

## Team Approach to Enhance Quality of Patient Care



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If you or someone close to you is diagnosed with cancer, you want and expect the best treatment and care possible. In Nova Scotia, a dedicated team of health professionals work hard to meet and exceed these expectations, but many challenges exist.

The challenges: many kinds of cancer (over 200), increasingly complex care, many choices of treatments and the relevance of new research findings. The solution: a team approach to learning and working. The outcome: improved patient care.

This outcome is at the heart of a project designed to train cancer health professionals to provide cancer education, in an interprofessional setting, to their peers.

Funded by Health Canada, with *Cancer Care Nova Scotia* as the project lead, Partners for Interprofessional Cancer Education (PICE) has trained 38 health professionals from Nova Scotia and Prince Edward Island as facilitators. The training provided them with expertise in interprofessional learning, collaborative, patient-centred practice and cultural sensitivity and safety for First Nations communities. Over the next year these facilitators will deliver cancer education to more than 1,100 community-based health professionals.

"This project builds on the success of the original Interprofessional Core Curriculum (ICC) program developed by *Cancer Care Nova Scotia*," said Theresa Marie Underhill, Chief Operating Officer, *Cancer Care Nova Scotia*. "District administrators and health professionals embraced it from the beginning, recognizing the

benefits of interprofessional learning for providers and understanding how it would translate to enhanced patient care.

"With the full support and expertise of districts, and the strength of our other partners, we are extending the value and reach of the ICC by enhancing the original program, training health professionals from across the province as interprofessional facilitators and providing the necessary supports for them to deliver the ICC to others."

The first phase of the project was recruitment and facilitator training. District health authorities, the IWK Health Centre, and the Prince Edward Island Department of Health recruited health professionals with an expertise in cancer or palliative care to participate in training. Medical and radiation oncologists, palliative care physicians and nurses, social workers, pharmacists, nursing students from St. Francis Xavier University and First Nations communities were among those trained.

The Registered Nurses Professional Development Centre (RN-PDC), in collaboration with other partners, implemented the development of the

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L-R: Kelly Lackie and Valerie Banfield, RN-PDC; and Anne Murray, Provincial Manager, Education and Patient Navigation, CCNS



*Team approach to enhance quality of patient care (cont'd from front page)*

facilitator training program. They also enhanced the case studies included in the ICC which facilitators will be delivering.

“As an educator and a learner, I know that any new knowledge and/or skill is most valuable when you can practice and apply it to a real-life experience,” said Donna Denney, former Director, RN-PDC and co-chair of the PICE steering committee. “In a learning environment, case studies provide this opportunity. They also reinforce important themes. For this reason, it was important to revise existing case studies to strengthen the interprofessional focus and promote the value of collaborative, patient-centred practice.”

Beginning in April 2007, facilitators will deliver the ICC program to community-based health professionals in Nova Scotia and Prince Edward Island. ICC has 10 modules including, pain and symptom management, treatment and side effects. By April 2008, 1,100 health professionals will have participated in ICC training under the PICE project, experiencing both the benefit of new knowledge and an improved understanding and appreciation of the expertise of various members of their health team. In addition, ICC will be included as part of undergraduate nursing curriculum at St. Francis Xavier University.

As part of the project, *Cancer Care Nova Scotia* will

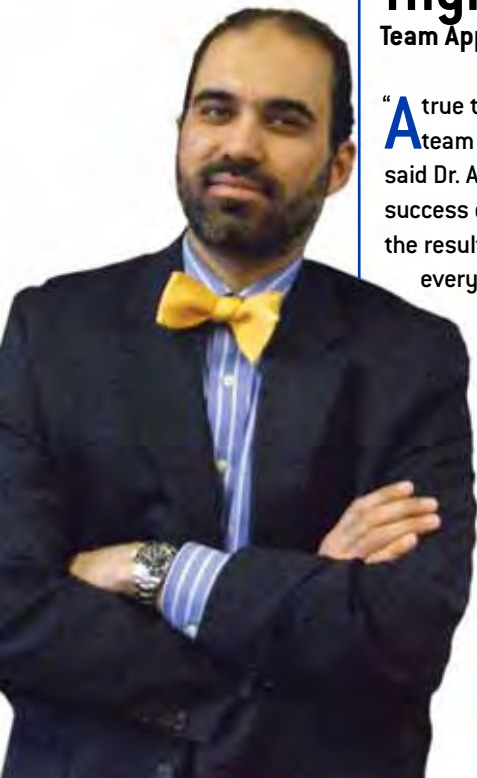
support facilitators in developing a community of practice to build the body of knowledge and expertise in interprofessional learning through better interaction with one another.

An evaluation, led by Dalhousie Continuing Medical Education for both facilitators and participants will cover both intended and self-reported changes in practice. Possible ways for evaluating the project from the patient perspective are also being discussed.

“Enhanced patient care is the very heart of this project,” said Anne Murray, Provincial Manager, Education and Patient Navigation. “Interprofessional learning is about so much more than just the content. It’s about pulling all the pieces of the puzzle together – gaining knowledge in a specific area, getting to know fellow team members, learning from each other, understanding how people think and the expertise and value they add. Interprofessional learning builds stronger teams and stronger health teams mean improved patient care.”

*In addition to Cancer Care Nova Scotia, PICE project members include: district health authorities, the IWK Health Centre, the Registered Nurses Professional Development Centre, Dalhousie University Continuing Medical Education, Dalhousie University College of Pharmacy, Division of Continuing Pharmacy Education, the Union of Nova Scotia Indians, the Confederacy of Mainland Mi’kmaq, St. Francis Xavier School of Nursing, Seniors’ Secretariat and Prince Edward Island Department of Health.*

Dr. Ali Imran



## Thyroid Oncology Clinic

### Team Approach in Action

“A true team is like a bridge, where no single pillar or team member is more important than the other,” said Dr. Ali Imran, indicating that the strength and success of Capital Health’s Thyroid Oncology Clinic is the result of the hard work and dedication of each and every member of the seven-person team.

The idea for the multi-disciplinary clinic began a few years ago when Dr. Imran, Assistant Professor in the Faculty of Medicine, Dalhousie University and an endocrinologist with Capital Health, began noticing that his thyroid cancer patients, many of whom were young\*, were being followed by a number of different specialists. As a result, patients had to make several appointments over the course of the year for diagnostic testing and subsequent

follow-up visits. This approach often resulted in duplication of tests, mixed messages for patients and wasted time for patients and health providers.

So, Dr. Imran approached Dr. Mal Rajaraman, a radiation oncologist, as well as other specialists about developing a ‘one-stop shopping’ thyroid cancer clinic. Everyone agreed it was a good idea. With financial support from Capital Health, Genzyme Pharmaceuticals and *Cancer Care Nova Scotia*, within a year the Thyroid Oncology Clinic was up and running.

Operating one day a week on the 7<sup>th</sup> floor of the Victoria Building, Victoria General Site, the clinic has streamlined patient care for both newly diagnosed patients and those requiring follow-up. Following surgery, thyroid cancer patients are referred to the clinic through a single referral point. At this appointment they are assessed by *(continued next page)*



*(continued from previous page)* endocrinology, radiation oncology and nuclear medicine specialists. They also receive the necessary patient education and an appointment time for the radioactive iodine therapy. A follow-up appointment is scheduled at the three and six month point following this procedure to make any necessary adjustments in treatment.

Patients requiring follow-up undergo scans and/or blood work in the morning and meet with the thyroid team in the afternoon to learn the test results, make decisions about ongoing treatment and discuss questions or concerns.

“The clinic has had a huge impact,” said Dr. Imran. “It’s a great education tool for physicians, allied health staff and training physicians who can experience the benefit of a multidisciplinary team approach from both the provider and patient perspective. However, it is the patients who benefit the most. We anticipate seeing between 600 and 700 thyroid cancer patients each year through this clinic.”

The Thyroid Oncology Clinic has been recognized

by centres across Canada for its novel approach to thyroid cancer care. Pharmaceutical companies are also approaching the clinic to participate in the research of new and exciting treatments.

“Our successes are a credit to our dedicated team of staff,” said Dr. Imran. “We’re pleased with the inroads we’ve made, but we have more to do. We’re working with *Cancer Care Nova Scotia* to develop guidelines to standardize thyroid cancer care across the province and throughout the Maritimes, as well as develop new multimedia educational tools for physicians and patients. We have initiated a computerized registry of all thyroid cancer patients and are in the process of discussing evaluation plans, which we are hopeful will result in a commitment of ongoing funding.”

*\*In Canada, thyroid cancer is the third most common cancer in young adults (ages 20 – 44 years). Incidence in this age group is rising faster than any other cancer. Between 1987 and 1996 incidence rates, in Canada, increased 6.6 per cent among women and 4.2 per cent among men. Nova Scotia’s rates are in line with other provinces.*

For more information about the Thyroid Oncology Clinic, contact Dr. Imran at [ali.imran@cdha.nshealth.ca](mailto:ali.imran@cdha.nshealth.ca)

## Measuring and Comparing Elapsed Time from Breast Cancer Detection to First Treatment

A Nova Scotia study comparing changes in elapsed times from breast cancer detection to first adjuvant therapy, in 1999/2000 and 2003/2004, found that the median time from breast cancer detection to the start of first adjuvant therapy was 90 days for the earlier group compared to 102 days for patients diagnosed in 2003/2004.

On the surface these elapsed times, between diagnosis and first treatment, seem troubling. However, Dr. Daniel Rayson, Principle Investigator and Medical Oncologist with the Capital Health Cancer Care Program says that this is not necessarily the case.

“Some waits are necessary,” said Dr. Rayson.

“Patients need to recover from surgery, have the necessary tests, procedures and consultations and have time to integrate all the *(continued next page)*



Dr. Daniel Rayson



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We welcome and encourage everyone's input to this newsletter. Please submit your stories or story ideas to: *Cancer Care Nova Scotia Newsletter*  
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The deadline for articles and story ideas for Volume VIII, Issue Two is April 6, 2007.

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[continued from previous page] information so that their decisions regarding proposed treatments are the best and most informed they can be. This takes time and it's generally better to get it right than get it fast. Having said this, we also need to work to minimize medically unjustified system delays and to support patients through this long and difficult time."

Dr. Rayson also emphasized the value of studying and measuring elapsed times as a defined sequence of events, instead of measuring single events such as elapsed time from referral to see a medical or radiation oncologist.

"The cancer system can be compared to an ecosystem, where one step depends on another," said Dr. Rayson. "We need to look at the system as a whole, in addition to looking at single intervals within the system. This way we can identify bottlenecks and identify solutions to minimize unnecessary elapsed times."

The study results support this view. Findings

indicated that elapsed time to see an oncologist was longer for those referred to medical oncology as compared with radiation oncology. Yet, once patients saw a medical oncologist, there was minimal delay in starting treatment. The opposite was true for those who saw a radiation oncologist. Often patients saw a radiation oncologist within the recommended time following surgery, but they waited longer from surgery to the start of treatment.

Dr. Rayson is hopeful that this study will be used as a model for monitoring elapsed times to inform resource planning and ultimately reduce the system deficiencies that lead to unnecessary elapsed time from diagnosis to treatment. He also hopes it will inform national discussion and debate and perhaps change the way elapsed times are reported on provincial websites.


*Details of this research study were published in the January 30, 2007 edition of the Canadian Medical Association Journal. In addition to Dr. Rayson, research team members included Ms. Nathalie Saint-Jacques, Dr. Tallal Younis, Mr. Jason Meadows and Mr. Ron Dewar.*


## News and Notes


### Change in date:

The Surgical Oncology Network's Continuing Education Workshop is scheduled for **May 12**. This year's workshop will review the Multidisciplinary Care and Management of Colorectal Cancer. It will include presentations on: state-of-the-art diagnostic workup; managing an emergency bowel obstruction; surgical and adjuvant management by stage and location; minimally invasive surgery- its role in bowel cancer; pathology reporting and nodal harvest; as well as the community surgeon's perspective. For more information please contact Sandra Cook at [sandra.cook@ccns.nshealth.ca](mailto:sandra.cook@ccns.nshealth.ca)

### Workshop for couples living with prostate cancer

 An educational workshop for men (and their partners), who have been affected by prostate cancer, will be held on Saturday, April 28. Through presentation and discussion, participants will have the opportunity to learn about the impact of prostate cancer and treatment on a couple's relationship and on sexual and emotional health. This is a repeat of a very successful workshop that was offered in the fall. The registration fee is \$40 per couple and includes lunch and refreshment breaks. For more information or to register, please call Dr. Deborah McLeod at 902-473-2964.

 *Living with the Fear of a Cancer Recurrence* is the topic of the next 'Cancer Answers Public Lecture Series'. It will be held on April 10 between 7 and 8:30 p.m. The session will be video-conferenced to all health districts in Nova Scotia from the Royal Bank Lecture Theatre, Halifax Infirmary site of the Queen Elizabeth II Health Sciences Centre. For more information, visit the Calendar of Events on the CCNS website at [www.cancercares.ns.ca](http://www.cancercares.ns.ca) or call 1-866-599-2267.

 A Colorectal Cancer Support & Information Group is being formed in Sydney. The first meeting will be held on Tuesday, April 3, at 7pm at the Cape Breton Regional Hospital, Level 3, Room 3612. This group is supported by the Canadian Cancer Society and the Colorectal Association of Canada. For more information call 562-1367 or 539-3287. All are welcome.