

# Transforming the Transdisciplinary Model

## Considering compassion fatigue

Cheryl Arnett, MHA



### Introduction:

- Compassion fatigue can lead to increased staff paid time off (PTO)\*
- Evaluating the effectiveness of the Transdisciplinary Model needs to include the risk of compassion fatigue

### Objective:

- Identify an approach to expand the scope of service and decrease compassion fatigue, as measured by PTO

### Case Description:

In the Transdisciplinary Model at Seattle Children's Hospital, each patient was assigned to one clinician, regardless of clinical background (Physician, Registered Nurse, Social Worker, or Chaplain). Leadership identified the need to expand the scope of service to include pain and symptom management while reducing compassion fatigue. The Hybrid Transdisciplinary Model was implemented, in which the patient case was shared between a non-physician clinician and a physician.

#### Original Model: Transdisciplinary

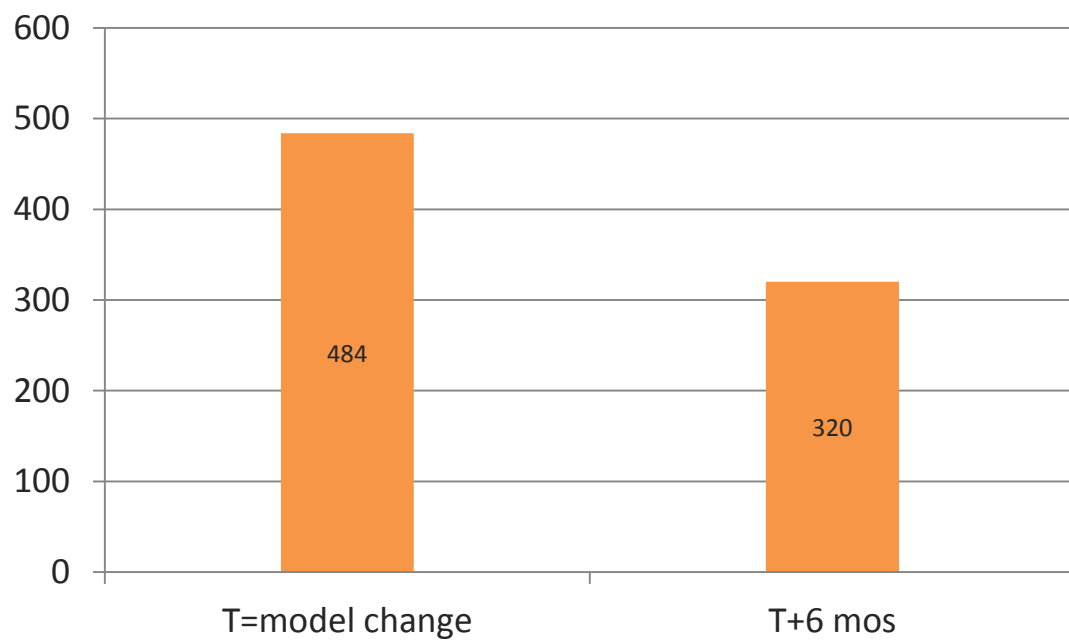
- Launched in 2001
- 1:1 Patient - Staff ratio
- No pain and symptom management

## Model Change

#### New Model: Hybrid Transdisciplinary

- Implemented in 2014
- 2:1 Patient - Staff ratio
- Includes pain and symptom management

### Result: PTO Usage Decreased by 34%



### Conclusion:

- Implementing the Hybrid Transdisciplinary Model was correlated with a decrease in staff PTO

### The Future:

- More research is needed to determine if the Hybrid Transdisciplinary Model is sustainable and if it is the ideal model for delivery of palliative care services



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\* Maytum, J., et al. (2004). Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. *Journal of Pediatric Health Care*, 18, 171-179.

\* Yoder, E., et al. (2010). Compassion fatigue in nurses. *Applied Nursing Research*, 23, 191-197.