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The IVF nurse: An untapped resource for recruiting and retaining patients

Marcia Hilse is interviewed by Carol Lesser, Editor of this newsletter series

EDITOR'S NOTE

Nursing efforts to recruit and retain new patients

Carol B. Lesser, MSN, RNC, NP

In vitro fertilization (IVF) nurses play a vital role in caring for fertility patients. Predictably, as the complexity of assisted reproductive technology (ART) services has increased, so has the IVF nurse's scope of practice and educational requirements.

Their multidimensional responsibilities depend on the knowledge and integration of various fields, including endocrinology, gynecology, obstetrics, embryology, genetics, ethics, psychology, research, information technology, urology, and oncology.

But how do IVF nurses gain a command of so many specialty areas? Since ART is a relatively new field of medicine that has grown exponentially over the last quarter century, it is not surprising that no formal pre-employment-training program exists yet. Indeed, most nursing programs offer only a brief overview of infertility.

As a result, many nurses hired to work in reproductive medicine have no prior experience in the field. Compared with the extensive fellowship and training that reproductive endocrinologists receive, nurses' training in infertility seems woefully inadequate.

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It's important to note that not all nurses are temperamentally suited to working in this stressful discipline. Unfortunately, this may be overlooked when hiring a new nurse, resulting in a poor fit to the demands of the specialty. This can seriously affect the patient experience.

New training strategies needed

Currently, each fertility center must recruit and train its own nurses. A newly hired nurse typically receives on-the-job training with a brief period of orientation by experienced staff members. Although this approach may have sufficed in previous decades when our field was less complicated, today's clinical demands and patient expectations have rendered it obsolete. To work in a modern infertility practice utilizing ART, nurses need to be better selected, well prepared, and highly trained.

More and more, IVF nurses are discussing this issue: How can we better educate new nurses in the service of improving both nurse and patient satisfaction and retention? Certainly, training new staff members involves both a financial and an energy cost. It's frustrating when a recently hired nurse leaves the practice after completing a time-consuming orientation. To prevent this kind of situation, many centers are devising an improved nurse selection process and instituting multifaceted educational programs. This has evolved from the recognition that happy nurses make happy patients.

EDITOR'S NOTE *continued*

Understanding the patient's perspective

While we can debate what constitutes a successful IVF center, I think we can agree that satisfied patients who return for treatment is desirable. In our competitive marketplace, we know that patients clinic shop, and center dropout rates are higher than previously recognized. Patients may feel stressed psychologically or financially or may just be overwhelmed with the prospect of IVF treatment. They may also be burdened with misunderstandings that, if redressed, might lead them constructively toward helpful treatments. If you don't initiate the conversation, however, you may never discover why a patient dropped out.

For example, a physician once requested that I call a patient who had not returned for her IVF cycle. When I discreetly asked her why she didn't return, she explained that it was because she greatly feared failure. In her mind, if IVF did not work, she would never be a parent. We had an informative conversation and I was able to dispel several misconceptions this patient had about infertility treatment; subsequently she opted to see her physician with a more open mind.

While physicians are in charge of the patient's treatment, nurses typically have more daily patient contact, providing a sense of continuity and personalization. Patients often describe their nurse as a lifeline or guardian angel. Accordingly, nurses play an integral part in any patient-centered approach that seeks to improve the patient experience.

Nurses are key to patient retention

In an IVF center, management's challenge is to create an environment where the staff is fully engaged and committed to the shared objective of providing the best patient experience possible. With this common purpose, improved retention of both nurses and patients would be anticipated. A coordinated team approach in which every player is valued is vital to the success of an IVF center. Unfortunately, nurses often feel underappreciated.

In my discussions with other nurses, many express the belief that nurses remain an untapped resource for assisting with patient recruitment and retention. An experienced IVF nurse is aware of the challenges patients face in their fertility quest. Physicians often don't have adequate time to interact with patients and ascertain those who may not return for treatment. In addition, most centers lack a tracking system to determine which patients have dropped out.

Nurses can play a vital role in patient retention programs. Respectfully inquiring why a patient is not pursuing treatment can generate a discussion that would allow misconceptions and fears to be handled. Nurses can also play an active role in recruitment. Multiple studies have underscored the range of public misunderstanding regarding reproductive health.[1] Realizing how instrumental nurses can be in providing much needed patient education should be further incentive for fertility centers to view the training and education of their nurses more seriously.

In this issue, I interview Marcia Hilse, RNC, MSN, Clinical Education Coordinator at Fertility Centers of Illinois (FCI), in Glenview, for her insights on the role nurses can play in addressing both nurse and patient recruitment and retention.

Reference

1. Lundsberg LS, Pal L, Gariepy AM, Xu X, Chu MC, Illuzzi JL. Knowledge, attitudes, and practices regarding conception and fertility: a population-based survey among reproductive-age United States women. Fertil Steril. 2014;101(3):767-774.

Strategies for improving patient recruitment and retention

An interview with Marcia Hilse by Carol Lesser

Marcia Hilse, RNC, MSN

Ms Lesser: Marcia, please tell us how long you've been working in the field of reproductive medicine and how this became your area of specialization.

Ms Hilse: I was always interested in women's health, so right after graduating nursing school my first job was in Labor and Delivery (L&D). I then moved to the intensive care unit (ICU) for several years to hone my nursing skills. When I transferred back to L&D, I had gained a much better understanding of patient care overall. Over the next 12-plus years I cared for high-risk obstetrical patients. I also participated in staff education, mentored undergraduate and graduate nurses during their internships, and worked with the hospital's grief counseling team.

In the early 1990s, our hospital created an infertility department and we began seeing these couples in L&D as they delivered their long-awaited children. Their excitement was a very different experience from that of a considerable portion of our patient population, most of whom were teenagers. I realized that I was ready for a new direction in my nursing career and decided to pursue a masters degree in nursing. I have been working in the reproductive endocrinology and infertility (REI) field since 1996.

Ms Lesser: What is your clinical role at FCI? If you're part of a team, please help us understand your various roles.
Ms Hilse: For the last 2 years I have functioned as the clinical educator for FCI. My primary role is as a teacher for the new clinical staff, but I am also responsible for arranging the continuing education of all clinical staff members. In addition, I work with our 2 clinical resource nurses to assist staff members transitioning to new roles and aid the clinical operations director in researching and creating new policies. I also have a myriad of other duties.

Ms Lesser: Please describe your day-to-day responsibilities as well as your areas of interest and expertise.
Ms Hilse: My daily schedule varies greatly depending on nurse training needs, project deadlines, planning meetings, and so on. I act as a resource for the clinical staff and will often be asked to help understand a specific couple's needs and aid in the coordination of their IVF cycle. I also help to do research needed for new FCI clinical policies.

Education is very important at FCI, and our center has purchased unlimited online access to continuing education courses for the nursing staff. We require one course quarterly; I make the assignments and track the clinical staff's usage of the Web site. Additionally, I spend time searching for available courses for our andrology and laboratory staff, ultrasound technicians, and embryologists for their licensing requirements.

Staff members are encouraged to continue their education beyond licensing needs. This year, our physicians authorized an extra vacation day for each nurse who completed the Nurse Certificate course of the American Society for Reproductive Medicine (ASRM). Many dinner lecture programs have been created, and I am always looking for new learning opportunities for our nurses. With the continuous advancements in the REI field, I believe it's vital for the nurses to have access to frequent educational opportunities so they can grow as well.

Ms Lesser: What other measures has your center taken to improve the quality of nursing training and continuing education?
Ms Hilse: As I mentioned, we have an active role in the continuing education of all of our clinical staff. In addition, FCI pays for our ultrasound technicians to have unlimited access to online continuing education courses. We also budget for staff to attend a number of nursing and medical conferences each year. FCI is a co-sponsor of the annual Midwestern Reproductive Symposium International held in Chicago each June. About 30 of our clinical staff members attend this 3-day conference.

About 6 years ago we created a very intensive orientation program for our new nurses. In this program, I spend every day teaching and periodically working with them in the primary office where they will work for 4 to 6 weeks. Then our clinical resource nurses take over to help them transition to their new role. After 4 to 5 months they return to me for training in IVF procedure. We chose to break up the orientation this way because the details of infertility and today's technologies can be overwhelming to a nurse new to the field.

Ms Lesser: How do you ideally see the scope of IVF nursing practice, and why do you believe nurses are so critical to patient satisfaction and the success of an IVF center?
Ms Hilse: Patients come to us through many ways, such as referral by physicians, family, or friends or through advertisements and marketing tools. They stay for one reason: because of the staff and the care they give.

Infertility is an emotionally charged condition. These couples have lost one of the most fundamental functions of life, the ability to procreate. They feel powerless and experience diminished self-esteem. As nurses it's our role to empower them. We teach them about their treatment so they can participate in their own care. We advise them on lifestyle changes they can make to improve the chances of success. We support them when they laugh and hug them when they cry, and we let them know they are not alone in this struggle. Nurses wear many "hats," but I believe the 2 most important are educator and advocate. A couple struggling with infertility may well "feel alone in a crowd," and nurses have the unique opportunity and capability to make them feel special.

Ms Lesser: Can you describe the many challenges that large IVF centers like yours face as they strive to attract new patients as well as retain them?
Ms Hilse: It's easy for a couple to feel overwhelmed with their care. Our patient population is very diverse. We have a wide variety of cultures represented, and language can be the first stumbling block to care. We have to make sure we are meeting all of the couple's needs and that they understand their treatment options. A number of our staff members are bi- or multilingual, and they serve

as interpreters when necessary. We keep educational materials up to date and provide some in other languages. We ensure our patient education forms are consistent throughout the center.

We also have financial coordinators who can explain insurance benefits to couples. They also give a detailed explanation of the various payment options available so couples can plan their finances if they have no insurance coverage. Our nurses are aware of medication coverage and will utilize pharmaceutical companies' discount programs for self-pay patients.

FCI understands the psychological needs of these couples; we have 2 psychologists available for counseling. Support groups have been formed, and additional support resources are also provided to patients. They have created counseling guides such as dealing with pregnancy loss and waiting for the pregnancy test result.

Ms Lesser: Does your center track patients who fail to return for testing or treatment? What are the most common reasons for not returning?

Ms Hilse: We do keep track of patients who don't return. We find that the most common times to lose a couple are after the initial consult (mostly because of the overwhelming nature and amount of information given) and after a negative pregnancy test. Couples can feel like they will never achieve their goal of parenthood and will drop out before completing treatment.

Ms Lesser: What steps do the nurses in your center take to improve return visit rates?

Ms Hilse: We've implemented a number of tools for our clinical staff to track dropouts and get them back into the system. One such tool, called "Patient Care," has been added to our electronic medical record. It enables the staff to access their complete list of patients at various stages of treatment—for example, after the initial visit.

An attempt is made to retain new patients by having the nurse contact these patients, either by e-mail or phone, within 2 to 4 weeks of their initial visit. We provide support and assistance in reviewing the information they were given initially and offer to set up their next appointment. We believe that personal contact establishes a rapport that is essential in patient care.

The staff will also call a patient within 2 weeks of a negative pregnancy test result if the patient has not come for another appointment to continue treatment or an MD consult to discuss further treatment options. The nurses report a positive response to these efforts, and statistics are beginning to be tracked to document this.

Ms Lesser: Please describe FCI's innovative Fertility Awareness Outreach Program and how it helps attract potential new patients to your center. How effective has it been under your watch?

Ms Hilse: I am very excited about this program as it affords us an opportunity to teach the public about the struggles of infertility and allows us to offer aid to them in creating their families. It also enables us to teach single women about their options for preserving their fertility if they are not yet ready to have a family.

Some of the program's offerings: Women can set up a baseline appointment to have their estradiol level and follicle stimulating hormone level assessed, as well as have ultrasonography to determine their antral follicle count. Men can have a semen analysis done. We then call the patients and explain the significance of their results and inquire why they came for testing. This may guide us to take a brief history of their cycles, time attempting to conceive, and additional concerns. We teach them how to monitor their menstrual cycles and explain about the appropriate time to have intercourse when trying to conceive. We talk about lifestyle choices and changes they can make to improve their chances of conception. We discuss their health insurance coverage and can advise them on inquiries they should make regarding infertility treatment coverage, especially since Illinois is a mandated state. We also e-mail their test results to them so they can share them with their physician if they choose.

The program is becoming increasingly successful, and presently we have a conversion rate of about 55% to new-patient status.

Ms Lesser: What else can you share with us regarding the role nurses can play in improving clinic performance and patient satisfaction?

Ms Hilse: I strongly believe that education and team support help nurses achieve job satisfaction, and this in turn translates to happy couples and a successful practice. It's vital that we support each other and recognize the value of each team member. Recognizing individuals for a job well done encourages them to continue to do their best. Involving each staff member in the programs for practice growth allows them to invest in its success.

Ms Lesser: On behalf of IVF nurses everywhere, thank you for sharing your passion for improving the work experience and educational opportunities for IVF nurses. Implied in your commitment to improving the nurse's work environment and educational offerings is your dedication to fostering a better patient experience. You present compelling reasons why IVF centers should invest in nursing education as a way to improve overall clinic performance as well as nurse and patient satisfaction. ●