

Shared Mental Models of Survivorship Care: A Qualitative Analysis

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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.

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.

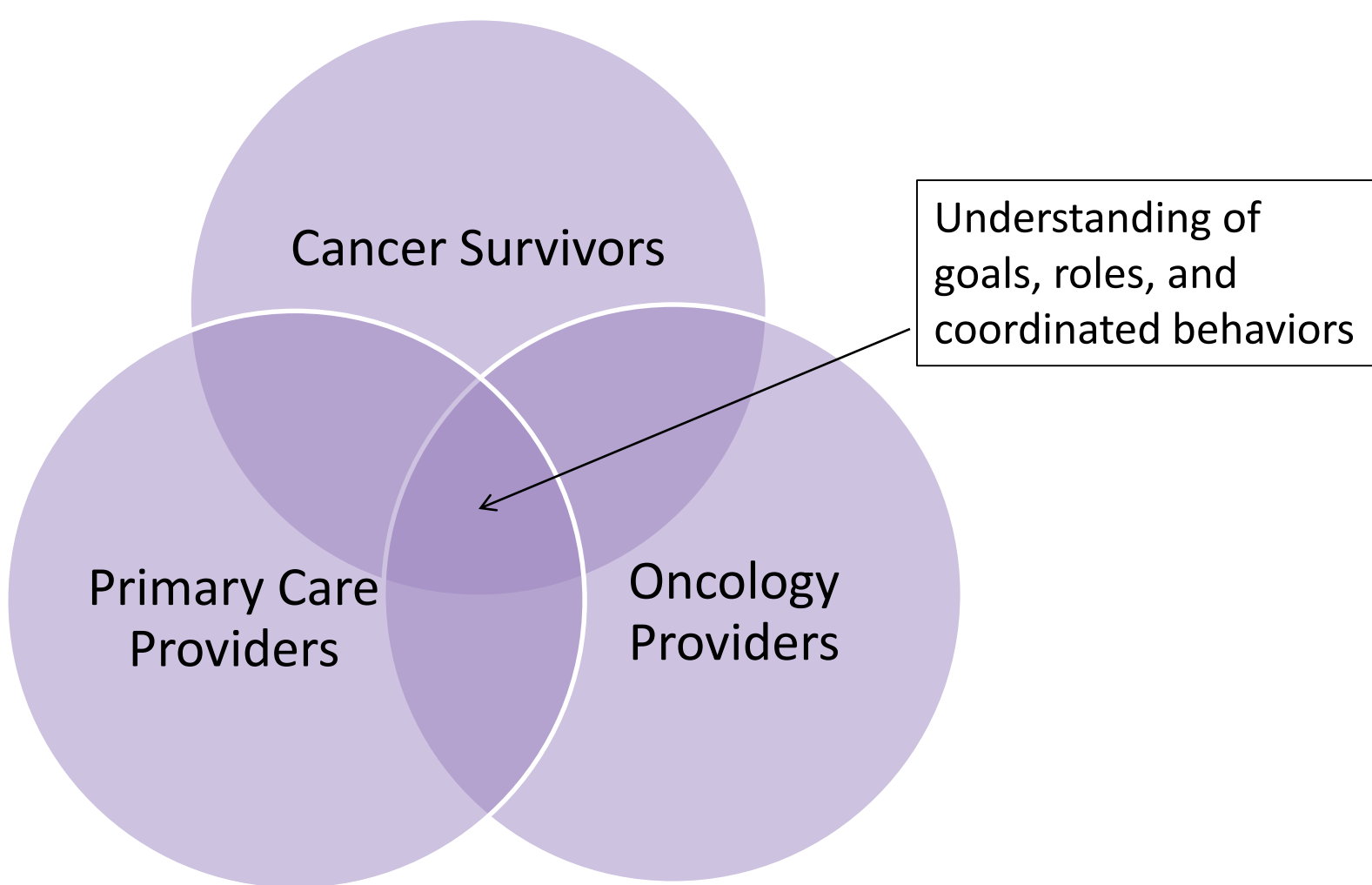
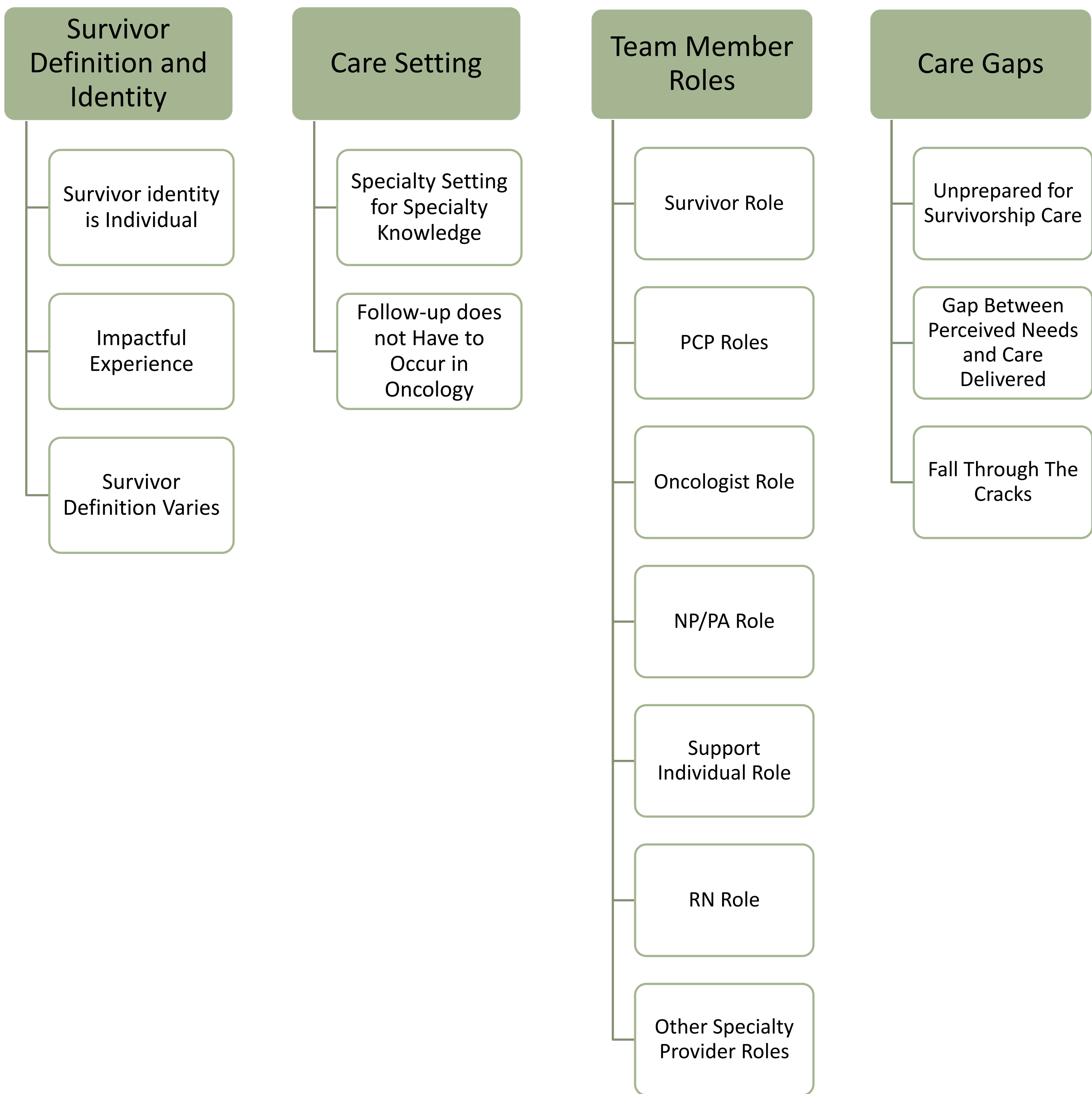


Figure 1: Shared Mental Models

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.

Preparation Phase	Organizing Phase	Reporting the Process and Results
<ul style="list-style-type: none">• Selecting unit of analysis• Making sense of the data and whole	<ul style="list-style-type: none">• Open coding• Coding sheets• Grouping• Categorization• Abstraction	<ul style="list-style-type: none">• Model, conceptual system, or categories

Figure 2: Inductive Analysis Approach (Elo & Kyngas, 2007)



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 members 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 discussed 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.

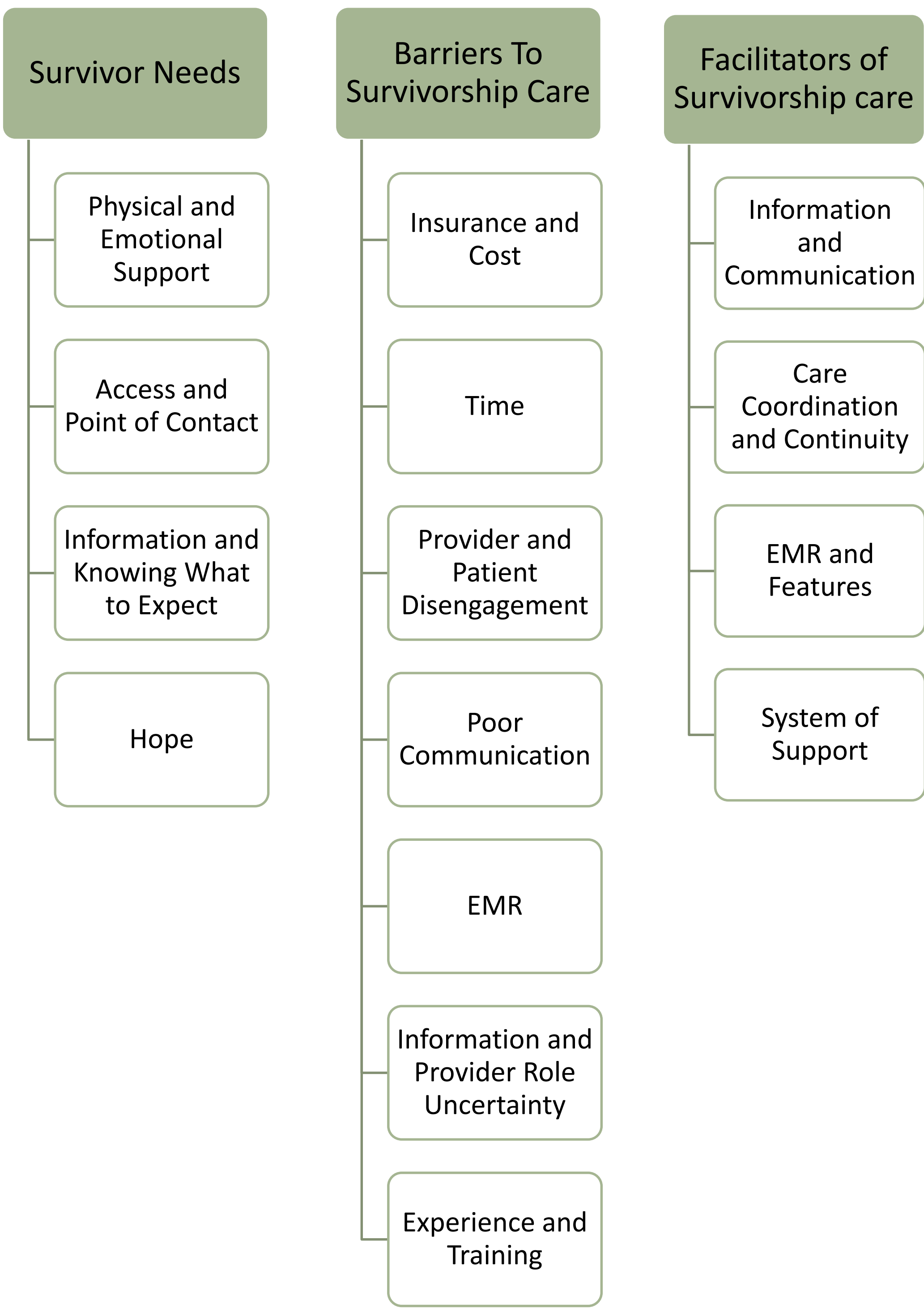


Figure 3: Primary and Secondary Themes



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“[Survivors need] An equivalent amount of focus, attention, help, and medical assistance from medical professionals as during ‘active treatment’.”