Cancer is a leading cause of death worldwide. Many individuals have significant symptoms related to this disease. Palliative radiation therapy (PRT) can relieve symptoms at the end of life for those with metastatic cancer. PRT is underused in treating patients with symptomatic cancer at the end of life, particularly in rural and remote settings, despite the evidence that supports it. The purpose of this evidence-based practice study is to (a) assess the knowledge of rural primary care providers about PRT, (b) disseminate evidence on the indications for PRT, and (c) increase palliative referrals.

**AT A GLANCE**
- Offering PRT is a practical approach to treating patients with a symptomatic cancer diagnosis.
- Educating healthcare personnel on PRT indications is imperative to proficiently manage this at-risk population.
- Using evidence-based guidelines for the indications of PRT can increase efficacy of the healthcare system, ultimately improving the quality of care for patients.

**Results**

The presurvey, education, and post-survey took about 30 days to complete. Comparisons were drawn between PCPs’ knowledge of PRT and referral behaviors before and after the educational sessions. PCPs demonstrated an increased knowledge of symptoms that may improve with PRT, such as brain and bone metastases; malignant epidural spinal cord compression and malignant superior vena cava obstruction; upper aerodigestive tract obstruction, compression, or invasion; and malignancy-associated urogenital or gastrointestinal bleeding or hemoptysis (AHS, 2010). However, the number of PRT referrals did not increase from pre- to posteducation.

**Keywords**
palliative radiation therapy; primary care providers; evidence-based education

**DIGITAL OBJECT IDENTIFIER**
10.1188/17.CJON.387-388
Discussion
This study is an example of how advanced practice nurses can collaborate with other professionals using evidence-based educational programs to change knowledge and practice and improve patient care. The educational program increased PCPs’ knowledge but not referrals, indicating that many PCPs were unaware of the available treatments. Prior to the educational session, a 30-day chart review revealed two referrals to radiation therapy by PCPs, one for definitive or curative radiation and one for PRT. After the educational sessions, evidence from a second 30-day chart review revealed two PCP referrals, two for definitive radiation and none for PRT. Many reasons may explain the lack of increase in PRT referrals. The short time frame of 30 days may not have been enough time to see a change, or the patient population evaluated may not have had a cancer diagnosis at the time of this study. Better understanding of the PCPs’ practice, patient population, and barriers to care may have been helpful in planning an educational program to meet specific needs. PCPs’ comments about referring patients for PRT, including, “I was not aware you existed, and nobody told me about you,” “not always sure of the services available and convincing the patients,” and “never done before,” indicated a major lack of awareness. Increasing direct communication with PCPs after the intervention, such as in telephone reviews or follow-ups to answer questions about long-term issues or pain control, may have been valuable. Based on the results of this study and PCP comments, the current author concluded that the PCPs could benefit from more education on PRT.

Implications for Nursing
After the postsurveys had been completed, the data were presented at allied health meetings to specialists in medical oncology, radiation oncology, hospice, and nursing. However, nurses were not included in the educational project. Future work should include nurses because they work directly with patients. According to McMenamin, Ross, and Jones (2014), nurse involvement in palliative radiotherapy includes educating patients and families on shorter PRT courses when quality of life is the goal. McMenamin et al. (2014) stated that nurses “must be aware of the indications and expected outcomes associated with therapy. Nurses can play an important role in the management of symptoms, education of patients, and communication between the team and the patient and family” (p. 242). Nurses are often the gatekeepers for patients who could benefit from such services, so their knowledgeable of the benefits of PRT is essential. Including nurses in evidence-based practice education is imperative to meeting the needs of people with cancer. Integrating health policy into practice with all stakeholders, including nurses, patients, allied health staff, administrators, and PCPs, is essential in maintaining and improving the healthcare system to increase quality of and access to care and to decrease costs for patients.

Conclusion
By leading change and advancing health, nurses can practice to the full extent of their education and training, collaborate and coordinate care across teams of healthcare professionals, partner with physicians and healthcare professionals, and work to improve information infrastructure (Institute of Medicine, 2011).

"The educational program increased primary care providers' knowledge but not referrals."

FIGURE 1.
PROVIDER KNOWLEDGE PRE- AND POSTEDUCATION (N = 16)

REFERENCES