Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their understanding and knowledge of this area by interacting on an ongoing basis.

_Wenger, 1998; 2002_

**Creation of the APN-COP**

In 2004, a study examining the introduction of advanced practice nursing (APN) roles in regional cancer centres (Bryant-Lukosius et al., 2004), revealed significant organizational, system and social barriers to effective APN role implementation. The APNs also identified the need for mentorship related to APN role socialization, leadership, research, and scholarship (Bryant-Lukosius et al., 2005). Sponsored and supported by Cancer Care Ontario, The Ontario Oncology APN-COP was created in 2005 as a strategy to address these needs.

**Membership**

The APN-COP has seen consistent growth in membership from the initial 25 members to 76 members today. Many COP members were eager to participate in the Ontario Oncology APN Interprofessional e-Mentorship program both as mentors and as mentees. In turn, the e-Mentorship program has resulted in a 19% increase in COP membership.

**Mission**

Our mission is to bring together advanced practice nurses (APNs) from across Ontario who share common professional goals to improve the health of patients and families at risk for or affected by cancer through the optimal development and effective utilization of advanced practice nursing expertise across the cancer continuum.

**Vision**

To create a provincial cancer care environment that values, supports, and maximizes the role of APNs in providing access to high quality and cost effective cancer care by providing leadership and resources for oncology APN role development, implementation, and evaluation.

**Goals and Objectives**

1. To provide opportunities for linkage and exchange of information, resources, and expertise among oncology APNs and between oncology APNs and key regional, provincial, and national stakeholders in cancer care including patients and families, nurses, health care providers, administrators, academia, and policy makers.
2. To provide opportunities for APN education and mentorship.
3. To develop and provide APNs and key stakeholders with tools and resources to promote role clarity and facilitate the successful implementation of oncology APN roles.
4. To promote the development of evidence-based oncology APN through participation in research and knowledge transfer and translation.
5. Influence and inform health policies that impact on oncology APN roles.

*Continued on page 2...*
To achieve these goals we will:

- Identify strategic directions for the APN COP based on survey results
- Create a virtual work space for oncology APNs to facilitate communication and reduce feelings of isolation (networking, mentorship etc)
- Increase stakeholder awareness and understanding of oncology APN roles
- Link COP activities with Ontario’s Cancer Plan
- Establish formal links and partnerships with CANO and other key stakeholder groups relevant to the goals of the COP.
- Identify and evaluate specific outcomes of oncology APN roles
- Provide education and evidence-based resources to enhance oncology APN roles in providing symptom management, supportive, and palliative care.
- Establish a mentorship program for new oncology APNs entering the workforce

Structure

APN-COP members meet monthly and ad-hoc via teleconferences supported by Cancer Care Ontario’s office of the Provincial Head of Nursing. Members use a password protected website that houses all COP resources (meeting notes, contact lists, interesting literature, job posting, discussion forums, etc.). Lastly, a face-to-face meeting takes place annually at the Canadian Association of Nurses in Oncology (CANO) annual conference.

Two co-chairs promote shared leadership and member participation in establishing the goals, objectives, and activities of the COP and provide leadership to ensure the objectives of the COP are achieved.

COP Members participate in decision-making regarding the priority goals, purpose, and activities of the COP and communicate their involvement, commitment, and responsibilities for completing specific COP initiatives.

Subcommittees

Several subcommittees have been established to address the strategic priorities of the APN-COP related to mentorship, role clarity, and practice guideline development.

Accomplishments

- Monthly growth with increase from 25 to 70+ members, representing over two-thirds of oncology APNs in Ontario
- Working document on role clarity
- Initiating CANO APN SIG
- 2005 & 2007 Membership survey
- Cancer Care Ontario Workshop on Advanced Health Provider Roles (February, 2006)
- 1-day Pre-Conference Workshop at ICCN on APN role development, implementation & evaluation (September, 2006)
- Orientation handbook for new members
- Funding, development, & evaluation of the Ontario Oncology APN e-Mentorship Program

Next Steps

COP members will focus future efforts towards:

- Strengthening pediatric APN participation
- Role implementation support strategies
- Oncology APN education
- Partnering with other stakeholders
- Influencing cancer care policies
- New funding projects & research
- A national leadership role

For more information on the COP, please contact the co-chairs:

Dr. Denise Bryant-Lukosius at bryantl@mcmaster.ca
Lisa Bitonti at lbitonti@ottawahospital.on.ca

The Benefits of Mentoring

One of the key factors to the success of beginning and sustaining a mentoring relationship is the commitment of time from both partners. Before making this commitment the mentor and mentee want to know how they will benefit from the relationship - "what’s in it for me". The benefits to being mentored - learning from experts, receiving personalized feedback and encouragement, learning the culture of the organization and increasing your network, to name a few - are well known and widely accepted but what about the benefits of being a mentor.

The term “Mentor” has its origins in The Odyssey, written by the ancient Greek poet Homer, in which the Greek warrior Odysseus asks his trusted friend Mentor to educate, tutor, guide and protect his son while he is away from home. The traditional version of mentoring was one where the wise, experienced elder counsels the young learner and guides them along the path to wisdom.

The modern version of mentoring is more of a “two-way street” where the mentor and mentee equally contribute to and benefit from the relationship. As a mentor, you will share your knowledge and experience but will also learn from the mentee, who brings their own unique life experiences to the relationship. To do this you need to have the attitude going into the relationship that you are both a teacher and a learner. In addition to the personal gratification of watching your mentee succeed and grow, being a mentor can provide you with a fresh perspective on your practice and new methods for tackling old problems. This requires you to open your mind and be willing to accept another’s perspective. Demonstrating your ability to recognize and develop talented employees is another benefit that can be realized by engaging in a mentoring relationship. In the process of building your mentee’s network, you may find yourself reconnecting and re-establishing relationships with former colleagues or peers. And finally, the loyalty and life-long bond that you have the potential to develop with your mentee is something special to be nurtured and treasured.

Stephanie Luxton

We Want Your Feedback!!

We are in the midst of a formative evaluation of the APN e-Mentorship Program. As a requirement component of our funding from the MoHLTC, the information gathered from this evaluation, will be essential for improving and expanding the Mentorship Program. Little is known about what makes a good mentorship program for APNs. As the first program of its kind in Canada, the evaluation results will benefit the development of mentorship programs for oncology APNs and APNs or other advanced health providers in various specialties.

More importantly, the long-term sustainability of the program, and thus the ability of future oncology APNs in Ontario to benefit from mentorship, hinges on demonstrating the positive impact of the program. This fall, the MoHLTC is expected to announce sustainability funding opportunities for successful Mentorship Projects. We will increase our chance of successful long-term funding if we are well-armed with comprehensive evaluation data that can describe the benefits as well as the opportunities for program enhancement and expansion.

Matched mentors and mentees are targeted for this evaluation and should all have received mailed surveys and an electronic link to the evaluation questionnaires on Survey Monkey. Completion of the evaluation surveys will take about 20 minutes.

Please take this time to provide your feedback by completing the evaluation questionnaires.

If you have any questions about the evaluation or would like to be sent another copy of the questionnaires, please contact Cathy Chishold at apnment@mcmaster.ca
If you are an advanced practice nurse working as an oncology acute care nurse practitioner or a clinical nurse specialist you are probably asked this quite often. Hopefully you are able to answer this question clearly and with confidence. However it can be disconcerting when healthcare professionals and administrators you have worked with for years are asking you this question.

The Role Clarity Working Group is a subcommittee of the Oncology Advanced Practice Nurse Community of Practice (APN-COP). The APN-COP identified, through discussions and surveys that a lack of role clarity is a major barrier to the successful implementation of APN roles. Lack of role clarity is associated with role strain, role conflict, poor stakeholder role acceptance and support, and the underutilization of APN expertise. The objective of this working group is to develop a position statement for oncology advanced practice nursing in Ontario for the purpose of providing clarity to roles.

The figure below is a model developed by Bryant-Lukosius (2004) which describes a continuum or range of APN roles which is helpful for distinguishing the differences between clinical nurse specialist (CNS) and nurse practitioner (NP) roles. While both roles are involved in the direct provision of clinical care, CNSs are more likely to have greater non-clinical role responsibilities related to research, education, organizational leadership and change management. Meanwhile the NP’s responsibilities are more likely to be concentrated in direct clinical care with fewer responsibilities related to non-clinical domains of practice. The broken diagonal line symbolizes the flexibility of APN roles in which role responsibilities and time allocated to specific role domains fluctuate in response to the changing needs of patients and the health care setting. The flexibility of these roles contributes to role confusion but is necessary to allow the adaptation of roles to various practice settings. Consistent role titling and clear communication about role goals and expectations may be important strategies for reducing confusion and improving APN role implementation. The Ontario Oncology Advanced Practice Nurse eMentorship workbook includes a number of clinical profiles describing roles of oncology ACNPs and oncology CNSs. Reviewing these profiles also helps to clarify the differences between these roles.

The Role Clarity Working group has put together a draft position statement which can be located on the WebEx of the Oncology Advanced Practice Nurse Community of Practice. Please take the time to review this document and forward feedback to cindy.murray@uhn.on.ca. If we all work together to put together a clear position statement we will be closer to confidently articulating the differences in the roles and making it easier to identify the similarities and differences of the roles under the umbrella term of advanced practice nursing.
Spotlight on Cathy Chisholm,
Program Coordinator

Her Background
Cathy graduated from the University of Toronto with a BScN in 1972 and from UWO in 1984 with an MScN (Admin). Cathy has had a variety of employment opportunities ranging from acting as a staff nurse, supervisor and Executive Director at the VON, as the Executive Director/ CEO for CCAC Niagara and then Manager of Ambulatory Care at the Brantford General Hospital. She started teaching part-time in the Collaborative BScN program at McMaster-Mohawk-Conestoga in fall 2002 and still teaches within the program. She undertook the role of Project Coordinator for the APN e-Mentorship Program in April 2007.

Her Role
Cathy is the main administrative support for the APN e-Mentorship Program. She oversees the finances of the program, arranges and supports Project Team meetings, communicates with program participants, organized and developed written materials for the Mentorship Workshop, and responds to all inquiries and has written the final narrative report for the MOHLTC. She also revised the comprehensive distribution lists, worked on mailings of evaluation questionnaires and program materials, helped with production and distribution of the programs newsletters and managed the purchasing of program materials and supplies.

Her Thoughts
The job has been interesting and stimulating, with the opportunity to prove to myself that I can still juggle a dozen competing priorities and challenges (something that my partially retired status was causing me to doubt). I’ve met some great folks who are absolutely inspirational with their dedication to their work and incidentally I learned a lot about an entirely new area of nursing – i.e. research. I feel that I have contributed in some small way to helping the development of nurses working as oncology APNs, just like I do in my teaching of undergraduate students and aspiring leaders in the other courses I teach. The job took advantage of my administrative skills and experience, and gave me a chance to mentor some younger staff, passing on some of the tips I have learned over the years. All in all, a great summer job thanks to Dr. Denise Bryant-Lukosius and her team for a great summer. It’s been very rewarding!
How do I use the Discussion Forum to communicate with my mentee/mentor pair?

Each mentee and mentor pair has a **private** discussion forum found in the "Discussions" section of the Web Ex site. The private discussion forum allows the mentee/mentor pair the opportunity to communicate, share resources and develop their mentoring relationship. We encourage all mentee/mentor pairs to use their forum.

**To access your forum:**

**Step 1:** Log onto **http://apn.webexone.com**

**Step 2:** Go to **"Discussions"** which is located at the bottom left corner of the Homepage

**Step 3:** Select a forum to read or respond to a particular discussion  
- e.g. **"All Participants Discussion Forum"**

All private discussion forums are labeled with the name of the mentee and mentor pair. Only the individual mentee and mentor pair have access to these forums. These private forums cannot be seen by other members of the Web Ex site.

**Step 4:** To respond to a discussion select the topic of the forum  
- e.g. **"Developing a learning plan"**

**Step 5:** Select **"Reply"** located at the top of the page

**Step 6:** Type your message in the message box. You can also attach a file to associate with this discussion by selecting **"Browse"**

**Step 7:** Select **"Save"** to save your message

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**WebEx Update**

- Remember to check out the new Mentorship Profile on Gail Macartney and her mentee Lynne Penton.
- Also check out the new article on “Building Research Competence in Nursing Through Mentorship” posted in the “Evidence-Based Practice Corner”
- For those job seekers… check out the job postings in the Announcements section!

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**WebEx Stats at a Glance!**

- Total Number of visits to the WebEx site: **1416**
- Greatest Number of visits by an APN e-Mentorship program participant: **54**
- Number of active WebEx members: **122**
- Number of Private Discussion forums for the matched mentors and mentees: **33**