

Medical School Student Survey on Shared-Decision Making [English]

NOTES:

- An * indicates skip logic, which will cause some participants to see a different version of the question for country-based clarification.
 - Page break in document does not equate to page break in online survey.
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(Q1 Language Selection – English or French)

Q2 How do you think healthcare decisions should be made?

- ☐ The patient should make the final decision about which treatment she/he would receive.
- ☐ The patient should make the final decision about which treatment she/he would receive after seriously considering my opinion.
- ☐ As the physician, I should share responsibility with the patient for making the final decision about the treatment she should receive.
- ☐ As the physician, I should make the final decision about which treatment the patient should receive after seriously considering the patient's opinion.
- ☐ As the physician, I should make the final decision about which treatment the patient should receive.

Q3 Please indicate your age using the dropdown menu.

Response choices in drop-down range from 18 years to over 65 years.

Q4 How do you self-identify? Please choose from the options below.

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other identity, please specify: _____
- ☐ I prefer not to say

Q5 Please indicate where you currently are in your medical education (medical school) using the dropdown menu below.

- ☐ Year 1
- ☐ Year 2
- ☐ Year 3
- ☐ Year 4
- ☐ Year 5
- ☐ Year 6

Q6 In what country are you currently receiving your medical school training?

- ☐ United States of America
- ☐ United Kingdom
- ☐ Canada
- ☐ The Netherlands
- ☐ Other, please specify: _____

Q7* Which group or groups do you most closely identify with? Please choose all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Other: _____
- ☐ I prefer not to say

Q8* Are you Spanish, Hispanic, or Latino?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q11 What medical school do you attend? Please provide the full institution name, no abbreviations.

Fill in the blank.

Q12 Please indicate how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Shared decision making can only be done with patients who are sufficiently educated and confident to discuss treatment or screening options with their clinician.	☐	☐	☐	☐
Doing shared decision making is unrealistic because it takes too much time.	☐	☐	☐	☐
Doing shared decision making is low on my priority list.	☐	☐	☐	☐
Physician payment should be based on how well they do shared decision making.	☐	☐	☐	☐
Having resources which summarize the risks and benefits of clinical decisions would be helpful (e.g. patient decision aid).	☐	☐	☐	☐
Patients should trust clinicians to make all decisions on their behalf.	☐	☐	☐	☐

Q13 Read the following scenario. Please indicate: (A) what you notice experienced clinicians do (e.g., attending physicians, residents, interns), and (B) which decision style you would adopt if you were in this situation. There are no right or wrong answers. Assume consent is obtained for each patient.

Q14 A 45-year-old female presents to the Emergency Department. She requires an urgent emergency surgical intervention but is capable of giving consent.

Q15* A. What do you notice experienced clinicians do (e.g., attending physicians, residents, interns)?

- ☐ Experienced clinicians use evidence-based information to decide on the best course of action for the patient and inform the patient of their decision.
- ☐ Experienced clinicians share evidence-based information with the patient, and elicit the patient's preferences, so the clinician and patient can make an informed decision together.
- ☐ Experienced clinicians share evidence-based information with the patient and allow the patient to make the decision on their own.
- ☐ Experienced clinicians share evidence-based information with the patient and choose the best course of action for the patient.

Q18 B. Imagine that you are the clinician in this situation, how would you react?

- ☐ I would use evidence-based information to decide on the best course of action for the patient and inform the patient of my decision.
- ☐ I would share evidence-based information with the patient, and elicit the patient's preferences, so the patient and I can make an informed decision together.
- ☐ I would share evidence-based information with the patient and allow the patient to make the decision on their own.
- ☐ I would share evidence-based information with the patient and choose the best course of action for the patient.

Q19 Read the following scenario. Please indicate: (A) what you notice experienced clinicians do (e.g., attending physicians, residents, interns), and (B) which decision style you would adopt if you were in this situation. There are no right or wrong answers. Assume consent is obtained for each patient.

Q20 A 53-year-old male presents to his primary care physician for an annual physical exam. The patient asks his provider about the need to screen for colorectal cancer.

Q21* A. What do you notice experienced clinicians do (e.g., attending physicians, residents, interns)?

- ☐ Experienced clinicians use evidence-based information to decide on the best course of action for the patient and inform the patient of their decision.
- ☐ Experienced clinicians share evidence-based information with the patient, and elicit the patient's preferences, so the clinician and patient can make an informed decision together.
- ☐ Experienced clinicians share evidence-based information with the patient and allow the patient to make the decision on their own.
- ☐ Experienced clinicians share evidence-based information with the patient and choose the best course of action for the patient.

Q24 B. Imagine that you are the clinician in this situation, how would you react?

- ☐ Experienced clinicians use evidence-based information to decide on the best course of action for the patient and inform the patient of their decision.
- ☐ Experienced clinicians share evidence-based information with the patient, and elicit the patient's preferences, so the clinician and patient can make an informed decision together.
- ☐ Experienced clinicians share evidence-based information with the patient and allow the patient to make the decision on their own.
- ☐ Experienced clinicians share evidence-based information with the patient and choose the best course of action for the patient.

Q25 A 40-year-old male with a family history of Cancer A visits his physician to discuss undergoing a scheduled screening for Cancer A. What is considered the most effective way of communicating how screening changes his risk of mortality from Cancer A?

- ☐ Screening results in a 50% reduction in mortality.
- ☐ Screening reduces mortality from 6 out of 10,000 people to 3 out of 10,000 people.
- ☐ Screening reduces mortality by 0.02%.
- ☐ Screening dramatically decreases his mortality from Cancer A.

Q26 Please indicate whether you feel each of the following statements is TRUE or FALSE.

	True	False
Shared decision making is a process in which clinicians and patients work together, sharing information about options and preferred outcomes, in order to reach a mutual agreement on the best course of action.	☐	☐
Shared decision making causes patients to feel uncertain about their decisions.	☐	☐
Shared decision making increases patient decision regret.	☐	☐
Shared decision making results in fewer patients choosing major surgery.	☐	☐

Q27 Please indicate whether you feel each of the following statements is TRUE or FALSE.

	True	False
When communicating information about risks, it is best to use relative risk (e.g., there is double the risk of developing thrombosis when using oral contraceptives).	☐	☐
Evidence shows that involving patients in making important healthcare decisions increases knowledge.	☐	☐
To promote shared decision making, the clinician will indicate that alternative treatment or management options exist.	☐	☐

Q28 Please indicate whether you feel each of the following statements is TRUE or FALSE.

	True	False
To promote shared decision making, the clinician will give information about the pros and cons of options that are considered reasonable (including taking 'no action')	☐	☐
To promote shared decision making, the clinician will support the patient in becoming informed and comparing options.	☐	☐
There is no need for the clinician to check the patient's understanding.	☐	☐
In the shared decision making process, it is necessary to elicit the patient's preferences.	☐	☐

Q29 Please indicate whether you feel each of the following statements is TRUE or FALSE.

	True	False
Whenever possible, the clinician should integrate the patient's preferences in deciding what to do next.	☐	☐
Most people will understand natural frequency (e.g., 1 in every 100 people) better than a percentage.	☐	☐
A majority of patients do not want to engage in shared decision making with their clinician.	☐	☐
Even if the patient does not wish to be involved in the decision making process, it is the clinician's role to encourage the patient to make a decision.	☐	☐

Q30 Had you heard of shared decision making before completing this survey?

- ☐ Yes
- ☐ No

Q31 Have you received training in shared decision making?

	Yes	No
I have received formal theoretical shared decision making training (e.g., didactic learning).	☐	☐
I have received formal practical shared decision making training (e.g., using role plays and simulated patients).	☐	☐

Q32 Roughly how many hours of training (combined theoretical and practical) have you received in shared decision making?

- ☐ 0 to 1 hours
- ☐ Between 1 to 2 hours
- ☐ Between 2 to 5 hours
- ☐ Greater than 5 hours

OR

Automatically directed to Q33 if the answer to both statements in Q31 were 'No'.

OR

Automatically directed to Q33 if answer to statement in Q30 was 'No'.

Q33 Please indicate how much you agree or disagree with the following statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I would like to know more about how to do shared decision with patients.	☐	☐	☐	☐

Q34 In a clinical encounter, how do you think engaging in shared decision making would affect the length of the visit?

- ☐ Decrease the overall length of the visit.
- ☐ The length of the visit would remain the same.
- ☐ Increase the overall length of the visit.

Q35 You selected "Decrease the overall length of the visit." How much shorter would the clinical visit be when engaging in shared decision making?

- ☐ About 5 minutes shorter, or more
- ☐ About 2 minutes shorter
- ☐ About 1 minute shorter

OR

Q36 You selected "Increase the overall length of the visit." How much longer would the clinical visit be when engaging in shared decision making?

- ☐ About 1 minute longer
- ☐ About 2 minutes longer
- ☐ About 5 minutes longer, or more

OR

Automatically directed to Q37 if answer to statement in Q34 was 'The length of the visit would remain the same.'

Q37 How do you think healthcare decisions should be made?

- ☐ The patient should make the final decision about which treatment she would receive.
- ☐ The patient should make the final decision about which treatment she would receive after seriously considering my opinion.
- ☐ As the physician, I should share responsibility with the patient for making the final decision about the treatment she should receive.
- ☐ As the physician, I should make the final decision about which treatment the patient should receive after seriously considering the patient's opinion.
- ☐ As the physician, I should make the final decision about which treatment the patient should receive.

Q38* Please indicate your interest in the following (select ALL that apply):

- ☐ YES, I am interested in taking part in a 10-minute telephone interview on shared decision making.
- ☐ YES, I would like to be entered into the prize drawing for a gift card where 1 in 50 respondents will receive a \$20 USD Amazon gift card.

Q39 You indicated interest in either the prize drawing or the telephone interview. Please enter a valid email address below to be eligible:

Fill in the blank.