Oncology Nursing: Scope and Standards of Practice

Scope of Oncology Nursing Practice

Introduction

The Oncology Nursing Society (ONS) has been defining the scope and standards for oncology nursing practice since 1979. Over the years, these standards have evolved to reflect changes in cancer care in general and oncology nursing practice more specifically. The purpose of this current document, Oncology Nursing: Scope and Standards of Practice, is to provide oncology nurses, administrators, legislators, other professionals and the public with a clear description of the appropriate and expected scope of oncology nursing practice. Oncology nursing practice will be addressed at three levels: the registered nurse (RN), the graduate-level prepared RN and the advanced practice registered nurse (APRN) and the requirements for practice and expected competencies will be detailed for each of these practice levels.

Cancer is the second leading cause of death worldwide and while the incidence of cancer in the United States has been slowly declining, it is estimated that cancer incidence throughout the world will rise by 70% in the next twenty years. In the United States along, it is estimated that over 1.6 million people will be diagnosed with cancer in 2017 or 4600 people diagnosed with cancer each day. In addition, cancer survival has steadily increased since 1991 resulting in growth in the population of cancer survivors.

As of early 2016, there were 15.5 cancer survivors alive in the United States, most of whom were previously treated with no current evidence of cancer (ACS, 2017a) These survivors have
short and long-term needs that require qualified healthcare providers to detect and manage these challenges (Smith, Yates and Ewing, 2017).

Oncology nursing encompasses nurses who work in a wide variety of roles and settings, but all have a common purpose: to help people at risk for or with a cancer diagnosis to achieve the best quality of life and outcomes (ONS, 2016a). This includes nurses who identify as an oncology nurse, but also those who care for people at risk for or with a cancer diagnosis in non-traditional, generalist and other specialty areas.

**Historical Perspective of the Nursing Specialty**

The fight to advocate for people with cancer in the United States began with the building of the first specialized cancer hospital, in New York City, in 1887. Unfortunately, the stigma of cancer as an incurable, and likely contagious disease earned the hospital a poor reputation, despite its full occupancy within the first month of opening its doors. Concurrently, the first research laboratory devoted to cancer began its work at the University of Buffalo, and in 1913 eventually led to the development of a hospital associated with the research facility. In 1912, another hospital devoted to the research of cancer and the care of patients with cancer was opened, in Boston, and was associated with the Harvard Medical School. (McDonnell, 2011). These early hospitals were crucial to the advancement of understanding about the disease, but were still considered places where individuals with cancer go to die.

By the 1920s and the advancements of technology and medical/surgical specialization, hospitals had become centers for the development of new surgical and radiological techniques to treat cancer, but remained unwilling to accept patients with advanced cancers due to the care burden that they represented; during this time, most people with advanced cancers died at home,
in the care of a public unable to adequately provide care. Subsequently, the need for and number
of homecare nurses caring for people with cancer grew (Lusk, 2011).

Over the course of the first 30 years of the 20th Century, as death rates for infectious diseases
decreased, the focus on cancer as a public health concern increased. The American Association for
the Control of Cancer, a precursor organization to the American Cancer Society, devoted effort
to educating the public on early recognition of cancer, when cure may be possible (American
Cancer Society [ACS, 2017b). Concurrently, nurses were heavily recruited to join the “war on
cancer” to educate themselves about cancer, inform the public about early recognition, and to
care for those with advanced disease. Nursing care of patients with cancer was seen as occurring
in two different categories: those that require post-operative care for operative cancers, and those
that require palliative care for inoperative cancers (McDonnell, 2011). As technologies
advanced, and with the development of radiation therapy, cancer treatment began moving from
end of life care at home to the hospital setting, and specialized nurses were in even greater
demand. (Lusk, 2011).

Evidence supports that early oncology nurses were charged with critical responsibilities
associated with the care of patients with cancer, including early recognition of oncologic
emergencies, intense symptom management (occurring in the absence of antibiotics or
antiemetics), and even recognized exposure to radioactive sources in the course of their duties
(Lusk, 2011). Care of patients with cancer was recognized by cancer care physicians of the time
as intense and demanding work, requiring a unique set of specialized skills (Lusk, 2011).

By the early 1940’s, the “curative era” of cancer care began, as clinical trials using nitrogen
mustard to treat Hodgkin lymphoma commenced. Although venous access was at this time
strictly the domain of physicians, oncology nurses began including admixture of
chemotherapeutic agents in preparation of physician administration of them as part of their duties (Haylock, 2011). By the 1950’s nurses in research hospitals were administering cytotoxic agents intravenously routinely.

As antibiotics and antiemetics emerged, nursing care of the oncology patient changed significantly, as even marginally effective supportive care drugs affected the course of patient outcomes. The role of the oncology nurse changed from traditional bedside care to more complex integration of technological advances and psychosocial care. However, throughout the 1940s cancer nursing as a specialty was supported through initiatives such as the Russell Safe Foundation to identify current and future nursing needs for people with cancer, and an increasing recognition of the oncology nurse’s role in psychosocial support emerged (Haylock, 2011).

From 1950 to 1980 cancer treatment consisted of extensive surgery or radiation therapy, or intensive cytotoxic drug therapy, or a combination. The toxicities associated with these regimens required skilled nursing care management by highly specialized nurses. Further, oncology nurses routinely administered IV chemotherapy, operated radiation therapy equipment, and provided intensive patient and family education and psychosocial support. Although recognized by the 1940’s as integral to patient and family needs at end of life care, it was not until 1950 that a commission was established to study the effect of nursing care to patients at the point in the care continuum (Haylock, 2011). The commission concluded that more nursing time and enhanced quality of nursing care was needed in both hospitals and in homes to meet the needs of this patient population.

In 1937 the National Cancer Institute was established with a charge to conduct and encourage research on cancer and to provide training and instruction (National Cancer Institute [NCI], 2016). As an outgrowth of this charge, the Cancer Chemotherapy National Service Center was
created in 1955, with a subsequent rapid growth in clinical trials in the 1960s. Throughout the 1960s, as it became clear that many nurses would at some point be caring for individuals receiving chemotherapy agents, the need for education of nurses about cancer and cancer care became more pronounced. Although no formalized definition of oncology nursing was yet established, nurses began to fulfill roles in clinical trials teams, reporting outside of the nursing administrative structure and directly to the principle investigator. These relationships were foundational specialty training for oncology nurses. The Nurse Training Act of 1964 encouraged development of master’s degree training programs and nurse enrollment in them. This legislation was crucial to the founding of many specialty nursing organizations at the time, including the Association of Pediatric Oncology Nurses in 1974 and the Oncology Nursing Society in 1975 (Lynaugh, 2008).

Nurse practitioner and other advance practice roles in oncology nursing began to develop in response to a shortage of acute care physicians, which began in the 1960s and became critical in the 1970s. Coupled with this physician shortage was an increasing public awareness of expanded roles for women, promoted by the woman’s movement in that decade. As a response to public need, advance practice education for oncology nurses began (Wilson, 2005).

The Oncology Nursing Society’s (ONS) priorities have focused on advancement of the specialty of oncology nursing by defining the scope of the oncology nursing and providing education and practice resources to oncology nurses at all levels. In 1979, ONS published the first set of standards, *Outcome Standards for Cancer Nursing Practice*, in collaboration with the American Nurses Association. This was followed by several revisions between 1987 and 2013 which were titled *Statement on the Scope and Standards of Oncology Nursing Practice*. In addition, to assure the consistency and standardization of educational preparation for oncology
nurses, ONS has *Standards of Oncology Nursing Education: Generalist and Advanced Practice Level* since 1982.

In 1981, ONS began a certification task force to explore the development of an oncology nursing credential that recognizes nursing expertise in oncology nursing. The Oncology Nursing Certification Corporation (ONCC) finalized its corporate status in 1984, and the first Oncology Certified Nurses (OCN®) received the credential in 1986 (Nielsen, Scofield, Mueller, Tranin, Moore, & Miller Murphy, 1996).

**Scope of the Oncology Nursing Role**

Cancer is a complex, chronic group of diseases that require care in many settings across the disease trajectory. Therefore, oncology nursing roles most commonly include: direct care provision in inpatient, ambulatory, home and hospice setting; patient navigation; patient education; clinical research coordination; prevention and early detection; quality improvement; management and leadership; and pharmaceutical industry support, among others. Despite the diversity of roles and practice settings, there are many commonalities in the scope of the oncology nursing role across cancer types.

Areas of focus for oncology nursing have been described through several role delineation studies (RDS) performed by the Oncology Nursing Certification Corporation since the mid-1990s. While most often performed to support the certification process, RDS’ help identify the tasks, knowledge and skills needed to perform a specific role safely and effectively (Duke and Meyer). For oncology nursing, the Oncology Certified Nurse, Advanced Oncology Certified Nurse Practitioner and Advanced Oncology Certified Clinical Nurse Specialist test content
outlines provide the best guidance in determining universal areas of focus for oncology nurses (ONCC website – test outlines). These 15 areas of focus include:

- Health Promotion, Screening, Early Detection and Genetic Risk;
- Patient and Caregiver Education;
- Factors in Treatment Planning;
- Safe Administration of Cancer Treatments;
- Symptom Management;
- Psychosocial Support;
- Oncologic Emergencies;
- Survivorship;
- Palliative Care;
- End-of-Life Care;
- Coordination of Care;
- Interprofessional Collaboration;
- Evidence-Based Practice;
- Legal and Ethical Issues; and,
- Patient and Caregiver Advocacy.

Oncology nurses specialize in care of patients with specific cancer diagnoses (e.g. leukemia), treatment modality (e.g. radiation), or aspect within the continuum of cancer care (e.g. screening or hospice). The cancer care needs of the individual or community and the role of oncology nurses are interrelated. Influencing factors are the population being served including but not limited to gender, age, social, cultural and economic demographics, available resources, location or environment of care, risks and rates of specific cancers inherent to the region, nurses’ level of
education or training, and evolution of science and technology related to detection and treatment of cancer.

**Populations served by oncology nurses**

*Population at Risk for Cancer*

Prevention and early detection are key to decreasing the occurrence, morbidity and mortality from cancer. Institutions may employ nurses specializing in oncology to oversee and provide information, education, and services to engage with groups and individuals at risk. Oncology nurses in these settings use evidence based information about lifestyle and other cancer risks to develop and implement preventative services. These services may include tobacco cessation programs, vaccinations to prevent infection with hepatitis and human papilloma viruses, dietary and exercise interventions to help patients achieve a healthy weight among others.

Oncology nurses also promote early detection of cancers, especially those with evidence-based screening procedures. For diseases such as breast, cervical, colorectal and skin cancers, oncology nurses advocate for and provide or refer for screening activities. Other risk factors that impact the need for and timing of screening procedures may include exposure to occupational or environmental hazards, first line female relatives with breast cancer, heavy alcohol consumption, and personal or family genetic history (e.g. Lynch syndrome). In addition, because 87% of cancers in the United States are diagnosed in those aged 50 years or older, advancing age is a risk for adult cancers. (ACS, 2017a).

Since screening and early detection often occur in primary care settings, oncology nurses are in a role of educating the public and primary care providers. Primary care and other generalists need information and referral resources for appropriate screening measures based on relative risk as well as general risks.
Population Diagnosed with Cancer

Individuals diagnosed with cancer are cared for by oncology nurses during the diagnostic, staging, or treatment planning phases. Diagnosis may be made following routine screening, problem focused medical visit, or in some cases an incidental finding during an unrelated medical test or examination. The diagnosis of cancer is almost universally reported as a life changing event. Oncology nurses have the responsibility to coordinate tests and appointments, provide education and information, and offer emotional support to the patient and significant others.

Population Receiving Treatment for Cancer

After diagnosis, staging and treatment planning have been established, oncology nurses have a role in providing care during, between and following treatments to this population. Cancer treatment modalities include surgery, radiation, chemotherapy, biotherapy, targeted therapy, and immunotherapy. Therapy may be local or systemic, based on diagnosis, stage, patient related factors and available resources. Patients undergoing treatment do not have universal access to all known or recommended therapies. Country, of origin [e.g. LMIC vs. high income (HIC)], and often geographic location within a nation (e.g. rural vs urban), can dictate available options and which individuals in need receive treatment. Financial toxicity has been identified as a barrier to treatment and can include uninsured or underinsured groups and individuals. Disparity of resources across the globe also impact access to recommended treatments and care.

Population Eligible for Clinical Trials

Individuals can be eligible for clinical trials at any point along the cancer care continuum. Aims of these trials are to evaluate new approaches to prevention, early detection, treatment, and symptom management as they relate to cancer. Clinical oncology research nurses may specialize
in cancer and engage in research sponsored by institutions, agencies, pharmaceutical/industry or collaborative research groups. Oncology nurses provide a wide variety of services to people interested in or participating in clinical trials such as recruitment, education to patients, caregivers and colleagues, assessment and documentation of eligibility, adverse events and disease response, coordination of study requirements, management of complications of study interventions, collection of study specific data and other activities as appropriate to the specific study, patient population and institution.

**Population Eligible for Palliative or Hospice Care**

While often thought of as similar is focus, palliative and hospice care may have different goals. Palliative care is a “special kind of patient-and family-centered healthcare that focuses on effective management of pain and other distressing symptoms, while incorporating psychosocial and spiritual care according to patient and family needs, values, beliefs and culture(s)” (NCCN, 2017). It is the position of the Oncology Nursing Society that all patients with cancer may benefit from palliative care and that it “should begin at the time of diagnosis and continue throughout bereavement (ONS, 2016c).

When cancer is advanced, the person is not responding to or tolerating treatment, or co-morbidities limit treatment options or at the end of their life, palliative or hospice care may be the best option. Hospice is a multidisciplinary care model for symptom management when life expectancy is estimated by the physician to be less than six months (NCCN, 2017). Referrals to hospice have reduced hospitalization and high intensity care at the end of life (NCCN, 2017). Palliative and hospice care are not defined by the setting but by patient need. Because oncology nurses possess competencies essential for palliative and hospice care, they are skilled at identifying the need and making referrals or providing the needed care.
Population as Cancer Survivors

Based on the cancer survivorship model of Fitzhugh Mullen, cancer survivorship begins at the moment of diagnosis and extends for the remainder of the person’s life (O’Brien, 2014). Mullen identified three phases that distinguish the individual’s position on the continuum of cancer care related to disease and treatment. Survivors are in the acute phase beginning with diagnosis until the completion of active treatment. The extended phase begins at the end of active treatment and includes the months and years the person is under active surveillance for disease progression, relapse or recurrence. The person enters the permanent phase when the likelihood of treating active disease or recurrence is deemed to be low.

Oncology Nursing Practice Environments

Oncology nurses practice in a variety of settings and at times follow individuals across multiple care settings. They have roles in the community for education and screening. Oncology nurses practice in university, community, free standing, or government health care centers. Agencies and organizations for population health or research, and medical and pharmaceutical companies also employ oncology nurses for cancer specific collaboration. At times, the oncology nurse is engaged in virtual care (e.g. phone triage, help lines, follow up for clinical trials or other data gathering).

Community

Oncology nurses may work with private or community agencies and organizations to develop, implement and track prevention and early detection activities. They may also be dedicated to home care or home hospice visits. Oncology nurses may be part of a team with other
Clinical Care Settings

Diagnosis, treatment, symptom and side effect management occur primarily in an inpatient or ambulatory oncology setting. The choice of setting will depend upon the patient’s physical status, type of cancer, treatment modality and intensity as well as anticipated and actual side effects and symptoms. Oncology nurses working in these settings may serve dedicated populations including site specific cancers, such as gynecologic, breast or hematologic malignancies, or focus on treatment specific interventions, such as surgery or radiation therapy. In addition, oncology nurses may work on dedicated units such critical care areas or units dedicated to hematopoietic stem cell transplant or clinical trials.

Many oncology nurses work in the ambulatory care settings, such as physician offices, ambulatory clinics and infusion centers. These setting may be affiliated with acute care facilities, privately owned, or free standing. Oncology nurses in these settings provide patient assessment before, during and after treatment, develop and implement plans to manage symptoms and side effects of treatment, identify needs for additional services or support and facilitate referrals, educate patients and their caregivers, monitor patient outcomes and change their approach as new issues arise. In addition, oncology nurses in both acute and ambulatory settings administer systemic chemotherapy, targeted therapy and immunotherapy as well as injections, transfusions, antibiotics and other parental pharmaceuticals.

Oncology nurses are also active in multidisciplinary palliative and hospice care in these settings. Diagnostic and procedural departments also rely on oncology nurses. Medical imaging where mammography, breast ultrasound, breast MRI and biopsies are performed often employ

healthcare providers and or staff with business, sales, marketing or healthcare science background.
oncology nurses to assist women in the process and procedures for timely testing to confirm or rule out breast cancer.

**Non-Clinical Settings**

Because of their expertise in the cancer process, treatment and management of cancer patients, oncology nurses are also recruited into non-traditional roles. Oncology nurses work for commercial and non-profit organizations as research coordinators and specialists, educators, clinical support personnel, editors and content developers, among others.

**Requirements to be an Oncology Nurse**

Professional nurses who practice in oncology are prepared and licensed at all levels, from prelicensure (bachelors, associates and diploma) through masters and doctoral preparation. Prelicensure level programs are designed to prepare nurses for generalist nursing practice and most do not focus on a specific clinical area or patient population. Therefore, entry into oncology nursing practice requires cancer-specific knowledge and clinical competence related to the unique need of people with cancer and the specific roles of oncology nurses.

**Registered Nurses**

Oncology nursing provides a wide variety of opportunities for specialization and sub-specialization. Each area of specialization may require additional learning and skill development focusing on the individual patient population, practice setting and role requirements.

Educational preparation:

RNs who choose to practice in oncology have many opportunities for using their general nursing skills to care for people at risk for or living with cancer. To practice in oncology, RNs
must have completed an accredited diploma, associate degree or baccalaureate degree nursing program and have an active RN license. However, RN pre-licensure programs prepare nurses for generalist practice and most include minimal content or experience related to caring for people with cancer. RNs can gain the required knowledge to function as a competent oncology nurse in many different ways.

Most education provided to RNs new to oncology is done as part of orientation to a new position. They may participate in a structured program, such as a residency or fellowship, or more informally through engagement in educational and skills attainment programs offered by healthcare, professional or other organizations. No matter the source of oncology content, it is incumbent on the employing organization to provide these nurses with opportunities to practice and demonstrate competence in the skills required for safe and quality oncology patient care.

**Graduate-Level Prepared Registered Nurses**

Many opportunities exist in cancer care for nurses who wish to advance their career through pursuit of additional academic education. These roles fall into two categories: Advanced Practice Registered Nurse (APRN) and non-APRN roles. APRNs in oncology function as nurse practitioners or clinical nurse specialists. Non-APRN roles vary greatly, but most commonly focus on administration, clinical or academic education or nursing research. In addition, many oncology nurses who earn graduate degrees will transition to a leadership role in their sub-specialty area, providing mentoring and guidance. All graduate-level prepared nurses have a responsibility to function at the full scope of their license, using their expertise and education to advance the science of nursing.

*Educational preparation – non-APRN roles:*
All graduate-level prepared RNs in oncology must have a masters or doctorate degree in nursing and an active RN license. The need for oncology-specific content and skills will vary based upon the RN’s experience prior to entering graduate school as well as whether the program completed included an oncology focus or opportunities to attain oncology knowledge and skills. For graduate-level prepared RNs who do not have oncology experience or an opportunity to acquire oncology specific knowledge and skills, it is essential that they pursue opportunities to gain these through education or training programs designed for RNs in their specific role. In addition, the employing organization must evaluate these graduate-level prepared RNs for competence in the skills required for safe and quality oncology patient care and support their efforts to attain these competencies.

Educational preparation – Oncology APRN roles:

Oncology APRNs must have completed an accredited APRN program (masters or doctorate level) and have an active APRN license in the state where they practice. The need for oncology-specific content and skills will vary based upon the APRNs experience prior to entering graduate school as well as whether the program completed included an oncology focus or opportunities to attain oncology knowledge and skills. The APRN who does not have prior oncology experience or whose academic program did not provide the opportunity to acquire essential oncology knowledge and skills must pursue educational or training programs designed for the oncology APRN. In addition, the employing organization must evaluate these APRNs for competence in the skills required for safe and quality oncology patient care and support their efforts to attain these competencies.

Continuing Professional Development
Healthcare is ever evolving with new science and innovations in patient management discovered on a nearly daily basis. As reflected in the historical perspective on oncology nursing and current trends, cancer care is rapidly evolving as researchers and clinicians learn more about the genetic basis of cancer and develop new therapies that provide exciting improvements in disease outcome and symptom management. However, the frequency with which new approaches are approved, the complexity of new treatment regimens, the unique side effects caused by novel therapies and the volume of information and skills that oncology nurses must master can be overwhelming and challenging to keep pace with. Oncology RNs must continually learn and evolve their practice to ensure the safety and quality of life of their patients.

Each oncology nurse has the responsibility to maintain professional competence to ensure that the highest quality care based on the best current evidence is provided to people with cancer. It is essential that each nurse assess his/her needs and identify methods by which to decrease gaps in knowledge, skill or practice (ANA position statement on professional role competence). The Oncology Nursing Scope and Standards of Practice sets minimal standards for the practice of oncology nursing and provides competencies that individual oncology nurses should use to evaluate their practice and identify gaps and areas for growth. It is the personal professional responsibility of the oncology nurse to seek the education and experience needed to fill the identified gaps.

The mission of ONS is “to advance excellence in oncology nursing and quality cancer care” (ONS, 2016a). This mission is supported by core values and strategic initiatives that seek to disseminate current evidence to guide practice, expand oncology nursing educational opportunities, facilitate integration of oncology content into more diverse venues, and help nurses integrate new knowledge into practice. Providing education and evidence-based resources
to nurses who care for people with cancer is one of the priorities of the Oncology Nursing Society. In addition, oncology RNs who are certified by the Oncology Nursing Certification Corporation (ONCC) are required to complete a self-assessment then are directed to educational opportunities to close identified gaps. Through these avenues, ONS carries out its mission by supporting the process of lifelong learning.

**Oncology Specialty Practice Certification**

One way that nurses who specialize in cancer care can engage in lifelong learning and demonstrate their ongoing competence is through achievement of oncology nursing certification. The Oncology Nursing Certification Corporation (ONCC), an affiliate of the Oncology Nursing Society (ONS), has been offering oncology nursing specialty certifications since 1986. Accredited by the National Commission for Certifying Agencies (NCCA), ONCC currently offers 5 oncology nursing certifications (Oncology Certified Nurse (OCN), Advanced Oncology Certified Nurse Practitioner (AOCNP), Certified Pediatric Hematology Oncology Nurse (CPHON), Certified Breast Care Nurse (CBCN), Bone and Marrow Transplant Certified Nurse (BMTCN). In addition, 3 previously offered certifications may be renewed through professional development (Advanced Oncology Certified Clinical Nurse Specialist (AOCNS), Advanced Oncology Certified Nursing (AOCN), Certified Pediatric Oncology Nursing (CPON)). The mission of ONCC is to “promote health and safety by validating competence and ensuring lifelong learning in oncology nursing and related specialties”. (ONCC website) Each certification is based upon a rigorous process to ensure that it reflects current oncology nursing practice and adheres to NCCA Standards for the Accreditation of Certification Programs (NCCA website).

Certification in recognized in the oncology community as an indicator that an RN has the knowledge needed to competently provide quality cancer care to the people they care for in their
specialty or subspecialty area. Certification in oncology nursing may also be used by employers to meet accreditation or other recognition standards by such organizations as Joint Commission on Accreditation of Healthcare Organizations, American Nurses Credentialing Center’s Magnet Recognition Program™, the Association of Community Cancer Centers and the American College of Radiation Oncology.

In addition to certifications, ONS and ONCC offer certificates of additional qualification programs for experienced nurses who administer antineoplastic drug therapy and for nurses who specialize in radiation oncology. These programs provide in-depth educational programs followed by a comprehensive exam designed to document the knowledge needed to care for people receiving these complex therapies.

Initial achievement and renewal of these certifications and certificates of additional qualification provides the oncology RN with an opportunity to evaluate their current knowledge and identify areas for continuing professional development. In addition, holding one of the oncology certifications or certificates is recognized by many employers as evidence of competence in the practice of oncology nursing.

**Ethics**

A cancer diagnosis directly impacts an individual’s quality of life, leading to distress and feelings of vulnerability and powerlessness. This can compromise their ability to fully participate in difficult conversations and make complex decisions. Oncology nurses are in a unique position to help prevent and identify ethical issues and work with people with cancer and their caregivers to determine their goals, needs and values. The oncology nurse must advocate to ensure that
decisions made about the patient’s health care support their right to self-determination
(Iseminger, Buratto and Storey, 2016).

Provision 1: The nurse practices with compassion and respect for the inherent
dignity, worth, and unique attributes of every person.

The oncology nurse takes time and effort to assess the patient’s values including but not
limited to cultural, spiritual, generational, as they relate to the diagnosis and options for
treatment and care. Fostering non-judgmental dialogue and advocating for patient rights are
essential for the oncology nurse to demonstrate appropriate ethical conduct. The oncology nurse
promotes and upholds the patient’s right to self-determination.

Provision 2: The nurse’s primary commitment is to the patient, whether an
individual, family group, community, or population.

The oncology nurse is mindful of actual and potential ethical dilemmas and advocates for
discussions and decisions that support ethical care that reflects the goals, needs and values of
individual patients and their caregivers. By fostering a non-judgmental environment all parties
are represented and the goal for primary commitment to patient is recognized and supported.

Provision 3: The nurse promotes, advocates for, and protects the rights,
health, and safety of the patient.

At all points on the continuum of care the oncology nurse responds to ethical issues by
mobilizing organizational resources that address ethical dilemmas. Key areas of concern include
end of life care, informed consent for tests and treatment, patient confidentiality, and decision
making related to risks and benefits of cancer treatment. The oncology nurse knows how to
address veracity, beneficence, non-maleficence, autonomy, justice, and fidelity during
discussions with patients, colleagues and agencies participating in care and decisions related to
actual or potential cancer diagnosis.

Provision 4: The nurse has authority, accountability, and responsibility for
nursing practice; makes decisions; and takes action consistent with the
obligation to promote health and to provide optimal care.

The oncology nurse takes responsibility for the quality and effectiveness of care with
consideration of the individual’s right to choose while promoting practices and decisions that
support or result in optimal health and well-being. There are times when people facing cancer
make decisions or engage in practices that pose potential risk, harm, or threaten effectiveness of
treatment. For example, some patients continue to smoke while receiving therapy for cancers
with a known link to tobacco use. While the oncology nurse expresses respect for the patient’s
right to self-determination, the nurse also provides counseling about smoking cessation options
and provides referrals as appropriate.

Provision 5: The nurse owes the same duties to self as to others, including the
responsibility to promote health and safety, preserve wholeness of character
and integrity, maintain competence, and continue personal and professional
growth.

Oncology nurses develop and maintain self-worth and dignity through collegial exchange of
information, certification and credentialing. Ongoing competency development and maintenance
is essential in the field of cancer care where technology and treatments are advancing at rapid rates.

**Provision 6:** The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Through education and professional growth activities, the oncology nurse establishes, maintains, and improves the ethical environment for self and colleagues. Attention is given to cancer specific practices of hazardous drug safe handling, exposure to radioactive sources, potential conflict of interest with commercial and pharmaceutical companies, and prudent prescription of pharmaceutical analgesic agents.

**Provision 7:** The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and generation of both nursing and health policy.

Oncology nurses are active participants in research projects and application of findings to cancer prevention, diagnosis, treatment and symptom management and adhere to highest standards of scientific, legal, moral and ethical conduct. Opportunities for participation in developing standards and supporting these roles are available at organizational, local, regional, national and international levels.

**Provision 8:** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Cancer care can be expensive and for those with inadequate or no health insurance may have limited access to prevention, screening and early detection services. This can lead to inadequate or delayed treatment and increased mortality (ONS, 2016b). Establishing open communication and ensuring representation when policies related to cancer care are being developed allows oncology nurses to ensure that decisions are made that protect human rights, promotes health diplomacy and reduces health disparities.

**Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.**

Adhering to legal, organizational and professional standard of care allows the oncology nurse to collaborate with internal and external sources for optimum outcome when ethical issues arise or discussions, actions or decisions are in question. The oncology nurse is integral in bridging the clinical aspects of patient needs/care with proposed policy to ensure that decisions accurately and fairly represent those with cancer. Oncology nurses utilize standards of care and the strongest available evidence to provide the highest quality care and maintain the integrity of clinical practice. Membership in professional organizations e.g. Oncology Nursing Society, International Society of Nurses in Cancer Care provide a forum for collegial exchange of ideas, information and resources based on sound scientific evidence.

**Trends in Oncology**
2016 saw rapid improvements in the care of patients with cancer, reflected in declining incidence and mortality rates for many cancers, and in unprecedented advances in drugs and technology. Prevention activities by the oncology nurse, such as education about early screening, tobacco cessation support, and lifestyle educational efforts, have contributed to improved mortality rates. Despite these trends, challenges remain in healthcare, and in specific within oncology settings.

**Access to care/affordability of care**

As Americans are living longer, and as mortality declines, more people are living as survivors in need of ongoing access to oncology care. This increased need translates to increased stress on current providers, and an increasing demand for specialized nurses functioning both as generalists and as advanced practice providers.

Disparities in care remain a significant challenge. Causes include health insurance availability and affordability, increased drug pricing, and ongoing socioeconomic disparities in race, ethnicity and geographical access, associated with delayed time to treatment, increased side effect profiles, and increased costs (ASCO, 2017). About one in every three working-age survivors of cancer have debt that is associated with their cancer care, and 55% of these have incurred debt of $10,000 or more (ASCO, 2017). Although changes in recent years has afforded some protections against lifetime spending limits or pre-existing condition clauses for some of the insured, those without insurance continue to demonstrate poorer health outcomes than those who are insured (ASCO, 2017). Although there are increasingly options for treatment for people with cancer, escalating drug prices for novel oncology targets contribute to debilitating financial toxicity for those whose insurance requires significant copayment, or for the uninsured or on Medicare.
Changes to insurance environment

Recent evidence supports that patients with cancer have had greater access to healthcare insurance, with the associated improvement in health outcomes. For example, there was an 8% increase in early colorectal cancer diagnoses between 2011 and 2013, after screening for the disease was available without a copay charge through Medicare (ASCO, 2017). The instability of the healthcare market, however, and potential changes in the Affordable Care Act can create instability for patients who would otherwise be unable to afford care without insurance coverage, or could not pay deductible, co-pay and “donut hole” fees in order to receive life-sustaining care. This, coupled with the escalating costs of drug development, puts this patient population at risk for financial burden, and in some cases, bankruptcy.

Aging population/comorbidities

The demand for oncology nurses will continue to rise exponentially, as the American population continues to grow and to age. Although some commonly diagnosed cancers have declined in incidence, others have increased, requiring a need for a broad knowledge base in cancer care. As the number of survivors increases annually, so do the long-term care needs, concurrent comorbidity management, and increased complexity of this population, requiring a highly skilled workforce for effect monitoring and care. Care coordination is increasingly critical to assure that comprehensive care from multiple specialty providers is received. Oncology nurses fulfill this critical role in multiple care settings, to assure that holistic patient needs are addressed through the care continuum (ASCO, 2017).

Opioid epidemic and oncology care needs
Although primary care provides about half of the opioid prescriptions in the U.S. (CDC, 2017), oncology care relies heavily on opioid pain management. Despite undeniable misuse and its associated consequences in the U.S., the need for access to opioids for unique pain syndromes associated with cancer persists. Oncology nurses must be skilled at identification of true substance misuse versus dependency, as well as complex pain symptom control, to assure effective care of the oncology patient population. People with cancer, and those at end of life are at risk for unrecognized pain and inadequate pain management (Dowell, Haegerich, & Chou, 2016). The oncology nurse’s knowledge of pain physiology, pharmacologic and non-pharmacologic interventions, abuse screening, and complex symptom control is crucial to effective pain management and to abuse deterrence. Oncology nurse leadership through a deep understanding of pain physiology and symptom control, and through effective patient education and support, is crucial to assuring that patients with cancer receive adequate pain control while avoiding abuse (National Academy of Medicine, 2017).

**Precision medicine/immunotherapy**

Perhaps the most rapidly changing area in oncology practice is the substantial advances in biologic anti-cancer agents. Called ‘precision medicine’ due to the identification of molecular targets that can be matched to specific tumor characteristics, many patients now truly receive individualized treatment planning that is more likely to benefit them, based on precise molecular diagnostics. Testing has advanced from discrete gene mutation testing of tumor tissue to next-generation sequencing diagnostics that can test for dozens of mutations, amplifications, or gene rearrangements from a single sample. Testing can now be accomplished for some mutations using urine or blood samples, when tissue is unavailable. These advancements translate to
meaningful overall survival outcomes for many patients, can predict prognosis, and can identify drug resistance.

Quality metrics (MACRA) and new payment systems

The shift from fee for service to pay for performance in healthcare systems is driven by quality metric monitoring; healthcare providers, both individuals and organizations, will be rewarded based on patient care outcomes and improved patient engagement (CMS, 2017). Oncology nurses are key contributors to effective value management systems through performance and analysis of quality measures that are nursing sensitive. Advanced practice providers (APRNs) must demonstrate their contribution to quality metrics for reimbursement; however, organizational payment is also dependent on nursing sensitive measures that will ultimately drive both costs and reimbursement. The oncology nurse must be prepared to address and act on quality metrics focused on assessment and treatment aims that demonstrate improved outcomes.

New sources of data/Access and knowledge

Process changes and new coalitions have elevated access to data, and ultimately access for patients to emerging therapeutics. The FDA’s Oncology Center for Excellence integrates and accelerates the regulation of new oncology products; the National Institute of Health and its foundation partnered with biopharmaceutical and research companies to created the Partnership for Accelerating Cancer Therapies (PACT), to fund pre-competitive research, thereby making way for data to be much more broadly available among competitive parties for future research. The National Cancer Institute has prioritized patient education and access to clinical trials information and involvement. The 21st Century Cures Act (H.R.34) of 2016 appropriated
millions in supplemental funding to support the Cancer Moonshot Initiative, a commitment to supporting critical cancer research, improving electronic medical record function and the advancement of big data availability, enhancing clinical trials availability information, and supporting centralized institution review boards and data standardization. These efforts enhance and support research and result in an ever-escalating volume of data sources and new knowledge (ASCO, 2017).

**Trends in Oncology Nursing**

**Essential oncology competencies**

Effective oncology nurses must prepare for a lifelong learning environment, as the expectations for advanced care delivery will only increase as oncology care continues to advance (NCSBN, 2017). Because of the integration of patients with cancer in nearly every care setting, and because of the vastly increasing numbers of oncology survivors, essential oncology competencies are critical to safe and effective nursing care delivery by any RN who practices in any care setting. Successful validation of these essential competencies at the undergraduate level is key to assuring that all patients who have or have had cancer, in whatever setting they present, receive consistent and safe care.

**Expanding use of technologies**

The explosion of computer-assisted healthcare by the public for information searches, access to healthcare portals, as assistive personnel during healthcare encounters has elevated expectations for immediate access to health information. Nurse knowledge and acumen in use of
these technologies has expanded to include integration of electronic health records, treatment algorithms, reference texts and other resources via electronic formats.

The rapid advancement of electronic delivery and storage of healthcare information improves decision-making and care planning at the bedside, and allows inclusion of the patient and family as part of the care team. Computerized clinical pathways and guidelines, computer-generated order sets, and dose-checking algorithms have contributed to more standardized cancer care and have minimized errors (Shulmeister, 2016). Technology allows remote access to patients where once they would have had to travel to access provider care; likewise, remote availability of providers encourages more collaborative decision-making and provides access to trained professionals to very rural areas.

Advances such as real-time communication technology, bar coding and scanning of medication, use of smart pumps with integrated drug libraries and safety parameters are commonly available in oncology settings, requiring advanced knowledge and training for effective use. Education kiosks and self-paced education modules have changed the modalities used by nurses for education of patients and validation of their understanding (Shulmeister, 2016). As shifts toward technology-assisted traditional nursing tasks increase, the demand for highly technically skilled nurses will persist for complex patient populations, such as oncology patients (NCSBN, 2017).

Challenges for oncology nurses include limitations in non-oncology specific electronic health records (EHRs) that may compromise essential documentation. Nurses must proactively educate patients regarding how to find and interpret reliable data on the Internet, and are increasingly called upon by patients to interpret these data (Shulmeister, 2016). Finally, competent use of
complex technologies in cancer care requires advanced skill in communication, technical
ease, data analysis, and data security (NCSBN, 2017).

**Evidence based translational practice**

Oncology nurses lead the field in evidence-based, patient-centered and highly skilled care
delivery. Oncology nurses heavily rely on evidence to inform treatment and management
decision-making, especially as new therapies and evidence of their effectiveness emerge.
Oncology nurses must incorporate interpretation of scientific evidence into translational
behaviors to affect clinical practice and quality measurement. The complexity of both old and
new therapeutic protocols, the emergence of new oncologic emergencies, and the physiologic
differences inherent in the management of patients receiving emerging therapies requires rapid
incorporation of new clinical knowledge to assure safe and quality directed care. Advances in
oncology include all areas of patient care, such as prevention, detection, pharmacology, symptom
management, and skilled care delivery. Oncology nurses must possess essential competencies in
multiple specialty realms, including palliative care, genetics and genomics, critical care, and end
of life care. A commitment to ongoing education and evaluation of emerging evidence is
inherent in oncology nursing practice.
Standards of Oncology Nursing Practice

Professional practice standards are “authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently” (ANA, 2015, p. 51). These standards outline expectations of nursing practice across settings and provide practice guidelines for institutions and individual nurses practicing in specialties such as oncology. Current, evidence-based, nationally recognized standards for the practice of oncology nursing are critical to the future of oncology nursing practice.

Oncology Nursing: Scope and Standards of Practice delineates the professional responsibilities of nurses engaged in cancer practice regardless of care setting or specific position. These standards of practice include standards of practice, which reflect the nursing process, and standards of professional practice, which describe professional responsibilities of oncology nurses. For each standard, a listing of competencies is provided which can be used to demonstrate compliance with the standard.

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You will note that for each standard there are 2-3 levels of competencies listed. The RN competencies apply to all oncology RNs. The graduate-level prepared RN competencies assume competency in the RN level competencies while adding additional requirements for nurses with an advanced degree (APRN and non-APRN). In addition, the advanced practice registered nurse (APRN) competencies highlight responsibilities specific to the APRN in addition to the RN and graduate-level prepared RN competencies.

**Standards of Practice**

**Standard 1. Assessment**

**Description**

The oncology nurse systematically and continually collects data regarding the physical, genetic, psychological, social, spiritual, and cultural health status of the patient, including in-depth data specific to the disease and treatment experience of the patient with cancer.

**Competencies**

The oncology registered nurse:

1. Collects pertinent data, including but not limited to: demographics; social determinants of health, health disparities, family, genetic, disease and treatment history; physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments. These are conducted in a systematic, ongoing process with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
1.2 Utilizes data collected from multiple sources, including the patient, caregivers, other health care providers, and the community, to identify potential or actual problems and barriers to care.

1.3 Collects assessment data at each care transition across the cancer care continuum and modifies care plan to address changes.

1.4 Uses theoretical and evidence-based concepts in nursing to assess individual patient populations.

1.5 Uses appropriate evidence-based assessment techniques, instruments and technologies in collecting data, including valid and reliable instruments designed for the oncology population.

1.6 Elicits the patient's values, preferences, needs, and knowledge of the healthcare situation as it relates to their potential or actual cancer diagnosis.

1.7 Identifies barriers to effective communication based on physical limitations, psychosocial, literacy, financial, and cultural considerations.

1.8 Documents initial and ongoing assessment data clearly and concisely in a retrievable form to facilitate interprofessional communication and continuity of care.

**Additional competencies for the graduate-level prepared registered nurse**

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

1.9 Assesses the supportive and deliterious effects of interactions among individuals, caregivers, community, and social systems on people at risk for or diagnosed with cancer throughout the cancer care continuum.

1.10 Assists the RN in the development and maintenance of evidence-based assessment skills with a focus on common cancer-related problem areas.
Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

1.11 The APN performs a health history review of systems and a comprehensive physical examination.

1.12 Orders or recommends relevant diagnostic tests, procedures, genetic counseling/testing, and other assessment methods, including tests that are specific to the diagnosis, assessment, and/or monitoring of patients undergoing active cancer treatment.

1.13 Synthesizes and integrates findings to develop a comprehensive patient and family record and problem list.

1.14 Communicates and collaborates with the interprofessional team regarding clinical findings and contributes to the plan of care.
Standard 2. Diagnosis

Description

The oncology nurse analyzes assessment data to determine actual or potential diagnoses, problems, and issues related to cancer and non-cancer health concerns of patients.

Competencies

The oncology registered nurse:

2.1 Determines cancer-related nursing diagnoses and potential problem statements derived from assessment data and knowledge about cancer, the cancer care continuum and usual patient care needs.

2.2 Develops individualized nursing diagnoses that are physically, psychologically, socially, spiritually, and culturally appropriate to the patient with cancer.

2.3 Reviews nursing diagnoses with the patient, caregiver(s), and interprofessional cancer care team.

2.4 Prioritizes nursing diagnoses according to actual or potential threats to the patient's wellbeing and goals established with the patient and caregiver(s).

2.5 Documents nursing diagnoses in a retrievable form available to the interprofessional team to facilitate identification of desired patient outcomes and continuity of care.

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

2.6 Assists nursing staff in development and maintenance of competency in the development of nursing diagnoses.
Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

2.7.1 Systematically formulates differential diagnoses and identifies problems by comparing and contrasting clinical and research data.

2.8 Prioritizes diagnoses, problems, and risk estimation with regard to physical, psychological, social, spiritual, and cultural concerns.

2.9 Documents diagnoses, problems, and risk estimation clearly to facilitate identification and initiation of the treatment plan and outcome evaluation.

2.10 Collaborates with the interdisciplinary cancer care team to ensure comprehensive differential diagnoses and problem identification.

2.11 Documents diagnoses, problems, and risk estimation clearly to facilitate identification and initiation of the treatment plan and outcome evaluation.
Standard 3. Outcomes Identification

Description

The oncology nurse identifies expected outcomes individualized to the patient and caregiver with a focus on health promotion and maintenance, restoration, rehabilitation, or a peaceful and comfortable death.

Competencies

The oncology registered nurse:

3.1. Identifies expected outcomes to maximize the patient’s functional abilities with careful consideration of risks, benefits, costs, current evidence-based practice, and clinical knowledge.

3.2 Develops expected outcomes collaboratively with the patient, family, and interprofessional cancer care team.

3.3 Ensures that expected outcomes are physically, psychologically, socially, spiritually, and culturally realistic and appropriate for the patient regardless of position on the cancer care continuum.

3.4 Ensures that expected outcomes are used to provide direction for continuity of care.

3.5 Periodically reevaluates progress towards outcomes and aligns expected outcomes accordingly.

3.6 Documents expected outcomes as measurable goals derived from current evidence in a retrievable form available to the interprofessional team to facilitate continuity of care.

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:
3.7 Assists staff in development and maintenance of outcome planning skills.

Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

3.8 Selects, formulates and integrates a wide array of measurable outcomes to provide a balanced and comprehensive view of healthcare delivery.

3.9 Collaborates with the interprofessional team to develop outcomes with the recognition of associated risks, benefits, and costs to the patient and family.

3.10 Modifies expected outcomes in response to changes in healthcare status of the patient and identify priorities regarding continuity of care and long-term planning.
Standard 4. Planning

Description

The oncology nurse develops an individualized and holistic plan of care that prescribes interventions to attain expected outcomes.

Competencies

The oncology registered nurse:

4.1 Develops a plan of care based on knowledge of oncology nursing, evidence-based research, economic impact and biologic, sociocultural, behavioral, and physical sciences and knowledge of cancer and the cancer care continuum.

4.2 Supports a plan of care that is patient centered, outcome oriented, and based on individualized nursing diagnoses.

4.3 Incorporates appropriate preventive, therapeutic, rehabilitative, and palliative nursing interventions into the plan of care at each phase of the cancer care continuum.

4.4 Identifies community resources and support systems needed to address barriers that may interfere with successful implementation of the plan of care.

4.5 Supports a plan of care that reflects sensitivity and respect for the patient’s religious, spiritual, social, cultural, and ethnic beliefs and practices.

4.6 Prioritizes elements of the plan based on the patient’s goals, needs and preferences.

4.7 Develops the plan of care in collaboration with the patient, caregiver and interprofessional cancer care team.

4.8 Coordinates resources and consultative services to provide continuity of care and follow-up to the plan of care.
4.9 Communicates the plan of care to other members of the interprofessional cancer care team and documents the plan of care in a retrievable form available to the interprofessional team to facilitate continuity of care.

4.10 Modifies the care plan according to the ongoing assessment of the patient's response to interventions and progress toward expected outcomes.

*Additional competencies for the graduate-level prepared registered nurse*

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

4.11 Assists staff in the development and maintenance of care planning skills.

4.12 Actively participates in the development and continuous improvement of systems that support the planning process.

*Additional competencies for the advanced practice registered nurse*

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

4.13 Uses data to collaborate with interprofessional team to develop a plan of care for people at risk for or with a diagnosis of cancer based on identified problems, expected outcomes, and the patient's goals, needs, and values.

4.14 Ensures the plan of care reflects current clinical practice guidelines and is grounded in evidence.

4.15 Alters plan of care as patient moves through continuum of care.
Standard 5. Implementation

Description
The oncology nurse implements the plan of care to achieve the expected outcomes for the patient.

Competencies
The oncology registered nurse:
5.1 Implements interventions according to the established plan of care in collaboration with the patient and caregiver.
5.2 Ensures that interventions are implemented in a safe, culturally congruent, caring, and humanistic manner.
5.3 Uses current evidence to guide implementation of interventions to achieve the mutually identified expected outcomes.
5.4 Leverages current and emerging technology to implement the care plan, enhance nursing practice and improve patient outcomes.
5.5 Uses critical thinking to closely monitor patient response to interventions and modifies strategies when changes to patient status occur.
5.6 Facilitates access to community resources and support systems needed to implement the plan of care.
5.7 Documents interventions, the patient’s responses and any modifications to the plan in a retrievable form available to the interprofessional team to facilitate continuity of care.

Additional competencies for the graduate-level prepared registered nurse
In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

5.8 Promotes staff development and maintenance of skills for care plan implementation.

**Additional competencies for the advanced practice registered nurse**

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

5.9 Prescribes or recommends evidence-based pharmacological agents and treatments according to clinical indicators and results of diagnostic and laboratory tests.

5.10 Provides clinical consultation to healthcare professionals, patients and caregivers related to cancer related issues to improve care and patient outcomes.

5.11 Applies oncology specific clinical expertise when ordering, conducting and interpreting diagnostic tests and procedures to monitor and diagnose manifestations of cancer and its treatment.

5.12 Facilitates access to programs and services when implementing and integrating the plan of care.

5.13 Collaborates with the patient and family in the implementation of care to promote autonomy and self-determination based upon available resources.
Standard 5A. Coordination of Care

Description

The oncology RN ensures that care is coordinated during episode of care and transitions in care.

Competencies

The oncology registered nurse:

5A.1 Coordinates implementation of the care plan with attention to patient and caregiver goals, needs and preferences, resource availability, accessibility, quality, and financial considerations.

5A.2 Assesses for potential or actual barriers to effective implementation of the care plan and the expected treatment plan based upon knowledge of cancer, standards of care and point on the cancer care continuum.

5A.3 Facilitates communication among the interprofessional cancer care team, patient and caregiver to effect smooth transitions between internal and external care settings.

5A.4 Facilitates referrals to health care providers or resources to promote, maintain, or restore health are made to facilitate continuity in care.

5A.5 Documents steps taken to ensure continuity of care in a retrievable form available to the interprofessional team to facilitate continuity of care.

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

5A.6 Facilitates staff development and maintenance of care coordination skills.
Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

5A.7 Provides leadership in the coordination of interprofessional cancer care for integrated delivery of cancer care services to achieve safe, effective, efficient, timely, patient-centered, and equitable care (IOM, 2010).

5A.8 Makes referrals to health care providers or resources to promote, maintain, or restore health are made to facilitate continuity in care.

5A.9 Synthesizes comprehensive assessment data to match patient and caregivers(s) needs with available resources throughout the continuum of care.
Standard 5B. Health Teaching and Health Promotion

Description

The oncology RN employs strategies to empower patients and promote health, safety and quality care.

Competencies

The oncology registered nurse:

5B.1 Assesses the patient and caregiver(s) for risks, current health beliefs and practices, readiness to learn, and educational needs related to potential or actual cancer diagnosis.

5B.2 Develops a patient education plan to address patient and caregiver learning needs associated with their potential or actual cancer diagnosis, values, beliefs, health practices, developmental level, readiness and ability to learn, communication barriers including language preference, spirituality, culture, and socioeconomic status.

5B.3 Collaborates with interprofessional cancer care team to ensure that the education plan is holistic and provides the interventions and resources most likely to maintain or improve quality of life.

5B.4 Identifies, validates, and uses evidence-based resources and appropriate technologies to support the goals of the patient education plan.

5B.5 Provides healthcare consumers with information about intended effects and potential adverse effects of the plan of care.

5B.6 Documents education plan and health teaching completed clearly and concisely in a retrievable form available to the interprofessional team to facilitate continuity of care.

Additional competencies for the graduate-level prepared registered nurse
In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

5B.7 Identifies recurrent problems and healthcare system deficiencies. Additional competencies for the advanced practice registered nurse

**Additional competencies for the advanced practice registered nurse**

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

5B.8 Participates in evidence-based educational strategies and the development of research ideas and proposals focused on the manifestations of cancer and its treatment.

5B.9 Leads the development and dissemination of cancer-related patient education resources.

5B.10 Assists staff in the development and maintenance of patient and caregiver(s) education and health promotion skills.
Standard 6. Evaluation

Description

The oncology nurse systematically and regularly evaluates the patient’s response to interventions and revises the nursing care plan to determine progress toward achievement of expected outcomes.

Competencies

The oncology registered nurse:

6.1 Participates as part of an interprofessional, patient and caregiver collaborative process in an ongoing evaluation of goals, needs, outcomes and values of the patient and caregiver(s).

6.2: Conducts ongoing and systematic analysis of the nursing process in collaboration with the interprofessional team and patient/caregiver.

6.3: Compares actual to expected findings and uses data to revise care plan and implementation strategies.

6.4 Provides timely and accurate documentation of evaluation findings and changes to plan in a retrievable form accessible by all interprofessional team members.

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

6.5 Synthesizes evaluation results to identify recurrent healthcare problems, deficiencies, and future educational and research needs related to cancer and its treatment.

6.6 Assists nursing staff in development and maintenance of evaluation skills.

Additional competencies for the advanced practice registered nurse
In addition to the competencies of the registered nurse and the graduate-level prepared
registered nurse, the advanced practice registered nurse:

6.7 Maintains a systematic and ongoing evaluation process of patient outcomes by collecting,
synthesizing and documenting data from all available sources.

6.8 Analyzes collected data in relationship to expected outcomes and collaborates with the
interdisciplinary cancer care team, patient and caregivers to implement and revise the care plan.
Standard 7. Ethics

Description

The oncology nurse uses ethical principles as a basis for decision making and patient advocacy.

Competencies

The oncology registered nurse:

7.1 Uses the Code of Ethics for Nurses with Interpretive Statements (ANA, 2001) as guiding principles of professional practice.

7.2 Demonstrates ethical conduct when instructing and mentoring others, including students and staff members.

7.3 Recognizes and evaluates personal beliefs and values that influence patient care outcomes.

7.4 Values, understands, and incorporates ethical decision making into holistic care delivery that recognizes and protects the patient’s individual rights, autonomy, confidentiality, values, beliefs, preferences, needs, and dignity.

7.5 Applies knowledge of cancer genetics to evaluating legal, ethical, and social implications of genetic and genomic technology and testing.

7.6 Identifies clinical practice situations that evoke professional moral distress and influence nursing practice.

7.7 Responds to ethical concerns, issues, and dilemmas, enlisting available organizational resources (e.g., ethics team or chaplain consultation) to aid in resolution of ethical dilemmas.

7.8 Establishes and maintains collegial interprofessional environment of open communication to facilitate ethical discussions.
7.9 Advocates for and assists patients and caregivers in decision-making discussions and healthcare team conferences to clarify goals of care including end of life and advance care planning.

7.10 Prioritizes honoring patient wishes as documented in their advance directives or other documents.

7.11 Advocates for ethical care of clinical trial and other research patients, especially as related to informed consent.

7.12 Maintains and protects patient confidentiality and privacy according to federal, state and institutional requirements

7.13 Communicates, and takes action if illegal, unethical, or unprofessional behaviors threaten the safety, professional integrity, or quality of care in the clinical practice.

**Additional competencies for the graduate-level prepared registered nurse**

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

**Additional competencies for the advanced practice registered nurse**

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:
Standard 8. Culturally Congruent Care

Description
The oncology nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Competencies
The oncology registered nurse:
8.1 Practices culturally congruent care that is respectful, inclusive, and non-judgmental.
8.2 Engages in life-long learning to include cultural congruence education.
8.3 Acknowledges and accommodates patient and caregiver(s)' culturally congruent needs.
8.4 Uses skills and tools that are appropriately vetted for the culture, literacy, and language of the population served.
8.5 Analyses own behaviors for their culturally-specific interpretation.
8.6 Supports patient and caregiver(s) in decision-making, regardless of cultural influences.
8.7 Advocates for policies and practices culturally congruent care for all patients and caregiver(s).
8.8 Educates and informs the interprofessional team about cultural congruence in care delivery.

Additional competencies for the graduate-level prepared registered nurse
In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:
8.9 Advances organizational policies, programs, services, and practice that reflect respect, equity, and values for diversity and inclusion.
8.10 Engages key stakeholders in designing and establishing internal and external cross-cultural partnerships.

8.11 Participates in the collection and utilization of evidence to advance culturally diverse healthcare initiatives.

8.12 Develops recruitment and retention strategies to achieve a multicultural workforce.

8.13 Leads interprofessional teams to identify and meet the cultural and language needs of the diverse oncology populations.

Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

8.14 Promotes shared decision-making solutions in planning, prescribing, and evaluating processes when the person at risk for or with a diagnosis of cancer cultural preferences and norms may create incompatibility with evidence-based practice.
**Standard 9. Communication**

*Description*

The oncology nurse communicates effectively with the interprofessional cancer care team, the patient and their caregivers using strategies that foster mutual respect and shared decision-making to enhance clinical outcomes and patient satisfaction.

*Competencies*

The oncology registered nurse:

9.1 Examines personal communication style and skills to resolve conflict among the patient, family, and interprofessional team and seeks opportunities to improve communication skills as indicated.

9.2 Identifies possible physical, psychological, developmental, cultural, and spiritual influences on effective communication among the interprofessional team, patient, and family.

9.3 Assesses patient readiness, ability, and preferences, and adapts communication method to accommodate these.

9.4 Assesses for barriers to effective communication, such as cultural or language barriers, or sensory, cognitive, or psychosocial barriers. Adapts communication method based on patient's needs.

9.5 Prioritizes, reports and documents critical information using established communication methods.

9.6 Brings the nursing perspective to interactions with others and discussions with the interprofessional team.

*Additional competencies for the graduate-level prepared registered nurse*
In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

9.7 Assumes a leadership role in establishing or modifying environments that promote healthy communication.

9.8 Assists nursing staff in development and maintenance of effective communication skills.

**Additional competencies for the advanced practice registered nurse**

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

9.9 Uses expertise in communication to help the interprofessional cancer care team to employ timely, sensitive and goal oriented strategies when dealing with challenging individuals and situations.
Standard 10. Collaboration

Description

The oncology nurse partners with the patient and family, the interprofessional team, and community resources to optimize cancer care.

Competencies

The oncology registered nurse:

10.1 Participates in interprofessional collaborations to foster open communication, mutual respect, team learning, shared decision making, and ongoing team development.

10.2 Establishes expected outcomes in conjunction with colleagues, patients, and families and evaluates the effectiveness of interventions.

10.3 Participates in assessment of learning needs and development and delivery of educational programs focused on cancer care issues and targeted to nursing and interprofessional learners.

10.4 Collaborates with the interprofessional team to improve patient care processes to maximize safety, quality, communication and coordination of care.

10.5 Coordinates care through collaborative practice and effective delegation to clinical team members to meet the healthcare needs of patients with cancer.

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

10.6 Provides leadership for establishing, improving, and sustaining collaborative relationships to achieve safe, quality care
10.7 Collaborates with and provides leadership to members of the interprofessional cancer care team in providing optimal care, including education, consultation, management, technological development, and research opportunities.
Standard 11. Leadership

Description

The oncology nurse leads in the practice setting and in the nursing profession by acknowledging the dynamic nature of cancer care and the necessity to prepare for evolving technologies, modalities of treatment, and supportive care.

Competencies

The oncology registered nurse:

11.1 Assumes accountability for the delegation, coordination, and outcomes of care provided by others under direction of the RN

11.2 Integrates evidence based science into practice

11.3 Participates in peer and colleague mentorship, education, and advancement of oncology nursing practice.

11.4 Identifies and advocates for vulnerable populations (e.g. elderly, very young, uninsured/under-insured, those with psychiatric conditions or with limited social support)

11.5 Anticipates trends in cancer care and develops strategies to integrate new systems and technologies

11.6 Documents outcomes of oncology nursing interventions and innovations.

11.7 Demonstrates impact of specialty practice knowledge and skills on developing novel patient and family education programs and in recruiting and retaining oncology nurses.

11.8 Participates in oncology professional organizations, boards, committees, and special interest groups (e.g., ONS, American Cancer Society, Leukemia and Lymphoma Society).

11.9 Supports continuing professional development of self and colleagues.
Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

11.10 Promotes cost and quality discussions by translating and anticipating practice and patient learning requirements for new technologies.
11.11 Disseminates evidence-based clinical practice, quality improvement and research findings through publications and presentations at professional meetings.
11.12 Serves as an oncology nursing role model, preceptor, mentor, and educator for advanced oncology nursing and within the interprofessional team.
11.13 Contributes to the identification of educational and research needs and to the development of creative and innovative practices for oncology nurses and oncology.
11.14 Serves as a liaison about oncology and oncology nursing to institutional, professional and legislative bodies, at a local, state, and national level.
11.15 Leads nursing staff in development of innovative nursing practices.

Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:
11.16 Provides leadership to promote interprofessional teamwork for optimal outcomes for people with cancer.
Standard 12. Education

Description

The oncology nurse seeks knowledge and competence that reflects the current state of cancer care and oncology nursing and promotes critical and futuristic thinking.

Competencies

The oncology registered nurse:

12.1 Acquires and maintains knowledge and skills that support personal commitment to oncology nursing.

12.2 Participates in lifelong learning to maintain expertise and experience related to oncology scientific, nursing and regulatory information.

12.3 Uses academic and certification credentials to represent specific knowledge and skills.

12.4 Focuses on quality outcomes measures to evaluate effectiveness of education (pre-posttests, teach back practices).

12.5 Identifies gaps in knowledge, skills and practice of self and others and pursues education and training to address unmet needs.

12.6 Acquires knowledge and skills relative to the oncology nursing role, population, specialty, setting, and global or local health situation.

12.7 Mentors and serves as role model for students and novice oncology nurses

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:
12.8 Consistently reviews and uses current evidence based information to expand advanced oncology nursing performance.

12.9 Participates in lifelong learning in an effort to serve as a clinical expert and provide education to patients and other health care professionals.

12.10 Maintains licensure and credentials consistent with advanced oncology nursing role and practice setting.

12.11 Demonstrates proficiency in professional activities such as publications, presentations, performance improvement and research.
Standard 13. Evidence-Based Practice and Research

Description

The oncology nurse integrates evidence and research findings into practice while helping to identify and address gaps in current evidence.

Competencies

The oncology registered nurse:

13.1 Articulates the values of research and its application relative to the healthcare setting and practice.

13.2 Regularly accesses nationally recognized clinical practice guidelines to support evidence-based patient care.

13.3 Bases clinical decision making and delivery of individualized patient care on best current evidence, patient values and preferences, and resource availability.

13.4 In the absence of evidence, poses questions for further study and, supports/participates in related research.

13.5 Facilitates integration of new evidence into standards of practice, development or modification of policies, practice guidelines, education, and clinical management strategies.

13.6 Consistently contributes to the fullest extent of scope of practice, based on licensure and credentialing.

13.7 Collaborates with the interprofessional cancer care team to ensure sound translation of research into clinical practice.

13.8 Protects human subjects in clinical research and promotes ethical principles of research.

13.9 Evaluates evidence-based findings for optimal application to practice.

13.10 Disseminates evidence-based findings to improve outcomes.
In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

13.11 Performs rigorous critique of current evidence to drive quality nursing practice.
13.12 Promotes a climate of collaborative research and clinical inquiry to promote oncology and oncology nursing research.
13.13 Promotes incorporation of knowledge synthesized from evidence-based reviews into practice changes and analyzes practice changes to generate new testable hypotheses and knowledge.
13.14 Contributes to nursing and scientific knowledge by research participation and/or data synthesis, observations, and other clinical evidence.
Standard 14. Quality of Practice

Description

The oncology nurse systematically evaluates the quality, safety, and effectiveness of oncology nursing practice within all practice settings and across the continuum of cancer care.

Competencies

The oncology registered nurse:

14.1 Ensures that nursing practice is safe, effective, efficient, equitable, timely, and patient-centered (IOM, 1999; IOM, 2001).

14.2 Identifies gaps in quality and seeks information about quality initiative to improve outcomes.

14.3 Participates in quality and assessment and improvement activities.

14.4 Participates in interprofessional teams to address organizational barriers to quality outcomes.

14.5 Participates in collaborative efforts to identify and address issues that do not enhance patient care or outcomes.

14.6 Incorporates evidence-based knowledges into standards of care, protocols and procedures.

14.7 Collects and evaluates data to monitor the quality of nursing practice.

14.8 Evaluates patient satisfaction data to improve outcomes.

14.9 Participates in critical review of policies, procedures, and guidelines to improve outcomes.

14.10 Relies on results of quality monitoring to implement practice change. Participates in ongoing monitoring to evaluate impact of such changes.
14.11 Disseminates information about practice that reflects quality and performance improvement initiatives.

14.12 Earns professional certification when eligible

**Additional competencies for the graduate-level prepared registered nurse**

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

14.13 Contributes nursing perspective in quality initiatives by providing leadership and expertise in evaluation of current practices to derive quality cancer patient care.


14.15 Uses available benchmarks to evaluate practice at the individual, departmental, or organizational level.

14.16 Provides leadership in design and implementation of innovative quality improvement projects that improve health outcomes.

14.17 Disseminates information about quality driven practice changes using distribution methods appropriate for each audience.

**Additional competencies for the advanced practice registered nurse**

In addition to the competencies of the registered nurse and the graduate-level prepared registered nurse, the advanced practice registered nurse:

14.18 Applies knowledge obtained from advanced preparation, as well as current research and evidence-based information, to clinical decision-making at the point of care to achieve optimal health outcomes.
Standard 15. Professional Practice Evaluation

Description
The oncology nurse consistently evaluates his or her own and others' nursing practice in relation to national oncology nursing professional standards and guidelines, the state nurse practice act, relevant state-wide regulatory requirements, and job-specific performance expectations.

Competencies
The oncology registered nurse:

15.1 Engages in self-reflection and self-evaluation of nursing practice on a regular basis, identifying areas of strength and areas in which professional growth would be beneficial.

15.2 Engages in formal evaluation and ongoing performance appraisal.

15.3 Routinely seeks feedback from interprofessional team members and patients to identify strengths and areas for improvement in knowledge, attitudes, and clinical skills.

15.4 Identifies growth areas and sets personal goals for professional development.

15.5 Formulates a plan with leadership to achieve the goal; modifies practice in response to evaluation of the implemented plan and obtains necessary education or assistance to meet learning and performance goals.

15.6 Ensures that nursing practice is consistent with regulatory, professional, and institutional requirements pertaining to licensure, relevant statutes, rules, and regulations.

15.7 Provides evidence of goal Completion during formal evaluation with rationale for practice decisions and actions.

15.7 Promotes interprofessional evidence based practice when contributing to organizational policies and procedures.
15.9 Provides peers and others with formal and informal constructive feedback regarding their practice or role performance.

15.10 Serves as a role model, mentor, and preceptor for new oncology nurses.

15.11 Promotes oncology nursing certification by encouraging and mentoring colleagues

15.12 Maintains a professional record for self-evaluation and for evaluation by practice institution, licensing agencies, and certification organizations.

**Additional competencies for the graduate-level prepared registered nurse**

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

15.13 Participates in formal and informal appraisal of professional colleagues to further strengthen overall healthcare team performance and effectiveness.
**Standard 16. Resource Utilization**

*Description*

The oncology nurse considers factors related to safety, efficiency, effectiveness, and cost in planning and delivering care to patients.

*Competencies*

The oncology registered nurse:

16.1 Assesses patient care needs and resources available to achieve desired outcomes.

16.2 Assists the patient and interprofessional team in factoring costs, risks, and benefits in decisions about care.

16.3 Assists the patient in identifying and securing appropriate services and resources throughout their care continuum.

16.4 Participates in new product evaluation to determine safety, effectiveness, and cost-benefit analysis.

16.5 Integrates technology and systems (e.g. telehealth and mobile health technologies) into practice to improve outcomes.

16.6 Critiques the adequacy of existing resources and identifies resource gaps.

16.7 Advocates for safe staffing levels, nurse-patient ratios, and nurse competencies to meet patients’ needs.

16.8 Demonstrate proficiency and appropriate use of the organization’s clinical informatics system.

*Additional competencies for the graduate-level prepared registered nurse*
In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

16.9 Recognizes and develops plan to address inconsistencies in patient care needs and required and available resources.

16.10 Analyzes and participates in decisions to promote a work environment that supports efficient care and cost-effective resource use.

16.11 Identify and utilize cost-effective, culturally sensitive, quality-based programs that promote cancer prevention and early detection activities to reduce the costs, morbidity, and mortality associated with a cancer diagnosis.

16.12 Serves as a consultant to research and identify appropriate resources utilization.
Standard 17. Environmental Health

Description

The oncology nurse practices in an environmentally safe and healthy manner.

Competencies

The oncology registered nurse:

17.1 Actively engages in practices to promote a workplace and practice environment that is safe and healthy.

17.2 Adheres to regulatory requirements, related organizational policies, and ONS standards and guidelines for safe handling and administration of chemotherapy and immunotherapy agents, as well as practices to minimize radiation exposure.

17.3 Uses products or treatments consistent with evidence-based practice to reduce environmental threats.

17.4 Provides patients and caregivers with resources to limit hazardous drug environmental exposure.

Additional competencies for the graduate-level prepared registered nurse

In addition to the registered nurse competencies, the graduate-level prepared registered nurse and the advanced practice registered nurse:

17.5 Provides leadership and promotes the development of a workplace environment that emphasizes health promotion for employees, patients, and families.

17.6 Establish and promote practices to promote safety for patients, caregivers, healthcare providers and the environment related to toxicity of cancer treatments.
References


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https://www.cdc.gov/drugoverdose/data/prescribing.html


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