

Appendix VI

Specialized Health Care Professional Roles

Much of the supportive care for head & neck cancer patients is provided as a shared responsibility by several members of the health care team. Certain care activities are specifically or primarily provided by certain team members/disciplines. Specific roles for disciplines or team members are discussed in the role descriptions that follow.

Dentistry

Before head and neck cancer patients receive treatment a thorough dental examination is generally necessary. One of the cancer team's Maxillofacial Prosthodontists (MFP) [Fax # (902) 423-5001] will assess all head and neck cancer patients prior to radiation treatment to the oral cavity, and selected patients for other treatments. For any immediate pre-treatment dental requirements, the MFP will liaise with the patient's treating physician to inform them of any dental complications, with the patient's community general dentist if general care and maintenance is required, and with the Department of Oral Maxillofacial Surgery (OMFS) if any pre-radiation extractions are required. The MFP will monitor the patients during and after treatment, and correspond with the patient's general dentist regarding patient progress and any special needs or risks with regard to continued patient care. If the patient is to have radiation and/or chemotherapy, the MFP will provide education regarding oral side effects and oral care during treatment.

Dietitian

Head and neck cancers and their treatment regimens pose unique nutrition challenges. The literature reports between 25-60% or more of persons with head and neck cancer are malnourished at the time of diagnosis. This may be related to excessive use of alcohol, depression, anxiety, pain, loss of appetite and the mechanical effects of the tumour, which can alter swallowing, chewing and taste. In addition, aggressive treatment regimens often further impair nutrition status. As a result, many patients require enteral feeding as part of their multimodality treatment regimen.

The dietitians on the head and neck service are involved in assessment and monitoring of nutrition status, provision of nutrition education and management of enteral feeding regimens. The dietitians are also integral members of the dysphagia team. The goals of nutrition intervention include the provision of adequate nourishment to minimize weight loss, promote healing, maintain functional status and achieve an acceptable quality of life. Nutrition intervention can also help minimize treatment side effects and prevent treatment delays or interruptions from dehydration and weight loss.

Medical oncologist

A cancer doctor who specializes in giving drugs (called chemotherapy or targeted agents) to kill cancer cells or slow down their growth.

Nursing

Otolaryngology nurses working with oncology patients base their practice on the Canadian Association of Nurses in Oncology (CANO) Standards of Care¹. These are:

- To provide “individualized and holistic care”, utilizing all aspects of the nursing process.
- To provide “family centered care”.
- To support and encourage “self determination and decision making” by individuals with cancer and their families.
- To assist patients and families to effectively “navigate the system” of cancer and health care. This includes helping patients and families to be aware of and understand their rights and responsibilities, assist in obtaining the required services and supports along the health care continuum and acting as a patient advocate.
- To promote and support “coordinated, continuous care” across the continuum of cancer control. This includes being a navigator for patients/families, a resource for community providers, planning discharge, assessing needs and initiating referrals and maintaining long term supportive relationships with patients/families.
- To promote “supportive, therapeutic, relationships” with care providers.
- To ensure patient care is “evidence-based care” incorporating principles of evidence-based practice and best practice.

¹ Canadian Association of Nurses in Oncology. *Practical Standards and Competencies for the Specialized Oncology Nurse* (2006)

- To ensure patients receive “professional care” incorporating ethical principles and legislative requirements.
- To provide patient focused care based on professional “leadership”.

Nurses are active members of the multidisciplinary head and neck cancer team who demonstrate specialized responsibilities and competencies in their patient care.

CANO describes these as:

- Comprehensive Health Assessment
- Supportive and Therapeutic Relationships
- Management of Cancer Symptoms and Treatment Side Effects
- Teaching and Coaching - Includes patient/family and community education related to the holistic and complex care needs of people diagnosed with a head and neck cancer
- Facilitating Continuity of Care/Navigating the System
- Decision Making and Advocacy
- Professional Practice and Leadership- Includes acting as a resource person to all health care providers in both the tertiary and community care settings, serving as a preceptor, taking an active role in staff development and providing primary nursing care services to patients.

Other responsibilities and competencies include:

- Care Coordination and Communication – Includes facilitating communication between the patient, family and all head and neck team members. Includes telephone triage and care, communicating normal and abnormal findings to appropriate health care team members and documentation on patient’s health record.

- Quality Improvement - Includes participation in the development and implementation of professional nursing practice standards and active participation on the Head and Neck Cancer Site Team.
- Continuing Education - Includes maintaining current knowledge of diseases, treatments, symptom management and care requirements of this patient population. Ensures nursing practices are evidence based.
- Research - Includes identifying areas for research, participating in research and implementing research findings into nursing practice.

Nursing care of the head and neck cancer patient has been artistically described by Mary Jo Dropkin (1991) as the following:

“Nursing care of the head and neck cancer patient is examining and touching an extensive facial wound without being horrified, struggling to maintain pressure on a ruptured carotid artery, and shaving around a facial defect. It is being there for the first look in the mirror after surgery, appreciating laughter without sound and encouraging expression of feeling that may be difficult and time consuming to write down. It is walking arm-in-arm around the hall with one so severely disfigured, he/she was afraid to venture out alone, knowing that prosthesis will be beneficial only after the defect is accepted, and engaging in face-to-face interaction. Nursing care of the head and neck cancer patient is a direct encounter with each dimension of body image.”

Mary Jo Dropkin (1991)

Occupational Therapy

Occupational therapists (OT) are concerned with how a client will be able to perform their functional day to day

activities (i.e., self care, functional transfers) post surgery to facilitate discharge planning when issues with mobility, cognition and/or activity tolerance have been identified. Assessments are completed while the client is in hospital to determine the amount of support and the type of equipment that would be required for that individual to manage safely at home. OT s work in collaboration with the multidisciplinary team and the client's family to establish clear discharge plans.

The need for community occupational therapy is also determined prior to discharge. When appropriate, referrals can be made directly to the community occupational therapy office, so that the client can be seen at home for their assessment following discharge.

Physiotherapy

Physiotherapy is aimed at the promotion of optimal health and mobility. Within the head and neck cancer domain, the specific problems that are addressed by physiotherapy include respiratory problems, range of motion issues, strength deficits and concerns regarding patient mobility. Physiotherapists provide an assessment and measurement of function in these patients, as well as implement individualized treatments, establish patient goals and provide education to the patient/family.

As an immediate post-operative intervention, the physiotherapist may assist with promoting secretion clearance utilizing various manual techniques and/or instruction re: deep breathing and coughing exercises. There is also a preventative role for physiotherapy through the provision of patient and family education in the management of respiratory complications.

For those patients with limited range of motion or strength, physiotherapy expertise may be required for the prescription of an appropriate exercise program. Home exercise programs are prescribed following extensive neck dissections to maintain/improve neck and shoulder mobility. Patients have occasionally required physiotherapy involvement post-fibular flap due to a resultant foot drop. Interventions such as these are generally provided on an as-needed basis.

Any concerns regarding change or decline in a patient's mobility may also be evaluated and addressed by physiotherapy. Interventions could include supervised progression of activity, recommendations and/or prescription of mobility aids, discharge planning and referral to community physiotherapy services if needed. Treatment provided to head and neck cancer patients is also often directed towards other existing comorbidities (eg. Parkinson's disease, CVA) that affect patient mobility.

Prosthetics

Many head and neck cancer patients are left with functional and esthetic deficits as a result of their cancer treatment. The Maxillofacial Prosthodontist (MFP) will fabricate appliances as required by the surgeons and radiation oncologists in the course of the patient treatment. At completion of treatment, the MFP will fabricate oral prostheses to help restore the functions of speech, swallowing and chewing, and extra oral prostheses to help restore esthetics. They will continue to follow patients through their lifetimes for the maintenance of these prostheses. The appliances and prostheses are covered under MSI through its Maxillofacial Prosthetics program.

Psychology

Many cancer patients display distress (anxiety and/or depressed mood) following diagnosis and during treatment for cancer, struggle with living with the uncertainty and life-threat of cancer, and deal with adjustments, losses, and limitations. The role of the psychologist focuses on helping cancer patients (and family members) deal with distress and cope emotionally and psychologically with living with cancer, cancer-related fears and life-threat, as well as deal/cope with specific problems related to head and neck cancer (e.g., disfigurement, loss of speech, voice problems, changes in communication, eating issues, reduced self-esteem, changes in body image, social isolation) and difficulties that are associated with several forms of cancer (e.g., loss of work, role changes, reduced functioning, pain management, interpersonal issues, social changes).

The psychologist on the Head and Neck team provides clinical consultation and assessment, as well as individual psychotherapy to patients throughout the cancer care continuum (i.e., initial diagnosis, during treatment, post-treatment, rehabilitation, survivorship, recurrence, metastatic disease, and dying). The primary focus is on the individual with cancer, but referrals of family members who are struggling emotionally and psychologically are also accepted. Some couples work is done. The psychologist is also involved in clinical research.

Radiation Therapist

Radiation therapists use focused beams of radiation to kill cancer cells, while minimizing harm to healthy tissues. Therapists are involved in the treatment planning aspects of cancer therapy involving radiation, the delivery of precisely targeted radiation beams, and the counselling of patients on possible side effects from treatment.

Radiation oncologist

A doctor who specializes in treating cancer and other diseases with radiation therapy.

Social Work

Social work assesses the patient in the context of his/her roles, responsibilities and relationships in his/her community. Head and neck cancer strongly impacts the patient's perceived role once treatment is completed due to the deficits associated with many of the treatments. Social work assists the patient and family to understand how cancer affects these factors as well as to plan and facilitate supports for the patient to return to the community with as much function as possible.

To achieve this, social work assesses the patient's and/or family's psychosocial profile; assists patients and their families in coping with the stresses associated with treatment; uses a variety of social work interventions to help the patient/family who have difficult social circumstances that may be a barrier to treatment or recovery; liaises between the patient and hospital/community resources in helping address the unmet needs of patients/families.

Social work brings a knowledge and understanding of family issues especially in the areas of addictions, violence and abuse, depression and grief. The interventions include crisis counseling, supportive counseling and adjustment therapy, education, team consultation, locating, arranging and advocating for resources, and discharge planning.

Speech Language Pathology

Speech–Language Pathologists (SLPs) identify, assess and treat patients with swallowing and/or communication difficulties. Communication difficulties may include

disorders involving articulation, voice, language (expressive and receptive) and fluency. SLPs provide patient counseling and education, as well as training and education of families, caregivers and students.

Details regarding assessment and treatment can be found in Appendix VII Overview of Speech Language Pathology Services.

Referral and rehabilitation information can be found in the Rehabilitation section (Part 5) of this guideline (page 41).

Surgical oncologist

A cancer doctor who specializes in operating to cut out cancerous tumours.