Sowing the “SEED” for Supportive Decision Making: A Relational Model

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INTRODUCTION

Supportive decision making for diverse populations (Vancouver and Toronto, 2012–2016) is a qualitative study to examine:

1. Intersecting social, contextual, cultural, and systemic challenges patients and family supportive decision makers (SDMs) face in healthcare decision making;

2. Support and resources that can facilitate decision making processes that can truly promote and respect patients’ agency.

Aim: Develop a relational model that can facilitate clinicians’ ability to support and empower patients/SDMs in care planning.

METHODS & DESIGN

SEED Model

1. SEEKING collateral information: Post diagnosis or admission, designated care team members (e.g., physician assistant/nurse/social worker) can collect and coordinate pertinent information regarding the patients’/SDMs’ decisional context.

2. ENGAGE in conversations: To empower person-centered care, clinicians/support staff with good communication skills can be assigned to use the collateral information to engage in discuss with patients/SDMs the goals of care.

3. EXPLORE options and preferences: Present relevant decision aids to help inform the patient/SDM of medically and culturally appropriate care options available. Include descriptions of benefits, risks, trade-offs, and uncertainties based on the patient’s goals and priorities.

4. DECIDE, DEBRIEF, and DOCUMENT: Present the care plan. If there is significant disagreement, engage in dispute resolution process (e.g., ethics consultation). Document the conversations and decision(s). Assign care professional(s) to respective tasks of care plan and follow-up, and communicate or debrief with the patient/SDM and team accordingly.

NOTE: The relevant SEED steps should be repeated as necessary.

OPERATIONAL FEATURES

1. Preparation for care plan discussions can be as important as the consultation itself.
2. Emphasizes well-coordinated and efficient utilization of team-based decision making.
3. Decision making can be an ongoing and iterative process that takes place in different stages.
4. By gathering the patient’s relational and contextual information, the SEED model can anticipate the needs and resources necessary to support healthcare decisions that are made in inherently relational and social contexts.

NEXT STEPS

1. Develop SEED model application (e.g. website/mobile app).
2. Pilot SEED model in different care settings to assess feasibility.
3. Assess the effectiveness of the SEED model in supporting complex decision-making processes and preventing decisional distress.

RESULTS: SEED Model

1. Phase 1
   - In-depth interviews with 41 HCPs, 86 patients, and 41 SDMs of diverse ethnic and linguistic backgrounds (Vancouver)
   - Grounded theory

2. Phase 2
   - Development of SEED model, based on Phase 1 data.

3. Phase 3
   - Three separate focus groups (4 nurses, 4 Indigenous health service providers, and 9 allied health professionals) and 8 individual physician interviews (Vancouver and Toronto) helped to refine the SEED model and accompanying materials.

Further Information


Contact: anitaho.ethics@gmail.com | There are no conflicts of interest to disclose