

# Improving the Quality of Decision Making in Breast Cancer: Consultation Planning Template and Consultation Recording Template

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**Purpose/Objectives:** To describe two templates that can be used to improve the quality of breast cancer treatment decisions.

**Data Sources:** Case study, survey of current users, three clinical trials.

**Findings:** Clinical applications of the Consultation Planning Template and Consultation Recording Template vary across organizations. Clinical trials have demonstrated that the templates can improve the quality of decisions, the quality of communication between patients and providers, and satisfaction.

**Conclusions:** The templates can be adapted to different clinical settings and can improve the quality of treatment decisions.

**Implications for Nursing:** Nurses often provide the majority of education and coaching for patients making decisions. As patients' demands for involvement in decision making increase, nurses need practical tools to help patients participate. The templates are practical tools that nurses can use to help patients make better decisions.

Between diagnosis and treatment, patients and providers make decisions that significantly affect patients' lives. However, unlike diagnosis and treatment, patients and providers do not have protocols or guidelines for decision making. This lack of systematic support for decision making between diagnosis and treatment of cancer can be considered a "decision gap."

Filling this gap poses several challenges. Patients have variable needs for information—some want as much as possible, but others want limited information—and those needs may change over time (Rees & Bath, 2001). With the explosion of information available to patients through the media, libraries, and the Internet, a common complaint for patients with breast cancer is information overload (Sepucha, Belkora, Mutchnick, & Esserman, 2002). Patients are not able to figure out what information matters to them (Berland et al., 2001).

In addition, patients are not always well prepared to present concerns or ask questions in consultations. Some are too upset with the diagnosis (Cimprich & Ronis, 2001). Others do not know what questions to ask. Still others withhold their questions and concerns for fear of wasting physicians' time (Marvel, Epstein, Flowers, & Beckman, 1999; Roter & Hall, 1987; Suchman, Markakis, Beckman, & Frankel, 1997; White, Levinson, & Roter, 1994).

During the course of a medical consultation, a significant amount of material is presented. Unfortunately, patients often

## Key Points . . .

- ▶ Many patients with breast cancer want to participate in decisions about treatment.
- ▶ Implementing shared decision making in clinics can be difficult because of time pressure, lack of resources, and lack of training. Providers need practical tools to help patients productively participate in decisions.
- ▶ Consultation Planning and Recording Templates help patients prepare for and summarize discussions with providers about treatment decisions. Nurses can use the templates to encourage patient participation in decisions about treatment.

leave confused, overwhelmed, and unsure about what is supposed to happen next and, sometimes, unclear if decisions were made (Lobb, Butow, Kenny, & Tattersall, 1999; Sepucha, 1999). Guidelines for conducting a medical interview (Lipkin, Putnam, & Lazare, 1995) and documenting consultations (Weed, 1968) do not provide much structure or support for collaborative decision making. As providers try to accommodate patients' preferences for involvement and information, they need more support and better tools to engage patients in decisions about treatment.

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