

■ Online Exclusive CNE Article

Developing an Interprofessional Care Plan for an Older Adult Woman With Breast Cancer: From Multiple Voices to a Shared Vision

Christina Clausen, N, MSc(A), Fay Judy Strohschein, N, MSc(A), Sonia Faremo, PhD, Dianne Bateman, PhD, Nancy Posel, N, MEd, PhD, and David M. Fleiszer, MD, FRCP(S)



© Oncology Nursing Society

Interprofessional collaboration is central to quality patient care; however, little is known about developing interprofessional care plans, particularly in oncology. This article describes the development of an interprofessional care plan for an older adult woman with breast cancer. Two collaborative expert workshops were used; 15 clinical experts reviewed an online patient case and were asked to prepare a uniprofessional care plan. In workshop 1, participants worked from a draft interprofessional care plan, synthesized from the uniprofessional care plans by research associates, to arrive at consensus on an ideal interprofessional care plan. Using qualitative inductive content analysis of workshop transcripts, specific changes and overall key principles were identified and used to revise the draft plan. Based on these findings, a generalized interprofessional care plan/oncology model was developed. Revisions and proposed model were validated through consensus by participants during workshop 2. Participants highlighted the iterative, cyclical, and multilayered nature of patient care experiences; the importance of central patient profiles, which are contributed to and validated by all healthcare professionals; and the importance of assessing patient understanding. Participation of a patient representative provided an invaluable contribution. The process and model provide a unique framework for interprofessional care plan development in other settings and patient populations.

Christina Clausen, N, MSc(A), and Fay Judy Strohschein, N, MSc(A), are doctoral students in the School of Nursing at McGill University in Montreal, Quebec; Sonia Faremo, PhD, is a research facilitator in Education/Medicine at the University of Calgary in Alberta; and Dianne Bateman, PhD, is a research assistant and adjunct professor in Educational Psychology and Counseling, Nancy Posel, N, MEd, PhD, is associate director of the Molson Project in the Faculty of Medicine, and David M. Fleiszer, MD, FRCP(S), is an associate professor of surgery in the Faculty of Medicine, all at McGill University. The authors take full responsibility for the content of the article. Funding for this project was provided by Health Canada; however, the views expressed herein do not necessarily represent the views of Health Canada. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Clausen can be reached at christina.clausen@mail.mcgill.ca, with copy to editor at CJONEditor@ons.org. (First submission April 2011. Revision submitted June 2011. Accepted for publication June 15, 2011.)

Digital Object Identifier:10.1188/12.CJON.E18-E25

Comprehensive care of individuals diagnosed with cancer involves the input of multiple professionals at various times throughout the trajectory of care. That complexity is even greater for older adults who often deal with multiple comorbidities, age-related variations in health, changes in cognitive and functional status (White & Cohen, 2006), and the biologic aspects of aging that effect cancer treatment (Sawhney, Sehl, & Naeim, 2005; Sehl, Sawhney, & Naeim, 2005). The value of written care plans for coordinating and optimizing comprehensive patient care has been established (Carroll, 2007; Dellefield, 2006; Gage, 1994; Miller, 2008; Shea, 1986; Vyt, 2008; Weidner, 2005; Zwar et al., 2007); however, a

need exists to understand how multiple voices can be integrated into a shared vision for collaborative patient-centered care.

The project described in this article presents a unique methodology for developing a comprehensive interprofessional care plan, based on a workshop format involving use of an electronic case to facilitate collaboration and dialogue among an interprofessional group of clinical experts. The goals of this article are to (a) describe the process used to develop an interprofessional care plan for an older adult woman with breast cancer and (b) describe the subsequent interprofessional care plan and generalized model that emerged from qualitative analysis of workshop transcripts and participant worksheets.