Use of a shared mental model by a team comprised of oncology, palliative care, and supportive care clinicians to facilitate shared decision-making in a patient with advanced cancer

Sarah D'Ambruoso, MSN, NP

Anne Walling, MD, PhD

UCLA Health

PRESENTED AT: 2016 NCI-ASCO Teams in Cancer Care Workshop

PARTIALLY FUNDED THROUGH CONQUER CANCER FOUNDATION of the American Society of Clinical Oncology | The Campaign to Conquer Cancer

Team Members/Authors

- Sarah D'Ambruoso, MSN, NP (UCLA)
- David Coniglio, EdD, PA-C (Campbell University)
- Anne Coscarelli, PhD (Simms/Mann-UCLA)
- Dusty Donaldson (Dusty Joy Foundation)
- Sara Hurvitz, MD (UCLA Hematology/Oncology)
- Christopher Pietras, MD (UCLA Palliative Care)
- Neil Wenger, MD, MPH (UCLA Division of General Internal Medicine)
- Anne M. Walling, MD, PhD (UCLA)

Learning Objectives

After reading and reviewing this material, the participant should be able to:

- Understand the concept of a shared mental model
- Apply the concept of shared mental models to interdisciplinary team work
- Examine / explore ways in which SMM may be created, maintained, and disseminated across large institutions

Presentation Outline

- Importance of teams in advanced cancer
- Case presentation
- Shared mental models
- Application of the concept to the case
- Areas for future research
- Conclusions/summary

Importance of Teams in Advanced Cancer

- A standard 20 minute oncology appointment is insufficient to address diverse needs of advanced cancer patient (physical, psychosocial, spiritual)
- Historical divide between disease-focused oncology care and symptom-focused palliative care
- Focus now is on concurrent care models
  - Recent research suggests that oncology and palliative care teams working together have both overlapping and distinct roles
- Need for a new common ground, shared understanding of all aspects of clinical care related to our mutual patients to allow for timely shared decision-making

Yoong J, Park E, Greer J, et al: Early palliative care in advanced lung cancer: A qualitative study. JAMA Internal Medicine. 2013;173: 283-290.

Case Summary: Martha

- 48y.o. woman with widely metastatic breast cancer
- Tolerating first-line therapy, but severely distressed
- Team unable to engage in shared decision-making, future care planning with patient due to distress, she refused to involve brother in her care
- Treatment of distress became team's primary concern
  - Required multiple visits over several months with IDT
- Expert attention to distress allowed Martha to involve brother
- At appropriate time, successfully planned outpatient transition to hospice
- Pitfalls: Communication mishaps through the EMR with primary care physician and with inpatient colleagues during a hospitalization

Shared mental models

- How does a group become a team?
- Effective teams utilize shared mental models
- Defined as a collective understanding of:
  - Team tasks—what is the work to be done?
  - Accountability in completing tasks—who is to do it?
  - Professional culture in which the team operates—what professional values do we assume each team member possesses?
    - Hypothesize that a mechanism of palliative care success is to facilitate a SMM

McComb S, Simpson V. The concept of shared mental models in healthcare collaboration. J Adv Nsg 2014;70(7);1479-1488.

Taplin SH, Weaver S, Salas E, et al. Reviewing cancer tem effectiveness. J Oncol Prac 2015;11:238-46.

Shared mental models require

- Mutual trust and respect for each team member and his/her role
- Honest communication/transparency/precision
- Collaboration toward shared goals
- Buy-in from individual team members with respect to adopting a shared culture and shared assumptions

Our team's shared mental model

- Developed consciously prior to pilot program
  - Team members from oncology, palliative care, supportive/integrative care identified referral criteria
  - Discreet processes of care
    - Referral form that includes patient prognosis information and intent of treatment
    - Systematic screening of physical and emotional symptoms
    - Continuous QI monitoring with pre-determined metrics
- Enacted in clinic through face-to-face hand-offs between providers
- Refined through monthly meetings to discuss successes and challenges and NCI-sponsored team training

Evans JM, Baker GR: Shared mental models of integrated care: Aligning multiple stakeholder perspectives. J Health Org & Mgmt 2012;26(6):713-736.

How did the SMM affect Martha's care?

- We shared assumptions about care priorities
  - Treating distress and ensuring treatment aligned with patient goals was a priority for ALL team members
- We shared an understanding of team member accountability and follow-up
  - Who would treat pain? Depression?
- We communicated consistently with Martha and her brother
  - Team had shared understanding of prognosis and urgency to discuss goals of care when time was short
  - Early detection and treatment of distress allowed for timely goals of care discussions and avoided unwanted hospitalizations at end of life

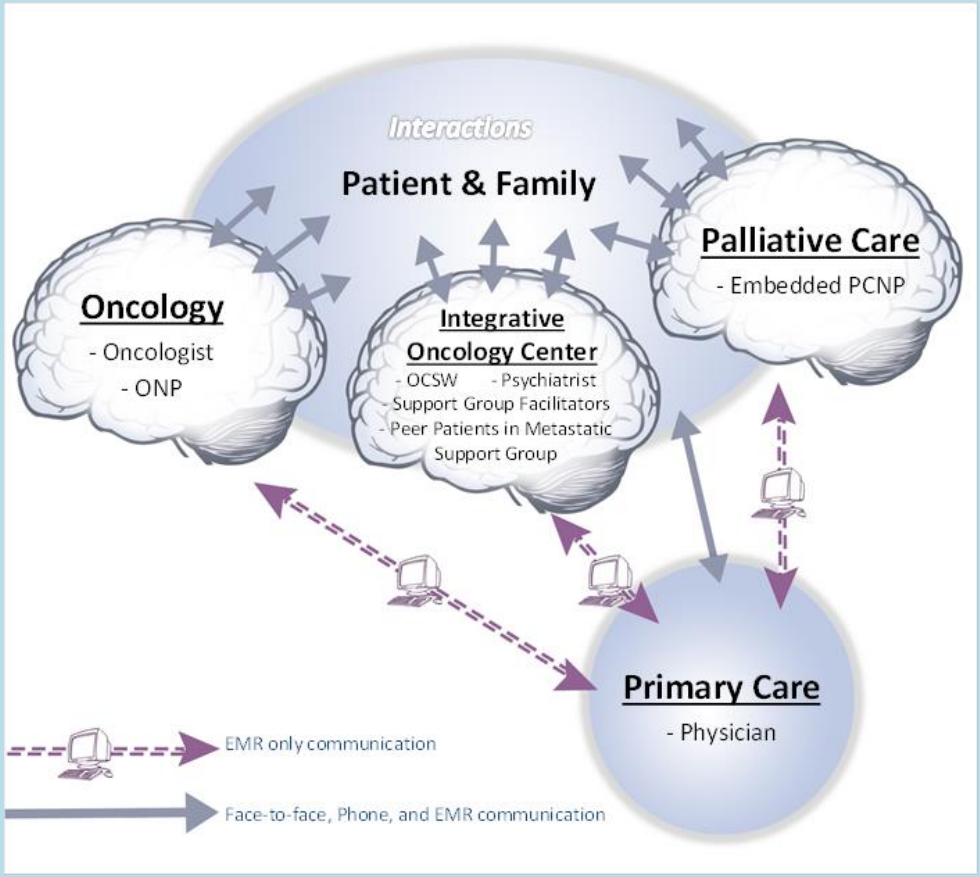
How did the SMM affect Martha's care?

- Embedded presence made communication efficient and accurate

Negative impact:

- We over-relied on the EMR to communicate with primary care colleagues in another clinic and with our inpatient colleagues when Martha was hospitalized
- Led to duplicative services and/or delay of care

Team Roles and Degree of Integration of Team Members



Areas for Future Research

- Is the integration of palliative and oncology teams associated with greater development of SMMs?
- How are (or should) effective SMMs be developed and maintained across institutions?
- Is an SMM between co-located oncology and palliative services key to achieving favorable patient outcomes?

Summary/Conclusions

- Effective teams require an SMM
- Explicit team goals and processes may facilitate a SMM
- Team training may enhance a SMM
- Effective SMMs require agreement on assumptions, priorities, tasks, accountability, and communication
- Palliative, oncology, and supportive care teams should develop explicit SMMs to guide patient care in order to optimize outcomes and minimize inefficiencies