


**Interprofessional Collaboration
in Caring for Adults with Cancer**

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DR. MAYA ANGELOU
I've learned that people will forget
what you *said*, people will forget
what you *did*, but people will never
forget how you made them *feel*.
I AM FEARLESS SOUL.COM




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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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Interprofessional Approach in Gero-Oncology

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

Care planning, palliative care, psychosocial support, late/long term effects, family caregiver support

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

1999 2001 2006 2008 2009 2013

2018 2019 2020 2020 2020 2020

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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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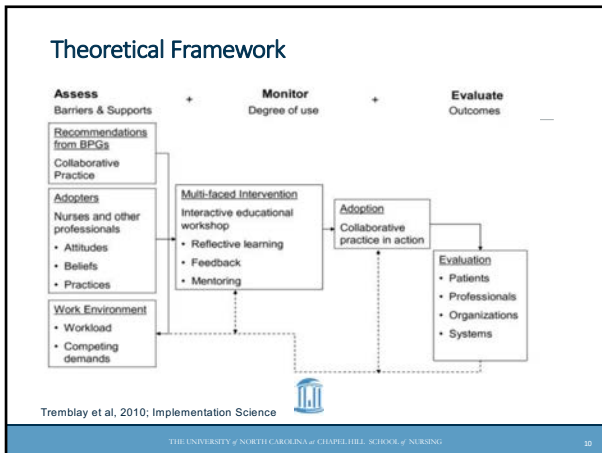
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BENEFITS

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

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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

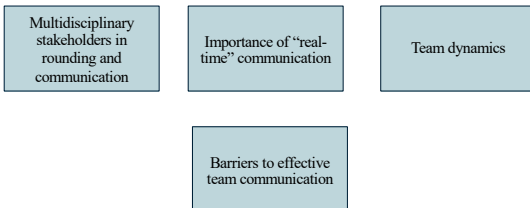
Sample (n=12)

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



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Themes: Facilitators to Effective Team Communication



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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)

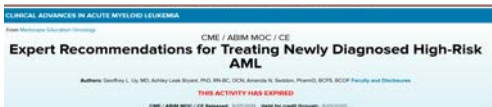


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Story 2: Online Team-Based Education

Method: Online Education

Disclosure of Medscape for support of this work



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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!

- o Online, interactive, interprofessional, case-based CE-certified educational activity led to:
 - o statistically significant improvements in the **knowledge**;
 - o 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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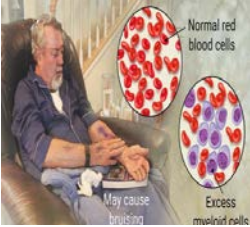
Story 3: Feasibility and Acceptability of a RN-Led Palliative and Collaborative Care Study



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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**

Normal red blood cells

Excess myeloid cells

May cause bruising



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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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Questions

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