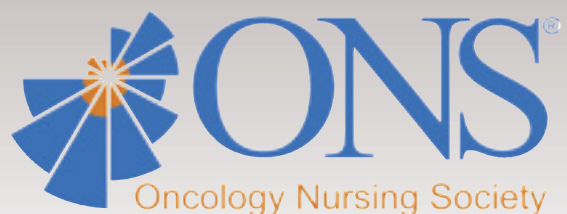


2013

Oncology Nursing Society

**ONCOLOGY
NURSE NAVIGATOR
CORE COMPETENCIES**





Oncology Nursing Society Oncology Nurse Navigator Core Competencies

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Overview

Key Terms Used in This Document

- **Oncology nurse navigator:** An oncology nurse navigator (ONN) is a professional registered nurse with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. Using the nursing process, an ONN provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum.
- **Lay navigator:** A trained nonprofessional or volunteer who provides individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from prediagnosis through all phases of the cancer experience (Oncology Nursing Society [ONS], 2010b).
- **Novice:** A nurse who has worked two years or less as an ONN and is building upon his or her academic preparation, nursing knowledge, and oncology experience to develop expertise in the ONN role.

Background

In 1990, Harold Freeman, MD, initiated the first patient navigation program at Harlem Hospital Center in New York City for patients with breast cancer. One of the major goals of the program was to expand access to cancer screening and clinical follow-up among medically underserved women through community outreach and the elimination of health access barriers (Freeman, 2006). Freeman was able to demonstrate that five-year cancer survival rates can be improved with increased access to screening and patient navigation programs by addressing and working to eliminate issues presented by lack of health insurance, fear and distrust of the medical community, and cultural and communication barriers. The program was based on the role of lay navigators working to eliminate these health access barriers, thus increasing screening rates among underserved women, promoting timely care by reducing the time from abnormal finding to the determination of a cancer diagnosis and treatment, and ultimately improving breast cancer survival rates (Freeman, 2004).

Over the past two decades, the success of Freeman's patient navigation program has had a significant impact on the delivery of cancer-related health care across the nation. In 2001, the President's Cancer Panel, established by the National Cancer Act of 1971 to monitor implementation of the National Cancer Program, released *Voices of a Broken System: Real People, Real Problems*. The details of the report revealed that barriers limiting or preventing access to cancer care are not unique to poor Americans but are experienced by Americans across all socioeconomic levels (National Cancer Institute, 2001). Four years later in 2005, President George W. Bush signed legislation that provided funding for patient navigation demonstration projects under the Patient Navigator Outreach and Chronic Disease Prevention Act (American Cancer Society, 2009). The projects provided grants for the development and operation of patient navigator services for the purpose of improving healthcare outcomes (H.R. 1812, 2005).

In 2012, the American College of Surgeons Commission on Cancer (ACoS CoC) released standards that reflected the goal of "ensuring patient-centered care." One of the new standards, to be phased in for 2015, is standard 3.1, requiring cancer programs that are seeking accreditation to establish a patient navigation process driven by a community needs assessment (ACoS CoC, 2012). This community needs assessment enables facilities to identify potential healthcare barriers and determine a navigation process aimed at eliminating those barriers. The National Accreditation Program for Breast Centers (NAPBC) also requires a navigation process to obtain and maintain accreditation as a Breast Center of Excellence. Most recently, navigation and care coordination concepts were addressed within the Patient Protection and Affordable Care Act (PPACA), which was signed into law by President Barack Obama in March 2010. Patient navigators in this role assist uninsured Americans in transitioning into healthcare program exchanges following the opening of enrollment into the PPACA in October 2013.

As care delivery evolves to include the role of the navigator, healthcare systems across the nation attempt to replicate Freeman's success while acknowledging the need to fulfill CoC and NAPBC standards for accreditation. In numerous

articles published addressing the role of navigators in the oncology setting, navigators were identified in a variety of capacities: patient navigators, care navigators, professional nurse navigator, cancer care navigator, nurse navigator, and ONN, among others. In 2010, ONS, in collaboration with the Association of Oncology Social Work and the National Association of Social Workers, released a position statement addressing patient navigation (ONS, 2010b). The position clearly supported the importance of the patient navigator role, stating that the patient navigator could either be a lay person or a professional.

Freeman's patient navigation model focused on overcoming barriers associated with access to screening in order to improve detection of cancers at an early stage (Freeman, 2004). Over the past 20 years, the role of the navigator has expanded to encompass cancer care across the continuum, from prevention to survivorship to end-of-life care. In many cancer programs, oncology nurses are functioning in the role of professional navigator secondary to their cancer-specific knowledge and clinical expertise. Benefits of a nurse performing the role of the navigator include the skill to clinically assess patients, provide support and education, manage the complexity of the cancer diagnosis, and communicate and collaborate with other clinicians (Gilbert et al., 2011). Additionally, the oncology nurse in the role of navigator has the ability to proactively anticipate patients' needs, initiate appropriate referrals, and provide valuable education to equip patients with knowledge and understanding, thereby reducing anxiety and stress, which allows patients to feel more in control of their situation (Wilcox & Bruce, 2010).

Purpose of Competency Development

ONS recognized that a growing number of oncology nurses identify oncology nurse navigation as their primary role function. Supported by data collected in the ONS Nurse Navigator Survey and ONN Role Delineation Study (Brown et al., 2012) and anecdotal information from the ONS Nurse Navigator Special Interest Group (SIG), ONS identified the need to clearly define the role of the ONN, as well as support growth and standardization of the role by developing core competencies. This need led to the ONS Board of Directors' plan for the development of ONN competencies as well as the planned publication of a textbook on oncology nurse navigation.

The ONS *Oncology Nurse Navigator Core Competencies* are intended to describe the fundamental knowledge and skills that novice ONNs should possess or acquire during their first one to two years in the role. These competencies are meant to reflect practice across the majority of settings but must be considered within the context of the individual navigation program.

Several challenges arose during the development of these competencies. To begin, nurses enter the specialty of oncology nurse navigation with diverse clinical experiences and educational preparations. Some function as advanced practice nurses with a different scope than the registered nurse. These differences in clinical background and education preparation lead to variability in the skills and knowledge brought into the role. Similarly, ONNs operate differently across geographic and institutional settings. Many ONNs specialize in one type of malignancy, whereas others function in more of an oncology generalist role. Those who practice in larger centers with access to significant resources (providers, community and institutional support programs) function quite differently than those in rural areas where they may be the only ONN. Additionally, the orientation and development of ONNs is not standardized. In many cases, the ONN must learn on the job without other ONNs to mentor them. Many new ONNs must bear the responsibility for identifying their baseline knowledge and skill level, recognizing professional development needs, and locating resources to meet these learning needs. This can be quite challenging in settings with limited resources.

Definition of Oncology Nurse Navigator Core Competencies

ONN competencies include the fundamental knowledge, skills, and expertise required to proficiently (a) participate in the care of patients with a past, current, or potential diagnosis of cancer, (b) assist patients with cancer, families, and

caregivers to overcome healthcare system barriers, and (c) provide education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum.

Process of Competency Development

The ONN Core Competencies were developed using a multistep process. The first step involved a literature review to identify and compare common competency themes and gaps. The project team also reviewed past ONS competency projects: the *Oncology Clinical Trials Nurse Competencies*, the *Oncology Clinical Nurse Specialist Competencies*, the *Oncology Nurse Practitioner Competencies*, and the *Leadership Competencies* (ONS, 2007, 2008, 2010a, 2012), to gain an understanding of the scope and process involved in professional competency development.

Step 1: Develop List of Core Competencies

Starting with a thorough review of the literature, the ONS ONN Project Team met in November 2012 and began the process of clearly defining the role of the ONN. A brainstorming session resulted in the following definition of an oncology nurse navigator:

An oncology nurse navigator is a professional registered nurse with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. Utilizing the nursing process, an oncology nurse navigator provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum.

The development of a clear definition of an ONN allows for a uniform understanding of who fills the role of ONN.

The next step in the process was a review of the literature for skill and knowledge requirements, job position descriptions, and the ACoS CoC guidelines. The “Oncology Nurse Navigator Role Delineation Study: An Oncology Nursing Society Report” (Brown et al., 2012) was reviewed to solicit input about essential knowledge, skills, and expertise required of an ONN in a variety of settings. All the information was expanded upon and further detailed during project team brainstorming sessions. The project team divided the knowledge base and function of the ONN into four categories: professional role, education, coordination of care, and communication. These categories were refined to a list of 47 ONN professional core competencies.

Step 2: Field Review

To validate the competencies, a field review was then conducted. Field reviewers were asked to comment on the clarity of the draft competency statements and whether these behaviors and skills were core to the ONN role and whether they were appropriate for a novice navigator. They were asked to comment on whether each competency should be included in the final ONN core competencies document and to make suggestions on competencies that might be included.

The field review survey was sent to all ONS Nurse Navigator SIG members, as well as all ONS members who reported their primary work function to be nurse navigation, for a total of 486 nurses. A total of 189 responses were received. Of those, 142 were complete surveys for a 29.2% return rate. The responses represented all regions of the country and a wide variety of practice settings. Participants reflected diversity in educational levels, years of practice as a nurse, and tumor sites navigated.

Based upon field review ratings of each statement as well as individual comments, the list of core competencies was edited and refined to clarify individual statements, reduce redundancy, and eliminate competencies deemed beyond the scope of novice ONNs.

Step 3: Expert Review

Ten expert reviewers were identified and agreed to complete a review of the ONN core competencies. These experts were chosen based upon their years of experience and leadership role in oncology nurse navigation. The expert reviewers were asked to comment on the flow, clarity, completeness, and appropriateness of the overall competencies, as well as to

provide further feedback on individual statements. Based on their feedback, additional edits were made and a final count of 40 core competencies was produced to define the role of the ONN.

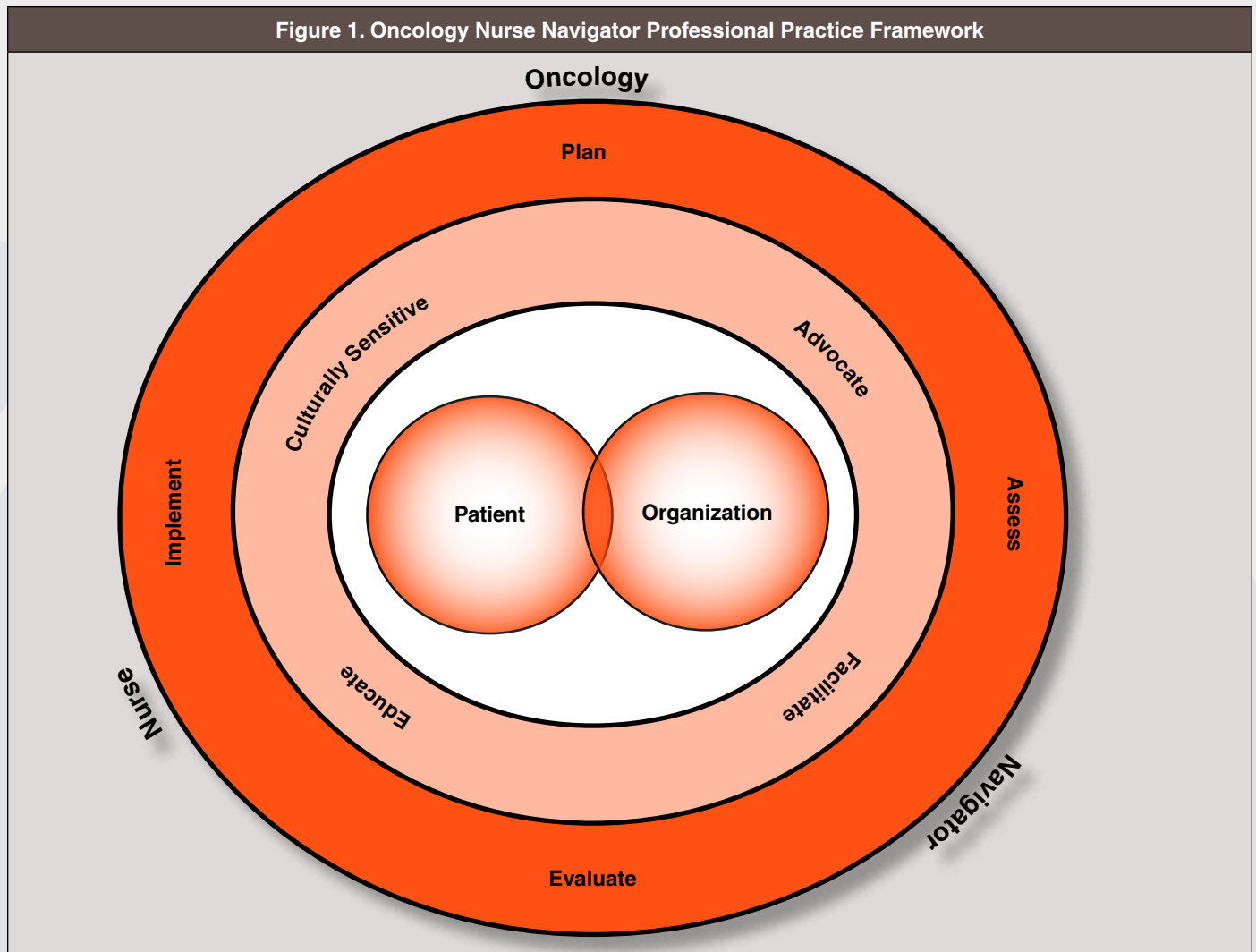
Professional Practice Framework

In an attempt to provide a foundation for professional nurse navigation and to better understand the role of the navigator, the ONN Project Team relied on their extensive review of the literature to support the development of the organizing framework for the ONN. The framework articulates the ONN practice model and role function, thereby providing support for the development of the competencies (see Figure 1).

The defining feature for the ONN is the ability to deliver care using the steps of the nursing process: assess, plan, implement, and evaluate. In practice, the ONN demonstrates the functional skills to educate, facilitate, and advocate, all within the context of cultural sensitivity.

The core of the framework, and key element in understanding the function of the ONN, is the concept of working for and within two operational domains: the patient and the healthcare system. The ONN works to influence positive patient outcomes but also to promote positive system outcomes through improved interdisciplinary communication, patient retention, and downstream revenues (Desimini et al., 2011; Fillion et al., 2012).

Figure 1. Oncology Nurse Navigator Professional Practice Framework



Applicability and Dissemination

The intent of the development of these core competencies was to assist with defining the role of the novice ONN. Because of the lack of consensus around the role of the navigator, the competencies were intended to provide a basic framework for the ONN role and responsibilities. The competencies can be used in many ways, including but not limited to

- Developing the role of the ONN
- Writing job descriptions
- Providing managers with information to successfully screen applicants for nurse navigator positions
- Developing orientation programs
- Providing guidance for preceptorship of new ONNs
- Developing competency checklists
- Assisting managers in developing evaluations for ONNs
- Contributing toward the overall evaluation of a navigation program
- Promoting the role of the ONN.

The use of the ONN competencies will help guide experienced oncology nurses into becoming ONNs and provide a backbone for the development and evaluation of the ONN role.

Initial Requirements

The ONN plays a vital role in achieving successful outcomes for patients with cancer. Research has clearly shown improved patient outcomes that resulted from the presence of an ONN (Case, 2011). To achieve successful patient outcomes, the ONN must possess a certain skill set. These skills may include but are not limited to

- Strong organizational skills
- Ability to prioritize and reprioritize quickly
- Ability to develop collaborative relationships both internally and externally
- Strong leadership skills
- Strong interpersonal skills
- Strong verbal and written communication skills
- Ability to work in teams
- Ability to work autonomously
- Strong oncology knowledge
- Basic computer skills
- Basic knowledge of managed care
- Critical-thinking skills
- Working knowledge of insurance coverage and procedures
- Working knowledge of community resources
- Registered nurse license
- Oncology nursing experience
- Certification as an Oncology Certified Nurse (OCN®), Advanced Oncology Certified Nurse (AOCN®), Advanced Oncology Certified Nurse Practitioner (AOCNP®), or Advanced Oncology Certified Nurse Specialist (AOCNS®).

Summary

The process to identify ONN core competencies and behaviors was supported by evidence-based practice and validated by a consensus-driven, peer-review process. The professional practice framework highlights a bidimensional accountability because the ONN not only promotes timely access to care (Desimini, 2011; Fillion et al., 2012; Wilcox & Bruce, 2010) but also supports improved communication and continuity of cancer services across the organization for patients, the cancer care team, and the healthcare system. The competencies outlined in this document will provide novice ONNs, practic-

ing across any tumor site, patient population, or healthcare setting, as well as their employers, foundational concepts to establish and grow programs by supporting the functional role and job responsibilities that are determined by the needs of the patient, the community, and the organization (Pedersen & Hack, 2010; Wilcox & Bruce, 2010).

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Oncology Nurse Navigator Core Competencies

Introductory Statement

The ONN demonstrates critical thinking and uses the nursing process to assess and meet the needs of patients by providing care coordination throughout the cancer continuum. He or she works between the domains of the patient and family unit and the healthcare delivery system to improve health, treatment, or end-of-life outcomes. This is accomplished through competent practice in the following functional areas.

Competency Category 1: Professional Role

The ONN demonstrates professionalism within both the workplace and community through respectful interactions and effective teamwork. He or she works to promote and advance the role of the ONN and takes responsibility to pursue personal professional growth and development. The ONN

1. Promotes lifelong learning and evidence-based practice, by self and others, to improve the care of patients with a past, current, or potential diagnosis of cancer
2. Demonstrates effective communication with peers, members of the multidisciplinary healthcare team, and community organizations and resources
3. Contributes to the knowledge base of the healthcare community and in support of the ONN role through activities such as involvement in professional organizations, presentations, publications, and research
4. Contributes to ONN program development, implementation, and evaluation within the healthcare system and community
5. Disseminates knowledge of the ONN role to other healthcare team members through peer education, mentoring, and preceptor experiences
6. Obtains or develops oncology-related education materials for patients, staff, and community members as appropriate
7. Participates in the tracking of metrics and patient outcomes, in collaboration with administration, to document and evaluate outcomes of the navigation program and report findings to the cancer committee
8. Collaborates with the cancer committee and administration to perform and evaluate data from the community needs assessment to identify areas of improvement that will affect the patient navigation process and program and participate in quality improvement based on identified service gaps
9. Promotes a patient- and family-centered care environment for ethical decision making and advocacy for patients with cancer
10. Establishes and maintains professional role boundaries with patients, caregivers, and the multidisciplinary care team in collaboration with manager as defined by job description
11. In collaboration with other members of the healthcare team, builds partnerships with local agencies and groups that may assist with cancer patient care, support, or educational needs.

Competency Category 2: Education

The ONN provides appropriate and timely education to patients, families, and caregivers to facilitate understanding and support informed decision making. The ONN

1. Assesses educational needs of patients, families, and caregivers taking into consideration barriers to care (e.g., literacy, language, cultural influences, comorbidities)
2. Provides and reinforces education to patients, families, and caregivers about diagnosis, treatment options, side effect management, and post-treatment care and survivorship
3. Educates patients, families, and caregivers on the role of the ONN

4. Orients and educates patients, families, and caregivers to the cancer healthcare system, multidisciplinary team member roles, and available resources
5. Promotes autonomous decision making by patients through the provision of personalized education and support
6. As part of the multidisciplinary team, provides education and reinforces to patients, families, and caregivers the significance of adherence to treatment schedules, protocols, and follow-up
7. Assesses and promotes healthy lifestyle choices and self-care strategies through education and appropriate referrals to ancillary services
8. Provides anticipatory guidance, education, and appropriate referrals to assist patients in coping with the diagnosis of cancer and its potential or expected outcomes
9. Promotes awareness of clinical trials to patients, families, and caregivers.

Competency Category 3: Coordination of Care

The ONN facilitates the appropriate and efficient delivery of healthcare services, both within and across systems, to promote optimal outcomes while delivering patient-centered care. The ONN

1. Assesses patient needs upon initial encounter and periodically throughout navigation, matching unmet needs with appropriate services and referrals and support services, such as dietitians, providers, social work, and financial services
2. Identifies potential and realized barriers to care (e.g., transportation, child care, elder care, housing, language, culture, literacy, role disparity, psychosocial, employment, financial, insurance) and facilitates referrals as appropriate to mitigate barriers
3. Develops or uses appropriate assessment tools (e.g., distress thermometer, pain scale, fatigue scale, performance status) to promote a consistent, holistic plan of care
4. Facilitates timely scheduling of appointments, diagnostic testing, and procedures to expedite the plan of care and to promote continuity of care
5. Participates in coordination of the plan of care with the multidisciplinary team, promoting timely follow-up on treatment and supportive care recommendations
6. Facilitates individualized care within the context of functional status, cultural consideration, health literacy, and psychosocial and spiritual needs for patients, family, and caregiver
7. Demonstrates knowledge of clinical guidelines (e.g., National Comprehensive Cancer Network, American Joint Committee on Cancer) and specialty resources (e.g., ONS Putting Evidence Into Practice resources) throughout the disease process
8. Assists in the identification of candidates for genetic counseling and facilitates appropriate referrals
9. Supports a smooth transition of patients from active treatment into survivorship or end-of-life care
10. Uses an ethical framework regarding patient care to assist patients with cancer with issues related to treatment goals, advance directives, palliative care, and end-of-life concerns
11. Ensures documentation of patient encounters and provided services
12. Applies basic knowledge of insurance processes (e.g., Medicare, Medicaid, third-party payers) and their impact on staging, referrals, and patient care decisions toward establishing appropriate referrals, as needed.

Competency Category 4: Communication

The ONN demonstrates interpersonal communication skills that enable exchange of ideas and information effectively with patients, families, and colleagues at all levels. This includes writing, speaking, and listening skills. The ONN

1. Builds therapeutic and trusting relationships with patients, families, and caregivers through effective communication and listening skills
2. Acts as a liaison between the patients, families, and caregivers and the providers to optimize patient outcomes

3. Advocates for patients to promote optimal care and outcomes
4. Provides psychosocial support to and facilitates appropriate referrals for patients, families, and caregivers, especially during periods of high emotional stress and anxiety
5. Empowers patients and families through education and encouragement to self-advocate and communicate their needs
6. Adheres to established regulations concerning patient information and privacy
7. Ensures that communication is culturally sensitive
8. Facilitates communication among members of the multidisciplinary cancer care team to prevent fragmented or delayed care that could adversely affect patient outcomes.







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