

The Supportive Care Needs Screening Process

The following describes suggested methods for undertaking supportive care screening adapted from the UK recommendations¹.

The place of screening in the assessment process

Screening is the first stage of identifying needs. The purpose of screening is to identify the possible risk factors for a more complex cancer journey utilising a brief screening tool. The experience of cancer can be an extended journey therefore screening for needs is seen as a continual iterative process.

Who should be screened

All people newly diagnosed with cancer.

Who should undertake the screening

Any health clinicians with the appropriate skills and training and who can achieve the competencies required for supportive care needs screening. The health clinician should have reached an agreed level of competence in key aspects of the screening process.

Where should the screening take place

Screening should be undertaken in a care setting that ensures comfort and privacy and allows a short discussion to take place in a quiet environment.

When should you screen

Screening should take place at key points along the National Service improvement Framework (NSIF) cancer continuum for cancer care and in general whenever there is a major change in diagnosis, treatment, condition, prognosis or in the carer's condition.

Why screening for supportive care needs involves more than psychosocial needs

People affected by cancer generally experience a number of symptoms at the same time. It is now understood that symptoms from all domains (physical, social, information, spiritual and psychological) can impact on each other. Research is underway to consider how oncology patients with different symptoms experience differences in the various domains of quality of life². Utilising a tool that focuses on the psychological domain alone may result in missing the impact of symptoms in the other domains.

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Access to the findings of the screening

The Screening Tool used is required to be filed in the medical record so that an audit of the record would locate the tool and the results.

Key Steps in Screening

- Person affected by cancer completes the Screening Tool
- Following completion of the tool - a discussion is held between the person and the health clinician to:
 - Identify the health priorities
 - Evaluate their impact on daily living and quality of life
 - Plan for further assessment and referral as needed
- Documentation of the results of the discussion and the completed screening tool are maintained.

Style of screening discussion

- The screening discussion should largely follow a conversation style, but be focused towards the areas identified by the person on the screening tool
- The discussion is a partnership between person affected by cancer and the health clinician
- The screening should be anticipatory in that it looks ahead to predict future and changing needs rather than just screening for needs on the day
- Actions resulting from the screening should be discussed with the person affected by cancer
- Consent for any referrals for further assessment is required.

References

1. Kings College London and National Health Service, Holistic common assessment of supportive and palliative care needs for adults with cancer. Report to the National Cancer Action Team. 2007, National Health Service: London.
2. Miaskowski, C., et al., Conceptual issues in symptom clusters research and their implications for quality-of-life assessment in patients with cancer. Journal of National Cancer Institute Monographs, 2007. 2007(37): p. 39-46.