The Development of a Clinical Specialist Radiation Therapist (CSRT) Role through a Systematic Framework: The Odette Cancer Centre Experience

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Conflict of Interest

- None
Presentation Outline:

- Process of Development of a CSRT Role
- The PEPPA Framework
- Summary and Questions
PEPPA Framework:

- Participatory, Evidence informed, Patient centered Process for APN role development
- Systematic Healthcare planning guide
- Promote Development, Implementation and Evaluation of Advanced Practice Nursing (APN) roles
- Development of enhanced cancer services or new models of care
- CSRT program recommend PEPPA framework
Advantages of PEPPA framework:

- Structured approach to change
- Framework for role development
- Tools to aid evaluation of roles and services
- Shared across roles to provide standardization
  - (CSRT Development)
- Useful tool to encourage and support innovation, creativity for service improvements and development
STEPS 1-6
Decision Making and Planning
Step One: Define Population and Current Model of Care

- Cancer Patients receiving radiotherapy
- Current Supportive Care and Sexual Health services:
  - Fragmented
  - Not specific to cancer patients
  - No data collection/database
  - Not evidence based
Step Two: Identify Stakeholders and Recruit Participants

- Meet with relevant stakeholders in supportive care and sexual health
- Identify providers of current services/care
- Meet with Site Groups to determine support
- Investigate current “models” of care/services at other institutions
Step Three/Four: Describe Needs / Importance of Gaps in Care

- Unmet needs of cancer patients related to sexual health:
  - Provincial patient data
  - Institutional data
  - Published literature on sexual health and cancer
Step Three/Four: Describe Needs / Importance of Gaps in Care

- Canadian Cancer Society projected cancer incidences
- Economic Impact on healthcare systems
- Importance:
  - Provincial priorities in cancer care (Quality of life, Survivorship issues)

  *CCO Ontario Cancer Plan 2011-2015*

- Vision/mission of institutions where CSRT role implemented
Step Five: Define New Model of Care

(Future) Interprofessional Cancer Clinic
Potential opportunity to collaborate with urology for patient decision making re treatment (surgery vs, RT vs, ADT)

RO Consult NPC
Decision for RT.
CSRT will:
- Explain protocol for planning appt (of NPC or by phone/letter)
- Answer any questions patient has re planning appt
- Co-ordinate appointments
- Give patient RT sex health information pamphlet
- Give patient sex health screening tool

CTSIm/Planning Appt.
CSRT will:
- Call patient 24 hrs prior to appt to verify instructions for CTSIm appointment
- Discuss sex health information with patient

Day 1 RT
CSRT will:
- Follow up with patients re further sex health information/care (Triage)
- Arrange to see pt in review clinic

Review Clinic: Final Week
Review patient for further needs, check for community services in place

Review Clinic: week 2/3
CSRT will deliver Sex health/information to patient dependant on assessment.
Refer for additional services in community

Disease/Treatment Counselling Education
CSRT will deliver:
- Ongoing during treatment

Last week of Treatment:
Provide follow up info.
Check services/referrals in place.
Provide contact info if needed.

Short term F/up:
Data collection (phone/email?)

Long Term F/up:
Clinic/Community

CSRT SCSH will provide continuity of care along the patient pathway
- Support other HCPs with information and resources for patients
- Support other HCPs in providing evidence based care for patients
Steps Six to Nine:

- Step 6: Plan implementation strategies
- Step 7: Implementation
- Steps 8-9: Evaluation
  - Short term /long term monitoring of role and process
Summary: CSRT Role Development

- Structured framework for Change
- Useful in areas of role ambiguity
- Defines role expectations, reporting structures etc.
- All or some steps of the PEPPA framework may be useful depending on advanced practice role
Questions/Comments?

“EVERY ACCOMPLISHMENT STARTS WITH THE DECISION TO TRY.”