

# Oncology Nurse Practitioner Competencies 2019



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## Introduction

Cancer is the second leading cause of death for adults in the United States, but it is the leading cause of death in Hispanic and Asian Americans and in people younger than 80 years of age (Siegel, Miller, & Jemal, 2019). There are more than 14 million survivors of cancer in the United States currently, but that number is projected to increase to 19 million by 2024 (American Society of Clinical Oncology, 2016). This growing number of patients will require an increasing amount of care by oncology healthcare providers.

Evidence from workforce analyses demonstrates that oncology nurse practitioners (ONPs) provide a significant amount of care to patients with a range of malignancies in a variety of settings (Bruinooge et al., 2018; Moote, Krsek, Kleinpell, & Todd, 2011; Ruegg, 2013). There are varying estimates of the number of nurse practitioners providing cancer care, ranging from 3,600 to 4,800, but the number has clearly increased in the past decade (Bruinooge et al., 2018; Coombs, Max, Kolevska, Towner, & Stephens, 2019). The increasing number of patients diagnosed with cancer, combined with the increased presence of ONPs across a variety of clinical settings (e.g., ambulatory, inpatient, urgent care), indicates a need for revised and updated competencies. ONPs make a unique contribution to cancer care, bridging the nursing and medical realms to provide patient-centered care.

The goal of these ONP competencies is to provide measurable objectives to enhance the ability of ONPs to provide quality cancer care. The ONP role is complicated by legislated role and scope of practice variability, as well as educational and institutional differences. These competencies will provide a benchmark to standardize the role and practice of the ONP (Mackey, Noonan, Kennedy Sheldon, Singer, & Turner, 2018).

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## Process of Competency Development

In 2007, the Oncology Nursing Society (ONS) convened a national validation panel comprised of 20 representatives from nursing organizations and established the entry-level competencies essential for ONPs who care for adult patients with cancer.

Then, in 2015, ONS began work to revise and update the ONP competencies in recognition of the increasing complexity of cancer care. Initially, the ONP competencies were combined into joint oncology advanced practice RN competencies with the ONS clinical nurse specialist competencies (originally established in 2008). However, given the growing differences between the roles, reflected in the public and expert comments

on the proposed competencies, the ONS Board decided to retain these as separate competencies.

In December 2017, the ONS Nurse Practitioner Summit was held at the ONS national office in Pittsburgh, Pennsylvania, to assess the needs of ONPs, assess ONS resources, and develop additional resources. Feedback from the summit participants included the need for revised ONP competencies.

The ONP Competency Project Team convened for the first time in January 2019. The project team included nurse practitioners with clinical focus in medical oncology, hematology, prevention and wellness, survivorship, clinical trials, and research. This panel also practiced across multiple institutions located in the northeastern, southeastern, southern, midwestern, and western United States. One member of the team was invited to join as a representative of the Advanced Practitioner Society for Hematology and Oncology (APSHO).

The team began with an extensive literature review to identify evidence-based support for nurse practitioner practice in care provision across the cancer care continuum. The literature search began in January 2019, with key terms used to select articles that included the following: *oncology nurse practitioner, clinical practice, education, competence, competency, diagnosis, health care, interventions, prevention, screening, survivorship, scopes and standards, and treatment*. Data sources included PubMed<sup>®</sup>, CINAHL<sup>®</sup>, Ovid, MEDLINE<sup>®</sup> on OvidSP, and Google Scholar, with assistance, as needed, by ONS's information resources supervisor. The findings of each article were reviewed, critiqued, and graded to assess their applicability. The team met weekly for two months via conference calls to identify and discuss the most relevant articles. Noticeably, there was a paucity of large meta-analyses on the ONP role, as well as a lack of articles that identified practice directly related to the ONP role. This gap in the literature has been well described by multiple authors (Mackey et al., 2018; Nevidjon et al., 2010; Rosenzweig et al., 2012).

Based on the outcome of the literature review, the project team established classifications for the competency categories, using the structure from the most recent version of ONS's *Oncology Nursing: Scope and Standards of Practice* (Lubejko & Wilson, 2019). Over an additional two months, the project team developed competency statements that reflected the literature on ONP practice across the various geographic and clinical practice settings. Through paired review of the competency project by team members, the competency statements were further reviewed and revised to establish the initial draft document and prepare it for public comment.

The public comment period occurred over three weeks in April and May 2019, using a web-based survey tool. Emails were sent

to all ONS members who self-identified as nurse practitioners or advanced practice RNs. Members of APSHO were also sent an email request to review the competencies and comment on the accuracy and clarity of the draft competencies. Specifically, participants were asked if the skills and functions identified accurately reflected their perception of ONP practice. Respondents were also asked to provide feedback on what should be removed or added to the competency categories and to share comments.

The survey was available on the ONS website for additional public comment. The 29 public comment respondents represented nurse practitioners in a variety of practices and geographic locations across the United States. The respondents also represented a diverse education background that included master's and doctoral nursing preparation, as well as many years of nursing practice. The ONP Competency Project Team made additional edits to the document to further refine the competencies and to provide clarity using this public commentary. Further review was conducted using a group of five experts, chosen for their years of experience and perspective within the field of ONP practice, who were asked to comment on the appropriateness, clarity, completeness, and flow of the overall competencies, as well as provide feedback on individual statements. Based on their responses, edits were made, and a final list of 121 competencies was produced to define the role of the ONP in practice today.

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## Overview

The ONP is committed to patient-centered care and recognizes the importance of patients, family, and caregivers as full partners in the decision-making process. The competencies in this document emphasize the unique philosophy of practice for the ONP specialty and the individual needs of patients with a past, current, or potential diagnosis of cancer. The first principle of providing care is respecting patient privacy, dignity, and cultural diversity.

ONPs are prepared through advanced education to provide holistic care that meets the physiologic, psychological, and social needs of patients throughout the continuum of care, including cancer prevention and detection, cancer diagnosis and treatment, rehabilitation, survivorship, palliative care, and end-of-life care. These competencies reflect the cancer-focused knowledge base and clinical expertise needed throughout the ONP career, building on basic nurse practitioner knowledge and skills established in school or in practice. As ONPs gain experience, their practice may include more advanced and additional knowledge, skills, and abilities not included in these entry-level competencies. These competencies are intended to supplement the core competencies for

all nurse practitioners (National Organization of Nurse Practitioner Faculties, 2017), as well as population-focused nurse practitioner competencies.

The final competencies are based on the following aspects of ONP practice:

- Assessment, diagnosis, and intervention
- Health promotion and education
- Ethics and culturally congruent care
- Communication
- Leadership
- Evidence-based practice and research
- Professional practice evaluation
- Resource utilization and quality of practice

For each competency, the ONP considers physiologic and psychosocial factors that affect the overall health of the patient and family throughout the continuum of cancer care. These include health and/or social determinants of health; family history; genetics; disease and treatment history; current medications (including over-the-counter treatments, herbal medicines, and supplements); allergies; physical and functional status; emotional and cognitive well-being; sexuality; fertility and reproductive stage; and spiritual, developmental, and environmental status.

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## Applicability and Dissemination

Few oncology specialty training programs exist for nurse practitioners; consequently, these competencies provide a guide to an ONP orientation. These competencies may be used to quantify the skills and basic knowledge necessary for a practicing ONP, as well as to measure the performance of individual clinicians as they evolve from novice to expert. Quality improvement projects and other types of ONP practices may be evaluated with this document as well. These competencies may also be used in the academic setting for universities to create oncology curriculum for certificate and ONP programs.

The competencies in this document are intended to support the nurse practitioner pursuing employment in oncology by providing a standardized guide for expectations and requirements of a role. The competencies may also aid administrators and institutions in developing position descriptions, training methods and materials, evaluation processes, and personal or professional development tools for ONP practice.

Lifelong learning is essential for all clinicians; these competencies are an important tool to support the identification of educational and professional goals. These competencies may be used to prioritize future educational oncology programs

and to guide ONPs who are pursuing Oncology Nursing Certification Corporation certification (such as AOCNP® and CPHON®). The dissemination and application of the ONP competencies are essential for the ONP in providing quality and compassionate care to patients with cancer and their family members.

## Summary

It has been more than a decade since the release of the first ONP competencies in 2007. Since that time, the landscape and complexity of cancer care has changed significantly: Patients are diagnosed earlier and live longer; genomics and genetics determine treatment options; and immunotherapy has become frontline treatment for some cancers, while others still require traditional chemotherapy. These technological advances have changed the delivery of and access to quality cancer care. As a result of these factors and the increasing number of ONPs providing cancer care to patients in various practice settings, the ONP Competency Project Team revised and updated the ONP competencies to reflect the complexities of practice today.

Although ONP roles may vary across multiple care settings and their scope of practice may differ based on individual state regulations, the goal of these competencies is to provide measurable objectives that will enhance the ONP role while providing quality cancer care. Institutions and administrators may use these competencies as a benchmark to document the essential behaviors, knowledge, and basic skills of all practicing ONPs.

## References

- American Society of Clinical Oncology. (2016). The state of cancer care in America, 2016: A report by the American Society of Clinical Oncology. *Journal of Oncology Practice*, 12, 339–383. <https://doi.org/10.1200/JOP.2015.010462>
- Bruinooge, S.S., Pickard, T.A., Vogel, W., Hanley, A., Schenkel, C., Garrett-Mayer, E., . . . Williams, S.F. (2018). Understanding the role of advanced practice providers in oncology in the United States. *Journal of Oncology Practice*, 14, e518–e532. <https://doi.org/10.1200/JOP.18.00181>
- Coombs, L.A., Max, W., Kolevska, T., Tonner, C., & Stephens, C. (2019). Nurse practitioners and physician assistants: An underestimated workforce for older adults with cancer. *Journal of the American Geriatrics Society*. Advance online publication. <https://doi.org/10.1111/jgs.15931>
- Lubejko, B.G., & Wilson, B.J. (2019). *Oncology nursing: Scope and standards of practice*. Pittsburgh, PA: Oncology Nursing Society.
- Mackey, H., Noonan, K., Kennedy Sheldon, L., Singer, M., & Turner, T. (2018). Oncology nurse practitioner role: Recommendations from the Oncology Nursing Society's Nurse Practitioner Summit. *Clinical Journal of Oncology Nursing*, 22, 516–521. <https://doi.org/10.1188/18.CJON.516-522>
- Moote, M., Krsek, C., Kleinpell, R., & Todd, B. (2011). Physician assistant and nurse practitioner utilization in academic medical centers. *American Journal of Medical Quality*, 26, 452–460. <https://doi.org/10.1177/1062860611402984>
- National Organization of Nurse Practitioner Faculties. (2017). *Nurse practitioner core competencies content*. Retrieved from [https://www.nonpf.org/resource/resmgr/competencies/2017\\_NPCoreComps\\_with\\_Curric.pdf](https://www.nonpf.org/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf)
- Nevidjon, B., Rieger, P., Miller Murphy, C., Rosenzweig, M.Q., McCorkle, M.R., & Baileys, K. (2010). Filling the gap: Development of the oncology nurse practitioner workforce. *Journal of Oncology Practice*, 6, 2–6. <https://doi.org/10.1200/JOP.091072>
- Rosenzweig, M., Giblin, J., Mickle, M., Morse, A., Sheehy, P., & Sommer, V. (2012). Bridging the gap: A descriptive study of knowledge and skill needs in the first year of oncology nurse practitioner practice. *Oncology Nursing Forum*, 39, 195–201. <https://doi.org/10.1188/12.ONF.195-201>
- Ruegg, T.A. (2013). A nurse practitioner-led urgent care center: Meeting the needs of the patient with cancer [Online exclusive]. *Clinical Journal of Oncology Nursing*, 17, E52–E57. <https://doi.org/10.1188/13.CJON.E52-E57>
- Siegel, R.L., Miller, K.D., & Jemal, A. (2019). Cancer statistics, 2019. *CA: A Cancer Journal for Clinicians*, 69, 7–34. <https://doi.org/10.3322/caac.21551>

## Competencies

### Assessment

During assessment, the ONP considers psychosocial factors that affect the overall health of the patient and family, including health and/or social determinants of health; family history; genetics; disease and treatment history; current medications (including over-the-counter treatments, herbal medicines, and supplements); allergies; physical and functional status; emotional and cognitive well-being; sexuality; fertility and reproductive stage; and spiritual, developmental, and environmental status.

1. Integrates information from the patient's health record into assessment data, including past medical and surgical history, comorbidities, family history, social history, and spiritual preferences, and their impact on the cancer diagnosis and potential treatment
2. Performs a comprehensive review of systems, followed by a physical examination
3. Assesses relationship to and support of caregiver(s), social system, and community
4. Anticipates the potential risk for treatment toxicity(ies) and impact on health, function, and safety
5. Performs a pharmacologic assessment that includes analysis of potential interactions of recommended cancer treatment and current medications with homeopathic treatments, vitamins, supplements, allopathic medication, and over-the-counter treatments
6. Performs an appraisal of the patient's ability to navigate the healthcare environment, including cognitive abilities, mental health, health literacy, coordination of care, social determinants of health, social and community support systems, and possible barriers, as well as potential for financial toxicities
7. Orders appropriate evidence- and guideline-based diagnostic testing, laboratory testing, and procedures, including appropriate genetic testing with pre- and post-test counseling, when indicated
8. Synthesizes information to develop a comprehensive list of patient diagnosis(es), including a problem list
9. Documents clinical assessment into the medical record in a complete and timely manner
10. Demonstrates proficiency in assessment of oncologic emergencies

### Diagnosis

1. Creates a list of differential diagnosis(es) using critical thinking skills and clinical resources, ultimately identifying and appropriately staging and grading the cancer and/or related diagnoses
2. Synthesizes data relevant to the diagnosis, including current and historic laboratory values, pathology, imaging, consultant notes, and outside documentation, as appropriate
3. Orders and/or performs appropriate diagnostic testing, including laboratory, imaging, and procedures, such as bone marrow aspiration and biopsy, lumbar puncture, paracentesis, and/or skin/tissue biopsy
4. Uses and encourages input from across all disciplines (e.g., nursing, medical, pharmacy, social work, specialist) to provide accurate diagnoses
5. Communicates diagnosis(es) and potential treatments with patient and caregivers, anticipating and answering questions, and providing necessary education
6. Documents diagnosis(es) clearly and accurately in the medical record to support the treatment plan

## Intervention

The ONP establishes and implements a patient-centered, outcome-oriented plan of care for patients (incorporating patient goals, needs, preferences, and values) that is evidence-based and conscious of cost-effectiveness and quality. The plan of care is developed using a shared decision-making process with the patient and family/caregivers.

1. Orders, interprets, and/or performs advanced procedures (e.g., bone marrow biopsy, lumbar puncture) and diagnostic and staging tests (e.g., laboratory and radiologic studies, cellular targets, liquid biopsy for genomic changes)
2. Prescribes pharmacologic and nonpharmacologic therapies to manage common cancer-related episodic, acute, and chronic problems
3. Prescribes pharmacologic and nonpharmacologic therapies to prevent and treat side effects of cancer and treatment-related symptoms, modifying for toxicities when appropriate
4. Individualizes recommendations based on the impact of comorbidities, functional status, or anticipated sequelae of treatment on patient resources, function, and quality of life
5. Refers patients and family/caregivers to available community resources and support systems needed to address barriers that may interfere with successful interventions
6. Prescribes appropriate treatments and/or referrals for patients experiencing an oncologic emergency or transition of care (e.g., survivorship, palliative care, end of life)
7. Identifies eligibility potential and discusses availability of clinical trials with patients
8. Consults with healthcare professionals, patients, and family/caregivers to promote shared decision making and improve patient outcomes, as well as patient satisfaction
9. Provides anticipatory guidance to assist patients and families in coping with the illness and its potential or expected outcomes
10. Provides survivorship care, including a treatment summary and follow-up care plan, identifying interventions for physical/psychosocial needs and care coordination, and offering prevention and screening strategies to maintain wellness
11. Incorporates evaluation and management of late or long-term effects of treatment into patient care discussions
12. Orders or recommends familial screening based on genetic assessment, age at diagnosis, or other factors
13. Reformulates diagnoses based on updated assessment data, modifying the interventions based on assessment of the patient's response to prescribed interventions or toxicities

## Outcomes Assessment

Outcomes assessment incorporates implementation and evaluation.

1. Assesses physiologic functioning via physical examination findings (e.g., weight, vital signs, laboratory values, measurement of tumor size, liver size)
2. Monitors appropriate biochemical or laboratory markers (e.g., CA 125, CA 19-9, alpha-fetoprotein) to measure intervention response
3. Evaluates impact of intervention on mentation, mood, coping, and social function using standardized and validated instruments (e.g., Mini-Mental State Examination, geriatric assessment instrument, distress tool)
4. Assesses social engagement and functioning and evaluates the impact of the intervention (e.g., surgery, radiation therapy, chemotherapy, immunotherapy, targeted medications) on self-esteem and caregiver engagement
5. Incorporates prior baseline measurement with side effects from interventions, including commonly experienced symptoms (e.g., pain, fatigue, dyspnea, nausea, diarrhea) using validated instruments
6. Prescribes or recommends medications or nonpharmacologic interventions prophylactically for expected side effects and in response to side effects
7. Integrates self-reported functional status, quality of life, and satisfaction with care in assessment, as well as the patient's goals of care and understanding of overall treatment trajectory
8. Educates patient and family/caregivers about treatments, interventions, expected response, and anticipated side effects
9. Assesses patient adherence to recommended medications and treatment
10. Evaluates outcome measures of quality and resource use, including unplanned office visits, emergency department visits, use of acute care services, lengths of stay, hospital readmission rates, and mortality
11. Evaluates procedural outcomes, including success and complication rate (e.g., bone marrow biopsy, central line placements, paracentesis, thoracentesis, lumbar puncture)
12. Orders or recommends appropriate imaging modality for disease state and unexpected events (e.g., computed tomography pulmonary angiography for evaluation of suspected pulmonary embolism)
13. Reviews images independently or in consultation with the radiology department
14. Collaborates with other disciplines during concomitant therapies
15. Assesses for common late and long-term effects in cancer survivors (e.g., psychosocial effects, infertility, cardiomyopathy, secondary malignancies)
16. Assesses for current effects of treatment and signs of disease response or progression

## Health Promotion and Education

1. Communicates with and refers to primary healthcare providers to maintain patient's wellness or address a need, when appropriate
2. Synthesizes comprehensive assessment data to match patient and family/caregiver needs with available resources throughout the continuum of care
3. Assesses patient and family/caregiver health beliefs, social determinants of health, cancer risks, readiness, health literacy and ability to learn, and educational needs related to cancer prevention and/or screening for a cancer diagnosis
4. Identifies, validates, and uses evidence-based resources and appropriate technologies (e.g., websites, electronic patient-reported outcomes) to engage patients and family/caregivers and support the goals of the patient education plan
5. Provides the patients and family/caregivers with information about safe handling, disposal, and spill management of oral and infusion therapies at home
6. Educates patients and family/caregivers about treatment-related side effects, as well as alternative treatment options
7. Employs evidence-based practices to validate the patient and caregiver understanding and to evaluate learning outcomes
8. Documents education plan, health teaching, and patient response clearly in a retrievable form available to the interprofessional team to facilitate continuity of care
9. Promotes the development and dissemination of cancer-related patient education resources
10. Leads the healthcare team in the development and maintenance of patient and family/caregiver education and health promotion skills
11. Promotes healthy living behaviors and age-related screening by educating patients, family/caregivers, healthcare providers, and communities about cancer prevention, risk reduction, and cancer screening
12. Provides educational information about surveillance for recurrence, metastasis, or secondary cancers, as well as the late and long-term cancer-related toxicities
13. Assesses for psychosocial needs (e.g., anxiety, stress, distress, depression) and refers or suggests pharmacologic, nonpharmacologic, and other resources to assist in alleviating symptoms
14. Promotes a safe and healthy workplace by adhering to all regulatory requirements (e.g., safe handling of cancer treatments, hazardous drug disposal, radiation exposure)
15. Emphasizes health promotion and safety for patients, family/caregivers, and employees by engaging in health practices that reduce cancer-related health risks

## Ethics and Culturally Congruent Care

1. Provides information to encourage shared decision making and supports the patient's right to autonomy and self-determination
2. Recognizes and respects diversity among patients, family/caregivers, and the community
3. Practices cultural humility in understanding what influences patients' decisions and outcomes of care
4. Approaches all patient and family/caregiver interactions with compassion and respect for the inherent dignity, worth, and unique attributes of every person
5. Recognizes the deleterious impact of individual, provider, institutional, and social biases on cancer care
6. Recognizes the potential limitations of assessment methods and tools in a diverse patient population
7. Incorporates resources that meet the diverse needs of patients into the planning and delivery of care, including translational services and resources at appropriate health literacy levels
8. Educates healthcare professionals and family/caregivers on the need to provide care with attention to individual diversity in patients with cancer or at risk for cancer
9. Integrates ethical principles into decision making within the practice environment, evaluating the ethical consequences of those decisions
10. Refers complex ethical issues to an organizational ethics board for consultation, as available
11. Applies knowledge of cancer genetics to evaluating legal, ethical, and social implications of genetic/genomic technology and testing
12. Seeks opportunities to participate in ethics committees, institutional review boards, and other ethics-related bodies

## Communication

1. Provides clear, respectful, and ongoing patient-centered communication with patients, family/caregivers, healthcare providers, support staff, and administrators to enhance quality care and healthcare outcomes
2. Identifies communication barriers that may affect the individual's healthcare management goals, considering adaptive communication strategies (e.g., referrals to interpreter services, social services, online interactive information, written information, pictures) to overcome those barriers, when necessary
3. Communicates in a manner that fosters shared decision making reflective of patient values, choices, and clinical outcomes
4. Uses healthcare information systems to communicate effectively with patients, healthcare providers, leadership, and colleagues to enhance the healthcare experience, particularly communication-related concerns (e.g., language or literacy barriers, cultural needs)
5. Communicates with other members of the interprofessional team about patient's health status and changes in status and management strategies to optimize healthcare outcomes

## Leadership

1. Serves as a transformational leader across a variety of healthcare settings, such as clinical practice, education, management, healthcare operations, informatics, government, advocacy organizations, publications, professional organizations, research, and/or industry
2. Demonstrates leadership by mentoring members of the oncology team, particularly oncology nurses, novice ONPs, and nurse practitioner students
3. Contributes to the development of educational/support programs and educational materials for colleagues, patients, and family/caregivers following identification of learning needs and gaps
4. Promotes practice advancement by identifying and implementing quality improvement strategies to influence change in the healthcare environment
5. Participates in professional national and local organizations, boards, committees, policymaking bodies, and associations that influence patient care, ONP practice, policy, and health outcomes
6. Commits to advancing clinical knowledge through continuing education, certification, publications, and attending and presenting at local, national, or international conferences

## Evidence-Based Practice and Research

ONPs' clinical practice is based on evidence from research and established guidelines for practice. Three spheres of influence are addressed for this competency, including the patient, provider, and system levels.

1. Uses current evidence-based knowledge, including applicable research findings, to guide practice
2. Educates patients on potential incorporation of research in their clinical care (e.g., clinical trials, research studies, quality improvement projects), and advocates for ethical conduct of research
3. Expands knowledge, skills, and clinical judgment by reviewing findings from research relevant to practice area
4. Uses critical thinking to apply theory and research into ONP practice
5. Uses evidence-based approaches to guide role development, implementation, and evaluation of the ONP role
6. Participates in peer-reviewed research and shares findings with colleagues, addressing identified gaps in practice
7. Conducts or participates in research and quality improvement projects that answer questions relevant to ONP practice and patient needs
8. Reviews research using a rigorous critique of evidence before implementation or sharing findings
9. Promotes a climate of collaboration for research and clinical inquiry
10. Articulates the value of research and its application relative to the clinical setting and practice
11. Uses evidence-based recommendations for prevention, screening, active treatment, and surveillance
12. Promotes ethical principles of research in practice and in healthcare settings
13. Participates in research and evidence-based practice by conducting or implementing research and/or quality improvement projects and encouraging other ONPs to develop research skills
14. Disseminates high-quality research findings through professional meetings, presentations, publications, and/or journal clubs

## Professional Practice Evaluation

1. Participates in lifelong learning to maintain expertise and experience related to oncology, scientific, nursing, and regulatory information
2. Uses advanced education and training to identify knowledge gaps and pursues education and training to address unmet needs
3. Serves as a role model by mentoring and encouraging healthcare providers, novice ONPs, student nurse practitioners, and other team members
4. Reviews and uses current evidence-based information to expand advanced oncology nursing performance
5. Secures and maintains licensure, certification, specialty certification, and credentialing consistent with the ONP role and practice setting
6. Demonstrates proficiency in professional activities, such as publications, presentations, quality improvement, and research
7. Uses self-evaluation (e.g., strengths and areas for growth) to implement a professional development plan
8. Engages in formal and informal self-evaluation and feedback from interprofessional team members, supervisors, and patients
9. Promotes interprofessional evidence-based practice when contributing to organizational policies and procedures
10. Maintains a record of professional activities for self-evaluation and for evaluation by practice institution, licensing agencies, and certification organizations
11. Participates in formal and informal appraisal of interprofessional colleagues to further strengthen overall healthcare team performance and effectiveness

## Research Utilization

1. Acts as a resource to assist patients with cancer and their family/caregivers to navigate healthcare delivery systems and complex cost systems
2. Identifies aspects of the healthcare system that create barriers to comprehensive cancer care and long-term care for cancer survivors
3. Influences organizational structure, functions, and resources to improve the delivery of care
4. Refers patients to the appropriate local, state, and national patient-support resources and advocacy groups
5. Advocates for awareness of financial burden on the patient in treatment decision making
6. Participates in research designed to promote high-value care and actively reviews institutional practice to reduce low-value care

## Quality of Practice

1. Participates in interprofessional collaboration to identify and address organizational barriers to excellence
2. Provides leadership and expertise in quality initiatives
3. Provides leadership and expertise in identifying, monitoring, changing, and implementing standards of evidence-based oncology practice to improve professional practice and care for patients and family/caregivers
4. Uses nationally or institutionally recognized benchmarks to evaluate practice at the individual, departmental, or organizational level
5. Provides leadership in design and implementation of innovative quality improvement projects that improve patient outcomes
6. Applies evidence-based knowledge to clinical decision making to focus on optimal health outcomes
7. Leads in the evaluation of organizational structures, care processes, financing, and policy decisions that influence the quality of cancer care

## Bibliography

- Bovero, M., Giacomo, C., Ansari, M., & Roulin, M. (2018). Role of the advanced nurse practitioners in the care pathway for children diagnosed with leukemia. *European Journal of Oncology Nursing*, *36*, 68–74.
- Cairo, J., Muzi, M.A., Ficke, D., Ford-Pierce, S., Goetzke, K., Stumvoll, D., . . . Sanchez, F.A. (2017). Practice model for advanced practice providers in oncology. *American Society of Clinical Oncology Educational Book*, *37*, 40–43.
- Knopf, K.E. (2011). Core competencies for bone marrow transplantation nurse practitioners. *Clinical Journal of Oncology Nursing*, *15*, 102–105. <http://doi.org/10.1188/11.CJON.102-105>
- Lubejko, B.G., & Wilson, B.J. (2019). *Oncology nursing: Scope and standards of practice*. Pittsburgh, PA: Oncology Nursing Society.
- National Organization of Nurse Practitioner Faculties. (2017). *Nurse practitioner core competencies content*. Retrieved from [https://www.nonpf.org/resource/resmgr/competencies/2017\\_NPCoreComps\\_with\\_Curric.pdf](https://www.nonpf.org/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf)
- Oncology Nursing Society. (2007). *Oncology nurse practitioner competencies*. Pittsburgh, PA: Oncology Nursing Society.
- Ramirez, E., Schumann, L., Agan, D., Hoyt, K.S., Wilbeck, J., Tyler, D., & Evans, D.D. (2018). Beyond competencies: Practice standards for emergency nurse practitioners—A model for specialty care clinicians, educators, and employers. *Journal of the American Association of Nurse Practitioners*, *30*, 570–578. <https://doi.org/10.1097/JXX.0000000000000139>
- Reynolds, R.B., & McCoy, K. (2016). The role of advanced practice providers in interdisciplinary oncology care in the United States. *Chinese Clinical Oncology*, *5*, 44. <https://doi.org/10.21037/cco.2016.05.01>
- Rosenzweig, M., Giblin, J., Mickle, M., Morse, A., Sheehy, P., & Sommer, V. (2012). Bridging the gap: A descriptive study of knowledge and skill needs in the first year of oncology nurse practitioner practice. *Oncology Nursing Forum*, *39*, 195–201. <https://doi.org/10.1188/12.ONF.195-201>

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## Advanced Practitioner Society for Hematology and Oncology Statement of Endorsement

As a society, the Advanced Practitioner Society for Hematology and Oncology (APSHO) seeks to improve the quality of care for our patients by supporting our members' educational, clinical, and professional development. We believe that optimal patient care cannot be achieved without shared decision making among patients, family members, and caregivers. Each competency within the Oncology Nurse Practitioner Competencies 2019 supports this important dynamic, as well as takes into consideration a broad range of key physical, psychosocial, and emotional factors.

It is well established that there is a scarcity of formalized training programs available for oncology nurse practitioners stepping into a new role. Because of this, at APSHO, we strive to provide our members with educational opportunities to enhance and complement the training they do receive. We encourage our nurse practitioner members pursuing clinical positions to use the Oncology Nurse Practitioner Competencies 2019 as a guide for expectations and requirements of a potential role. We also encourage practices seeking to create or fill oncology nurse practitioner positions to use the competencies as a tool to quantify the skills and knowledge necessary for the role, as well as to measure performance.



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