

Interprofessional Collaboration in Caring for Adults with Cancer

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Ashley Leak Bryant PhD, RN-BC, OCN, FAAN
Associate Professor, School of Nursing
Anne Belcher Interprofessional Faculty Scholar in Nursing
The University of North Carolina at Chapel Hill
Lineberger Comprehensive Cancer Center



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Objectives

Identify	benefits of interprofessional collaboration when caring for adults with cancer.
Describe	challenges of interprofessional collaboration when caring for adults with cancer.
Discuss	successful interprofessional collaborations in caring for adults with cancer.



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COMMENTARIES

GUEST EDITOR ASHLEY LEAK BRYANT, PhD, RN-BC, OCN[®]

Interprofessional Approach in Gero-Oncology

This supplement highlights an interprofessional approach to caring for older adult patients with cancer. By 2030, about 20% of all cancer diagnoses will occur in people aged 65 years or older (Smith, Smith, Harris, Hershaght, & Buchholz, 2015); therefore, nurses must be prepared to provide continued care for their geriatric patients.

cancer. Crisp, Ibb, Schwartz, and Simon (2017) discuss important guidelines for geriatric assessment and acknowledging barriers patients face in adhering to their treatment plans. The use of a transitional care model in the postacute care setting is investigated by Jackson (2016), and the article provides resources to ensure open communication and address common geriatric issues such as

silver tsunami, golden age, and our seniors. Regardless of the name, healthcare providers must be ready to care for this aging population with complex needs. Healthcare providers should work to create gero-oncology education courses and specialized facilities, and institutions should work to incentivize healthcare providers to specialize in gerontology.

PLEASE VISIT: www.cjon.org for more information.



Guest Editor: Clinical Journal of Oncology Nursing, Ashley Leak Bryant December 2018



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Cancer Control Continuum

Prevention	Early Detection	Diagnosis	Treatment	Survivorship	End-of-Life Care
<ul style="list-style-type: none"> -Tobacco Control -Diet -Physical activity -Sun exposure -Virus exposure -Alcohol use -Chemoprevention 	<ul style="list-style-type: none"> -Cancer screening -Awareness of cancer signs and symptoms 	<ul style="list-style-type: none"> -Oncology consultations -Tumor staging -Patient counseling and decision making 	<ul style="list-style-type: none"> -Chemotherapy -Surgery -Radiation therapy -Adjuvant therapy -Symptom management -Psychosocial care 	<ul style="list-style-type: none"> -Long-term follow-up & surveillance -Late-effects management -Rehabilitation -Coping -Health promotion 	<ul style="list-style-type: none"> -Palliation -Spiritual issues -Hospice
<p>Care planning, palliative care, psychosocial support, late/long term effects, family caregiver support</p>					
			Acute Care	Chronic Care	EOL

Source: National Research Council. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. Washington, DC: The National Academies Press, 2013.



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Cancer



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The Quadruple Aim: care, health, cost and meaning in work

By Rishi Sikka, Julianne M Morath, Lucian Leape

British Medical Journal | June 2, 2015

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- The “Quadruple Aim” adds a fourth aim: **Improving the experience of providing care.**
- “...The core of workforce engagement is the **experience of joy and meaning** in the work of healthcare.”

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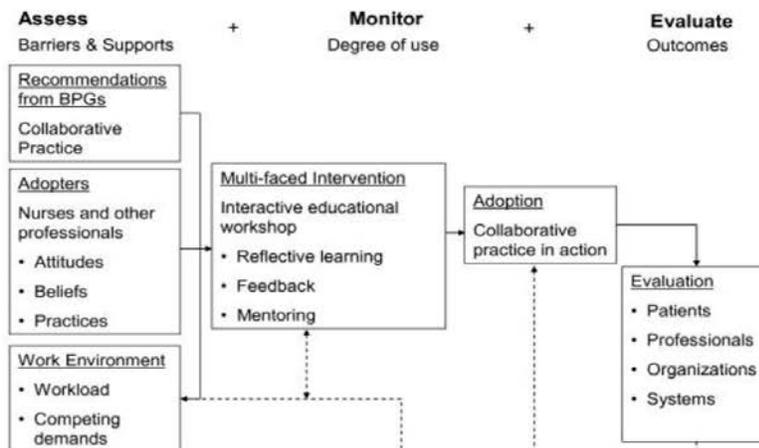
BENEFITS

Identify benefits of interprofessional collaboration when caring for adults with cancer.



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Theoretical Framework



Tremblay et al, 2010; Implementation Science



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Lessons from the Field: Promising Interprofessional Collaboration

<https://www.youtube.com/watch?v=Obn1f872OqA>



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Excellent read!



Geographical distribution of oncology practices



PROCEEDINGS OF A WORKSHOP

**DEVELOPING
AND SUSTAINING
AN EFFECTIVE
AND RESILIENT
ONCOLOGY
CAREFORCE**



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Discuss successful interprofessional collaborations in caring for adults with cancer.



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Three Stories from the Field

- ✓ Interprofessional Communication and Team Rounding
- ✓ Online Team-Based Education
- ✓ Palliative and Collaborative Study



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Story 1: Interprofessional communication: Examining Clinicians Perceptions' of Team Rounding

Method: Team Rounding and Interprofessional Communication

Co-Authors: Morgan Van Den Eynde; RN, BSN, OCN; Ashley Leak Bryant PhD, RN; MaryBeth Grewe, MPH; Jennifer Alderman, PhD, RN; Meg Zomorodi PhD, RN; Carol Durham EdD, RN



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Story 1: Interprofessional communication: Examining Clinicians Perceptions' of Team Rounding

- Occurs among various members of the healthcare team to discuss treatment and patient care
- Strong association between communication breakdown and poor patient outcomes
- Team Rounding: reviewing a patient's specific plan of care, priorities and patient updates, with all or as many members of the interprofessional team as possible
- Team Rounding was implemented at UNC Hospitals in May 2018 but barriers arose within the inpatient oncology unit



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Interprofessional communication: Examining Clinicians Perceptions' of Team Rounding

Purpose: To identify communication barriers among clinicians' perceptions of team rounding and interprofessional communication on the adult inpatient oncology unit.

Design: Descriptive, qualitative

Methods: Study was approved by UNC Nursing Research Council and UNC IRB

- Clinicians recruited through email and in person on inpatient oncology unit
- Fifteen-minute interviews conducted and recorded
- Data was coded and emergent themes explored

Sample (n=12)

- 3 Nursing Assistants
- 2 Registered Nurses
- 3 Pharmacists
- 2 Advanced Practice Providers
- 2 Physicians



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Themes: Facilitators to Effective Team Communication

Multidisciplinary
stakeholders in
rounding and
communication

Importance of “real-
time” communication

Team dynamics

Barriers to effective
team communication



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Themes: Facilitators to Effective Team Communication

Multidisciplinary stakeholders in rounding and communication

I would say the residents, the upper-level residents, should take a bigger role in making sure that we Vocera the nurses for that patient so they can take part in rounds for that day so we all get on the same page about what the plan is... (Physician)

The pharmacist rounding with the team is such a well-integrated component of it, and that piece is certainly really helpful because there are always random things that come up.... (Physician)

Having [recreational therapists] on rounds because they see more of the emotional, and social issues, and can speak to that a little bit more, on how people are just overall dealing with the situation, so I would maybe like to see that if that's possible... (APP)



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Themes: Facilitators to Effective Team Communication

Importance of “real-time” communication

I think rounds when all of the different disciplines are around or present for the discussion are more productive... I find that what the nurses are telling us about what the patient reports is usually very insightful because they don't always report the same thing to the providers. (Pharmacist)

He complains to the nurses that he's in pain all the time and then when we go in, he says that he's not in pain and is fine, but he wants to keep increasing his pain medications. When we talk about it on rounds, it's very good to hear both sides of the story, like in the moment, and so whenever we go in the room, we can address that upfront rather than the he said, she said kind of situation. (APP)



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Themes: Facilitators to Effective Team Communication

Team dynamics

I've always liked being up here because I feel like you can feel important, like what you're doing kind of matters and stuff. (NA)

Some days it seems like it doesn't matter that I'm there, but then I know once I provide one of my suggestions, they're welcoming and accepting and grateful of that. (Pharmacist)

We did a lot of work at our NA retreat on giving the benefit of the doubt and communication and perceptions of receiving feedback and things like that and I think it was really helpful. (RN)



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Themes: Facilitators to Effective Team Communication

Barriers to effective team communication

I would say it's [communication and team rounding] pretty good but could still be improved to help the patients feel mo[re] informed and have us all be on the same page and provide optimal care. (Pharmacist)

And sometimes the patients and family members are the first people to tell you "Oh, this has changed. Oh, we're doing this." And as a nurse you're in shock, like "Oh, I didn't realize this, nobody communicated this with me." And you might not say that out loud to the patient or family member, but we kind of feel that way on a regular basis. So, I think that we could improve. I think it's very important because... most of the safety issues in healthcare stem from lack of communication... between disciplines. (RN)



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Story 2: Online Team-Based Education

Method: Online Education

Disclosure of Medscape for support of this work

CLINICAL ADVANCES IN ACUTE MYELOID LEUKEMIA
From Medscape Education Oncology
CME / ABIM MOC / CE
Expert Recommendations for Treating Newly Diagnosed High-Risk AML
Authors: Geoffrey L. Uy, MD; Ashley Leak Bryant, PhD, RN-BC, OCN; Amanda N. Seddon, PharmD, BCPS, BCOP Faculty and Disclosures
THIS ACTIVITY HAS EXPIRED
CME / ABIM MOC / CE Released: 9/25/2019 Valid for credit through: 9/25/2020



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Story 2: Online Team Based Education

Aim: Can **online, interprofessional education** improve knowledge, competence, and confidence of an interprofessional healthcare team caring for patients with high-risk AML?

Methods:

- Online CE activity, 30-minute video discussion among 3 faculty with synchronized slides about treatment of high-risk AML.
- Evidence-based educational feedback provided following each response.
- Educational effect was assessed using a repeated pairs pre-assessment/post-assessment study design by and comparing the pre- and post-assessment responses to 4 questions.
- Chi-square test: identify differences between pre- and post-assessment responses.
- Data collected between September 29, 2019 and January 27, 2020.

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Story 2: Online Team-Based Education

	Hematologists and oncologists (n=141)	Nurses and nurse practitioners (n=857)	Pharmacists (n=262)
Average percentage of correct responses	58% vs 70%	32% vs 37%	40% vs 53%
Competence selecting treatment for a patient with therapy-related AML	50% vs 65%	35% vs 37%	45% vs 51%
Competence individualizing treatment for a patient with high-risk AML	82% vs 89%	31% vs 40%	43% vs 65%
Knowledge of clinical trial data with CPK-351 for therapy related AML	43% vs 55%	30% vs 34%	32% vs 43%
Positive change in confidence providing team-based care for patients with newly diagnosed, high-risk AML	30%	29%	40%



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What we learned!

- Online, interactive, interprofessional, case-based CE-certified educational activity led to:
 - statistically significant improvements in the **knowledge**;
 - statistically significant improvements in **clinical competence**;

A unique educational methodologies and platforms, which are available on-demand, can be effective tools for advancing knowledge and clinical decision making.



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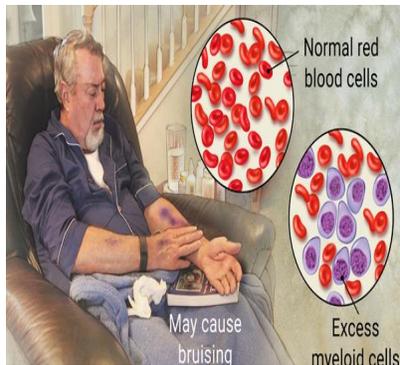


Story 3: Feasibility and Acceptability of a RN-Led Palliative and Collaborative Care Study



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Acute Myeloid Leukemia



- Blood cancer
- Median age at diagnosis is 68
- Males > females
- ↑ Fatigue, anxiety, and depressive symptoms
- Decreased mobility and function
- **INTERVENTION**



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Story 3: Feasibility and Acceptability of a RN-Led Palliative and Collaborative Care Study

Aim: Study methods and examine changes in pre- and post- treatment measures of function, patients' self-report of symptoms and QOL, and patients and caregivers' post self-report of readiness for discharge.

Feasibility: 60% enrolled, 75% retention rate, 75% intended data collection, no intervention-related adverse events. Intervention team will receive 32 hours of training in palliative care and adaptive leadership approaches.

Acceptability: Interviews of patients and caregivers

Sample: 20 control and 20 intervention

Setting: North Carolina Cancer Hospital



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Understanding the Symptom and Functional Needs of Older Adults with AML and their Caregiver during HMA + Venetoclax Treatment: Preliminary Findings

Aim: To explore symptom and functional experiences of patients with AML and their caregivers' during the first 2 cycles of HMA + Venetoclax treatment.

Method:

- Descriptive qualitative design
- Semi-structured interviews of 6 patients and 5 caregivers
- Content analyses conducted of both patient and caregiver interviews at 30 and 60 days.



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Themes for Patients	Theme Support
Rapidly changing symptoms	<p>"Well, if you're talking about mobility after I've had treatment...I was very weak. I was very tired, and that all just took it out of me. I didn't really have any gumption at all."</p> <p>"The only problem I've got is that I have a general tendency towards being weak, and that is due to the fact that there's been a depletion of the red blood cells...which provides me with the energy to exist and avoid the weariness, the tiredness, the physical weakness that I have at the present time."</p>
Feeling restricted due to functional decline	<p>"I didn't hardly do anything. I didn't hardly even get off the couch. I went out on the porch and watched the boats go by. That's what I did, so I just didn't have energy at all for quite a while."</p> <p>"Well, the strength has just been zapped out of me. I've never been in the hospital for more than a couple of days at a time before in my life. So after having been in the hospital on two occasions for about maybe three weeks, 21 or 25 days, something like that, has certainly taken its toll."</p>
Themes for Caregivers	Theme Support
Emotionally overwhelming	<p>"You know, I feel responsible. I feel kind of alone in this job."</p> <p>"And I try, like I said, to be strong, because that's how I have been brought up and I know, I don't know how long I can do it. I do cry in private and if something bad happens, yeah, I'm not the first one to say 'why me' or 'why now' but after a while, I do. It's only human."</p>
High burden for coordinating treatment schedule	<p>"The biggest frustration I've got is trying to take in all the appointments people are booking for me."</p> <p>"So, I think one of the biggest challenges with all of this is just getting him to his treatments because it is an everyday commitment, at least for the injections."</p>

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PACT Team

- Mackenzi Pergolotti, PhD, OTR/L
- Matthew Foster, MD
- Daniel Richardson, MD
- Ruth Anderson, PhD, RN, FAAN
- Rachel Hirschey, PhD, RN
- Laura C. Hanson, MD
- Christopher Jensen, MD
- Susan Coppola, OTD, OT/L
- Crista Creedle, RN, BSN, OCN
- Ya-Ning Chan, MSN, RN
- Katie Lowe Sagester, RN, BSN, OCN
- Summer Cheek, RN, BSN, OCN
- Laura Andrews, PT
- Ashley Lewis, PT

- Farrell Wiggins, OTR/L
- Korre Scott, PT
- Rebekah Jarrett, OTR/L
- Dierdra Ricks PT, MHA
- Alexis Petteway, OTR/L
- Todd Schwartz, DrPH
- Courtney Berry RN, BSN, MA, OCN
- Benyam Muluneh, PharmD, BCOP
- Amy Elinoff, RN, BSN, OCN
- Stephanie Mattondo, PT
- Kaitlyn Buhlinger, PharmD, BCOP




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Questions

Ashley Leak Bryant
ashley_bryant@unc.edu



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