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The Specialty of Radiation Oncology Nursing

by Ryan R. Iwamoto, A.R.N.P., R.N.

The concept of nursing practice in radiation oncology dates back more than fifty years. In one of the earliest published articles about the role of the nurse in radiation oncology, which appeared in the *American Journal of Nursing* in 1941, the nurse is described as attending to the needs of the patient in a cheerful and congenial manner, reassuring the patient of his or her safety and keeping him or her comfortable during the treatment.[1]

The specialty has since evolved and broadened considerably; by 1980 the responsibilities of the radiation oncology nurse were described by Hilderly as patient care, education, administration, research, and consultation.[2] In 1991, the Oncology Nursing Society first published the *Manual for Radiation Oncology Nursing Practice and Education,* acknowledging the further expansion of the scope of radiation oncology nursing in response to the growth of patient-focused care.

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SCOPE OF NURSING PRACTICE

At the most basic level, the role of the radiation oncology nurse centers on direct patient care. The radiation oncology nurse provides careful assessment and expert symptom management for acute and long-term side effects. Before, during, and after treatment, the nurse manages symptoms related to the disease and treatment, anticipating side effects and offering the patient and family interventions to prevent or minimize the symptoms. With expert symptom management, patients are more able to complete and adhere to therapy. Nursing care also involves direct physical care, such as applying and changing wound dressing and skin care, and may involve monitoring the sometimes concurrent administration of pain medications or chemotherapy with radiation therapy. Nurses are able to manage patients who are on treatment and in follow-up, determine the need for physician intervention, and provide interventions within the nursing scope of practice.

A nursing intervention for patient care may involve, for example, providing guidance for a patient receiving palliative radiation therapy for bone metastases. As pain lessens after treatment, the nurse works with the patient and family to adjust the use of pharmacologic and non-pharmacologic pain relief measures.

At more advanced levels, radiation oncology nurses use theoretical knowledge and clinical expertise to provide care to individuals receiving radiotherapy. According to the Oncology Nursing Society's *Manual for Radiation Oncology Nursing Practice and Education,* the advanced practice nurse is master's prepared and functions within the roles of direct care provider, coordinator, consultant, educator, researcher, and administrator.[3]

Advanced practice nurses, such as clinical nurse specialists and nurse practitioners, with their physical assessment skills and community health and primary care focus, help provide comprehensive care to patients receiving radiation therapy. The advanced practice nurse's role is designed to meet the individual clinic's needs. The advanced practice nurse may provide consultation during the immediate and long-term follow-up periods for patients who

have completed therapy as well as provide long-term cancer screening.

PATIENT-FOCUSED CARE

The shift toward holistic patient-focused care has involved nurses in the physiological and psychosocial areas of health care. By addressing the needs of the patient and family, radiation oncology nurses are instrumental in helping patients and families cope with the physical and emotional effects of cancer and its treatment. As counselor, the nurse offers guidance for issues related to coping with cancer, nutrition, and sexuality and shares information about community resources.

Patients frequently ask questions about radiation therapy such as, "How will radiation affect my body? Will I be radioactive? How will I arrange my schedule for daily treatment?" As teacher, the nurse responds by providing education about the side effects of radiation therapy and information about self-care, prevention, and early detection measures and follow-up activities. The nurse is responsible for patient and family education that reinforces and expands information, corrects misconceptions, and prepares patients and their families for procedures. The nurse also provides education about prevention and early detection of cancer symptoms as well as the importance of adhering to follow-up schedules once radiation therapy is completed.

Addressing the patient's fears, anxieties, and rehabilitation needs is an important intervention in providing psychosocial support. With education and support, the patient will face treatment with less anxiety and less disruption of life.[4]

Radiation therapy is usually delivered on a daily basis for up to seven weeks in an outpatient setting. To maintain a consistent schedule for the treatment plan, the patient may need to address issues related to transportation, child or elder care, finances, special diets, and medications. Over the years radiation oncology nurses have become more involved in gathering resources and coordinating services to address these issues. Nurses have acquired a certain "system savvy" about providing links within and outside the health care system. By serving as the first line of triage of patient concerns and issues, nurses provide continuity of care across health care settings, acting as the bridge for the patient to return to the home and community.

The future of radiation oncology nursing is based on the foundation of patient care and support.

COLLABORATIVE PRACTICE IN RADIATION ONCOLOGY

As an integral member of the health care team, the radiation oncology nurse collaborates with the radiation oncologist and radiation therapist to coordinate services, ensure quality patient care, and provide continuity.

Within a multidisciplinary department, nurses bring special skills in planning for and providing patient care, as well as encouraging patient compliance with the treatment plan. Nurses offer innovative strategies in patient care and in helping patients cope with their illness and treatment. Radiation oncology nurses are also a valuable resource to the entire medical center, providing education about radiation therapy and the management of hospitalized patients receiving radiation therapy.

The future of radiation oncology nursing is based on the foundation of patient care and support. Nursing roles will expand within the new configurations with which radiation therapy will be delivered and the use of advanced practice nurses will increase. As new programs and technologies are introduced, nurses can help plan the implementation of the technologies with a patient-focused perspective and serve as "interpreters" of these technologies to patients and families.

As the patient caseload increases, new frameworks for delivery of care may define opportunities for which care is provided. However, the nurse's role of providing direct care to the patient, managing the patient during treatment, and linking the patient to the community will continue.

REFERENCES

[1] Hopp M. Roentgen therapy and the nurse. *American Journal of Nursing,* 41(4):431–433, 1941.

[2] Hilderly L.J. The role of the nurse in radiation oncology. *Seminars in Oncology,* 7(1):39–47, 1980.

[3] *Manual for Radiation Oncology Nursing Practice and Education.* Bruner D.B., Iwamoto R., Keane K., Strohl R. (eds.). Oncology Nursing Society, Pittsburgh, Pa., 1992.

[4] Strohl R. The nursing role in radiation oncology: Symptom management of acute and chronic reactions. *Oncology Nursing Forum,* 15(4):429–434, 1988.

A Day in the Life of a Radiation Oncology Nurse

as told by Debrah Harman, R.N.

The Radiation Oncology Department of the Washington Cancer Institute (WCI) at the Washington Hospital Center in Washington, D.C., opens early. Patients come to the department for a variety of radiation treatments, some daily for a period of three to four weeks, others as long as seven weeks, depending on the intended outcome of the treatment.

Today Mr. A checks in at the registration desk of the Institute on the first floor and receives a registration form. He then takes the elevator to Radiation Oncology, where he checks in with our receptionist and receives a billing form. Mr. A knows the routine and walks back to the treatment area to insert his billing form into a specially marked box near the treatment machines. The billing form alerts the radiation therapist of his arrival. The patient changes into a dressing gown in the private dressing room and waits to be called by the therapist for treatment.

The nursing staff—Jean Reddle, R.N., Helen Rollins, Sr. L.P.N., and I—are available to answer any questions, guide patients, and manage patient flow. Treatments are scheduled every ten minutes, so there is usually a steady stream of patients all day.

7:45 a.m.: Port Conference

At the daily port conference, radiation oncologists, radiation therapists, physicists, and nurses meet to review port films (radiographs taken once a week to verify treatment field position). Also discussed are the patients who are scheduled to begin treatment planning (simulation) and new patients. WCI's research nurse is also present to help identify potential research protocol patients. As supervisor of the nursing section of the department, I attend this meeting to share information about the patients.

8:45 a.m.–4:30 p.m.: New Patients and Follow-ups

New patient and follow-up appointments are scheduled after port conference throughout the day. In addition, today Dr. R. Larry White will see his patients who are under treatment. Our physicians see their patients who are under treatment once a week to assess their progress, and we refer to these encounters as status checks. The nurses and I also see the patients at this time to perform our status checks.

The chairman of our ENT department, Dr. Ziad Deeb, also sees patients in our two ENT examining rooms. Helen Rollins is responsible for overseeing this operation, and she monitors ENT patient flow, maintains the schedule, and assists Dr. Deeb with minor procedures such as fiber optic endoscopy.

9:00 a.m.: Simulation

Mr. B arrives for his simulation, which marks the beginning of the treatment planning process. The radiation oncologist, radiation therapist, and physicist work together to define the treatment volume. Once this is done, they take radiographs and measurements and mark the skin to provide definition of the treatment fields to ensure reproducibility during the course of treatment.

New patients have many questions and often misconceptions about radiation therapy. Prior to simulation, I provide individual patient education to Mr. B, explaining that simulation is not unlike having a regular X-ray, with the exception that it usually takes longer, and that during simulation he must lie very still on the simulation table. Since Mr. B is being treated for prostate cancer, I also explain that a catheter will be inserted into his bladder to help localize the prostate gland.

Mr. B has been given a WCI information folder, containing a patient education package and a patient guide to the WCI and its services. I review the contents of the folder to clarify the information.

At this time I explain the radiation treatment process and discuss skin care and nutritional guidelines. I also make an assessment of psychosocial needs and make appropriate referrals. Next, I acclimate the patient to the logistics of moving about the department—where he needs to be and when and where to leave his billing form. Many new patients are so overwhelmed that we often need to review this information several times.

After accompanying the patient on a tour of the treatment areas, I escort him to the waiting area where he will be called by the therapist for simulation. The patient will return in two days for port films. If needed, adjustments are made by the radiation oncologist, and treatment will begin the following day.

11:00 a.m.: Status Check

Ms. C is here for treatment and her weekly status check with Dr. White and myself. At each status check I fill out a nursing assessment form, which is filed in the patient's chart. We have a separate form for each treatment site. Ms. C has a cancer of the tongue, so I use our Head and Neck Nursing Assessment Form. I record her vital signs, her white blood and platelet count, and make an assessment of side effects of the treatment.

Ms. C complains of mouth sores and lack of appetite. She also mentions that her son is no longer able to drive her for treatment appointments and she does not have access to other forms of transportation. I

discuss guidelines for care of her mouth as well as nutritional guidelines pertinent to her sore mouth and anorexia. I also give her some nutritional supplements and refer her to the nutritionist and social worker. All of these actions are recorded on the nursing assessment form.

We use every available opportunity to perform any additional teaching and to reinforce past teaching, especially during these status checks. Because patients can absorb only so much information at one time, we developed a series of information sheets. Each sheet focuses on a specific aspect of the treatment, side effects, and/or management of the side effects. At the bottom of the sheet I fill in the names of the patient's doctor and nurse and the day that she is to meet with them. I have found that patients appreciate having this information reinforced in this way.

At the bottom of the Nursing Assessment Form is a section to document that Ms. C received the necessary education: facts about radiation to the respective site and skin care and nutrition guidelines. In accordance with JCAHO standards, I indicate that Ms. C received the information in a one-on-one encounter and that she can accurately verbalize what we reviewed. The patient then meets with Dr. White.

12:00 noon–1:00 p.m.: Break for Lunch

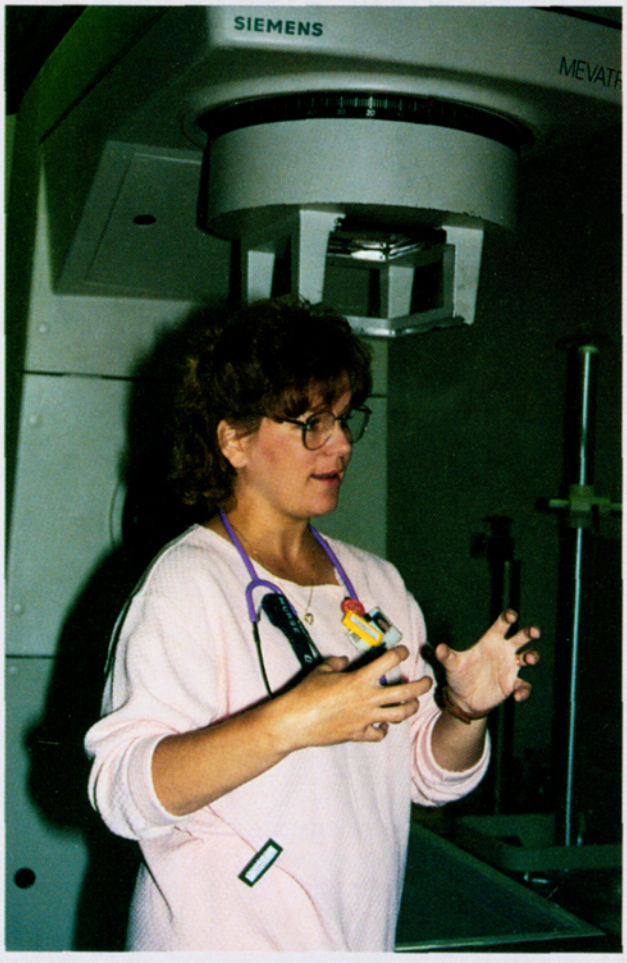
1:00 p.m.: Port Films

Our next patient, Ms. D, is a woman who underwent simulation two days ago and now returns for port films. Ms. D is assigned to one of two treatment teams, Alpha or Beta. I am responsible for Alpha patients, while Jean Reddle oversees Beta patients. Ms. D is assigned to the Beta team, and Jean escorts her to the dressing room. If for some reason skin care and nutrition guidelines had not been reviewed with Ms. D, Jean will review them with her. Radiation treatments begin the next day.

3:30 p.m.: Patient Education Advisory Committee Meeting

As a member of the WCI's Patient Education Advisory Committee, I meet once a month with fellow members Dee Thomas, radiation oncology administrative director; Lawrence Lessin, M.D., medical director, WCI; John J. Lynch, M.D., associate medical director, WCI; Nadine Eads, director, community outreach; Natalie Webb, nutritionist; Donna Arbogast, public affairs; and Karen Johnson, social worker. This committee began as a task force to initiate an institute-wide patient education program and is chaired by Chris White, R.N., oncology clinical specialist.

Currently we are working to establish a Cancer Information Center where patients and their families can locate information on all types of cancer. We believe that having this service available will provide our patients with the opportunity to be better informed and thereby able to participate in the decision-making process. Being better informed affords families the opportunity to provide more support to the patient. The Center will be a patient-focused, interactive facility that will also respond to inquiries made by the community at large.



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4:30 p.m.: Patient Discharge

This is my favorite kind of patient encounter. Mr. E has finished his final treatment and is ready for discharge. He receives a "diploma" from the radiation therapists signifying his completion and is asked to fill out a satisfaction survey. The patient stops by the nurses station, and I review the Discharge Instructions sheet, which reinforces the skin care guidelines and instructs the patient to schedule a follow-up appointment in two weeks. Dr. Michael Porrazzo, Mr. E's radiation oncologist, congratulates the patient, answers any final questions, and delivers his stamp of approval.