A Unique and Comprehensive Approach to Training Oncology Nurses for Transition to a New Hospital

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Objective

- Discuss the essential elements needed for a successful transition into a new work environment

What if…
Old James
- Opened in 1990
- 300,000 Square Feet
- 229 Inpatient Rooms
- 6 Operating Rooms

New James
- Opened December 2014
- 1.1 million Square Feet
- 306 Inpatient and Critical Care Beds
- 18 Operating Rooms

Transition Training Categories of Learning
- Navigation and Way-finding
- Building Safety
- Equipment and Technology
- Workflow Redesign
- Transition Management
Methods of Learning

Timeline

Sandbox Training

1,600 'Townies'
30 minute activities
1:8 facilitator ratio

Transition Training Results

119 participants
1,601 views
962 participants
97% Completion rate (823 learners)
Challenges
- Construction
- Concentrated time
- Process flow decisions being made

Takeaways
- Hands on training is vital
- Train close to the move date
- Use a variety of training methods
- Focus on relationships and teamwork

Thank you!

Feel free to e-mail me with any questions at: Erin.Ferlet@osumc.edu
CORE: An Oncology Curriculum

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Froedtert & the Medical College of Wisconsin Cancer Services

- Nursing
  - Inpatient
    - Three Hematology/Oncology units
    - Bone Marrow Transplant Unit
  - Outpatient
    - Outpatient Infusion (Day Hospital)
    - Five Clinics at Froedtert Hospital
    - Community Based Clinics
    - Radiation/Oncology

Background

- Oncology nursing is a specialty
- Our previous basic oncology program was two days of intense lecture driven content
  - This program is for new nurses or new oncology nurses to attend within a year of hire to our organization
- Previous course evaluations
  - Staff were dissatisfied with lecture style format
  - Unable to retain information provided
  - Requested more interaction
CORE

• Purpose
  – Provide new oncology staff basic education to safely and effectively enhance patient care
• Structure
  – Monthly offerings with a 6 month rotating schedule
  – 4 hour class
  – Offers information appeal to various learning styles

CORE is organized into six sessions
  – Hematologic Malignancies Part I
  – Hematologic Malignancies Part 2
  – Head and Neck Cancer
  – Lung Cancer and Sarcoma
  – Gastrointestinal Cancers
  – Reproductive and Breast Cancers

CORE

• Didactic Lecture
  – Lymphoma
  – Leukemia
  – Multiple Myeloma
  – Transplant
  – Lung Cancer
  – Sarcoma
  – Head and Neck Cancer
  – Radiation Oncology
  – Pancreatic Cancer

• Round Table Discussions
  – Oncologic emergencies
  – Palliative Care
  – Survivorship
  – Quality of Life
  – Sexuality
  – Clinical Trials
  – Drain Management
  – Tracheostomy Care
Measuring Our Success

- To increase new nurses’ knowledge
- Measured using audience response feedback system
  - Pre and post test data

Results

Pre-Questions: 0%
Post-Questions: 100%

Teaching Methodologies
- Strongly Agree
- Agree

Program Rating
- Excellent
- Very Good
- Good
Our Staff

- 71% of our cancer services staff are BSN prepared
- 30% are Oncology Certified Nurses
- 30% are Bone Marrow Transplant Certified Nurses
- 20% of Breast Care nurses are Breast Care Certified

Thank You!
From Novice to Expert: Simulation Based Learning Raises Confidence and Competency Levels of Oncology Nurses inChemotherapy-Biotherapy Administration

Wendy Ness, BS,RN,OCN,BC
Mary Holland, BSN,RN,OCN

Regions Hospital
St. Paul, MN
• 454 Bed Hospital
• 12 IP Oncology Beds
• Cancer Care Center
  ▪ located in the hospital
  ▪ 10 open infusion bays
  ▪ 13 private rooms
  ▪ 1 fast track area
  ▪ 10,000 annual infusion visits

Treatments and Services Available at Regions Cancer Care Center
• Genetic counseling
• Gynecology Oncology
• Chemotherapy
• Radiation Therapy
• Surgery
• Palliative Care
• Clinical Trials
• Neuro-Oncology
• Hematology & Blood disorders treatment
• Psychosocial support
• Survivorship program
• Women’s sexual health
• Complementary therapies
• Nutrition counseling
• Cancer rehabilitation
Regions Hospital Cancer Care Center is certified by:

- QCP Certification Program
- Commission on Cancer
- ASCO
- American Society of Clinical Oncology

HealthPartners Clinical Simulation Center

- Located on the Regions Hospital Campus
- Accredited by the Society for Simulation in Healthcare

Why Simulation Based Learning?

- Hands on learning
- Provides a safe environment to enhance skills
- Chemotherapy is high risk
Purpose: Improve nursing confidence and skills

- Collaborative effort between outpatient and inpatient nursing
- All nurses administering chemotherapy completed the same education and competency

4 Core Modules

1. Chemotherapy/biotherapy administration
2. Extravasations
3. Hypersensitivity reaction
4. Chemo Spill

Methods used

- Surveys
  - Pre-education
  - 3 months post-competency
  - 9 months post-competency

- Online education
  - 12 modules covering policies to didactic education
    - completed prior to the simulation education session

- Clinical Simulation Education
  - Provided in all 4 of the core areas prior to competency

- Clinical Simulation Competency
Details of Simulation

- Scenarios developed
- 4 rooms utilized
- 6 dates in the simulation center
- 4 hours per nurse
- 40 oncology nurses
- 6 Staff required for simulation
  - 1 Administration
  - 2 Hypersensitivity Reaction
  - 2 Extravasations
  - 1 Chemo Spill

Administration

Extravasation
Hypersensitivity Reaction

Chemo Spill

Results

Survey results rating themselves as confident or extremely confident in the 4 core areas:
- Baseline 52.17%
- 3 months after 95.59%
- 9 months after 82.00%
- 12 months after 77.50%

Average percentage of all 4 areas
The Oncology SIM Sessions Contributed Value to my Learning

Quotes from nurses:

- “After completing the hypersensitivity portion of the SIM, I thought it was very helpful in real life situations. Before the SIM, I hadn’t had a patient have a hypersensitivity reaction, but I since have. I really don’t look forward to coming to SIM because it’s nerve wracking and awkward, but I appreciate the things it has taught me. I felt 100% more comfortable with a reaction after SIM. Just wanted to let you know that’s it’s working!”

- “I work the night shift so I am usually hanging bicarb; This is good, it is muscle memory”

Conclusions

- Simulation based learning:
  - Improves confidence levels
  - Annual competency to maintain skills and confidence levels
Going Forward: Annual Oncology Education & Competency

- Surveys
- Online education
- Simulation education for new hires
- Annual Simulation competency

What is Minnesota known for?
- Land of 10,000 lakes
- Mall of America
- Paul Bunyan & Babe the Blue Ox
- Mosquitoes
- Hotdish
- Best Oncology Care!
Clinical Trial Infusion Nurse Orientation

Judy Ranous, BSN, RN, OCN
Theresa Rudnitzki, MS, RN, AOCNS, ACNS-BC
Peggy Riegert, RN, OCN

Differences between Standard of Care (SOC) and clinical trial patient care

• Protocol driven care
• Attention to detail
  – Assessment skills
  – Impact of assessment findings
• Importance of accurate timing

Differences between SOC and clinical trial patient care

• Collaboration
• Communication
  – Clinical research coordinator (CRC)/nurse
  – Provider
  – Investigational pharmacist
  – Patient
Education

- Goal: Provide information about clinical trials to build a solid knowledge base for caring for patients on clinical trials
  - Workshop
  - Shadowing
  - Self-paced learning

Workshop

- At the time of development specific training for bedside nurses did not exist
- Developed with the help and guidance from Elizabeth Ness of the National Cancer Institute and from ONS

Workshop

- Session 1: Clinical trial basics
- Session 2: The clinical research team
- Session 3: The clinical trial protocol and development
- Session 4: Office of Clinical Research and Innovative Care Compliance
Workshop

- Session 5: Investigational Drug Service (IDS) and research blood draws
- Sessions 6-8: Patient care:
  - Rights and safety
  - Patient management and documentation
  - Patient education and nurses role

Shadowing

- 1:1 time with team members for each nurse
  - Clinical Research coordinator/nurse
  - Investigational Drug Service

Self-Paced Learning

- Collaborative Institutional Training Initiative (CITI) Training
- Human gene transfer and recombinant DNA (rDNA) education
On unit orientation

- Preceptor
- Competency Outcome Performance Assessment (COPA) plan
  - Checklist with rationale
  - Evaluation of performance of direct patient care and training

Skills

- Blood draws
- Vital signs
- EKGs
- Centrifuge, as applicable

Skills

- Performance Status
- Common Terminology Criteria for Adverse Events (CTCAE) assessment
Outcomes

- Training raised awareness for the vigilance required to provide safe, ethical, quality care within the requirements of a clinical trial
- Decreased deviations from the research protocol
- Infusion center more attractive to researchers
Translational Research Unit: Developing Staff Nurses and a Model of Care

Theresa Rudnitzki, MS, RN, AOCNS, ACNS-BC
Tina Curtis, MSN, MBA, RN, NEA-BC

Objectives

- Describe the importance of education, training, and operational awareness needed to facilitate the care of patients participating in clinical trials
- Describe one organization’s journey toward the development and opening of a dedicated unit for patients undergoing care on a clinical trial
Goal

- To create a translational research unit that was staffed by nurses trained to take care of patients on complex oncology clinical trial protocols

Clinical Trial Protocols

- Clinical trials protocols are complex and detailed and may require a different level of care
- Developed to:
  - Gather meaningful results
  - Answer specific questions
  - Safeguard the health of the participants

Deviation

- An alteration from the protocol
- Deviations can impact:
  - Patient safety
  - The results of the study
  - The organization as a whole
Need for a dedicated unit

- Dissatisfaction with the patient care process of the clinical trial participant
- Deviations
- Standard nurse:patient ratios
- Complexity of trials and future early phase trials
- Journey towards National Cancer Institute designation

Deviations related to nursing care

- Missing or late research blood draws
- Missing or late vital signs
- Drug administration errors
  - Not related to overfill in the bag or pump malfunction

Hypothesis

- Training of nurses, creation of unit, and appropriate staffing ratio would lead to:
  - Greater understanding of research protocols
  - Greater appreciation of the complexities and idiosyncrasies of protocols
  - Decrease in deviations from the protocol related to infusion nursing care
Research on topic

- Listserv and special interest groups
- Literature search
- Existing education
  - Research nurse coordinator vs. direct care nurse
  - Elizabeth Ness, National Cancer Institute and the Oncology Nursing Society

Interviewed nurse leaders from 15 similar units across the country

Of the sites called, 3 sites were picked to visit:
  - Cancer Therapy and Research Center - UT-San Antonio
  - The James - The Ohio State University
  - Roswell Park Cancer Institute

Staffing

- TRU service coordinator role
- Acuity for staffing
- Complexity
Research flow sheet

- Documentation of:
  - Frequent blood draws
  - EKGs
  - Other research related tasks

Unit grand opening and training

- October 2013:
  - Construction complete on Nicholas Family Foundation Translational Research Unit
  - Workshop for RNs with interest to work in TRU
  - Hands-on training
  - Shadowing

Outcomes

- Since opening the unit a decrease in deviations was noted
- Plan is to continue with current model of care with the added complexity or earlier phase and complex clinical trials
Deviation data before, during, and after intervention

Outcomes

• Attract study sponsors and increase the implementation of new and more complex clinical trials

• Improved nursing ratios also makes it:
  – Safer to care for the patient participating in earlier phase trials
  – Easier for the nurse to complete all study related tasks and observations, decreasing deviations

Next steps

• New and more complex trials
  – Additional construction
  – Late research blood draws
  – Safety of staff
    • Human gene transfer trials
    • Experimental viruses
Thank you!

- Many thanks to our trained TRU team; without their hard work and dedication to the patients on the unit we would not have the outcomes that we have today.

- Members of our exceptional team include Laurie Cariveau, Becky Desjarlais, Karianne Girracks, Mary Hendrickson, Kate Kampa, Kate Naeman, Heather Peterson, Karen Pitarle, Judy Ranous, Peggy Riegert, Holly Senovich, Beverly Stienke, and Abby Tushaus.

Special thanks to:

- Elizabeth Ness, Dr. James Thomas, Julie Griffie, Betty Oleson, Becca Selle, and the Clinical Trials Office