embedded within family and interprofessional team systems; both are situated within broader environmental influences. There are four key assumptions underlying the model. First, involving patients in the shared decision making process is essential for achieving patient-centered care and reaching decisions that are informed and based on individual patient values. Second, achieving a common understanding of the essential elements of the shared decision making process among the interprofessional team and recognizing the influence of the various individuals on this process will improve success in reaching a shared decision. Third, achieving an interprofessional approach to shared decision making may occur synchronously in the example of family conferences in the intensive care unit, but more often occurs asynchronously and therefore requires a shared framework with this common understanding. Fourth, family or significant others are important stakeholders involved or implicated by the decision and their values and preferences may not be the same as those of the patient.

We recently completed a pilot study of an interprofessional approach to shared decision making with an interprofessional home care team in Quebec City and another, in Edmonton [47]. We developed a toolkit (i.e. a training program, educations tools, and a video) to facilitate the implementation of an interprofessional approach to shared decision making and overcome barriers to implementation (See Appendix). We found that most providers had a high intention to engage in interprofessional shared decision making but depending on their profession, the barriers varied.