Assessment of Intervention choice in Community Nursing (AICN)

These three cases provide complex, but realistic situations from the practice of community nursing. Due to the complexity of the care situations, many nursing interventions are possible. Please describe five interventions per case you perceive as best suitable and you would choose if you were the nurse. We are interested in your opinion, and therefore, there is no correct or incorrect answer.

Student identification number   ___ ___ ___ ___ ___ ___ ___ ___ ___

Case 1

Mr Baker is a 60-year-old widower who lives in a third-floor flat. He suffers from symptoms of depression on a regular basis, putting him at risk of neglecting himself. His daughter, who lives in the same neighbourhood, takes care of him when this happens. Mr Baker has also developed type 2 diabetes mellitus and is taking insulin. He injects himself once a day, as oral medication proved no longer sufficient. This is now done under supervision, as it became clear that he often forgot to inject himself; he also said that he finds the process scary. Possibly because he does not always inject the right amount of insulin, Mr Baker has developed neuropathy. He recently visited the diabetes nurse in the hospital, and she noticed that he had a wound on his feet that should be taken care of in accordance with the wound policy. This means that, in addition to his insulin, his foot must now also be taken care of. The wound nurse from the hospital wants to be kept informed of the progress of the wound. You are visiting Mr Baker at home, and you notice that he's still in his pyjamas. 'I'm going to stop these injections', he says, 'and just leave me alone, you don't have to call in anymore.'

Which nursing interventions do you perform? Please describe five interventions, one per number with a maximum of two lines of text per intervention.

1 _____

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2 _____

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3 _____

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4 _____

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5 _____

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Case 2

You work as a community nurse in the neighbourhood and the GP asks you to visit Mrs Zerrari, who is 72 years old. This is because her daughter contacted the GP. She is deeply concerned about her mother, who calls her on the phone several times in one evening. The daughter lives on the other side of the city; too far away to always accommodate her mother's desire for her to visit. The GP has given you Mrs Zerrari's address details and the medical history that is known to him. In 2006, Mrs Zerrari suffered from inflammation of the renal pelvis and kidney (pyelonephritis). Other than that, she has only presented to her GP for minor, temporary complaints. When you visit her the next morning and ring her doorbell, she opens the door right away and says: 'There you are finally, great!', acting as if she recognises you. In the living room, you can see notes that she has written notes scattered all over the place. There are also open medicine boxes and loose tablet strips here and there. Mrs Zerrari says cheerfully: 'Everything's going very well', when you tell her that the GP asked you to check in on her. The GP has also asked you to provide feedback on what you are going to do, and while you are sitting down to talk to Mrs Zerrari you think about an appropriate approach to the provision of care.

Which nursing interventions do you perform?

1 _____

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2 _____

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3 _____

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4 _____

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Case 3

Roger is 34 years old and three years ago he was diagnosed with cancer, namely kidney cell carcinoma. He has been hospitalised several times, but this time he has been told that the specialists can no longer do anything for him. They have exhausted all avenues of treatment and Roger says that he wants to go home. The transfer nurse from the hospital sends you a digital handover with his medical details, among other things. Once Roger gets home, you go on intake. Roger tells you that he's been told several times he only has three months to live, but he's still alive. While you ask about the pain and his medication, he says: 'I'm in a lot of pain but I don't want to use morphine any longer, it makes me so drowsy.' He says that he has already looked for lots of alternatives on the internet. His GP doesn't listen to him anyway, so he won't call him any longer, Roger says. In the meantime, his wife comes home from work. Your impression is that the situation is weighing heavily on her, because she looks distraught. She says she's been letting their 3-year-old daughter stay with friends more often recently. You notice that Roger is getting more and more tired, but he still wants to tell you about his own company that he set up only four years ago. Eventually, he goes to bed when he can barely stand. Then you talk to his wife who tells you: 'It may seem strange that I'm still going to work as usual, but sometimes I have to get out the door. I do worry about him being at home alone during the day, though. And what about our daughter when she's at home, too?'

Which nursing interventions do you perform?

1 _____

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2 _____

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3 _____

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4 _____

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5 _____

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Thank you for your co-operation!

Creating Tomorrow

CODE BOOK - Assessment of Intervention choice in Community Nursing (AICN)

This code book describes the criteria used to recode each of the 15 qualitative descriptions (three cases, each with five descriptions) to a quantitative value.

A. Demographics

The measuring instrument/ data file contains the student identification number. Depending on the purpose of the research, other demographic variables can be added.

B. Variable names

The 15 variables in the data file representing the qualitative descriptions consist of two numbers: (1) the number of the case CS, and (2) the number of the intervention INV: CS1INV1, CS1INV2, CS1INV3, CS1INV4, CS1INV5, CS2INV1, CS2INV2, etc.

C. Recoding process

To recode the data, each qualitative description (nursing intervention) will be allocated a number, optional related to the new themes in the curriculum, in accordance with the values 1, 2, 3, 4, 5, 0, 9 [see Table 1]. The assessor decides per intervention if (and which one) of the new themes in the curriculum is represented. All five themes, as described in Table 1, are realistic options in each case, but other interventions, not representing one of the themes (value 0) are also possible.

Table 1. Optional values in data file

Theme	Value
Collaboration with the patients' social system	1
Shared decision-making	2
Fostering patient self-management	3
Healthcare technology	4
Allocation of care	5
No themes included in the intervention	0
Missing value	9

General remarks:
- Each intervention will be allocated one number. In case of doubt (e.g., when more themes are included in one intervention), the assessor chooses the most obvious option.
- In case one intervention consists of separate parts that can be seen as different smaller interventions, the assessor gives weight to each separate part in order to make an accurate decision about which theme is represented most.

Theme 1

Collaboration with the patients' social system

Criteria for inclusion (value 1)	Text parts (related criterion*)
1. Map the social network with the aim of getting them to organise or provide support/care (however, this must be stated in concrete terms) 2. Identify which support/care the social network can provide by asking the patient and/or the social network 3. Support the social network to relieve the burden on the network, thus ensuring the continuity of patient care by the network (the interests of the patient must be stated) 4. Use the social network in the provision of care (the care or equivalent must be explicitly stated)	Identify which support is possible by means of 'informal care' (2) Use informal care if possible (4) Include the daughter in the care (4) Map the social network: which possibilities for contacts/activities exist? (1) Discuss the use of informal care, see which options are (or are not) possible and balance out overburdening (2) Map the social network with a view to listing and organising hobbies and activities (1) Identify what the social network could do (1) Inform the daughter and ask for her experiences. How would she like to help with the care? (2) Identify the possibilities of the informal caregiver (2) With the wife, seek out supportive interventions to maintain the care (3) Ask the daughter how she is providing support, what is she already doing? (4)
Criteria for exclusion (value 0)	**Text parts (related criterion)**
1. Collect data from the social network 2. Contact with the social network without a clear purpose 3. Map the social network without a clear purpose 4. Provide the social network with information 5. Other in which the social network is involved, but it is not clear that the intervention is aimed at improving the situation for the patient (e.g. providing care to social network without establishing a link with the importance to the patient)	Ask about relationships between people involved and informal caregivers (3) Contact with the family with no clear objective (2) Discussion with daughter to collect information (1) Inventory for informal care (1) Chart patient's social map/network (3) Discuss something with daughter present (purpose of daughter's presence unclear) (2) Discussion of medical history with daughter present (1) Engage volunteers to ensure that patient's wife can work (4) Discuss the wife's expectations, offer the wife an appointment (5)

* The numbers behind the verbatim text parts in the right column refer to the criteria for inclusion or exclusion in the left column

Theme 2

Shared decision-making

Criteria for inclusion (value 2)	Text parts (related criterion)
1. 'With the patient, and decision-making takes centre stage': make appointments, discuss what he or she wants, consult with, talk to, engage with, evaluate with, adapt the conversation to the patient's needs 2. Ask the patient what he or she wants or needs, ask permission 3. Discuss wishes, expectations	Description 'with the patient' (make appointments, draw up a schedule) (1) Reach agreements with the patient (about wound care) (1) Consultation with client as to whether support is required for daily care (1) Discuss with the patient what he or she wants or doesn't want (1) Enter into a conversation with the patient and deploy interventions depending on their wishes (1) Ask the patient if it's okay if I (take care of their foot/come back later) (2) Ask about their wishes (2) Adapt the conversation to the patient's needs (1) I will speak to the patient about expectations for the future (3) Discussion with people concerned including the patient (1)
Criteria for exclusion (value 0)	**Text parts (related criterion)**
1. Apply Motivational Interviewing (MI) or other techniques without mentioning joint decision-making (e.g. Cognitive Behavioral Therapy) 2. Speak to, explain, inform, advise, instruct, propose to the patient 3. 'Discuss' without it being clear that joint decision-making is taking place, have it steered by the nurse instead 4. Dig deeper other than wants or wishes 5. Nurse does not talk to patient himself or herself	Motivational conversation (1) Dig deeper into behaviour (3) Explain why insulin is important for the patient (2) Try to discuss the importance of my visit (3) Get GP to talk with the patient and his wife (5) Take a medical history (4)

Theme 3

Fostering patient selfmanagement

Criteria for inclusion (value 3)	Text parts (related criterion)
1. Get the patient to do it himself/herself, give back/promote/encourage autonomy, give the patient control or let him or her retain it 2. Teach or encourage things that promote or initiate self-management (e.g. compliance with therapy, or daily programme)	Encourage them to do something themselves (1) Restore autonomy (1) Allow the patient to retain control (1) Encourage compliance (2) Teach diabetes therapy again to allow them to regain control (2) Draw up a daily programme together with the patient (2)
Criteria for exclusion (value 0)	**Text parts (related criterion)**
1. Act to implement care 2. Speak to, explain, inform, advise, instruct the patient	Carry out care, such as wound care (1) Provide information (2) Provide advice and instruction (2) Check blood sugar, monitor the checks (1)

Theme 4

Healthcare technology

Criteria for inclusion (value 4)	Text parts (related criterion)
1. Concrete use of ICT healthcare technology	Use sensor monitoring to get an idea of patient's movement pattern when nobody else is there (1)
Criteria for exclusion (value 0)	**Text parts (related criterion)**
1. Technological applications where it is unclear which applications are involved 2. Traditional care facilities	Discuss home adaptations to make things as easy as possible for the patient (1) Organise a high-low bed (2)

Theme 5

Allocation of care

Criteria for inclusion (value 5)	Text parts (related criterion)
1. Make changes to the care (frequency and/or form of care) by the community nurse, in such a way that re-evaluation is necessary 2. (Create a plan for) engaging other disciplines that are not yet involved (or name them if necessary), or make changes in this respect; also with a question mark or perhaps 3. Specifically state that (re-)evaluation is required. Also with regard to if necessary, perhaps, or with a question mark	Bring in other disciplines that are not yet involved in the care (2) Ask for psychiatric support (2) Bring in geriatric specialist for additional diagnosis (2) Consult an occupational therapist (2) Contact a fellow case manager for screening options (2) Arrange indication for palliative care (3) Involve home care (2) Involve dementia case manager (2) Schedule continuity visit (1) Identify the opportunities for home care (2) Draw up a care plan (1)
Criteria for exclusion (value 0)	**Text parts (related criterion)**
1. Use existing care contacts in relation to care within existing agreements 2. Contact/consult with other healthcare providers without it being clear that this will lead to the provision of new healthcare 3. Organise voluntary work	Contact healthcare providers involved in the care (1) Consultation with existing practitioners (GP/specialist) (1) Suggestion for diagnosis (in this case GP) (1) Consult with psychiatry (2) Organise a buddy (voluntary work) (3)