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**Title**

*BARRIERS AND FACILITATORS IN IMPLEMENTING TRAINING IN SHARED DECISION-MAKING BASED ON REFLEXIVITY STRATEGIES*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Introduction: Reflexivity-based training for healthcare professionals on shared decision-making (SDM) fosters critical thinking, encouraging reflection on one's personal values while supporting patient needs. We aimed to identify barriers and facilitators in implementing SDM training that used reflexivity strategies in the context of trisomies' screening. Methods: We performed a qualitative descriptive study. Based on a non-probabilistic recruitment approach, we aimed to recruit 20 prenatal service managers across the province of Quebec for 40- to 60-minute semi-structured interviews. Interviews were to be transcribed anonymously with NVivo Pro software and classified using themes identified from the Regmi and Jones Framework (2020). Deductive analysis was performed, with new themes added in the analysis as they emerged. We followed the Standards for Reporting Qualitative Research guideline. Results: Sixteen managers from 14 prenatal services participated. Among them, 56.3% were nurses, 87.5% were women, and 37.5% had a master's degree. Participants mentioned that the current organizational context is the main challenge for integrating such training into Quebec's healthcare system. However, the format of the training, online and asynchronous, coupled with learners' existing technological competence due to pandemic-related experiences, were cited as facilitators for prenatal services to overcome the organizational barriers. Additionally, the diverse profiles and positive reputation of developers, learners' motivation, and the relevance of training themes were perceived as significant facilitators. Depending on the type of healthcare professional, some liked the reflexivity exercises while others found them challenging. Discussion: Quebec's current organizational context presents obstacles to integrating reflexivity-based training into prenatal services, but existing resources and strategies could be marshalled to overcome these challenges. Conclusion: This study is the first to document facilitators and barriers in implementing an online SDM training incorporating reflexivity strategies. Future research could involve comparative analyses among different professional groups.

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