

## **Chemo Café: Leadership, Teamwork and Communication Strategies for Transforming the Delivery of Service for IV Cancer Patients**

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### **Abstract**

*Barbara Smith and Carl Mason are healthcare administrators: Barbara was a seasoned and experienced professional, while Carl was a young healthcare administrator whose first leadership experience was serving cancer patients receiving intravenous (IV) chemotherapy at a regional medical facility. Carl experienced growth in the areas of alternative medicine, teamwork, leadership, and communications as he struggled to change the social interactions among patients by providing mentally stimulating/stress reducing activities to patients facing life-threatening diseases. This case highlights the experiences of Barbara and Carl in the areas of leadership, teamwork, and communication strategies and how healthcare administrators can utilize these strategies to improve the care of patients receiving IV chemotherapy. Carl and Barbara demonstrate how new healthcare management can engage patients, family members, and the healthcare team to improve healthcare delivery mechanisms with innovative ways of thinking about patient care.*

**Keywords:** Healthcare Administration Leadership, Teamwork, Communications; Holistic Treatment, Cancer Patients, Healthcare Administration Case Study

### **1. Introduction**

This descriptive case represents a real situation of a young healthcare administration intern's first experience in providing leadership as he attempted to serve cancer patients receiving intravenous (IV) chemotherapy at a regional medical facility. The healthcare administrator experienced challenges as he struggled to work with his intern supervisor to change the disposition of patients by providing meaningful engagement based upon principles of holistic medicine. This case highlights strategies healthcare administrators can utilize to improve the care of patients receiving IV chemotherapy. This case highlights leadership, team, and communication strategies healthcare administrators can utilize to improve the care of patients receiving IV chemotherapy.

### **2. How it all Started**

Throughout much of his life Robert Smith was a vibrant, active retiree with a great wit and sunny disposition. He embraced life to the fullest until his wife's passing, when his health began to decline and he found himself in the Caring and Healing Healthcare Center (CHHC) ironically operated by his oldest daughter Barbara Smith. Because of her daily interaction with him as Director of the Center, Barbara assumed the major responsibility for her father's care in the assisted living facility. Subsequently, he was diagnosed with lung cancer. A seasoned capable, healthcare leader with 25 years of service, she assisted many patients as they battled various stages of cancer with a spirit of empathy and compassion, yet she had never experienced the emotional impact at this level. Barbara contemplated the statistics including survival and mortality rates of which she was all too familiar. Cancer remains the second leading cause of deaths in the United States (CDC.gov). According to the American Cancer Society an estimated 1,855,000 people were diagnosed with cancer in 2016, and 595,690 died. Approximately 650,000 people received chemotherapy in an outpatient setting from one of over 12,500 oncologist/hematologist clinics in the US (American Cancer Society, 2016)) afflicting every demographic.

While medical advances are prolonging the life of middle to late stage cancer patients, the grueling treatment plans are debilitating to the mind, body, and spirit. Dr. Matthew Scott at Oncology Associates (OA), a leading oncologist specializing in the area and on staff with CHHC, took charge of the case. He indicated that in addition to surgery, Robert's treatment would include chemotherapy 4-5 days a week for six cycles, which could be managed at the OA facility. Shortly thereafter, Robert, accompanied by his daughter, attended the first therapy session and this was where the painful reality of the illness set in for both father and daughter. The sterile, eerily quiet chemotherapy room reinforced and intensified his fears and anxieties. The lengthy chemotherapy treatment lasting for three to five hours, approximately five days a week over several weeks was standard procedure. Robert's visible anxiety intensified as time stood still during the infusions. Options for diversions were restricted to reading literature from home, watching pre-selected shows on television, or talking with immediate family and friends. Robert could not help but observe the frail and nauseous roommates sharing the facility. He soon joined the ranks of the despondent and with each visit became visibly more depressed. As a last ditch effort to save her dad from further despair, Barbara suggested participation in some leisure pastime activities such as reading and card games available in the room to no avail. On one visit Barbara had a birthday and unbeknownst to her the CHHC intern, Carl Mason, spontaneously threw a surprise party for her and invited all of the patients and staff. Carl Mason, the new healthcare student completing his required 400-hour internship for his degree, was under the direct supervision of Barbara Smith. The atmospheric change and uplifted demeanor of the patients was undeniable as they feasted on cake with CHHC staff casting their cares away while engaging in antics and activities with no thought of their prognosis or treatment. Dr. Scott made a mental note of the behaviors which caught his attention as this was such a contrast to the demeanor of cancer patients typically undergoing treatment.

The chemo treatments were long and, therefore, it was just a matter of time before Robert relapsed into a more severe state of depression and anxiety. As an act of desperation she enlisted the assistance of her intern Carl at CHHC to draft a proposal to modify the IV chemotherapy cancer treatment regime from the traditional delivery method to be more inclusive of a holistic medical approach, including (but not limited to) social engagement activities such as those introduced during the party. Unbeknownst to Carl, his simple act of kindness during his internship in healthcare administration would propel him to be a key player and innovator in holistic cancer care management. At this juncture in his short career the lessons learned regarding teamwork, leadership, and communications at Wilcott University would play out in a real-life situation, as he seized this opportunity to impact the treatment experience for cancer patients.

### ***3. The Chemo Cafe Initiative-Lessons in Leadership, Teamwork and Communications***

Carl readily accepted the charge to develop a program to engage patients during cancer treatments with an understanding that it would impact their overall health. He spent countless hours benchmarking and researching program ideas for best practices to engage patients in meaningful life-enhancing activities augmented with educational insights. The holistic medicine approach became the framework for integrating traditional medicine approaches with more naturopathic beliefs. The result was the inclusion of program elements that addressed the whole person --the body, mind, and spirit – in addition to treating the cancer. Consequently, Carl embarked on a quest to offer meaningful activities that were engaging but also taught patients to make lifestyle choices that would improve their current and future health. The program infused instructional components of diet, nutritional herbal medicine, acupuncture, physical therapy and exercise (physical), with attitudinal and behavioral modification (mental), along with relationship and spiritual counseling (spiritual). Hence, the program initiative became formally known as "Chemo Café."

Chemo Café loosely fit within the domain of Complementary and Alternative Medicine (CAM) therapies and holistic approaches to chemotherapy. According to the Academy of Integrative Health and Medicine (AIHM) "holistic physicians embrace a variety of safe, effective options in diagnosis and treatment, including: education for lifestyle changes and self-care complementary alternatives; and conventional drugs and surgery" (AIHM, 2015). Hope, humor, enthusiasm, love, and awareness are as much a part of the treatment plan as traditional medicine. Carl strategically selected program components that included guest speakers and tutorials for patients and family on the nutritional benefits of foods linked to cancer-fighting agents; strategies for decreasing nausea and upset stomach; approaches for increasing energy and appetite, and meaningful engagement while receiving chemotherapy. Patients were scheduled one day a week for nutritional seminars to educate families, patients and providers regarding complementary food choices best for those receiving treatments.

For example, certain foods cause nausea ingested prior to chemotherapy; chemical alterations to the taste buds render some foods less palatable subsequent to chemotherapy, and certain foods become indigestible. Other ideas addressed the mental health and acuity of the patients. For example, mental health counselors were invited to discuss both patient and caregiver concerns related to anxiety and depression. Structured activities were integrated to diminish “chemo brain” defined by the American Cancer Society as the mental cloudiness patients feel before, during and after chemo treatments (American Cancer Society), by stimulating mental acuity. Strategically bundling and sequencing games into a set that included games like chess, checkers, mancala, backgammon, cribbage, and pinochle effectively increased mental sharpness. While recreation is nothing new in healthcare, it has rarely been utilized to create a stimulating, engaging environment for chemotherapy patients.

### **3.1 The Formation of the Team**

Subsequent to the development of the Chemo Café, the next crucial challenge was to persuade Dr. Scott to pilot test the holistic approach with his cancer patients at Oncology Associates. Dr. Scott was highly respected, loved, and revered by the local community. His practice was highly organized and perceived as above reproach. Through his vision, the Oncology Associates came into being and was recognized as the foremost treatment center in the region. Decades of medical school and establishing a practice required discipline, persistence, control, and a strict focus on the vision. Physicians, nurses, and support services workers were carefully vetted. He meticulously monitored every aspect of the patient’s treatment process and recovery. Dedicated to his profession, his training was primarily medical rather than psychological. Consistent with the traditional medical model decisions were based primarily on observable, objective criteria from which he rarely backed down. The Oncology Associates’ staff followed Dr. Scott’s directions to the letter. As such, in order for the Chemo Café succeed, it required the endorsement of Dr. Scott. After several weeks of strategic planning which included program logistics, Carl and Barbara co-presented the holistic medicine-based initiative to Dr. Scott. Carl’s formal presentation of the program components were followed by Barbara’s endorsement and validation of the concept. Barbara, who became Carl’s mentor, passionately argued in favor of the concept after her personal encounter with her father Robert as a cancer patient. From the onset, Dr. Scott’s hesitancy was evident. Barbara strategically refuted each concern from both a personal and professional perspective. Concerns regarding privacy and patient rights along with changes in medical regimes based on traditional medical approaches, not to mention work routines for physicians and nurses, were expressed. Carl responded by stating that, “the intent was not to change the medical procedures, but instead to provide quality care during treatment through meaningful activities and to educate patients by strategically communicating this new ‘holistic’ approach to patients, family, caregivers, and healthcare service providers.” If the new program were embraced by the stakeholders, Chemo Café would become a new complementary form of the healthcare regime. Chemo Café could potentially be adapted to treat the “whole person” including the social, mental, and physical well-being using a treatment mode that conventional medicine did not offer. By answering these concerns, Dr. Scott agreed to try it as a pilot program.

### **3.2 The Program**

One focus of the activities was to keep the patients engaged, informed, and entertained. The Chemo Cafe was designed to move patients from a treatment environment that fostered fear and anxiety to an engaging and learning environment that addressed patient questions and allowed them to take more control of issues associated with their treatment. This approach includes a patient-centered focus defined by the Institute of Medicine (IOM) as “providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions” (IOM p.3). The patient-centered team approach helped physicians, nurses, and other service provider understand that there were times patients simply wanted to be distracted from medical protocols and experience “normalcy” during treatment by offsetting those competing interests with holistic activities offered by the program. A major component of the Chemo Café program was to get patients socially engaged as part of a Complementary and Alternative Medicine (CAM) therapy. In addition to treating the cancer, CAM therapies addressed pain, fatigue, nausea, depression, and other similar conditions. (Wilkinson & Stevens, 2014). An initial strategy used to increase engagement was an interactive game called “Table Topics,” which was a series of 250-plus thought-provoking questions that encouraged discussion and interaction among patients; it became the game of choice. The active discussions brought about connected individuals promoting a sense of community among patients in the room. Certain interactive games like checkers were discouraged because they proved to offer limited levels of engagement and communication.

Chemo Café's largest undertaking was the establishment of an expanded community space where social events could take place. The facility's campus garden, local community parks, and retailers provided outlets for groups of patients as part of routine and seasonal outings and activities. For example, teas and manicure/pedicures were provided for the women undergoing treatment and holiday celebrations were anticipated. These unconventional approaches stimulated social interaction and uplifted the spirits of patients.

### 3.3 Strategic Implementation

Everyone agreed that activities should be implemented incrementally as follows:

- Procedures and routines of the patients and staff had to be modified to fit the new program protocols.
- Separate rooms were established to accommodate different levels of care and to accommodate patient's preferences to either accept or opt out of the Chemo Café Program (requested by Dr. Scott).
- Effectively communicate all aspects of the program concept to the physicians that could potentially be involved with patients in the new environment.
- Effectively communicate the program to the nurses to increase their awareness of when and how to administer drugs accurately and efficiently with patients that were more active and sometime otherwise occupied during treatment.
- Discuss the educational components to make patients and their families understand how they can become more knowledgeable about their conditions and CAM-based alternative treatments.

Brian Green, the business manager expressed concerns for the possibility of unanticipated "side effects" of the Chemo Cafe such as leaving the treatment site unannounced and meandering in the garden. In general, the physicians, patients, nurses, and staff were open to the new approach with a few exceptions that included:

- The increased noise level emanating throughout the clinic, albeit from laughter and storytelling, was disturbing and distracting to some.
- Possible congestion in the treatment space, from visiting educators' family and friends.
- Coordinating and monitoring several patients at once with people perhaps milling about the lab and the possible disruption of the medication schedule due to activities or speakers.
- Difficulty with scheduling patients' treatments because many patients were choosing their treatment days based on scheduled activities. For example, on days of popular activities, the lab was overly crowded and was nearly empty on other days.
- A requirement for additional monitoring of family members who became more involved in the patient activities.

While Brian preferred the quieter and more settled treatment environment that existed prior to the Chemo Café, he was willing to participate in the Chemo Café; however, everyone was aware of his discomfort with the program taking his concerns into full consideration.

### 4. Outcomes

The Chemo Café energized many of the patients undergoing chemotherapy treatment, including Robert, Barbara's father. The informal responses from patients and family members after implementation of Chemo Café reflected a significantly improved demeanor and behavior among both the patients and the family members 'participating in the Chemo Café program. The reported outcomes were as follows:

- The most important distinction mentioned was the increase in patient engagement while receiving treatment. Doctors were "amazed" at the positive patient responses and cheerful demeanour.
- Time spent was more meaningful: family members stated they felt the time in the chemo was well-spent.
- The activities provided a real distraction. Some of the patients reported they almost forgot they were receiving chemotherapy.
- Family members noted the patients appeared spiritually uplifted and were less resistant to the treatments.
- The educational workshops provided valuable information. Some patients were able to take the lessons learned and applied them to their lives outside of the healthcare facility.

As the client base increased at the two facilities with several referrals for the Chemo Café program, it became increasingly evident to everyone that the partnership between CHHC and OA was substantial. The mutually beneficial referrals continued to be made creating a lasting bond between the two facilities.

As the semester ended, Carl's presentation of his Chemo Café project at Wilcott College further reinforced the success of the program. Carl's professor praised the project and its results.

### **5. Conclusion**

Carl completed his studies at Wilcott University and his internship at CHHC. He accepted a job with CHHC as an administrative assistant. Barbara's father passed, and she left her position at CHHC for another employment opportunity. This left the future direction of the Chemo Café uncertain. The concept of the Chemo Café provided a simplistic, yet groundbreaking alternative to conventional IV treatment programs for cancer patients by providing positive, engaging experience for patients, family members, and service providers. Carl would like to continue exploring the feasibility of the Chemo Café as complementary holistic supplement to medical treatment for cancer in this facility and others. The questions, "Where does he go from here?"

### **Teaching Notes**

Below are learning outcomes along with possible questions and answers that can be used in tandem with the case study in an academic setting. Handouts are also included to assist with classroom discussion and activities.

### **Learning Outcomes**

In completing this assignment, students should be able to:

1. Identify the leadership styles utilized in the healthcare setting and how people used them to accomplish change and innovation in the delivery system.
2. Identify teamwork strategies and demonstrate an understanding of how these strategies can assist in bringing about change in a healthcare setting for IV cancer patients.
3. Identify communication styles of leaders with stakeholders including patients, family members and healthcare practitioners on behalf of IV cancer patients in a healthcare setting.
4. Define holistic (referred to as Complementary and Alternative Medicine - CAM) and conventional care; evaluate the benefits of holistic approaches to intravenous chemotherapy and how these methods of treatment may reduce patient fear and anxiety and improve the overall quality of care.

### **Discussion Questions**

1. Using the information in the case and Goleman's Six Leadership Styles (see Student Handout A), describe the leadership styles of the two successful health care entrepreneurs. How did the individuals use their unique leadership styles to advance the Chemo Café concept as a joint venture between these two health provider organizations?
2. Carl Mason observed that communication and teamwork were inseparable and essential to any successful project, but often fraught with challenges. These challenges were exacerbated when trying to communicate in a multidisciplinary environment with stakeholders at two organizations. Some constituents included: oncologists, primary care doctors, nurses, nursing aides, patients and family (primary); clinicians, nutritionist, clergy and mental health workers (secondary). A clear process for communication and decision-making is required for the success of the Chemo Café. Using McCombs "Big Five Dimensions of Teamwork," (see Handout D) what recommendations would you make to promote better communication and teamwork in the holistic medical environment?
3. Using Lewin, Lippitt, and White's "Communication Framework," (see Student Handout C) analyze Barbara Smith and Carl Mason's communication style (s) for communicating with the various stakeholders (oncologist, nurses, managers, patients, and family) to get buy-in for the Chemo Café Program.
4. Holistic medicine known as Complementary and Alternative Medicine (CAM) is a critical component of the development of the Chemo Café. Evaluate the benefits of holistic approaches to intravenous chemotherapy and how these methods of treatment may be used in conjunction with traditional medicine to reduce patient fear and anxiety and to improve the overall quality of care (See Handout B).

### **Answers to Discussion Questions**

1. Using the information in the case and Goleman's Six Leadership Styles, describe the leadership styles of these two successful health care entrepreneurs.
2. How did the individuals use their unique leadership styles to work together to advance the Chemo Café concept as a joint venture between these two healths provider organizations?

The leadership styles that are relevant in this case are affinitive, democratic, pacesetting, and, to a lesser extent, coercive and authoritative. Carl seemed to grasp the idea that in order to be an effective leader in a healthcare setting particularly with cancer patients it is important to use the affinitive approach by expressing empathy, placing the patient first, and engaging in relationship building, these behaviours are consistent with affinitive leadership.

Secondly, because the team in both organizations were competent and open to innovation, a democratic style was helpful in implementing new initiatives. The democratic approach encourages innovation and flexibility needed with new initiatives. This approach was used by Carl and Barbara. A pacesetting leadership styles is helpful when the goal is to improve performance: the leader models the desired behaviour. Carl and Barbara appeared to lead by example by initiating a major innovation and setting the pace using unconventional treatment approaches in a setting where timing is crucial. Because each day is precious to the IV patients, all activity needed to be focused on engaging in meaningful social interactions. Barbara also demonstrated an ability to be an effective coach and mentor for Carl. 2. Carl Mason observed that communication and teamwork are inseparable and essential to any successful project, but often fraught with challenges.

These challenges were exacerbated when trying to communicate in a multidisciplinary environment with several stakeholders at two organizations. Some constituents included oncologists, primary care doctors, nurses, nursing aides, patients and family (primary); clinicians, nutritionist, clergy and mental health workers (secondary). A clear process for communication and decision-making is required for the success of the Chemo Café. Using McCombs “Big Five Dimensions of Teamwork” what recommendations would you make to promote better communication and teamwork in the holistic medical environment? The proposed team should consist of multidisciplinary team members comprised of the stakeholders including: healthcare administrators, oncologist, managers, specialists, therapists, educators, patients, family. The patient is integral to the team and his or her personal preferences, support network, and internal motivations should be foremost in importance. The leaders on the team should guide and structure team progress as well as communicate with the team regarding organizational and national healthcare policies and procedures impacting patient care decisions and ensure that goals are aligned with patient preferences. Each team member should monitor each other’s work to avoid and/or detect mistakes and provide oversight to promote patient wellbeing. If a team member leaves or is otherwise unavailable, backup should be provided for continuity of care. The team should be adaptable anticipating changes from the course and make adjustments accordingly.

3. Using Lewin, Lippitt and White’s “Communication Framework” analyze Barbara Smith and Carl Mason’s communication style (s) for communicating with the various stakeholders (oncologist, nurses, managers, patients, and family) in getting buy-in for the Chemo Café Program. Leadership communication is defined as a relatively enduring set of communication behaviors in which a leader engages when interacting with stakeholders. Lewin, Lippitt and White (1939) identified the impact of communication styles on group outcomes. Three dominant styles identified are: Democratic, Authoritarian, and Laissez-Faire. The Democratic approach would be most helpful for the healthcare administrators for several reasons. The healthcare team for cancer treatment in most instances is multidisciplinary and interdependent. Goals need to be discussed and shared through an open two-way communication process. Due to the changing nature of healthcare policies and procedures, soliciting input is critical. The interaction among team members is in the best interest of the patient and team. Everyone on the team including the healthcare administrators should be in a position to suggest alternative treatment strategies; this approach led to the success of the Chemo Café. Anyone on the team including the patient and family should be encouraged to provide feedback regarding the treatment modalities. The oncologist, family, and patients verified the viability of Chemo Café by providing feedback about their experience. Even negative feedback is important to encourage openness and build trust. The oncologist and business manager candidly expressed several concerns as did other stakeholders which in the long-run led to their acceptance of the Chemo Café initiative. Holistic medicine known as Complementary and Alternative Medicine (CAM) is a critical component of the development of the chemo Café. Evaluate the benefits of holistic approaches to intravenous chemotherapy and how these methods of treatment may be used in conjunction with traditional medicine to reduce patient fear and anxiety and improve the overall quality of care.

According to the American Holistic Medicine Association (AHMA) holistic medicine is defined as “the art and science of healing that addresses the care of the whole person - body, mind, and spirit.” The practice of holistic

medicine integrates conventional and complementary therapies to promote optimal health and to prevent and treat disease by mitigating causes” (AHMA, 2014). According to the American Cancer Society (2013) holistic medicine focuses on how the physical, mental and spiritual elements of a person are interconnected to maintain overall good health. When one part is not working well, it is believed to affect the whole person.

Some people argue that holistic medicine and complementary alternative medicine (CAM) are one in the same (American Cancer Society, 2013). Holistic medicine has its roots in ancient healing traditions. Socrates and Plato promoted holistic approaches advocating that doctors respect the relationship between the mind and body. In 1926, the term holism was coined by Jan Christiaan Smuts, which gave rise to the term holistic medicine (American Cancer Society, 2013). Some proponents of holistic medicine argue that cancer has an underlying cause (such as diet or an emotional problem that needs to be addressed before the cancer can heal);

However, scientific evidence does not support claims that holistic medical approaches are effective when used without conventional medicine (American Cancer Society, 2013). The American Holistic Health Association says that healthy lifestyle habits will improve a person’s energy and vitality and a person should not only treat the illness but the whole self to reach a higher level of wellness. Holistic medicine can involve the use of both conventional and holistic methods with a focus on lifestyle changes (American Cancer Society, 2013). In mainstream medicine, holistic care focuses on overall health and can include prevention, rehabilitation, with a focus on mind, body and spirit as well as the surrounding culture and environment. Some health care professionals suggest that cancer pain and treatment side effects can be managed with holistic approaches. This means the healthcare team will be made up of diverse healthcare professionals from a variety of specialties that include: nursing, surgery, radiation therapy, oncology, psychiatry, psychology, and social work (primary) dietitians, physical therapists, and the clergy (secondary) (American Cancer Society, 2013). Chemo Café was designed as part of a CAM approach for IV cancer patients. The treatment modality which included activities, meaningful engagement, social interaction, education, and support for the patient and family was designed to complement conventional medical approaches to assist in promoting optimal health and well-being.

### ***Student Handout A***

#### **Goleman’ Six Leadership Styles**

Goleman (2000) in an article entitled, *Leadership That Gets Results* identifies six leadership styles that spring from various components of emotional intelligence. The leadership styles include the following: Coercive – A coercive style leadership is based upon “do what I say.” In a crisis, a coercive style may be needed to take control of an issue, to turnaround a situation, or deal with the media. In other situations where people are not in panic mode, it can inhibit the organization’s flexibility and dampen employee motivation. Authoritative – An authoritative style leadership is based upon a “come with me” approach, which can be very effective in a quick turnaround situation, natural disaster or if the business is adrift. It is less effective when the team is more experienced than the leader.

a. Affiliative - The affiliative style of leadership is based upon the “people come first” approach. It puts people first with empathy, relationship building and communication as major goals. This style is useful for building harmony and morale; however, this hands-off approach can allow poor performers to go unchecked and leave them in despair.

b. Democratic - The democratic leadership style works best when employees are highly competent, have innovative ideas and can offer sound advice. The democratic leader offers an environment where workers have a great deal of flexibility, responsibility and high morale; however, it is not effective when workers fall outside of these parameters.

c. Pacesetter - The pacesetter leadership style sets high performance standards where the goal is to continually do things better and faster; the leader exemplifies these qualities. This type of leadership can be effective for short periods, but can be overwhelming for certain employees who may resent the overwhelming demands.

d. Coaching - The coaching style is most effective when employees are self-motivated and need little direction. This leader acts more like a counselor than a boss does (p. 1). (Goleman, 2001)

### **Student Handout B**

#### **Comparing Holistic and Conventional Medicine**

	<b>Holistic Medicine</b>	<b>Conventional Medicine</b>
<b>Philosophy</b>	Based on the integration of allopathic (MD), osteopathic (DO) and naturopathic (ND), energy, and ethno-medicine	Based on allopathic medicine
<b>Primary Objective</b>	To promote optimal health and as a by-product, to prevent and treat disease.	To cure or mitigate disease
<b>Primary Method of Care</b>	Empower patients to heal themselves by addressing the causes of their disease and facilitating lifestyle changes through health promotion.	Focus on the elimination of physical symptoms.
<b>Diagnosis</b>	Evaluate the whole person through holistic medical history, holistic health score sheet, physical exam, lab data	Evaluate the body with history, physical exam, and lab data.
<b>Primary Care Treatment</b>	Love applied to body, mind, and spirit with: diet, exercise, environmental measures, attitudinal and behavioral modifications, relationship and spiritual counseling, bioenergy enhancement	Drugs and surgery
<b>Secondary Care Treatment Options</b>	Botanical (herbal) medicine, homeopathy, acupuncture, manual medicine, biomolecular therapies, physical therapy, drugs, and surgery	Diet, exercise, physical therapy and stress management
<b>Weaknesses</b>	Shortage of holistic physicians and training programs, time-intensive, requiring a commitment to a healing process, not a quick fix	Ineffective in preventing and curing chronic disease; expensive
<b>Strengths</b>	Teaches patients to take responsibility for their own health, and in so doing is cost-effective in treating both acute and chronic illnesses; therapeutic in preventing and treating chronic disease; essential in creating optimal health.	Highly therapeutic in treating both acute and life-threatening illnesses and injuries.

(Ivket, 2010, pg. 1)

**Student Handout C**

**Lewin, Lippitt, and White’s Three Leadership Communication Styles**

Democratic	Authoritarian	Laissez-Faire
Involved team in setting goals	Sets goals individually	Allows the group free reign to set their own goals
Engages in two-way open communication	Engages primarily in one-way, downward communication	Engages in noncommittal, superficial communication
Facilitates discussion with group	Controls the discussion among the group	Avoids discussion with the group
Solicits input regarding determination of policy and procedures	Sets policy and procedures unilaterally	Allows the group to set policy and procedures
Focuses interaction	Dominates interaction	Avoids interaction
Provides suggestions and alternatives for the completion of tasks	Personally directs the completion of tasks	Provides suggestions and alternatives for the completion of tasks only when asked to do so by the group
Provides frequent positive feedback	Provides infrequent positive feedback	Provides infrequent feedback of any kind

(Lewin, Lippitt, and White, 1939, pgs. 271-29)

**Student Handout D**

**McComb’s Big Five Dimensions of Teamwork**



**Team Leadership** – Leaders are responsible for guiding and structuring team progress. The leader also communicates with the team regarding organizational and national healthcare policies and procedures impacting patient care decisions and ensure that goals are aligned with patient preferences. For example if there were conflicting views on end-of-life care, an effective leader would facilitate the discussion to resolve the problem (Salas et al., 2005).

**Mutual Performance Modeling** – Each team member monitors each other's work to avoid and/or detect mistakes. This allows team members to be aware of how the team is functioning during stressful tasks (Salas et al., 2005). Healthcare providers should monitor and provide feedback regarding mistakes and provide oversight to promote patient wellbeing.

**Backup Behavior** – Backup behavior occurs when team members provide resources and help each other when one member is overloaded. Backup can be provided by providing feedback, coaching, assistance, or task completion (McComb and Hebdon, 2013).

**Adaptability** – This involves the team's ability to recognize deviations from the anticipated course and making adjustments accordingly. The approach requires a mutual understanding of the task and how the changes may have impacted the internal or external environment, which in turn may impact the roles of the team. Adaptability is needed in a complex healthcare setting with changing federal regulations, practice standards, insurance requirements and patient requirements or preferences. For instance among cancer patients a change in disease trajectory can impact oncology care decisions (McComb and Hebdon (2013).

**Team Orientation** - This involves member preferences for working in teams and accomplishing tasks through coordination, evaluation, and input from team members (Salas, et al., 2005). Although there may be a sense of independence among team members, coordinated group behavior is required from the primary and secondary teams to ensure the goal of patient well-being (McComb et al., 2012).

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