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
straightforward than one of a student finding her niche, breaking barriers, working her dream job, happily ever after, amen. . . .

The Status Quo

I had my doubts. Even when faced with the amazing opportunities and incredible learning experiences I was having at the ambulatory clinic, my self-assurance in wanting to forge that new path would vanish upon returning to the classroom. Nursing school had somehow convinced me that nursing care that occurred anywhere other than an inpatient unit in a hospital was not nursing that could be taken seriously. I had absorbed an unspoken rule that I would only learn the skills I needed through an established new graduate residency at an inpatient setting in a hospital. I was torn. I desperately wanted to work in the ambulatory clinic, but I had many fears about taking such a risk, of upsetting the status quo. I was so negatively influenced about an “outpatient” job that I didn’t listen to the encouragement of nurses and mentors willing and eager to take a risk on a new graduate. I didn’t listen to my heart. I didn’t take the option to do a residency in the ambulatory oncology setting.

Instead, I applied to and was hired at a large inpatient hospital, right out of school, just like successful nursing students were supposed to do. And I was miserable. Not because of the job itself, but because I had seen what I wanted to do and picked the “right” job instead. I felt terrible on a daily basis and began to wonder if I was even cut out to be a nurse. I experienced a lot of heartache and then made a gut-wrenching decision: I left the hospital before the year was out. The sense of defeat was immense. When I was considering my options after graduation, one of my biggest fears was that I would create resentment among my new colleagues. As a new nurse, there are plenty of things that cause stress and panic during a standard, routine work day. The idea of accepting this novel position—a new graduate resident in an ambulatory oncology clinic—made me fear that my ineptitude would be magnified. New graduate nurses were untested and maybe resented by colleagues for causing them extra work and for upsetting their standard, routine work day. Most importantly, I feared that my lack of experience might bring harm to my patients.

Fortunately, hindsight provided clarity that my new graduate fears could not. In time, I was able to reconnect with my mentors from the DEU in the ambulatory oncology setting. I was fortunate that the nurse manager was willing to consider my newly acquired inpatient skills and hire me into the ambulatory oncology infusion clinic. Now, I work with great job satisfaction. While my first job in an inpatient unit in a hospital wasn’t the right fit for me, I was indeed cut out to be a nurse. I now know that whether I had made my start at the oncology outpatient clinic or any other job in the nursing world, I would still have had my first day on the job, I would still have had to develop skills that I would attempt for the first time, and I would always keep my patients safe. But it turns out that if new graduates are surrounded by colleagues dedicated to helping them succeed, they very likely will.

Lesson Learned

I had the mistaken belief that if I followed the formula and picked the “right job” for a new nurse, then I would be successful. But there is no formula for doing it right. Success did not rest in following the tradition of “it has always been done this way.” Success rested in trusting my own vision and desire to be a professional nurse working with the dedicated ambulatory clinic nurses.

I am a successful and effective outpatient oncology nurse despite only having four years of experience. This is related, in part, to the training and education gained from the DEU. I can proudly say that the idea of becoming the oncology clinician I had always hoped to be is now becoming a reality. And I attribute this success to the relationship between the university and the cancer center, which believed in a vision of new graduate nurses working in the ambulatory oncology setting. But the true thanks is owed to the men and women I work with every day in infusion. It is their time, commitment, and energy that has taken each and every one of the (now) many DEU graduate nurses from novice to independent oncology nurses. Myself included.

Reference