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

Spring 2020 (01/13/20 - 05/04/20)

Mondays, 9:00am to 12:00pm

Location: Richmond Room,

Taylor Avenue Building, 2nd floor

**INSTRUCTOR:**

Mary C. Politi, Ph.D.

Office: 309W, TAB building

Phone: (314) 747-1967

mpoliti@wustl.edu

**Teaching Assistant:**

Rachel Grant, MSW

TAB, West Suite

Phone: (314) 747-5657

grant.r@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 and evaluating 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 and evaluating 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.

Course activities will include interactive lectures, class discussions, class member presentations, guest presentations, and class activities.

Each *class activity* will be prepared by the instructors or by guest speakers.

**COMPETENICES**

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 and Sample Dialogue or Document Discussion (20%)**
	* Class participation consists of reading assigned materials prior to class, being prepared to discuss the assigned readings and topics of discussion 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.
	* 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).
2. **Class presentation (30%)**
	* Class members will sign up to present a project of their choice (relevant to one of the course topics).The presentation can include a “work in progress” or a more finished product such as your final paper project. Class members should plan to present for no more than 15 minutes, followed by class discussion. A presentation template will be provided for guidance.
3. **Final paper (50%)**
	* The final paper will be broken down into sections (due at different points in the semester):
4. topic (1 paragraph) plus background and significance section (about 2-3 pages) (20%) due **March 9** **by 9 am**
5. full paper incorporating feedback from first submission (30%) due **April 27 by 9 am**

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

The final paper should be about 10 pages double spaced using Arial font size 11 with 1” margins. The final paper can overlap with the class presentation if desired. 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 meet 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. As a courtesy to other students and guest presenters, you are expected to arrive on time. The value of the class stems from the quality of the dialog and conversations with peers and course instructors. If you have more than 2 absences, we will have to work out ways to appropriately make up content missed. Please let me know in advance if you need to miss class.

**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*

(2) Madden, T.\*, Cortez, S\*.,Kuzemchak, M., Kaphingst, K.A., & Politi, M.C. (2016) Accuracy of Information about the Intrauterine Device on the Internet. *American Journal of Obstetrics and Gynecology*,214(4), 499.e1-6

(3) Seo, J., Goodman, M., Politi, M.C., Blanchard, M. & Kaphingst, K.A. (2016). Effect of Health Literacy on Decision-Making Preferences among Medically Underserved Patients. *Medical Decision Making*. 36(4):550-6

(4) Hasak, J, Myckatyn, T, Grabinski, V, Philpott, S; Parikh, R\*, & Politi, MC (2017). Stakeholders’ Perspectives on Post-Mastectomy Breast Reconstruction: Recognizing Ways to Improve Shared Decision Making between Clinicians and Patients. *Plastic and Reconstructive Surgery Global Open.* DOI: 10.1097/GOX.0000000000001569

(5) Santosa KB\*, Chen X, Qi J, Ballard TN, Kim HM, Hamill JB, Bensenhaver JM, Pusic AL, Wilkins EG. Postmastectomy Radiation Therapy and Two-Stage Implant-Based Breast Reconstruction: Is There a Better Time to Irradiate? Plast Reconstr Surg. 2016 Oct;138(4):761-9. [SDM class and CER class].

(6) Chi, J.J.\*, Rosenberg, A.\*, Hahn, S., Piccirillo, J., Politi, M.C., Kallogjeri, D. & Kukuljan, S. (2018). Patient concerns about post-Mohs surgery nasal reconstruction: Implications for shared decision making. JAMA Otolaryngology-Head & Neck Surgery

(7) 64. Santosa, K.B.\*, Keane, A.M., Politi, M.C. & Snyder-Warwick, A.K. (2018). Facial animation surgery for longstanding facial palsy: Opportunities for shared decision making. JAMA Facial Plastic Surgery

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).

**LAPTOP USE DURING CLASS:**

Please be considerate of others during class, especially other presenters. If you have to attend to a clinical matter, please leave the room briefly and return when you are engaged again. Please also see this article about note taking on paper vs. on a laptop:

Mueller, P.A. & Oppenheimer, D.M. (2014). The Pen Is Mightier Than the Keyboard: Advantages of Longhand Over Laptop Note Taking. *Psychological Science* 25(6) 1159–1168.

*“even when laptops are used solely to take notes, they may still be impairing learning because their use results in shallower processing”*

**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](https://mphs.wustl.edu/students/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 theMPHS 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](https://studentconduct.wustl.edu/academic-integrity/) 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](https://mphs.wustl.edu/students/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](http://bulletin.wustl.edu/medicine/policies/wusm-other/#Disabilities) 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](http://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/](https://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/](https://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/](https://mddiversity.wustl.edu/)

**The Diversity and Inclusion Student Council**promotes an inclusive campus environment for all School of Medicine students. [sites.wustl.edu/disc/](https://mailingsresponse.wustl.edu/trk/click?ref=z1030up2e7_2-bdaex3ab88x0844&)

**The Office for International Students and Scholars** embraces the university’s mission of welcoming promising students from around the world. [wumma.wustl.edu/](https://mailingsresponse.wustl.edu/trk/click?ref=z1030up2e7_2-bdaex3ab89x0844&)

**ASSIGNMENTS & DUE DATES**

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| **Week** | **Date** | **Topic** | **Readings** |
| **1** | 1/13 | **What is shared Decision Making (SDM)?**Overview of course; Origins of SDM, Core elements of SDM and Patient EngagementClass activity: Patient/clinician SDM scenarios, sign up for sample dialogue or discussion day | Barry, M.J. & Edgman-Levitan, S. (2014).Shared Decision Making — The Pinnacle of Patient-Centered Care. *New England Journal of Medicine,* 366:780-781. [doi:10.1056/NEJMp1109283](https://www.nejm.org/doi/full/10.1056/NEJMp1109283) Elwyn, G, Durand, M., Song, J., Barr, P.J., Berger, Z., Cochran, N., Frosch, D….Van der Weijden, T. (2017). A three-talk model for shared decision making: multistage consultation process. *BMJ, 359,* doi: <https://doi.org/10.1136/bmj.j4891>.Hoffmann TC, Montori VM, Del Mar C.The Connection Between Evidence-Based Medicine and Shared Decision Making. *JAMA*. 2014;312(13):1295-1296. [doi:10.1001/jama.2014.10186](https://jamanetwork.com/journals/jama/fullarticle/1910118).<https://catalyst.nejm.org/videos/importance-patience-patient/>*Optional:* Wennberg, J. (2011).Time to tackle unwarranted variations in practice. *BMJ,* [*342*: d1513](https://www.bmj.com/content/342/bmj.d1513). |

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| **2** | 1/27 | **Numeracy, Risk Communication (Patients)** Definition of numeracy, how can it influence decision-making, numeracy & health, effective risk communicationClass activity: Case examples of risk communication strategies and implications of them | Fagerlin, A., Zikmund-Fisher, B.J. & Ubel, P.A. (2011). Helping Patients Decide: Ten Steps to Better Risk Communication. *Journal of the National Cancer Institute,* [*103*, 1436–1443](https://academic.oup.com/jnci/article/103/19/1436/899532)Zikmund-Fisher, B.J. (2011). Time to Retire the 1-in-X Risk Format. *Medical Decision Making,* [31 (5), 703-704](https://journals.sagepub.com/doi/full/10.1177/0272989X11418238).Epstein, R. M., D. N. Korones, et al. (2010). Withholding information from patients--when less is more. *New England Journal of Medicine* [*362(5)*: 380-381](https://www.nejm.org/doi/full/10.1056/NEJMp0911835).Dolan, J.G., Cherkasky, O.A., Li, Q., Chin, N. & Veakie, P.J. (2016). Should Health Numeracy Be Assessed Objectively or Subjectively? *Medical Decision Making,* [*36(7):* 868-875](https://www.ncbi.nlm.nih.gov/pubmed/25948493)*Optional:* International Patient Decision Aids Standards: 2012 Updated Chapter C: Presenting Probabilities. <http://ipdas.ohri.ca/IPDAS-Chapter-C.pdf> |
| **3** | 2/3 | **Risk Communication/****Risk Perception—Public** Drug Facts Box, Data in Direct-to-Consumer Ads, Framing Effects, *Your Disease Risk*, Risk communication and the media.Class activity: Case examples of risk communication to the public: the role of numbers & storiesGuest Speaker:Erika Waters, PhD, 11 am | Lin, G.A. & Fagerlin, A. (2014). Shared Decision Making: State of the Science. *Circulation: Cardiovascular Quality and Outcomes,* [7:328-334](https://www.ahajournals.org/doi/full/10.1161/CIRCOUTCOMES.113.000322?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed).Hoffman, T.C. & DelMar, C. (2015). Patients’ Expectations of the Benefits and Harms of Treatments, Screening, & Tests: A Systematic Review. *JAMA Internal Medicine,*[175(2):274-86](https://www.ncbi.nlm.nih.gov/pubmed/25531451).Santessoa, N., Rader, T., Nilsen, E.S., Glenton, C., Rosenbaum, S., Ciapponid, A. et al. (2015). A summary to communicate evidence from systematic reviews to the public improved understanding and accessibility of information: a randomized controlled trial. *Journal of Clinical Epidemiology,* [68(2),182-190](https://www.ncbi.nlm.nih.gov/pubmed/25034199).*Optional:* Peters, Hart, Tulser, & Fraenkel (2014). Numbers Matter to Informed Patient Choices: A Randomized Design across Age and Numeracy Levels. *Medical Decision Making,* [*34(4)*: 430-42](https://www.ncbi.nlm.nih.gov/pubmed/24246563).Trevena, Zikmund-Fisher, Edwards, Gaissmaier, Galesic, Han, King, Lawson, et al. (2013).Presenting quantitative information about decision outcomes: a risk communication primer for patient decision aid developers. *BMC Medical Informatics and Decision Making*, [13(Suppl 2):S7](https://www.ncbi.nlm.nih.gov/pubmed/24625237). |

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| **4** | 2/10 | **Decision Psychology**Psychological processes affecting accuracy in medical diagnosis, heuristics, biases affecting medical decisions, conflicts of interest as they affect SDMClass activity: Interactive activities are incorporated into the lecture | Ubel, P., Abernethy, A.P. & Zafar, S.Y. (2013). Full Disclosure — Out-of-Pocket Costs as Side Effects. *New England Journal of Medicine*, [369: 1484-1486](https://www.nejm.org/doi/full/10.1056/NEJMp1306826).Politi, M.C., Jones, K.M. & Philpott, S.E. (2017). The Role of Patient Engagement in Addressing Parents' Perceptions About Immunizations.*JAMA,* [318(3):237-238](https://jamanetwork.com/journals/jama/fullarticle/2633667).Pop culture articles:<http://www.businessinsider.com.au/cognitive-biases-that-affect-decisions-2015-8><https://www.theatlantic.com/amp/article/565775/?_twitter_impression=true>*Optional:* Chapman, G.B., Li, M., Colby, H., & Yoon, H. (2010). Opting in versus opting out of influenza vaccination. JAMA, [304(1), 43-44](https://jamanetwork.com/journals/jama/fullarticle/186162).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](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4044775/).Lowenstein, G, Sah, S & Cain, D. M. (2012). The Unintended Consequences of Conflict of Interest Disclosure. *JAMA,* [*307(7),*669-670](https://jamanetwork.com/journals/jama/fullarticle/1104993).Tversky, A. & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. Science,[185, 1124-1131](http://psiexp.ss.uci.edu/research/teaching/Tversky_Kahneman_1974.pdf). |
| **5** | 2/17 | **Patient Decision Aids**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?Class activities: Evaluating a decision aid, evaluating a consultation using the OPTION scale | Joseph-Williams, N., Newcombe, R., Politi, M.,Durand, M.A., Sivell, S. et al. (2014).Toward Minimum Standards for Certifying Patient Decision Aids: A Modified Delphi Consensus Process.*Medical Decision Making* [*34(6):* 699-710](https://journals.sagepub.com/doi/full/10.1177/0272989X13501721?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed).Stacey, D, Légaré  F, Lewis  KB. (2017). Patient decision aids to engage adults in treatment or screening decisions. *JAMA*. [318(7):657-658](https://jamanetwork.com/journals/jama/fullarticle/2648613).Montori, V.M., Kunneman, M. & Brito, J.P. (2017). Shared Decision Making and Improving Health Care: The Answer Is Not In. *JAMA*, [318(7):617-618](https://jamanetwork.com/journals/jama/fullarticle/2648612).[*https://catalyst.nejm.org/shared-decision-making-patient-decision-aids/*](https://catalyst.nejm.org/shared-decision-making-patient-decision-aids/)*Optional*: Sepucha, K.R., Abhyankar, P., Hoffman, A.S., Bekker, H.L., LeBlanc,A., Levin, C.A….Thomson, R. (2017). Standards for UNiversal reporting of patient Decision Aid Evaluation studies: the development of SUNDAE Checklist. *BMJ Quality & Safety, Published Online First: 21 December 2017.* [*doi: 10.1136/bmjqs-2017-006986*](https://qualitysafety.bmj.com/content/27/5/380)Coulter, Stilwell, Kryworuchko, Mullen, Ng, van der Weijden (2013).A systematic development process for patient decision aids. *BMC Medical Informatics and Decision Making*, [*13(Suppl 2):S2*](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-13-S2-S2).International Patient Decision Aids Standards: The 2012 IPDAS Background Document Introduction. <http://ipdas.ohri.ca/IPDAS-Introduction.pdf>International Patient Decision Aids Standards: 2012 UpdatedChapter H: Delivering Decision Aids on the Internet.<http://ipdas.ohri.ca/IPDAS-Chapter-H.pdf> |
| **6** | 2/24 | **Values Clarification/Preference Elicitation Exercises** Utility assessments, narratives, balance sheets, diabetes cards, values during the consultationClass activity: Evaluating different types of values clarification exercisesGuest Speaker: Frank Soltys, MD, 10 am, NICU decision-making  | Fagerlin, Pignone, Abhyankar, Col, Feldman-Stewart, Gavaruzzi, et al. (2013). Clarifying values: an updated review. *BMC Medical Informatics and Decision Making*, [13(Suppl 2):S8](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-13-S2-S8).Bekker, Winterbottom, Butow, Dillard, Feldman-Stewart, Fowler, Jibaja-Weiss, Shaffer, Volk (2013). Do personal stories make patient decision aids more effective? A critical review of theory and evidence. *BMC Medical Informatics and Decision Making*, [13(Suppl 2):S9](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-13-S2-S9).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*:f7066](https://www.bmj.com/content/347/bmj.f7066)*Optional:* Epstein, R. M. and Peters, E. (2009). Beyond information: Exploring patients' preferences. *JAMA,* [*302*: 195-197](https://jamanetwork.com/journals/jama/fullarticle/184205).International Patient Decision Aids Standards: 2012 Updated Chapter D. Clarifying and Expressing Values. <http://ipdas.ohri.ca/IPDAS-Chapter-D.pdf>International Patient Decision Aids Standards: 2012 Updated Chapter E. Using Personal Stories. <http://ipdas.ohri.ca/IPDAS-Chapter-E.pdf> |
| **7** | 3/2 | **Informed Consent, Health Literacy, & SDM** Health literacy interventions for informed consent, SDM interventions for informed consent for clinical procedures and clinical researchClass Activity: Evaluating existing informed consent documentsGuest speaker: Bryan Sisk, MD, 9 am, SDM and health literacy in pediatric oncology | Krumholz HM. (2010) Informed Consent to Promote Patient-Centered Care. *JAMA,* [*303*: 1190-1191](https://jamanetwork.com/journals/jama/fullarticle/185562).Spatz, E.S., Krumholz, H.M. & Moulton, B.W. (2016). The New Era of Informed Consent: Getting to a Reasonable-Patient Standard Through Shared Decision Making. *JAMA,* [*315(19):* 2063-2064](https://jamanetwork.com/journals/jama/fullarticle/2516469).Faden, Beauchamp, & Kass (2014). Informed Consent, Comparative Effectiveness, and Learning Health Care. *NEJM,* [*370,* 8.](https://www.nejm.org/doi/full/10.1056/NEJMhle1313674)*Optional:* Politi, M.C., Kuzemchak, M.D., Kaphingst, K.A., Perkins, H., Liu, J. & Byrne, M.M. (2016). Decision Aids Can Support Cancer Clinical Trials Decisions: Results of a Randomized Trial. *The Oncologist.* [DOI: 10.1634/theoncologist.2016-0068](https://doi.org/10.1634/theoncologist.2016-0068) |
| **8** | 3/9 | **What is Health Literacy?**Definitions and components of health literacy; epidemiology of health literacy in the U.S.Class activity**:** American Medical Association video and discussion | Paasche-Orlow M. Caring for patients with limited health literacy. *JAMA*. 2011; [306:1122-1129](https://jamanetwork.com/journals/jama/fullarticle/1104334).Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, Brand H. Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health* [2012; 12:80](https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-80).[*https://www.cdc.gov/healthliteracy/learn/index.html*](https://www.cdc.gov/healthliteracy/learn/index.html)**Final paper project topic due by 9:00am** |
| **9** | 3/16 | **Health Literacy and SDM**Effect of health literacy on decision making preferences; Health literacy and shared decision making framework; Directions for future researchClass activity:Origami instructionsGuest Speaker: Ashley Housten, OTD, MSCI, 10 am, over-diagnosis and uncertainty about cancer screening | Seo, J., Goodman, M., Politi, M.C., Blanchard, M. & Kaphingst, K.A. (2016). Effect of Health Literacy on Decision-Making Preferences among Medically Underserved Patients. *Medical Decision Making,* [36(4):550-6](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546799/).Malloy-Weir, L.J., Charles, C., Gafni, A., Entwistle, V. (2015). Empirical relationships between health literacy and treatment decision making: A scoping review of the literature. *Patient Education and Counseling.* [*98(3):296-309*](https://www.ncbi.nlm.nih.gov/pubmed/25535012)*.*Ledford, C.J.W., Cafferty, L.A., & Russell, T.C. (2015). The Influence of Health Literacy and Patient Activation on Patient Information Seeking and Sharing. *Journal of Health Communication,* [*20 (suppl 2),* 77-82.](https://www.ncbi.nlm.nih.gov/pubmed/26513034)*Optional*: International Patient Decision Aids Standards: 2012 Updated Chapter J: Addressing Health Literacy. <http://ipdas.ohri.ca/IPDAS-Chapter-J.pdf>McCaffery KJ, Smith SK, Wolf M. The challenge of shared decision making among patients with lower literacy: A framework for research and development. *Med. Decis. Making.* [2010;30:35-44](https://journals.sagepub.com/doi/10.1177/0272989X09342279).McCaffery KJ, Holmes-Rovner M, Smith SK, Rovner D, Nutbeam D, Clayman ML, Kelly-Blake K, Wolf MS, Sheridan SL. Addressing health literacy in patient decision aids. *BMC Medical Informatics and Decision Making* [2013; 13(Suppl 2):S10](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4042520/). |
| **10** | 3/23 | **Determinants and Outcomes of Health Literacy**Associations between health literacy, health outcomes, and health services use; possible mechanisms; social determinants of health literacyClass activities: Discussion of pathways by which health literacy impacts health outcomes; variables affecting health literacyGuest speaker: Mychal Voorhees, MA, Community Outreach and Public Health Services Coordinator for Becker Medical Library | Fagerlin, Pignone, Abhyankar, Col, Feldman-Stewart, Gavaruzzi, et al. (2013). Clarifying values: an updated review. *BMC Medical Informatics and Decision Making*, [13(Suppl 2):S8](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-13-S2-S8).Bekker, Winterbottom, Butow, Dillard, Feldman-Stewart, Fowler, Jibaja-Weiss, Shaffer, Volk (2013). Do personal stories make patient decision aids more effective? A critical review of theory and evidence. *BMC Medical Informatics and Decision Making*, [13(Suppl 2):S9](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/1472-6947-13-S2-S9).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:f7066](https://www.bmj.com/content/347/bmj.f7066)*Optional:*Epstein, R. M. and Peters, E. (2009). Beyond information: Exploring patients' preferences. *JAMA,* [302: 195-197](https://jamanetwork.com/journals/jama/fullarticle/184205).International Patient Decision Aids Standards: 2012 Updated Chapter D. Clarifying and Expressing Values. <http://ipdas.ohri.ca/IPDAS-Chapter-D.pdf>International Patient Decision Aids Standards: 2012 Updated Chapter E. Using Personal Stories. <http://ipdas.ohri.ca/IPDAS-Chapter-E.pdf> |
| **11** | 3/30 | **Assessing Health Literacy Demands of Health Care System (class starts at 9:45 am today to make time for the BJC environment exercise)**Assessment of written materials; Health literacy issues in health care system access and navigationClass activity: Materials assessment; Discussion of assessment of BJC environment | Brach C, Keller D, Hernandez LM, Baur C, Parker R, Dreyer B, Schyve P, Lemerise AJ, Schillinger D. Ten attributes of health literate health care organizations. 2012;Washington, DC: [National Academies Press.](https://nam.edu/perspectives-2012-ten-attributes-of-health-literate-health-care-organizations/)Doak CC, Doak LG, Root JH. *Teaching Patients with Low Literacy Skills*. 2nd ed. Philadelphia:J.B. Lippincott Company; 1996.<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/doakchap1-4.pdf> Chapter 4Koh HK, Brach C, Harris LM, Parchman ML. A proposed “health literate care model’ would constitute a systems approach to improving patients’ engagement in care. Health Affairs [2013; 32(2): 357-367](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102011/).**Assignment to complete for class:** Assessment of BJC hospital environment (supplemental handout) |
| **12** | 4/6 | **Assessing Health Literacy of Patients** Objective health literacy measures, subjective health literacy measures, limitations of existing measuresClass activity: Assessment of health literacy skills using common measures; case example from health literacy assessment in EDGuest speaker: Courtney Goodwin, MPH, health literacy measurement among young adults | Chew LD, Griffin JM, Partin MR, et al. Validation of screening questions for limited health literacy in a large VA outpatient population. *J. Gen. Intern. Med.* [2008;23(5):561-566](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2324160/).Wolf MS, Curtis LM, Wilson EAH, Revelle W, Waite KR, Smith SG, et al. Literacy, cognitive function, and health: Results of the LitCog study. *J. Gen. Intern. Med.* [2012;27(10): 1300-1307](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445686/).Kronzer, V. (2016). Screening for health literacy is not the answer. *BMJ 2016;*[354:i3699](https://www.bmj.com/content/354/bmj.i3699)*Optional*: Mancuso JM. Assessment and measurement of health literacy: An integrative review of the literature. *Nursing and Health Sciences.* 2009;[11:77-89.](https://onlinelibrary.wiley.com/doi/full/10.1111/j.1442-2018.2008.00408.x) |
| **13** | 4/13 | **Health Literacy Interventions** Health literacy interventions; State of the evidence; Directions for future researchGuest Speaker: Maura Kepper, 10 am, health literacy and communication to adolescents with type 2 diabetes  | Batterham, R.W., Hawkins, M., Collins, P.A., Buchbinder, R. & Osborne, R.H. (2016). Health literacy: Applying current concepts to improve health services and reduce health inequities. *Public Health,* [132, 3-12](https://www.sciencedirect.com/science/article/pii/S0033350616000044?via%3Dihub).Sheridan SL, Halpern DJ, Viera AJ, Berkman ND, Donahue KE, Crotty K. Interventions for individuals with low health literacy: a systematic review. *Journal of Health Communication* [2011;16:30-54.](https://www.ncbi.nlm.nih.gov/pubmed/21951242)*Optional*: Letters responding to Low Health Literacy. *Ann. Intern. Med*. 2011; 155:793-795. <https://annals.org/aim/fullarticle/747040>Brega, A.G., Freedman, M.A.G., LeBlanc,.G., Barnard, J., Mabachi, N.M., et al. (2015). Using the Health Literacy Universal Precautions Toolkit to Improve the Quality of Patient Materials. *Journal of Health Communication,* [20 (suppl 2), 69-76](https://www.tandfonline.com/doi/full/10.1080/10810730.2015.1081997?scroll=top&needAccess=true). |
| **14** | 4/20 | **Health literacy, biases, and provider-patient communication**Oral health literacy; health literacy and provider-patient communication; best practices in provider patient communicationClass Activity: Strategies for clear communication with patients, clinician biases in communicationGuest Speaker: Brittany Minor, MS, OTR/L, health literacy and communication with older adults, 10 am | Galliher JM, Post DM, Weiss BD, et al. Patients' question-asking behavior during primary care visits: A report from the AAFP National Research Network. *Annals of Family Medicine.* [2010;8:151-159](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2834722/).Alegria M, Nakash O, Lapatin S, Oddo V, Gao S, Lin J, et al. How missing information in diagnosis can lead to disparities in the clinical encounter. *Journal of public health management and practice : JPHMP*. [2008;14 Suppl:S26-35.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677445/)Jager AJ, Wynia MK. Who gets a teach-back? Patient-reported incidence of experiencing a teach-back. *Journal of Health Communication* [2012;17:294-302](https://www.ncbi.nlm.nih.gov/pubmed/23030577).*Optional:* Hasak, J.M., Myckatyn, T.M., Grabinski, V.F., Philpott, S.E., Parikh, R.P. & Politi, M.C. (2017). Stakeholders' Perspectives on Post-Mastectomy Breast Reconstruction: Recognizing Ways to Improve Shared Decision Making between Clinicians and Patients. [Plastic and Reconstructive Surgery Global Open.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732675/) |
| **15** | 4/27 | **Student Project Presentations** | **Final Paper Due by 9 am** |
| **16** | 5/4 | **Student Project Presentations** |  |