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The creation of an online learning resource to support the implementation of the nice shared decision making guideline

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Background: Shared decision making (SDM) is a joint process in which a healthcare professional works together with a person to reach a decision about care[1]; this can help ensure care is personalised to each individual. Research shows that SDM is not occurring in practice to the extent that it ought to.[2] In June 2021, the National Institute for Health and Care Excellence (NICE) published their SDM guideline. Several recommendations address the training healthcare professionals need to better integrate SDM into their practice by improving their knowledge and skills.

Aim: To create a free-to-access learning resource to support healthcare professionals implementing the recommendations from the NICE guideline on shared decision-making.

Methods: A collaborative approach between Keele University and NICE was adopted to develop the online learning resource. The resource was built using Microsoft Sway and was comprised of six modules: (1) Orientation and background; (2) cognitive psychology: the science of how we all make decisions; (3) Evidence-based medicine; (4) probability and uncertainty; (5) consultation skills and (6) practising your shared decision-making skills: staying up to date. The links to the Sway modules were posted on the same web pages as the NICE guideline. Voluntary, anonymous user satisfaction surveys were included in each Sway module as a link to a Microsoft Form.

Results: After 9 months, 2500 people had viewed the orientation module. The second most common module was consultation skills with 1250 viewers. Modules 3 and 4 had the lowest usage with 878 and 803 viewers respectively. Responses on the satisfaction surveys were from a range of different healthcare professionals, including doctors, nurses, pharmacists, physiotherapists, osteopaths, paramedics, and dietitians. All modules had a mean usefulness score of between 8 and 9 on a scale of 1 = not at all useful, to, 10 = extremely useful. Qualitative feedback was highly positive with individuals reporting the learning resource as being *"fantastic interactive learning"*, "*very thought-provoking and informative*" and enjoying the "*video presentations"* and "*patient videos"*. One individual even reported the learning resource was *"… [the] best piece of SDM education I have found."* Some individuals also reported what they had learnt from the module(s), such as *"…it has reminded me that I need to remember that each 'patient' is actually an individual and needs individual consideration*." Comments were received regarding the quality of the videos as some were *"very quiet*" and the length of the modules "*could have been condensed."* However, it was noted that the *"bite-size chunk"* style of the modules made them easy to access when busy.

Conclusion: An open-access resource was created which aimed to develop the knowledge and skills of the users. The learning resource has been accessed by individuals from a range of healthcare professions who have reported it as being an engaging and informative resource on shared decision making, which has resulted in individuals reportedly changing their practice. Interviews are currently being conducted on healthcare professionals' perspectives on the learning resource, to allow for further exploration on findings from the satisfaction surveys.

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The perspectives of Irish pharmacists on the implementation of pharmacogenetics into pharmacy practice

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Introduction: Pharmacogenetics is the use of an individual's genetic data to determine their response to a drug.[1] This personalised prescribing measure has the potential to improve patient outcomes by reducing adverse drug reactions and incidences of non-response to a drug.[2]

Aim: This study aims to evaluate the potential to implement pharmacogenetic testing and counselling into pharmacy practice in Ireland, by looking at the opinions of registered pharmacists on the potential new service.

Methods: A web-based survey was sent out to 6236 pharmacists on the Pharmaceutical Society of Ireland's (PSI) mailing list using the software 'Limesurvey'. There were several sections to the questionnaire, which collected information anonymously on demographics, knowledge, and confidence, attitudes towards pharmacogenetic testing, and barriers and facilitators of pharmacogenetic testing by pharmacists. Ethical approval for the study was granted by the UCC School of Pharmacy Research Ethics Committee.

Results: A response rate of 9.5% was attained with 591 partial responses and 446 full responses. In the assessment of participants knowledge of pharmacogenetics, an average of 2.71 questions were answered correctly out of 5, with higher results being achieved by those that were younger, more recently graduated and with a higher qualification. A majority of respondents disagreed that their pharmacy education had prepared them sufficiently to counsel on pharmacogenetics. Barriers to introducing pharmacogenetic testing into pharmacy practice included ethical issues such as unauthorised access to private data and discrimination by insurance