Onboarding: Educating Nurses for Successful Oncology Practice

Saturday, May 19 • 9:45–11 am

Note one action you’ll take after attending this session: ___________________________________________ ____________________________________________________________________________________________

Kathleen Shuey, MS, RN, ACNS BC, AOCN
Clinical Nurse Specialist
Oncology
Baylor University Medical Center
kathleen.shuey@bswhealth.org

Natasha Ramrup, MSN, RN, OCN, AOCNS, CNS
Clinical Nurse Specialist
Memorial Sloan Kettering Cancer Center
ramrupn@mskcc.org

Key Session Takeaways
1. A one-size-fits-all approach to onboarding oncology nurses is not sufficient.
2. Tailoring onboarding education to meet the needs of both learners and patients is optimal.
3. Frequent and scheduled onboarding program evaluation is needed to glean effectiveness.
Onboarding: Educating Nurses for Oncology Nursing Practice

Natasha Ramrup, MSN, RN, OCN, AOCN, ACNS, CNS
Clinical Nurse Specialist, Memorial Sloan Kettering Cancer Center

Kathleen Shuey, MS, RN, AOCN, ACNS-BC
Clinical Nurse Specialist, Oncology
Baylor University Medical Center

Disclosures

The presenters of this CNE activity have disclosed no relevant professional, personal or financial relationships related to the planning or implementation of this CNE activity.
Objectives
• Review literature on best practices for onboarding oncology nurses with various learning styles and generational backgrounds
• Identify various modalities for onboarding
• Discuss application of these concepts in the clinical environment

IOM Report
2 year initiative to develop a report that would assess and transform nursing into a profession that could effectively respond to rapidly changing healthcare settings and an evolving health care system.

IOM Report
• In 2013, the IOM issued a new report on high quality cancer care, “Delivering High Quality Cancer Care: Charting a New Course for A System in Crisis.”
  – 13.7 Million currently with cancer in the US
  – 1.7 million new cases diagnosed annually
  – 60,000 new cancer deaths occur yearly
  – By 2050, the number and percentage of Americans older than age 65 will make up 20% of the population
IOM Report

- Engaged patients
- Health care innovations
- Adequately staffed, trained and coordinated workforce
- Evidence-Based practice
- Translation of evidence into clinical practice

Traditional Orientation

- Preceptors teach, support and supervise
- Predominantly senior staff precepting
- Focused on skills
- Time limited orientation
- Limited supervision for the orientee
- Traditional care vs. Evidence-Based Care
**Desired Orientation**

- Environment conducive to learning
- Preceptors are trained to precept
- Evidence-Based care emphasized
- Orientee supported and guided throughout orientation
- Provided with resources to succeed
- Multiple methods of teaching
- Orientation tailored to the learners need.

**Components of Successful Onboarding**

- Specialty/Disease Knowledge
- Regulatory/Standards Training
- Ongoing Education
- How do we get to the desired state?
Learning Preferences

- Visual
  - Maps
  - Outlines
  - Charts & Graphs
- Aural/Oral
  - Listening to lectures and presentations
  - Group discussions
  - Email/Texting
- Read/Write
  - PowerPoint
  - Internet
  - Books/Magazines/Journals
- Kinesthetic
  - Preference to experience, move, touch (5 senses)
  - Demonstrations
  - Role-play

(Marcy, 2001)

Generations in the Work Place

- Today's nursing workforce is comprised of nurses from 4 different generations
- Each generation present unique challenges for nursing leadership
- Understanding the needs of each generation will cultivate a work environment that fosters collaboration
- Capitalize on each generations' preferences and strengths

(Marcy, 2001)
### Generational Preferences

<table>
<thead>
<tr>
<th>Preferences</th>
<th>Traditionalist</th>
<th>Baby Boomer</th>
<th>Gen X</th>
<th>Gen Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likes structure, specific direction and working independently</td>
<td>Optimistic, likes mentoring and team environments</td>
<td>Skeptical, tech-savvy, work/life balance is important</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Aversion</th>
<th>Traditionalist</th>
<th>Baby Boomer</th>
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<th>Gen Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change, texting, casual work attire</td>
<td>Clock-watchers, missed deadlines, negative feedback</td>
<td>Disorganization, micromanagement, corporate politics</td>
<td>Rigid work schedules, corporate speak about finances, conforming to old styles and rules</td>
<td></td>
</tr>
</tbody>
</table>

(Emcare, 2017)

### Generations

- a) Traditionalist (born 1922 – 1945)
- b) Baby boomer (born 1946 - 1965)
- c) Gen X (born 1966-1976)
- d) Gen Y/Millennials (born 1977-1994)
- e) Gen Z (born 1995-2012)

### Bridging the Gap from Concepts to Clinical Environments
Modalities to Onboarding Nurses at MSK

- Hospital Orientation
- Classroom Learning
- Simulation Lab
- Centralized Specialty Courses
- New Graduate Residency Program
- Unit-Based Specialty Days

Hospital Orientation

- 2 Weeks classroom orientation
  - Professional Practice Model
  - Quality and Safety
  - Infection Control
  - Cancer Basics
  - CPR
  - Escalation of Care/Code Management
  - NSI (CLABSI)
  - Blood Product Verification
  - Patient Controlled Analgesia
  - IV Pump Training

POLICIES
PROCEDURES
PRIORITIES
Simulation Lab

- High and Low Fidelity Simulation
  - High Fidelity
    - Code management
    - Assessment
  - Low Fidelity
    - Central Line management
    - Catheter placement
    - IV skills
- Partner with a university to augment the Simulation experience

Nurse Residency Program (NRP)

- The residency program implemented in 2008 for all new graduate hires
- 59 Cohorts have gone through the program
- Taught how to conduct a systematic review of the literature on a clinical topic
- Residents attend 4 quarterly seminars
- Final presentation to leadership/graduation

Nurse Residency Program at MSK

- Seminar 1
  - Transitioning, Interprofessional communication, Patient education
- Seminar 2
  - Sepsis, Library resources, EBP, Code Management
- Seminar 3
  - Cultural competency, End of Life, Ethical Decision, EBP Group Work
- Seminar 4
  - Exemplar writing, presenting with confidence
Nurse Residency Graduation
• Presents 18 month long project including:
  – Development of PICOT question
  – Review of the literature
  – Critical Appraisal of articles
  – Recommendations for practice
• Attended by CNO and hospital leadership
• Residents also present to units and in shared governance councils to disseminate work

Foundations of Oncology
• Four 6 hours didactic sessions on the basics of oncology
• Classes start at 6 months into employment
• Basic principles of cancer care is reviewed
  – Disease specific cancers
  – Oncologic emergencies
  – Palliative medicine and Hospice
  – Chemotherapy/Biologic/Targeted
  – Cancer complications
  – Complimentary and alternative medicine

Other Specialty Courses
• Chemotherapy/Biotherapy Course
• Hematologic Malignancies/Transplant Course
• Telemetry/Dysrhythmia
• Ambulatory Care Specialty Day
• Radiation Course
• End-of-Life Nursing Education Consortium(ELNEC)
• Managing Oncologic Emergencies
Unit Orientation

- Partner up with primary and backup preceptor (10-12 weeks)
- Reading pertinent policies relevant to unit
- Novice Nurse 2 day orientation program
- Competency checklist
- Monthly in-services
- Monthly patient care conferences
- Interim evaluation and routine Check-Ins
- Continuous rounding by CNS to observe ongoing practice

Specialty Orientation

- 81% of Units have a dedicated specialty orientation days (13 of 16)
- 1 day program for experienced new hires; 2 days for novice nurses
- Core Content includes:
  - Policies related to NSIs
  - Return demonstration for high risk skills
  - Didactic content for disease-specific knowledge and review of standards

Examples of Unit Specialty Content

<table>
<thead>
<tr>
<th>Neurology/Neurosurgery/Orthopedics</th>
<th>Gastric and Mixed Tumor</th>
<th>Medical/Surgical Urology</th>
<th>Transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS cancers, Neuro A&amp;P, Orthopedic procedures, EEG, Seizures</td>
<td>Surgical procedures, Complications, Drains, RBC</td>
<td>Nephrostomy, Wound care, Ostomy, NSI's, Foley algorithm</td>
<td>Allo/Auto transplant, Graft vs. Host Disease, NSI's</td>
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</table>
**Competency Checklist on Specialty**

- Various types of respiratory devices
- Management of different types of drains/tubes.
- Vascular access
- Specimen collection
- Nursing technology
- Health Issues
- DMT procedures
- Admissions/Transfers to alternate level of care
- Advance Directives

**Specialty Education Binder**

- Content relevant to unit specialty
- In-services presented by staff on
  - Common surgical procedures
  - Complications of surgical procedures
  - Overview of common medical diagnoses for unit
  - Interventional radiology procedures common to the population
  - Drains, Tubes and Catheter Care

**Collaboration to success**

Nursing Professional Development

ORIENTEE

Nursing Practice

Nursing Operations
Lessons Learned

- Reflect on best methods of learning prior to unit based orientation (VARK)
- Lack of follow-up
- No unit based mentorship
- Timing of the 2 day novice nurse orientation
- No impetus for life long learning

Outcomes

- Nursing Retention Rate
  - Senior nurses retained more than 5 years
  - Staff turnover rate
- Nursing Response
  - Feeling of support
  - Confidence of preparation
- Patient Outcomes
  - NSIs
  - Press Ganey

Learning Model: Academic

- Academic program
  - Create generalist nurses
  - Incorporates health research
  - Curriculum is compressed
  - Little focus on in-depth specialty care or decision making skills

[Esplen et al., 2018]
Learning Model: Novice to Expert

- Novice
- Advanced Beginner
- Competent
- Expert
- Proficient

(Benner, 1984)

Novice to Expert

a) Novice
b) Advanced beginner
c) Competent
d) Proficient
e) Expert

Learning Model: de Souza

- Based on Benner’s model
- Learning pathway:
  - Clinically relevant online courses
  - National certification exam
  - Clinical fellowship (75 hours)
  - Work with nurses, their manager, and organizational leaders to develop learning plan
- Average length of time to complete a designation for a nurse working full-time is 2.5 years
- Since 2015 posted positions in oncology include “preference” for applicants who have completed de Souza learning modules

(Esplen et al., 2018)
Learning Model: Interprofessional Collaboration

- Interprofessional Education
- Integrated Documentation
- Subspecialty Clinics
- Interprofessional Tumor Boards

(Knoop et al., 2017)

Residency Program

- Nurses are undereducated for current practice demands
- Goal: facilitate transition into practice for new graduates
- Program cost
- Improvements seen in retention, job satisfaction, competence, confidence, and leadership
- Preceptors
  - Ongoing training
  - Recognize role in staff nurse job description and evaluation
  - Encourage preceptors to teach in the classroom
- Lessons learned
  - Customize content
  - Avoid repeating content from academic courses
  - Offer content in a variety of teaching styles (games, case studies, role play, evidence-based practice projects)

(Goode et al., 2016)  (Anders et al., 2012)

Preceptors & Clinical Coaches

- Preceptor selection criteria
  - Clinical expertise
  - Teaching and leadership ability
  - Communication and collaboration skills
  - Motivation to precept
  - Desire for professional growth
- Education
  - Basic education
  - Ongoing professional development
  - Evaluation by new nurse

-One facilities experience
  - Hired 152 new nurses after decreasing nurse:patient ratio from 8:1 to 6:1
  - Turnover rate 0.68%
  - Patient outcomes (2012 compared to 2013):
    - Falls decreased from 0.80% to 0.75% per 1000 patient days
    - HAPU decreased from 1.02 to 0.72 per 1000 patient days
    - Medication errors dropped from 631 to 391

(Senyk & Staffileno, 2017)  (Cotter & Dienemann, 2016)
Dedicated Education Unit (DEU)

- Goal: develop clinical skills
- Partners nursing faculty and skilled nursing clinicians to facilitate student experience
- Low nurse patient ratio
- Initial workshop for DEU clinical instructors, nurse educator, nurse manager, and nursing faculty

**Instructor feedback**
- Aware of students strengths & weaknesses
- Greater sense of student ability to perform skills at bedside

**Student feedback**
- Increased opportunity to perform clinical skills
- Consistent patient assignments
- Same DEU instructor on clinical days

Dedicated Education Unit (DEU) by (Dean et al., 2013)

Internal Resources

- Residency Program
- Clinical Coaches
- Unit Specific Oncology Educator (x2)
- System Oncology Education Specialist
- Clinical Nurse Specialist, Oncology

Onboarding

- New employees receive a one day system orientation
- Tiered orientation

<table>
<thead>
<tr>
<th>Tier 1 Internship (Med/Surg)</th>
<th>Tier 2 - Tel</th>
<th>Tier 3 - ICU</th>
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<tbody>
<tr>
<td>5-7 days</td>
<td>12 weeks</td>
<td>7 weeks</td>
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<tr>
<td>4 days</td>
<td>6 weeks</td>
<td>EKG testing/modules</td>
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Specialty Training: Palliative Care

- Interdisciplinary training model
- Team formed to identify gaps in palliative care services
- Identified mentors
- Curriculum development (2 year program)
- Implementation of interdisciplinary practice improvement projects
- Positive results in knowledge, confidence, and practice of essential palliative care skills
- Limitation: time requirement

(Levine et al., 2016)

Project Goals:
- Identify and address gaps to high-quality care
- Team interdisciplinary mentorship
- Provide educational longitudinal training
- Build enduring regional professional network of palliative care clinicians

Specialty Training: End of Life

- Not included in undergraduate education
- Education opportunities
  - Nurse extern programs
  - Nursing orientation and unit-based skills
  - Mentoring
  - Educational resources
  - Continuing education
  - Peer support

(Caton & Klemm, 2006)

Oncology Nursing Education Plan

- Executive Summary
- Introduction
- Orientation
- Education Goals
- Oncology Specific Offerings
- Education Resource (staff)
Oncology Onboarding

- Oncology/BMT internship
  - Required for all new RN employees
  - Occurs around week 7-8 of employment
- System chemotherapy course
  - 160+ oncology nurses (800 system wide)
  - Modeled off ONS
  - GN: within 6-12 months after completion of orientation
  - Experienced RNs: within 6 months of orientation based on previous experience

Oncology/BMT Internship

- 3 day program – split over two weeks
- Multiple oncologic specialties addressed
  - Medical Oncology
  - Transplant
  - Gynecologic / Surgical Oncology
- Guest speakers from clinical services

Educational Needs Assessment

- Original assessment completed in 2011
- System assessment initiated in 2015
- BMT assessment added in 2016
Educational Needs Assessment

Nurse Practice Environment
- Include nurses’ status in the hospital hierarchy
- Significant relationship between favorable nurse practice environments and favorable nurse outcomes
- Compared with medical surgical nurses, oncology nurses had significantly higher scores for nursing foundations for quality of care
- Oncology nurses working in favorable nurse practice environments were significantly less likely to experience burnout

Beyond Onboarding
- Oncology Team
  - Oncology Rounds
  - Tumor Boards
- Nursing
  - OCN Review
    - Classroom
    - WebEx monthly topic reviews
  - Simulation: CLABSI prevention
  - G9 offerings
  - System offerings
  - Research trials

(Shang et al., 2013)
Session Takeaways

- A successful onboarding program requires leadership collaboration and various methods of learning.
- A comprehensive, standardized approach to educating novice nurses will lead to decreased stress for the orientees, satisfaction for the preceptors and retention for the organization and ultimately retention and quality care.
- Consideration to learning preferences and generational differences is essential to ensuring individualized learning plans.
- Encouraging lifelong learning begins during onboarding.
- Competencies should be about higher learning to manage complex patients.
- Future directions:
  - Hospital learning education team rebranding
  - Opportunity to learn with medical students on learning experiences
  - Chemotherapy use outside of oncology.

Our Team

- Rita Haxton, VP Oncology and Inpatient Surgical Services
- Christina Blomme, Blood & Marrow Transplant Professional Development Educator
- Kelly Barrett, Hematology Nurse Supervisor
- Liz Breit, Medical Oncology Nurse Manager
- Kelly Crayton, Gynecologic & Surgical Oncology Nurse Manager
- Italo de Paula Filho, Blood & Marrow Transplant Nurse Supervisor
- Ivana Dehorney, Hematology Nurse Manager
- Shawnette Graham, Blood & Marrow Transplant Nurse Supervisor
- Kelsey Halsey, North Texas System Professional Development Specialist
- Ali Hassan, Medical Oncology Nurse Supervisor
- Myra Johnson, Hematology/Medical Oncology Nurse Supervisor
- Ruth Parcero, Infusion/IBTC/Apheresis Nurse Supervisor
- Alhuin Stein, Blood & Marrow Transplant Nurse Manager
- Cathy Zhvilk, Hematology/Medical Oncology Professional Development Educator

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References

- American Cancer Society.

References, continued


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Contact Information

Natasha Ramrup, MSN, RN, OCN, AOCNS, CNS
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