

Principles of Shared Decision Making and Health Literacy in the Clinical Setting

Spring 2023 (01/23/23 – 05/08/23)

Mondays, 9:00am to 10:30am (discussion in person) + recorded lectures (watch before class)

Location for in person meetings: Doll & Hill, TAB

INSTRUCTORS:

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OFFICE HOURS: By appointment

PREREQUISITES: None

COURSE DESCRIPTION & OBJECTIVES

This course will provide a comprehensive introduction to principles of shared decision making (SDM) and health literacy and their implications for clinical communication. Topics will include basic and applied research on shared decision making and decision biases, principles of designing, evaluating, and implementing patient decision aids, principles of health literacy, research on relationship between health literacy, numeracy, and health outcomes, best practices for communication with individuals who have limited numeracy or health literacy, best practices (and controversies) in communicating probabilities and their associated uncertainty about screening and treatment outcomes, and best practices for designing, evaluating, and implementing written information for clinical populations (such as intake forms, brochures, and informed consent documents). We will also cover how to navigate potential disagreements in treatment plans. Examples will be tailored to the interests of the students. Throughout the course, as relevant to the topics, development and evaluation methods will include latest standards in stakeholder engagement, patient-centered outcomes research, and implementation science.

Course activities will include recorded lectures, interactive class discussions together in person, recorded class member presentations, recorded guest presentations, and class activities.

COMPETENCIES

1. Define shared decision making (SDM) and health literacy
2. Understand communication skills necessary to engage in SDM
3. Understand principles of designing patient decision support interventions
4. Discuss how health literacy interventions might improve patient outcomes

5. Describe the health literacy demands of the health care system
6. Understand how health literacy and SDM are related to patient centered outcomes
7. Be able to identify appropriate health literacy and SDM measures and outcomes

GRADING

Your grade will be based on:

1. Participation (20%)

- Class participation consists of reading and listening to assigned materials prior to class, being prepared to discuss the assigned readings and topics in class, engaging in and contributing to thoughtful class discussion, and demonstrating respect for the opinions of your peers. Students are required to read all of the articles unless the article says “optional” next to it.
- Since lecture are pre-recorded, students are required to submit a one-to-two paragraph reflection on the recorded lecture and assigned readings, due the morning of class each week. These will be used to guide the synchronous, in-person discussions led by the instructor and TA.

2. Sample Dialogue or Document Discussion (30%)

- Class members will sign up to lead a discussion for one class session. This will involve leading us through a sample clinical encounter or role play of a topic relevant to health literacy or shared decision making, or bringing in a print document used in your research or clinical practice (with questions about how to improve this from a health literacy or SDM framework). We will role-play or discuss the document or research question in small break-out groups, and then regroup together to report on our discussion.

3. Final paper (50%)

- The final paper will be broken down into sections (due at different points in the semester):
 - a. topic (1 paragraph) plus background and significance section (about 2-3 pages) (20%) due **March 13 by 9 am**
 - b. full paper incorporating feedback from part a (30%) due **May 1 by 9 am**

Please do not miss class because you are finishing your paper.

The final paper should be no more than 10 pages double spaced using Arial font size 11 with 1” margins. The final paper can overlap with the class presentation if appropriate. The paper topic can relate to any topic discussed during the class. There are two options for the paper:

1. Evaluate or critique an existing strategy used in a clinical setting, with a solution for how to improve it based on principles of health literacy or shared decision-making (or both). Possible paper structure can include a description of the problem (background/significance), a description of possible solutions, and then a selection of one solution and an explanation of how it could work to improve practice. Examples of past projects: improving informed consent documents for elective surgery (with attention to health literacy and shared decision making), improving the approach to counseling patients about smoking cessation (using principles of motivational interviewing to encourage smoking cessation as well as shared decision making to identify the best approach(es) for an individual to quit), developing

a decision aid or communication tool to support clinicians in counseling patients about a clinical situation with multiple reasonable options for testing or treatment.

2. Develop a research proposal for empirically testing an intervention to improve clinical practice based on either a health literacy or shared decision making issue. The structure should include a description of the problem (background/significance), a possible solution or intervention to address the problem, and research methods that will be used to measure and evaluate the intervention. Think of this option much like a small grant proposal with a specific aims page, background, innovation, and methods section. You do not need a detailed analysis plan since we do not cover analyses in our specific class, but you are welcome to include a detailed analysis plan, if you would like some comments and/or if you use this proposal or something similar in other MPHS classes.

Please note: We are more than willing to discuss your paper or email with specific questions to help you work through the details. However, we cannot review full paper drafts in advance of the deadline.

Grading Scale

A+: 97-100; A: 93-96; A-: 90-92; B+: 87-89; B: 83-86; B-: 80-82; C+: 77-79; C: 73-76; C-: 70-72

ATTENDANCE AND PARTICIPATION

Class attendance is required. The value of the class stems from the quality of the dialog and conversations with peers and course instructors. If you have more than 2 in-person absences planned or you become ill and need to take more time off, we will work with you to make up content missed as best as possible. Please let us know in advance if you know you will need to miss class and we will handle this on an individual basis.

COLLABORATIONS

Many collaborations result from class discussions and projects. Examples:

(1) Kronzer, V*. (2016). Screening for health literacy is not the answer. *BMJ* 2016;354:i3699 <https://www.bmj.com/content/354/bmj.i3699>

(2) Madden, T.*, Cortez, S*, Kuzemchak, M., Kaphingst, K.A., & Politi, M.C. (2016) Accuracy of Information about the Intrauterine Device on the Internet. *American Journal of Obstetrics and Gynecology*, 214(4), 499.e1-6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4808607/>

(3) Seo, J., Goodman, M., Politi, M.C., Blanchard, M. & Kaphingst, K.A. (2016). Effect of Health Literacy on Decision-Making Preferences among Medically Underserved Patients. *Medical Decision Making*. 36(4):550-6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546799/>

(4) Hasak, J, Myckatyn, T, Grabinski, V, Philpott, S; Parikh, R*, & Politi, MC (2017). Stakeholders' Perspectives on Post-Mastectomy Breast Reconstruction: Recognizing Ways to Improve Shared Decision Making between Clinicians and Patients. *Plastic and Reconstructive Surgery Global Open*. DOI: 10.1097/GOX.0000000000001569 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732675/>

- (5) Santosa KB*, Chen X, Qi J, Ballard TN, Kim HM, Hamill JB, Bensenhaver JM, Pusic AL, Wilkins EG. Postmastectomy Radiation Therapy and Two-Stage Implant-Based Breast Reconstruction: Is There a Better Time to Irradiate? *Plast Reconstr Surg*. 2016;138(4):761-9. <https://pubmed.ncbi.nlm.nih.gov/27673513/>
- (6) Chi, J.J.*, Rosenberg, A.*, Hahn, S., Piccirillo, J., Politi, M.C., Kallogjeri, D. & Kukuljan, S. (2018). Patient concerns about post-Mohs surgery nasal reconstruction: Implications for shared decision making. *JAMA Otolaryngology-Head & Neck Surgery* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6583704/>
- (7) Santosa, K.B.*, Keane, A.M., Politi, M.C. & Snyder-Warwick, A.K. (2018). Facial animation surgery for longstanding facial palsy: Opportunities for shared decision making. *JAMA Facial Plastic Surgery* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6525639/>
- (8) Myckatyn, TM, *Parikh, R, Lee, C & Politi, MC (2020). Challenges and Solutions for the Implementation of Shared Decision-Making in Breast Reconstruction. *Plastic and Reconstructive Surgery Global Open*, 8(2):e2645. PMID: [PMC7159965](https://pubmed.ncbi.nlm.nih.gov/34811111/)
- (9) Phelan, PS*, Politi, MC, & Dy, CJ (2020). How Should The Recovery Process Be Shared Between Patients and Clinicians? *AMA Journal of Ethics* 22(5):E380-387. [doi:10.1001/amajethics.2020.380](https://doi.org/10.1001/amajethics.2020.380)
- (10) Aronson P.L.*, Fleischer E., Schaeffer P., Fraenkel L., Politi M.C., White M.A. (2021) Development of a Parent-Reported Outcome Measure for Febrile Infants ≤60 Days Old. *Pediatr Emerg Care*, epub ahead of print. doi: [10.1097/PEC.0000000000002378](https://doi.org/10.1097/PEC.0000000000002378)
- (11) Coughlin, C.C.* & Politi, M.C. (2021). Shared decision-making in dermatologic care: A call for more training and resources. *JAMA Dermatology*, 157(3): 271-272 [https://www.contraceptionjournal.org/article/S0010-7824\(21\)00188-8/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(21)00188-8/fulltext)
- (12) Zeal, C.*, Paul, R., Dorsey, M., Politi, M.C., & Madden, T. (2021). Young women's preferences for contraceptive education: The importance of the clinician. *Contraception*. Epub ahead of print https://journals.lww.com/co-pediatrics/Abstract/2021/08000/Shared_decision_making_in_pediatric_dermatology_.11.aspx
- (13) Kozina, Y., Politi, M.C. & Coughlin, C.C.* (2021). Shared decision making in pediatric dermatology: context, opportunities, and practical examples. *Curr Opin Pediatr* 33(4):402-409. DOI: [10.1097/MOP.0000000000001039](https://doi.org/10.1097/MOP.0000000000001039)

If you have a paper or grant idea that you would like to pursue beyond class, please let me or another MPHS faculty member know. We can help you find collaborators or mentors, and/or can help you write up your idea for a manuscript submission.

CANVAS

We will use Canvas to manage our class, access assignment instructions, and post course-related questions. Canvas can be accessed at <https://mycanvas.wustl.edu/>. Log in with your WUSTL Key, and the course should appear on the homepage. Student-specific questions should be emailed directly to the instructor(s).

POLICY ON LATE ASSIGNMENTS

Late assignments will result in a deduction of one grade point (A+ down to A) for each day late (including weekends) unless prior approval is obtained from the instructor or a compelling situation prevents prior approval (i.e. documented health issues or family emergencies).

DROP DATES

You may drop for any reason during the course of the semester. However, you may only receive a partial or no tuition reimbursement depending upon how far into the semester you drop the course. See the [MPHS Student Handbook](#). Late withdrawals will appear on your transcript as a withdrawal.

MPHS Academic Policy Guidelines:

Guidelines regarding MPHS course registration and enrollment, grades, tuition obligation, and academic leave are consolidated in the [MPHS Student Handbook](#). Please review this document.

MPHS Guidelines for Academic and Non-Academic Transgressions:

By registering for this course you have agreed to the terms of the **MPHS Academic Integrity Policy, outlined below and in more detail in the [MPHS Student Handbook](#)**. Please review this policy before submitting your first graded assignment.

Academic Integrity/Plagiarism Policy:

- Academic dishonesty is a serious offense that may lead to probation, suspension, or dismissal from the University. Academic dishonesty includes plagiarism (the use of someone else's ideas, statements, or approaches without proper citation). Academic dishonesty also includes copying information from another student, submitting work from a previous class for a new grade without prior approval from your instructor, cheating on exams, etc. You are responsible for reviewing [WashU's academic integrity resources](#) to become aware of all the actions that constitute academic dishonesty.
- All instances of academic dishonesty will be reported to the Office of the Registrar for investigation and potential disciplinary action. In addition, the instructor will make an independent decision about the student's grade on any assignment in question. The MPHS process regarding academic dishonesty is described in the [MPHS Student Handbook](#)

AI-Content Generator Using an AI-content generator (such as ChatGPT) to complete coursework without proper attribution or authorization is a form of academic dishonesty. If you are unsure about whether something may be plagiarism or academic dishonesty, please contact me to discuss the issue.

DISABILITY RESOURCES

It is the goal of Washington University to assist students with disabilities in removing the barriers their disabilities may pose and provide support in facing the challenge of pursuing an education at Washington University.

Washington University recognizes and accepts its professional, legal and moral responsibility to avoid discrimination in the acceptance and education of qualified students with disabilities and to provide reasonable accommodations to such students consistent with the principles

embodied in the law. These guidelines apply to students seeking admittance as well as to those who become disabled while they are enrolled.

Washington University makes every effort to insure that all qualified applicants and students can participate in and take full advantage of all programs and opportunities offered within the university. Washington University encourages and gives full consideration to all applicants for admission. Washington University does not discriminate in access to its programs and activities on the basis of age, sex, sexual orientation, race, disability, religion, color or national origin.

To learn more about services provided to students with disabilities, initiate the process of formal documentation and/or to arrange for accommodations, please review the [Disability Resources](#) for the Med School at the start of the course.

MENTAL HEALTH RESOURCES

Mental Health Services' professional staff members work with students to resolve personal and interpersonal difficulties, many of which can affect the academic experience. These include conflicts with or worry about friends or family, concerns about eating or drinking patterns, and feelings of anxiety and depression. See: <https://students.wustl.edu/mental-health-services/>

SEXUAL ASSAULT RESOURCES

You can also speak confidentially and learn about available resources by contacting [Dr. Gladys Smith, PhD](#), Sexual Violence Prevention Therapist and Licensed Psychologist at the Medical Campus, (314) 362-2404. Additionally, you can report incidents to the Office of Student Affairs or by contacting WUSM Protective Services 314-362-4357 or your local law enforcement agency.

BIAS RESOURCES

The University has a process through which students and staff who have experienced or witnessed bias, prejudice or discrimination against a student can report their experiences to the University's Bias Report and Support System (BRSS) team. For details see: diversityinclusion.wustl.edu/brss/.

Office of the Associate Vice Chancellor for Diversity, Equity and Inclusion (DEI)

The DEI Training Team designs, facilitates and leads diversity education programming for faculty, staff and students on a wide range of topics including: creating a climate of respect, the value of diversity and the role of biases in our day-to-day lives. diversity.med.wustl.edu/training/

The Office of Diversity Programs promotes diversity among and prepares medical students to lead in a global society. A priority for the Office of Diversity Programs is to cultivate and foster a supportive campus climate for students of all backgrounds, cultures and identities.

mdiversity.wustl.edu/

The Diversity and Inclusion Student Council promotes an inclusive campus environment for all School of Medicine students. sites.wustl.edu/disc/

The Office for International Students and Scholars embraces the university's mission of welcoming promising students from around the world. wumma.wustl.edu/

ASSIGNMENTS & DUE DATES (Note: WUSM does not have a spring break...)

Week	Date	Topic	Readings
1	1/23	What is shared Decision Making (SDM)? Watch recorded lecture 1. Overview of course; Origins of SDM, Core elements of SDM and Patient Engagement <u>In-Class activity:</u> Patient/clinician SDM scenarios/role play (instructor led), discussion questions, sign up for sample dialogue or discussion day	Barry, M.J. & Edgman-Levitan, S. (2014). Shared Decision Making — The Pinnacle of Patient-Centered Care. <i>New England Journal of Medicine</i> , 366:780-781. doi:10.1056/NEJMp1109283 Elwyn, G, Durand, M., Song, J., Barr, P.J., Berger, Z., Cochran, N., Frosch, D....Van der Weijden, T. (2017). A three-talk model for shared decision making: multistage consultation process. <i>BMJ</i> , 359, doi: https://doi.org/10.1136/bmj.j4891 . Hargraves, I, LeBlanc, A, Shah, N.D. & Montori, V.M. (2016). Shared Decision Making: The Need For Patient-Clinician Conversation, Not Just Information. <i>Health Affairs</i> , 35(4), 627–629. https://doi.org/10.1377/hlthaff.2015.1354 <u>Optional:</u> Wennberg, J. (2011). Time to tackle unwarranted variations in practice. <i>BMJ</i> , 342: d1513 .

2	1/30	Numeracy, Risk Communication (Patients)	<p>Bonner C, Trevena LJ, Gaissmaier W, et al. Current Best Practice for Presenting Probabilities in Patient Decision Aids: Fundamental Principles. <i>Medical Decision Making</i>. 2021;41(7):821-833. doi:10.1177/0272989X21996328</p>
		<p>Watch recorded lecture 2. Definition of numeracy, how can it influence decision-making, numeracy & health, effective risk communication</p> <p><u>In-Class activity:</u> Case examples of risk communication strategies and implications of them, discussion questions submitted</p>	<p>Zikmund-Fisher, B.J. (2011). Time to Retire the 1-in-X Risk Format. <i>Medical Decision Making</i>, 31 (5), 703-704.</p> <p>Zikmund-Fisher, B.J. (2019). Helping People Know Whether Measurements Have Good or Bad Implications: Increasing the Evaluability of Health and Science Data Communications. <i>Policy Insights from the Behavioral and Brain Sciences</i> 6,1, 29–37. https://doi.org/10.1177/2372732218813377</p> <p>Dolan, J.G., Cherkasky, O.A., Li, Q., Chin, N. & Veakie, P.J. (2016). Should Health Numeracy Be Assessed Objectively or Subjectively? <i>Medical Decision Making</i>, 36(7): 868-875</p> <p><u>Optional:</u> Trevena LJ, Bonner C, Okan Y, et al. Current Challenges When Using Numbers in Patient Decision Aids: Advanced Concepts. <i>Medical Decision Making</i>. 2021;41(7):834-847. doi:10.1177/0272989X21996342</p>

3	2/6	Risk Communication/ Risk Perception—Public	<p>Lin, G.A. & Fagerlin, A. (2014). Shared Decision Making: State of the Science. <i>Circulation: Cardiovascular Quality and Outcomes</i>, 7:328-334.</p> <p>Hoffman, T.C. & DelMar, C. (2015). Patients' Expectations of the Benefits and Harms of Treatments, Screening, & Tests: A Systematic Review. <i>JAMA Internal Medicine</i>, 175(2):274-86.</p> <p>Santesso, N., Rader, T., Nilsen, E.S., Glenton, C., Rosenbaum, S., Ciapponid, A. et al. (2015). A summary to communicate evidence from systematic reviews to the public improved understanding and accessibility of information: a randomized controlled trial. <i>Journal of Clinical Epidemiology</i>, 68(2), 182-190.</p> <p>Society of Behavioral Medicine's SciComm toolkit</p> <p><u>Optional:</u> Peters, Hart, Tulser, & Fraenkel (2014). Numbers Matter to Informed Patient Choices: A Randomized Design across Age and Numeracy Levels. <i>Medical Decision Making</i>, 34(4): 430-42.</p>
		<p>Watch recorded lecture 3 and Health News Review on COVID-19. Risk communication and the media.</p> <p><u>In-Class activity:</u> Student-led role play/case example, discussion on Health News Review video, discussion questions.</p>	

4	2/13	Decision Psychology	<p>Ubel, P., Abernethy, A.P. & Zafar, S.Y. (2013). Full Disclosure — Out-of-Pocket Costs as Side Effects. <i>New England Journal of Medicine</i>, 369: 1484-1486.</p>
		<p>Watch recorded lecture 4: Psychological processes affecting accuracy in medical diagnosis, heuristics, biases affecting medical decisions, conflicts of interest as they affect SDM</p>	<p>Politi, M.C., Jones, K.M. & Philpott, S.E. (2017). The Role of Patient Engagement in Addressing Parents' Perceptions About Immunizations. <i>JAMA</i>, 318(3):237-238.</p>
		<p><u>In-Class activity:</u> Interactive activities are incorporated into the lecture; discussion of biases; student-led role play/case example</p>	<p>Pop culture articles: http://www.businessinsider.com.au/cognitive-biases-that-affect-decisions-2015-8</p>
			<p>https://www.theatlantic.com/amp/article/565775/?twitter_impression=true</p>
			<p><u>Optional:</u> Chapman, G.B., Li, M., Colby, H., & Yoon, H. (2010). Opting in versus opting out of influenza vaccination. <i>JAMA</i>, 304(1), 43-44.</p>
			<p>Thompson R, Paskins Z, Main BG, et al. Addressing Conflicts of Interest in Health and Medicine: Current Evidence and Implications for Patient Decision Aid Development. <i>Medical Decision Making</i>. 2021;41(7):768-779. doi:10.1177/0272989X211008881.</p>
			<p>Tversky, A. & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. <i>Science</i>, 185, 1124-1131.</p>
5	2/20	Patient Decision Aids	<p>Joseph-Williams, N., Newcombe, R., Politi, M., Durand, M.A., Sivell, S. et al. (2014). Toward Minimum Standards for Certifying Patient Decision Aids: A Modified Delphi Consensus Process. <i>Medical Decision Making</i> 34(6): 699-710.</p>
		<p>Watch recorded lecture 5: History of PtDAs, IDPAS, how DAs are incorporated in practice (including implementation in the UK, Canada, Germany, and the US), sample DAs, evaluating PtDAs (IPDASi), who should be responsible for decision communication or administering DAs?</p>	<p>Stacey, D, Légaré F, Lewis KB. (2017). Patient decision aids to engage adults in treatment or screening decisions. <i>JAMA</i>. 318(7):657-658.</p>
		<p><u>In-Class activities:</u> Evaluating different types of decision aids (3 groups) + discussion. Student-led role play/case example.</p>	<p>Montori, V.M., Kunneman, M. & Brito, J.P. (2017). Shared Decision Making and Improving Health Care: The Answer Is Not In. <i>JAMA</i>, 318(7):617-618.</p>
			<p><u>Optional:</u> Sepucha, K.R., Abhyankar, P., Hoffman, A.S., Bekker, H.L., LeBlanc, A., Levin, C.A.... Thomson, R. (2017). Standards for UNiversal reporting of patient Decision Aid Evaluation studies: the development of SUNDIAE Checklist. <i>BMJ Quality & Safety, Published Online First: 21 December 2017</i>. doi: 10.1136/bmjqs-2017-006986</p>
			<p>Witteman HO, Maki KG, Vaissou G, et al. Systematic Development of Patient Decision Aids: An Update from the IPDAS Collaboration. <i>Medical Decision Making</i>. 2021;41(7):736-754. doi:10.1177/0272989X211014163.</p>
			<p>International Patient Decision Aids Standards: The 2012 IPDAS Background Document Introduction. http://ipdas.ohri.ca/IPDAS-Introduction.pdf</p>

International Patient Decision Aids Standards: 2012 Updated
Chapter H: Delivering Decision Aids on the Internet.
<http://ipdas.ohri.ca/IPDAS-Chapter-H.pdf>

6	2/27	Values Clarification/Preference Elicitation Exercises	<p>Witteaman HO, Ndjaboue R, Vaisson G, et al. Clarifying Values: An Updated and Expanded Systematic Review and Meta-Analysis. <i>Medical Decision Making</i>. 2021;41(7):801-820. doi:10.1177/0272989X211037946.</p> <p>Bekker, Winterbottom, Butow, Dillard, Feldman-Stewart, Fowler, Jibaja-Weiss, Shaffer, Volk (2013). Do personal stories make patient decision aids more effective? A critical review of theory and evidence. <i>BMC Medical Informatics and Decision Making</i>, 13(Suppl 2):S9.</p> <p><u>In-Class activity:</u> Discussing different types of values clarification exercises; student-led role play or case example</p> <p>Politi, M.C., Dizon, D.S., Frosch, D.L., Kuzemchak, M.D., & Stiggelbout, A.S. (2013). Importance of clarifying patients' desired role in shared decision making to match their level of engagement with their preferences. <i>BMJ</i>, 347:f7066</p> <p><u>Optional:</u> Epstein, R. M. and Peters, E. (2009). Beyond information: Exploring patients' preferences. <i>JAMA</i>, 302: 195-197.</p> <p>International Patient Decision Aids Standards: 2012 Updated Chapter D. Clarifying and Expressing Values. http://ipdas.ohri.ca/IPDAS-Chapter-D.pdf</p> <p>International Patient Decision Aids Standards: 2012 Updated Chapter E. Using Personal Stories. http://ipdas.ohri.ca/IPDAS-Chapter-E.pdf</p>
7	3/6	Informed Consent, Health Literacy, & SDM	<p>Krumholz HM. (2010) Informed Consent to Promote Patient-Centered Care. <i>JAMA</i>, 303: 1190-1191.</p> <p>Spatz, E.S., Krumholz, H.M. & Moulton, B.W. (2016). The New Era of Informed Consent: Getting to a Reasonable-Patient Standard Through Shared Decision Making. <i>JAMA</i>, 315(19): 2063-2064.</p> <p>Faden, Beauchamp, & Kass (2014). Informed Consent, Comparative Effectiveness, and Learning Health Care. <i>NEJM</i>, 370, 8.</p> <p><u>Optional:</u> Politi, M.C., Kuzemchak, M.D., Kaphingst, K.A., Perkins, H., Liu, J. & Byrne, M.M. (2016). Decision Aids Can Support Cancer Clinical Trials Decisions: Results of a Randomized Trial. <i>The Oncologist</i>. DOI: 10.1634/theoncologist.2016-0068</p> <p><u>Watch brief recording:</u> Health literacy interventions for informed consent, SDM interventions for informed consent for clinical procedures and clinical research</p> <p><u>Watch Guest recording:</u> Informed Consent for Clinical Trials: Ethical Issues (Dr. Holly Taylor, JHU)</p> <p><u>In-Class Activity:</u> Evaluating informed consent</p>

8	3/13	What is Health Literacy?	Paasche-Orlow M. Caring for patients with limited health literacy. <i>JAMA</i> . 2011; 306:1122-1129 .
		Definitions and components of health literacy; epidemiology of health literacy in the U.S.	Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, Brand H. Health literacy and public health: A systematic review and integration of definitions and models. <i>BMC Public Health</i> 2012; 12:80 .
		<u>In-Class activity:</u> American Medical Association video and discussion. Student-led role play or case example.	https://www.cdc.gov/healthliteracy/learn/index.html
			Final paper project topic due by 9:00am
9	3/20	Health Literacy and SDM	Seo, J., Goodman, M., Politi, M.C., Blanchard, M. & Kaphingst, K.A. (2016). Effect of Health Literacy on Decision-Making Preferences among Medically Underserved Patients. <i>Medical Decision Making</i> , 36(4):550-6 .
		Effect of health literacy on decision making preferences; Health literacy and shared decision making framework; Directions for future research	Malloy-Weir, L.J., Charles, C., Gafni, A., Entwistle, V. (2015). Empirical relationships between health literacy and treatment decision making: A scoping review of the literature. <i>Patient Education and Counseling</i> . 98(3):296-309 .
		<u>In-Class activity:</u> Origami instructions: bring a square piece of paper to recorded lecture. Student-led case example or role play.	Ledford, C.J.W., Cafferty, L.A., & Russell, T.C. (2015). The Influence of Health Literacy and Patient Activation on Patient Information Seeking and Sharing. <i>Journal of Health Communication</i> , 20 (suppl 2), 77-82 .
			<u>Optional:</u> McCaffery KJ, Smith SK, Wolf M. The challenge of shared decision making among patients with lower literacy: A framework for research and development. <i>Med. Decis. Making</i> . 2010;30:35-44 .
			Muscat DM, Smith J, Mac O, et al. Addressing Health Literacy in Patient Decision Aids: An Update from the International Patient Decision Aid Standards. <i>Medical Decision Making</i> . 2021;41(7):848-869. doi: 10.1177/0272989X211011101 .
10	3/27	Determinants and Outcomes of Health Literacy	<u>Readings:</u> Kobayashi, L.C., Wardel, J., Wolf, M.S., von Wagner, C. (2015). Cognitive Function and Health Literacy Decline in a Cohort of Aging English Adults. <i>JGIM</i> , 30(7) , 958-964.
		Associations between health literacy, health outcomes, and health services use; possible mechanisms; social determinants of health literacy	Kaufman, D.W., Kelly, J.P., Battista, D.R., Malone, M.K., Weinstein, R.B., Shiffman, S. (2016). Relation of Health Literacy to Exceeding the Labeled Maximum Daily Dose of Acetaminophen. <i>American Journal of Preventive Medicine</i> , 50(6) , e183-e190.
		<u>In-Class activities:</u> Discussion of pathways by which health literacy impacts health outcomes; variables affecting health	Osborn CY, Cavanaugh K, Wallston KA, Kripalani S, Elasy TA, Rothman RL, White RO. Health literacy explains racial disparities in diabetes medication adherence. <i>Journal of Health Communication</i> 2011;16:268-278.

		<p>literacy. Student-led case example or role play.</p> <p>Guest slides: Mychal Voorhees, MA, Community Outreach and Public Health Services Coordinator for Becker Medical Library</p> <p>NOTE: instead of a reflection, please create a conceptual framework (watch lecture for details)</p>	<p>Taylor, D.M., Fraser, S.D.S., Bradley, J.A., Bradley, C...Roderick, P.J. (2017). A Systematic Review of the Prevalence and Associations of Limited Health Literacy in CKD. <i>CJASN</i>.</p> <p><i>Optional:</i> Sentell TL, Halpin HA. Importance of adult literacy in understanding health disparities. <i>J. Gen. Intern. Med.</i> 2006;21:862-866.</p> <p><i>Optional:</i> Sudore RL, Yaffe K, Satterfield S, Harris TB, Mehta KM, Simonsick EM, et al. Limited literacy and mortality in the elderly: The Health, Aging, and Body Composition Study. <i>J. Gen. Intern. Med.</i> 2006;21:806-812.</p>
11	4/3	<p>Assessing Health Literacy Demands of Health Care System (BJC environment exercise or SMOG and SAM)</p> <p>Assessment of written materials; Health literacy issues in health care system access and navigation</p> <p><u>Class activity:</u> NOTE: Instead of reflection, do the BJC environment 9-9:45, SMOG, SAM will review during class so please complete prior to class instead of reflection.</p>	<p>Brach C, Keller D, Hernandez LM, Baur C, Parker R, Dreyer B, Schyve P, Lemerise AJ, Schillinger D. Ten attributes of health literate health care organizations. 2012;Washington, DC: National Academies Press.</p> <p>Doak CC, Doak LG, Root JH. <i>Teaching Patients with Low Literacy Skills</i>. 2nd ed. Philadelphia:J.B. Lippincott Company; 1996. https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/doakchap1-4.pdf Chapter 4</p> <p>Koh HK, Brach C, Harris LM, Parchman ML. A proposed "health literate care model" would constitute a systems approach to improving patients' engagement in care. <i>Health Affairs</i> 2013; 32(2): 357-367.</p> <p>Assignment to complete for class: SMOG and SAM assessment instead of reflection piece</p>
12	4/10	<p>Assessing Health Literacy of Patients</p> <p>Objective health literacy measures, subjective health literacy measures, limitations of existing measures</p> <p><u>In-Class activity:</u> Assessment of health literacy skills using common measures; case example from health literacy assessment in ED. Student-led case example or role play.</p>	<p>Chew LD, Griffin JM, Partin MR, et al. Validation of screening questions for limited health literacy in a large VA outpatient population. <i>J. Gen. Intern. Med.</i> 2008;23(5):561-566.</p> <p>Wolf MS, Curtis LM, Wilson EAH, Revelle W, Waite KR, Smith SG, et al. Literacy, cognitive function, and health: Results of the LitCog study. <i>J. Gen. Intern. Med.</i> 2012;27(10): 1300-1307.</p> <p>Kronzer, V. (2016). Screening for health literacy is not the answer. <i>BMJ</i> 2016;354:i3699</p> <p><i>Optional:</i> Mancuso JM. Assessment and measurement of health literacy: An integrative review of the literature. <i>Nursing and Health Sciences.</i> 2009;11:77-89.</p>
13	4/17	<p>Health Literacy Interventions</p>	<p>Batterham, R.W., Hawkins, M., Collins, P.A., Buchbinder, R. & Osborne, R.H. (2016). Health literacy: Applying current concepts to</p>

		<p>Health literacy interventions; State of the evidence; Directions for future research</p> <p><u>In-Class activity:</u> Student-led case example or role play.</p>	<p>improve health services and reduce health inequities. <i>Public Health</i>, 132, 3-12.</p> <p>Sheridan SL, Halpern DJ, Viera AJ, Berkman ND, Donahue KE, Crotty K. Interventions for individuals with low health literacy: a systematic review. <i>Journal of Health Communication</i> 2011;16:30-54.</p> <p>Brega, A.G., Freedman, M.A.G., LeBlanc, G., Barnard, J., Mabachi, N.M., et al. (2015). Using the Health Literacy Universal Precautions Toolkit to Improve the Quality of Patient Materials. <i>Journal of Health Communication</i>, 20 (suppl 2), 69-76.</p> <p><u>Optional:</u> Low Health Literacy and Health Outcomes: An Updated Systematic Review (acpjournals.org). https://annals.org/aim/fullarticle/747040</p>
14	4/24	<p>Health literacy, biases, and provider-patient communication</p> <p>Oral health literacy; health literacy and provider-patient communication; best practices in provider patient communication</p> <p><u>Guest Recording:</u> Using Administrative Data to Examine 'Real World' Surgical Outcomes from Evidence to Action Dr. Emily Finlayson, UCSF, patient-reported outcomes, older adults' surgical decisions</p> <p><u>Class Activity:</u> Clinician biases in communication; conflict resolution styles (NOTE: reflection should be about conflict resolution). Student-led case example or role play.</p>	<p>Fitzgerald, FT (2004). On Being a Doctor: A Tale of Two Patients, <i>Annals of Internal Medicine</i>, <i>104</i>(5), 1094-1096. https://doi.org/10.7326/0003-4819-140-11-200406010-00017</p> <p>Gallagher JM, Post DM, Weiss BD, et al. Patients' question-asking behavior during primary care visits: A report from the AAFP National Research Network. <i>Annals of Family Medicine</i>. 2010;8:151-159.</p> <p>Alegria M, Nakash O, Lapatin S, Oddo V, Gao S, Lin J, et al. How missing information in diagnosis can lead to disparities in the clinical encounter. <i>Journal of public health management and practice</i> : <i>JPHMP</i>. 2008;14 Suppl:S26-35.</p> <p>Jager AJ, Wynia MK. Who gets a teach-back? Patient-reported incidence of experiencing a teach-back. <i>Journal of Health Communication</i> 2012;17:294-302.</p> <p><u>Optional:</u> Grabinski VF, Myckatyn TM, Lee CN, Philpott-Streiff SE, Politi MC. Importance of Shared Decision-Making for Vulnerable Populations: Examples from Postmastectomy Breast Reconstruction. <i>Health Equity</i>. 2018 Sep 1;2(1):234-238. doi: 10.1089/heq.2018.0020. PMID: 30283872; PMCID: PMC6167005.</p>
15	5/1	Student Project Q&A	Final Paper Due by 9 am; Q&A on student projects
16	5/8	Student Project Q&A	If needed (depending on enrollees) Q&A on student projects