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INTRODUCTION

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This chapter provides a brief introduction to what oncology advanced practice nursing (APN) roles are all about and then follows with more information on the purpose of the toolkit, how it was developed and strategies for how to use the toolkit to best meet your APN role planning needs.

What will you learn about in this chapter?

1. Rationale for the toolkit.
2. The purpose and types of APN roles in cancer control.
3. How the toolkit was developed.
4. Who are potential users of the toolkit.
5. How this toolkit will help.
6. How the toolkit is organized.
7. Strategies for how to best use the toolkit.

Why is this toolkit needed?

There is increasing demand for APN roles in oncology and other healthcare specialties. In Ontario, the number of oncology APN roles has more than tripled in the last five years alone.¹ While there is substantive international evidence about the effectiveness of APN roles on patient, provider and health systems outcomes, the cancer control system in Canada has yet to exploit the full potential of these roles to design and deliver sustainable cancer services to best meet the needs of patients and families.

Cancer control refers to services and activities focused on preventing or curing cancer, reducing the suffering associated with cancer, and increasing survival and quality of life for those who develop cancer.²

A number of studies have identified that insufficient planning and lack of stakeholder understanding about APN roles are barriers to effective role implementation.^{3,4} Research about Ontario APN roles in cancer control led to two provincial consensus meetings held by Cancer Care Ontario.^{5,6} There was unanimous recognition among key stakeholders (e.g., healthcare administrators, government policy makers, nurses and other healthcare providers) at these meetings about the need for tools and resources to support them in developing and using oncology APN roles in the most effective manner.

The PEPPA Framework (*participatory, evidence-informed, patient-centred process for APN role development, implementation and evaluation*) was created to improve the introduction of these roles in oncology and other specialties.⁷

In this toolkit you will find all of the resources, tools and activities necessary to guide you through the PEPPA Framework.

■ The purpose of APN roles in cancer control

The purpose of all APN roles is to maximize, maintain or restore patient health through innovation in nursing practice and in the delivery of health services.⁸⁻¹¹ Canada recognizes two types of APN roles: the clinical nurse specialist (CNS) and the nurse practitioner (NP).⁸

Cancer Care Ontario's Oncology APN Community of Practice defines the oncology APN as a registered nurse working in a CNS or NP role, who has acquired specialized, in-depth knowledge and skills in the care of patients and families affected by cancer through practice experience and completion of a Master's degree in nursing.¹²

Further information on APN roles can be found in Step Five and Step Six of the toolkit.

Oncology APNs enhance nursing practice and cancer care delivery through the integration of knowledge and skills across five role dimensions that are summarized in Table 1.

T A B L E 1
Dimensions of the oncology advanced practice nursing role¹³

1. Direct clinical and comprehensive care
2. Education
3. Research
4. Organizational leadership
5. Professional and scholarly development

Thus a defining feature that distinguishes APN roles from other types of nursing roles is that they are multi-dimensional with responsibilities for practice improvement and innovation that target activities in several areas including patients, the profession of nursing, health providers, healthcare organizations and the broader healthcare system.^{3,12}

A second defining feature of APN roles is that they are first and foremost clinical practice roles that provide direct and indirect care for patients, families, populations or communities.⁸ In oncology, provision of clinical care may occur at any point along the cancer continuum from cancer prevention, screening, diagnosis, treatment, recovery, palliation and end-of-life care.¹⁴

It is the combination of clinical and other multi-role responsibilities that make APN roles advanced.^{3,8} In order to maximize the full potential of APNs in the delivery of accessible, high quality and sustainable cancer services, practice settings must support the full integration of all five dimensions of APN roles.¹²

Other types of roles that focus on specific areas of nursing, such as education, research or administration are equally valued in the health system but are not identified as APN roles because clinical practice and the provision of advanced nursing care is not the focus of their roles.^{8,15,16}

There is national and international agreement that the minimum educational requirement for APN roles is a Master's degree in nursing.^{8,16} In addition to graduate education, practice experience is required to develop specialized and expert knowledge and skills.

**In the Resources Section,
you will find additional
information that clarifies
the role of the oncology
APN in Ontario.**

How was the toolkit developed?

The toolkit was developed as part of a research study.¹⁷ Initial drafts of the toolkit were developed based on: a) the results of previous studies;^{1,3,18} b) a broad range of relevant literature sources; c) a survey of healthcare administrators responsible for cancer services in Ontario; and d) input from a provincial expert panel of key stakeholders including healthcare administrators, health planners, advanced practice nurses and other health professionals.

The toolkit was used by two practice teams at regional cancer centres in Ontario to organize and plan the introduction of a new APN role. Evaluation data was collected at multiple points to examine how the practice teams used the toolkit, to evaluate the impact of the toolkit and PEPPA Framework on the team and healthcare planning process and to gather real-time feedback on potential ways to improve the toolkit. Evaluation data and further feedback from the Expert Panel were used to make revisions to subsequent drafts of the toolkit.

Who are the potential users of the toolkit?

- The toolkit has been developed to assist a wide range of organizations and healthcare teams to implement a new or to further develop an existing APN role.
- Toolkit users may include government policy makers, healthcare planners, healthcare administrators and managers, nursing leaders, advanced practice nurses, healthcare providers, APN educators and researchers.

How will the toolkit help you?

Users of this toolkit will:

- Identify and recruit important stakeholders to participate in various activities to promote effective APN role planning, implementation and evaluation;
- Build an effective healthcare planning team;
- Determine if a new APN role or changes to an existing APN role are required to enhance cancer services;
- Design the appropriate APN role to address patient, healthcare provider, organization and healthcare system needs;
- Create a business case and a budget for an APN role;
- Develop strategies to successfully recruit and hire the best candidate for an APN role;
- Establish a plan for supporting the full implementation of an APN role; and
- Outline a plan for monitoring and evaluating an APN role.

How is the toolkit organized?

The toolkit consists of several distinct sections that will assist you in the efficient and effective use of this resource:

1. Overview

The Overview introduces you to the PEPPA Framework and is a must read for first time users of the toolkit because it will direct you to the most relevant steps based on your needs, timelines and resources.

2. Steps of the PEPPA Framework

This toolkit addresses the first six steps of the PEPPA Framework. In each step, you will find activities and tools that are designed to help you collect and analyze information in response to specific guiding questions. Answers to these questions will inform your decision-making and will assist in reaching your objectives for that step of the framework.

3. The common sections for each step of the PEPPA Framework are:

- a. Objectives
- b. Guiding Questions
- c. Key Messages
- d. Tips
- e. Implementation Pointers
- f. References

4. Resources

The Resources Section of the toolkit is designed to provide additional information and tools to get the healthcare planning process started and to support effective team work and decision-making at each step of the PEPPA Framework.

5. Appendix

An Appendix Section provides additional information, resources, tools and worksheets that may be used to address goals for specific steps of the PEPPA Framework.

6. Glossary

A Glossary of Terms is located at the back of the toolkit to assist in understanding APN and healthcare planning terminology.

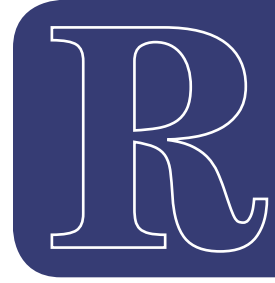
What are strategies for the effective use of this toolkit?

- Keep in mind that the toolkit should be used as a flexible healthcare planning guide. The use of steps, activities and tools is not meant to be prescriptive. Each organization or healthcare planning team can select and/or adapt the specific steps, activities and tools to best fit their circumstances.
- You can use the toolkit by moving sequentially through steps one to six of the PEPPA Framework or you can begin with the chapter or framework step that best fits the context of your healthcare planning situation.
- You may not need to implement all six steps and therefore use all chapters – you may have some work done already. For example, your organization may have conducted a needs assessment as part of a strategic planning process.
- Healthcare planning is not a linear process and each chapter is not a discrete step. You may find it necessary to revisit earlier chapters from time to time as you move through various steps of the PEPPA Framework.
- There are numerous tools and checklists that you can use throughout the toolkit. You will be guided to different parts of the toolkit when appropriate.

Next Step

To determine which step of the PEPPA Framework and section of the toolkit is the best place for you to begin, review the next chapter providing an overview of the Framework.





References

1. Bryant-Lukosius, D., Green E., Fitch, M., Macartney, G., Robb-Blenderman, L., Bosompra, K., McFarlane, S., DiCenso, A., Matthews, S. & Milne, H. (2007). A survey of oncology advanced practice roles in Ontario: Profile and predictors of job satisfaction. *Canadian Journal of Nursing Leadership, 20*(2), 50-68.
2. Health Canada. (2004). *Progress report on cancer control in Canada*. Retrieved January 5, 2009 from <http://www.hc-sc.gc.ca>
3. Bryant-Lukosius, D. DiCenso, A., Browne, G., & Pinelli, J. (2004a). Advanced practice nursing roles: development, implementation, and evaluation. *Journal of Advanced Nursing, 48*(5), 519-529.
4. DiCenso, A., Bryant-Lukosius, D., I. Bourgeault et al. (2009). *Clinical nurse specialists and nurse practioners in Canada: A decision support synthesis*. Ottawa, ON: Canadian Health Services Research Foundation (www.chsrf.ca).
5. Cancer Care Ontario. (2006). *New ways of working: A provincial strategy for advanced practice roles in cancer care*. Toronto: Author.
6. Cancer Care Ontario. (2008). *Consensus meeting. Cancer system planning. Advanced practice nurses*. Toronto. Author.
7. Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing, 48*(5), 530-540.
8. Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework*. Ottawa: Author. Retrieved November 18, 2008 from http://www.cna-nurses.ca/CNA/documents/pdf/publications/ANP_National_Framework_e.pdf
9. Davies, B., & Hughes, A.M. (1995). Clarification of advanced nursing practice: Characteristics and competencies. *Clinical Nurse Specialist, 9*, 156-160.
10. Hamric A. (2000). A definition of advanced nursing practice. In A.B. Hamric, J.A. Spross, and C.M. Hanson, eds., *Advanced Nursing Practice: An Integrative Approach* (53-73). Philadelphia, PA: W.B. Saunders.
11. McGee, P., & Castledine, G. (eds). (2003). *Advanced nursing practice*, 2nd ed. Oxford: Blackwell.

12. Cancer Care Ontario, Oncology APN Community of Practice. (2009). *Clarifying the advanced oncology nurse role in Ontario*. Toronto: CCO. <http://www.cancercare.on.ca>
13. Canadian Association of Nurses in Oncology. (2001). *Oncology nursing roles, standards and competencies*. Ottawa, ON: Author.
14. Cancer Care Ontario. (2008). *The cancer journey*. Toronto: CCO. Retrieved November 18, 2008 from: <http://www.cancercare.on.ca/english/home/ocs/csoverview/>
15. Mantzoukas, S. (2006). Review of advanced nursing practice: The international literature and developing the generic features. *Journal of Clinical Nursing*, 16, 28-37.
16. International Council of Nurses. (2008). *The scope of practice, standards and competencies of the advanced practice nurse*. Geneva: ICN.
17. Bryant-Lukosius, D., Green, E., Bakker, D., Paulse, B., Wiernikowski, J., Snider, A., MacKenzie, T., Conlon, M., Wong R., & Darrall, J. (2007). *Increasing capacity for the effective implementation of oncology APN roles for under-serviced populations: A collaborative, facilitative approach*. Retrieved on July 10, 2008 from: <http://www.changefoundation.ca/nursingawards.html>
18. Bryant-Lukosius, D., Green, E., Fitch, M., Robb-Blenderman, L., MaCartney, G., McFarlane, S., & Milne, H. (2004). *The advanced practice nursing role in Ontario cancer centres: An interim evaluation*. Final Report to the Nursing Secretariat of the MOHLTC.



