

A shared-decision-making-training-programme for advanced nurse practitioners in oncology: a feasibility study

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Introduction

Based on the Medical Research Council framework [1], the six-step approach [2] and the theory of planned behaviour [3], we developed an innovative curriculum for advanced nurse practitioners (ANP). It comprises evidence-based nursing, evidence-based patient information and communication competencies for Shared Decision-Making (SDM) and qualifies ANPs as decision coaches (see figure 1). The training programme aims at the provision of SDM for breast cancer patients in Germany.

Objective

The aim of the study was to test acceptability and feasibility of the training programme in the target group of ANPs.

SPUPEO-Curriculum

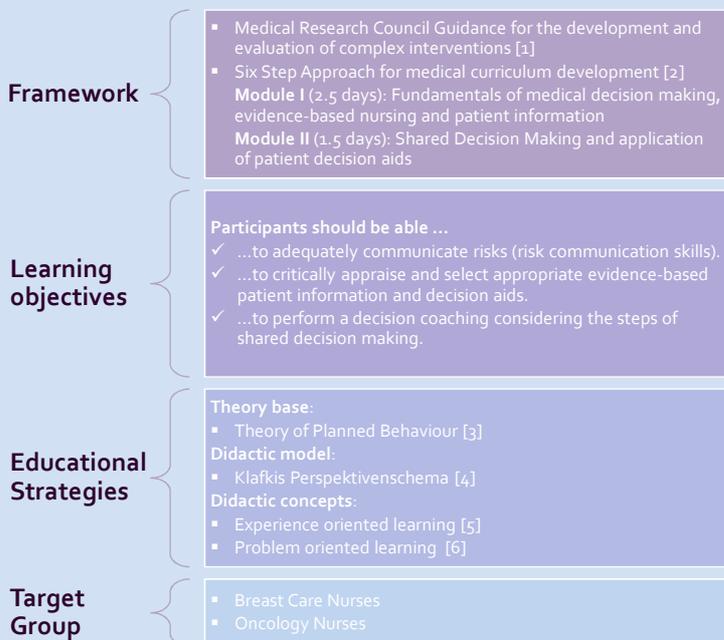


Figure 1: SPUPEO-Curriculum

Methods

Modules were tested with breast care nurses (N = 6), oncology nurses (N = 12) and undergraduates of health sciences and education (N = 19) (see Table 1). In each group we tested one module of the curriculum. Taught modules included critical appraisal of evidence-based patient information, fallacies of observational studies and the need of RCTs including critical appraisal of RCTs as well as communication skills in shared decision making. Modules lasted between 3 to 13 hours. We explored comprehensibility, appropriateness, acceptability of teaching methods and time management. In addition, nurses were asked for anticipated facilitators and barriers of practical implementation. The between-method triangulation was used to combine systematic observations of lessons, documentation of working results and focus group interviews that were performed after each module. Qualitative content analysis was performed by using the software MAXQDA. Accordingly, the results guided curriculum revision.

Results

Overall the modules are feasible and well accepted. The planned group size of six participants is adequate. The degree of complexity of the materials and the selected teaching methods are appropriate for the target group. Besides, exemplary-based teaching was well accepted by participants. Few participants declined role play as teaching method. However, they valued it as expedient to acquire shared decision making competencies. Hence, we decided to carry out no modification.

Nevertheless, we found a couple of barriers which require revision of modules. Although participants agreed with the SDM-model, paternalistic patterns were revealed. Further, some participants requested additional material as support for practice.

According to the results, our revision contains the following provisions: We incorporated further exercises for participants reflecting about their own decisional behaviour and attitude. Furthermore, prompt cards and a decision pathway were developed to support nurses and patients within decision coaching.

Discussion

The curriculum has been shown to be feasible and well accepted. Problems in the performance and acceptability of teaching methods often correlated with non-acceptance of the subjects regarding practical implementation. The missing transfer from theory into practice may be associated with the fact that nurses are not familiarised with the philosophy of SDM. Further research should explore actual barriers of implementation.

Considering the learning outcomes and satisfaction of participants higher costs for team teaching might be justified.

Our study has several limitations. First, we can not be certain whether all potential barriers in practice have been revealed since only barriers in the training situation were gathered. Second, the sample was obtained from highly motivated nurses so that it could have led to distortion of results.

Conclusions

Further pilot testing is needed to test the revised curriculum before starting the evaluation in a randomised controlled trial.

	Oncology Nurses (N = 12)	Breast Care Nurses (N = 6)	Undergraduates of Health Sciences and Education (N = 19)
Mean Age (±SD)	40 (±8.83)	51.7 (±10.1)	25.1 (±3.17)
Educational level			
Lower secondary school (Hauptschule)	0	0	0
Secondary school (Realschule)	6	0	0
Upper secondary school (Gymnasium)	6	5	19
College / university diploma	0	1	0
Working experience in years ...			
... in nursing profession			... in health care profession
< 1	0	0	5
1 - 5	0	0	5
6 - 10	2	0	9
11 - 15	2	0	0
16 - 20	4	1	0
> 20	4	5	0
Release from clinical activities			
Full release	1	3	not applicable
Partial release	3	2	not applicable
No release	8	1	not applicable

Table 1: Characteristics of participants

References

- [1] CRAIG, P., DIEPPE, P., MACINTYRE, S., MICHIE, S., NAZARETH, I. & PETTICREW, M. 2012. Developing and evaluating complex interventions: The new Medical Research Council guidance. *Int J Nurs Stud.*
- [2] KERN, D. E., THOMAS, P. A. & HUGHES, M. T. 2009. Curriculum Development for Medical Education. A Six-Step Approach., Baltimore, The John Hopkins University Press.
- [3] AJZEN, I. 1991. The Theory of Planned Behavior. *Organisational Behavior and Human Decision Processes*, 50, 179-211.
- [4] Klafki W. Neue Studien zur Bildungstheorie und Didaktik: zeitgemäße Allgemeinbildung und kritisch-konstruktive Didaktik .6. Aufl. ed. Weinheim: Beltz; 2007.
- [5] Scheller I. Erfahrungsbezogener Unterricht – Praxis, Planung, Theorie. 2nd ed. Frankfurt am Main: Scriptor; 1987.
- [6] Roth H. Pädagogische Psychologie des Lehrens und Lernens. 11th ed. Berlin, Darmstadt, Dortmund, Hannover: Schroedel; 1969.

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