Highlighting Trust in the Provision of Cancer Care

Elizabeth Lazzara, Joseph Keebler, Soosi Day, Deborah DiazGranados, Minngui Pan, Mike King, & Shin-Ping Tu
# Our Team

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Affiliation</th>
<th>Area</th>
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<tbody>
<tr>
<td>Elizabeth Lazzara</td>
<td>Embry Riddle</td>
<td>Human Factors</td>
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<td>Soosi Day</td>
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<td>Patient Advocate</td>
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<td>Deborah DiazGranados</td>
<td>Virginia Commonwealth</td>
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<td>Internal Medicine</td>
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Outline

• Patient Case
• Definition & Explanation of Trust
• Application of Trust to Cancer Case
• Implications for Clinical Care
• Implications for Research
• Questions for Audience
Patient Case – Care Team

- Mr. James – patient with Gardner's Syndrome
- Dr. Larson – Gastroenterologist
- Dr. Geist – PCP
- Dr. Franklin – Surgeon
- Dr. Auden – Resident
- Dr. Gustafson – Resident
- ICU Team
Definition & Explanation of Trust

“a psychological state comprising the intention to accept vulnerability based on positive expectations of the intentions or behavior of another”
Applications

• Traditional Trust Development – Dr. Larson
• Swift Trust – Drs. Franklin, Gustafson, and Auden
• Organizational Context – CCU & Medical Telemetry
• Trust Violations – Dr. Franklin/Mr. James & ICU team/family
Implications for Clinical Care

• Trust Development
  – Swift Trust
  – Traditional Trust

• Organizational Context

• Trust Repair
  – Interpersonal
  – Organizational
Implications for Research

• How does trust evolve at the interpersonal, team, and multiteam system level?
• How does technology (EHR) impact trust?
• How does context influence trust development?
• How do we best repair with patients and colleagues?
QUESTIONS for audience

• What trust violations have you experienced? Committed?
• How have you repaired trust? How have others repaired your trust?
• How can trust repair be trained?