

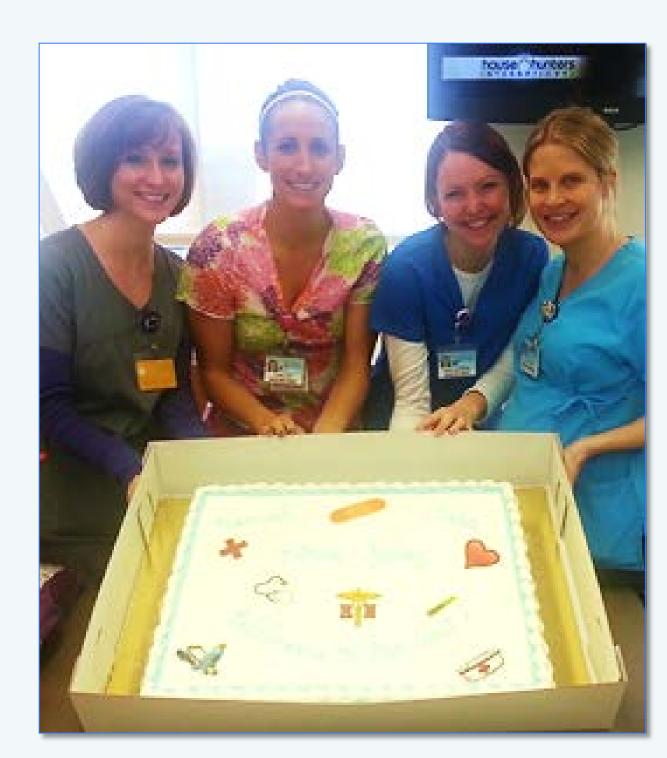
The Rainbow Connection: Collaborative Academic Partnerships in Oncology Nursing Designed to Recruit and Retain Graduate Nurses

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Introduction

Oncology is a specialty within medical surgical nursing. Generally, nursing students have minimal exposure to oncology care settings within their nursing program. Hiring nurses who have a passion for oncology based on experience or perception of the oncology nurse role is difficult and can lead to nurse turnover.



Winter 2014, Graduate Nurse Residency Participants Sara Sones, BSN, RN, Katrina Greer, BSN, RN, Hannah Finkenbinder, BSN, RN, and Kelsey Fittipoldi, BSN, RN

Methods

A collaborative academic partnership between the Penn State College of Nursing and the Penn State Hershey Medical Center created a precepted oncology capstone experience. This experience immersed students into the continuum of care for an oncology patient including inpatient care, outpatient follow-up, and infusion visits.

The program engages students in oncology nursing as a specialty area to help them refine their nursing skills, develop their leadership ability, and prepare for the reality of nursing. Students spend 240 clinical hours with a nurse preceptor working side-by-side to care for patients in the inpatient setting and spent an additional 120 hours in the outpatient setting. Students also complete two clinical within oncology such as palliative care, radiation oncology, breast center, or dermatology. Their experience culminates with a clinical project pertinent to the patient population.

Interventions

Students rated their proficiency at the beginning and end of their clinical experience using a Self-Assessment Tool for Oncology Nurses. Clinical skill and comfort level are measured on a 1-4 scale, where 1 = no experience and 4 = highly experienced.

Self-Assessment Tool for Oncology Nurses

I. Chemotherapy		III. Radiation Therapy		
	4 0 0 4	External radiotherapy	1 2 3 4	
Patient teaching	1 2 3 4	Radiation Safety precautions Reporting radiation safety issues	1 2 3 4	
Community resources for support	1 2 3 4	Radiation monitoring devices	1 2 3 4	
Follow protocols.	1 2 3 4	Radiation therapy implants	1 2 3 4	
Calculate body surface area (BSA)	1 2 3 4	Brachytherapy	1 2 3 4	
Evaluate pertinent laboratory data.	1 2 3 4			_
Check dosage	1 2 3 4	IV. Bone Marrow Transplantation (BMT) Peripheral blood stem cells	1 2 3 4	
Dose adjustment	1 2 3 4	Autologous BMT	1 2 3 4	
Care of a flare reaction	1 2 3 4	Allogenic BMT	1 2 3 4	
Care of hypersensitivity reaction	1 2 3 4	Complications:		
	1 2 3 4	Graft rejection	1 2 3 4	
Safely handle cytotoxic agents		Infection Pneumonitis	1 2 3 4	
and body fluids after chemotherapy.	1 2 3 4	Graft-versus-host disease (GVHD)	1 2 3 4	
Management of chemotherapy spill	1 2 3 4	- Grant-Versus-nost disease (GVIID)	1 2 3 4	
Reporting process of chemotherapy errors	1 2 3 4	V. Oncologic Emergencies		
Routes of administration:		Anaphylaxis	1 2 3 4	
Continuous infusion	1 2 3 4	Capillary leak syndrome Cardiac tamponade	1 2 3 4	
IV piggyback (IVPB)	1 2 2 4	Disseminated intravascular coagulation (DIC)	1 2 3 4	
	1 0 0 1	Deep vein thrombosis (DVT)	1 2 3 4	
IV push (IVP)	1 2 3 4	Hemorrhage	1 2 3 4	
Subcutaneous (SQ)	1 2 3 4	Hypercalcemia	1 2 3 4	
Intramuscular (IM)	1 2 3 4	Increased intracranial pressure (ICP) Organ obstruction	1 2 3 4	
Intrathecal (IT)	1 2 3 4	Organ obstruction Pulmonary emboli (PE)	1 2 3 4	
Intraperitoneal (IP)	1 2 3 4	Septic shock or sepsis	1 2 3 4	
Intraperioneal (ir) Intrapleural	1 2 3 4	Superior vena cava syndrome (SVCS)	1 2 3 4	
	1 4 3 7	Spinal cord compression (SCC)	1 2 3 4	
II. Biotherapy		Syndrome of inappropriate antidiuretic		
Patient teaching	1 2 3 4	Hormone (SIADH) Tumor lysis syndrome (TLS)	1 2 3 4	
Monoclonal antibodies	1 2 3 4	Tamor ty sis synaronic (125)		
Anti-angiogenesis agents	1 2 3 4	VI. IV Therapy		
Growth factors	1 2 3 4	Vein selection for chemotherapy	1 2 3 4	
Interferons and interleukins	1 2 3 4	Administer of blood components Packed red blood cells (PRBSs)	1 2 3 4	
	1 2 3 4	Platelet concentrates	1 2 3 4	
Recognize and manage side effects	1 2 3 4	Fresh frozen plasma	1 2 3 4	
Recognize patient laboratory values associated		Cryoprecipitate	1 2 3 4	
with biotherapy agents.	1 2 3 4	Irradiated components	1 2 3 4	
		Antivirals Antifungals	1 2 3 4 1 2 3 4	
		Antifungais	1 2 3 4	
			_	_
VII. Venous Access Devices		XII. Symptom Management		
VII. Venous Access Devices Hickman	1 2 3 4	Myelosuppression	1 2 3 4	
Hickman Broviac	1 2 3 4	Myelosuppression Anemia	1 2 3 4 1 2 3 4	
Hickman Broviac Groshong or peripherally inserted central catheter	1 2 3 4 1 2 3 4	Myelosuppression Anemia Neutropenia	1 2 3 4 1 2 3 4 1 2 3 4	
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Findings and Summary

Those actively involved in the experience best speak to the value of the capstone program.

"My capstone experience in the Penn State Hershey Cancer Institute prepared me for my transition into a nurse resident. Having the opportunity to experience this unique patient population provided me exposure to chemotherapy, biotherapy, and some of the nuances that come with caring for an oncology patient. I also developed relationships with staff that helped make my transition into the working world a smoother one..."

Sara Sones, BSN, RN - Nurse Resident

The following quote is from a capstone nurse preceptor.

"Having a capstone student was such a special experience- I felt honored to be affecting someone's education. The relationship I built with my capstone student was lighthearted and fun, but we also cultivated a real sense of accomplishment. Watching my capstone student develop her individual nursing practice under my guidance reinvigorated my own practice, making work enjoyable on a new level for me."

Stephanie Wachter, BSN, RN -Preceptor At the conclusion of their clinical capstone experience, students increased their clinical skill and comfort level as demonstrated by higher self-assessment scores.

These higher scores showed changes in knowledge, values, and attitudes toward oncology nursing care.

Conclusions

Collaborative academic partnerships designed to provide in-depth clinical experience in a specialty area are valuable to all participants. In particular, our experience demonstrated positive outcomes in recruitment and retention of graduate nurses who possess knowledge, skills, and attitudes for success in oncology nursing.

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