Filling the Shoes: The Role of the Advanced Practice Nurse

Thursday, May 17 • 9:45–11 am

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

_____

1. Phase One Clinical Trials and the Role of Advanced Practice Providers

Hannah Collins, MSN, ANP-BC, AOCNP
Winship Cancer Institute
Emory University
Atlanta, GA

2. Leaders Leading; Preparing the Advanced Practice Provider (APP) to Lead New and Seasoned APP

Gary Shelton, DNP, NP, AOCNP, ANP-BC, ACHPN
Mount Sinai Hospital
New York, NY

3. Utilization of the Clinical Nurse Specialist in Bone Marrow Transplant to Engage Nurses and Improve Outcomes

Denice Gibson, DNP, RN, CRNI, BMTCN, AOCNS
Honor Health
Scottsdale, AZ

4. Utilizing the Full Scope of the Consensus Model of APRN Regulation in the Development of BSN to DNP Oncology Specialization Curriculum

Patricia Friend, PhD, APN-CNS, AOCNS, AGN-BC
Loyola University Chicago
Maywood, IL

Phase One Clinical Trials and the Role of Advanced Practice Providers

Hannah Collins, ANP-BC, AOCNP, MSN
Advanced Practice Provider, Phase One Clinical Trials
Emory Winship Cancer Institute
Atlanta, Ga

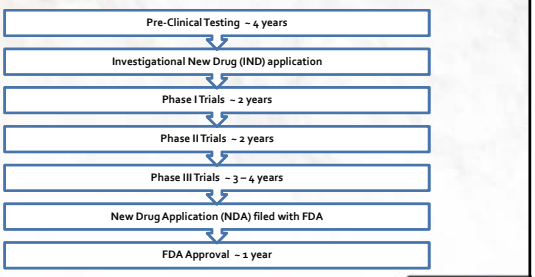
Disclosures

- No disclosures to report

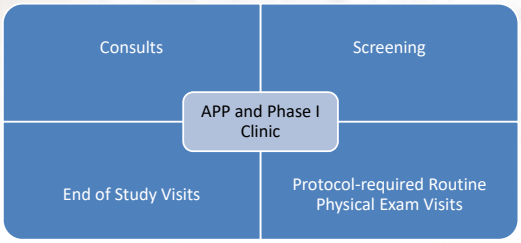
Phases of Therapeutic Clinical Trials

- **Phase I** Trial
  - To determine the appropriate dose for further evaluation
- **Phase II** Trial
  - To determine whether an agent has activity against a specific cancer type
- **Phase III** Trial
  - To determine whether a treatment is effective
- **Phase IV** Trial
  - Post FDA approval, various goals

Drug Development Process



APP role in Phase I Clinical Trials Clinic



Phase I Trial Consults

- History and Physical Exam
- Important discussion points:
  - Phase I clinical trial options
  - Past medical history
  - Treatment history
  - Performance status
  - Disease status
  - Chronic disease management
- Patient meets with Phase I Clinical Trial Team
- Consent for trial options may be given at this time for patient to review.
- Patient is NOT consented at this visit.

Phase I Trial Screenings

- Signing Consent
- Screening labs obtained and reviewed
- History and Physical Exam
  - Key points:
    - Last treatment?
    - Updated medication list
    - Review of Systems
    - Hx: Hepatitis B, Hepatitis C, CHF, HIV, MI, angina, stroke?
    - Anticipated life expectancy is greater than 12 weeks?
    - Performance status: ECOG or KPS
- Screening scans and other procedures are completed

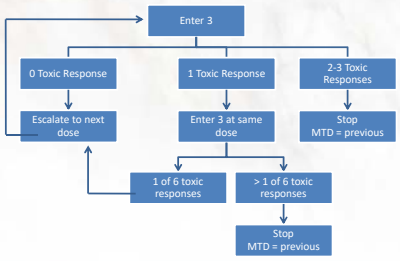
Protocol-Required Visits

- Limited physical exam
- Specific assessment tests or tools (Ex. Neuropathy assessment)
- Procedure (Ex. Skin punch biopsy)
- Review medication list
- Grade symptoms per National Cancer Institute's Common Terminology of Adverse Events (CTCAE)
- Any dose limiting toxicities (DLTs)?

Phase I Trial Endpoints

- DLT – Dose Limiting Toxicity
  - Unacceptable toxic effects presumed to be related to the investigational drug
  - Protocol specific
  - Typically assessed during the 1st cycle
  - Accurate grading of toxicities very important
- MTD – Maximum Tolerated Dose
  - Highest dose level at which ≤ 1/6 of patients experience DLT.

Determining Maximum Tolerated Dose



How is my role different as a Phase I APP?

Phase I APP

- Assessment skills are utilized the same, but before treating STOP and check the protocol
- Physical Exam: Important to include performance status (ECOG, KPS), neuropathy assessments
- Different types of visits: consult, screenings, routine check-up
- Wide range of cancer types
- Symptom grading (CTCAE)
- Determine DLT based on study design and whether patient is evaluable
- Determine if pt. meets treatment parameters

Clinic APP

- Disease specific clinics
- Symptom directed exams
- Flexibility with treatment when developing assessment/plan
- Knowledge of potential adverse effects of treatment
- More autonomy to determine treatment plan or whether to proceed with treatment

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References

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Leaders Leading; Preparing the Advanced Practice Provider (APP) to Lead New and Seasoned APPs

Gary Shelton, DNP, NP; ANP-BC, AOCNP, ACHPN
Clinical Program Manager; Hematology - Oncology
Mount Sinai Hospital

Disclosures

- Nothing to Disclose

Key Takeaways

- Leadership qualities include being transactional as well as being transformational.
- Leaders are more credible when they share similar credentials.
- We aren't always aware of the part we play in other people's lives.

The Management of Leaders

Setting the Table:

- APPs are leaders; Who am I?
- Leadership by Example
- Transactional AND Transformational

Meredith, et al; *Nursing Clinics of North America.*

Transformational Leadership

You know who I am, WHO ARE YOU?

- REDCap© Needs Assessment
- The History and the Physical Environment
- Let's talk about our culture

Fitzsimmons & Kirby, *Nurse Leader.*

Structural Empowerment

Recognition:

- Monthly APP Council; In-patient and Out-patient
- Monthly Spotlights
- Our Community and how they SEE us

Johnson, et al, *Nursing Management*

Exemplary Professional Practice

Sharing our expertise:

- Abstract Writing Workshop
- Nursing Research
- But you ARE doing novel work

Pirschel, *ONS Voice*

Knowledge, Innovation and Improvement

The Bigger Picture:

- Inspiring others
- Monthly Snippets
- Emotional honesty
- Enable others to act

Schwartz, et al, *AORN Journal*

Empirical Outcomes

We Must Own This:

- What about our patients
- Nursing is knowledge
- Understanding PROCESS

Ferguson-Pare, *Nursing Science Quarterly*

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Utilization of the Clinical Nurse Specialist in Bone Marrow Transplant to Engage Nurses and Improve Outcomes

Denice Gibson, DNP, RN, CRNI, BMTCN, AOCNS
Honor Health, Scottsdale, AZ

Disclosures

- I am on Speaker's Bureaus for both Celgene and Shire.
- My role as a paid speaker is disease specific, drug specific and does not reflect my practice as a clinical nurse specialist

Key Takeaways

- identifying the role of a dedicated CNS to engage the nurse at the bedside to dive into cause and effect of hospital acquired infections and other nurse driven outcomes in their specialty.
- As the CNS, if you are not at the table with leadership your role is on the menu for purpose and return on investment to the organization.
- Identifying how the CNS changes culture through engaging the team in evidence based change and updating practice.

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Session: "Filling the Shoes: The Role of the Advanced Practice Nurse"

Utilizing the Full Scope of the Consensus Model of APRN Regulation in the Development of BSN to DNP Oncology Specialization Curriculum

Patricia Friend PhD, APN-CNS, AOCNS, AGN-BC
Associate Professor and Program Director
Marcella Niehoff School of Nursing
Loyola University Chicago

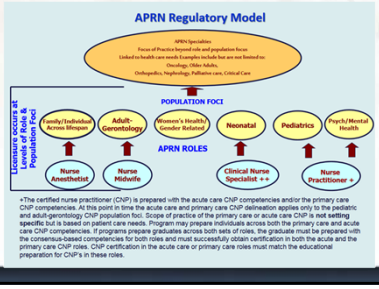
Objectives

- Discuss parallel movements impacting APRNs
- Identify implications of the APRN Consensus Model on education
- Recognize the need for specialty preparation
- Present Loyola University Chicago (LUC) School of Nursing solution via new BSN-DNP tracks aligned with Consensus.
- Acknowledgment to the LUC DNP Task Force
- Nothing to disclose

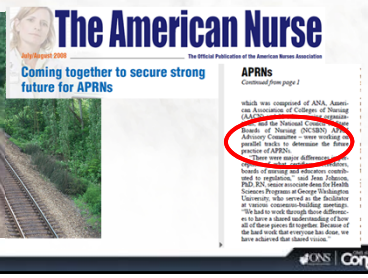
Historical Perspective: 2004 AACN *Position Statement on the Practice Doctorate in Nursing*

- 2002: AACN task force convened
- 2004: AACN membership endorsed the position statement and set a target date of 2015 for implementation to move the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate-level.
- 2006: DNP Essentials Released
- 2018: proliferation of DNP programs, but MSN still predominant entry point for APRN practice.

Historical Perspective: 2008 NCSBN puts forth the APRN Consensus Model



Significant movements, but not necessarily aligned or intersected.



APRN Consensus Model and Specialty Preparation

If I want to specialize as an APRN in an area such as oncology, palliative care, or nephrology, how would I do so after the APRN Consensus Model is implemented?

Areas such as oncology, palliative care, and nephrology are among the many specialty areas of APRN practice and are not one of the population foci in the APRN Consensus Model. To be eligible for APRN licensure and certification, the APRN must complete his/her educational program in a role and population focus (or foci) as defined in the Consensus Model but can also specialize in a more specific area of practice. Preparation in a specialty area of practice is optional, but, if included in the educational program, it must build on the APRN role/population focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to obtain certification for licensure in and to practice in the APRN role and population focus. Educational programs may concurrently prepare individuals in a specialty providing they meet all of the other requirements for APRN educational programs, including preparation in the APRN core, role, and population core competencies. A specialty area of practice is developed by the professional organization and is not regulated by boards of nursing. Professional organizations determine the expected competencies for the specialty and establish certification or assessment requirements. It is not required but recommended that the APRN practicing in a specialty area of practice seek specialty certification if available.

APRN Specialty

- More focused area of practice than role and population foci
- Specialty preparation cannot replace educational preparation in the role or one of the six population foci
- Specialty preparation cannot expand one's scope of practice beyond the role and population focus
- Addresses a subset of the population-focus
  - Definition built on ANA (2004) Criteria for Recognition as a Nursing Specialty
- The title may not be used in lieu of the licensing title, which includes the role and population
- Is developed, recognized and monitored by the profession

https://www.ncsbn.org/APRN_Consensus_Model_FAQs_August_19_2010.pdf

What have educational programs done?

- Rapid growth and expansion of DNP programs for APN preparation, but **not** specifically with any specialty preparation.
- Revised curriculum to align with Consensus, but confusion in labeling APRN **role** (e.g., NP, CNS) as **specialty**, or more commonly referring to the **population** as the **specialty** (e.g., family, adult-gero, etc.)
- Some offer a "clinical emphasis"

Doctor of Nursing Practice Specialties

- Adult-Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Pediatric Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner
- Nurse Anesthesia

.....offers the following BSN to DNP specialty tracks:

Adult/Gerontological Nurse Practitioner
Family Nurse Practitioner
Psychiatric-Mental Health Nurse Practitioner
Nurse Midwife
Nursing Informatics
Organizational Leadership
Public Health Nursing

About Specialty Areas

- Family Nurse Practitioner (FNP)
- Adult/Gerontology Primary Care Nurse Practitioner (AGNP)
- Psychiatric/Mental Health Nurse Practitioner (PMHNP)
- Nurse Anesthetist

What do the professional organizations say about how specialty practice?

- NACNS: "supports the continuation of specialty practice education" in the context of population-based licensure model. (http://nacns.org/advocacy-policy/position-statements/achieving-specialty-competency-for-clinical-nurse-specialists/)
- NONPF: silent
- ONS: Statement on the Scope and Standards of Oncology Nursing Practice: Generalist and Advanced Practice
- ONCC: currently updating oncology NP knowledge and skills with new role delineation study (RDS); revised eligibility criteria for AOCNP, but eliminated AOCNS due to insufficient number of test-takers.
- Certifying bodies and state boards of nursing aligned with Consensus.

Why are APRNs with specialized oncology preparation needed?

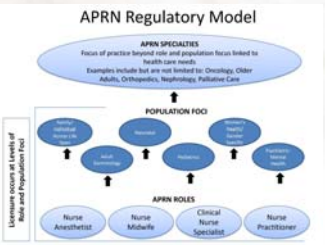
- In general, expanding APRN competencies are needed because of expansion of knowledge for practice, increased complexity of care, demand for quality, equitable care, aging population, etc.
- Specifically, complex and specialized knowledge needed for oncology practice such as:
  - Genetics/genomics
  - Palliative care, communication skills
  - Precision oncology
  - Technology, big data, quality, reimbursement
- Demand/ workforce projections: 31% in employment
- Transition to practice issues/concerns for both NPs and CNSs
- How to get all of it in a MSN program or even in the job?

BSN-DNP Task Force

LOYOLA UNIVERSITY CHICAGO 1870 AD MAJOREM DEI GLORIAM
MARCELLA NIEHOFF SCHOOL of NURSING

The nursing profession is overdue to bring the tracks together, no longer parallel but assimilated and cohesive!

Designed four new BSN-DNP Tracks aligned with the Consensus Model



- Psych mental health NP with addiction specialty
- FNP with ER specialty
- AGNP with oncology specialty
- AGCNS with oncology specialty

- Did not eliminate all MSN programs, most still available

Challenges

- Evaluate the practice competencies of the DNP prepared APRN with specialty
- Demonstrate value to profession, practice (patients and providers) and the system
- Demonstrate a *return on investment* for the student

How will the public know they have a competent individual managing their care?

Loyola's vision: To produce doctorally prepared advanced practice nurses with preparation in role, population ***and*** specialty, that are also prepared to be leaders and scholars and ***"ready for practice"***


• Knowledge expands
• Build carefully
• NOT a race to see who finishes building first!
• Build a solid and strong foundation…patients, families and communities are counting on it!
ONS Congress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