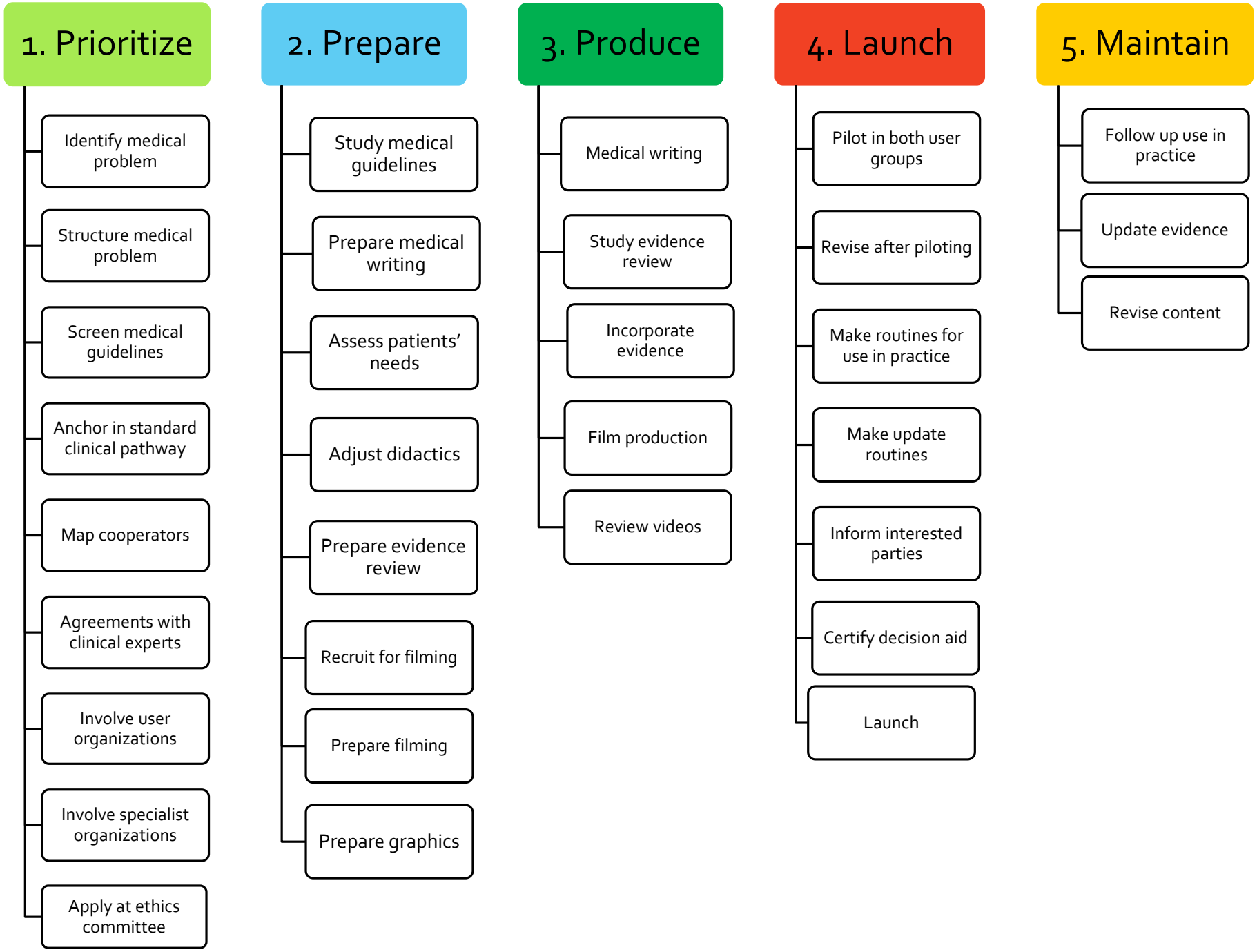
1. Prioritize
Identify medical problem
Structure medical problem
Screen medical guidelines
Anchor in standard clinical pathway
Map cooperators
Agreements with clinical experts
Involve user organizations
Involve specialist organizations
Apply at ethics committee
2. Prepare
Study medical guidelines
Prepare medical writing
Assess patients' needs
Adjust didactics
Prepare evidence review
Recruit for filming
Prepare filming
Prepare graphics
3. Produce
Medical writing
Study evidence review
Incorporate evidence
Film production
Review videos
4. Launch
Pilot in both user groups
Revise after piloting
Make routines for use in practice
Make update routines
Inform interested parties
Certify decision aid
Launch
5. Maintain
Follow up use in practice
Update evidence
Revise content

1.1 Identify medical problem

What to do?
Find a medical problem suited for SDM.

How?
Send relevant mapping form to patient organization or health personnel, depending on whose initiative it was to make the DA. Discuss with the medical expert what the actual medical problem is. Follow criteria for prioritization of DAs.

Tools
- Mapping form for health professionals
- Mapping form for patient organizations
- DA prioritization criteria

Risk
Choosing the wrong medical problem.

1.2
Structure medical problem

What to do?
Define the options for the relevant medical problem. Describe the relation between these: poss. Sub classes, time, frequencies, similarity (e.g. curative and palliative alternatives).

How?
Discuss the questions with medical expert, related to public health care treatment options. Investigate possible limitations for single patients, e.g. age, additional health problems, etc. Ask where in the course of treatment the decision is made. Draw a map of the options.

Tools
- Mapping form for health professionals
- Options map (draw or use clinical pathway if possible)

Risk
Structure does not reflect the patient's experience.

1.3 Screen medical guidelines

What to do?
Study relevant guideline (if there is any), existing decision aids and other quality assured medical information relevant for the medical problem.

How?
Get familiar with relevant knowledge sources: Medical guidelines, DAs from other countries, common texts for the health care system, standard clinical pathway and other medical sources. Ask health professionals and search the web.

Tools
None.

Risk
Spending time on a problem that is already developed.

1.4
Anchor in standard clinical pathway

What to do?
Identify where in the clinical pathway the decision is made.

How?
Find out what kind of clinical pathway health professionals use in their practice. Locate the decision in dialogue with them. Facilitate SDM integration into the clinical pathway. Draw a map of the clinical pathway to locate the point of decision as precisely as possible, or use standard clinical pathways where they exist.

Tools
Map of clinical pathway (draw or use poss. standard clinical pathway).

Risk
Great risk of SDM not being implemented because of it not being an integral part of the clinical pathway.

1.5

Map cooperators

What to do?
Find out which health professions and communities should participate in the process.

How?
Ask health professionals which professions and communities should contribute (doctors, nurses, specialists etc., and other hospitals or institutions).

Tools
Map of clinical pathway (draw or use poss. standard clinical pathway).

Risk
Implementation problems as a result of too little involvement.

1.6

Agreements with clinical experts

What to do?

Enter cooperation agreements with health professionals and make a stable professional team. Make written agreements about time use (leader-leader).

How?

Meet health professionals and management together to establish a common understanding. Agree on who participates, and enter binding agreement (preferably in writing) on time use. Clarify conflicts of interest, and plan meeting schedule for the writing process.

Tools

- Conflict of interest form
- Example of mail to contributors

Risk

Health professionals have too little time for discussions and medical writing.

1.7 Involve user organizations

What to do?
Contact patient- and user organizations to control that the medical problem is relevant and important to patients.

How?
Contact relevant patient- and user organization. Tell them about the DA, and invite them to give feedback.

Tools
Patient relevant outcomes form

Risk
None in particular.

1.8 Involve specialist organizations

What to do?
Ensure national professional anchoring, and control that the medical problem is regarded as relevant and important.

How?
Agree with health professionals on who keeps in touch with specialist organizations: Project employee or health professional. Invite specialist organization to participate, e.g. by attending meetings or reading through medical texts when they are ready.

Tools
None

Risk
The DA is impossible to implement because of unexpected opposition.

1.9 Apply at ethics committee

What to do?
Ensure that measures and methodology are ethically sound and meet standards for information security and privacy.

How?
Find out if the local ethics committee requires a special declaration or other application. Inform your local data protection officer about the DA and all measures involving patients. Get approval of declarations of consent, patient information and information storage.

Tools
- Declaration of consent for participant observation
- Declaration of consent for participation in videos
- Declaration of consent for piloting of DAs
- Declaration to ethics committee

Risk
Long proceedings in some areas.

2.1 Study medical guidelines

What to do?
Study medical guidelines and other quality ensured sources in search of relevant information for the DA.

How?
Get familiar with the medical guidelines, other DAs and other medical information relevant to the medical problem. Extract information relevant to the DA. Tip: Copy & paste into the matrixes to remember the information.

Tools
- «My choice» matrix
- «My options» matrix

Risk
No national medical guidelines

2.2 Prepare medical writing

What to do?
Create a common understanding of the medical content in the matrixes. Organize the job in a way that demands as little resource as possible on contributing health professionals.

How?
Go through the matrixes with the medical experts. Prepare the matrixes as much as possible before they start writing. Agree with the medical experts who writes what.

Tools
- «My choice» matrix
- «My options» matrix

Risk
Difficulty making decisions because the health professionals are too busy.

2.3

Assess patient's needs

What to do?

Assess patient group-specific needs and challenges towards SDM

How?

Make deals with clinicians about participating in clinical consultations in order to find out possible reasons why patients don't wish to be involved in SDM. Summarize the results. Discuss barriers with health professionals. Ask if you can use a little time in existing meeting for health professionals and patients (e.g. department meeting, kidney school etc.)

Tools

- Mail for recruitment of patients for participant observation
- Observation guide
- Template for observation results

Risk

Lacking basis for the motivational sections of the text, especially «My choice» and videos.

2.4

Adjust didactics

What to do?
Adjust the DA to the special challenges for this patient group, for use in text (section 1.4) and videos.

How?
Use results from participant observation. Convey typical challenges to the film team. If possible, use patient participants with different perspectives in the videos. Use specific examples in text and videos.

Tools
Summary of observation results

Risk
Participating patients are not representative for the patient group.

2.5 Prepare evidence review

What to do?
Define what information will be presented in the DA, and prepare an order of evidence review for the medical problem.

How?
Integrate information from relevant sources, patients and clinicians about relevant outcomes and comparisons.

Tools
- PICO-form
- Form for patient relevant outcomes
- Procedure for evidence review

Risk
Imprecise order, and order directed by existing evidence.

2.6

Recruit for filming

What to do?
Establish contact with suitable patients well ahead of filming (at least 6 weeks), and make agreements with those who can and wish to participate in patient videos.

How?
Get in touch with patients via health professionals. Agree with relevant patients on attending information meeting and filming.

Tools
- Information to health professionals recruiting patients
- Invitation to participate in patient videos
- Checklist for phone conversation with patients
- Name list for recruitment

Risk
Participants don't attend information meeting.

2.7

Prepare filming

What to do?
Prepare film production and complete tender process.

How?
Consider cooperating on tenders with other developers. Make economic estimate and tender documents with requirements specification. Cooperate with the purchase department on this. Plan framework for filming (time line, location, number of interviewees and videos), since providers must know the scope of the filming. Make these in dialogue with health personnel. Announce tender and choose provider.

Tools
- Declaration of consent for participation in videos
- Registration for information meeting for patients
- Guide to carrying out information meeting
- Info about filming for patients
- Info about filming for health professionals
- Background information to film team
- Information about travel and stay

Risk
Unclear agreements on time period or participation.

2.8

Prepare graphics

What to do?
Prepare and complete tender process or order for icons, illustrations and animations.

How?
Consider need for animations or graphics with health professionals. Cooperate with other developers on tenders. Look for possible existing material. Cooperate with purchase department on economic estimate and possible tender documents.

Tools
None

Risk
Too many illustrations.

3.1

Medical writing

What to do?
Finish all texts.

How?
Prepare the texts thoroughly. Make sure all medical experts are heard and involved in the process. Make concrete agreements with deadlines for finishing. Offer help with writing, e.g. joint meetings with text work on a big screen, and be available for help and reminders. Agree on where and when texts be sent for evaluation (specialist organizations and others).

Tools
- Criteria for evidence based patient information (EBPI)
- ClaRiFig

Risk
No time reserved for writing and joint meetings for the professionals. EBPI criteria are not met.

3.2 Study evidence review

What to do?
Go through received evidence review, anchor it with involved clinicians.

How?
Control that the evidence review is consistent with the order. Og through it with clinicians.

Tools
- PICO-form used for ordering
- Received evidence review
- Guide for evidence review

Risk
Clinicians don’t agree with results from evidence review.
Evidence review is delayed or lacking.

3.3 Incorporate evidence

What to do?
Present all collected evidence in the proper fashion and at the right place in the DA.

How?
Insert figures for benefits and risks. Add complementary text and explanations. Look at other tools to see how this is done.

Tools
- Criteria for evidence based patient information (EBPI)
- Received evidence review
- ClaRiFig

Risk
Information is not understood by the reader, or too much/little information. EBPI criteria are not met.

3.4

Film production

What to do?
Prepare and carry out filming with provider, patients and health professionals.

How?
Update all timelines. Make routines for follow-up of every task in the production plan. Pay special attention to preparation with interviewees. Film production requires close follow-up, and takes time. Details are very important. Keep close contact with film producers in the process.

Tools
- Timeline for film production
- Interview guide «My choice» and «My options»
- Summary of findings from info meeting and participant observation

Risk
Unclear agreements, delays. Unsuited participants. Interviews don't give the required information.

3.5

Review videos

What to do?
Review if the videos follow criteria for content and placement in the DA.

How?
Plan with film producer in which order to do the reviewing.
Watch all videos and control their form, content and structure (didactic requirements). Cooperate closely with film producer to make adjustments.

Tools
- Cloud service for exchanging videos and comments
- Feedback form for video sequences

Risk
Videos do not meet didactic requirements because the film producer has not understood these, or because there are no good enough videos.

4.1

Pilot in both user groups

What to do?
Pilot with patients and health professionals.

How?
With patients: Get help from health professionals to find and invite patients to piloting. Contact patients who accepted, give additional information and agree on time, place and coverage of expenses. With health professionals: Make contact and agree on piloting.

Tools
- Declaration of consent for piloting, patients
- Declaration of consent for piloting, health professionals
- Interview guide for piloting, patients
- Interview guide for piloting, health professionals
- Summary form, piloting

Risk
The interviewer is not sufficiently attentive. The patient feels uncomfortable. Too low attendance.

4.2

Revise after piloting

What to do?
Adjust and improve the text of the DA after feedback from piloting.

How?
Read through piloting results, and consider if any of the suggestions should lead to adjustment of the text. If suggestions refer to understanding or definitions of medical content, discuss with professionals. Purely linguistic changes can be done instantly.

Tools
Piloting summary form

Risk
The DA does not have necessary quality.

4.3
Make routines for use in practice

What to do?
Make practical routines for health professionals on how to apply the DA in daily operations.

How?
Go through routines for patient contact with the local leader, e.g. of a polyclinic. Find out where information and routines can be optimally located. Cooperate with health professionals on information content and format. If possible, create phrasings suited for use in electronic medical journal systems.

Tools
Example routine.

Risk
No access to joint meetings where all health professionals can get information and answers to their questions.

4.4

Make update routines

What to do?
Make routines for regular updating of medical content, and updating in case of new evidence or new national guidelines.

How?
The routine must cover both the developer's and the medical expert's responsibility. Cooperate with health professionals on the content to ensure a common understanding. Publish electronically with the other hospital procedures and routines, and make sure automatic update reminders are activated.

Tools
None

Risk
Routines are not followed.

4.5 Inform interested parties

What to do?
Invite interested parties (patient organizations, expert organizations, others) to read the texts and give feedback.

How?
Make sure all interested parties are given the opportunity to contribute as wished. Discuss with health professionals who should be informed and how.

Tools
None

Risk
None in particular.

4.6
Certify decision aid

What to do?
Make sure the DA meets national quality requirements.

How?
Fill out digital form for national quality requirements (or equivalent).

Tools
Form for national quality requirements on Helsedirektoratet.no.

Risk
The DA doesn't hold sufficient quality.

4.7

Launch

What to do?
Prepare and carry out publishing of the DA.

How?
Control that links, videos and everything else works as planned. Cooperate closely with owners of the relevant internet platform in this process. Plan time of release and possible PR initiatives, if necessary with help from the hospital's communications department. Invite all contributors and interested parties. Publish.

Tools
None

Risk
Technical problems with the published DA.

5.1
Follow up in practice

What to do?
Control that routines are applied in clinical practice. Adjust routines if needed.

How?
Contact relevant departments and polyclinics, ask for entry in staff meetings, morning meetings and with the management.

Tools
Checklist for use in clinical practice.

Risk
Observation is not representative.

5.2

Update evidence

What to do?
Order updated evidence review

How?
Use search strategy and outcome parameters on the time period that has passed since the last search, to find possible new studies or systematic reviews that must be controlled against phrases or figures in the DA. Contact evidence review providers in advance.

Tools
- Update routines
- PICO

Risk
Risk information in the DA gets outdated. Clinicians don't agree with results from the evidence review.

5.3
Revise content

What to do?
Update medical content regularly, and in case of new medical evidence or new national guidelines.

How?
Follow routines, use automatic reminders about updating.

Tools
- Routines for updating medical content
- Updated evidence review

Risk
Content is not up to date.