The year 1971 was very good for oncology nurses. The National Cancer Act of 1971 provided impetus for a comprehensive program focused on reducing the incidence, morbidity, and mortality of cancer. Cancer survival rates improved, and these events became a catalyst for the emergence of oncology nursing as a specialty. Oncology nursing continued to develop over the years, and nurses began practicing in a variety of settings, including radiation oncology.

MAKING A CAREER IN RADIATION ONCOLOGY NURSING

Nurses practicing in radiation oncology must have an understanding of radiobiology and radiation physics. Terms such as Bragg peak, bolus, electrons, and acronyms such as IMRT (intensity-modulated radiation therapy) and IGRT (image-guided radiation therapy) are common to a radiation oncology nurse’s vocabulary. Over the past 5 to 10 years, radiation oncology has dramatically changed as a result of technologic advances and the development of complicated computer systems, and nurses have had to learn and understand terms such as fiducial markers, proton beam, and tomotherapy. In addition, nurses must understand references to CBCT (cone beam CT), OBI (on-board imaging), and KV/KV (kilovoltage/kilovoltage), to name just a few.

As cancer treatment becomes more complex and standard chemotherapy regimens are combined with new and targeted agents, radiation oncology nurses need to have the knowledge and skills to accurately assess and intervene. The radiation oncology nurse can be the cornerstone of patient advocacy, extensive symptom management, and patient education regarding complicated treatment regimens.

To be the best they can be, nurses in radiation oncology have many challenges to overcome, including sometimes being the only nurse in the department. Finding mentors and role models from other disciplines is important. The mentor willing to teach and explain why patients are treated with certain technologies could be a physicist, a radiation therapist, or a physician. Radiation oncology nurses have to learn from their physicians, create strong partnerships, ask questions, read independently, attend tumor boards and conferences, and obtain certification in oncology nursing so that they have added credibility in their position.

SOME OF THE NEEDED SKILLS

If you are thinking of becoming a radiation oncology nurse, certain skills will be valuable. Most patients undergoing radiation therapy are outpatients, so you should review the ambulatory care literature to find principles and practice interventions for caring for this type of patient. Keeping current with chemotherapy and learning about new targeted therapies and surgical approaches are also important. In addition, you should expect to maintain competencies specific to the specialty, such as skin care, radiation safety, and phlebotomy skills.

Having the skills needed to care for geriatric adults is essential. Because the incidence of cancer increases with age, many of your patients will be older. This population may require more frequent...
nursing assessments and closer monitoring of nursing interventions. Ultimately, you must be able to distinguish between the effects of aging and those of radiation and to explain to patients what to expect during therapy and at follow-up visits. Using critical thinking skills to care for these patients, whether they are having acute side effects or dealing with long-term sequelae, is important.

Knowledge of survivorship issues is another key area as cancer patients are living longer and longer. The oncology nurse is the main navigator of the patient’s care since the nurse interacts frequently with the patient. You should direct care to the patient’s needs and communicate effectively for whatever those needs are, whether that is with the medical oncology office, the surgeon, the physical therapist, or the home care nurse. Advocating for patients and their families is paramount, and you should speak up if a patient’s needs are not being met, whether the issue is pain management, anxiety or depression, burdens and strains on caregivers and family members, or helping a patient to learn about complementary medicine.

Measuring outcomes for patients is critical, but it is often performed too subjectively. Using measurement tools is important. For example, the nurse can evaluate anxiety, do a mini nutrition assessment, or use a quality-of-life scale to assess for depression or fatigue. Remember that patients may assume that you know what their symptoms are. You must assess and ask questions, and be especially aware that patients may be afraid to reveal their symptoms because they fear their treatment may stop or they may be removed from a research protocol as a result. Strong relationships between nurses and patients will go a long way toward helping patients get through therapy.

Speak up at chart rounds about issues related to managing the patient’s symptoms or to the patient’s treatment regimen. Be proactive; offer to take the lead on assisting with a new clinical pathway or treatment suggestion. Remember to delegate appropriately. Redirect anyone who asks you to do clerical work. If the support staff gives you a phone message saying that a patient is not coming in, explain that phone triage is your responsibility. Make sure they understand that you need to assess the patient to determine whether a trip to the emergency department or other intervention is required.

Finally, be aware of the radiation safety policies and procedures that you should know as an employee in the radiation oncology department. Educate yourself about the facts behind any news stories, such as the recent New York Times article about the harm that can result from the use of complicated radiation machines. Recently, the FDA has also called for increased oversight of medical radiation machinery and requested enhanced safety measures, as these machines can cause skin burns and hair loss and increase a person’s lifetime cancer risk. Radiation oncology nurses should be aware of stories in the national news so that we can educate ourselves; only then can we properly educate our patients and calm their fears.

**PROMOTING YOUR ROLE**

Encourage nursing students, and take time to share with them what you do.

Encourage nursing students who may want to rotate through your department, and share with them the importance of your role. Offer to assist with Joint Commission reviews or Department of Health inspections at your hospital. Join a hospital nursing committee, even though you may not be under the nursing department. Volunteer to help with things like a Red Cross blood drive or to facilitate cancer survivorship meetings. Get involved with your local professional organizations, which will allow you to network with other professionals and meet nurses working in other types of settings. Join national organizations such as ASTRO (American Society for Radiation Oncology) and ONS (Oncology Nursing Society), both of which have nursing groups promoting radiation oncology nursing. Educate the radiation oncology staff about new symptom management interventions or what to do in an emergency. All these will demonstrate how much nursing is needed in radiation oncology and will empower you to be independent. If possible, also join the nursing research committee, which is very important in helping to establish patient outcomes.

As a radiation oncology nurse, you can help your patients navigate through the hospital and medical systems so that they can receive efficient and streamlined care. All patients with cancer deserve this, not just the medically underserved. Even the best-educated, medically savvy patients can have difficulties getting appointments and can run into other types of roadblocks. “Being there” for your patients is one of the most rewarding parts of being an oncology nurse—it makes us passionate about our work. Whether we are helping patients right after their cancer diagnosis or continuing to help them when they have a recurrence or have survivorship concerns, radiation oncology nurses can offer individualized support and continuity throughout the patient’s cancer survivorship journey.