The Dual Rounding Model: Forging Therapeutic Alliances in Oncology and Palliative Care

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Inpatients with solid tumors at Duke University Hospital in Durham, NC, are cared for in a dynamic integrated care model that incorporates medical oncology and palliative care. This has profound implications for patients, their loved ones, medical and surgical staff, and oncology nurses. As a nurse with less than three years of experience, my participation in a setting that uses the Dual Rounding Model has accelerated my professional and personal development. During a typical shift, I am an oncology nurse, a palliative care nurse, and a hospice nurse.

Administering chemotherapy to a 34-year-old with newly diagnosed renal cell carcinoma while simultaneously increasing the dose on a morphine infusion for a 68-year-old with metastatic prostate cancer in the room next door is not unusual. This daily juxtaposition enhances skill development by offering clarity about cancer's consumption of the body and soul. But with this clarity comes some confrontation. How does treating the intractable pain of metastatic malignancy affect how I care for those patients who are newly diagnosed and hoping for a cure?

Caring for patients at the beginning and the end of their fight against cancer imparts a tangible sense of mortality—the patient's and my own. From this confrontation erupts a myriad of psychosocial concerns for caregivers, including nurses. How do nurses adequately address the conflicting physical and emotional demands of a patient receiving active treatment in one room while facilitating the quiet comfort of destiny in a peaceful death in the next? The personification of cancer results in some patients feeling that, during every day of inaction, the tumor may be growing and they are losing the battle. On the "losing" days, the instillation of hope and preservation of physical, mental, and spiritual vitality is the task at hand. Having these experiences simultaneously provides the wisdom of knowing where patients have been and where they could be going.

> The true testament to the significance of the Dual Rounding Model is that I sincerely believe that the patients have benefited from it far more than I have.

Regardless of the duration between diagnosis and death, nurses working with the Dual Rounding Model, developed at Duke University Hospital, are the preservers of function and the purveyors of hope. The Dual Rounding Model provides an integrative approach and a positive learning experience for oncology nurses. The model exposes nurses to the effective delivery of bad news and the establishment of individualized treatment plans consistent with the wishes of patients and their loved ones. Rather than formal training, nurses learn their roles through participation. The culture is the curriculum; it invites interdependence and values shared decision making. Ongoing dialogue between provider and nurse is expected, and nurses are almost always present for breaking bad news. The model quickly becomes not just what we do, but who we are. This model aims to eliminate clinician and nursing behaviors that may make families feel excluded. It discourages families from viewing death as a failure. In addition, this model brings together clinicians, nurses, patients, and their loved ones as teammates while actively empowering bedside nurses to make appropriate interventions.

On a daily basis, I learn about the many roles different medications can play in the care plan. For example, we administer benzodiazepines for anticipatory nausea as well as general and situational anxiety. Another common situation involves pain control. In the model, uncontrolled pain triggers a response that is pharmaceutical and psychological. I can intervene medically and ensure that the patient's complaint is validated by reassurance and follow up, as well as by performing frequent reassessments of pain management needs. In addition, I am able to assist the providers in educating patients on the types of pain medications, indications, and expected outcomes. This gives patients a sense of autonomy and sets more appropriate expectations.

The culture of the Dual Rounding Model is that uncontrolled pain and refractory nausea are just as much of an emergency as tumor lysis syndrome and anaphylaxis.

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