Coping with Compassion Fatigue in Pediatric Oncology Nursing

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Standing Out:
Higher Education in Nursing—Why Pursue an Advanced Degree?

BY ASHLEY LEAK BRYANT, PHD, RN-BC, OCN

During my clinical work as a nurse on hematology/oncology units, I cared for patients with a myriad of symptoms and a variety of cancers. I began to realize, though, how little was known about enhancing the quality of life for patients with non-solid tumors.

But without the research skills to identify interventions to improve the lives of these patients, I could contribute only so much. This realization inspired me to pursue a doctorate degree in nursing at the University of North Carolina at Chapel Hill—the start of a rewarding journey as an inpatient oncology nurse and a nurse scientist.

As the health care system and the complex needs of our communities change, the role of the oncology nurse must change as well to understand and meet those needs.

The Opportunity to Help Patients

Working on the inpatient oncology unit while continuing my education, I noticed an increase in the number of older patients with acute leukemia who were admitted when the North Carolina Cancer Hospital opened in 2009. These newly diagnosed patients appeared to lack the skills they needed to manage their illnesses and their rapidly changing symptoms during and after treatment. Without understanding these changes, many patients became emotionally and physically distressed.

Seeing this distress among these patients motivated me to further explore the problems I saw through a postdoctoral fellowship on the topic at the UNC-Chapel Hill Gillings School of Global Public Health, Cancer Care Quality Training Program in the Department of Health Policy and Management. I focused my work on the health needs of the adult acute leukemia population.

Previous studies have documented the use of health care services by oncology patients in the emergency department, but little was known about the utilization of health services by patients with acute leukemia after initial treatment.

The lead project I pursued retrospectively explored the health care service utilization of the emergency department and hospital admissions among patients with acute leukemia after induction at North Carolina Cancer Hospital, and presented a case study about a patient with febrile neutropenia.1

I learned that the majority of patients with acute leukemia present to the emergency department or hospital with these symptoms: neutropenic fever, infection, thrombocytopenia, and gastrointestinal issues.

The Opportunity to Practice Better Nursing

Two key recommendations of the Institute of Medicine’s 2010 report, “The Future of Nursing: Leading Change, Advancing Health” were:

1. Nurses should practice to the full extent of their education and training, which will increase the productivity of health care delivery, and

2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.2

Following these recommendations, the report noted, leads to better patient care, lowered costs; and improved interdisciplinary collaborations.

My pursuit in achieving a doctoral degree and post-doctoral training has led me to integrate clinical practice and research, working with interprofessional teams to improve the quality of cancer services and quality of life of patients with acute leukemia.

Being at the bedside with other oncology nurses enables me to guide them in the research process, as well as discuss advanced nursing education options such as post-doctoral training and/or specialty certification such as oncology, hospice and palliative care, and pain management.

Options in Higher Ed

Nurses have several options for doctoral degrees, including a doctorate (PhD) (in nursing, nursing research, or another discipline); a doctorate in nursing practice (DNP); or a doctorate

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3 Questions on... Ethics and Health IT

BY SARAH DIGIULIO

Even if you can look up a patient’s electronic medical health record from another unit, should you? What happens if you accidentally pull up the wrong patient’s EHR? What happens if you accidentally divulge information from that EHR?

There can be serious consequences for not using technology wisely and not thinking. That was the take-away message of a session on Health Information Technology and Ethics in Oncology at the Oncology Nursing Society Annual Congress, co-moderated by Anne Ireland, MSN, RN, AOCN, CENP, Clinical Director of the Solid Tumor Program at City of Hope National Medical Center, who was also previously the Clinical Architect for Electronic Health Record Implementation at Fletcher Allen Health Care in Burlington, Vermont. The promise of a fully recognized EHR system comes with new challenges to protect patients’ privacy, confidentiality, and data, and puts new ethical burdens on care providers to use the tools responsibly. Ireland and the other session moderators explained. In an interview afterward, she summed up these key points:

1. What new challenges does health IT pose regarding the protection of patients’ privacy?

“All information is fully accessible—it’s really easy now. But by the code of ethics it is obligatory to protect the health information of the people we care for. Other people around them don’t have a right to know any of that information, unless the patient has explicitly given me permission to share that. It’s hard now though, because the information is just there.

“We talked about that in the conversation. When we asked the nurses: ‘If you work in one unit, are you able to look at a patient’s chart in another unit? Everybody said yes. But is that actually OK, that you can just click and read all that?’”

2. So what information is considered protected, private?

“Anything that could speak to the patient’s health condition or the treatment of that health condition. Anything that would make it clear, explicitly, what was going on with that particular patient. Frankly, even just knowing that somebody’s coming to a facility for care can be a breach. In my case, I work at City of Hope. If you’re a patient at City of Hope, people now know you have cancer. So, I’m very sensitive to that.

“That gentleman I was just talking about [during the session Ireland had related an incident of running into a patient who asked her where he knew her from, while both were at a baseball game]—I said I work in ‘health care.’ … I didn’t want to say I work at City of Hope, because by virtue of saying that—I didn’t know whether

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HIGHER EDUCATION

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in nursing education (EdD). And the increased number of online and hybrid programs available offers more programs to fit your tailored goals and needs.

I decided to pursue my advanced degree because of the reputation and exemplary oncology faculty at the UNC School of Nursing. My continuing education allowed me to learn new skills and generate new knowledge to lead oncology clinical research studies.

Some initial questions to consider before beginning a program: What are your professional goals? Why are you pursuing a doctorate degree? Will you remain in the same job once you complete the degree or do you plan to transition to another role? What works best for you personally?

My postdoctoral training helped me learn more about the problems faced by patients with acute leukemia and ways to improve the quality of cancer services and quality of life. It can be challenging to work both at the bedside and as a nurse scientist, but the rewards are worth it.

Each day, I am reminded how lucky I am to share in the lives of patients and families fighting courageously against cancer.

References
