

2007

*Oncology Nursing Society*

# Oncology Nurse Practitioner Competencies



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## Oncology Nurse Practitioner Competencies

### National Panel Members

**Susan M. Cohen, DSN, APRN, FAAN**  
National Organization of Nurse Practitioner Faculties

**Kelly A. Goudreau, DSN, RN, CNS**  
National Association of Clinical Nurse Specialists

**M. Tish Knobf, PhD, RN, AOCN®**  
Yale University School of Nursing

**Deborah B. McGuire, PhD, RN, FAAN**  
University of Maryland

**Julie A. Ponto, PhD(c), RN, APRN-BC, AOCN®**  
Oncology Nursing Certification Corporation

**Margaret Quinn Rosenzweig, PhD, APRN-BC, AOCNP®**  
University of Pittsburgh School of Nursing

**Joan M. Stanley, PhD, RN, CRNP, FAAN**  
American Association of Colleges of Nursing

### Staff

**Laura Fennimore, RN, MSN**  
Oncology Nursing Society

**Barbara Sigler, RN, MNEd**  
Oncology Nursing Society

**Cynthia Miller Murphy, RN, MSN, CAE**  
Oncology Nursing Certification Corporation

## Validation Panel

**Pat Wills Alcoser, MSN, CPNP**

Baylor College of Medicine/Texas Children’s Hospital

**Deborah H. Allen, RN, MSN, FNP, APRN-BC, AOCNP®**

Duke Comprehensive Cancer Center

**Karen Brown, FNP-C, ONP**

Roswell Park Cancer Institute

**Kathleen Calzone, RN, MSN, APNG**

International Society of Nurses in Genetics

**Cathy J. F. Cole, RNC, NP, MPH, CHES**

Cooper Finkel Women’s Health Center

**Joan O’Hanlon Curry, RN, MS, CPNP, CPON®**

The Children’s Hospital at Montefiore

**Lynn Czaplewski, RN-BC, CRNI, BSN, OCN®**

Infusion Nurses Society

**Marie Flannery, RN, PhD**

James P. Wilmot Cancer Center

University of Rochester Medical Center and School of Nursing

**Cathy Haut, MS, CPNP**

Pediatric Nursing Certification Board

**Michele M. Hughes, RN, MSN, ACNP, ONP-C**

Orthopaedic Nurses Certification Board

**Robin King, MSN, CS, ACNP**

Barbara Ann Karmanos Cancer Institute

**Pam Malloy, MSN, RN, AACN**

American Association of Colleges of Nursing

**Judie Much, APNC, AOCNP®**

The Cancer Institute of New Jersey

**Rosemary Neider, RN, MSN, APRN-BC, AOCN®**

University of Wisconsin Hospital and Clinics

**Mary Baron Nelson, MS, RN, CPNP, CPON®**

Association of Pediatric Hematology/Oncology Nurses

**Jean Ridgeway, APN, NP, MSN, AOCN®**

University of Chicago Medical Center

**Cheryl Rodgers, MSN, CPNP**

Baylor College of Medicine/Texas Children’s Hospital

**Barbara Barnes Rogers, CRNP, MN, AOCN®**

Fox Chase Cancer Center

**Victoria Sinibaldi, RN, MS, CS, CRNP-BC, AOCN®**

Johns Hopkins University School of Medicine/Johns Hopkins Hospital

**Janet Wyatt, PhD, CRNP**

Pediatric Nursing Certification Board

**Lisa M. Zajac, MSN, APRN-BC, OCN®**

Barbara Ann Karmanos Cancer Institute

## Endorsements

The following organizations endorse the *Oncology Nurse Practitioner Competencies*.

American Nurses Credentialing Center, Commission on Accreditation

Emergency Nurses Association

Hospice and Palliative Nurses Association

Infusion Nurses Society

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## Project Overview

### Introduction

The American Cancer Society (ACS) estimates that 1,444,920 new cases of cancer will be diagnosed and that 559,650 Americans will die of cancer in 2007 (ACS, 2007). Although survival rates continue to climb, cancer remains the second most common cause of death in the United States, exceeded only by heart disease. Those who survive cancer often continue to receive treatment and require close follow-up care and surveillance. The National Cancer Institute (NCI) estimates that approximately 10.5 million Americans with a history of cancer were alive in 2003. Some were cancer-free, whereas others still had evidence of cancer and may have been undergoing treatment (ACS). A significant number of advanced practice registered nurses (APRNs) provide care to patients with a past, current, or potential diagnosis of cancer, and very distinct competencies are required to provide this care. As of May 2007, the membership of the Oncology Nursing Society (ONS) included 2,024 oncology nurse practitioners (ONPs).

### Process

The *Oncology Nurse Practitioner Competencies* reflect the work of a multi-organizational national panel. In 2005, ONS convened the panel, representing six national nursing organizations whose foci include advanced practice registered nursing education, oncology nursing practice, and certification of oncology nurse practitioners. Additional educators and practitioners were included on the national panel. ONS facilitated the work of the national panel through three phases that encompassed development, field review by practicing ONPs, and external validation of the competencies. The process used for this project models that used for the development of the *Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health* (National Organization of Nurse Practitioner Faculties [NONPF] & American Association of Colleges of Nursing, 2002) and the *Acute Care Nurse Practitioner Competencies* (NONPF, 2004).

The national panel convened for the first time in February 2005 at the ONS National Office in Pittsburgh, PA. During this meeting, the group reviewed the existing body of work, including standards of practice for oncology APRNs and existing competencies for nurse practitioners (see Appendix A) and began drafting the competencies. The national panel agreed that the *Oncology Nurse Practitioner Competencies* would build upon the core competencies for all nurse practitioners, and the panel agreed to use the same framework as that used for the primary care competencies in specialty areas.

Following the first meeting, the group convened several times by conference call to continue the work. A second meeting was held in April 2005, which again was followed by conference calls to complete phase one of the project, development of a set of consensus-based competencies for all ONPs by the national panel.

In September 2005, phase two of the project, the field review, was initiated. All ONS members who were nurse practitioners (approximately 1,800) were invited electronically to review the document and evaluate the

- Specificity of each competency, answering the question, Is the competency stated specifically and clearly? And if not, nurses could provide suggested revisions.
- Relevance of each competency, answering the question, Is the competency necessary for entry-level ONPs?
- Comprehensiveness of the document, providing any missing knowledge, skill, or attribute of the entry-level ONP.

Approximately 350 ONPs requested a copy of the document to review, and 127 completed reviews were received. The field review demonstrated general consensus with the majority of the competencies and provided valuable feedback for refinement, particularly in the area of specificity. Following the field review, a series of conference calls were held wherein the national panel reviewed the comments from the field reviewers and revised the document. The revised document was prepared for phase three, and the validation process was begun in the summer of 2006.

The validation panel included 21 individuals identified as having expertise related to ONP practice. Individuals were nominated to complete the validation process by a wide range of specialty nursing organizations, certifying bodies, and NCI-designated comprehensive cancer centers.

The individuals on the validation panel were identified as having experience in one or more of the following areas related to the nurse practitioner role or scope of practice:

- Delivery of oncology care
- Education of ONPs
- Credentialing of ONPs
- Accreditation of graduate nursing education programs.

The validation panel members were invited to review and evaluate the document using the same tool that the field reviewers used and answer the same questions related to specificity, relevance, and comprehensiveness. The validation process demonstrated general agreement with the competencies and provided valuable feedback for additional revisions and refinement. The national panel was again convened during a series of conference calls to review the feedback from the validation panel and revise the competencies. Based on the feedback, approximately 20% of the competencies underwent revision to enhance their specificity, and five competencies were added and seven competencies were deleted because of redundancy or consensus that they were not required for entry-level ONPs. Following the final revisions, the document included 103 entry-level competencies expected of all ONPs.

At the completion of the validation phase and consensus by the national panel on the final competencies, ONS distributed the document for endorsement by national nursing organizations that have a stake in oncology care and advanced practice registered nursing. The endorsement process remains fluid so that additional endorsers can be added to the electronic posting of the competencies. The competencies will be available to all endorsing organizations for electronic posting on Web sites. The intent is for widespread dissemination of the competencies to promote global recognition of the competencies as quality indicators for ONPs' entry into practice.

### Overview

This document describes entry-level competencies for ONPs who care for adults and late adolescents. Graduate programs that prepare ONPs include broad educational preparation in advanced pathophysiology, pharmacology, and advanced physical assessment (AACN, 1996), as well as the specific coursework and clinical experiences required to prepare graduates to care for patients with a past, current, or potential diagnosis of cancer. These competencies are intended to be used in conjunction with and build upon the core competencies identified for all nurse practitioners (see Appendix A). Upon graduation from a graduate oncology nurse practitioner program or entry into advanced oncology nursing practice, the ONP should demonstrate the competencies described in this document.

The competencies in this document emphasize the unique philosophy of practice for the ONP specialty and the unique needs of patients with a past, current, or potential diagnosis of cancer. ONPs are educationally prepared to provide advanced nursing care to meet the specialized physiologic and psychological needs of patients throughout the continuum of care, including cancer prevention and detection, cancer diagnosis and treatment, rehabilitation, survivorship, and end-of-life care. Although individual ONPs may focus their practice on a particular stage in the continuum, they are prepared to provide primary, acute, and palliative care to patients with cancer, including the application of knowledge of genetics and genomics. As ONPs gain experience, their practice may include more advanced and additional knowledge, skills, and abilities not included in these entry-level competencies.

ONPs provide care in a variety of primary, acute, and tertiary settings, including comprehensive cancer care centers, urban and rural community hospitals, ambulatory and medical mobile clinics, private physician/nurse practices, community health centers, home care, palliative care settings, hospices, rehabilitation centers, and extended care facilities. ONPs provide care to specific populations in cancer prevention, screening, diagnosis, active treatment, palliative care, and rehabilitation in conjunction with the multidisciplinary healthcare team. The ONP's role includes the assessment, diagnosis, and management of cancer and related disorders. The ONP uses evidence-based literature and works toward evidence-based practice to effect a positive change in the health of and healthcare delivered to the patient with a past, current, or potential diagnosis of cancer.

Throughout this document, the term *patient* refers to adult and/or late adolescent individuals, their families, unrelated significant others and caregivers, and/or the community.

These competencies, in addition to the core competencies (NONPF, 2006) for all nurse practitioner practice, reflect the current knowledge base and scope of practice for entry-level ONPs. As scientific knowledge expands and the healthcare system and practice change, the nurse practitioner competencies will evolve. These competencies will periodically be reviewed and updated to reflect scientific advances and evidence-based changes in practice.

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# Oncology Nurse Practitioner Competencies

## I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

### A. Assessment of Health Status

These competencies describe the role of the oncology nurse practitioner (ONP) in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The ONP uses evidence-based clinical practice guidelines when available to guide screening activities, identify health promotion needs, and provide anticipatory guidance and counseling, addressing environmental, lifestyle, and developmental issues.

1. Obtains and documents a comprehensive health history for patients with a past, current, or potential diagnosis of cancer
2. Uses evidence-based practice guidelines and assessment tools for evaluating patients with a past, current, or potential diagnosis of cancer
3. Performs a relevant cancer risk assessment for:
  - General populations
  - At-risk populations
  - Newly diagnosed patients with cancer
  - Cancer survivors
4. Obtains comprehensive information related to risk, diagnosis, and past experience with cancer
5. Performs and documents complete, system-focused, symptom-specific physical examinations for patients
6. Performs a physical assessment of patients with cancer that includes a comprehensive review of systems and evaluation of manifestations and toxicities related to cancer and its treatment
7. Assesses actual or potential late effects of cancer and its treatment (e.g., second malignant neoplasms, cardiomyopathy, pulmonary dysfunction) in cancer survivors
8. Assesses the impact of physical comorbidities on cancer symptoms and response to treatment
9. Identifies the relationship between normal physiology and specific system alterations produced by cancer and cancer treatment
10. Assesses symptoms commonly seen in patients with cancer (e.g., fatigue, pain, nausea, vomiting)
11. Assesses for common signs and symptoms related to disease progression or recurrence
12. Assesses patients who are at high risk for signs and symptoms of oncologic emergencies
13. Performs a comprehensive assessment of nutritional status in patients with a current or past diagnosis of cancer

14. Conducts a pharmacologic assessment, including over-the-counter medications, prescription drugs, nutritional supplements, and other complementary, alternative, and integrative therapies, to identify and correct any potential interactions with cancer therapeutics
15. Assesses the risks of polypharmacy to the patient's health
16. Performs a comprehensive assessment of functional status and the impact on activities of daily living, including but not limited to the following domains
  - Psychological
  - Role
  - Social
  - Cognitive
  - Physical
17. Assesses for the presence of psychological comorbidities (e.g., anxiety/depression, substance use), past and present coping skills, and the psychosocial impact of the cancer experience
18. Assesses concerns and issues related to sexual function, sexual well-being, and fertility of patients with a past, current, or potential diagnosis of cancer, including the impact on relationships
19. Assesses developmental, ethnic, spiritual, racial, socioeconomic, and gender variations in symptom presentation or illness experience of patients with cancer
20. Assesses the roles, tasks, and stressors of individuals, families, and caregivers and their ability to manage the illness experience (e.g., resources, support services, equipment, transportation, child care, anxiety, depression)
21. Assesses patients' ability to navigate the complex healthcare system and the barriers to continuity, coordination, and communication among multiple care providers

## **B. Diagnosis of Health Status**

The ONP is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data.

1. Orders screening, diagnostic, and surveillance examinations or tests
2. Demonstrates knowledge of technical skills needed to perform diagnostic procedures to confirm or rule out health problems (e.g., bone marrow aspirations, spinal taps, skin biopsies)
3. Performs an initial interpretation of laboratory studies and diagnostic tests, including but not limited to chest x-ray or electrocardiogram
4. Reviews diagnostic and laboratory study results to confirm or rule out health problems
5. Demonstrates knowledge of atypical presentations of cancer
6. Demonstrates understanding of the principles of cancer staging
7. Collaborates with relevant healthcare team members and gathers additional information for further differential diagnosis and problem identification

8. Diagnoses common episodic, acute, and chronic physical problems in patients with a past or current diagnosis of cancer
9. Diagnoses acute and chronic conditions that may result in rapid physiologic deterioration or life-threatening instability, including oncologic emergencies
10. Identifies the need for screening for common late effects in cancer survivors (e.g., infertility, cardiomyopathy)
11. Reformulates diagnoses based on new or additional assessment data
12. Determines the impact of comorbidities on the prognosis and treatment of patients with cancer
13. Diagnoses acute and chronic psychological complications (e.g., anxiety, depression, substance abuse) and their influence on the patient's psychological state
14. Documents diagnoses and problems to facilitate identification and initiation of the treatment plan and outcome evaluation
15. Demonstrates knowledge of diagnostic and procedural coding documentation requirements

### **C. Plan of Care and Implementation of Treatment**

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the ONP's role in managing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

#### **Plan of Care**

1. Collaborates with the multidisciplinary team, patient, family, and caregivers to formulate a comprehensive plan of care for patients with cancer, including appropriate health education, health promotion and health maintenance, rehabilitation, and palliative care
2. Plans for the management of common cancer-related episodic, acute, and chronic problems
3. Plans for the management of cancer and cancer treatment-related symptoms (e.g., pain, nausea/vomiting, neuropathies, infection)
4. Integrates evidence-based, nonpharmacologic treatment modalities into the plan of care
5. Plans therapeutic interventions to restore or maintain an optimal level of functioning
6. Establishes a comprehensive plan of care as patients transition from active treatment to cancer survivorship or end-of-life care
7. Plans for long-term evaluation and management of late effects of treatment
8. Coordinates care with attention to resource availability, accessibility, quality, and cost-effectiveness
9. Coordinates care within a context of functional status, cultural considerations, spiritual needs, family or caregiver needs, and ethical principles

10. Demonstrates awareness of appropriate clinical trials and research studies for which patients may be eligible and assists in recruiting patients as appropriate
11. Incorporates patients' developmental learning needs and preferences in planning patient and family teaching
12. Documents the plan of care and intended outcomes to ensure that interventions will be implemented as planned

### **Implementation**

1. Uses evidence-based strategies in the management of patients across the continuum of care (i.e., prevention, early detection, diagnosis, treatment, rehabilitation, survivorship, and end-of-life care)
2. Monitors and manages the effects of cancer and cancer treatment
3. Provides anticipatory guidance to assist patients and families in coping with the illness and its potential or expected outcomes
4. Considers comorbid conditions when implementing cancer treatment
5. Treats episodic, acute, and chronic health problems
6. Initiates appropriate treatments and referrals for patients experiencing an oncologic emergency (e.g., disseminated intravascular coagulation, superior vena cava syndrome, spinal cord compression)
7. Implements interventions to support patients who have a rapidly deteriorating physiologic condition, including the application of basic and advanced life support and other invasive interventions or procedures to regain physiologic stability
8. Educates and supports patients in self-care strategies
9. Refers patients to other healthcare providers for further evaluation as appropriate
10. Refers patients and families to appropriate support services
11. Facilitates transitions between healthcare settings to provide continuity of care
12. Uses an ethical framework in all aspects of patient care to assist patients, families, and other caregivers on issues related to the care and management of symptoms, advance directives, and palliative and end-of-life care
13. Coordinates palliative and end-of-life care in collaboration with patients, families, caregivers, and other members of the multidisciplinary healthcare team
14. Evaluates the effectiveness of interventions and revises the plan of care as appropriate
15. Determines the impact of cancer treatment and its side effects and long-term effects on patient outcomes

## II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collaborative, and therapeutic approach, which enhances the effectiveness of the ONP's patient care. These competencies speak to the critical importance of interpersonal transactions as they relate to patient outcomes.

1. Establishes caring relationships with patients, families, and other caregivers to facilitate coping with sensitive issues
2. Facilitates patient and family decision making regarding complex treatment, symptom management, and end-of-life care
3. Assists patients with cancer and their families in preparing for and coping with grief and bereavement

## III. TEACHING-COACHING FUNCTION

These competencies describe the ONP's teaching function, which is to impart knowledge and skills for self-care to the patient. The coaching function involves the skills of advocacy, support, and reinforcement.

1. Develops interventions with patients and families that are consistent with patients' physiologic and psychological needs and values
2. Uses age-appropriate learning principles in patient, family, and caregiver education
3. Educates patients, families, caregivers, and the community about cancer risk, screening, and early detection
4. Uses evidence-based information to help patients with cancer and their families to make informed decisions
5. Provides information to patients and families to facilitate adherence to cancer treatment, supportive care, and follow-up
6. Educates patients and families about expected and potential adverse effects and costs (as appropriate) of prescribed pharmacologic and nonpharmacologic treatments and interventions
7. Educates cancer survivors regarding their risk for long-term effects of cancer and its treatment (e.g., second malignant neoplasm, skin cancer, cardiopulmonary complications)
8. Facilitates patient decision making by explaining treatment alternatives and potential outcomes, including the option of discontinuing active cancer treatment while optimizing supportive care
9. Educates patients and families on the risks and benefits of alternative, integrative, and complementary therapies, including possible adverse interactions with standard and investigational cancer therapies

## IV. PROFESSIONAL ROLE

These competencies describe the varied role of the ONP, specifically related to advancing the profession and enhancing direct care and management. The ONP demonstrates a commitment to the implementation, preservation, and evolution of the ONP role.

1. Builds collaborative, interdisciplinary relationships to provide optimal care to patients with cancer

2. Promotes life-long learning and evidence-based practice while continually acquiring knowledge and skills needed to improve patient care
3. Recognizes the importance of participation in community and professional organizations that influence cancer care and support the role of the ONP
4. Contributes to the knowledge base of the healthcare community through community outreach, involvement in professional organizations, presentations, publications, and participation in research
5. Maintains professional competence and credentials appropriate to the role and specialty
6. Disseminates knowledge required to care for patients with cancer to other healthcare workers and caregivers through peer education, staff development, mentoring, and preceptor experiences
7. Translates research findings and other evidence for other healthcare professionals to improve the care of patients with cancer
8. Promotes the role of the ONP and its significance in improving patient outcomes to the healthcare team, third-party payers, regulators, legislators, and the public
9. Participates in clinical and nursing research to promote positive outcomes for patients with cancer and their caregivers
10. Advocates within the healthcare system and policy arenas for the health needs of patients with cancer

## V. NEGOTIATING HEALTHCARE DELIVERY SYSTEMS

These competencies describe the ONP's role in achieving improved health outcomes for patients, communities, and systems by overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Assists patients with cancer and their families and caregivers to negotiate healthcare delivery systems
2. Creates and enhances positive, health-promoting environments that maintain a climate of dignity and privacy for patients with cancer
3. Identifies aspects of the healthcare system that create barriers to comprehensive cancer care and long-term care for cancer survivors
4. Incorporates knowledge of payment and reimbursement systems and financial resources into the plan of care for patients with cancer
5. Documents clinical services provided in accordance with reimbursement regulations and guidelines
6. Adheres to institutional, state, and federal laws and regulations related to the care of patients with cancer
7. Refers patients to appropriate local, state, and national patient-support resources

## VI. MONITORING AND ENSURING THE QUALITY OF HEALTHCARE PRACTICE

These competencies describe the ONP's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role also is addressed relative to the monitoring of one's own practice, as well as by engaging in interdisciplinary peer and systems review.

1. Applies evidence-based practice using quality improvement strategies in providing care to patients with cancer
2. Promotes an environment for ethical decision making and patient advocacy for patients with cancer
3. Participates in the design and implementation of evidence-based protocols and processes of care to improve outcomes for patients with cancer (e.g., decreasing medication errors, reducing infection rate, pain management)
4. Uses internal resources (e.g., ethics committee, risk management, legal department) and external resources (e.g., professional organizations, government officials, community agencies) to facilitate the resolution of moral and ethical issues
5. Identifies research questions based on recurrent problems related to the care of patients with a potential, actual, or previous diagnosis of cancer
6. Advocates for patient/family rights to make decisions regarding durable power of attorney, advance directives, and related issues

## VII. CARING FOR DIVERSE POPULATIONS

These competencies describe the ONP's role in providing competent care to diverse populations with respect to culture, race, ethnicity, religion, spirituality, gender, or lifestyle.

1. Recognizes the diversity among patients, families, caregivers, and the community that influences patient decisions and outcomes of care
2. Recognizes the impact of provider and institutional cultural biases on cancer care
3. Recognizes the potential limitations of assessment methods and tools in a diverse population
4. Incorporates resources that meet the diverse needs of patients into the planning and delivery of care
5. Educates professional and lay caregivers to provide care with attention to individual diversity for patients with cancer

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