

Oncology Nurse Practitioner



**Better care; better
health; better
outcomes...or just
cheap labour?**



What is an Oncology Nurse Practitioner?





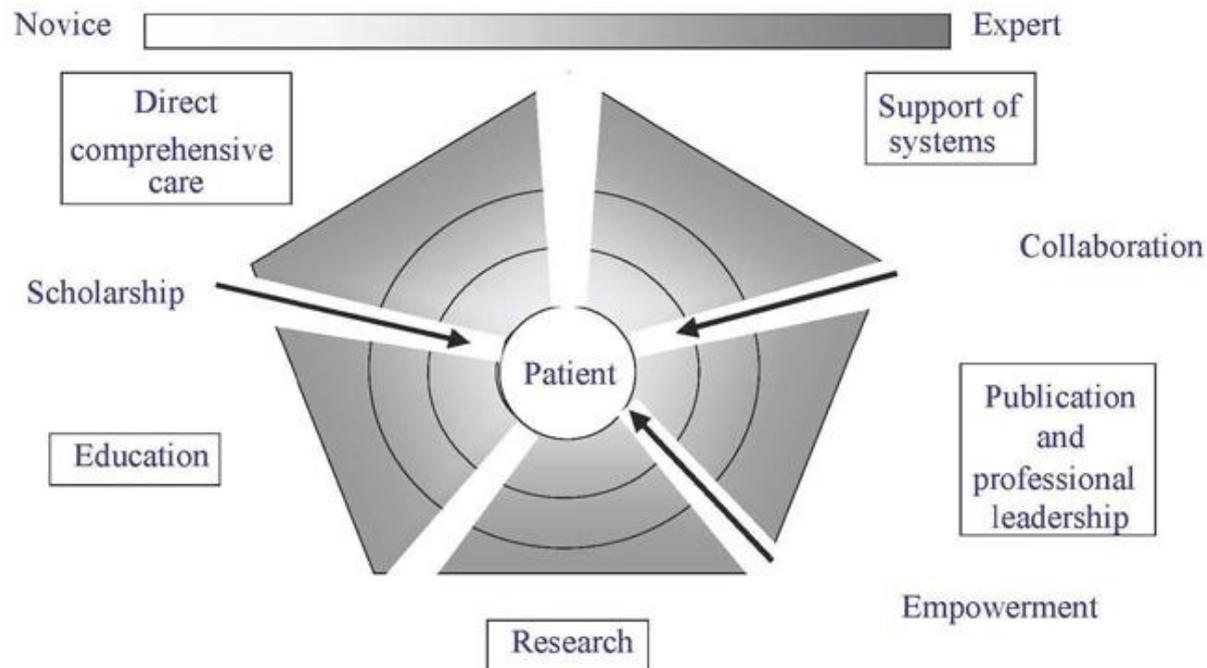
<http://go.funpic.hu>

ONPs are ...

- registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe medications and perform specific procedures within their legislated scope of practice... well that clears that up!

Nursing Model of Care

Strong Model of APN Practice



Adapted from: Ackerman MH, Norsen L, Martin B, Wiedrich J, and Kitzman HJ (1996).
Development of a model of advanced practice. *American Journal of Critical Care*, 5:68-73

Challenges facing Oncology

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- Shortages of health care professionals in conjunction with a growing older population, expanded treatment options, and increased cancer survivorship.
 - Cancer Care model is a tumour stream model distinguished by its inter professional and multi speciality model.

Cranleigh Health: new models of care for medical oncology

- Response to challenges unique to NZ oncology services
 - Overburdened and limited resources
 - Workforce shortages
 - Significant projected increase in demand over next 15 years
 - Rising patient expectations
 - Developing specialist nurses to introduce alternative care options



How does the NP role fit?

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- The Oncology NP functions as a clinical expert, consultant, educator, mentor, researcher and change agent. Primary role in individual patient care management
 - Survivorship
 - Symptom management
 - High risk
 - Early detection

How does the NP role fit?



**Added value to patient care
and service...not substitution.**

**Transformative model of care ,
not sure up model of care.**

Oncology NP role focus

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- At risk populations
 - Newly diagnosed patients with cancer
 - Cancer survivors
 - Impact of co morbidities
 - Oncology emergencies
 - Common SAEs: fatigue, pain, nausea, vomiting
 - Identifies the need for screening late effects eg: infertility, cardiac toxicity, pulmonary affects

Safety and support

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- Use evidence based practice guidelines and assessment tools for evaluating patients and planning care eg: ECOG, MASCC, BCP, local policies, MIMS, cytotoxic pharmacy
 - On going mentorship with prescribing mentor
 - Collaborative practice: back to back clinics, clinical supervision, professional development and research
 - Awareness around drug misuse

TOP TIPS

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- Do your research
 - And shadow another NP during their routine work before deciding to accept the job!
 - Ask for CME funds as part of your contract.

TOP TIPS

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- Utilize resources like Uptodate often.
 - There will be a lot of outside work reading.
 - Always ask for help.
 - Follow up with your patients, their labs and their imaging.
 - Make a P-list Know your medications!
 - Seek peer review.

TOP TIPS

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- You will need to work to refine your documentation skills.
 - Have a clear idea about where you want to be and what/who you need to get there.
 - Always remember your nursing background and the value it holds.

Take home messages...

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- ONPs increase access to high quality care in health care settings, reduce wait times, and increase timeliness to care.
 - ONPs promote wellness and support management of chronic diseases.
 - ONPs enhance continuity of care for complex patient groups.
 - ONP coordinate patient treatment and initiate timely consultation and referral

Take home messages...

- In tertiary settings ONPs can improve patient readiness for discharge which leads to shorter length of stay and fewer re admissions
- KNOW YOUR SCOPE, PATIENT GROUP, AREA OF PRACTICE...you will need this for NC and for your DHB... **BUT** they may not look the same.