

## **Multi-disciplinary Case Conferences (MCCs): The Role of Nurses as Key Members of MCCs**

**Purpose:** To provide clarity and guidance on the role of nursing at MCCs. This document may be used to circulate to MCC participants and nursing staff in the hospital.

**Recommendation:** It is preferred that nurses attend and contribute to the discussions and decision-making in Multi-disciplinary Case Conferences in Ontario.

**Background:** Questions have been raised regarding the role of oncology nurses as members of the MCC. Do oncology nurses contribute to the MCC discussions and decision making, as initially envisioned? How can their participation optimize the patient case reviews?

### **Nursing Contribution at MCC:**

- At its very best, nursing is the use of knowledge obtained from scientific inquiry combined with experience to care for patients, supporting them in various ways to help them achieve healing and maintain their optimum achievable level of health. (Bishop 1997).
- The specialized oncology nurse has responsibility to contribute his/her assessment findings to the MCC discussions. While the nurse can gain knowledge related to each case discussed, the objective is to contribute to the formulation of case management.
- Where the case is discussed in advance of the first patient visit, the nurse is able to take the information into account to facilitate the care plan, once the patient is seen in the cancer program.
- The nurse has a responsibility to speak to the patient issues, and ask questions during the discussion, alerting the team to issues that may arise in the patient care journey
- The Advanced Practice Nurse (APN) has a responsibility to contribute assessment findings to the MCC discussions.
- In addition, the APN and the physician team have a responsibility to coach all members of the interdisciplinary MCC, supporting them to be active contributing members of MCC.
- The APN has responsibility to involve other disciplines who may not be participating at MCC, to ensure they are engaged in the plan and addressing clinical issues, such as nutrition management, psychosocial care.

### **Nursing Roles in the Cancer Centres:**

Oncology nurses face unique situations in their quest for excellence in practice since no two cancer patients can be cared for in the same way. To maximize the patient's potential level of health requires that the care plan address their needs, family relationships, diseases, therapies, and changing treatment goals. Oncology nurses work in a variety of settings from a common set of national **standards and competencies** (Practice Standards and Competencies for the Specialized Oncology Nurse (CANO/ACIO), 2006) to provide the highest quality patient and family centered care. A variety of resources such as the **Cancer Care Ontario Telephone Practice Guidelines** ensure patient care is based on best available evidence.

Patients encounter several nursing roles in the cancer centres:

*Specialized oncology nurses* focus their practice on people with cancer and their families; have acquired specialized knowledge and skills to manage the complexity of care; and have achieved national certification, CON(C).

*Advanced Practice Nurses (APN)* have graduate preparation in addition to the knowledge and skills gained through experience. APNs are either Clinical Nurse Specialists or Adult Nurse Practitioners (RN-EC) and each has specific knowledge, skills and judgment focused on cancer patient populations. APNs have core responsibilities for clinical practice, education (patient, family and health professional), application of research to practice, professional development and organizational leadership (CCO Position Statements on Oncology Advanced Nurses, Feb, 2009).

\* There are different organizational titles (Primary Nurse, Chemotherapy Nurse, Clinical Trials Nurse, etc), that encompass these roles that patients may encounter.

**Contribution to Patient Care:** When nurses encounter patients, they gather critical information that is essential for the multi-disciplinary team. The nurse will identify symptom management; challenges faced by the patients in decision making; family dynamics; ability to cope with the diagnosis; social supports, or absence of; physical assessment factors; cultural issues and other factors that the team requires to develop the care plan.

The nurse has the ability to 'translate' the plans and issues presented by the medical team for the patient and family; and educate the patient and caregivers about symptom management, and core self-management issues to sustain the patient through the treatment process.

#### References:

CANO/ACIO. (2006). Practice Standards and Competencies for the Specialized Oncology Nurse.

CCO (2009). Oncology Advanced Practice Nursing Role Clarification: Position Statements.

Bishop, A. and Scudder, JR. (1997). Nursing as a practice rather than an art or a science. Nursing Outlook: 45 (2): 82-85.