

EMERGING MODELS OF INTERPROFESSIONAL COLLABORATION IN CANCER CARE

TERESA KNOOP AND DEBRA WUJCIK

OBJECTIVES: *To present emerging models for oncology health professionals to consider when coordinating cancer care among professionals, beginning as early as initial professional education and training and continuing along the cancer continuum to include cancer treatment and psychosocial support.*

DATA SOURCES: *Journal articles indexed on the National Library of Medicine database and personal communications with oncology colleagues.*

CONCLUSION: *Interprofessional collaboration is becoming increasingly important in the specialty of oncology. The complexity of new therapies and their associated side-effect profiles benefit from a collaborative, interprofessional approach to the care of the patient with cancer. Additionally, oncology patients can benefit from interprofessional collaboration across the complexities of the care continuum.*

IMPLICATIONS FOR NURSING PRACTICE: *Oncology nurses are often in roles that can facilitate interprofessional collaboration, optimizing the care of patients with cancer.*

KEY WORDS: *interprofessional, collaboration, education, oncology.*

Teresa Knoop, MSN, RN, AOCN®: Assistant Director, Clinical Operations, Clinical Trials Shared Resource, Vanderbilt Ingram Cancer Center, Nashville, TN. Debra Wujcik, PhD, RN, AOCN®, FAAN: Director of Research, Carevive Systems, Inc., Nashville, TN.

Address correspondence to Teresa Knoop, MSN, RN, AOCN®, Vanderbilt Ingram Cancer Center, Nashville, 502 McClanahan Drive Brentwood, TN 37027. e-mail: teresa.knoop@vanderbilt.edu

© 2017 Elsevier Inc. All rights reserved.
0749-2081

<http://dx.doi.org/10.1016/j.soncn.2017.08.009>

Opportunities abound for interprofessional collaboration across the cancer care continuum. From the initial diagnosis to the end of life, patients with cancer receive optimal care when their health care professionals not only collaborate, but strive to learn from each other. As cancer care becomes increasingly complex, it is incumbent upon health professionals to collaborate in the truest sense of

the word to share best practices across teams and transform cancer care. This article will present emerging models that are diverse, but share a commitment to improve cancer care through interprofessional collaboration. Models will include professional education, interprofessional tumor boards, clinical documentation, and psychosocial support. Future perspectives on interprofessional models of care such as pediatric cardio-oncology are also discussed.

EDUCATION

Interprofessional collaboration is ideally considered by professionals as early as development of curricula for professional education and training. Interprofessional education (IPE) is defined by the World Health Organization as “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”¹ Additional messages from the World Health Organization include “IPE is a necessary step in preparing a ‘collaborative practice-ready’ health workforce that is better prepared to respond to local health needs”; and “A collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so.”¹

In 2011, the Interprofessional Education Collaborative convened an expert panel with representation from the following organizations: American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Association, Association of American Medical Colleges, and Association of Schools of Public Health. Based on World Health Organization definitions of IPE and collaboration, and in an effort to transform health professional education, the panel of experts developed four essential IPE competencies (see [Table 1](#)).²

The literature reveals that some medical schools and nursing schools are beginning to incorporate

IPE as they design their curricula. In one study in 2005, medical residents valued the IPE experience, but discovered tension and challenges and felt the faculty had a tendency to provide “mixed messages” about the value of interprofessional collaboration.³ Mazanec⁴ presents a model of adding IPE into the curricula of an adult gerontology primary care oncology and palliative care master of nursing degree program. The school of nursing partners with an oncology fellowship program and a palliative medicine fellowship to offer two semesters of symptom management courses designed as interprofessional classes. Faculty members from medical oncology, nursing, and palliative medicine convene to offer didactic instruction as well as team-based case studies to cover the four domains of IPE.

While classroom education is important to create a foundation of IPE, Mazanec describes the approach of extending beyond the classroom into the clinical setting by allowing the nursing students to practice within an interprofessional oncology clinical practice.⁴ This successful model allows the nursing students to practice within an interprofessional clinical setting that includes trainees from medicine, medical/surgical/radiation oncology, social work, and psychology. Team huddles focusing on patient care planning include all disciplines and are held at the beginning and end of each day. The project is funded by the Veterans Affairs Offices of Academic Affairs and Specialty Care and serves as a robust example of interprofessional collaborative care.⁴

INTERPROFESSIONAL TUMOR BOARDS

Interprofessional tumor boards provide a foundation to discuss optimal care for patients with cancer. Tumor boards allow collaboration, as well as provide a forum for teaching and learning among disciplines. Collaboration among disciplines will increasingly be needed to pool our rapidly expanding knowledge of cancer treatment and make it readily available and accessible. No longer do tumor boards include just medical, surgical, and radiation oncologists, but they are expanding to include active participation by ancillary colleagues. Advanced practice nurses, oncology trained nurses, clinical trial nurses/coordinators, social workers, nutritionists, and psychologists contribute discipline-specific knowledge and experience to the discussion in tumor boards. Expanding tumor boards to include

TABLE 1.
Essential IPE Competencies²

1. Values/ethics for IPE
2. Roles and responsibilities for collaborative practice
3. Interprofessional communication practices
4. Interprofessional teamwork and team-based practice

Download English Version:

<https://daneshyari.com/en/article/8581644>

Download Persian Version:

<https://daneshyari.com/article/8581644>

[Daneshyari.com](https://daneshyari.com)