

Health improvement in Radiotherapy: a strategy to improve UK practice



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Background

The aim of this project was to visit centres of excellence in Canada, both clinical and academic to undertake a comparative analysis of how health promotion is delivered to support patients undergoing Radiotherapy and compare practice with the UK model to make recommendations for education, training and changes in clinical practice.

Method

Informal discussions and observations in practice were used to assess health promotion strategies. Observations and discussions were recorded using a brief observation form; local research paperwork was completed where required and confidential data was omitted. The research protocol stated the aims of the project and the requirements of any person taking part, including potential risks and benefits and clear information surrounding confidentiality. Thematic analysis identified emerging patterns within the data gathered.

Results

Emergent themes from this project were; patient education, lifestyle change strategies, academia and the wider public health agenda and challenges. This poster will focus on the lifestyle change strategies . The four key lifestyle topics addressed within the project were; smoking and alcohol cessation, physical activity and diet. A range of strategies to promote and support healthy lifestyle changes were observed during clinical visits. In summary, all departments offered a range of methods to support positive lifestyle changes. In most cases exercise was offered through holistic and supportive care services and although a significant amount of literature was available in departments, these strategies were not integrated as well into Radiotherapy practice. Smoking cessation and dietary support were topics widely implemented into Radiotherapy practice. Throughout all Radiotherapy centres there was an absence of information surrounding alcohol cessation, where this did feature information was very minimal, usually in written format and in many cases not discussed as routine practice during patient education sessions.

Conclusion

Therapy radiographers are well positioned to deliver health promotion interventions whilst maintaining the therapeutic relationship with patients and carers. This project has revealed strategies to support delivery of brief health promotion interventions without a significant impact on staffing levels or time restraints. A series of key recommendations and case studies to support UK practice were identified as a result of this project.

Recommendations for UK practice

1. Network with patient education/information specialist practitioners in the UK Radiotherapy workforce to assess national approach to patient education within the UK, to include health literacy.
2. Review the need for specific lifestyle interventions for the oncology patient population through a systematic review of evidence. To include a review of impact of disease prevention (secondary malignancy and recurrent disease) and the impact on quality of life following a diagnosis.
3. Review strategies for lifestyle interventions already utilised in oncology practice (not just Radiotherapy) to enable sharing and development of any current UK practice. Following this a working group can be established to assess and develop the embedding of HI within UK RT practice and appropriate materials for training and support of staff and resources to provide to service users.
4. Draw together information surrounding regional cancer support services to inform practitioners and service users of the available support. Discuss with patient education and information specialists the methods of dissemination and review.
5. Continue to develop the undergraduate Radiotherapy curriculum to embed PH within the programmes. Sharing of practice with other AHP undergraduate courses may support this.
6. Design a method of improving knowledge and confidence of the post graduate workforce on health improvement.

Smoking Cessation

- Several departments offered smoking cessation through a range of strategies
- The method observed that was integrated most effectively into practice was through a brief interventions programme described in case study 1
- This method was highly effective in ensuring that all patients were screened for smoking status, all staff were trained on the intervention used
- Materials were available to support information giving and referral
- It should be noted that the department were also supported by a hospital smoking cessation team for support and training
- The smoking cessation method in this example was also supported by the use of the 5 A's as a tool for brief intervention¹



Dietary support

- Support was offered across all departments observed in the project
- Practice was similar to UK practice for the "at risk" patients
- At risk patients are identified prior to, or during Radiotherapy and are reviewed by dieticians throughout treatment
- A key method of dietary support observed that was fully integrated into Radiotherapy practice involved the use of a nutritional screening tool to score patients on nutritional status and make recommendations based on the outcome
- During observations it was interesting to see a large percentage of patients wishing to receive support and advice for this subject across a range of treatment sites. This approach ensured all patients were offered support based on any nutritional needs , this would be an excellent strategy to apply to UK practice



Exercise

- Exercise status was assessed in some departments through the symptom screening tool
- Although there were no practices observed in which interventions were offered during Radiotherapy treatment, signposting to resources and support systems was observed
- One particular method of exercise support involved the site specific "getting back on track" programme for Head and Neck Cancer patients. In this model patients were encouraged to use the FITT model for exercise.
- This programme was integrated into the supportive care follow up package to support healthy lifestyle changes following treatment.
- This method of promoting exercise could be adapted to UK practice to support the issue of cancer related fatigue, reported to impact on 70-90% of patients with cancer²