

Oncology Nurse Internships: A Foundation and Future for Oncology Nursing Practice?

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To meet the demands of hospitalized patients, new graduates must have the knowledge and skills to care for acutely ill patients with complex needs. Schools of nursing must emphasize the foundation of a broad knowledge base to help graduates prepare to work in a variety of clinical settings. Specialized training in areas such as oncology, critical care, pediatrics, and obstetrics is not emphasized at the baccalaureate level.

In contrast to nursing in decades past, assigning new graduates to less severe patients while they are still novices and learning their roles is nearly impossible because less severe cases are no longer admitted to hospitals. Because of those and other challenges, new graduate nurse residency or internship programs have increased in number and popularity in the past decade. The programs are designed to help transition new graduates and provide the specialized training required to work in a medical specialty.

In October 2010, the Institute of Medicine (IOM) published a report on the future of nursing. Developed through support from the Robert Wood Johnson Foundation (2011), the report identified four key messages.

- In practice, nurses should rely on the full extent of their education and training.
- An improved education system that promotes seamless academic progression will help nurses achieve higher levels of education and training.
- When redesigning health care, nurses should be full partners with physicians and other health professionals.
- Improving information infrastructure and data collection will allow for effective workplace planning and policy making.

These seek to “focus on the critical intersection between the health needs of diverse, changing patient populations

across the lifespan and the actions of the nursing workforce” (Robert Wood Johnson Foundation, 2011). Recommendations to meet these goals include the importance of transition-to-practice residency programs.

A wide variety of internships, residencies, and fellowships are described in the literature and on hospital Web sites. Although programs vary in name, curriculum, format, and timeframe, they all seek to assist new graduates in transitioning to practice. This article will focus on one cancer center’s experience with an oncology nurse internship program (ONIP).

Literature Review

The transition from graduate nurse to professional nurse poses issues and challenges for the new graduate (Keller, Meekins, & Summers, 2006). Lack of experience and organizational skills, new situations, interactions with the interdisciplinary team, large patient workloads, interruptions, reliance on others, and perceived lack of support are some stressors facing new graduates as they begin practice and transition from novice to proficient practitioner (Morrow, 2009). Through examination of the literature (see Table 1), several prevailing themes surface. Nurse residency programs appear to lead to better retention rates as well as increased competencies, confidence, socialization, and satisfaction of new nurses.

Implementation Suggestions

Analysis of the evidence on the efficacy of nurse internship programs shows that the programs appear to play an important role in the development and retention of competent and confident new nurses. Many of the sources cite the use of one hospital, a limited sample size, and lack of evaluation tools as study limitations.

Standardization of program evaluation outcome measures could provide direction for studies in the future. By assessing current program processes and reviewing published findings, program-specific outcomes could be developed to improve specialized care and professional nursing development (Parchen, Castro, Herringa, Ness, & Bevans, 2008). Developing programs to ease the transition of a novice nurse into an institution’s culture will clearly benefit the institution, as well as nursing as a whole, by improved retention and commitment to the organization, and the development of future nurse leaders (Krugman et al., 2006).

Oncology-Specific Internships

Oncology-specific nurse internships have been documented in the literature since the National Cancer Institute (NCI) Intramural Research Program developed an oncology nurse training program in 1985 (Parchen et al., 2008). Oncology-specific programs tend to focus on extended mentoring at the bedside and classroom support related to oncology basics. Forty-one NCI comprehensive cancer centers are located across 25 states (NCI, 2012). Many comprehensive centers have formal nursing internships or residency programs. A review of program Web sites identified that those programs vary in length from six weeks to one year, with a wide variety of curriculum, didactic experience, and mentoring. Programs also vary in expectations related to strict orientation time versus counting the nurse in direct patient-care hours.

Huntsman Cancer Hospital

Huntsman Cancer Hospital (HCH) at the University of Utah implemented an ONIP in July 2007 after a severe nursing

Table 1. Literature Review

| Study | Design | Findings |
|-----------------------|--|--|
| Beecroft et al., 2001 | Researched a one-year pilot program for an acute-care pediatric internship program. The authors identified an impending shortage of highly skilled acute care pediatric nurses and tried to determine whether an RN internship program would benefit new graduates. The authors compared the interns to the control group nurses who had more than twice the amount of RN experience than the interns. | Despite having less experience than practicing nurses in the control group, interns were equal or better in regard to confidence, providing competent and safe patient care, and level of commitment to the organization. Intern turnover was significantly lower than the control group and the geographic average. |
| Keller et al., 2006 | Examined the collaboration between the nursing leaders in a Magnet®-recognized facility and a university-based school of nursing. A year-long new graduate residency program was implemented with the main objective being to improve new graduate retention rates. | Additional time and continued acculturation of new graduate professional nurses was warranted despite the fact that residents who completed the program reported positive verbal and written evaluations. Preliminary results showed improved retention of the nurses in the program. |
| Krugman et al., 2006 | Reported on the implementation of the National Post-Baccalaureate Graduate Nurse Residency Program. The structure, curriculum, and outcome measures were developed and the program was implemented at six different sites. | All six sites showed a high retention rate, decreased stress levels of graduate nurses over time, improved organization and prioritization of care, and increased graduate nurse satisfaction in the first year of practice. |
| Pine & Tart, 2007 | Studied a one-year residency program that was developed in the hopes of combating the high turnover rates of new graduate employees. Efforts were made through the implementation of a nurse residency program aimed at improving clinical judgment and decision making, leadership, professional commitment, individual development, and evidence-based practice. | The turnover rate among new graduates dropped from 50% to 13% in one year, with a substantial gain in workforce stability. The cost savings were substantial for the hospital, and the residency program savings were found to exceed the investment costs. |
| Welding, 2011 | Followed a year-long nurse residency program that was implemented across six hospitals. The major goal for the program was to decrease graduate nurse turnover in the first year of employment. | Evaluation of program effectiveness is ongoing and not yet reported. |
| Williams et al., 2007 | Reported on the implementation and outcomes of a postbaccalaureate nurse residency program jointly developed by two healthcare institutions. Data on two cohorts of residents at 12 sites across the country were reviewed. | The data revealed a turnover rate of 12%, which was much lower than reported in the literature (36%–55% during the first year). The authors reported evidence that residents perceived growth in their ability to organize and prioritize, communicate, and provide clinical leadership. |

shortage required the use of at least 25% of the contract nurses to staff inpatient units. This affected staff morale, quality of care, and the ability to retain staff. The director of nursing attended the Oncology Nursing Society's (ONS's) Leadership Development Institute (LDI), created a business plan to trial an ONIP, and presented the plan to hospital administration. Because of the high cost of contract staff, the first cohort was easily justified and approved for the next budget. A task force was formed to meet the following objectives.

- Identify available resources.
- Explore curriculum options.
- Develop concrete costs.
- Develop supporting structure (e.g., staff, space, marketing).
- Establish an implementation timeline.

The initial task force included nurse managers, educators, frontline staff, a representative from the College of Nursing (CON) at the University of Utah, a representative from marketing, a Web communications manager, and the director of nursing, who served as the facilitator.

Basic internship duration was four months, with the first two weeks being purely didactic and continuing with class work one day every week. Interns rotated among three inpatient units (bone marrow transplantation, medical, and surgical oncology), with additional time spent in outpatient clinics, radiation oncology, and the infusion suites. Program content was based on the ONS Core Curriculum (Itano & Taoka, 2005). The university online learning Web site

was used for posting reading materials, quizzes, and discussions. Interns were evaluated routinely during the program with feedback from their preceptors and the coordinator. Once a week, they met with the inpatient unit nurse managers to provide feedback on their experiences. Twelve weeks into the program, the interns wrote a paper about their experiences and identified their first and second choices for placement after graduation. Nurse managers and the coordinator interviewed each candidate and made placement decisions before the end of the formal program.

Because of the short implementation timeline and need to use available resources as much as possible, frequent collaboration and scrounging for resources took place with the first group.

Available resources included nurse educators and a staff nurse willing to coordinate the first group. Unit managers arranged for use of the department conference room, the marketing department helped with advertising, and HCH and CON staff were recruited to present content lectures and precept students. Content for the ONIP was based on Benner's model (Benner, 1984) and Adult Learning Theory (Merriam, Caffarella, & Baumgartner, 2007), using the ONS Core Curriculum (Itano & Taoka, 2005).

Although developing and implementing the program in four months was difficult, the biggest hurdle was recruiting new graduates, an unanticipated challenge that created anxiety. Members of the task force went to local schools of nursing and talked to graduating seniors about the program and oncology nursing as a career. Advertisements were placed in local newspapers and on Web sites. The director of nursing met individually with students during their clinical rotations at the hospital. Unfortunately, this was not enough to fill all seven positions, and the decision was made to fill three of the positions with current nursing staff that would benefit from the program.

Preceptor selection, flexibility, and coordination of staff were key factors identified in the first cohort, which contributed to program success. Because the program was new, preceptors were not necessarily ready for the high expectations of students. Training and support measures increased the caliber of preceptors. The program has now been in place for five years, from July 2007 through the present, and is viewed by the administration, management, staff, and applicants as very successful. During that time, many changes were made based on participant evaluations and coordinator and nursing manager input.

Outcomes and Lessons Learned

The initial goals of HCH's program were to recruit and retain high-quality nurses who would gain a high level of oncology knowledge and skills early in their careers. Strong knowledge and skills, paired with mentoring, create a confident and competent workforce. The retention rate for all ONIP graduates has held steady at 80% since the program's inception. The ONIP graduates also receive high evaluations for the quality of care provided, organizational skills, and ability to work effectively on their

permanent units. HCH's ONIP continues to meet recruitment and retention goals, and, for those reasons alone, funding has continued.

In addition to meeting the original goals, some positive, unexpected outcomes have resulted. The first unexpected outcome was the interns' ability to move with confidence through all three of the inpatient oncology units (bone marrow transplantation, medical, and surgical oncology). Because the ONIP rotated interns before assigning them to a permanent location, the interns also gained a broader view of department activities at the hospital by spending time in areas other than the inpatient units, such as outpatient clinics, radiation oncology, and the infusion clinic. The interns were encouraged to travel with patients to their procedures. Therefore, their perceptions of hospital systems were broader than some of the experienced staff. A second unexpected outcome was a commitment to precepting future oncology nurse interns and other students. Having experienced the differences between a strong preceptor and a nurse who is not committed or prepared for the role, as seen in preceptor evaluations, ONIP graduates recognized the need for a preceptor who is committed to giving an intern a meaningful experience. More than allowing an intern to follow and observe, a meaningful experience involves learning what their goals are for that day and rotation, how they best learn, and allowing the opportunity for hands-on learning.

The opportunity to build relationships also proved to be invaluable and unanticipated. During the program, oncology nurse interns had multiple opportunities to interact with frontline staff, advanced practice providers (nurse practitioners and physician assistants), physicians, and unit managers in a relaxed educational environment, which helps to establish strong working relationships in the future.

By the third year of the program, an interesting phenomenon occurred; new graduates from across the country applied because they were looking for an internship that focused on oncology nursing.

Many of the ONIP graduates are stepping into leadership roles. Some of the roles they have filled are charge nurses, educators, clinical nurse coordinators, interim managers, clinical practice council chairs, and house supervisors. Several of them have gone on to complete BSN and master's level degrees, moving

toward advanced practice provider roles. Finally, on a professional level, some have attended ONS's LDI and had abstracts accepted for ONS Congress and other national level professional organizations.

Throughout the five years of implementation, positive feedback was provided by ONIP graduates. Evaluations from graduates reflect an appreciation for the extensive knowledge, skills, and broad organizational perspective provided through this program.

The program has not been without setbacks. The value of selecting the right people for this program was underscored more than once. Not everyone is willing to continue studying, presenting case studies, or taking quizzes once they have graduated from nursing school, which was a difficult and expensive lesson. Frequently, applicants were passionate about oncology care, but did not have the necessary drive to complete the program. Those applicants are now referred to managers for openings on specific units with their orientation being only for that unit. In addition, some interns who were selected did not have the foundation to be successful oncology nurses. Therefore, higher standards for the interview and selection process have evolved. It is better to leave a vacant position than spend the money to fund an intern who is unlikely to be successful. Costs of internship programs can be significant; however, over time, they pay for themselves by increasing nurse quality and retention and building a foundation for leadership development.

Recommendations for the Future

Hospitals should strongly consider implementing an internship program for new graduates. Internship programs have the potential to augment basic nursing skills and knowledge provided in school with the skills and knowledge needed to work in a complex specialty. Hospitals looking ahead to healthcare reform will see the benefit of using staff nurses to their greatest potential, resulting in efficiency and improved quality of care. Oncology hospitals would benefit from internship programs by giving new graduates a strong oncology foundation and the opportunity to develop a much broader view of the system that patients and families navigate when they seek treatment.

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References

Beecroft, P.C., Kunzman, L., & Krozek, C. (2001). RN internship: Outcomes of a

one-year pilot program. *Journal of Nursing Administration*, 31, 575-582.

Benner, P. E. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.

Itano, J., & Taoka, K.N. (Eds.). (2005). *Core curriculum for oncology nursing* (4th ed.). St. Louis, MO: Elsevier Health Sciences.

Keller, J.L., Meekins, K., & Summers, B.L. (2006). Pearls and pitfalls of a new graduate academic residency program. *Journal of Nursing Administration*, 36, 589-598.

Krugman, M., Bretschneider, J., Horn, P.B., Krsek, C.A., Moutafis, R.A., & Smith, M.O. (2006). The National Post-Baccalaureate Graduate Nurse Residency Program: A model for excellence in transition to practice. *Journal for Nurses in Staff Development*, 22(4), 196-205.

Merriam, S.B., Caffarella, R.S., & Baumgartner, L.M. (2007). *Learning in adulthood: A comprehensive guide* (3rd ed.). Hoboken, NJ: John Wiley and Sons Inc.

Morrow, S. (2009). New graduate transitions: Leaving the nest, joining the flight. *Journal of Nursing Management*, 17, 278-287.

National Cancer Institute. (2012). *Cancer centers*. Retrieved from http://cancercenters.cancer.gov/cancer_centers/

Parchen, D.A., Castro, K., Herringa, C., Ness, E., & Bevans, M. (2008). Developing outcomes for an oncology nurse internship program. *Oncology Nursing Forum*, 35, 753-756.

Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a baccalaureate nurse residency program. *Nursing Economic\$*, 25, 13-18.

Robert Wood Johnson Foundation. (2011). The future of nursing: Leading change, advancing health. Retrieved from <http://www.thefutureofnursing.org/IOM-Report>

Welding, N.M. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *MedSurg Nursing*, 20, 37-40.

Williams, C.A., Goode, C.J., Krsek, C., Bednash, G.D., & Lynn, M.R. (2007). Post-baccalaureate nurse residency one-year outcomes. *Journal of Nursing Administration*, 37(7-8), 357-365.