

Overcoming Barriers

Lillie Shockney, RN, MAS, is an oncology nurse navigator, administrative director of the Johns Hopkins Breast Center, and the founder and program director for the Academy of Oncology Nurse & Patient Navigators.

January 3, 2018 By [Kurt Ullman](#)

What is an oncology nurse navigator?

An oncology nurse navigator is a specially trained registered nurse who works with patients to help them overcome barriers to care, as well as to educate and advocate for the patient. We provide patient education about the diagnosis and treatment of cancer, empowering the patient to take a role in treatment decisions.

What are some of the ways you accomplish this?

The navigator looks for barriers and ways to overcome them. If patients can't get to their radiation appointments every day for six weeks, they may not get the care they need to treat and prevent the return of cancer. Financial concerns are another barrier we can help address. There may also be cultural barriers—some patients may look at cancer, its treatment and the medical system differently.

Another component is ensuring the patient doesn't fall through the cracks. A patient may have surgery at hospital A, radiation at center B and chemotherapy at clinic C, which may not belong to the same health care system or share medical records. The nurse navigator follows the patient throughout the continuum of care to prevent gaps.

What do you mean by empowering the patient?

We do this by explaining treatment options along with the risks and benefits. For example, one option may reduce the chances the cancer will return by 50 percent but have severe side effects impacting quality of life. Another lowers the risk by only 40 percent but has fewer debilitating side effects. Patients need this information to help them decide if less chance of cancer returning or better quality of life is most important to them.

Our work includes translating medical terminology. One study showed that most patients thought that a doctor using the word respond meant a cure. To the doctor, the meaning was that the cancer would temporarily shrink.

We also assist in helping preserve life milestones if possible. If a doctor tells a patient her surgery is scheduled in two weeks, the patient believes surgery is needed urgently. The navigator may find out that the patient's daughter is getting married in three weeks. If the surgery can be safely delayed, the navigator intervenes so that she can enjoy her daughter's wedding and have surgery the following week.

When will you first meet the patient and how long will you work with them?

An oncology nurse navigator usually meets the patient within 24 to 48 hours following diagnosis, either in person or over the phone. The navigator is in the room when the physician discusses treatment and stays after the doctor leaves to assess the patient's understanding and look for barriers. The navigator remains connected until the acute stage of treatment is completed and guides the transition to short-term and long-term survivorship. This can last a few months to one or two years.

How widely available are nurse navigator services?

All cancer centers are required to have nurse navigators in order to be a accredited, and 80 percent of these are small community cancer centers. They are also in private oncology practices. It's a rapidly growing nursing field. These services are billed as part of the overall care, not separately.

You are a breast cancer survivor yourself. How does your personal experience with cancer inform your work?

Getting diagnosed with breast cancer reframed my life and my purpose for surviving this disease. When I'm with newly diagnosed patients who are upset and I tell them that I am a survivor myself, the look of relief on their face is clear. No one knows how they will handle this situation until they are in it. I strive to get them through whatever lies ahead—including those with Stage 4 metastatic cancer who will die of this disease.

One of my philosophies as a result of being a patient is to only give cancer the time it needs to get rid of it—don't let it steal away any more personal, family, social or even work time, and don't let it rob patients of life goals they cherish.

What do you find most inspiring or hopeful about your work?

I enjoy advocating for patients and developing a personal relationship with them. It's a privilege to be part of these lives at this vulnerable time.