

2008

Oncology Nursing Society

Oncology Clinical Nurse Specialist Competencies



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Oncology Clinical Nurse Specialist Competencies

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Project Overview

Introduction

The American Cancer Society (ACS, 2008) estimated that 1,437,180 new cases of cancer will be diagnosed and that 565,650 Americans will die of cancer in 2008. Although survival rates continue to climb, cancer remains the second most common cause of death in the United States, exceeded only by heart disease. In the United States, cancer accounts for one in every four deaths (ACS, 2008). Those who survive cancer often continue to receive treatment and require close follow-up care and surveillance. The National Cancer Institute (NCI) estimated 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, 2007). 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 September 2008, the membership of the Oncology Nursing Society (ONS) included 910 oncology clinical nurse specialists (OCNSs).

Process

The *Oncology Clinical Nurse Specialist Competencies* reflect the work of a multiorganizational national panel. In 2005, ONS convened a panel representing six national nursing organizations whose foci include advanced practice registered nursing education, oncology nursing practice, and certification of advanced practice oncology nurses. The charge of the panel was development of competencies for oncology nurse practitioners and OCNSs. After preliminary review of the literature and existing competencies for nurse practitioners and clinical nurse specialists (CNSs), the panel decided that the competencies for the two roles should be developed separately. The core panel worked on both projects, while additional practitioners and educators for each role were added to the panel to develop the role-specific competencies. The *Oncology Nurse Practitioner Competencies* were completed and published in July 2007. Both projects followed the same comprehensive process for development of the competencies. To develop the competencies, ONS followed the recommended process for competency development that is described in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*, which was developed by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee (2008). ONS facilitated the work of the national panel through three phases that encompassed development, field review by practicing OCNSs, and external validation of the competencies.

During their first meeting, the national panel reviewed the existing body of work, including standards of practice for oncology APRNs and existing competencies for CNSs (see Appendix A), and began drafting the competencies. The panel agreed that the *Oncology Clinical Nurse Specialist Competencies* would build upon the core competencies for all CNSs developed by the National Association of Clinical Nurse Specialists (NACNS). The panel also agreed to use the conceptual framework developed by NACNS that describes the spheres of influence of CNS practice. The three spheres of influence in which the OCNS competencies are organized are the patient, the nurse and nursing practice, and the organization/system. The framework is based upon the position that CNS practice is consistently targeted toward achieving quality, cost-effective outcomes through patient care by influencing the practice of other nurses and nursing personnel and by influencing the healthcare organization to support nursing practice (NACNS, 2004). Following the first meeting, the group convened several times by conference call to complete the first draft of the competencies for each of the three spheres.

In December 2007, phase two of the project, the field review, was initiated. All ONS members who were CNSs and reported an e-mail address (approximately 840 nurses) 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, respondents could provide suggested revisions.
- Relevance of each competency, answering the question: Is the competency necessary for the entry-level OCNS?
- Comprehensiveness of the document, providing any missing knowledge, skill, or attribute of the entry-level OCNS.

Approximately 168 members requested a copy of the document to review, and 66 completed reviews were received by the deadline. Demographic data collected from the field reviewers revealed that the majority had practiced in nursing for more than 20 years (71%) and in oncology for 16 or more years (77%). Experience as an OCNS was more evenly distributed, with 24% having practiced as an OCNS for five or fewer years, 26% having practiced for 6–10 years, 11%

having practiced 11–15 years, 18% having practiced 16–20 years, and 21% having practiced for more than 20 years. 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 began in August 2008.

A request for validation panel members was sent to a wide range of specialty nursing organizations, certifying bodies, and NCI-designated comprehensive cancer centers. Through these organizations, the validation panel comprised 23 individuals. 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 again convened on conference calls to review the feedback from the validation panel and revise the competencies. Following the final revisions, the document included 110 entry-level competencies expected of all OCNSs.

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 OCNSs' entry into practice.

Overview

This document describes entry-level competencies for OCNSs who care for adults and late adolescents. Graduate programs that prepare OCNSs 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 CNSs (see Appendix A). Upon graduation from a graduate OCNS program or entry into advanced oncology nursing practice, the OCNS should demonstrate the competencies described in this document.

The competencies in this document emphasize the unique philosophy of practice for the OCNS specialty and the unique needs of patients with a past, current, or potential diagnosis of cancer. OCNSs 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 OCNSs 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. As OCNSs gain experience, their practice may include more advanced and additional knowledge, skills, and abilities not included in these entry-level competencies.

OCNSs 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. OCNSs provide care to specific populations in cancer prevention, screening, diagnosis, active treatment, palliative care, and rehabilitation in conjunction with the interprofessional healthcare team. The OCNS is an expert clinician and patient advocate who provides direct care for patients with complex cancer-related problems and diagnoses. The OCNS also works to improve cost-effective patient outcomes by advancing oncology nursing practice and influencing the organizations and systems in which care is provided. The OCNS uses all available evidence and works toward evidence-based practice to effect positive changes in the health of and healthcare delivered to patients with a past, current, or potential diagnosis of cancer.

The following definitions apply to terms frequently used throughout this document.

Patient refers to adult and late adolescent individuals, their families, unrelated significant others and caregivers, and the community.

Evidence based reflects/includes all sources of evidence from expert opinion to meta-analyses.

Intervention refers to a variety of nursing actions including but not limited to pharmacologic, nonpharmacologic, and education. Interventions can be at the patient, nurse/nursing, or system level.

Nursing-sensitive patient outcome (NSPO) refers to any outcome potentially influenced by nursing care.

Interprofessional care refers to the reciprocal interaction of two or more professional individuals, from different disciplines, working toward the mutual goal of improved outcomes for patients.

These competencies, in addition to the core competencies (NACNS, 2004) for all CNS practice, reflect the current knowledge base and scope of practice for entry-level OCNSs. As scientific knowledge expands and the healthcare system and practice change, the CNS competencies will evolve. The *Oncology Clinical Nurse Specialist Competencies* project team also acknowledges that while they were working on developing these competencies, a similar effort was facilitated by the American Nurses Association and the American Board of Nursing Specialties on behalf of the National Association of Clinical Nurse Specialists to develop a nationally validated set of core competencies for all CNSs, regardless of specialty. The *Oncology Clinical Nurse Specialist Competencies* will periodically be reviewed and updated to reflect scientific advances and evidence-based changes in practice, including the new set of core competencies for all CNSs.

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Oncology Clinical Nurse Specialist Competencies

I. PATIENT/CLIENT SPHERE OF INFLUENCE

In this sphere, which is foundational to the other two spheres, the oncology clinical nurse specialist (OCNS) uses knowledge and skills to assess, diagnose, and manage illness (symptoms and functional problems) and risk behaviors in patients with a past, current, or potential diagnosis of cancer. To improve nursing-sensitive patient outcomes (NSPOs) for patients with cancer, the OCNS demonstrates knowledge, skills, and behavior in the design, delivery, and evaluation of innovative, cost-effective, quality interventions for illness problems and risk behaviors amenable to nursing interventions. By focusing on problems amenable to nursing interventions, the OCNS achieves improved NSPOs.

A. Assessment of Health Status

1. Obtains a relevant health history for patients with a past, current, or potential diagnosis of cancer, which includes a review of systems and the evaluation of the presence or absence of manifestations of cancer and cancer treatment.
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
 - a. The community at large
 - b. At-risk populations
 - c. Patient with a past, current, or potential diagnosis of cancer.
4. Obtains comprehensive information related to risk, diagnosis, or past experience with cancer.
5. Assesses patients' personal and family history of cancer and the need for genetic counseling and/or testing.
6. Performs a physical assessment of patients with cancer that includes an evaluation of manifestations related to cancer and cancer treatment.
7. Assesses the impact of physical comorbidities on cancer symptoms and response to treatment.
8. Assesses for common signs and symptoms indicating the presence of cancer, disease progression, or recurrence.
9. Assesses for signs and symptoms of oncologic emergencies in high-risk patients.
10. Conducts a pharmacologic assessment, including over-the-counter medications, prescription drugs, nutritional supplements, and other complementary, alternative, and integrative therapies, to identify any potential interactions with cancer therapeutics.
11. Assesses the risks of polypharmacy to the patient's health and treatment plan.
12. Performs a comprehensive assessment of functional status and ability to perform routine activities of daily living.

13. Assesses for presence of psychological comorbidities, past and present coping skills, and the psychosocial impact of the cancer experience, including emotional distress and grief.
14. Assesses for risk of sexual or fertility-related problems or issues in patients with a past, current, or potential diagnosis of cancer, including the impact on relationships.
15. Assesses developmental, cultural, ethnic, racial, spiritual, gender, and socioeconomic variations in symptom presentation or illness experience of patients with cancer.
16. Assesses educational needs related to a past, current, or potential diagnosis of cancer and cancer treatment.
17. Assesses the roles, tasks, and stressors of individuals, support systems, and caregivers and their ability to manage the cancer experience.
18. Assesses the need for changes in equipment or other products based on evidence, clinical outcomes, and cost effectiveness to improve outcomes for patients with cancer.
19. Identifies the need for new or modified methods or tools to better assess patients with a past, current, or potential diagnosis of cancer.
20. Analyzes data from target groups and populations to design new programs to improve patient outcomes.
21. Documents assessment findings to facilitate coordination of care among healthcare providers.

B. Diagnosis of Health Status and Plan of Care

1. Develops differential diagnoses of cancer-related problems and risk factors for patients, with a focus on manifestations of cancer and cancer treatment.
2. Diagnoses physical and psychosocial problems based on knowledge of symptoms, functional status, risk factors, or developmental processes.
3. Plans for the management of cancer and cancer treatment–related symptoms.
4. Integrates interventions into the plan of care to prevent, remediate, modify, or resolve expected and unexpected outcomes in patients with cancer.
5. Integrates pharmacologic and nonpharmacologic treatment modalities into the plan of care.
6. Contributes to a comprehensive plan of care as patients transition from active treatment to long-term survivorship or end-of-life care.
7. Integrates long-term evaluation and management of late effects of treatment into the plan of care.
8. Provides information about clinical trials and research studies for which patients may be eligible.
9. Incorporates appropriate patient care technology into the plan of care for patients with cancer.
10. Documents the cancer-specific plan of care and intended patient outcomes to facilitate communication among healthcare team members.

11. Contributes to the resolution of anticipated ethical conflicts that may arise in the care of patients with a past, current, or potential diagnosis of cancer.

C. Interventions

1. Facilitates an interprofessional and evidence-based approach to the management of patients with a past, current, or potential diagnosis of cancer across the continuum of care.
2. Uses evidence-based interventions for patients that target cancer-related risk reduction.
3. Refers patients to other healthcare providers for further evaluation as appropriate.
4. Facilitates transitions between healthcare settings to provide continuity of care.
5. Integrates nursing interventions into an interprofessional plan of care to improve NSPOs for patients with cancer.
6. Uses system and community resources that improve the delivery of care for patients with a past, current, or potential diagnosis of cancer.
7. Provides anticipatory guidance and education to assist patients in coping with the diagnosis of cancer and its potential or expected outcomes.
8. Addresses comorbid conditions when implementing cancer treatment.
9. Initiates appropriate interventions for patients experiencing an oncologic emergency.
10. Uses an ethical framework in all aspects of patient care to assist patients with cancer on issues related to the care and management of symptoms, advance directives, and palliative and end-of-life care.
11. Facilitates palliative and end-of-life care for patients with cancer in collaboration with patients and other members of the interprofessional healthcare team.

D. Evaluation

1. Identifies methods to evaluate outcomes of nursing interventions for patients with a past, current, or potential diagnosis of cancer.
2. Evaluates clinical effectiveness, patient responses, efficiency, cost effectiveness, and ethical considerations of interventions for patients with a past, current, or potential diagnosis of cancer.
3. Monitors progress toward targeted outcomes for patients with a past, current, or potential diagnosis of cancer and facilitates modifications as needed.
4. Evaluates the overall effect of interventions on patients, based on synthesis of data.
5. Documents patient care outcomes in a reportable manner.
6. Evaluates the use of new or modified methods or tools to assess patients with a past, current, or potential diagnosis of cancer.

7. Evaluates the use of innovative or modified interventions for the care of patients with a past, current, or potential diagnosis of cancer.

II. NURSE AND NURSING PRACTICE SPHERE OF INFLUENCE

In this sphere, the OCNS advances nursing practice and improves NSPOs by updating and improving norms and standards of oncology nursing practice. The OCNS provides leadership, knowledge, skills, and behavior-modeling that influence nursing practice. The OCNS also influences the development of evidence-based policies, procedures, and protocols, as well as best practice models and guidelines.

A. Assessment

1. Identifies methods to assess outcome trends related to oncology nursing practice within and across units of care and practice settings.
2. Assesses outcome trends related to oncology nursing practice within and across units of care and practice settings.
3. Assesses knowledge, skills, and practice competencies of nurses and nursing personnel to advance the practice of oncology nursing, using tools and instruments when available.
4. Identifies needed changes in processes of care, therapeutic approaches, equipment, or other products based on evidence to improve oncology nursing practice.
5. Assesses the influence of nursing practice on desirable and undesirable outcomes for patients with a past, current, or potential diagnosis of cancer.
6. Analyzes barriers and facilitators to quality nursing practice and positive NSPOs for patients with a past, current, or potential diagnosis of cancer, within or across settings.
7. Assesses collaboration and communication of the interprofessional cancer care team.
8. Analyzes role conflicts or confusion and seeks information that leads to resolution.

B. Diagnosis, Outcomes Identification, and Planning

1. Monitors oncology nursing practice to identify desirable and undesirable outcomes.
2. Determines aspects of oncology nursing practice that require change, improvement, or maintenance based on available evidence.
3. Plans strategies to overcome barriers and facilitate changes in oncology nursing practice, including the implementation of new programs, products, and devices.
4. Analyzes the clinical, human resource, and fiscal implications of implementing programs, products, and devices into oncology nursing practice.
5. Plans educational programs that target the needs of staff to improve oncology nursing practice and outcomes for patients with a past, current, or potential diagnosis of cancer based on available evidence.

C. Intervention

1. Develops new, evidence-based solutions to existing cancer-related care issues.
2. Incorporates evidence-based information into oncology nursing to improve NSPOs.
3. Mentors nurses to critique and apply evidence to oncology nursing practice.
4. Implements innovative interventions that improve NSPOs.
5. Develops oncology-related policies, procedures, standards, and guidelines based on available evidence.
6. Implements interventions that improve oncology nursing care related to complex patient care problems that are consistent with system resources and evidence.
7. Implements strategies to overcome barriers to implementation of new programs, products, and devices that affect oncology nursing practice.
8. Implements educational programs, based on assessed needs of staff, to improve oncology nursing practice and patient outcomes.
9. Mentors nursing staff to develop and implement innovative, cost-effective programs of care for patients with a past, current, or potential diagnosis of cancer.
10. Mentors nurses to acquire new skills, maintain skills, and develop nursing careers in oncology.
11. Creates a nursing practice environment that stimulates self-learning and reflective practice.

D. Evaluation

1. Evaluates methods used to implement improvements in the nursing care of patients with a past, current, or potential diagnosis of cancer.
2. Evaluates the effects of changes in oncology nursing practice on patient and staff outcomes.
3. Documents outcomes of changes in oncology nursing practice in an accessible, reportable manner.
4. Disseminates outcomes of changes in oncology nursing practice to diverse internal and external stakeholders.

E. Professional Role

1. Promotes life-long learning and evidence-based practice, by self and others, to improve the care of patients with a past, current, or potential diagnosis of cancer.
2. Participates in community and professional organizations that influence cancer care and support the role of the OCNS.
3. Demonstrates effective communication skills with patients, nurses, and interprofessional groups.
4. Contributes to the oncology knowledge base of the healthcare community through activities such as community outreach, involvement in professional organizations, presentations, publications, and participation in research.

5. Maintains professional competence and credentials appropriate to the clinical nurse specialist role and the oncology specialty.
6. Disseminates knowledge required to care for patients with a past, current, or potential diagnosis of 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 a past, current, or potential diagnosis of cancer.
8. Participates in clinical and nursing research to promote positive outcomes for patients with cancer.

III. ORGANIZATION/SYSTEMS SPHERE

In this sphere, the OCNS influences healthcare organizations and systems by articulating the contributions of oncology nursing care and acts as an advocate for professional nursing. To improve NSPOs for patients with cancer, the OCNS provides leadership, knowledge, and skills to influence changes in systems that promote oncology nursing best-practice for the improvement of quality, cost-effective outcomes. The OCNS leads nursing and interprofessional groups to implement innovative patient care programs that address patient needs across the full continuum of care.

A. Assessment of Health Status

1. Performs system assessments to identify organizational structures and functions that affect oncology nursing practice and outcomes.
2. Assesses system variables, such as professional climate, organizational culture, finances, regulatory requirements, and external demands that influence oncology nursing practice and outcomes.
3. Analyzes facilitators and barriers to oncology nursing practice within and external to the organization/system.
4. Analyzes systemwide variations in oncology nursing practice.

B. Diagnosis, Outcomes Identification, and Planning

1. Analyzes barriers and facilitators to achieving desired outcomes of cancer care programs.
2. Diagnoses variations in organizational culture, such as values, beliefs, or attitudes, that can affect oncology outcomes.
3. Analyzes the impact of legislative and regulatory policies on oncology nursing practice.

C. Intervention

1. Develops system-level policies that can be generalized across different oncology units and settings, populations, or specialty services.
2. Leads nursing and interprofessional groups that address issues related to cancer care.

3. Implements evidence-based patient care programs that address issues affecting patients across the continuum of cancer care.
4. Participates in the development of interprofessional standards of practice and evidence-based guidelines for oncology care.
5. Collaborates with stakeholders to foster the adoption of oncology practice innovations.
6. Implements strategies to reduce system-level barriers to changes in oncology nursing practices and cancer-related programs of care.
7. Implements processes to sustain evidence-based changes in oncology nursing practice, cancer programs of care, and clinical innovation.
8. Participates in legislative and regulatory initiatives to advance the health care of the public across the cancer continuum.
9. Promotes the use of information systems to improve cancer care across settings.

D. Evaluation

1. Evaluates system-level clinical and fiscal outcomes of oncology products, devices, and patient care processes.
2. Uses organizational structure and processes to provide feedback regarding effectiveness of oncology nursing practice.
3. Evaluates the effectiveness of interprofessional communication in meeting identified outcomes of cancer care programs.
4. Evaluates organizational policies for the ability to support and improve outcomes of cancer care programs.
5. Uses the results of system-level evaluations to make process or structural changes, including policy, procedure, or protocols affecting oncology nursing practice across settings.
6. Evaluates the impact of oncology nursing interventions on human and fiscal resources.
7. Documents the evaluation of the impact of OCNS practice on the organization in a measureable and reportable manner.
8. Disseminates to stakeholders the impact of OCNS practice on systemwide and nursing practice outcomes.

Appendix A. Bibliography

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