## **Ann Muls**



Macmillan Nurse Consultant (GI consequences of cancer treatments)

The Royal Marsden NHS Foundation Trust.

Since having been appointed as Macmillan Nurse Consultant in GI consequences of cancer treatment, Ann has established a new clinical role, which has focused on:

- improving services for patients
- improving communication with patients and staff
- building team cohesion
- fostering research and education

Since appointment, she clearly defined the scope of her role to her team colleagues and to senior nurses in our institution, and she has also undergone a comprehensive training programme and developed new clinical skills as a unique practitioner in the trans-pelvic consequences of cancer treatment so that she is able to assess and manage complex patients, has developed a detailed and highly original proposal for her PhD, had approved applications for new clinical research projects, presented data at national meetings and in appreciation of the new skills she has brought to this young field, pelvic radiation disease, has been invited to speak at international meetings.

## Radical reshaping

Since her arrival, she proposed to the clinical team - who have endorsed her suggestions – a radical reshaping of the entire structure of our clinical appointments system, allowing 37% more appointments in the same time frame, altered and standardised the way that clinical letters are written, introduced holistic assessment for all new patients attending our service, set up and led weekly multidisciplinary review meetings and instituted monthly team business meetings which she chairs.

We run a unique multidisciplinary service for patients with pelvic radiation disease and other GI complications of cancer treatments. Ann joined the service to allow us to:

- expand the service to more patients
- increase the range of our services to those patients
- expand our research output
- increase our educational activities.

She has remained focused on these objectives and has constantly asked the multidisciplinary team whether the changes which she has developed with them address and meet these 4 objectives.

By encouraging the team to undertake training in motivational interviewing techniques, she has also ensured that the team do not lose sight of our primary aim which is to address the previously unmet needs of our patients who often travel across the country for our expertise.

There are 4 key stakeholders in our service

- The multidisciplinary clinical team.
- The patient body
- The research team
- The administrative, secretarial and managerial team.

With each group Ann has adopted the same approach. She has found time to sit with individuals, learn what they do and the pleasures and difficulties of their posts and how her role could help them function more effectively. She surveyed each of the 18 members of the team anonymously about their hopes, frustrations, how they see their role within the team and presented those data to us. She has attended meetings of the Pelvic Radiation Disease Association, the patient support group to listen to their concerns and aspirations.

She has collated data about our clinical practice in previous years to identify and show where previously unappreciated bottlenecks in the service exist and has proposed rational solutions to those problems. It is a measure of the unity that she has brought that all of her proposals to change the service have achieved the benefits she predicted - enhancing everyone's working practice and care given to patients.

Before Ann started our service was full. Through evaluation of previous clinical attendance data and workload analysis she rapidly established that a further 37% increase in clinical appointments time could be achieved by completely revamping our appointment schedules.

## Two innovations will help ensure these changes are sustained:

Newly instituted monthly team business meetings where all our activities are open for discussion improving transparency and developing a milieu of empowerment within the team.

Prospective service evaluation of workload analysis, including patient characteristics, symptom profiles and burden, diagnoses made. This helps focus clinical management and at the same time, allows us to monitor service development which can be evaluated in a quantitative manner.

By adopting a multidisciplinary approach, Ann is encouraging and empowering different disciplines to learn from each other and develop a joint clinical decision making model regarding the management of patients experiencing GI consequences of cancer treatment which filters through to the strategic and research based foundations of the team. This fosters a milieu where open communication, learning, reflection and skill development is incorporated within the context of a multidisciplinary team and reflects the ethos of the whole team to develop and improve service provision for patients living with and beyond cancer.

If you have any questions about Ann's case study please email Macmillan development manager David Seychell <a href="mailto:DSeychell@macmillan.org.uk">DSeychell@macmillan.org.uk</a>.