



Pharmacy Residency Research Project Proposal

WORKING TITLE OF THE PROJECT:

ASSESSMENT OF PATIENT AND CLINICIAN NEEDS TO FACILITATE SHARED DECISION MAKING FOR ARRHYTHMIA MANAGEMENT IN ATRIAL FIBRILLATION

PRINCIPAL INVESTIGATOR :

Shaylee Peterson, BScPharm, ACPR, PharmD – Clinical Pharmacy Specialist, Cardiology

CO-INVESTIGATORS :

Nicole Gorman, NP, KGH Atrial Fibrillation clinic

Peter Loewen, Associate Professor UBC Faculty of Pharmaceutical Sciences

Melissa Lane, Clinical Pharmacy Specialist, Emergency Medicine – KGH

Patient Partner TBD

RESEARCH SITE(S)

Kelowna General Hospital AF clinic

PROPOSED RESEARCH QUESTION(S)

POPULATION: PATIENTS ENROLLED IN KGH AF CLINIC + CLINICIANS WHO PRESCRIBE OR RECOMMEND ARRHYTHMIA THERAPY (PHYSICIANS, PHARMACISTS, NPs)

INTERVENTION: SEMI-STRUCTURED INTERVIEWS

COMPARATOR: N/A

OUTCOMES:

1. PATIENT NEEDS AND PREFERENCES FOR AF ARRHYTHMIA MANAGEMENT DECISION AID TO FACILITATE SHARED DECISION MAKING
 - a. INTERFACE / FORMAT
 - b. CONTENT
2. CLINICIAN NEEDS AND PREFERENCES FOR AF ARRHYTHMIA MANAGEMENT DECISION AID TO FACILITATE SHARED DECISION MAKING
 - a. INTERFACE / FORMAT
 - b. CONTENT

STUDY DESIGN: PROSPECTIVE QUALITATIVE DESCRIPTIVE STUDY

OBJECTIVES (SHOULD LINK TO OUTCOMES)

TO DETERMINE PATIENT AND CLINICIAN NEEDS AND PREFERENCES FOR A DECISION AID TO FACILITATE SHARED DECISION MAKING FOR ARRHYTHMIA MANAGEMENT IN AF.

RATIONALE (LIMIT TO 150 WORDS)

- CCS GUIDELINES SUGGEST THAT AF THERAPY SHOULD BE INDIVIDUALIZED CONSIDERING PATIENT VALUES AND PREFERENCES.
- THERE IS EXTENSIVE LITERATURE AND MANY DECISION AIDS AVAILABLE TO AID WITH ANTICOAGULATION SELECTION IN ATRIAL FIBRILLATION, BUT NONE CURRENTLY EXIST FOR ARRHYTHMIA MANAGEMENT
- THE EAST-AFNET 4 TRIAL (NEJM 2020) DEMONSTRATED REDUCED ADVERSE CARDIAC OUTCOMES IN PATIENTS RECEIVING EARLY RHYTHM CONTROL FOR AF, WHICH CONTRADICTED RESULTS OF THE PREVIOUS LANDMARK AFFIRM TRIAL (NEJM 2002), WHICH SHOWED MORE FAVOURABLE OUTCOMES WITH RATE CONTROL.
- GIVEN THERE IS MORE EQUIPOISE IN THE LITERATURE BETWEEN OPTIONS TO CONTROL ARRHYTHMIA (ANTIARRHYTHMICS VS. RATE CONTROL OPTIONS VS. ABLATION), AND THESE ALTERNATIVES HAVE SIGNIFICANT DIFFERENCES IN COST, SIDE EFFECTS AND MONITORING, IT IS IMPORTANT TO INVOLVE PATIENTS IN THE CHOICE OF THERAPY.
- GIVEN THE COMPLEXITY OF ARRHYTHMIA MANAGEMENT AND THE NUANCES WITH THERAPEUTICS, FACILITATING A SHARED DECISION MAKING CONVERSATION WITH A PATIENT IS CHALLENGING
- A PATIENT DECISION AID COULD HELP ENSURE PROVISION OF PATIENT CENTERED CARE AND MAY IMPROVE HEALTH OUTCOMES.

SIGNIFICANCE (LIMIT TO 100 WORDS)

Results will be used to inform the development of a decision aid that can be used by clinicians along with patients to help facilitate shared decision making.

PROPOSED RESEARCH METHODS

1. Background literature search
2. Protocol development
3. Research Ethics Board submission
4. Screening:
 - A. Patients enrolled in KGH AF clinic
 - B. Clinicians involved with therapy selection (physicians, pharmacists, NPs) working in KGH AF clinic +/- inpatient cardiology at KGH/RIH
5. Data Collection: semi-structured telephone or in-person interviews

6. Analysis: transcription of interviews, inductive semantic coding and theming using NVivo
7. Poster creation – presentation at residency research night
8. Manuscript
9. Submit for Publication

FUNDING SOURCES

None

ANTICIPATED START DATE OF THE RESIDENCY PROJECT

June 2023

ANTICIPATED END DATE OF THE RESIDENCY PROJECT

JUNE 2024

PROJECT SUITABILITY (*FOCUS ON RESIDENCY PROJECT SUITABILITY*)

After consideration of the “**FINER**” criteria (**F**easible, **I**nteresting, **N**ovel, **E**thical, **R**elevant) I believe that the project meets all the Project Suitability Criteria ____ (indicate YES/NO)

EQUITY, DIVERSITY, INCLUSION CONSIDERATIONS (contact Sean if you have questions)

This proposed research has the potential to:

- Increase healthcare and health disparities (reconsider the design and methods to prevent this)
- Maintain healthcare and health disparities (reconsider the design and methods to prevent this)
- Reduce healthcare and health disparities in equity-deserving groups (ideal)