



Nursing Workforce Working Group

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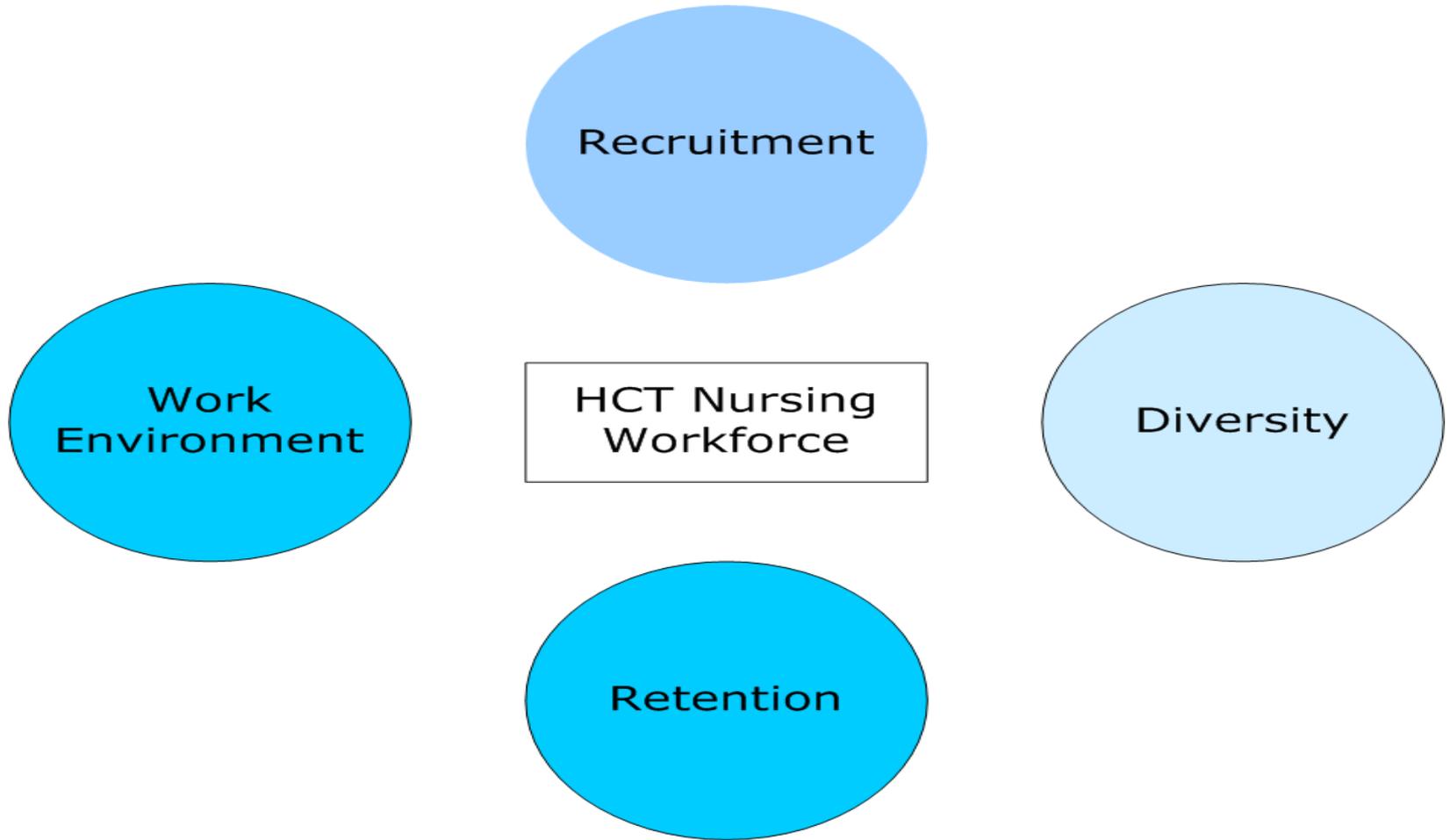
Financial Disclosure – None

Learning Objectives

At the conclusion of this session, attendees will be able to:

- Identify activities that may decrease the potential for ethical/moral distress or compassion fatigue of HCT care providers.
- Describe one method used by the SCI Nursing Workforce Workgroup to disseminate findings.
- Discuss one example of an outreach activity to promote BMT as a career option for nurses.

Scope of Work – Year III



Top Initiatives

The Nursing Workforce WG focused on three prioritized initiatives identified in Year II:

1. Create and deliver the “Introduction to BMT” presentation for nursing students
2. Develop a model for multidisciplinary rounds to address ethical/moral distress and compassion fatigue among BMT healthcare professionals
3. Conduct outreach to diverse nursing communities of interest

Sub-groups were established to address recruitment and retention initiatives to further support the overall work done by the WG.

Create and deliver the “Introduction to BMT” presentation

- Need:
 - Many BMT nurses are planning to leave the specialty in the next 3-5 years (Year I WG survey; N=148)
 - Currently few opportunities to learn about BMT due to the complexity of the field
 - Exposing students to BMT nursing as a career option is one strategy for addressing the projected shortage

Create and deliver the “Introduction to BMT” presentation

- Focuses on exposure to BMT among senior college nursing students
- One-hour presentation which describes the field of BMT nursing and identifies the motivators for students to choose a career in the BMT specialty
- Created introductory letter for schools of nursing identifying learning objectives and logistics
- In Year III, WG members made outreach to schools near their transplant centers and 4 presentations were delivered to approximately 200 students

Create and deliver the “Introduction to BMT” presentation

Pre/post-survey assessed awareness, career preferences and interest regarding HCT (N=181):

- Majority had not previously considered a career in BMT despite 52% having had education/training in hem/onc or BMT
- Career preferences included: feeling valued (65.2%), intellectual stimulation (66.3%), emotional gratification of providing patient care (69.6%) and interest in subject matter (69.6%)
- Presentation tended to increase nursing students' interest in pursuing a BMT career ($p < 0.0001$)

Engagement / Partnerships

- ONS Regional Reporters are appropriate for this type of outreach and have expressed interest in participating in this initiative
- Transplant centers will need to be engaged in order to identify opportunities for students to learn more about transplant (e.g., intern/externships, tours of BMT units, etc.)
- Nursing schools will also need to be engaged in order to include the “Intro to BMT” presentation in program curricula

Succession planning

- NMDP will provide CNE credits for this presentation and to ensure staff and resources to manage the program going forward
- Engage ONS regional leaders and local chapters in providing these education opportunities
- ONS to promote presentation on education web page (in development)

Metrics

- Number of presentations delivered to students
- Number of presentations delivered to nurses
- Number of repeat presentations (same school of nursing, transplant center or ONS local chapter)
- Overall rating of presentation ($\geq 90\%$)
- Pre/Post survey responses on “likelihood of pursuing career in BMT” (stat. sig. association between attending presentation and increased “likelihood”)

Multidisciplinary rounds model to address ethical/moral distress

- The multidisciplinary sub-group focused on improving retention by addressing ethical/moral distress and compassion fatigue
- Need:
 - Year I WG survey results show that many (60%) BMT nurses experience moral and ethical distress and/or compassion fatigue
 - Caregivers today are anxious, frustrated and under pressure – with no structured outlet for expressing their feelings and little preparation for the difficult communication issues that are an inevitable part of patient care

Multidisciplinary rounds model to address ethical/moral distress

- Multidisciplinary rounds (e.g., Schwartz Center Rounds) provide an opportunity to discuss ethical concerns or share feelings about a case
- These rounds can improve the current work environment for BMT staff, improve retention, and support recruitment efforts by making BMT more attractive as a career option

Multidisciplinary rounds model to address ethical/moral distress

- The multidisciplinary sub-group was formed with representation from the Facility Capacity and Care Delivery Model, Pharmacy, Advanced Practice Professional and Nursing WGs
- The model template will present recommended actions that transplant center personnel can consider to address providers' ethical/moral distress and compassion fatigue inherent in the BMT work environment

Multidisciplinary rounds model to address ethical/moral distress

- The model addresses:
 - point of care (care at patient/donor selection, preparing patient, life-threatening complications, and end-of-life care)
 - moral dilemmas
 - impact on healthcare provider
 - methods to reduce impact on healthcare providers
 - evidence for action
 - measures of success
 - resources needed

Engagement / Partnerships

- ONS BMT Nursing SIG and ASBMT organization will be approached to collaborate on the promotion of the model among U.S. transplant centers
- The WG will need to engage transplant center leadership in implementing these recommendations, as these activities will require staff time

Succession planning

- Recommendation draft will be finalized by the sub-group members in the following month(s)
- ASBMT Clinical Standards and Guidelines committee, will be approached about the adoption, implementation, distribution and publication of the recommendation as a guideline for transplant centers

Metrics

- Multidisciplinary model template deliverable
- Promotion of the model via NMDP and professional societies' websites, meetings and conferences
 - Number of publications
 - Number of presentations

Conduct outreach to diverse nursing communities of interest

- Outreach made to the National Black Nurses Association (NBNA)
- Culturally appropriate materials and key facts/figures (messages) were created to identify how a BMT nursing workforce interested in and qualified to care for medically underserved populations can increase access to transplant
- NBNA audience exposed to BMT as a nursing career option and identified ways to support transplant patients from their community

Additional WG Efforts

- The WG worked to disseminate progress and findings of SCI activities:
 - Presented podium abstract at 2012 BMT Tandem Meetings - *Identifying Challenges to the Future of BMT Nursing Workforce: Hematopoietic Cell Transplantation in 2020*
 - Submitted article to ONS for publication titled: *Addressing Workforce and Infrastructure Challenges to the Growth of Blood and Marrow Transplantation: the System's Capacity Initiative*

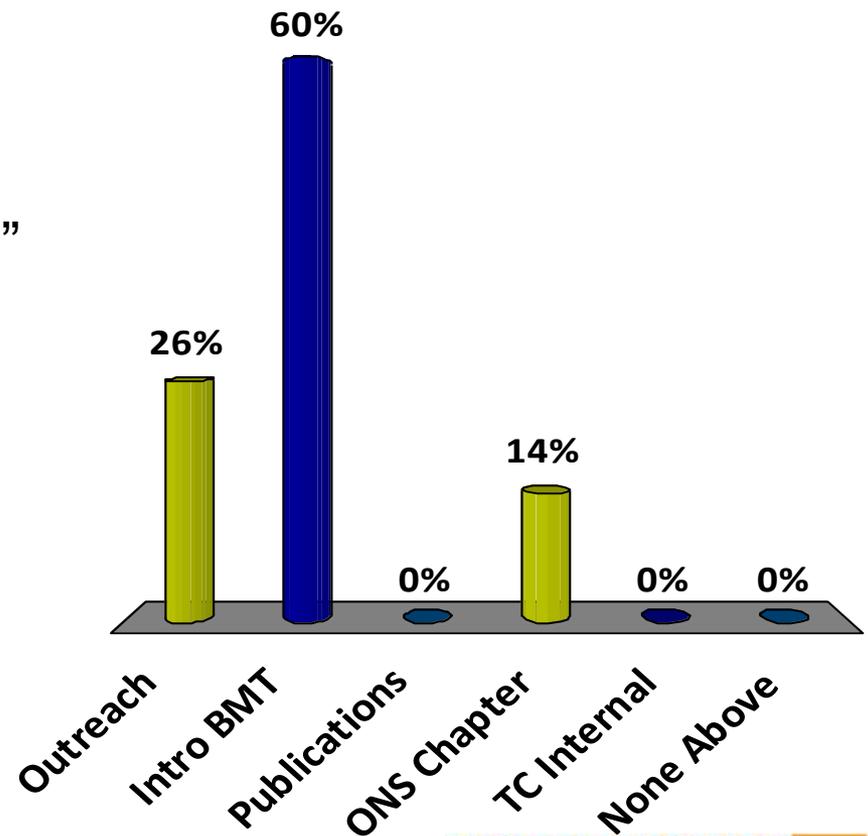
Additional WG Efforts

- Supported efforts to approve a BMT nursing certification
 - Participated on the Oncology Nursing Certification Corporation (ONCC) task force and role delineation workgroup
 - At the annual ONS Congress in May 2012, the ONCC announced that a certification in BMT was approved (will offer BMTCN in 2014)
 - The WG members will continue to partner with the ONCC in developing certification exam content

Audience Polling

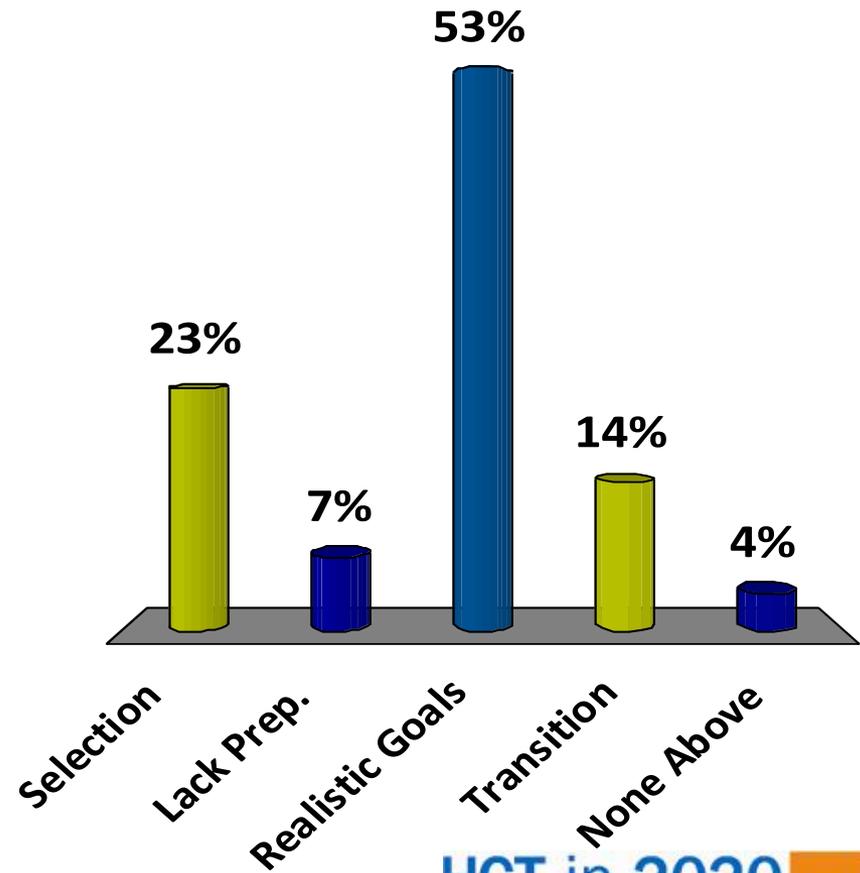
In your opinion, what is the most effective way to promote/highlight BMT nursing as a career?

1. Outreach to nursing schools (e.g., open houses, presentations, career fair days)
2. Presentations to nursing students on “Intro BMT Nursing”
3. Publications in professional literature
4. Exhibit/presentations to local ONS chapters
5. Transplant center internal publications
6. None of the above



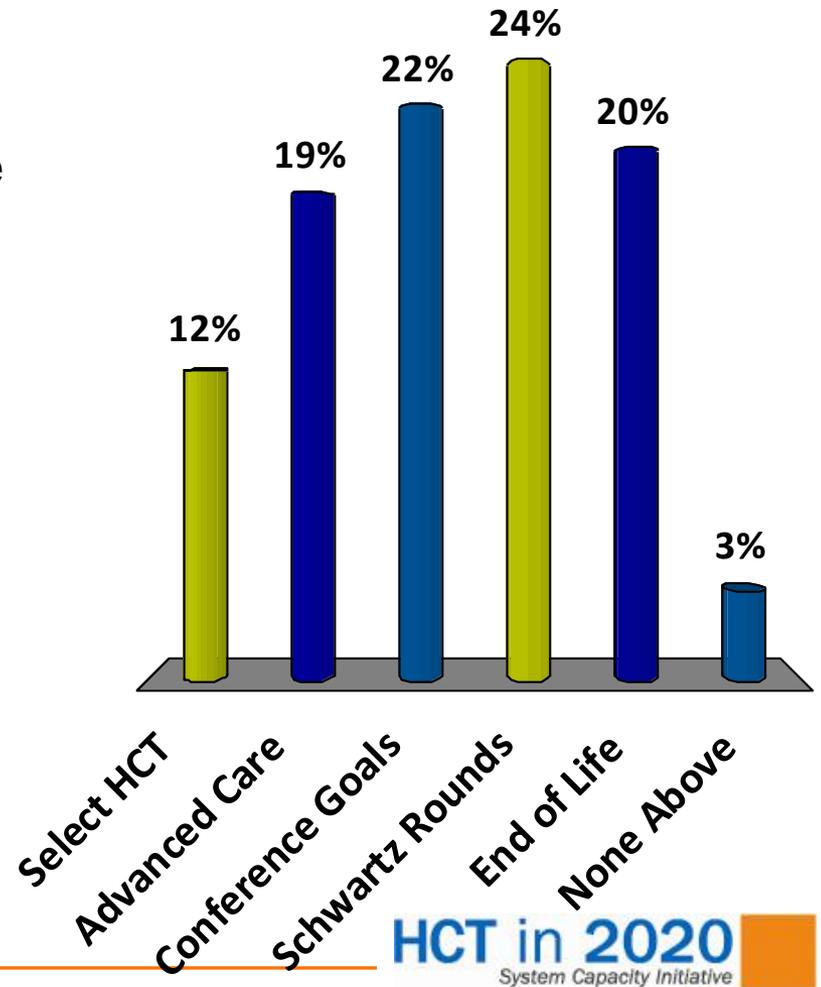
Of the following points of care, which do you think is the major factor causing ethical/moral distress or compassion fatigue of HCT care providers?

1. Selection of patients offered HCT (e.g., disease status, lack of caregiver, history of substance abuse, noncompliance)
2. Lack of adequate preparation of patients for HCT
3. Difficulty setting realistic goals when undesirable or life-threatening complications/outcomes occur
4. Transition to appropriate level of end-of-life care
5. None of the above



Of the following, which will most reduce ethical/moral distress or compassion fatigue among HCT providers?

1. Multidisciplinary care conference to select HCT candidates
2. Advanced care plan discussion with patient, caregiver and provider before treatment starts
3. Care conference with goal setting at time of undesirable or life-threatening complication/adverse events
4. Multidisciplinary discussion (i.e., Schwartz rounds) of emotionally and socially difficult cases
5. End-of-life training for providers and/or early palliative care consults
6. None of the above



Future WG Effort

Nursing Workforce WG – Year IV

- The majority of WG members are committed to meeting over the next year to build on pilot efforts and disseminate results/deliverables
 - Develop and disseminate multidisciplinary rounds model
 - Continue to deliver “Intro to BMT” presentation and facilitate CNE credits
 - Participate on ONCC task force to create BMT certification
 - Submit abstract to 2013 BMT Tandem Meetings

Working Group Membership

- Chair
 - Joyce Neumann, RN, MSN, AOCN
- Vice Chair
 - Kim Schmit-Pokorny, RN, MSN, OCN
- Members
 - Dennis Confer, MD
 - Lourine Davis, RN, BSN, OCN
 - Rosemary C. Ford, RN, BSN, OCN
 - Stephanie Jardine, BSN, RN
- Members cont'd.
 - Martha Lassiter, MSN, AOCNS
 - Elizabeth Murphy, EdD, RN
 - Elaine Z. Stenstrup, MSN, RN, ACNS-BC, AOCNS
 - Terry Sylvanus, RN, MSN, ACNS-BC, AOCN
 - D. Kathryn Tierney, RN, PhD
- NMDP Lead Staff
 - Alexandra De Kesel Lofthus, MNM, CHTC
 - Ellen Denzen, MS
 - Lynn Pepple (admin.)

Multidisciplinary Task Force

- Baird Johnson, Program Manager, Seattle CCA
- Marion Kalbacker, MSW, LCSW, Social Worker, Duke
- Michael Lill, MD, Medical Director, Cedars-Sinai
- Sam Sharf, BMT Clinical Director, U of NC
- Tippu Khan, PharmD, BCOP, U of NC
- Shelly Mentzer, MMS, PA-C, Fred Hutchinson
- Amy Joyce, NP, Dana-Farber
- Joyce Neumann, MS, AOCN, MD Anderson

Questions or Comments

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