

# Assessing the Needs of Oncology APRN Preceptors

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## ABSTRACT

Due to limited oncology education in many graduate nursing programs, oncology advanced practice registered nurses (APRNs) often serve as preceptors for APRNs new to oncology. A needs assessment surveying familiarity, perceived importance, and perceived confidence with preceptor competencies among APRNs at a comprehensive cancer center found that 75.23% had been preceptors, whereas only 36% reported training. Findings indicate that the educational needs of APRNs new to oncology may be addressed through development of preceptor programs providing knowledge and skills for effective clinical teaching strategies. Preceptor preparation, role support, and development are essential for successful learning experiences.

**Keywords:** nurse practitioners, oncology, oncology education, precepting, preceptor

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Cancer is the second leading cause of death in the United States and a leading cause of death worldwide.<sup>1,2</sup> Due to advances in early detection, expanded treatment options, and an aging population, the number of cancer survivors increased to approximately 15.5 million in the United States during 2016.<sup>3</sup> Given increasing demands for oncology care and increased cancer survivorship, a shortage of health care professionals is anticipated by 2025.<sup>4</sup>

## EDUCATION OF ONCOLOGY NURSE PRACTITIONERS

Nurse practitioners (NPs) with specialized education and training in oncology are needed to address the increasing number of oncology patients. The lack of graduate oncology education in nursing curricula creates a knowledge gap, however. The APRN Consensus Model, published in 2008, set standards for advanced practice registered nurse (APRN) practice, establishing 6 general population foci for APRN education: family/individual across life span, adult gerontology, neonatal, pediatric, women's health/gender-related, and psychiatric/mental health.<sup>5</sup> Under the Consensus Model, oncology is not 1 of the defined population foci; therefore, NPs must take additional classes, often with additional costs and increasing time to graduation, for disease-specific content.

The Oncology Nursing Society (ONS) published entry-level competencies for NPs in oncology in 2007, building on core competencies required for all nurse practitioners by the National Organization of Nurse Practitioner Faculties.<sup>6</sup> A 2009 survey of oncology NPs conducted by the ONS to determine entry-to-practice gaps in oncology care found participants felt prepared to perform foundational NP skills but poorly prepared to provide cancer-specific care.<sup>7</sup>

Employer-based postgraduate oncology fellowship programs have been developed in response to the need for NP oncology education. A postgraduate fellowship in oncology nursing was first established at the University of Texas MD Anderson Cancer Center in 2006. An environmental scan of publicly available information indicates there are currently only 8 oncology fellowships for NPs. The Institute of Medicine published its report *The Future of Nursing: Leading Change, Advancing Health* in 2010 recommending that state boards of nursing, accrediting bodies, federal government, and health care organizations<sup>8</sup> support transition-to-practice programs after nurses have completed an advanced degree program or transition into new clinical practice areas. With more than 234,000 licensed NPs in the United States<sup>9</sup> and 23,000 NPs completing graduate

programs in 2015–2016,<sup>10</sup> demands for oncology specialty training exceed oncology fellowship availability.

### PRECEPTOR ROLE

NPs new to oncology require supervision and mentorship to promote safe and appropriate care.<sup>11</sup> Preceptors often provide education and mentorship to NPs entering oncology practice, whether part of structured fellowship programs or part of on-the-job training. Preceptors assist learners in analyzing their management decisions and demonstrate the knowledge needed for the new role.<sup>12</sup> Preceptors' ability to share knowledge and skills is critical to successful training and transition of novice NPs.

Preceptor roles are diverse and include teaching, skills development, socialization, coaching, counseling, and supporting growth and development.<sup>13</sup> Oncology APRN preceptors (OAPs) require current oncology knowledge, clinical teaching skills, and the ability to accurately assess competencies and provide feedback in busy clinical environments. However, many preceptors are selected based on availability and willingness to precept, not on clinical teaching skills or confidence within preceptor roles.<sup>14</sup>

### REVIEW OF THE LITERATURE

Preceptorship is the principal method for clinical teaching, providing learners with direct resources and facilitating socialization.<sup>15</sup> Competencies and characteristics of effective preceptors are identified in the literature. Core responsibilities of preceptors include functioning as socializer, educator, role model, evaluator (competency validator), and protector, "protecting the safety of both the patient and novice."<sup>16</sup> Competencies related to preceptor education include knowledge of learning theories and how learning is facilitated, principles of clinical teaching and teaching strategies, evaluation and feedback of learners, strategies for dealing with difficult learners, minimizing issues related to transition, and providing effective feedback.<sup>12,17,18</sup>

Self-confidence of OAPs may affect their ability to be successful. Motivation and behavior are affected by self-efficacy.<sup>19</sup> According to Bandura's self-efficacy theory, individual expectations of success, or

confidence, can enhance or interfere with performance, linking self-perception with outcomes.<sup>20</sup>

OAP development and preparation is necessary to bridge education gaps for NPs new to oncology. However, the specific needs of OAPs in preparing learners to meet entry-level competencies necessary for providing specialized care to oncology patients has not been assessed. Professional development needs of OAPs at a comprehensive cancer center were assessed to address gaps in OAP knowledge. Findings will guide development of oncology-specific preceptor educational initiatives to support their role.

### METHODS

An OAP needs assessment was conducted at a National Cancer Institute–designated cancer center in the United States. The survey instrument, Oncology APRN Preceptor Developmental Needs Assessment (OAPDNA), developed specifically for this study, consists of an inventory of preceptor competencies found in the literature, as well as entry-level oncology nurse practitioner competencies defined by ONS.<sup>6</sup> The inventory included competencies related to clinical teaching (assessing learning needs, clinical teaching strategies, evaluation, clinical competency assessment, conflict management) and oncology-specific clinical practice competencies (screening and prevention, cancer diagnosis, staging and treatment, side effect and symptom management, oncologic emergencies, and survivorship). The OAPDNA also included items related to teaching/learning preferences and respondent characteristics.

A panel of survey design, oncology practice, and clinical teaching experts assessed survey face and content validity. Experts included 3 nursing faculty from 2 universities, a convenience sample of 5 oncology NPs with more than 10 years of oncology clinical practice, and a convenience sample of 3 lay experts, with less than 3 years of experience as oncology NPs. Experts used the Survey Validation Rubric for Expert Panel to validate the needs assessment.<sup>21</sup>

The survey included questions addressing respondents' familiarity with preceptor competencies. If familiar with a competency, a prompt followed

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