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# TRANSDISCIPLINARY COORDINATION AND DELIVERY OF CARE

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**OBJECTIVES:** *To generate ideas and explore the future possibilities of patient-centered, transdisciplinary care delivery for individuals with cancer.*

**DATA SOURCES:** *Journal articles, cancer-related professional resources, and web-based resources.*

**CONCLUSION:** *As health care access increases, new strategies for transdisciplinary care need to evolve through education, research, and clinical practice. Application and utilization of palliative care models, survivorship plans, technological advances and other resources will be important components to improve quality of life and the cancer experience.*

**IMPLICATION FOR NURSING PRACTICE:** *Oncology nurse clinicians (at all levels), educators, researchers, and administrators involved in inpatient and outpatient settings should lead and participate in changes that will drive a more robust approach to transdisciplinary cancer care delivery.*

**KEY WORDS:** *transdisciplinary care, patient-centered, evidence-based, survivorship, palliative care, education, research.*

The call to action for cancer care that is highly coordinated among all disciplines is imperative if we are to succeed in improving the quality of care, the patient experience, and the value of services delivered. The current health delivery system is fragmented, poorly coordinated, reinforced by reimbursement incentives that drive over-utilization,

and is not sustainable in its current state. As the cancer burden (volume of patients, cost of care, survival times) in this country continues to grow and we face the largest aging population in history, now is the time to develop the systems, structures and processes to provide more highly coordinated, effective, and efficient care. An approach that offers innovative and interesting methods to address the current system challenges is termed *transdisciplinary care*.

Although the terms *multidisciplinary*, *interdisciplinary*, and *transdisciplinary care* have sometimes been used interchangeably, this author's definition of 'transdisciplinary care' refers to a model involving all essential disciplines that are needed to provide effective care and who have mastered a patient-centered approach. A *transdisciplinary*

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care model involves the patient (and his/her personal support system) to the degree of his/her choosing and to his/her ability. While each discipline applies their evidence-based knowledge and skills, the plan of care is developed jointly by the team members to establish goals that are synergistic and not redundant. Traditional medical and integrative disciplines are represented, such as nursing, medicine, pharmacy, rehabilitative services, nutritionists, behavioral therapists, social workers, massage therapists, acupuncturists, as well as non-traditional members such as community representatives with industry and advocacy experience or leaders from information technology.

Though the concept of *transdisciplinary* care and teams may appear to be relatively simple at first glance, there are key foundational elements of the health system that must be considered and transformed to fully execute the model. Those key elements to support transdisciplinary approaches include education, access to care, innovative models of care, collaborative research, and technology solutions. In addition, applying the principles of survivorship management and palliative care programs can lead to improved quality care for the patient along the cancer continuum.

### TRANSDISCIPLINARY EDUCATION: CHALLENGES AND OPPORTUNITIES

To imagine how this approach may be effective and efficient, consider the current state of education and clinical practice of nursing and other disciplines. For years the nursing profession has struggled with the controversial “entry into practice” issue, while other disciplines have moved ahead. For example, pharmacy and physical therapy now require a robust academic program with a concluding degree at the doctoral level. If nursing could leapfrog ahead with a baccalaureate or higher requirement, would nursing gain a more equal dialogue with our practice partners? Would nursing contributions to patient care be more valued, more easily quantifiable and be reimbursable? This proposed education change is raised only as a “what if” question for the future, realizing that the demand for nursing at this point is higher than the supply. The question is also worth some focus, given the upcoming projected shortage of primary care physicians and oncologists. There will be an increasing need for advanced practice nurses and physician assistants in primary care as well as oncology practices.

The traditional health professions educational model often evokes a silo effect when discipline-specific practices are applied in the clinical setting. This silo-type approach is counter to the patient’s expectation that the team will provide well-coordinated care as a mature and high-performing, professional team. How would the cancer patient’s experience differ if higher education offered transdisciplinary academic programs as the norm?

It is exciting that several new models of education are emerging. One example is the University of Washington’s Center for Health Science Interprofessional Education, Research and Practice. Their vision is “to create an integrated, collaborative learning system across the health and related professions that connects disciplines, promotes teamwork, fosters mutual understanding, strengthens research, and advances health for individuals and populations.”<sup>1</sup> As the faculties of nursing and other disciplines explore this approach more thoroughly, health care administrators and practicing clinicians will need to jointly develop curricula and student experiences that build transdisciplinary theoretical frameworks and evidence-based practice platforms. A starting point for all disciplines would include the areas of communication, ethics and professional behaviors. All disciplines would be required to take such courses jointly to encourage team problem solving, team care planning and joint projects for improvement of patient care and safety.

Perhaps the patient’s perception of care would be enhanced if all caregivers consistently demonstrated substantially similar behaviors of professionalism, caring, compassion, commitment, and effective communication through the patient’s continuum of care. What would be the impact on cancer care if, upon graduation, health care team members from all disciplines upheld the same code of ethics, the same expectations and responsibilities for effective communication, timely delivery of service, and a full team approach to providing a comprehensive plan of care? And, what if each member had a true understanding and appreciation for each discipline’s evidence-based body of knowledge? Could an eventual “transdisciplinary body of knowledge” develop? An educational opportunity could involve developing core competencies across the cancer team. These core competencies would then also need to be reinforced in clinical settings during employee orientation programs. Criteria for measuring outcomes of transdisciplinary effectiveness would need

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