COMMENCING METHOTREXATE EDUCATION THERAPY: CONFIDENCE AND COMPETENCE FOR EDUCATING PATIENTS

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Background: The education of patients is central to the nursing role in the UK. Nowhere is it more important than in relation to drugs such as MTX, where the effect is delayed and side effects are anticipated. Nurses had expressed variable confidence in educating patients starting MTX and training for this varied from none, some training and observing other nurses to being observed. We were interested to explore this with a survey of nurses who educate patients starting MTX.

Methods: A survey was designed using an online survey tool around questions about their role; training; confidence and we used multiple choice questions on clinical situations testing knowledge. A web link to the survey was sent to possible participants with encouragement to spread the link to colleagues.

Results: 102 nurses completed the online questionnaire. 75% were nurse specialists and 25% monitoring nurses. 62% had been counselling for more than 5 years. Training: 13.9% had no training prior to starting this role, 73.4% had some training and 12.7% a lot. For those who had training, 46% described it as very helpful and 54% as less than helpful. 62% expressed that they would have liked more training. Confidence: 60% of respondents described themselves as currently very confident in this role, with 22% confident and 13% somewhat confident. 42% reported that their education of patients had changed a lot and 50% reported that this had changed somewhat over time. The time it took to become confident in the role was variable with 12% confident in 1–2 months, 45% in 3–6 months 40% by a year and over. Competence: this was tested with MCQs on clinical situations. There was 90–100% accurate response to questions about vaccinations, antibiotics and liver function. Questions on alcohol had a mixed response, 38.2% of responders thought 21 units of alcohol per week was acceptable and 52.6% thought the limit was 4 units. A question on shingles was not well answered, with a range of responses. A question about pregnancy for a woman was divided between stopping MTX for 3 months or 6 months, but this could reflect local Trust protocols. The Arthritis Research UK information sheet was used by 80% and judged to be very helpful.

Conclusion: The nurses included in this survey show a great variation in the training they had prior to starting this role. Most respondents took 3–12 months to feel confident in this role but even the most confident continued to change the way they educated patients with increasing experience and knowledge. Most respondents answered that they would have liked more training and a training package leading to quickly gaining knowledge and confidence with this role and therefore deliver a competent and comprehensive education interaction with patients.

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