

INTERDISCIPLINARY FOCUS GROUP REPORT

EXECUTIVE SUMMARY

Cancer Care Nova Scotia (CCNS) has recently undertaken a number of collaborative initiatives involving patients and health care professionals, to identify and respond to issues in the provision of cancer care in Nova Scotia. These included comprehensive profession-specific needs assessments to assess the learning and support needs of Nova Scotia family physicians, community specialists, nurses, and pharmacists. The final stage was to conduct interdisciplinary focus groups to further explore educational needs in each of the nine district health authorities, and the three tertiary care cancer centres. The Dalhousie University Office of Continuing Medical Education (CME) partnered with CCNS to conduct these focus groups.

The overall objective of these focus groups was to determine the educational priorities of the physicians, nurses, pharmacists and other health professionals working in each district health authority and the three cancer centres.

Conclusions

Findings of the 10 community focus groups and three tertiary care centre focus groups supported similar themes. Conclusions included the following:

Educational needs of community health professionals

Prominent learning needs, as identified by community professionals themselves and supported by perceptions of the tertiary care health professionals, included:

1. *Treatment and follow-up care, including pain and symptom management.* This need was strongly and extensively expressed across all groups and disciplines. Community health professionals need knowledge of their patients' (both adults and children) treatments and anticipated side effects, practice guidelines for continuing care, and, particularly, knowledge of appropriate pain and symptom management measures. Specific educational needs identified were:

a. Treatment

- The latest and most effective treatments; i.e., "We need someone to tell us..."this is what's current, this is what we know, this is what you can do"
- Knowledge of and access to treatment guidelines, treatment protocols and standards of care;
- Chemotherapy and treatment of its side effects, including appropriate medications
- Lines & pumps – caring for portacaths, PICC lines, Hickman lines and CADD pumps.

b. Pain and symptom management, encompassing cancer symptoms, management of side effects and palliative care; e.g.:

- Pain management in treatment, follow-up and palliative care
- Changing physicians' ordering practices and improving nursing approaches
- Increased knowledge of pain and other medications (e.g., anti-emetics and "magic mouthwashes")
- Nutrition information, especially to assist in counselling patients with disease symptoms or treatment side effects;

c. *Complimentary & alternative therapies* - knowledge about the different types of therapies, their pros and cons, and nutritional aspects.

2. *Available resources and supports and how to access them for patient care.* Every focus group highlighted knowledge gaps concerning resources for patients. These included both resources available at the tertiary care centre and in the patient's community, and provincial and national resources, such as the toll-free Cancer Society information line.

3. *Teamwork: Roles and responsibilities of other members of the team* This includes knowledge of other team members' expertise and how they can contribute to cancer patient care, both within communities and tertiary care centres. This need was expressed across all disciplines.

4. *Patients' navigating the system.* This is an understanding by health professionals of the cancer care system and how patients have to navigate it, so that community health professionals can provide them with appropriate information and support. Especially important is an understanding of patients' treatment 'road map' and their experience at the cancer centre.

5. *Psychosocial care and patient communication.* All groups discussed aspects of psycho-social care and identified learning needs related to understanding the patients' needs and emotional responses, and being able to communicate appropriately and provide emotional support.

Educational needs of tertiary care health professionals

Prominent learning needs, as identified by tertiary care health professionals themselves included:

1. *Cancer treatment.* The most prominent educational need, based on the discussion data of the three groups, was keeping current with up-to-date information about cancer treatment, and maintaining clinical expertise. For the pediatric centre, maintaining membership with the Children's Oncology Network (COG) was critical in this regard.

2. *Teamwork: Roles and responsibilities of other members of the team.* A better understanding of teamwork was an important educational issue expressed among the groups. This includes understanding other team members' disciplinary roles and responsibilities, and how to effectively communicate with them. This knowledge was perceived to be important for facilitating patient care in terms of knowing "who the resources are" within some participants' own institution and/or in the community.

3. *Awareness of community resources.* Knowledge of community resources to facilitate patient and/or family access to supports when they return home (e.g. financial and psychosocial) was another tertiary centre educational need, expressed in two groups.

Role of tertiary care centres

All three groups indicated that the tertiary centres play three main roles: providing, directing/guiding and ensuring up to date treatment; being a resource, and providing education. Another role, related to the centre's overall treatment role was linking patients with their home community or other parts of the treatment spectrum.

Meeting educational needs in the community

Methods and strategies for meeting the educational needs of the community were discussed by the community health professionals. Tertiary care health professionals commented on their role in meeting these needs. The suggested methods included:

1. *Short, local sessions.* All groups and disciplines expressed a strong preference for short sessions, delivered locally and/or regionally and planned with sensitivity to local conditions. Some participants also indicated that local expertise and resources should be used more frequently.
2. *Case study approaches* received significant attention and positive appraisal from some groups and disciplines. Case study methods are beneficial due to their adaptability to many delivery mechanisms and formats, including print resources, inservices, study groups, the Internet, Telehealth, and workshops. Also, they are ideal for interdisciplinary sessions.
3. There was no clear preference regarding distance *continuing education delivery mechanisms.* *Telehealth* and the *Internet* received mixed reviews. Telehealth, while improving access was perceived to have at least two limitations: videotaping restrictions and a reduced amount of interaction. Some participants viewed the Internet as a means to more easily access protocols and guidelines.
4. *Interdisciplinary continuing education* appeared to be endorsed in principle by some participants, but its acceptability would depend to some extent on the topic. Palliative care emerged most clearly as a suitable topic for interdisciplinary education.
5. The tertiary care health professionals expressed an overall willingness to serve as a *treatment resource and provide education* for health care providers in the communities. Participants identified some strategies for reaching out to the community, these included Telehealth and 'traveling teams' or 'road shows'.

Systemic issues and barriers in continuing education and cancer care

All groups and disciplines indicated that significant issues and barriers impede their ability to provide optimum care and participate in continuing education programs. These include:

1. *Communication between the communities and cancer treatment centres.* Communication issues were identified in all but one community focus group. Poor flow of information from the cancer centre regarding the patient's condition and treatment, including untimely reports was noted by a number of participants. Delays, duplication or missed follow-up were described as impacts. Sometimes community physicians and other health professionals have to rely on the patient for information. Also, the need for clearer guidelines was expressed, regarding who checks what, when and how.
2. The inter-related systemic issues of *funding, human resource and time limitations* (i.e., lack of coverage, loss of income for physicians and lack of paid educational leave for salaried health care workers) were identified as barriers to both patient care and continuing education.

3. The *financial burden of cancer care to patients* was of concern in several groups. Inadequate financial coverage for medications was emphasized.
4. To reduce the barriers that impede patients' access to care, some suggested providing chemotherapy and follow-up services closer to home.

Recommendations

Conclusions derived from the interdisciplinary focus groups reflect those resulting from the profession-specific needs assessment surveys reported earlier, for family physicians and community specialists, nurses and pharmacists¹. Hence, recommendations support those arising from these earlier studies, and readers are referred to those reports for complementary and additional data and results. Recommendations are presented under two headings:

1. Educational needs and preferred ways of learning
2. Systemic issues influencing cancer care

Educational needs and preferred ways of learning

Focus group discussions reinforced many of the educational needs identified in the earlier needs assessment studies, and recommendations are consistent with those. It is recommended that their implementation be guided by the CCNS Education Advisory Group.

1. For community health professionals begin to develop and implement programs that address the priority learning needs identified in the conclusions (refer to conclusion #1 for the community health professionals). These included treatment and follow-up care including pain and symptom management and complementary and alternative therapies, patients' navigation of the system, available resources and supports, teamwork, psycho-social care and patient communication.
2. Begin to respond to the more specialized learning needs of tertiary care health professionals:
 - Cancer treatment: Keeping current as tertiary care providers
 - Teamwork: Roles and responsibilities of and effective communication with other members of the health care team.
 - Community resources: Knowing what's available for patients when they return home
3. Implement educational programs and supports using the preferred methods:
 - Use short, local programs
 - Use case studies as they can be adapted to many teaching formats; e.g., face-to-face sessions, videoconferencing, Internet, self-study.
 - Further explore using telehealth/ videoconferencing and the Internet for educational programs.
 - Explore using interdisciplinary approaches to education for appropriate topics; e.g., palliative care, communication, pain and symptom management.

¹ The complete Physicians, Nurses, and Pharmacists Needs Assessment reports are available upon request from CCNS. Please contact Kristina Allsopp at (902)473-3485.

Systemic issues influencing cancer care.

Although systemic issues were not the focus of the discussions, each group addressed them and identified them as priorities for improving both cancer care and cancer care education. (Several are also identified as learning needs in the preceding section, “Educational needs”.)

1. Respond to gaps and inefficiencies in communication and information-sharing among members of the health care team, with particular emphasis upon increasing communication between tertiary care centres and community health professionals. (It is recognized that the three tertiary care centres differ with respect to the extent of this problem, and readers are referred to the full text of the two focus group reports for more detail.)
 - a. Establish an interdisciplinary collaborative working group representative of tertiary care health professionals (oncologists, nurse, pharmacists, etc), community health professional (family physicians, community specialists, nurses, pharmacists, etc) and patients to:
 - Explore gaps in communication addressed in the CCNS needs assessment studies, clarify issue and perspectives, recommend strategies, coordinate and oversee their implementation, and monitor and evaluate progress using a quality improvement model.
 - Explore specific options for enhancing communication among tertiary care and community health professionals, such as ensuring that community physicians are represented on CCNS site teams, using “checklists” or other simple communication tools when patients return to the community.
 - As part of this work, identify, clarify and educate all members of the cancer care team about the respective roles and skills of team members.
 - b. Respond to patients’ difficulties in navigating the cancer care system and to the lack of health professionals’ knowledge about their patient’s cancer care journey. The latter prevents them from supporting patients adequately during their cancer care.
 - Explore options related to developing a patient “roadmap” or “journey map” which would identify the steps involved in each individual patient’s “journey” and the health care professionals involved and their roles. This model could be tested and evaluated in one district.
 - c. Designate one staff person, knowledgeable about the health care system and cancer care, to guide the processes identified above related to communication among the health care team. This is a large task, and may require hiring or contracting an additional staff person.
2. Increase awareness of and access to resources for both tertiary care and community cancer care health professionals and their patients. This also includes resources available both through the community and in tertiary care centres.
3. Address, as possible, systemic barriers to continuing education – insufficient staffing, insufficient time, and lack of financial support for education.