

ADVANCED PRACTICE HEMATOLOGY, ONCOLOGY, AND PALLIATIVE CARE FELLOWSHIP: IMPROVING ONBOARDING AND RETENTION

Mailey L. Wilks, DNP, APRN, NP-C, Anita Bias, APRN, AOCNP, Kevin Walsh, AGACNP-BC, MSN, Laurie B. Aiken, MSN, APRN, NP-C, AOCNP, Heather Koniarczyk, MSN, APRN, AOCNP | Taussig Cancer Institute | Cleveland, OH

BACKGROUND

- Graduate level Advanced Practice (AP) curriculum has limited focus on Hematology Oncology and Palliative care.
- APs often enter the workforce unprepared to excel in these specialty positions.
- Onboarding new APPs can be time-consuming and turnover is costly.
- Generally, 6-12 months of onboarding is the average length of time for an AP to be able to manage complex diagnostics and treatment planning.
- APs that resign and transfer into another specialty generally do so within 1-3 years. Our AP practice has grown from 89 APs to 122 APs from 2019 to 2022.
- In addition, our AP practice experienced 19 resignations (38 when including internal institute transfers) from August 2020 to August 2022. This is thought to be due to lack of suitable training which detracts for oncology and palliative care as a lifelong specialty.
- Turnover can lead to persistent vacant positions and these positions historically are filled by novice APs with little to no experience due to limited previous exposure.

APPROACHES

- In 2022, the AP leadership team at Cleveland Clinic Taussig Cancer Institute developed and implemented a one year Hematology Oncology and Palliative Medicine Fellowship for five new APs (3 oncology and 2 palliative).
- AP leadership hypothesized that an AP fellowship would provide the foundation for proper onboarding, training, and application of knowledge into the field.

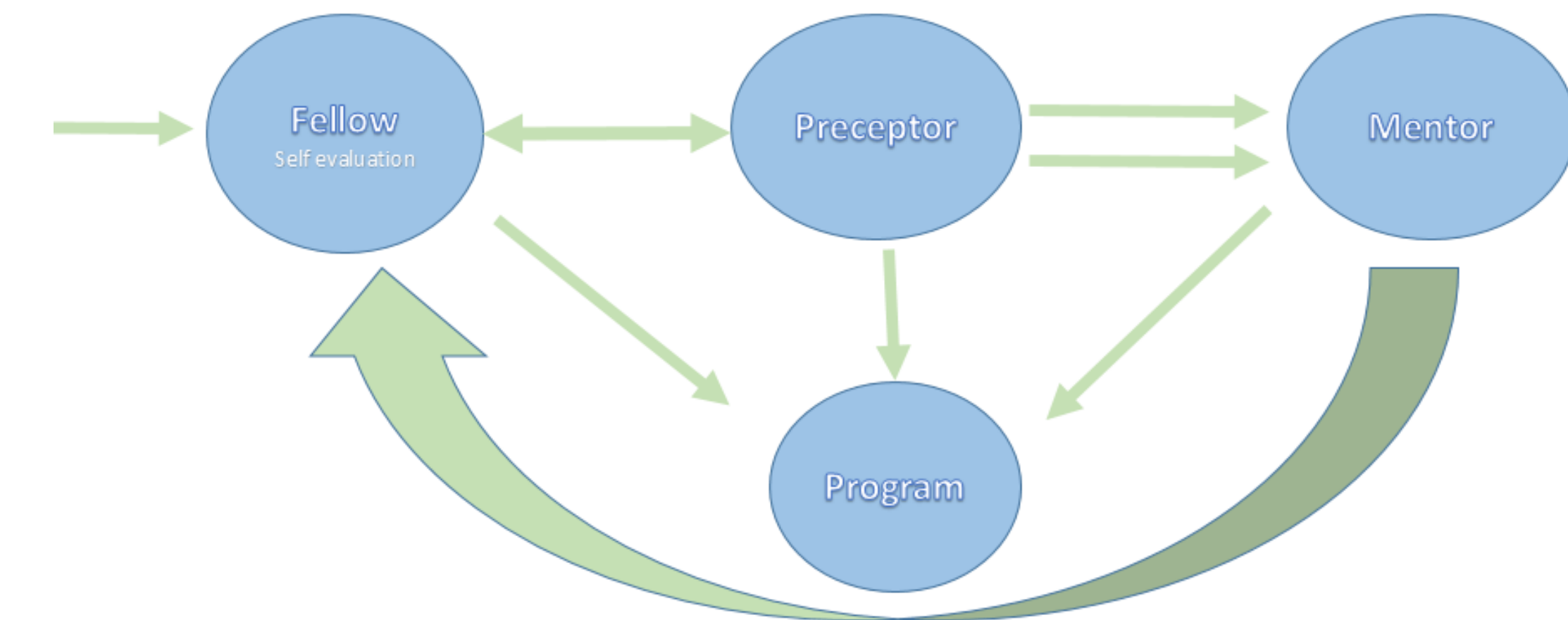
OUTCOME MEASURES

- Successful completion would be indicated by inter-professional evaluations, learning assessments, presentation critiques, and simulation lab critiques.
- With completion of the AP fellowship, programs will have a “ready to practice” APs join the team.
- We anticipate a favorable impact on AP vacancy rates, retention rates, satisfaction, increased specialized certifications, and an established academic culture for APs.

DIDACTICS and CLINICAL ROTATIONS

- AP fellows will experience enhanced learning via blended educational methodology including: formal didactics, specialty rotations, simulation labs, online resources, professional and case presentations, online/textbook resources.
- Didactics focus on multi-disease pathophysiology, pharmacology, and diagnostics, prescribing practices, professionalism and leadership. Didactics learning is in a combined environment with both oncology and palliative care AP fellows. Clinical rotations are specialized to their career path.

EVALUATION PROCESS



RESULTS

- Developing an AP Fellowship program will ensure trainees have dedicated time to learn in a classroom with engaged mentors, practice their skills with coaching in a simulation lab, engage with multidisciplinary teams, and then apply their education and experience to patients in our institute.
- The fellowship program will increase retention when preferred fellowship graduates fill vacant AP positions within the institute.

APPLICATIONS

- Minimum competency standards must be defined and curriculum developed to ensure that HemOnc and Palliative APs have the tools they need to succeed that are specific to the specialty for which they are hired.
- An AP Fellowship will formalize Hematology Oncology and Palliative AP training to ensure quality care is provided to patients, the organization is provided with competent and proficient APs who are ready to work, generate revenue, shorten vacancies, reduce turnover, and entrust APs are overall satisfied working in their specialty.

HemOnc Rotation Example

Month	APP1
September	Outpatient GI/Lung
October	Outpatient Breast/GU
November	Inpatient STO
December	Regional Oncology
January	In/Out BMT
February	In/Out Benign Hematology
March	Palliative & Hospice/RadOnc
April	Outpatient Lymphoma/Myeloma
May	Inpatient LMS
June	Elective
July	Outpatient/Inpatient Leukemia
August	Elective

Palliative Care Rotation Example

Month	APP 1
September	Teaching RNF
October	Hospice GIP
November	Main Campus Outpatient
December	Elective
January	BMT/Leukemia Consults
February	STO consults
March	Teaching ICU
April	Home Based Palliative
May	STO consults
June	Teaching ICU
July	Rounding Service
August	Elective

