BACKGROUND
In order to facilitate patient participation in medical decision making in oncology, we developed a complex intervention for shared decision making (SDM) comprising (see Tab. 1): • Training for specialised nurses as decision coaches (A) • Workshop for physicians (B) • Evidence-based patient decision aid (DA) for women with ductal carcinoma in situ (DCIS) (C) • At least one decision coaching session for women with DCIS (D)
A pilot study (phase II) was conducted to explore feasibility and acceptance of the intervention. The study was conducted according to the UK Medical Research Council’s framework for design and evaluation of complex interventions [1].

METHODS
Setting: Two certified (Onkозert) breast care centers in Berlin, Germany
Focus: To explore comprehensibility, appropriateness, acceptability and time management of educational interventions and decision coaching
Data collection:
Educational intervention: Observation (expert) and individual feedback of participants (n=4 nurses, n=5 physicians) by questionnaire
Decision coaching: Seven decision coaching sessions lead by nurses were videotaped and individual feedback of participants (nurses, physicians and patients) by questionnaire
Data analysis:
Educational intervention: Observation protocols and questionnaires were analyzed descriptively
Decision coaching: The observer-based instrument of the MAPPIN’-SDM-inventory [2] was applied to measure the extent of patient participation (possible range: 0-4, competence was not observed to excellent performance).
The inventory comprises a set of nine indicators, six indicators outline the communicative components. Two observers rated the SDM-behavior of the nurse, the patient and the interaction of the dyad (nurse and patient). Questionnaires were analyzed descriptively.

FINDINGS
Study duration: 11/2014 to 05/2015.

Educational intervention:
• Intervention was well accepted
• Training and workshop were feasible
• Nurses requested additional material for decision coaching
• Nurses and most of the physicians endorsed the implementation of inter-professional SDM

Decision coaching:
• Decision coaching by nurses is feasible
• Mean duration of decision coaching sessions was 36 minutes (23 – 82 min.)
• On average a basic level of SDM was observed (MAPPIN-O: 2.15), (see Tab. 2)
• Physicians were concerned that some women might be overburdened with information and did not include all eligible women (see Fig. 1)
• Physicians raised concerns about the possibility that women’s decision preferences do not match the tumor board recommendation
• Open decision making was often hindered, since the screening centers recommend treatments prior to the initial visit in the breast care center
• Participants reported time and personal expenditure as relevant barriers that hamper a permanent implementation.

DISCUSSION / CONCLUSION
In summary, our intervention is feasible. Physicians and nurses endorsed shared decision making and judged the inter-professional collaboration to be excellent. However, context factors like the tumor board recommendations and professional beliefs may hamper the implementation. We revised the intervention according to the results. E.g. we developed fact sheets that display essentials about treatment options to enable nurses to structure the information during decision coaching. Furthermore, the physician workshop was restructured giving more time to discuss physicians’ concerns about treatment options.
Our study has several limitations. Due to pilot study design a small number of patients was included. Patient’s responder rate of the post consultation questionnaire was low and prevented analysis. In addition, physicians and nurses were highly motivated to participate, which might cause a selection bias.

The efficacy of the revised intervention is currently evaluated in a cluster-RCT in 16 breast care centers with 192 patients [3].