



The SEIPCLE Project

(South Eastern Interprofessional Collaborative Learning Environment)

The SEIPCLE Project represents a collaboration of many health care stakeholders in the Kingston community. Supported by HealthForceOntario, this initiative aims to develop a collaborative learning environment that supports interprofessional education and care. This environment will form a foundation to enable and support current and future caregivers to work effectively within a collaborative patient/family-centred care model. Caregivers, patients, families, students and volunteers participate as educators and learners within the collaborative learning environment.

“A Collaborative Learning Unit © (CLU) is a clinical unit where all members of the staff, together with students, patients/clients, family and community supports, work together to create a positive learning environment and provide high quality patient/client care.”

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Interprofessional Collaboration Connell 10 – Oncology Patients

'Reasons to Consult' Pamphlet

This pamphlet has been produced to assist Health Care Practitioners to understand professional roles both on Connell 10 and hospital wide in order to enhance collaboration. Appropriate and timely Professional Consults can dramatically influence patient care.

Who: Doctors, Residents, Dietitians, Social Workers, Physiotherapists, Occupational Therapists, Nursing Specialists, Pharmacists, Speech & Language Pathologists, Spiritual Care Chaplains and others.

When: Besides the treating doctor/resident, all new patient admissions will initially require the addition of at least one or two other Health Care Practitioners to assist with their care.

What: This pamphlet provides a brief overview of some of the key health care professionals who need to be involved with Oncology patients.

Why: A newly admitted Oncology patient, due to the severity of the diagnosis, will require a diversity of health care professionals who can address many issues that tend to arise during the individual's stay in the hospital.

How: Inside this pamphlet is a chart that explains the roles of many health care providers who are typically involved (not all are identified in the chart).

CONNELL 10: ONCOLOGY TEAM MEMBERS AND THEIR ROLES

Part of SEIPCLE Project
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Social Worker

An initial diagnosis of **cancer**, usually elicits feelings of helplessness, shock, fear, anxiety, denial, sadness, guilt and possible depression. In order to ensure that these emotions do not interrupt the effectiveness of treatment, contact with the oncology social worker is important. The social worker may provide:

- Adjustment Counseling to explore feelings, examine difficulties and use individual/family strengths in adapting to illness; dealing with grief and loss
- Crisis Counseling to restore equilibrium ie. medical uncertainties like end of active treatment, recurrence, changes in family situations, social & economic stressors
- Resource Development for information re: social assistance, ODSP, Trillium drug plan, Power of Attorney and of Personal Care, Wills, other community resources
- Supportive Counseling to maintain levels of adaptation; cope with aftermath of treatment decisions; assist multi-problem families maintain function in daily living
- Psycho-educational Counseling for techniques to reduce feelings of stress, anxiety and depression; assist in minimizing tension, promote coping techniques, and enhance well-being through visualization, guided imagery, breath work and progressive relaxation
- Discharge Planning to provide consultation/activate resources/support patient and their family, all of which will assist with plans just prior to discharge

Dietitian

Dietitian services are available for patients admitted to any Oncology service by referral. Reasons to refer a patient to the dietitian include:

- Unintentional weight loss
- Anorexia
- Risk of dehydration
- Chronic diarrhea
- Constipation
- Risk of bowel obstruction
- Odynophagia, esophagitis
- Persistent nausea
- Persistent vomiting
- Dysguesia, hypoguesia
- Mucositis
- Xerostomia
- Enteral Nutrition Support

Physiotherapist

The role of physiotherapy in Oncology includes restoring function, reducing pain and disability, increasing endurance and mobility and ultimately improving quality of life. Physiotherapy interventions may include:

- Positioning for pain control and pressure relief
- Respiratory care: management of dyspnea, removal of secretions, pacing strategies
- Mobility: evaluate and improve bed mobility, transfers, ambulation, stairs
- Exercise therapy to improve flexibility, strength, balance, endurance and function
- Neurological rehabilitation techniques
- Education of patient and family in appropriate handling techniques for transfers
- Relaxation techniques to reduce levels of anxiety
- Assist with discharge planning by recommending mobility aids and follow-up PT services if appropriate

The primary goal is to assist the person with cancer in achieving maximum physical functioning within the limits imposed by their disease or treatment.

Spiritual & Religious Care Provider (Chaplain)

Spiritual care is an integral part of holistic patient care. Spirituality is inclusive of religion, but religion is by no means the only way of expressing spirituality. Chaplains are trained specialists in **spiritual companionship**, and journey with patients and their families during times of illness, loss, death and bereavement. With time focused on **accompaniment**, spiritual care providers give witness to the stories and emotions of those living with cancer. Chaplains provide non-judgmental supportive listening as they help people draw on their inner strength, wisdom and faith. Chaplains provide care of the soul.

Spiritual care providers assist patients and families in the following ways:

- Assess spiritual needs such as community, hope, meaning and faith
- Provide emotional and spiritual support around grief and loss
- Companion patient and family through illness and as death draws near
- Give witness to the celebration of life and relationships
- Help with difficult ethical and moral dilemmas, e.g. end of life decisions
- Facilitate crisis intervention, conflict resolution, and reconciliation
- Make referrals to internal and external resources: i.e., health care providers and community faith supports

Upon request, chaplains facilitate and/or lead:

- Prayer, meditation/relaxation, reading of holy texts
- Communion, Baptism, Dedication
- Worship, memorial services and ritual practices
- Funeral Planning

Occupational Therapist

The Occupational Therapist addresses problems that interfere with people's ability to perform activities or occupations that are important to quality of life including:

- Assess and address issues related to home safety (ie. kitchen, bathroom)
- Education about energy conservation techniques (assess impact of fatigue and pain on occupation)
- Consider the functional implications of cognitive and perceptual deficits
- Provide and monitor the use of wheelchairs while in hospital
- Assess the need for special devices or positioning to minimize pressure; provide and monitor use of equipment while in hospital
- Assess and fabricate splints and monitor use in hospital ie. Custom molded cervical collars (this is a delegation of a controlled act—setting a fracture and orders are clearly to state “custom molded c-spine collar” and whether fracture is stable vs. unstable)
- Assist with discharge planning; collaborate with the team to recommend equipment to increase safety at home; recommendations for the appropriate level of independence, supervision/assistance re: ADLs & home safety and recommendations for OT follow-up (ie. CCAC, rehabilitation services, etc.)