
Introduction

In 2013, the Oncology Nursing Society (ONS) published *Statement on the Scope and Standards of Oncology Nursing Practice: Generalist and Advanced Practice*. As in the previous editions, it defined the role of oncology nurses and reflected ONS's mission statement (Brant & Wickham, 2013). The scope of oncology nursing care includes assessment, diagnosis, outcome identification, planning, implementation, and evaluation (Brant & Wickham, 2013). This mirrors the framework of the American Nurses Association's (ANA's) Standards of Professional Nursing Practice included in *Nursing: Scope and Standards of Practice* (2010). ANA (2010) and ONS (Brant & Wickham, 2013) resources both indicate that the RN provides education to promote health.

ONS believes it is the responsibility of oncology nurses to develop, assess, implement, and evaluate educational programs for patients, their significant others, and the public. Nurses should provide teaching and anticipatory guidance regarding cancer and its treatment, including symptoms and side effects (Association of Pediatric Hematology/Oncology Nurses [APHON], 2009). The Joint Commission (2015) identified in its Education Standards section that the learning needs, abilities, and preferences of patients, as well as their readiness to learn, must be acknowledged. The Joint Commission also emphasized that patient education is "interactive," meaning that the patient, significant other, and public must feel included, and their interest in the programs must be ensured. An important method of achieving this is by incorporating *teach-back* techniques into the educational process. During teach-back, patients explain care instructions in their own words, and nurses can confirm whether patients understand what they have been taught. In short, the educator role is the responsibility of nurses and a necessity for patients, their significant others, and the public (ANA, 2010, 2014; APHON, 2009; Brant & Wickham, 2013; Joint Commission, 2015).

ONS first published the *Outcome Standards for Cancer Patient Education* in 1982, which was followed by the *Outcome Standards for Public*

Cancer Education in 1983. In 1989, the standards were revised and consolidated into one document. These were updated and revised in 1995 and again in 2004.

The purpose of this document is to provide comprehensive guidelines for nurses to

- Develop, implement, and evaluate formal and informal education programs for patients and their significant others
- Develop, implement, and evaluate formal and informal public education programs.

The intended outcomes of the *Standards of Oncology Education: Patient/Significant Other and Public* are to

- Enhance the quality of patient teaching
- Exemplify the scope of teaching in all phases of cancer care, including prevention, early detection, treatment, clinical trials, rehabilitation, survivorship, and supportive care
- Improve health promotion and care for the public.

The standards in this document are descriptive statements designed to achieve quality education for patients, their significant others, and the public. The format is consistent with ANA's *Nursing: Scope and Standards of Practice* and includes the following categories.

- I. Oncology Nurse
- II. Resources
- III. Curriculum
- IV. Teaching-Learning Process
- V. Learner: Patient/Significant Other and Public

The following assumptions were made in the development of the *Standards of Oncology Education*.

1. All people are at risk for cancer.
2. All people have the right to information related to cancer and oncology care.
3. All people are at risk for low literacy. Information should be presented at their level of health literacy without stigmatization.
4. Education is a component of the comprehensive nursing care of patients and significant others experiencing cancer, as well as the public.
5. Education must engage patients, their significant others, and the public and guide them in using various methods of obtaining information, including technology.
6. Inappropriate responses to the potential or actual threat of cancer may be modified by enhancing knowledge, skills, and attitudes of patients, their significant others, and the public.

7. Application of principles of adult education theory enhances learning.
8. Professional oncology nurses are role models in cancer education.
9. All educational activities reflect sensitivity to and respect for diverse cultural backgrounds and health belief systems of patients and significant others experiencing cancer.
10. Professional oncology nurses provide care in a variety of settings, including hospitals, ambulatory settings, private practices, homes, and hospices.

This edition of *Standards of Oncology Education: Patient/Significant Other and Public* is designed to affirm the nursing role of educator (ANA, 2015) and is reflective of current practice trends, including evidence-based practice. Updated references are provided for registered nurses to use in their role as educator for patients, significant others, and the public.

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