

Brief Communication

The Grey Area: An Exploration of the Scope of Practice for Nurses and Radiation Therapists within the Radiation Oncology Program Focusing on Interprofessional Collaborative Competencies of Role Clarity, Communication, and Team Function



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Introduction

Interprofessional care is the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings [1]. Mounting evidence suggests that an interprofessional care environment may offer benefits, including improved patient outcomes, reduced tension and conflict among caregivers, better use of clinical resources, and lower rates of staff turnover [2]. Role understanding and effective communication have been identified as influences [3] and as core competencies for collaborative care [4, 5]. Differing philosophical and theoretical backgrounds, lack of understanding of professional roles and responsibilities, and role blurring can lead to interprofessional tension, protection of scope of practice, underutilization of professional expertise, and decreased satisfaction [6, 7].

Teamwork requires organized collaboration between individuals from various disciplines, whose goal is to solve a common set of problems [8]. A systematic review [9] of education needs required to promote the effective delivery of integrated health care services supports six domains of integral focus within curriculum. This literature, supported by interprofessional content experts, lists three of these domains as key to success of interprofessional collaboration. These include teamwork as it relates to team function, effectiveness, and activity; good communication, which includes respect for other team members; and finally, role awareness

related to role clarity and an understanding of different responsibilities—the latter being the essential element of successful delivery of integrated and collaborative practice.

Knowledge of the professional roles of others is rooted within undergraduate training [7]. Evidence suggests that a positive attitude toward interprofessional collaboration in clinical practice is a product of collaborative learning and developing skills in effective teamwork [2, 10, 11]. This intentional learning design results in collaborative competencies being generated, which include improved attitudes and a better understanding of roles toward interprofessional practice and other professional groups [12]. A positive relationship has been demonstrated between professional identity and “readiness for interprofessional learning” [13].

An enhanced sense of professional identity and the ability to identify strength in one's own professional role is related to achieving one of the six behavioural indicators of interprofessional competency, in particular, the competency of “knowledge of the professional role of others.” Indicators to meet this competency include, but are not limited to, the ability to understand scope of practice, willingness to seek and be inclusive of the contributions of others, and respecting each other's roles and expertise [14–16].

There is limited published literature with regard to the interprofessional understanding between nurses and radiation therapists (RTs). Both professions have important roles of care through the course of a cancer patient's radiation therapy treatments. With the expansion of scope of practice as well as the move toward different models of care, there is a need to explore the areas of opportunity to enhance successful interprofessional collaboration.

At the Odette Cancer Centre (OCC), RT and registered nurses (RNs) provide care to patients who are receiving radiation therapy along a continuum of oncology care. Multimodality

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therapy and increasing patient acuity have further increased the complexity of decision-making. Collaborative care includes patient education, patient assessment, and symptom/distress management. Anecdotally, conflicts and tensions have existed between RTs and RNs in areas of practice deemed to be of overlap or unspecific to professional role. This is not unique to our program; it is a common issue that is raised among other centres and among other professions in domains of role overlap. As professional leaders introduce new models of interprofessional care, an understanding of the foundational underpinnings of perception is key to success of any new implementation that challenges the status quo.

Our aim was to explore the perceptions of RNs and RTs related to interprofessional collaboration. The discussion focused on role clarity and communication as core competencies for successful collaboration as a means to help identify enablers and potential barriers.

Methodology

Ethics approval was attained by the Research Ethics Board of Sunnybrook Health Sciences Centre.

RNs and RTs that currently practice at the OCC; there are approximately 200 clinicians between the two professions. The study used a sample of convenience. Participants were invited via email introduction to the study.

Two profession-specific focus groups were held: RTs (N = 8) and RNs (N = 4) who specialize in radiation oncology. Focus group participants were asked open-ended questions to discover their knowledge of each other's scope of practice, their role in the care of radiation patients, any overlaps, and how they feel collaboration can be improved. A discussion guide was created, and the session was facilitated independently from the study team. Questions included the following:

- 1) What do you see as your role in the care of the radiation patient?
- 2) What is within the scope of practice for nurses/RTs?
- 3) Is there an overlap?
- 4) What is your understanding of interprofessional collaboration?
- 5) How would you describe current interprofessional collaboration?
- 6) What helps you to collaborate? (trust, respect, and/or role clarity)
- 7) How can collaboration be improved?

Focus groups were audio recorded and transcribed verbatim. Three independent investigators used a qualitative descriptive approach to analyze transcripts. Emerging themes were identified by the investigative team, and then, a consensus was reached through a series of team meetings. No identifying data were collected, and data were anonymized for statistical analysis and reporting.

Prior to the start of the focus group, participants were also asked to complete the Collaborative Practice Assessment Tool

(CPAT), a validated interprofessional tool from the Faculty of Medicine at Queens University [17]. The CPAT is used to assess levels of collaboration within a clinical team. It is a 57-item tool with a 7-point scale comprised of 8 subscales: mission, meaningful purpose, and goals; general relationships; team leadership; general role, responsibilities, and autonomy; communication and information exchange; community linkages and coordination of care; decision-making and conflict management; and patient involvement [18].

Modes were tabulated for each of the 57 statements (within eight domains). Open-ended questions were transcribed, and any emerging themes were identified by the investigative team and then a consensus reached through a series of team meetings.

Results and Discussion

The RTs (N = 8) were all female, with clinical experience ranging from 9 to 32 years. The RNs (N = 4) were all female, with clinical experience ranging from 20 to 40 years. Results from the focus groups highlighted emerging themes related to each other's role (role description) as seen from their own—as well as each other's—perspective as well as assumptions about each other's roles. These were expressed in the key areas of knowledge, education, and practice and also included scope, team, communication, and exploring their understanding of interprofessional collaboration.

Role Description

Main buckets of role description included elements of role similarity, how participants described what they do in daily practice, and what RTs and RNs saw as the other's role. Elements of role similarity included assessing patients, being supportive and advocating for patients, providing patient education, being a navigator, and both being professional roles. Differences in self-identification were evident, with RNs defining their role as more holistic. One of the participants stated, "...whole trajectory of the patient's care, you've got to understand the patient, provide information...for their symptoms and coach them at such and such." In contrast, RTs defined their role as more technical and treatment-specific, as illustrated by one participant who stated, "Helping them understand what the treatment entails...what the possible side effects are. What to expect through the whole process...to make sure they are aware that we have supportive care services...to monitor on a daily basis."

Discussions about each other's role revealed professional stereotypes, whereby RNs described RT's role as radiation-specific: "Therapists are highly educated in the technical aspect of delivering radiotherapy treatment and they're highly educated in the effects of radiotherapy on a human being...how would one react to radiotherapy...not necessarily patient's whole health," whereas RTs described the RN's role as being able to deal with unexpected side effects or problems that they are not able to or have the ability to handle

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