

COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

Spotlight on an Interprofessional Clinical Team

Take a closer look at a clinical team at Thomas Jefferson University Hospital and how they practice interprofessionally every day!

The Senior Adult Oncology (SAO) Center at Jefferson Health focuses on cancer care for adults over the age of sixty-five, taking a whole-person approach in creating a personalized treatment plan.

JCIPE interviewed an SAO team about their roles, their interprofessional dynamic, and what they have learned from each other. The team then reviewed the case of C.S.

Responses have been edited for length and clarity.

What do you find most meaningful or rewarding about your work?

Hajjar: I get to work with other healthcare professionals as part of a team. We all have a shared goal, which is the best care for the patient, and instead of being in a silo or feeling like you don't have support, getting to exchange ideas and learn from others has been the most rewarding aspect of my career.

Rhodes: I'm always struck by patients who allow us into their lives at some of the most difficult or challenging times and having the ability to help make their situation a little bit easier.

What are the main benefits of providing team-based care, for you or for your patients?

Chapman: Bringing together health professionals who are highly experienced in their specific areas gives us a much deeper understanding about that individual patient,

MEET THE TEAM

Andrew Chapman, MD, Geriatric Oncologist, Sidney Kimmel Cancer Center

Emily Hajjar, PharmD, MS, BCPS, BCACP, BCGP, Professor, Jefferson College of Pharmacy

Lora Rhodes, MSW, LCSW, Senior Social Worker, Senior Adult Oncology Center

Melissa Denton, RDN, CSO, LDN, Registered Dietician, Senior Adult Oncology Center

Lauren Hersh, MD, Geriatrician, Assistant Professor, Department of Family and Community Medicine

and with that knowledge, we're better able to match their goals with safe, effective care.

Rhodes: Oftentimes the issues aren't only medical. It's "can this person work" or "how are the children coping" and there are nutrition issues or coping with side effects of treatment. It's not a one-person show. Really good care requires all of us to be involved.

Denton: None of us knows everything, so it's nice to have input from the different team members. That collaboration from different points of view that we wouldn't normally think of is the most helpful.

Can you share an example of how your team works together?

Hajjar: When we have large team-based meetings, we're getting all the points out in the open. Not only is it really good for patient care, but we're teaching our students to do the same thing. They can see how

valuable every person's perspective is and how much you can learn from other people.

Rhodes: We all recognize and respect each other's expertise and the value that everyone brings to the table.

What are the key skills or attributes that enhance teamwork in your setting?

Hajjar: Letting go of the idea that there's one person steering the ship and understanding we are a team, not a hierarchy, really allows the team-based care to come forward.

Denton: Being a good listener and incorporating the patients' needs into the patient plan.

Hersh: When you join a team, to recognize that every voice is fundamentally important and unique is essential. If there are team members who think that their voice is more important, it will never work, so for me, the two most important traits are humility and respect.

What have you learned from providers in other fields or disciplines?

Chapman: I learned that there were a lot of things as a medical oncologist that I was not completely trained to do, and these other areas can have a profound impact on the overall treatment plan.

Hersh: I've learned a lot technically, but much of it is what it takes to be a good team and create a clear and cohesive plan. Five different voices are not particularly helpful, rather a cogent plan that pulls everybody's perspective into place so they can provide the best care for the patient.

CASE REVIEW

C.S. is a 76-year-old female who came to the center after screening abnormal on the Geriatric 8 screening study. She is currently diagnosed with small cell lung cancer and is looking for a comprehensive geriatric assessment. C.S. has had cardiac arrest, stroke, an appendectomy, and hysterectomy, has Parkinson's and is on several medications. She has had some recent falls, her review of systems was significant for various changes, and she has reported several health concerns. C.S. is experiencing depression and distress, and is at risk for malnutrition and high risk for delirium.

C.S. has a granddaughter who is incredibly supportive and her paid caregiver. Her grandson is also there, and C.S. has nurse visits twice a week, so she has 24-hour care at home. There have been discussions around physical therapy, a written advanced care plan, changes affecting nutrition, medications, counseling, and other resources.

Take a closer look at the SAO team