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Enhancing Occupational Therapy's Role in Reducing Hospital Readmission Rates for People with Cancer

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ENHANCING OCCUPATIONAL THERAPY'S ROLE IN REDUCING HOSPITAL
READMISSION RATES FOR PEOPLE WITH CANCER

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This Scholarly Project Paper, submitted by Patrick Finnegan and Jared Skoog in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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4/22/19

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PERMISSION

Title: Enhancing Occupational Therapy's Role in Reducing Hospital
Readmission Rates for People with Cancer

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Abstract

People with a cancer history have a high likelihood of hospital readmission after discharge due to limitations in functional abilities (Burke et al., 2016; Lee, Williams, Lalor, Brown, & Haines, 2018). Occupational therapy has a significant role in preventing hospital readmissions among people with cancer because of the focus on promoting functional abilities (Player, Mackenzie, Willis, & Loh, 2014). However, occupational therapy is infrequently used for people with cancer. In one research study, only 32% of people with cancer used occupational therapy within two years of their diagnosis (Pergolotti, Cutchin, Weinberger, & Meyer, 2014). The purpose of this scholarly project was to develop a product promoting interprofessional collaboration within an oncology setting to promote the use of occupational therapy to decrease hospital readmission rates.

CHAPTER I

Introduction

Cancer is a disease which impacts patients and those surrounding them immensely. Symptoms of cancer include medical instability and limited functional ability, leading to increased hospital readmissions (Lee, Williams, Lalor, Brown, & Haines, 2018). One way that cancer influences individuals is through performance of activities of daily living (ADLs). ADLs in which people have been most significantly affected due to cancer include grooming, bathing, dressing, and functional mobility (Huri, Huri, Kayihan, & Altuntas, 2015). Patients with cancer also can experience difficulty with instrumental activities of daily living. These include activities such as cleaning, doing laundry, cooking, and shopping (Lindahl-Jacobsen et al., 2015). In addition to these, the effects of cancer can impact the roles a person participates in, their routines, and decrease a person's overall quality of life. Occupational therapy (OT) is specialized in promotion of functional ability that includes restoration and compensatory strategies during ADLs and IADLs. This can include consideration of the unique desires and needs of patients to help them become competent in meaningful roles (Player, Mackenzie, Willis, & Loh, 2014). However, the role of OT is not fully recognized by others healthcare professionals.

The intervention proposed is a two-part product, *Interprofessional Collaboration in Oncology*, with the goal to increase use of OT within an interprofessional oncology setting. The first part is an in-service for currently practicing healthcare professionals who regularly encounter people with cancer. This in-service will consist of a case study, an andragogical discussion based on the experiences of participants, and information presented on how OT compliments other disciplines. The second part of the intervention addresses healthcare students in an educational setting. It is created to take place during an interprofessional education course, and include multiple case studies, a simulation lab to apply the information, and a discussion of unique interprofessional roles. One factor that will influence the application of this product is finding healthcare educators who are willing to pilot the created product. Another factor that will influence the application is promotion of the product to help people become aware that the product is available for use.

The students for this scholarly project conducted a literature review to identify the impact that cancer has on a person's ability to carry out his or her desired life roles. From the literature review, the authors identified common themes to further address during the development of the product. The model that was chosen and used to guide this product was the occupational functioning model [OFM] (Trombly Latham, 2014). According to the OFM, Trombly Latham proposed that a person's ability to carry out his or her roles depends on his or her developed capacities and abilities. Also, when a person is competent in his or her roles they experience self-efficacy, self-esteem, and life satisfaction (Trombly Latham, 2014). This product incorporates many different professions within the healthcare team. Likewise, the OFM incorporates all aspects of the

human person, beginning with the organic substrate, first-level capacities, and developed capacities. Once these are established, a person can develop abilities, skills, activities, and habits, which lead to role competence, role satisfaction, and a sense of self-efficacy (Trombly Latham, 2014). For this reason, the OFM is an appropriate fit for the created product.

The occupational functioning model is an appropriate model to use with an interdisciplinary team because the terminology from the OFM can be easily utilized by healthcare professionals from a variety of disciplines. For example, the terms first-level capacities, abilities, roles, and competency are easily understood by many different professionals. Also, the OFM is broken down so each profession has a specific role that it takes within the terminology of the model (Trombly Latham, 2014)

The authors of this project included several chapters and resources to fulfill the requirements of a scholarly project. Chapter II presents the findings from the literature review, which describes various ways in which cancer impacts individuals, the prevalence of OT use, and different ways in which OT is beneficial. Chapter III includes the activities, methodology, and specific steps taken to obtain information and create the product. Chapter IV includes the final created product. This was created to increase healthcare professional's knowledge about the unique role of OT in an oncology setting, with the purpose of increasing OT referral rates. Chapter V is a summary of the project and OT's role in oncology, with future action recommendations included.

Chapter II

Literature Review

People diagnosed with cancer are impacted by a wide variety of symptoms and problems throughout the course of the disease and treatment, often leading to a decline in independence and quality of life. OT evaluations and interventions have been shown to be beneficial for helping people with cancer to do what is important to them in their everyday lives. However, people are receiving fewer OT services. In Lin and Pan's (2012) study of 632 women with breast cancer, of all therapies used, OT was used only 15.4% of the time, with physical therapy occupying the vast majority of therapy time. This literature review was written with the purpose of documenting the extent that cancer impacts occupational performance, the unique role of OT, and possible areas to advocate for the best possible care for people with cancer.

Challenges with Occupational Performance

Occupational Impacts

Activities of Daily Living.

Activities of daily living (ADLs) are an important aspect of everybody's daily routine and independence. ADLs include bed mobility, transfers, ambulation, dressing, eating, toileting, and personal hygiene/grooming (Finlayson et al., 2012). The authors reveal that the functional decline of ADLs can often be long-term as a majority of

patients in the study did not return to their baseline functioning following a cancer related surgery. Factors that led to decreased ADL functioning following cancer-related surgery included increased age, complications from surgery, hospital readmissions, and previous functional declines. Also significant was that older adults with the most independence prior to their cancer related surgery had the greatest decline of ADL functionality following surgery (Finlayson et al., 2012). The impact of functional decline of ADLs and the impact that it has on each patient's quality of life is significant (Huri, Huri, Kayihan, & Altuntas, 2015; Pergolotti, Cutchin, Weinberger, & Meyer, 2014; Player, Mackenzie, Willis, & Loh, 2014). Many patients with cancer are influenced daily by the side effects of the cancer treatment or by the cancer itself. When patients experience these difficulties with important ADLs due to the treatment or the cancer itself, OT becomes relevant to address these difficulties (Lindahl-Jacobsen et al., 2015).

The most commonly affected ADLs for men diagnosed with prostate cancer were grooming, bathing, dressing, functional mobility and other self-care activities (Huri et al., 2015). Also, Pergolotti et al. (2014) stated that older adults with cancer are more likely to experience decreased ability to complete ADLs and a lower satisfaction of their ability to perform such tasks. Such declines of abilities are linked to the side effects of cancer and its treatment including fatigue, dizziness, and weakness, among others (Pergolotti et al., 2014).

In a systematic review, the authors recommended that geriatricians use six ADL categories rather than eighteen for assessment of ADL dysfunction in older adults (Neo, Fettes, Gao, Higginson, & Maddocks, 2017). The authors also stated that healthcare professionals should use standardized tests to assess ADL dysfunction, as other measures

lead to obstacles for healthcare professionals and the advancement and clarity of the service provided. Factors such as fatigue, lymphedema, and wounds also impact a patient's performance in ADLs, leading to a need for occupational therapy services (Lin & Pan, 2012).

Instrumental Activities of Daily Living.

Along with ADLs, patients with cancer also experience difficulty with *instrumental activities of daily living (IADLs)*. Common IADLs that are affected due to cancer and the side effects of treatment include cleaning, doing laundry, cooking, and shopping (Lindahl-Jacobsen et al., 2015). The authors revealed differences between males and females with the impact of cancer on IADLs as about 80% of men experienced difficulty with laundry while only 50% of women experienced and reported difficulty. This leads to the need to tailor interventions to each client individually. Results from a systematic review and meta-analysis by Neo et al. (2017) revealed that patients with cancer experienced dysfunction with IADLs along with ADLs, with household management being the most commonly affected. Likewise, IADLs requiring physical capacity were more likely to be a cause of dysfunction for patients with cancer than the IADLs that were cognitively based (Neo et al., 2017).

Aspects Impacting Occupational Performance

Performance Skills

Falls and balance.

For many individuals who have cancer or who have survived cancer, functional mobility and falls are serious concerns. Multiple studies have shown that older adults with cancer have a significantly higher prevalence of falls than those without cancer

(Mohile et al., 2011; Spoelstra et al., 2013). Prostate cancer and cervical/uterine cancer were both particularly associated with falls (Mohile et al., 2011). Spoelstra et al. (2013) demonstrated that those with more advanced stages of cancer, stages two through four, had a higher number of falls than those with stage one cancer. This subsequently impacted their abilities to complete activities of daily living. Out of the people who had fallen, 87% of those with cancer were receiving some assistance with bathing, compared to 75% of those without cancer (Spoelstra et al., 2013). This reveals that older adults with cancer often receive additional services, yet still display higher than normal difficulties in functional mobility. Although authors have supported increased attentiveness to those with cancer and those who have had cancer (survivors) in the area of falls and balance, minimal attention has been placed on the increased risk of falls (Silver & Gilchrist, 2011). The definition of a survivor in this literature review is one who continues to function during and after overcoming a cancer diagnosis from the time of diagnosis until the end of life (National Cancer Institute, 2018).

Functional mobility.

Similar to balance, a cancer diagnosis also impacts an individual's ability to ambulate effectively throughout their natural environment. Functional mobility in people with cancer is often impacted and can be impacted for many years following treatment (Spoelstra et al., 2013). The authors also wrote that the degree to which functional mobility is impacted in people with cancer often correlates to the degree that ADL participation is impacted. Maintaining mobility after a hospital stay is also a challenge for many people with cancer, with a decrease in function often contributing to a perceived loss of identity (Gibson et al., 2016).

Fatigue.

One way cancer impacts a person is fatigue. For people with cancer, attending appointments often leads to stress and fatigue (Player, Mackenzie, Willis, & Loh, 2014). In this qualitative study of nine women undergoing chemotherapy treatment, tasks requiring high levels of concentration and cognitive effort caused fatigue, with reading being a common difficulty for all participants. Also attributable to fatigue, more time and effort was needed to complete tasks that were ordinary to people before they started receiving chemotherapy treatment (Player et al., 2014). Likewise, Smith and Zheng (2017) stated that patients with cancer start experiencing a functional decline early into their treatment.

The impacts of fatigue on individuals with cancer are not merely physical. Barsevick, Dudley, and Beck (2006) studied the impact of people undergoing chemotherapy treatment, and discovered that a positive relationship existed between fatigue, functional status, and depressive symptoms. Although slightly outdated, this crucial information supports the need for rehabilitation to focus on both the functional and mental aspects of a person's life. A cancer diagnosis and treatment not only impacts people with cancer, but also their caregivers. In a case study analyzing a 53-year old female caregiver for her 56-year old husband, a theme emerged that caregivers of adult cancer patients often work with frequent fatigue, emotional distress, sleep issues, and focus issues (Bevans & Sternberg, 2012). The authors wrote that emotional distress symptoms included high levels of anxiety, depression, and loneliness, even though the participant had no preexisting mental health conditions. It is likely that these symptoms

are not isolated specifically to this study, as many caregivers also go through similar distresses.

Fatigue impacts older adults at a higher rate than other age groups. Deimling, Bowman, and Wagner (2007) interviewed 321 older adults 60 years of age or older who had been cancer survivors for a minimum of 5 years. The data showed that fatigue, weakness, and pain were all present at a higher rate in older adults than other age groups (Deimling et al., 2007). However, the authors determined that these symptoms were due more to age-related factors than their past history with cancer. Regardless, these are still symptoms that are present that may need to be addressed in this population.

Luctkar-Flude, Groll, Woodend, and Tranmer (2009) also evaluated 440 older adult patients actively seeking cancer treatment. They studied whether a relationship existed between fatigue and physical activity. To determine this, data was recorded three times: at the initial consultation for cancer treatment, three months after consultation, and six months after consultation. The results showed that fatigue was highest at baseline during their initial consultation, often after recently completing surgery. In the study, fatigue scores declined significantly after three months and six months, after most individuals had completed their cancer treatments. In addition, physical activity gradually increased over the six month period and higher activity levels were associated with less fatigue in the older adult population during and after cancer treatment (Luctkar-Flude et al., 2009). These findings suggest that fatigue is a common experience for many older adults undergoing cancer treatment, and that physical activity should be included within any intervention plan. As a whole, fatigue will be present in many people with cancer and

cancer survivors. Due to this, it is important that fatigue does not get overlooked by therapists and healthcare professionals.

Client Factors

Spirituality.

Spirituality is an important aspect for many people with cancer. It can be found in all aspects of a person's life and take many different forms. Forouzi, Tirgari, Safarizadeh, and Jahani (2017) wrote that spiritual needs do not need to be religious but are the belief systems that give people's lives purpose. Being diagnosed with cancer and other life-threatening diseases causes added burdens to the lives of patients and increases the need for spirituality in the lives of these patients (Forouzi et al., 2017). However, spirituality can be a negative factor for some patients. For example, those with religious aspects of spirituality may have negative feelings such as an idea that they were abandoned by their God, or that they are being punished by their religious deity (Chaar et al., 2018). The authors discovered that patient factors such as pain, fatigue, dyspnea and appetite loss occurred more frequently with patients who reported lower spiritual well-being or peace. Spirituality is often a central idea and method that patients with cancer and other illness use to help cope with their illness. Also, spirituality may be an important factor that influences the plan of care for a patient with cancer (Chaar et al., 2018). Spirituality can have both a positive and negative impact on the lives of a patient and can offer comfort for those during the time of their disease.

Performance Patterns

Roles.

According to a study completed by Player et al. (2014), eight out of nine participants reported that the speed and intensity of the chemotherapy treatments led to a loss of normal roles at home. The chemotherapy treatments impacted the ability of the participants to function appropriately at work and impacted safety while driving, with many people reporting near misses while driving (Player et al., 2014). Participants in the study who were the sole income source for the household reported an economic need to return to work and to resume normal activities despite the impacts of *chemo brain*. The authors defined chemo brain as mild cognitive deficits affecting memory, concentration, and clear thinking. Additionally, participants in the study experienced an ongoing sense of disconnection from family, including missing important events and changes within family roles. Role changes occur from the impact of cognitive deficits on family life through changes in employment status and changes in home roles. A common theme the authors found was the need for strategies to overcome changes in concentration and memory to ensure that functional roles and tasks could still be undertaken. Some of the strategies which included internal self-regulation were difficult to the chemo brain symptoms (Player et al., 2014). According to Petruskeviciene, Surmaitiene, Baltaduoiene, and Lendratiene (2018), women with cancer experienced a loss of role functioning at home and in the community. These women completed a six-week community based OT program and following the program the women experienced an increase in physical function, role functioning, and a decrease in fatigue. Gibson et al. (2016) wrote that for participants in a study it was challenging to renegotiate new identities within the family

context after a diagnosis of prostate cancer. The cancer diagnosis was seen as being destructive, it erased people's healthy identity, and imposed a new identity of "being a 'sick' patient with a life-threatening disease" (Gibson et al., 2016, p. 3063). Many of the participants described themselves as being healthy and "fit" until the cancer diagnosis. They also reported the challenges of a post-hospital recovery, especially maintaining their mobility, a new diet, and exercise restrictions, contributing to a perceived loss of their identity and roles (Gibson et al. 2016).

Routines.

According to Petruskeviciene et al. (2018), occupational therapists provide interventions that help patients with cancer to engage in their normal routines. As mentioned previously, patients with cancer experience fatigue and lower physical function which simultaneously impact their daily routines (Smith & Zheng, 2017). Hospital readmission is one thing that can affect routines. It has been shown that people with a past history of cancer in the hospital have a higher likelihood of being readmitted to the hospital following discharge than those with other conditions such as heart disease, osteoporosis, arthritis, diabetes, and kidney disease (Lee, Williams, Lalor, Brown, & Haines, 2018). Foster and Fenlon (2011) also wrote that for individuals undergoing cancer treatment, low self-confidence is not uncommon following treatment, and support to minimize the impact of cancer on everyday life was a high priority for many people. These statistics demonstrate an increased need for occupational therapists to help patients return to their meaningful activities, be self-sufficient in daily routines, and engage in work, leisure, and health-promoting activities. Occupational therapists also help patients to return to their family and social routines by providing interventions that address not

only physical aspects but mental and cognitive aspects of the patient. According to Petrusевичene et al. (2018), occupational therapists use their skills to look at the patient as a whole and how they interact within the normal routines of their lives. They also stated that OT intervention has been shown to significantly improve the quality of life and engagement in daily routines and activities for patients with cancer. OT has a unique role that addresses pain and functional impairments, leading to an increase in participation in daily activities (Smith & Zheng, 2017).

OT also has a role to provide education to both the patient and their family. This includes education about how to complete daily routines of ADLs and IADLs while managing the side effects of cancer. Also, the effects of weight gain impacts functioning in the full capacity for patients with cancer during their daily routines (Smith & Zheng, 2017). Fatigue from appointments led to more hours sleeping during the day rather than completing meaningful occupations (Player et al., 2014). Due to this, all daily tasks had to be scheduled out to make sure that they had time to complete them. The environmental setting of therapy sessions also impacts how a person lives out their individual roles and performs their routines.

Contexts and Environment

Lattanzi et al. (2010) found that the environment and setting of the specialty rehab clinic played a big role in the recovery of women undergoing breast cancer. Participants found the clinic to be an inviting atmosphere where they could address their physical and emotional challenges. The social environment in the clinic was very important for women going through the treatment of breast cancer because the people around were people sharing the same experience. This allowed for everyone to be each other's support

network and provide emotional support as well as sharing other strategies for life at home (Lattanzi et al., 2010). Regarding the environment that therapy was conducted for patients, 96% of therapy happened in an outpatient setting, with physical therapy taking 84% of the documented therapy and OT at only 15% (Lin & Pan, 2012).

In addition, an environment with high levels of social attachment has been associated with a survival advantage for patients with ovarian cancer compared to those with lower levels of social attachment (Lutgendorf et al., 2012). At the date of the longest follow-up, 59.1% of patients with high social attachment were still alive. In contrast, only 37.8% of patients with low social attachment were still alive (Lutgendorf et al., 2012). This data supports the importance of screening for deficits in the social environment and social support activities during therapy.

Role of OT

Occupational therapists can play an important role in the treatment of people with cancer and cancer survivors. The therapist role focuses on evaluating a client's current functioning abilities, their meaningful roles, and implementing a client-centered plan of care throughout the process (Player et al., 2014). Occupational therapists have the skills to analyze many aspects of a person's life, in areas including occupational analysis, cognitive assessment and rehabilitation, fatigue management, and psychosocial support. These skills of the therapist aim to positively impact a patient's quality of life. Interventions are widespread, covering energy conservation, work simplification, sleep hygiene, appropriate exercise, and grading of activities, among others (Player et al., 2014). More detailed information about specific OT evaluations and interventions when working with people with cancer is thus presented.

Evaluation

Evaluating the occupational needs of people with cancer can be challenging as there are many aspects of a person's life that can be evaluated and addressed. In an article by Lindahl-Jacobsen et al. (2015), the authors used the *Canadian Occupational Performance Measure (COPM)* and the *Activities of Daily Living Questionnaire (ADL-Q)* to identify the extent to which hospitalized cancer patients were impacted in the performance of their ADL's. Of the participants in the study, more than 50% reported difficulty with bathing, nearly 60% experienced difficulty with dressing, and almost 40% experienced difficulty with transfers, per the COPM. Regarding transfers, Pergolotti, Deal, Lavery, Reeve, and Muss (2015) revealed that 30% of older adults were unable to complete the *Timed Up & Go Assessment (TUG)* in less than 14 seconds. This assessment consists of standing up from a chair, walking 10 feet, turning, walking back to the chair, & sitting. It reveals potential functional deficits and support the needs for self-care training & therapeutic activities (Pergolotti et al., 2015).

The majority of problems identified using the COPM related to patient self-care with a need for interventions targeting many different ADL areas with patients diagnosed with cancer (Lindahl-Jacobsen et al., 2015). The COPM was a commonly used client-centered assessment in people with cancer to capture a client's self-perception of their occupational performance (Huri et al., 2015; Lindahl-Jacobsen et al., 2015; Maher & Mendonca, 2018). As mentioned previously, fatigue is a common disturbance to daily living for many individuals impacted by cancer. Due to this, Bower et al. (2014) recommended that all healthcare providers should routinely screen for the presence of fatigue from the point of diagnosis onwards.

In addition to assessing physical needs, assessing and addressing spiritual needs is also important (Chaar et al., 2018). However, Forouzi, Tirgari, Safarizadeh, and Jahani (2017) wrote that assessing spiritual needs of individual patients can be difficult due to the complex and broad spectrum of spirituality and the different presentations of each. Therefore, it is important that patients are aware that spirituality is a topic that can be discussed (Forouzi et al., 2017). Due to the broad spectrum of spirituality beliefs of individual persons, it is important for healthcare providers to develop a language and protocol that can be used to address spirituality (Chaar et al., 2018). As healthcare professionals, having client-centered evaluations in place helps to guide the implementation of meaningful and impactful interventions.

Interventions

Self-management interventions.

As occupational therapists can play a significant role in evaluations, they have the abilities to play an equally important role in implementing interventions. These interventions can address areas such as fatigue, occupational performance, and role functioning. Several studies have analyzed the importance of activity performance in many areas, including physical training, emotional regulation, spirituality, sensory, and education (Barsevick, Dudley, & Beck, 2006; Huri, Huri, Kahiyan, & Altuntas, 2015; Maher & Mendonca, 2018). Huri et al. (2015) completed a twelve week cognitive behavioral therapy self-management (CBSM) intervention in men with metastatic prostate cancer. Interventions focused on daily living activities training, recreational group activities, and cognitive behavioral stress management interventions. The intervention group was compared to a control group participating in a home program. The

results revealed that men who participated in the CBSM program had significant improvements in their occupations compared to the control group. According to the COPM, some of the areas that improved the most were grooming, pulling up the covers in bed, getting in and out of the bath, and donning and buttoning a shirt, all important areas of self-care (Huri et al., 2015). These statistics support the use of OT along with cognitive-based interventions to empower individuals to perform their occupations to the best of their ability.

Self-management interventions also help patients know about issues that may come after treatment such as lingering fatigue or recurring anxiety (Boland, Bennett, & Connolly, 2017). In a survey of 445 cancer survivors, 91% of participants had used self-management interventions following a cancer diagnosis (Shneerson et al., 2015). Exercise and dieting were the most popular self-management practices for people with cancer, with 84% and 56%, respectively. Complementary alternative medicine and religion each had 30% of respondents implementing them (Shneerson et al., 2015). Occupational therapists can play a role in self-management by educating people about various self-management options that may be beneficial for people with cancer.

Time needed for implementation.

While Huri et al.'s 2015 study spanned the course of 12 weeks, the time frame to employ effective interventions is flexible. Maher and Mendonca (2018) applied a one-week activity-based intervention with women diagnosed with cancer, including survivors. The intervention ran for five days for four hours each day. A wide variety of interventions were implemented, including physical (dance & Tai Chi), emotional (poetry & scrapbooking), spiritual (meditation & yoga), sensory (gardening & cooking), and

educational (nutrition & resources). The COPM results showed significant improvements from the beginning of the week to the end, with the results remaining significant five weeks after intervention. This shows that these interventions had a large impact on a person's occupational performance, as well as their perception of their performance. The results indicated that creative interventions alongside physical activity improved overall well-being (Maher & Mendonca, 2018).

Fatigue management.

Barsevick et al. (2006) revealed that when routine activities became more difficult for people with cancer, they would display more depressive symptoms. As fatigue should be addressed in an effective intervention for people with cancer, it should not be the only factor that should be considered when managing the fatiguing effect of cancer. Thus, an effective intervention for people with cancer who experience fatigue should have two targets: the fatigue directly and strategies to reduce impaired functioning (Barsevick et al., 2006). This information supports the potential benefits of multiple disciplines working with people with cancer. For example, this is the perfect situation for people to work with to address both the physical and mental statuses of individuals.

Community-based OT.

In addition to traditional OT interventions, community-based OT is also an option. One study analyzed the impact of a six-week community-based OT program for women with breast cancer (Petruševičienė, Surmaitienė, Baltaduonienė, & Lendraitienė, 2018). The community-based group addressed the most common symptoms of breast cancer: arm swelling, reduced range of motion in the arm, fatigue, and impaired quality of life. OT sessions were organized four times in a comfortable environment, once

weekly, with an introduction week and a conclusion week and an emphasis on improving the participants' engagement in meaningful activities. The results revealed that after the time period, the experimental group had improved global quality of life, physical functions, role functions, social functions, fatigue, and financial impact (Petruševičienė et al., 2018). This supports the implementation of meaningful activities into OT sessions.

Proper implementation strategies.

Although OT is beneficial in many cases for people with cancer, there are cases where it needs to be utilized in the right ways. An intervention called the *Cancer Home Life Intervention* was developed by researchers in Denmark (Pilegaard et al., 2018). In most cases, the Cancer Home Life Intervention consisted of one home visit and one follow-up telephone call with the goal of targeting the performance of the patients' prioritized everyday activities. The research study was performed with advanced cancer patients who were living at home. The results showed that those who received the intervention did not have any significant difference in health-related quality of life and functional status compared to those not receiving interventions (Pilegaard et al., 2018). These results show that OT will not always be successful, and that multiple OT intervention sessions will likely be needed in order to be successful in patients with advanced cancer.

Researchers have shown that OT evaluations and interventions are beneficial in helping people with cancer do what is important to them. However, there is a gap in the amount of OT services that people are receiving. As mentioned previously, OT was used a meager 15.4% of the time in a study of women with breast cancer, with physical therapy occupying the vast majority of therapy time (Lin & Pan, 2012). Also, in a

qualitative study of 10 women undergoing therapy for breast-cancer related impairments, women stated that they had to advocate for themselves to get a referral, often after there was a significant impairment in their functioning (Lattanzi et al., 2010). The women felt overwhelmed with excess information from their oncologist in the fast pace and felt it would have been beneficial to receive information directly about their needs, including with an occupational therapist.

In addition, older adults with cancer are not utilizing OT services as much as would be beneficial. Of 27,131 Medicare beneficiaries in North Carolina from 2004-2007, only 32% (8,720) of older adults used OT within the first two years of their cancer diagnosis (Pergolotti et al., 2014). These statistics show that there is a need for increased utilization of OT services, and that change needs to occur to increase the rate of service used to increase the overall quality of life for people with cancer.

Discussion

As already indicated, occupational therapists play an important role within an interprofessional healthcare team when treating people diagnosed with cancer. The role of the occupational therapist is to focus on the current functional abilities of the clients along with their meaningful roles within their lives and use a client-centered intervention throughout the process to help the client return to a meaningful life (Player et al., 2014). The skills of an occupational therapist lie in the training and ability to analyze the many different aspects of a person's life with areas such as cognition, occupational performance, fatigue management, and psychosocial aspects of the person's life. The occupational therapist addresses these areas in order to impact a patient's quality of life. Interventions are wide-ranging and address energy conservation, work simplification

through activity analysis, activity grading, and environment modification, exercise, and many others (Player et al., 2014). In addition, older adults with cancer are not utilizing OT services as much as would be beneficial, as shown by only 32% of older adults with cancer being referred to OT two years after their diagnosis (Pergolotti et al., 2014). Research compiled from many authors reveal that patients with cancer often had to advocate for themselves in order to get a referral to OT even if there was a significant impairment to their everyday functioning. These same patients also felt overwhelmed by the fast pace of the hospital environment and by the overload of information coming from healthcare professionals (Lattanzi et al., 2010). Fatigue was an impact of cancer and cancer treatment that was common for many patients. Also, physical activity should be included in any intervention plan addressing fatigue (Luctkar-Flude et al., 2009). The research emphasized the importance of occupational therapists teaching others about the unique role that OT has for addressing fatigue. The disparity from the literature review reveals that patients are not utilizing OT even though there is research and clinical evidence to support the use of OT for patients diagnosed with cancer, along with its unique role in reducing readmission rates.

There are multiple ways to address this disparity. One way is for all healthcare professionals to collaborate in an informational session to understand each profession's unique role. The purpose is to promote the optimal plan of care for each patient receiving treatment, as the interprofessional team understands the unique role and purpose of each team member. As a result, hospital readmission rates will likely decline, something beneficial for patients, hospitals, and funding sources (Lee et al., 2018). This could include physicians, physician assistants, and nurse practitioners, the referral sources for

OT services. Educating this population would allow for a greater understanding of each unique role, including OT, and allow the opportunity for interprofessional dialogue to occur to provide the best services possible.

Another potential area for progress is at the academic level to simulate a case study of an individual with cancer in an interprofessional team. These case studies would provide real life situations and lead to discussion about the roles of each profession, including OT, for patients with cancer when working within the interprofessional team. As medical, physician assistant, and nursing students are future referral sources for OT, it is important that these individuals understand the unique ways that OT can contribute. The goal of these academic efforts would be to shape the future generations of healthcare professionals so interprofessional healthcare teams can work together to provide the best care for people.

Summary

In summary, the literature review indicated a need for an increased OT presence in oncology care, particularly within an interprofessional setting. Cancer has a widespread impact on people, including occupations, client factors, performance skills, and performance patterns. OT has a significant role within an interprofessional team to address these concerns to enhance well-being and quality of life. However, OT utilization is lacking in this area of practice. This presents an opportunity for OT professionals to advocate for the profession to increase OT's role and ultimately provide the best treatment for patients. Thus, chapter IV will describe the product of this scholarly project which aims to increase interprofessional collaboration to provide the best care possible and reduce hospital readmission rates.

Chapter III

Methodology

The authors developed the product for this scholarly project to raise awareness of the role of OT within an interdisciplinary team when working with people who have cancer. This is due to the integral role OT can play in reducing hospital readmission rates. Therefore, the title of the product is *Interprofessional Collaboration in Oncology: An Educational Resource to Reduce Readmission Rates*. It was designed to educate and further enhance the knowledge of current and future practitioners through the use of case studies, simulations, and andragogical discussions.

Literature

Search process.

A detailed review of literature revealed a need for the product. Topics of the literature review included: cancer, cancer and OT, the role of OT on an interdisciplinary team, and cancer and hospital readmission rates. Literature was located using the online databases PubMed, CINAHL, and Google Scholar through the Harley E. French Library of the Health Sciences at University of North Dakota. Key terms identified in a literature review outline were used to locate research articles.

The students for this scholarly project used the occupational therapy practice framework (OTPF) to guide the development of a writing outline (AOTA, 2014).

Specific terms from the OTPF included occupations, activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest, and work. Client factors included values, beliefs, and body functions, while performance skills contained motor, social, and cognitive abilities. Finally, habits, roles and routines were identified as performance patterns (AOTA, 2014). Each of the terms was searched along with the term of cancer or oncology to find articles that showed how cancer affected each area. The role of OT was searched in relation to cancer to identify common assessment and treatment approaches. Once potential articles were identified, a summary of each article was completed. This determined the purpose, level of evidence, supporting literature, layout of the article, outcomes of the study, and the clinical implications of each article. Finally, each summary addressed the relevance of the article to the overall topic. Twenty articles were initially located and summarized, providing foundational knowledge for the literature review.

Analysis

The authors of the *Interprofessional Collaboration in Oncology* resource next identified themes in the literature. It was indicated that for patients experiencing cancer, there was a higher likelihood of readmission to the hospital due to loss of functional abilities (Lee et al., 2018). Additionally, the authors identified that common areas affected for a patient with a cancer diagnosis were ADLs/IADLs, fatigue, and functional mobility (Huri et al., 2015; Pergolotti, Cutchin, Weinberger, & Meyer, 2014; Player et al., 2014). The daily life roles of these patients were also impacted by a diagnosis of cancer and many found it difficult to continue a desired role or routine (Player et al., 2014). These themes highlight the unique need for OT services and provide an

opportunity to share this skillset with various healthcare professionals. This will lead to the best utilization of OT to positively impact people with cancer and reduce the overall rate of hospital readmissions.

Conceptual Model

In addition to the OTPF, the authors also used the occupational functioning model (OFM) to develop the *Interprofessional Collaboration in Oncology* resource designed for those currently practicing in a healthcare setting and healthcare students. This model was chosen because the terms in the model can be easily transferred over to other healthcare professionals while still allowing occupational therapists to capitalize on an OT model. For example, one concept unique to the OFM is that people's ability to be competent in their unique roles depends on their fundamental physiological capacities and abilities. Therefore, people competent in their roles experience: self-efficacy, self-esteem, and life satisfaction (Trombly Latham, 2014). This aligns well with the interprofessional focus of the developed *Interprofessional Collaboration in Oncology* resource. For example, professions addressing specifically physiological systems include physicians, physician's assistants, nurses, and dietitians. Likewise, tasks, activities, abilities, and skills are primarily addressed by physical therapists, occupational therapists, nurses, and speech therapists, among others. The ability to complete these tasks and activities leads to self-esteem, self-efficacy, and overall satisfaction with life roles (Trombly Latham, 2014). Thus, each profession plays a unique role to provide the best overall care to patients.

Use of Androgogy

As the participants will be adult learners, the writers' development of the product revolved around the consistent use of androgogy. One key principle of androgogy is that

learning revolves around the learner's own experiences (Bastable & Dart, 2011). This was implemented during discussions by asking questions starting with phrases such as "In your experience..." or "What have you seen...". Another principle of androgogy is that the learning is problem-centered. This means that the content of the material is focused on solving a specific problem rather than simply relaying information (Bastable & Dart, 2011). This is implemented in the *Interprofessional Collaboration in Oncology* product through focusing on the problem regarding readmission rates and people with cancer.

Product Description

The created product consists of two parts. The first part addresses students in an interprofessional health care course, and consists of case studies, a simulation lab of a person with cancer, and reflective discussions throughout the process. This was developed by analyzing the unique needs seen with this population in the literature review. Because future health care professionals will frequently encounter people with cancer, the *Interprofessional Collaboration in Oncology* resource would expose students to this area of healthcare and help them learn about the unique contributions each profession can make. The second part of the product is a facilitated discussion with all currently practicing healthcare professionals. It consists of a guided andragogical conversation about each profession's unique role, including case studies and a brief explanation of the role that occupational therapists play. This was developed as the writers identified in the literature review a need for clarifying the roles that current professionals play in an oncology setting, particularly OT. The next chapter IV will

present the *Interprofessional Collaboration in Oncology* product description in more detail.

Chapter IV

Products/Results

The purpose of the created product is to increase the role of OT when working with people with cancer to reduce hospital readmission rates. People with cancer have a high likelihood of being readmitted to the hospital due to a loss of functional abilities (Burke et al., 2016; Lee, Williams, Lalor, Brown, & Haines, 2018). This impacts each healthcare professional that works with this population, as well as the healthcare system as a whole. However, OT is used in a limited capacity when working in an oncology setting (Pergolotti, Cutchin, Weinberger, & Meyer, 2014).

The created *Interprofessional Collaboration in Oncology* resource advocates for the use of OT within an interprofessional oncology team to help reduce hospital readmission rates. The two-part product will be presented in two different ways. The first part of the product will be implemented in an interprofessional healthcare course for university students to help students understand the unique role of each profession within an oncology setting. Part two of the product consists of an in-service for currently practicing healthcare providers which uses andragogical principles to foster a discussion and comprehension of the role of OT in an interprofessional oncology team.

Part one of the *Interprofessional Collaboration in Oncology* resource will take place as part of an interprofessional healthcare course at a university. Students may

represent all healthcare professions, including medicine, physician's assistant, nursing, physical therapy, OT, speech language pathology, dietetics, social work, and pharmacy. The product will be facilitated by a faculty member who leads the course. It consists of two case studies of people in situations similar to those regularly seen in people with cancer. Facilitation prompts are provided for the leader. The product also includes a simulation lab. In this, an actor will simulate a patient with cancer presenting with unique needs common in this population. The facilitator will ask the students to work with the patient, as well as each other, to create the best plan of care based on the patient's symptoms and characteristics. This allows the students the opportunity to get hands-on experience and see firsthand the unique role that occupational therapists play alongside other professionals.

Part two of the product is an in-service for healthcare providers. The in-service will be facilitated by an occupational therapist and a nurse. It will contain a case study followed by an androgical discussion based on the experiences of participants. This will elicit information about what works well and what could use improvement, as well as generate ideas about ways to improve current services. Also, information will be presented about how OT complements other disciplines. This includes information about how impaired functional status is a risk factor for readmission and the skills occupational therapists possess.

The structure of the products is based upon the occupational functioning model (OFM), focusing on physiological capacities, tasks/abilities, and self-esteem/satisfaction (Trombly Latham, 2014). The transferability of the terms used makes it appropriate for use within an interprofessional setting. A key concept is that a person's ability to carry

out one's roles depends on their basic capacities and abilities, which leads to self-esteem and self-efficacy (Trombly Latham, 2014). Each healthcare profession plays a unique role in carrying this out. For example, physicians tend to concentrate on the basic physiologic capacities which are necessary for a person to be competent in their life roles. Other professions then address competence and satisfaction with those life roles. These professions include OT and physical therapy, among others. Thus, the OFM provides a quality foundation for the creation of the product. The *Interprofessional Collaboration in Oncology* resource is presented on the following pages within this chapter.

Interprofessional Healthcare Course

Case Study and Simulation Lab



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Case Study & Simulation for an Interprofessional Educational Experience for People with Cancer

Patrick Finnegan, OTS
Jared Skoog, OTS
Sclinda Janssen, PhD,
OTR/L, CLA

Purpose & Objectives

Purpose:

To understand the unique role of each healthcare profession in treating individuals with a cancer diagnosis. This is done through examining research-based case studies and discussing the ideal plan of care for each patient through guided discussion questions.

Objectives:

1. To understand the unique roles of different professions within the oncology care team.
2. To identify and expand upon how each healthcare professional contributes to decreasing hospital readmission rates.
3. To further understand how a diagnosis of cancer impacts a patient's ability to carry out their daily roles, tasks, and activities of life.

How have you seen cancer impact the lives of patients and those around them?

Case Study 1

Betty is a 62-year-old woman who lives with her husband and two dogs in their two-story farmhouse in the Midwest. She has 3 adult children, one of whom lives in town. She was diagnosed with breast cancer 8 months ago. Four months ago, Betty underwent 3 months of chemotherapy in the city which is 30 minutes away.

Prior to her diagnosis, Betty and her husband shared the responsibilities of cooking, cleaning, laundry, and medication management. Betty's hobbies include walking with her dogs and playing in the local cribbage club. Her cribbage club has remained a positive support group for her, encouraging her and helping her feel competent in her hobbies.

Since the beginning of her chemotherapy, she walks her dogs shorter distances before returning home, getting easily fatigued and feeling "unsteady on her feet". She is hesitant to use a walker or cane, for fear that she will "look old". She recently has had difficulties managing her medications, stating that she feels overwhelmed with the amount and confused as to what each one does. Due to this, she has missed several doses in the past month. Her husband is doing his best to make up for Betty's loss of function, including cooking more and doing more of the household chores. However, he admits that he has difficulties keeping up with all of the changes that have happened.

Case Study 1: Presentation & Discussion



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Create a five slide PowerPoint including images, diagrams, or videos to display the role that your individual profession would play in Betty's treatment.

Also include roles that Betty is competent in as well as roles she may be having trouble with. Include a minimum of two visual aids.

You will be given 15 minutes to create the PowerPoint along with other students from your profession and be asked to present upon your return. Presentations should be 3-5 minutes in length.

Case Study 2

Frank is an 86-year-old single male who was diagnosed with prostate cancer 2 years ago. It is currently stage II. He was married but his wife passed away 6 years ago, and they had no children. About 3 months ago, he moved into a transitional care facility due to his recent hospitalizations and falls at home. Frank has also been hospitalized numerous times due to complications from his chemotherapy. Frank is undergoing his 3rd round of chemotherapy in two years but was recently informed that his body is not responding to treatment as was hoped. While living at home, he reports that he fell 5 times in the last month before admission into the transitional care facility but reports no falls since coming to the nursing home.

Frank has been in the transitional care facility for 3 months now and his meals, laundry services and medications are provided for him. Staff help him transfer and he walks with a front wheeled walker. He is able to get himself dressed if his clothes are laid out for him but need occasional help getting his shoes on. Frank also requires assistance to bathe which he has reported he is grateful for because he was having so much difficulty with it at home. Frank reports that he is frustrated that he requires assistance to use the toilet and has expressed a desire to do this on his own. He reports occasional difficulty with getting out of bed in the morning due to fatigue and weakness.

Frank has expressed increased feelings of hopelessness and discouragement because he can no longer do things for himself that he once was able to. He feels that his life no longer has meaning because of his increased disabilities along with the recent news about his treatment. Due to this, he has recently been angrier and more unpleasant toward staff and other residents.

Case Study 2: Discussion

What role can each healthcare profession play in Frank's treatment?

What challenges are currently being faced by Frank that may lead to a hospital readmission?

What further information would be helpful for your discipline and why?

In what ways can we utilize and support each profession's unique skillset with this population?

Simulation Lab Overview

Participants will be divided into groups of 5-6 people. Each group will consist of a minimum of one representative from: Medical student, OT student, PT student, and nursing student, and any other health professions that wish to join.

The groups that were in each room together will meet as small groups after the simulation in the debriefing room and discuss their rationale for recommendations.

Each group will report out to the large group as a whole and work to reach a consensus about the recommendations for Frank moving forward

The actors portraying Frank in each room will report to the debriefing room to share with the participants about what they observed while being the patient. They will share what they felt went well for the participants and what they think needs improvement. The students portraying Frank can also share their thoughts about their overall impression of the process used while interacting with Frank.

Simulation Lab Participant Roles

Physician Role: The physician will begin the discussion by updating Frank on his current medical condition, including information about his cancer diagnosis and the inefficiency of his chemotherapy treatments. Frank will be given the opportunity to express his initial thoughts and reactions upon receiving the news. The physician will then open up the floor to the various healthcare professionals to explain their unique roles and the services that they offer.

Occupational Therapy Role: The OT will describe the services that can be provided to Frank moving forward. This can include information about OT services available via home health, in the TCU, and in a long-term care facility.

Physical Therapy Role: The PT will describe the services that can be provided to Frank regarding mobility and strengthening in order for Frank to be as independent as possible with mobility. This can include information about PT services that can be provided via home health, in the TCU, and in a long-term care facility.

Simulation Lab Participant Roles

Nursing Role: The nurse will have the responsibility of educating Frank about their roles in his care. This can include pain management via medications, assistance in hygiene activities, and information about various settings they're available in.

Social Worker Role: The social worker will summarize the options available to Frank. They then will ask Frank what his preferences are and if he would rather go home or find a long-term care facility based on the information provided.

Based on Frank's decision, each team member will then state their role moving forward based on his choice. The purpose of this is to help Frank understand the services he will receive as well as know the unique role of each profession.

Simulation Lab

Situation: The physicians recently received reports that chemotherapy for Frank's stage II prostate cancer is no longer working. He is 86 years old and was diagnosed with cancer 2 years ago. The healthcare staff is tasked with educating Frank about his current diagnosis. The staff will also develop a plan with Frank and each other to provide the best care possible and follow Frank's wishes.

Background: Frank has recently moved into a transitional care facility due to his frequent falls and recent hospitalization. He lives alone and has been hospitalized multiple times in the past year. He was married, and his wife died 6 years ago, having no children or close family members. He fell 3 weeks ago and is now in the TCU until the next plan of action is decided.

Assessment:

- Staff currently helps him with all transfers, and he is walking with a 2-wheeled walker.
- He can get himself dressed if his clothes are laid out for him, with occasional help needed to put on his shoes.
- Nursing staff helps him to bathe in the shower and use the toilet
- He reports occasional difficulties getting out of bed in the morning due to increased weakness and fatigue

Patient provided goals:

Recommendation: To be determined by student groups during discussions following the simulation.

Summary

The authors of these case studies and simulation lab wrote them with the purpose of promoting collaboration within an interprofessional healthcare team with the goal of reducing hospital readmission rates for people with cancer. This is done by highlighting how each profession can contribute their knowledge and skills and collaborate with other professions and the patient to create the best plan of care for the patient. This is important as those with a past history of cancer have a higher likelihood of being readmitted to the hospital within six months of discharge (Lee, Williams, Lalor, Brown, & Haines, 2018).

Consequently, challenges following a hospital stay lead to a perceived loss of a patient's identity and roles (Gibson et al., 2016). The challenges include maintaining mobility and adjusting to a new lifestyle. These statistics are a snapshot of the widespread impact a cancer diagnosis has on an individual. This presents a great opportunity for healthcare professionals to work together to help people with cancer live their lives to the fullest, within their natural environment, and feel supported following a diagnosis.

Interprofessional Course
Case Study and Simulation Lab
Facilitator's Guide



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Case Study & Simulation for an Interprofessional Educational Experience for People with Cancer (Facilitator Handout)

Patrick Finnegan, OTS
Jared Skoog, OTS
Scinda Janssen, PhD,
OTR/L, CLA

Purpose & Objectives

Purpose:

To understand the unique role of each healthcare profession in treating individuals with a cancer diagnosis. This is done through examining research-based case studies and discussing the ideal plan of care for each patient through guided discussion questions.

Objectives:

4. To understand the unique roles of different professions within the oncology care team.
5. To identify and expand upon how each healthcare professional contributes to decreasing hospital readmission rates.
6. To further understand how a diagnosis of cancer impacts a patient's ability to carry out their daily roles, tasks, and activities of life.

How have you seen cancer impact the lives of patients and those around them?

Facilitator: Share purpose and objectives and then open discussion using prompted question above. Have each group member share.

Case Study 1

Betty is a 62-year-old woman who lives with her husband and two dogs in their two-story farmhouse in the Midwest. She has 3 adult children, one of whom lives in town. She was diagnosed with breast cancer 8 months ago. Four months ago, Betty underwent 3 months of chemotherapy in the city which is 30 minutes away.

Prior to her diagnosis, Betty and her husband shared the responsibilities of cooking, cleaning, laundry, and medication management. Betty's hobbies include walking with her dogs and playing in the local cribbage club. Her cribbage club has remained a positive support group for her, encouraging her and helping her feel competent in her hobbies.

Since the beginning of her chemotherapy, she walks her dogs shorter distances before returning home, getting easily fatigued and feeling "unsteady on her feet". She is hesitant to use a walker or cane, for fear that she will "look old". She recently has had difficulties managing her medications, stating that she feels overwhelmed with the amount and confused as to what each one does. Due to this, she has missed several doses in the past month. Her husband is doing his best to make up for Betty's loss of function, including cooking more and doing more of the household chores. However, he admits that he has difficulties keeping up with all of the changes that have happened.

Students will read through the case study individually or as a group.

Case Study 1: Presentation & Discussion



(Creative Commons CC0 2017a)

Create a five slide PowerPoint including images, diagrams, or videos to display the role that your individual profession would play in Betty's treatment.

Also include roles that Betty is competent in as well as roles she may be having trouble with. Include a minimum of two visual aids.

You will be given 15 minutes to create the PowerPoint along with other students from your profession and be asked to present upon your return. Presentations should be 3-5 minutes in length.

Case Study 2

Frank is an 86-year-old single male who was diagnosed with prostate cancer 2 years ago. It is currently stage II. He was married but his wife passed away 6 years ago, and they had no children. About 3 months ago, he moved into a transitional care facility due to his recent hospitalizations and falls at home. Frank has also been hospitalized numerous times due to complications from his chemotherapy. Frank is undergoing his 3rd round of chemotherapy in two years but was recently informed that his body is not responding to treatment as was hoped. While living at home, he reports that he fell 5 times in the last month before admission into the transitional care facility but reports no falls since coming to the nursing home.

Frank has been in the transitional care facility for 3 months now and his meals, laundry services and medications are provided for him. Staff help him transfer and he walks with a front wheeled walker. He is able to get himself dressed if his clothes are laid out for him but need occasional help getting his shoes on. Frank also requires assistance to bathe which he has reported he is grateful for because he was having so much difficulty with it at home. Frank reports that he is frustrated that he requires assistance to use the toilet and has expressed a desire to do this on his own. He reports occasional difficulty with getting out of bed in the morning due to fatigue and weakness.

Frank has expressed increased feelings of hopelessness and discouragement because he can no longer do things for himself that he once was able to. He feels that his life no longer has meaning because of his increased disabilities along with the recent news about his treatment. Due to this, he has recently been angrier and more unpleasant toward staff and other residents.

Case Study 2: Discussion

What role can each healthcare profession play in Frank's treatment?

What challenges are currently being faced by Frank that may lead to a hospital readmission?

What further information would be helpful for your discipline and why?

In what ways can we utilize and support each profession's unique skillset with this population?

Have students answer the questions. Divide into groups based on their own profession.

Simulation Lab Overview

Participants will be divided into groups of 5-6 people. Each group will consist of a minimum of one representative from: Medical student, OT student, PT student, and nursing student, and any other health professions that wish to join.

The groups that were in each room together will meet as small groups after the simulation in the debriefing room and discuss their rationale for recommendations.

Each group will report out to the large group as a whole and work to reach a consensus about the recommendations for Frank moving forward

The actors portraying Frank in each room will report to the debriefing room to share with the participants about what they observed while being the patient. They will share what they felt went well for the participants and what they think needs improvement. The students portraying Frank can also share their thoughts about their overall impression of the process used while interacting with Frank.

Choose a debriefing room that will accommodate all the students. Share where the room will be prior to starting the simulation.

Simulation Lab Participant Roles

Physician Role: The physician will begin the discussion by updating Frank on his current medical condition, including information about his cancer diagnosis and the inefficiency of his chemotherapy treatments. Frank will be given the opportunity to express his initial thoughts and reactions upon receiving the news. The physician will then open up the floor to the various healthcare professionals to explain their unique roles and the services that they offer.

Occupational Therapy Role: The OT will describe the services that can be provided to Frank moving forward. This can include information about OT services available via home health, in the TCU, and in a long-term care facility.

Physical Therapy Role: The PT will describe the services that can be provided to Frank regarding mobility and strengthening in order for Frank to be as independent as possible with mobility. This can include information about PT services that can be provided via home health, in the TCU, and in a long-term care facility.

Have students read over their discipline's role for the simulation lab as well as the roles of the other disciplines.

Simulation Lab Participant Roles

Nursing Role: The nurse will have the responsibility of educating Frank about their roles in his care. This can include pain management via medications, assistance in hygiene activities, and information about various settings they're available in.

Social Worker Role: The social worker will summarize the options available to Frank. They then will ask Frank what his preferences are and if he would rather go home or find a long-term care facility based on the information provided.

Based on Frank's decision, each team member will then state their role moving forward based on his choice. The purpose of this is to help Frank understand the services he will receive as well as know the unique role of each profession.

Actor Recommendations

Disposition: After prognosis and outlook, can portray disappointment and hopelessness. As the session goes on, can display frustration and anger with the people in the room over your situation.

If prompted about your satisfaction with the cares you're receiving, express that you appreciate the help bathing and want to continue getting help with that, but do not want help using the toilet. If asked about walking, can state that you get tired walking to and from the dining area and you hate waiting for staff to help with transfers.

Prior level of functioning: Independent with all aspects of his life except driving. Has used public transportation to get around and was able to walk to the grocery store which is two blocks away.

Actor Recommendations

Questions you could ask:

- I have trouble putting on my socks and shoes sometimes, is there a way to make that easier?
- What do I need to do so I am not so tired all the time?
- Is it possible for me to be able to walk on my own with the walker so that I don't always need to wait for help?
- Do you think I should continue going through with chemo?

Goals:

- Have an easier time getting dressed, specifically socks and shoes.
- Be able to get up and walk around without having to ask for help.
- Have more energy during the day.

Provide pages 10-11 to the individuals who will be portraying Frank during the simulation lab. This information will be used by the actor to simulate a realistic experience of a patient who is able to answer the questions asked by the healthcare professionals.

Simulation Lab

Situation: The physicians recently received reports that chemotherapy for Frank's stage II prostate cancer is no longer working. He is 86 years old and was diagnosed with cancer 2 years ago. The healthcare staff is tasked with educating Frank about his current diagnosis. The staff will also develop a plan with Frank and each other to provide the best care possible and follow Frank's wishes.

Background: Frank has recently moved into a transitional care facility due to his frequent falls and recent hospitalization. He lives alone and has been hospitalized multiple times in the past year. He was married, and his wife died 6 years ago, having no children or close family members. He fell 3 weeks ago and is now in the TCU until the next plan of action is decided.

Assessment:

- Staff currently helps him with all transfers, and he is walking with a 2-wheeled walker.
- He can get himself dressed if his clothes are laid out for him, with occasional help needed to put on his shoes.
- Nursing staff helps him to bathe in the shower and use the toilet
- He reports occasional difficulties getting out of bed in the morning due to increased weakness and fatigue

Patient provided goals:

Students will write down goals provided by Frank here.

Recommendation: To be determined by student groups during discussions following the simulation.

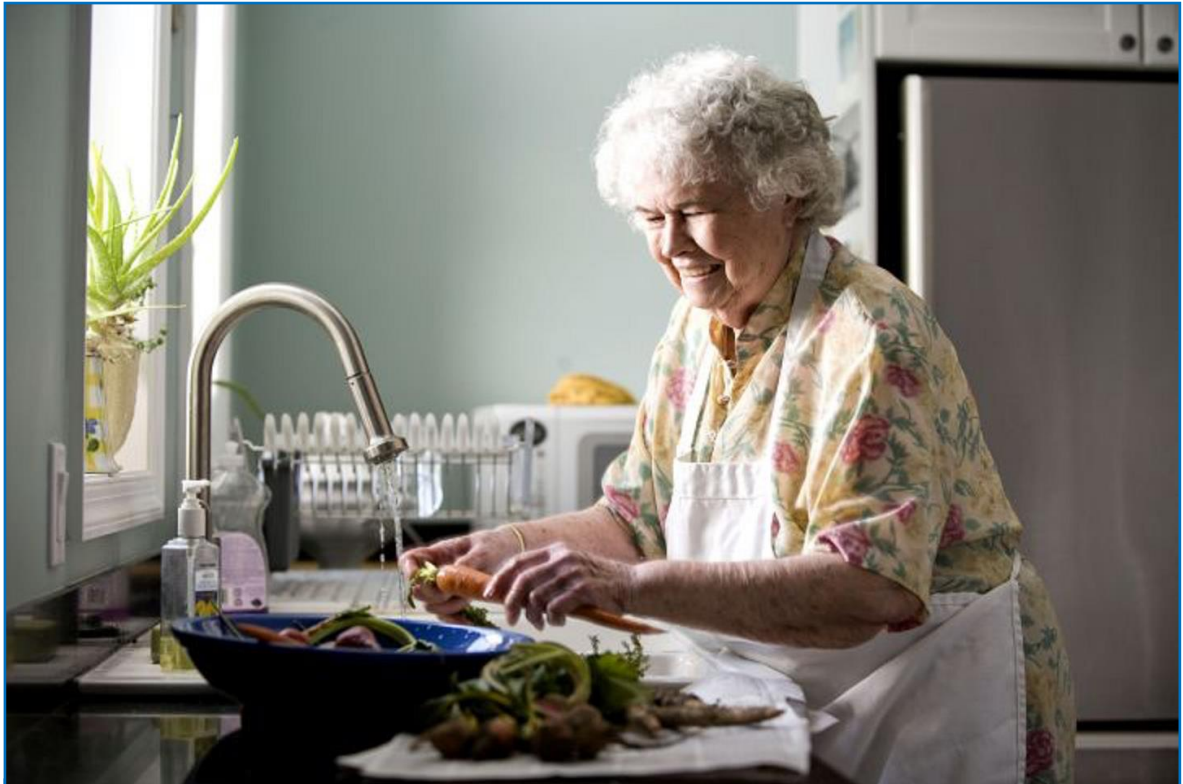
Summary

The authors of these case studies and simulation lab wrote them with the purpose of promoting collaboration within an interprofessional healthcare team with the goal of reducing hospital readmission rates for people with cancer. This is done by highlighting how each profession can contribute their knowledge and skills and collaborate with other professions and the patient to create the best plan of care for the patient. This is important as those with a past history of cancer have a higher likelihood of being readmitted to the hospital within six months of discharge (Lee, Williams, Lalor, Brown, & Haines, 2018).

Consequently, challenges following a hospital stay lead to a perceived loss of a patient's identity and roles (Gibson et al., 2016). The challenges include maintaining mobility and adjusting to a new lifestyle. These statistics are a snapshot of the widespread impact a cancer diagnosis has on an individual. This presents a great opportunity for healthcare professionals to work together to help people with cancer live their lives to the fullest, within their natural environment, and feel supported following a diagnosis.

Share this at the end of the debriefing session.

Interprofessional Clinician In-Service



(Martin & Arlotta, 2016)

Reducing Hospital Readmission Rates for Patients with Cancer:

The Role of Occupational Therapy on an Interprofessional
Healthcare Team

Patrick Finnegan, OTS
Jared Skoog, OTS
Scinda Janssen, PhD,
OTR/L, CLA

Purpose & Objectives

Purpose:

This in-service was designed to explore and enhance the unique roles that each healthcare profession has in an oncology setting to decrease hospital readmission rates.

Objectives:

1. Participants will identify three factors contributing to the hospital readmission rates of oncology patients.
2. Participants will identify potential areas for growth within an interprofessional team in an oncology setting.
3. To describe how occupational therapy compliments the roles of physicians, physician assistants, nurses, physical therapists, dieticians and other professionals in an oncology setting.



(Italbras, 2018)

Rationale

People with a history of cancer have a high prevalence of hospital readmissions within 6 months of discharge and use many health care resources.

- Hospitalized cancer patients are often impacted in the performance of activities of daily living (ADLs), including bathing, dressing, and transferring.
- Previous hospital admissions, increased age, and previous functional declines are factors that lead to decreased ADL functioning following cancer-related surgery.
- Other challenges after hospitalization include mobility, dieting, exercise restrictions, and medication management.

Occupational therapists, along with physical therapists, can work with patients to find the right fit between the patient's' abilities, activities, and home environment to enable them to succeed at home. These roles complement the physiological understanding of physicians, physician assistants, nurse practitioners, and registered nurses to provide optimal care for patients and reduce hospital readmission rates. This information supports the need for interprofessional collaboration between all health care providers.

Discussion



(Scalf, 2011)

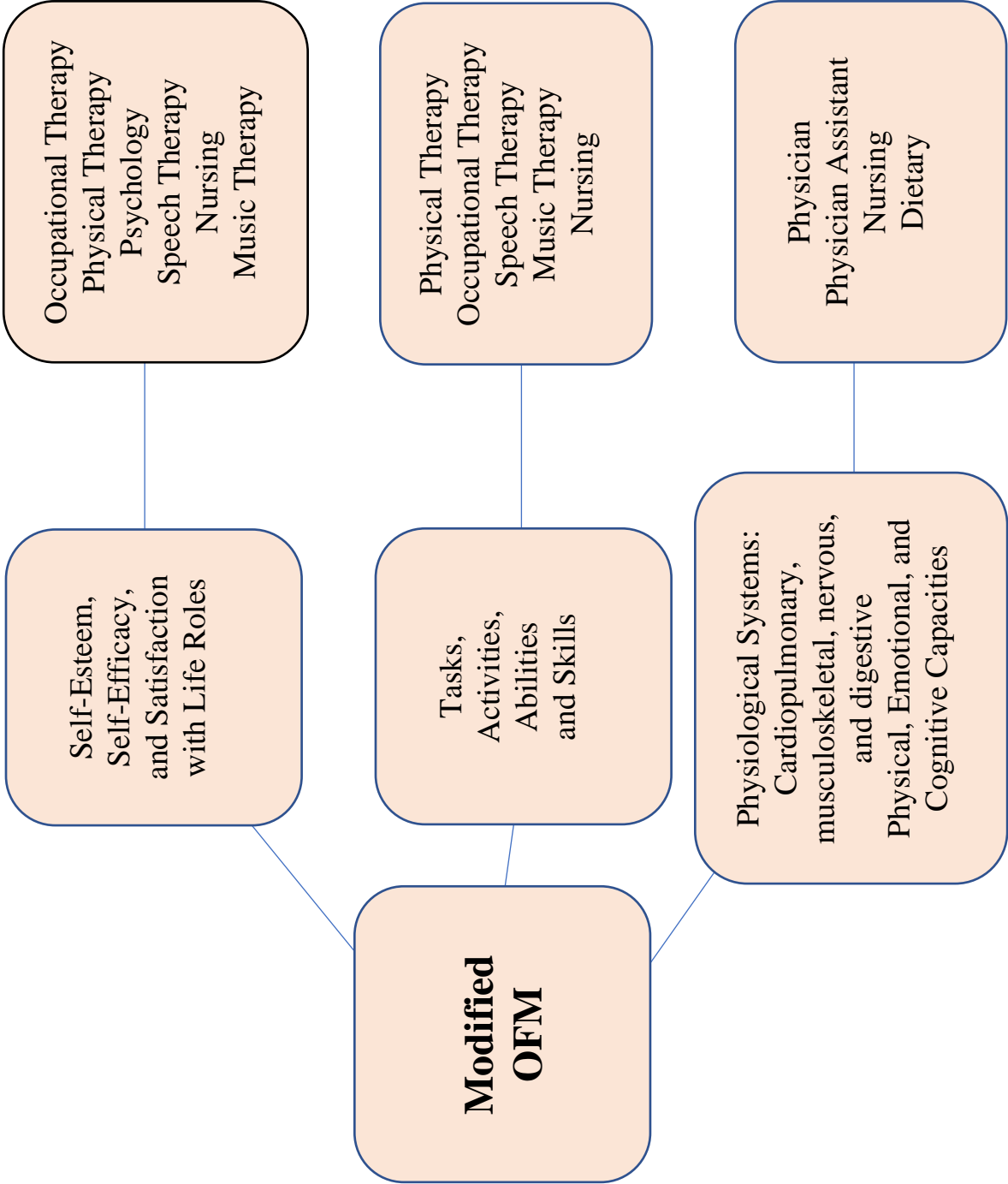
Share your experiences working with patients who have cancer.

What are common reasons you have seen patients with cancer readmitted to the hospital?

What are positive aspects of working within an interprofessional healthcare team to treat a person with cancer?

What are some areas of growth that are needed to enhance interprofessional healthcare teamwork to address patients with cancer?

Model



Case Study

Patient Profile:

Frank is an 86-year-old single man diagnosed with stage 2 prostate cancer two years ago. His wife passed away six years ago, and they had no children. Frank moved into a transitional care facility due to his recent hospitalizations and falls at home. He has fallen three times in the past month at the facility. Frank's meals, laundry services and medications were provided for him. He has been hospitalized numerous times in the last year due to complications from his condition.

Current:

Physiological Capacities

- Hospitalized due to fatigue and weakness
- Frank is undergoing his third round of chemotherapy in the last two years but was recently informed that his body is not responding to treatment as was hoped

Tasks/Abilities/Skills

- He is able to dress himself if his clothes are laid out for him
- Hospital staff help him transfer with a front wheeled walker
- He requires assistance with bathing. Frank is frustrated that he requires assistance to use the toilet and wants to do this on his own
- Reports occasional difficulty getting out of bed in the morning due to fatigue and weakness

Self-esteem/Satisfaction with Life Roles

- Frank has expressed increased feelings of hopelessness and discouragement because he can no longer do things for himself. He feels that his life no longer has meaning because of his increased disabilities and recent change in medical status
- Due to this, he has recently become angrier and more unpleasant toward staff and other patients

Discussion

The Role of Occupational Therapy (OT)

Impaired functional status is a strong risk factor for hospital readmission

OT could address Frank's functional abilities including ADLs such as bathing, toileting and dressing as well as transfers to facilitate maximum independence.

To minimize the risk of hospital readmission OT would address safety and energy conservation during daily routines to prevent falls.

Questions

In your experience, what areas regarding Frank are most concerning to you?

What does Frank require to return to his prior living arrangement?

How does your profession minimize the risk of hospital readmission for Frank?

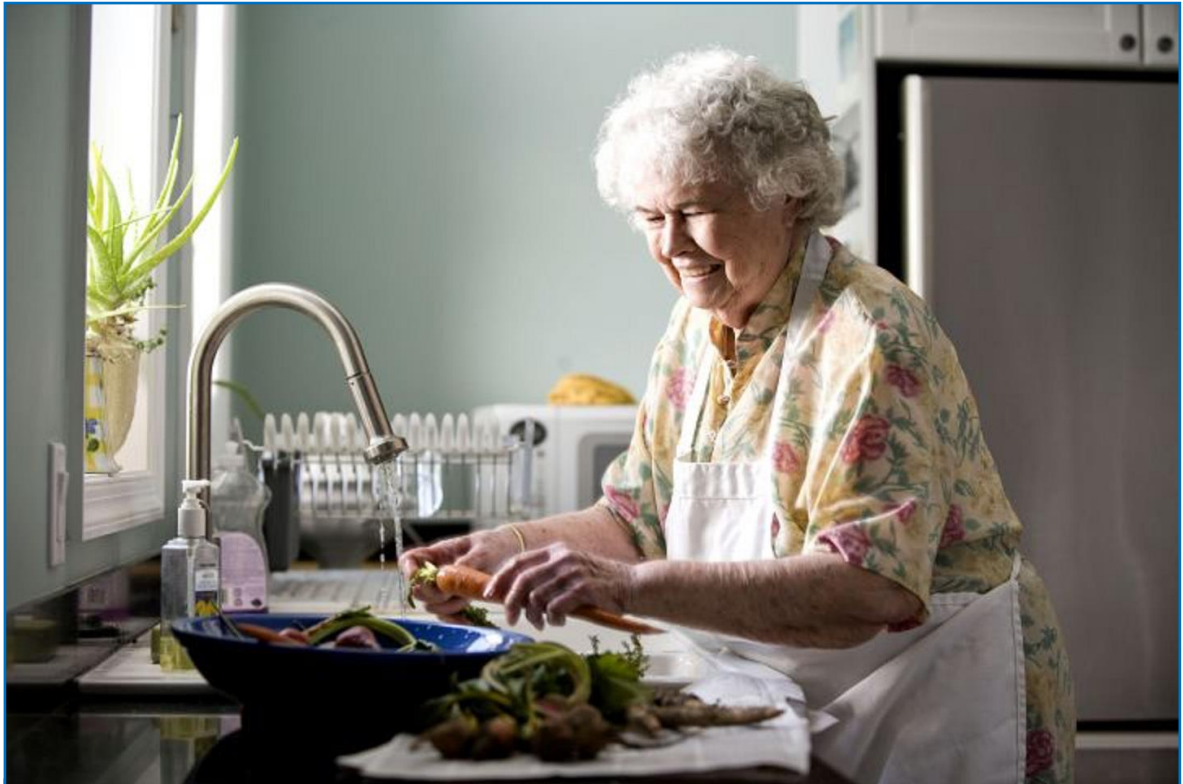
In an interprofessional manner, how would we address the three areas from the aforementioned model? (see page 5)

Summary

Referring back to the objectives, we have discussed factors which may lead to hospital readmissions for patients with cancer. Our discussion may have led to an increased awareness of needs regarding interprofessional collaboration within an oncology setting. Interprofessional collaboration is crucial to providing the best care possible for people with cancer. It is important that we grow as professionals and within the interprofessional healthcare team to support each other and our patients. We have discussed our individual experiences working with people who have cancer within our scopes of practice. It is our hope that you have enhanced your understanding of the role that occupational therapy professionals have within an interprofessional setting.

Interprofessional Clinician In-Service

Facilitator's Guide



(Martin & Arlotta, 2016)

Reducing Hospital Readmission Rates for Patients with Cancer:

The Role of Occupational Therapy on an Interprofessional
Healthcare Team

(Facilitator Handout)

Patrick Finnegan, OTS
Jared Skoog, OTS
Scinda Janssen, PhD,
OTR/L, CLA

Purpose & Objectives

Purpose:

This in-service was designed to explore and enhance the unique roles that each healthcare profession has in an oncology setting to decrease hospital readmission rates.

Objectives:

4. Participants will identify three factors contributing to the hospital readmission rates of oncology patients.
5. Participants will identify potential areas for growth within an interprofessional team in an oncology setting.
6. To describe how occupational therapy compliments the roles of physicians, physician assistants, nurses, physical therapists, dieticians and other professionals in an oncology setting.



Share purpose and objectives with group. (Italbras, 2018)

Rationale

People with a history of cancer have a high prevalence of hospital readmissions within 6 months of discharge and use many health care resources.

- Hospitalized cancer patients are often impacted in the performance of activities of daily living (ADLs), including bathing, dressing, and transferring.
- Previous hospital admissions, increased age, and previous functional declines are factors that lead to decreased ADL functioning following cancer-related surgery.
- Other challenges after hospitalization include mobility, dieting, exercise restrictions, and medication management.

Occupational therapists, along with physical therapists, can work with patients to find the right fit between the patient's' abilities, activities, and home environment to enable them to succeed at home. These roles complement the physiological understanding of physicians, physician assistants, nurse practitioners, and registered nurses to provide optimal care for patients and reduce hospital readmission rates. This information supports the need for interprofessional collaboration between all health care providers.

Participants will read the rationale individually or as a group.
Open the floor for questions and comments from group members.
Facilitate as appropriate.

Discussion



(Scalf, 2011)

Share your experiences working with patients who have cancer.

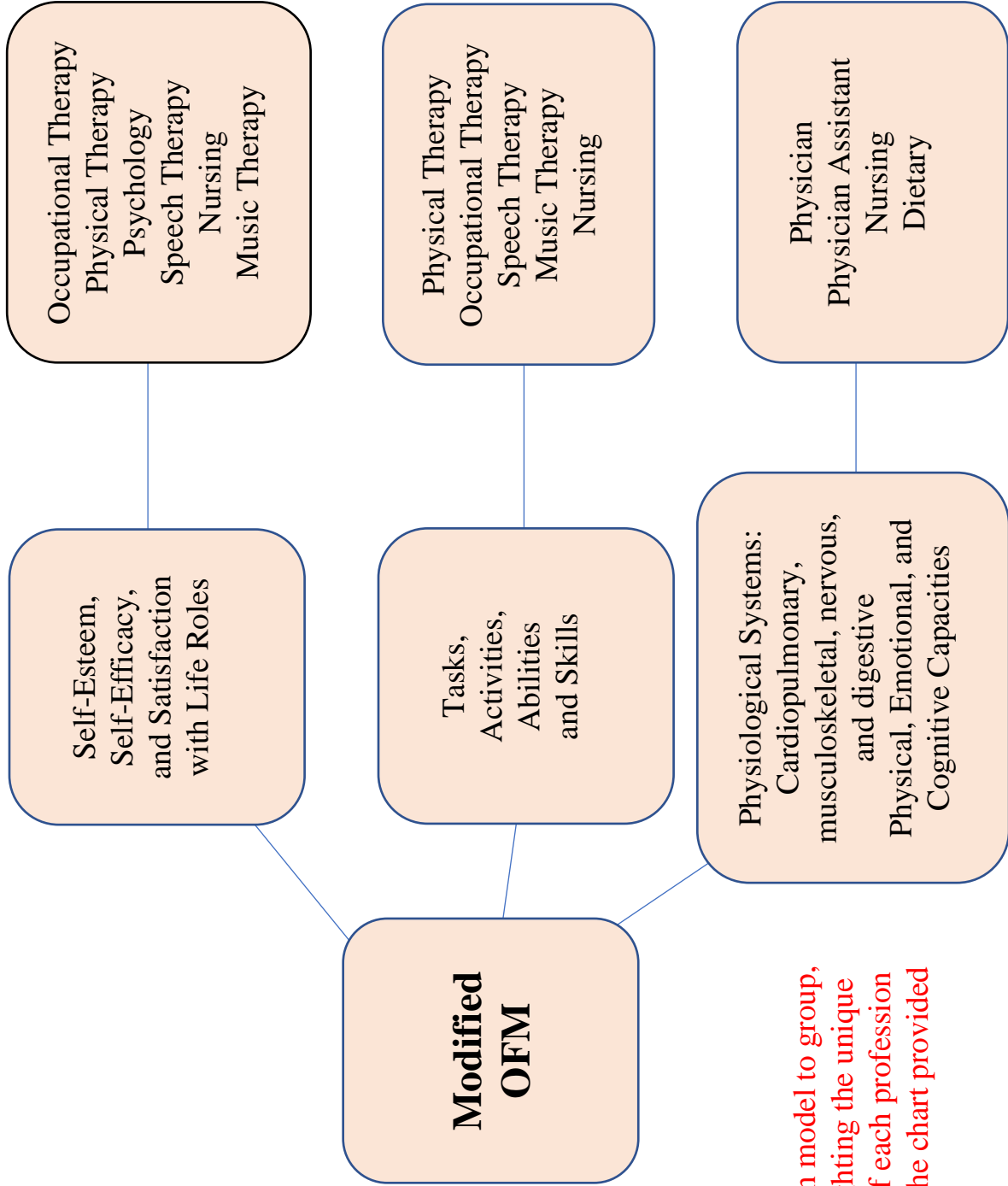
What are common reasons you have seen patients with cancer readmitted to the hospital?

What are positive aspects of working within an interprofessional healthcare team to treat a person with cancer?

What are some areas of growth that are needed to enhance interprofessional healthcare teamwork to address patients with cancer?

Split into groups and discuss the questions. After 15 minutes return to large group for overall discussion.

Model



Explain model to group, highlighting the unique roles of each profession using the chart provided

Case Study

Patient Profile:

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Discussion

The Role of Occupational Therapy (OT)

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OT could address Frank's functional abilities including ADLs such as bathing, toileting and dressing as well as transfers to facilitate maximum independence.

To minimize the risk of hospital readmission OT would address safety and energy conservation during daily routines to prevent falls.

The answers provided here correspond to the second and third questions. As the facilitator use your experience to

Questions

In your experience, what areas regarding Frank are most concerning to you?

What does Frank require to return to his prior living arrangement?

How does your profession minimize the risk of hospital readmission for Frank?

In an interprofessional manner, how would we address the three areas from the aforementioned model? (see page 5)

Open the floor for discussion to answer the questions above.

Summary

Referring back to the objectives, we have discussed factors which may lead to hospital readmissions for patients with cancer. Our discussion may have led to an increased awareness of needs regarding interprofessional collaboration within an oncology setting. Interprofessional collaboration is crucial to providing the best care possible for people with cancer. It is important that we grow as professionals and within the interprofessional healthcare team to support each other and our patients. We have discussed our individual experiences working with people who have cancer within our scopes of practice. It is our hope that you have enhanced your understanding of the role that occupational therapy professionals have within an interprofessional setting.

Share summary with group. Ask if there are any questions or final comments. Inform the group that they can bring the material from the in-service home to share with others at their place of employment.

Chapter V

Summary

The purpose of this product is to reduce readmission rates for people with cancer through interprofessional collaboration. This would specifically be done through educational sessions in which different healthcare professionals discuss and learn about each other's roles within an oncology care team. Occupational therapists have the skills needed to treat people with cancer and implement a patient-centered plan to increase functionality. This leads to decreased hospital readmission rates. However, a lack of referrals and adequate information on the role of OT contribute to an underutilization of the service.

Product

Components.

The product consists of two separate components. The first component comes in the form of an in-service of currently practicing healthcare professionals who work with individuals with cancer. This may include physicians, occupational therapists, physical therapists, nurses, social workers, and speech-language pathologists. The in-service consists of a facilitated discussion based on the experiences of participants working with people with cancer and information on how OT complements other disciplines. The second component of the product takes place in an interprofessional course for students

in healthcare fields. This consists of two different case studies of individuals presenting with common symptoms for people with cancer. It also includes a simulation lab with a patient with cancer where each student will represent their profession and simulate their specific role within an interprofessional team. This is followed by a discussion of each role and how they ultimately impact patient care.

Recommendations.

The authors of this two-part Interprofessional Educational resource propose that this project be implemented on a smaller scale to start. The authors propose that it first be implemented at the University of North Dakota School of Medicine and Health Sciences (UND SMHS) and at the Grand Forks community level for current practitioners. It is proposed that in order to be implemented, collaboration would happen with current professors at UND SMHS to implement this *Interprofessional Collaboration in Oncology* resource into the current curriculum within the Interprofessional Healthcare Class (IPHC). To implement the resource for current practitioners, it is proposed that collaboration happens with contacts at Altru Health in Grand Forks to arrange times when this in-service could be implemented for current practitioners. This could make getting commitment from others difficult. However, the authors are presenting the material at the Frank Low Research Day at UND SMHS which will be an opportunity to further explain the product to other healthcare professionals and educators.

Recommendations for future action of this product would be to implement it at a small scale to get feedback from the participants and to fill in any missing areas that would be beneficial for the learners. This would provide the authors information about the overall effectiveness of this *Interprofessional Collaboration* resource and whether it

would be beneficial to implement on a broader scale. Valuable logistical information would also be gained from trial implementation on a small scale which would help the authors specifically tailor the simulation portion based on feedback. This would allow the authors to be able to develop the simulation with the appropriate ratio of students and educators. Another recommendation would be to collaborate with another healthcare professional such as a nurse or a physician to gain valuable information and perspective as well as to make it more interprofessional-based.

Limitations.

One roadblock to implementation is that this product has not been tried before and there is no evidence to support its validity. Thus, piloting is needed to evaluate the resource's effectiveness and make changes as necessary. Another limitation is that the resource was only created by individuals with OT backgrounds. This could have led to increased bias in the development and implementation of the product.

Conclusion

In conclusion, the authors of this scholarly project have found that OT has an important role when treating patients with cancer. OT in collaboration with other healthcare professions can work to decrease the rate of hospital readmission for patients with cancer by targeting areas that are best suited to the skills of OT. Overall, the authors conclude that providing education for other healthcare professionals to enhance the knowledge about the role of OT will benefit patients with cancer and help them to participate in their desired life roles.

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