

## STEP 2 JOB DESCRIPTION FOR ACCOMPANYING PATIENT COORDINATOR

### JOB TITLE

Person coordinating the implementation of the PAROLE-Onco service / Person coordinating the implementation of the patient peer support service

### WORKING HOURS

X days / week

### JOB DESCRIPTION

#### PROMOTE THE PROGRAM WITHIN THE FACILITY

- Participates in the development of the program and ensures that teams are supplied with communication tools (leaflets and bookmarks) presenting the program;
- Participates in promoting the project to clinical teams and identifies potential referrals for APs;
- Develops and maintains links with members of clinical teams who make referrals (nursing, medical and multidisciplinary teams) to regularly remind them of the program;
- Also maintains links with organizations that offer services complementary to medical treatment, either in-house or externally.

#### ACCOMPANIMENT PROCESS

- Collects the referrals sent in daily by the teams (by e-mail or other means);
- Fetches the necessary information from the patient's medical file;
- Prepares a summary of the referred patient including: age, course of treatment, type of treatment, referring person, family situation and culture if relevant;
- Once a week, shares securely (e.g. Teams, REACTS or any other secure information exchange platform used in the facility) the list of new patients referred, including their summaries. Based on these, APs that could match the patient's profile are proposed, and the AP then confirms whether or not he/she is willing to accompany the patient concerned.
- Transfers data (including the patient's name and contact details (telephone and e-mail) exclusively to the AP who has agreed to accompany the patient;
- Supports APs in using the various platforms required (Teams, Zoom, Gmail, other);
- Ensures that APs follow up with patients to be accompanied;
- Acts as a link between APs and the clinical team. These exchanges involve creating channels of communication in 2 contexts: emergency and routine. The first is when information gathered must lead to a rapid response from the clinical team, because alarming information has been identified by the AP. In routine situations, this is when a piece of information is important for the team to know, and requires a reaction without jeopardizing the person's prognosis.

In certain situations, the coordinator may also have to seek additional information from the clinical team in the event of APs having specific questions about the organization of care, or about the follow-up to be given in response to a question from an accompanied patient, in order to provide the patient with a reference of a person to contact on his or her own.

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### ONGOING TRAINING AND SUPPORT FOR APs

- Facilitates a community of practice for APs by proposing a periodic meeting (to be determined) to discuss accompaniments.
- Invites members of the clinical team periodically to discuss accompaniment.
- Once a month, presents or facilitates a development topic based on the team's needs (e.g. CLSC services worth knowing about, transportation for treatments, a new treatment or approach such as local anesthesia for a mastectomy, etc.).
- Collects all kinds of information of interest to pass on to new APs, such as frequently requested local and external references, easy-to-read articles, etc.

### ACTIVITY REPORT

- Draws up a monthly report on AP activities, which is sent to the clinical team, those in charge of the partnership at the facility and other people involved in the program.

### IF THESE ACTIVITIES ARE PART OF A RESEARCH PROGRAM

- Contacts the patient once the AP has received oral consent to pass on his/her details for research purposes.
- Sends the necessary questionnaires to patients.
- Ensures that patients complete questionnaires.

### OTHER FUNCTIONS THAT MAY BE COVERED BY THE COORDINATOR

- Participates in AP recruitment.
- Participates in AP training.
- Helps integrate APs into the care team.
- Takes advantage of the DQEPE's partnership expertise.