

# You Want *Me* in Outpatient Oncology Nursing? A New Graduate Story

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When I was in nursing school, I was one of a handful of students presented with a unique opportunity to fulfill our medical-surgical nursing requirement: a six-week clinical rotation at a large, outpatient, National Cancer Institute–designated comprehensive cancer center. This was in 2011, and I was beginning my final year of nursing school. This opportunity was an innovative experiment between the College of Nursing at Seattle University and the Seattle Cancer Care Alliance (SCCA). The collaboration was coined the Dedicated Education Unit (DEU) by nursing management, and additional funding was secured by the SCCA to support nursing staff for the additional time and effort expended while precepting and orienting the nursing student group (Shannon Dorcy et al., 2016). In the DEU program, the experienced oncology nurses serve as the preceptors with a special curriculum for clinical conferences taught weekly by various scientists and nurses (Shannon Dorcy et al., 2016).

This clinical experience was presented to the entire nursing school class (80-plus students) as a true experiment, as most students were placed in hospitals for their clinical rotations. The SCCA is a stand-alone, outpatient oncology clinic, delivering chemotherapy infusions, physician consultations, minimally invasive procedures, and clinic appointments all in one building. Inpatient support occurs at the University of Washington Medical Center if patients need treatment beyond what the clinic can offer. Because of a unique outpatient care delivery model, the administrative staff at SCCA had a desire to invite nursing students to

learn about oncology care delivered in a manner that nursing students are less likely to experience. Although the SCCA was technically a clinic setting, I knew that I would be exposed to innovative cancer care and research. It was an opportunity unlike any other and, because of the reputation of the SCCA, I did not hesitate in applying to be one of the students chosen. I was accepted into the DEU for this inaugural ambulatory oncology clinical experience.

## Initial Impressions

It was incredible. Our group of students was taught the latest in general and hematologic oncology by leaders in the field. The medical director gave us a lecture on the history of bone marrow transplantation (BMT) and the innovations to oncology throughout his career. We also had lectures on the biology of cancer, hematologic malignancies, palliative care, and central line management. Nurses who had been part of the pioneering days of BMT research shared their knowledge and expertise in caring for patients with hematologic malignancies. Our time in the clinic was supervised by nurses working in both the infusion and transplantation clinics. We were immersed in a wealth of scientific and oncology knowledge while being mentored by

nurses who were willing to share their professional time.

## Shared Experiences

What I saw was an intense place to work, unlike any other I had experienced. The nurses in the DEU were delivering complicated oncology care regimens to people who, at the end of the day, would manage their care at home, likely without a nurse at the end of a call bell. These nurses not only had the skills to deliver chemotherapeutic treatments safely, but also had the experience and knowledge to educate and prepare patients for managing their care independently. This was the kind of complex care I wanted to practice—ambulatory oncology care in a large cancer center where nurses practice within the full scope of nursing practice; from assessment to evaluation, the nurses were guiding patients through their significant oncology regimens. I was hooked. Nearing the end of our rotation, discussions were taking place about a senior practicum—maybe even a new graduate residency—and I wanted it. I could be a new graduate working at a world-renowned institution! It had never been done before. It would be a pilot, a new experiment, the opportunity of a lifetime! But, as it turns out, my story would prove to be less

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