

# How to Succeed as an Advanced Practitioner in a Multifaceted Role

BETH FAIMAN, PhD, MSN, APRN-BC, AOCN®, FAAN



Nearly 20 years ago, I was one of the first in an advanced practitioner (AP) role in the outpatient area of a major academic institution. There was one other AP at the time I was hired, so I asked to shadow her for a day. I could see that she was a highly respected expert in her clinical area, and I was excited to take knowledge back to my clinic. I was so impressed by how proficient she was! Not only did she read MRIs but also accurately took tumor measurements, prescribed medications, and formulated complex treatment plans. She wrote clear and concise visit notes and consulted with other physicians who listened to what she had to say. She was able to effortlessly navigate complex clinical situations that APs face on a regular basis. I wanted to be just like her.

Curious, I asked, “How did you learn to be so good at what you do?”

She replied, “Thank you for your compliment. But it’s simple,” she said. “I try to know my stuff, and work with all the people in my department as a team.”

From the look on my face, she could see my skepticism. I did not believe that her success as an oncology AP was as easy as knowing her “stuff” and by working as a team. Plenty of APs are knowledgeable, and many work as a team but do not

seem as competent as I found her to be.

She further explained that, by regularly attending grand rounds lectures, reading relevant peer-reviewed journal articles, and actively participating in tumor board conferences, she gained knowledge and confidence in her abilities to practice. In turn, sharing new information with others allowed for collaborative relationships with physician, pharmacy, and nursing colleagues. She became a leader as she engaged team members in “hot” topics of conversation regarding cancer diagnosis and treatment, and educated nursing and other staff on new drugs, side effects, and emerging treatments. Our day together was brief but productive and definitely pivotal in shaping my approach to navigate my new position.

Similar to others around the country, I practice by using a common approach to the management of patient care: a multidisciplinary team. Cancer care is complex and rapidly evolving. Utilizing the skill set of each pharmacist, nurse, social worker, and other team members is an excellent example of how APs should collaborate and practice within the health-care team. Here I share three factors that lead to a successful, collaborative practice for the AP with a multifaceted role.

## COMMUNICATION, COMMUNICATION, COMMUNICATION

Combining the skills of various members through a multidisciplinary team can be an effective tool in providing cancer care. Communication among the multidisciplinary team is of critical importance in coordinating decisions and care across specialties, patients, and providers (Verhoeven et al., 2021). I often see patients once per month, then alternate a scheduled office or virtual visit with another physician or AP. Effectively communicating the treatment plan among nurses, social workers, providers, and other specialties can help minimize errors, maximize team and patient satisfaction, and lead to good patient outcomes (Selby et al., 2019).

## BUILD MUTUAL RESPECT AND TRUST

I believe that trust needs to be earned, learned, established, and nurtured across all team members. When working in multidisciplinary teams, trusting others to do their jobs is important but can be difficult at first and does not happen overnight. Sharing similar goals of care and showing that you are willing to go the extra mile to help a patient or complete essential tasks are important aspects of trust building among the team (van Baalen et al., 2019).

## KNOW YOUR “STUFF”

Earlier in this article, I shared what I learned as a young AP: the importance of ongoing, quality education through reading peer-reviewed journals, attending conferences, and staying up to date on the diagnosis and management of the conditions we are charged with monitoring. In the July 2021 editorial “Publish or Perish,” I shared my tips for writing and disseminating knowledge, which is a tool for building knowledge on a topic of interest (Faiman, 2021). Also, if you have the opportunity, I suggest that you spend a day or so with specialists you commonly refer to or collaborate with. Learning the workflow of busy neurology or cardiology clinics and seeing first-hand examination techniques and procedures such as tilt table, echocardiography, and electromyography testing helped me to not only establish professional relationships

but also to understand what patients experience during visits to these departments.

## IN THIS ISSUE

There are a variety of articles in this issue for the AP to add to your knowledge base and clinical competence. Starting us off in this March issue is Braun-Inglis and colleagues, who examine the role of oncology APs to enhance clinical research. Also in Research and Scholarship, we learn the valuable results of a study to examine the effects of music on postoperative pain, anxiety, and narcotic use after robotic prostatectomy. In the first of two Review articles in this issue, Nodzson and colleagues review cardiovascular adverse events and mitigation strategies for patients with chronic myeloid leukemia receiving tyrosine kinase inhibitor therapy. Armideo and colleagues discuss evidence-based criteria supporting early discharge for pediatric patients with osteosarcoma receiving high-dose methotrexate. For Grand Rounds, Shames and colleagues provide insights into myasthenia gravis, an uncommon but serious neurologic complication of immune checkpoint inhibitors. Get a comprehensive review of the new drug tazemetostat, an EZH2 inhibitor, from this issue’s Prescriber’s Corner. And finally, test your knowledge on how to evaluate lower extremity edema, a common concern among oncology patients, in Diagnostic Snapshot. I hope you find information in this issue to be helpful as you navigate your complex roles in clinical, research, or professional practice. ●

## References

- Faiman, B. (2021). Publish or perish. *Journal of the Advanced Practitioner in Oncology*, 12(5), 463–464. <https://doi.org/10.6004/jadpro.2021.12.5.1>
- Selby, P., Popescu, R., Lawler, M., Butcher, H., & Costa, A. (2019). The value and future developments of multidisciplinary team cancer care. *American Society of Clinical Oncology Educational Book*, (39), 332–340. [https://doi.org/10.1200/edbk\\_236857](https://doi.org/10.1200/edbk_236857)
- van Baalen, S., & Carusi, A. (2017). Implicit trust in clinical decision-making by multidisciplinary teams. *Synthese*, 196(11), 4469–4492. <https://doi.org/10.1007/s11229-017-1475-z>
- Verhoeven, D. C., Chollette, V., Lazzara, E. H., Shuffler, M. L., Osarogiagbon, R. U., & Weaver, S. J. (2021). The anatomy and physiology of teaming in cancer care delivery: A conceptual framework. *JNCI: Journal of the National Cancer Institute*, 113(4), 360–370. <https://doi.org/10.1093/jnci/djaa166>