

**Critical Care 2019: The role of cancer navigation nurse on pre-treatment education for breast cancer patients undergoing radiotherapy- Gul Cankaya- Marmara University Pendik Training Hospital, Turkey**

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**Abstract:**

The aim of this presentation is to explain the role of the cancer navigation nurse during radiotherapy for breast cancer patients since these patients have high anxiety and therapies have severe side effects. Method: Recent literature and materials of European Oncology Nurse Society education materials are reviewed. Discussion: Cancer navigation nurses are patient educators and advocates, care coordinators, system navigators, and community ambassadors on a mission to improve the cancer experience for each patient. Patient education is a dynamic part of medicine. Radiation oncology is a complex treatment discipline. Patient education is a part of quality of care. Radiotherapy, chemotherapy and surgery are effective treatments for malignant cancers, and nearly half of all cancer patients undergo radiotherapy. Anxiety is one of the most common psychological responses during cancer therapy for radiotherapy. The use of educational media, internet, and applications are effective approaches to pre-treatment education. There exist more information about radiotherapy on the web. Cancer navigation nurse can also perform symptom management during radiation treatment, with applications for pre-treatment education. Conclusion: Radiotherapy, following chemotherapy or breast surgery, is a complicated process and need to be well managed. The patients with complaints of previous treatments are vulnerable to radiation therapy side effects. Cancer navigation nurse can help for optimization of multiple therapies by close monitoring these patients.

Radiologists seek to improve persistent experience and commitment, as a feature of the Triple Aim of wellbeing change. Tolerant commitment requires dynamic associations among wellbeing suppliers and the patient, and thorough cooperation gives a component to this. Patient and care group commitment are essential at the hour of malignant growth determination and care inception, yet are confounded by the need to coordinate numerous associated meetings and care occasions in a brief timeframe. Radiology frequently fills in as the patient section point into the malignant growth care framework, particularly in bosom disease. It is particularly situated to assume the worth including job of encouraging patient and group commitment during malignancy care inception. The 4R approach recently proposed for streamlining cooperation and care conveyance during malignant growth treatment could be applied at the hour of determination. The 4R approach thinks about consideration for each malignant growth understanding as an undertaking, utilizing Project Management to design and oversee care interdependencies, dole out clear duties and assign a Quarterback work. We recommend that radiology accept the Quarterback work during bosom malignant growth care commencement, creating Care Initiation Sequence, as a task care plan for recently analysed patients, and drawing in the patient and her consideration group in ideal, facilitated exercises. After starting conferences and treatment plan improvement, the Quarterback work is progressed to medical procedure or clinical oncology. This model furnishes radiologists with open doors for esteem included administrations and hardening radiology's

significance in the developing medicinal services condition. To execute 4R at malignant growth care commencement, it will be important to: change the radiology practice model to consolidate tolerant collaboration and cooperation; build up the 4R substance and nearby adaption draws near; and advance radiology preparing with applicable clinical information, quiet communication fitness and cooperation range of abilities.

Patients are not, at this point uninvolved beneficiaries of care, yet dynamic, educated, powerful members. Accordingly, quiet commitment is integral to improving their experience and accomplishing the Triple Aim. Understanding commitment alludes to patients, families and wellbeing experts working in dynamic organization to improve wellbeing and human services. This relationship requires reframing how patients draw in with suppliers, yet additionally how suppliers are locked in with patients and one another. A group based methodology is a powerful component to manufacture associations among patients and suppliers and improve care conveyance. This lines up with the ACR vision, which incorporates collaboration as a stage for improving fulfilment of the two patients and clinicians up-and-downstream from radiology.

Patient engagement at care inception is vital, yet particularly troublesome: patients are crushed by the finding, overpowered by the unpredictability of care arranging, and battle carrying between regularly disengaged fortes. This outcomes in care postponements and breakdowns and patient disappointment. Propelling collaboration at care inception may address these difficulties. For various malignancies, radiologists assume a key job during analysis, post-indicative workup and care commencement, regularly filling in as the patient section point into the disease care

framework. They have an unmistakable open door in this setting to assume a job in encouraging collaboration and empowering persistent commitment, which grows their conventional degree into esteem included exercises.

We utilize the case-based technique used by the NCI-ASCO Teams Project for methodically analysing how standards of collaboration can improve malignant growth care conveyance. This incorporates: depicting explicit consideration conveyance challenges; outlining those utilizing understanding cases, portraying pertinent parts of cooperation and dissecting how they could address difficulties featured in the cases. Our contextual investigations depend on difficulties recorded in the writing.

We follow the NCI-ASCO Project confining of precise, purposeful collaboration, which reaches out a long ways past multidisciplinary meetings and spotlights on thorough group based structure of the consideration arranging and conveyance procedures to by and large accomplish shared objectives. This structure joins patients, families as well as caregivers. In this paper, reference to patients incorporates family as well as parental figures.

### **Conclusion:**

Radiology tries to change itself under the Triple Aim of wellbeing change and improve persistent experience and commitment. We propose actualizing the 4R approach at bosom malignancy analysis, with radiology quarterbacking care inception, and care group and patient commitment in an efficient, facilitated style. This model, and particular job of radiology, gives chances to esteem included administrations and hardening radiology's significance in the developing social insurance worldview. Three endeavours will be important to actualize 4R at care commencement: changing the radiology practice model to fuse

tolerant cooperation and collaboration, building up the 4R substance and nearby adaption draws near, and advancing radiology preparing with pertinent clinical information, quiet association fitness and cooperation range of abilities.