Supplemental Digital Appendix 1

Resident Survey, From a Study of the Effects of a Shared Decision-Making Curriculum for 36 Internal Medicine Residents, University of Pittsburgh Medical Center, 2015

Have you received prior training in shared decision making in the form of lectures, communication training with standardized patients, role play, or any other training methods?

  a. Yes
  b. No
  c. Not sure

Which of the following is an element of shared decision making?

  a. Developing a partnership with other members of the health care team, including RNs and LPNs
  b. Working towards increasing patient’s change talk
  c. Help the patient to make the most cost conscious choice
  d. Identifying the patient’s concerns and expectations of the treatment or diagnostic workup

Which of the following defines the term “equipoise”?  

  a. Multiple possible answers without one clearly superior choice
  b. The act of interpreting evidenced-based medical terms for a patient
  c. The point where evidenced based medicine and patient-centered communication skills meet
  d. The process of discussing high-value, cost-conscious care with patients

Shared decision making should be used in which of the following clinical situations?

  a. Only when a patient does not agree with the physician’s treatment or diagnostic plan
  b. For routine, age appropriate cancer screenings in an otherwise healthy adult
  c. Providing general health patient education
  d. Prescribing a short course of antibiotics for a UTI

Which of the following is NOT a possible benefit of shared decision making?

  a. Improved patient compliance with treatment or diagnostic testing
  b. Providing high-value care to patients
  c. Improved patient satisfaction
  d. Improved physician reimbursement
Which of the following is a barrier in your continuity clinic to providing counseling on routine primary care issues? (check all that apply)

- a. Time constraints
- b. A patient’s health literacy level
- c. A patient’s preference to participate in shared decision making
- d. Lack of training in shared decision making
- e. Shared decision making is not appropriate for the clinical situations I encounter in clinic
- f. Personal comfort level with applying evidenced-based practices to decision making
- g. Offering multiple options to the patient will reflect poorly on my abilities as a physician
- h. Pay-per-performance reimbursement model
- i. Other (Please list additional barriers not included in the above list) ____________________

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<thead>
<tr>
<th>In your clinic, how confident do you feel to ...</th>
<th>Not Confident</th>
<th>Mildly Confident</th>
<th>Confident</th>
<th>Very Confident</th>
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<td>identify problems that require a shared decision-making process</td>
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negotiate a treatment decision in partnership with the patient

In the practice of high-value care, shared decision making is ...

In the practice of evidence-based medicine, shared decision making is ...