Integrated Knowledge Translation in Psychosocial Oncology: Partnerships with Community Hospitals

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Psychosocial Oncology

“Psychosocial oncology is a specialty in cancer care concerned with understanding and treating the social, psychological, emotional, spiritual, quality-of-life and functional aspects of cancer, from prevention through bereavement. It is a whole-person approach to cancer care that addresses a range of very human needs that can improve quality of life for people affected by cancer” (CAPO).

Integrated Knowledge Translation (IKT)

IKT (Graham, 2009) refers to an approach in which knowledge users engage collaboratively with researchers throughout the research process, including:
• determining research questions and methods
• interpreting results and disseminating findings
• using results to improve care

Practitioner-Researcher Collaboration is a type of IKT, and a model for conducting research in which practitioners and researchers co-create knowledge.

Using Practitioner-Researcher collaboration, we are engaging in research in Psychosocial Oncology in two community hospitals: Grand River Regional Cancer Centre & Guelph General Hospital. We are only in the preliminary stages of the KTA Process.

How does collaboration work?

IKT can facilitate translation of knowledge into practice through the knowledge-to-action (KTA) process for knowledge exchange (see figure below). The KTA model can accommodate different phases of research being completed at different points in time (Graham, 2009).

How Does the Collaboration Begin?
• Knowledge-users can drive the research by identifying a problem, and then reach out to academic partners to jointly refine the research question.
• Conversely, academic partners can initiate the joint endeavour

What is essential for a successful collaboration?
• Requires the development of a respectful working relationship;
• Recognition of the value of the different experiences, knowledge, skills and insights of collaborating members.

What are the goals of successful collaboration?
• Clinically relevant research that improves the quality of life of patients and the quality of work life for medical and allied health professionals

References

Canadian Association of Psychosocial Oncology (www.capo.ca)

Practitioner-Researcher Collaboration Examples

Problem identification: Develop psychosocial oncology supports based on evidence tailored to the local context (patients’ self-identified needs and resource constraints in community hospital). Review (meta-analysis) conducted to determine the best scientific evidence of psychosocial oncology interventions that may be adapted to these contexts (Preyde & Synnott, 2009).

Grand River Regional Cancer Centre Needs Assessment (Preyde et al., 2010)
Patients rated the available informational supports as very helpful, and greatly valued the medical and allied health professionals. Patients reported their greatest concern was not knowing their future or personal outcomes (e.g., if they would live to see their children graduate from university).

Results from Review (Select Knowledge): Psychosocial oncology intervention based on cognitive theory may be effective for targeting the distress related to not knowing one’s personal outcomes, and delivering it in group format would be within the constraints of the hospital’s context.

Grand River Regional Cancer Centre Satellite Clinic Needs Assessment (In Progress)
No formal supports have been developed yet. Patients reported their main needs as emotional supports (self & family, 80%); practical supports (e.g., home upkeep, 40%); financial/employment (20%).

Guelph General Hospital Satellite Clinic Needs Assessment (In Progress)

Problem identification: Develop psychosocial oncology supports based on evidence tailored to the local context (patients’ self-identified needs and resource constraints in community hospital). Review (meta-analysis) conducted to determine the best scientific evidence of psychosocial oncology interventions that may be adapted to these contexts (Preyde & Synnott, 2009).