A first step in shared decision making. Developing a decision aid for the choice of anal cancer radiotherapy

Olling, Karina; Wee, Leonard; Jensen, Lars Henrik; Dahl Steffensen, Karina

Publication date: 2016

Document version
Også kaldet Forlagets PDF

Citation for published version (APA):
A FIRST STEP IN SHARED DECISION MAKING DEVELOPING A DECISION AID FOR THE CHOICE OF ANAL CANCER RADIOTHERAPY

INTRODUCTION

In shared decision making (SDM), clinicians and patients participate in an option-based conversation, such that joint preferences and mutually endorsed outcomes can be incorporated into treatment decisions.

There is compelling evidence that patients who are active participants in making decisions have better outcomes than those who are passive recipients of care. Communication of risk and benefit was a priority in the present study, and it was important to define the extent to which SDM was used.

METHODS AND MATERIALS

We received relevant literature about SDM with additional focus on patient- and radiographers’ perspectives. Literature was both qualitative and quantitative.

RESULTS

The pilot trial of the decision aid was conducted in the Department of Oncology, Vejle Hospital. The team consists of Medical Physicists, Radiography Nurses, and Oncologists working under the objectives of the “RTresearch team”.

ACKNOWLEDGEMENT: The pilot trial of the decision aid was conducted with patients with anal cancer and the study with the decision aid has been conducted with the “RTresearch team”.

The “RTresearch team” is a multidisciplinary team set up by the Department of Oncology, Vejle Hospital, the Danish Cancer Society, and the Danish Association of Radiographers. The success of the pilot trial of the decision aid could not have been achieved without the generous support of all involved.

CONTACT: E-mail: Karina.Olling@rsyd.dk

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

You’ve now had a conversation with your doctor about the radiotherapy treatment. We can offer two options.

THE HIGHER RADIATION DOSE

The higher radiation dose is generally higher; therefore, the risk of side effects is also higher.

THE LOWER RADIATION DOSE

The lower radiation dose is generally lower; therefore, the risk of side effects is also lower.

FREQUENTLY ASKED QUESTIONS

HEIGHER RADIATION DOSE

LOWER RADIATION DOSE

I want to increase my chance for a good quality of life.

I want to decrease my risk of side effects.

I want to increase my chance of the tumor completely disappearing.

I want to decrease my risk of side effects, which might affect my quality of life.

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

The use of decision aids supports SDM, and this contribution describes the practical procedures and learning outcomes of a decision aid in a clinical setting.

AIM

In order to make radiotherapy practice there is a possibility of the benefits that all patients will benefits at a higher or lower radiation dose.

A pilot trial of a decision aid for anal cancer patients, incorporating patient preferences, was introduced and the decision aid has been developed to support the decision making for the patient according to radiation dose, side effects, and quality of life.

The decision aid was designed for the purpose of satisfying patient needs and was developed by the team of Dr. Chen.

A decision aid was developed in cooperation with clinical colleagues. The patients participating in radiotherapy were asked for feedback. The decision aid was revised and three other patients were asked for feedback during their radiotherapy treatment.

A decision aid was developed in cooperation with clinical colleagues. The patients participating in radiotherapy were asked for feedback. The decision aid was revised and three other patients were asked for feedback during their radiotherapy treatment.

Decisions about late side effects are made after treatment and could be difficult to treat.

Patients were effective partners in the development of the decision aid; patient feedback was essential for refining the decision aid and educating clinical staff.

Our SDM protocol has received ethics approval, and four patients is already enrolled.

Patients were effective partners in the development of the decision aid; patient feedback was essential for refining the decision aid and educating clinical staff.

Our SDM protocol has received ethics approval, and four patients is already enrolled.

METHODS AND MATERIALS

We received relevant literature about SDM with additional focus on patient- and radiographers’ perspectives. Literature was both qualitative and quantitative.

RESULTS

The pilot trial of the decision aid was conducted in the Department of Oncology, Vejle Hospital. The team consists of Medical Physicists, Radiography Nurses, and Oncologists working under the objectives of the “RTresearch team”.

ACKNOWLEDGEMENT: The pilot trial of the decision aid was conducted with patients with anal cancer and the study with the decision aid has been conducted with the “RTresearch team”.

The “RTresearch team” is a multidisciplinary team set up by the Department of Oncology, Vejle Hospital, the Danish Cancer Society, and the Danish Association of Radiographers. The success of the pilot trial of the decision aid could not have been achieved without the generous support of all involved.

CONTACT: E-mail: Karina.Olling@rsyd.dk

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

You’ve now had a conversation with your doctor about the radiotherapy treatment. We can offer two options.

THE HIGHER RADIATION DOSE

The higher radiation dose is generally higher; therefore, the risk of side effects is also higher.

THE LOWER RADIATION DOSE

The lower radiation dose is generally lower; therefore, the risk of side effects is also lower.

FREQUENTLY ASKED QUESTIONS

HEIGHER RADIATION DOSE

LOWER RADIATION DOSE

I want to increase my chance for a good quality of life.

I want to decrease my risk of side effects.

I want to increase my chance of the tumor completely disappearing.

I want to decrease my risk of side effects, which might affect my quality of life.

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

The use of decision aids supports SDM, and this contribution describes the practical procedures and learning outcomes of a decision aid in a clinical setting.

AIM

In order to make radiotherapy practice there is a possibility of the benefits that all patients will benefits at a higher or lower radiation dose.

A pilot trial of a decision aid for anal cancer patients, incorporating patient preferences, was introduced and the decision aid has been developed to support the decision making for the patient according to radiation dose, side effects, and quality of life.

The decision aid was designed for the purpose of satisfying patient needs and was developed by the team of Dr. Chen.

A decision aid was developed in cooperation with clinical colleagues. The patients participating in radiotherapy were asked for feedback. The decision aid was revised and three other patients were asked for feedback during their radiotherapy treatment.

A decision aid was developed in cooperation with clinical colleagues. The patients participating in radiotherapy were asked for feedback. The decision aid was revised and three other patients were asked for feedback during their radiotherapy treatment.

Decisions about late side effects are made after treatment and could be difficult to treat.

Patients were effective partners in the development of the decision aid; patient feedback was essential for refining the decision aid and educating clinical staff.

Our SDM protocol has received ethics approval, and four patients is already enrolled.

METHODS AND MATERIALS

We received relevant literature about SDM with additional focus on patient- and radiographers’ perspectives. Literature was both qualitative and quantitative.

RESULTS

The pilot trial of the decision aid was conducted in the Department of Oncology, Vejle Hospital. The team consists of Medical Physicists, Radiography Nurses, and Oncologists working under the objectives of the “RTresearch team”.

ACKNOWLEDGEMENT: The pilot trial of the decision aid was conducted with patients with anal cancer and the study with the decision aid has been conducted with the “RTresearch team”.

The “RTresearch team” is a multidisciplinary team set up by the Department of Oncology, Vejle Hospital, the Danish Cancer Society, and the Danish Association of Radiographers. The success of the pilot trial of the decision aid could not have been achieved without the generous support of all involved.

CONTACT: E-mail: Karina.Olling@rsyd.dk

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

You’ve now had a conversation with your doctor about the radiotherapy treatment. We can offer two options.

THE HIGHER RADIATION DOSE

The higher radiation dose is generally higher; therefore, the risk of side effects is also higher.

THE LOWER RADIATION DOSE

The lower radiation dose is generally lower; therefore, the risk of side effects is also lower.

FREQUENTLY ASKED QUESTIONS

HEIGHER RADIATION DOSE

LOWER RADIATION DOSE

I want to increase my chance for a good quality of life.

I want to decrease my risk of side effects.

I want to increase my chance of the tumor completely disappearing.

I want to decrease my risk of side effects, which might affect my quality of life.

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

You’ve now had a conversation with your doctor about the radiotherapy treatment. We can offer two options.

THE HIGHER RADIATION DOSE

The higher radiation dose is generally higher; therefore, the risk of side effects is also higher.

THE LOWER RADIATION DOSE

The lower radiation dose is generally lower; therefore, the risk of side effects is also lower.

FREQUENTLY ASKED QUESTIONS

HEIGHER RADIATION DOSE

LOWER RADIATION DOSE

I want to increase my chance for a good quality of life.

I want to decrease my risk of side effects.

I want to increase my chance of the tumor completely disappearing.

I want to decrease my risk of side effects, which might affect my quality of life.

DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

You’ve now had a conversation with your doctor about the radiotherapy treatment. We can offer two options.

THE HIGHER RADIATION DOSE

The higher radiation dose is generally higher; therefore, the risk of side effects is also higher.

THE LOWER RADIATION DOSE

The lower radiation dose is generally lower; therefore, the risk of side effects is also lower.

FREQUENTLY ASKED QUESTIONS

HEIGHER RADIATION DOSE

LOWER RADIATION DOSE

I want to increase my chance for a good quality of life.

I want to decrease my risk of side effects.

I want to increase my chance of the tumor completely disappearing.

I want to decrease my risk of side effects, which might affect my quality of life.