

# MODULE: COLLABORATION

## Detailed Case Scenario

Barbara Bark, a 65-year-old woman with advanced metastatic breast cancer, is admitted to the hospital with uncontrolled bone pain. She was first diagnosed in 1992, had a mastectomy and underwent chemotherapy and radiation. She initially responded well and was felt to be in remission until eight months ago when she presented with back pain. Subsequent investigations revealed widespread bony metastasis and liver mets. Initially devastated by the diagnosis, Mrs. Bark decided that she was going to make the most of “the time she had left” and “enjoy life”.

Mrs. Bark is widowed; her husband died five years ago of a myocardial infarction. She has four daughters – “the lights of her life” – all of whom have taken time off work, on a rotating basis initially, to care for her. Now that it is clear that she does not have much longer to live, all of the daughters have taken “sick leave” from their employment.

Both Barbara and her daughters want her to die at home. Unfortunately, four days ago she had a fall while getting out of bed to go to the bathroom and since then her back pain has been unbearable. You have increased her doses of long acting morphine; however, much to everyone’s distress, she became confused and started having horrible hallucinations. She remained in significant pain to the point of having a very difficult time with turns and is unable to get to the bathroom. Even using a bedpan is difficult.

In view of her uncontrolled pain, you and her daughters decide to admit her to the hospital. In the hospital, she is switched to subcutaneous morphine. Her confusion subsequently resolved, and after a few dose adjustments, she achieved good pain control. Her pain is currently being controlled by subcutaneous injections of morphine administered through a butterfly needle every four hours with occasional q1hour breakthrough doses. Her daughters are afraid of giving her the morphine – having fears of needles themselves. Furthermore, they are worried about overdosing her or not giving her enough morphine to alleviate her pain. However, both Mrs. Bark and her daughters continue to express a desire to return home. The physicians spent time with the daughters and explained some of the basics of pain management. They asked the nurses to teach the daughters how to administer the subcutaneous injections in order for her to be discharged home in the next couple of days. The family and Mrs. Bark eagerly anticipate the discharge and start to plan a small get-together of friends and family members to celebrate.

On the day before the planned discharge, the daughters are quite upset. They tell you their mother can’t leave the hospital since they have not been taught how to give the morphine. Furious at having your instructions disobeyed, you leave her room

and stalk to the nursing station. Seeing her nurse there you demand to know: “Just WHY Mrs. Bark’s daughters have not been taught sc injections’.

## Teaching Tips:

1. Distribute the case scenario. Allow participants a couple of minutes to read the information or have one of the participants read the scenario.
2. Ask participants what issues in team collaboration are raised in this case scenario and what learning issues they would identify. Write these down on a flip chart, overhead or blackboard.
3. The participants might identify a number of issues including:
  - ❑ Importance of identifying the patient’s goals, values and beliefs, perception of quality of life in determining the goals of care
  - ❑ The role and responsibility of the family and loved ones in caring for a dying person
  - ❑ The importance of discussing goals and plan of treatment with the team
  - ❑ The role and responsibilities of team members in meeting the needs of patients and families when providing end-of-life care
  - ❑ Definition of a team
  - ❑ Membership on a team
  - ❑ Team formation and development – what are the stages?
  - ❑ Processes team uses to improve its function and achieve its goals
  - ❑ Challenges that arise when working on a team
  - ❑ The effect of personal and individual character, values and beliefs on ability to collaborate with others
  - ❑ Strategies to improve team collaboration to meet the needs of patients and families
  - ❑ Distinguishing palliative care from euthanasia/assisted suicide
  - ❑ Addressing concerns of euthanasia/assisted suicide when administering sedatives and narcotics at the end of life
4. Participants should move on to request more background information about Mrs. Bark’s illness, values and her family.
5. Move on to ask how participants would resolve the problem of Mrs. Bark’s and her daughters’ desire for her to be discharged despite their lack of comfort/knowledge in administering her opioids.

**TIP:** An effective teaching intervention is to ask participants to divide into groups of two or three, assume the roles of the physician and nurse and role-play the collaboration and end-of-life decision-making process

Ask participants to complete the **So Simple Guide** and reflect on how their own style might affect their approach to resolving the issue arising in question five.

**TIP:** It may be difficult to get participants to discuss situations in which they felt uncomfortable either with their role/responsibility, the lack of recognition for their efforts or their lack of agreement with the team process or its goals. Normalizing these experiences and sharing your own personal experiences may help facilitate these discussions. Or, if you have done the So Short exercise, you might know who will be most likely to lead the conversation.

7. Ask participants to reflect on their past experiences in working as a team.

What challenges have they faced?

Do they need to pay more attention to process/roles?

What situations did they find difficult? What made these situations hard? What did they do to overcome these difficulties?

8. If participants are a functioning team, or if they have worked together in the workshop to begin to work as a team, they can practice use of the **Informal Roles Checklist**.

Are there any roles on their team that are not being fulfilled?

How can they resolve this problem?

Do any members engage in individual role behaviour?

What are some of the reasons for this and how can this behaviour be changed into something productive for the team as a whole?

9. Review the take home points arising from these exercises.