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Shared Decision Making and Decision Aids: An Important Part of Evidence-Based Practice

Requisite knowledge, skills, and attitudes for incorporating patient and family values and goals into clinical decision making is an essential part of the evidence-based practice (EBP) process that needs more attention in nursing education. Use of shared decision making (SDM) and decision aids (DAs) by clinicians in practice is limited (Couët et al., 2015). Little or no SDM content in graduate nursing programs may, in part, explain the gap. Therefore, the authors of the current article created a learning activity on SDM and DAs to address this gap.

SDM is a collaborative process between patient and provider in which information is exchanged and deliberated and health care decisions are made (Charles, Gafni, & Whelan, 1997). DAs are effective tools to facilitate and prepare patients to make informed, value-based decisions with their providers (Stacey & Légaré, 2015). Hundreds of free evidence-based DAs are available through the Agency for Healthcare Quality and Research (AHRQ) and the Ottawa Hospital Research Institute.

The authors of the current article adapted materials and tools from the evidence-based AHRQ SHARE Approach curriculum (AHRQ, n.d.) to develop a learning activity for online graduate students to meet the following objectives:

- Describe the fundamentals of the SDM process.
- Describe where SDM and DAs may be used in the practice setting.
- Analyze a DA.
- Develop a plan for implementing an SDM process into an established practice workflow.

Content on SDM process was delivered through faculty-created videos posted on the authors' college of nursing EBP Web site (<http://evidencebasednurse.weebly.com/shared-decision-making-and-decision-aids.html>). To assess knowledge after viewing the videos, students completed an online AHRQ SDM assessment. Knowledge application occurred when students located a DA relevant to their practice setting and used the International Patient Decision

Aid Standards (<http://ipdas.ohri.ca/>) to critically appraise the DA. Translation of the DA into practice was achieved in an assignment when students developed and shared their plan for implementing the SDM process into an established practice workflow in an online discussion board.

Fifteen post-master's Doctor of Nursing Practice and 22 Master of Science in Nursing students completed the learning activity. Postknowledge self-assessment scores ranged from 92% to 100%. Viewpoints on SDM and DAs were gleaned from the student feedback on the learning activity. All of the students had no idea that DAs existed and expressed gratitude that the faculty incorporated this content into the course. Students liked how the assignments were relevant to their practice, and they were able to create a plan for SDM in their settings. The exercises also facilitated interprofessional discourse in their practice setting on how to implement DAs. Some students said they were going to use SDM and DAs for their own care decisions or a family member. Several students commented that they wished they could have implemented and evaluated their SDM plan, so faculty encouraged them to do this for their capstone or scholarly project.

Conclusion

An urgent need exists to include SDM content in nursing programs at all levels so that graduates are prepared to engage patients and their families in this critical part of the EBP process. Adapting content from the AHRQ SHARE Approach workshop and the Ottawa Hospital Research Institute to create an online learning activity on SDM and DAs for graduate-level nurses was feasible at no cost. The learning activity was well-received by the students. Faculty were motivated by students' insight on the applicability of their newly acquired knowledge to their practice setting and their ongoing development of EBP knowledge, skills, and attitudes.

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