

Multidisciplinary Model of Psychosocial Care Project

Objective

It has been consistently identified that psychosocial concerns are common in women with breast cancer. Issues include anxiety, depression, heightened stress, body image and sexuality concerns, financial problems, emotional, self concept and interpersonal issues, physical and practical concerns, fertility, existential, survival or end of life issues (NHMRC, 2003).

This project aimed to refine initiatives developed during initial work (WCMICS, 2007), specifically the effectiveness & sustainability of the model of psychosocial care.

Staff Consultations

17 internal and external supportive care professionals were interviewed about the nature and quality of psychosocial support services offered to patients.

Themes identified:

- methods and procedures for assessing psychosocial distress
- referrals - pathway, criteria and follow up
- delivering effective psychosocial support

Summary Of Initial Work

Previous Psychosocial Care Model

- Psychosocial Assessment Tool administered around the time of diagnosis.
- In-depth assessments conducted by the Breast Care Nurses (BCN) to determine support & referral needs.
- Psychosocial support predominantly provided by BCN.

Consumer Consultations

A series of interviews and focus groups were conducted with a total of 13 patients attending The Breast Service (TBS) during different stages of their breast cancer experience.

Emerging themes:

Service provision	Psychosocial concerns
Psychosocial assessment	Psychosocial support

Supportive Care Tool (SCT) Evolution

Feedback from patients & staff of recommendations for SCT:

- Specific to women's cancers e.g. body image, sexual health
- Patients wanted questions relating to support groups included and a section for patient comment.
- Section to record referral details/outcomes.
- Follow up tool needed
- Psychometric validity needed
- Assessment of all risk factors - identified by NHMRC (2003) and NBOCC (2008)

SCT development:

- The working group from both campuses reviewed patient and staff feedback, and currently available psychosocial assessment tools to formalise a new SCT.
- The SCT targets patient overall distress, individual concerns, risk factors, individual patient support attributes & referrals, at key points over time, with discussion at the SCMDM.
- The revised tool is currently being trialled and we are awaiting further copyright/adaptation approval.

Actions

- Role summaries distributed to the supportive care team
- Revision of Supportive Care Tool (SCT)
- Permission sought for adaptation of external supportive care tools
- Weekly Supportive Care Multidisciplinary Meeting (SCMDM)
- Development of a psychosocial referral form

SCMDM Format

- Attendance of supportive care disciplines (psychology, psychiatry, pastoral care, social work, BCN's) from both campuses.
- Weekly meeting
- All new patients discussed
- Feedback from referrals

Informal Consumer Feedback of New SCT

Women embraced the SCT as helpful.

Comments include:

- "reverse side more suited to postop period"
- "covered issues well"
- "valuable to reassess at different points in the journey"
- Not suitable for non English speaking women.

Evaluation of Revised Model (SCT & SCMDM)

SCMDM Staff Survey

Benefits of SCMDM

- Co-ordinated, timely, individualised patient care
- Networking increased communication & prompt referrals
- Increased understanding of the patient's journey
- Reliable cross campus care with backup of team members
- Timely referrals improves seamless, holistic approach to care
- Sense of teamwork and belonging amongst team members

Limitations of SCMDM

- Evaluation of subsequent supportive needs
- Time for administrative work
- Availability of appointments for some specialities
- Availability of all disciplines to attend the meeting
- Quantifying benefits to women
- Referral prior to team discussion

Recommendations for SCMDM

- Compatible IT to assist seamless generation and tracking of referrals and recording of outcomes.
- Redefine/clarify the roles of some disciplines and restructure the method of referral to assist best use of resources.
- Short timely meetings with full commitment of all disciplines.
- Revisit the format of the meeting:
 1. most appropriate time frame for presentation
 2. regularity
 3. feedback regarding referral outcomes
 4. administrative support

Learnings

- Further investigation of efficiency and timeliness of subsequent reassessment. *Current WCMICS/RWH Psychology research may assist.*
- Copyright must be taken into consideration early
- MDT members role acknowledgement
- Time constraints
- Ongoing consumer survey required

Conclusion

The Breast Service MD Model of Psychosocial Care continues to evolve. The SCT has been refined with the aim of meeting the needs of our clients over time. The SCMDM has been evaluated. Efficient methods of referral and documentation require further refinement. Follow up assessment needs to be effectively integrated into routine practice.