Shared decision-making tools for patients in clinical settings

Population	Patients in clinical settings (e.g., clinics, hospitals)
Intervention/Exposure	Shared decision-making tools (e.g., patient decision aids); identifying gaps and opportunities in shared decision-making
Comparator	Current decision-making engagement
Outcomes	Patient care/experiences; QoL; patient knowledge levels; patient experiences; access to healthcare; impacts of shared decision-making tools (e.g., patient decision aids)

Interview Details:

Why did you choose this topic and why is it important to you?

- They have had arthritis since childhood, and had many encounters with the healthcare system over their lifetime.
- They believe shared decision-making (SDM) is not systematically implemented with patients, and many patients still need to advocate for themselves.
    - This affects patients' access to the healthcare system, their understanding of health conditions and options, and decision-making for their own health.
- They recognize the effort in developing tools (e.g., patient decision aids, coaching), but do not see the effect on real outcomes.

What do you hope to learn from researching this topic?

- Determine if there is enough research to properly understand patients' views on the decision-making process.
- Bring awareness for the value of SDM and the patient experience.

Who needs to know about the findings?

- Patients/public
- Healthcare providers
- Government bodies
- Policy-makers

Is there anything that you feel a panel of patients, caregivers, healthcare providers, and policy-makers should keep in mind when reviewing this topic?

- Even if clinicians believe they are doing SDM, they may not be, as clinicians might not be giving patients enough information about various options.

Feasibility Assessment Results

Summary:

Two systematic reviews, three scoping reviews, and one rapid review were identified during the scoping literature search. The following six reviews by Aoki et al (2022), Hamilton et al (2021), Scalia et al (2021), Shinkunas et al (2016), Cincidda et al (2015) and Scholl et al (2011) were assessed using AMSTAR-2. A summary of the AMSTAR-2 assessments is provided in the table below.

Review #1: Aoki et al, 2022	**Review #2:** Hamilton et al, 2021	**Review #3:** Scalia et al, 2021
HIGH quality rating ●●●●	**MODERATE quality rating** ●●●○	**CRITICALLY LOW quality rating** ●○○○
Critical flaw: Addressed all checklist items **Study design**: Systematic review	**Critical flaw**: Partially addressed all checklist items **Study design**: Scoping review	**Critical flaw**: Missing 2 checklist items **Study design**: Rapid review

Review #4: Shinkunas et al, 2016	**Review #5:** Cincidda et al, 2015	**Review #6:** Scholl et al, 2011
LOW quality rating ●●○○	**MODERATE quality rating** ●●●○	**LOW quality rating** ●●○○
Critical flaw: Missing 1 checklist item **Study design**: Scoping review	**Critical flaw**: Partially addressed all checklist items **Study design**: Systematic review	**Critical flaw**: Missing 1 checklist item **Study design**: Scoping review

Conclusion:

This topic has moderate to high quality systematic reviews, a critically low rapid review, and low to moderate quality scoping reviews; therefore, there are opportunities for knowledge translation and dissemination.