

Research Article

How is Interprofessional Collaboration Applied by Radiation Therapists in the Radiation Therapy Department in British Columbia?

Jennifer Lam, BSc*, Bill Ng, BA, Sophie Shen, BSc and Carolyn Wong, BSc

British Columbia Institute of Technology, Burnaby, British Columbia, Canada

ABSTRACT

Introduction: Interprofessional collaboration (IPC) is the process when multiple health workers from different professional backgrounds work together with patients to deliver the highest quality of care. IPC can improve communication and knowledge sharing between collaborating professionals and can lead to an increase in efficient patient care. In the radiation therapy department, radiation oncologists, nurses, medical physicists, and radiation therapists are the key professionals involved in the multidisciplinary care team.

Methods: Although there is ample literature about interprofessional collaboration, very little of it is focused in radiation oncology. Using SurveyMonkey, an online survey was made available to radiation therapists in British Columbia, Canada, for a period of 3 months. In the six British Columbia Cancer Agency centres, champion disseminators assisted in distributing the survey link through e-mail. The questions pertained to the type of IPC, frequency, and modes of collaboration along with radiation therapists' level of satisfaction with collaboration. The number of respondents was 124.

Results: The results indicate that the top three professionals who radiation therapists collaborate with are radiation oncologists, nurses, and medical physicists, respectively. The frequency of IPC is mostly one to five times in 5 working days. The preferred method of communication with oncologists and physicists is face-to-face interactions or phone calls. The favoured method of communication with nurses is through tasking. E-mail is the least preferred method.

Conclusions: British Columbia radiation therapists are generally satisfied with IPC. Some suggestions for improvements regarding communication efficiency and respect for others' roles, responsibilities, and professions are made. Overall, results of this study show that IPC generates positive attitudes, teamwork, and a patient-centred model.

RÉSUMÉ

But : La collaboration interprofessionnelle (CIP) est le processus selon lequel plusieurs travailleurs de la santé ayant des antécédents professionnels différents travaillent en collaboration avec les patients afin de dispenser les meilleurs soins qui soient. La CIP peut améliorer l'échange de communication et de connaissances entre les professionnels qui y participent et entraîner une augmentation de l'efficacité des soins aux patients. Dans le service de radio-oncologie, les radio-oncologues, les infirmières et infirmiers, les physiciens médicaux et les technologues en radio-oncologie sont les principaux professionnels qui font partie de l'équipe de soins multidisciplinaires.

Méthodologie : Bien qu'il existe une vaste documentation traitant de la collaboration interprofessionnelle, une très petite partie de celle-ci est axée sur la radio-oncologie. À l'aide de Survey Monkey, un sondage en ligne a été présenté pendant une période de trois mois à l'intention des technologues en radio-oncologie de la Colombie-Britannique, au Canada. Dans les six centres de la recherche sur le cancer de la Colombie-Britannique, des champions diffuseurs ont aidé à distribuer le lien vers le sondage à l'aide de courriels. Les questions du sondage avaient trait au type de collaboration interprofessionnelle, à la fréquence et aux modes de collaboration, ainsi qu'au niveau de satisfaction des technologues en radio-oncologie à l'égard de la collaboration. Le nombre de répondants à ce sondage a été de n=124.

Résultats : Les résultats indiquent que les trois principaux professionnels avec lesquels les technologues en radio-oncologie collaborent sont les radio-oncologues, les infirmières et infirmiers et les physiciens médicaux respectivement. La fréquence de leur collaboration interprofessionnelle est généralement d'une à cinq fois en cinq jours de travail. Les interactions individuelles ou les appels téléphoniques sont les méthodes de communication préférées avec les oncologues et les physiciens. Avec les infirmières et infirmiers, l'attribution des tâches est la méthode privilégiée.

Conclusion : Les technologues en radio-oncologie de la Colombie-Britannique sont généralement satisfaits de la collaboration interprofessionnelle. Certaines suggestions d'améliorations relativement à l'efficacité de la communication et au respect des rôles, responsabilités et professions des autres sont présentées. En général, les résultats de cette étude démontrent que la CIP génère des attitudes positives, un travail d'équipe et un modèle axé sur le patient.

Keywords: Canada; interprofessional collaboration; radiation therapy; survey

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* Corresponding author: Jennifer Lam, BSc, Radiation Therapy, School of Health Sciences, British Columbia Institute of Technology, 3700 Willingdon Avenue, Burnaby, BC V5G 3H2.

E-mail address: jennlam04@gmail.com (J. Lam).

Introduction and Literature Review

Interprofessional collaboration (IPC) is the process by which multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care [1]. IPC implies an effort to integrate specialties of several professions as well as a sense of cohesion and collaborative ownership [2]. This can be seen in many different areas of health care, such as chronic pain management [3], neonatal intensive care units [4], and cancer care. In particular, radiation therapy involves radiation oncologists (ROs), medical physicists, and radiation therapists working together to deliver treatment to the patient. If needed, nurses, registered dietitians, or counselors can provide supportive care to the cancer patient [5].

The Canadian Interprofessional Health Collaborative released a National Interprofessional Competency Framework in February 2010 [6] that highlights best practices and illustrates the ideas surrounding IPC and education. Six competency domains are established to “highlight the knowledge, skills, attitudes and values that shape the judgments essential for interprofessional collaborative practice” [6]. These six domains are interprofessional communication, patient/client/family/community-centred care, role clarification, team functioning, collaborative leadership, and interprofessional conflict resolution. These competencies can be applied by students or practitioners at any experience level to achieve effective IPC. Collaboration implies the idea of sharing and working toward a common goal [2]. Collaboration has been defined through five concepts: sharing, partnership, power, interdependency, and process [2]. These five concepts all relate to the six competency domains and further solidify each domain’s importance as a part of the interprofessional competency framework.

Much of the literature about interprofessional care focuses on nursing teams and other care teams unrelated to cancer. Multidisciplinary care implies that various professionals work collaboratively on the same project [2]. Multidisciplinary teams are composed of health care members from different disciplines who provide specific services to ensure that the patient receives optimal care and support [7]. A literature search of multidisciplinary care in cancer treatment was also conducted. Findings from studies focused on multidisciplinary teams in cancer care suggest that a multidisciplinary approach can increase patient survival, increase communication between different disciplines, and improve quality of life [7, 8].

Globally, the shortage of human resources in health care has become a serious problem. One of the strategies to alleviate such stress is through the promotion of IPC [1]. Through effective teamwork, the limited workforce in health care can be maximized and will be more flexible and sustainable in the future. Productivity and efficiency can also be improved by the collective contribution from team members

with a variety of professional backgrounds [9, 10]. According to Mickan [9], teamwork allows the available health care resources to be used more efficiently. Test results and patient history can be better communicated between different disciplines to decrease service duplication.

In addition, studies by Braithwaite et al [11] and Leonard et al [10] have shown that IPC has improved patient safety and quality of care. The collaboration of health care professions optimizes the skills of each team member to manage complex health issues, such as chronic mental disease, human immunodeficiency virus/acquired immunodeficiency syndrome, and cancer [1]. These diseases can be comprehensively managed through coordinated care and appropriate referrals. Furthermore, the exchange of information and sharing of knowledge between professionals contributes positively to problem solving, patient satisfaction, and reduction of medical errors [9, 12].

In the study by Widmark et al [13], the challenges of IPC were identified in a Swedish radiotherapy department where intensive team collaboration was required. From the perspective of registered nurses (RNs) working interprofessionally in this department, communication problems between professionals were their main concern. The following problems were identified: the structure for information transfer was incomplete, the language used across the department was inconsistent, the roles and responsibilities for different professionals were not clearly defined, and the hierarchies and mutual disrespect hindered effective communication. First, lack of transparency in information transfer among different groups of professionals can lead to difficulty in the implementation of changes. Secondhand or fragmented information could potentially result in medical errors. Second, inconsistent use of medical terminologies and abbreviations results in inefficient communication or errors. Without consistent language, the risk of adverse events increases for both patients and health care professionals. Third, unspecific role differentiation causes overlapping or unattended tasks. Lastly, because of hierarchies in the department, the RNs experienced a sense of powerlessness in decision making because they felt they had no influence and no role in making changes.

Another challenge to IPC is professional boundaries. During their education, professionals are “socialized to adopt a discipline-based vision of their clientele and the services they offer” [2]. To effectively collaborate with each other, professionals must consider the skills and qualities of other professionals [2]. A change in socialization can begin at the educational level with interprofessional education (IPE).

To our knowledge, there is only one published study to date that examines the attitudes of professionals in radiation oncology across Canada. Based in Ontario, Koo et al [14] surveyed physicists, ROs, and radiation therapists. Three main domains of IPC were addressed: the understanding of interprofessional (IP) concepts, attitudes toward an IP teaching

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