A Method for Introducing a New Competency into Nursing Practice (MINC)*

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*slide content courtesy of K. Calzone, J. Jenkins. L. Badzek, Principal Investigators

Purpose of the Project

The primary aim of this research project is to establish and assess the outcomes of a Magnet hospital champion yearlong intervention to improve the capacity of the institution to integrate genomic information into nursing healthcare delivery.

Purpose of the Project (cont.)

The secondary aim is to establish a network of genomic nursing practice educators and leaders willing to serve as consultants to other institutions integrating genomics.

Outcomes

- Demonstrate the acceptability and effectiveness of a hospital based Champion effort to facilitate genomic nursing integration and competency
- Document the range of facilitators and obstacles that are unique to the practice environment.

This intervention is the first genomic champion effort of its kind aimed at the practicing community with empirical outcome measurements.

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National research team

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National Nursing Research Project

Funding Agency:

National Council of State Boards of Nursing

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West Virginia University School of Nursing
National Institutes of Health, National Human Genome Research Institute
National Institutes of Health, National Cancer Institute

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Interventions

RESEARCHERS

- CONSULTATION ANSWERS
- EXEMPLARs
- SPEAKERS
- FEEDBACK ON SITE VISITS

Train dyads

Evaluate workforce

Describe Impact on Policy

Throughout the year of the study there will be monthly meetings, access to resources and ongoing communication, support, shared creativity, shared interventions, and discussion of barriers among the 25 dyads.

DYADS

- MEET DEADLINES
- INTERACT WITH EACH OTHER
- PRESENT PROGRESS
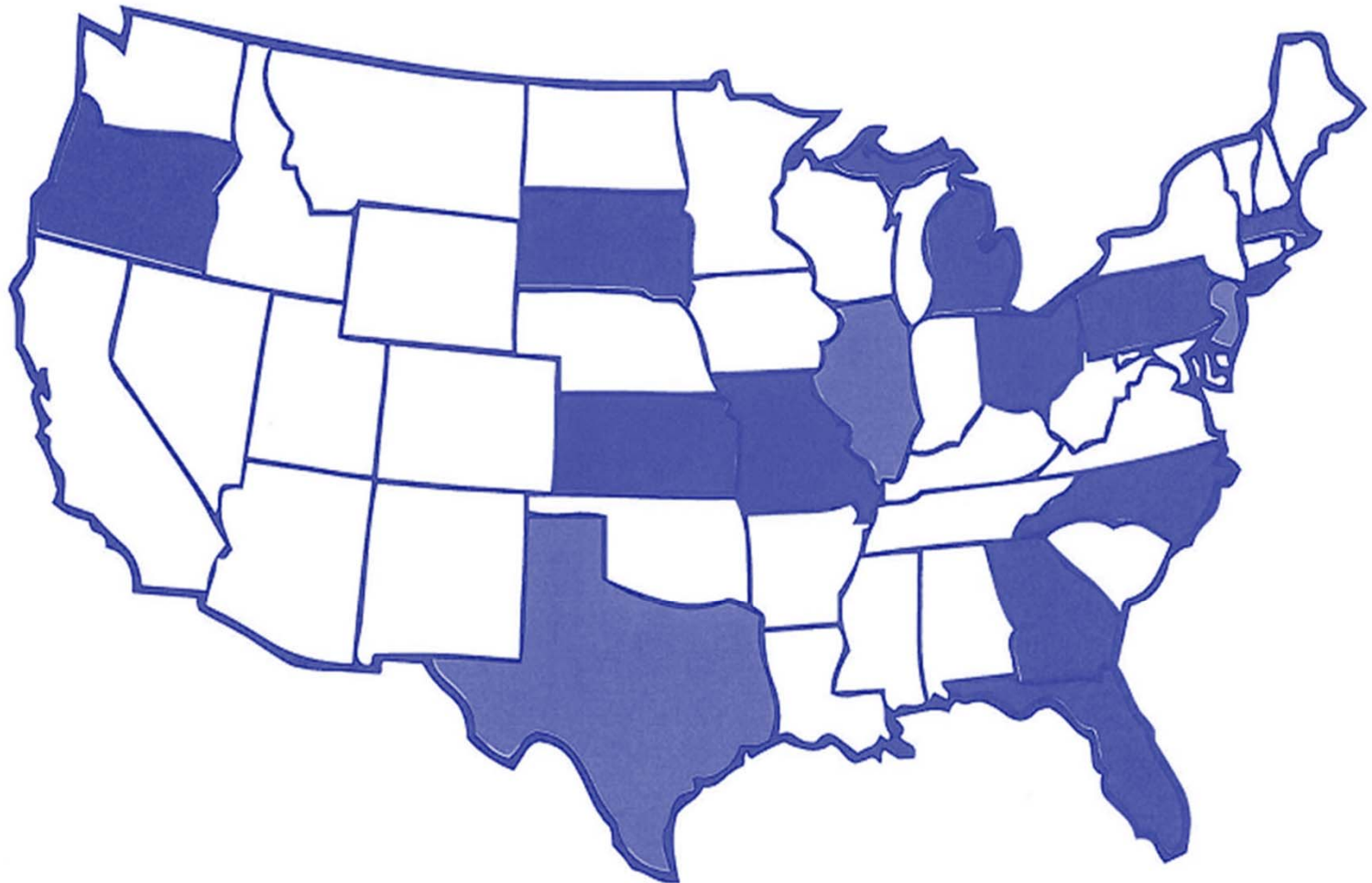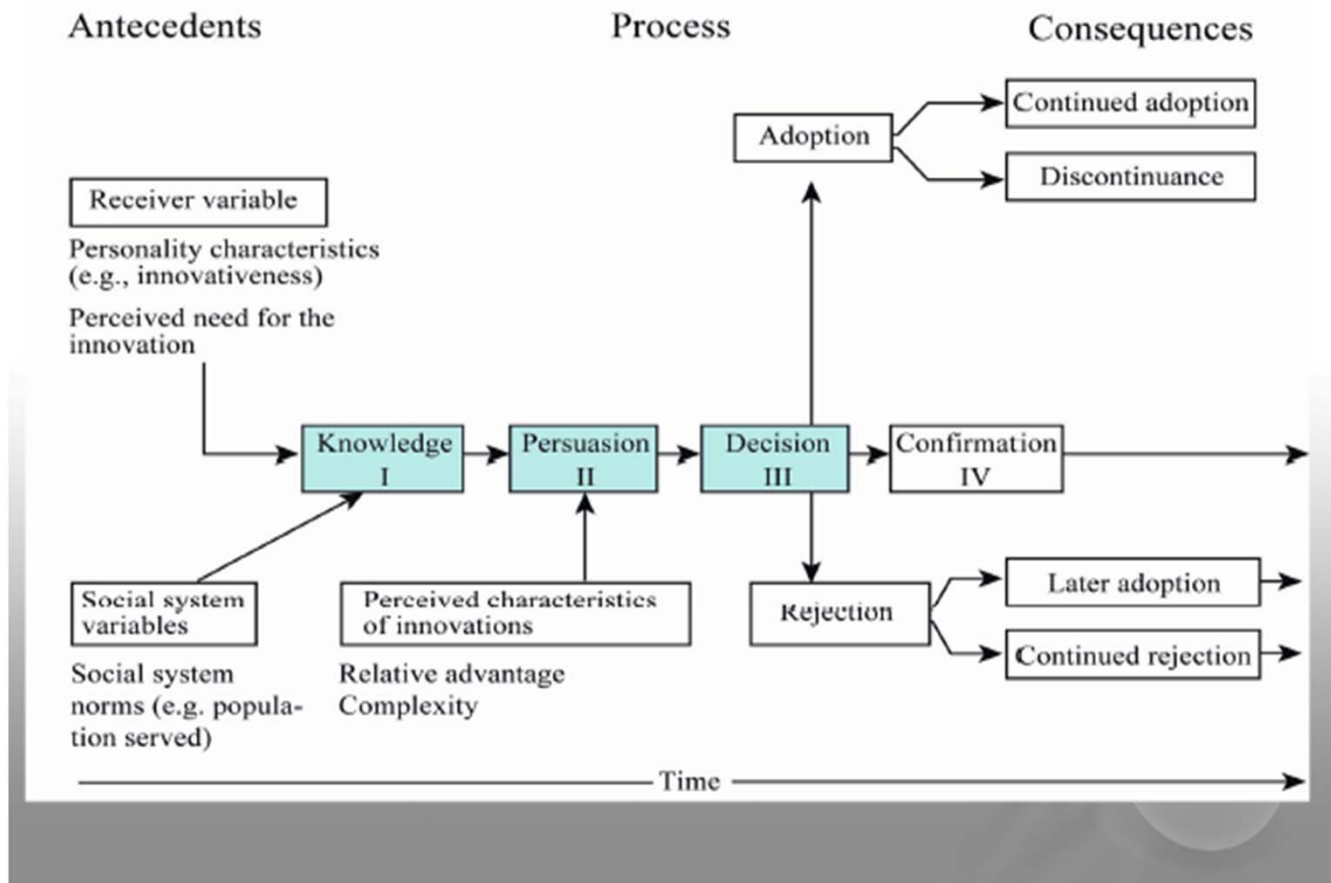- FACILITATE PARTICIPATION

21 Hospitals from 18 States

Figure 1. Stages of innovation-decision process
Adapted from: Diffusion of innovations (5th ed.). Rogers, E. Copyright © 2003 by E. Rogers.
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Research plan framework: E. Rogers Diffusion of Innovations

Clues to Educational Needs (re: genetics/ genomics)

On surveys conducted at the participating Magnet institutions:

- 62%, (n=386/619) indicated a potential disadvantage to integrating genomics into practice was that it would increase insurance discrimination

- 47%, (n=290/619) indicated that genetics could increase patient anxiety about risk, despite behavioral studies in many conditions indicating that most patients do well with genetic information.

- 38%, (n=236/619) indicated they believed genetics is not reimbursable by insurance or too costly for patients

Pre-intervention survey (practice needs identified)

Family History Knowledge

- In the three months prior to the survey, 60% of nurses actively seeing patients rarely or never assessed a family history.

- When a patient indicated a disorder in the family:
    - 41%, (n=200/483) always ascertained the age of diagnosis
    - 83%, (n=403/483) ascertained relationship to the patient
    - 49%, (n=233/477) ascertained race or ethnic background
    - 49%, (n=234/479) ascertained age at death from the condition
    - 66%, (n=320/484) ascertained relationships through maternal and paternal lineages

The Quest for Personalized Health Care
(current genetic / genomic information use)

Care providers are using the individual's genetic/genomic information in addition to traditional health information to guide health care decision-making.

This information now guides disease prevention, risk reduction, diagnosis, treatment, symptom management and palliative care.

Genetic/ genomic information (pharmacogenomics) is guiding:
- Medication selection
- Dose selection
- Inhibitors
- Inducers