



## **B2 Patient Hot Sheet – Case 5**

### 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

#### **Jack Coleman:**

- Is a 45-year-old White male
- Is married to a younger spouse
- Has 2 healthy children
- Has no family history of prostate cancer
- Had 1 episode of kidney stones 5 months ago. Had an ESWL and stent placement 2 months ago. He removed the stent by the dangle. Patient had a recent kidney US ordered which was negative for stones or hydronephrosis. The clinician just reviewed the 24-hour urine studies (urine volume 1L) and told him that he should drink more water. There have been no new symptoms or episodes.
- Wants to discuss whether and how often he should do prostate cancer screening

### **SCRIPT: You are the "PATIENT"**

**Clinician:** "I am (Title/Name) \_\_\_\_\_, your ultrasound was negative, and I see from your 24-hour urine collection that you need to increase your water intake which is fantastic. What brings you in today?"

**Patient:** "Thanks (Clinician name), I have been drinking my lemon water and have not had any soda since you removed my stent.

I've got to be honest, it takes me over 2 hours to get to you and my primary care doctor from LeClaire, Iowa but my doctor has me coming every year to get the finger in my butt and a PSA test. I was trying to look up the online recommendations for screening and it says I should start now, but then some say at age 55. I am tempted to not screen at all but that seems extreme. I think my primary doctor would respect a plan coming from your office. I want to minimize the risks but avoid coming down here every year. The traffic in the city is pretty stressful. My PSA was 0.6 a couple months ago"

**Clinician: Seeks** to engage patient in shared decision making



**Patient:** “I am willing to discuss this with you and want to hear the options and which one you think is best, so *what are the options?*”

**Clinician: Helps** explore the pros and cons of the following options:

- No screening ever
- PSA screening and digital rectal exam every 1-2 years with your PCP
- Repeat PSA in 5 or 10 years since your baseline is below median for your age range
- Wait until age 55 and get your next PSA +/- DRE

**Patient:** You are free to ask any ONE question you want to compare the screening options.

**Clinician: Assesses** the patient’s values

**Patient:** “I have to come in for the visits with my PCP since she checks my skin for moles every year. I would like to minimize the number of times she does the digital exam. I do want to live a long life; my wife is younger than me by 8 years, so I want to try to stick around for her and the kids. I do value sex but could be ok without it if it meant saving my life. The drive to the city is expensive and stressful though.”

**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 pros and cons of each approach now. I gather that I am not in the group of men likely to die of prostate cancer and the PSA seems to be the most important aspect of the screening over the rectal exam. So, I think I will get the PSA every other year with my PCP and only do the DRE if the PSA is elevated. I think I would do that with you as my urologist since you have more experience feeling for abnormalities in the prostate right?”

**Clinician: Evaluates** the patient’s decision.

**Patient:** “Thanks Doc for helping me make this decision. I feel like you really helped me so I can work with my primary physician when I go back to her office.”

**Clinician:** Wraps up the visit

\*Agency for Healthcare Research and Quality

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