

# *Education & Training Challenges & Opportunities for Multidisciplinary, Interprofessional Cancer Care*

## Perspectives from the Science of Teams

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I have no conflicts to disclose.

The work and ideas presented are my own and do not reflect official positions, policies, or endorsement of the National Cancer Institute or any other federal agency.

# Key points

1. Effective teamwork matters for clinical, patient-reported, workforce outcomes, and for moving toward equitable care access
2. Teamwork = behaviors, structures used to share, align, time, adapt care-related information, decisions, and tasks
3. Key Challenge: Addressing teams-of-teams
  - Cancer care multi-team systems
4. Opportunities
  - APPs & in-home care
  - Technology as a tool for improving IPE delivery & implementation, addressing interdependencies, and capitalizing on diverse knowledge

Real teams = A structure + a set of processes (teamwork)

Group, collectives, or  
“psuedo-teams”

# High performing teams...

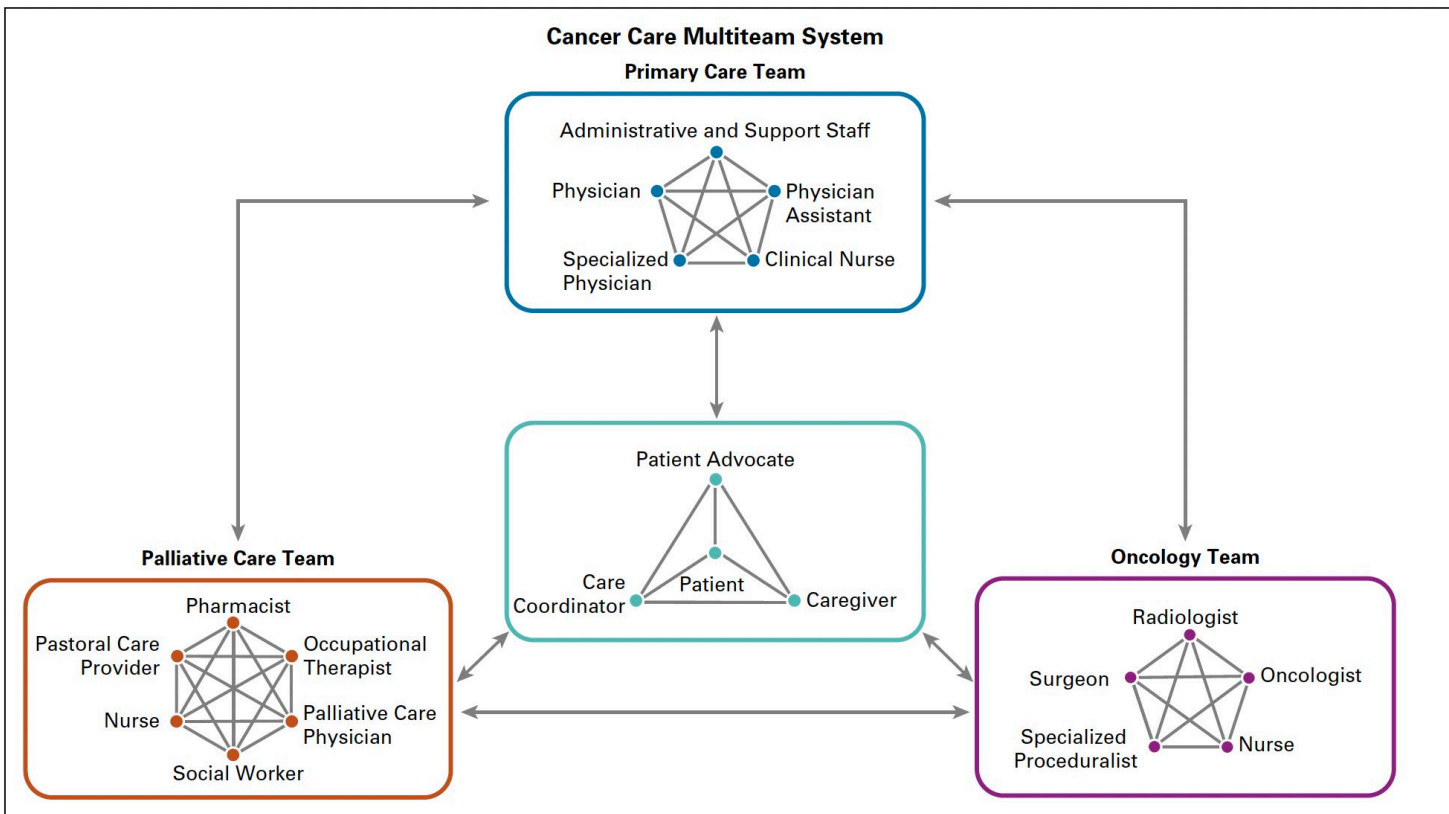
- Shared goals
- Shared mental model about how the group will get there (ideally), key decision points, contingency plans (if this, then...)
- Clear roles
- Mutual trust (are transparent, consistent, stick to commitments, listen well, appreciate others)
- Feel safe speaking up, asking questions, asking for clarity (psychological safety)
- Effective communication (timely, concise, sharing unique information)
- Use behavioral & structural teamwork tools daily (e.g., a discipline of debriefing, structured communication like SBAR, I-PASS)

# Principles of effective team-training & IPE

- Identify critical teamwork competencies & focus training content here
- Actually focus on teamwork (don't just “throw in some teamwork stuff”)
- One size does not fit all—design & implementation guided by desired learning outcomes, organizational resources
- Include guided practice of teamwork skills & tools
- Saliently connects training content to actual practice
- Provides descriptive, timely, relevant feedback focused on targeted teamwork skills
- Is evaluated! (learning, behavior in practice, clinical outcomes)
- Considers how desired teamwork behaviors will be reinforced, coached, evaluated

# Challenge:

## Evolving toward multi-team system thinking, identity, & skills



(Chollette et al., 2020; Verhoeven et al., 2021; Weaver et al., 2018 )

*Team-based healthcare is the provision of health services to individuals, families, and/or their communities by at least two health [professionals] who work collaboratively with patients and their caregivers—to the extent preferred by each patient— to accomplish **shared goals** within **and across settings** to achieve coordinated, high-quality care*

(Adapted from Naylor, Coburn et al., 2010, as cited in Mitchell et al., 2012 IOM Discussion Paper)



## Challenge:

Evolving toward multi-team system thinking, identity, skills

- Narrative review: 96 papers, 11 prior systematic reviews
- Delphi study: 104 panelists

### CARE DELIVERY

## Identifying Cancer Care Team Competencies to Improve Care Coordination in Multiteam Systems: A Modified Delphi Study

Veronica Chollette, RN, MS<sup>1</sup>; Sallie J. Weaver, PhD, MHS<sup>1</sup>; Grace Huang, MPH, PhD<sup>2</sup>; Sophia Tsakraklides, PhD<sup>2</sup>; and Shin-Ping Tu, MD, MPH<sup>3</sup>



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### REVIEW ARTICLE

## Teamwork competencies for interprofessional cancer care in multiteam systems: A narrative synthesis

Veronica Chollette, Michelle Doose, Janeth Sanchez, and Sallie J. Weaver



**Patient-centered  
care**

# When teaming breaks down...



## Interface failures

- Each piece, person, or site works great by itself!
- But...problems with integration, coordination, alignment, communication and/or pacing among them lead to breakdowns

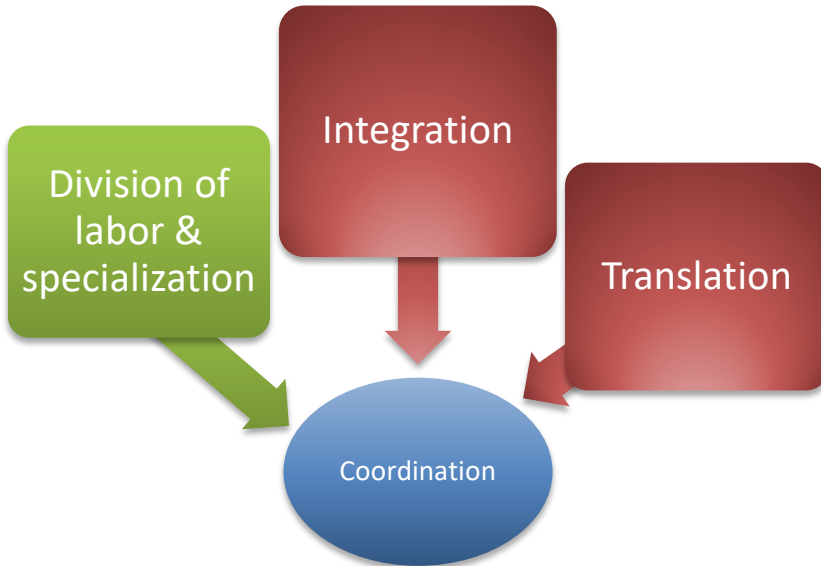
## Coordination neglect

- Pay too little attention to integrating & translating our specialized work for one another

## Communication overhead

- Coordination & collaboration is perceived to 'cost' something
  - Time
  - Autonomy
  - Power

(Sims et al., 2007; Taplin et al., 2010; Taplin et al., 2015a, 2015b; Heath et al., 2000; Macmillan et al., 2004)



# Education & Training: Opportunities

## Advanced Practice Providers (APPs)

- Continuously strengthen role clarity
- APPs must be core participants in lifelong IPE learning
- Discuss roles, workflows in practice frequently

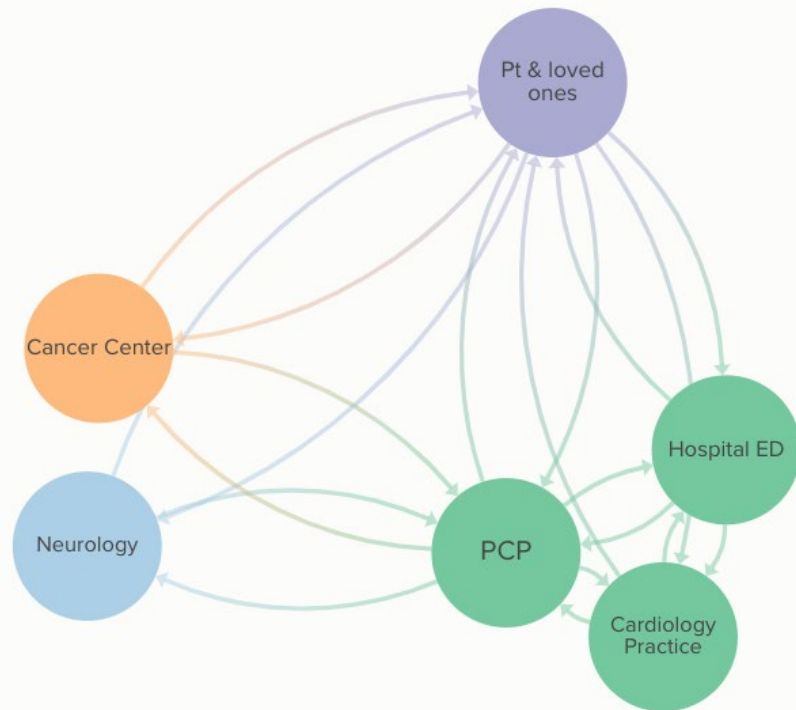
## Care is moving into the home

- Ensure patient centered care competencies are treated as teamwork competencies
- Identify efficient, effective approaches for patients, caregivers to build knowledge and skills they identify as important
- Expand partnerships with advocacy groups, local health authorities, etc.

# Education & Training: Opportunities

Technology as a tool for:

- Improving IPE delivery & implementation
- Rapidly visualizing & bridging interdependencies
- Capitalizing on diverse knowledge



Human centered design

e.g.

- Green = same health system
- Arrows = information flow (or lack thereof)

*Thank you!*

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*Remarks dedicated to the memory of  
Dr. Lauren Benishek,  
teams & well-being scientist,  
IPE collaborator,  
& inspiration*

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