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Multidisciplinary (Nursing, Psychology, Physical Therapy, Occupational Therapy, Pharmacy, Oral Medicine, Social Services)
It is about time for a hematopoietic stem cell transplantation multidisciplinary team

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The Hematopoietic Stem Cell Transplantation (HSCT) is a highly-complexity procedure whose target audience are patients that have been submitted to previous treatments without success and with intense physical and emotional suffering. The Protected Environment Unit (PEU), where patients stay during hospitalization for treatment, need to constitute a setting that must support anxieties, sorrows, sufferings, real fears of death and uncertainty regarding the outcome of the transplant. Thus, it requires from the multidisciplinary care team a high level of technical development and emotional investment. This report aims to describe an experience of working with a multidisciplinary team of PEU. The intervention was requested by the team itself, through the head of the department, who identified moments of anguish in the presence of suffering of patients, families and occurrence of deaths. It was coordinated by a work psychologist linked to the Occupational Medicine Service, whose goal is to promote the health of employees of the institution. The objectives were to provide a space to listen to the team’s experiences while working with HSCT patients, to help recognize feelings that appear in the care relationship and build collective strategies to better face this reality. It comprised a diagnostic phase (3 months), during which preliminary individual interviews were carried out with the medical management and team members; monitoring of the multiprofessional round and subsequent return of the observations and the first reading of the scenario, generating an intervention contract with the team. The diagnosis showed intense cognitive and affective investment by the team; modifications in the teamwork with the addition of new professionals; discussion of cases focused on medical issues; high-demand patients and families; deaths of patients; limits versus high hopes; permanent tension; “race against time”; decision-making; weight of responsibility. The intervention itself, lasted 12 months, with sporadic reflective evaluations, and consisted in encouraging the staff to think about their work process, observing the inclusion of different knowledge and listening to each other; the search for greater cohesion in managements carried out by the team; ongoing experimentation of deeper and more integrated discussion of cases; the psychological dimension of mourning. At the end of the contracted period, the team was able to participate in case discussions more spontaneously and effectively; there was a change in the modes of communication, with a deeper and more integrated understanding of the patient; development of a shared treatment plan and a test to include the experience of patients’ death in the round. It is understood that the investment of the PEU team is strongly linked to each professional’s motivation and desire to articulate collective and specific actions of care with the patient and their families.

Keywords: multiprofessional team; healthcare team; staff and HSCT