From the United States to Southern Ireland: 
Translating the Role of Oncology Advanced Practice Nurse

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In the summer of 2001, the authors had a unique opportunity to attend graduate nursing courses in the United States after they took on the responsibility to design the first Advanced Nurse Practitioner Programme (Oncology Nursing) in southern Ireland and begin its operation in September 2001. The experience was called “shadowing” because the authors closely followed American mentors. This article outlines the relationship between advanced practice in southern Ireland and the United States and describes some of the authors’ observations and experiences.

Background on Advanced Practice Nursing

According to Hamric (1996), advanced practice nursing is the application of an expanded range of practical, theoretical, and research-based therapeutics to phenomena experienced by patients within a special clinical area of the larger discipline of nursing. The term “therapeutics” refers to any of the activities undertaken as part of delivering care and includes assessment, diagnosis, planning, intervention and treatment, and evaluation (Hamric, 2000). Advanced practice nursing is grounded in the theory and practice of nursing. It incorporates nursing research, research from related disciplines, and management and leadership theories to form a basis for a multidisciplinary approach to quality patient care (National Council for the Professional Development of Nursing and Midwifery [NCNM], 2001). The authors referred to this definition of advanced practice nursing as they evaluated how it is implemented in the United States and how it could be implemented in Ireland.

Emergence of the Role in the United States

The advanced practice nursing role emerged in the United States in response to the advances in healthcare requirements and changing social and economic realities of limited healthcare resources, rising healthcare costs of an aging population, and rising healthcare needs. The role reflects professional nursing’s effort to fulfill its commitment to providing patients with cost-effective, quality care. It has evolved steadily over the past century, and its development is one part of the ongoing evolution of professional nursing (Keane & Angstadt, 1999).

Advanced Practice Nursing in Southern Ireland

Comprehensive, individualized, and holistic care is not new to oncology nursing in southern Ireland. However, advanced practice nursing in the context of cancer care is a new concept. With the new role came expanded practice opportunities for oncology nurses. Recent developments in cancer care, such as the use of genetic predisposition testing, expanding information technology, and the use of complementary therapies, brought opportunities and challenges for oncology nurses in Ireland (Spross & Heaney, 2000). As in the United States, people with cancer in Ireland are living longer and face issues related to long-term survival and the social implications of living with chronic disease. Oncology nurses in southern Ireland have risen to the challenge to provide expert advanced care to patients with cancer and their families.

The National Cancer Strategy in Ireland (National Cancer Services Strategy Commission, 1996) has identified the following objectives that apply to advanced practice oncology nursing:

- To take all steps possible to reduce rates of illness and death from cancer
- To ensure that those who develop cancer receive the most effective care and treatment
- To ensure that patients’ quality of life is enhanced to the greatest extent possible

The Commission on Nursing (1998) recommended that a career pathway be developed for nurses in Ireland leading from registration after basic training through clinical specialization to advanced practice. The establishment of this clinical career pathway was assigned to NCNM and applied to cancer care.

Continued professional development through formal education is essential if nursing is to meet the objectives identified by the National Cancer Strategy. NCNM determined that a master’s degree program would be the most efficient and effective way to prepare advanced practice oncology nurses. A program was suggested that provided advanced training for nurses to serve four functions: autonomous clinical practitioner, expert practitioner, pioneering professional leader, and researcher (NCNM, 2001).

Autonomous clinical practitioner: Autonomous advanced practice oncology nurses are accountable and responsible for an advanced level of decision making and the management of a specific patient caseload. The crucial factor in determining advanced practice nursing is the level of decision making and responsibility rather than the nature or difficulty of the tasks undertaken by practitioners.

Expert practitioner: Expert practitioners must demonstrate practical and theoretical knowledge and critical thinking skills that are acknowledged as exemplary by their peers. In addition, they must be able to articulate and justify the concept of advanced practice.

Pioneering professional leader: Advanced practice oncology nurses are pioneers, visionaries, and clinical leaders in that they initiate and implement changes in healthcare service in response to patient needs and service demands. Advanced practice nurses participate in educating nursing staff and other healthcare professionals through role modeling, mentoring, sharing, and facilitating the
exchange of knowledge in classrooms, clinical areas, and wider communities.

Researcher: Advanced practice oncology nurses are required to initiate and coordinate audits and research that not only contribute to quality patient care but also advance nursing and the development of health policy. The application of evidence-based practice and research enriches the professional body of nursing knowledge both nationally and internationally.

The Oncology “Shadowing” Experience in Pennsylvania

With these roles in mind, the authors arranged to spend a semester at an American school of nursing to learn more about advanced practice in oncology nursing and develop their skills as educators in a master’s level program.

After many discussions with faculty and peers, Pearl Treacy, PhD, MSc (ECON), BA, Soc., RGN, professor of nursing in the School of Nursing and Midwifery at University College Dublin in Ireland, suggested that the authors visit the University of Pennsylvania in Philadelphia to observe firsthand what is regarded as the world’s foremost acute care nurse practitioner program. They began by exploring the University of Pennsylvania’s Web site. With assistance from Carol Cox, PhD, RN, of St. Bartholomew’s School of Nursing and Midwifery at London City University in the United Kingdom, they arranged the first personal contact with nurse educators at the University of Pennsylvania.

The process evolved over a two-month period. The authors were accepted into the 2001 summer session at the University of Pennsylvania and enrolled in two courses, then the registrar of University College Dublin granted permission for the authors to attend. One 12-week course, “Clinical Decision Making in Advanced Nursing Practice,” covered comprehensive history taking and physical assessment. The second course, an independent study of the authors’ own design, was intended to give a greater understanding of the advanced practice nurse’s role. The clinical component of the independent study course included opportunities to observe advanced practice oncology nurses as they performed their multidimensional roles. The shadowing experience enabled the authors to explore the concept and context of advanced practice nursing.

The experience at the University of Pennsylvania was designed to provide the skills and information needed to implement a master’s program in oncology nursing. The authors were motivated by a desire to learn cancer care. The experience of “shadowing” advanced practice oncology nurses for three months enabled them to develop language skills and an appreciation of another culture by experiencing its values and beliefs firsthand. The authors hoped to translate them to the Irish context.

The independent study consisted of a learning contract. The authors negotiated specific learning objectives to explore and enhance the concept and context of advanced practice nursing. They explored a variety of advanced practice oncology nursing roles and discussed the competencies necessary to successfully implement the role. They observed how advanced practice nurses meet the needs of adult patients with cancer and their family members. The learning opportunity was invaluable and enabled the authors to facilitate the first advanced practice nursing program in the School of Nursing and Midwifery at University College Dublin. The behaviors they observed formed exemplars for role definition in the new program.

Setting Up the Program in Southern Ireland

According to Keane and Angstadt (1999), the legitimacy of advanced practice nursing has been established through graduate education, certification, and licensure. The primary criterion for advanced practice in oncology nursing in Southern Ireland is an earned graduate degree in nursing at either the master’s, postmaster’s, or doctoral level. Nurses must be able to integrate theory, research, and advanced practice nursing role functions into practice and expand specialized knowledge and skills relevant to the core competencies of oncology nursing. Educational programs that prepare advanced practice nurses must evolve constantly, as they must reflect both current practice expectations and opportunities and the anticipated scope of future practice.

After returning home, the authors aimed to develop an educational program that would equip experienced oncology nurses with skills and knowledge to advance cancer care and oncology nursing in response to changing healthcare needs. An advanced practice curriculum was developed based on their practice knowledge and experience.

The curriculum elements include core graduate nursing content as part of the master’s degree that focuses on conceptual and theoretical structures in nursing, research utilization, and participation in the conduct of studies, policy making, and ethics at the macro and micro levels, including diagnostic reasoning, clinical judgment, clinical decision making, and collaboration. The foundational advanced practice content is incorporated into the advanced practice module that includes advanced pathology, pharmacology, physiology, anatomy, and advanced physical assessment. The specialist practice content, which encompasses a substantial clinical component, includes role implementation and multidisciplinary collaboration.

To safeguard the quality of the new program, several strategies have been adopted. First, admission criteria are selective. Applicants must have a minimum of seven years as an RN, including five years of experience in oncology. The first few classes will be limited to 10 students, with low faculty-to-student ratios. Finally, students will be evaluated systematically for competency at the advanced level in clinical knowledge and skills. Furthermore, the establishment of advanced nurse practitioner posts in southern Ireland is based on the approval of site preparation, job description, and accreditation of the advanced practice nursing role by NCNM.

Conclusion

Developments in advanced practice within the United States have occurred within a completely different healthcare delivery system than that of Ireland. However, the authors were able to draw relevant guidelines from the North American conceptualization of advanced practice. The core practice roles of autonomous clinical practitioner, expert practitioner, pioneering professional leader, and researcher have been translated and applied to the new curriculum.

The experience has had personal and intellectual effects on both authors. Being students again was an invaluable and challenging learning opportunity providing cross-cultural understanding, academic benefit, and career maturation. The experience provided them with the self-confidence to facilitate the first advanced practice oncology nursing program in Southern Ireland, and they feel indebted to their colleagues from Pennsylvania.

References


