Initiating a Complementary Therapy Internship Program on an Inpatient Oncology Unit

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The medical literature reports an increasing prevalence in the use of complementary and alternative medicine (CAM) by patients with cancer to relieve symptoms caused by cancer and its treatment (Eisenberg et al., 1998; Ernst & Cassileth, 1998; Morris, Johnson, Homer, & Walts, 2000; Rees et al., 2000; Richardson, Sanders, Palmer, Greisinger, & Singletary, 2000). Patients with cancer at Methodist Hospital, a community teaching hospital in suburban Minneapolis, MN, are no exception. Nurses at the hospital struggle with ways to offer these therapies along with traditional treatment in a caring, competent manner that is fiscally responsible. The nurses are particularly interested in the modalities of reflexology and healing touch. The purpose of this article is to describe the step-by-step process of initiating a program for reflexology and healing touch interns to serve the oncology inpatient population at Methodist Hospital.

Reviewing the Literature

A committee started the process by researching the benefits and efficacy of CAM therapy among patients with cancer. A search of the literature produced relatively few published research studies, but the results seemed to indicate that these therapies were effective in relieving cancer symptoms (Brannon, 1999; Glasson & Bouchard, 1998; Merritt & Randall, 2002; Moreland, 1998; Stephenson, Weinrich, & Tavakoli, 2000). A new study also found that healing touch decreased anxiety and depression in caregivers of patients with cancer, although these changes lacked statistical significance (Rexilius, Mundt, Megel, & Agrawal, 2002). Evidence in the literature on CAM’s usefulness to patients, albeit limited, and anecdotal reports supported proceeding with the program and conducting additional research.

Determining Feasibility

The committee explored a model that had been established previously in the oncology department. Since 1998, a Park Nicollet Health Services (PNHS) Foundation grant has supported a master’s-prepared music therapist to mentor music therapy students in internships needed for their degrees. The program served inpatients, outpatients, and patients in home care or hospice care with cancer. The committee explored whether that model could be applied to other CAM therapies and discussed this with the Complementary Care Committee at PNHS, which reviews available CAM resources throughout the system. The committee decided to investigate the option and formed a subcommittee consisting of the inpatient oncology nurse manager, the music therapist supervisor, and certified practitioners in healing touch and reflexology. The practitioners already were employed as consultants for the PNHS oncology program and received referrals from PNHS.

Both the healing touch practitioner and the reflexologist contacted local schools of complementary therapy to ascertain the availability of interns and their interest in doing their clinical practicums in the hospital with patients with cancer. Finding both interest and availability, the committee proceeded with setting up the program.

Establishing the program required a commitment from the CAM practitioners and financial compensation for their services. To find funding to compensate the practitioners as they mentored the interns, a grant proposal was written to the PNHS Foundation for six months of program support. The foundation agreed to provide seed money for the project.

Program Goals

With the funding and interns secured, the committee set out to achieve the following goals:

• Provide reflexology and healing touch services to hospitalized patients with cancer.
• Give reflexology and healing touch interns the hours of practicum needed under a certified supervisor to receive certification in their specialties.
• Gather and analyze data measuring the effectiveness of these therapies in relieving symptom distress.

Action Plan

The committee needed to ensure that patients would receive safe, high-quality care and that interns would gain practical experience that would be of value in their specialties. First, the committee tried to standardize the process and put policies and procedures in place to guarantee the competency of the care that patients would receive. Criteria were written to guide measurement of the competency of practitioners. Interns were required to

• Complete the classroom instruction for reflexology or healing touch IIIB seminar.
• Apply for the internship and be interviewed by the supervising certified practitioner in their specialties.
• Demonstrate to a qualified observer mastery of the techniques of reflexology and healing touch.
• Apply to the Hospital Volunteer Program for insurance to cover liability while practicing in the inpatient setting.
• Sign a confidentiality agreement.

Building a Patient Population

After the interns were prepared, the program prepared to offer services to patients. The oncology units cared for patients with cancer, the urology population, and medical overflow patients. Rather than limit the program to patients with cancer, the hospital decided to offer the service to all patients on the unit and to document reasons for admission for future tracking purposes.

The nurses identified patients who were having difficulty managing feelings of nausea, pain, anxiety, fear, and other symptoms. The charge nurse referred patients who could benefit from CAM therapy. The CAM therapy program was presented and explained to each patient by one of the therapists. Each therapist gave specific information about the type of therapy the patients would receive and explained that the program was free to participants because it was funded by a grant. Participants signed a consent form to receive CAM therapy. Before treatment began, patients were asked to complete a questionnaire rating their symptoms of pain, nausea, stress, anxiety, depression, and fear on a symptom intensity scale from 0 (no symptom) to 10 (unbearable symptom). Patients also were asked to rate their well-being and sense of peacefulness. The complementary therapy was given; then, each patient was asked to complete the questionnaire again within 30 minutes.

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