Onboarding: Educating Nurses for Successful Oncology Practice

Saturday, May 19 • 9:45–11 am

Note one action you'll take after attending this session: _____

_____

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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

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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

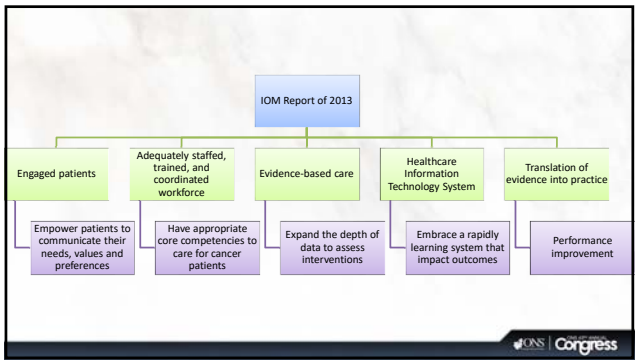
- Review literature on best practices for onboarding oncology nurses with various learning styles and generational backgrounds
- Identify various modalities for onboarding
- Discuss application of these concepts in the clinical environment

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

IT'S ALL ABOUT PREPARTION AND FOUNDATION

- 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

How do we get to the desired state?

Learning Preferences

(Fleming, 1987)

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

Generational Preferences

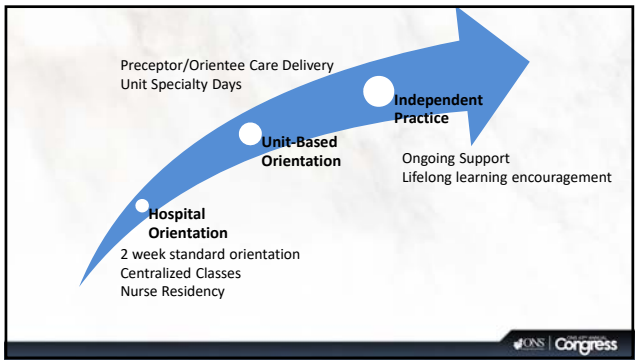
	Traditionalists	Baby Boomer	Gen X	Gen Y
Preferences	Likes structure, specific direction and working independently	Optimistic, likes mentoring and team environments	Skeptical, tech savvy, work/life balance is important	Values community outreach and diversity of money; results orientated; loyal to people vs company
Aversions	Change, texting, casual work attire	Clock-watchers, missed deadlines, negative feedback	Disorganization, micromanagement, corporate politics	Rigid work schedules, corporate speak about finances, conforming to old styles and rules

(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 (10-12weeks)
- 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

Neurology/ Neurosurgery/ Orthopedics	Gastric and Mixed Tumor	Medical/Surgical Urology	Transplant
CNS cancers, Neuro A&P, Orthopedic procedures, EEG, Seizures	Surgical procedures, Complications, Drains, RBC	Nephrostomy, Wound care, Ostomy, NSI's, Foley algorithm	Allo/Auto transplant, Graft vs. Host Disease, NSI's

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

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

(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

Interprofessional Tumor Boards

Subspecialty Clinics

(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**[1]
  - 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**[2]
  - 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

[1](Senyk & Staffileno, 2017) [2](Cotter & Dienemann, 2016)

Dedicated Education Unit (DEU)

- Goal: develop clinical skills
- Partners nursing faculty and skilled nursing clinicians to facility 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

(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

	Days at CNER (nursing orientation)	Orientation w/ Clinical Coach (weeks)	Tier 1 Internship (Med/Surg)	Tier 2 - Tele	Tier 3 - ICU
GNs	5-7 days	12 weeks	7 weeks	7 weeks	7 weeks
Exp RNs	4 days	6 weeks	n/a	EKG testing/modules	EKG testing/modules

Specialty Training: Palliative Care

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

Project Goals:
- Identify and address gaps to high quality care
- Train interdisciplinary clinicians
- Provide structured longitudinal mentorship
- Build an enduring supportive regional network of palliative care clinicians

(Levine et al., 2016)

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

(Shang et al., 2013)

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

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 decrease 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 life long learning begins during onboarding
- Competencies should be about higher learning to manage complex patients
- Future directions
  - Hospital nursing education team relocating
  - Opportunity to team with medical students on learning experiences
  - Chemotherapy use outside of oncology

Our Team

- Rita Haxton, VP Oncology and Inpatient Surgical Services
- Christina Barrow, Blood & Marrow Transplant Professional Development Educator
- Kelly Barnett, Hematology Nurse Supervisor
- Liz Belitz, 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 Haley, North Texas System Professional Development Specialist
- Ali Hassan, Medical Oncology Nurse Supervisor
- Myra Johnson, Hematology/Medical Oncology Nurse Supervisor
- Ruth Parcero, Infusion/OETC/Apheresis Nurse Supervisor
- Allison Steen, Blood & Marrow Transplant Nurse Manager
- Cathy Zmolik, Hematology/Medical Oncology Professional Development Educator

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