

Infirmières de pratiques avancées

Infirmière coordinatrice de parcours complexes de soins

References

- (1) **La pratique avancée. Une évolution attendue à l'intersection de l'art, la praxis et l'action.**
PEOC'H N, SAINT-JEAN M.
GESTIONS HOSPITALIERES 2012;(516):313-7.
Abstract: Le cadre de la loi Hôpital, patients, santé, territoires (HPST) introduit la notion de pratiques avancées en soins infirmiers. Parallèlement, le passage au système d'enseignement universitaire de la formation infirmière pose la question de la juste définition de la pratique avancée en termes d'opérationnalisation, de reconnaissance et de déploiement dans les institutions de santé en France. Dès lors, il convient de clarifier les niveaux de structuration des rôles en pratique infirmière avancée entre pratique généraliste, pratique consolidée et pratique spécifique. (R.A.).

- (2) **Infirmières de pratiques avancées et défis de santé publique.**
DEBOUT C.
SOINS CADRES 2012;(81):14-7.
Abstract: Alors que l'actualité professionnelle est marquée par l'évolution des rôles cliniques dévolus aux infirmières et que la réforme de l'appareil de formation en soins infirmiers se poursuit, la première promotion d'infirmières a reçu en juillet 2011 son master en sciences cliniques infirmières. Il est nécessaire de repérer les cadres de référence internationaux disponibles en matière de pratiques avancées en soins infirmiers, notamment dans le domaine de la formation. (R.A.).

- (3) **Coordination des parcours complexes de soins, une pratique avancée en soins infirmiers**
BESSE J, CHERUBIN A, FLUCK G, CONSTANT N, STERVINOUC, RAOUS S et al.
Memoire EHESP de Module Interprofessionnel (MIP).]. 2012.
Abstract: L'évolution de la démographie médicale, de la complexité des parcours de soins représentent de nouveaux défis pour la santé publique. L'infirmière en pratique avancée peut alors apparaître comme un acteur apte à fluidifier les parcours de soins des patients. Cependant, le cadre législatif, trop rigide et centré sur le médecin, doit faire l'objet de changements profonds pour instituer le nouveau rôle de l'infirmière. Cette situation est le résultat d'une longue histoire et d'une quête pour la reconnaissance qui a vu l'infirmière s'affirmer progressivement comme partenaire des autres professionnels de santé. Mais la redéfinition du rôle de l'infirmière ne saurait se faire sans une réelle collaboration entre les professionnels de santé médicaux et paramédicaux. Bien que des expériences concluantes aient été menées dans différents pays, la France présente un retard dans l'évolution du rôle de l'infirmière. Qu'il s'agisse de répondre aux besoins de la population lorsque les médecins sont trop peu nombreux, ou pour le management de cas en psychiatrie, les infirmières ont prouvé être des acteurs légitimes. Mais l'absence de reconnaissance du corps médical, le problème de répartition des gains économiques et le positionnement flou de la profession infirmière rendent ces évolutions difficiles. Le dispositif ASALEE essaie d'éviter ces écueils et se révèle être une des initiatives les plus marquantes dans la perspective d'une médecine de parcours. Aujourd'hui il est urgent de créer un statut d'infirmière en pratique avancée (IPA) qui déclinerait de nouvelles modalités d'action aux niveaux national, régional et local. Nous proposons un projet d'expérimentation locale d'une coordination de parcours complexe appliquée à la psychiatrie dans la région Midi-Pyrénées. Ce projet illustre, dans une région présentant des difficultés d'accès aux soins, les raisons qui poussent à la recherche de nouvelles formes de coordination et la place centrale de l'IPA dans ce processus. (R.A.)

- (4) **Toxicology in the emergency department: a review for the advanced practice nurse.**
Gresham C, Wilbeck J.
Adv Emerg Nurs J 2012; 34(1):43-54.
Abstract: General assessment, resuscitation strategies, and risk assessment of the poisoned patient are explored in this article, including specific interventions for unresponsive patients and seizures. Sympathomimetic and anticholinergic toxidromes are described in terms of clinical presentation and treatment strategies and are compared with other common toxidromes. Controversies in gastric decontamination are also outlined, including

consensus panel and national organizational recommendations. Despite available methods for toxin elimination, advances in medicine, and pharmacotherapy options, the cornerstone of toxicology remains supportive care. The purpose of this article is to equip the advanced practice nurse in the emergency setting with baseline knowledge to provide initial care of the poisoned patient.

(5) **Advanced nursing roles: a systematic review.**

Jokiniemi K, Pietila AM, Kylma J, Haatainen K.

Nurs Health Sci 2012; 14(3):421-31.

Abstract: In this systematic literature review, we analyzed and synthesized the literature on one specialized advance practice nursing role in three countries for the purpose of describing and comparing these roles, as well as discussing whether an international consensus of the advance practice nursing definition is possible. A systematic search on CINAHL and PubMed Medline was conducted in 2011 to search the literature on the nurse consultant in the UK, the clinical nurse specialist in the USA, and the clinical nurse consultant in Australia. The studies (n = 42) were analyzed and combined using qualitative content analysis method. The roles of the nurse consultant, clinical nurse specialist, and clinical nurse consultant were similar. The variation in the roles appears to derive from organizational or individual choices, not the country in question. The study process comprised a synthesized representation of one specialized advance practice nursing role. More work is needed to further define the concept of the advance practice nursing, as well as its implementation on other cultures beyond this review. Based on this review, an international consensus regarding the definition of advance practice nursing and its subroles is possible.

(6) **Perceptions of roles, practice patterns, and professional growth opportunities: broadening the scope of advanced practice in oncology.**

McCorkle R, Engelking C, Lazenby M, Davies MJ, Ercolano E, Lyons CA.

Clin J Oncol Nurs 2012; 16(4):382-7.

Abstract: Broadening the scope of advanced practice providers (APPs) has been offered as a solution to increasing healthcare costs, workforce shortage, and increased demand. To understand present scope and barriers to broadening it, the authors describe the perceptions and practice patterns of APPs. This cross-sectional study used a computerized self-report survey of 32 targeted nurse practitioners and physician assistants employed in the cancer center of an urban teaching hospital; 31 were included in the quantitative analyses. Survey items covered education and training background, expertise, professional resources and support, duties, certification, and professional development. Respondents practiced in a variety of oncology specialty areas, but all had advanced degrees, most held specialty certifications, and 39% had attended a professional or educational meeting within the last year. They spent a majority of their time on essential patient-care activities, but clerical duties impeded these; however, 64% reported being satisfied with the time they spent with patients and communicating with collaborating physicians. A model of advanced oncology practice needs to be developed that will empower APPs to provide high-quality patient care at the fullest extent of their knowledge and competence.

(7) **Quel avenir pour les Infirmiers (ères) Ressource Douleur (IRD) ?**

ORTIZ M.

DOULEURS : EVALUATION, DIAGNOSTIC, TRAITEMENT 2012; 13(5):219-23.

Abstract: La fonction d'infirmier (ère) spécialisé (e) douleur, aujourd'hui appelée Infirmier (ère) Ressource Douleur (IRD), a beaucoup évolué ces dix dernières années, sous l'effet notamment des nombreuses réformes qui ont touché le système sanitaire, tant sur le plan législatif qu'organisationnel ou économique, aboutissant finalement à une modification de l'offre de soins et des "contours" de certaines professions de santé. De nouvelles opportunités s'ouvrent à travers la réforme de la formation infirmière, les programmes de recherche en soins infirmiers (PHRI), la loi hôpital, patients, santé et territoire (HPST) et l'émergence des métiers dits "intermédiaires", situés à l'interface du médical et du paramédical, et supposant une qualification de niveau Master (cf. pratiques avancées en soins infirmiers). Nous tenterons de montrer ici que l'IRD a atteint aujourd'hui ce haut niveau de technicité, de performance et d'expertise, qui lui permet de prendre des initiatives dans son propre champ de responsabilité, de s'adapter aux évolutions du système et d'exercer sa fonction en collaboration avec d'autres professionnels. Ainsi, rien ne s'oppose à l'assimilation de la fonction d'IRD à une pratique avancée, et donc à un nouveau métier intermédiaire.

(8) **Infirmiers ressource douleur et pratiques avancées : mythe ou réalité ?**

GAUTIER JM.

DOULEUR ET ANALGESIE 2012; 25(3):136-43.

Abstract: L'organisation de l'offre de soins est actuellement reconsidérée au vu des effets conjugués de l'accroissement de la demande en soins, de la modification des besoins et des attentes de la population, du phénomène de pénurie médicale et de la pression économique croissante. L'émergence des pathologies liées au vieillissement, le développement des maladies chroniques et les enjeux de santé publique actuels nécessitent le développement de nouvelles prises en charge impliquant de redéfinir les contours des professions de santé. La douleur, notamment lorsqu'elle est chronique, est devenue une priorité nationale depuis la fin des années 1990. Les établissements de santé doivent tout mettre en oeuvre pour prendre en charge la douleur. Les infirmiers ressource douleur (IRD) ont développé de nouvelles compétences en consultation d'évaluation et traitement de la douleur et/ou en mission transversale. Ces nouvelles compétences peuvent-elles être considérées comme pratiques avancées ? La reconnaissance d'une pratique infirmière avancée dans le champ de la douleur conduira-t-elle à la construction d'un nouveau métier, d'une nouvelle identité professionnelle ? (R.A.).

(9) **Advanced practice nursing, health care teams, and perceptions of team effectiveness.**

Kilpatrick K, Lavoie-Tremblay M, Ritchie JA, Lamothe L.

Health Care Manag (Frederick) 2011; 30(3):215-26.

Abstract: This article summarizes the results of an extensive review of the organizational and health care literature of advanced practice nursing (APN) roles, health care teams, and perceptions of team effectiveness. Teams have a long history in health care. Managers play an important role in mobilizing resources, guiding expectations of APN roles in teams and within organizations, and facilitating team process. Researchers have identified a number of advantages to the addition of APN roles in health care teams. The process within health care teams are dynamic and responsive to their surrounding environment. It appears that teams and perceptions of team effectiveness need to be understood in the broader context in which the teams are situated. Key team process are identified for team members to perceive their team as effective. The concepts of teamwork, perceptions of team effectiveness, and the introduction of APN roles in teams have been studied disparately. An exploration of the links between these concepts may further our understanding the health care team's perceptions of team effectiveness when APN roles are introduced. Such knowledge could contribute to the effective deployment of APN roles in health care teams and improve the delivery of health care services to patients and families.

(10) **Collaborative and supervisory relationships between attending physicians and advanced practice nurses in long-term care facilities.**

Collaborative and supervisory relationships between attending physicians and advanced practice nurses in long-term care facilities.

Geriatr Nurs 2011; 32(1):7-17.

Abstract: Recent years have seen an increased interest and use of advanced practice nurses (APN) in long-term care. Models of best practices of supervision and collaboration have been promulgated by many organizations, but none have specifically addressed how these interactions should occur in the nursing home setting. In order to better define the role of the attending physician and APN to provide optimal resident care, American Medical Directors Association formed a work group to address collaborative and supervisory relationships in long-term care facilities.

(11) **Les pratiques avancées infirmières.**

COLSON S.

CAHIERS DE LA PUERICULTRICE 2011; 46(244):9-32.

Abstract: Bien que le concept de "pratiques avancées en soins infirmiers" puisse paraître nouveau en France, il est apparu à l'échelle internationale depuis plus de cinquante ans avec pour objectif de pallier la baisse de la démographie médicale. Ce dossier en propose l'historique, la définition, les deux fonctions qu'il regroupe : l'infirmière spécialiste clinique (ISC) et l'infirmière praticienne (IP). Il présente ensuite le réseau international des pratiques avancées en soins infirmiers (INP/APNN pour International Nurse Practitioner/Advanced Practice Nursing Network) dont le rôle est d'harmoniser les pratiques, les formations et la recherche dans ce domaine. Au sommaire également : - Les pratiques avancées en pédiatrie dans le monde. - Les pratiques avancées infirmières dans les pays de l'OCDE (résultats d'une enquête sur les expériences de pratiques avancées dans douze pays développés). - Le contexte français d'émergence des pratiques avancées infirmières. - Le concept de la pratique

(12) **Advanced practice nurse outcomes 1990-2008: a systematic review.**

Newhouse RP, Stanik-Hutt J, White KM, Johantgen M, Bass EB, Zangaro G et al.

Nurs Econ 2011; 29(5):230-50.

Abstract: Advanced practice registered nurses have assumed an increasing role as providers in the health care system, particularly for underserved populations. The aim of this systematic review was to answer the following question: Compared to other providers (physicians or teams without APRNs) are APRN patient outcomes of care similar? This systematic review of published literature between 1990 and 2008 on care provided by APRNs indicates patient outcomes of care provided by nurse practitioners and certified nurse midwives in collaboration with physicians are similar to and in some ways better than care provided by physicians alone for the populations and in the settings included. Use of clinical nurse specialists in acute care settings can reduce length of stay and cost of care for hospitalized patients. These results extend what is known about APRN outcomes from previous reviews by assessing all types of APRNs over a span of 18 years, using a systematic process with intentionally broad inclusion of outcomes, patient populations, and settings. The results indicate APRNs provide effective and high-quality patient care, have an important role in improving the quality of patient care in the United States, and could help to address concerns about whether care provided by APRNs can safely augment the physician supply to support reform efforts aimed at expanding access to care.

(13) **An advanced nurse practitioner-led service - consequences of service redesign for managers and organizational infrastructure.**

Barton D, Mashlan W.

J Nurs Manag 2011; 19(7):943-9.

Abstract: AIM: A service review of a secondary care advanced nurse practitioner-led service. BACKGROUND: An acute hospital-based elderly care rehabilitation service evolved over a 9-year period from a traditional consultant/junior doctor configuration to a consultant/advanced nurse practitioner configuration. The review evaluated the advanced nurse practitioner team's role in the clinical setting, and the constraints experienced as a result of the traditions of the hospital organization. EVALUATION: The review drew its conclusions from opinion data collected from 38 professionals and non-professionals within the rehabilitation service. KEY ISSUES: The organizational infrastructure and traditions that had an impact on service delivery by the advanced nurse practitioner team. There is a demand for senior management to act on developmental constraints. CONCLUSIONS: The advanced nurse practitioner-led rehabilitation service was fit for purpose and an emerging model of a non-medical led care. However, important organizational constraints were identified. IMPLICATIONS FOR NURSING MANAGEMENT: An advanced nurse practitioner team, working in collaboration with medical consultants, was a model for future service redesign in the acute hospital setting. Nevertheless, it presented challenges to senior health-care managers on current organizational infrastructures.

(14) **Psychological Distress during Ovarian Cancer Treatment: Improving Quality by Examining Patient Problems and Advanced Practice Nursing Interventions.**

O'Sullivan CK, Bowles KH, Jeon S, Ercolano E, McCorkle R.

Nurs Res Pract 2011; 2011:351642.

Abstract: Background/Significance. Ovarian cancer patients are prone to psychological distress. The clinical significance and best practices for distress among this population are poorly understood. Method. Secondary analysis of research records from a six month randomized control trial included 32 women with primary ovarian cancer. All received 18 advanced practice nurse (APN) visits over six months. Three sub-samples were determined by distress level (high/low) and mental health service consent for high distress. Demographic, clinical factors, patient problems and APN interventions obtained through content analysis and categorized via the Omaha System were compared. Results. Clinically-significant psychiatric conditions were identified in 8/18 (44%) high distress subjects consenting to mental health intervention. High distress subjects who refused mental health intervention had more income and housing problems than the other subjects, received the fewest interventions at baseline, and progressively more throughout the study, exceeding the other sub-samples by study completion. Conclusions. Highly-distressed women not psychologically ready to work through emotional consequences of cancer at treatment onset may obtain support from APNs to manage cancer problems as they arise. Additional studies may identify best practices for all highly-distressed women with cancer, particularly those who do not accept mental health services for distress, but suffer from its effects.

- (15) **Oncology nursing: educating advanced practice nurses to provide culturally competent care.**
Yeo TP, Phillips J, Delengowski A, Griffiths M, Purnell L.
J Prof Nurs 2011; 27(4):245-54.
Abstract: More than 37 million persons or 12.4% of the U.S. population are older than 65 years. These numbers are expected to reach 71.5 million (20% of the population) by 2030. This older population is becoming more racially and ethnically diverse as the overall minority and culturally diverse populations increase. Although the incidence and mortality rates from several major cancers have declined due to advances in cancer care, these advances have lagged among the underserved and more vulnerable racially and culturally diverse populations. Moreover, the disparity between the gender and the racial mix of nurses and the overall population continues to widen. Thus, a growing need for professional nurses and advanced practice nurses with formal educational preparation in all areas of oncology nursing exists. This article (a) highlights significant cancer disparities among diverse populations, (b) describes how cultural belief systems influence cancer care and decision making, and (c) explicates the need to prepare advanced practice nurses for careers that include cancer care of diverse and vulnerable populations through formal oncology educational programs. The "Top 10" reasons for becoming an advanced practice nurse specializing in the oncologic care of patients from diverse and underserved populations are presented.
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- (16) **La pratique infirmière informée par des résultats de recherche : la formation de leaders dans les organisations de santé, une avenue prometteuse.**
GAGNON J, COTE F, MBOUROU G.
RECHERCHE EN SOINS INFIRMIERS 2011;(105):76-82.
Abstract: Problématique. Malgré le fait que les infirmières reconnaissent l'importance d'appuyer leurs savoirs d'expérience sur des données scientifiques, les résultats probants de recherche sont peu intégrés dans leur pratique. L'une des lacunes importantes réside dans le manque d'habiletés de base des infirmières à utiliser la recherche pour mieux informer leurs prises de décisions cliniques. L'objectif de cette étude pilote était d'évaluer une intervention d'intégration de résultats de recherche dans la pratique infirmière par la formation de leaders. Intervention. Sept infirmières de pratique avancée et 12 infirmières cliniciennes provenant de six spécialités de soins ont participé conjointement à des activités éducatives de transfert et d'échange de connaissances. Méthode. Dix-neuf infirmières ont suivi un stage de formation de 20 jours et 14 d'entre elles ont participé aux deux entrevues, avant et après l'intervention. Résultats et Conclusion. Dans l'ensemble, les infirmières considèrent très positive leur participation à la formation. Les difficultés rencontrées lors du stage et la perception, a priori, négative du processus de recherche sont largement compensées par les compétences acquises et les résultats cliniques de l'intervention. De plus, une amorce de changement dans l'organisation et dans les relations avec certains professionnels du milieu est notée et valorisée. (R. A.).
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- (17) **Evaluation of bone marrow examinations performed by an advanced nurse practitioner: an extended role within a haematology service.**
Kelly M, Crotty G, Perera K, Dowling M.
Eur J Oncol Nurs 2011; 15(4):335-8.
Abstract: PURPOSE: Traditionally, medical personnel have undertaken bone marrow (BM) examination. However, specially trained nurses in advanced practice roles are increasingly undertaking this role. This paper presents the findings from an audit of BM examinations undertaken by an advanced nurse practitioner (ANP) at a regional haematology specialist centre. METHODS: The audit evaluated the quality of BM examinations performed by the ANP over the past two years (September 2007-September 2009). Over the two year period, 324 BM examinations were performed at the centre of which 156 (48.1%) were performed by the ANP. A random sample of 30 BM examinations undertaken by the ANP were analysed by the consultant haematologist. RESULTS: All 30 BM examinations undertaken by the ANP were sufficient for diagnosis. CONCLUSIONS: The ANP is capable and competent to obtain BM samples which are of a sufficient quality to permit diagnosis.
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- (18) **Les pratiques avancées infirmières.**
THOMPSON R, ASTON J, DRAGO F, WARNET S.
REVUE DE L'INFIRMIERE 2011;(170):11-24.
Abstract: En France, la reconnaissance et le développement de nouveaux rôles élargis pour l'ensemble des professions paramédicales est en oeuvre depuis 2003. Plusieurs projets expérimentaux de coopérations et de délégations ont été initiés avec succès. Onze projets impliquaient des infirmières expérimentées amenées à pratiquer, dans un cadre dérogatoire et après une formation adaptée, des pratiques avancées. Alors que le

contour des métiers de la santé va évoluer, dans le prolongement de la réingénierie des formations, l'heure est certainement venue pour les infirmières d'investir officiellement le champ des pratiques avancées, avec tous les attributs requis en formation, et d'être ainsi reconnues pour leur expertise. (NDLR).

(19) **The caring continuum: role of the pediatric critical care advanced practice nurse in palliative care program development.**

Mauricio RV, Okhuysen-Cawley R.

Crit Care Nurs Q 2010; 33(3):292-7.

Abstract: A caring continuum to children at the close of life can be established by broadening the scope of intervention available to these children in the ICU, general pediatric unit, and the clinic with critical care based advanced practice nursing team, providing close interdisciplinary coordination of complex care.

(20) **Factors enabling advanced practice nursing role integration in Canada.**

DiCenso A, Bryant-Lukosius D, Martin-Misener R, Donald F, Abelson J, Bourgeault I et al.

Nurs Leadersh (Tor Ont) 2010; 23 Spec No 2010:211-38.

Abstract: Although advanced practice nurses (APNs) have existed in Canada for over 40 years and there is abundant evidence of their safety and effectiveness, their full integration into our healthcare system has not been fully realized. For this paper, we drew on pertinent sections of a scoping review of the Canadian literature from 1990 onward and interviews or focus groups with 81 key informants conducted for a decision support synthesis on advanced practice nursing to identify the factors that enable role development and implementation across the three types of APNs: clinical nurse specialists, primary healthcare nurse practitioners and acute care nurse practitioners. For development of advanced practice nursing roles, many of the enabling factors occur at the federal/provincial/territorial (F/P/T) level. They include utilization of a pan-Canadian approach, provision of high-quality education, and development of appropriate legislative and regulatory mechanisms. Systematic planning to guide role development is needed at both the F/P/T and organizational levels. For implementation of advanced practice nursing roles, some of the enabling factors require action at the F/P/T level. They include recruitment and retention, role funding, intra-professional relations between clinical nurse specialists and nurse practitioners, public awareness, national leadership support and role evaluation. Factors requiring action at the level of the organization include role clarity, healthcare setting support, implementation of all role components and continuing education. Finally, inter-professional relations require action at both the F/P/T and organizational levels. A multidisciplinary roundtable formulated policy and practice recommendations based on the synthesis findings, and these are summarized in this paper.

(21) **Advanced practice nursing in Canada: overview of a decision support synthesis.**

DiCenso A, Martin-Misener R, Bryant-Lukosius D, Bourgeault I, Kilpatrick K, Donald F et al.

Nurs Leadersh (Tor Ont) 2010; 23 Spec No 2010:15-34.

Abstract: The objective of this decision support synthesis was to identify and review published and grey literature and to conduct stakeholder interviews to (1) describe the distinguishing characteristics of clinical nurse specialist (CNS) and nurse practitioner (NP) role definitions and competencies relevant to Canadian contexts, (2) identify the key barriers and facilitators for the effective development and utilization of CNS and NP roles and (3) inform the development of evidence-based recommendations for the individual, organizational and system supports required to better integrate CNS and NP roles into the Canadian healthcare system and advance the delivery of nursing and patient care services in Canada. Four types of advanced practice nurses (APNs) were the focus: CNSs, primary healthcare nurse practitioners (PHCNPs), acute care nurse practitioners (ACNPs) and a blended CNS/NP role. We worked with a multidisciplinary, multijurisdictional advisory board that helped identify documents and key informant interviewees, develop interview questions and formulate implications from our findings. We included 468 published and unpublished English- and French-language papers in a scoping review of the literature. We conducted interviews in English and French with 62 Canadian and international key informants (APNs, healthcare administrators, policy makers, nursing regulators, educators, physicians and other team members). We conducted four focus groups with a total of 19 APNs, educators, administrators and policy makers. A multidisciplinary roundtable convened by the Canadian Health Services Research Foundation formulated evidence-informed policy and practice recommendations based on the synthesis findings. This paper forms the foundation for this special issue, which contains 10 papers summarizing different dimensions of our synthesis. Here, we summarize the synthesis methods and the recommendations formulated at the roundtable.

(22) **The effects of integrating an advanced practice palliative care nurse in a community oncology center: a pilot study.**

Prince-Paul M, Burant CJ, Saltzman JN, Teston LJ, Matthews CR.

J Support Oncol 2010; 8(1):21-7.

Abstract: Despite the widespread recognition of the need for new models of care to better serve patients with advanced cancer, little evidence exists to document the effectiveness of these models. The purpose of this pilot study was to investigate the integration of an on-site palliative care (PC) advanced practice nurse (APRN) in the community oncology setting and the effect of PC services on patients with advanced cancer compared with usual care. This study utilized a descriptive, pre/post design with 101 adult patients with advanced cancer. Patient accrual occurred for 5 months in the usual care period (n=52), followed by 5 months of accrual after implementation of the PC APRN (n=49). Data were collected at enrollment and 4 months post enrollment. Data were analyzed using independent t-tests and logistic regression analyses. Controlling for health-related quality-of-life variables, 10 covariates were entered into two logistic regression models, with hospitalization and mortality as outcome measures. Patients who had palliative care had a significantly lower mortality rate at 4 months (odds ratio = 24.6; P = 0.02) and had an 84% decrease in the odds of being hospitalized (odds ratio = 0.16; P < 0.01). Contrary to popular belief, PC services can be effectively provided to patients as they receive chemotherapy treatment and are not associated with increased mortality. Access to a PC APRN integrated into the community oncology setting may be associated with measurable benefits.

(23) **Education of advanced practice nurses in Canada.**

Martin-Misener R, Bryant-Lukosius D, Harbman P, Donald F, Kaasalainen S, Carter N et al.

Nurs Leadersh (Tor Ont) 2010; 23 Spec No 2010:61-84.

Abstract: In Canada, education programs for the clinical nurse specialist (CNS) and nurse practitioner (NP) roles began 40 years ago. NP programs are offered in almost all provinces. Education for the CNS role has occurred through graduate nursing programs generically defined as providing preparation for advanced nursing practice. For this paper, we drew on pertinent sections of a scoping review of the literature and key informant interviews conducted for a decision support synthesis on advanced practice nursing to describe the following: (1) history of advanced practice nursing education in Canada, (2) current status of advanced practice nursing education in Canada, (3) curriculum issues, (4) interprofessional education, (5) resources for education and (6) continuing education. Although national frameworks defining advanced nursing practice and NP competencies provide some direction for education programs, Canada does not have countrywide standards of education for either the NP or CNS role. Inconsistency in the educational requirements for primary healthcare NPs continues to cause significant problems and interferes with inter-jurisdictional licensing portability. For both CNSs and NPs, there can be a mismatch between a generalized education and specialized practice. The value of interprofessional education in facilitating effective teamwork is emphasized. Recommendations for future directions for advanced practice nursing education are offered.

(24) **A historical overview of the development of advanced practice nursing roles in Canada.**

Kaasalainen S, Martin-Misener R, Kilpatrick K, Harbman P, Bryant-Lukosius D, Donald F et al.

Nurs Leadersh (Tor Ont) 2010; 23 Spec No 2010:35-60.

Abstract: Advanced practice nursing has evolved over the years to become recognized today as an important and growing trend among healthcare systems worldwide. To understand the development and current status of advanced practice nursing within a Canadian context, it is important to explore its historical roots and influences. The purpose of this paper is to provide a historical overview of the major influences on the development of advanced practice nursing roles that exist in Canada today, those roles being the nurse practitioner and the clinical nurse specialist. Using a scoping review and qualitative interviews, data were summarized according to three distinct time periods related to the development of advanced practice nursing. They are the early beginnings; the first formal wave, between the mid 1960s and mid 1980s; and the second wave, beginning in the late 1980s and continuing to the present. This paper highlights how advanced practice nursing roles have evolved over the years to meet emerging needs within the Canadian healthcare system. A number of influential factors have both facilitated and hindered the development of the roles, despite strong evidence to support their effectiveness. Given the progress over the past few decades, the future of advanced practice nursing within the Canadian healthcare system is promising.

(25) **Evaluating health-related quality of life and priority health problems in patients with prostate cancer: a strategy for defining the role of the advanced practice nurse.**

Bryant-Lukosius D, Browne G, DiCenso A, Whelan T, Gafni A, Neville A et al.

Can Oncol Nurs J 2010; 20(1):5-14.

Abstract: A framework for the introduction and evaluation of APN roles emphasizes the importance of a systematic approach to role development based on the assessment of patient health needs. This study determined the health-related quality of life (HRQL) of patients with prostate cancer. The most frequent and severe patient health problems and their perceptions of priority health problems were identified and compared across five patient groups as a strategy to inform the supportive care role of the advanced oncology nurse for patients with advanced prostate cancer. The study found that the majority of men with early stage and advanced hormone sensitive prostate cancer can expect to enjoy good quality of life for several years following diagnosis. These two patient groups have common priority needs for improving their health related to sexual function, urinary frequency, urinary incontinence, and physical activity. Both groups may benefit from an advanced practice nursing (APN) role that can provide episodic supportive care for health problems occurring at different treatment stages. Conversely, it was found that men with advanced hormone refractory prostate cancer experience significantly poorer HRQL and have multiple severe health problems. These patients also have different priority needs including problems related to pain, fatigue, and decreased physical activity. Because of this, the focus of supportive care programs and interventions in advanced prostate cancer will differ for those with hormone refractory disease. They may benefit more from an APN role that can provide ongoing rather than episodic supportive care to assess and manage the multiple, new, and worsening health problems associated with progressive disease.

(26) **The clinical nurse specialist role in Canada.**

Bryant-Lukosius D, Carter N, Kilpatrick K, Martin-Misener R, Donald F, Kaasalainen S et al.

Nurs Leadersh (Tor Ont) 2010; 23 Spec No 2010:140-66.

Abstract: The clinical nurse specialist (CNS) provides an important clinical leadership role for the nursing profession and broader healthcare system; yet the prominence and deployment of this role have fluctuated in Canada over the past 40 years. This paper draws on the results of a decision support synthesis examining advanced practice nursing roles in Canada. The synthesis included a scoping review of the Canadian and international literature and in-depth interviews with key informants including CNSs, nurse practitioners, other health providers, educators, healthcare administrators, nursing regulators and government policy makers. Key challenges to the full integration of CNSs in the Canadian healthcare system include the paucity of Canadian research to inform CNS role implementation, absence of a common vision for the CNS role in Canada, lack of a CNS credentialing mechanism and limited access to CNS-specific graduate education. Recommendations for maximizing the potential and long-term sustainability of the CNS role to achieve important patient, provider and health system outcomes in Canada are provided.

(27) **Nurses in Advanced Roles : A Description and Evaluation of Experiences in 12 Developed Countries.**

DELAMAIRE MF, LAFORTUNE G, Organisation de Coopération et de Développement Economiques. (O.C.D.E.). Direction de l'Emploi du Travail et des Affaires Sociales. (D.E.L.S.A.). Paris. FRA.. -103p. 2010. Paris, OCDE. OECD Health Working Paper ; 54.

Ref Type: Report

Résumé : Beaucoup de pays cherchent à améliorer la prestation des soins de santé en examinant les rôles des différents corps professionnels, y compris les infirmières. Le développement de nouveaux rôles infirmiers plus avancés peut contribuer à améliorer l'accès aux soins dans un contexte d'offre de médecins limitée voire en diminution. Cela pourrait aussi permettre de contenir les coûts en déléguant certaines tâches d'une main-d'oeuvre médicale onéreuse aux infirmières. Cette étude analyse le développement des pratiques infirmières avancées dans 12 pays (Australie, Belgique, Canada, Chypre, États-Unis, Finlande, France, Irlande, Japon, Pologne, République Tchèque, Royaume-Uni), en se concentrant notamment sur leurs rôles dans les soins primaires. Elle analyse aussi les évaluations des impacts sur les soins des patients et les coûts. Le développement des rôles avancés infirmiers varie grandement. Les États-Unis et le Canada avaient déjà établi la catégorie des "infirmières praticiennes" au milieu de la décennie 1960. Le Royaume-Uni et la Finlande ont aussi une longue expérience de différentes formes de collaboration entre les médecins et les infirmières. Bien que le développement de la pratique infirmière avancée en Australie et en Irlande soit plus récent, ces deux pays mènent depuis quelques années une politique très active de mise en place de nouveaux programmes d'enseignement et de création de postes. Dans les autres pays de l'étude, la reconnaissance officielle de la pratique infirmière avancée n'en est qu'à ses débuts, bien que certaines pratiques avancées non officielles puissent déjà exister de fait. Les évaluations montrent que le recours aux infirmières en rôles avancés peut effectivement améliorer l'accès aux services et réduire les temps d'attente. Les infirmières en rôles avancés sont capables d'assurer la même qualité de soins que les médecins dans une gamme de services, comme le premier contact pour les personnes atteintes

d'une affection mineure et le suivi de routine des patients souffrant de maladies chroniques, dès lors qu'elles ont reçu une formation appropriée. La plupart des évaluations constatent un haut taux de satisfaction des patients, principalement parce que les infirmières tendent à passer plus de temps avec les patients, et fournissent des informations et des conseils. Certaines évaluations ont tenté d'estimer l'impact des pratiques infirmières avancées sur les coûts. Lorsque les nouveaux rôles impliquent une substitution des tâches, la plupart des évaluations concluent à un impact réducteur ou neutre à l'égard des coûts. Les économies réalisées sur les salaires des infirmières par rapport aux médecins peuvent être compensées par de plus longue durée de consultation, un plus grand nombre d'adressages de patients à d'autres médecins ou une augmentation du taux de répétition des consultations et, parfois, la prescription d'un plus grand nombre d'examen. Lorsque les nouveaux rôles consistent en des tâches supplémentaires, certaines études indiquent que l'impact est une augmentation des coûts

(28) **Les nouvelles coopérations des professions de santé.**

LAUTRU MA, MONNIER I, DERENNE R, DEBOUT C.

Soins 2010;(751):35-59.

Abstract: Suite aux recommandations formulées par la Haute Autorité de santé (HAS), la loi "Hôpital, patients, santé et territoires" (HPST) a introduit la notion de nouvelle coopération des professionnels de santé. Aussi est-il nécessaire que toute infirmière soit familiarisée avec cette nouvelle disposition législative. Afin d'aider les professionnels à rédiger des protocoles de coopération, la HAS a récemment développé un guide méthodologique. L'approche locale et nominative questionne la dynamique interne des établissements de santé, d'autant plus que leur taille est grande. Certains, tels que l'Assistance publique-Hôpitaux de Paris, ont engagé une réflexion interne afin d'accompagner ce changement. Dans le contexte actuel, économiquement contraint, la profession infirmière peut apporter sa contribution par l'intermédiaire du concept de pratiques avancées qui met en avant le développement de l'expertise infirmière associée au transfert d'activités relevant précédemment du médecin. Toutefois, cette évolution ne peut ignorer le point de vue des patients ni les conséquences induites en terme de responsabilité et de régulation professionnelle. (D'après l'introd.).

(29) **Knowledge, attitudes, and practice behaviors of oncology advanced practice nurses regarding advanced care planning for patients with cancer.**

Zhou G, Stoltzfus JC, Houldin AD, Parks SM, Swan BA.

Oncol Nurs Forum 2010; 37(6):E400-E410.

Abstract: PURPOSE/OBJECTIVES: To establish initial reliability and validity of a Web-based survey focused on oncology advanced practice nurses' (APNs') knowledge, attitudes, and practice behaviors regarding advanced care planning, and to obtain preliminary understanding of APNs' knowledge, attitudes, and practice behaviors and perceived barriers to advanced care planning. DESIGN: Descriptive, cross-sectional, pilot survey study. SETTING: The eastern United States. Sample: 300 oncology APNs. METHODS: Guided by the Theory of Planned Behavior, a knowledge, attitudes, and practice behaviors survey was developed and reviewed for content validity. The survey was distributed to 300 APNs via e-mail and sent again to the 89 APNs who responded to the initial survey. Exploratory factor analysis was used to examine the construct validity and test-retest reliability of the survey's attitudinal and practice behavior portions. MAIN RESEARCH VARIABLES: Respondents' demographics, knowledge, attitudes, practice behaviors, and perceived barriers to advanced care planning practice. Findings: Exploratory factor analysis yielded a five-factor solution from the survey's attitudes and practice behavior portions with internal consistency using Cronbach alpha. Respondents achieved an average of 67% correct answers in the 12-item knowledge section and scored positively in attitudes toward advanced care planning. Their practice behavior scores were marginally positive. The most common reported barriers were from patients' and families' as well as physicians' reluctance to discuss advanced care planning. CONCLUSIONS: The attitudinal and practice behaviors portions of the survey demonstrated preliminary construct validity and test-retest reliability. Regarding advanced care planning, respondents were moderately knowledgeable, but their advanced care planning practice was not routine. Implications for Nursing: Validly assessing oncology APNs' knowledge, attitudes, and practice behaviors regarding advanced care planning will enable more tailored approaches to improve end-of-life care outcomes.

(30) **"Breaking bad news": standardized patient intervention improves communication skills for hematology-oncology fellows and advanced practice nurses.**

Eid A, Petty M, Hutchins L, Thompson R.

J Cancer Educ 2009; 24(2):154-9.

Abstract: BACKGROUND: Breaking bad news is 1 of cancer specialists' most common and difficult duties, yet hematology-oncology fellowship programs typically offer little formal preparation for this daunting task. We designed the Breaking Bad News Standardized Patient Intervention (BBNSPI) as a standardized patient educational intervention to improve the communication skills of hematology-oncology fellows (HOFs) and advanced practice nurses (APNs) in breaking bad news to cancer patients. METHODS: A total of 6 HOFs and 2 APNs participated in the preintervention test and an educational session designed to improve communication skills. A total of 5 HOFs and 1 APN participated in the postintervention test 1 week later. RESULTS: The average test score of the participants improved from 56.6% in the preintervention test to 68.8% ($P < .005$) in the postintervention test. The preintervention perception survey showed that 2 of 6 subjects (33%) expected the intervention to improve their communication skills in breaking bad news compared to 5 of 6 subjects (83%) in the postintervention survey ($P < .08$). The long-term intervention perception survey showed that all 6 subjects (100%) thought the intervention improved their communication skills in breaking bad news to cancer patients ($P < .048$). CONCLUSIONS: BBNSPI improved HOFs' and APNs' communication skills in breaking bad news to cancer patients. The perception of the subjects about BBNSPI was positive.

(31) **A multidisciplinary prostate cancer clinic for newly diagnosed patients: developing the role of the advanced practice nurse.**

Madsen LT, Craig C, Kuban D.

Clin J Oncol Nurs 2009; 13(3):305-9.

Abstract: Newly diagnosed patients with prostate cancer have various treatment options, and a multidisciplinary prostate cancer clinic (MPCC) can present all options in a single setting. An MPCC was started in 2004 at the University of Texas M.D. Anderson Cancer Center, and 258 patients with prostate cancer were evaluated in its first year. The clinic expanded in 2006 and an oncology advanced practice nurse (APN) was recruited to address specific objectives. The APN role was used to implement a quality-of-life protocol, provide detailed patient education (including a treatment summary and care plan), and serve as a single point of contact as patients move toward a treatment decision. Formal evaluation of the MPCC showed that patients were satisfied with this approach to the complex decision-making process in prostate cancer.

(32) **Genetic counseling and the advanced practice oncology nursing role in a hereditary cancer prevention clinic: hereditary breast cancer focus (part I).**

Snyder CL, Lynch JF, Lynch HT.

Breast J 2009; 15 Suppl 1:S2-10.

Abstract: Interest in hereditary breast cancer has increased rapidly among all health care providers as well as the laity. A major problem for health care providers, however, is the time and skill required for gathering family history, interpreting the pedigree, and providing genetic counseling for the high-risk patient so that BRCA testing, when indicated, can be pursued and screening and prevention strategies employed by the patient. The fields of hereditary cancer and molecular biology have developed at a rate that makes it difficult for physicians to keep up with this explosive knowledge. Therefore, "Who is going to take care of all of these crucial matters for patient benefit?" is a germane question. Our experience has confirmed that the advanced practice oncology nurse who is interested in cancer genetics can become skilled at providing this service to the patient and his/her family. This study portrays the role of such an oncology nurse in meeting this important public health challenge, with special attention devoted to the logistics of this role in the rapidly emerging field of hereditary breast cancer.

(33) **Genetic counseling and the advanced practice oncology nursing role in a hereditary cancer prevention clinic: hereditary breast cancer focus (part II).**

Lynch HT, Snyder CL, Lynch JF.

Breast J 2009; 15 Suppl 1:S11-S19.

Abstract: Hereditary breast cancer (BC) is heterogeneous to the extent that no two high-risk patients can be considered as being the same. These individual differences are magnified further when patients' emotional response to all facets of hereditary BC are considered, particularly issues surrounding gene testing. A series of case histories have been provided that illustrate the wide range of attitudes, feelings, and emotional responses explained by patients when learning of their hereditary cancer risk status. The role of the oncology nurse-genetic counselor has been described in each of these family reports.

- (34) **Building a collaboration of hematology-oncology advanced practice nurses. Part II: outcomes.**
Schaal AD, Skalla KA, Mulrooney TJ, Stearns D, Smith EM.
Oncol Nurs Forum 2008; 35(6):875-8.
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- (35) **Building a collaborative hematology/oncology advanced nursing practice: part I.**
Skalla KA, Caron PA.
Oncol Nurs Forum 2008; 35(1):29-32.
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- (36) **Care of nursing home residents by advanced practice nurses. A review of the literature.**
Bakerjian D.
Res Gerontol Nurs 2008; 1(3):177-85.
Abstract: The complexity of care in nursing homes has steadily increased during the past several years. Many nursing homes now provide care for both short-stay and long-stay patients who range in age from young to very old. At the same time, there has been a shortage of primary care physicians to provide care while nursing homes have been under intense scrutiny and pressure to improve the quality of care provided. Advanced practice nurses (APNs) are increasingly evident members of the nursing home workforce, providing both primary care to individual residents in collaboration with physicians and consultative services to nursing homes. This article reviews the research that documents the relationship between APNs and improved quality of care and begins a discussion of what constitutes APN best practices in the nursing home setting.
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- (37) **A survey of oncology advanced practice nurses in Ontario: profile and predictors of job satisfaction.**
Bryant-Lukosius D, Green E, Fitch M, Macartney G, Robb-Blenderman L, McFarlane S et al.
Nurs Leadersh (Tor Ont) 2007; 20(2):50-68.
Abstract: The purpose of this study was to examine role structures and processes and their impact on job satisfaction for oncology advanced practice nurses (APNs) in Ontario. APNs caring for adult, paediatric or palliative patients in integrated regional cancer programs, tertiary care hospitals or community hospitals and agencies were invited to complete a mailed self-report questionnaire. A total of 73 of 77 APNs participated in the study. Most APNs (55%) were acute care nurse practitioners employed by regional cancer programs or tertiary care hospitals. Adult patients with breast or haematological cancers and those receiving initial treatment or palliative care were the primary focus of APN roles. APN education needs related to specialization in oncology, leadership and research were identified. Overall, APNs were minimally satisfied with their roles. Role confidence (beta = .404, p = .001) and the number of overtime hours (beta = -.313, p = .008) were respective positive and negative predictors of APN job satisfaction. Progress in role development is described, and recommendations for improving role development and expanding the delivery of oncology APN services are provided.
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- (38) **Improving adherence to endocrine therapies: the role of advanced practice nurses.**
Kelly A, Agius CR.
Oncology (Williston Park) 2006; 20(10 Suppl Nurse Ed):50-4.
Abstract: With the trend toward the use of oral rather than intravenous therapies for cancer, nonadherence to treatment has become an increasing concern. Advanced practice nurses are in a good position to assess and monitor adherence to oral endocrine therapies. Research on adherence has been limited; to date there are no specific published guidelines for ensuring adherence to endocrine regimens. However, studies have identified many factors that may lead to nonadherence, including demographic, social, and psychological characteristics of the patient; characteristics of the disease and the treatment regimen; and the nature and quality of the patient/clinician relationship. These factors provide a framework that advanced practice nurses can use to identify potential problems and to work collaboratively with patients.
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- (39) **Clinical practice guideline use by oncology advanced practice nurses.**
Cunningham RS.
Appl Nurs Res 2006; 19(3):126-33.
Abstract: Understanding how clinical practice guidelines (CPGs) are utilized and the effects of their implementation on outcomes is an important goal. The purpose of this investigation was to determine if oncology advanced practice nurse (APN) interventions provided to men with prostate cancer were consistent with Agency for Healthcare Policy and Research CPGs regarding pain [U.S. Department of Health and Human Services.

(1993). Acute pain management in adults: Operative procedures. Quick reference guide for clinicians number 1a (AHCPH Publication No. 92-0019). Retrieved, February 23, 2002, from National Library of Medicine HSTAT Collection Online], depressive symptoms [U.S. Department of Health and Human Services. (1993). Depression in primary care: Detection, diagnosis, and treatment. Quick reference guideline number 5 (AHCPH Publication No. 93-0552). Retrieved, February 23, 2002, from National Library of Medicine HSTAT Collection Online], and urinary incontinence [U.S. Department of Health and Human Services. (1996). Managing acute and chronic urinary incontinence. Quick reference guide for clinicians number 2 (1996 update) (AHCPH Publication No. 96-0686). Retrieved, February 23, 2002, from National Library of Medicine HSTAT Collection Online] and to evaluate if levels of consistency affected pain, depressive symptom, and incontinence outcomes. Mean levels of consistency between interventions and pain, incontinence guidelines, and depression were 91%, 80%, and 69%, respectively. Consistency did not predict outcomes in this sample. High levels of consistency suggest that oncology APNs are aware of practices outlined in CPGs.

(40) **Approche clinique en soins infirmiers psychiatriques : étude de cas d'une pratique avancée.**

GOUDREAU J, POIRIER MJ, DE MONTIGNY F.

RECHERCHE EN SOINS INFIRMIERS 2006;(84):118-25.

Abstract: La majorité des personnes atteintes de maladies mentales sévères et persistantes reçoit maintenant des soins psychiatriques dans le cadre des services de soins ambulatoires. Ces soins sont de plus en plus dispensés par des équipes multidisciplinaires dont des infirmières font partie. Comment ces infirmières exercent-elles leur rôle et leurs fonctions dans ces milieux de soins ? L'élaboration d'une étude de cas à partir de la pratique clinique d'une infirmière a permis de répondre à cette question. Les résultats de cette étude de cas suggèrent que la pratique de ces infirmières correspond à une définition reconnue de la pratique avancée en soins infirmiers. (R.A.).

(41) **Infirmière en pratique avancée, une fonction à développer en Europe.**

DELANNOY C, MAIRLOT AF.

SOINS CADRES 2006;(58):65-8.

Abstract: Depuis plus de quarante ans déjà, la fonction d'infirmière en pratique avancée (advanced practice nurse) existe aux États-Unis. Avec des compétences infirmières reconnues de tous, les infirmières en pratique avancée enrichissent la pratique et les soins grâce à leur expérience clinique développée et complétée par un master universitaire. Afin de mieux connaître leurs missions, deux enseignantes belges se sont rendues aux États-Unis. Pour celles-ci, les infirmières européennes doivent saisir l'opportunité de l'émergence des nouvelles fonctions infirmières. (R.A.).

(42) **L'infirmière praticienne spécialisée : un nouveau rôle de pratique infirmière avancée au Québec.**

ALLARD M, DURAND S.

PERSPECTIVE INFIRMIERE 2006; 3(5):10-6.

Abstract: Quel est le rôle de l'infirmière praticienne spécialisée (IPS) au Québec ? Cet article nous retrace l'historique de la création du rôle de l'IPS et nous donne les lignes directrices des modalités de la pratique de celle-ci ainsi que les évolutions à venir.

(43) **Advanced practice nursing in radiation oncology.**

Carper E, Haas M.

Semin Oncol Nurs 2006; 22(4):203-11.

Abstract: OBJECTIVES: To discuss the roles of advance practice nurses in radiation oncology. DATA SOURCES: Published articles and textbooks, personal communications, and authors' experience. CONCLUSION: Radiation oncology advance practice nurses (NP and CNS) are becoming essential members of the multidisciplinary team, with distinct roles and responsibilities. Providing direct patient care, involvement in specialized procedures, and conducting initial and/or follow-up visits allows advance practitioners to become more involved with patients undergoing radiation therapy. IMPLICATIONS FOR NURSING PRACTICE: As more combined modalities are being offered to patients undergoing oncology treatments and the complexity of patients are becoming more difficult, advance practice nurses can add value to the workload, quality patient care, and make a difference in patient's lives.

- (44) **Developing advanced nursing practice roles in cancer care.**
Hopwood L.
Nurs Times 2006; 102(15):iv.
Abstract: Nurses in cancer care have been at the forefront of developing advanced nursing practice, however there has not been national agreement in relation to the education and clinical skills required for this practice. Work is under way by the NMC to develop a regulated framework for the standard for post-registration nursing.
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- (45) **Advanced nursing practice in cancer.**
Behi R.
Br J Nurs 2006; 15(7):354.
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- (46) **Are advanced practice nurses (APNs) here to stay? The APN in the oncology setting.**
Lachance K.
Can Oncol Nurs J 2005; 15(2):96-106.
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- (47) **The inpatient advanced practice nursing roles in a Canadian pediatric oncology unit.**
Maloney AM, Volpe J.
J Pediatr Oncol Nurs 2005; 22(5):254-7.
Abstract: The role of the nurse practitioner has been long established in the outpatient setting in pediatric oncology. The inpatient nurse practitioner role has been described to a lesser extent. This review of the role of the inpatient clinical nurse specialist/nurse practitioner on the 27-bed inpatient oncology unit at the Hospital for Sick Children in Toronto, Ontario, Canada, will describe the role and strategies for its implementation. This role of the clinical nurse specialist/nurse practitioner facilitates the provision of quality care to children and families admitted to the inpatient oncology unit.
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- (48) **BRCA1 genetic mutation and its link to ovarian cancer: implications for advanced practice nurses.**
Brunsvold AN, Wung SF, Merkle CJ.
J Am Acad Nurse Pract 2005; 17(12):518-26.
Abstract: PURPOSE: The purpose of this paper is to review (a) the linkage between the BRCA1 gene and ovarian cancer and (b) BRCA1 testing and its related issues. This review is aimed for nurse practitioners (NPs), who may be in positions to identify those at risk for BRCA1-associated ovarian cancer and to assist patients with related issues. DATA SOURCES: Data sources include reviews and original research from scholarly journals and Internet sites. CONCLUSIONS: Ovarian cancer is a deadly disease. Identification of those at risk because of BRCA1 mutation is possible through genetic testing. Testing for BRCA1 gene mutations has many implications whether results are positive or negative. Those with positive results will be faced with decisions regarding the best management strategies. Negative results do not completely eliminate ovarian cancer risk. Current management options for carriers of the BRCA1 mutation include taking no action, increasing surveillance for ovarian cancer, and chemoprevention with oral contraceptives or prophylactic oophorectomy for those who have completed childbearing. It is essential that NPs have knowledge underlying the issues and concerns of patients and their families at risk for BRCA1-associated ovarian cancer. IMPLICATIONS FOR PRACTICE: NPs are in a unique position to help identify BRCA1 mutation carriers and to assist them and their families with the complex issues involving genetic testing and management options. Understanding these issues will allow NPs to give appropriate care that may include making appropriate referrals to certified genetic counselors and having balanced discussions on treatment options. Such measurements may improve early diagnosis of ovarian cancer and increase survival from this disease.
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- (49) **Patient control and end-of-life care part II: the advanced practice nurse perspective.**
Volker DL, Kahn D, Penticuff JH.
Oncol Nurs Forum 2004; 31(5):954-60.
Abstract: PURPOSE/OBJECTIVES: To explore the nature of what people with advanced cancer want regarding personal control and comfort at the end of life. RESEARCH APPROACH: Descriptive, naturalistic, using Denzins model of interpretive interactionism. SETTING: A variety of urban and rural communities throughout the state of Texas. PARTICIPANTS: 7 people with advanced cancer diagnoses. METHODOLOGIC APPROACH: Participants were recruited via oncology advanced practice nurses who also participated in the study. Interviews were

recorded on audiotape and analyzed via Denzins interpretive process of data analysis. MAIN RESEARCH VARIABLES: Patient control. FINDINGS: Thematic analysis revealed six themes: protection of dignity, control of pain and other symptoms associated with disease, management of treatment, management of how remaining time is spent, management of impact on family, and control over the dying process. CONCLUSIONS: Participants expressed a wide variety of preferences for personal control and comfort. Their desires reflected personal values and beliefs about how they spend their time and how they want control over their care. INTERPRETATION: Nurses must be sensitive to the variety of preferences their patients with advanced cancer may have for engagement in decisions regarding treatment, care management, and activities of daily life.

(50) **Patient control and end-of-life care part I: the advanced practice nurse perspective.**

Volker DL, Kahn D, Penticuff JH.

Oncol Nurs Forum 2004; 31(5):945-53.

Abstract: PURPOSE/OBJECTIVES: To explore understanding of preferences of adult patients with cancer for control in the context of end-of-life care and to explore strategies that oncology advanced practice nurses (APNs) use to assist patients in achieving personal control at the end of life. RESEARCH APPROACH: Descriptive, naturalistic using Denzin's model of interpretive interactionism. SETTING: A variety of settings throughout the state of Texas. PARTICIPANTS: 9 oncology APNs. METHODOLOGIC APPROACH: Participants were recruited via a mailed invitation to APN members of the Oncology Nursing Society who resided in Texas. Interviews were recorded on audiotape and analyzed via Denzin's interpretive process of data analysis. MAIN RESEARCH VARIABLES: Patient control. FINDINGS: APNs' descriptions of patient preferences for control at the end of life included engagement with living, turning the corner, comfort and dignity, and control over the dying process. APN roles included presenting bad news in a context of choices, managing physical care and emotional needs, and facilitating care services and systems. CONCLUSIONS: Patient desire for control manifests in a wide variety of actions and desires to live fully and remain actively involved in personal decision making in the context of an advanced cancer diagnosis. APNs play a pivotal role in determining and facilitating patient preferences for control. INTERPRETATION: Academic programs to prepare oncology APNs must include attention to communication skills, clinical care needs, and care management strategies for the end-of-life continuum of care. APNs may need to increase efforts to dispel patient and family misperceptions about value and timing of palliative care and hospice services.

(51) **L'infirmière en pratique avancée.**

OUELLET N.

SOINS CADRES 2004;(51):32-3.

Abstract: Qu'est-ce que la pratique infirmière avancée ? Quelles compétences l'infirmière en pratique avancée doit-elle détenir ? Qu'elle soit infirmière clinicienne spécialisée ou infirmière praticienne, l'infirmière en pratique avancée joue un rôle d'experte dans un domaine de spécialisation. Elle puise ses compétences à la fois dans sa formation supérieure et dans son expertise clinique. (R.A.).

(52) **Stratégie professionnelle : quelles formations pour quelles compétences infirmières dans l'avenir ?**

DEBOUT C.

Soins 2004;(684):54-7.

Abstract: La formation universitaire est un moyen pour les infirmières d'acquérir qualifications et compétences professionnelles, en adéquation avec l'évolution des besoins de santé de la population, et d'en accompagner les mutations. C'est notamment le cas pour les infirmières qui exercent en pratique avancée. Dans cet écrit, l'auteur clarifie la nature de la discipline infirmière telle qu'exercée par les infirmières cliniciennes et propose des pistes de réflexion quant à la mise en oeuvre d'un dispositif de formation, de niveau maîtrise, visant à qualifier les infirmières en pratique clinicienne spécialisée.

(53) **Advanced practice nursing outcomes: a review of selected empirical literature.**

Cunningham RS.

Oncol Nurs Forum 2004; 31(2):219-32.

Abstract: PURPOSE/OBJECTIVES: To review selected empirical literature examining outcomes of advanced practice nursing with a specific focus on the work of oncology advanced practice nurses (APNs). DATA SOURCES: Published articles (descriptive and data-based) and books. DATA SYNTHESIS: Well-designed, methodologically sound investigations offer clear and compelling evidence that APNs are effective in improving

outcomes in diverse populations and settings. Data on outcomes of oncology APNs are more limited but do demonstrate statistically significant improvements in clinical outcomes in the homecare and ambulatory settings. The increase in oncology APNs and the evolution of viable roles for oncology APNs across cancer practice settings offer opportunities to further assess the outcomes of advanced practice nursing. **CONCLUSIONS:** Understanding the effects of oncology advanced practice nursing on clinical, cost, and satisfaction outcomes is critical. These data will help to explain how APNs can be used most effectively in the healthcare system to ensure the delivery of quality cancer care. **IMPLICATIONS FOR NURSING:** Assessing the outcomes of advanced practice nursing care has been identified as a priority by the Oncology Nursing Society. Expansion of APN roles in oncology creates myriad opportunities to investigate this issue. APNs should be cognizant of the work that has been done in this area and use this knowledge as a foundation from which to launch further investigations.

(54) **Advanced practice nursing in head and neck cancer: implementation of five roles.**

Scarpa R.

Oncol Nurs Forum 2004; 31(3):579-83.

Abstract: **PURPOSE/OBJECTIVES:** To apply the five roles of advanced practice nurses (APNs) (administrator, educator, clinician, researcher, and consultant) to the management of patients with head and neck cancer. **DATA SOURCES:** Research reports, clinical papers, practice guidelines, clinical experience. **DATA SYNTHESIS:** APNs assess, conceptualize, and analyze complex patient data. As represented in the five roles, these abilities promote patients' development and implementation of survival skills. These roles were integrated into a cancer resource center, a collaborative endeavor providing patients, families, and community resources with support for coping with the complex issues facing them. **CONCLUSIONS:** The application of the five roles to this specialized nursing area enables patients to develop survival skills and can provide a framework for support. **IMPLICATIONS FOR NURSING:** Application of APN roles promotes development and implementation of survival skills in patients with head and neck cancer, enhancing their quality and quantity of life and improving compliance with treatment.

(55) **Histoire de la profession : pratique avancée et filière clinique infirmière.**

DEBOUT C.

Soins 2004;(684):39-42.

Abstract: Née aux États-Unis à la fin de la seconde guerre mondiale, l'infirmière spécialiste clinique apparaît en France au début des années 80. L'auteur clarifie la terminologie employée (pratique avancée, spécialité, expertise, infirmière spécialiste clinique, infirmière praticienne) puis il retrace l'émergence de cette filière clinique aux USA et en France.

(56) **Donner du sens au soin.**

NEVES C.

Soins 2004;(684):43-5.

Abstract: Infirmière spécialiste clinique et formatrice, l'auteur explique les raisons à l'origine d'un cursus d'approfondissement de la clinique infirmière. Bien que répondant en grande partie à l'expertise attendue dans le cadre d'une pratique avancée, aucune reconnaissance officielle n'est malheureusement encore intervenue en France.

(57) **The advanced practice nursing role in a high-risk breast cancer.**

Vogel WH.

Oncol Nurs Forum 2003; 30(1):115-22.

Abstract: **PURPOSE/OBJECTIVES:** To describe the role of an oncology nurse practitioner in a breast cancer prevention clinic. **DATA SOURCES:** Published articles, abstracts, and book chapters and personal experience. **DATA SYNTHESIS:** Validated risk assessment models and genetic screening can be used to assess an individual's risk for breast cancer. Lifestyle changes and medical interventions can reduce that risk. **CONCLUSIONS:** Interventions for primary prevention of breast cancer soon may become one of the most effective means of reducing the incidence, morbidity, and mortality of breast cancer. **IMPLICATIONS FOR NURSING:** Advanced practice nurses in the oncology setting are ideal healthcare providers to assess patients' risk of breast cancer, determine physical findings that can influence that risk, provide risk education, synthesize existing data, and make recommendations for surveillance, pharmacotherapy, lifestyle changes, and genetic counseling and testing. Limitations in the existing data in cancer prevention provide excellent opportunities for

- (58) **La compétence de consultation.**
ROY O, CHAMPAGNE J, MICHAUD C.
L'INFIRMIERE DU QUEBEC 2003; 10(6):39-44.
Abstract: Compétence liée à la pratique infirmière avancée, la consultation permet d'améliorer une situation jugée insatisfaisante ou de faciliter la résolution d'un problème. Proposition d'un modèle intégré de consultation.
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- (59) **Rencontre avec les infirmières praticiennes. Infirmières à compétence élargie.**
MANICOT C.
L'INFIRMIERE MAGAZINE 2002;(168):40-1.
Abstract: A l'instar des Etats-Unis et du Canada anglophone, le Québec forme ses premières "infirmières praticiennes" autorisées à pratiquer des actes médicaux. Rendez-vous au service néonatalogie à l'hôpital Sainte-Justine de Montréal. Moments clés. Début du siècle dernier : naissance du concept de pratique avancée en soins infirmiers aux Etats-Unis avec les "nurse practitioners" (infirmières praticiennes). Années 70 : développement aux Etats-Unis et dans certaines provinces anglophones du Canada des "nurses practitioners" en soins intensifs. 1996 : projet pilote de formation universitaire pour infirmière spécialisée en néonatalogie. 1998 : neuf infirmières obtiennent une spécialisation en néonatalogie au Québec. Leurs fonctions sont les mêmes que celles des médecins internes.
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- (60) **The role of the primary care advanced practice nurse in evaluating and monitoring childhood cancer survivors for a second malignant neoplasm.**
Kolb Smith PC.
J Pediatr Oncol Nurs 2002; 19(3):84-96.
Abstract: The purpose of this literature synthesis was to (a) identify second malignant neoplasms found in childhood cancer survivors and (b) make recommendations for the advanced practice nurse's role in the primary care setting regarding health promotion activities and surveillance strategies for survivors across the life span. The database search produced 73 research articles published in English between 1990 and 2000 that were significant to the purpose of the study. The results identified genetic or familial factors, radiation therapy, and chemotherapy as risk factors for later developing a second malignant neoplasm. Each theme was analyzed, and guidelines were developed for primary care advanced practice nurses which integrated health promotion and surveillance activities for this patient population.
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- (61) **La pratique avancée en néonatalogie.**
MORNEAULT L.
L'INFIRMIERE DU QUEBEC 2002; 10(2):51-5.
Abstract: L'expression "infirmière en pratique avancée" désigne une infirmière qui, en collaboration avec un médecin, donne des soins complets à une clientèle et, par le fait même, accomplit des activités autrefois réservées aux médecins. L'IPA a pour principale fonction la pratique clinique, mais elle participe aussi à des activités de formation, de consultation, de recherche et de gestion. Cet article traite plus spécifiquement du rôle de l'infirmière praticienne en néonatalogie.
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- (62) **Addressing the support needs of women at high risk for breast cancer: evidence-based care by advanced practice nurses.**
Stacey D, DeGrasse C, Johnston L.
Oncol Nurs Forum 2002; 29(6):E77-E84.
Abstract: PURPOSE/OBJECTIVES: To identify support needs of women at high risk for breast cancer and enhance an evidence-based service. DESIGN: Descriptive study. SETTING: A comprehensive, breast-health service for high-risk women. SAMPLE: 97 high-risk women with a 1.66% or greater five-year risk of breast cancer, atypical hyperplasia, lobular carcinoma in situ, or positive genetic screen. METHODS: A self-assessment questionnaire completed previsit and a satisfaction survey completed postvisit. MAIN RESEARCH VARIABLES: Women's perceived informational, emotional, and decisional support needs, current self-care practices, and satisfaction with the service provided. FINDINGS: Women under age 50 (n = 54) wanted information on breast cancer screening, risk of breast cancer, lifestyle options to lower risk, and hormone replacement therapy; older

women (n = 43) wanted information on risk of breast cancer, lifestyle options, breast cancer screening, and chemoprevention. More than 75% of all women wanted information to help them make decisions on breast cancer prevention options, benefits, and risks. The satisfaction survey (N = 61) revealed that most women's needs were met. CONCLUSIONS: Support needs were consistent with the literature that focused primarily on younger women seeking genetic counseling. Proactive planning assisted with addressing the needs of these women. IMPLICATIONS FOR NURSING: A previsit questionnaire facilitates individualized proactive planning before the visit. However, further assessment of self-care practices and emotional needs is required. Interventions should evaluate outcomes, such as accurate risk perception, lifestyle changes, screening follow-through, and decision quality. Advanced practice nurses require specialized skills, including evidence-based risk communication, behavior modification, and decision support.

(63) **Core competencies in cancer genetics for advanced practice oncology nurses.**

Calzone KA, Jenkins J, Masny A.

Oncol Nurs Forum 2002; 29(9):1327-33.

Abstract: PURPOSE/OBJECTIVES: To determine core competencies in cancer genetics for advanced practice nurses (APNs) in oncology. DESIGN: Survey. SAMPLE: Expert panel of 9 nursing educators or researchers, 9 general genetics experts, 9 genetics experts with specialties in oncology, and 10 oncology APN nurse consumers (N = 37). METHODS: Utilizing the Delphi Technique, two rounds of surveys were conducted. Round 1's survey required open-ended responses to identify skills, attitudes, and competencies specific to cancer genetics. Round 2 requested ranking of the importance of identified competencies. MAIN RESEARCH VARIABLES: Skills, attitudes, and competencies specific to cancer genetics. FINDINGS: Recommended genetics competencies and knowledge for oncology APNs were identified for the categories of direct caregiver (6 items), coordinator (6 items), consultant (7 items), educator (6 items), researcher (8 items), and professional attitudes (16 items). CONCLUSIONS: Identified competencies provide a foundation and direction for development of the education curriculum recommended for all practicing oncology APNs. IMPLICATIONS FOR NURSING: Integrating genetic concepts into clinical practice is essential. Oncology APNs must have an expanded knowledge base in genetics to enable them to incorporate advances in genetics into practice to ensure quality outcomes. Development of genetics education is crucial to ensure future competency. Research that determines the impact of such education is warranted.

(64) **Advanced practice nursing: reflections on the past, issues for the future.**

Murphy-Ende K.

Oncol Nurs Forum 2002; 29(1):106-12.

Abstract: PURPOSE/OBJECTIVES: To provide a comprehensive historical review of advanced practice nursing, describe the development of the professional role of oncology advanced practice nurses (APNs), and document the current status of major issues. DATA SOURCES: Published articles, research findings, position papers and statements, conference proceedings, books, newsletters, newspaper articles, executive summaries, standards and guidelines, and personal communications. DATA SYNTHESIS: The oncology APN role has evolved over the past 100 years in response to the healthcare needs of society and available educational opportunities. Trends in health care and education continue to influence the expansion of the professional APN role. CONCLUSIONS: Oncology APNs are prepared to practice in a variety of roles, providing expert clinical, educational, emotional, and supportive care to patients with cancer. Several major professional issues have been identified and addressed. Oncology APNs must document the influence of expert nursing care on patient outcomes and organizational efficiency.

(65) **Advanced practice issues: results of the ONS Advanced Practice Nursing survey.**

Lynch MP, Cope DG, Murphy-Ende K.

Oncol Nurs Forum 2001; 28(10):1521-30.

Abstract: PURPOSE/OBJECTIVES: To ascertain the critical issues in current advanced practice nurse (APN) roles in oncology. DESIGN: Descriptive. SETTING: National. SAMPLE: 368 Oncology Nursing Society (ONS) APNs in oncology practice. METHODS: Subjects completed an 11-page self-administered questionnaire comprised of 62 multiple-choice and open-ended questions. Subjects were asked to identify level of importance for ONS to address selected issues in each section. MAIN RESEARCH VARIABLES: Demographic information and APN issues regarding practice, outcomes, prescriptive authority, reimbursement, education, continuing education, licensure and certification, legislation, and challenges facing oncology APNs. FINDINGS: The majority of APNs were nurse practitioners working in a hematology/oncology practice in an urban setting providing direct

patient care. Priority practice issues were lack of agreement among state boards of nursing related to privileges, lack of understanding of the role by patients and healthcare professionals, and lack of an APN definition. Important APN outcomes were symptom management, quality of life, patient/family satisfaction, and cost of care. Priority educational topics were oncology disease management, pharmacology, advanced physical assessment, and reimbursement. Challenges facing oncology APNs were lack of an APN definition, reimbursement issues, documentation of outcomes, prescriptive authority, variance in education, merging of current roles, certification, loss of cancer specialty, and second licensure. **CONCLUSIONS:** Numerous APN issues continue to be unresolved. APN outcomes research is needed to validate the oncology APN role in cancer care. **IMPLICATIONS FOR NURSING PRACTICE:** Survey results and specific recommendations have been forwarded to the ONS Steering Council and Board of Directors for implementation decisions.

(66) **Advanced nursing practice: old hat, new design.**

De GC, Nicklin W.

Can J Nurs Leadersh 2001; 14(4):7-12.

Abstract: Advanced practice nurses positively impact the delivery of healthcare and client outcomes. However, in the past these positions have been seen to have variable value and were often vulnerable during budget cuts. Lack of a clear advanced nursing practice (ANP) framework probably contributed to the compromised effectiveness of these roles and evolution of roles with different titles, scopes of practice and reporting structures. To build the foundation for developing an ANP framework, a task force at The Ottawa Hospital (TOH) conducted a literature review related to ANP roles and completed a review of all clinical nursing roles at TOH. In addition, focus groups with nurses and other health professionals elicited ANP perceptions. The ANP framework includes a standardized job description that details competencies under five role components: clinical practice; consultation; research; education; and, leadership. Recommendations for assessment, implementation and evaluation of ANP roles are identified. The process undertaken by our ANP task force proved to be thorough and sound in developing a framework within which to move forward with ANP role implementation throughout TOH. This article, describing the process, may assist other organizations in defining ANP roles to better meet patient needs in changing health care environments.

(67) **Réflexion sur la pratique infirmière avancée : un peu plus haut, un peu plus loin.**

LEFEBVRE H, COTE J, BERUBE M.

L'INFIRMIERE CANADIENNE 2001; 2(7):5-9.

Abstract: Cet article traite de l'intérêt pour la pratique infirmière avancée au Canada et des programmes de formation en sciences infirmières permettant d'y accéder.

(68) **Clinical practice: new challenges for the advanced practice nurse.**

Bartel JC, Buturusis B.

Semin Nurse Manag 2000; 8(4):182-7.

Abstract: This report describes the challenges for advanced practice nurses (APNs) relative to supply and demand issues. The article also includes opportunities with the Balanced Budget Act, physician acceptance of Advanced Practice Nurses, and expanding practice opportunities. The challenges include the nursing shortage (both in nursing students and faculty), the aging of the nursing workforce, and a lag in nursing salaries; increased demand for nursing based on aging baby boomers, increasing patient acuity and technology, and new arenas for practice. The Balanced Budget Act of 1997 provided new opportunities for advanced practice nurses, including enhanced autonomy to provide services and bill independently of physicians. With these changes come new opportunities for advanced practice nurse entrepreneurs in the areas of independent practice, including opportunities to positively impact the health of families and communities in alignment with the Federal government's vision for "Healthy People 2010." As physician acceptance of advanced practice nurses continues to grow and in light of the changes in medical practice and education (residency reduction), opportunities to expand collaborative practice arrangements also exist. APNs are best suited to make the most of these changes. One example of an opportunity for independent practice, a Community Wellness Center, is developed as an entrepreneurial venture benefiting both the APN and the health of a community. Who better than registered nurses (RNs), especially those practicing at the advanced level, can ensure that these opportunities and challenges are addressed in an ethical manner and focused on the needs and health of the community?

- (69) **Caring for women living with ovarian cancer: recommendations for advanced practice nurses.**
Lammers SE, Schaefer KM, Ladd EC, Echenberg R.
J Obstet Gynecol Neonatal Nurs 2000; 29(6):567-73.
Abstract: This article summarizes advice for advanced practice nurses (APNs) that grew out of research with women living with premenopausal ovarian cancer. We claim that the process of diagnosis and being told, battle metaphors, treatment expectations, the patient's sense of normalcy, her sense of being heard, her ability to make sense of her new world, her inability to have children, issues of sexuality, and the irrelevance of most support groups are important considerations in the treatment of such women. The APN's major role in caring for these women is understanding the experience as it informs the APN's practice and serving as advocates for the women.
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- (70) **The role of the advanced practice nurse in a genitourinary/oncology program.**
Yang T.
Oncol Nurs Forum 1999; 26(5):832.
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- (71) **Non-physician practitioners in radiation oncology: advanced practice nurses and physician assistants].**
Kelvin JF, Moore-Higgs GJ, Maher KE, Dubey AK, Austin-Seymour MM, Daly NR et al.
Int J Radiat Oncol Biol Phys 1999; 45(2):255-63.
Abstract: PURPOSE: With changes in reimbursement and a decrease in the number of residents, there is a need to explore new ways of achieving high quality patient care in radiation oncology. One mechanism is the implementation of non-physician practitioner roles, such as the advanced practice nurse (APN) and physician assistant (PA). This paper provides information for radiation oncologists and nurses making decisions about: (1) whether or not APNs or PAs are appropriate for their practice, (2) which type of provider would be most effective, and (3) how best to implement this role. METHODS: Review of the literature and personal perspective. CONCLUSIONS: Specific issues addressed regarding APN and PA roles in radiation oncology include: definition of roles, regulation, prescriptive authority, reimbursement, considerations in implementation of the role, educational needs, and impact on resident training. A point of emphasis is that the non-physician practitioner is not a replacement or substitute for either a resident or a radiation oncologist. Instead, this role is a complementary one. The non-physician practitioner can assist in the diagnostic work-up of patients, manage symptoms, provide education to patients and families, and assist them in coping. This support facilitates the physician's ability to focus on the technical aspects of prescribing radiotherapy.
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- (72) **An advanced practice nurse--nurse researcher collaborative model.**
Goldberg NJ, Moch SD.
Clin Nurse Spec 1998; 12(6):251-5.
Abstract: The advanced practice nurse (APN)--nurse researcher collaborative model proposed in this article emerged through an APN and a nurse researcher working together on a pilot research study and a project to describe advanced nursing practice in the outpatient setting. The model demonstrates how, through the observation and discussion of practice and research, the needs of both the NR and the APN are identified. Further discussion identifies outcomes important for each professional role as well as for the discipline of nursing. Results of such collaboration include practice-relevant nursing research, research-based practice, and more reflective APNs and nurse researchers.
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- (73) **An innovative curriculum plan for advanced practice in oncology nursing.**
Nelson-Marten P, Skiba D, Howell S, Krebs LU.
J Cancer Educ 1997; 12(2):89-94.
Abstract: BACKGROUND: The Advanced Practice in Oncology Nursing Program was designed to prepare graduates to manage the cancer experience through the delivery of comprehensive, holistic, oncology-focused care to individuals, families, and communities in a variety of settings. METHODS: Theoretical course work and clinical practicum are required to complete the degree plan. Students are actively recruited from urban, rural, and underserved population settings. The program is committed to fostering a teaching-learning paradigm that facilitates self-directed learning. The program's basic tenet is that all course offerings will be designed in a distributed learning/distance learning method. Clinical experiences are accomplished in or near the student's home community. RESULTS: Development and implementation of the program are in process. Shaping a curriculum and learning environment to be consonant with a health care system in a constant state of reform flux is a challenging task. CONCLUSION: This program's long-term challenge is to remain flexible, collaborative, and

futuristic while promoting the expansion of advanced practice in oncology nursing.

(74) **The role of advanced practice nurses in surgical services.**

Hylka SC, Beschle JC.

AORN J 1997; 66(3):481-5.

Abstract: Many of the changes in health care delivery systems have had detrimental effects on nurses; however, some of these same changes are providing opportunities for acute care advanced practice nurses. Advanced practice nurses ensure continuity of care, manage use of resources, and coordinate patient services, which often results in cost savings. This article describes how advanced practice nurses in the department of surgery at Memorial Health Care, Worcester, Mass, are caring for surgical patients with acute and chronic conditions.

(75) **The advanced practice nurse: meeting the information needs of the rural cancer patient.**

White NJ, Given BA, Devoss DN.

J Cancer Educ 1996; 11(4):203-9.

Abstract: **BACKGROUND:** The goal of the Rural Cancer Care Project is to assist patients and families residing in rural areas to receive the highest-quality cancer care in their own communities. **METHODS:** An advanced practice nursing clinic, serving as an adjunct service to specialty cancer care, is the core of the intervention model demonstrated by the "Rural Partnership Linkage for Cancer Care", a National Cancer Institute grant awarded to Michigan State University in 1990. The nursing intervention is directed to meeting patient and family needs. **RESULTS:** One hundred seventy patients enrolled in the study beginning in January 1993 through September 1995. Knowledge deficit proved to be one of the most frequently identified problems (in 78% of the 170 patients evaluated), although the patient and family had often received care at a community oncology center with specialist health care professionals. Teaching was a major nursing intervention employed in patient care to address patient problems and needs as presented (e.g., chronic pain, fatigue). The data also demonstrated that the patients had more knowledge needs in the later stages of disease when they had cancers in all sites but the breast, where patients with Stage I and II disease had the greater learning needs. **CONCLUSIONS:** Nursing interventions were directed primarily at education regarding cancer as a disease or the understanding of chemotherapy. The advanced practice nurse, by providing direct patient and family education in a community setting, does improve patient knowledge and subsequent outcomes.

(76) **The role of the advanced practice nurse in the care of patients critically ill with cancer.**

Kaplow R.

AACN Clin Issues 1996; 7(1):120-30.

Abstract: Although the proliferation of potent standard and experimental protocols to combat cancer has resulted in life-threatening complications, growth and changes in the field of oncology and critical care have increased the life expectancy of patients with cancer. Several authors have describe the multifaceted role of the advanced practice nurse in critical care and oncology settings. How the critical care oncology advanced practice nurse translate these roles into practice is not known. In this article, the author describes the challenges of the critical care oncology advanced practice nurse to improve patient care, improve outcomes, and advance the nursing profession.

(77) **Documentation and outcomes of advanced nursing practice.**

Boyle DM.

Oncol Nurs Forum 1995; 22(8 Suppl):11-7.

Abstract: **PURPOSE/OBJECTIVES:** To review literature related to documentation and evaluation of the competency of advanced practice nurses (APNs) and outline consensus findings specific to this area from the State-of-the-Knowledge Conference on Advanced Practice in Oncology Nursing. **DATA SOURCES:** Published articles in professional journals and written summations from the conference. **DATA SYNTHESIS:** Documentation and evaluation of APN competency is characterized by continued questioning about optimum approaches and methods. The literature to date has offered suggestions to initiate evaluation in APN practice. When documenting and evaluating APN competency, quality enhancement efforts and indices of cost-effectiveness must be considered. To expand APN practice opportunities, documentation and evaluation must be considered as a desired and necessary quantification of practice and not just as extra work. Efforts to promote this way of thinking will enhance marketability of the APN role in cancer care. **CONCLUSION:** Little research of APN outcomes exists. To counter this paucity, ONS and other organizations need to develop theoretical models to support outcomes

documentation, which, in turn, enhances political and organizational savvy and promotes a viable future for APNs. NURSING IMPLICATIONS: Improved documentation of nursing interventions is required to justify the necessity and effectiveness of the APN role. In the ever-changing arena of health and cancer care, oncology APNs must ensure their positions in both existing and evolving marketplaces through efficient documentation and evaluation.

(78) **Education of the advanced practice nurse in oncology.**

Belcher A, Shurpin KM.

Oncol Nurs Forum 1995; 22(8 Suppl):19-24.

Abstract: PURPOSE/OBJECTIVES: To review the education of the advanced practice nurse (APN) with a focus on curriculum and issues related to the oncology specialization. DATA SOURCES: The State-of-the-Knowledge Conference on Advanced Practice in Oncology Nursing, journal articles, monographs, and authors' personal experiences. DATA SYNTHESIS: APN education is a current issue in nursing, as well as in the specialty of oncology nursing. Current trends in the delivery of health care require reform of graduate education in nursing to better prepare APNs to shape and respond to the healthcare needs of the public along the entire cancer care continuum. CONCLUSIONS: APN education remains a dynamic, ever-evolving enterprise. The Oncology Nursing Society (ONS) and the American Cancer Society (ACS) have taken a proactive stand on APN education by revising master's curriculum guidelines and supporting the conference. IMPLICATIONS FOR NURSING PRACTICE: APN education in oncology will be an ongoing area of exploration for both ONS and ACS, as well as for leaders in oncology nursing. Development of graduate, postgraduate, and continuing education programs at the APN level of expertise will support high-quality advanced practice in oncology nursing. The feedback mechanisms among practice, education, and research will provide educational programs that will make a difference in the care of patients with cancer.

(79) **Prescriptive authority for advanced practice nurses: current and future perspectives.**

McDermott KC.

Oncol Nurs Forum 1995; 22(8 Suppl):25-30.

Abstract: PURPOSE: To present an overview of the issues related to prescriptive authority and advanced practice nurses (APNs) in oncology. DATA SOURCES: Professional journals and books, print media, and professional and government releases. DATA SYNTHESIS: Discussion of issues related to complex political, educational, economic, and healthcare environmental factors. Strategies to achieve increased recognition for APN prescriptive authority include increasing APNs' knowledge about the effects of the political process on prescriptive authority, educating legislators and consumers, promoting standardization of pharmacology curricula, and encouraging formation of coalitions. CONCLUSIONS: Failure to pass a national healthcare plan, escalating managed-care markets, and the reform efforts of individual states to forge their own healthcare initiatives will challenge the APN's ability to practice and prescribe. IMPLICATIONS FOR NURSING PRACTICE: The subject of prescriptive authority highlights the controversies and debates that APNs encounter in a dynamic healthcare environment. These include the complexity of state-to-state regulations, non-nursing professions making key decisions regarding scope of practice and prescriptive authority, and the challenge for APNs to carve out new roles while overcoming state regulatory inconsistencies and market-reform barriers. If not resolved, these issues will continue to prevent qualified APNs from providing appropriate and comprehensive care to patients with cancer.
