

# Bridging the Gap: A Descriptive Study of Knowledge and Skill Needs in the First Year of Oncology Nurse Practitioner Practice

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The United States is facing a shortage of cancer care providers needed to provide high-quality cancer care. The current oncology workforce is without proportionate replacement for expected clinician attrition (Erikson, Salsberg, Forte, Bruinooge, & Goldstein, 2007; Warren, Mariotto, Meekins, Topor, & Brown, 2008). Patient factors also contribute to a potential workforce shortage. The number of people diagnosed and living with cancer will rise by 81% by 2020 because of an aging general population, more effective screening and treatment, and prolonged survival among individuals with cancer (Erikson et al., 2007; Warren et al., 2008). Subsequently, cancer care visit demands are projected to grow at a more rapid pace than the number of appointments oncologists can provide (Erikson et al., 2007; Warren et al., 2008).

The American Society of Clinical Oncology (2007) and Patlak and Levit (2009) urged the redesign of current work practices and the development of a workforce to ensure continuous delivery of high-quality cancer care. Part of that work redesign will include physicians no longer providing as much direct care, but, instead, directing teams of providers that include nurse practitioners (Erikson et al., 2007). Restrategizing oncology care delivery by increasing the numbers and expanding the roles of nonphysician practitioners, such as nurse practitioners, is considered to be critically important to meet the current and future cancer care needs in the United States.

## Evolution of Nurse Practitioners

Nurse practitioners are RNs who provide a broad range of healthcare services mainly focusing on patient healthcare needs with quality and cost effectiveness (American Academy of Nurse Practitioners, 2007). The

**Purpose/Objectives:** To identify the knowledge and skill needs of oncology nurse practitioners (ONPs) as they enter cancer care practice, and to identify necessary educational resources.

**Design:** Cross-sectional, descriptive.

**Setting:** A national e-mail survey.

**Sample:** 610 self-described ONPs from the Oncology Nursing Society's database.

**Methods:** The project team developed a 28-item electronic survey. The survey was randomly distributed via e-mail.

**Main Research Variables:** ONPs' feelings of preparedness in the first year of ONP practice.

**Findings:** In the first year of practice, 90% of ONPs rated themselves as prepared or very prepared in obtaining patient history, performing physical examination, and documenting findings. ONPs rated themselves as not at all or somewhat prepared in clinical issues of chemotherapy/biotherapy competency ( $n = 81$ , 78%), recognizing and managing oncologic emergencies, ( $n = 77$ , 70%), and recognizing and managing drug toxicities ( $n = 63$ , 61%). The primary source of oncology education for ONPs new to practice was almost exclusively the collaborating or supervising physician ( $n = 84$ , 81%).

**Conclusions:** Specific knowledge and skills, such as information about chemotherapy, oncologic emergencies, and side effects of therapy, are needed before an ONP enters a cancer care practice.

**Implications for Nursing:** Cancer-specific education should be made available to new ONPs as they begin independent practice.

use of nurse practitioners alone or in collaboration with physicians has a long history of equivocal or superior patient outcomes in primary (Hayes, 2007), specialty (Hoffman, Tasota, Zullo, Scharfenberg, & Donahue, 2005; Rudy et al., 1998), and cancer care (Cunningham, 2004; Murphy-Ende, 2002; Nevidjon et al., 2010). Particular