies suggest that many healthcare professionals think patients are not interested in participating in their healthcare decision making.³⁻⁵ While patients may not want to play a prominent role in problem solving, evidence suggests that most patients want more information than they are routinely given by healthcare professionals. In addition, many would like to be involved in decision making about their healthcare.^{3,5}

Many patients are not aware that they can and should participate in their healthcare decision making. In addition, many patients are not aware of the uncertainty in medicine and that the outcomes of various treatments can be unpredictable at an individual level.

Communicate that a choice exists and invite your patient to participate in the process.

Tips

- **Summarize the health problem** and let your patient know there are options to consider. Describe the problem clearly and openly so that your patient understands that a decision needs to be made.
- **Ask your patients to participate** with the healthcare team in making their healthcare decision. Help your patients understand that they are being invited to ask questions and discuss options with you.
- **Include family and caregivers in decisions.** Ask if your patient would like to have family members or caregivers participate in the discussion.
- **Remind your patient that his or her participation is important.** For example, say, “I would like your input.”

Note: Some patients may not want, or be ready, to participate.⁵⁻⁷

The active decision not to participate in the decision-making process, or to delegate the decision to the provider or a caregiver, should be respected.

Try These Conversation Starters To Invite Participation

“Now that we have identified the problem, it’s time to think about what to do next.”

“There is good information about how these treatments differ that I’d like to discuss with you before we decide on an approach that is best for you.”

“I want to go over all the options so we can find a path that works for you.”

After being invited to participate and hearing the options, patients may still want the healthcare provider to make the decision for them. In that case, the following may be useful to try:

“I’m happy to share my views and help you reach a good decision. Before I do, would you like more details about your options?”

Step 2: Help your patient explore and compare options.

Many healthcare decisions have multiple options, including the option to do nothing. Often, no single option is clearly superior. Use evidence-based decision-making resources to compare the options.

Assess what your patient already knows about his or her options.

Some of your patients may gather their own information from the internet, word of mouth, or other sources. It is important to explore what your patient may already know or understand about his or her condition and options.

Discussing options with your patient can help you build a trusting relationship.

Letting your patients know options are available (including watchful waiting) and guiding them through both benefits and risks of each option can help your patients feel their views are valued and needed.

Try These Conversation Starters To Learn What Patients Know and Understand

“What have you heard about [condition]?”

“What have you read about treatments for [condition]?”

Write down a list of the options and describe them in plain language.

Before making an informed decision, your patients need to know all the options available to them.

Tips

- **Explain the options clearly**, using plain language.
- **Avoid using technical or medical jargon** (for example, say “both sides” instead of “bilateral” or “high blood pressure” instead of “hypertension” or “not cancer” instead of “benign”).
- **Point out when there are clear differences between specific options** (e.g., having surgery vs. taking a medication).
- **Talk about important unasked questions.** Your patient may not know the appropriate questions to ask or may be hesitant to ask. You should anticipate critical unasked questions and suggest discussing them.

Try These Conversation Starters To Start Discussions About Options

“Let me list the options before we get into more detail about each of them.”

“Here are some choices we can consider.”

“Let’s go over your options.”

Clearly communicate the risks and benefits of each option.

Explain the limitations of what is known and unknown about each option and what would happen with no action. A balanced discussion allows patients to make more informed decisions.

It is critical to present both the benefits and risks of each option. These can be presented in the form of tradeoffs. For example, “Medicine [xxx] is more expensive than the one you are currently taking, but you will only have to take it once a day.”

Try These Conversation Starters To Explore Pros and Cons

“Let me tell you what the research says about the benefits and risks of the medicines you are considering.”

“These options may have different effects for you compared with other people, so I want to describe them.”

“The treatments I just described are not always effective for everyone, and the chances of having side effects can vary from one person to another.”

Communicate numbers in a way your patient can understand.

Numbers can be a big part of discussing risk and communicating information about the benefits and harms of treatments. Communicating numbers can be challenging because even people with high health literacy can have low health numeracy. Refer to “[Communicating Numbers to Your Patients: A Reference Guide for Healthcare Providers](#)” (Tool 5) for more information.

Tips

- Avoid descriptive terms (such as “low risk”). Instead, provide estimated numbers.
- Express the odds of possible outcomes with a consistent denominator (for example, 1 in 100 compared with 5 in 100, rather than 1 in 100 compared with 1 in 20).

- Offer positive and negative outcomes. For example, provide both the chance of experiencing side effects and of remaining free of side effects.
- Whenever possible, use absolute numbers, not relative risks. Patients can easily misinterpret statements such as “three times as many people found lowered symptoms with medicine A compared with medicine B.”
- Use and explain appropriate visual aids (e.g., graphs, charts, pictographs) to help patients understand your explanations.

Try These Conversation Starters When Introducing Numbers

“Here are two graphs with pictograms that compare what can happen if you take this medicine or if you choose not to take the medicine. In 10 years, six women who were not on the medicine broke a bone. Only three women on the medicine broke a bone in that 10-year period. So, taking the medicine lowered their chance of breaking a bone by half.”

“The red area on this pie chart shows the number of people who developed a blood clot after getting a stent. The blue area shows the number of people who developed a blood clot...”

Offer evidence-based decision aid tools when possible.

Research has demonstrated that using decision aids in shared decision making with patients has several benefits⁸:

- Improves patients’ knowledge of their options
- Results in patients having more accurate expectations of possible benefits and harm
- Leads to patients making choices more consistent with their values
- Increases patients’ participation in decision making

Use evidence-based decision aids and other decision resources to facilitate patient decision making. Decision resources can be presented to your patient before the visit or during the visit, or they can be sent home with your patient to review and consider after the visit.

Roles for Other Members of the Interdisciplinary Healthcare Team

Along with prescribing clinicians, other members of the interdisciplinary healthcare team may be tasked with helping patients and their caregivers in a shared decision-making process. They may provide decision tools and resources to help facilitate patient decision making.

Try These Conversation Starters When Introducing Decision Aids

“These tools have been designed to help you understand your options in more detail.”

“I have some booklets I want to give you that have information about your condition and the treatment options. They will be able to help you in your decision-making process.”

“This online tool offers a handout as well as a video. The video highlights the pros and cons of each treatment option. Let’s discuss your options and go over the benefits and risks at our next visit.”

“These online resources provide information to patients about the importance of exploring your treatment options. They compare the benefits and risks of each and offer information on options that you may want to discuss at your next visit.”

Use the teach-back technique to check for understanding.

After presenting the information, it is important to make sure that your patient understands the information you have shared. Ask your patients to explain in their own words what the options are.

Refer to [“Using the Teach-Back Technique: A Reference Guide for Healthcare Providers”](#) (Tool 6) for more information on the teach-back technique.

If your patient appears apprehensive or actively disagrees, offer additional information or try presenting the information in a different way.

Being able to use different approaches, such as web-based decision aids, printed handouts, or handwritten drawings, will help you adapt to the different ways people learn and process information.

Look for signs of decisional conflict.^{9,10}

Your patients may:

- Verbalize uncertainty about the choice or concern about undesired outcomes.
- Waver between choices.
- Delay the decision.
- Question personal values or what is important to them.
- Be preoccupied with the decision.
- Show signs of distress or tension.

Tips

- Ask open-ended questions that start with “what” or “how,” rather than “yes” or “no” questions.
- Ask patients to describe what they heard using their own words.
- Ask patients to rate the importance of their worries about the risks.
- Ask patients to rate the importance of relieving their symptoms.

Try These Conversation Starters To Check for Understanding

“Could you tell me how you understand the treatment choices I’ve presented to you for your [condition]?”

“We’ve talked about your options. To make sure I’ve explained things well, would you please tell me how they’re different?”

Step 3: Assess your patient’s values, preferences, and situation.

Studies have shown that most healthcare providers are not aware of the outcomes that matter most to patients.^{6,11} Moreover, a number of studies have shown that patient treatment decisions change after patients become well informed about their options and the associated risks.^{8,11,12}

Use effective communication and listening skills to help your patients assess their own values and preferences.^{9,10,13} Ask questions to uncover issues that may affect the way the patient accesses and uses medical care.

Assessing preferences matters, especially when patients defer decisions to clinicians.

Clinicians should ensure that the dialogue reflects important information about the options (e.g., specific procedures, risks, and benefits) and that a patient’s preferences are acknowledged.

This discussion may greatly affect your ability to achieve satisfactory health outcomes and patient satisfaction.¹⁴

Tips

- **Encourage your patients to talk about what matters most to them.** For example, ask your patients to consider how each option will affect their daily life or how important it is to relieve their symptoms.
- **Ask open-ended questions.** For example, ask “What do you think is causing your symptoms?”
- **Listen actively to your patient.** Use prompts that encourage your patient to continue talking. For example, “Go on,” or “I’d like to hear more about that.” Use nonverbal cues such as nodding your head and having an engaged listening posture.
- **Show empathy and interest in the effect that a problem is having on your patient’s life.** For example, name the likely emotion your patient is feeling. Say, “That sounds really upsetting.”
- **Acknowledge the values and preferences that matter to your patients and elements of their situation that may affect their care.** Paraphrase what you have heard from your patients. Doing so signals to your patients that they have been heard and that you are listening to their unique perspective.
- **Agree on what is important to your patient.**

Try These Conversation Starters To Learn About Your Patients’ Values And Preferences

“When you think about the possible risks, what matters most to you?”

“As you think about your options, what’s important to you?”

“Which of these potential side effects worries you the most?”

“Which of the options fits best with the treatment goals we’ve discussed?”

“Is there anything that may get in the way of doing this?”

Step 4: Reach a decision with your patient.

Making a decision, particularly for complex and potentially life-altering health conditions, may take time, especially when treatment decisions are irreversible, such as surgery. Patients may not identify their preferred option until they have had time to think it over or speak with others. Patients may also want to talk with their family members, friends, or caregivers before making a decision.

This additional time provides a good opportunity to share with patients decision support materials, such as AHRQ consumer summaries and interactive decision aids, or other evidence-based resources, that they can take home and discuss with others.

Tips

- **Help your patients move to a decision.** Ask if they are ready to make a decision or if they have any additional questions.
- **Ask your patients if they would like additional information tools,** such as educational materials or decision aids, to help make a decision.
- **Check to see if your patient needs more time to consider the options or discuss them with others.** Schedule another session if your patient requests more time to consider the options.
- **Confirm the decision with your patients** when they are ready to make a decision. Ask your patients to describe the treatment options and which one they chose.
- **Verify the next steps to be taken** and timing of these actions with your patient.
- **Schedule followup appointments** to carry out the preferred treatment or active surveillance.

Try These Conversation Samples for the Decision and Followup Phases

“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?”

“What additional questions do you have for me to help you make your decision?”

“This is a big decision and it’s important for you to consider which treatment option you prefer.”

“Let’s meet again next week. In the meantime, here is some information for you to read and think about. We can continue the discussion once you’ve had a chance to do that.”

“Are there other people you want to talk to in order to help you make this decision?”

“Now that we’ve had a chance to discuss your treatment options, which treatment do you think is right for you?”

Step 5: Evaluate your patient's decision.

Once a decision has been made, it will be important to follow up with your patients on how they are doing.

For patients facing life-threatening conditions, some of the decisions will be irreversible, so careful consideration before making a decision is critical (e.g., a decision for mastectomy versus lumpectomy in early-stage breast cancer).

For many decisions, however, particularly those centered on the management of a chronic illness, decisions can and should be revisited after a trial period.

Patient buy-in is essential to adherence.

The patient, not the healthcare provider, is generally responsible for implementing many decisions made during a clinical encounter, particularly decisions made in a primary care setting (e.g., making necessary lifestyle changes, taking medications as prescribed, or making followup appointments).

Patient adherence to treatment plans is enhanced by shared decision making.^{13,15,16}

Tips

- **Make plans to review the decision in the future.** Remind your patient that decisions may be reviewed and some can be changed if they are not working well for your patient.
- **Monitor the extent to which the treatment decision is implemented.**
- **Assist your patient with managing barriers to implementing the decision.** For example, provide access to self-management support programs and other community-based resources that can assist your patient.
- **Revisit the decision with your patient** to determine if other decisions need to be made.

Try These Conversation Starters for Prompting Future Evaluation

“Can we talk next [appropriate timeframe] to see how you are doing?”

“Let’s plan on reviewing this decision next [appropriate timeframe].”

“If you don’t feel things are improving, please schedule a followup visit so we can plan a different approach.”

This tool is to be used in conjunction with the Agency for Healthcare Research and Quality’s SHARE workshop. To learn more about the workshop, visit www.ahrq.gov/shareddecisionmaking.

References

1. National Research Council. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001.
2. Makoul G, Clayman ML. An integrative model of shared decision making in medical encounters. *Patient Educ Couns*. 2006;60(3):301-12. <https://pubmed.ncbi.nlm.nih.gov/16051459/>. Accessed February 11, 2021.
3. Légaré F, Ratté S, Gravel K, Graham ID. Barriers and facilitators to implementing shared decision-making in clinical practice: update of a systematic review of health professionals' perceptions. *Patient Educ Couns*. 2008 Dec;73(3):526-35. <https://pubmed.ncbi.nlm.nih.gov/18752915/>. Accessed February 11, 2021.
4. Guadagnoli E, Ward P. Patient participation in decision-making. *Soc Sci Med*. 1998 Aug;47(3):329-39. <https://pubmed.ncbi.nlm.nih.gov/9681902/>. Accessed February 11, 2021.
5. Levinson W, Kao A, Kuby A, Thisted RA. Not all patients want to participate in decision making. A national study of public preferences. *J Gen Intern Med*. 2005 Jun;20(6):531-5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490136/>. Accessed February 11, 2021.
6. Little P, Everitt H, Williamson I, Warner G, Moore M, Gould C, Ferrier K, Payne S. Preferences of patients for patient centred approach to consultation in primary care: observational study. *BMJ*. 2001;322(7284):468-72. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC26564/>. Accessed February 11, 2021.
7. Coulter A, Parsons S, Askham A. Where are the patients in decision-making about their own care? *Health Systems and Policy Analysis*. 2008:1-26. <https://www.who.int/management/general/decisionmaking/WhereArePatientsinDecisionMaking.pdf>. Accessed February 11, 2021.
8. Stacey D, Légaré F, Col NF, Bennett CL, Barry MJ, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L, Wu JH. Decision aids for people facing health treatment or screening decisions. *Cochrane Database Syst Rev*. 2014 Jan 28;(1):CD001431. <https://doi.org/10.1002/14651858.CD001431.pub4>. Accessed February 11, 2021.
9. O'Connor A, Jacobsen M. *Decisional conflict: Supporting People Experiencing Uncertainty About Options Affecting Their Health*. Ottawa, ON: Ottawa Hospital Research Institute; 2006.
10. O'Connor A, Stacey D, Jacobsen M. *Ottawa Decision Support Tutorial: Improving Practitioners' Decision Support Skills*. Ottawa, ON: Ottawa Hospital Research Institute. <https://decisionaid.ohri.ca/ODST/>. Accessed February 11, 2021.
11. Mulley A, Trimble C, Elwyn G. *Patients' Preferences Matter. Stop the Silent Misdiagnosis*. London, UK: The King's Fund; 2012. <https://www.kingsfund.org.uk/publications/patients-preferences-matter>. Accessed February 11, 2021.

12. Ubel PA, Angott AM, Zikmund-Fisher BJ. Physicians recommend different treatments for patients than they would choose for themselves. *Arch Intern Med*. 2011 Apr 11;171(7):630-4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817828/>. Accessed February 11, 2021.
13. Murray E, Charles C, Gafni A. Shared decision-making in primary care: tailoring the Charles et al. model to fit the context of general practice. *Patient Educ Couns*. 2006 Aug;62(2):205-11. <https://pubmed.ncbi.nlm.nih.gov/16139467/>. Accessed February 11, 2021.
14. BeLue R, Butler J, Kuder J. Implications of patient and physician decision making: an illustration in treatment options for coronary artery disease. *J Ambul Care Manage*. 2004 Oct-Dec;27(4):305-13. <https://pubmed.ncbi.nlm.nih.gov/15495743/>. Accessed February 11, 2021.
15. Thompson L, McCabe R. The effect of clinician-patient alliance and communication on treatment adherence in mental health care: a systematic review. *BMC Psychiatry*. 2012 Jul 24;12:87. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3528426/>. Accessed February 11, 2021.
16. Duncan E, Best C, Hagen S. Shared decision making interventions for people with mental health conditions. *Cochrane Database Syst Rev*. 2010 Jan 20;(1):CD007297. <https://doi.org/10.1002/14651858.CD007297.pub2>. Accessed February 11, 2021.

Additional References for Sample Dialogue

- Edwards A, Elwyn G, Mulley A. Explaining risks: turning numerical data into meaningful pictures. *BMJ*. 2002 Apr 6;324(7341):827-30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1122766/>. Accessed February 11, 2021.
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, Cording E, Tomson D, Dodd C, Rollnick S, Edwards A, Barry M. Shared decision making: a model for clinical practice. *J Gen Intern Med*. 2012 Oct;27(10):1361-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445676/>. Accessed February 11, 2021.
- Epstein RM, Alper BS, Quill TE. Communicating evidence for participatory decision making. *JAMA*. 2004;291(19):2359-66. <https://pubmed.ncbi.nlm.nih.gov/15150208/>. Accessed February 11, 2021.
- ICSI Shared Decision-Making Model. The Collaborative Conversation™. Shared Decision-Making and the Translation of Evidence Into Practice. In: *Adult Depression in Primary Care*. 17th ed. Bloomington, MN: Institute for Clinical Systems Improvement; March 2016. <https://www.icsi.org/wp-content/uploads/2019/01/Depr-SDM.pdf>. Accessed February 11, 2021.
- O'Connor A, Stacey D, Jacobsen, M. Improving Practitioners' Decision Support Skills. Decision Support Tutorial. Ottawa, ON: Ottawa Hospital Research Institute; 2015. <https://decisionaid.ohri.ca/ODST/pdfs/ODST.pdf>. Accessed February 11, 2021.
- Peters E, Hibbard J, Slovic P, Dieckmann N. Numeracy skill and the communication, comprehension, and use of risk-benefit information. *Health Aff (Millwood)*:2007 May-Jun;26(3):741-8. <https://pubmed.ncbi.nlm.nih.gov/17485752/>. Accessed February 11, 2021.

Paling J. Strategies to help patients understand risks. *BMJ*. 2003 Sep 27;327(7417):745-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC200818/>. Accessed February 11, 2021.

Sheridan SL, Harris RP, Woolf SH. Shared decision making about screening and chemoprevention. A suggested approach from the U.S. Preventive Services Task Force. *Am J Prev Med*. 2004 Jan;26(1):56-66. <https://pubmed.ncbi.nlm.nih.gov/14700714/>. Accessed February 11, 2021.

Stacey D, Murray MA, Légaré F, Sandy D, Menard P, O'Connor A. Decision coaching to support shared decision making: a framework, evidence, and implications for nursing practice, education, and policy. *Worldviews Evid Based Nurs*. 2008;5(1):25-35. <https://pubmed.ncbi.nlm.nih.gov/18266768/>. Accessed February 11, 2021.

Wexler R. Six Steps of Shared Decision Making. Boise, ID: Informed Medical Decisions Foundation; 2012. https://www.mghpcs.org/eed_portal/Documents/PatientEd/6_steps_to_SDM.pdf. Accessed February 11, 2021.

This tool is to be used in conjunction with the Agency for Healthcare Research and Quality's SHARE Approach curriculum. To learn more about the curriculum, visit www.ahrq.gov/shareddecisionmaking.

Checklist

Use this checklist to make sure you followed the components of the **SHARE** decision-making model.

Step 1: **Seek your patient's participation.**

- I invited my patient to participate in the decision-making process.
- I explained the importance of my patient's role in the decision-making process.
- I discussed the essential issues about my patient's condition.

Step 2: **Help your patient explore and compare treatment options.**

- I presented all reasonable treatment/intervention options to my patient.
- I discussed the risks and benefits of each option with my patient.
- I asked my patient to review relevant decision tools (booklets/video/websites).
- I asked my patient to teach back what was discussed.
- My patient demonstrated an understanding of the options.

Step 3: **Assess your patient's values, preferences, and situation.**

- I encouraged my patient to talk about what matters most.
- I listened actively to my patient and asked open-ended questions.
- I asked my patient how this decision might affect daily life.
- I acknowledged and agreed with my patient on what matters most.

Step 4: **Reach a decision with your patient.**

- I asked my patient what option was preferred.
- I asked my patient if additional information was needed or if the patient wanted to consult others before making a decision.
- My patient and I agreed on the decision.

Step 5: **Evaluate your patient's decision.**

- My patient and I made plans to review the decision in the future.
- I worked with my patient to help manage barriers to implementing the decision.



AHRQ Pub. No. 21-0015-2-EF
Replaces AHRQ Pub No. 14-0034-2-EF
April 2021

www.ahrq.gov