

CanIMPACT: Canadian Team to Improve Community-Based Cancer Care along the Continuum

Principal Investigator: Dr. Eva Grunfeld



Beth Chen

Cancer Type	BRCA1
Habitation	Urban, Single
Age	33
Health	Good CV & metabolic health, High veg diet
Occupation	Financial services

Physical	Actively healthy, thin, flexible, yoga & regular exercise.
Psychosocial	Emotionally resilient but newcomer in city feels isolating. Left a relationship back home.
Spiritual	Not religious, but meditates, Deeply into arts & culture.
Information Habits	Digital native, multi-device, internet expert.
Household	High income, No car, Condo renter in city centre. Gourmet cook but dines out often.
Personal & Family Costs (Travel/Financial)	Low local travel costs, high work impact. Pays for family back home to travel. Returns to her traditional acupuncture regimen after treatment.

CanImpact
Improving Cancer Care Together

RESEARCH SYNTHESIS MAP

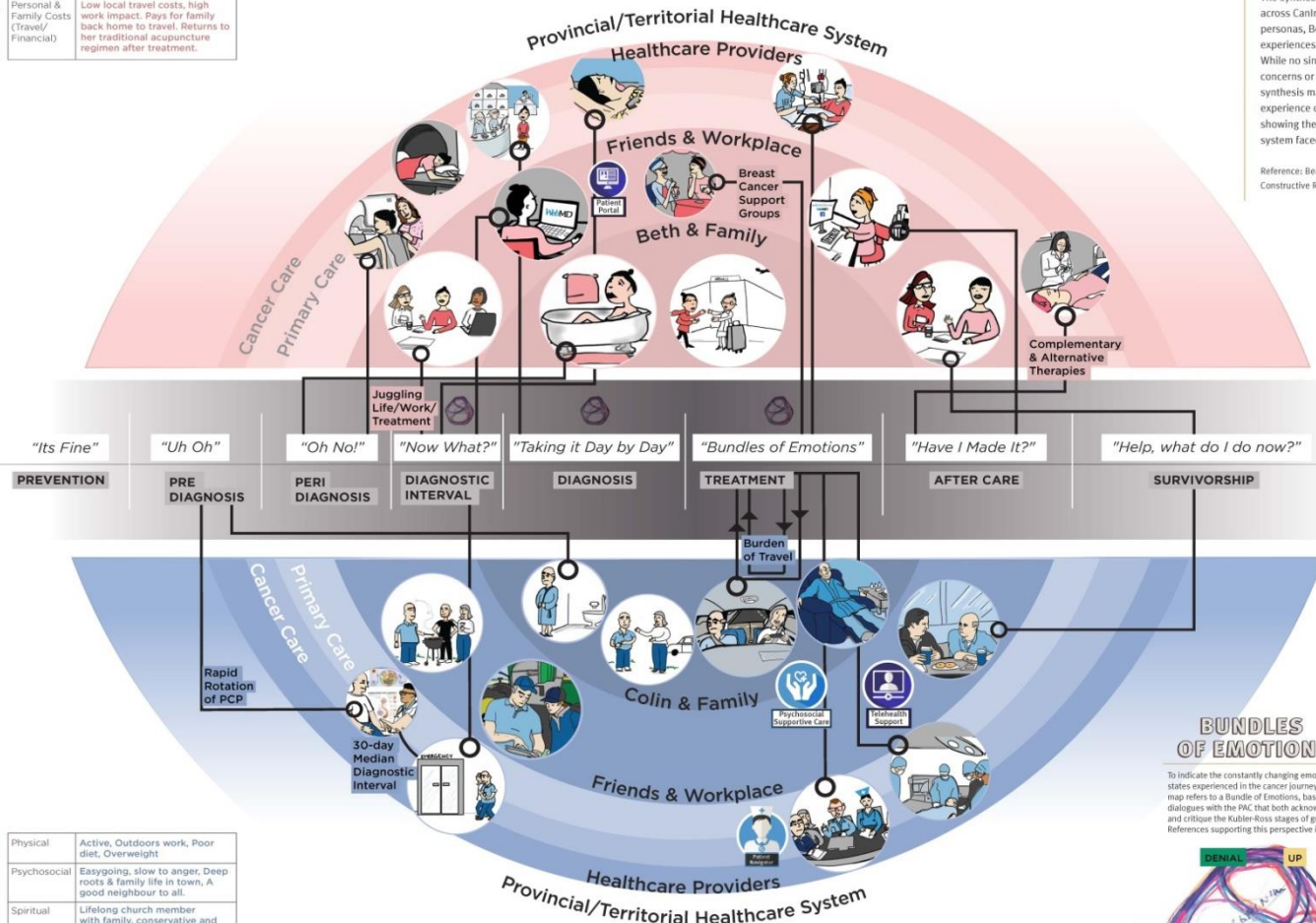

The Mission: Enhance the capacity of community-based primary healthcare clinicians to provide care to cancer patients and to improve the links between primary care and specialty providers.

THE PATIENT AS PERSON IN RELATIONSHIP-CENTRED CARE

The map is presented as a visual knowledge translation of both systemic and human issues informed by the CanImpact team's Patient Advisory Council (PAC). Taking a relationship-centred view of patient-centred care, it presents a balance to the clinical system represented in the CanImpact clinical map (Cancer Care Pathways).

The synthesis map integrates multiple patient perspectives from across CanImpact research with vignettes associated with two personas, Beth and Colin. Their moments as visualized signify lived experiences drawn from breast cancer and colon cancer narratives. While no single mapping can represent the depth of real patient concerns or the range of experiences across all of Canada, the synthesis map captures a range of known concerns in the lived experience of cancer journeys. The map illustrates our aim of showing the kinds of choices, options and difficulties in the current system faced by people with cancer today.

Reference: Beach, M.C., Inui, et al. (2006). Relationship-centered Care: A Constructive Reframing. *Journal of General Internal Medicine*, 21:53-8.


Colin McCain

Cancer Type	Stage I Colorectal
Habitation	Rural, Married, 3 adult children
Age	60
Health	Metabolic syndrome, CV disease with hypertension
Occupation	Owns family farm in Saskatchewan

Physical	Active, Outdoors work, Poor diet, Overweight
Psychosocial	Easygoing, slow to anger, Deep roots & family life in town, A good neighbour to all.
Spiritual	Lifelong church member with family, conservative and observant
Information Habits	Prefers paper, Learned internet and computer skills for family farm.
Household	Large family home attached to farmland in rural area, 80 km from town. Variable income, son lined up to run the farm.
Personal & Family Costs (Travel/Financial)	High family caregiving & travel burden, Town 160km Round Trip (RT), Clinic 230km RT, Chemo & Surgery 500km RT

BUNDLES OF EMOTIONS

To indicate the constantly changing emotional states experienced in the cancer journey, the map refers to a Bundle of Emotions, based on dialogues with the PAC that both acknowledge and critique the Kubler-Ross stages of grief. References supporting this perspective include:



Legend

Given the uniquely personal and varied reactions of people and considering the existential threat of the cancer journey, the emotional representations in the map are not intended to be representative or even a typical experience, but indicative of the situations of these two fictional personas.

- Colorectal Cancer Patient Flow - Colin
- Breast Cancer Patient Flow - Beth
- Info Tech and Communication Intervention
- Secondary Care Practice Intervention
- Cancer Clinical Stages
- Cancer Patient Stages
- Clinical Stages
- Bundle of Emotions

Patient Advisory Committee (PAC)

Marg Fitch, Co Chair
Sharon Matthias, Co Chair
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