## **FEATURE ARTICLE**

## Back to Basics: Assessment, Communication, Caring, and Follow-Up A Lesson From a Couple's Journey With Multiple Myeloma

Sharon K. Coon, PhD, RN, AOCN®, Judi McBride-Wilson, and E. Ann Coleman, PhD, RNP, AOCN®

Ian was a patient with multiple myeloma. His wife, Judi, chronicled their journey and experiences with myeloma and the healthcare system. Through her own eyes, Judi provides a view of the positive and negative consequences of actions or omissions by the healthcare team. The other authors, oncology nurses affiliated with a myeloma treatment center, collaborated with Judi to tell her story and remind oncology nurses that they can and do make a difference when focus is placed on the basics: assessment, communication, caring, and follow-up.

he most basic aspects of health care often are the ones that suffer from neglect. Careful, systematic assessment is the foundation of all decision making by healthcare providers. Effective assessments require all senses. Every healthcare provider is aware of the fundamentals of inspection, auscultation, palpation, and percussion required for physical assessment. Sophisticated laboratory and imaging techniques also are available to delve into the workings of the body. However, even the most technically correct assessment is woefully incomplete unless it includes attentive, active listening with patients and their caregivers. Inattentiveness; poor communication between providers and patients, between providers and ancillary staff, and among multiple providers; and lack of empathy can have devastating consequences for the physical and emotional health of patients with cancer and their families.

Effective communication is essential to arrive at the correct diagnosis, communicate the diagnosis, choose the best treatment, and monitor the patient for response and side effects (Elder & Dovey, 2002; Weston & Weston, 2006; Woolf, Kuzel, Dovey, & Phillips, 2004). Patients move-often at a dizzying pace-through the diagnostic process, receiving the news they have cancer, making treatment decisions and signing consents, and receiving instructions about their IV access devices, medications, and treatment schedules. Awareness of the volume and complexity of the communications that patients and caregivers receive from the healthcare team is important. Stress may affect attention and short-term memory (Kuhlmann, Piel, & Wolf, 2005; Sliwinski, Smyth, Hofer, & Stawski, 2006), yet patients' lives can depend on how well they absorb and retain the information provided at a time when they are facing a personal crisis. Coleman, Coon, Mattox, and O'Sullivan (2002) found that ongoing patient education in self-care was a significant factor in

## At a Glance

- The most basic aspects of health care often are the ones that suffer from neglect.
- Seemingly trivial actions or omissions of the healthcare team can have life-altering consequences for patients and their families.
- Viewing healthcare interactions from the perspective of the caregiver can help oncology nurses understand the difference they make.

patients with myeloma being able to complete their hematopoietic stem cell transplantations in the outpatient setting without hospital admission for symptom management or complications. In addition to the communication directed at patients and their caregivers, the context in which the care takes place may be communicating in ways that may not have been considered. In response to her experiences as a caregiver for her husband,

Sharon K. Coon, PhD, RN, AOCN<sup>®</sup>, is an associate professor in the College of Nursing and director of nursing research at the University of Oklahoma Medical Center in Oklahoma City; Judi McBride-Wilson is an independent patient advocate in Wellington, New Zealand; and E. Ann Coleman, PhD, RNP, AOCN<sup>®</sup>, is a professor and the Cooper chair in oncology nursing in the College of Nursing at the University of Arkansas for Medical Sciences in Little Rock. No financial relationships to disclose. (Submitted July 2006. Accepted for publication October 16, 2006.)

Digital Object Identifier: 10.1188/07.CJON.825-829