

If I knew then what I know now – reflecting on clinical challenges

We're in a similar position now with bowel screening . People can reduce the risks so much by doing screening for that The impact that we can have with even in the current participation rates , which is not high enough . We're still talking about 17,000 people over the next 25 years in NSW . Rapid listening , evidence based Cancel learning on the go presented by eviQ education Welcome to the first episode of rapid listening . I'm Lisa your host for Today , and I'm a content author with eviQ education and I'm joined here by Christopher Horn who leads the NSW bowel cancer screening program . He's also a former radiation therapist . And cancer institute NSW employee welcome , Chris . Hi, good morning. So , Chris . You and I both work in radiation therapy , so we're going to try and make sure we don't turn this into a three hour episode on radiation . But luckily you actually worked across the whole spectrum of cancer services . Can you talk me through how your career has evolved and also how it's led you to where you are today ? Yeah , sure . That's a question and quite a complex one . Actually , I hadn't really thought about the fact that I'd worked across all those roles until we really sat down and talked about it . I started in radiation therapy and I came to radiation therapy a little bit late . Actually , I I've done a year , another undergrad degree , and I really didn't want to do that . And I didn't know what to do . So I was working for a while before I heard about RT , and I've never heard of it for just like every person I've ever met as a radiation therapist who has no idea what radiation therapy is , it chemo . Is it X rays ? Get to know what it is . And I knew from my first practice is what I wanted to do , and I thought I'd do it forever . To be honest , I really loved it , and I realized that it early on . Actually , they were probably some other things . I was gonna want to do it . Maybe apply what I've learned at a Different levels so I started a degree in management and health service management , and then that led me to a lot of different places . I did . The The UK trip is a lot of Australian . RTs do RT is such a great degree for utilizing traveling things like that . It's so well respected around the world with a lot of doors . opened based on that , so I got to do some product development in the UK and then I worked in the NHS for a little bit . And when I came home . I went back to Melbourne . instead of coming back to NSW and got to work at Peter McCallum for a while . So I added a few other sort of feathers to my bow , did

molecular imaging down there . And I've done pediatrics when I was up here . Just got a good flavor for a lot of different types of clinical Care it all in the space of about six or seven years , and I finished my health service management degree , and what I realized was that a lot of other health professions had really clear sort of promotional pathways into management . Nursing is one of this is traditionally real flow through of people who will want to move it to management and team leadership but Radiation therapy seemed to have such a clear pathway , but what was really obvious to me was there were skills that radiation therapists have that we just using radiation therapy and often used in other places . So I started looking for opportunities to do other things and I took that technical background management stuff and when it did project management and implemented in electronic health record and then that led me back into cancer Service's again and then population health . So I guess , Yeah , as you said before , it sort of moved from the treatment phase all through of the population health side of it . Now , in the screening program part So a lot of opportunities , came up along the way . , I think that's really the thing , is looking for that stuff when it presents instead of having a tracking in mind really ? That where you're gonna go just looking for that opportunity Yeah , I definitely found the same thing coming from radiation . therapy completely understand what he said about the pathway can be very defined for some health professionals , but definitely radiation therapy . There are a whole range of different skills put you in a bit of a unique position . Radiation therapy . You worked across so many different areas , including population health , like you said . But you always seem to maintain that core focus on patients and also cancer care . Was there a moment in your lifetime that made you want to work in cancer care and health , or is it something that you just always wanted to do No , really ? So I didn't do biology at school or any of those things . If you'd asked me when I was a teenager and never would have seen myself in it just wasn't something I saw considered on when I left off that first year of Uni I really didn't know what to do . It was until the person I met that was doing radiation . There was a second year . at Uni at Newcastle , actually , and it just I found it Fascinating . I think for me It was a combination of the technical discipline . It was really focused on physics and maths and things like that . But combined with personal contact and actually dealing with the people on a day to day basis , and I I didn't realize this at the time I learned this . In retrospect , when I was doing project management , remember , there was a whole stage of implementing that health record where I said to be locked in a room with my project officer and we were just testing suffer all the time . I hated it . I realized this is no , you know , I really liked the technical side of it ,

and I was enjoying the project management , that being locked in a room and work for me . I really wanted to be that they doing people and said that I realized that was important part of it , and so I went through and make sure it was a part of my Other roles that are so you know , it wasn't really radiation therapy wasn't a goal that I had it early , but once I did it , I knew I was in a good place . And I really think it was the combination , that technical side , as well as the patient focus and the person centredness of it . And I think that's another reason that radiation therapists are in such a great place to expand their career or step outside for a little . And even if that's with the intention of coming back in later , they just want a bit of a change and develop a different skill . Set the combination of , you know , patient , face to face aspect and the technical side of it , and seeing how health care a little bit on the front line , that's really powerful , really important to combine with so many other skills . Definitely . I was at a talk recently , and they talked about burnout working in in health and how it can be great that even if you wanna go and do something , technical it , apply their skills and slightly different space . Stay within health and try and come back if you can , because it's such a such a large amount of experience to completely lose from the field and go somewhere else . So even if you very slightly in your pathway , you're still contributing and you're still applying all those skills that you learnt and you might still be benefiting patients , even it and I know now . I've been known people for three years , and I every day . Sometimes I'm writing modules and I think to myself like not only am I applying all the things I did when I was clinical , but now I learned things , and I think to myself , I wish I had known that when I was clinical , and for me it's often when I'm writing modules or doing research for a model or something like that . And I think I really wish I'd known that when I was clinical . Do you have any situations now away with you working in bowel screen or working population , health anything to yourself ? I just wish I knew that when I was working directly with patients . I think the primary care side of things and people looking after themselves . And that's probably a little bit to do with getting older as well . In fact , that how well you looked after yourself 10 years ago is gonna dictate the position that you're in now for the next 20 and you think you're indestructible when ? 20 . But I didn't realize the impact , that screening on that something really conscious up at the moment . You know , we look at the success that we've had in cervical screening as it is a clinician . I never really noticed how few cervical patients we saw compared to some of the other cancer groups . But it's not until I've looked at it from health policy point of view to realize that , actually , that's just because we had such a successful screening program , you go to some other parts , and cervical cancer is still really

, really big killer and We're in a similar position now with bowel cancer . People reduced their risk so much by doing screen for that impact that we can have with even at the current participation rate , which is not high enough . We're still talking about 17,000 people over the next 25 years in New South Wales . It's a massive number of people that we can impact with a screening test that don't ever end up having to bein cancer services in the first place . So I think the power in really connecting secondary and primary care of hospitals and GPs and things and bridging that integrating that gap really integrated patient management are so that people will be better looked after holistically . I think that's really , really critical , I guess , from a personal point of view . I mean , I've always seen really focused on self development and professional development , but looking to other people's development as well , I think it's really important . and you don't necessarily understand the impact that that will have on you too . I think looking for opportunities to sponsor the people or mentor them and support them in their development . It's really benefits by parties getting involved with the college or other organizations that work in the field . It's really , really rewarding but also helps with your own development . I feel a lot of messages or may have much more high level , more policy and population . But even from a little things that I've learned just developing our rapid learning series , we often play a game . If I knew then what I knew now and for me , if I knew then what I know now , I would be coaching every patient on the benefits of exercise . during cancer treatment , because it can make such a difference in evidence , is so strong in that area . But I never thought to do it because I was busy and I wasn't aware of what was available , and I wasn't necessarily looking outside directly of the RT bubble , but other things . The evidence around smoking cessation . If I knew that back then what I know now I'd be coaching every patient on on smoking cessation and that at the time , I think , as a health professional working Clinically , you just face so many challenges that time pressures and things like that inpatient care already that could be really hard to keep up and I think our audience tells us that all the time. what for you with the biggest challenges you think working clinically and working daily with patients that you faced back then that perhaps you may not face now working away from the coalface . I think just that , really management of the moment , which you know , once you step out of clinical care into an office , for example , like tend , you still have things that are urgent , important , but does really high priority sudden emergency situations don't happen anymore that , you know , needing to support . Somebody threw a really , really emotional period , you know , pediatrics was calssic for that, parents , could be very upset . And sometimes you have no Children . at all but actually

needing to be that support And how do you work as a team , really on the spot and be just integrated said it could support each other . I was really important . I think I probably undervalued the importance of just asking for help and not needing to know as well . We pride ourselves as RTs as have technical competence , transparency and obviously asking when we need help . But you're going to step outside that at times and have to just realize that you're in over your head , and that's okay . And try and learn will find the advice and the help that you need , and who you can ask for help guide with the right advice of skilled in and of itself , just identifying how to get some help . Well , how to get some assistance with something . It's a good mentorship For sure and looking back now across your whole career , it doesn't have to be in clinical , whether patient interactions or goals , that you hear where that have really stuck with you and the shape , too . You are as a person and check your career . Yeah , actually , I work for Cancer Center that closed down on we all . had to walk , I think it was about four days before Christmas that's when the center , which is shutting , down . It was like a bad American Christmas movie , but being made redundant , actually , because some of the team weren't able to be replaced by being a few months . I just got back in the UK That was actually a really watershed point in my career on that kind of thing . You know , you can look at a few different ways . It was a tough time , and I had to sort of makes him big choices there . But , uh , you know , it became a point in my career where I looked a little bit further than RT looked actually still kept working in RT for a while . That was when I went over to Peter Mac , but just some big decisions . I had to be mad about what sort of role I wanted when I was working towards . And you know what ? Just put food on the table . In the meantime , like what roles are prepared to accept that also trying todo It was an early warning to diversify my career a little bit as well . It's a good idea to have more than one thing . up your sleeve so . It's fantastic to be , you know , really well qualified in what you do . But it's also good to have some just generalize skills . And also look at the career and your experience today and be able to translate that into a conversation is they will . You know , I could do these . You look at it . It is a clinical care aspect of being ableto prioritise and manage somebody who needs some urgent medical treatment . But in the wider world , there really good prioritization skills . They're really good skills in going and directing and working in a team . They're applicable every way , so really being ableto highlight and identify what skills are and look forward to what you want , to be in a little while for 10 years and what you want to be doing and identify that gap and fill it . I think a lot of the skills that we have a health professionals really translatable across the disciplines . And and I think

we've been under rate ourselves as professional as well , and it is a bit of a phenomenon where people will usually vastly underrate how much they know . You know , you go through a three four year , Uni degree to your internship and you worked several years in the field and somebody asked you , What you doing ? You describe it is taking this CT and doing a three day planning on treating the person . But if you had to sit down and explain what you do to somebody who doesn't know step by step , you'd start to come to realize just how much you actually got in your head and how much you just take the grant it and that's fine . But if you wanna be able to utilize that skills kind to think about what they are , how do you are going to utilize them and how you can describe them so you know that's actually , you know , a lot more than you think . You know you're capable of a lot more than you think you are . Definitely . I found one of the biggest time . Just make I think particularly working in RT is that you take is that like I say , you work in that RT bubble and you also incredibly specialize that you forget that you're actually part of a team and a pathway patient . having surgery , that having chemo , having radiotherapy their targeted therapy , having immuno therapy and I look back now if someone had asked me to describe all the other aspects of patient care , I probably couldn't have done it . And I should have diversified my information and we want a little bit more cross discipline learning . So that's definitely some advice that I would give to people if I want to look back now is to look around you and recognize that you're part of an M D T . And there's a lot more to the equation and you could contribute to both sides of the equation . Yeah , absolutely . And some of the values I think that you can't speak for everybody that I'm sure a lot of RTs hold , which transparency and quality and safety treatment and providing a high value treatment that's affected in what we do . As well as you know , a person centredness and advocating for a patient's all those sorts of things that we just do as professionals . They're actually really They stand you in really good sted to apply that to other roles . And I help you kind of decide what else might be at it for you . One of the things you might enjoy there was one of our latest after learning is all about radiation oncology and helping other disciplines understand radiation therapy . How do you know if there's one message that you wanted to give to everyone about radiation therapy ? What would it be ? I think really sort of recognizing the value of your position is somebody who's seeing that patient every day , that really unique opportunity . You've got to build a relationship with that patient . I think that's something you know . In other departments I worked in so highly valued it . That was the first thing in the most important thing that we taught students when they came through , and it was something everybody kind judged each

other on his Well , that was that . You know , first and foremost , you need to be able to form a relationship . I think what happens is we get a big sidetracked with the technical aspect of radiation therapy , and it is highly technical . I look now on having been out for a few years . It's it's just developing so fast , But I'm starting to get well out of touch with the sensitive makes and things . But it's really about people I often find when looking at policy and things like that . Talking about , for example , the smoking cessation radiation therapist I one of the best positions to be coaching patients and checking on patients on the progress regarding smoking cessation Because , like I said that saying these people every day and then built the report . And it's not just a cycle ones like two cycle three . Every few weeks , every day for six weeks . that you are able to support this person . Radiation therapists are in a really unique position , and all the health professional should leverage that's position and talk to your lovely radiation therapist . Yeah , so what a great position to be in seeing the patient every day to be able to take a look at what might be improved . where can you worked actually really improve the quality of the person's experience in the value that they're getting from the health care . It's no simple is just giving them the treatment every day . How else can utilize that position to influence their behaviour to , you know , teach them or about how important is this month to stop smoking ? That's not something we ever talked about was practicing that . You know , you've got this opportunity , have that intervention with somebody , but definitely takes a little bit of , you know , stepping outside your normal day to day . Well , that's well , what opportunities You have to go on shadow somebody in their role just to learn more about what happens within your department of your hospital or what ? You know what role is a dietitian have with your head and neck patients ? And when might you be a lot of collaborate and MDTs are A good starting point for that . But this is really a lot of ways . Have just been curious about what happens in what patients experience is like Where can You have a good effect on that . Yeah , where can you value ? But I can't be taken it down and actually rabbit hole . But that's okay . So thank you so much for coming on here , and I was hoping that worked in health . You could given our audience just some last few minutes of advice . If you could talk to clinical Chris from 7-8 years ago , knowing everything that you know now what advice would you give him to help him Become better health , professional , working in cancer care . So I think , just really be humble and just ask the question . Just find opportunities to just be more curious about something . Don't ever assume , you know , everyone's got a different perspective on something going . Try and find all those different perspectives . Go find out more about the questions that you've got have

questions in the first place , Approach with an open mindset . So what's it like Everything you do , including the patient's experiences ? Well , we get a little bit the way we think about something gets really for me , like when we do the same thing every day . And that's good in the sense that we have really well established processes things . But then we take a lot of things for granted . Just been curious about other people experience more so than How they doing today ? Actually , what the rest of the journey is like is in any role . I can think of what I've done , and that's varied , quite a lot . It's still you still only say the chunk of it that you say , How do you get a bigger perspective ? A bit . I think starting that earlier would have had much bigger impact , I totally agree . That's what I would tell seven year ago , Lisa as well , and a really good place to start . If you want to learn about more about perspective , all the health professionals working in cancer care you can listen to our podcasts the rapid listening series we're gonna be covering . perspectives of different professionals working in cancer , care . Practical tips that you can cover off . And we can let you know everything that you need to know when you need to know . Chris , thank you so much for joining us . We really appreciate your time , and it's been great hearing about your journey and all the great things you've done . All the great contributions you've made to care . Thanks so much . I'm really looking forward to this podcast series . This is a production of the cancer Institute NSW a pillar organization of NSW Health . For more information visit cancer.nsw.gov.au