

Puget Sound Oncology Nursing Education Cooperative

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The purpose of the Leadership & Professional Development feature is to provide readers with information, ideas, and exemplars of leadership competencies and professional roles in oncology nursing.

Manuscripts submitted to the Leadership & Professional Development feature should be prepared according to the Information for Authors published in the *Oncology Nursing Forum (ONF)* but limited to six to eight double-spaced typed pages. Submit two copies of the manuscript using IBM-compatible software along with a computer disk copy, or submit a copy of the manuscript as an e-mail attachment to Joan Such Lockhart, PhD, RN, CORLN, ONF Associate Editor, 1365 Simona Drive, Pittsburgh, PA 15201; lockhart@duq.edu (e-mail).

Manuscripts should be referenced and include tables, figures, or illustrations as appropriate. Ideas for possible manuscripts are welcome.

Health care remains stressful and chaotic as hospitals, clinics, and physician practices react to ongoing changes in managed care and reimbursement (Bowers, Mortenson, Downs, Chan, & Guidi, 2000; Carrns, Burton, & Murray, 2000). Mergers, consolidations, reorganizations, downsizing, and closures of healthcare organizations continue, all too often eliminating skilled, experienced oncology nursing positions (e.g., clinical nurse specialists, nurse educators). Compounding this reality is the fact that many of our "best" are choosing to leave hospital-based nursing positions. The combination of these issues has, once again, created a national nursing shortage (Maes, 2000).

Despite these challenging dilemmas, orientation and training of nurses—new graduates as well as seasoned nurses—must continue and are costly to institutions in both time and resources. Professionally,

oncology nurses are committed to supporting and mentoring our peers as is articulated in the "Patient's Bill of Rights for Quality Cancer Care" (Oncology Nursing Society [ONS], 1998). Those in leadership positions must ensure that this goal is achieved despite the adversities of the current environment. This is essential in order to provide nurses with the best information, skills, and expertise available and to continue the growth and proliferation of expert oncology nurses. Clinical excellence in caring for patients with cancer cannot be achieved without the expertise of knowledgeable, skilled nurses who are dedicated to this nursing specialty.

To address these concerns and obstacles, a group of oncology nursing leaders, including cancer center directors, clinical nurse specialists, and clinical educators from the Puget Sound region of the Pacific Northwest convened in the fall of 1998 to explore the following questions. As a community, can oncology nurses come together, pool resources, and deliver a community-wide orientation course for nurses new to the field of oncology? Do enough interest and desire exist to explore this opportunity? Can we actually develop and implement such a comprehensive educational program and, as a group and individually, benefit from the result?

An initial telephone survey was completed in October 1998. This survey was administered to several area oncology nurse experts who held educational roles in their respective institutions. The survey showed that a definite interest in such a program existed, and the decision to move forward was made. Using a mailing list of the local Puget Sound Chapter of ONS (PSONS), an invitational flyer was sent throughout four counties in the Puget Sound region. This flyer announced the first meeting to open a forum of discussions based on the prior telephone survey. Oncology nurse experts from 11 regional institutions convened in November 1998. During the initial meeting, there was overwhelming acknowledgment and consensus that the institutions represented were pro-

viding such education independently. This led to a mutually identified need and desire to pool time, expertise, and resources for a better outcome for our entire oncology community. The practicality and benefits of this level of professional collaboration were enticing, and a unanimous decision was made to move ahead. The Puget Sound Oncology Nursing Education Cooperative was formed officially in January 1999.

With great energy, enthusiasm, and a defined vision, the group identified the design and structure of the Cooperative. The goals of our work were to

- Collaboratively provide new oncology nurses with basic core knowledge in the nursing care of people with cancer from which ongoing learning and skills may be derived.
- Support and promote the ONS Position on Quality Cancer Care (ONS, 1997) as described in the "Patients' Bill of Rights for Quality Cancer Care" (ONS, 1998).
- Establish a community standard for oncology nursing education using the ONS core curriculum (Itano & Taoka, 1998) as the cornerstone of course content.

From these goals and objectives, the group developed the curriculum to be provided in a four-day educational program, with the targeted implementation date of fall 1999.

This was a big endeavor—a multi-institutional project in a highly competitive healthcare environment of competing cancer centers and services—and successful

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implementation was a challenge. The group identified key strengths that enabled the Cooperative to accomplish the original goals developed in January 1999. The group came together with a common and passionate commitment to educational excellence for the members and for nurses being mentored in the respective institutions. The group acknowledged and was grateful for the benefit of different perspectives, professional strengths, and skill

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sets among members (e.g., clinical nurse specialists, nurse educators, and managerial/administrative expertise and leadership). Each member helped to balance the other; the didactic, clinical focus was tempered with the reality of the "business and budget" side of staff training. One of our strategic strengths was a long, rich history of collaborative teamwork among the Seattle area oncology nurse experts and PSONS members. Additionally, a precedent had been set by a regional Critical Care Cooperative, which had more than 10 years of successful, multi-institutional critical-care education.

In keeping with the tradition of the Critical Care Cooperative, the group structured this new Cooperative using a similar model that included two key elements. The first element was a letter of agreement signed by each member institution's administrator and the Cooperative Advisory Committee chair. The letter of agreement outlines the structure, purpose, duties, and responsibilities of the Cooperative Advisory Committee and the member institution. The second step was the formation of an Advisory Committee that consists of founding members of the Cooperative and serves as the governing and guiding body to plan, execute, and critique each course. Each participating member institution designates a representative to the Advisory Committee who represents the organization and shares in the work of the Cooperative. Advisory committee members must attend at least 75% of committee meetings, must provide a "major service," and are responsible for at least two hours of instruction for each course. Major services are defined as registration, continuing education (CE) application, course evaluations, post-test development, host site coordination, syllabus binder assimilation, finance, and vendor coordination.

Challenges are inherent with any new project or organization. An initial challenge the group faced was the extensive time commitment (e.g., meeting time, cur-

riculum planning and decisions, phone calls, e-mails) at start-up, which continues now to a lesser extent. Initial planning meetings prior to the first course occurred monthly and lasted for two and one-half to three hours. Occasionally, meetings required a three-week interval to meet task deadlines. Between meetings, members worked individually or in small work groups to complete their assignments. Currently, the group meets monthly, but the members anticipate that the frequency will decrease somewhat as they continue to gain experience and become more efficient in the course review and redesign process.

Budget was another significant and surprising challenge. The Cooperative received \$1,500 in "start-up" money from PSONS that included membership into the chapter as an official committee. Because Cooperative members and member organizations provided classrooms and clinical facilities, audiovisual equipment, and faculty, the committee naively anticipated that this initial outlay of \$1,500 would adequately cover expenses. In reality, the cost (e.g., reproduction of the course syllabus, meals and refreshments, secretarial support) is approximately \$10,000–\$12,000 per course, depending on the number of participants. However, revenue generated from exhibitors (vendors) and participants who pay a registration fee (noncooperative members) exceeds most expenses. The group believes that a small profit will be generated once fees from all vendors are collected. In addition, no money is needed for marketing (e.g., brochures, flyers, postage) as participants are recruited primarily from each member organization and by word of mouth among the oncology nursing community.

The three main areas of expense are syllabus production, meals and refreshments, and secretarial support, which, initially, were grossly underbudgeted. The syllabus, although an excellent and comprehensive document, was more than 300 pages and housed in a three-ring tabbed binder with a table of contents. As audience size was projected at approximately 75–80 participants, lunch and break times via the host-site cafeteria were deemed unworkable; hence, continental breakfast, lunch, and break (morning and afternoon) refreshments are catered, costing \$14–\$15 per person per day for four days. Secretarial support is contracted through the PSONS chapter, with labor costs that include handling of the registration, institution mailings/correspondence, and collating and summarizing evaluations. The Advisory Committee anticipates that labor costs for this service will decrease as the process becomes more efficient over time.

Facility issues were uncovered very quickly by the Advisory Committee members on site during the course as well as by

participant feedback on the evaluations. Actual attendance far exceeded initial projections. The first two courses had an enrollment of 110–115 participants each. With groups of this size who are sitting and listening for eight hours per day for four days, comfort and adequate space became key factors in selecting future course locations. Critical factors that had to be considered were room size, seating arrangement and space between participants, temperature, lighting, meal and break space/seating, number and location of rest rooms, and vendor space. As a result of our experience with these issues, the Advisory Committee is restricting the course location to those hospitals and medical centers that can adequately provide conference-type accommodations. The Advisory Committee continues to look for other potential sites (e.g., churches, community centers) that might work but would not add significant costs to the course budget.

Last among the start-up challenges was reaching consensus on the cooperative letter of agreement. Although the Advisory Committee had a common goal, vision, and superb teamwork, differences in the structure and substance of the letter of agreement had to be negotiated. The Advisory Committee used the letter of agreement from the Critical Care Consortium as a working template and then molded the content to meet the group's individual needs and specialty focus. Because the group was composed primarily of clinicians, the writing of a "business" document was cumbersome. During these early days, the blend of nurse clinicians and nurse managers/directors was especially appreciated. Administrative members guided the group and assumed a leadership role in the successful completion of this task. Following the third course, slated for

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Fall 2000, a small work group from the Advisory Committee will review the existing letter of agreement and make recommendations for updates and revisions to reflect our growth, evolution, and operational requirements.

The course design focuses on a basic core curriculum for the new oncology nurse and is not intended for the seasoned, experienced oncology nurse. The course is offered twice a year in concert with and immediately preceding the PSONS/University of Washington "Foundations in

Chemotherapy," an educational program that focuses on chemotherapy administration and nursing care of patients receiving chemotherapy. The "Fundamentals of Oncology Nursing" is a four-day program scheduled two days per week for two consecutive weeks (see Figure 1). Each day's content builds upon the previous day; hence, attendance at all four days is required. Participants complete an evaluation at the end of each day; the on-site Advisory Committee members then review them so that immediate changes can be made, if appropriate. Evaluation forms are color-coded to coincide with the day's agenda and content outlines. Participants complete a final course evaluation at the conclusion of day four. Final evaluations are submitted to the secretarial service, which collates and summarizes results. The summaries then are reviewed at a postcourse Advisory Committee meeting.

Participant feedback is taken seriously and forms the basis for changes and revisions in the curriculum and delivery.

Each attendee is provided with a CE certificate upon completion of day four. Participants are required to submit their completed test to their organization's Advisory Committee representative, who corrects the test and reviews the results with each nurse. This way, the organization assumes responsibility for follow-up and completion of the orientation process and engages their participation in the learning process. Each member institution is permitted to develop its own method of post-test review and documentation of course attendance to meet its individual institution, state, or Joint Commission on the Accreditation of Health Care Organization's orientation requirements.

Membership in the Cooperative provides many benefits. Key benefits, as iden-

tified by the Advisory Committee and membership institutions, are as follows.

- Broad access to expertise from multiple oncology educators, clinical nurse specialists, and nurse managers across diverse clinical practices
- Reduction of duplicate efforts in nursing orientation accompanied by reduced labor and resource costs
- Access to quality oncology nursing education for the nursing community
- ONS CE credits (32.7 CEU) for participants
- Documentation of course completion via the CE certificate and post-test

Some unanticipated benefits that Advisory Committee members experienced included an increased esprit de corp, enhanced professional relationships, diminished institutional barriers, clinical practice collaboration, and an enhanced stimulus for professional development, especially in

Day 1		Day 2	
Content Time	Topic	Content Time	Topic
15 minutes	Welcome and Introductions	10 minutes	Welcome; Announcements; Day 1 Quiz Review
75 minutes	Overview of Cancer Pathophysiology	105 minutes	Fluid and Electrolyte Alterations Related to Cancer and Cancer Therapy
10 minutes	Break	10 minutes	Break
75 minutes	Immunology, Hematopoiesis, and Growth Factors	60 minutes	Radiation Therapy
10 minutes	Break	10 minutes	Break
75 minutes	Principles of Cancer Treatment	45 minutes	Lung Cancer
10 minutes	Lunch	55 minutes	Lunch
30 minutes	Cancer Genetics	30 minutes	Lung Cancer
45 minutes	Colorectal Cancer	45 minutes	Ovarian Cancer
30 minutes	Neurological Alterations	10 minutes	Break
75 minutes	Breast Cancer	20 minutes	Pulmonary Alterations
10 minutes	Conclusion; Questions; Evaluation	45 minutes	Prostate Cancer
		10 minutes	Break
		45 minutes	Alterations in Fertility and Sexuality
		10 minutes	Conclusions; Questions; Evaluations
Day 3		Day 4	
Content Time	Topic	Content Time	Topic
10 minutes	Welcome; Announcements; Day 2 Quiz Review	15 minutes	Welcome; Announcements; Day 3 Quiz Review
90 minutes	Lymphomas	60 minutes	Gastrointestinal Alterations
10 minutes	Break	10 minutes	Break
35 minutes	Stem Cell Transplant	45 minutes	Nutrition
75 minutes	Leukemias	60 minutes	Oncologic Emergencies
55 minutes	Lunch	10 minutes	Break
45 minutes	Blood Product Support	60 minutes	Oncologic Emergencies
45 minutes	Multiple Myeloma	45 minutes	Lunch
15 minutes	Break	90 minutes	Pain
45 minutes	Care of the Immunocompromised Patient	10 minutes	Break
45 minutes	Patient Education	45 minutes	Symptom Management in the Terminally Ill Patient
30 minutes	Accessing Information via the Internet	50 minutes	Communication
10 minutes	Conclusion; Questions; Evaluation	10 minutes	Conclusion; Questions; Evaluations

Figure 1. Agenda for Fundamentals of Oncology Nursing Course


the area of public presentation skills and delivery. Examples of these additional benefits include the formation of new nursing resource contacts in institutions where none existed prior to the Advisory Committee and the implementation of a public speaking workshop facilitated by an Advisory Committee member with special expertise in PowerPoint® presentation development and use. This workshop will be offered to all members of the Advisory Committee as well as to members of PSONS.

The vision created in November 1998 has continued to develop and flourish. With great pride and tremendous feelings of significant accomplishment, the PSONS Educational Cooperative Advisory Committee reports that this vision indeed has been executed with great success. To date, the committee has provided two, high-caliber, comprehensive educational training courses for 219 nurses in the Puget Sound region of the Pacific Northwest, fulfilling our initial goal of providing a community standard of basic oncology knowledge for nurses new to the specialty. The course is

growing in its reputation and now is serving smaller physician offices and community hospitals that do not have the resources to join the Cooperative but send participants for a fee. The Cooperative will provide its third course in the fall of 2000, with approximately 100 participants. Cooperative membership has grown from 14 initial organizational representatives to 21. As a highly skilled and knowledgeable nursing group, the Advisory Committee is role-modeling incredible teamwork and supporting two key points in the ONS position on quality cancer care (1997): "accountability and coordination of quality cancer care is best accomplished by registered nurses who have been educated and certified in the oncology specialty" and "oncology advanced practice nurses should be utilized in all cancer care delivery systems." As the group shares knowledge and wisdom with new oncology nurses, members are learning from and with each other while at the same time developing a deep respect and appreciation for what each member brings to this endeavor. Through this process, the Advi-

sory Committee is making the end product far richer and more rewarding than any individual effort. Indeed, this is oncology nursing at its best.

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