The SPARCSdm Newsletter

Standardized Process Assessment of Relationship-Centered Shared Decision-Making (SPARCSdm)

What are Micro-Decisions?

People make up to 35,000 decisions each day (Marples, 2022). These decisions range in complexity, difficulty, amount of deliberation, and degree of emotional salience. **In everyday life**, we make large decisions, like what job to take, and small decisions like whether to eat a bagel instead of pancakes in the morning .

In rehabilitation, decisions may be significant and involve medical risk, but more often, these are smaller, every day decisions, like whether to have the person sit up, or what music might help them be more alert. **We call these 'micro-decisions.'**

When a person is not able to make decisions for themselves, their loved ones and healthcare professionals engage in decision-making together. **SPARCSdm studies** this process of making micro-decisions that occur between caregivers and healthcare professionals on behalf of those who are unable to advocate for themselves. Understanding how micro-decisions occur during decision-making can help us learn how to better support both patients with high advocacy needs as well as their caregivers.
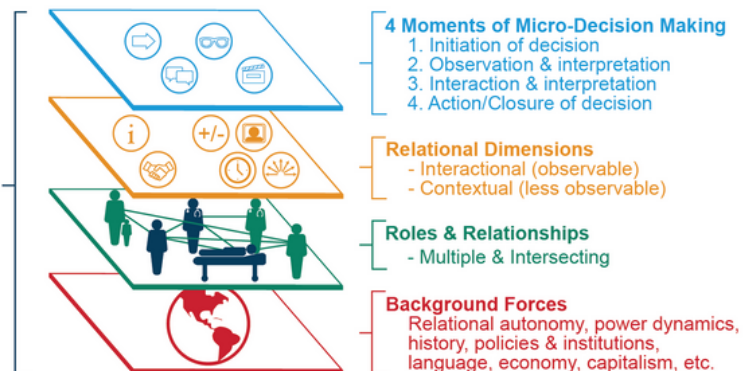
Why we developed the
Relationship Centered Shared Decision-Making Model (RCSDM)

The RCSDM is designed to help us study **how decisions are** made in clinical encounters among patients with chronic disabilities who receive high levels of support for advocacy, their surrogate decision makers (often their care partners), and healthcare professionals. Our model is needed because current shared decision-making models (SDM) models fall short in addressing **micro-decisions** that persons with disabilities, their care partners, and healthcare professionals engage in.

Individual Micro-decision

Levels of Analysis

4 Moments of Micro-Decision Making
1. Initiation of decision
2. Observation & interpretation
3. Interaction & interpretation
4. Action/Closure of decision

Relational Dimensions
- Interactional (observable)
- Contextual (less observable)

Roles & Relationships
- Multiple & Intersecting

Background Forces
Relational autonomy, power dynamics, history, policies & institutions, language, economy, capitalism, etc.

Observational Experiences

SPARCSdm researcher Dr. Luke Lindemann conducted an observation of a therapy session at MedStar National Rehabilitation Hospital between an occupational therapist, a patient in a disordered state of consciousness, and their care partner. The purpose of this initial visit was, *firstly*, to become familiar with the dynamics of this medical setting before bringing in the full team to collect audiovisual recordings, and *secondly,* to field-test the observation protocol that we have developed to study micro-decisions in the context of shared decision-making.

The researcher's goal during the therapy sessions is to observe and later describe, as accurately as possible, the interactions between the healthcare professional, patient, and care partner using an observation protocol. This includes making detailed notes about the setting (such as ambient sights, sounds, and smells) mapping the positioning of objects in the room, and describing the dress, appearance, and demeanor of all the participants. The environmental context is important to consider when analyzing micro-decisions in order to understand the verbal and non-verbal influences that exist.

Dr. Lindemann provided the team a detailed report of an encouraging and successful observation. He recorded four micro-decisions that occurred during the session, such as when the care partner used their knowledge of the patients favorite foods and interests to negotiate treatment decisions with the therapist. He found that micro-decisions cannot generally be identified on-the-fly, but may be uncovered by carefully reviewing field notes after the fact. He is looking forward to future data collection that will be supplemented by audiovisual recordings by GW's IMPACT Team (Instructional Media for Programming, Collaboration, and Teaching), https://impact.smhs.gwu.edu which will make it possible to create detailed transcripts of the precise exchanges that initiate, negotiate, and resolve micro-decisions.

Introducing our NEW Logo

We have a new logo for this project, thanks to the GW IMPACT team. This logo represents the relationship between the patient, caregiver, and practitioner as they make decisions together. Each person in this 'triad' contributes in some way, and brings their own perspective and background to the conversation.

Our team worked with Linda Cotton, who helped us visualize our model. Meeting via Zoom, we explained what we are trying to capture visually, and Linda developed some design options. Linda's questions for clarity nudge us to think deeper about our assumptions and to avoid our jargon.

Team Member Spotlight

Luke Lindemann, PhD

Luke received his PhD in Linguistics from Yale University in 2019. His research interest is understanding the causes of miscommunication in health care encounters by characterizing patterns of speech variation.

He is a post-doctoral fellow and member of the Advanced Metrics Laboratory and studies communication and decision-making in complex healthcare encounters

Originally from Texas, Luke enjoys playing the piano comes from five generations of Texas-born musicians, and frequently collaborates with Dallas-based singer-songwriter Court Hoang.

Advanced Metrics
https://advancedmetricslab.smhs.gwu.edu