## Title:

Shared Mental Models of Survivorship Care: A Qualitative Analysis

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# **Session Title:**

Rising Stars of Nursing Invited Posters - Group 1

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

# **Keywords:**

cancer survivorship, health care teams and patient-centered care

#### References:

American Cancer Society. (2014). Cancer facts and figures, 2014. Retrieved from http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf. Atlanta, GA: American Cancer Society. de Moor, J. S., Mariotto, A. B., Parry, C., Alfano, C. M., Padgett, L., Kent, E. E. . . Rowland, J. H. (2013). Cancer survivors in the United States: Prevalence across the survivorship trajectory and implications for care. Cancer Epidemiology, Biomarkers, & Prevention. Hewitt, M., Greenfield, S., Stovall, E., National Cancer Policy Board, & Institute of Medicine. (2005). From cancer patient to cancer survivor: Lost in transition. Washington D. C.: National Academies Press. McCabe, M. S., Bhatia, S., Oeffinger, K. C., Reaman, G. H., Tyne, C., Wollins, D. S., & Hudson, M. M. (2013). American Society of Clinical Oncology statement: Achieve high-quality cancer survivorship care. Journal of Clinical Oncology, 31(5), 631-640. McComb, S. & Hebdon, M. (2013). Teamwork in healthcare. Clinical Journal of Oncology Nursing. Accepted for publication. Salas, E., Sims, D. E., & Burke, C. S. (2005). Is there a "Big Five" in teamwork? Small Group Research, 36(5). doi: 10.1177/1046496405277134.

### **Learning Activity:**

LEARNI NG OBJECTI VES	EXPAN DED CONTE NT OUTLIN E	TIME ALLOT TED	FACULTY/SPE AKER	TEACHING/LEA RNING METHOD	EVALUATION/FE EDBACK
Example	Example	Example	Example	Example	Example
Critique selected definition of the term,	Definitio ns of "curricul um"	20 minutes	Name, Credentials	PowerPoint	Group discussion: What does cultural training mean to you?

r	'curriculu n"	Course of study Arrange ments of instructio nal materials The subject matter that is taught Cultural "training" Planned engagem ent of learners				
tt Fri III III III III III III III III III I	key nembers of the	Tradition al view of healthcar e team, patient is central to team in achieving patient-centered outcomes, support network is integral to the patient care team		Megan Hebdon, RN, FNP-c	Poster Presentation Discussion Participant Feedback	Participant and presenter discussion: "Why is it important to include the patient and their support network as members of the healthcare team?"
t r r	Following his presentation, the earner will	Definitio n of shared mental models Team	10 minutes	Megan Hebdon, RN, FNP-c	Poster Presentation Discussion Participant Feedback	Participant and presenter discussion: "How does a shared understanding of team member roles and abilities as well

describe	member		as team goals
the role of	roles		promote patient-
shared	Team		centered care for
mental	member		cancer survivors?"
models	abilities		
within the	Team		
healthcare	goals		
team in	Teamwor		
fostering	k in		
patient-	cancer		
centered	survivors		
outcomes	hip care		
for cancer			
survivors			

### **Abstract Text:**

Introduction: While the number of cancer survivors is projected to increase to 18 million by 2022, validated approaches for the care of cancer survivors are limited. There is a need for patient-centered cancer survivorship care with improved communication, care continuity, and coordination. In order to achieve this, patients and their support network should be included as members of the healthcare team. The purpose of this study was to explore the perspectives of health care team members, including survivors and their family and friends, regarding cancer survivorship care.

Conceptual Framework: Shared mental models, a coordinating mechanism for teamwork, was used as the framework of this study as a shared understanding of team member abilities and roles as well as team goals enhances team effectiveness.

Methods: Semi-structured interviews of cancer survivors, primary support individuals, oncology providers, primary care providers, and registered nurses were completed over an 18 month period. Using an inductive approach, the qualitative data was extrapolated from simple data units to seven primary themes, each with associated secondary themes.

Results: The primary themes identified included survivor definition and identity, care setting, team member roles, care gaps, survivor needs, barriers to care, and facilitators of care. All team member were identified as having a role within the secondary themes. Care gaps such as falling through the cracks and survivor needs from having access/point of contact and information/what to expect were noted. System barriers such as insurance and cost of care or electronic medical records were discussed while individual barriers including provider/patient disengagement and poor communication were identified. Facilitators of care ranged from a system of support to features of electronic medical records.

Discussion: Notable themes discussed by health care team members in this study emphasized the individuality of the cancer survivorship experience, while acknowledging the existence of gaps in care and the importance of ongoing healthcare access for cancer survivors. Health care team members all acknowledged the importance of information and communication as a facilitator of cancer survivorship care. Communication is fundamental to effective teamwork and should be the cornerstone of any cancer survivorship intervention. Communication is fostered through a shared understanding of team member roles, while role ambiguity within the healthcare team creates barriers to effective teamwork and patient-centered outcomes.

Conclusions: In promoting patient-centered care and effective teamwork, nurses have a unique opportunity to forward research, policy, and community level care models for cancer survivors through their training and expertise in collaboration, patient education, and holistic care.