

In a 51-hospital system serving seven states in the western United States, an organizational assessment in 2016 indicated critical staff shortages in one region for chemotherapy and immunotherapy-trained nurses. Leadership across the system was also concerned about nurse retention and turnover rates. Oncology nursing professional development practitioners designed and implemented a new multimodal oncology curriculum that utilizes a flipped classroom technique. Results indicate that first-year turnover rates were lower in nurses who participated. Healthcare systems are encouraged to invest in organizational infrastructure to implement nurse transition into practice programs to prepare, sustain, and stimulate specialization in oncology nursing.

AT A GLANCE

- Implementation of a standardized nurse residency and fellowship curriculum provides a foundation for the knowledge, skills, and attitudes needed to deliver high-quality oncology care.
- Virtual learning platforms can leverage the clinical expertise of specialty nurse educators by extending their reach to geographically distant clinical settings.
- Nurse residency and fellowship programs decrease first-year turnover rates and motivate interest in future oncology nursing certification.

KEYWORDS

residency and fellowship; transition to practice; virtual learning; flipped classroom

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.465-469

Beyond the Chemotherapy Certificate

Building a knowledge base virtually for oncology nursing practice across a health system

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Complex and integrated healthcare systems require coordination of resources and standardized approaches to develop a learning infrastructure that supports safe and effective care (Kraft et al., 2017). Providence is a 51-hospital, faith-based healthcare system in the western United States that employs 48,000 nurses. Cancer services are provided through inpatient units and outpatient clinics. The Providence Los Angeles (LA) region consists of five hospitals (called “ministries”) with oncology services and three outpatient cancer centers providing infusion services, radiation therapy, genetics counseling, and integrative care.

Background

An organizational scan conducted by the LA region in 2016 revealed a critical staff shortage among chemotherapy/immunotherapy nurses, which had a significant impact on the delivery of inpatient infusion services in that region. In addition, the scan revealed low numbers of board-certified oncology nurses (i.e., OCN® certification), the official recognition of professional expertise and excellence in clinical judgment for this specialty. The LA region chief nursing officer charged nurse leaders with addressing the chemotherapy care provider shortage

and increasing the percentage of certified nurses. An analysis identified the following findings:

- An organizational gap in oncology nursing education
- No oncology-specific nursing professional development (NPD) practitioners in the LA region
- No standardized transition into practice (TIP) program for newly graduated nurses (residents) or experienced nurses transitioning into the oncology nursing specialty (fellows)
- Attrition of experienced oncology nurses
- New nurses working on oncology units with training limited to medical-surgical nursing

An oncology NPD practitioner was hired at one hospital and given an expanded task of designing a TIP program for the LA region. Although the acute gap was for chemotherapy/immunotherapy nurse training, the NPD practitioner seized the opportunity to incorporate that need into a comprehensive training program for nurses transitioning into oncology. The program was developed based on the Oncology Nursing Society (ONS) *Scope and Standards of Practice* (Lubejko & Wilson, 2019) and the Oncology Nursing Certification Corporation (ONCC, 2018) test blueprint. In 2016, a pilot program was successfully completed by a cohort of

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