



UHN

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A Foot in Two Camps: Psychiatric Consultation-Liaison Nursing and Organ Transplantation

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Learning Objectives

- Describe how the clinical coordinator role for the transplant population evolved
- Define unique aspects and challenges of complex care for the medically ill
- Highlight practice issues related to caregiver distress
- Highlight unique opportunities for nursing with the Advanced Practice role of the psychiatric consultation-liaison nurse (PCLN)

Relevance

This innovative service provides unique opportunities for the PCLN to deliver expert psychiatric nursing care to the **organ transplant** population in both inpatient and outpatient settings.



History

- 1993 – Present
- Oncology and Psychiatric Nursing Collaboration (first nurse-to-nurse consultation)
- Transplantation
- Cardiology



PCLN Model – Sharrock et al (2006)

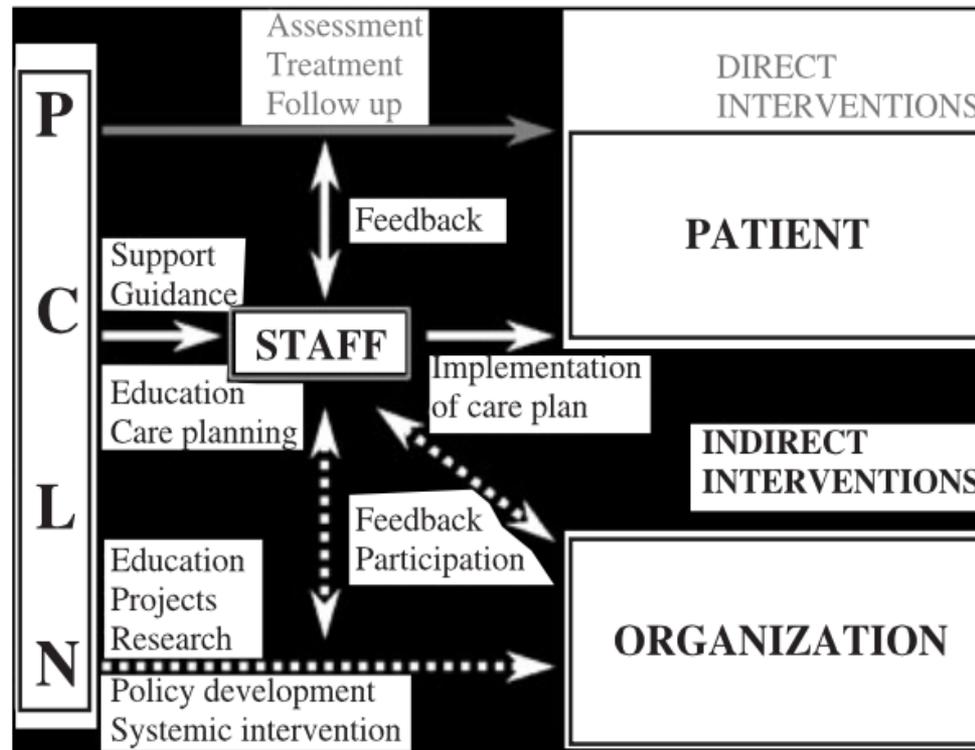


FIG. 1: Consultation-liaison model. PCLN, psychiatric consultation-liaison nurse.

Problem

1. Death, Life, Adjustment to Life, Death
2. Palliative Care vs Active Treatment
3. Technology vs. Chronicity
4. Chronic illness vs Acute Onset
5. Attention to body, mind, balance



Continuum of Care – WHEN?

- Pre-Transplant
- During hospitalization
- Post transplant
- At the end of life

Continuum of Care – WHO?



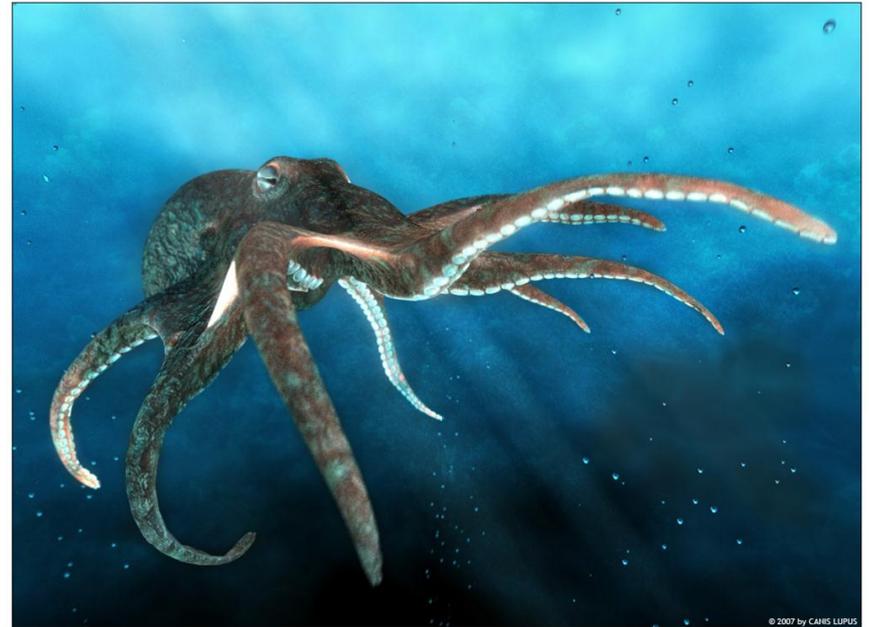
- Donors
- Potential recipients
- Active inpatients
- Post-transplant
- Family & Support people
- Inter-professional team members

Mr. X

66 yr old patient, kidney tx 2012 from his partner's niece. Hx depression. Admitted with acute confusion, urinary tract infection, lives with partner who noted patient had been exhibiting signs of cognitive decline and memory issues. Will not take anti-rejection medications. Has not slept in two days, and is climbing out of bed at night and bruised his head.

Continuum of Care – WHAT?

- Assess mental status in context of co-morbid medical complications
- Suitability for transplant
- Treat patient distress
- Lead groups
- Role-model (fluidity, expectations of transplant)
- Advance mental health & addiction advocacy



Challenges

- Role Overlap
- Expectations
- Vertical learning curve
- Autonomy and role isolation
- Diversity
- Ethics
- Complexity



Conclusion

The mental health clinical coordinator is a necessary and integral part of the continuum of care for transplant patients and caregivers.



**KEEP
CALM
AND
OWN
IT**

*A foot in two camps,
and a camp of our
own...*



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UHN Centre for Mental Health
Multi-Organ Transplant Team
www.uhntransplant.ca

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