

## **DEDICATION**

The Canadian Association of Nurses in Oncology/L'Association canadienne des infirmières en oncologie (CANO/ACIO) Standards of Care, Roles in Oncology Nursing and Role Competencies is dedicated to those people living with cancer and their families across Canada. They taught us about courage, compassion and survival. Oncology nurses learn every day in their interactions with patients and their caregivers about what the journey of cancer means to them, and how to live life to the fullest extent.

## **CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY/ASSOCIATION CANADIENNE DES INFIRMIÈRES EN ONCOLOGIE (CANO/ACIO)**

Established in 1984, the Canadian Association of Nurses in Oncology/l'Association canadienne des infirmières en oncologie (CANO/ACIO) ([www.cos.ca/cano](http://www.cos.ca/cano)) became the first national professional association to support the efforts of Canadian nurses in promoting and developing excellence in oncology nursing. Throughout CANO/ACIO's history, the desire to optimally meet the health care needs of individuals and their families affected by cancer has been the underlying motivation of the organization and its membership.

### Mission

The Canadian Association of Nurses in Oncology/L'Association canadienne des infirmières en oncologie (CANO/ACIO), supports registered nurses in providing excellence in nursing care across the entire cancer control system for individuals, families and communities who are affected by or who are at risk for developing cancer. Support is achieved through:

- C promoting competent care through the development of current standards
- C promoting the highest quality of care through the development of practice guidelines
- C advocating for the role of nursing
- C promoting and facilitating professional and personal learning opportunities
- C advancing knowledge related to cancer and cancer care including the specialty of oncology nursing through research
- C creating networking opportunities
- C maximizing utilization of expertise and collegial consultation
- C monitoring and communicating information about relevant issues
- C recognizing excellence.

### Vision

CANO/ACIO will be a dynamic organization recognized locally, provincially, nationally, and internationally as the voice for Canadian oncology nurses. Through the energy, expertise, and active participation of the membership, CANO/ACIO will be a powerful health care partner in advancing the delivery of cancer control services in Canada. As the leader in promoting excellence in oncology nursing practice, administration, education, and research CANO/ACIO will be known for:

- C providing services that are responsive to membership needs
- C strengthening the role of nursing in the delivery of cancer care across the spectrum of health care settings
- C promoting the development of oncology nursing as a specialty
- C influencing change and participating as a key partner at all levels of the cancer control and health care system
- C providing oncology nursing expertise and consultation to other associations, educational institutions, health care agencies, industry, and government.

## Value Statements

CANO/ACIO is committed to:

- C Advancing the nursing care of individual, families, and communities affected by cancer through:
  - C equitable access to nursing expertise
  - C highly competent practitioners
  - C evidence-based care
  - C client-focused care
  - C collaboration and mutually shared goals of care
  - C advocacy
  - C maximization of health, well-being, and quality of life.
  
- C Promoting effective working relationships through:
  - C interdisciplinary and collaborative practice
  - C partnerships
  - C communication
  - C respect.
  
- C Supporting our membership through:
  - C accountability
  - C communication
  - C fiscal responsibility
  - C diverse membership contribution to the organization.

The profession of nursing and the specialty of oncology nursing are essential components of health care services across the cancer continuum.

## ACKNOWLEDGMENTS

### CANO/ACIO Leadership

To Carolyn Tayler and Sue Ness who created the need for a group dedicated to creating a vision for oncology nursing education and supported the project through its many months.

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### CONEP Group

The group whose work is reflected in this document and who had the creative energies to develop the idea and make it a reality are:

Denise Bryant-Lukosius, Ontario, Marie-Andree Chasse, Alberta, Marilyn Kilpatrick, Manitoba, Marika Swidzinski, Quebec, Karen Tamlyn, New Brunswick, Shelagh Knight, Carreen O'Connor and Debbie Gravelle, Ontario.

The primary authors of the work are:

Karima Velji, Ontario, Barbara Love (Co-leader), McMaster University, and Esther Green (Co-leader), ONEP.

Dr. Sheryl Boblin, McMaster University and an expert in nursing competencies, worked as a consultant to the group.

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## INTRODUCTION

CANO/ACIO is the national professional organization for oncology nursing. CANO/ACIO has taken bold steps to establish the foundation for the specialization of oncology nurses and the leadership role nurses play in the delivery of health care services in Canada. Similar to other professional disciplines, CANO/ACIO set standards for nursing practice. These outlined the structure and process of nursing care. In keeping with other specialized practices, CANO/ACIO worked with the Canadian Nurses Association (CNA) to develop certification in oncology nursing. Nurses who meet the requirements and criteria, and successfully pass a designated examination, can achieve the distinction of being certified as Certified in Oncology Nursing (Canada) [CON(C)].

As the professional organization for oncology nursing, CANO/ACIO has the responsibility to determine the educational preparation, roles and competencies that nurses require to meet the needs of people living with cancer. Under the auspices of CANO/ACIO, adult and pediatric oncology nurses have delineated the Standards of Care to which Canadians with cancer are entitled. These standards are client-focused statements to ensure that all individuals with a diagnosis of cancer and their families receive the level of care and expertise from the nurses who care for them.

### Standards of Care, Roles in Oncology Nursing and Role Competencies

The purpose of this document is to outline the scope of practice and responsibilities of nurses interacting with a specialized group of clients, that is, people living with cancer. The Standards of Care are the philosophical touchstones determining the cognitive, communicative, strategizing, clinical and evaluative interactions between the individual, family and community. Canadians who are living with cancer and those who are at risk for cancer, are entitled to the care, resources and expertise to enable them to cope with this illness and its treatment.

### Why this Document is Necessary

Across Canada, there has been no consensus on role definitions, scope of practice and levels of preparation in cancer nursing. The value of education to support nursing practice has not been recognized or supported in the health care environments. The expansion of knowledge, new research findings, and potential breakthroughs in treatment and care exemplify the need for specialty education to support nurses in practice and prepare new nurses to enter this specialty. New understanding of the genetic basis of cancer, use of online health resources, and developments in integrative medicine that promote the use of complementary therapies along with traditional medicine create the conditions for new specialties in nursing. Oncology nurses are well prepared to develop and lead initiatives which ensure that quality cancer care remains the focus as these trends reshape the delivery of care to persons with cancer. Therefore, a national comprehensive strategy to ensure that nurses have access to comparable opportunities for learning and developing expertise in cancer care is needed.

It is imperative that the Standards of Care that Canadians are entitled to receive are established, that nursing roles and competencies that guide practice are outlined, and that the linkages are created between basic and graduate education, clinical practice, certification and

continuing education. These areas provide the foundation upon which decisions can be made to:

- C define appropriate levels of staffing;
- C establish appropriate nursing roles and responsibilities within an organization or agency;
- C determine the curriculum for oncology nursing education;
- C determine the outcomes of care influenced by nursing interventions; and
- C define public policy on the role of nursing in specialty care.

CANO/ACIO empowered a group of oncology nurses to establish the Standards of Care, Roles and Competencies. This group researched the literature, accessed similar work developed in countries such as the United States and the United Kingdom to develop the Standards, Roles and Competencies. A Glossary of Terms was developed to ensure clarity in the use of statements and terms, for nurses, people with cancer, their families and other health professionals. Wherever possible, the Terms are referenced to literature or other resources supporting the use and validity of the statements and words.

During the development of this document, the group of nurses working on the Standards of Care, Roles and Competencies undertook several reviews with nurses, administrators, academics and researchers, and most importantly, with people living with cancer and their families. The purpose of these reviews was to obtain feedback and critical analysis through the developmental stages of the work. This feedback was invaluable in validating and expressing the issues and health care needs. People with cancer, some of whom were nurses, taught us through their personal journeys about the meaning of the experience, their needs and the ways in which the profession can and should respond.

## PREAMBLE

### Incidence of Cancer and Its Impact on Canadians

The incidence of cancer is increasing in Canada. Cancer will occur in 1 out of every 3 Canadians and is the second leading cause of death with 65,000 deaths annually. Of 132,100 new cases of cancer each year, 1,279 involve children (Canadian Cancer Society, 2000). Cancer is the leading cause of premature death. By the year 2010, it is projected that cancer will become the leading cause of death overall (Canadian Cancer Society, 2000).

The number of Canadians diagnosed with cancer is steadily rising each year. While cancer may occur at any age, it is primarily a disease of older Canadians with 70% of new cases and 82% of deaths occurring in those Canadians 60 years of age and older. These factors mean that, by the year 2015, the number of new cases will increase by 70% (Health Canada, 2000a). During their lifetimes, 1 in 9 women are expected to develop breast cancer; 1 in 18 will develop colorectal cancer; and 1 in 20 will develop lung cancer (Canadian Cancer Society, 2000). Among men, 1 in 9 will develop prostate cancer during their lifetime, most after the age of 70; 1 in 11 will develop lung cancer; and 1 in 16 will develop colorectal cancer.

Although the number of new cases is rising dramatically each year, improved treatments and care are resulting in longer survival patterns. The increase is a function of the availability of new treatments; broadening indications for the use of chemotherapy; development of evidence-based guidelines; and earlier detection of cancer through improved patient awareness and improved screening programs. Cancer survivorship will present many challenges to the health care system in the 21<sup>st</sup> century. Whether a patient will live with cancer as a chronic illness or be cured of the disease, the implications for surviving the experience go beyond the traditional notion of the diagnosis and treatment of the disease (Spröss & Heaney, 2000).

With increased success in the treatment of childhood cancer, in 2000, 1 in 900 Canadians are survivors of pediatric cancer. This group is at high risk for developing second cancers in adulthood. Thus, they require education, screening and monitoring to assess and detect the long-term effects of cancer therapy (Greenberg & Greenberg, 1994). Childhood cancer is unique in many respects. The management of childhood cancers, the prognoses and implications are quite different than adult cancers. This is a population that requires specific attention and a body of knowledge in pediatric oncology nursing.

Cancer patients and their families have many unmet needs, primarily relating to the psychosocial adjustment to cancer as a chronic illness (Canadian Cancer Society, 1990; Houts, Yasko, Kahn, Schelzel, & Marconi, 1986). Individuals with cancer experience a complex set of needs and problems as a result of aging, more aggressive therapy and improved survival (Ontario Ministry of Health, 1994). Over 25% of cancer patients experience major depressive illness, generalized anxiety disorders or adjustment disorders within the first 2-3 years following diagnoses (Maguire, Tate, Brook, Thomas, & Sellwood, 1980). The impact of cancer is multidimensional; all domains of life are affected: physical, psychological, social, functional, financial, and family dynamics.

The chronicity of the illness creates challenges for the person and family members relevant to:

- a) the long-term nature of treatment;
- b) phases of illness;
- c) the transitions from acute to community to palliative care;
- d) the notion of being a cancer survivor; and
- e) re-defining normalcy in life and relationships.

Each patient's journey with cancer is unique and health care professionals cannot take for granted or assume to know the impact on the person.

In 1998, the costs of cancer care in Canada were about \$14.5 billion. Of this, \$2.8 billion was in direct costs and \$11.7 billion in indirect costs (Cancer Bureau, 2000). Cancer affects Canadian society in many ways. There is the personal suffering of individuals, their families, communities and friends. There are economic hardships caused by the direct costs of health care and the indirect effects of loss of productivity. From a societal perspective, there are loss of knowledge, lost opportunities, and diversion of resources. Indirect costs are associated with increased utilization of health care services related to coping with the impact of cancer as a chronic illness. Inability to address these needs not only leads to avoidable distress and suffering, but also places an enormous financial and resource burden on social and health costs. Timely and supportive nursing interventions aimed at promoting adjustment to chronic illness have been proven to be effective in maximizing health outcomes and reducing health care costs (Browne et al., 1995).

### The Cancer Continuum

Quality cancer care entails timely access to coordinated, comprehensive care that is provided by a multidisciplinary team of health professionals throughout the cancer trajectory. The complexity of prevention, screening, early detection of cancer care and follow-up monitoring added to the continuing need to find curative treatment strategies, better symptom management and improved palliative care are issues of concern for all health professionals delivering care throughout the cancer continuum.

The cancer continuum includes the elements of:

- C prevention,
- C screening,
- C early detection, and
- C accurate diagnosis,
- C treatment,
- C symptom management,
- C education,
- C supportive care that includes family members,
- C rehabilitation,
- C long-term follow-up for survivors, and
- C palliative care for those with advanced disease and at end of life.

These elements must be incorporated into a comprehensive coordinated and multidisciplinary approach.

Prevention includes those activities that educate the public about cancer risks and life-style changes that can decrease the incidence of cancer, such as smoking cessation; nutritional and fitness counseling; and education about environmental exposures.

Early detection includes evidence-based screening programs and guidelines that facilitate the detection of malignancies when they are most curable. Screening and early detection programs include:

- C comprehensive physical examination;
- C risk assessment and education;
- C mammography;
- C prostatic specific antigen (PSA) levels;
- C Pap tests;
- C sigmoidoscopy/colonoscopy; and
- C skin assessment.

In recent years, cancer genetic risk assessment, education and counseling have been introduced.

Treatment encompasses access to the range of treatment modalities appropriate to the management of the type and stage of cancer. These include:

- C surgery,
- C radiation therapies,
- C chemotherapy,
- C hormonal therapies,
- C biological modifiers,
- C bone marrow transplantation,
- C rehabilitation therapies, and
- C complementary therapies.

Supportive care, by definition, is the provision of the necessary services as defined by those living with or affected by cancer to meet their physical, social, emotional, nutritional, informational, psychological, spiritual and practical needs throughout the spectrum of the cancer experience (Fitch, 2000). Thus, supportive care incorporates the provision of comprehensive symptom management, psychosocial care, education for individuals with cancer, and their families about treatment, side effects and symptom management, and timely access to competent community resources for care at home or other community settings. Comprehensive supportive care is essential to enhancing the quality of life for people with cancer and their families.

Long-term follow-up may include rehabilitative services, emphasis on health promotion, subsequent disease prevention or prompt detection of recurrence, and identification and interventions for both physiological and psychological sequelae of the disease and treatment.

Palliative care modalities improve the aspects of comprehensive pain and symptom control, patient and family decision-making, attentive psychosocial care, hospice care, palliative home care and bereavement counseling. Palliative care, as defined by the World Health Organization (1990) is the active total care of patients whose disease is not responsive to curative treatment; where control of pain, other symptoms and psychological, social and spiritual problems is of paramount importance. End of life care must be provided in a competent manner, respecting the spiritual, cultural and ethnic preferences of the patient and family.

There has been a shift in the health care environment from tertiary care to ambulatory and community care. This shift has created challenges for health professionals to provide care and meet the educational and psychosocial needs within a fluid environment. With decreased utilization of in-patient services and the delivery of new protocols and therapeutic interventions across the continuum, there are inadequate opportunities for patient teaching assessment, intervention, and counseling. Patients, their families and community resources may be ill-prepared and challenged to manage problems that occur at home.

A new and emerging trend to enable patients to receive care in their home community has led to a shift from highly skilled and resourced tertiary care facilities to community-based satellite programmes (Ontario Cancer Treatment and Research Foundation, 1995; Pediatric Oncology Group of Ontario, 1995). While this trend provides multiple advantages for patients and families in terms of finances, accessibility to cancer care and their own supportive network, the ability to provide consistent standards of care in satellite centers is often limited by the lack of resources and oncology expertise.

### Oncology Nursing

Nursing is concerned with the experience of health and illness, the promotion of independent functioning, and the provision of physical and emotional support for individuals and families. Nurses work with patients and their families throughout the cancer experience, providing care, coordination of the plan of care, education and counseling, and referral to community and other resources to meet the person's on-going needs.

Cancer care requires a dedicated team of health care professionals with expanded knowledge, clinical skills, and judgement and understanding of the needs of individuals living with cancer. The nurse plays a major role in working with the team, coordinating care and connecting the patient to resources throughout the cancer trajectory. Nurses work in collaboration with oncologists, radiation therapists, social workers, clinical dietitians, family physicians, pharmacists, psychologists, chaplains, psychiatrists, and others to provide comprehensive care for people with cancer and their families. In a population-focused system, an interdisciplinary team provides the most efficient and comprehensive care. No single discipline can provide care in isolation. To be effective, the health care teams focus on how to work together and appreciate the contribution of each member.

Nursing knowledge is derived from biological, social, behavioural and physical sciences. Knowledge is advanced through research findings and the integration of theoretical models applied to nursing practice. A major goal of nursing is the delivery of high quality, cost-effective care. To achieve the goal, there needs to be access to current scientific knowledge

and the ability of the nurse to think critically about the use of knowledge to positively affect desired patient outcomes (Barnsteiner, 1996). Nursing interventions and interactions are directed at influencing a change in health status and quality of life. These interventions are directed at:

- C preventing illness;
- C promoting adaptation to illness;
- C treating episodes of illness;
- C alleviating symptoms;
- C rehabilitation during chronic illness and disability over the life span; and
- C supporting individuals and families during the end of life transition.

Oncology nurses work with individuals with cancer and their families in many settings and environments. These settings include hospitals, emergency units, chemotherapy clinics, cancer centres, community, and palliative and hospice units. Oncology nurses are engaged in genetic counselling, screening programs, community care, health promotion, public education, nursing education, clinical trials, research and administration.

Care may begin when an individual is seen in a cancer screening environment, or in the doctor's office when cancer is first detected. As the individual begins to experience the diagnostic and treatment phases of their cancer experience, the nurse provides education, manages the complexities of care and supports the individual and the family. The increasing volume of treatment has precipitated an increase in demand in service from oncology nurses in relation to the delivery of complex, acute interventions, symptom management, teaching and counselling, and follow-up care and support for survivors.

There is an unprecedented expansion of nursing roles resulting from rapid advances in treatment and technology (Calkin, 1988). Nurses caring for patients with cancer in any setting play a critical role in maintaining and improving well-being and quality of life by recognizing early signs and symptoms and prompting early intervention (Shaffer, 1997). It is the nurse to whom patients and families turn, to learn more about their illness and treatment (Whelan et al., 1997; Ashbury, Findlay, Reynolds, & McKerracher, 1998). Research has demonstrated the positive impact of nursing interventions in assisting patients and families to cope with the impact of cancer (Corner, 1996; McMahon & Pearson, 1991; Wilkins-Fawzy, 1995). The goals of effective treatment are to intervene early, prevent complications, provide symptom management, and restore well-being and quality of life (Frenkel, Bick, & Rutherford, 1996).

## CONCEPTUAL FRAMEWORK

A conceptual framework is a “set of highly abstract related constructs that broadly explain phenomena of interest” (Burns & Grove, 1993, p. 179). It provides structure and guidance to the development of a project. The conceptual framework for this work is depicted in Figure 1. Three components comprise this framework:

- a) Standards of Care;
- b) Nursing Role; and
- c) Competencies.

### Standards of Care

A standard is a measure, criterion, or specific behavior against which something or someone can be judged (Bloch, 1977; Canadian Nurses Association, 1998). Standards are norms that express an agreed upon level of practice that has been developed to characterize, measure, and provide guidance for achieving excellence (American Nurses Association and Oncology Nursing Society, 1987).

Nursing standards have been developed by the profession in an attempt to describe what nurses do and what nurses are accountable for in practice. They provide a guide to the knowledge, skills, judgements and attitudes that are needed to practice safely (Eifert, 1995). Standards of nursing practice are typically intended to be broad enough to apply to the variety of settings in which nurses work. As such, they tend not to capture the complexities and specifics of nurses' work. In addition, they have been criticized for their focus on tasks as compared to the process of nursing care. Practice standards compartmentalize nursing, and address neither the environment within which nursing is performed nor the nature of the patient for whom care is provided (McCrone, 1994).

Standards of Care, unlike nursing practice standards, are the philosophical touchstones that depict the care to which the individual and family are entitled. The Standards of Care developed in this document recognize the context of the cancer experience, the unique and shared needs of individuals and families with cancer within their communities, the complexity of the health care system and environments, and the necessity for human connection as part of the experience. The individual with cancer has a multitude of needs and by virtue of her/his status, is entitled to Standards of Care within the Canadian health care system (Figures 2 and 3).

### Nursing Role

Health care for the individual with cancer and family is provided by a number of health care professionals. Roles and responsibilities of these providers are both unique and inter-related. Nursing plays a fundamental role in the continuum of cancer care, and for this reason, roles and responsibilities of nurses for each of the Standards of Care have been articulated. The oncology nurse, through education and experience is prepared to respond to the patient, family and communities needs, always maintaining the Standards of Care (Figure 4).

Three categories of nursing have been identified:

- a) Generalist Nurse;
- b) Specialized Oncology Nurse; and
- c) Advanced Oncology Nurse (Figure 5).

### Nursing Competencies

Nursing competencies are defined as statements which describe expected performance behavior and that reflect the professional attributes required in a given role, situation and practice setting (College of Nurses of Ontario, 1999). Competencies depict the integrated knowledge, skills, abilities, attitudes, and judgements expected of a nurse in order to provide safe and effective practice for the public (Figure 6).













## **STANDARDS OF CARE**

Standard 1: Individualized and Holistic Care

Standard 2: Family Centered Care

Standard 3: Self Determination and Decision-making

Standard 4: Navigating the System

Standard 5: Coordinated, Continuous Care

Standard 6: Supportive, Therapeutic Relationship

Standard 7: Evidence-based Care

Standard 8: Professional Care

Standard 9: Leadership

## STANDARDS OF CARE

### Rationale

CANO/ACIO recognizes and respects the knowledge, skill and professional judgement of all health professionals involved in the care of people with cancer and their families. The Standards of Care described in this document presuppose that nurses work within interdisciplinary teams, whose focus is on the immediate and long-term needs and goals of the individual and family.

In determining the practice domains and responsibilities of health professionals and stakeholders interacting with a specialized group of clients/patients, it is important that Standards of Care be stated relevant to the population. Several standard statements are supported by key literature references that validate the content, thinking and where applicable, evidence for the statement.

Standards of Practice are within the domain of professional regulatory bodies. These regulatory groups define the scope of practice and process and structure within which the discipline can apply knowledge and skill to designated populations of clients.

Stating the Standards of Care relevant to the individual with cancer in Canada encourages professionals to determine their roles relevant to those Standards and subsequently, the competencies required both in providing that care and evaluating its outcome.

#### Standard 1: Individualized and Holistic Care

Individuals with cancer and their family are entitled to care that is individualized, holistic, and responsive to and respectful of individual differences, such as but not limited to, developmental, physical, cultural, spiritual, social, economic, philosophical, political, or gender.

### *Rationale*

*Nurses must assess and collaborate with patients in developing a plan that fits the individual's preferences, beliefs and needs. A major challenge to nurses across the cancer continuum is to provide comprehensive psychological and physiologic assessment of the individual's response from the point of diagnosis through to treatment and beyond, and to provide effective and holistic intervention when necessary. No two patients deal with the experience of cancer in the same manner. A diagnosis of cancer affects the physical, psychological, social, spiritual, and economic aspects of the person's life. Patients are seeking to be treated as whole persons rather than as a physical illness. People are complex entities and nurses providing care must take into consideration the multiple aspects of each individual, and their personal circumstances. It is this philosophy of care that offers people who are*

*diagnosed with cancer a means to adapt successfully to the psychological and physiological stresses associated with cancer (Dean, 1999; McMullin, 1992).*

### Standard 2: Family Centered Care

Individuals with cancer and their family are entitled to care that is family centered, incorporates growth and the developmental needs of each member, and is respectful of the family's resources and coping style.

#### *Rationale*

*The experience of cancer causes stress and anxiety in both the individual and the family. The expansion of care from the hospital to the community has resulted in increasing complexity of cancer care at home. The goal of care is to initiate, manage, and evaluate the resources necessary to promote the individual's optimal level of wellness. The family as the unit of care is essential in achieving this goal. Family refers to those closest to the patient in knowledge, care and affection. This includes:*

- C *the biological family;*
- C *the family of acquisition (related by marriage/contract); and*
- C *the family of choice (not related biologically or by marriage/contract) (Canadian Palliative Care Association, 1995).*

*The acuity level and complex needs of people with cancer require nurses to have a broad knowledge base. Competency in family assessment, teaching, counseling, supervising and coordinating community and family resources is essential to provide effective care. Nurses must be ready to assess, intervene, and monitor the ongoing progress of both patient and family (McEnroe, 1996).*

### Standard 3: Self Determination and Decision-making

Individuals with cancer and their family have the right to self-determination<sup>\*</sup>, the right to access information, the right to make decisions about their health care, and the right to have an advocate, if they are unable or choose not to participate in decision-making.

#### *Rationale*

*The experience of cancer puts individuals and families in a position where they have to make important decisions about their health, including decisions about treatment options, type of caregivers who will provide their care, options related to supportive care and advance directives. It is essential that appropriate and accurate information that allows and supports*

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<sup>\*</sup> *Self-determination is defined as the inherent ability to select actions to take or avoid in one's life.*

*informed decisions is provided. In cases where individuals are unable or choose not to make their own decisions, their chosen or legal advocate should be involved. Individuals with cancer and their families deserve to be cared for by nurses who will advocate on their behalf, supporting their beliefs and opinions and their decisions about their health, illness and treatment.*

#### Standard 4: Navigating the System

Individuals with cancer and their family are entitled to care that is respectful of and responsive to their community of living. Community of living includes home, work, school, circle of friends and family and community in which the individual lives. The individual with cancer and family are entitled to assistance in navigating through the cancer and health care systems. Navigation begins when the person first enters the cancer care system, receives treatment and care, and returns to their own community, and re-enters the system at any point along the continuum of care.

#### *Rationale*

*The current health care system that provides care to individuals with cancer is complex. Patients and families often report difficulty in obtaining integrated care and community-based services that consider the domains that make up an individual's life:*

- C *families,*
- C *friends,*
- C *work,*
- C *school, and*
- C *religious and social institutions.*

*Coordinating efforts to provide home care, psychosocial and educational supports, and information to help those who are experiencing the disease can ultimately help them develop effective coping strategies to maximize their healthy functioning. Effective care planning needs to incorporate patient care needs and a focus on the patient's successful reentry into the community (Athlin, Furaker, Jansson, & Norberg, 1993; Chielens & Herrick, 1990; Shegda & McCorkle, 1990; Conkling, 1989).*

*People with cancer and their families have become the primary providers of ongoing care to themselves, increasing their need for knowledge and skill in self-care. As a result more people are involved in their health care, seeking information on the Internet, participating in support groups, and exploring more options such as nontraditional complementary therapies (Mooney, 2000).*

### Standard 5: Coordinated, Continuous Care

Individuals with cancer and their family are entitled to care that is coordinated among providers and across the continuum of cancer control (prevention, screening, early detection, pre-diagnosis, diagnosis, treatment, survivorship and palliation).

#### *Rationale*

*Health care is changing rapidly. There are more options for screening programs, not only in breast screening, and cervical screening, but early detection of prostate cancer, and colorectal cancers. Research continues in early detection and screening for lung cancer. Thus, there are more options for people to know about, to access and to utilize for screening and early detection. Nonetheless, participation in population screening programs is low amongst certain cultural groups (Bottorff, et al. 1999), exacerbating the need for better coordination and public awareness of option.*

*Patients now spend less time in acute care settings and more time receiving care in an ambulatory care environment. Early discharge from the clinic, hospital or home health agency necessitates effective continuity of care planning in order to assure that patients and families will have their health care needs met after discontinuance of tertiary health care services. Simultaneously, the instability of the disease and responses to specific treatments can mean rapid changes in patient status. Patients and families value the phenomena of:*

- C continuity;*
- C proximity and availability;*
- C 24 hour a day individualized care that meets physical, psychological, social, and spiritual needs; and*
- C care that extends beyond the individual to encompass family (Athlin et al., 1993; Chielens & Herrick, 1990; Shegda & McCorkle, 1990; Conkling, 1989).*

### Standard 6: Supportive, Therapeutic Relationship

Individuals with cancer and their family are entitled to a supportive, knowledgeable, caring and therapeutic relationship with care providers throughout their cancer experience.

#### *Rationale*

*Individuals with cancer and their families are entitled to receive care from nurses who are the best at what they do. The exemplary nurse is professional, committed and caring; delivers excellent nursing care in all practice domains; is knowledgeable; has advanced communication skills, and establishes strong therapeutic relationships with clients and peers. Nurses need to maintain the values of health care as characterized by:*

- C monitoring,
- C acting on patients' behalf,
- C intervening appropriately, and
- C providing safe, competent care.

Nurses participate in patients' experiences which have been characterized as, "being there" for patients; and "being with" patients through their illness experience (Perry, 1998; Kendall, 1999; Steeves, Cohen, & Wise, 1994).

#### Standard 7: Evidence-based Care

Individuals with cancer and their families are entitled to care that is based on theory, science (physiologic and psychosocial sciences), and incorporates principles of evidence-based practice, best practice or available evidence.

#### *Rationale*

*The experience of cancer is complex, and affects all aspects of individual and family life. The knowledge about cancer, cancer treatments and how individuals and families cope with cancer is expanding rapidly. Patients and families deserve to be cared for by professionals who possess the most up to date knowledge about cancer control and the experience of being treated for cancer. The utilization of evidence-based decision-making is an important element of quality nursing practice (Canadian Nurses Association, 1998). By definition, evidence-based practice requires the synthesis of knowledge from research, retrospective or concurrent reviews of records, quality improvement and risk data, standards of care, cost-effectiveness analysis, benchmarking data, patient preferences and clinical expertise (Goode & Piedalue, 1999).*

*Nursing exists in a world in which an evidence base for professional practice is required (Donaldson, 1999). Nurses need to apply a broad range of theoretical and empirical knowledge to care for patients and families. Nurses need to use the best available evidence with the intent of making practice better for the patient or client (Estabrooks, 1998). Nurses contribute to evidence-based practice through the generation and dissemination of knowledge. Nurses think critically, identify and solve problems, manage complexity, uncertainty and ambiguity on a daily basis. Critical thinking skills and evidence-based methods for making clinical decisions are essential for maximizing the quality and cost-effectiveness of care (Kessenich, Guyatt, & DiCenso, 1997).*

#### Standard 8: Professional Care

Individuals with cancer and their family are entitled to care that is professional and incorporates ethical principles and legislative requirements.

#### *Rationale*

*Values guide behaviour and attitude. Nurses' awareness of their own values and how these values influence behaviour is an essential component of humanistic care (Elfrink & Lutz, 1991). Values are a basic aspect of nursing and are integral to professional socialization, nursing care, and decisions that affect practice. Nurses make practice decisions that have the potential for creating values conflict, and may result in ethical dilemma.*

*The experience of cancer may involve situations where ethical principles are challenged, such as, in connection with telling the truth, in providing information, in the treatment of pain, and in decision-making concerning treatment. It is imperative that nurses understand the relationship among style of moral reasoning, coping style, and ethics in order to provide moral and ethical care to patients and families (Raines, 2000; Kuuppelomaki & Lauri, 1998).*

#### Standard 9: Leadership

Individuals with cancer and their family are entitled to care within a system that has patient-focused, professional leadership.

#### *Rationale*

*Health care environments and organizations are becoming increasingly complex. Patients and families may be affected by a complex and possibly impersonal health care environment. The care depends on the resources allocated to health care, including financial and human resources. Patients and families deserve to be cared for in environments that have leaders who will advocate on their behalf.*

*Strong and effective nurse leaders help to ensure that patients receive care from appropriately educated and trained caregivers, and that resources are allocated in a way that will support and protect their quality of life. Leaders work towards change at the organizational level and at the level of policy-making, in order to facilitate improvement in the system as a whole, and ultimately, improve care at the clinical level.*

*Visionary leaders set the direction; they guide, facilitate and enable others to meet and exceed their potential and they create an environment that supports professional autonomy within clinical practice, interdisciplinary collaboration and decision-making (Scott, Sochalski, & Aiken, 1999). Leaders must have courage:*

- C to make tough decisions; and*
- C to the tackle challenges and turn them into opportunities for success.*

*Leadership is not about power over, but power with; it is the notion of coaching others to be accountable and responsible for actions in keeping with core values. Nursing leadership at the corporate level drives the vision for patient care; leadership at all levels is essential to implement the vision. Leadership is not inherent in a job title or position; it is within the character of individuals who choose to lead (Green, 1999).*

## **ROLES IN ONCOLOGY NURSING**

- ③ Generalist Nurse
- ③ Specialized Oncology Nurse
- ③ Advanced Oncology Nurse

## ROLES IN ONCOLOGY NURSING

### Introduction

Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group responses to actual or potential health problems. These human responses range broadly from health restoring reactions to an episode of illness to the development of policy in promoting the long-term health of a population (International Council of Nurses, 1999, p. i).

Nursing knowledge is derived from biological, social, behavioral and physical sciences. Knowledge is advanced through research findings and the integration of theoretical models applied to nursing practice. Research and utilization of the nursing process support clinical decision-making. Nursing interventions and interactions are directed at influencing a change in health status and quality of life. Nurses develop the ability to deliver therapeutic nursing interventions through formalized education combined with guided clinical experience (Buchanan, 1994).

Nurses are prepared at a variety of educational levels:

- C diploma,
- C baccalaureate,
- C masters, and
- C doctoral degrees.

However, it is essential to understand that preparation at the diploma and baccalaureate degree level is basic and general, and does not make nurses expert in cancer care. Additional educational preparation must be provided to support nurses to gain enhanced knowledge and clinical expertise to provide the specialized care required by people with cancer and their families (Given, 1980). Students in their basic education program have limited exposure to the cancer field, and the quality and amount of oncology content is dependent on whether there are faculty with background and interest in cancer care (Mooney, 2000).

Oncology nursing education has focused on the knowledge and practice of providing care to cancer patients. In-service education or certificate courses at a community college level over and above that acquired in basic nursing education may deliver the knowledge. Cancer organizations have focused attention on developing nurses to administer chemotherapy, work in clinical trials, deliver care to patients receiving radiation treatment, and acquire specialized skills (e.g. central line management). Some organizations have developed formal educational processes to support nurses in working with cancer patients within major tertiary centers and in communities. Analysis of the current situation reveals the role that continuing education has played in supporting oncology practice, but there are significant limitations in the breadth of role preparation and programs in oncology nursing.

One university has undertaken to design a curriculum of courses for nurses in Pediatric Oncology and Adult Oncology. This program consists of 6 courses, earning students 21 credits towards the baccalaureate degree at McMaster or other universities. The courses incorporate the CANO/ACIO Standards of Practice (CANO/ACIO, 1995a), the continuum of cancer care, development of psychosocial and supportive care skills and the application of research and educational principles to practice. This type of program is consistent with the direction that other countries have taken to support specialty education in oncology.

Oncology nursing is specialty practice. Additional knowledge and cognitive and clinical skills must support this practice. Certification (CNA) confirms the acquisition of knowledge applied to clinical practice. The designation of CON(C) is one aspect of the Specialized Oncology Nurse. Continuing education and development in the clinical areas is needed for oncology nurses to grow and enhance their knowledge and practice base. Life-long learning is an element that supports excellence in practice.

The evolving health care system and new technologies require new approaches to oncology nursing education. On-going advances in cancer and nursing research and treatment and care require continual revision of specialty content. There needs to be greater focus on the impact of cancer genetics, risk analysis and prevention, palliative care, long-term survivorship, cancer in the aged, psychosocial counselling and interventions and pediatric oncology nursing. Key to the educational preparation of oncology nurses is the skill in understanding, use and application of an evolving knowledge base. In addition to knowledge application skills, oncology nurses need increasing knowledge and competence in influencing the direction of care.

### Delineating Roles in Oncology Nursing

In 1987, Robert Tiffany published a paper in the International Nursing Review, "The Development of Cancer Nursing as a Specialty". Tiffany proposed three categories of cancer nurses:

- C The Generalist Nurse, who may care for cancer patients within an assigned caseload and is prepared at the basic educational level.
- C The Oncology Nurse, who cares for patients in specialist centers or works with cancer patients as a specialized population in hospitals or communities. The Oncology Nurse has undertaken a formal training program and may hold a nationally recognized qualification.
- C The Specialist Oncology Nurse, is an expert in one aspect of oncology nursing and is supported by advanced preparation (Tiffany, 1987).

Specialization in nursing is supported in the literature (Cotton, 1997; Melchior-MacDougall, 1992; Dunn et al., 2000). The British Royal College of Nursing (RCN) Cancer Nursing Society (1996) developed a structure for cancer nursing services. The RCN outlined that less than 1% of registered nurses have specialist cancer training and that there is a need for adequately trained nurses not only to provide care, but to lead services in the future (Royal College of Nursing, 1995). It was proposed that specialist nurses successfully complete higher

and advanced educational level programs in order to possess in-depth and specific knowledge and skills.

The literature outlined above speaks primarily to care of the adult population. Within the specialty of pediatric oncology, there is support of advanced practice in pediatric oncology settings (Fergusson & Diserens, 1996; Christensen & Akcasu, 1999).

The Oncology Nursing Society (ONS) created a certification process for registered nurses in the U.S. to confirm their knowledge in oncology. By meeting the criteria and successfully completing an examination, nurses can become an Oncology Certified Nurse (OCN). ONS recommends that nurses working with cancer patients achieve this certification, and many employers recognize this certification.

The Oncology Nursing Society furthered their perspective on levels of oncology nursing by publishing the Statement on the Scope and Standards of Advanced Practice in Oncology Nursing (Oncology Nursing Society, 1997a). ONS took the approach of delineating Advanced Practice in Oncology. Several authors have outlined the characteristics, competencies and utilization of advanced practice roles in the U.S. (Lin, 2001) and Canada (Davies & Hughes, 1995; Patterson & Haddad, 1992; Dunn & Nicklin, 1995). The Canadian Nurses Association (CNA) has proposed a framework for advanced nursing practice (Canadian Nurses Association, 1999a).

The CANO/ACIO worked in concert with the Canadian Nurses Association (CNA) to develop oncology as a specialty practice within nursing. CANO/ACIO nurses developed competencies that created the blueprint for the certification examination. In the late 1990's, nurses across Canada began to seek certification by meeting criteria to apply to write a national examination. Nurses who are successful in this process hold the designation of CON(C), Certified in Oncology Nursing (Canada).

Based on existing models from other countries and the supporting literature from within and external to Canada, CANO/ACIO believes that there are three nursing roles to support people living with cancer and their families. The role statements that follow are intended to delineate the levels in which nurses practice in cancer care environments. The three roles generalist, specialized oncology and advanced oncology nurse are integral in the cancer system. *These statements do not infer a title or job description. Nor are these statements prescriptive in delineating the number of patients or the number of clinical resources required to fulfill a particular role.*

Employers, nurses and cancer patients can use these statements to decide on:

- C the levels appropriate to the care environment;
- C hiring practices; and
- C models of care delivery.

As a national professional organization, CANO/ACIO is responsible for delineating the role statements and supporting these with competencies that meet the Standards of Care. The roles are:

- a) Generalist Nurse;
- b) Specialized Oncology Nurse; and
- c) Advanced Oncology Nurse.

### Generalist Nurse

The Generalist Nurse is one who has graduated from a diploma or baccalaureate level program. There is strong nursing professional and educational support for entry to practice at the nursing baccalaureate level, and several provinces have amended their entry to practice criteria to require the B.Sc.N./B.N. level. The nursing curriculum prepares the new graduate as a Generalist Nurse, prepared to work in a variety of health care settings, such as acute or chronic care, community or primary health, or long-term care. The nurse brings to the care setting the knowledge, skills and problem-solving ability to manage care for individuals appropriately.

The Generalist Nurse may work in settings where people with cancer receive care along with other patient populations, such as an Emergency unit, surgical unit or community. Nurses working in hospital settings are encouraged to be medical-surgical generalists, providing care to a variety of patients. The Generalist Nurse may also be one who is new to the knowledge and skills in cancer care working, in a setting where individuals with cancer and their families are the prime focus of care. When the nurse is in the setting she/he must spend time to learn the breadth of knowledge and additional skills and critical thinking that are required in cancer care. Thus, even though she/he may have experience in another practice area, when first entering into a setting where the primary focus is cancer care, the nurse is designated as a Generalist Nurse. Once the nurse has acquired additional knowledge, through in-service, continuing education, skill development and practice, and has gained clinical experience in a setting where individuals with cancer and their families are the prime focus of care, she/he may move onto the next level.

### Specialized Oncology Nurse

The Specialized Oncology Nurse is one who has a combination of expanded education focused on cancer care and experience, such as two years in a setting where the primary focus is cancer care delivery. The Specialized Oncology Nurse might acquire specialty education through a variety of ways; for example, enrolment in an undergraduate nursing program, completion of an Oncology Certificate Program, distance specialty education (such as offered in Adult and Pediatric Oncology Nursing); or registration in and completion of the certification exam offered by the Canadian Nurses Association and attainment of the distinction CON(C).

The Specialized Oncology Nurse is one who works in a specialized inpatient setting, such as an oncology unit, or bone marrow transplant unit, or in an ambulatory setting where focused on the delivery of cancer care, or in a screening program, or in a supportive care setting, or community setting offering palliative care. There are many environments where the

enhanced specialty knowledge and skill can be utilized to manage symptoms and side-effects of treatment, counsel patients in coping strategies, teach self-care behaviours, and monitor the responses to treatment and nursing interventions.

### Advanced Oncology Nurse

The Advanced Oncology Nurse is prepared at the Master's level (M.Sc.N. or equivalent). Ideally, the graduate program would be focused in oncology nursing, likely with a particular emphasis on a sub-population or area within cancer control, such as prevention, screening, and counseling or a theme within cancer care such as coping, psychosocial care and counseling. Theoretical knowledge in nursing and other sciences grounds the nurse in the advanced provision of care to individuals, their families and the communities within which cancer care is given. Additional certification as an Acute Care Nurse Practitioner, or other levels, may be acquired either within the Graduate Program or as a post-graduate course and certification. The domains of the Advanced Oncology Nurse include the following:

- C advanced clinical practice;
- C education;
- C research;
- C scholarly/professional leadership; and
- C organizational leadership.

All nurses move along a trajectory from novice to expert, as described by Benner (1984). It is recognized, that, irrespective of whether a Generalist, Specialized Oncology or Advanced Oncology Nurse, each individual nurse will experience this trajectory from novice to expert. The degree of expertise will be influenced by the nurse's ongoing learning and day-to-day practice experiences.

## NURSING ROLE

### Nursing Role Related to Standard 1:

Individuals with cancer and their family are entitled to care that is individualized, holistic, and responsive to and respectful of individual differences, such as but not limited to, developmental, physical, cultural, spiritual, social, economic, philosophical, political, or gender.

Nurses meet the health care needs of individuals, families and populations. The nurse provides care beyond boundaries defined by time, place, or structured formal support mechanisms and providers. For example, nurses provide care in the client's home, work on weekends and holidays, when other health care team members may not be available. The nurse provides care in communities where other professionals and system supports are not available. The nurse focuses on who the individual and family is and what their needs are, as compared to a focus on treatment modalities. The nurse considers patient hopes and desires, the wholeness of the individual and their family context. The nurse coordinates a team focus of care.

The nurse uses a nursing framework to guide patient assessment so that the essential elements of individuality are included in the interpretation of health and planning for care. The nurse goes beyond the traditional models of health and disease treatment. Assessment data are interpreted within the context of who the person is and within the context of that person's life. The nurse knows and considers who this person is (personhood) and where she/he is from. The nurse determines the meaning of the treatment for the person and considers if the individual and family have the physical, structural, supportive, and financial resources necessary to complete the treatment while maintaining quality of life (i.e. Can the individual and family afford the treatment? Do they have access to the treatment?). The nurse recognizes the gender, cultural, and religious influences on the experience of cancer. The nurse sees the person (child) with cancer rather than the cancer in the person (child). The nurse adapts treatment to the needs of the individual. The nurse recognizes and assesses the environment and community of the person. The nurse considers socioeconomic variables and determines the availability of resources (e.g. supportive care drug costs). The nurse appreciates the diversity of individuals and families and recognizes the influence of age, cognitive ability, education, and cultural and ethnic contexts.

### Nursing Role Related to Standard 2:

Individuals with cancer and their family are entitled to care that is family centered incorporates growth and developmental needs of each member and is respectful of the family's resources and coping style.

The nurse recognizes and assesses the impact of cancer on each individual family member and the family as a whole. The nurse recognizes the family as defined by the individual. The nurse recognizes the impact of cancer on family roles, dynamics, processes and

development. The nurse uses a nursing framework to guide patient assessment so that the essential elements of individuality are included in the interpretation of health and planning for care. The nurse goes beyond the traditional models of health and disease treatment. Assessment data are interpreted within the context of who the person is and within the context of that person's life. The nurse knows and considers whom this individual is, that is, their personhood. The nurse explores and ascertains if the individual and family have the physical, structural, supportive, and financial resources necessary to maintain quality of life. (For example, can the individual and family afford the treatment? Is there access to the treatment?). The nurse recognizes the gender, cultural, and religious influences on the experience of cancer. The nurse adapts the care plan to the needs of the individual. The nurse recognizes and assesses the environment and community of the person. The nurse considers socioeconomic variables and supports the individual in family membership and the role in the family.

Nursing Role Related to Standard 3:

Individuals with cancer and their family have the right to self-determination, the right to access information, the right to make decisions about their health care, or the right to have an advocate, if they are unable or choose not to participate in decision-making.

The nurse establishes partnerships with the individual with cancer and family that are based on mutual trust and respect. The nurse bases partnerships on negotiation with children and parents. The nurse ensures that patients are viewed as the hub of the process, that they are fully informed, that they know all the options available, and that they are part of all decisions in which they choose to be involved. The nurse ensures that individual and family needs determine interventions. Where the individual and family wishes are incongruent, the individual's wishes take precedence.

Nursing Role Related to Standard 4:

Individuals with cancer and their family are entitled to care that is respectful of and responsive to their community of living. The individual with cancer and family are entitled to assistance in navigating through the cancer and health care system.

The nurse works with the individual in helping/guiding that person through the cancer care and health system. The nurse appreciates the individual and family perspectives on cancer, understands the community within which care is provided, and the barriers and issues experienced by the individual and the family as they try to access the cancer care system. The nurse is sensitive to the life change that cancer brings to the individual, family and community, and helps the individual in role transition. The nurse may make contact with the individual and family prior to their entry into the system to guide and navigate. The nurse promotes seamless care with appropriate and timely referral to other health professionals in the system and in the community. The nurse recognizes that there may be an abandonment of and by the community of living (such as school, work, social circle of friends) and helps the individual and family to deal with this transition.

Nursing Role Related to Standard 5:

Individuals with cancer and their family are entitled to care that is coordinated among providers and across the continuum of cancer control (prevention, screening, early detection, pre-diagnosis, diagnosis, treatment, survivorship and palliation).

The nurse is aware of individuals and populations at risk, due to genetic predisposition, lifestyle or environmental factors. The nurse supports the individual within the plan of care and promotes healthy lifestyle and health promoting activities. The nurse monitors the individual and family's progression through the cancer experience and system, and communicates with others to connect the individual with resources within the health care system. The nurse works within an interdisciplinary team, ensuring that there is communication between and among team members to facilitate care planning and intervention.

Nursing Role Related to Standard 6:

Individuals with cancer and their family are entitled to a supportive, knowledgeable, caring and therapeutic relationship with care providers throughout their cancer experience.

The nurse is willing to engage in the cancer journey with the individual and family. This relationship is built on trust and mutual respect. The nurse negotiates with the individual the boundaries of the relationship. The nurse recognizes the longevity and chronicity of the journey. The nurse is willing to enter into and share with the individual and family as they experience vulnerability, hope and despair. The nurse is willing to take risks, be vulnerable and make changes. The nurse must understand and know her/himself and be willing to engage in a therapeutic patient-nurse relationship.

Nursing Role Related to Standard 7:

Care delivered to individuals with cancer and their families is based on theory, science (physiologic and psychosocial sciences), and incorporates principles of evidence-based practice, best practice or available evidence.

The nurse acquires and constantly updates her/his knowledge base. Literature and research are critiqued, and relevant findings are applied to care of the individual with cancer and family. The nurse uses knowledge to guide, question and change practice. The nurse moves knowledge from the theoretical to the practical. The nurse engages in life-long learning maintaining the knowledge base in response to advancing knowledge, technology and treatment modalities. The nurse collaborates within the health care team to change practice. The nurse has a role in conducting or participating in research and evaluating initiatives.

**Nursing Role Related to Standard 8:**

Individuals with cancer and their family are entitled to care that is professional and incorporates ethical principles and legislative requirements.

The nurse safeguards the rights of the individuals and families. The nurse reflects on the impact of the cancer journey. The nurse meets Standards of Practice, ethical guidelines and regulatory directives. The nurse engages in life-long learning and reflective practice. The nurse is responsible and accountable for her/his practice and professional development. The nurse uses critical thinking and professional judgment to guide practice. The nurse identifies moral and ethical dilemma and seeks guidance in resolving issues.

**Nursing Role Related to Standard 9:**

Individuals with cancer and their family are entitled to care within a system that has patient-focused, professional leadership.

The nurse is a voice for patient care at all levels; from the direct patient care level to the corporate level to the local, national, and international levels. The nurse is visionary, creative, and innovative and has the courage to make difficult decisions. The nurse supports professional practice, influences change and has an impact on the values of an organization. The nurse is a champion for the individual with cancer and family. The nurse contributes to the development and implementation of policy within the organization, and advocates for system change.

## STANDARDS OF CARE, NURSING ROLE AND COMPETENCIES FOR THE GENERALIST NURSE

### Introduction

The Standards of Care define the entitlements for individuals with cancer and their family. The nursing roles that support the achievement of the Standards of Care are defined as:

- C Generalist Nurse;
- C Specialized Oncology Nurse; and
- C Advanced Oncology Nurse.

For each role, core competencies have been stated that describe the expected performance behaviors required in a given role. The competency statements focus on the combined knowledge, skills, attitudes and judgement expected of nurses in order to provide safe, effective and competent care for the public. These statements were developed to reflect care that would be available for people with cancer and their families, in whatever settings they might be seen. The competencies outlined are reflective of work completed by Canadian nursing bodies that developed entry-level competencies for registered nurses.

All nurses move through a trajectory of expertise, from novice to expert, as described by Benner (1984) in her research. It is recognized that there will be variations in expertise within each of the roles, as the nurse gains more knowledge and experience.

Scenarios illustrate ways, in which the behaviors might be depicted in the practice setting. These scenarios are not intended to be prescriptive; but serve as examples of nursing application of knowledge, skill and judgement in cancer care and community environments. The scenarios may depict behaviors in more than one standard, and should be interpreted in the context of the role and competencies outlined overall.

### **Competencies of the Generalist Nurse**

#### Competencies Related to Standard 1:

Individuals with cancer and their family are entitled to care that is individualized, holistic, and responsive to and respectful of individual differences, such as but not limited to, developmental, physical, cultural, spiritual, social, economic, philosophical, political, or gender.

### Assessment

Performs comprehensive and holistic nursing assessments of clients. Collaborates with clients to assess the following needs: physical, emotional, psychological, cognitive, social, spiritual, developmental, cultural, and information and education.

Uses various techniques of data collection with clients:

- C observation,
- C interviewing,
- C inspection,
- C auscultation, and
- C palpation.

Employs additional assessment tools and techniques for finer detail and discrimination. Consults with the literature, colleagues and other sources in selecting appropriate assessment tools and techniques. Refines and extends client assessment information by:

- a) collecting data from a variety of sources (e.g. client, family, other health team member(s), and documentation);
- b) using initial assessment findings to focus on additional and more detailed assessments; identifying and incorporating the determinants of health (e.g. income, social status, education, employment, and work conditions); and
- c) analyzing and interpreting data from client assessments.

### Problem Identification

Collaborates with clients to identify their health problems and issues. Anticipates potential health problems or issues and their resultant consequences for clients. Provides rationale for the clinical management of client problems integrating knowledge of selected pathophysiological concepts. Identifies important internal (i.e. attitudes, beliefs, values, perceptions) and external (i.e. family, social, environmental, political) influences on health.

### Planning

Makes clinical judgements regarding clients. Collaborates with clients to develop a plan of care by:

- a) identifying expected outcomes;
- b) questioning and offering suggestions regarding approaches to care;
- c) reducing complex health problems into systematically manageable components;
- d) establishing priorities of nursing care; and
- e) seeking information from relevant nursing research, experts and the literature.

### Interventions

Provides care that demonstrates sensitivity to client diversity. Incorporates appropriate cultural practices in health promotion activities. Employs a range of communication skills appropriate to the client. Individualizes health-related information to meet the client's specialized needs. Performs a range of nursing interventions:

- a) simple (e.g. assisting ambulation or hygiene, basic dressing changes, teaching relaxation); and

- b) complex (e.g. facilitating group processes, debriefing critical incidents).

Performs nursing interventions (actions, treatments, and techniques) which:

- C promote health;
- C prevent disease and injury;
- C maintain and restore health;
- C promote rehabilitation; and
- C provide palliation.

Performs nursing interventions as indicated by mutually established care plans. Uses appropriate technology to perform safe, effective and competent nursing interventions. Provides general health-related information to clients.

### Evaluation

Monitors status of clients in relation to anticipated outcomes. Evaluates the effectiveness of nursing interventions, including learning plans, and compares actual outcomes to anticipated outcomes. Verifies evaluation findings with the client and other members of the health team. Modifies and individualizes the learning plan, in collaboration with the client and according to the evaluation findings.

*Scenario #1: Mrs. Singh is a 35-year-old patient who has been admitted to a busy in-patient medical-surgical unit to receive her chemotherapy treatment for ovarian cancer. She is a lawyer by profession and has two children, ages 3 and 5. This is her first experience with cancer and chemotherapy. She is tearful and anxious about what is going to happen to her.*

*Chantelle is a nurse who has had five years of experience in medical-surgical nursing, but has neither knowledge about nor experience in cancer care. She is the nurse who is assigned to care for Mrs. Singh. Chantelle approaches Mrs. Singh with the intention of completing the baseline assessment. She uses the nursing assessment form to ask Mrs. Singh questions about her physiological and psychological needs. In her assessment, Chantelle incorporates questions about how cancer has affected Mrs. Singh's work and her relationship with her family. Chantelle asks the patient about specific aspects that are making her fearful and anxious, and attempts to alleviate her fear and anxiety with appropriate information. Chantelle refers the patient to a specialized oncology nurse who teaches the patient about chemotherapy and who administers the chemotherapy.*

*Scenario #2: Mr. Smith is a patient who is receiving radiation therapy for cancer of the head and neck. He is having a great deal of pain in his mouth and throat due to the mucositis reaction. He has not been eating or drinking and has lost 8 pounds in the last two weeks. His skin turgor is poor and his mucus membranes are dry. He has not been using his pain medications. Mr. Smith is homeless and living alone on the street. He has no support from friends or family. Helena is a nurse*

*working with the homeless, as part of the Outreach Team associated with an urban community hospital.*

*Helena approaches the patient with empathy and understanding. She asks questions about how Mr. Smith is feeling, in a non-judgmental and non-threatening manner. She asks specific and directed questions about Mr. Smith's pain and how much fluid intake he has had in the last 24 hours. In giving Mr. Smith information about pain medications, she finds out that Mr. Smith has not renewed his prescription for financial reasons. Helena determines that Mr. Smith needs to be admitted to an in-patient unit to manage his symptoms. She asks Mr. Smith about his thoughts and feelings about a hospital admission and proceeds to find the physician to arrange the admission. Helena consults with the Specialized Oncology Nurse who works in the head and neck site to obtain advice about how to approach this situation. She also refers the patient to the social worker and to the dietitian for assessment and consultation.*

**Competencies Related to Standard 2:**

Individuals with cancer and their family are entitled to care that is family centered incorporates growth and developmental needs of each member and is respectful of the family's resources and coping style.

**Assessment**

The Generalist Nurse focuses on the individual cancer patient within the context of the family. The nurse identifies who the family members are and the role of the person with cancer within the family development. Assesses the impact of the cancer journey on the individual and family. The nurse determines the individual's preferences in communication with family members. She assesses the psychosocial needs of the individual and family and past coping strategies in dealing with the illness.

**Planning**

The Generalist Nurse plans interventions that reflect the individual and family needs, what resources are available to them and the goals of care that the individual has defined in collaboration with the care team.

**Interventions**

The nurse includes the family in the individual's care delivery (with person's consent) and assists the individual to establish and maintain satisfying and healthy relationships within the family and community.

**Evaluation**

The nurse determines the impact of the illness experience on the client and family members and refers the client/family to resources to assist in illness adjustment.

*Scenario: Ms. Longboat is a 45-year-old patient with cancer of the cervix who will be receiving her brachytherapy treatment on an in-patient unit. She is very fearful about the treatment and states that she has received no information. She has a partner who is very supportive of her and confirms that both of them have received very little information about the treatment.*

*The Generalist Nurse, Monika, proceeds to find out from the patient and her partner what information they do know about the treatment. The nurse asks the patient and her partner to identify specific questions they have and attempts to answer their questions. She offers to make a referral to the nurse who is an expert in the care of patients with gynecological cancers. The nurse asks questions about what aspects of the treatment are causing Ms. Longboat to be fearful. Ms. Longboat identifies that she cannot bear to be in an isolation room with no direct contact with her partner for 3 days. The nurse makes appropriate arrangements to have short visits from Ms. Longboat's partner incorporated in the plan of care. The visits will be for 10-15 minutes twice a day during meal times.*

**Competencies Related to Standard 3:**

Individuals with cancer and their family have the right to self-determination, the right to access information, the right to make decisions about their health care, or the right to have an advocate, if they are unable or choose not to participate in decision-making.

**Assessment**

The Generalist Nurse identifies the role in decision-making that the individual chooses. Assesses and respects the cultural and other influences on decision-making.

**Planning**

The Generalist Nurse incorporates patients' decisions into the plan of care and ensures that all members of the team are informed of how the client chooses to be involved in decisions.

**Interventions**

The Generalist Nurse demonstrates behaviors, which contribute to effective partnerships with client(s) (respect, empathy, and honesty). Forms partnerships with clients to achieve mutually agreed health outcomes and promotes clients' rights and responsibilities. The nurse supports clients to draw on own assets and resources for self-care and health promotion. Is an advocate for clients or supports the client's designated advocate, especially when the client is unable to advocate for self. The nurse supports clients as they come to decisions about their health care, then supports the decisions that the individual has made.



## Evaluation

Reports situations, which are potentially unsafe for clients and provides support and protection for clients experiencing difficulty protecting self. The nurse works with the individual and family to determine what the learning needs are and how they choose to gather and assess information. The nurse clarifies misconceptions and misinformation that the individual may have about the treatment and care plan, evaluating the knowledge that the person has gained through the cancer experience.

*Scenario: Julie is a nurse who works in the community. One of the people in her caseload is a 70-year-old woman who is living on her own. This woman has experienced increasing swelling in her abdomen to the point where she is unable to fasten the zipper on her skirt. Julie is concerned about this patient, and has expressed her concerns to the physician who is providing care. The physician advises Julie that the patient has chosen not to intervene with any treatments. The patient is capable of making decisions for herself, has managed her own affairs throughout the period of time that Julie has been involved. Julie asks the patient whether the swelling is bothering her and what she wants done about the increasing fluid retention. The patient indicates that she wishes to see the physician to be assessed and find out the cause of the edema and what can be done. Julie involves her manager in determining the next steps, respecting the patient's wishes for assessment and intervention.*

### Competencies Related to Standard 4:

Individuals with cancer and their family are entitled to care that is respectful of and responsive to their community of living. The individual with cancer and family are entitled to assistance in navigating through the cancer and health care system.

## Assessment

The Generalist Nurse assesses how the client wishes to include family and community in care delivery. The nurse has knowledge about the process of care within the cancer care system. The nurse uses this knowledge to assess the individual's experience in the system, and provide guidance as needed.

## Planning

The Generalist Nurse strategizes when and how to provide guidance to the individual and family, assessing their understanding of what symptoms should be reported to the team, and how to administer self-care interventions. The nurse plans on referrals to other health professionals to meet the individual's need for nutrition, psychological counselling or financial assistance.

## Interventions

The Generalist Nurse assists the individual with cancer and family in the transitions between treatment, rehabilitation and palliative care. Assists the individual with cancer and family with re-entry into the family and community roles. Is aware of the availability of resources, including environmental issues and access to services, and mobilizes these resources. The Generalist Nurse translates medical language for the individual with cancer and family.

## Evaluation

The Generalist Nurse determines whether referrals are acted upon and are successful in meeting the needs of the individual and family.

*Scenario #1: Brenda is a nurse who works in the community. She is assigned to care for Mrs. Sanchez who is an elderly person living in a retirement home. Mrs. Sanchez has locally advanced breast cancer. She has a malignant wound on her chest wall that requires daily dressing changes. The wound is large and painful with a large amount of foul smelling drainage and bleeding. Mrs. Sanchez has lost contact with all her friends. She is finding it difficult to look at the wound and tries to camouflage the area. She finds the dressings too complex and time consuming. Her arthritis does not allow her to manage the wound care on her own. Brenda has not cared for patients with malignant wounds in the past. She contacts the nurse in the cancer center who specializes in the care of malignant wounds to obtain advice. She makes appropriate arrangements to have Mrs. Sanchez seen at the cancer clinic so that an appropriate wound care plan is put in place. Together with the patient, Brenda and Sue, the wound care expert nurse, determine the plan of care that is suitable to Mrs. Sanchez, and address all her concerns. Sue will continue to visit Mrs. Sanchez on a daily basis to assist her with the dressing changes.*

*Scenario #2: Linda is an Emergency Room Nurse in a small community hospital in a northern rural community. She has attended chemotherapy workshops at the Regional Cancer Center three hundred miles away and with a local family physician has been providing standard patient treatment when advised to by the Regional Center. By networking with local Cancer Care Services and community care teams, she has been able to augment the availability of local chemotherapy services to enhance the coordination of local services and minimize inefficiencies when patients are transferred to the Regional Center.*

### Competencies Related to Standard 5:

Individuals with cancer and their family are entitled to care that is coordinated among providers and across the continuum of cancer control (prevention, screening, early detection, pre-diagnosis, diagnosis, treatment, survivorship and palliation).

## Assessment

The Generalist Nurse prepares the individual with cancer and family to move from one phase of the continuum to another.

## Planning

The Generalist Nurse determines what resources are available in the community, negotiates a plan of care and monitors and coordinates the transfer of care.

## Interventions

The Generalist Nurse coordinates consultations among team members, focusing on the patient's immediate needs and episode of care. Referrals are appropriate and timely, based on assessment of patient issues and needs. Shares information with other disciplines and maintains contact during care. Clarifies the nursing role with other disciplines and appreciates role overlap and other professional bodies of knowledge. Reports and records findings and relevant information to other nurses on the team and other professionals.

## Evaluation

The Generalist Nurse assesses the client's responses to interventions, working with other disciplines to evaluate the response in relation to the plan of care. Follows-up with client and family at home to determine current status and response to care.

*Scenario: Mr. Lopez is a 45-year-old man who is experiencing pain in his left leg, hindering his ability to walk. He had radiation therapy for prostate cancer 2 years ago. He calls the nurse who is working in the family practice clinic with this problem. The Generalist Nurse, Andre, asks Mr. Lopez specific questions about his pain, incorporating questions about the onset, duration, quality, aggravating and alleviating factors. Andre recognizes that new onset pain in the extremities can be a serious concern, and may indicate bone metastasis. He contacts the physician and shares his assessment findings. Andre calls the patient at home to make appropriate arrangements for the patient to go to the hospital. He collaborates with the physician to give the patient appropriate information about the investigations that may take place. Andre solicits information from the patient about any fears that he may have and attempts to alleviate those fears with appropriate information. He asks Mr. Lopez if he would be interested in meeting with a Social Worker to talk about his fears and concerns about his illness.*

### Competencies Related to Standard 6:

Individuals with cancer and their family are entitled to a supportive, knowledgeable, caring and therapeutic relationship with care providers throughout their cancer experience.

## Assessment

The Generalist Nurse assesses the knowledge needs of the client and family, determines their desired goals in the relationship with the nurse and other members of the team and assesses own abilities to engage in a therapeutic, long-term relationship.

## Problem Identification

The Generalist Nurse identifies deviations in therapeutic relationships.

## Planning

The Generalist Nurse collaborates with the health care team to plan for effective psychosocial counseling and supportive interventions.

## Interventions

The Generalist Nurse maintains a supportive environment that promotes security and optimal health. Acts to enhance the dignity and integrity of the individual and family. Employs skills of effective therapeutic communication to achieve outcomes.

## Evaluation

The Generalist Nurse evaluates and responds effectively to changing situations.

*Scenario: Christiane is a nurse working on a part-time basis in the Mammography unit of the local community hospital. She is new to this area, and has spent time with a Specialized Oncology Nurse observing the teaching-learning strategies that the nurse employs to teach women breast self-examination. Christiane is anxious to learn more about breast screening and has enrolled in a course offered by the community college in a city close to where she lives. She wants to expand her repertoire of teaching strategies and communication skills in assessing patients' readiness for information. Christiane is a caring nurse and wants to ensure that the patients that she works with are provided an optimal level of care that meets their individual needs. She understands and appreciates how important the screening process is and the relevance that the information has to women to assist them in managing and taking charge of their own health.*

### Competencies Related to Standard 7:

Care delivered to individuals with cancer and their families is based on theory, science (physiologic and psychosocial sciences), and incorporates principles of evidence-based practice, best practice or available evidence.

## Assessment

The Generalist Nurse performs comprehensive patient, family and community assessment integrating current theory and knowledge. The nurse demonstrates openness to new ideas that may change, enhance or support nursing practice. Reads and critiques research in nursing, health sciences and related disciplines. The nurse applies critical thinking skills in all practice activities.

### Problem Identification

The Generalist Nurse explains pathophysiological concepts in relation to:

- a) knowledge of oncology;
- b) normal and abnormal anatomy and physiology;
- c) manifestations (client responses);
- d) diagnostic procedures; and
- e) laboratory tests.

Discusses the conceptual and theoretical basis for nursing interventions which reflects knowledge of the following:

- C change,
- C caring,
- C coping,
- C holistic care,
- C valuing,
- C teaching/learning,
- C technical skill acquisition and application, and
- C interpersonal skills acquisition and application.

### Planning

The Generalist Nurse applies knowledge about pain and the CANO/ACIO Pain Standards and Initiative. Selects and implements nursing interventions which reflect a variety of theories (e.g. family theories, nursing theories, communication theories, system theories). Integrates research findings from nursing, health sciences and related disciplines into own nursing practice. Develops plans to ensure continuity of care for clients as they move through the health care system. The nurse uses evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions.

## Intervention

The Generalist Nurse uses evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions. Implements nursing interventions which reflect a variety of theories (e.g. family theories, nursing theories, communication theories, system theories).

## Evaluation

The Generalist Nurse critically appraises research evidence. The Nurse demonstrates openness to new ideas that may change, enhance or support nursing practice. Reads and critiques research in nursing, health sciences and related disciplines.

*Scenario: Pam, a nurse intensivist, is concerned about the degree of pain experienced by adolescents having Van Ness procedures for sarcoma. The current protocol with intravenous opioid infusions is not working well for their pain control. Pam shares her assessment with her peers and other members of the interdisciplinary team. She consults a clinical nurse specialist in oncology to share her concerns. Together, they embark on developing an assessment tool that nurses use for a six-month period to assess pain in this patient population. They record the amount, route and duration of opioid infusions with every patient. They contact the nurses in the operating room to examine the intraoperative pain management strategies that are used with these patients. In parallel, they conduct a literature review and survey other cancer organizations for benchmarks or best practice guidelines in the management of post-operative pain following Van Ness surgery for sarcoma. They share these findings with other nurses and members of the interdisciplinary team. They synthesize this information to develop an evidence-based clinical guidelines on pain management.*

### Competencies Related to Standard 8:

Individuals with cancer and their family are entitled to care that is professional and incorporates ethical principles and legislative requirements.

## Assessment

The Generalist Nurse demonstrates knowledge of professional self-regulation and the role and services of other professional nursing organizations (i.e. CANO/ACIO, CNA, and ONS). Assesses, on a continuing basis, own competencies related to:

- C knowledge,
- C skills,
- C attitudes, and judgement.

The nurse identifies how own values and assumptions affect the interactions between nursing and the interdisciplinary health team members. Recognizes the impact of change on other health team members. The nurse attends to changes in the health system by recognizing changes affecting own practice and client care.

### Planning

The nurse uses Standards of Practice to highlight own learning needs by:

- a) identifying gaps in knowledge and skills;
- b) evaluating own nursing practice; and
- c) taking action to update own competencies.

Seeks opportunities for professional growth that enhances competence (e.g. reading journals, attending in-services, and taking courses). The nurse attends to changes in the health system by developing strategies to manage changes that affect own practice and client care.

### Intervention

The Generalist Nurse practices within the legislated scope of practice. Role models professional behavior with nursing students and others. The Generalist Nurse promotes the continuing development of the discipline of nursing (e.g. joining/participating in professional associations, committee participation, writing for nursing journals). Maintains clear, concise, accurate and timely records of client's care. Exercises accountability for decisions that are delegated to others. Collaborates as a member of an interdisciplinary health team and supports other team members to practice to their full scope of practice. Provides constructive feedback to colleagues about client care. The nurse collaborates with other health-related sectors to achieve client health outcomes and recognizes ethical and moral dilemmas. The nurse attends to changes in the health system by implementing changes developed by others. The nurse develops a network of collegial support. Practices in a manner consistent with:

- a) professional standards of the regulatory body;
- b) personal and professional values;
- c) scope of practice within nursing; and
- d) provincial and federal health care legislation.

### Evaluation

The Generalist Nurse accepts accountability for own actions and decisions. The nurse challenges questionable actions, orders, or decisions made by other health team members and takes appropriate action. Recognizes limitations of own competence and seeks assistance when necessary. The nurse participates in analyzing, developing, implementing and evaluating nursing practice and policy in the workplace: at the care setting level and at the agency level. The nurse participates in quality assurance and improvement activities to enhance client care and nursing practice. The nurse attends to changes in the health system by analyzing changes that affect own practice and client care.

*Scenario #1: Mavis is a nurse who has recently moved from a medical surgical unit to an oncology unit. She has been assigned to care for Mr. Lee who has been admitted to the hospital for the management of neutropenia. Mavis has had a two-day orientation to the new unit before she is assigned to the care of Mr. Lee. She is not familiar with the protocols that are used to manage neutropenia. She is not familiar with the new types of antibiotic infusions. Mavis shares her concerns with the nurse manager and indicates that she cannot accept this patient assignment because she will not be able to provide safe care to the patient. Mavis also asks for more orientation time so that she can familiarize herself with the care protocols of this unit.*

*Scenario #2: Mavis continues to work on the unit. Mr. Lee is admitted again to the unit. The chemotherapy treatments have not worked well to abate the cancer, and decisions have to be made about a DNR status. Mr. Lee's wife does not wish for him to know how far advanced the disease is. She instructs Mavis and the physician not to share the findings of new investigations with the patient. Mavis contacts the social worker to organize a family conference with Mrs. Lee and her children. The issues of patient autonomy will be discussed at this conference and support will be provided to the family that may help them communicate the changes to Mr. Lee.*

*Scenario #3: As Mavis becomes more comfortable on the unit, she realizes that one of the younger nurses (a recent graduate) has been hosting patient families (encouraging them to stay overnight at her apartment), purchasing clothing for patients, and accepting monetary gifts from patients. Although other staff nurses are aware and are uncomfortable with the practices, they seem unsure of their professional responsibility. Mavis arranges to meet with the nurse, discusses her behavior, the benefits and deficits for her and her patients, and her own needs as a new graduate in a new community. The nurse admits to loneliness, but is able to identify routes to appease this outside of the work environment. She is also chagrined to recognize the effect of her behaviors on her patients and work environment. Mavis helps her to strategize some personal behavior changes and professional reintegration practices.*

**Competencies Related to Standard 9:**

Individuals with cancer and their family are entitled to care within a system that has patient-focused, professional leadership.

**Assessment**

The Generalist Nurse recognizes the formal structure that provides for coordination of resources to accomplish objectives. Recognizes the structure that develops policy and procedure to create position qualifications or descriptions and determines the methods by which authority and responsibility for the organization are delegated.

## Planning

The Generalist Nurse applies the organization's Mission, Vision and Values to practice. Knows and applies the Strategic Plan to the environment within which she/he is employed.

## Interventions

The Generalist Nurse participates on a Quality Assurance Committee. Contributes to data collection related to resource needs and to discussions on clinical guidelines.

## Evaluation

The Generalist Nurse looks after client needs in a competent and efficient manner, accesses resources to provide care, and takes initiative to provide care for the individual.

*Scenario: Sandra works in a busy outpatient clinic. She notes that there are no written patient education materials available to reinforce information on sperm banking. She consults the Canadian Cancer Society that provides her with the materials. She reviews the materials with other caregivers and incorporates them in her clinic. She talks to her manager to set up a system for stocking these materials on a regular basis.*

## **STANDARDS OF CARE, NURSING ROLE AND COMPETENCIES FOR THE SPECIALIZED ONCOLOGY NURSE**

### Introduction

The Standards of Care define the entitlements for individuals with cancer and their family. The nursing roles that support the achievement of the Standards of Care are defined as: Generalist Nurse; Specialized Oncology Nurse; and Advanced Oncology Nurse. For each role, core competencies have been stated that describe the expected performance behaviors required in a given role. These competencies depict the integration of knowledge, skills and judgements expected of a nurse to provide safe and effective care for the public.

The Specialized Oncology Nurse continues to be accountable for those competencies of the Generalist Nurse. In recognition of the augmented knowledge and experience, there are additional attributes through which standards of care are achieved for the Specialized Nurse. These attributes are knowledge, clinical skills, cognitive skills and application process.

All nurses move through a trajectory of expertise from novice to expert, as described by Benner (1989) in her research. It is recognized that there will be variation in expertise among Specialized Oncology Nurses as they gain more knowledge and experience.

Scenarios illustrate ways, in which the behaviors might be depicted in the practice setting. These scenarios are not intended to be prescriptive; but serve as examples of nursing application of knowledge, skill and judgement in cancer care and community environments. The scenarios may depict behaviors in more than one standard, and should be interpreted in the context of the role and competencies outlined overall.

### **Competencies of the Specialized Oncology Nurse**

#### Competencies Related to Standard 1:

Individuals with cancer and their family are entitled to care that is individualized, holistic, and responsive to and respectful of individual differences, such as but not limited to, developmental, physical, cultural, spiritual, social, economic, philosophical, political, or gender.

### Knowledge

The Specialized Oncology Nurse acquires, integrates, synthesizes, and applies knowledge about:

- a) the chronic nature of the illness and its impact on the person and their community.
- b) the likelihood of certain events leading to certain outcomes; and
- c) inter-relations between elements/domains (cultural, biology, psycho-social).

The nurse has an understanding of the interaction of presenting biophysical and sociological processes. The nurse draws on experiential knowledge and a body of current knowledge to predict health issues for patients. The Specialized Oncology Nurse acquires, integrates, and applies knowledge about:

- a) the impact of cancer on the individual;
- b) individual rights, including autonomy and self-determination;
- c) self-care;
- d) diversity, including culture, religion, spirituality;
- e) values clarification, attitudes and choices;
- f) human development/personhood;
- g) sociology, psychology;
- h) sexuality, intimacy;
- i) pharmacology; and
- j) technology.

### Clinical Skills

The Specialized Oncology Nurse conducts assessments that consider and integrates knowledge of individual and the influence of culture and ethnicity on cancer experience. This assessment is individualized to the client. The nurse conducts assessments and interprets data synthesizing learning from a broad knowledge base. The assessment is based on a nursing model and comprehensive framework. The Specialized Oncology Nurse possesses a sensitivity to health maintenance and health promotion issues. The nurse maintains psychomotor/technical skills of specialized role such as:

- C high intensity dosages;
- C pain management;
- C central and peripheral line access;
- C medication interventions;
- C complex wound management; and
- C treatment protocols.

The nurse implements interventions that support self-care practices. The nurse documents assessment, interventions and outcomes, and patient responses to each intervention. The nurse demonstrates sensitivity to, tolerance of, and supports the role that patient and family need to fulfill.

### Cognitive Skills

The Specialized Oncology Nurse:

- a) considers all available options when determining courses of action;
- b) recognizes the likelihood of events;
- c) weighs alternatives and outcomes;
- d) sees beyond the immediate condition of the patient, recognizing the context of life, not only context of illness;

- e) considers the inter-relationship between illness and the patients' needs;
- f) recognizes patterns of responses;
- g) builds a larger repertoire of patterns;
- h) generates hypotheses of increasing depth and complexity;
- i) considers multiple patterns of hypothesis concurrently, confirming, refuting continuously; and
- j) acknowledges critical nature of information and responds to it.

The Specialized Oncology Nurse uses critical thinking to guide decision-making. The nurse consistently integrates knowledge about the individual, culture, and factors that influence individual development. The Specialized Oncology Nurse recognizes her/his role within the interdisciplinary team, articulates the role to the individual and family, and promotes the individual's rights to dignity, privacy, and access to information. The Specialized Oncology Nurse recognizes the sensitivity and/or complexity of issues that require a referral to an Advanced Oncology Nurse or other resource(s).

### Application Process

The Specialized Oncology Nurse:

- a) considers the meaning of cancer to the individual;
- b) adapts the treatment to the individual;
- c) focuses on the individual in the midst of technology; and
- d) promotes the right to respect, dignity, privacy within the context of the cancer experiences.

The Specialized Oncology Nurse identifies and takes action in oncology emergencies such as spinal cord compression, septic shock, and other critical situations. The Specialized Oncology Nurse recognizes the impact of cancer on the emotional, and cognitive development of children, and safeguards individual rights.

*Scenario: David is a 33-year-old man admitted in late stage leukemia. Leukemia is secondary to testicular cancer diagnosed 10 years earlier. Emilio is the Specialized Oncology Nurse assigned as the Primary Nurse to David.*

*David has a young family. He has not responded to treatment and is not a candidate for Bone Marrow Transplant. Now David and his family are struggling with end-of-life decisions.*

*Emilio works closely with David to address his concerns. Emilio ensures that David maintains control over all the aspects of his care, where possible and shares the rationale for care. Emilio demonstrates exceptional knowledge and competency in his nursing work. Health care team members contact Emilio when they need updates on David's care and condition. He develops a detailed plan of care in collaboration with David and the interdisciplinary team. In consultation with the social worker, Emilio works with David to address the social and financial concerns and helps negotiate for weekend visits with his children.*

*Emilio engages David and his wife to discuss the future plans for their children. He organizes regular family conferences and refers the children to a children/family support group in the community in which they live. In the last days of David's life, Emilio maintains close contact with him and his family and ensures that David is as comfortable and peaceful as possible.*

Competencies Related to Standard 2:

Individuals with cancer and their family are entitled to care that is family centered incorporates growth and developmental needs of each member and is respectful of the family's resources and coping style.

Knowledge

The Specialized Oncology Nurse integrates and applies knowledge about:

- a) family as caregiver (irrespective of adult or child);
- b) family development, dynamics and roles;
- c) impact of acute episodes within the chronic illness continuum;
- d) adult education;
- e) coping and disruption;
- f) growth and development of individuals and the family;
- g) supports available; and
- h) communication of value-laden issues and about intimacy.

Clinical Skills

The Specialized Oncology Nurse has advanced communication skills in order to:

- a) discuss intimacy, relationships and sexuality;
- b) facilitate family members discussion on the relationships;
- c) recognize the needs of families and for referral; and
- d) determine the impact of disease, dispel myths and explore ways of coping.

The Specialized Oncology Nurse communicates and collaborates with the patient, family and other health care professionals.

Cognitive Skills

The Specialized Oncology Nurse understands family dynamics, the influence that chronic illness might have on the family. The nurse recognizes family, genetic linkages with cancer and risks involved. The nurse may use a genogram in assessing family dynamics.

Application Process

The Specialized Oncology Nurse supports family in their involvement in decision-making (such as in conferencing, meetings) and recognizes the impact of illness and treatment and the disruption this causes to families. The nurse uses counseling skills in supporting the grieving process during the illness and after the loss of the family member.

*Scenario: Mr. Beatty is a 56-year-old engineer, who was diagnosed with Prostate Cancer. There is a history of prostate cancer in his family and he had ensured that his family doctor knew about the family history. In each of his annual physical exams with the family doctor, she ensured that a PSA test was done. The most recent PSA indicated the possibility of cancer and subsequent tests confirmed the diagnosis. Mr. Beatty had surgery and recovered well, and is now being seen in the clinic for follow-up care. Catherine is the Specialized Oncology Nurse working in the GU clinic. She has several years of experience and works in a collaborative practice model with the oncologist. Together they assess patients and work with the patient and family to determine the care plan.*

*Catherine, in her assessment, realizes that there are several issues which Mr. Beatty and his wife have not discussed, such as the effects of the surgery and the hormonal treatment which is part of the plan. She also recognizes that Mr. Beatty has not acknowledged the diagnosis with his two sons, who are both recent university graduates. Mr. Beatty has confided in Catherine that he is concerned about his image as a father, husband and professional business man, if the diagnosis is made known. Although his wife is fully aware of the diagnosis, they have not discussed the effects on their relationship as a couple. Catherine confirms that Mr. Beatty is a very private person, who has held the image of being invincible and the “strong” one in the relationship.*

*Catherine listens to Mr. Beatty’s story, allowing him time to describe his feelings and fears. He reflects to her that he has never revealed himself in this way before, and that bothers him. Catherine acknowledges Mr. Beatty’s concerns and assures him that his feelings are genuine and that she wants to work with him to express these issues with his wife and family. She offers him the opportunity to attend a support group for men with Prostate cancer, and he agrees. He reports to her that the support group has helped him to understand that he is not alone in his feelings and fears, and that other men have talked with their wives and families. He asks Catherine to work with him to talk with his wife and Catherine facilitates the meeting. Mr. Beatty then invites his sons to another meeting to talk with their parents openly and honestly. Mr. Beatty is relieved at the end of the meeting and acknowledges Catherine’s work and help.*

**Competencies Related to Standard 3:**

Individuals with cancer and their family have the right to self-determination, the right to access information, the right to make decisions about their health care, or the right to have an advocate, if they are unable or choose not to participate in decision-making.

## Knowledge

The Specialized Oncology Nurse integrates and applies knowledge about role negotiation, research process, clinical trials, behavioral research, client decision-making, of treatment modalities, options (risks and benefits) (e.g. patient decision-making), and alternative and complementary therapies.

## Clinical Skills

The Specialized Oncology Nurse selects from a repertoire of advanced communication skills, such as negotiation, collaboration and advocacy to assist the individual and family to communicate their preferences and decisions. This nurse assists the individual and family to maintain a sense of safety with decisions. The nurse reflects on the meaning and implications of these patient and family decisions.

## Cognitive Skills

The Specialized Oncology Nurse assists the individual to determine risks and benefits and assesses the involvement of the family. The nurse has the ability to ask guided questions and frames the questions so that personal bias and preferences do not influence client choice. The nurse assists the individual to determine risks and benefits to all treatment options including complementary therapies and provides awareness of one's own biases (self-reflection). The Specialized Oncology Nurse displays courage and wisdom when engaging in decision-making and assessing the involvement of family (age, relationship, and culture).

## Application Process

The Specialized Oncology Nurse assists the individual in determining risks, benefits of all treatment options including alternative and complementary therapies. The nurse advocates for patient in issues such as treatment modalities, end-of-life decisions, clinical trials, and demonstrates a willingness to be involved.

*Scenario: The parents of an 18-month diagnosed with Stage 4 neuroblastoma are devastated by the diagnosis and prognosis for this, their only child. Their oncologist is recommending an intensive course of treatment with no insured outcomes. A valued friend has heard of ESSIAC and the benefits of shark's cartilage. They approach the nurse for advice and counsel. The nurse discusses the risks and benefits associated with alternative therapies and helps the family identify the impact of treatment options and their preferred choices. The nurse reflects a non-judgmental manner. The nurse advises other members of the health care team of the family's expressed needs, preferences and decisions.*

### Competencies Related to Standard 4:

Individuals with cancer and their family are entitled to care that is respectful of and responsive to their community of living. The individual with cancer and family are entitled to assistance in navigating through the cancer and health care system.

## Knowledge

The Specialized Oncology Nurse integrates and applies information about systems, community care services, societal norms and trends, the workplace environments, and the settings in which cancer care is provided.

## Clinical Skills

The Specialized Oncology Nurse uses advanced skills to:

- C advocate;
- C negotiate;
- C establish contact;
- C assist with re-entry into work or school, or social construct; resumption of roles;
- C translate medical language and procedures for individuals and family; and
- C connect the individual and family to other health care providers.

## Cognitive Skills

The Specialized Oncology Nurse understands the impact of the cancer experience, guides the individual in the experience of treatments, and guides partners, siblings, and family in cancer experience. The skills used to guide involve assessment of individual strengths, the knowledge of family dynamics, the establishment of a therapeutic relationship, and the ability to teach, counsel and support the individual and family through all aspects of the continuum of care.

## Application Process

The Specialized Oncology Nurse orientates the individual to the system and demystifies the cancer care system. The nurse helps the individual navigate between illness and health roles and assists to reduce barriers the system may create to ensure access to community and other resources. The Specialized Oncology Nurse encourages family members to participate in the experiences of care and provides assistance to help the individual manage the cancer system. The nurse assists the individual to renegotiate entry and reintegration into family, job, and community of work or school. The nurse helps to deal with issues of abandonment when the care setting switches from cancer treatment specialties back to the individual's community care team (family physician) and provides follow-up contact as the individual returns to community. The nurse connects community resources to support individual and family. The nurse coordinates the plan of care and mobilizes appropriate resources.

The Specialized Oncology Nurse ensures that the individual with cancer and family are entitled to access regardless of where they live. The nurse recognizes the community from which the individual comes (e.g. work, school, home for the aged). Community of care includes the system and providers involved with the patient and family.

*Scenario #1: Eighteen-year-old Devi has been followed from childhood for inflammatory bowel disease. A regular visitor to the local pediatric hospital, she is dismayed to hear that new symptoms signal a transfer to an adult facility for investigation of questionable pre-cancerous disease. Sharma is the Specialized Oncology Nurse in the cancer centre. She meets Devi for the first time and assesses her present condition. She contacts the pediatric hospital to gather more information and past treatments. Kathy is the Primary Nurse from the pediatric unit. Sharma arranges a meeting with Kathy and Devi to review Devi's previous experience and her response to it. Together they work out a transition plan of care from the pediatric to the adult cancer environment. Devi now feels that she is involved in her care and has confidence in the new team.*

*Scenario #2: Lise Duvalier is a woman with a new diagnosis of lung cancer. In addition, she exhibits some features of bipolar disorder. Her method of coping with stressful situations is to obtain as much information as possible and glean support from available resources. Lise is connected with the Specialized Oncology Nurse in the lung site to assist her with clarifying the vast amounts of complex information she is receiving from various sources. The nurse works with Lise to provide her with information concerning her disease and its treatment, to clarify information she has received from physicians and other sources, and to assist her to navigate the cancer health care system. The Specialized Oncology Nurse supports Lise in facilitating an interdisciplinary meeting so that the psychiatrist, psychologist, and the cancer care team work on a collaborative plan of care.*

**Competencies Related to Standard 5:**

Individuals with cancer and their family are entitled to care that is coordinated among providers and across the continuum of cancer control (prevention, screening, early detection, pre-diagnosis, diagnosis, treatment, survivorship and palliation).

**Knowledge**

The Specialized Oncology Nurse integrates and applies information about:

- a) role clarification and role overlap;
- b) scope of practice of other practitioners;
- c) community resources such as CCS, support groups, Home Care;
- d) resources within and external to the cancer center;
- e) nursing scope of practice;
- f) intra-professional relationships and communication; and
- g) the continuum of care.

**Clinical Skills**

The Specialized Oncology Nurse has advanced skills to:

- a) delegate to other members of the health care team;
- b) coordinate among and between members of the team;
- c) communicate to other members, the information needed to integrate their roles;
- d) share information in conferences with other providers; and
- e) collaborate, negotiate, document (i.e. patient needs), and resolve conflict.

## Cognitive Skills

The Specialized Oncology Nurse trusts other professionals and believes in and respects their expertise. The nurse demonstrates a mutual sense of respect and is willing to share her/his expertise with a focus on patient needs. The nurse coaches and guides individuals, families and health team members. The nurse recognizes barriers and works to eliminate them. Is willing to focus on the individual with cancer and family, anticipating and planning for the next phase in the continuum.

## Application Process

The Specialized Oncology Nurse promotes integration of care, recognizes other providers' role, knows their scope of practice as well as her/his own. The nurse establishes feedback mechanisms, and recognizes and minimizes barriers. The Specialized Oncology Nurse focuses on patients' identified needs promotes interdisciplinary care, recognizing the strength of care that is possible when multiple health care professionals are involved. The nurse helps the family, child, or adult to recognize their strengths in managing the health care system. The Specialized Oncology Nurse promotes integration of care across the system, to reduce or minimize gaps in care.

*Scenario #1: Janet is a Specialized Oncology Nurse working in a pediatric ambulatory oncology clinic. She works with patients who are long term "survivors". In her practice, she has found that the survivorship issues for patients are not addressed well, particularly in relation to helping patients deal with concerns such as fatigue, infertility, school performance, relationship, back-to-work issues, etc. She collects prospective data in her nursing assessment about these concerns and records her data in a log/database. She shares her data with the nurse manager and site physician leader and together with them drafts a proposal for getting Specialized Oncology Nurse support for the site. The nurse works closely with the Nurse Manager to establish a long-term follow-up care clinic in which patients with such concerns will be supported. She presents her data at the Pediatric Oncology Advisory Board and at other conferences. She participates in the on-going evaluation of the clinic.*

*Scenario #2: Joey knows that the cancer centre where she works is responsible for only the beginning portion of the patients and family's palliative care experience. While she knows that this transitional care is paramount to patient and family outcomes, she realizes that their continued support is made possible by the communication between her team and the palliative care teams that are operant in her catchment area. To facilitate communication between and amongst care teams, Joey attends the Collaborative Practice Meeting held each month where the palliative care teams from the region her cancer centre is in come together for program planning, and on-going dialogue.*

Competencies Related to Standard 6:

Individuals with cancer and their family are entitled to a supportive, knowledgeable, caring and therapeutic relationship with care providers throughout their cancer experience.

Knowledge

The Specialized Oncology Nurse integrates and applies knowledge about family development, values clarification, group dynamics, systems, counseling, and psychotherapeutic modalities. The nurse recognizes the impact of caring for individuals on her/himself, and also recognizes the boundaries of the therapeutic relationship.

Clinical Skills

The Specialized Oncology Nurse prepares individuals for the experience through education, psychosocial support and counseling, assessing readiness to learn and emotive responses.

Cognitive Skills

The Specialized Oncology Nurse helps the person and family to deal with the cancer and experience life in spite of the cancer. The nurse sees the person independent of their illness; that is, is able to see the person, not the disease.

Application Process

The Specialized Oncology Nurse develops therapeutic relationships with individuals and families, supporting them as their lives are impacted by cancer. The nurse supports the individual to maintain or establish relationships with individuals or groups who have significant meaning to the person.

*Scenario: Ten-year-old Andy was recently diagnosed with acute lymphoblastic leukemia. A precocious lad, he attends a gifted program through the school. He is anxious about his absenteeism from school, and particularly, the class science fair project. The Specialized Oncology Nurse helps him to integrate his struggle to understand his own disease with the objectives set for the science fair. She helps him to prepare questions and negotiate interviews with hematologists and lab technicians. His presentation, "Growing Up Stem Cells and Stomping Out Leukemia!!" wins second prize at the Science Fair.*

Competencies Related to Standard 7:

Care delivered to individuals with cancer and their families is based on theory, science (physiologic and psychosocial sciences), and incorporates principles of evidence-based practice, best practice or available evidence.

## Knowledge

The Specialized Oncology Nurse integrates and applies knowledge about:

- a) the process of evidence-based practice;
- b) research process;
- c) burden of illness of cancer (all cycles); etiology/causation;
- d) grieving process with cancer;
- e) immunology; hematology; metastasis; staging; alternative and complementary therapies;
- f) mechanisms of pain; characteristics of cancer pain; precipitation and situational factors influencing pain; meaning of pain in cancer; neuropathic pain;
- g) oncology, oncogenes; disease process; treatment modalities and biological modifiers, hormonal, radiation, chemotherapy;
- h) side effects and impact of treatment on protective mechanisms, coping, etc.;
- i) effectiveness of care and efficacy of treatment;
- j) impact of specific treatment and protocols;
- k) methods of surveillance and genetics of cancer;
- l) influence of cancer on functioning of body;
- m) advancement of disease and emotional, behavioral issues;
- n) recurrence of disease;
- o) tumour node metastasis staging;
- p) oncologic emergencies;
- q) side effects, and symptom management.

## Clinical Skills

The Specialized Oncology Nurse possesses skills in:

- a) literature search and retrieval;
- b) accessing new treatments and nursing interventions;
- c) delivering information to patient;
- d) making the information meaningful to the individual and family;
- e) assisting the client to access and interpret information;
- f) assisting clients to interpret knowledge from Internet and other sources;
- g) assesses new protocols and judging the adaptation of the protocol to the individual; and
- h) managing patients, interventions and care planning.

## Cognitive Skills

The Specialized Oncology Nurse questions practice and applies research and theories to patient practice. The nurse uses knowledge from the theoretical to the applied, critically appraises information, and critiques standards, by understanding their meaning and applying it to patient population.

## Application Process

The Specialized Oncology Nurse interprets the rigor and usefulness of findings in the context of knowledge about cancer (disease process) and anticipates interventions and patient responses. For example, the nurse critiques and applies findings from CANO/ACIO initiatives (e.g. fatigue or pain initiative), applies knowledge about cancer to patient care, interprets findings, applies CANO/ACIO pain standards, and anticipates nursing interventions.

*Scenario #1: Justine is a Specialized Oncology Nurse working in the gynecology oncology site. In her practice, she has observed that women express a great deal of concern, informational needs and guilt about the link of cervical cancer with Human Pappilloma Virus (HPV). She links with the social worker in the psychosocial oncology program to conduct a literature review about this issue. Together, they present the data to the site group members and lead a research group that will evaluate the use of a support group for women with cervical cancer. She facilitates the support group sessions and works with a research assistant to collect data for the research study.*

*Scenario #2: Heather realizes that most of the interventions that she and her team use for symptom management are not evidence based. She addresses this by participating in a clinical workgroup who are systematically examining the evidence that underpins the clinical protocols that they are using. Heather is able to say what is known and what needs to be researched to truly practice according to an evidence base.*

Competencies Related to Standard 8:

Individuals with cancer and their family are entitled to care that is professional and incorporates ethical principles and legislative requirements.

Knowledge

The Specialized Oncology Nurse acquires, integrates and applies knowledge about ethical principles, and legislative requirements of professional practice. The Specialized Oncology Nurse seeks to expand knowledge, by participating in education, reading, attending workshops, and consulting with other specialists in the field.

Clinical Skills

The Specialized Oncology Nurse assesses and recognizes values and preferences of participants in situations and determines when values may be in conflict. The nurse identifies potential ethical dilemma and knows how to access resources to guide in resolving ethical dilemma.

Cognitive Skills

The Specialized Oncology Nurse has an enhanced self-awareness and ability to recognize potential moral or ethical situations existing and unfolding in cancer care.

### Application Process

The Specialized Oncology Nurse applies ethical principles when considering ethical dilemmas and consults with others. The nurse recognizes when others' values are in conflict and assists them to identify ways in which conflict resolution may be achieved. The nurse participates in activities that enhance professional nursing, such as professional provincial and national organizations.

*Scenario: Marilyn is the Specialized Oncology Nurse caring for Mandy, a young adolescent with metastatic Ewing's sarcoma. Mandy's parents, both lawyers, are adamant that "everything be done". They spend hours searching the Internet for information on Phase One Trials. One family friend, a staff oncologist with a daughter the same age as Mandy, supports them in this pursuit. Mandy has confided to Marilyn, her sadness about her "disintegrating body" and her parents reluctance to "let her go". She has written letters of farewell to her sister, parents and friends. She asks for no more treatment.*

*Marilyn recognizes the discrepant views between daughter and parents. She is well aware of the Consent to Treatment Act and has recently explored Jean Watson's work on caring-curing paradigms. Her goal is to achieve quality of life for Mandy and her parents. She charts Mandy's request and approaches the team, Mandy and her parents about the usefulness of a family meeting with the hospital ethicist in attendance as facilitator. Marilyn talks with Mandy and her parents about the principles of palliative care and offers them opportunities to visit with palliative team members to learn more.*

<p><u>Competencies Related to Standard 9:</u></p>
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<p>Individuals with cancer and their family are entitled to care within a system that has patient-focused, professional leadership.</p>
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### Knowledge

The Specialized Oncology Nurse integrates and applies knowledge about program evaluation, cost effectiveness, resource allocation, and quality indicators.

### Clinical Skills

The Specialized Oncology Nurse uses creative problem solving to remove barriers and creates a caring environment. The nurse finds resources (e.g. equipment, funding, and people) and recognizes gaps in cancer care. The nurse provides leadership to Generalist Nurses in the oncology setting.

### Cognitive Skills

The Specialized Oncology Nurse engages in critical thinking, negotiates and mediates, is creative and innovative, advocates for system change, and is a visionary. The nurse mentors, role models, has courage (to make tough decisions), takes risks, and influences change. The Specialized Oncology Nurse impacts on values of organization, by acting as a voice for patient care at the organizational, corporate and policy level.

### Application Process

The Specialized Oncology Nurse gets resources for the patient and family. The Specialized Oncology Nurse participates in program evaluation. The nurse participates and presents issues on committees related to patient care, quality management, and clinical practice.

*Scenario #1: The Nursing Leadership Council has decided to implement a new process for triaging of patients' problems by telephone. The Specialized Oncology Nurse acts as an expert to work with the Council to institute a process that is client-focused and define the evidence-based guideline for telephone triage.*

*Scenario #2: The Specialized Oncology Nurse, is a member of the Patient Care Accreditation Team. Together with other team members, the nurse creates a Clinical Path related to managing non-Hodgkins Lymphoma. The team uses the Clinical Path in providing care, measures the outcomes and reports to the hospital's Quality Management Committee.*

*Scenario #3: The Specialized Oncology Nurse on the Pain and Symptom Management Team recognizes that the team and organization need feedback as to the effectiveness of their interventions. With the Program Leader, she helps select and design evaluation tools that will measure patient's symptom distress reduction and patient and family satisfaction.*

## COMPETENCIES FOR THE ADVANCED ONCOLOGY NURSE

### Scope of Practice

#### Advanced Nursing Practice (CNA, 2000)

Advanced nursing practice is an umbrella term that describes nursing practice at the edges of the expanding boundaries of nursing's scope of practice. It maximizes the use of nursing knowledge and skills in meeting the health needs of patients (individuals, families, groups, populations, and communities).

Advanced nursing practice is specialized practice, grounded in knowledge that comes from nursing theory, and other theoretical foundations, experience and research. Advanced nursing practice involves the deliberate, purposeful and integrated use of expanded nursing knowledge, research and clinical expertise. It entails a depth and breadth of knowledge that allows the nurse to provide complex care, comprising an ever-increasing range of responses within the full scope of nursing practice. Advanced nursing practice includes the ability to explain the theoretical, empirical and experiential foundations of nursing practice.

Advanced nursing practice contributes to the understanding and development of nursing knowledge and its implementation into practice. It involves planning, coordinating and implementing programs that provide comprehensive care through interdisciplinary consultation and collaboration within a variety of cancer care systems with a variety of cancer patients. Advanced nursing practice incorporates knowledge of and ability to influence health policy. It reflects substantial autonomy and independence with a high level of accountability.

#### Advanced Oncology Nurse

An Advanced Oncology Nurse is a Registered Nurse, prepared with a minimum of a Master's degree in nursing, who has acquired in-depth knowledge and clinical experiences in oncology. The Advanced Oncology Nurses' expertise is utilized throughout the cancer care continuum, extending from prevention and early detection, through diagnosis and treatment, and finally to palliative and hospice care in a variety of settings. The Advanced Oncology Nurse has an advanced ability to conduct comprehensive health assessments, identify normal and abnormal characteristics, develop a care plan, initiate appropriate care and continuously evaluate care outcomes. The Advanced Oncology Nurse utilizes a wide range of theory and research to understand the cancer experience to assist patients with cancer and their families. The Advanced Oncology Nurse synthesizes common individual patient problems and responses to identify themes. These themes then may lead to research, education and back to clinical practice where nursing interventions are utilized to prevent or ameliorate clinical problems.

The Advanced Oncology Nurse may incorporate a combination of advanced nursing skills with functions traditionally considered medical, such as ordering diagnostic tests, prescribing medications and referring to specialists, resulting in more coordinated patient care. It is not the addition of functions from another profession, but the application of advanced nursing knowledge that defines Advanced Oncology Nursing practice. Advanced Oncology Nursing is fundamentally nursing, occurring within the full scope of nursing practice. Advanced

Oncology Nursing is grounded in the philosophical and theoretical foundations of nursing with its values of holistic patient-centered care.

## **Domains of Practice**

The Advanced Oncology Nursing role encompasses five domains of practice:

1. Direct Patient Care

The central focus of Advanced Oncology Nursing is clinical practice in which there is a direct relationship between nurse and patient. In addition to providing complex care to individuals and families, the Advanced Oncology Nurse meets the needs of populations of patients.

2. Education

The Advanced Oncology Nurse is involved in the education of patients, nurses and other members of the interdisciplinary team. She/he may be involved in the development of educational programs and policies. The Advanced Oncology Nurse may have cross-appointments to recognized university faculties of nursing.

3. Research

The Advanced Oncology Nurse has expert skills in research utilization. She/he participates in and leads nursing and interdisciplinary research in oncology to improve patient care outcomes.

4. Organizational Leadership

The Advanced Oncology Nurse incorporates knowledge of and ability to influence health care policy. She/he leads in the quality improvement initiatives in the organization. She/he provides leadership in the nursing and interdisciplinary decision-making committees within and external to the organization.

5. Scholarly/Professional Development

The Advanced Oncology Nurse shares clinical and research expertise in presentations and publications. She/he engages in continuing education activities.

## **Roles**

Advanced practice nurse is a term for a type of nursing practice in which different oncology nursing roles will develop. In Canada, the advanced practice nurse title encompasses the traditional Clinical Nurse Specialist (CNS) role and/or the Acute Care Nurse Practitioner (ACNP) role. In the future, Advanced Oncology Nursing roles may not be restricted to roles as they are known today. No one role can encompass all domains of advanced practice in oncology nursing. The particular role that the Advanced Oncology Nurse performs, according to

her or his job description, determines which advanced practice skills are most used. However, it is the combination of all five domains of practice that best describes Advanced Oncology Nursing practice.

### Education

CANO supports the position that all Advanced Oncology Nurses should have a Master's degree from an accredited nursing program. The curriculum of these graduate programs should provide oncology nurses with advanced knowledge and skills, theoretical and research foundations and clinical experiences necessary to practice advanced oncology nursing.

### Certification

CANO advocates that the Advanced Oncology Nurses should acquire certification in Advanced Oncology Nursing Practice following the program of graduate study. Until an advanced oncology certification exam is developed in Canada, CANO supports the Advanced Oncology Certified Nurse (AOCN) exam that is offered by the Oncology Nursing Certification Corporation (ONCC) in the United States.

### Regulation

For advanced practice nurses working entirely within the scope of nursing practice (e.g. CNS's), the existing nursing legislation and standards of practice provide comprehensive protection of the public. Where advanced practice nurses take on additional functions and competencies shared with other regulated professions (e.g. Acute Care Nurse Practitioners), two main approaches can be taken for regulation:

- a) delegation of authority using established protocols of delegation (e.g. organization-specific medical directives); and
- b) new legislation for a special category of nurse.

So far in Canada, the regulation of nursing practice, including new nursing roles, is maintained through a system of initial registration/licensure by examination, followed by reliance on professional responsibility and accountability for acting within one's competence. Until provincial governmental and nursing regulatory agencies reach consensus about the advanced practice nursing standards, including educational preparation, certification, and practice guidelines, specialty organizations such as CANO will continue to provide the standards for Advanced Oncology Nursing.

### **Competencies of the Advanced Oncology Nurse**

These statements define the knowledge, skill and judgement and the care that can be expected from an Advanced Oncology Nurse working with patients with cancer and their families. Competent Advanced Oncology Nursing care ensures that patients and families are receiving care that is consistent with the standards of care.

The Advanced Oncology Nurse is expected to reach the competencies of the Generalist Nurse and the Specialized Oncology Nurse. The nurse plays a significant role in the achievement of standards of care at the patient, unit, organization, community and system levels. The advanced practice nursing role integrates all the domains of practice, and has been described inclusively for all standards of care. As much as possible, the Canadian Nurses Association (CNA, 2000) and Oncology Nursing Society (ONS) competencies of advanced nursing practice have been adopted in the context of cancer patient care. The CNA competencies under the category of Change Agent have been incorporated under the leadership domain. Because the advanced oncology nurse is expected to play an active role in the education of patients, nurses, and other members of the interdisciplinary team, the competency of education has been included in this document. Because the advanced oncology nurse is expected to collaborate with others under all domains of practice, the CNA competencies under the category of collaboration have been subsumed under all the domains.

### **Clinical Competencies**

The Advanced Oncology Nurse:

- a) Uses theoretical and empirical knowledge to plan and implement patient care.
- b) Develops and uses multiple assessment strategies within a holistic cancer patient care framework.
- c) Discriminates qualitative and quantitative distinctions from multiple sources of data, often in ambiguous and complex situations.
- d) Demonstrates an in-depth understanding of the complex interaction of biophysical and sociological processes in cancer care.
- e) Draws on experiential and empirical knowledge about the client population to anticipate and manage a wide range of patient responses to actual or potential health problems.
- f) Uses critical thinking and synthesis skills to guide decision making in complicated, unpredictable and dynamic situations.
- g) Integrates multiple interventions (interpersonal, coaching, teaching, counseling, technological, diagnostics, pharmacological) to effect patient health status and quality of life.
- h) Co-ordinates the plan of care and mobilizes resources to achieve integrated and comprehensive health care.
- i) Plans and implements care to achieve goals that are mutually established in collaboration with the patient and family.
- j) Effectively communicates and collaborates with the client and his/her family, and members of the health care team to achieve optimal outcomes for patient and family.
- k) Monitors, evaluates and documents outcomes of assessment, decision-making and interventions.

*Scenario #1: Mrs. Saanich is a 75-year-old woman who was treated for cancer of the anal canal ten years ago. She has developed a late reaction to the chemo-radiation treatment with chronic pelvic pain. She has continuous severe pain in the rectum that is aggravated by urgency, persistent chronic diarrhea, rectal bleeding, and frequent need to use the bathroom. She maintains that living with these symptoms is worse than having cancer, and is sorry that she went through*

cancer treatment. She is no longer able to maintain her active lifestyle and has lost contact with her friends. She maintains that she wants to die.

Mrs. Saanich is concerned about going to hospital for treatment due to a previous unpleasant experience at a different hospital. On that occasion, she was heavily sedated and sleeping most of the time during the 7-week hospitalization to control her pain. She was aware of other patients dying during her stay. She voices concerns that if she returns to hospital, she will go to sleep and never wake up. The Advanced Oncology Nurse consults with the nurses on the Palliative Care Unit prior to admission to facilitate Mrs. Saanich's need to have control over her pain level and sedation during her hospital stay, and promote a quick return home.

The Advanced Oncology Nurse conducts a comprehensive holistic assessment with in-depth assessment of the pain and other symptoms. She reviews the strategies that have helped or not helped the patient. She recommends a trial of a rectal anesthetic. When the rectal anesthetic is found not to be effective, she consults with the pain control team to provide advice on the management of Mrs. Saanich's pain. A trial of neuropathic medication is started. The Advanced Oncology Nurse will maintain close contact with the patient over the phone to titrate her opioids and evaluate the plan of care. The nurse continues to monitor Mrs. Saanich, counseling and teaching her on self-care strategies. She reviews the research literature and seeks advice from other centers on their experience with similar patient populations. Based on her review and critique, the Advanced Oncology Nurse utilizes enhanced strategies to effect a plan that is in keeping with Mrs. Saanich's desires.

**Scenario #2:** A new treatment protocol has been implemented for head and neck cancer patients. The new protocol will treat patients with high dose chemotherapy and escalated dose radiation treatments. It is anticipated that a systematic approach will need to be taken to anticipate and manage the symptom and supportive care needs of these patients. It is expected that patients will need rigorous monitoring of foods and fluids, and proactive plans to meet their needs. The pain management and psychosocial issues are going to be a significant concern for these patients. The Advanced Oncology Nurse is invited to participate in discussions about the new treatment protocols and is asked to lead the initiatives to develop care protocols for these groups of patients. The interdisciplinary team is brought together to develop protocols for assessment and management. Current research is reviewed, best practice sites are consulted and a protocol for enteral feeding for these patients is implemented. Evaluation of the protocol is undertaken after six months of implementation.

**Scenario #3:** The Advanced Oncology Nurse is hired to implement a breast cancer screening program in the community. The nurse has an expert knowledge-base in the area of breast cancer screening. She collaborates with other members of the interdisciplinary team to conduct a community assessment to determine the

*demographic profile and enablers/deterrents. She consults other cancer screening programs in the province to understand the process of setting up a new program. She maintains continuous communication with members of the interdisciplinary team to implement the program. The Advanced Oncology Nurse develops a database to monitor the quality indicators of the program and to track the outcomes of the program.*

## Research Competencies

The Advanced Oncology Nurse:

- a) Consistently integrating research into the care of the patient with cancer and family.
- b) Applies a broad range of theories and relevant research to clinical practice.
- c) Interprets and shares relevant research findings with others and links findings to clinical practice.
- d) Identifies and initiates research on questions relevant to cancer patient care as principal investigator or as co-investigator with other members of the health care team.
- e) Participates in review of research proposals.
- f) Participates in the process of grant writing and/or funding applications.
- g) Generates proposals and seeks funding for nursing research and acts as a resource to the other nurses.

*Scenario #1: Nurses who work with patients with head and neck cancers have commented on the fact that the all members of the interdisciplinary team have a different approach to assessing and managing mucositis. There is a need to develop and implement an evidence-based interdisciplinary protocol/guideline for mucositis. The Advanced Oncology Nurse is asked to lead the initiative. An interdisciplinary group is brought together for a period of 3 months. The literature and best-practice sites are reviewed. A protocol is developed which is sent out for external review and then tested. The protocol is sent forward to the approval processes in the organization and incorporated into the practice manuals and in the formulary. Pre- and post-chart audits are conducted to evaluate the implementation of the protocol in practice.*

*Scenario #2: The Advanced Oncology Nurse notes that physicians are prescribing antiseptic products for wound care. She gathers appropriate current literature, which demonstrates the toxic effects of such products on wounds. She meets with the appropriate physician groups and shares these findings with them. She incorporates these findings in an upcoming interdisciplinary wound care presentation. The findings are sent to the pharmacy and therapeutics committee to be incorporated in the hospital formulary.*

*Scenario #3: The Advanced Oncology Nurse collaborates with nurse researchers at the university setting to submit a research protocol to a funding agency that will evaluate nursing interventions for breathlessness in patients with lung cancer. The Advanced Oncology Nurse provides input to the research team regarding patient selection, schedule of data collection, etc. She facilitates the submission*

*of the protocol for ethics approval at her agency and oversees the data collection process in the agency. She presents the protocol to interdisciplinary team and nursing rounds to get support for patient accrual. She will participate with the research team to analyze the data and document and publish the findings of the study in peer reviewed journals.*

*Scenario #4: The Advanced Oncology Nurse works with the ambulatory staff nurses to develop a protocol to evaluate a new perineal skin care barrier cream for perineal skin reactions. The Advanced Oncology Nurse works with the nurses to present the protocol to the GI tumor rounds. Appropriate evaluation tools are developed and patients are accrued to trial the product. Once safety and efficacy are established, a formal proposal is developed with the staff nurses. The findings are documented by the staff nurses, presented at appropriate forums (such as local, national and international conferences) and documented for publication.*

*Scenario #5: The Advanced Oncology Nurse is co-chair of the Nursing Research Committee. This committee develops policies related to nursing research in the organization, reviews nursing research proposals that are submitted for approval for data collection and facilitates research utilization efforts by staff nurses. As co-chair of the Nursing Research Committee, the nurse participates in teaching the process of critical appraisal of research to nurses in various settings.*

### Education Competencies

The Advanced Oncology Nurse:

- a) Identifies learning needs of clients, nurses, and other members of the health care team.
- b) Provides direct client education that is based on identified needs.
- c) Plans, initiates, coordinates and conducts continuing education programs based on identified needs, priorities, and organizational resources.
- d) Coaches and mentors staff nurses and other members of the health care team in the development and use of clinical knowledge.
- e) Serves as a clinical faculty for undergraduate and graduate nurses.
- f) Monitors, evaluates and documents outcomes of educational offerings.

*Scenario #1: The Advanced Oncology Nurse participates in the development, implementation and evaluation of interdisciplinary cancer symptom management education programs in the organization. She conducts appropriate needs assessment of the staff involved in providing care to patients in the oncology program and teach in such programs.*

*Scenario #2: Staff nurses express a need to further develop their physical assessment skills of patients with gynecological cancers. The Advanced Oncology Nurse spends time in the clinics seeing patients with nurses to demonstrate the skills at the bedside with the patients. The Advanced Oncology Nurse evaluates the change in practice and documentation of assessment findings by nurses using chart audits, observation and measurement of patient satisfaction.*



*Scenario #3: Through the accreditation self-assessment process, the team identifies a need to address the survivorship issues of clients completing first line adjuvant treatment for breast cancer. The Advanced Oncology Nurse participates with a multidisciplinary team to develop a Psycho-educational Program for these patients to facilitate: 1) understanding of acute and long-term effects of treatment; 2) how to know when to contact the oncology health care team; and 3) psychosocial adjustment to survivorship following treatment.*

### Organizational Leadership Competencies

The Advanced Oncology Nurse:

- a) Has a vision for oncology nursing practice and patient care and is able to articulate and implement this vision.
- b) Participates in the development of policies, clinical practice guidelines, and protocols.
- c) Enables the implementation of best practices in cancer symptom management.
- d) Provides leadership in the development, implementation, and evaluation of innovative approaches for complex cancer practice issues.
- e) Provides leadership on inter/intra disciplinary committees related to development, implementation, and evaluation of policies and procedures, education, research, quality initiatives and clinical practice.
- f) Initiates or participates in program development and evaluation leading to enhanced client outcomes.
- g) Facilitates strategic planning and goal setting for programs and/or departments at all levels of the organization.
- h) Mobilizes supportive therapies for individual within community when typical resources are not available.
- i) Diagnoses gaps in the system and networks to avoid gaps.
- j) Mobilizes resources to support individual in community where resources are limited and advocates for resources.
- k) Encourages the best use of nurses in delivery of care and helps institutions find the bridge between care components.
- l) Dialogues with regulatory bodies, advocates for advances in cancer care, and develops new roles to facilitate cancer care delivery across the continuum.

*Scenario #1: The Advanced Oncology Nurse co-chairs the Quality Management Team with the physician for the Malignant Hematology Program. An interdisciplinary team is assembled to monitor quality indicators in the Malignant Hematology Program and to develop quality improvement projects for patient care.*

*Scenario #2: The Advanced Oncology Nurse chairs the Nursing Practice Committee for the Oncology Program. This Committee will be responsible for the nursing practice, education and research mandates of oncology nursing. The Advanced Oncology Nurse represents the discipline of nursing on the Strategic Planning Committee of the hospital/corporation.*

*Scenario #3: The Advanced Oncology Nurse works with staff nurses in the Oncology Program to develop standards of practice and competencies of ambulatory oncology nursing practice. A comprehensive program is developed to implement these standards in practice. Evaluation protocols are developed to monitor the effectiveness of the Program.*

*Scenario #4: The Advanced Oncology Nurse is consulted by the provincial cancer organization to participate in provincial-wide initiatives to develop evidence-based guidelines in supportive care. The Advanced Oncology Nurse is consulted by the professional nursing organization to develop best practice guidelines on pain management. The Advanced Oncology Nurse reviews the most current literature, and survey practitioners for current practices. Recommendations will be submitted and guidelines will be developed. Recommendations for implementation and evaluation of these guidelines are developed. The Advanced Oncology Nurse facilitates the implementation of such guidelines in the organization in which she works.*

*Scenario #5: The Advanced Oncology Nurse collaborates with the manager, clinical educator, and nursing staff to develop a professional practice council. The mandate of this council is to implement the nursing professional practice model within the setting, and to facilitate identification, discussion and decision-making related to practice, education, and research issues pertinent to the care setting.*

#### Scholarly/Professional Development Competencies

The Advanced Oncology Nurse:

- a) Disseminates oncology nursing knowledge, including research findings, through presentation and/or publication at local, regional, national and international levels.
- b) Participates in collaborative projects with academic institutions and maintains cross-appointments.
- c) Engages in continuous reflective practice to increase competency and professional growth.
- d) Participates in continuing educational activities and actively participates in professional and specialty nursing organizations.
- e) Functions in accordance with the legal and ethical guidelines set by the regulatory body of the profession.
- f) Demonstrates an understanding of the legislative and socio/political issues that influence decision making and develops strategies to influence health outcomes and health policies.
- g) Advocates for changes in health policy by participating on provincial, federal committees and influencing decision-making.

*Scenario #1: The Advanced Oncology Nurse participates on provincial and federal decision making committees to develop guidelines for human resource planning initiatives in cancer organizations and in developing workload standards for oncology nursing.*

*Scenario #2: The Advanced Oncology Nurse participates on the policy development committee of the Canadian Cancer Society to help formulate the policy directions on cancer care in Canada.*

*Scenario #3: The Advanced Oncology Nurse disseminates knowledge about oncology patient care and research in publications and presentations at local, national and international conferences.*

## GLOSSARY OF TERMS

### Preamble

#### Vocabulary & Arrangement

This glossary is intended to be used with the CANO Oncology Nursing Education Project (CONEP) overview document. Many words listed in the glossary have more or other meanings than those indicated. In most cases, meanings which are not relevant to the project are not included. Each entry is underlined in alphabetical order.

#### Cross-referencing

When glossary entries appear within the body of the text, they are often noted in italics. For example, generalist - a new graduate or experienced nurse new to oncology. The reader may wish to look up the term in order to gain a better understanding of generalist. However, glossary entries do not appear in italics each very time they are used in a definition.

### Glossary

#### Accountability

The fiscal and professional responsibility of the service provider to the recipients of care (patient, family and community).

#### Advanced

A nurse prepared at the Master's level (M.Sc.N. or M.N.) and engaged in advanced oncology nursing.

#### Advanced Nursing Practice

Refers to the role of a nurse working within a specialty area where superior clinical skills and judgement are acquired through a combination of experience and education. Advanced nursing practice integrates research-based theory with expert nursing in a clinical specialty, and combines the roles of practitioner, teacher, consultant and researcher (Canadian Nurses Association, 1999a; 1999b; 1999c).

#### Assessment

A systematic, dynamic process by which the nurse through interaction with the client, significant others and health care providers, collects and analyses data about the client. Data may include the following dimensions: physical, psychological, socio-cultural, spiritual, cognitive, functional abilities, developmental, economic and life-style (Brant, 1996).

CANO Oncology Nursing Education Project (CONEP)

A project whose mandate is to develop a structure and process to outline the future direction for oncology nursing education across Canada.

Client

The recipient of care. This may be an individual, family or community.

Competence

The ability of a nurse to integrate the professional attributes required to perform in a given role, situation or practice setting. Professional attributes include but are not limited to, knowledge, skill, judgement, values and beliefs (College of Nurses of Ontario, 1999).

Competencies

Continuing Competence is the on-going ability of an oncology nurse to integrate and apply the knowledge, skills, judgement and intrapersonal attributes required to practice safely and ethically in a designated role and setting.

Competency Statements

Descriptions of the expected performance behavior that reflects the professional attributes required in a given nursing role, situation or practice setting (College of Nurses of Ontario, 1999).

Continuity of Care

Co-ordinated continuous plan of care which minimizes duplication and is maintained across all settings of care from screening to palliation or survivorship, from home to quaternary-care institutions.

Continuous Quality Improvement (CQI)

An on-going process to achieve quality that moves away from the concept that quality=conformance to individual standards of practice and moves towards the concept that quality=constant striving to exceed prevailing standards (Berwick, 1989).

Ethics

The principles of autonomy, beneficence, non-maleficence, justice, truth telling and confidentiality that are integrated into the provision of care and program development.

## Glossary of Terms ... cont'd

### Evaluate

To determine the extent to which an outcome meets an objective.

### Evidence

Information based on historical or scientific evaluation of a practice that is accessible to decision-makers in the Canadian health care system. The types of evidence include: experimental (randomized clinical trials, meta-analysis, and analytic studies); non-experimental (quasi-experimental, observational); expert opinion (consensus, commission reports); and historical or experiential (Canadian Nurses Association, 1998).

### Evidence-based Decision-making

The explicit, conscientious and judicious consideration of the best available evidence in the provision of health care (Canadian Nurses Association, 1998).

### Evidence-based Practice

The implementation of evidence-based decisions (Canadian Nurses Association, 1998). Aspects of quality that are considered when evaluating care include safety, competence, acceptability, effectiveness, appropriateness, efficiency and accessibility (Canadian Council on Health Services Accreditation [CCHSA] Standards of Care for Acute Care organizations). The term "nursing practice" encompasses the various domains of nursing including direct care, education, research and administration.

### Family

Those closest to the patient in knowledge, care and affection. This includes: the biological family; the family of acquisition (related by marriage/contract); and the family of choice (not related biologically or by marriage/contract) (Canadian Palliative Care Association, 1995).

### Generalist

A new graduate or experienced nurse who is new to oncology.

### Holism

The principle that an organism or one of its actions is not equal to merely the sum of its parts, but must be perceived or studied as a whole (Dirckx, 1997).

### Incidence

The number of newly diagnosed cases of cancer in a specified period of time (calendar year) in a defined population (Otto, 1997).

### Levels of Oncology Nursing

## Glossary of Terms ... cont'd

Relates to the generalist, specialized, and advanced levels outlined in the overview document.

### Navigate

To direct ones course through any medium (Merriam-Webster's International Dictionary, 1986).

### Palliative Care

The active total care of patients whose disease is not responsive to curative treatment; where control of pain, other symptoms and psychological, social and spiritual problems is of paramount importance (World Health Organization, 1990).

### Prevalence

The measurement of all the cancer services both old and new, at a designated point in time (Otto, 1997).

### Quality

A continuous striving by all members of a program to meet the expectations and needs of patients and families.

### Scope of Practice

The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventative, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function (<http://www.cno.org>).

### Self-determination

The inherent ability to select actions to take or avoid in one's life.

### Setting of Care

The location where care is provided.

### Specialization

Concentrating or limiting ones focus to a part of the whole field of nursing (i.e. oncology nursing, pediatric nursing).

### Specialized

## Glossary of Terms ... cont'd

A nurse with experience in oncology.

Level One: Two or more years experience in oncology nursing.

Level Two: Level One plus in-service and conference attendance and community college oncology program.

Level Three: Level Two plus C.N.A. Certification or enrollment at baccalaureate-linked oncology nursing program.

Level Four: Level Three plus B.Sc.N.

Level Five: Level Four plus pre-Masters level course work in Oncology.

### Standard

A desired and achievable level of performance against which actual performance can be measured (Canadian Nurses Association, 1998).

Standards are broad statements of actions which reflect the philosophical values of the profession and clarify what the profession expects of its members. Standards apply to every setting and provide a yardstick for a basic level of safe practice.

Standards have certain characteristics. These are that standards are: directed toward an ideal; realistic, attainable, acceptable and understandable; developed by experts in the domain and are based on current knowledge; and phrased in positive terms that indicate acceptable performance.

### Standards of Care

The essential touchstones that support people with cancer and their families through their cancer experience.

### Standards in Chemotherapy Education

Refers to the 1995 "Standards for Nursing Practice and Education Related to the Administration of Cancer Chemotherapy" developed by CANO/ACIO (CANO/ACIO, 1995b).

### Supportive Care

The provision of the necessary services as defined by those living with or affected by cancer to meet their physical, social, emotional, nutritional, informational, psychological, spiritual and practical needs throughout the spectrum of the cancer experience (Fitch, 2000).

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## **Appendix A: Process Development**

### Methods

This project involved an iterative approach with several activities occurring concurrently. During all components, oncology nursing experts were consulted. Key informants, including individuals and families with cancer were used to verify the findings and outcomes.

While the development of this project occurred continuously, involving numerous informal meetings, discussion, and consultations, there were several formal initiatives that are of note:

Activity	Date	Outcome
Submission of grant to AstraZeneca	July 1999	
Grant approval by AstraZeneca	November 1999	
Teleconference/meeting project team	January 21, 2000	Beginning conceptualization of Standards of Care
CONEP workshop	March 3, 2000	Concept Mapping Conceptual Framework
CONEP retreat	March 23-25, 2000	Standards of Care Nursing Roles Nursing Competencies
Teleconference	June 5, 2000	Approval of Standards of Care Approval of Nursing Roles
Teleconference with stakeholders	July 24, 2000	* Nursing Competencies * Scenarios
First level review	August, 2000	Revision of Document
National presentation	October 17, 2000	Presentation to and review by National membership
CONEP retreat and second level review	December 1-3, 2000	Revision of Document
Third level review	July 3, 2001	Final revision of document

### Project Components

There were five components to the project. The process of generation, evaluation and modification of the elements within these components occurred concurrently, with the findings and outcomes from each component informing the others. The five components include:

- C Identification of the Context for Cancer Care in Canada
- C Development of the Conceptual Framework

Appendix A: Process Development ... cont'd

- C Identification of Standards of Care
- C Description of the Nursing Roles
- C Generation of Nursing Competencies.

### Context for Cancer Care in Canada

The literature was used to provide evidence for the concerns addressed and to provide the background for the project. Key individuals and organizations thought to influence or be influenced by cancer were identified and consulted. Previous and continuing work undertaken by national and provincial cancer associations such as CANO/ACIO and the Canadian Cancer Society (CCS) contributed immensely to the outcomes.

In the conceptualization of the project, development of the argument to support the grant submission, and generation of the Standards of Care, Nursing Roles, and Nursing Competencies, there were several documents that proved invaluable. These documents include, but are not limited to the following:

- C PAIN
- C National Nursing Competencies Project (NNCP) document
- C College of Nurses of Ontario (CNO) Entry Level Competencies.

To help ensure that the project was relevant and of value to all stakeholders, a mapping of the key participants was conducted.

### Conceptual Framework

A conceptual framework is a “set of highly abstract related constructs that broadly explain phenomena of interest” (Burns & Grove, 1993, p. 179). It provides structure and guidance to the development of a project. The conceptual framework guiding this process is depicted in Figure 1. There are three components to this framework:

1. Standards of Care
2. Nursing Role
  - \* Generalist
  - \* Specialized
  - \* Advanced
3. Competencies

### Standards of Care

A key point in the project was the identification of the Standards of Care. These standards are the philosophical touchstones that depict the care to which the individual with cancer and family are entitled. Unlike previous work that has been conducted on standards, it was decided that these standards would focus on individuals and families with cancer. Rather than beginning with a description of the contributions and expectations of health care providers, the needs of those experiencing cancer were explored. The development of standards that were focused on the individuals and families with cancer assisted the project team in remaining true to the intent of the project.

## Appendix A: Process Development ... cont'd

The development of these standards reflects the iterative nature of the project. The process began with an identification of the values that underlie caring for people experiencing cancer. The nature of cancer was discussed, along with reflections on experiences of individuals, families, and care providers. Previous and continuing work on standards were reviewed. Individuals with cancer and their families, cancer peer support groups, and patient advocacy groups contributed significant ideas. Oncology nursing experts were consulted continuously. Information on the cancer trajectory, the experience continuum, and the major challenges to people as they take this journey were discussed. The standards that were developed formed the basis for nursing roles and nursing competencies. Similarly, as roles and competencies were delineated, standards were revised to more closely reflect the entitlements of individuals and families with cancer. Ten standards were generated, that then formed the basis for describing the nursing role and subsequently, nursing competencies. These were then reviewed by patients and nurses and a decision was made to consolidate the first and second standard, arriving at nine standards. For each of these standards, vignettes have been developed to portray the nursing contribution to achieving this Standard of care.

### Nursing Role

Health care for the individual with cancer and family is provided by a number of health care professionals. Roles and responsibilities of these providers are both unique and inter-related. Nursing plays a fundamental role in the continuum of cancer care, and for this reason, roles and responsibilities of nurses for each of the Standards of Care have been articulated. Following the identification of Standards of Care, for each of the standards, the nursing role was described. The question was asked: "What are the roles/responsibilities of the nurse in relation to this standard of care?".

In recognition of the enhancement and advancement in nursing knowledge and skills that develop through experience and education, three categories of nursing were identified:

- a) Generalist Nurse;
- b) Specialized Oncology Nurse; and
- c) Advanced Oncology Nurse.

The Generalist Nurse is defined as a registered nurse prepared at the Diploma/B.Sc.N./B.N. level. The Generalist Nurse is prepared to work in a variety of health care settings. The nurse bridges the care setting, and has the knowledge, skills and problem-solving ability to manage care for individuals appropriately.

The Specialized Oncology Nurse is a registered nurse, prepared at the Diploma/B.Sc.N./B.N. level, who has developed more extensive knowledge and skills in relation to caring for individuals and families with cancer. Knowledge and skills have been obtained through a combination of experience and education.

The Advanced Oncology Nurse is a registered nurse who has acquired advanced knowledge and skills through a combination of both experience in caring for individuals and

## Appendix A: Process Development ... cont'd

families with cancer, and advanced formal education. At minimum, this individual has two years of experience in oncology nursing, and a Masters degree in nursing.

### Nursing Competencies

Within each of the Standards of Care, and for each category of nurse (generalist, specialized, and advanced), nursing competencies were developed. Existing competencies for registered nurses were reviewed, including those identified in the National Nursing Competency Project (NNCP). Competencies were written to reflect the knowledge, skills and clinical judgement of the registered nurse providing care to individuals and families with cancer.

For the Specialized Oncology Nurse, the additional and specialized knowledge, clinical skills, and cognitive/emotional skills required of this nurse as she/he moves from a generalist to specialized nurse were identified. Consideration was given to how these attributes are applied in the provision of care to individuals and families with cancer. Once these requirements were identified, they were re-worded in competency statements.

For the Advanced Oncology Nurse, the expectations of the nurse in keeping with the nurse's advanced education (Master's degree in nursing), experience, and expertise were identified. Specifically recognized were the changing expectations as the nurse moves from a specialized to advanced nurse in relation to:

- a) Knowledge;
- b) Research;
- c) Promotion; and
- d) Organization/System.

To identify the expectations in relation to these domains, the following questions were asked:

- C What is the theoretical base?
- C How does this knowledge cross disciplines?
- C How does knowledge become broader?
- C What are the research skills that this person would have that the generalist and specialized nurse would not?
- C How is the advanced practice nurse involved in research?
- C What is the nature of the research with which the advanced nurse is involved?
- C In what promotion activities would this nurse engage?
- C How does this nurse contribute to issues at an organizational or system level?

The Advanced Oncology Nurse is expected to reach the competencies of the Generalist Nurse and the Specialized Oncology Nurse. The nurse plays a significant role in the achievement of standards of care at the patient, unit, organization, community and system levels. The complexity of this role precludes the description of competencies per standards. The Advanced Oncology Nurse role is described using the CNA framework: clinical, research, education, organizational leadership, scholarly/professional development.

## Appendix A: Process Development ... cont'd

There were several activities that were used to formalize the development of the standards, roles, and competencies and to obtain approval from project team members, oncology nurses, and individuals and families with cancer:

1. Discussion of the philosophical basis for standards of care at the CCO Meeting, August 1999.
2. Clarification and differentiation of standards during teleconference/meeting of the Project team on January 21, 2000.
3. Review of standards at full day CONEP Workshop on March 3, 2000. Clarification of nursing roles and expectations. Invitation extended to all members of the project team.
4. Revision of standards, further identification of nursing roles, and development of nursing competencies at the CONEP Retreat, March 23-25, 2000. Invitation extended to all members of the project team.
5. Review of revised document by staff nurses, nurse administrators, leaders, researchers and educators across the country (Spring, 2000).
6. Review of the Standards of Care by patients and their families in large urban centres and communities in several provinces (Spring, 2000).
7. Major revisions to the document, based on the feedback from the groups identified above.
8. Discussion of standards and approval obtained at teleconference meeting on June 5, 2000. Discussion of nursing competencies, with request for vignettes to portray nursing roles and competencies.
9. Teleconference with Stakeholders, July 24, 2000.
10. First level review with oncology nurses across the country, August 18, 2000 to review and refine the document.
11. October 2000, the document was given to each CANO nurse who attended the CANO conference in Victoria, BC. A special luncheon was held to report on the work and outline the process for review and feedback. CANO nurses responded in November 2000 with their comments.
12. November 2000, the document was sent to Provincial Nursing Associations (such as AARN, RNABC, among others) inviting their comments on the draft. At the same time, the document was sent to the Canadian Nurses Association for their comments.
13. January 2001, one of the CONEP members was invited to participate in the CNA review of the Certification template to incorporate the new Standards and Competencies.

Appendix A: Process Development ... cont'd

14. Major revisions to the document, based on the feedback from the groups identified above.
15. Final version developed in July 2001.