Role of the Oncology Clinical Nurse Specialist

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The role of the oncology clinical nurse specialist (CNS) has evolved over my 28 years of service at the University of California San Francisco (UCSF). When I was hired in June of 1981, the conceptual framework for the CNS role had four components: clinician, consultant, educator, and researcher. Historically, the literature has assigned many different facets to the role of the CNS, including practitioner, educator, consultant, researcher, leader, change agent, and case manager (Rose, All, & Gresham, 2003). During my tenure at UCSF, individuals have advocated for additional components to be added to the role, particularly that of the CNS as a change agent. It is my belief that facilitating change while practicing under the original four tenets is inherent to the CNS role.

The National Association of Clinical Nurse Specialists (NACNS) has developed a new model for conceptualizing the role of the CNS. In 1998, the NACNS published a statement identifying specialization as the hallmark of our profession, using spheres of influence and competencies to more accurately describe the CNS role (Rose et al., 2003). The original four components of the role are now incorporated into new spheres of influence to provide a greater understanding of the true role of the CNS. These spheres of influence, as described by Lewandowski and Adamle (2009), are the patient/client sphere, nursing/nursing practice sphere, and organizational/system sphere (see Table 1). I will use this model to describe my practice.

Patient/Client Sphere of Influence

The patient/client sphere recognizes the CNS and his or her ability to provide expert care, including assessment, diagnosis, and treatment of oncology patients with the most complex cases. I see the following patient populations on a daily basis: those with leukemia, including acute myelogenous leukemia (AML) and acute lymphocytic leukemia (ALL); lymphoma; multiple myeloma; sarcomas; testicular cancer for autologous transplants; and patients undergoing bone marrow transplants. My transplant patient population includes those undergoing autologous, allogeneic, related and unrelated, and nonmyeloablative procedures as well as cord blood transplants. Additionally, I work with the bedside nurses responsible for our patients to improve and enhance the quality of care received at our institution. When patients require ventilator or pressure support, they are transferred

to the intensive care unit (ICU), where I support the ICU nursing staff for the more critical needs of these oncology patients. Due to the complexity of care that this patient population requires, the ICU staff are often not well acquainted with the typical immunosuppressive agents the patients are receiving, and multiple oncologic interventions may be necessary. My responsibility is then to provide support to the ICU nurses, enhancing the care of patients until their transfer back to the Oncology Bone Marrow Transplant unit.

Part of my role in the patient/client sphere also includes the monitoring of patients throughout the organization for catheter-related blood stream infections. I conduct patient care rounds on the 44-bed unit for the most acutely ill patients to clinically assess and evaluate them, as needed. During my clinical rounds, I consult with all members of our interdisciplinary team, which includes physicians, pharmacists, social workers, case managers, and nutritionists. This helps me to provide the best and safest possible care for the oncology population at UCSF and is the foundation of my 28 years of clinical practice.

Table 1. Spheres of influence of the Clinical Nurse Specialist

Sphere of influence	Role of CNS
Patient/Client	• Function as a direct and indirect care provider and educator • Provide client assessment well beyond the bedside in a variety of settings • Identify problems • Facilitate and promote development of improved care for patient populations, patient educational material, and staff education and monitor outcomes
Nursing/Nursing Practice	• Function as a change agent and leader with regard to the development and implantation of policies, protocols, procedures, and critical pathways • Identify clinical issues and need for interventions • Facilitate staff support programs
Organization/Network	• Think inclusively, identifying programs needed to educate staff • Develop programs to help provide safe and effective care to a target population • Collaborate and serve as liaison to additional organizations

Note: Based on information from Rose, All, & Gresham (2003).

In addition to my work with patients, I am available as a consultant to all members of our nursing staff on cancer-related issues. Colleagues regularly page me with questions regarding family members and friends who have been diagnosed with cancer. These questions come to me through many different avenues, via phone, email, and in person, and from patients, family members, and their friends. I consider all of these individuals part of the university family. I am also contacted by individuals outside the university who have read articles I have published or who have read about my role on the Internet.

Nursing/Nursing Practice Sphere of Influence

Within the sphere of nursing and nursing practice, the goal is to provide education in a variety of settings. The oncology CNS at UCSF presents both informal bedside classes along with didactic classes in a formal classroom setting. I meet daily with nurses caring for oncology patients to answer questions regarding care and planned procedures. As a member of the Central Line Committee, I educate nurses about central lines and principles of infection reduction techniques. As a member of our unit leadership team, I work with the nurse manager and assistant nurse managers to tackle the various clinical issues that we are confronted with on a daily basis, including staff performance and staffing and budget issues. It assists us in becoming familiar with new protocols for the unit and prepares staff with education in providing safe practice in our ever-changing oncology environment.

In the formal classroom, we have scheduled classes at least every quarter. Content may include updates on diagnosis, treatment, and new therapeutic options for the oncology population. I teach the Oncology Nursing Society (ONS) Chemotherapy and Biotherapy course approximately three times a year. In addition to the unit classes, I am responsible for delivering classes to the inpatient nurses on topics such as oncologic emergencies. As an Associate Clinical Professor for the Department

of Physiological Nursing, I am expected to give 60 hours of instruction per year to the UCSF School of Nursing. I present formal classes annually on topics such as targeted therapy, bone marrow transplant, and adherence issues with oral agents. I also provide review classes as requested by the professors. In addition to the didactic instruction, I am responsible for precepting one graduate student annually during his or her final quarter of instruction at the School of Nursing. On a more limited basis, I precept students from other institutions and mentor undergraduate students exploring the possibility of becoming an OCNS.

Organization/Network Sphere of Influence

The third and final sphere of practice is the organization/network. Part of my responsibility within this sphere is to facilitate change within the health care system by participating in committees within the Department of Nursing and UCSF Medical Center. Currently, I serve on the following departmental committees: Clinical Vascular Access Committee, Catheter-Related Blood Stream Infection Reduction Committee; Central Line Committee, and Chemotherapy Committee. My hospital committees include Transfusion Committee, Cancer Committee, Interdisciplinary Practice Committee, and Pain Committee. I also serve as one of the Vice Chairs of the Parnassus Campus Committee on Human Research for the UCSF Institutional Review Board.

Through my work on these committees, I enhance the dissemination of information on new research protocols for the oncology unit. I currently serve as the head of the oncology monthly pressure reduction prevalence survey and help audit the resulting data. In addition, I audit patients with central lines for prevalence of infection on a monthly basis. I participated in the creation of a notebook on current investigational protocols, which included a summarized nursing reference of the protocol, featuring agent, mechanism of action, monitoring parameters, pertinent laboratory data, and common side effects. This summary has provided nurses with a quick, easily available guide that they may reference when administering new agents to their patient population.

In summary, the CNS role is composed of three spheres of influence from within the practice of oncology nursing, with unique characteristics in each role. The role of the oncology CNS at UCSF is a varied one that plays an active part in many venues of the organization, and it has evolved to include functions from each of these domains. My hope is that this snapshot of how I practice will provide readers with insight into their own professional roles, and perhaps aid in any enhancements they might make to their own practice.

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