
Section 2 Patient Preferences

Defining Patient Preferences

Overview

This module introduces patient preference as a key component in the EBP paradigm. Patient Centered Care (PCC) and Shared Decision Making (SDM) are introduced as supporting frameworks.

Objectives

- Define patient preferences.
- Value the role of patient preferences in healthcare planning and decisions.
- Describe how PCC and SDM relate to patient preferences.

Key Points

- The term preference involves two interconnected ideas – options and choice. To have a preference suggests that a person, when considering a given set of options, will prefer and choose some over others.
- Preferences can be complex because the triggering attributes are multifaceted; these include one's values, culture, abilities, resources, knowledge of options, social networks, etc. Preferences are further influenced by past experiences, the present context, and a consideration of the future; as such an individual's preferences are dynamic and may change over time.
- *Patient Preferences* has been defined from varying views (see definition handout). Common themes include: (1) Preferences are unique to the individual; (2) Preferences are predicated on values; and (3) Concerns and choices extend to treatments, healthcare states, and outcomes.
- When it comes to patient care, *one size does not fit all*. Understanding preferences strengthens our ability to tailor evidence-based interventions for the individual patient. Helping patient's acknowledge and share their unique preferences is essential for patient-centered care.
- Evidence isn't actionable without the patient. In EBP, *patient preferences* are the 'trump card'. **Patients can't have a preference if they don't have (or aren't given) a choice; and, patients can't have a choice if they aren't truly informed of all options.** Valuing patient preferences is grounded in the commitment to fully inform the patient of available options (including the evidence supporting options), ensuring the patient has a meaningful understanding of options, actively engaging the patient in conversations where preferences are elicited and explored, and incorporating those preferences within a patient-centric plan of care.

Evidence-Based Practice



Key Points continued

- The EBP paradigm calls for the integration of patient preferences, best available evidence and clinical expertise within the context of healthcare planning and decisions. Currently the knowledge and skills essential for 'integration' are not well defined. PCC and SDM are two prominent national healthcare initiatives supported by the VHA and Institute of Medicine (IOM). Taken together, these practice frameworks help inform the 'integration' ingredient central to EBP at the point-of-care. See PCC SDM handout.

Suggested Activities

Practice Application Exercise

Have participants reflect on a recently encountered practice situation and discuss the following questions

1. What influence did each EBP component (evidence, clinical expertise and patient preferences) have in the clinical situation?
2. What was the intervention? What evidence supported the intervention?
3. What were the possible choices for the patient? How did you (or others) engage the patient (or surrogate) in order to understand the preferences? What were the patient's preferences?
4. How was clinical expertise used to tailor the evidence-based intervention for the individual patient?
5. How did PCC and SDM relate to this situation?

Personal Commitment to EBP Exercise

1. Ask the participants to share some of the important take-home points that they have learned in this lesson.
2. How will you use what you learned today in your practice?

Materials are available through the provided hyperlink: [ONS EBP Video 3 Committing to Our Vision of Evidence-Based Practice Through Integrating Patient Preferences](#)

Handouts

1. [Patient Preferences: Definitions](#)
2. [Patient Centered Care and Shared Decision Making](#)

Suggested Time 60 minutes