

EXEMPLAR

PROFESSIONAL GROWTH

The enrollment and completion of a degree expanded my vision of myself and possibilities. In search of a role that could accommodate my busy schedule as a mother of three school aged children, I landed a position in our hospital's Clinical Research Center (CRC), which also afforded me the versatility to advance my education. Little did I realize that this accomplishment would pave the path to the vast horizon of opportunities and advancement in my profession.

In 2013, after being a CRN for seven years, I stepped into the leadership role and became the Nurse Manager. Although I was still halfway through my postgraduate, the courses I have completed prepared me for the role in addition to the phenomenal leadership classes lined up for new managers at my institution. My previous manager, who stepped up in position, became my greatest mentor. Her belief and trust in me were my motivations which kept me learning and exceeding performance. I began to realize that as the ship's captain, it was easier to change the direction of the sail and arrive to a better destination. My mentor was also instrumental for my first attendance of the IACRN annual conference in 2016, when the Scope and Standards of CRN was celebrated.

The meeting was transformational in defining the direction of my professional growth. The organization not only afforded me support but also highlighted different career pathways and incredible role models and mentors. As an active education committee member for over three years, participating in several activities like gap

analysis, judging posters and mentoring within the leadership program have filled me with learning and experience which continuously enhance myself. I also became an enthusiast for writing abstracts, submitting posters and even publishing.

PROFESSIONAL PRACTICE

To be part of the initiative to get Magnet designation was an extraordinary experience. As a member of the CRN Unit Based Council (CRN-UBC) since 2019, I volunteered to be in a panel for Magnet appraiser interview in 2021. Since the visit was remote, we did everything virtual.

Our massive preparatory work within the council allowed us to exhibit our advocacy to the CRN role and to our patients. Our Unit Based Council revamped the New CRN Handbook, which was the primary resource for newly hired CRNs. With the implementation of EPIC (electronic medical record system) and OnCore (electronic database), the contents needed revision. As a nurse manager for solid tumor at that time, I reviewed and approved the specific orientation content for solid tumor CRNs.

In early 2020, we launched the virtual CRN orientation module. This online platform was timely for the mandated remote set-up. I developed most of the materials in collaboration with two other nurse managers and sought permission to use some resources from the NIH website. This experience enriched my proficiency of the contents as well as use of learning management system.

I also attended the annual leadership bootcamp in March 2020. It was a day of leadership fun and education focused on nursing practice and leadership through the council. Some of our planned projects were increasing nurse satisfaction to decrease

staff turnover, developing staff resilience under limited resources, work-life balance and most importantly CRN and research participant recognition.

During the 2021 magnet survey, we proudly presented our work which highlighted quarterly staff care bundles; newsletter highlighting a CRN, birthday celebrants, milestones; and achievement of certifications. We were able to document improvement in retention rate and staff engagement. The main attraction was our ongoing awarding of patient recognition pin, reflecting, “I give hope” to all our research participants along with a recognition letter signed by their study team. It was a moment of pride where we expressed our passion for what we do and who we take care of. The magnet appraiser clearly witnessed our passion and advocacy hence gave us very positive feedback. What a magnificent way to support CRN practice!

TEAM FOCUS AND INTERPROFESSIONAL COLLABORATION

In my current role as a community site CRN, my team consists of an MD champion, a coordinator and myself. With the organization’s vision to expand clinical trials and enrollment in the network sites, the responsibility to conduct the strategic goal rested upon our shoulders. Armed with my strength in collaboration, I began my mission.

My practice in the community setting started in January 2021 with six active protocols. While more studies were coming down the pipeline, they were slow to activate and very unorganized. Our MD champion was very much agreeable that we needed a good process to increase our protocol portfolio. Expanding the protocol list

would offer more alternative therapies to our community population as well as support development of new treatments to increase accruals, thus the work began.

First, we developed the pathway for protocol flow, when and how feasibility would occur. Next, with speed in mind, I collaborated with two other community CRNs who I previously precepted and developed a short feasibility checklist incorporating flexibility to each unique site. This collaboration would benefit existing research sites as well as future hubs to open. As the second location to open and coming from a leadership role in the main campus, I could not resist leading the community research team.

After my MD champion approved the proposed structure and process, we sought for faculty input and feedback. Once our oncologists, surgeons and radiologists approved the idea with additional comments, we widened dissemination to the entire clinic. We also met with our two pharmacists who manage both standard of care and investigational product dispensing to understand their work volume and get their feedback on how clinical trial expansion could impact them. Additionally, I set-up routine attendance in the infusion nurses' meeting or morning huddle to learn how our current enrollment and expansion could affect their workloads. I kept the communication lines open especially on ways I could assist and lessen the impact of my patients on their workflows. These conversations had been appreciated and made me a part of the community nursing team.

To get more studies rolling in, faculty suggested outsourcing external protocol proposals in addition to protocols currently opened or opening in main campus. Upon approval of main campus, we began searching protocols and established connection with industry associates. We met with clinical research associates from pharma and

explored opportunities in hematology and radiotherapy clinical trials where we had the biggest room for growth.

We continue to widen our collaboration in our most recent efforts to partner with nearby ophthalmology clinic, imaging center, cardiology, laboratory, and other outside services needed to determine our patients' eligibility and conduct safety monitoring procedures within the community instead of sending our patients to main campus. The capability of these outside auxiliaries to bill us directly would streamline most of the requirements.

It takes a village to deliver excellent care to patients. From a team of three, I have expanded and integrated our tiny research team into an entire community. The network keeps growing as I plan to take on available local resources. Doing all the legwork is such a pleasure realizing that the outcome can impact the quality, speed, and convenience of care I deliver to my patients. They are the real heroes who either give hope or find hope by participating in clinical trials.

QUALITY AND SAFETY

My efforts to promote quality data and integrity in the community setting involve mentoring new CRN staff and educating infusion nurses on the good clinical documentation practices, reviewing physician notes, and suggesting corrections when needed, ensuring that the electronic medical record's medication list align with the patient's current medications as well as observing the elements of quality documentation on my own notes.

As the sole preceptor in the community setting, it has been favorable on my educator specialty to impart CRN practices that advocate patient safety and quality. In line with subject safety, my emphases are on protocol adherence, eligibility process, monitoring of adverse events, and medication reconciliation. I also drill down on quality documentation for data integrity. I continue to review their work in their respective sites while evaluating effective transfer of information six months from the training date. One of my mentees created a power point guide on research procedures summarizing what she learned from me which my leader commended as a reflection of my effective training. Empowering these new CRNs is such a joyful experience, especially for non-experienced ones. Teaching others contributes to my expertise of the subject matter.

Reviewing physician's as well as infusion nurses' notes do not only provide me with opportunity to infuse quality but also increase my mastery of oncology in general. Understanding the patient's condition and treatment regimens strengthened my oncology knowledge which encouraged me to obtain oncology certification. This achievement in oncology specialty is significant to me because I never worked with cancer population until I became a research nurse. Being a CRN has truly led me to such distinction!