EBreast II

Theories and principles of interprofessional collaboration in patient counseling and patient education

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In this presentation, the topic „ Theories and principles of interprofessional collaboration in patient counseling and patient education“ is divided into several sub-themes which guide the learner through the main topic with the emphasis on breast cancer where applicable. The lecture inculdes:

- Interprofessional collaboration
- Importance of patient education and Counseling in improving Breast healthcare
- Educational resources for breast cancer patient education
- Theoretical basis of patient education
- Theoretical background of interprofessional collaboration in patient education and counseling
- D'Amour's structuration model of collaboration
- Roles of different health-care professionals in breast cancer patient education
- Challenges in teamwork

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Interprofessional Collaboration

Bosch and Mansell (3) have compared the the success of a healthcare team to a professional hockey team and found that in order for the team to succeed, there are some similarities in team characteristics such as accountability, communication, leadership, discipline, coordination, having a clear purpose and having a strategy in place. „While a cooking recipe may consist of many ingredients (some perhaps to add flavour; others for consistency), a few ingredients will always remain essential“(3)

„Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings“(1)

Interprofessional collaborative practice has also been defined as a process which includes communication and decision-making, enabling a synergistic influence of grouped knowledge and skills. Elements of collaborative practice include responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy, and mutual trust and respect. It is this partnership that creates an interprofessional team designed to work on common goals to improve patient outcomes. Collaborative interactions exhibit a blending of professional cultures and are achieved though sharing skills and knowledge to improve the quality of patient care (2)

Multiple authors have tried to formulate the necessary facilitators for collaboration to occur. These include (4):

- The importance of adequate organizational arrangements such as clear common rules and suitable information structures
- Time, space and resources enabling professionals get to know each other and to discuss issues that arise
- Importance of an open and receptive professional culture, a willingness to cooperate and communicating openly

Such models are framed as a challenge for healthcare managers to promote and facilitate the necessary conditions (4)

Importance of patient education and Counseling in improving Breast healthcare

See the study: „Evaluation of the quality and readability of online information about breast cancer in China“

Patients experience the need for proper direction and guidance from their physicians and are often overwhelmed with scattered and fragmented information concerning their disease (5).

Currently, there is a variety of breast cancer education material available on the internet. However, these websites can be difficult to navigate and tend to present information that is not easily understood. In addition, rapid advances in treatment may render information as obsolete. Another major challenge for breast cancer patients and their healthcare providers revolves around the quality of information on the internet and the accuracy of the available findings. More importantly, access to web-based breast cancer education may not be available to low-income and the medically underserved population of patients(5).

There is no doubt that knowledge of breast cancer diagnosis and its treatment is generally low among breast cancer patients. This problem is more pronounced among African–American women and women with less education. It appears that knowledge of breast cancer is greater for women who have access to the internet and read health-related pamphlets. Similarly, women who discuss a greater number of breast cancer topics with their physicians become more knowledgeable about their disease. Therefore, low breast cancer knowledge, owing to a lack of resources and/or overall low health literacy, may potentially jeopardize appropriate decision making and adversely influence the outcome of the patient (5).

Among newly diagnosed breast cancer patients, most patients were more likely to make inquiries that evolved around (5):

- the likelihood of care
- treatment options
- stage of the disease
- overall clinical outcome.

After the initial therapy, patients need information concerning (5):

- Recovery
- the risk for other family members for subsequence development of cancer
- the information about self-care and rehabilitation

Educational resources for breast cancer patient education

Find out more about the group therapy in breast cancer

There is an increasing number of educational resources available to address the needs of breast cancer patients and survivors. Various educational interventions have been shown to have significant benefits on quality of life as well as on a range of symptoms, from lowering anxiety about cancer recurrence to helping women manage changes in lifestyle after breast cancer. Educational interventions have been delivered to patients using a variety of methods **including individual, group, and couples counseling and psycho-educational support via print, telephone, and/or the Internet.** Although the majority of educational interventions over the past 30 years have been aimed at women who are being treated, increasing numbers of interventions are now also being developed for the transition from treatment to survivorship.(6)

Theoretical basis of patient education

Theories are a generalized set of rules that can help us find answers for patient learning and motivation, and help predict the consequences of specific health education interventions. (7)

Patient education is the process of enabling individuals to make informed decisions about their personal health-related behavior. It aims to improve health by encouraging compliance with medical treatment regimens and promoting healthy lifestyles. Behavioral change for patients is a complex process and requires more than the simple acquisition of knowledge (7)

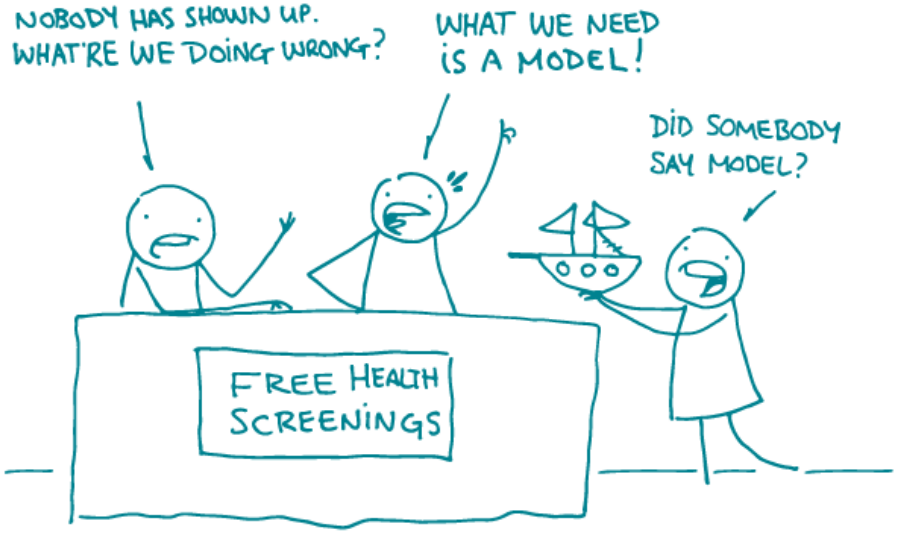
Theories that explain human behavior change serve as guidelines for teaching.

The more you know about educational theories, the more tools you will have for building strong, effective patient education interventions. Theories that can be applied to patient education come from the disciplines of communication, organizational development, sociology, psychology, and adult education.

Theories used for patient teaching include the **Health Belief Model**, self-efficacy theory, locus of control theory, cognitive dissonance theory, diffusion theory, stress and coping theory, and adult learning theory. (8)

The Health Belief Model is the one most commonly used in research. The four principal components of this model are the individual's perception of his or her personal susceptibility to disease, perception of the severity of the disease and perception of the benefits from and barriers to modifying behavior.

The health belief model can be used to design educational interventions that are most likely to be effective. Patient education is a duty for all health practitioners and it should be a core component of medical school curricula (8)



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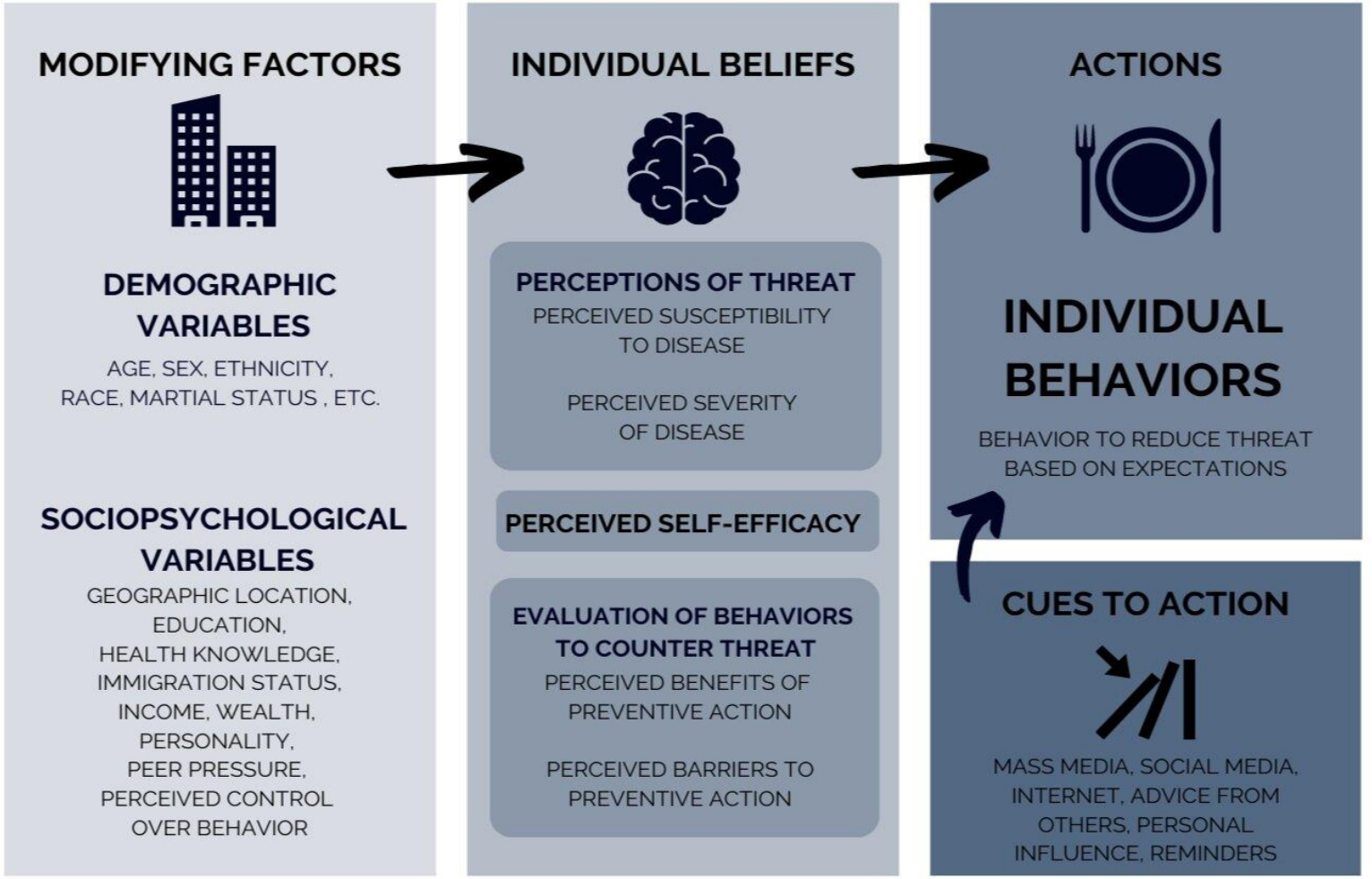
HEALTH BELIEF MODEL



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Theoretical background of interprofessional collaboration in patient education and counseling

It is well known that today's patients have complex needs in healthcare and typically they require more than one discipline to address issues regarding their health status. In 2001 a recommendation by the Institute of Medicine Committee on Quality of Health Care in America suggested that healthcare professionals working in interprofessional teams can best communicate and address these complex and challenging needs. This interprofessional approach may allow sharing of expertise and perspectives to form a common goal of restoring or maintaining an individual's health and improving outcomes while combining resources (2)

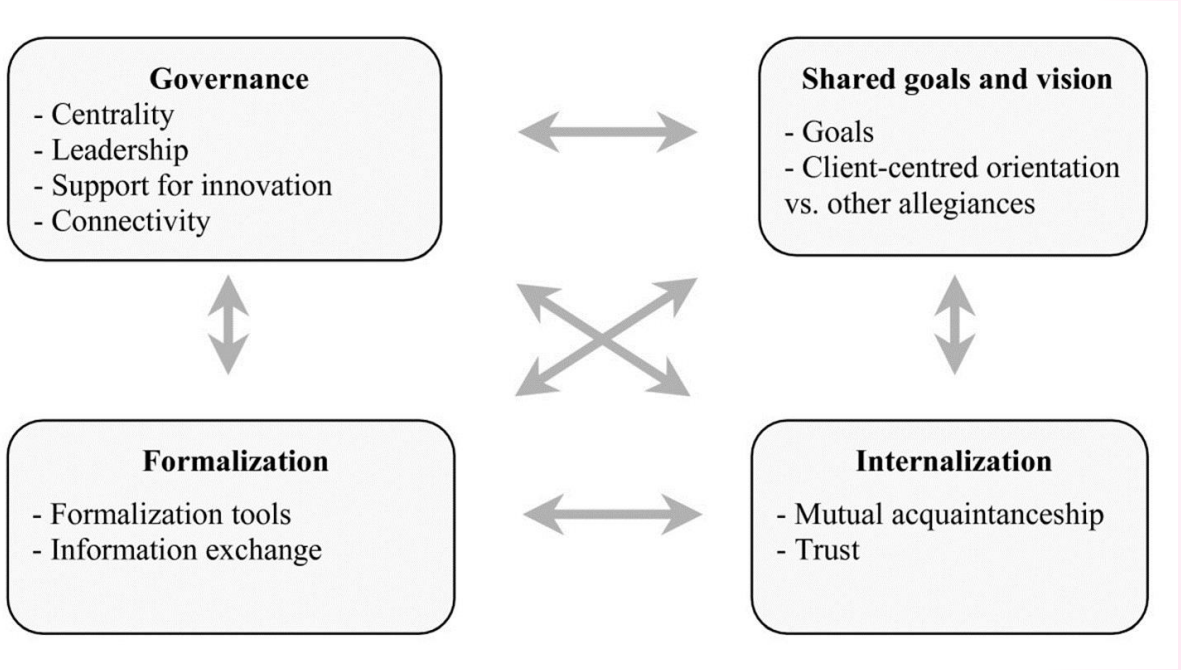
Despite recent advances in research on the subject of collaboration, there is still a need for a better understanding of collaborative processes and for conceptual tools to help healthcare professionals develop collaboration amongst themselves in complex systems.(9)

D'Amour's structuration model of collaboration

Collaboration is the central problem in any collective undertaking. It is based on the perception that professionals want to work together to provide better care, however at the same time, they have their own interests and want to retain a degree of autonomy and independence; the main instrument for negotiating such autonomy is power.

The model suggests that collective action can be analyzed in terms of four dimensions operationalized by 10 indicators. Two of the dimensions involve relationships between individuals and two involve the organizational setting which influences collective action (9)

D´Amour model can be used to analyze the ways in which increasingly complex and heterogeneous multi-level systems of actors collaborate.



Roles of different health-care professionals in breast cancer patient education

Click on the images

Nurse

Studies show that patients with breast cancer depend on treatment caring providers for receiving the information required on their disease and controlling their situation. Nurses, as one of the members of treatment team, have an important role in diagnosis, treatment, and caring patients with cancer and as they spend more time with the patient compared to the other treatment team members. They may be the first people who can recognize the needs of patients and their families and be effective in controlling disease complications and treatment as well as enhancing quality of life of the patients (10).

One of the most fundamental tasks of the nurses is patient education. They are in a key position on affecting patients' life positively through education and making stable changes in their lives. However often nurses do not play their important and effective role in educating patients and their families appropriately(10).

Specialist Breast cancer nurse (SBCN)

SBCNs are defined as nurses with 'advanced knowledge' who meet women at diagnosis and provide information and emotional support, patient advocacy, and continuity across the care pathway, seeking to address the multifactorial patient's needs. It is important to understand the effectiveness of these interventions which may include using a focused intervention or the SBCN undertaking new roles within the multidisciplinary team.

Evidence suggest that that psychosocial interventions carried out by SBCNs for women with a primary diagnosis of breast cancer, may improve or are at least as effective as standard care for general health-related quality of life, cancer-specific quality of life, anxiety and depression outcomes and satisfaction with care. (11)

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Radiation therapist(Therapeutic radiographer)

Unified standards for delivery of radiotherapy preparatory education are lacking. Although patients are provided with education by their radiation oncologist at initial consultations, their information needs remain high before treatment. Radiation therapists (RT) are well positioned to educate and support patients prior to treatment given their direct involvement in treatment delivery.

Study by Halkett et al (12) showed that the role of RTs can be extended from a technological focus to providing patients with information and support prior to planning and treatment. Compared to usual care, radiation therapist-led patient education intervention significantly improved patient knowledge, reduced patient concerns about radiotherapy and improved patient preparedness prior to planning and treatment. Increasing patient preparedness has implications for efficiency, accuracy and adherence during treatment, all of which are essential for safe and effective radiotherapy delivery.

Radiographer

Diagnostic radiographers make a significant contribution to the early detection of cancer, carrying out a range of imaging procedures, for example, non-obstetric ultrasound to support the diagnosis of ovarian cancer, chest x-rays to support the diagnosis of lung cancer and MRI scans to support the diagnosis of brain cancer. They also play a principal role in cancer screening programmes. The expansion of the breast Screening programmes has led to many radiographers extending their practice to help meet the demand on services, undertaking a range of procedures including reading screening mammograms and assessing screen-detected abnormalities using ultrasound and needle biopsy (13)

„Diagnostic and therapeutic radiographers play a vital and unique role in the delivery of diagnostic procedures and cancer treatment services as part of the patient care pathway“ (13).

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Consultant breast radiographer

The role of consultant breast radiographer is not a widely used term and was first introduced in England, 2003. The reason why this type of role emerged from radiographer was due to the lack of radiologists. Consultant radiographer job roles are broad and include advanced clinical activities (often being similar in nature to those delivered by medical practitioners, e.g. radiologists), professional leadership, teaching and education and service improvement. Basically, their role is similar to radiologists dedicated to breast screening (14)

Biomedical labaratory scientist

If an abnormality is seen on the mammogram the patient usually has a biopsy which is reported by a pathologist. If this shows cancer, the tumour is excised either by mastectomy (whole breast) or wide local excision (part of the breast containing the tumour). This is where biomedical science comes in (15).

Biomedical labatory scientists examine, dissect and sample the mastectomy or wide local excision. The samples of tissue are processed in the lab and embedded in wax so that fine tissue sections can be taken. The tissue sections are mounted onto glass slides and stained with dyes (15).

The patient's treatment depends upon accurate assessment of certain features of the tumour such as size, type, grade, distance from excision margins and tumour spread to lymph nodes. BLS responsibility is to select the most appropriate samples of tissue that will allow the pathologist to assess these features under the microscope.(15)

However BLS may not have significant amount of interaction with breast cancer patients, their role in patient education is important in terms of multidisciplinary team collaboration.

Potential challenges in the teamwork

„We are constantly reminded of the value of diversity within teams, but the reality is that working together from a variety of perspectives is sometimes difficult to achieve. Unless roles are well defined and understood, responsibility for giving different types of information to patients could easily result in overload to the patient, differences in messages, and gaps in certain areas“ (16).

The difficulties of multidisciplinary teamwork are also apparent in differing attitudes towards the way to bring about a good outcome, and even what actually constitutes a good outcome (16).

Just as feedback from the cancer team audit would be helpful in producing better communication in the future, so discussing different approaches to care and differing ideas of best outcome will also keep the team on what is inevitably a wavy line along the best practice meridian (16).

To summarize

„Multidisciplinary teams are likely to be better for everyone, but to keep them working well needs skill as well as recognition that this is always a long term task requiring constant attention and adjustment. Good team leaders are essential for maintaining patient safety and the sooner they are provided with training and support they need for this task, the better the quality of care is likely to be“ (16).

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