

LEADERSHIP & PROFESSIONAL DEVELOPMENT

Paula Klemm, PhD, RN, OCN®
Associate Editor

Meeting the Challenges of Providing Ongoing Oncology Nursing Education: Puget Sound Oncology Nursing Education Cooperative

Mihkai Wickline, RN, MN, AOCN®, and Renee Yanke, RN, MN, AOCN®

The Puget Sound Oncology Nursing Education Cooperative (PSONEC) was formed in 1998 to address the need for basic oncology nursing education in the Puget Sound region of Washington State. The 14 founding members of the cooperative believed that by pooling their resources they could create a high-quality basic oncology nursing course that would be far superior to what each member could provide individually. A four-day course, based on content from the *Core Curriculum for Oncology Nursing* (Itano & Taoka, 1998) first was offered in 1998. Since then, the Fundamentals of Oncology Nursing course has been offered 15 times and about 1,600 nurses have attended. Although experienced oncology nurses are welcome to attend the program, healthcare facilities in the region often require completion of the course as part of orientation. Seventy-five percent of the attendees have been nurses with fewer than 12 months of oncology experience.

Purpose

Several years ago, members of PSONEC documented their efforts to found the cooperative (Whipple, Hogeland-Drummond, Purrier, & Tofthagen, 2000). At the time of the original report, the cooperative provided two courses for the oncology nursing community in the Puget Sound area. However, the ongoing issues associated with providing high-quality oncology nursing education on

a continual basis could not be foreseen. The purpose of this article is to discuss the challenges inherent in maintaining the integrity of the course while meeting the educational needs of participants. In addition, the authors will discuss the benefits of a cooperative approach to professional development and the outcomes associated with the Fundamentals of Oncology Nursing course.

Challenges

Four challenges were identified at the inception of PSONEC in 1998: (a) conveying the time commitment associated with participation, (b) maintaining financial viability, (c) finding appropriate facilities in which to conduct the course, and (d) reaching consensus among group members regarding goals, responsibilities, and accountability.

To ensure that time commitments are understood, each member institution is asked to sign a letter of agreement (contract) that describes the responsibilities and benefits of membership. The responsibilities include representation on the committee, major service (e.g., host the course, manage registration, prepare the course syllabus), and provision of expert speakers for the course. The benefit is that nurses from member institutions may attend the course free of charge. The founding PSONEC members devoted a great deal of time to creating a successful foundation. During the planning stages of the program,

they met twice monthly to discuss how the cooperative would function and to plan the first course. After the first few courses were completed, meetings were held monthly. The cooperative currently meets an average of eight times per year, and much of the work is accomplished electronically. The representatives report spending an additional 8.5 hours per month on PSONEC activities, with the majority of the work taking place prior to each spring and fall course.

Maintaining financial viability was another challenge the group faced. PSONEC was not a moneymaking venture but did need to be financially viable and self-sustaining. Wilson and Kluka (1992) described nine budget-conscious strategies for stretching education dollars: Win grants, use vendor support, negotiate for third-party reimbursement (for patient education), charge fees, organize cosponsorships, sell advertising space, use free resources, cut development costs, and delegate to staff. PSONEC has incorporated seven of the strategies into the Fundamentals of Oncology Nursing course. Expenses (e.g., printing, meals, secretarial services, postage, gifts for patient panelists) and revenue sources (e.g., program fees for non-PSONEC members, vendor exhibit fees, sponsorship) have remained fairly stable over time, although the dollar amounts have shifted. The first course was the most expensive (more than \$12,000, including start-up costs). As the founding members gained experience running the course, they found that costs decreased. In 2005, the average expenditure for each course was \$10,500.

Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, interviews with nurse leaders, and accounts of the application of leadership principles or theories to practice. Descriptions of activities, projects, or action

plans that are ongoing or completed are welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, PhD, RN, OCN®, at klemmpa@udel.edu.

Mihkai Wickline, RN, MN, AOCN®, is a hematopoietic stem cell transplant clinical nurse specialist at Seattle Cancer Care Alliance in Washington, and Renee Yanke, RN, MN, AOCN®, is a nurse manager and advanced practice nurse in the oncology program at Whidbey General Hospital in Coupeville, WA.

Digital Object Identifier: 10.1188/07.ONF.297-299

Streamlining costs was accomplished through a variety of methods. Printing expenses were reduced by working with a single printing company and using standard guidelines for the electronic submission of speaker handouts. Another method of reducing outlay was to invite members of the pharmaceutical industry to provide meals for participants. To increase revenue, PSONEC invited vendors to exhibit their products and required prepayment of vendor fees. The number of paying attendees (nurses from non-PSONEC institutions) has increased over time as information about the course has become more widespread in the cancer nursing community. The fee for nurses who belong to the Puget Sound chapter of the Oncology Nursing Society (PSONS) but work for a non-PSONEC facility is \$375. Nurses who are not members of PSONS and work for a non-PSONEC facility are charged \$450 to attend. In 2005, the average revenue gained from paying participants was \$9,600, approximately 70% of the cost to conduct the course. Additional funding is obtained from various commercial vendors and sponsorships.

The third challenge, finding a facility in which to provide course content, has remained a difficult one to address. The problem has been reported by similar nursing cooperative education groups. Members of a nursing education consortium in Tennessee indicated that the biggest obstacle to implementing their program was finding an accessible and affordable location. "Nearly every agency had some classroom space, but rarely was it available for consecutive days of consecutive weeks" (Nalle, Brown, & Herrin, 2001, p. 64). Sammut (1994) wrote about the challenges of finding an appropriate facility for the critical care course that her consortium offered in New Jersey. The Puget Sound region in Washington encompasses more than 13,000 square miles of land, includes four of the most populous cities in the region (Seattle, Tacoma, Everett, and Bellevue), and is home to 75% of residents in the state. Traffic flow and parking availability are important considerations for participants, many of whom travel more than 100 miles each day to attend the course. Finding a centrally located institution that has adequate parking, an auditorium to seat 120 people for four nine-hour days, and adequate audiovisual technology has been difficult. Five institutions have hosted the Fundamentals of Oncology Nursing course over the years, with one institution hosting 7 of the 13 courses. Two PSONEC member institutions currently are remodeling their hospitals and may have expanded conference space in the future, which would increase the pool of potential facilities with appropriate learning space and adequate parking.

The final challenge, as originally perceived, was creating consensus in the group regarding common goals and accountability of

members. The cooperative's founding members agreed to pool their time, expertise, and resources to provide basic oncology instruction to the region's cancer nurses. In addition, they worked to establish and then to maintain a community standard for oncology nursing education. PSONEC members originally thought that course attendance would decline after the first few years. However, turnout has remained consistent: 95–125 participants per course. Cherie Tofthagen, RN, MEd, BSN, OCN®, a member of the original planning committee, noted that "the biggest benefit of this course is that its primary objective at its inception is still being met. The thought that we could set a community standard for all new oncology nurses is something that we are doing" (C. Tofthagen, personal communication, December 10, 2005).

To ensure membership responsibility, the cooperative depends on the letter of agreement to hold members accountable to PSONEC activities. Over the years, cooperative membership has fluctuated as institutions have undergone changes in priorities and resources. Twenty-six health-care facilities have participated in PSONEC since 1998. When member institutions no longer are able to fulfill their duties, they remove themselves from the group. If, in the future, they are able to meet their obligation and wish to rejoin, they are welcome to do so. The cooperative currently consists of 17 members (usually the oncology clinical nurse specialist, nurse manager, cancer program director, or nurse educator) with representatives from area hospitals, clinics, and industry. The representatives attend regularly scheduled meetings, contribute a major service, provide lecturers, or sponsor lecturers for the course.

Over time, new challenges have presented themselves, including keeping the course content current and relevant to participants. To provide up-to-date information, members begin planning for the next course immediately after the evaluations from the previous one are tallied. The presenters are sent evaluative feedback and are responsible for updating and improving their presentations. Lecturers are given the option of keeping their presentation topics or choosing other ones (as available) for the next scheduled course. Some presenters have chosen new topics based on their interests, areas of expertise, or changes in membership. Occasionally, members of the cooperative do not have speakers with the credentials to present on particular topics. If that is the case, they may contract with experts from the community to provide their "share" of the course offering. Changes in educational content have been made recently based on the latest edition of *Core Curriculum for Oncology Nursing* (Itano & Takoa, 2005) and other related sources (see Figure 1).

Evaluating course relevance is an important consideration as PSONEC looks at

Day 1

Overview of cancer pathophysiology
Principles of cancer treatment
Immunology, hematopoiesis, and growth factors
Genetics
Diagnostic studies
Ethical issues in oncology

Day 2

Radiation therapy
Colorectal cancer
Lung cancer
Ovarian cancer
Breast cancer
Prostate cancer
Resources and supportive services

Day 3

Care of immunocompromised patients
Leukemia
Lymphoma and B-cell malignancies
Blood product support
Bone marrow and stem cell transplantation
Clinical trials
Patient panel

Day 4

Nutritional alterations
Neurologic alterations
Oncologic emergencies
Healthcare economics and oncology nursing
Cancer pain management
Palliative and end-of-life care
Caring communication and therapeutic presence

Figure 1. Course Content for Fundamentals of Oncology Nursing

the age and demographics of participants. Recently, course evaluations have criticized the strictly didactic style of lectures and basic level of content. The course was designed to focus on fundamental cancer information and to be used as part of orientation for new oncology nurses. However, many nurses take the course as a "refresher" for their work. Some of them have expressed disappointment when they did not learn anything new. A few participants reported that they felt overwhelmed with the large amount of information provided over the four-day course. Other attendees indicated that the course provided a great update on the physiology and treatment of cancer.

Two goals associated with continuing nursing education are to increase staff knowledge in specialty clinical arenas (e.g., oncology nursing) and to encourage professional development. A literature review and evaluations have provided evidence that the course is achieving those goals. Arruda (2005) argued that nurses need adequate training that enables them to provide a safe level of care to patients. Senge, Kleiner, Roberts, Ross, and Smith (1994) stated the importance of providing staff with education to perform their jobs and fostering "personal mastery" of their roles. Ridge (2005) wrote that fostering

a continuous learning environment sends a clear message that staff development is highly valued and that nursing leadership is committed to supporting staff. Healthcare facilities are responsible for orienting staff to the policies, procedures, and practice issues that will facilitate their transition into new roles. The Fundamentals of Oncology Nursing course is recognized by nursing leadership in the area as playing a key role in developing highly skilled nurses at the bedside and as serving as an aid in nurse retention. Additionally, attendees can earn as many as 32 continuing nursing education credits in a short period of time.

An environmental scan conducted by the Oncology Nursing Society revealed a generational gap in the nursing profession (Murphy et al., 2005). PSONEC representatives appreciate the challenge of keeping the course relevant and valued by participants across generations. Younger nurses tend to be more technologically adept and may have different learning styles than older nurses (Murphy et al.). To maintain a high standard of continuing education, PSONEC reviews evaluative data provided by participants to incorporate appropriate teaching methodologies.

Benefits of Membership

PSONEC has addressed the original challenges identified by its founders and is working to meet the current ones. As part of the ongoing evaluation of the program, PSONEC has identified several benefits and privileges that are associated with membership. Nurses who attend the course are taught by advanced practice nurses and local experts. Attendance at the course also provides opportunities to network with colleagues from other institutions. PSONEC facilities benefit from the mix of partners who comprise the cooperative. Ample opportunity exists for each representative to collaborate on clinical practice and professional issues. Seventy-five percent (12) of members are advanced practice nurses and 31% (5) function in management or dual roles. Members periodically e-mail the group asking for input on clinical issues (e.g., chemotherapy safety, clinical competencies).

The efforts of PSONEC have had several positive outcomes. The easiest to measure is cost savings. Barbara Otto, MSN, RN, CNRN, OCN®, a clinical educator at Harrison Medical Center in Bremerton, described previous efforts to provide oncology education to staff before cooperative membership. "My institution gladly supported my time commitment to the cooperative because of the tremendous cost savings in providing this education to our staff" (B. Otto, personal communication, December 13, 2005). Mihkai Wickline, RN, MN, AOCN®, hematopoietic stem cell transplant clinical nurse specialist at Seattle Cancer Care Alliance, noted that "the benefits of involvement extend beyond reduced cost to staff. I am involved with my

peer group in the community and have the privilege of networking with other cancer nursing leaders" (M. Wickline, personal communication, December 9, 2005).

Another outcome benefit related to the course is an increase in clinical competency. Most of the nurses who finish the course are required by their employers to complete a post-test, developed by PSONEC, that measures their knowledge of course content. Some healthcare facilities require that attendees achieve a passing score (e.g., 80% or 90%), whereas others merely record that the post-test was completed. All participating facilities provide a test review for participants; some go so far as to put test results in employees' permanent work files.

The Washington State Department of Health and the Joint Commission on Accreditation of Healthcare Organizations require evidence that nurses receive department-specific initial orientation and ongoing training. The Commission on Cancer (a division of the American College of Surgeons) has the following standard: "Nursing care is provided by nurses with specialized knowledge and skills in oncology" (Commission on Cancer, 2004, p. 37). Some members of the cooperative use the course as proof that the regulatory requirement has been met. Martha Purrier, RN, MN, AOCN®, oncology clinical nurse specialist and nurse manager of oncology and IV therapy at Virginia Mason Medical Center in Seattle, described the following interaction with Commission on Cancer surveyors. "When we described the Fundamentals of Oncology Nursing course to the surveyors and showed them our OCN® rate, they immediately checked 'commendation' for oncology nursing competence and moved on to the next standard" (M. Purrier, personal communication, December 14, 2005). PSONEC member Nancy Unger, RN, BC, MN, MPH, acute care clinical nurse specialist at Harborview Medical Center in Seattle, described how the course contributes to clinical competency. "Because our mission population does not ordinarily include oncology patients, we do not have as many resources in oncology care as other institutions. I feel we give better care to our oncology patients because we participate in the cooperative" (N. Unger, personal communication, December 7, 2005).

A third outcome benefit related to offering the course is measured by participant satisfaction. Nancy Thompson, RN, MS, AOCN®, oncology clinical nurse specialist for Swedish Medical Center in Seattle, reported that even experienced nurses found that much of the material in the course was new to them. She also indicated that "the continuing nursing education option for certification renewal motivated nurses to attend this type of course, as they see it as a relevant and inexpensive way to meet certification requirements" (N. Thompson, personal communication, December 12,

2005). Ninety-nine percent of participants over the life of the course have stated that they would recommend the course to others. Course evaluations are largely positive, and many written comments echo this sample remark: "The information was very helpful, interesting, and engaging. Thanks for making it all come together."

Conclusion

What began as a mission to address a need for basic oncology nursing education in 1998 has flourished through the hard work of the cooperative's members and the support of their respective institutions. The cooperative is pleased to keep "bringing it all together" for oncology nurses in the Puget Sound area.

Author Contact: Mihkai Wickline, RN, MN, AOCN®, can be reached at mwicklin@seattlecca.org, with copy to editor at ONFEditor@ons.org.

References

- Arruda, E.H. (2005). Better retention through nursing theory. *Nursing Management*, 36(4), 16, 18.
- Commission on Cancer. (2004). *Commission on Cancer: Cancer program standards*. Retrieved December 14, 2005, from <http://www.facs.org/cancer/coc/cocprogramstandards.pdf>
- Itano, J.K., & Taoka, K.N. (Eds.). (1998). *Core curriculum for oncology nursing* (3rd ed.). Pittsburgh, PA: Oncology Nursing Society.
- Itano, J.K., & Taoka, K.N. (Eds.). (2005). *Core curriculum for oncology nursing* (4th ed.). Pittsburgh, PA: Oncology Nursing Society.
- Murphy, C.M., Ballon, L.G., Culhane, B., Maf-rica, L., McCorkle, M., & Worrall, L. (2005). Oncology Nursing Society environmental scan 2004. *Oncology Nursing Forum*, 32, 742. Retrieved February 3, 2006, from <http://www.ons.org/publications/journals/ONF/Volume32/Issue4/3204742.asp>
- Nalle, M.A., Brown, M.L., & Herrin, D.M. (2001). The nursing continuing education consortium: A collaborative model for education and practice. *Nursing Administration Quarterly*, 26(1), 60-66.
- Ridge, R.A. (2005). A dynamic duo: Staff development and you. *Nursing Management*, 36(7), 28-34.
- Sammot, N.A. (1994). Critical care education: A consortium approach. *Journal of Nursing Staff Development*, 10, 219-222.
- Senge, P., Kleiner, A., Roberts, C., Ross, R., & Smith, B. (1994). *The fifth discipline fieldbook: Strategies and tools for building a learning organization*. New York: Doubleday.
- Whipple, V.T., Hogeland-Drummond, S., Purrier, M., & Toftagen, C. (2000). Puget Sound Oncology Nursing Education Cooperative. *Oncology Nursing Forum*, 27, 1513-1516.
- Wilson, S., & Kluka, M. (1992). Nine budget-conscious strategies for education. *Nursing Management*, 23(8), 42-44.