

Observer OPTION⁵ Manual

Measuring shared decision making by assessing recordings or transcripts of encounters from clinical settings.

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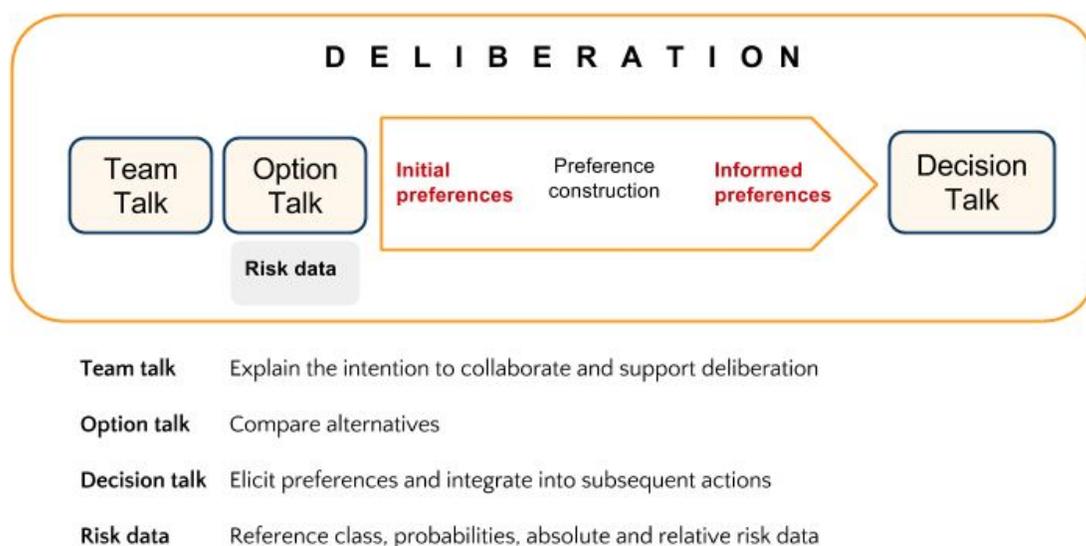
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Introduction

This measure is based on a previous 12-item measure of shared decision making, which is still available at the following website:

<http://www.optioninstrument.org/>. We realized the need for a measure that was more specific to the construct of shared decision making and, hence, the development of this five-item measure. For more details on this measure, see the bibliography at the end of this document. The conceptual origin for this measure is the three talk model (Elwyn 2013) - see updated visual model in Figure (#).



The following items in the table below form the Observer OPTION⁵ measure. Items should be scored independently. Scoring should be summed, so that the potential total score is between 0 and 20. For ease of interpretation, we advocate rescaling this score to be between 0 and 100.

We suggest scoring a decision process. We know that, most often, more than one decision exists in clinical encounters. There is a requirement, therefore, for researchers to choose whether to assess all decisions (nested in encounters) or a specific decision and to describe their rationale. Where it is likely that a decision process spans more than one encounter with the same clinician, we suggest scoring across the required number of encounters and taking the best score per item at the encounter level to fully capture a shared decision making process.

If the decision process spans a number of different encounters with different members of the care team and the goal is to measure shared decision making at the 'team' level, then we suggest assessing the score at each encounter level, taking a mean score, and showing the score range and standard deviation as a measure of the variation.

To assist raters to assess conversations and ultimately score encounters we have provided some example phrases. These phrases are suggestions not prescriptions for scoring. We urge researchers to take detailed notes of conversations and examples of language used to differentiate between a score of 1 versus 2 and so on.

Assessing shared decision making in single or multiple encounters

Items in Observer OPTION ⁵ are framed to provide raters the opportunity to give credit where there is evidence for deliberation that extends across multiple encounters. There are two ways for this to be done:

- 1) Where a patient has been asked to review a decision support intervention prior to attending the encounter, or where a clinician at a prior encounter has made an effort to inform the patient and provide information, it is acceptable to take that work into account, provided that the clinician re-affirms their support of a deliberative process (see steps described in the collaborative deliberation model).
- 2) Where a deliberative process is known to have occurred across a series of encounters, it is good practice to try to obtain those recordings and assess the deliberative process across those multiple encounters. The overall total score is the sum of the highest achieved items scores for each item across all encounters.

Assessing shared decision making where there are multiple decisions in one encounter

Clinical encounters typically contain more than one decision, although in some situations the encounter is more focused on one clear decision. Because we suggest using two raters to assess each clinical encounter, there is a need to ensure that each rater allocates scores to the same decision focus. This is required in order to obtain Intraclass Correlation Coefficient (ICCs) that are above 0.6, which we consider to be a reasonable threshold.

Step 1

Assign a Rater (R_1) with the task of tagging the recording for discrete decisions (D). The same Rater (R_1) will next perform the task of time stamping (t_x-t_y) the recording for each discrete decision (see Figure).

Step 2

Treating each discrete decision separately, two raters R_1 and R_2 , should independently score each decision using Observer OPTION⁵. This should be completed for five full encounters at the calibration stage. The numbers of decisions per encounter may vary.

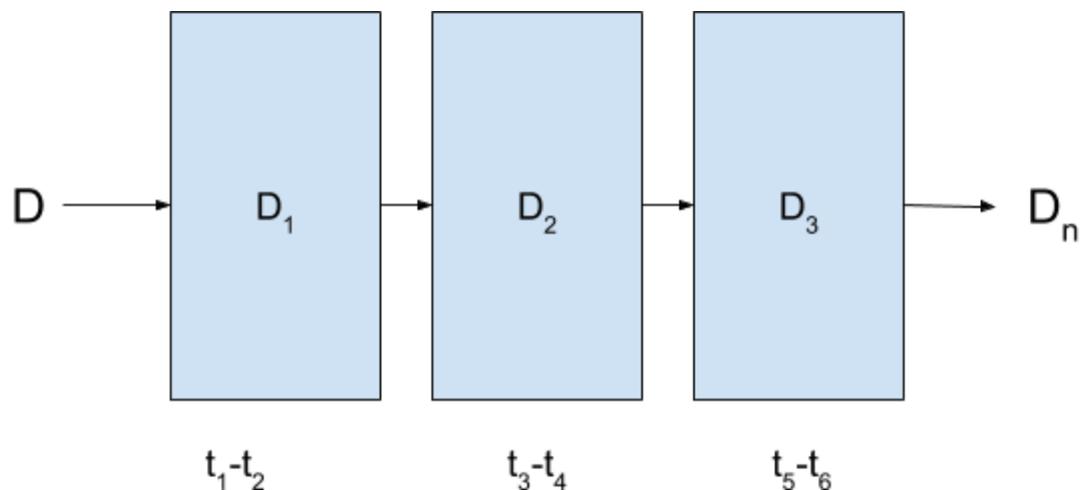
Step 3

A suggested calibration process is as follows: After independently scoring the time-stamped encounters, two raters should meet to compare and discuss their scores for each identified decision (D_1 to D_n). The purpose of this step is to compare scores and compare notes (e.g., interpretation of phrases and degrees of patient contribution).

Note: Calibration should be completed by applying an ICC for five time-stamped encounters by the rater. Compare scores by ICC and accept if $ICC > 0.6$ and repeat if $ICC \leq 0.6$. Care needs to be taken when calculating ICCs. More detail regarding the models of ICCs and the forms of ICCs are given here:

<https://www.uvm.edu/~dhowell/methods9/Supplements/icc/More%20on%20ICCs.pdf>

Figure Timestamping decisions D_1 to D_n in each clinical encounter



D = Decision

t = Time

The Observer OPTION⁵ Measure

<p>Item 1: For the health issue being discussed, the clinician draws attention to or confirms that alternate treatment or management options exist or that the need for a decision exists. If the patient rather than the clinician draws attention to the availability of options, the clinician responds by agreeing that the options need deliberation.</p> <p>0 = No effort 1 = Minimal effort 2 = Moderate effort 3 = Skilled effort 4 = Exemplary effort</p>
<p>Item 2: The clinician reassures the patient or re-affirms that the clinician will support the patient to become informed or deliberate about the options. If the patient states that they have sought or obtained information prior to the encounter, the clinician supports such a deliberation process.</p> <p>0 = No effort 1 = Minimal effort 2 = Moderate effort 3 = Skilled effort 4 = Exemplary effort</p>
<p>Item 3: The clinician gives information or checks understanding about the options that are considered reasonable (this can include taking no action), to support the patient in comparing alternatives. If the patient requests clarification, the clinician supports the process.</p> <p>0 = No effort 1 = Minimal effort 2 = Moderate effort 3 = Skilled effort 4 = Exemplary effort</p>
<p>Item 4: The clinician makes an effort to elicit the patient's preferences in response to the options that have been described. If the patient declares their preference(s), the clinician is supportive.</p> <p>0 = No effort 1 = Minimal effort 2 = Moderate effort 3 = Skilled effort 4 = Exemplary effort</p>
<p>Item 5: The clinician makes an effort to integrate the patient's elicited preferences as decisions are made. If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes an effort to do so.</p> <p>0 = No effort 1 = Minimal effort 2 = Moderate effort 3 = Skilled effort 4 = Exemplary effort</p>
<p style="text-align: right;">Total Score 0-20 Rescale 0-100</p>

The Observer OPTION⁵ Measure Scoring Guide

Score	Description
0 = No effort	Zero effort observed.
1 = Minimal effort	Effort to communicate could be implied or interpreted.
2 = Moderate effort	Basic phrases or sentences used.
3 = Skilled effort	Substantive phrases or sentences used.
4 = Exemplary effort	Clear, accurate communication methods used.

Observer OPTION⁵ scoring descriptions

Item 1 Option talk: alternate Options

Item 1: For the health issue being discussed, the clinician **draws attention to or confirms** that alternate treatment or management options exist or that the need for a decision exists. If the patient rather than the clinician draws attention to the availability of options, the clinician responds by agreeing that the options need deliberation.

0 = No effort

The clinician **makes no effort to convey or confirm** that there are alternate treatment or management options or to state that there is a need for a decision.

Or:

The patient initiates the possibility that options need to be considered but the clinician **makes no effort to convey or confirm** that there are alternate treatment or management options or to state that there is a need for a decision.

1 = Minimal effort

The clinician **makes a minimal effort to convey or confirm** the existence of alternate treatments or management options or states that there is a need for a decision.

Or:

If the patient initiates the possibility that options need to be considered, the clinician **makes a minimal effort to convey or confirm** the existence of alternate treatments or management options or states that there is a need for a decision.

Examples of typical minimal effort

There are a couple of ways...; a range of options...; many different choices exist ...

2 = Moderate effort

The clinician **makes a moderate effort to convey or confirm** the existence of alternate treatment or management options or explains the need for a decision.

Or:

If the patient initiates the possibility that options need to be considered, the clinician **makes a moderate effort to convey or confirm** the existence of alternate treatment or management options or explains the need for a decision.

Example of a typical moderate effort

Alternative options exist; we need to consider what to do for the best and choose between a range of options.

3 = Skilled effort

The clinician **makes a skilled effort to convey or confirm** the existence of alternate options or explains the need for a decision. Skilled effort could include checking that the patient understands this issue or could provide justification for the need to take the time to make a decision, e.g. patient preferences will vary and need to be considered.

Or:

If the patient initiates the possibility that options need to be considered, the clinician **makes a skilled effort to convey or confirm** the existence of alternate options or explains the need for a decision.

Examples of typical skilled effort

These different options are offered because it is reasonable to consider them - they have different pros and cons ...

Different people will react differently to them – so this is why it is important to compare them so that you help decide what fits your circumstances.

4 = Exemplary effort

The clinician **makes an exemplary effort to convey or confirm** the existence of alternate options or explains the need for a decision. Exemplary effort could include checking that the patient understands this issue, or could provide justification for the need to take time to make a decision, e.g. patient preferences will vary and need to be considered.

Or:

If the patient initiates the possibility that options need to be considered, the clinician **makes an exemplary effort to convey or confirm** the existence of alternate options or explains the need for a decision. Exemplary effort could include checking that the patient understands this issue or could provide justification for the need to take the time to make a decision, e.g. patient preferences will vary and need to be considered.

Examples of typical exemplary effort

Now that we have agreed on the problem (or diagnosis), let's consider how to take the next steps (manage/treat/investigate).

As in many situations, there are alternative possibilities, and each of these possibilities will differ. Shall I explain these alternatives to you?

My goal is for you to understand more about these options, and then hear from you as to what matters most to you.

People have different priorities – so I want to understand yours.

Item 2 Team Talk: support deliberation / forming a partnership

Item 2: The clinician reassures the patient or re-affirms that the clinician **will support the patient to become informed or deliberate** about the options. If the patient states that they have sought or obtained information prior to the encounter, the clinician supports such a deliberation process.

0 = No effort

The clinician **makes no effort to reassure** the patient that they will be supported during the process of being given information or being asked to deliberate about options.

Or:

If the task of providing information has taken place before the encounter or has been accomplished by the patient, the clinician **makes no effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

1 = Minimal effort

The clinician **makes a minimal effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

Or:

If the task of providing information has taken place before this encounter, the clinician **makes a minimal effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

Examples of a typical minimal effort

Let's work together to ... ; I will help you to think about...; my role is to work with you ...

2 = Moderate effort

The clinician **makes a moderate effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

Or:

If the task of providing information has taken place before this encounter, the clinician **makes a moderate effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options

Examples of typical moderate effort

This might be new work for you; therefore, we will etc ; considering options is hard, therefore we will etc.

3 = Skilled effort

The clinician **makes a skilled effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

Or:

If the task of providing information has taken place before the encounter, the clinician **makes a skilled effort to reassure** the patient that they will be supported

during the process of being given information or asked to deliberate about options.

Examples of a typical skilled effort

I'm going to make sure that you have more information about the relevant options, and then we'll work together to consider those options.

This might feel like a lot of work, but don't worry, I'm here to help you consider these options and work out what might be best for you.

4 = Exemplary effort

Scoring at this level requires that clinicians explain to patients that by working together as a team, including with family members where appropriate, they will be supported to consider the choice that needs to be made, to ensure that the patient is not at risk of feeling abandoned to face a difficult decision alone.

The clinician **makes an exemplary effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

Or:

If the task of providing information has taken place before the encounter, the clinician **makes an exemplary effort to reassure** the patient that they will be supported during the process of being given information or asked to deliberate about options.

Examples of typical exemplary efforts

I'm going to make sure that you have more information about the relevant options. Some patients sometimes feel overwhelmed by this kind of information, but I'll do my best to make it clear and easy to follow.

I will describe how the options are different, where they lead to benefits and where they lead to harm, and how often these happen.

My job is to make sure I support you in getting to an understanding of these options so that we can compare them and work out what is best for you. Do you have any questions?

Item 3 Option Talk: information about options

Item 3: The clinician **gives information or checks understanding about the options** that are considered reasonable (this can include taking 'no action'), to support the

patient in comparing alternatives. If the patient requests clarification, the clinician supports the process.

0 = No effort

The clinician **makes no effort to provide information** about options.

Or:

If the task of providing or obtaining information about options has taken place before the encounter, the clinician **makes no effort to check the accuracy and appropriateness** of the information about options.

1 = Minimal effort

The clinician **makes a minimal effort to provide information** about options.

Or:

If the task of providing or obtaining information about options has taken place before the encounter, the clinician **makes a minimal effort to check the accuracy and appropriateness** of the information about options.

Example of a typical minimal effort

There are the following options available, i.e. A and B. Let me describe them to you.

2 = Moderate effort

The clinician **makes a moderate effort to provide information** about options.

Or:

If the task of providing or obtaining information about options has taken place before the encounter, the clinician **makes a moderate effort to check the accuracy and appropriateness** of the information about options.

Example of a typical moderate effort

There are the following options available, i.e. A and B. Let me describe them to you so that you can understand both the benefits of each option and the harms and how likely these are to take place.

3 = Skilled effort

The clinician **makes a skilled effort to provide information** about options.

Or:

If the task of providing or obtaining information about options has taken place before the encounter, the clinician **makes a skilled effort to check the accuracy and appropriateness** of the information about options.

Examples of a typical skilled effort

There are the following options available, i.e. A and B. Let me describe them to you so that you can understand both the benefits of each option and the harms and how likely these are to take place. Did you understand? Do you have questions? Can I explain something again?

4 = Exemplary effort

The clinician **makes an exemplary effort to provide information** about options.

Or:

If the task of providing or obtaining information about options has taken place before the encounter, the clinician **makes an exemplary effort to check the accuracy and appropriateness** of the information about options.

Examples of a typical exemplary effort

There are the following options available, i.e. A and B. Let me describe them to you so that you can understand both the benefits of each option and the harms and how likely these are to take place.

Use of icon arrays to illustrate probabilities.

Did you understand? Do you have questions? Can I explain something again?

Teach-back is an example of an exemplary effort, and an example of a typical phrase might be, *“In your own words, tell me what you have heard or understood.”*

Item 4 Decision Talk: eliciting preferences

Item 4: The clinician makes an effort to **elicit the patient's preferences** in response to the options that have been described. If the patient declares his or her preference(s), the clinician is supportive.

0 = No effort

The clinician makes **no effort to elicit the patient's preferences**.

Or:

If the patient declares their preferences, the clinician makes no effort to be supportive.

1 = Minimal effort

The clinician makes a **minimal effort to elicit the patient's preferences** in response to the options that have been described.

Or:

If the patient declares their preferences, the clinician **makes a minimal effort** to be supportive.

Example of a typical minimal effort

What did you think?

2 = Moderate effort

The clinician makes a **moderate effort to elicit the patient's preferences** in response to the options that have been described.

Or:

If the patient declares their preferences, the clinician makes a **moderate effort to be supportive**.

Examples of a typical moderate effort

Now that I have described the options, did you think that one of them seemed to fit in with your wishes or views?

3 = Skilled effort

The clinician makes a **skilled effort to elicit or confirm the patient's preferences** in response to the options that have been described.

Or:

If the patient declares their preferences, the clinician **makes a skilled effort to be supportive**.

Example of typical skilled efforts

What did you think of the options?

Were you able to form an opinion about them? Did some aspect of them worry you or appeal to you?

I'm curious to know your reactions or priorities now that you know a bit more.

4 = Exemplary effort

The clinician makes an **exemplary effort to elicit or confirm the patient's preferences** in response to the options that have been described.

Or:

If the patient declares their preferences, the clinician **makes an exemplary effort to be supportive**.

Examples of typical exemplary effort

Did you have any questions or concerns about the options I described?

Maybe you heard some things that you liked? Or were worried about? That is normal, and my work is to try to understand your views about the options.

What did you think of the options? Were you able to form an opinion about them? Did some aspect of them worry you or appeal to you?

I'm curious to know your reactions or priorities now that you know a bit more.

Item 5 Decision Talk: integrating preferences

Item 5: The clinician makes an **effort to integrate the patient's elicited preferences** as decisions are made. If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes an effort to do so.

0 = No effort

The clinician makes **no effort to integrate** the patient's informed preferences as decisions are made or deferred.

Or:

If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes **no effort to do so**.

1 = Minimal effort

The clinician makes **a minimal effort to integrate** the patient's informed preferences as decisions are made or deferred.

Or:

If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes **a minimal effort to do so**.

Example of typical minimal effort

I think you are happy with option A; let's do that.

2 = Moderate effort

The clinician makes **a moderate effort to integrate** the patient's informed preferences as decisions are made or deferred.

Or:

If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes **a moderate effort to do so**.

Example of typical moderate effort

I think you are happy with option A. Did I get that right?

3 = Skilled effort

The clinician makes **a skilled effort to integrate** the patient's informed preferences as decisions are made or deferred.

Or:

If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes **a skilled effort to do so**.

Example of typical phrases for skilled effort

So if I can summarize, you think that both options are possibilities. But you think option A is better for you because you think X. Is that right?

4 = Exemplary effort

The clinician makes an **exemplary effort to integrate** the patient's informed preferences as decisions are made or deferred.

Or:

If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes **an exemplary effort to do so**.

Example of typical exemplary effort

So, if I can summarize, you think that both options are possibilities. But you think option A is better for you because you think X. Is that right? I want to be sure that I've understood your preferences or priorities, so please let me know if you want to say more about this. My job is to make sure that the choice is based on the things that matter most to you and that have the best chance of working for you in your situation.

References

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