

CONFERENCE ABSTRACT

The need for adequate communication training programs for palliative care in multidisciplinary teams in oncology settings

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Melissa Horlait¹, Simon Van Belle², Mark Leys³

1: Vrije Universiteit Brussel, Brussels, Belgium;

2: Ghent University Hospital, Department of Medical Oncology, Ghent, Belgium;

3: Vrije Universiteit Brussel (VUB), Department of health sciences, organisation, policy and social inequalities in health care (OPIH), Brussels, Belgium

Background: Multidisciplinary care, as a form of an integrated team approach, holds that different types of health care professionals consider and discuss all relevant treatment options and collaboratively develop a treatment plan for each patient. In Belgium this multidisciplinary approach is mandatory in cancer care. Multidisciplinary care teams (MDT) consist of people with different professional backgrounds and experience levels. Research in cancer care has demonstrated that such teams lead to revisions of cancer diagnoses and lead to adaptations of treatment plans, and enhance the use of evidence-based guidelines. Some research shows that patient satisfaction is quite high in settings with multidisciplinary teams. However the organizational aspect of multidisciplinary teams can vary (how many meetings, the organization of the ward team, the members of the team, etc...).

One of the less understood problems in the integration of the tasks and activities of different disciplines is the issue of adequate communication within the team and with the patients. Cancer care can be complex, and given the different backgrounds of the professionals involved, an enormous risk for poor coordination and miscommunication exists. Even more specific questions arise in the stage where the patient has to be told that the cancer is incurable. Especially in this phase the patients experience a range of wider psychosocial needs, to be addressed by the oncologist, the (palliative) nurse, social workers, psychologists, etc. In oncology, communication skills are a key to giving bad news and other information about the illness, establishing trust and rapport, addressing patient emotions and eliciting their concerns. Effective and supportive communication can assist the patient and his or her family in navigating a successful transition to palliative care.

Aims: This contribution addresses the issue on how communication training intervention programs adapted to experiences and background of professional staff could support the coordination of communication within the care teams and towards the patients. These trainings are considered as supportive tools for integrating multidisciplinary cancer care

Methods: We conducted an exploratory qualitative research. We conducted open, face-to-face interviews with 15 certified medical oncologists from academic as well as non-academic

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Medical Oncology Departments in Flanders and 9 oncology trainees. The interviews were transcribed verbatim and the transcripts were inductively analysed in an iterative process to trace experiences with communication training and tracking down their needs for support.

Results: The research learns that experienced and trainee oncologists have not received communication support to deal with patients in incurable oncology situations. Neither is there very much knowledge on the communication support needs to support the range of professionals in MDT. As a consequence very little reflections are currently made on how communication competencies could be supported by adequately designed communication training interventions, adapted to the needs of the MDT members.

Discussion: Despite the research advances on the organization, functioning and performance of multidisciplinary care teams in cancer settings, this study exposes major shortcomings in the medical education and a lack of training for adequate communication skills to manage and entertain this form of integrated team approach, in particular for oncologists mostly being the coordinator of such teams.

Keywords: multidisciplinary care teams; oncology; palliative care; communication; qualitative research
