The Role of the Advanced Practice Nurse in the Academic Setting

Tracy K. Gosselin, Kerri A. Dalton, and Kara Penne

Objectives: *To explore how advanced practice nurses implement practice change in academic medical centers to support optimal patient and staff outcomes.*

Data Sources: *Published peer reviewed literature, web-based resources, and professional society materials.*

Conclusion: *Cancer care is rapidly evolving and advanced practice nurses can shape the future of how care is delivered as well as the setting it is delivered in.*

Implications for Nursing Practice: *Advanced practice oncology nurses (Nurse Practitioners and Clinical Nurse Specialists) have an opportunity to significantly shape the patient experience by implementing programmatic changes across the continuum of care by engaging stakeholders in project design. Knowledge of change management and implementation science is critical to success.*

Key Words: *Advanced practice nurse, nurse practitioner, clinical nurse specialist, change management, nurse practitioner (NP) clinics*

Each year in the United States approximately 1.6 million people are diagnosed with cancer and another half a million succumb to the disease.[1] The *Triple Aim*, which has been promoted as a way to improve the patient experience of receiving care, reducing costs, and improving the health of populations[2] coalesces with the need for

Tracy K. Gosselin, PhD, RN, AOCN®: *Associate Chief Nursing Officer, Ambulatory Services & Duke Cancer Institute, Duke University Health System, Durham, NC*. Kerri A. Dalton, MSN, RN, AOCNS®: *Clinical Nurse Specialist, Associate Director of Education, Duke Cancer Network, Durham, NC*. Kara Penne, MSN, RN, ANP, AOCNP®: *Nurse Practitioner, Surgical Oncology Advanced Practice Team Leader, Duke Cancer Institute, Durham, NC*.

Address correspondence to Tracy K. Gosselin, PhD, RN, AOCN®, Associate Chief Nursing Officer, Ambulatory Services & Duke Cancer Institute, Duke University Health System, DUMC Box 3607 Durham, NC27710. e-mail: gosse001@mc.duke.edu

© 2015 Elsevier Inc. All rights reserved.

0749-2081/3104-$36.00/0.
http://dx.doi.org/10.1016/j.soncn.2015.08.005

evidence-based practice along the oncology care continuum. The role of the oncology advanced practice nurse (APN) (Nurse Practitioner or Clinical Nurse Specialist) supports the underpinnings of safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity,[3] while promoting change to meet the needs of the population.

Oncology APNs are in a unique position to lead the redesign of care at the institutional, state, national, and international level in collaboration with other professionals. At the institutional level, APNs can play a pivotal role in evaluating a disease state along the care trajectory and helping to make sense of it for patients, caregivers, staff, and providers (see Fig. 1). This may often be done under the auspices of a performance improvement project or research study. For example, to create a platform for change in an academic medical center (AMC) requires a sense of urgency based on data, trends, or gaps in care or services provided. Such endeavors need APN leaders who are well-versed in cancer care and also have the ability to enlist and engage stakeholders, which is critical to the success of any practice change.

As health care continues to evolve, so does the role of APNs in the AMC. The oncology clinical nurse specialist (CNS) is educated within three spheres of influence: patient, nurses and nursing practice, and organizations[4]; while the oncology nurse practitioner (NP) is educated on the medical care of a population and may choose to pursue a specialty focus on oncology. Administrators of cancer programs must be aware of the similarities and yet distinctions of these roles so each are used optimally to drive change. Partnership between these roles can be synergistic and produce results that may not have occurred on their own because of education, training, and role.

Change Management

Change management and implementation science often go hand in hand, creating uncertainty for stakeholders as innovation moves forward.[5] APNs who work in AMCs are conduits to advancing cancer care; they promote evidence-based practice and support innovation that can improve quality of life for patients, their caregivers, and staff. With many factors affecting health care, APNs who find ways to overcome practice barriers, promote positive behaviors, and implement initiatives across settings and specialties in AMCs can create change that may not have occurred otherwise.[6,7] This article will provide examples of different APN initiatives that can be applied to other practice settings as well as factors that are impacting practice.

CNS Role Change

Various models of CNS practice exist across settings and even within institutions. At our AMC the oncology CNS historically served as the clinical practice expert, educator, and resource in a specific area(s). In response to the changing landscape and care continuum, it was necessary for the CNS role to shift to support this change; leading to a population-based CNS role that would support care of the patient across the continuum.

CNSs have expertise and knowledge of the physical, psychological, and social effects of a cancer diagnosis. It is this expertise that is needed to advance patient care. According to Foster and Flanders, "CNSs facilitate quality outcomes for individual patients and patient populations, support and mentor nurses, and spear head innovative changes that advance the health care system in meeting the needs of patients, families, populations and communities."[8] The first step in the transition to a population-based CNS model involved meeting with all stakeholders to discuss the change in role. Primary stakeholders included local unit management, care nurses, and supportive staff for all areas involved in the change, including preoperative screening, operating room, intensive care unit and intermediate unit directors, managers and case managers, surgeons and advanced practice providers who care for this population, anesthesiology, and the hospital care redesign oversight committee. Secondary stakeholders included the clinic management and nurses who care for the patient preoperatively. Second, a model (Fig. 1) was developed that could guide our discussions as we looked at redesigning care delivery across the care continuum in different disease states.

A systematic review of the genitourinary cancer patient across the continuum based on our model led to a project focused on care of the patient with bladder cancer undergoing radical cystectomy. Despite advances in surgical techniques and intraoperative and perioperative care, this complex

Download English Version:

https://daneshyari.com/en/article/2681428

Download Persian Version:

https://daneshyari.com/article/2681428

Daneshyari.com