Clinical Travel Grant, 2015, European Oncology Nursing Society

Report from visit in; New Jersey Rutgers Cancer Institute, Robert Wood Johnson University Hospital & Newark University Hospital, New York, USA

Background

The Swedish National Cancer Plan, (Swedish Government of Official Reports, [SOU] 2009:11), states that all cancer patients should be offered a main health professional contact, a contact nurse, with in-depth knowledge in cancer nursing, psychosocial support, and the patient’s care pathway, similar to the CNS in the UK, as well as other countries in Europe. Another title is Nurse Practitioner (NP), Advance Nurse Practitioner (ANP), Clinical nurse specialist (CNS) and more. Advance Practice Nurses (APN) includes all different advanced roles mentioned above.
The contact nurse is responsible for the patient throughout both the investigation before diagnosis, during and after treatment. Most contact nurse’s work independently with nurse led clinics, symptom management, psychosocial support and is specialized sometimes towards one or a few diagnosis, such as Head & Neck cancer, Lung cancer, and is often a leader in the team around the patient. Assessments before and after oncological treatment, referral to other clinicians, and palliative care, as well as participating in developing national guidelines regarding their patient group is tasks of the contact nurse. More to do a written care plan, with the patient as an active participant is another core task.

In several countries the advance nursing roles is not a “protected” or formalized role, for example no formalized education and training, and it can vary to a great extent on what different employers demand from NP, and in many cases it is up to the employer who they hire on the role.

In Sweden, the contact nurse is not a formalized role, no formal requirements on oncology education or training, and it is up to the employer who they hire. Recently Sweden’s National Board of Health and Welfare, no longer issue certification for specialist nurses, such as Oncology nurses. Before, when the role of the contact nurse was developed, a specialist nurse in oncology was the minimum requirement.

In the US it has been an “Advance Practice nurse’s consensus model”, since 2008, that regulates the education, training and certification nationally for advance practice nurses. The consensus model has six population based alignments; Adult gerontology, Pediatric, Family/individual, Psychiatric, Women’s health and Neonatal.


Aim

Explore how Advanced nursing roles is developed in US, regarding education and formalization of roles, within oncology.
My visit

I spent one week in total in New York, and visited New Jersey Rutgers Cancer Institute, Robert Wood Johnson University Hospital and Newark University Hospital. I had via Professor Judith Barberio the opportunity to meet with several APN in those different hospitals and they were all aware of my aims and took plenty of time to answer all questions and to show me around. Prof Barberio is a lecturer and director of the Adult gerontology NP program in Rutgers College of nursing and also works in an outpatient clinic as a NP in palliative care, and pain consultant. During our visits to the different hospitals, Prof Barberio took plenty of time to discuss different issues surrounding the education of APN both within Oncology and Palliative care, and it gave me invaluable insight into both strengths and problems in those areas. During the days at New Jersey Rutgers Cancer institute, I was guided around the New Jersey Rutgers University, which was in close proximity of the Hospital area.

New Jersey Rutgers Cancer Institute

New Jersey Rutgers Cancer Institute (NJR) is a National Cancer Institute, designated, Comprehensive Cancer Center. NJR, handles all outpatient appointments and treatments, both medical and surgical, but radiotherapy is given in another hospital, in connection with NJR. I met Renee Kurz, who is an Advance Oncology Nurse Practitioner, associate director of Patient & Nursing education, and recently took her Doctorate of Nursing Practice (DNP) – (a “clinical” PhD), developing an Oncology Nursing Sub-Specialty Certificate for Advance Practice nurses in New Jersey, aiming to better prepare nurse practitioners to meet the needs of complex oncology patients. The method´s used by Renee Kurz in her project was a large survey sent to all registered nurses in New Jersey assessing the educational interest of nurses in attending either a certification program in oncology for APN´s or a sub-specialization in oncology within the DNP. An extensive literature review of current literature as well as a team of experts (experienced staff members from both hospital and university)
gathered, to provide input in the development of the Oncology Nursing Sub-
specialty program.

The reason for this is that NP and CNS´s can undertake an education to become a
certified advance nurse practitioner in for example adult-gerontology, and get a
position in NJR- with no oncology training or experience. Renee, introduced me to
several different advance practice nurses in different units at NJR, and I was able
to discuss several issues surrounding the education and role of different advanced
nursing roles. I visited most parts of the NJR, and spent a day with the Head &
Neck team. One big issue was that an APN or CNS – without oncology training,
was not equipped and were often lacking in competence to manage the complex
care of cancer patients requires in depth-knowledge in oncology nursing.

Another aspect in NJR, was how the nurse navigators/patient navigators were
organized and how they collaborated with the APN´s. In Sweden
navigators/ coordinators is a fairly new group within cancer care, and the roles is
still somewhat unclear, so it gave a lot of ideas on how it could be organized in
Sweden in the future.

Something that left a strong impression in NJR, was the reception- the front desk,
that took such pride in meeting, guiding and being of assistance to the patients
who came for visits, treatments and also how they displayed for the public and
staff, on a regular basis, he patients view comments of the reception and how
they were greeted and cared for when arriving to NJR. They were all very proud of
their important job to meet patients particularly those who were there for the
first time.

Robert Wood Johnson University Hospital

Robert Wood Johnson University Hospital (RWJ) is in close proximity of NJR, and
cares for all their cancer patients when in need of In-patient care, the
Radiotherapy Unit also belonged to RWJ. It is a hospital with 965 beds, and except
from cancer, they perform cardiac surgery, transplantations and more. In RWJ I
met Gillian McKie, who was a Palliative Care Nurse Practitioner, who received
consultations from all units in the hospital. The most frequently consultations
they received as palliative NP, was end-of-life conversations and planning, goals of care and symptom management consultations. To me it was very rewarding to talk to Gillian and see that palliative care was integrated via the palliative NP, to the whole hospital not only for cancer patients. I was also able to talk to her about how palliative care in general was organized in New Jersey and US, which was different from Sweden. How palliative care was implemented in RWJ was very inspiring and something that I hope we can develop more – palliative care and acute care collaboration.

Newark University Hospital

Newark University hospital has around 519 beds, among them an Oncology unit, with radiotherapy, surgery and chemotherapy wards. I met with Ray Scarpetta, who is an advance practice nurse, working in Otolaryngology-Head and Neck Surgery department. Ray and his colleges manage Head & Neck cancer patients before and after surgery, radiotherapy and medical treatment. Ray has a Doctorate in nursing practice, and one of the publications is about applying the core five roles of an advance practice nurse (administrator, educator, clinician, researcher & consultant) to the management of patients with Head & Neck cancer. More Ray has developed an evaluation tool for APN’s, and recently wrote guidelines published by Oncology Nursing Society regarding management of patients with Head & Neck cancer, and it was rewarding to be able to read that and compare what we are currently working with in Sweden, regarding nursing care of patients with Head & Neck cancer. With Ray I also had the opportunity to discuss challenges working as an APN, and one major concern was shortness of APN’s, but also that many could get the position as an APN in an oncology unit without oncological training or education.

In Newark the population was somewhat from a poorer area with more unemployment and immigrants, therefore the nurse navigators/patient coordinators spent a lot of time coordination and helping patients with no insurance.

Summary and Implications for practice
To be able to go to New York and visit those hospitals and all the fantastic nurses has given me not only inspiration to take back to my nurse colleagues, also new friends and possible future collaborations. I am planning to apply for funding’s and invite Prof Barberio and Ray Scarpetta to Sweden to speak about their core competencies, maybe in the future education for contact nurses at Karolinska Institute.

My strongest impression and conclusion after my visits, is that an advance nursing role in cancer care, needs to include oncological training, education and competence. Working for recognition and formalization of the oncology nurse role is of highest priority, and in order to strengthen the important role of the contact nurse in Sweden, we need to have oncological education as a minimum requirement. A Master’s degree should also be a formal requirement in order to be eligible for any advanced nursing role.