

Protocols and tools for systematic psycho-social needs screening, before and after cancer treatment



TYPE	Fully implemented	LAST UPDATE	August 2021	HUNGARY • NATIONAL CANCER CENTERS
STATUS	Periodically reviewed for further improvements			Psychosocial care

PROBLEM & OBJECTIVE

PROBLEM Lack of sufficient psycho-oncological care in cancer care settings

OBJECTIVE To provide onco-psychological and social care for an increasing number of patients at the National Institute of Oncology (NIO, Comprehensive Cancer Center) throughout the entire cancer care trajectory.

KEY COMPONENTS / STEPS

- Increase capacities (e.g. personnel including number of psychologist on the team and having administrative staff; education and training such as team members taking clinical psychologist board exam, psychotherapy trainings using different methods such a mindfulness etc.).
- Formally establish the unit (Director General, Head of Rehabilitation Department, Head of Onco-psychology Unit), create the organizational structure, functions, Standard Operating Procedures, create synergies in working with all other departments and ensuring compliance with the ISO 9001 quality standards.
- Establish internal and external communication channels (with all stakeholders including communications within the onco-psychology team, clinical staff, rehabilitation team social worker, dieticians, physiotherapist etc. and patient organizations), establish protocols and tools.
- Continuously improve and expand services provided to patients and staff in line with their needs.
- Initiate professional networks nationwide and serve as a model program in operating an onco-psychology unit. Support and mentor onco-psychology units at other hospitals.
- Expand international professional activities and continuously improve protocols and tools. (following the PDCA cycle).

KEY CONTEXTUAL FACTORS

- Psychological care of cancer patients has been existent at NIO since the 1990's. Nevertheless, the onco-psychology unit was formally established within the Rehabilitation Department in 2010 with seven onco-psychologists, and in 2014 a social worker joined the team. The development of the tools and protocols were based on the Hungarian National Cancer Control Programme (NCCP). In addition, international guidelines (NCCN, etc.) were reviewed and adapted. Currently, the onco-psychological screening is organized systematically for inpatients, and onco-psychologists are present at morning ward rounds and medical staff meetings. Due to the lack of capacity, outpatients are currently not screened. Besides providing psychotherapy sessions to patients during their treatment at NIO, after their discharge, patients are either referred to receive further care closer to their home, or they have access to 5-10 psychotherapy follow-up sessions at NIO (if needed, the patient can participate in more sessions). The unit provides the following services to patients: Group Sessions to prepare for interventions (surgery, chemotherapy, radiotherapy), Relaxation techniques group sessions; Speech rehabilitation for head-and-neck cancer patients; Smoking Cessation Program; Patient Education Programs; Personal Consultations and Psychotherapy sessions. The following services are provided to the staff (doctors and nurses): Burnout prevention sessions; Continuous Medical Education programs for credit points (onco-psychology, patient-doctor communication, psycho-pathologies etc.). Besides regular internal meetings and case consultations, an external supervisor also aids the unit's work. The unit also annually hosts 40 interns from universities and regularly presents their activities at national and international congresses.

MAIN IMPACTS / ADDED VALUE

- The formal establishment of the onco-psychology unit was aimed to meet cancer patients' needs for onco-psychology services in order to improve their quality of life. Providing complex onco-psychology services—covered by the National Health Insurance Fund and available to patients free of charge during and after their cancer treatment—has great benefits for both patients and society. If patients receive supportive psychotherapy at the right time, it can help prevent the development of Post-Traumatic Stress Disorder, thus leading to a better quality of life. Improvements to the quality of life entail all aspects of everyday activities including: family, work, sexual activity, etc., thus cured patients can live as active members of society. The indicators measured (recorded in the institute's IT system) are reported on an annual basis include the number of patients treated, the number of patient consultations, and the number of patients screened with the onco-psychology screening tool.

LESSONS LEARNED

- Text Support of hospital leadership to integrate onco-psychology services into the everyday clinical activities with a multidisciplinary approach.
- Openness of clinical staff to collaborate with onco-psychologists.
- There is no "one size fits all" approach to onco-psychology protocols. They need to be tailored to the specific clinical departments and the care they provide.
- Protocols and tools need to be up-to-date and adjusted to advances in cancer care. Applying accumulated experiences from practice to improve protocols is also important.
- Onco-psychologists are required by law to enroll in continuous professional development courses. Staff commitment to continuous education is needed.
- Participation in supervisory and team coaching practices are also greatly beneficial to build a well-functioning unit.

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REFERENCES & DOCUMENTATION

N/A

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