

## Letters to the Editor

### Comment on Nurse Practitioners and Physician Assistants: Preparing New Providers for Hospital Medicine at the Mayo Clinic

To the Editor:

I read with interest the article outlining the nurse practitioner-physician assistant orientation and training program within the Division of Hospital Internal Medicine at the Mayo Clinic in Rochester, MN.<sup>1</sup> Historically, the advanced practice provider, as a result of a multifactorial deficit, has been utilized to fill the gaps that have occurred within the healthcare system. Articles in several evidence-based publications have outlined the benefits of supporting a nonphysician role.

While I believe the orientation program brings value to Mayo's hospitalist program, I would like to offer another perspective. In May 2014, the nurse practitioner community released "Nurse Practitioner Perspective on Education and Post-Graduate Training," a position paper that supports post-graduate orientation to transition between practice settings but strongly states that nurse practitioners are "highly competent clinicians with consistently strong patient outcomes. No added academic clinical or supervisory hours are necessary for safe patient care."<sup>2</sup> I believe there is a fine line between providing an orientation program and providing for academic gaps. This leads me to question whether all educational programs are created equal. Should there be a focus on establishing advanced practice provider fellowship programs and defining which programs require fellowships for employment? For example, Neuroscience is a rapidly growing field with new advances published frequently. The rapid changes directly impact the way care is provided. Would an orientation program be sufficient or are we at a level to start evaluating the impact that fellowship-trained advanced practice providers bring to the table?<sup>3,4</sup>

I commend the Mayo Clinic team for taking the initiative to provide the best care for patients and providing the highest quality providers on the Hospital Internal Medicine team.

Sincerely,

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### REFERENCES

1. Spychalla MT, Heathman JH, Pearson KA, Herber AJ, Newman JS. Nurse practitioners and physician assistants: preparing new providers for hospital medicine at the Mayo Clinic. *Ochsner J*. 2014 Winter;14(4):545-550.
2. American Association of Nurse Practitioners, Gerontological Advanced Practice Nurses Association, National Association of Pediatric Nurse Practitioners, National Association of Nurse Practitioners in Women's Health, National Organization of Nurse Practitioner Faculties. Nurse Practitioner Perspective on Education and Post-Graduate Training. May 6, 2014. <http://www.aanp.org/images/documents/policy-toolbox/nproundtablestatementmay6th.pdf>. Accessed December 17, 2014.
3. Vicari-Christensen M. Advanced practice in neurocritical care: an innovative orientation and competency model. *J Neurosci Nurs*. 2014 Feb;46(1):E10-E21.
4. National Organization of Nurse Practitioner Faculties. Independent Practice & the Certified Nurse Practitioner: A White Paper. 2013. <http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/Docs/IndepenPracPPRFinal2013.pdf>. Accessed December 17, 2014.

### Comment on The Louisiana Clinical Data Research Network: Leveraging Regional and National Resources to Improve Clinical Research Efficiency

To the Editor:

In the current healthcare environment, patients, healthcare providers, and healthcare organizations are actively seeking the best clinical evidence to foster informed medical decision-making. To date, our capacity to provide real-world evidence that can be broadly applied has been limited, in part, by relatively small and restricted datasets. The article by Parke et al<sup>1</sup> in *The Ochsner Journal* describes a new initiative designed to develop the capacity for large and practical studies in Louisiana and beyond.

PCORnet, the National Patient-Centered Clinical Research Network,<sup>2</sup> has the potential to transform clinical research by providing the research infrastructure to allow investigators to conduct large comparative effectiveness studies using data from clinical practice in a large defined population. With a focus on patient-centered outcomes and research engagement, the results of these studies will provide important information to support evidence-based clinical care recommendations and to better explain multifactorial contributors to health and illness such as genetic, behavioral, social, and environmental factors across a spectrum of patients. PCORnet provides the foundation for generating much-needed data to identify the *right treatment for the right patient at the right time*.<sup>3</sup>

With sites in regions across the United States, each clinical data research network (CDRN) provides a unique perspective in its geographic location, multi- and interdisciplinary research team compositions, and research foci. A recent issue of the *Journal of the American Medical Informatics Association* featured brief communications from each CDRN highlighting these attributes.<sup>4</sup> The Louisiana Clinical Data Research Network (LACDRN) is the only CDRN coordinated by a public health organization in shared partnership with academic medical centers, a biomedical research center, large integrated health systems, and community-based health centers.<sup>1,5</sup> The organizations included in this partnership provide the opportunity to conduct research in diverse populations to address major public health and clinical problems in our state.

Central to success of the CDRNs and PCORnet will be ensuring access, security, and quality of the data and appropriate linkage of data over time and across organizations. Furthermore, establishing and maintaining the support and trust of the public, patients, healthcare providers, and healthcare systems in participating and providing data to the network will be key.<sup>2</sup> Thus, in addition to the clinical evidence expected to arise from the CDRN efforts, a number of informatics research questions may be answered, including approaches for measuring and ensuring high-quality and secure data included in the networks. Also, strategies for successful engagement of patients and other stakeholders in healthcare research will be explored. The next phase will be to demonstrate the use of the LACDRN and PCORnet to organize and conduct large pragmatic trials and other studies to address important clinical questions. Successful conduct of high-quality research within PCORnet in the coming years has the potential to change clinical practice and improve patient outcomes.

Sincerely,

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## REFERENCES

1. Parke C, Cook J, Carton T, Rao S. The Louisiana Clinical Data Research Network: leveraging regional and national resources to improve clinical research efficiency. *Ochsner J*. 2014 Winter; 14(4):718-723.
2. About PCORnet | PCORnet [Internet]. <http://www.pcornet.org/about-pcornet/>. Accessed December 18, 2014.
3. Collins FS, Hudson KL, Briggs JP, Lauer MS. PCORnet: turning a dream into reality. *J Am Med Inform Assoc*. 2014 Jul-Aug;21(4): 576-577.
4. Ohno-Machado L. Networking the country to promote health and scientific discovery. *J Am Med Inform Assoc*. 2014 Jul-Aug;21(4): 575.
5. Khurshid A, Nauman E, Carton T, Horswell R. Louisiana Clinical Data Research Network: establishing an infrastructure for efficient conduct of clinical research. *J Am Med Inform Assoc*. 2014 Jul-Aug;21(4):612-614.

## Comment on Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses

To the Editor:

The demand for highly skilled, experienced oncology nurses continues to grow because of increased disease incidence and improved cancer survivorship with virtually no formal opportunities for bereavement. "Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses"<sup>1</sup> was an interesting application of this 3-dimensional multiuser virtual technology. I am encouraged and excited about the positive findings of this pilot study. By focusing on the experiences of grieving oncology nurses using the Second Life virtual world technology, the authors offer a means for peers to express their grief resolution practices.

Deaths of patients and the grieving process can result in significant personal stress among this group of nurses. Oncology nurses are challenged to create and maintain supportive environments for patients and families—and for themselves, the survivors of many losses.

Finally, the uses of virtual worlds may be transforming the experience of the self in contemporary society. Providing a means to "make sense of and identify benefits of the grief experience" for this group of oncology nurses using this medium is nothing less than commendable. Kudos to the authors for their innovative approach to support grieving nurses.

Sincerely,

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## REFERENCE

1. Rice KL, Bennett MJ, Billingsley L. Using Second Life to facilitate peer storytelling for grieving oncology nurses. *Ochsner J.* 2014 Winter;14(4):551-562.

## Comment on Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses

To the Editor:

As an advanced oncology nurse, the article “Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses”<sup>1</sup> resonates with me. In acute care, we see patients whose prognosis is less than optimal. We know at some level that they aren’t going to make it, but how do we shield ourselves from these feelings, or should we? Through the approach elicited by the authors, grieving oncology nurses can have a place to discuss their feelings openly with the support of a licensed facilitator rather than internalizing their feelings and allowing them to affect their productivity.

The depth and the believability of the stories lend credibility to the work. One can feel the nurses’ struggles through the depicted themes and the nurses’ stories that support them. While the sample was generated from a single facility, the themes and the stories elicited are real and transferable to other settings outside of the study site.

I applaud the work of Drs Rice, Bennett, and Billingsley and believe that this venue can help oncology nurses work through the loss of their patients. During my 34 years in oncology nursing, I can remember the patients and their families whose life and death held special meaning for me. And as the article depicts, those who “take you in and make you part of their family” are the most difficult to lose.

Sincerely,

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## REFERENCE

1. Rice KL, Bennett MJ, Billingsley L. Using Second Life to facilitate peer storytelling for grieving oncology nurses. *Ochsner J.* 2014 Winter;14(4):551-562.

## Comment on Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses

To the Editor:

I am writing to praise the authors of “Using Second Life to Facilitate Peer Storytelling for Grieving Oncology Nurses”<sup>1</sup> for piloting such an innovative project to illuminate nurses’ grief experiences while caring for oncology patients. The use of a virtual environment such as Second Life to facilitate peer storytelling sessions demonstrated how nurses continue to be innovators within the healthcare community to improve nursing care. As a former oncology nurse and someone familiar with this technology, I read this article with great interest.

The findings supported what I experienced while practicing. While it may be true that nurses have little formal training dealing with the experience of death—as one subtheme in the article supported—it is important to understand that “nurses reported learning about grief through the support and guidance of colleagues and coworkers.” A central theme shared by the study participants, “death really takes the death experience,” might explain why formal training early in the nurse’s career may be delayed. I think sharing these powerful stories will benefit healthcare professionals and their patients and families experiencing grief. Assisting nurses to process grief is important to decrease nurse burnout and to maintain experienced nurses at the bedside. These authors and others should be encouraged to continue work that will support nurses who work in high-stress areas such as oncology.

As Dean of the College of Nursing and Health Sciences at Southeastern Louisiana University, I would like to thank Ochsner for providing another peer-reviewed venue to disseminate nursing scholarly work. I look forward to reading more in your journal.

Sincerely,

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## REFERENCE

1. Rice KL, Bennett MJ, Billingsley L. Using Second Life to facilitate peer storytelling for grieving oncology nurses. *Ochsner J.* 2014 Winter;14(4):551-562.