Neuro-Oncology Nurse Navigation

Developing the role for a unique patient population

Eleanor Miller, MSN, RN, OCN

Each cancer diagnosis presents unique challenges for patients and their family members. A primary brain tumor often is discovered after a sudden acute event, such as a seizure, change in mental status, or stroke-like symptoms (Alexander & Cloughesy, 2017). After a confirmed brain malignancy diagnosis, patients may be admitted emergently for surgery and then discharged to a rehabilitation facility, skilled nursing facility, or home. Depending on pathology, patients will require follow-up with medical oncology and/or radiation oncology (Ricard et al., 2012; Schubart, Kinzie, & Farace, 2008). Postsurgery, patients continue on a path toward additional treatment, with enough time for healing and rehabilitation (Gordils-Perez, Schneider, Gabel, & Trotter, 2017; Ricard et al., 2012). The immediate effect on caregivers and family members includes physical and cognitive side effects, psychosocial needs, financial distress, and work absences (Lovely et al., 2013, Schubart et al., 2008, Whisenant, 2011). Throughout the trajectory of diagnosis and treatment for a brain malignancy, the neuro-oncology nurse navigator provides support, intervention, and coordinated care.

Oncology navigation has become a crucial element in providing efficacious care within a healthcare system (Freeman, 2013). At Penn Medicine’s Abramson Cancer Center, a multisite urban academic medical center, the nurse navigation (disease-based) model focuses on the navigation priorities of access, education, referrals, and care coordination, which are consistent with the efforts of other navigation programs (Gordils-Perez et al., 2017). Navigators must assess the patient’s clinical situation and needs and have a working knowledge of healthcare system operations, priorities, and efforts. These must be integrated to serve the patient and provide information and options (Bailey, Trad, Kastelan, & Lamont, 2015; Gilbert et al., 2011). Although navigators maintain a consistent scope, they apply disease site knowledge to most effectively address barriers and meet patient needs (Gordils-Perez et al., 2017). Because of the effect that brain tumor treatment has on patients and families, a dedicated neuro-oncology nurse navigator is assigned to this unique population.

Brain Tumors

Brain tumors are rare and, for many patients, they represent a terminal diagnosis (Alexander & Cloughesy, 2017; Bailey et al., 2015; Lovely et al., 2013; Schubart et al., 2008). Some patients travel long distances to receive treatment, adding logistical, practical, and financial challenges. Patients are dependent on caregivers, may be unable to drive, are younger in age or have children, or have cognitive or visual deficits (Bailey et al., 2015). Between the complexity and severity of the diagnosis and the interprofessional care, the navigator functions in a fast-paced environment while remaining sensitive to patient and family needs (Seek & Hogle, 2007). To facilitate care and to best work through barriers, a neuro-oncology nurse navigator