



# Whose Job is it Anyway?

*A conversation about transdisciplinary  
palliative care practice and team health*

# Presenters

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# Disclosures



- *No financial or other conflicts of interest to disclose, however...*

# Objectives

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- Understand different models of palliative care service delivery
- Elucidate opportunities and challenges in providing team-based palliative care services
- Identify factors that impair team effectiveness and strategies that promote team health
- Learn to expand empathy for ourselves, our colleagues, and our patients

# “Calling In” to Conversation

Jackson, et. al. (2021) Exploring the Psychological Aspects of Palliative Care Series: Lessons Learned from an Interdisciplinary Seminar of Experts, *Journal of Palliative Medicine*, 24(9): 1274-1279.

- Volume 25, Number 5, 2022
  - Response to Series by Vickie Leff, LCSW, APHSW-C and Terry Altilio, LCSW, APHSW-C
  - Author’s Response to Readers Comments

# Inclusive Palliative Care

- Recognizes the contextual lives of our patients, their important people and the health care team members
- Asks ALL of us to utilize an equity lens, recognize the influence of SDOH and incorporate a trauma informed approach
- We hear the voices, not just echoes, of ALL team members to address intersecting aspects of illness experience
- How do we do this effectively?
  - when teams are fully staffed *and*
  - when teams are are not fully staffed



# What is Transdisciplinary Practice?

# Models of Practice



**UNI/INTRADISCIPLINARY:** Professionals from a single discipline working together toward a common goal



**MULTIDISCIPLINARY:** Different disciplines working independently and from a discipline specific perspective; combining efforts to address a shared problem, “parallel play”

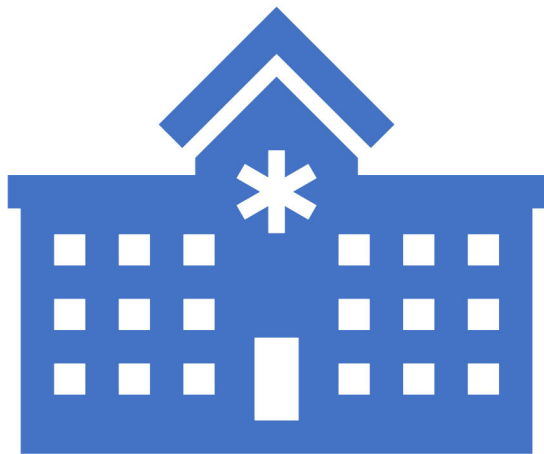


**INTERDISCIPLINARY:** Different disciplines interacting and working jointly from discipline specific perspectives to address a common problem



**TRANSDISCIPLINARY:** integrative process, blurring disciplinary boundaries and overlapping roles; synthesizing and extending discipline specific approaches, innovative and shared model/language to address common problem





## Common Problem

- Mitigate suffering associated with serious illness
- Optimizing Quality of Life
- Eight Domains:
  - Structure and Process of Care
  - Physical
  - Psychological
  - Social
  - Spiritual
  - Cultural
  - Nearing end of Life
  - Ethical and Legal

CAPC:  
Palliative  
Care Team  
“Gold  
Standard”

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Physician and/or NP, PA

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Advance Practice Nurse

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Social Worker

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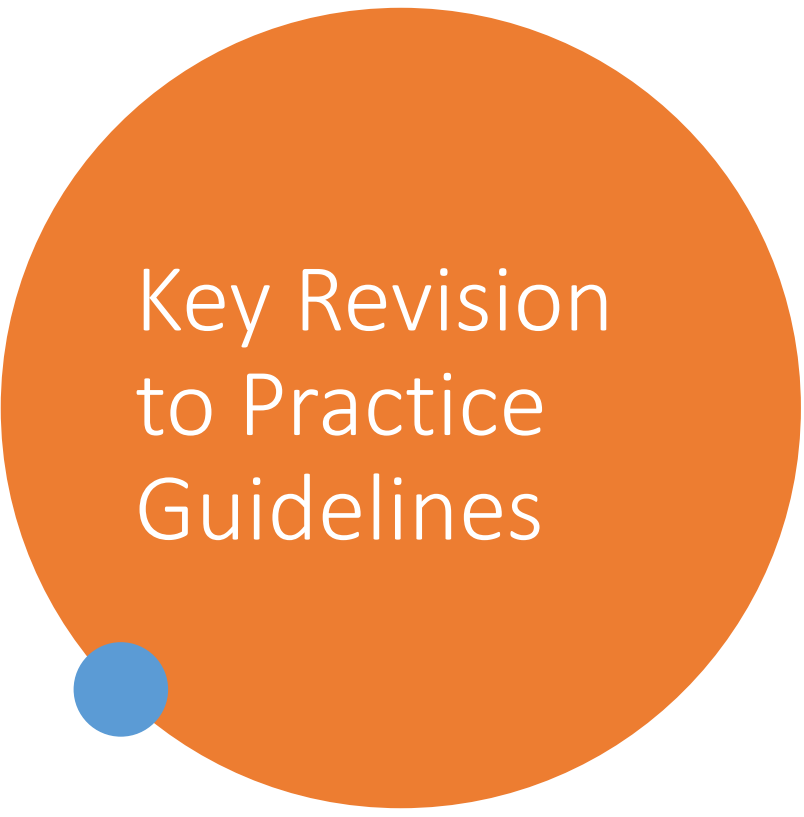
Chaplain

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Pharmacist

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Integrative Medicine Specialist



## Key Revision to Practice Guidelines

- Maximize professional skills for the benefit of patients and families
- Emphasis on coordination of care
- Essential palliative care skills needed by all clinicians

# Essential Skills for ALL Clinicians

- Assess symptom burden, functional status, opioid safety
- Screen, assess and manage psychological concerns and experience of illness, grief and loss
- Identify patient strengths, understand the social consequences of serious illness including practical needs, caregiving, coping
- Assess spiritual distress
- Recognize influence of culture in decision making, pain experience, psychological, social and spiritual factors
- Know hospice eligibility criteria, assess and manage physical symptoms near end of life, talking to patients and families about dying, address bereavement needs
- Legal and ethical issues related to ACP

# Economic, structural and social infrastructure



## Professional values and socialization

Institutional or Professional Standards  
Hierarchy, Authority  
Identity



## Training and/or Certification

Faculty or Fellowship Status  
Continuing Education



## Scope of Practice and Licensure

Credentialing, Billing  
Code of Ethics  
Working at top of license



# Whole Person Palliation

- **Evolving Societal Norms and Values**
  - Culture of blame vs. culture of safety, mutuality and learning
- **Wholeness among teams and care plan**
  - Reduce siloes that undermine safety, quality and patient centeredness
  - Shift from individual to collective approach
  - Centralize the clinician-patient/family relationships
- **Nuanced and less rigid teamwork methodology**
  - Softened clinical boundaries
  - Develop unified set of beliefs and behaviors
  - Reduce hierarchy, ego, turf
- **Mutual Enhancement**
  - Willingness to learn from one another
  - Relational and dynamic – shared identity, mutual responsibility for outcomes
- **Open learning cultures**
  - Innovative leadership models
  - Reward collaboration

# Behaviors, Attitudes and Actions

Behavior	Description
Communication	<ul style="list-style-type: none"><li>• Avoid profession specific jargon</li><li>• Engage in courageous conversations</li></ul>
Self-Awareness and Self- Care	<ul style="list-style-type: none"><li>• Attentive to ego, motivations, reactions</li><li>• Responsible for one's own well being</li></ul>
Respect	<ul style="list-style-type: none"><li>• Demonstrate confidence without arrogance</li></ul>
Altruism and Caring	<ul style="list-style-type: none"><li>• Place patient/family needs above own and those of other colleagues</li></ul>
Excellence	<ul style="list-style-type: none"><li>• Contribute to decisions about patient care regardless of hierarchy</li></ul>
Ethics	<ul style="list-style-type: none"><li>• Report or address unprofessional and unethical behaviors</li></ul>
Accountability	<ul style="list-style-type: none"><li>• Accept consequences of behavior without redirecting blame to others</li><li>• Work within scope and skill</li></ul>

# Who does what?



Recognize expertise while acknowledging shared work



Recognize that each discipline has its own unique code of ethics and relational responsibility





# Operationalizing Transdisciplinary Practice

# Transdisciplinary Practice: What Works Well?



Team Huddles



Formal and  
Informal  
Debriefing



Learning each  
other's  
communication  
styles



Sense of trust in  
team



Practice!

# Transdisciplinary Practice: What Works Well?

A model of shared, structured visits

Formal and ongoing palliative care education to promote competence and confidence in clinical encounters

Flexibility rather than rigidity to engage in shared roles

Shared skill set and common goals to engage in serious illness conversations while utilizing each discipline's expertise to work to the top of our licenses

Cultivating empathy for our colleagues



#### Stage 1:

##### Conscious interactions

- Get to know on personal level
- Humanization
- Conscious curiosity

#### Stage 2:

##### Dialogic Communication

- Talking "with" a colleague rather than "to" a colleague
- Empathy as form of verbal communication

#### Stage 3:

##### Consolidation of understanding

- Take another's perspective
- Understand other disciplines

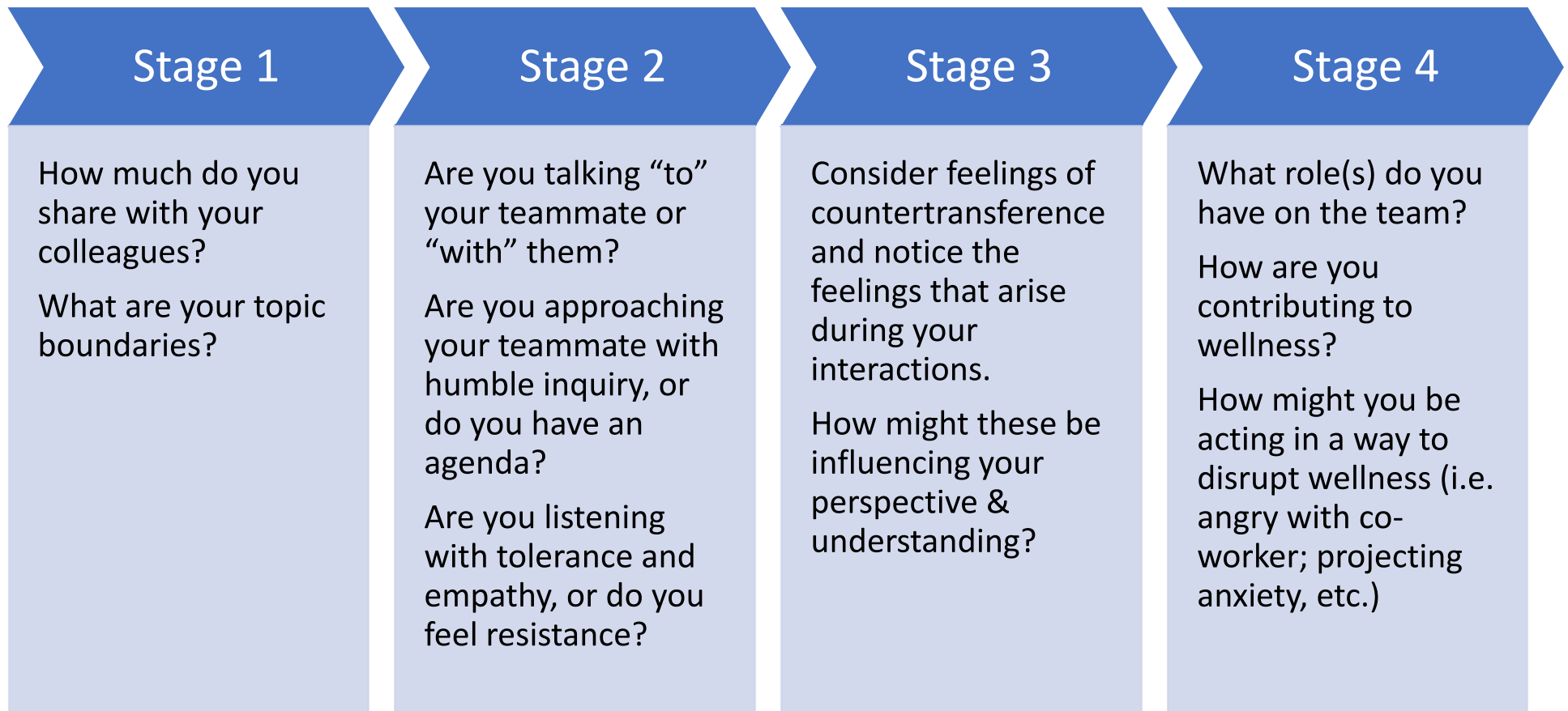
#### Stage 4:

##### Nurturing the collective spirit

- Contribute to overall wellness of the team

Adamson, Loomis, Cadell & Verweel, 2018

Latimer & Leff, 2022



# Transdisciplinary Practice: What Makes it Difficult?



Poor  
communication



Avoidance of  
conflict or hard  
discussions



Lack of team  
readiness: new  
teams, incohesive  
teams, lack of  
structure



Lack of training



Insufficient  
understanding of  
other disciplines'  
training and not  
recognizing  
expertise within  
the framework of  
shared goals and  
skills

## Transdisciplinary Practice: What Makes it Difficult?

Isolated practice

Turf  
contentiousness

Lack of humility

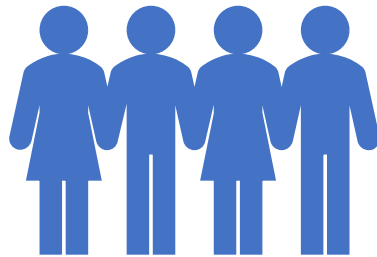
Lack of trust in  
colleagues

Lack of empathy

Poor team  
health



# Implications for Team Health and Effectiveness





# Benefits of Promoting Team Health

- Enhances creativity and problem-solving ability
- Promotes individual job satisfaction and self-enrichment
- Promotes team productivity
- Maximizes opportunity for optimal patient and family care

Strategies for Maximizing the Health/Function  
of Palliative Care Teams, CAPC, 2019

# Palliative Care Teams at their best



Characterized by self awareness, cohesiveness, shared decision making, trust, respect, accountability



Intention matters- healthy team functioning does not happen by accident



Team health is a shared responsibility of all team members and a dynamic process



Team health reflects the health and habits of the individuals within it



Support from Institutional leaders is essential for effective team functioning

## Questions to ask to build a healthy team over time

- What expertise does each member bring, and in what ways can these talents be used to maximize collaborative assessment, intervention, and outcome for patients and families?
- What were members previous experiences on health care teams? On any teams?
- How can the team ensure a collaborative holistic patient/family care plan?

# Strategies that Promote Team Health & Wellness



**HIRING:** ask candidates and their references questions that address self-care and team function



**PERSONAL WELLNESS:** encourage team members to develop a personal strategy as method of enhancing commitment to team. Ex: Mindfulness practice, journaling.



**TEAM WELLNESS:** the entire team shares the work and responsibility of developing a team wellness strategy as a group activity. Ex: Team charter



**ROUTINE DEBRIEFING:** at least monthly, discuss recent events as a group, acknowledge milestones and individual achievements

# Expanding Empathy- for ourselves, for others

- Create opportunities to reduce isolation amongst staff by establishing formal peer-to-peer support systems that enable connectivity between staff members.
- Standard team meetings should include new “check points” including:
  - Embedding practices for self-regulation/self-awareness (mindfulness practice, breathwork, body scan)
  - Periodically start meetings by checking in with each team member about how they are doing.

## Structural/Organizational efforts are needed to promote resilience & reduce burnout

Emphasis on  
personal/individual  
resiliency is not enough

We need  
organizational/structural  
changes that support our  
well being and personhood

Characteristics of  
Courageous organizations:  
Organizational culture,  
organizational courage  
([humansynergistics.com](http://humansynergistics.com))

# Summary

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- How we function as a team impacts the patient experience and our own experience of satisfaction and well-being
- We all have gifts, tools, and talents to offer when providing inclusive, whole person palliative care
- We frequently use an interdisciplinary approach and whole person palliation calls for us to adopt a transdisciplinary approach
- Whatever we call it, collaboration is the goal
- Communication is a cornerstone for palliative care services, we can use this same skill in optimizing our practice as a team
- Continued conversation about team function will allow a deepened experience of empathy for ourselves and each other



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