



## HEALTH INNOVATIONS

NAME OF PRACTICE: MENTAL HEALTH CONSIDERATIONS FOR IMPLEMENTATION OF NEW MODELS OF CARE AND ADVANCE PRACTICE ROLES

JURISDICTION: National

HEALTH THEME: Role-Scope of Practice, Quality of Care, Workplace-General

HEALTH SECTOR: Mental Health

IMPLEMENTATION DATE: 2016

Ensuring the necessary configuration of healthcare providers cannot be considered without the evaluation of the psychological demands on those individual. Changes in skill mix and scope of practice to morph the current workforce and better suit system needs, requires change management which has long recognized the mental health burden that individuals can experience. However, traditionally, policy implementation of new models of care has not focused on this issue.

### PURPOSE/OBJECTIVES

The purpose of this evaluation was to understand the mental health burden associated with the implementation of CSRT positions as a new role within the local interdisciplinary teams and Ontario healthcare system. An indirect evaluation of this new model of care impact on healthcare professionals in regards to task shifting towards CSRTs was also reviewed.

### FINDINGS/IMPACT/OUTCOMES

Misiaszek & Potter (1984) described the stress associated with psychiatry residents into independent practice and is consistent with the CSRT experience in changes of practice scope: termination (separation and grief over losses), adjustment (ambivalence and uncertainty), identity formation (increased productivity and comfort), and consolidation (accomplishment and compatibility of goals). Healthcare professionals that experienced task shifting highlighted positive and negative reactions, which subsided across time as role clarity and increased duty communications unfolded. Radiation Oncologist's and Medical Physicist's perceptions of tasking shift to CSRTs were positive and highlighted the need for a residency model that was in line with profession specific expectations. This same concept provided contradictory expectations to other professions, such as nursing, which perceived the training model as lacking transparency and resulting in duty confusion across time (e.g., expectation of immediate duty acquisition versus training). Standard steps to clarify such concern were developed by the project and tailored by local resources to support understanding of the CSRT evolution.

## CONCLUSIONS

CSRTs and healthcare teams experience mental health burden as scopes of practice change and tasking shifting occurs. The impact is not limited to the implementation of CSRTs and can likely be applied to any new advanced practice position or change in care model.

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