





The Oncology Nursing Fellowship Program

A Pipeline for the Future



Productivity and staffing in an ambulatory oncology infusion center can be challenging. A shortage of skilled applicants to fill staffing needs adds further challenges. Such was the case at The Valley Hospital, a fully-accredited, acute-care, not-for-profit 451-bed hospital in northeast New Jersey.

Valley's Blumenthal Cancer Center is located three miles from the hospital in a 128,000-square-foot outpatient building. The ambulatory infusion center is located in this outpatient center and has seen tremendous growth over the last 10 years. From 2012 to 2013 alone, the infusion center experienced a more than 40 percent increase in visits (Table 1, page 36). Since more than half of all visits entail administering IV chemotherapy, this required a large increase in nursing care and, subsequently, an increase in nursing care hours.

Meeting an Urgent Need

National benchmarks for outpatient infusion staffing related to patient ratios do not exist, so measuring productivity can be a struggle for cancer programs. Given its rapid growth, the Blumenthal Cancer Center experienced this struggle firsthand. Our patient volume was increasing, and we did not have enough trained nurses to provide quality care to these very sick patients. We needed to be able to show some benchmark data that could justify a staffing increase. We took the infusion nurse-to-patient ratio reported in the ACCC 2013 *Trends in Cancer Programs* report and used it as a baseline for creating an evidence-based nursing care hour for our infusion area. (A nursing care hour is a calculation that determines the total hours of care provided to each patient. See box at right). With the support of the chief nursing

officer, we presented our data to our operations committee with a request for additional staffing for our department, which was granted.

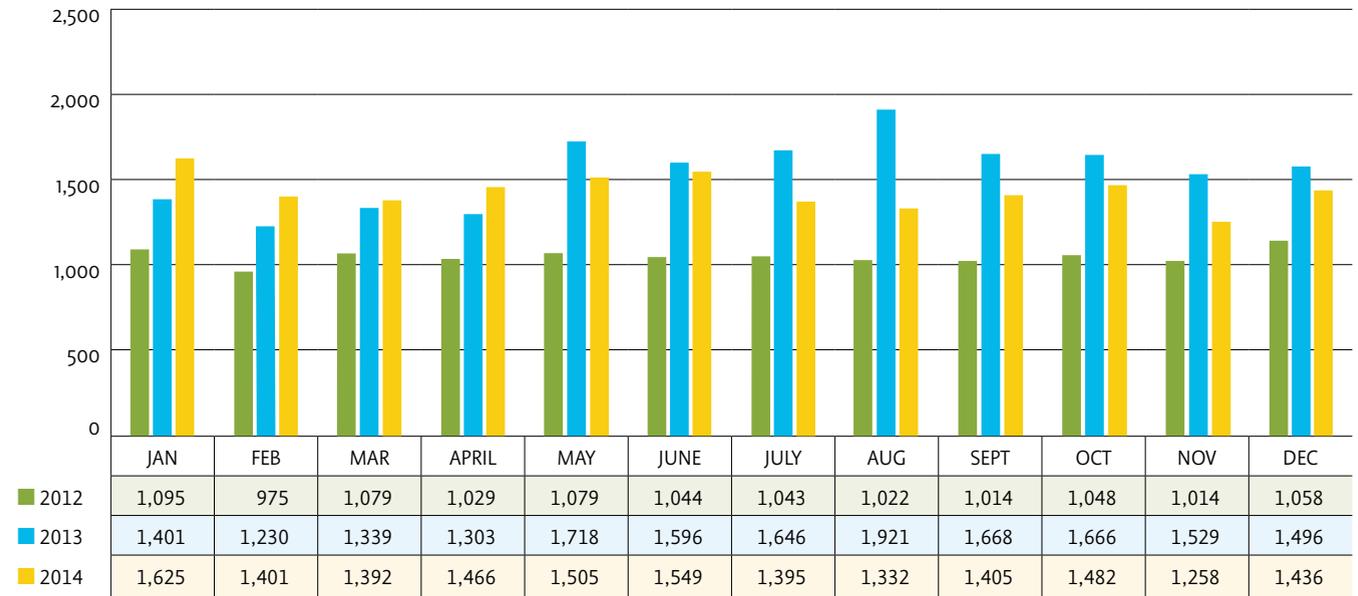
With a new nursing care hour in hand, we still were faced with the challenge of filling our vacant positions. Even prior to the approval of the new nursing care hour, we had experienced vacancies for more than six months. Although we received both internal and external applicants, we did not receive any applicants who had both the oncology and chemotherapy background that we needed in our cancer program. As a Magnet hospital, we also require that all new nursing staff have a minimum credential of a BSN. This made our staffing struggle even more difficult.

After brainstorming with our colleagues in Education and Patient Care Services, we came up with the idea of an Oncology Nursing Fellowship Program. The program would be patterned after the successful Graduate Nurse Residency Program already in place at our hospital. Unlike the Residency Program, which accepts graduate

Calculating a Nursing Care Hour

A nursing care hour is a calculation that determines the total hours of care provided to each patient. The calculation is: Nursing (staff) hours, including RNs, clinical shift supervisors, and patient care associates (similar to medical assistants), divided by the number of patients per day. This calculation typically includes only those staff positions with a patient assignment.

Table 1. Ambulatory Infusion Center Visits



nurses right out of school, our Fellows would need a minimum of two years of experience as a medical, surgical, or critical care nurse to qualify. Before being accepted into the Fellowship program, fellows would need to agree to work a minimum of one year in the cancer center upon completion of the program. We developed a planning committee comprised of the Director of Clinical Oncology, the Clinical Supervisor of Infusion, staff nurses, and the education staff to begin the planning process.

Getting Started

We set a four-month time period for the program. This decision was based on the volume of education and experience we felt the Fellows needed before they would develop the skills required to care for our oncology patients. We realized that the management staff would also learn many things during the first Fellowship session that would guide us in future sessions. In designing the first class, we incorporated the flexibility to extend the Fellowship if the Fellows required additional time to fulfill the requirements, complete the chemotherapy and biotherapy course, and/or develop the comfort level needed to care for our oncology patients independently.

We developed various forms, such as, a weekly checklist (Figure 1, page 37), a summation form (Figure 2, page 39), a skills list, and a form for staff to assess their clinical experiences (Figure 3, page 41). The Fellows also received a journal and a binder of materials to use throughout the program. The binder included a “Seek-n-Find” list of items to locate on the unit, such as the AED, fire extinguishers, etc.; a schedule of their assignments for the duration of the Fellowship program; and copies of important policies related to the preparation, administration, and safety procedures of chemotherapy. View the “Seek-n-Find” exercise

online at: acc-cancer.org/oncology_issues/MJ2016.asp.

A vital component of the Fellowship program was topic selection, including where the Fellows would receive their education. The course curriculum has specific sessions on new and frequently used chemotherapies, along with basics such as the pathophysiology of cancer, how we find cancer, and how we treat cancer (see Figure 4, page 43).

Planning a 360-Degree Fellowship Experience

We planned to give our Fellows the opportunity to spend time in several different oncology departments, with the goal of helping them gain a thorough understanding of oncology and disease specifics. They would spend time in radiation oncology, learning how radiation works on cancer cells, and how radiation therapy is used in conjunction with chemotherapy. The advanced practice nurses (APNs) in the medical oncology office planned to have our Fellows shadow them in their clinic area to see how they work with patients to make care decisions. Fellows would also spend time in surgical oncology, observing cancer surgery in the operating room.

On our inpatient oncology unit, Fellows could gain a better understanding of the critical interaction and communication that takes place between the inpatient and outpatient areas to provide the best possible care for patients.

The Fellows would also shadow our clinical trials nurses and learn about the importance of clinical trials for patients. We participate in clinical trials in the infusion area and are often able to offer patients new drugs that may improve their outcomes.

In addition, our Fellows would spend time with our breast
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Figure 1. Oncology Fellowship Weekly Checklist

Every Monday: Luckow Rounds, 12:00 pm-1:00 pm

Every Monday: Breast Cancer Conference

Every Thursday: Oncology Rounds, Dr. Harrison 8:00 am-9:00am

DATE	ACCOMPLISHMENT(S) FOR THE WEEK	DATE COMPLETED
Week 1	<ul style="list-style-type: none"> • Orient to unit and staff. • Develop rapport with preceptor and become comfortable with Fellowship plan and schedule. • Observation of preceptor in clinical setting. • Understand the registration process. • Observation of Integrative Medicine. 	
Week 2	<ul style="list-style-type: none"> • Orient to the pharmacy. Learn additional steps involved in preparing chemotherapy. • Learn difference between chemotherapy and monoclonal antibodies. • Able to document medications on EMAR, PYXIS®. • Attend education on pathophysiology of cancer. 	
Week 3	<ul style="list-style-type: none"> • Able to start IV's, access ports, change PICC dressings. • Learn process for chemotherapy safety and process for chemotherapy spills. • Training on coding and billing. 	
Week 4	<ul style="list-style-type: none"> • Orient to social worker role and responsibilities. • Review proper documentation in Meditech. • Observation of oncology surgery. 	
Week 5	<ul style="list-style-type: none"> • Able to care for and properly document on 2 non-chemotherapy patients. • Observation of NP in office setting. 	
Week 6	<ul style="list-style-type: none"> • Able to care for and properly document on 3 non-chemotherapy patients. • Radiation Oncology: observation and education on how it works and when it is appropriate to order. 	
Week 7	<ul style="list-style-type: none"> • Able to care for and properly document on 4 non-chemotherapy patients. • Observation and orientation to inpatient oncology unit. 	
Week 8	<ul style="list-style-type: none"> • Able to care for and properly document on 5 non-chemotherapy patients. • Oncology course video. 	
Week 9	<ul style="list-style-type: none"> • Complete the ONS Chemotherapy/Biotherapy Course. • Orientation to oncology clinical trials. 	
Week 10	<ul style="list-style-type: none"> • Able to care for and properly document on 1 patient receiving chemotherapy. 	
Week 11	<ul style="list-style-type: none"> • Able to care for and properly document on 2 patients receiving chemotherapy. 	
Week 12	<ul style="list-style-type: none"> • Able to care for and properly document on 3 patients receiving vesicants. 	
Week 13	<ul style="list-style-type: none"> • Able to care for and properly document on 4 patients receiving chemotherapy. 	
Week 14	<ul style="list-style-type: none"> • Able to care for and properly document on a full assignment. 	
Week 15	<ul style="list-style-type: none"> • Able to care for and properly document on a full assignment. 	
Week 16	<ul style="list-style-type: none"> • Able to care for and properly document on a full assignment. • Review program. Decide if all areas are covered and identify additional needs of Fellow. 	



The preceptor role is an important factor in the success of the Oncology Nursing Fellowship Program; the support and guidance provided by the Preceptor supports the Fellow throughout the program.

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navigator, learn about Gamma Knife radiosurgery, explore specifics related to colon cancer, and learn about the need for patients to go home with infusion pumps.

Recognizing the impact of social, psychological, and financial concerns on patients undergoing cancer treatment, our planning team would arrange for Fellows to spend time rounding on patients with our social worker. In this setting, they could better understand:

- The emotional distress that accompanies a cancer diagnosis
- The financial impact of cancer treatment
- Patient fears related to job security and health insurance
- The resources that social workers can provide to help patients cope with these and other challenges.

Dietitians also play a critical role in caring for patients, especially those with co-morbidities, and our nursing Fellows would be able to observe the effects of treatment on our patients' nutrition and appetites.

Finally, the Fellows would observe the activities of the oncology pharmacy—including the roles of oncology pharmacists, chemotherapy, biotherapy, the pharmacy hoods, and safety protocols—as well as the critical interaction between the nurses and pharmacists in chemotherapy administration.

Preceptors

Each nursing Fellow would be assigned a preceptor to work with during the four-month program. We consulted with staff to see who had the experience and interest in serving as a preceptor to a nursing Fellow. With the understanding that everyone learns in a different way, we wanted our preceptors to be able to adjust their teaching style as needed to help the Fellows learn. We sent our preceptors to preceptor training, which was already offered at our hospital. Here, the preceptors learned to identify how their Fellows learned, how to work with them in the clinical area, and how to be available to them.

Matching the Fellow with an appropriate preceptor was decided upon as a group, with the option to make a change if necessary. We also had to decide if the Fellows would work with the same preceptor for the entire four months or if there would be a benefit to switching the preceptors during the program. The decision was made to assign a single preceptor to each Fellow but remain open to the idea to make a change if we thought it would be beneficial to the Fellows.

Recruiting Fellows

After the planning team finished designing the program, the recruitment process began. Our planning team decided to

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Figure 2. Oncology Nursing Fellowship Weekly Summation Form

Fellow/Preceptor: _____

Fellow's experience this week:

Number of patients: _____

Diagnosis: _____

Admit/Discharge/Transfers: _____

New procedures/treatments experienced (IVs, drips, equipment, etc.): _____

Charting/medication administration: _____

Strengths and/or opportunities for improvement: _____

Evidence of critical thinking/time management and delegation: _____

Service excellence/customer service skills: _____

Issues addressed with Fellow or Preceptor concerns: _____

Plan, goal, and experience needed with: _____

Additional educator notes: _____

Fellow signature: _____

Manager signature: _____

Educator signature: _____

Preceptor signature: _____

Date: _____

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look for experienced nurses from within our hospital to join us at the infusion center as Fellows. Those nurses would already be familiar with the services at Valley Hospital and aware and accepting of our culture. We only accepted applications from internal employees with at least two years of nursing experience. The interested nurses completed an application form (Figure 5, page 44) indicating their background (or lack thereof) in oncology. The director of clinical oncology then made a phone call to each applicant before bringing them to our cancer center for an interview. The applicants were interviewed by the director and the infusion supervisor, as well as the preceptor nurses from our unit. Since the applicants were internal, the supervisor and director were also able to review their files in human resources and talk frankly with their current supervisors. We looked at previous evaluation scores, any peer reviews, and attendance records.

Our Fellowship Experience

For the first Fellowship session, we accepted two nurses as Fellows. One had worked in the ICU, and the other had worked in the hospital's outpatient surgery center. They impressed us during their interview process with their commitment to quality

patient care and their interest in oncology as a specialty. We received positive reports from their supervisors and their peers; their annual evaluation scores were high; and their attendance records were good.

On their first day, the Fellows spent time meeting with their preceptors, the supervisor of the infusion center, and the education staff who outlined in detail how the following four months would proceed. They reviewed the materials in their binders and reviewed the requirements for the program. In addition, the Fellows completed their "Seek-n-Find" list, which, in addition to helping them locate important items, gave them an opportunity to meet staff who work in the oncology area.

We felt that it was very important for our Fellows to immediately feel welcome, so we held a breakfast on their first morning. Here, they had the opportunity to meet with our infusion center staff, our chief nursing officer, and other staff who would be working with them as a part of our team.

Each day, the Fellows wrote in journals to document what they learned, challenges encountered, and questions they wanted to review with their preceptors the next day. This journaling gave them an outlet to express their experiences and feelings during the Fellowship program. They reviewed the topics in their journals

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Many departments have contributed to the success of the Oncology Nursing Fellowship program, including nursing supervision and management, nursing education, oncology practice management, and supportive care services.



Figure 3. Oncology Nursing Fellowship Assessment of Clinical Experiences

Observation Area Experience

1. What did you observe today?

2. What is the role of the oncology nurse in this clinical area?

3. What kind of skills does the nurse have to master to function in the area you've observed?

4. How will this experience affect your nursing practice in your own oncology clinical area?

5. Identify the positive and negative aspects of this clinical experience.

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each day in their standing meeting with their preceptors. The Fellows also met weekly with the infusion supervisor and the staff educator. During this time, the Fellows discussed how things were going, what they had learned, and if they had met their weekly goals. If the Fellowship program needed to move at a slower pace, that adjustment would be addressed here. If a Fellow experienced a problem working with his or her preceptor, a discussion would occur at this meeting as well.

Meanwhile, the rest of the infusion team worked together to help carry the patient load. We were already in a tight staffing situation, and now we had preceptors who had lighter assignments several days a week in order to work with the nursing Fellows. As a result, we experienced days when staffing was short and nurses were working overtime. During these challenging times, we reminded everyone of our original intentions and the future gains from the Fellowship program. With the assistance of per diem staff and the teamwork of our supportive staff, we were able to provide sufficient nursing coverage to care for our patients during the four-month Fellowship program.

After three months of orientation and education with their preceptors, the nursing Fellows began to work on their Oncology Nursing Society (ONS) chemotherapy and biotherapy course. Our hospital has decided to use the newly-revised ONS course as the required course to administer chemotherapy at our facility. The course is challenging but comprehensive, and typically takes at least 16 hours to complete. It took our nursing Fellows twice as long to complete the course, but they both accomplished it with very strong scores. They had the full support of not only their preceptors but also the entire nursing staff as they studied to complete the course.

OUR PROGRAM AT-A-GLANCE

The Valley Hospital is accredited by the American College of Surgeons as a Comprehensive Cancer Center and by the National Accreditation Program for Breast Centers (NAPBC). Valley is widely known for its excellence in breast cancer diagnosis and treatment, lung cancer diagnosis and treatment, radiation oncology (including TomoTherapy), chemotherapy and infusion, GYN oncology, prostate cancer care, and other clinical and supportive care services. The Valley Hospital was the first hospital in New Jersey to receive The Joint Commission's Gold Seal of Approval for Cancer and is a three-time recipient of Magnet Designation from the American Nurses Credentialing Center (ANCC).

After completion of their chemotherapy and biotherapy certificate, the nursing Fellows continued to work closely with their preceptors. However, they were now allowed to administer chemotherapy with oversight. They continued to have daily meetings with their preceptors and weekly summations with the supervisor and educator.

The Future of Our Oncology Nursing Fellowship Program

The Fellowship program was a success, and it was extended for an additional two weeks beyond the planned four-month time period. After completion of the ONS chemotherapy and biotherapy course, the nurses and their preceptors felt an additional two weeks of reviewing and administering chemotherapy under the watchful eyes of the preceptors would be beneficial.

The Fellows have since become an integrated part of the infusion team. Their preceptors are still available to them when they have questions about a protocol or drug administration.

Based on our experience with this initial Fellowship session, we will make adjustments to future nursing Fellowship programs. We plan to continue the Fellowship program to assure adequate staffing for the future of our cancer center. We have also discussed designing a portion of the program for Fellows who have had limited oncology experience. By supplementing their knowledge and experience, we feel we can make them even stronger members of our oncology team.

The United States is projected to experience a shortage of registered nurses, which will only intensify as Baby Boomers age and the need for healthcare grows. As many as 1 million registered nurses will be nearing retirement age within the next 10 to 15 years, according to projections from the Health Resources and Services Administration.¹ Clearly, planning now for the future is critical—and having a successful Oncology Nursing Fellowship Program in place is the first step toward ensuring a skilled and educated workforce to care for our oncology patients for years to come. 

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References

1. U.S. Department of Health and Human Services. *The Registered Nurse Population, Findings from the 2008 National Sample Survey of Registered Nurses*. 2010. Available online at: <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>. Last accessed Feb. 4, 2016.

Figure 4. Outpatient Oncology Nursing Fellowship Program Overview & Curriculum

Objective: To provide a program to train experienced nurses about oncology in order to continue to provide trained nurses in a tight market for oncology nurses. This program will incorporate education about the disease process, chemotherapy and how it works, chemotherapy administration, treatment modalities, and other factors affecting the plan of care for oncology patients in the infusion center.

Length of Fellowship Program: 4 month period

Preceptors: Maximum of 2 nurses per preceptor

Education:

1. Education in order to be prepared for chemotherapy-biotherapy test. Either a 2-day on-site program or an online course. Fellows must receive their certificate by the end of the 4-month period.
2. Attendance at the 2-day oncology seminar offered at Valley when it falls within the dates of the program. If possible, administration will request that the program be taped and offered.
3. A minimum of 3 credits of oncology CE programs that are approved by preceptor.
4. Attendance at a minimum of 4 chemotherapy drug inservices.
5. Completion of any oncology education required by the Oncology Department; these could be requirements for certification or the department.
6. Review of chemo spill safety with pharmacy-live demo.

Experiential Areas:

1. Inpatient A3
2. Pharmacy at Luckow
3. Radiation Oncology
4. Oncology Clinical Trials
5. Oncology Tumor Conference
6. Oncology Social Worker
7. Front Desk Registration
8. Nurse Practitioner in Medical Oncology Practice
9. Intraperitoneal Chemotherapy
10. PORT Insertion (observation in OR)
11. PICC Team (observe insertion)
12. Chemotherapy Experiences: IP chemo, IVP chemo, IV Infusion chemo, SQ chemo, drugs requiring a filter, access and deaccess port, Infusystem pumps.

Other Requirements:

- Journal entries on a daily basis by both nurse and preceptor. This will be a summation of the day and will be signed by both. This will be kept on the unit.
- A binder will be assigned that will be filled with materials for the program. It will also remain on the unit.
- Fellows will follow the schedule of her preceptor, including 8- or 10-hour shifts and weekends and/or holidays.
- The unit specific competency record will be completed before the completion of the program.
- Fellows will complete and pass the chemotherapy/biotherapy qualification test.

Applicants: Applicants will be nurses with a minimum of 1 year of hospital experience. They will undergo an interview with the Nurse Manager and Director for Infusion along with select nurse staff members from the infusion center.

Figure 5. Application for Participation in the Outpatient Oncology Nursing Fellowship Program

Name: _____

Best way to contact you: _____

Unit where you currently work: _____

Shift work on unit: day _____ evening _____ night _____

Hours worked per day: 8 _____ 10 _____ 12 _____

Unit Manager _____

How long have you worked as a registered nurse? _____ years

How many years have you worked at Valley? _____ years

Have you ever had any experience in an oncology area? _____ If yes, please explain.

Please give us an explanation of why you are interested in this program? Keep in mind that the program will last for 4 months and will require a minimum commitment of working in the Infusion Center for 1 year after completion of the program.

Signature _____

Date _____