New roles in breast care

Breast and axillary examination are now within the skill set of the ANP. Mary Murray and Mary Dillon present the findings of a recent study.

THE ROLE and scope of practice of the nurse has evolved over the last two decades. There have been major reforms in healthcare delivery and technological advances. In addition, there have been cultural, educational and legal changes, coupled with a growth of nursing knowledge and research.

The emphasis on developing nurse-led care has escalated in recent years and is a key opportunity to challenge current models of care. In Ireland, one of the ways in which nurses are currently involved in advanced practice is in the development of nurse-led clinics.

By developing roles that were previously undertaken by doctors, nurses may bring different insights to patient care, which may be more patient focused.1 Advanced nurse practitioners are seizing opportunities to revolutionise the traditional model of follow-up within cancer services, with a supportive, collaborative approach. However, nurses who take this advanced role should do so with the primary aim of improving outpatient care and patients outcomes overall.

Specialist breast care nurses play a key role in the multidisciplinary approach to managing breast cancer.2 Many clinical nurse specialists in breast care are now taking on additional tasks and activities as they expand their role within the team.

The adoption of specialist roles and skills by CNSs and ANPs must be accompanied by appropriate education, training and practice-based experience.

There are, as yet, no core competencies to define the skills expected of nurses undertaking advanced practice in breast care. The National Council for Professional Development of Nursing and Midwifery (NCNM) in 20044 states that a period of supervised practice is mandatory. It also advises that detailed, locally agreed protocols are in place for all newly developed advanced nursing practice roles.

Breast examination

The taking of a comprehensive health history and examination of the breast and axilla are fundamental skills required by an ANP to assess a patient with suspected breast disease. This is the key component of triple assessment (clinical examination, imaging and/or core biopsy) in all patients presenting with breast symptoms.

At the symptomatic breast clinic at St Vincent’s University Hospital, Dublin a study was undertaken in the form of a prospective review of the clinical competence of an ANP in breast and axillary examination. While undertaking the Advanced Practice MSc (Nursing) at UCD, the ANP (candidate) was taught how to take a comprehensive health history and was also shown how to perform breast and axillary examinations.

The aim of the study was to evaluate the clinical competence of an ANP in history taking and breast and axillary examination following advanced practice clinical skills training.

A model, with comparison of clinical findings, previously designed to assess the competence of junior doctors to perform breast and axillary examinations in new patient breast clinics’ was adapted and used in the appraisal.

Patients and methods

The symptomatic breast clinic at St Vincent’s assesses approximately 40 new patients each week. This includes patients attending the Triple Assessment Clinic who have access to same-day imaging with biopsy of any discrete abnormality on examination or imaging.

During the training period the ANP carried out supervised clinical breast and axillary examination and received immediate feedback on clinical findings from two consultant breast surgeons. Feedback was also obtained from the radiology findings as well as core biopsy results, which were discussed at the weekly multidisciplinary meeting.

This study was carried out following job description and site accreditation from the NCNM. During the audit phase from November 2004 to February 2005, 50 new patients were seen and examined by the ANP prior to the consultant breast surgeon examining them.

The examination findings of the ANP...
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that the advanced nurse practitioner
Discussion
and the consultant breast surgeon.

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(The remaining cancer was scored as S3
crete lumps with 17 of 18 scored as S5.
ANP noted all 18 clinical cancers to be dis-
discrete lumps. The consultant and the
between the ANP and the consultant.
Of the 50 patients, 25 presented with
discrete lumps. The consultant and the
ANP noted all 18 clinical cancers to be dis-
crete lumps with 17 of 18 scored as S5. (The remaining cancer was scored as S3
by one of the consultants and S5 by the
urse).

This lump, thought to be benign by the
consultant, proved to be a cancer as docu-
mented by the nurse. There were only four
patients with malignant axillary lym-
phadenopathy and the nurse identified all
four.

These results demonstrate very high
levels of concordance between the ANP
and the consultant breast surgeon.

Discussion
The result of this review demonstrates
that the advanced nurse practitioner
achieved a high level of competence in
breast and axillary examination. This com-
pares favourably with previously
published rates for senior house officers
and specialist registrars.

Pichersquill documented the impor-
tance of education and effective audits in
securing safe yet flexible practice, and
commented that demonstration of techni-
cal competence in a particular skill is
essential before developing a more
autonomous role.

The introduction of ANP roles by their
nature represents innovation and continu-
ously challenges the boundaries of
nursing practice and existing models of
healthcare.

As there are no national or international
standards for nurses working in breast
care, local standards were developed in
breast and axillary examination. Histori-
cally, patients attending breast clinics
expect to be seen by a consultant or a sur-
gical NCHD. However, Garvican’s study
of nurse-led breast clinics staffed by experi-
enced specialist nurses showed that
clinical examinations by such a nurse was
acceptable to patients and GPs.

Extending existing practice needs to
take account of priorities of care in defin-
ing the new role boundaries so that
extended roles are adopted according to
agreed job descriptions and workloads as
well as according to competing to com-
plete new tasks.

The adoption of ANP roles must be
accompanied by appropriate education,
training and practice-based experience.

Regular evaluation and audit are neces-
sary to assure patients safety and
optimum quality of care.

This small study has demonstrated that
an ANP can become competent in breast
and axillary examination, following ade-
quate training and supervision.

Quality healthcare is dependent on
the presence of knowledgeable and skilled
practitioners who can reflect critically and
constantly evaluate their own perfor-
mance.

In our currently changing healthcare
environment, perhaps the ANP in breast
care will provide a stable anchor and be
the person who can transmit the excite-
ment of change to those who fear it.

Mary Murray is Advanced Nurse Practitioner in Breast Care and Dr Mary Dillon is Breast Registrar at the Symptomatic Breast Clinic, St Vincent’s University Hospital, Dublin

Acknowledgements
We extend thanks to Mr Enda McDermott, senior
lecturer/consultant surgeon; and Prof Arnold Hill,
consultant general surgeon/senior lecturer in surgery; for
their help, support and expertise throughout this study.

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![Figure 2](image2.png)

![Figure 3](image3.png)