Play preparation in pediatric radiotherapy: an autoethnographic examination

by

Amanda Jacques

A thesis submitted in partial fulfilment of
the requirements for the degree of

MASTER OF ARTS
in
PROFESSIONAL COMMUNICATION

We accept the thesis as conforming to the required standard

__________________________________________________
Zhenyi Li, Thesis Faculty Supervisor
School of Communication & Culture
Royal Roads University

__________________________________________________
Michael Real, Internal Committee Member
School of Communication & Culture
Royal Roads University

__________________________________________________
Mona Udowicz, External Committee Member

__________________________________________________
Phillip Vannini, Thesis Coordinator

__________________________________________________
Jennifer Waligna, Director
School of Communication & Culture
Royal Roads University
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

Abstract

This study takes an autoethnographic approach to explore the personal experiences of a radiation therapist who implements sessions of play preparation for pediatric cancer patients. Central themes, ideas, and transformations surrounding the therapeutic process for pediatric patients are examined. The role of the radiation therapist incorporating play preparation in pediatric radiation therapy is described. The social and cultural interactions that take place in an adult-dominated treatment facility are assessed for their suitability with respect to pediatric patients. Alternative methods of communicating and connecting with pediatric patients requiring radiotherapy are discussed in this study.

Keywords: Radiotherapy, pediatrics, play therapy, autoethnography
## Table of Contents

**Chapter One – Introduction** ................................................................. 4  
Content and Site-Specific Terms ............................................................ 5  

**Chapter Two – Literature Review** ......................................................... 6  
Pediatric Radiotherapy ........................................................................ 6  
Play Therapy in Pediatric Radiotherapy ................................................. 8  
Communicating with Pediatric Patients in Healthcare ......................... 10  
Audiovisual Distractions during Radiotherapy ......................................... 12  
Pediatric Sedation for Radiotherapy ....................................................... 15  

**Chapter Three – Methodology** ............................................................. 17  
Ethical Implications ............................................................................ 17  
Autoethnography ................................................................................ 17  
Introduction ......................................................................................... 17  
Data ..................................................................................................... 18  
Data Generation .................................................................................. 19  
Data Analysis ....................................................................................... 20  

**Chapter Four – Results** ........................................................................ 21  
Time ...................................................................................................... 21  
Pressure ............................................................................................... 25  
Care ...................................................................................................... 28  
Connection ........................................................................................... 30  
Values and Meaning in Pediatric Radiotherapy .................................... 32  
Central Ideas of Play Preparation ........................................................ 35  
Connecting Past with Present .............................................................. 36  

**Chapter Five – Discussion** ................................................................. 36  

**Chapter Six – Conclusion and Recommendations** .............................. 38  

References ............................................................................................ 40
Radiation therapists require guidance and resources in order to adequately prepare pediatric patients and their family members for radiation treatment. The range of development and maturity in this patient population creates a unique challenge in the delivery of radiation therapy; therapists must adapt to each patient scenario so that the child can be separated from the parent without distress, and compliantly lie still for treatment. Pediatric patients represent a visible minority in adult-focused treatment centres. As such, therapists interact infrequently with this population, making it challenging to establish a level of comfort and familiarity. Exploring one radiation therapist’s personal experience providing play preparation to pediatric patients offers a relatable and detailed resource for other therapists wishing to implement a play preparation process.

This research examines how play preparation in pediatric patients can increase patient communication, comfort, and familiarity with radiation treatment, in order to eliminate the use of sedatives and anesthesia during treatment. This study anticipates the adoption of play preparation programs at other cancer treatment facilities that treat pediatric patients. This study seeks to understand this question: how can social interaction – in the form of play preparation between radiation therapists and pediatric patients – overcome the use of sedatives in pediatric radiotherapy? The objective of this study is to describe how a radiation therapist may improve a pediatric patient’s treatment experience by establishing a trusting relationship and implementing play preparation, with the aim of minimizing sedative-use in radiotherapy. By examining the
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

influence of play preparation and audiovisual distractions, it is expected that other treatment therapists will empower pediatric patients to lie still for treatment.

The knowledge generated from this study can be used as a guide for those wishing to improve communication and the relationship between pediatric patients and radiation therapists. Currently radiotherapists lack resources that described how to provide play preparation to children and reduce the use of sedatives during treatment. This study hopes to provide radiation therapists with insight as to how they may develop crucial bonds with patients, and their family members, so that children may be able to lie still on their own accord.

Autoethnography is a research method that comfortably rests within the social constructionist paradigm where researchers reject the idea that social research is objective, and therefore the knowledge produced cannot be neutral (Chang, 2008). The application of sociocultural theory in this study will elucidate the values held in an adult-focused cancer centre, and their effect on treatment protocols for pediatric patients. It will also demonstrate how the social and cultural interactions in radiotherapy create meaning. Sociocultural theory may help to explain why some of the adult approaches to radiotherapy are transferable to pediatric patients, and how modifying some of these social and cultural interactions can improve a pediatric patient’s therapeutic journey.

Content and Site-Specific Terms

Culture in this research project refers to the culture that exists within a radiotherapy department in a major hospital setting. Radiotherapy is the administration of ionizing radiation at a target (typically a tumor) for therapeutic benefit. Pediatric patient refers to any person less than 18 years of age, under the care of a parent or guardian. Play preparation describes is the act of
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY
educating pediatric patients in a tailored way, with the goal of increasing their understanding, comfort, and compliance with radiation therapy treatment requirements.

Chapter Two - Literature Review

This literature review contains ideas and topics that are unique to pediatric patients undergoing radiotherapy and relate to play preparation. In order for the study to achieve its research objective, the literature review will discuss pediatric radiotherapy, play preparation in pediatric radiotherapy, communicating with pediatric patients in healthcare, audiovisual distractions during radiotherapy, and use of sedatives in pediatric radiotherapy. Each topic describes important factors for creating trust with pediatric patients, and their family members, so play preparation may replace sedation in some cases.

Pediatric Radiotherapy

Pediatric radiation therapy is the therapeutic application of ionizing radiation to a targeted volume, usually a tumor, with the intention of treating or eradicating disease. While pediatric cancer is similar to adult cancer, the approach to treatment may be modified to reduce radiation-induced risks to growth, development, and reproduction – or the development of secondary cancer (Halperin, Constine, Tarbell, & Kun, 2011). Radiation is prescribed by a radiation oncologist in a way that is tailored to the patient’s anatomy and tumor location so the cure rate is maximized, while considering the risks of radiation induced side effects. Radiation can be delivered internally, but the majority of radiation treatments for children are delivered through external beams, by a machine called a linear accelerator. For every treatment, patients must remain inside the treatment room completely alone because exposure to the high dose of radiation used for treatment is dangerous for healthy adults. This can be challenging as it is often
play preparation in pediatric radiotherapy

the first time pediatric patients have been separated from their parents during their medical journey. Separating children from their parents can cause high levels of distress and an inability to comply with the treatment requirement of lying still (Katz, Kellermen, & Siegel, 1980).

All radiotherapy treatments require the immobilization of the patient in a comfortable, stable, and reproducible position (Washington & Lever, 2004). Positioning devices can be used to assist in patient immobilization, by providing comfort and support. The most extreme form of immobilization is achieved through the administration of sedatives or anesthesia. The majority of patients requiring sedation for treatment are children. This process requires specialized staff and equipment, careful placement of patient monitors within the treatment room, and extra time to be blocked in the schedule (Washington & Lever, 2004). My experience has shown me that the need for sedatives to immobilize a patient can be overcome in many pediatric patients if play preparation is used to mentally, emotionally, and physically prepare them for radiation treatment.

The treatment of cancer in children is approached in the same way as adults: maximizing cure while minimizing late effects. With this consideration in mind, “the dose required for cure is similar to that needed in adult tumors but it is frequently given in smaller fractions over a longer period of time in the hopes of reducing late damage” (Chambers, 1991, p. 1). The long life expectancy of children make it much more likely that they will live to see the long-term side effects induced by radiation therapy, so every attempt is made to reduce those chances. Long-term side effects manifest themselves in the growth and development of normal tissues, sometimes resulting in shorter stature, infertility, and normal tissue damage (Hafty & Wilson, 2009). While curing cancer is an important goal in radiotherapy, it is necessary to consider side effects and the patients’ quality of life after treatment is complete. Radiation treatment protocols
Play Preparation in Pediatric Radiotherapy

Play preparation for radiotherapy with pediatric patients has not been well described in the literature. The requirement in radiation therapy for a patient to lie still for an extended amount of time is vital to the accurate delivery of treatment. It has resulted in the routine sedation of pediatric patients undergoing treatment. While it has not been well described in the literature, play preparation is also used to help immobilize pediatric patients for treatment. Both sedation and play preparation have advantages and disadvantages to being applied in radiation therapy. Sedation assures patient immobilization during treatment, and in certain complex patient cases, it can sometimes mean faster treatment. Disadvantages of sedation include health risks or death, increased time spent in the department, negative effects on life outside of treatment, and increased healthcare costs (Halperin et al., 2011). Further details regarding sedation will be explained in the sedation literature review section. The advantages of utilizing play preparation include: the avoidance of anesthesia risks, flexibility in appointment scheduling, no food and water restrictions, no lifestyle restrictions on activities such as swimming, less time spent in the department, more time for family to learn about the treatment and improved opportunities for the patient to build a relationship with the radiation therapist. Play preparation has some
PLAY PREPARATION IN PEDIATRIC RADIOThERAPY

disadvantages, which include extra time spent by the family in the department, and some additional healthcare costs for staffing after-hours play preparation sessions.

Whether or not the age of a patient can be used as an indicator of sedation suitability in radiotherapy is not clear. Scott, Langton, and O’Donoghue (2002) concluded the need for sedation in children between the ages of 2 and 5 years should be assessed on an individual basis, based on each patient’s unique experiences, needs, developmental status, and parental support. Scott et al. (2002) also described their approach to play preparation as a series of planned steps which sought to teach co-operation and motion control. Preparing children for medical procedures can be a difficult and time consuming process, warranting the need for Child Life Specialists (CLS) in some pediatric hospital settings. CLS are trained to work with children of all ages to therapeutically and psychologically prepare them for medical procedures (Turner & Fralic, 2009). By preparing children for medical tests and procedures that are foreign to them, a CLS is able to minimize stress and promote normal growth and development (Turner & Fralic, 2009). Preparing children for radiotherapy through play preparation similarly seeks to reduce stress children may feel about having treatment.

The role of play therapy in a child’s life has been well described as a means to allow for expression, self-actualization, vocalization of pain, communication inner and outer worlds, emotional release, and to healing (McCalla, 1994). When the goal is for a child to lie still during a medical procedure, a session of play preparation that simulates the procedure can be used to allow the child to navigate through the process in a safe and experiential manner. By creating this imaginary situation for the child to experience, the child can move towards consciously realizing the purpose of the playtime (McCalla, 1994). When Slifer, Bucholtz, and Cataldo
PLAY PREPARATION IN PEDIATRIC RADIOThERAPY
(1994) attempted to teach co-operation and motion control in preschoolers and older children
with special needs, they were able to identify three stages to their behavioural modification
technique: desensitizing the anxious child, motivating the child to cooperate, and teaching the
child to inhibit voluntary movement. By breaking the process into three stages, the researchers
were able to identify areas where a child was struggling in the treatment-preparation process.
The ultimate goal of the process is the child’s increased comfort and familiarity with the
treatment room and process so the patient would remain still for treatment. Instead of a three-step
approach, another published radiotherapy preparation program consisted of a simplified
explanation of radiotherapy, a tour of the radiotherapy vault, a visit by a creative-arts therapist,
and a multidisciplinary healthcare team (Filin, Treisman, & Bortz, 2009). The goal of this
preparation program was to address the specific needs of the patient and family so treatment-
related anxieties could be reduced.

While there are different approaches to play preparation in the radiotherapy setting, all
seek to increase patient, parent, and therapist comfort for treatment without sedation. By
providing play preparation in advance, the patient and parents are given a real experience of what
is expected of them during treatment, without the fear and pressure of an actual treatment. This
preparation session also gives the patient and parents time to absorb and reflect on the process.
The interaction between the radiation therapist and the patient during play preparation aims to
build a trusting relationship that evolves as treatment progresses.

**Communicating with Pediatric Patients in Healthcare**

Communicating with children about their health is a complex issue that has been well
documented in the literature to be beneficial to the patient, but difficult for both parents and
health care workers. Unlike their adult counterparts, children rely on their parents to make decisions on their behalf, often without their knowledge. When decisions relate to a child’s health, physicians and parents must discuss at length the complexities of the diagnosis and its implications for the child. Within this decision-making framework, it can be difficult for parents and medical personnel to include pediatric patients in the discussion about their care.

The literature states that children can benefit from being included in the discussion about their health, yet they are often removed from health related conversations (Runeson, Enskar, Elander, & Hermeren, 2001). One method of involving children in the decision-making process “is to let them express their opinion in matters regarding themselves, and according to their age and maturity” (Runeson et al., 2001, p. 70). By allowing for participation, it is thought that pediatric patients will demonstrate more compliance with healthcare directives. By participating in play preparation, the child becomes involved in the decision to use or avoid sedative for radiation treatment. The tendency for medical professionals to bypass the child in the decision-making process can increase the child’s reluctance to ask questions (Chilman-Blair, 2010). Healthcare practitioners who advocate for children’s involvement in their health decisions see appropriate communication as a means to increase children’s understanding of their health or illness – even when the parents believe excluding their child from the conversations is a protective measure (Vern-Gross, 2011). Chilman-Blair (2010) suggests nurses are a more appropriate avenue for having health-related discussions with children due to their availability and relationships with patients. Like nurses, radiotherapists build strong relationships with their patients, allowing for them to be natural facilitators of health-related discussions. Nikendei et al. (2009) discuss the specific training pediatric medical residents receive to be able to communicate
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

with the parents of pediatric patients, acknowledging this group as having unique communication challenges. That acknowledgement enables residents to show more empathy and adapt their communication skills appropriately. The American view of pediatric assent requires that children be involved to the fullest extent possible in terms of their maturity, emotional and cognitive development – while leaving legal authority to the parents or guardians (American Academy of Pediatrics Committee of Bioethics, 1995). The participation of the child in their own health discussion, while modest, attempts to respect the autonomy of the individual.

Exploring ways of communicating with pediatric patients and their guardians comprises a large part of this research study. By considering the culture and wishes of parents, as well as the role of the healthcare workers in play preparation, opportunities and methods for effective communication with pediatric patients can be explored and refined. I believe that play preparation is an opportunity for pediatric patients to participate in decision making about their health. By exploring the idea of radiation therapy during a play preparation session, the patient can express feelings about having treatment while awake, and can help the radiation therapist identify and address any concerns the child might have about treatment. By communicating with the child about the treatment process, the patient, parents and radiation therapist can make a decision on whether or not sedation is appropriate for treatment.

Audiovisual Distractions during Pediatric Radiotherapy

Children requiring medical procedures can benefit from having audiovisual distractions present as a diversion from the procedures being performed. Audiovisual distractions can be used in play preparation for radiotherapy, and during the radiotherapy treatments themselves. Providing children with cartoons to watch during radiation treatment presents a difficult
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

challenge in radiotherapy due to the complex machine movements and radiation beam pathways.

While devising ways to deliver audiovisual interventions without compromising the treatment plan is time consuming, I believe that the value of this distraction is worth the extra effort.

The role of the radiation therapist in radiotherapy is complex but fundamentally involves the set-up of the patient, the delivery of the radiation treatments, and the monitoring of side effects. An advantage to seeing patients over a series of weeks is that the radiation therapist is able to form strong relationships with patients as they navigate their way through treatment. This bond is very important when the patient is a child undergoing treatment without sedation. One of the ways therapists can form a bond with a child is to find out what the child’s preferred activities, music, cartoons and movies. These audiovisual preferences can then be implemented during radiotherapy as a way to make the child feel more comfortable and cared for. While special equipment often must be purchased or built to safely screen films during treatment, the benefit to the child makes the cost appropriate. Willis and Barry (2010) describe their use of audiovisual interventions and the impact that they had on their pediatric population. The interventions that these authors used reduced the need to administer daily anesthetic to the majority of their pediatric patients during radiotherapy. Importantly, Willis and Barry (2010) identified the radiation therapists’ role as assessor of the pediatric patient’s ability to lie still throughout their treatment. The length of time therapists spend with pediatric patients – and the resulting bonds they form – make them ideal for this role. Mifflin, Hackman, and MacLaren (2012) played videos to distract pediatric patients prior to undergoing surgery, and found that they could reduce anxiety in patients between the ages of 2 and 10. While not a radiation study, the ability for audiovisual distractions to reduce procedural anxiety is relatable to the
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY
radiotherapy setting. The authors also discussed the potential negative effects a parental presence can have on children undergoing medical procedures (Mifflin et al., 2012). The absence of parents from the radiation treatment vault is mandatory for treatment and can increase patient cooperation and compliance if the patient is comfortable separating from the parents for treatment. By investing in the development of a strong bond between the patient and radiation therapist, patients and parents increase their comfort in separating for treatment.

Musical interventions also appeal to pediatric patients, especially when video distractions are too complicated to implement. The use of music therapy as a non-pharmacological anxiolytic agent in children undergoing radiotherapy has been shown to reduce feelings of anxiety and increase feelings of joy (O’Callaghan, Sexton, & Wheeler, 2007). Musical stories, lyrics, and improvised themes played for pediatric patients were seen to have verbal and non-verbal therapeutic effects on both patients and their family members. Musical interventions can be easily implemented in all radiotherapy procedures.

The nature of pediatric radiotherapy is a complicated process that has many health-related concerns for the patient, family and staff. Being able to communicate with children about their health may not be easy, but it is important and supported by the literature. Radiation therapy is very complicated and requires that patients are able to lie completely still for treatment. Being able to communicate the necessity of this to the pediatric patient is important for them to comply. General anesthetic is used for those patients who are unable to lie still while alone in the treatment room for approximately 20 minutes per day. For those children who may be able to lie still for treatment but need some time to adjust and become comfortable with the radiotherapy process, behavioural training and play therapy are effective tools. As an additional way to make
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

the radiotherapy process more compassionate and personalized, learning what audiovisual devices the child might like will go a long way in creating comfort and gaining compliance.

**Pediatric Sedation for Radiotherapy**

General anesthesia (sedation) is used in pediatric radiotherapy to ensure patient immobilization during the delivery of radiation therapy. Because radiation therapy machines exist only in specialized hospitals, the administration of pediatric anesthesia requires a pediatric anesthesiologist and pediatric respiratory therapist to travel to the radiation treatment centre on a daily basis to provide sedation (Evans & Chisholm, 2007). The coordination of these experts forces the family to have a fixed schedule for treatment without flexibility. The administration of the sedation drug itself places certain limits on patients and family members including food and drink restrictions, extra time in the department to administer and recover from the drug, anxiety and fear due to the sedation process, and most importantly, the significant health risks associated with sedation. The health risks associated with sedation are unique in the radiotherapy setting because the drug is administered on average 25-33 times over a period of approximately six weeks.

When comparing children of the same age, many factors influence a child’s ability to follow directions and lie still for treatment. Fortney et al. (1999) reported on the frequency of anesthetic use based on age, concluding that “anesthesia was generally necessary at ≤ 3 years, and rarely required at > 5 years of age” (p. 587). The authors found that their attempt to build confidence in patients through play preparation was as an effective strategy at reducing the need for sedation in this age group. Evans and Chisholm (2007) also found that children over five rarely required sedation, and described the ideal radiotherapy anesthesia patient administration as
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

Having rapid onset, prompt recovery, brief duration, immobilization of the patient, and allowance for flexible airway positioning. Evans and Chisholm (2007) were quite concerned with the risks associated with the different forms of anesthesia and how mediastinal masses could lead to airway obstructions and immediate death after induction of anesthesia. Vigneron et al. (2013) echoed the concern that the administration of anesthesia required specialized support staff, specialized pediatric equipment, had the potential for adverse events, and required extra staff resources to provide patient care before and after radiation treatment.

The safety, comfort, and impact of using sedatives for radiotherapy is complex and necessary in many patients due to their inability to lie still for treatment. While sedation is the most reliable way of obtaining the patient’s compliance with lying still, patients essentially miss out on the radiotherapy process and have a very different experience from those patients who do not need to be sedated to receive treatment. Sedated patients often express feelings of anxiety and fear throughout treatment, whereas non-sedated patient tend to express feelings of familiarity and even comfort as their treatment progresses (Slifer, 2013).

While each of the explored topics of this literature review have been documented and described in the literature, these topics have not been studied in combination. This study argues communicating with a child about radiotherapy through play preparation can increase their understanding of the process and their compliance in lying still for treatment. When play preparation is performed with the aid of audiovisual devices, it becomes less necessary to sedate pediatric patients between the ages of 3 and 7 years old.
Ethical Implications

Royal Roads University’s Office of Research reviewed this study proposal and ruled that minimal harm was perceived in this study. All references to children in this research project were intentionally de-identified and given pseudonyms. The radiation therapist interviewed in this study was de-identified and given a pseudonym. The institution where the research took place has not been identified, and it was informed of the study in advance.

Autoethnography

Autoethnography (Ellis & Bochner, 2000) is applied to examine the communication that occurs between radiotherapists and pediatric patients in play preparation for radiation treatment. The analysis of actual lived experiences, through the narrative of a radiation therapist, provides rich detail on the communication process and challenges that are unique in this patient-therapist interaction. The current lack of descriptive details and instructive resources on how to implement play preparation for children requiring radiotherapy allows this study to take an autoethnographic approach to producing such a resource. Autoethnography resides within the social constructionist paradigm where the knowledge produced cannot be thought of as neutral or objective. The subjective nature of this paradigm allows for the personal details of each patient’s play preparation to be highlighted for their individuality and the adaptability required of the radiation therapist. Autoethnography is interpretive in the sense that personal perspectives are added in all steps of research, whether in data collection where certain memories are selected, in data analysis where certain themes are probed, or in data interpretation where certain meanings are ascribed (Chang, 2008, p. 140). The selection of certain memories reflects how certain experiences affect
radiation therapists and their practice in different ways. The themes and meanings that are drawn from this interpretive research are not intended to provide universal results. Sociocultural theory looks at how attitudes and cultural beliefs can alter methods of learning and instruction, and how children participate in learning by “constructing knowledge, skills, and attitudes and not just mirroring the world around them” (Leong & Bodrova, 2001, p. 48). Bodrova and Leong (2005) discuss how child’s play helps foster social and cognitive development allowing them to eventually learn to delay gratification.

One of the biggest limitations of autoethnography is the inability to make generalizations from the results produced. Using personal memories as a primary source of data for analysis can be a limitation in that memories may present themselves in partial form, and may also limit, shape and distort the past (McCalla, 1994, p. 72). Vivid and faded memories will affect the level of detail which can be recalled, and may create memory bias regarding particular events. Another criticism of autoethnography is the general lack of strong theoretical content. This criticism will be addressed by integrating theory into this study. In order to avoid criticism for academic rigor and validity in this study, I avoided disproportionate focus on the self. I also sought to achieve the following: balance between narration and analysis, ethical consideration of people referenced in the study, and memory recall through collaboration with colleagues. In order to address concerns of validity, I included data from a co-worker’s personal experience working in the same environment with pediatric patients.

**Data**

The data used for this study grew from written descriptions of interactions I recalled having with pediatric patients preparing to undergo radiotherapy. As described by Chang (2008)
PLAY PREPARATION IN PEDIATRIC RADIOThERAPY

the three categories of data collected for this autoethnographic research study included personal memory data, self-reflective data, and self-observational data. Personal memory data was documented as textual data in journal format as memories were recalled. Self-reflective data was converted into textual data in journal format by delving into my own personal values, preferences, cultural identity, and cultural membership. Self-observational data was generated by documenting my behaviours, actions, thoughts, and emotions – as they were recalled – regarding interactions with pediatric patients in a radiotherapy setting. Additional recollected data was gathered by interviewing a radiation therapist who has also worked with pediatric patients. The interview data described the therapists’ personal experiences working closely with pediatric patients. It offered additional insight and enriched the data produced in this project.

Data Generation

Data was recollected and converted from memories into textual format so a subsequent analysis could be performed on the textual data. The methods used to recall personal memories included chronicling and inventorying, as suggested by Chang (2008, p. 72). In order to chronicle my data, I constructed a timeline of significant events relating to my work with pediatric patients in the radiotherapy setting. These events included pre-consultation, new-patient consultation, cast and mould appointment, simulation appointment, journey poster creation, play preparation, first treatment, special memories, and last treatment. The autobiographical timeline listed events and experiences that occurred. It improved my memory recall and organization, allowing for consistency with each patient. After recording my memories, the data was analyzed for thematic categories by highlighting and colour-coding the text. The textual data was then
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

inventoried by categorizing each segment into one of the four categories. The inventoried text was then analyzed for cultural meanings and values.

Textual data for this study was also generated from the voice recording of a thirty-minute interview with a radiation therapist discussing her experiences working with pediatric patients in radiotherapy. The interview subject was asked to describe her work with pediatric patients – focusing on those patients who received play preparation for radiotherapy. The interview subject was questioned about the values she held regarding the use of play preparation for pediatric radiotherapy. The interview participant was then asked to discuss how the four themes that emerged from my own data set related to play preparation in pediatric radiotherapy.

**Data Analysis**

Working within sociocultural theory (Littlejohn & Foss, 2008), I attempted to understand the data in terms of cultural tones and social relationships. In this way, data does not explain what is happening in itself, but must be massaged for culturally-significant meaning (Littlejohn & Foss, 2008). Key words and ideas that reoccurred in the memory data set lead to the identification of four themes. The memory data was then surveyed for text relating to each of these themes and were highlighted based on a colour-coded system. The highlighted segments were then sorted into lists by categorizing the segments into their associated themes. The data was then examined for cultural tones and social relationships within pediatric radiotherapy.

The intimate connection between the self and others in society, suggests that “the self’s behaviour – verbal and non-verbal – should be interpreted in their cultural context” (Chang, 2008, p. 125). The cultural context applied to this analysis was that of a healthcare setting where patients have been given a cancer diagnosis and are under the care of radiation oncology staff.
The radiotherapy culture within the hospital setting is one which values accurate, precise, and safe delivery of radiation to an immobilized and isolated patient with specialized machinery. Working with pediatric patients means radiation oncology staff must also work with the family members of pediatric patients who could exhibit a range of development and maturity.

Chapter Four – Results

For this study, I undertook an analysis of textual data generated from my own memories as a radiation therapist delivering play preparation to two pediatric patients. The results of the analysis were then compared to the analysis of interview data from another radiation therapist experienced in offering play preparation to pediatric patients. Several themes emerged from the textual data: time, pressure, care, and connection. These four themes repeated in different contexts throughout the data, which identified them as four important concepts in the radiotherapy process for pediatric patients.

Time

The theme of time was repeatedly found throughout the textual data in a range of contexts. It came up in discussion of: the short time between the patient’s diagnosis and treatment, the time-slots that radiotherapists are given to complete tasks, the time allocated for each appointment, the number of times a patient required treatment, the time to educate the patient about the treatment process, and the time related to the expected prognosis.

Time was a heavily repeated concept in the narrative of Sarah, a five-year-old girl diagnosed with a deadly brain tumor less than one week before her radiation consultation. She was fighting for a year to live. Sarah quickly embarked on her treatment journey down the sedation pathway.
Sarah arrived for her cast and mould and CT simulator appointment at 7:45am, early as required by the children’s hospital anesthetic team. Both parents were there with her little brother Brody, an energetic boy around 18 months old. I met them at our hospital’s main elevators and led them down the hall into the small and narrow anesthetic room where Sarah would be placed under a drug-induced sleep. Over the next few hours she would be wheeled around the department for her cast and mould appointment followed by her CT scan.

The immobilization mask requested by the anesthesiologist for Sarah meant that day would be a very long day. The clear mask was used to reveal pressure points on her skin to the anesthesiologist who wanted to prevent possible skin necrosis – a possible side-effect of this kind of treatment. The construction of this type of mask required many labor-intensive steps, and required Sarah to remain under sedation for the entire time – until she could have her CT scan wearing the finished mask.

The cast and mould specialists quickly went about their routine: positioning Sarah, moving her clothing out of the way, and cutting the plaster of paris strips so they could quickly make a mould of Sarah’s head and face.... Sarah’s chin had been placed in an extended position, hoping to keep her airway stable and open. They began placing strips of wet cast material over Sarah, being mindful of her oxygen mask, carefully contouring the strips of fabric and clay to her entire face and head. Six-to-seven layers of the cast material were applied to make the mask strong enough for the following steps. Once all of the layers of casting had been placed, the staff began to wait until the cast had hardened for the next step.
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

Sarah’s radiation oncologist recommended she receive her radiation treatment under sedation. It meant she was spending a lot of time in our department – usually sleeping before, during, and after her treatment. She received her treatment early in the day, an accommodation that would make it easier for Sarah because she couldn’t eat or drink for twelve hours before each anesthetic. The first of Sarah’s 33 radiation treatments goes according to plan.

*Before leaving the anesthetic room I tell Sarah’s parents, “if everything goes smoothly we should be back in 30 minutes, but it could take a bit more time than that. If anything changes I will come back here and give you an update.”*

When we approached the halfway mark of Sarah’s radiation treatments, our conversations about play preparation had progressed to the point where Mom and Dad were willing to give it a try. I arranged for Sarah and her family to come back after hours to explore the treatment unit.

*It was 4:30pm and our department was finishing up for the day. I had arrived on the treatment unit where Sarah was having her treatments and set up the treatment room for play preparation with Felix the Frog and his treatment mask. I was glad that I would be working with Amy during this tour and play session – with permission from our manager to be in the clinic after hours. I was feeling nervous about my first play preparation session, questioning whether I could really convince Sarah to interact with me and with the machine. So far our relationship was based on our meeting at her consultation and a few minutes of interaction each morning before she was put to sleep. Would she really trust me enough at this point to separate from her parents?*

*I urge the family to follow me to behind the guarded treatment console area. I warn the family of my only rule: “if you see a big red button please do not touch it,” referring to*
PLAY PREPARATION IN PEDIATRIC RADIOThERAPY

our emergency stop buttons located throughout the treatment vault and console area. My
goals of the night are to bond and gain more trust from Sarah, while hoping to convince
Mom and Dad this crazy idea of giving Sarah treatment while awake might just work. We
walk in behind the treatment console area, an area that is off limits for patients and
family except in a few circumstances. Our console area is a long counter that houses 4
large computers screens in a gentle ‘U’ shape that surround a blue raised treatment
console that contains many buttons and a place for a key. There are other computer
devices in this work space: and imager control device, an intercom system to listen and
speak into the treatment vault, and control systems for the video cameras that allow us to
zoom in and out, and move the camera angles.

I gesture towards the two video camera screens positioned front and centre of the
treatment console. “Sarah, do you see those two TV’s? Can you see anything on those TV
screens?” She giggles but I can tell I have her attention now. Mom and Dad gather in
close to see what I am gesturing towards. Dad then lifts Sarah up to have a better look.
“That’s Felix the Frog. He’s having radiation treatment too! Should we go and see him
inside the room?” She responds eagerly and we move towards the entrance of the vault.
The vault entrance begins with a very large and heavy door. It opens and closes
electronically with the push of a button, but remains open for us today. As we enter the
hallway, which curves in the shape of a U, the impression of entering a clinical space is
felt by the linoleum floors, hand sanitizer dispensers, and hand rail leading us inside.
Once we reach the end of the hallway the room opens up into a hexagonal space with
very high ceilings and an interesting piece of machinery in the middle. I direct everyone’s
 PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

attention towards the treatment bed where Felix has been set up and lies ready for treatment. I explain to everyone that Felix has to lie very, very still for treatment, and that the machinery moves around him but never touches him. I elaborate by showing the machine move, operating the machine with a hand pendant I pick up from the end of the bed. I swing the gantry in an arc from right to left. I raise the bed that Felix lies on to raise him up towards the machine, and then I swing the couch he lies on from side to side. I crouch down low and show the pendant to Sarah and ask her if she would like to move the machine? She is cautious but wants to participate. I stretch out the curled electric cord and bring the remote control close to Sarah. I hold the motion enable bars and show her which button to move. She presses cautiously and the gantry swings to one side, making squeaky sounds as it moves.

Pressure

The theme of pressure emerged from the data in the form of urgency, safety, and worry for the patient. Delivering radiation is serious no matter what the age of the patient being treated. Staff must always be on high alert to monitor the patient, interrupt the beam, run into the room, call a code, or page for help. Feelings of pressure tend to arise in radiation therapists when patients are somehow out of the norm. The infrequency of pediatric patients can create these feelings of uneasiness in staff. Pediatric patients add a sense of pressure and urgency whether sedated or non-sedated. The vulnerable state of sedated patients have more obvious reasons for creating pressure on the treatment team – as the team must monitor the medical equipment and the patient’s level of consciousness.
The respiratory therapist goes quickly to work, elevating Sarah’s chin and re-securing her airway. Her blood oxygen level dips a few times sounding off an alarm while she gets Sarah’s chin into a more stable position, securing her airway. I remember reading in Sarah’s chart concern about placing her under daily sedation because of the location of her brain tumor and its effect on her breathing.

A year after Sarah has finished her treatment, I found myself in a similar situation, this time with a two-year-old boy. His brain tumor was compromising his airway and there was a substantial increase in saliva production. It was at a point where he needed continuous suctioning. I could tell it was putting pressure on the staff as we prepared Marcus for his cast and mould appointment.

Immediately the suction tubing was out and the respiratory therapist went to work removing the excessive saliva coming out of Marcus’s mouth. The noise of the suctioning creates a nauseating feeling within me. I could sense that there’s difficulty providing Marcus with suction while also providing him with oxygen. The anesthesiologist begins to discuss his obstructing airway. They need to insert a structured airway to keep his oxygen levels up. Within seconds, a hard plastic tube is being placed into the back of his throat. I glance back at Mom who’s sitting in the far corner with her head down. This must be horrible for her. The tension I could feel surrounding Marcus’s sedation was more than with any other child I had witnessed go through this before. His tumor’s progression and symptoms were dangerous for sedation, but without radiation, Marcus would get worse and could die very soon.
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

Transferring a child under sedation from the anesthetic bed to the treatment bed is done by carefully moving the patient’s body, oxygen tubing, sedation tubing, IV tubing, patient monitors, and attached devices. The transition from bed-to-bed must be done before a child, like Sarah, can be placed in their treatment position.

*With co-ordination the therapist removes and replaces the oxygen mask while the other therapist quickly places the shell onto Sarah’s face. The shell needs to fit Sarah perfectly; any tight spots will show up in the skin as it turns white from lack of oxygen. Her shoulders need to be shifted to the right; the therapist work quickly to align her body so the shell fits better... Once Sarah’s is in the treatment position everyone is ushered out of the room. Slowly the vault door electronically closes, keeping the staff safe from the radiation, but creating a barrier to getting back into the room in an emergency. At the treatment console the cameras are zoomed in on the oxygen monitor and the volume on the intercom is maximized so can we quickly hear if an alarm sounds.*

Transitioning Sarah off anesthetic required two lengthy sessions of play preparation. Both sessions were thick with feelings of pressure to convince Mom and Dad that she could do it. At this point, my relationship with Sarah and her family had instilled their trust in me. They trusted my judgment that she could do her treatments without sedation, yet they remained skeptical and thought she would be too afraid to lie still.

*Mom and Dad arrive and seem as if they rushed to get here. I appreciate their enthusiasm to keep trying, especially before they head back home out of town for the weekend. Our plan today is to try to have Sarah set up Felix the Frog for treatment, and then to try to set up Sarah in her treatment position, wearing her mask, while a movie*
plays. This time everyone is comfortable to enter the treatment room. Mom and Dad stay close to the maze entrance, understanding that they will probably have to leave the room again, so that Sarah will listen to our instructions. Sarah begins to approach the machine and I nod to Mom and Dad as they prepare to leave the room. Dad tells Sarah they are going to watch us from the video cameras. Sarah turns and looks as they leave but is quickly distracted by a pillow of bubbles that float down from the air and onto her arm. I grin and she sees me with the liquid bubbles. She giggles back in delight. Amy and I draw her attention back to the treatment bed and to Felix the Frog. She hesitates, but follows my lead.

Care

The theme of care reoccurred frequently in the data. It was discussed in the priority status given to pediatric patient’s treatment timelines, efforts made to personalize their experience through journey posters and audiovisual devices, the creation of a scrapbook to educate the patient and family, and the effort put into the play preparation sessions aimed at making the patient comfortable for treatment.

Radiation therapists care about their patients, and show this care in dynamic ways. The job of a radiotherapist is to deliver safe and accurate treatment to a delineated target, but I believe it is the provision of care that gets a patient into the room, and builds the strong relationships that radiotherapists establish with their patients. Finding ways to make the treatment more personal and fun is a great example of how we show care for our pediatric patients, like Marcus.
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

“Tomorrow morning the doctor would like us to make a shell for you. A shell is a piece of plastic that gets warmed up in a water bath and then stretches over your face to create a mask that looks just like you. We make this mask so that you can wear it during radiation treatment so you can hold your head very, very still.”

Marcus looks at me paying close attention to what I am saying. I suspect he doesn’t remember much from his radiation treatment two years ago, but I prefer to continue on explaining the procedure to him and his Mom.

“I can decorate your mask if you would like? Do you like Batman or Spiderman?”

Taking a hint from his Spiderman T-shirt I expect him to answer with Spiderman.

“Batman’s my favorite!” Marcus states quite excitedly.

“Okay, I can make you a Batman mask to wear.” Once Marcus has left the department and the cast and mould specialists finish making the mask I take the mask with me to my treatment unit to color into a Batman mask.

Caring for pediatric patients means caring for the family members as well as the patient. Unlike with adult patients, conversations about treatment, side effects, and how things are going are very different with pediatric patients. Sometimes these conversations are held with the patient, and sometimes they are held with the parents.

“...you have to remember that it’s not one you have to care about, it’s the whole family. Because when we have an adult population you care about your patient and sometimes their spouses or extended family – if you see them a lot – and it really seems like they need some help. You know the parents need help in this, and you know the parents need your support.”
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

Amy’s interview discusses the idea of caring for pediatric patients by caring for the whole family.

**Connection**

Lastly, the theme of connection surfaced in the data when discussing the amount of effort the radiation therapist spent getting to know the patients and their family, the use of a relatable stuffed animal to demonstrate the treatment process, the bond that was formed and nurtured throughout treatment, and the interaction that occurred inside the treatment vault during play preparation and daily treatments.

Connecting with pediatric patients and their families was carefully considered as a goal at the onset of creating a pediatric-focused team at my cancer treatment centre. By brainstorming and working collaboratively, the group of radiation therapists decided a child-sized prop should be used to help connect with and educate our patients and family members about radiation therapy.

*Felix is a 2 and a half foot tall stuffed toy frog that came to our department from a staff member thinking he would be a good tool to use for introducing our pediatric patients to the idea of radiation treatment. When brought to the pediatric team to discuss, members felt that he would be a great addition to our program. Brainstorming about how we could best utilize Felix in our program led to the creation of a scrapbook illustrating all of the steps that Felix would go through in order to have radiation treatment. This scrapbook could then be used as an introduction and teaching tool during consultations. By viewing pictures of the different stages of treatment preparation and treatment, both the patient*
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

and the parents would be able to become familiar with our processes in a gentle and non-invasive way.

The role of Felix the Frog soon evolved to be a focal point of play preparation on the treatment unit. The child could help set up Felix for his treatment, and watch Felix on the video-camera system outside of the room. The importance of this prop in connecting, educating, and teaching has been pivotal in the success of the pediatric group.

When considering the theme of connection with pediatric patients, this theme was especially prevalent when providing play preparation. The participation of a radiation therapist at new-patient consultations was a new development at our cancer centre and was motivated by two goals: connecting and creating a bond between the therapist and the patient, and allowing the radiation therapist to assess the patient’s need of sedation. Asking Amy to recount her experience undergoing play preparation with a patient she revealed the following:

“We did, he was Spiderman (laughs), he was Spiderman and it was a very cool mask and it matched the Frog’s mask, incidentally. So we did that the first time and it was good. Like, he left Mom, Mom was out of the room, it was just him and I, we played with the bed, he was on the bed, we moved it around. He laid down but he never had his mask on, and I did leave the room. And then they came in, so we decided that this was worth pursuing. He might be able to do this!

“So he came back a couple days later, and we did the same thing, just a little quicker through the first part, and then we got to the point of laying on the bed, putting on the mask, doing up the mask, watching the video, and actually stepping out of the room, and he was good! And through skepticism of doctors and nurses who didn’t think a 4-year-old
could do it, he was an all-star! He was perfect! He raced in and out of the room. It was a big game. It was all worth all the bribes. (laughs) I think 33 little Lego figures actually! There was a lot of Lego going around! But yeah, so he was one that normally would have been always sedated, there would have been no question, previously to this program.”

Values and Meaning in Pediatric Radiotherapy

The analysis of behaviours and material objects in this research study revealed the values important in radiotherapy culture. The behaviours described in this study included the attendance of a radiation therapist at new-patient consultations, provision of vault tours for patients and family members, and provision of play preparation sessions to the patient and family. Material objects that have revealed themselves to be important in this study include Felix the Frog, the educational scrapbook, journey posters, audiovisual devices, and the anesthetic assessment tool.

The previous practice of the cancer treatment centre to sedate patients under age seven was questioned prior to this study, resulting in the attendance of a radiation therapist at new-patient consultations. Alongside the doctor, nurse, and radiation therapist, the patient and family are informed about radiation therapy, side effects of treatment, immobilization required for treatment, and the computed tomography (CT) scan required to plan the radiation treatment. Once the radiation therapist was included at the consultation meeting, the therapist became responsible for providing the details of the treatment process, and explaining that decision regarding sedation must be made. This change is practice demonstrates the value of having a radiation therapy expert involved in the sedation decision-making process.

An important component of educating and preparing patients for treatment is the vault tour. Vault tours demonstrate the value of educating, preparing and informing patients about
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

treatment in advance. Vault tours consist of viewing the treatment-console area and the interior of the treatment vault. The console area informs the patient and family that video cameras and intercoms provide safety; they learn that patients will be monitored and can interact with the therapist during their treatment, despite the physical separation. Inside the treatment vault, the patient and family members get to explore the appearance of the room, movements of the machine, and the immobilization device.

The act of play preparation varies by patient, but involves the focused interaction of a radiation therapist and a pediatric patient inside a treatment room. Play preparation aims to decrease treatment-related anxiety by making the patient familiar with the treatment process. It also allows the pediatric patient to bond with the radiation therapist. During play preparation, the patient is encouraged to move the machine parts, set up Felix the Frog for treatment, lie down on the treatment couch, be set up in their treatment position, be left alone in the treatment room, and lie still for an amount of time. Play preparation values the autonomy and safety of the patient. It provides care to the patient by establishing comfort with the treatment process.

A large stuffed animal known as “Felix the Frog” is used as a teaching tool during the new-patient consultation and during play preparation inside the treatment room. The frog is used to connect with the pediatric patient by showing how thermoplastic masks are made, and how the masks can be decorated to be more appealing to the patient. During play preparation, the Felix is set up in the treatment room in the treatment position and helps to show patients and family members what radiation treatments might look like. As with vault tours, the use of Felix the Frog demonstrates the value of educating, preparing, and connecting with patients during radiation treatment.
A scrapbook illustrating the different stages of radiation therapy is used as a teaching tool during new patient consultations. The book shows photographs taken at different stages of treatment and treatment preparation as experienced by Felix the Frog. These steps include consultation, cast and mould, CT simulation, treatment planning, treatment, special moments, and the last day celebration. The scrapbook has a storybook feel to it as it tells of Felix’s journey through the radiation treatment department. It plays an important role, exposing the patient and family to the therapeutic process in a safe and gentle manner. The relatable experiences depicted in the scrapbook assists in meaning-making in the patient and family members as they prepare for the treatment process.

Journey posters with customized themes were created for patients who enjoy stickers, or who like the idea of counting down their treatment sessions through a poster board. The numbers of treatments are written on the poster in creative ways so the patient has a daily task of placing a sticker on the poster and counting down to the day they finish treatment. The practice of celebrating each treatment rewards the patient and creates opportunities for bonding with the treatment staff. The journey posters help create joyful meaning out of the treatment experience for both the patient and the family members. Journey posters also add value to the memories of the radiation treatment experience, for those who survive this difficult time.

Audiovisual devices provided cartoons and movies for pediatric patients during their radiation treatment as pleasurable method of distraction. The careful construction of a mechanical arm has allowed for the safe placement of the device, in front of the patient’s face, during treatment without interfering with the delivery of the treatment beam. Playing movies during treatment makes the experience more positive and enjoyable for patients.
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

An anesthetic assessment tool was designed with the intention of consistently and correctly indicating whether or not a patient required sedation for radiation treatments. The tool scores factors relating to a child’s ability to lie still while alone in the treatment room. This tool demonstrates the value of evidence-based practice in radiotherapy, and the value of minimizing the use of sedatives in pediatric patients.

Central Ideas of Play Preparation

The central idea that emerged from this research is a subgroup of pediatric patients exists, one whose members are able to undergo radiotherapy without sedation if they receive play preparation. These patients had enough development and life experience to allow them to comply with the treatment requirements of separating from their parents and lying still during treatment. The identification of this subgroup of pediatric patients was performed by radiation therapists at new-patient consultations through the completion of an anesthetic assessment tool.

I found the best way to assess and evaluate the true ability of a pediatric patient to comply with radiotherapy requirements was to implement play preparation. By placing a pediatric patient safely and gradually in a simulated treatment environment, the therapist is able to concretely decide if sedation is required for treatment or not. Gradually introducing the patient to the radiation treatment environment allows the patient to increase their comfort level with the treatment room and machinery, the treatment movements, isolation, and lying still in the treatment position. The actions performed in play preparation also allow for the parents to become familiar with the radiation treatment process and to show confidence in their child’s ability to comply with treatment requirements. By simulating the treatment process the patient, parents, and radiation therapist gain knowledge about what to expect during radiation treatments.
Previously, pediatric patients younger than seven at this cancer treatment facility were automatically treated while under sedation. The treating therapist would find out about the pediatric patient at the very last minute, because they are typically booked into treatment on an urgent basis. The patient would arrive under sedation on a stretcher with a team of healthcare workers, or would come to the unit wide awake, having never seen the treatment room before. Often the parents of patients would come into the treatment vault or stand behind the treatment console during treatment, creating stress and pressure for the treatment team. Parents and pediatric patients were given no extra time or attention to address questions or concerns, and it was left to the doctor and nurse to address in their weekly reviews. Nurses at times inadvertently gave misguided information to the patient and parents about radiation therapy details, creating conflicts, confusion, and sometimes a poor impression of the department. Including a radiation therapist at the new-patient consultation had improved previous processes and behaviours regarding pediatric patients. Relationship-building interactions between radiation therapists, pediatric patients, and their family members have allowed for more personalized care of this patient population.

**Chapter Five – Discussion**

The intention of this study was to describe how play preparation for pediatric cancer patients could act as a method for increasing patient communication, comfort, and familiarity with radiation treatment – ultimately resulting in the reduction of sedative-use during treatment. The results have shown play preparation in pediatric patients can enable patients to lie still for radiation treatment by creating familiarity and comfort with the treatment process and therapist.
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY
This study has described approaches to building relationships between radiation therapists and pediatric patients. The results of this study have shown how radiotherapy values support a pediatric-focused approach to providing radiotherapy in a predominantly adult-focused treatment centre. By understanding how play preparation was integrated and applied through a radiation therapist’s personal experience, it is expected other radiation therapists will have to tools to adopt these policy changes and reduce the use of sedatives in their cancer centres.

Evaluating the dynamic interactions that occur in pediatric radiotherapy through the sociocultural lens reveals much about social and cultural interactions that occur during radiotherapy. Sociocultural theory discusses how our interactions both, cultural and social, help shape our values, practices and meaning. By performing an in-depth analysis of play preparation in pediatric radiotherapy, an effort to create a comprehensive pediatric culture within the existing adult culture of radiotherapy has been described. The traditional cultural interactions that occurred during new-patient consultations between a doctor and a patient were shifted in this study to include a radiotherapist. The purposes of including the radiotherapist in consultation was ensuring an appropriate treatment sedation pathway was selected, and initiating a bond with the patient. Additionally, for patients in the vulnerable age range of 3 to 7 years old, where both sedation and non-sedation pathways were options, the radiation therapist could provide sessions of play preparation to better understand the patient’s sedation-free abilities. The social interaction in educating patients about radiation treatment was transformed in this study to an interactive and explorative session held in the radiation treatment vault. These cultural shifts mean radiotherapists are vital in the determination of sedation pathways and the education of pediatric patients, because they have unique experiences that allow them to train and understand
their patient populations. The value of providing best care to patients undergoing radiation treatment extends to pediatric patients who require more of a radiotherapist’s time to gain comfort with the treatment process. The practice of bonding with pediatric patients during consultation allows for play preparation and sedation-free radiation treatment to be more successful.

Chapter Six – Conclusion and Recommendations

The goal of this study was to describe how a radiation therapist may improve a pediatric patient’s treatment experience by establishing a trusting relationship and implementing play preparation, with the aim of minimizing sedative use in radiotherapy. By exploring the experiences of a radiation therapist, the unique challenges in pediatric radiotherapy have been richly described, including methods of connecting and caring for these patients under pressure and time constraints. This study has shown that radiation therapists are appropriate experts who can assign pediatric patients to sedation or sedation-free pathways, and who can ensure that sedation-free patients are able to undergo treatment with minimal distress. This study has successfully described strategies to overcome the use of sedatives in a subgroup of pediatric patients.

The results of this study call into question the routine sedation of children for radiation treatment, and the procedures that determine whether sedation is necessary. This study suggests alternative methods for communicating with pediatric patients about radiation treatment, and describes how to implement sessions of play preparation prior to, or during treatment. It is recommended that all cancer treatment facilities that treat pediatric patients develop a process for preparing their pediatric patients for radiotherapy; one that allows for the conservative use of
PLAY PREPARATION IN PEDIATRIC RADIOThERAPy

sedatives. It is recommended that cancer treatment centres create a pediatric-focused team of radiotherapists, and include them at new-patient consultations. The use of a standardized anaesthetic assessment tool is also recommended for consistency of care.
PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY

References


PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY


PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY


PLAY PREPARATION IN PEDIATRIC RADIOTHERAPY
10.1016/j.currprobncancer.2011.10.008

