

Shared Decision Making: Empowering the Bedside Nurse

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In the area of nursing practice, change is inevitable. Nurses must have concise and collective information readily available to ensure safe practice. Over time, the care of patients with cancer has increased in complexity, leading to greater demands on bedside nurses. Although many useful resources exist regarding care of patients receiving chemotherapy, staff nurses at the authors' institution reported frustration with the availability of concise and easily accessible information. Shared decision making was used to develop a chemotherapy resource. The content of this article outlines a model of shared decision making and the processes used to address and resolve the practice concern. Through the power of shared

decision making, nurses are able to use their voices to directly impact professional practice in daily patient care.

The mission of the authors' facility, the Mayo Clinic in Rochester, MN, is to "provide the best care to every patient every day through integrated clinical practice, education and research" (Mayo Clinic, n.d.). The development of shared decision making, which emphasizes accountability for nursing practice, became one of the vital components for the process of strategic planning. The model of shared decision making provides staff nurses with an active role in the process of making decisions, forming policies, and influencing actions and behaviors that affect

Shared decision making is a process that has empowered specialty nurses at the Mayo Clinic in Rochester, MN, to solve a practice concern. Staff nurses recognized a lack of concise, collated information available that described what nurses need to know when caring for patients receiving chemotherapy. Many aspects of the administration process were knowledge and experience based and not easily retrievable. The Hematology/Oncology/Blood and Marrow Transplant Clinical Practice Committee identified this as a significant practice issue. Ideas were brainstormed regarding how to make the information available to nursing colleagues. The *Chemotherapy Yellow Pages* is a resource that was developed to facilitate the rapid retrieval of pertinent information for bedside nurses. The content of this article outlines a model of shared decision making and the processes used to address and resolve the practice concern.

their professional practice. When shared decision making is used, communication is fluid among all organizational levels and is facilitated, not controlled, by management. (Neis & Kingdon, 1990).

Every nurse at the authors' facility is expected to understand the shared decision-making process, and the model is included in the formal orientation process. Nurse leaders encourage the process as decisions are made throughout the Department of Nursing. One important facet of shared decision making in the Department of Nursing was conceptualized and operationalized through the formation of specialty nursing practice committees. The Hematology/

Oncology/Blood and Marrow Transplant (Hem/Onc/BMT) Clinical Practice Committee is one example. The committee consists of a member of the Hem/Onc/BMT Nursing Leadership Committee, a clinical nurse specialist, and a staff RN representative from the hematology, medical oncology, blood and marrow transplant units, and float staff. Participation on the committee is on a volunteer basis with support from each nurse manager. A representative from the infusion therapy department and a continuous improvement specialist serve as ad hoc members. The functions of the specialty practice committee include providing coordination and guidance in the specialty area and promoting a framework for decision

making that places patients' needs first (Hem/Onc/BMT Clinical Practice Committee, n.d.).

The staff resource, titled the *Chemotherapy Yellow Pages*, was the result of brainstorming by the committee in an effort to resolve a practice concern. Although many books are available regarding a multitude of cytotoxic agents, they often are cumbersome and difficult to reference. In addition, experienced Hem/Onc/BMT nurses had

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