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

Berger-Höger B, Gerlach A.
University of Hamburg, MIN-Faculty, Unit of Health Sciences and Education

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

Framework

- Medical Research Council Guidance for the development and evaluation of complex interventions [1]
- Six-Step Approach for medical curriculum development [2]
  - Module I (2.5 days): Fundamentals of medical decision making, evidence-based nursing and patient information
  - Module II (1.5 days): Shared Decision Making and application of patient decision aid

Learning objectives

- Participants should be able:....
  - AD to critically comprehend risks (risk communication skills).
  - ...to critically appraise and select appropriate evidence-based patient information and decision aids.
  - ...to perform a decision coaching considering the steps of shared decision making.

Theoretical base

- Theory of Planned Behaviour [3]
- Didactic model
- Klafki’s Perspektivenschema [4]

Didactic concepts:

- Experience-oriented learning [5]
- Problem-oriented learning [6]

Educational Strategies

- Breast Care Nurses
- Oncology Nurses

Target Group

Methods

Modules were tested with breast care nurses (N = 6), oncology nurses (N = 12) and undergraduates of health science 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.

Table 1: Characteristics of participants

<table>
<thead>
<tr>
<th>Age (SD)</th>
<th>Oncology Nurses (N = 12)</th>
<th>Breast Care Nurses (N = 6)</th>
<th>Undergraduates of Health Sciences and Education (N = 19)</th>
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<td>51.7 (±10.1)</td>
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References


Contact:
Birte Berger-Höger (RN, BSc, MEd), Birte.Berger-Hoeger@uni-hamburg.de