

Building a Collaborative Hematology/Oncology Advanced Nursing Practice: Part I

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A group of advanced practice nurses (APNs) in a comprehensive cancer center met personal and professional challenges by developing an intentional collaborative group practice. The group, comprised of nurse practitioners (NPs) and clinical nurse specialists (CNSs), practiced in a comprehensive cancer center with a long history of using APNs but no direct APN leadership or purposeful collaboration with other APNs. Amidst a rapidly expanding cancer center, the hematology/oncology NPs and CNSs faced challenges related to professional development, reporting structure, role, and accountability. This article is the first in a two-part series that describes the development of a collaborative APN group designed to address the challenges. Outcomes from the purposeful collaborative practice will be discussed in part II.

Advanced Practice Nursing History and Challenges

Historically, the model for APN practice at the academic cancer center was based on seven NP and physician subspecialty teams in the outpatient setting. The teams were designated as hematology/oncology disease

management groups and practiced relatively independently of each other. Eight NPs functioned in the disease management groups, and one CNS practiced on the inpatient oncology unit in a traditional CNS role. In addition, two other NPs were members of the palliative care service and practiced regularly in the hematology/oncology setting. The individuals formed the core group that set out to form a new collaborative APN practice. Not unlike collaboration negotiations between individual physicians and APNs, the group had to identify and integrate multiple personal agendas and fuse them into mutually agreeable goals. The goals were developed in response to issues such as accountability, role identification, clinical practice, education, and academic productivity.

Role responsibilities for the NPs were quite diverse and encompassed functions typically performed by secretaries, staff nurses, CNSs, and physicians. NPs were accountable to the physicians with whom they worked, but their annual evaluations were completed by the department business manager, who had a master's in business administration and formerly practiced as a bachelor's-prepared RN. The CNS had a dif-

ferent reporting structure and was accountable to the department of nursing.

As the cancer center expanded, additional APNs were hired. Each was hired by the business manager or the physician with whom he or she would work within the disease management group. When new NPs were hired, they typically received a two-day orientation with an experienced member of the APN group. They subsequently were expected to be clinically independent, with further on-the-job training and socialization conducted primarily by the physician. In contrast, the CNS hired for the inpatient unit received a one-month orientation by a CNS mentor already working in the hospital system. The brief NP orientation and the evaluation process were perceived as inadequate by new and seasoned NPs.

Although interest in and opportunities for collaborative research and education abounded at the facility, no structure supported the pursuits. Individually, APNs were academically productive, as evidenced by professional publications, participation in research studies, and presentation of posters and abstracts. However, the accomplishments went largely unrecognized within the fragmented APN group and the larger medical community. Clinical research protocols involving NPs usually were written without their input. In addition, medical research articles to which APNs contributed often were

Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans that are ongoing or completed are

welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, PhD, RN, OCN®, at klemmpa@udel.edu or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at payne031@mc.duke.edu

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