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Title

Shared Decision-Making Toolkit: An effective strategy for the continuous professional development of primary care nurses

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

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Abstract

Context: Shared decision-making (SDM) is central to person-centred care and primary care nurses' practice. Our previous work showed the unmet educational needs of primary care nurses to engage in SDM with complex care needs patients.

Objective: Using Kirkpatrick's four levels of learning, we sought to provide primary care nurses a continuing professional development (CPD) toolkit that meets their educational needs so they will engage in SDM with complex care needs patients.

Study Design: One-group pre-post study to evaluate the CPD toolkit

Setting: Primary care clinics in Quebec

Population Studied: Primary care nurses

Intervention: Cocreated CPD toolkit with a dissemination strategy using social media and the primary care nurses' virtual community of practice.

Outcome Measures: We used validated questionnaires using a 4-points Likert scale to measure Kirkpatrick's level 1 (reaction) and level 2 (learning) of primary care nurses after using the CPD toolkit. We collected qualitative data to document primary care nurses' perceptions of the CPD toolkit.

Analysis: We used descriptive analyses to characterize the sample and student t-test for paired samples to evaluate the impact of the CPD toolkit. We used thematic analysis for qualitative data.

Results: Our CPD toolkit was launched in the fall 2021. 165 primary care nurses completed it. From them, 69 completed pre-and post-training CPD questionnaires. Giving to Level 1, over 90% of the

primary care nurses was satisfied with the CPD toolkit. For Level 2, the CPP toolkit significantly improved their confidence (p≤0.001) and intention (p≤0.01) to apply their knowledge in clinical settings. Comparative analyses show that the CDP toolkit appears to be most effective for primary care nurses practicing for 1 to 10 years. Qualitatively, as the most appreciated elements, primary care nurses identified the clarity and conciseness of the content disseminated and the access to concrete tools. After the CDP toolkit completion, primary care nurses perceived themselves as better able to assess patients' needs, support them in their SDM, and understand the nurse's and patient's roles in SDM.

Conclusions: This project demonstrated that an innovative model of asynchronous CPD toolkit for SDM and primary care nurses is efficient to improve Kirkpatrick's Levels of learning 1 and 2 in primary care settings that match the educational needs expressed. This CDP toolkit could be exportable to other clinicians in primary care.