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# ESTABLISHING AN ADVANCED PRACTICE NURSING CLINIC IN THE CANCER SETTING

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KALA BLAKELY AND DIANE G. COPE

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**OBJECTIVES:** *To explore the roles of the Advanced Practice Nurse (APN), specifically the Nurse Practitioner (NP) in oncology and the issues, resources, and planning involved in establishing an NP clinic in the cancer setting.*

**DATA SOURCES:** *Published peer reviewed literature, web-based resources, and cancer-related professional resources.*

**CONCLUSION:** *The number of cancer patients is increasing and demands for oncology services are rising. With a shortage of oncologists projected over the next decade, the oncology NP can play a key role in providing oncology services across the cancer continuum.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Oncology APNs in the role of Nurse Practitioner (NP) can facilitate and enhance the delivery of oncology care. Traditional and innovative opportunities exist for the NP including the establishment of a NP clinic in the cancer setting; ultimately providing needed oncology services and quality care for patients with cancer.*

**KEY WORDS:** *Advanced practice Nurse, APN, Nurse Practitioner, oncology, cancer symptom management*

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Kala Blakely, DNP, CRNP, NP-C: *Instructor, School of Nursing, The University of Alabama at Birmingham, Birmingham, AL.* Diane G. Cope, PhD, ARNP, BC, AOCNP: *Oncology Nurse Practitioner, Florida Cancer Specialists and Research Institute, Fort Myers, FL.*

*Address correspondence to Diane G. Cope, PhD, ARNP, BC, AOCNP, Oncology Nurse Practitioner, Florida Cancer Specialists and Research Institute, 15681 New Hampshire Ct., Fort Myers, FL 33908. e-mail: [dgcope@comcast.net](mailto:dgcope@comcast.net)*

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0749-2081/3104-836.00/0.

<http://dx.doi.org/10.1016/j.soncn.2015.08.004>

Over the next four decades, several changes in the demographics of the United States are predicted that will dramatically affect health care. The number of individuals aged 65 and over will more than double by 2050, with the 85 and older segment of the population expected to triple to 19 million.<sup>1</sup> Similarly, the number of minorities will double to 241.3 million by 2060 and will comprise 57% of the population.<sup>2</sup> The passage of the Affordable Care Act will enable approximately 34 million of the currently uninsured 50 million Americans the ability to receive health insurance coverage with increased demand for health care services. Additionally, the health care workforce is aging and retiring and physician shortage projections are expected to reach 91,500 by 2020.<sup>3</sup>

Clearly, health care delivery will require new practice models to meet the expanding patient population. Advanced practice nurses, specifically nurse practitioners (NPs), possessing advanced education, can play a key role in the provision of health care. The Institute of Medicine report "The Future of Nursing: Leading Change, Advancing Health" recommended state and federal level changes that would allow NPs to practice to the full extent of their education.<sup>4</sup>

The specialty of oncology is also projected to have a shortage of oncologists with increasing demands for oncology services. The aging population, with individuals over the age of 65 having the greatest incidence of cancer, the increasing number of cancer survivors, and the slower growth in the supply of oncologists will challenge the delivery of oncology care.<sup>5</sup> By 2020, demand for oncology services are projected to increase by 48%; however, there will only be a 14% increase in the number of oncologists, resulting in a shortage of 2,550 to 4,080 oncologists.<sup>5</sup> Several strategies have been suggested to offset this deficit, yet not one strategy will be sufficient to meet future demands. These strategies include increasing the number of fellowship positions, having primary care physicians assume care of the cancer patient in remission, improving health delivery resources, and increasing the use of NPs or physician assistants (PAs). The use of NPs/PAs has been found to have several advantages in the oncology setting. Results from the Association of American Medical Colleges Center for Workforce Studies survey of clinical oncologists<sup>6</sup> that included a random sample of 4,000 oncologists found that oncologists who were currently working with NPs/PAs (56%) reported higher weekly visit rates than those who did not. Other reported advantages of working with NPs/PAs were improved practice efficiency, increased time to spend on complex cases and participate in clinical research, increased professional satisfaction, and improved overall patient care. Of the 56% of oncologists who worked with NPs/PAs, 30% utilized NPs/PAs for traditional practice activities that included patient education and counseling, pain and symptom management, and patient management between visits. The other 26% utilized NPs/PAs for advanced practice activities such as assisting with new patient consults, ordering routine chemotherapy, performing research activities and invasive procedures, and providing end-of-life or hospice care. Unequivocal

benefits exist with the use of NPs/PAs in oncology care; however, further research is needed to define efficient practice roles and responsibilities.

### NURSE PRACTITIONER ROLES IN CANCER CARE

Historically, the NP role was first conceptualized in 1965 with the creation of a pediatric NP program at the University of Colorado.<sup>7</sup> Beginning role functions included health assessment, differential diagnosis, pharmacologic treatment of acute and chronic illnesses, patient education and counseling, and health promotion and disease prevention in public health nursing. However, today the traditional role has expanded to include a broader range of responsibilities. According to the American Association of Nurse Practitioners' Standards of Practice for Nurse Practitioners,<sup>8</sup> the NP obtains health and medical histories, performs physical examinations, orders preventative and diagnostic procedures, identifies health and medical risk factors, analyzes collected data, formulates a differential diagnoses, orders and interprets additional diagnostic tests, orders pharmacologic and non-pharmacologic therapies, develops a patient and family education plan of care, and reassesses and modifies the treatment plan of care. In addition, the NP participates as a team leader and member of the medical care team, educator, researcher, and consultant.

Only a very small percentage of NPs/PAs have practiced in oncology over the past 30 years.<sup>9,10</sup> Currently, it is estimated that 2.4% of PAs and 1% of NPs are employed in oncology.<sup>11</sup> However, the NP in oncology has numerous role possibilities, both traditional and innovative, based on their education. The oncology NP, initially practicing in palliative care in the early 1990s, has expanded care of patients with cancer to multiple settings along the cancer continuum. The foundation of this care mimics the traditional role functions in primary care, but also displays a sound knowledge base of the specialty of oncology. A key role intertwined in these activities is symptom management of the patient undergoing therapy. The oncology NP, possessing advanced education and knowledge of oncology, can utilize advanced assessment skills with appropriate diagnostic testing and develop differential diagnoses with a plan of care specific to the cancer diagnosis and oncologic therapy being administered, and can provide medical and nursing care for the signs

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