Standardizing BMT Nurse Orientation on an Integrated Hematology/Oncology/BMT unit
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Background
A gap was identified regarding effective education and orientation for the nurse caring for a Blood and Marrow Transplant (BMT) patient on an integrated hematology/oncology/BMT unit at a large, academic medical center. The unit has a designated wing to care for BMT patients, comprising 15 of the total 39 beds. During initial new hire training an 8 hour BMT orientation is provided utilizing lecture and discussion format. However, reports from nurses over an extended period of time identified the initial training and clinical experience was not sufficient to care for a patient actively undergoing a BMT regimen. This led to an inadequate nursing skill mix on the BMT wing.

Actions
• Under the Shared Governance model, a group was developed consisting of the unit’s Nurse Educator, Clinical Head Nurse, and clinical nurses representing the scheduling team. The goal of this group was to design a standardized, advanced BMT orientation while also creating a consistent scheduling process to ensure appropriate staffing skill mix for the care of the BMT patient.
• The advanced BMT orientation, typically initiated after 12-18 months of hematology/oncology nursing experience, was designed as a separate module from general hematology-oncology orientation to the unit. The content for the BMT orientation was based on the guidelines set forth by ONS, and more specifically, Hematopoietic Stem Cell Transplantation: A Manual for Nursing Practice.
• A BMT core competency checklist, based on the standards set forth by the Foundation for the Accreditation of Cellular Therapy (FACT), documented the skill level achieved by the nurse during the advanced BMT orientation.
• The scheduling team worked to adjust the unit staffing model to reflect the implementation of a secondary skill for the nurse working on the integrated hematology/oncology/BMT unit.

Outcomes
Nurses who completed the BMT orientation submitted an evaluation for each experience, as well as ideas and solutions for improvement of the program. Data indicate that the standardized approach to advanced BMT orientation produces a confident and competent bedside nurse.
Once 75% of RN staff received the advanced BMT training, the new staffing model was implemented. Utilizing scheduling software, a secondary skill was added to the staffing deployment screen to indicate nurses who have received the advanced BMT orientation. The Charge RN is able to ensure appropriate skill mix and patient assignments are more easily facilitated with this new staffing model.

Lessons Learned
• Investment from the entire unit leadership team is necessary for successful implementation.
• Cooperation from the interdisciplinary team to provide meaningful shadow experiences can help or hinder the orientation experience.
• Due to necessity of advanced scheduling process, difficulties arise when a transplant is not planned during the week of orientation.
• Adaptation of the unit staffing model may be necessary to ensure appropriate skill mix as some will have the advanced BMT training and others will not.

Inpatient Cancer Institute Education Curriculum

<table>
<thead>
<tr>
<th>Part 1: Orientation to the Hematology/Oncology Unit</th>
<th>Part 2: Oncology Nursing</th>
<th>Part 3: Hematology/Oncology/BMT Core Competencies</th>
<th>Part 4: BMT Overview</th>
<th>Part 5: Supportive Care Needs</th>
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Inpatient Cancer Institute Staffing Model

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Advanced BMT RN Comments
• “I thought this was a good training experience with adequate time for completion.”
• “ONS has a very good program online and the information was very helpful. Thank you for providing a good orientation experience for BMT patients.”
• “The information in the course was very beneficial, but would be more beneficial to get a little earlier on.”
• “I found the BMT program very helpful in completing the ‘oncology’ picture. The social worker [shadow] experience was helpful to include the outpatient aspect of the care needs of the patient.”

References