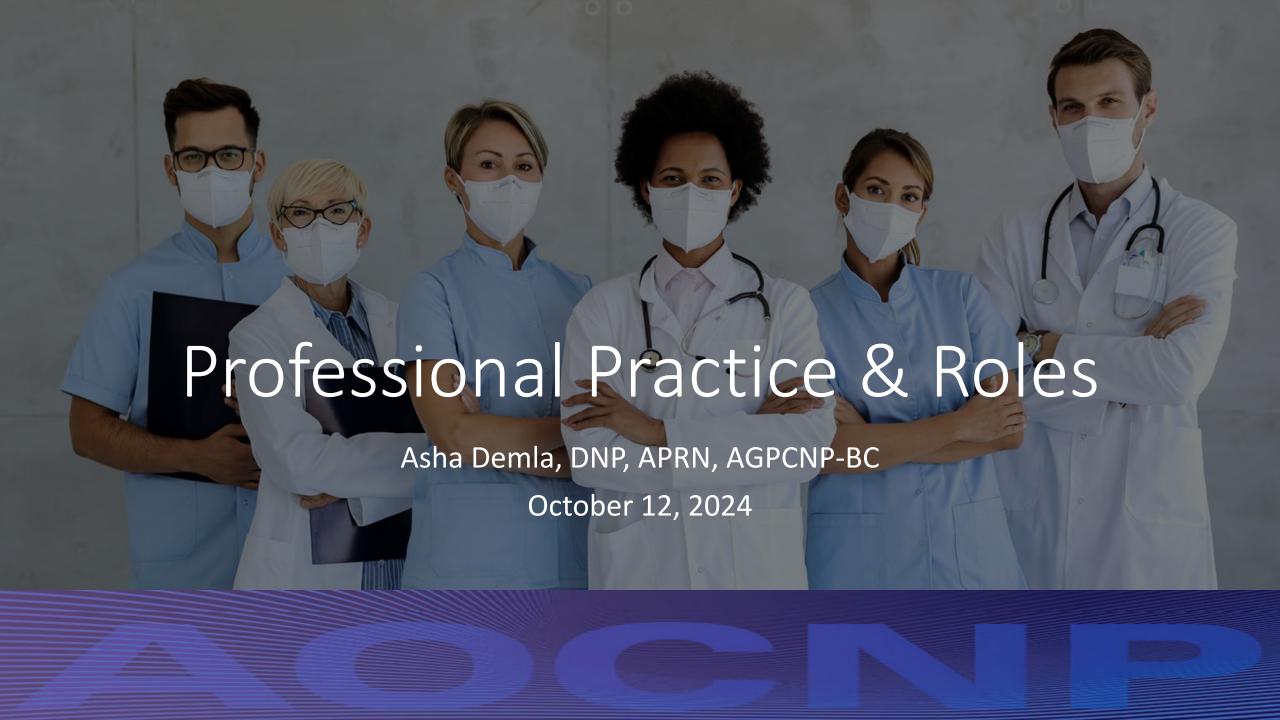
Advanced Oncology Certified Nurse Practitioner

REVIEW COURSE 2024

October 10-12, 2024 | Houston, TX

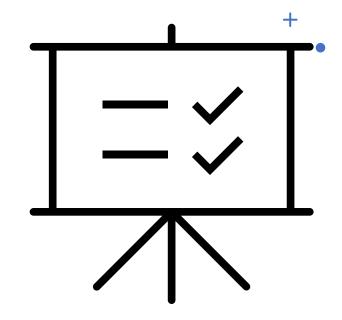
MD Anderson Cancer Center

Making Cancer History®



<u>Objectives</u>

- Review the roles and scope of practice of Advanced Practice Registered Nurses (APRNs) in oncology care
- Discuss legal, regulatory, and accreditation standards
- Review ethical issues, cultural competence and implicit bias in patient care
- Discuss advanced practice standards, APRN interventions, and quality improvement
- Examine competency evaluation, peer education, and mentorship



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AOCNP Exam Test Blueprint Professional Practice and Roles of the APRN (5%)

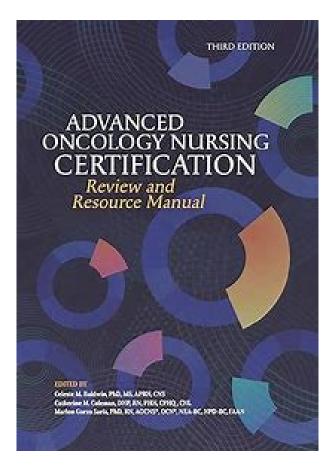
Topics Covered:

- Cultural competence and implicit bias
- Legal and regulatory requirements (e.g., licensing, documentation)
- Accreditation standards (e.g., CoC, NCI, FACT)
- Ethical/legal issues
- Advanced practice standards of care
- Outcomes of APRN interventions and evidencebased care
- Quality improvement strategies
- Competency evaluation of self and others
- Peer education and support

https://www.oncc.org/sites/default/files/2023-11/2024%20AOCNP%20Test%20Content%20Outline.pdf

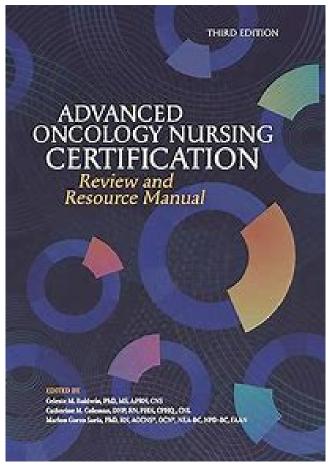
Ch. 1. Roles of the Advanced Practice Nurse in Oncology

- History of Advanced Practice Nurse (APN) Roles
- APN Training, Education, and Certification
- Oncology Nurse Practitioner and Clinical Nurse
 Specialist: Role Delineation and Scope of Practice
- Challenges With Role Implementation
- APN Roles in Oncology
- Preparing APNs for the 21st Century



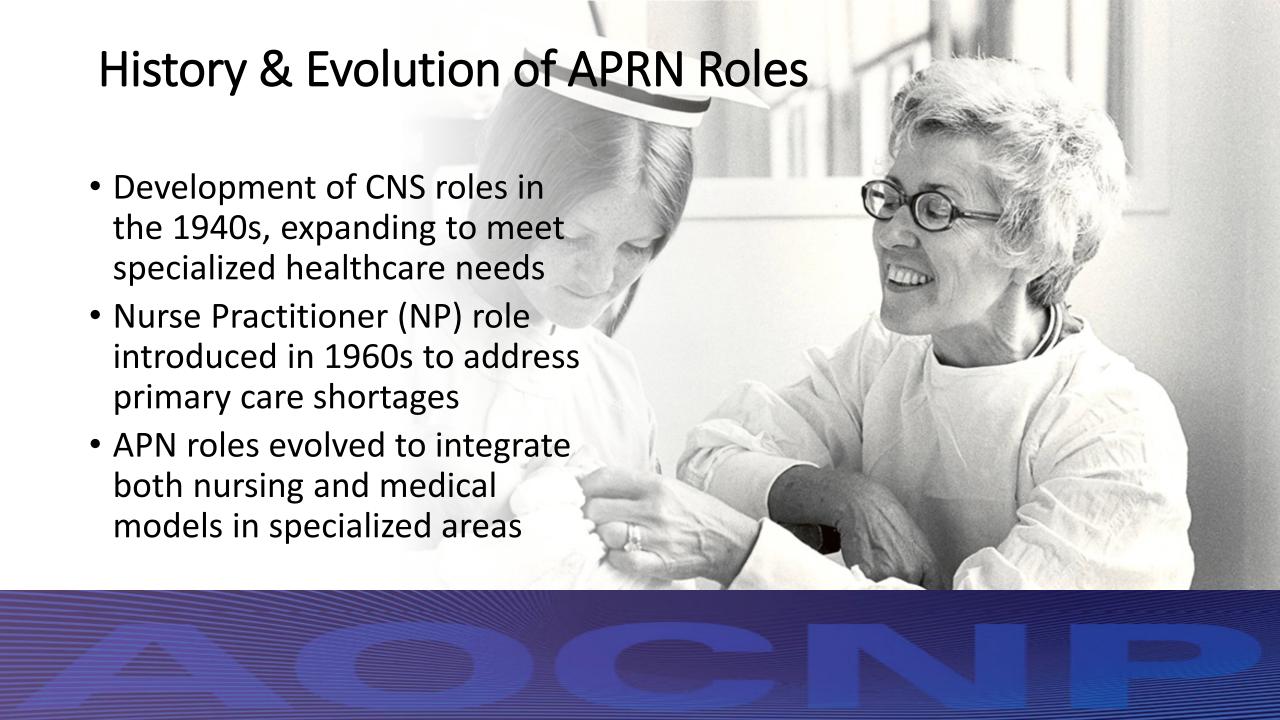
Ch. 2. Professional Practice

- Definition of Role and Scope of Practice
- Reimbursement
- Documentation
- Standards of Care
- Ethics in Advanced Practice
- Professional Self-Development



Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P. vii

Introduction: APN Roles in Oncology Expanding role of Advanced Practice Registered Nurses (APRN) in oncology Comprehensive cancer care through diagnosis, treatment, and management Interdisciplinary collaboration and patient-centered care Increasing demand for oncology care due to aging populations and cancer survivorship APNs can fill gaps caused by physician shortages, providing high-quality cancer care



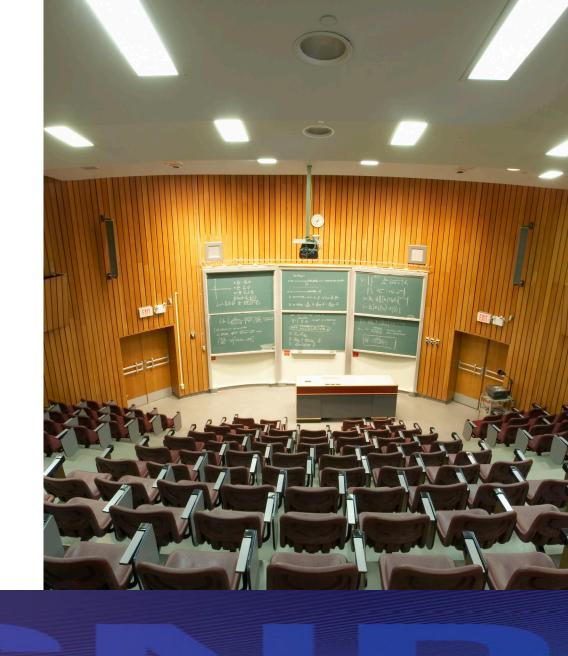
LACE: Concensus Model for APRN Regulation

- LACE consensus model for APRN regulation
- Developed by American Association of Colleges of Nursing (AACN, 2008)
- **Licensure**: State-based licensure; ensures APRNs have met the legal requirements to practice
- Accreditation: Nursing programs must be accredited (e.g., Commission on Collegiate Nursing Education (CCNE), Accreditation Commission for Education in Nursing (ACEN) to ensure education quality
- **Certification**: National certification demonstrates competence in a specialized area of practice (e.g., oncology certification through ONCC)
- **Education**: Graduate or postgraduate education in accredited programs that provide the foundational knowledge and skills for advanced practice

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Training, Education, and Certification

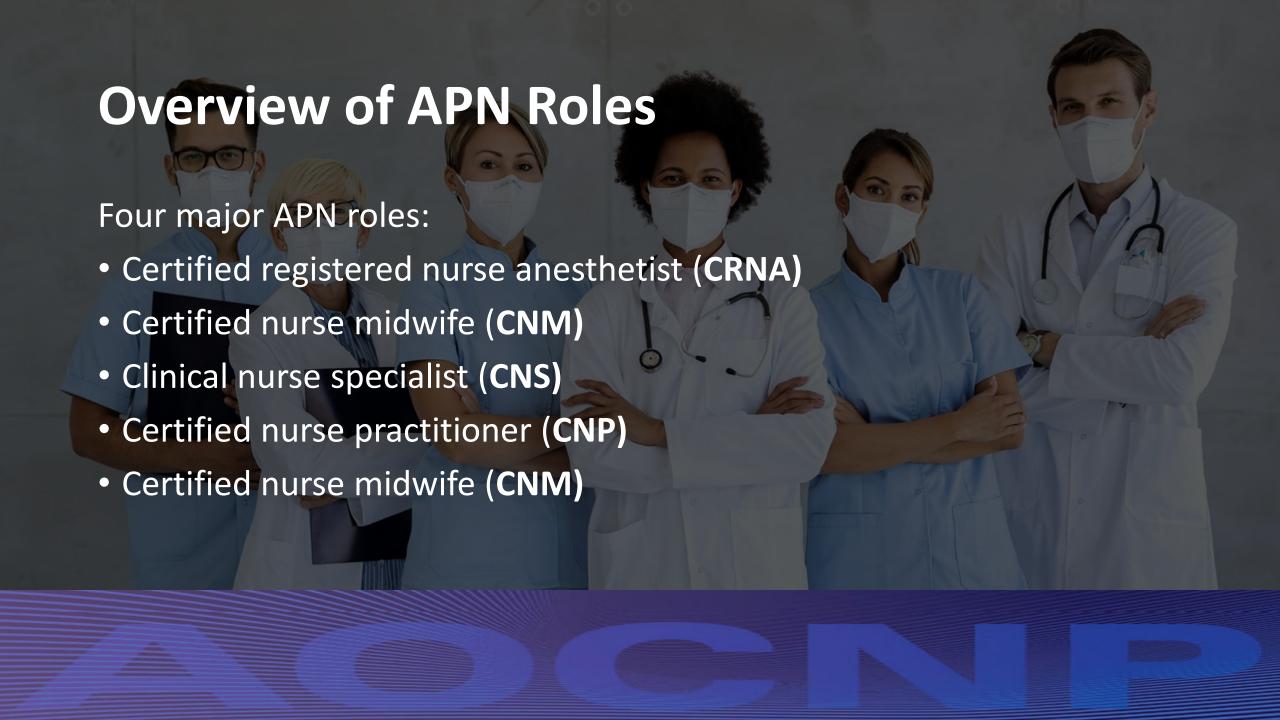
- **Core Education**: Accredited graduate or postgraduate programs (Master's or Doctorate)
- The 3 P's: Pathophysiology, Physical Assessment, Pharmacology
- **Certification and Continuing Education:** required for maintaining expertise



Definition of Role and Scope of Practice

- Role: APRNs are advanced practice clinicians providing holistic care, including diagnostics and treatment
- Scope: Defined by state laws, certifications, and institutional policies







Advanced Practice Nurse Roles in Oncology

- NP and CNS roles in oncology speciatly
- APNs work in various oncology settings: medical oncology, palliative care, survivorship
- Responsibilities include symptom management, patient education, and care coordination
- Leaders, mentors, educators, researchers, change agents, and consultants

Legal and Regulatory Requirements

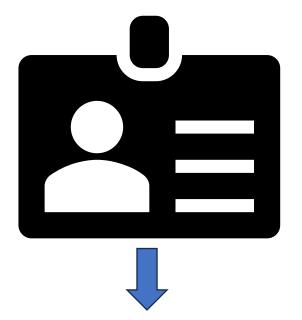
- Licensing: state level, granted by boards of nursing. APRNs must adhere to state-specific nurse practice acts regulations
- Certification: <u>national level</u>, determines individual competence based on achievement of specific predetermined criteria (e.g., AOCNP®, AOCNS®)
- Collaborative Practice Agreements: Legal framework for APRN and physician partnerships





Regulation of Practice

- Credentialing applies to institutional governing bodies, such as those that oversee hospital medical staff, managed care organizations, or insurance providers
- Privileging is a term that typically applies to services the APN can provide within an institution
- Must be consistent with state regulations and APN scope of practice





Reimbursement

- Medicare/Medicaid: APRNs can bill for services but at 85% of the physician rate.
- Private Insurers: Varying reimbursement models based on service agreements



Medicare Standards

- Obtaining an NPI number is the first step in being credentialed by Medicare or commercial insurance companies as a provider
- Services will be covered if they are medically necessary and reasonable, comparable to those provided by a medical doctor (MD) or a doctor of osteopathy (DO)
- Billing and coding for reimbursement









Documentation Requirements

Documentation Requirements:

- Accurate
- Timely (within 48 hours)
- Complete

Critical for:

- Clinical communication
- Legal compliance
- Reimbursement
- Ethical practice





Nurse Practitioner Competencies

- Oncology NP Competencies: Evidence-based care, diagnostic accuracy, treatment planning
- CNS Competencies, three spheres: direct care, nursing practice, organizational and systems spheres



Standards of Care

- Evidence-Based Practice: Using current research and clinical guidelines to make informed decisions.
- **Scope of Practice**: Defined by state regulations, institutional policies, and certification requirements.
- **Shared Decision-Making**: Collaborating with patients and families to make informed treatment choices.
- Patient-Centered Care: Collaborating with patients to tailor treatments to their needs

Challenges With Role Implementation

• Barriers:

- Regulatory restrictions
- Lack of role clarity
- Institutional constraints

• Solutions:

- Advocacy for full practice authority
- Education on role definition
- Leadership opportunities



Professional Responsibility Healthcare Legislation







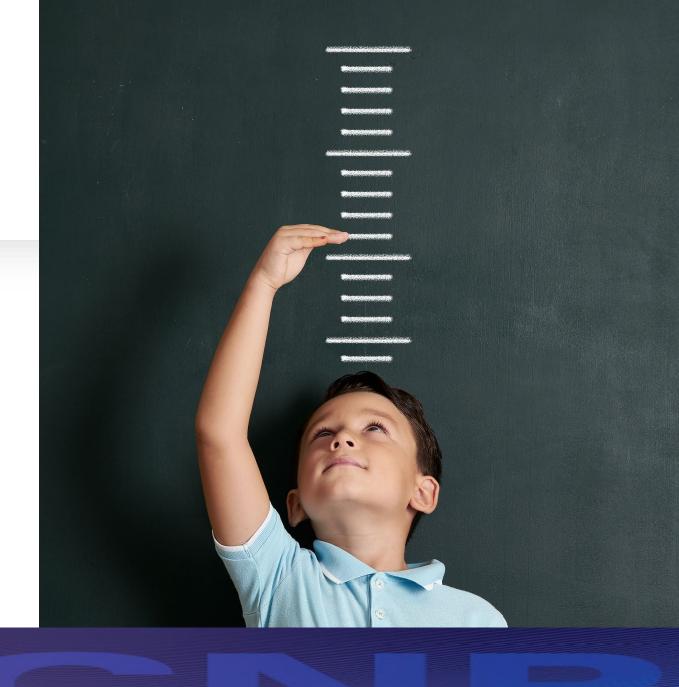
PROMOTE PASSAGE OF LEGISLATION

SERVE AS A LIAISON TO LEGISLATIVE BODIES

CORRESPONDING WITH POLICY MAKERS

Competency Evaluation: Self and Peer

- Competency Checklists: Standardized tools to ensure new hires meet necessary clinical skills
- **Peer Review**: Formal review processes to provide feedback on clinical performance
- Self-Assessment: APRNs should continuously assess their clinical skills and knowledge
- Continuous Learning: APRNs must engage in ongoing education and certification renewal (ONCC every 4 years)



Accreditation and Its Role in Oncology

- Foundation for Accreditation of Cellular Therapy (FACT): Accredits organizations involved in cellular therapy and stem cell transplants
- Commission on Cancer (CoC): Accreditation for oncology programs ensuring quality patient care.
- National Cancer Institute (NCI): Designates comprehensive cancer centers.



Outcomes of APRN Interventions

- Improved Patient Education & Adherence: Better understanding and management of treatment plans
- Reduced Hospital Readmissions & Cost-Effectiveness:
 Proactive management of symptoms and complications reduces unnecessary hospital stays
- Improved Quality of Life: Through palliative care, symptom control, and supportive care

Mentorship and Peer Support

- Needs Assessment: Identifying gaps in knowledge and skill among APRNs
- Developing Educational Materials: Tailoring resources to meet peer and patient education needs
- Mentorship: Supporting the professional development of peers and new hires

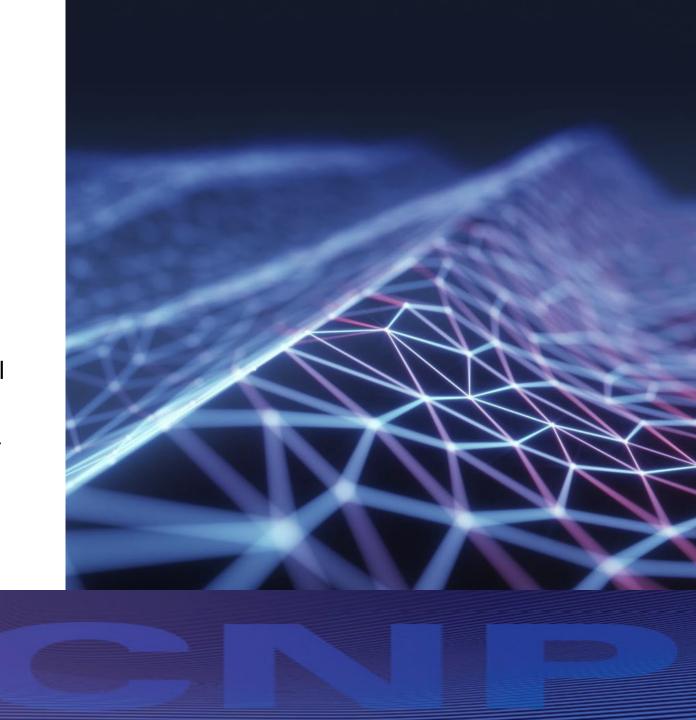


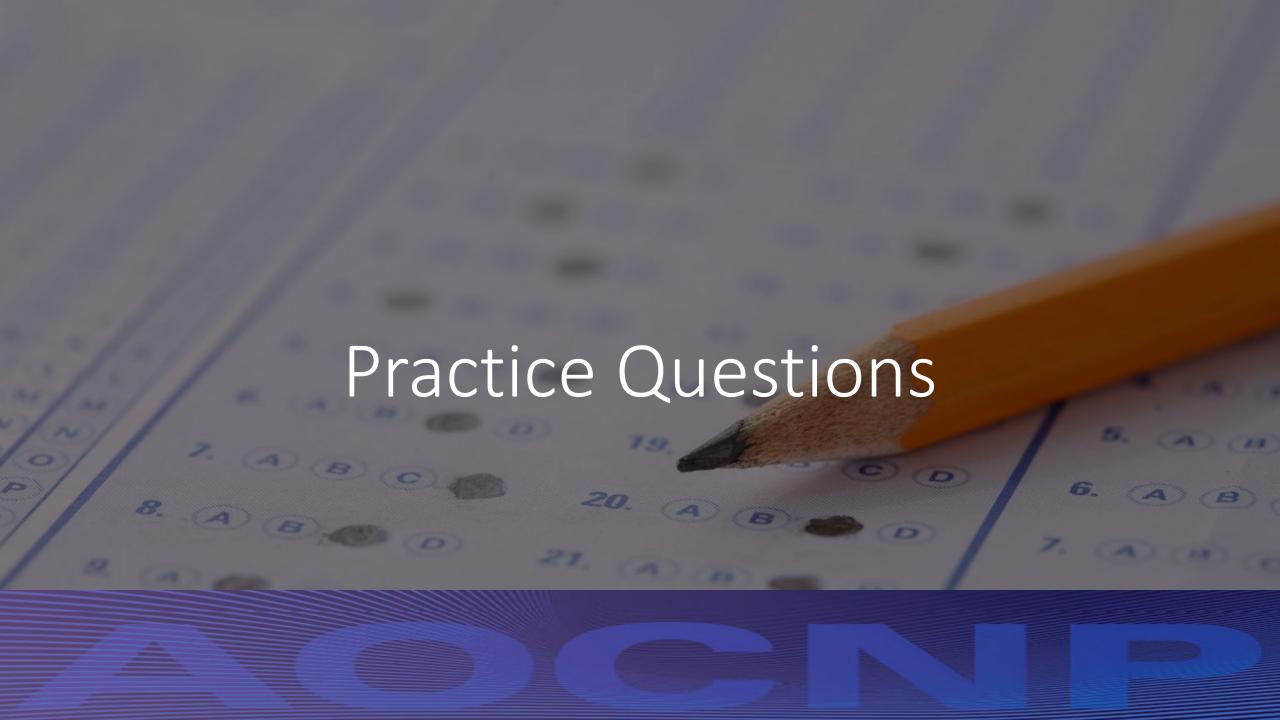




Preparing APNs for the 21st Century

- **Evolving Roles**: Integration of new technologies, personalized medicine, and telehealth
- Focus on Education: Continuous professional development to meet new challenges
- Competency in data-driven care and patientcentered models





Laura is a Clinical Nurse Specialist (CNS) who collaborates with your team. What are her key responsibilities?

- A. Contributing to policy development
- B. Assisting with patient care transitions
- C. Implementing research findings into practice or promoting evidence-based practice
- D. All of the above

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- A. Contributing to policy development
- B. Assisting with patient care transitions
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- D. All of the above

Correct Answer: D

Rationale: The role of the Clinical Nurse Specialist (CNS) is designed to impact three spheres: patient care, nursing practice, and healthcare systems. To achieve optimal outcomes in these spheres, the CNS leads quality improvement initiatives at the organizational level, utilizes the latest research and evidence to advance nursing practice, and directly influences patient care by supporting seamless care transitions.

Maria, a patient with metastatic breast cancer, is experiencing uncontrolled pain, nausea, and insomnia. The RN reaches out to John, an Advanced Practice Nurse (APN), to assist in managing Maria's symptoms. What role does the APN play in this situation?

- A. Friend
- B. Good Samaritan
- C. Mentor
- D. Consultant

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- D. Consultant

Correct Answer: D

Rationale: The consultant's role is to help identify resources to manage symptoms and problems by assessing current and potential issues and offering specific recommendations. For example, an oncology APN may assist with managing symptoms related to treatment side effects or disease progression.

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P.473

Asha, an Advanced Practice Nurse (APN), has been invited to present at a conference on the roles and professional practice of APNs. Which of the following should she prioritize when preparing her presentation for an adult learner audience?

- A. Engaging learning activities
- B. Clearly defined learning objectives
- C. Relevance to real-world application
- D. All of the above

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- A. Engaging learning activities
- B. Clearly defined learning objectives
- C. Relevance to real-world application
- D. All of the above

Correct Answer: D

Rationale: Adult learners benefit from presentations that are engaging, goal-oriented, and relevant to their real-world practice. Incorporating active learning, clear objectives, and practical applications makes the content more effective and meaningful.

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P.473

What is the most significant legal document that governs the scope of practice for APRNs?

- A. National Consensus Model for APRNs
- B. State Nurse Practice Acts
- C. APRN Code of Ethics
- D. Institutional Policy Guidelines

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Correct Answer: B

Rationale: State Nurse Practice Acts are the legal documents that define the scope of practice for APRNs in each state, determining what they can legally do in their role

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P. 32

Which of the following best defines the scope of practice for APRNs?

- A. State laws, institutional policies, and certifications
- B. National guidelines from professional organizations only
- C. Federal laws regulating all healthcare professionals
- D. Hospital management preferences

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- A. State laws, institutional policies, and certifications
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- C. Federal laws regulating all healthcare professionals
- D. Hospital management preferences

Correct Answer: A

Rationale: The scope of practice for APRNs is defined by state laws, institutional policies, and their professional certifications. It can vary from state to state and is regulated accordingly

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. Ch.1-2

Which organization is responsible for accrediting oncology centers to ensure high standards of care?

- A. Commission on Cancer (CoC)
- B. American Nurses Association (ANA)
- C. National Council of State Boards of Nursing (NCSBN)
- D. Oncology Nursing Society (ONS)

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- D. Oncology Nursing Society (ONS)

Correct Answer: A

Rationale: The Commission on Cancer (CoC) is a key accrediting body that ensures oncology centers meet specific care quality standards, which improve patient safety and outcomes

American College of Surgeons. (1996-2024). Commission on Cancer. https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/

What is the primary role of an Advanced Practice Nurse (APRN) in oncology care?

- A. Diagnose and treat only acute oncology cases
- B. Manage patient care, including diagnosis, treatment, and follow-up
- C. Provide administrative support to physicians
- D. Focus solely on palliative care in oncology

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Correct Answer: B

Rationale: APRNs in oncology are trained to manage a wide range of patient care tasks, including diagnosis, treatment planning, symptom management, and follow-up. Their role extends beyond acute care to chronic and long-term management

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Which of the following is NOT a primary outcome of APRN interventions in oncology care?

- A. Decreased hospital readmissions
- B. Increased healthcare costs
- C. Improved patient satisfaction
- D. Better patient adherence to treatment

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- A. Decreased hospital readmissions
- B. Increased healthcare costs
- C. Improved patient satisfaction
- D. Better patient adherence to treatment

Correct Answer: B

Rationale: APRN interventions are associated with reduced healthcare costs, improved patient outcomes, and higher satisfaction. They focus on cost-effective, evidence-based care

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. Ch 1-2

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How are APRN services typically billed and reimbursed under Medicare?

- A. At the same rate as physicians
- B. At 85% of the physician rate
- C. Based on patient satisfaction scores
- D. Only for administrative services

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- A. At the same rate as physicians
- B. At 85% of the physician rate
- C. Based on patient satisfaction scores
- D. Only for administrative services

Correct Answer: B

Rationale: Under Medicare, APRNs are reimbursed at 85% of the physician rate for equivalent services. This reimbursement structure reflects the policy differences between physicians and APRNs

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P.33-36

What is a key component of effective documentation in oncology care?

- A. Keeping entries brief to save time
- B. Recording only the patient's diagnosis
- C. Ensuring documentation is timely, accurate, and complete
- D. Using non-standard abbreviations for efficiency

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- D. Using non-standard abbreviations for efficiency

Correct Answer: C

Rationale: Proper documentation must be timely (within 48 hours), accurate, and complete to ensure patient safety, legal compliance, and clear communication with other healthcare providers. Inadequate documentation can lead to errors in care and legal risks

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Which of the following is a competency requirement for oncology Nurse Practitioners (NPs)?

- A. Administrative leadership
- B. Evidence-based care and diagnostic accuracy
- C. Financial management of the oncology unit
- D. Only providing education to patients

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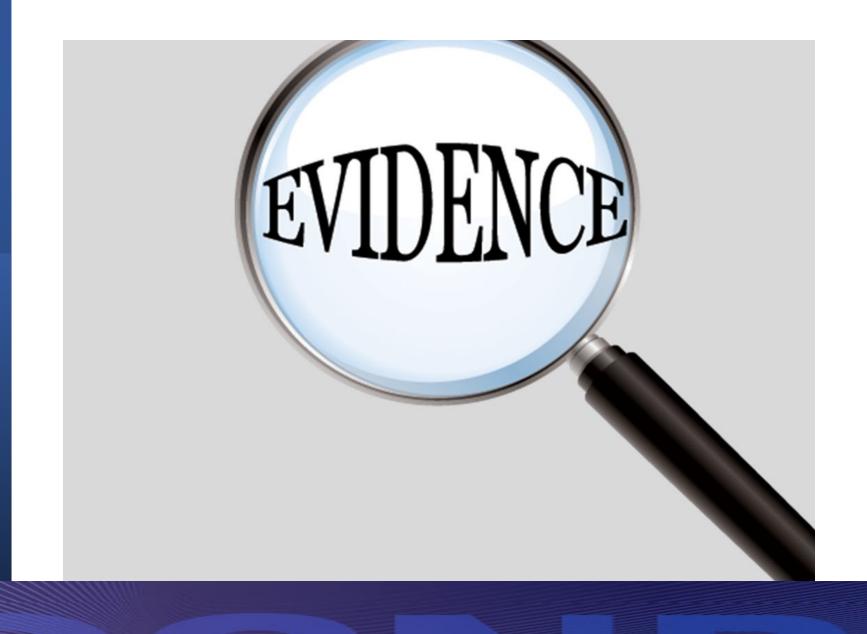
- A. Administrative leadership
- B. Evidence-based care and diagnostic accuracy
- C. Financial management of the oncology unit
- D. Only providing education to patients

Correct Answer: B

Rationale: Oncology Nurse Practitioners must be competent in providing evidence-based care and have strong diagnostic accuracy, which are critical for managing complex cancer cases and creating effective treatment plans

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Evidence Based Practice



What is Evidence-Based Practice (EBP)?



Best Available Evidence



Clinical Expertise



Patient Preference

Why Is Evidence-Based Practice Important?

- In 2003, about 25% of healthcare decisions were being made based on evidence. The Institute of Medicine called for this to increase to 90% by 2020
- We have not had a great improvement and now are at about 30%
- Learning about and implementing EBP is how we make that change

Evidence Based Practice

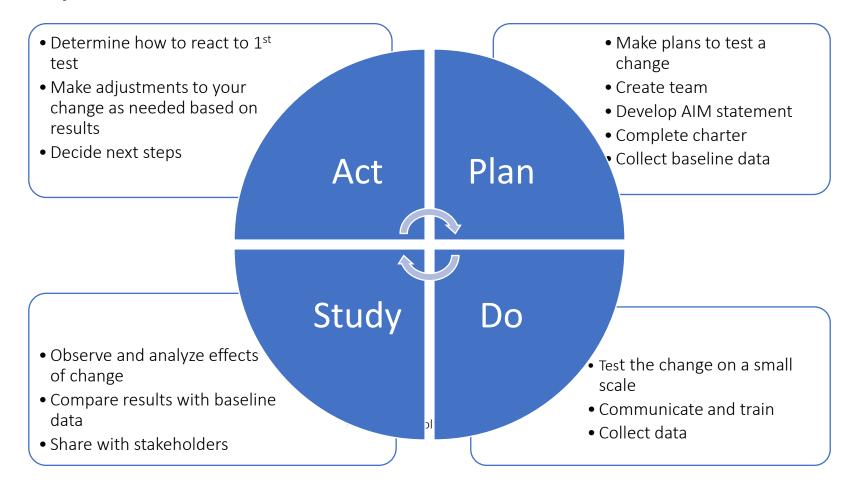
Seven steps of EBP

- 1. Cultivate a spirit of **inquiry**
- **2. Ask** the (PICOT) question
 - Patient Intervention Comparison
 Outcome Time
- **3. Search** the literature
- 4. Critically appraise the literature
- 5. Integrate or Implement the evidence
- **6. Evaluate** the outcomes
- 7. Disseminate





PDSA Cycle



Integrate the Evidence

Practice + Process = Quality



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Evidence-Based Practice / Quality Improvement / Research



Evidence-Based Practice

What does the evidence tell us?



Quality Improvement

We know what the evidence shows, now let's make it work for us

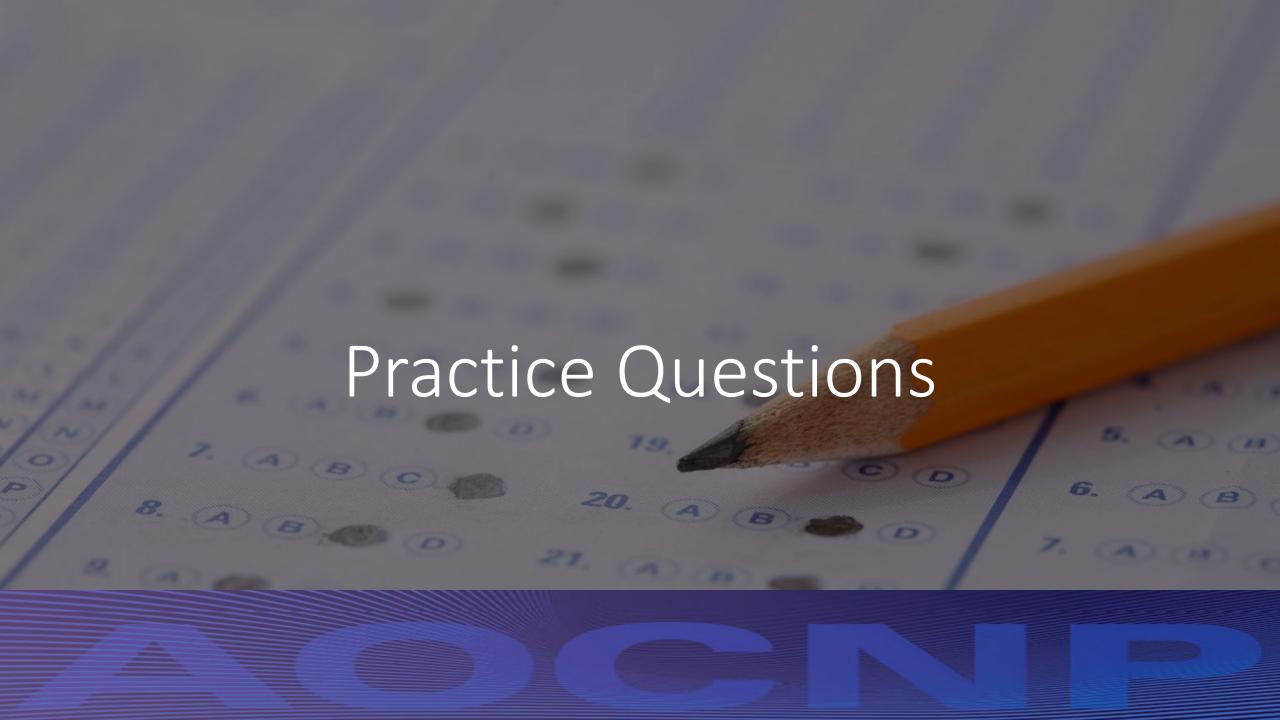


Research

There is not enough evidence, so let's try something new and see if it works

Evidence-Based Practice/ Quality Improvement / Research

EBP	Quality Improvement	Research
Answers a clinical question	Systematically improves the ways care is delivered to patients.	Aims to generate NEW knowledge
Integrates the best available research evidence with clinical expertise and patient preference	Continuous and ongoing effort to achieve measurable improvements	Systematic investigation of a topic or question through the collection and analysis of data
Aims to improve outcomes and quality of care	Addresses the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes	Often involves testing hypotheses or theories following a structured methodology
May require approval from the quality improvement assessment board (QIAB)	Requires approval from the QIAB	Requires approval from the institutional review board (IRB)
Ex. Using clinical practice guidelines, protocols, and interventions that are supported by research evidence	Ex: Use of a model e.g., PDSA, Six Sigma to propose, carry out and evaluate an intervention	Ex. Experimental studies, case studies, surveys, and qualitative research



Donna is an Advanced Practice Nurse (APN) is developing, testing, and evaluating a new, innovative approach for patients with breast cancer at her hospital. What type of clinical inquiry is Donna conducting?

- A. Research
- B. Evidence Based Practice
- C. Process Improvement
- D. Quality Improvement

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- A. Research
- B. Evidence Based Practice
- C. Process Improvement
- D. Quality Improvement

Correct Answer: A

Rationale:

- Research: generating new knowledge through systematic investigation.
- Evidence-Based Practice (EBP): Uses existing research and evidence from the literature to inform changes or improvements in clinical practice.
- Quality Improvement (QI): improve processes, such as reducing fall rates or enhancing quality metrics.
- Nursing Process: assessing, diagnosing, planning, implementing, and evaluating patient care.

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P.473

What method is commonly used by APRNs to improve quality in oncology care?

- A. Randomized Controlled Trials (RCTs)
- B. Plan-Do-Study-Act (PDSA) cycles
- C. Individual patient reviews
- D. Chart auditing

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- B. Plan-Do-Study-Act (PDSA) cycles
- C. Individual patient reviews
- D. Chart auditing

Correct Answer: B

Rationale: The PDSA cycle is a continuous improvement model commonly used in healthcare settings, including oncology, to enhance care quality through structured, iterative processes

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P.19

A group of oncology nurses wants to update the patient education materials for chemotherapy side effect management and consults the Advanced Practice Nurse (APN) for guidance. The APN advises them that the first step is:

- A. Conducting a literature search
- B. Performing a needs assessment
- C. Completing a gap analysis
- D. Conducting an outcomes evaluation

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- A. Conducting a literature search
- B. Performing a needs assessment
- C. Completing a gap analysis
- D. Conducting an outcomes evaluation

Correct Answer: A

Rationale: After formulating a clinical question, the first step is to conduct a literature search. A gap analysis can only be completed after reviewing the literature, and an outcomes evaluation should occur after the new materials are implemented. A needs assessment may be performed following the literature search to address specific patient needs.

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource manual (third edition). Oncology Nursing Society. P.19-20

Why is evidence-based practice critical for APRNs in oncology?

- A. It allows APRNs to experiment with new treatments on patients
- B. It ensures that patient care decisions are based on the best available research
- C. It reduces the need for interdisciplinary consultations
- D. It limits the amount of time spent with each patient

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- C. It reduces the need for interdisciplinary consultations
- D. It limits the amount of time spent with each patient

Correct Answer: B

Rationale: Evidence-based practice ensures that clinical decisions are informed by the latest research and data, leading to improved patient outcomes and better care

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Ethics in Advanced Practice

Ethics

- A set of principles or values of good or right behavior
- A standard of conduct made by members of a profession



Ethical Principals

- Autonomy: Person's ability to make decisions regarding their care
- Beneficence: The intent to act in the best interest of the patient
- Nonmaleficence: Do no harm
- Justice: The duty to be fair in all interactions and applies to the allocation of sometimes meager resources
- **Fidelity:** obligation to keep one's promise and commitments

Celeste, B. C. C. (Ed.). (2023). Advanced oncology nursing certification review and resource man fird edition). Oncology Nursing Society. P.46-51

Ethics - Values

Confidentiality: respecting person's private information

Compassion: deep awareness of a person's situation and suffering; accompanied by a desire to act in a kind and helpful manner

Fidelity: obligation to keep one's promise

and commitments

Integrity: being true to and adhering to a moral set of values

Veracity: duty or obligation to be truthful and honest



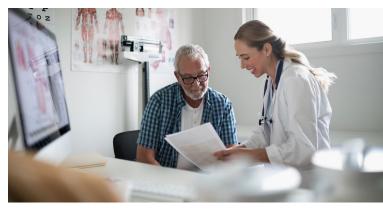


Ethical and Legal Considerations



- **Informed Consent**: Ensuring patients understand treatment risks and benefits.
- Patient Autonomy: Respecting patients' rights to make decisions about their care.
- End-of-Life Care: Ethical considerations in palliative and hospice care





Informed Consent

- Capacity
 - Ability to make a decision, based on competent, rational thought
- Competence
 - One's mental ability to understand
- <u>Disclosure</u>
 - Explanation of
 - positive and negative effects
 - presented in understandable way
- Voluntariness
 - Consent without coercion

Ethical Dilemmas

Ethical dilemmas exist when a situation requires a choice about right behavior or conduct between two equal and opposing alternatives

- When there is a disagreement relating to treatment objectives
- When the patient's voice, opinion, or autonomy is in jeopardy
- When a patient feels coerced (treatment team, family, anyone).
- When your moral compass says, "Something does not feel right"
- Anytime you feel another opinion/perspective is needed

Shared Decision Making

- Shared Decision-Making: Collaborating with patients and families to make informed treatment choices.
- Patient-Centered Care: Collaborating with patients to tailor treatments to their needs
- APN Role: patient advocacy, education, information gathering, subject expertise, team leadership
- Goal Concordant Care (GCC) is a multidisciplinary approach and incorporates a patient's values and goals pertaining to care preferences
- Goals of Care (GOC) conversations are built on trust, honesty, and empathy.



Advanced Directives



Advance Directive

Durable power of attorney for health care; may also be called a healthcare proxy or healthcare surrogate

Living will

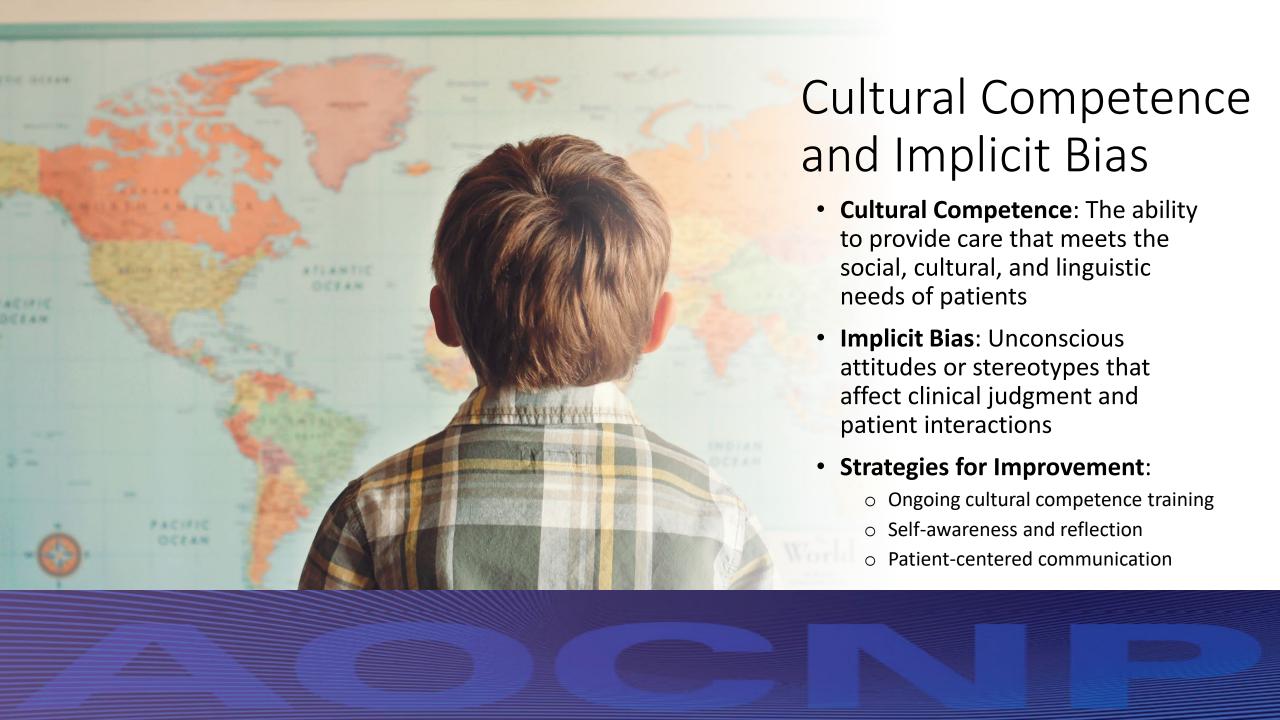
Legal power of attorney; may also be called a durable power of attorney

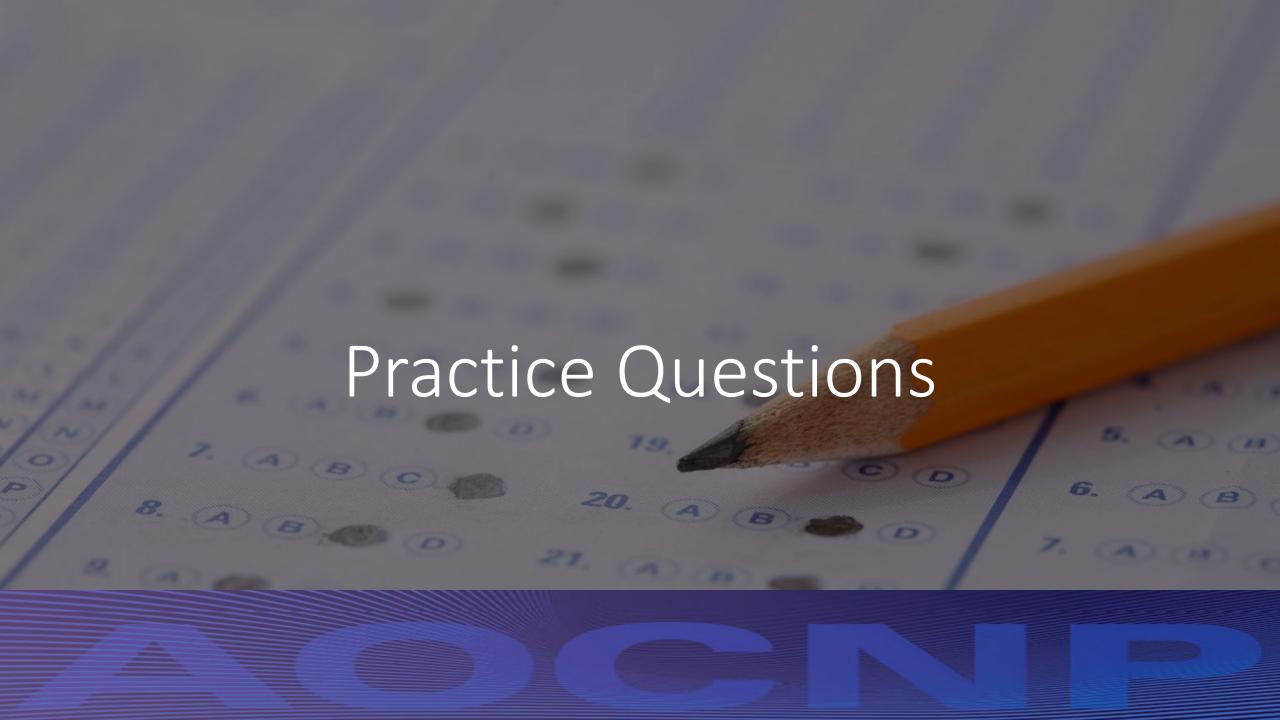
Description

A legal document giving a specific individual the authority to make healthcare decisions if the patient is incapable of making his or her wishes known

Written document that specifies what types of medical treatment the individual desires

A legal document designating a specific individual to act for the patient in financial/legal matters such as making bank transactions and signing checks and legal documents for the patient





James, a 23-year-old patient with acute leukemia, has been admitted to the hospital for an allogeneic stem cell transplant (SCT). He is part of an online SCT support group. After reading posts about others having a 2-week hospital stay, James is confused because his doctor has told him to expect a 4-week stay. What is the best response from the Advanced Practice Nurse (APN)?

- A. "Online support groups can be helpful, but each person's experience is unique. Let's talk more about your concerns, and I'll help address them."
- B. "Don't believe everything you read on the internet, you know that!"
- C. "Can you add me to the support group so I can see what they're discussing?"
- D. "Your doctor knows best, I wouldn't worry about it."

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Correct Answer: A)

Rationale: The best approach is to explore and address your patient's concerns, while guiding them toward reliable sources of information. Social media and online platforms can be helpful, but patients should be cautious and ensure they are consulting evidence-based resources.

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How can APRNs address implicit bias in their practice?

- A. Ignoring cultural differences in favor of clinical data
- B. Referring patients to other healthcare providers for cultural issues
- C. Participating in cultural competence training and integrating it into patient care
- D. Avoiding patients from diverse backgrounds to prevent bias

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Correct Answer: C

Rationale: APRNs can actively address implicit bias by engaging in cultural competence training and applying what they learn to ensure all patients receive equitable care



Summary

Key Takeaways:

- Cultural competence and legal/regulatory knowledge are crucial for APRNs in oncology
- APRNs must adhere to accreditation standards and ethical principles
- Evidence-based care and quality improvement are essential for improving patient outcomes
- Ongoing self and peer competency evaluation ensures high clinical standards

APRN Impact:

 APRNs are integral to oncology teams, improving patient outcomes and care efficiency

Ongoing Challenges:

Addressing reimbursement, role clarity, and regulatory issues



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Thank you!

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