



A1 Patient Hot Sheet – Case 1

AHQR SHARE* prompts:

Seek your patient's participation

Help your patient explore and compare treatment options

Assess your patient's values and preferences

Reach a decision with your patient

Evaluate your patient's decision

Patient Description

Donald Jones:

- Is a 47-year-old African American male
- Is Unmarried
- Has No Children
- Has a Second-degree family history of prostate cancer
- Has a Maternal Uncle diagnosed last year at 57 with intermediate risk prostate cancer
 - His uncle is doing well after radiation therapy
 - He is healthy and is married with 2 teenage children.
- Is distrustful of medical providers and does not want to deal with side effects of ED or incontinence and would be ok with living a shorter life span in exchange for high quality of life and preservation of sexual function
- Has heard conflicting ages at which to begin screening and whether to screen at all.

SCRIPT: You are the "PATIENT"

Clinician: "Mr. Jones, I saw you have no stone recurrences on your ultrasound from last month. What brings you in today?"

Patient: "Hey Doc, I have been drinking my lemon water and have not had any kidney stones in the last year and a half since we last spoke. The reason I am back is because mom and sister ganged up on me a couple of months ago and told me to come discuss prostate cancer screening with my urologist because my uncle was diagnosed with prostate cancer about 6 months ago. I told them I wasn't going to begin screening unless I lived to be 60. I want to finish sewing my wild oats (laughs). But I am here as they requested to discuss it with you"

Clinician: Seek to engage patient in shared decision making.



Patient: “I am willing to discuss this with you and, no disrespect, but I do not like coming to doctors because they always give people bad news. But you are the expert so *what are the options?*”

Clinician: Help explore the pros and cons of the following options:

- No screening ever
- Baseline PSA now and screening frequency based on if above or below median for age range
- Delay PSA screening until age 55 or 60
- PSA screening every 1-2 years starting now

Patient: You are free to ask any ONE question you want to compare the treatment options

Clinician: Assess the patient’s values.

Patient: “I really don’t want to do any screening before age 60 honestly, because I have heard you can lose your erections and pee on yourself if you get treated for prostate cancer. I have no wife and no kids, and I am here for a good time. I do not need to be here for a long time. So, I am here to see if I should even be screened for prostate cancer. I value quality over quantity of life honestly. If I have to risk peeing on myself or my erections not working, I will pass. I cheated death when I was in the military so I can face it when it is my time.” (He is not suicidal or depressed)

Clinician: Reach a decision with the patient.

Note: Giving the patient time to think it over is an acceptable course too.

Patient: “I understand the merits of each approach now. Though no matter what, I am probably going to hold off on screening until age 60 or if my erections stop working before that. I guess I would not mind doing a baseline PSA today to see if I am in the high-risk group or not. If I am above median PSA, I would not want to follow it until age 60 unless the reading was very high, meaning I should do something about it right now.

Clinician: Evaluate the patient’s decision.

Patient: “Thanks Doc for helping me make this decision. I feel like you really heard my point of view today. I will share the plan with my mom and sister when I get home.”

Clinician: Wrap up the visit

*Agency for Healthcare Research and Quality

<https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html>