

## *Putting Your Best Foot Forward in a Challenging Role:*

# Finding the Resources Needed to Work in a Freestanding Radiation Oncology Clinic

Kelly L. Anderson, RN, BA, and Susan D. Bruce, RN, BSN, OCN®

When I first took a position as a radiation oncology nurse, I did not know that a specific role definition went with it. I did not even know enough to ask. Since about 1980, discussions and articles have been written about the role of radiation oncology nurses (Bruner, 1990; Kelvin & Shepard, 1999; Waring, 1997). In 1991, *Radiation Oncology in Integrated Cancer Management*, better known as the “Blue Book,” defined the role of the radiation oncology nurse, based on the recommendations of the American College of Radiology Nursing Task Force, as the following.

A registered professional nurse who, as part of the radiation oncology team, provides appropriate direct intervention to aid the patient and family with problems related to the disease, treatment, and follow-up evaluation: Recommended minimal qualifications include a baccalaureate degree in nursing, two years of experience in medical-surgical nursing, and at least one year’s experience in oncology nursing (American College of Radiology, 1991, pp. 80–81).

The *ONS Manual for Radiation Oncology Nursing Practice and Education* also

This article describes the experiences of a nurse in a new role in a freestanding radiation oncology clinic. Networking to find the resources that patients need and providing guidance to the patients in using the resources through their course of treatment are discussed. Local and national resources that can be used as tools in radiation therapy nursing also are described.

describes the radiation oncology nurse’s role.

An integral member of the healthcare team [who] collaborates with the radiation oncologist and radiation therapist to coordinate services, ensure quality patient care, and provide continuity. . . . During the treatment course and follow-up period, the nurse will assess and provide appropriate nursing intervention for actual or potential problems that the patient and family may experience related to the disease process and treatment (Bruner, Iwamoto, Keane, & Strohl, 1997, p. 1).

If I had had this information when I first started my job at a freestanding radiation oncology clinic six years ago, it would have been a helpful guide, but I still needed to know more; many things existed that I did not know. Patients came to me with questions and requested advice. Family members

asked for assistance in caring for the patients the clinic treated. I was not very experienced with treating radiotherapy side effects, and I did not have a nursing supervisor to consult. Besides the usual patient questions about skin care, esophagitis, nausea, and diarrhea, I had other issues to address, such as transportation, home health and hospice, nutritional concerns, and emotional support. I waded through all the issues that came my way, determined to help the patients and their families who were certain that I knew the answers.

When I finally took a moment to reflect on my experiences and write this article, I realized I had learned a great deal about working in a freestanding, privately owned, radiation oncology clinic. Radiation oncology nursing is a multifaceted role that requires nurses to be flexible and work autonomously. I report to a physician and a physicist. Not only do they let me work au-

tonomously. I report to a physician and a physicist. Not only do they let me work au-

*Submitted October 2001. Accepted for publication February 1, 2002. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)*

Digital Object Identifier: 10.1188/02.CJON.225-227