



A Multidisciplinary Team Approach to Improving Psychosocial Care in Patients With Cancer

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The demand for patient-centered care has reinforced the need for a systematic approach to planning appropriate psychosocial services. A proposed strategy to address this need is to use a multidisciplinary team comprised of oncology nurses, physicians, mental health professionals, social workers, ethicists, and other healthcare professionals to provide comprehensive psychosocial care to patients and their families. This article describes key aspects of a broad-based team approach used to develop evidence-based, multidisciplinary practice change that could improve psychosocial care and outcomes.

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Digital Object Identifier: 10.1188/13.CJON.556-558

Oncology nurses recognize the adverse impact of unmet psychosocial needs on clinical outcomes of patients with cancer, survivors, and their families. A growing and robust body of evidence exists that indicates a relationship between unmet psychosocial needs of patients and poor clinical outcomes (Forsythe et al., 2013; Mellon, Northouse, & Weiss, 2006; Pinquart & Duberstein, 2010). In addition, reports and trends have echoed the importance of ensuring the delivery of psychosocial care to patients with cancer. *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, a seminal report by the Institute of Medicine (IOM) (Adler & Page, 2008), stated that patients must be screened for distress and other psychosocial needs to ensure high-quality cancer care. The American College of Surgeons ([ACOS], 2012) Commission on Cancer established new standards calling for patient-centered care that

promotes an optimal quality of life and other positive clinical outcomes. One standard describes a continuum of care that includes “a process to integrate and monitor onsite psychological distress screening and referral for the provision of psychosocial care,” referred to as distress screening (ACOS, 2012, p. 78). Screening, documenting, and treating distress also are recommended in the distress guidelines from the National Comprehensive Cancer Network ([NCCN], 2013). In addition, several professional organizations, including the American Psychosocial Oncology Society, American Society of Clinical Oncology, and the Oncology Nursing Society (ONS), have supported the IOM reports and ACOS accreditation standards to provide psychosocial care by launching several educational initiatives for professionals, patients, and members. As the number of patients and survivors continues to increase, clinicians will require clinical standards, programs,

and policies that include standardized psychosocial screening tools and guidelines for assessment and management of distress.

Oncology Nurses in Multidisciplinary Teams

Responding to psychosocial needs and identifying appropriate interventions have been primary functions of oncology nurses. However, in many studies, nurses report that screening, managing, and reporting distress or other psychosocial needs often is not a part of routine nursing practice (Adler & Page, 2008; Forsythe et al., 2013). In a study conducted with members of ONS, nurses identified barriers to providing psychosocial care that included time constraints, lack of knowledge on how to accurately assess patients, and patients' reluctance to report emotional suffering (Gosselin, Crane-Okada, Irwin, Tringali, & Wenzel, 2011). A need exists for a systematic approach to planning appropriate psychosocial services. Healthcare institutions could address that need by creating multidisciplinary teams to provide comprehensive psychosocial care to patients and their families. A multidisciplinary team handles educational needs, clinical care, research, and policies within an institution. Oncology nurses have the skills, knowledge, and expertise needed to make powerful contributions to psychosocial education, clinical practice, and research. In addition, oncology nurses provide rich perspectives in their roles as leaders, clinicians, educators, researchers, administrators, advocates, and, at times, patients. Understanding and responding to the psychosocial