

**Oncology Nursing:
A Review for Certification Exam and Clinical Update**

Professional Scope and Standards

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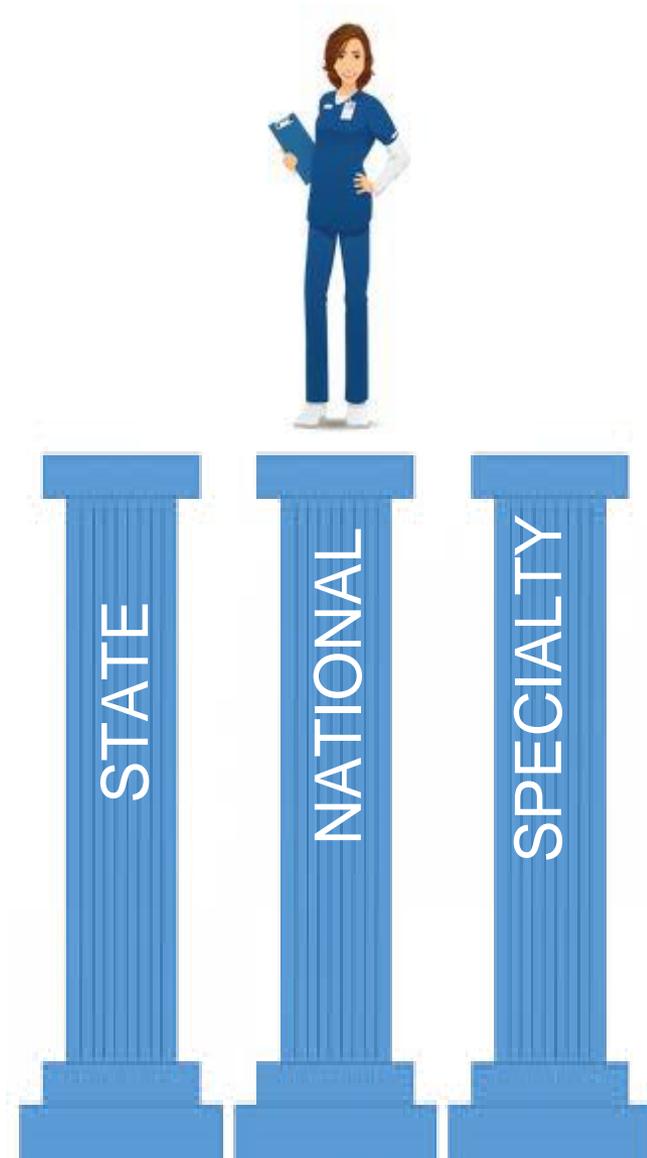
Foundations for Oncology Nursing Practice: Professional Scope and Standards

Nursing Scope of Practice

- National
- State
- Specialty Organization
Oncology Nursing Society
(ONS)

ONS recognizes that the current healthcare environment, rapidly evolving science, expansive research:

“impacts patient care and delivery requiring oncology nurses to attain and maintain a high level of competency to adequately care for people with cancer.”



Study Resources

Certification Registration Manual
(eligibility requirements)

OCN® Test Content Outline
(aka Test Blueprint)

“Quick Review” with updates
ONS Resources for Symptom Management

OCN Review Bundle (online)
- 4 courses online **\$\$**

FREE Resources: Check out a link called: **Explore Resources** (*link*)

Earn free or low cost nursing continuing education (CE) from many websites, journals, and organizations. (List on the ONCC website)

Other resources: **ONCC Practice Test** (*link*)

Resources for:

Use Evidence Based Practice (EBP) x

Advocacy and Policy x

← Clear All

Source

All Sources ▼

Topic

Advocacy and Policy ▼

All Sub-Topics ▼

Goal

Use Evidence Based Practice (EBP) ▼

Oncology Nursing Practice – 17%

2020 Oncology Certified Nurse (OCN[®]) Test Content Outline

I. Care Continuum - 19%

II. Oncology Nursing Practice - 17%

C. Scope, standards, and related issues

1. Standards of care (nursing process)
2. Legal (including documentation)
3. Accreditation (e.g., The Joint Commission)
4. Self-care (e.g., managing compassion fatigue)

D. Standards of professional performance

1. Ethics (e.g., patient advocacy)
2. Education
3. Evidence-based practice (e.g., Putting Evidence Into Practice (PEP) guidelines) and research
4. Quality of practice
5. Communication
6. Leadership
7. Collaboration
8. Professional practice evaluation
9. Resource utilization
10. Environmental health (e.g., safety, personal protective equipment, safe handling)

I. Treatment Modalities - 19%

II. Symptom Management and Palliative Care - 23%

III. Oncology Emergencies - 12%

IV. Psychosocial Dimensions of Care - 10%

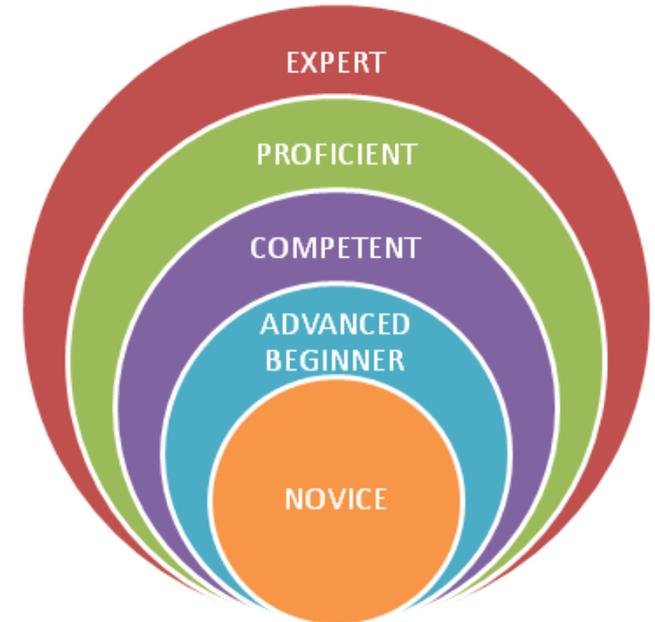


ONS Utilizes Benner's Model Stages of Clinical Competence

LEVELS OF NURSING EXPERIENCE

5 levels

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert



ONS (2016) defined the *oncology nurse generalist competencies*.

[Oncology Nurse Generalist Competencies 2016.pdf](#) (link)

Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82, 402–407.

Gaguski, M.; George, K.; Bruce, S.; et al. (2016). Oncology Nurse Generalist Competencies. *CJON*. 21(6) 679-687.

Competence vs. Competency

Competence a person's general ability to do something successfully or efficiently.

Competency is a person's actual performance, ability to perform a certain task.

Hence, a person needs competence before he or she can achieve competency. (ONS, 2016)

Documentation supporting the development and assessment of nursing competency is frequently required of accreditation agencies, including the American College of Surgeons and the Joint Commission, as part of the accreditation and re-accreditation process (ONS, 2016).

SCOPE OF ONCOLOGY NURSING PRACTICE

Key factors which help define “SCOPE”:

- **Level of education**
- **Licensure**
- **Competence (skill, institution preparation, resources)**
- **Nurse Practice Act and rules/regulation of each state Board of Nursing.**

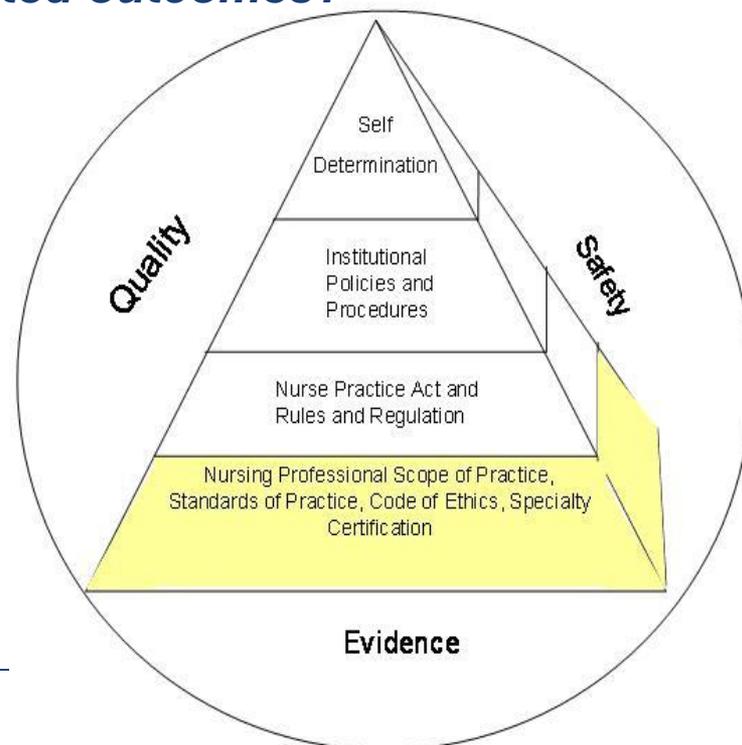
Sources for Professional Practice Decision-Making*

Activity, intervention, or role must be consistent with:

- State Nurse Practice Act
- Evidence-based nursing or health care literature
- Practice setting policies and / or procedures
- Education to safely perform
- Documented evidence of RNs current competence
- Appropriate resources available.

Would a reasonable/prudent RN perform this task?

- ***Is the RN prepared to accept accountability for the activity, intervention or role and for the related outcomes?***



*see handout “Scope of Practice Decision-making Framework”; Ballard, 2016

Specialty Resources: Oncology Nursing Practice

Go to ONS.org: Explore Resources

Standards and Guidelines (link)

- Access Device Standards
- ASCO/ONS Chemotherapy Standards
- ONS Nursing Documentation Standards
- ONS Standard for Educating Nurses Who Administer Chemotherapy and Biotherapy
- Red Flags for Cancer Survivors
- Scope and Standards of Oncology Nursing Practice
- Standards of Oncology Education
- Standards on Oncology Nursing Education
- Survivorship Care Standards

Exam Question

According to the ONS standards, involvement in evidenced based practice (EBP):

- A.** is an expectation for nurses prepared at all levels.
- B.** requires participation in nursing research.
- C.** is a necessary component to evaluate clinical quality.
- D.** increases the benefit of pay for performance programs.

A. is an expectation for nurses prepared at all levels.

All nurses are expected to be involved in EBP.

Guidelines Versus Standards

Guidelines = Recommendations

Examples:

- NIOSH
- ASHP
- ONS


**Not
enforceable**

Standards = Requirements

Examples:

- Department of Health
- CMS
- The Joint commission


Enforceable

Guidelines Versus Standards

Examples

Ex. You find that your new practice setting does not require a MUGA scan prior to giving an anthracycline ...

Is this an enforceable standard?

Is this a guideline?

No, it is a guideline.

It is not enforceable, but omission of this test is not the standard of practice and opens the door for litigation.

Recommendation: Document that you communicated this omission to the prescribing provider.

Guidelines Versus Standards

Examples

Ex. At your new job you find that there is no policy nor documentation of education and competence requirement to administer antineoplastic chemotherapy.

Is this a problem?

YES, the lack of policy and documentation will result in a citation that must be resolved for the hospital/clinic to be JC accredited.

This is a standard that is enforceable by JC.

Example: USP <800>

Hazardous Drugs—Handling in Healthcare Settings

U.S. Pharmacopeia (USP) is an independent organization is dedicated to medication quality and safety.

The **USP** published **General Chapter <800>** to limit occupational exposure to HDs to protect patients, health care personnel, and the environment from the effects of handling HDs.

*This publication impacts Pharmacies and related services, including **NURSING!***

*Is USP <800>
a Guideline
or a Standard?*



Standard !

Scope of Practice - “Know the Code”

Professional Nursing Practice:

- ✓ ANA Code of Ethics for Nurses (see handout)
- ✓ State Practice Act for Registered Nurses

Specialty Practice: [Go to ONS.org](https://www.onc.org/) – search topics

- Articles
- Assessment Tools
- Books
- Clinical Questions and Answers
- Competencies
- Courses
- Podcasts
- Position Statements
- Standards and Guidelines
- Symptom Interventions
- Toolkits
- Videos
- Web Page

- Videos, articles, tool kits, pod casts...

Ethical Principles of Nursing



A nurse hears of a group of co-workers saying a patient does not deserve good quality of care because of his poor past behaviors.

This is an example of a violation of which core ethical principle?

Nursing Professional

Key Ethical Principles of Practice

Nonmaleficence
Remain competent in the field and report suspected abuse.

6 KEY ETHICAL
principles of nursing

JUSTICE!
Equal and fair treatment

Beneficence
Have compassion, take positive actions to help others and follow through on the desire to do good.

Fidelity
Keep commitments, based on virtue of caring.

Autonomy
Respect patients' wishes, even when you do not agree with them.

Principles of totality & integrity
Consider the entire person when deciding which therapies, medications or procedures a patient should receive.

SPECIFIC TO Oncology Nursing Professional Practice Foundations

[Advocacy](#)

[Nursing Practice](#)

[Role Delineation](#)

[Standards and Guidelines](#)

[Position Statements](#)

(active links)

Nurses and the Law: Know Legal Terms

“Professional Liability” *the state of being responsible for something.*

Standard of Care:

“What a reasonably prudent nurse would have done in the same or similar circumstance.”



Four Elements of Nursing Malpractice

Duty: Once the nurse–patient relationship is established, the nurse has a legal duty to provide the standard of nursing care.

Breach: The plaintiff’s attorney must next prove that the nurse breached the duty to provide the standard of care.

Proximate Cause:
The plaintiff must prove that the failure to provide the standard of care is the *proximate cause* or “*cause in fact*” of the injury.

Harm or Damages:

The plaintiff must prove that he or she was injured and sustained damages. Damages entitle the plaintiff to seek compensation for injuries.

*** All 4 elements must be met for the prosecution to prevail.**

Professional Negligence

Professional Negligence is a breach of duty of care between professionals and their clients.

- A Nurses' liability is called "**Negligence**" *failure to provide standard of care that could be reasonably expected in a specific situation.*
 - *The failure to use reasonable care*
 - *Careless act or omission by an individual that results in harm to the person to whom the caregiver has a duty*

Negligent conduct can occur by acts of commission or omission

Professional Negligence

Examples of Litigation

1. Did not use medical equipment properly
2. Violated the standard of care
3. Failure to document
4. Performing duties while under the influence
5. Did not administer medication properly
6. Failure to communicate
7. Failure to monitor and evaluate a patient
8. Failure to educate the patient/caregiver



Common Nurse Litigation Case Examples ^{cont'd}:

Medication Error

- Failure to review allergy history
- Failure to provide *adequate discharge instructions* regarding adverse reactions to medication

Failure to follow Policies, Procedures, and Treatment Protocols

- Failure to administer medications per policy or protocol
- Failure to follow order set protocol

Failure to Document and Report Critical Clinical Information

- Failure to notify physician of significant clinical data
- Failure to document significant clinical data

Failure to Follow the Chain of Command / Communicate

- Failure to notify the attending physician
- Failure to comply with policy requiring physician management of high-risk conditions
- Practicing beyond the scope of a nurse practice agreement

CASE STUDY #1: Patient/Family Education

Mr. Peters 75y.o. with Esophageal cancer has been managed well with MS Contin 60mg BID po. He now has obstruction to his esophagus and is admitted to the hospital for a PEG tube and now has Duragesic 25 mcg/h q 3d.

RN taught his wife how to apply the patch.

Unfortunately, patient was readmitted to the ER 48 hours later obtunded.

He was found to have multiple patches on his torso. Mrs. Peters had applied a patch Q 12h.

Is this professional negligence?

Is this a criminal act?

CASE STUDY #1: Patient/Family Education

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RN taught his wife how to apply the patch.

Is this professional negligence? YES

There was a breach of duty of care between the professional and his/her client

AND

There was a careless act or omission by an individual that results in harm to the person to whom the caregiver has a duty.

It is primarily the NURSE who provides education to the patient and caregiver.

But it was not a criminal act.

CASE STUDY #2 :

In 2019 a float RN is asked to medicate a r/o cranial bleed patient pre-MRI with Versed.

The RN overrides medication dispensing system and administers a fatal dose of like sounding medication vecuronium (a paralyzing agent).

Is this professional negligence?

Is this a criminal act?

CASE STUDY #2

Is this professional negligence?

YES!

The RN did not follow hospital policy and safety standards by overriding the safety medication dispensing unit.

Breach of Standard of Care

“What would a reasonably prudent nurse do in the same or similar circumstance?”

CASE STUDY #2

Is this a criminal act?

***If yes, is this
criminalization of a
medication error?***

Update on case:

Fatal Medication Error ([active link](#))

- ***State did NOT revoke RN license.***
- ***But the RN was terminated.***
- ***ANA said that the employer was guilty of criminalizing a med error.***
- ***Should all errors incur punishment***
- ***OR should emphasis be placed on learning from the mistake and preventing future errors?***

High reliability organizations (HROs) have a potential for catastrophic failure, have a preoccupation with failure, they look into the deeper causes of an error.

Examples of Oncology Nursing Dilemmas



**Unsafe Safe
Handling Practice**

Informed Consent

Scope of Practice

Oncology Nursing Dilemmas: **Safe Handling**

You have been an ONS Chemoprovder Nurse for 2 years. Recently you accepted a position in a hematology/oncology community practice.

During orientation you find that the practice does not follow ONS/ASCO guidelines for Safe Handling.

Specifically, none of your colleagues are using double chemo gloves. In addition, they are “spiking” chemo infusion bags outside of a biological safety cabinet (BSC).

What would you do?



Oncology Nursing Dilemmas: **Safe Handling**

Know the Code:

Promotes/advocates for Health & Safety of Patient (Prov. 3)

Duties to self as to others (Prov. 5)

Know your specialty resources:

2016 Updated ASCO/ONS Chemotherapy Administration Safety Standards

www.asco.org/chemo-standards

USP <800> Hazardous Drugs – Handling in Healthcare Settings

<http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/general-chapter-800.pdf>

Polovich M.; ed. (2018) Safe Handling of Hazardous Drugs. Pittsburgh, PA, Oncology Nursing Society. 3rd edition

Oncology Nursing Dilemmas: **Safe Handling**

- *Your new workplace may not know the most recent guidelines.*
- *Present the evidence.*
- *Know that your employer has an obligation to protect you and all workers, patients and the environment.*

www.cdc.gov/niosh/docs/2004-165/pdfs/2004-165.pdf

Oncology Nursing Dilemmas

Informed Consent!



Mrs. Hopkins is a 55 y.o. female bank executive diagnosed with stage III epithelial ovarian cancer. She was treated with carboplatin/paclitaxel 18 mos. ago and achieved complete clinical response.

She had a difficult time with the regimen (protracted nausea, electrolyte imbalance, weight loss, fatigue).

Recently, she was found to have recurrence. You are assigned to treat her. She is to re-start carboplatin/paclitaxel. You are told she is upset and nervous, waiting in the infusion room.

You review the orders and required labs are in normal range.

What else do you need to check?

Oncology Nursing Dilemmas: **Informed Consent**

The only consent you can find is from 18 mos. ago What do you do?

Check hospital policy.

Know the CODE:

1. Self-determination (Prov. 1)
2. Patient Advocacy (Prov. 2)

You contact the attending who says “*Just have her sign a duplicate consent.*”

Can you (a staff RN) obtain an informed consent?

No, this is not within a registered nurses’ scope of practice.

Oncology Nursing Dilemmas: **Informed Consent**

The provider tells you that the patient had signed a new consent yesterday, and it probably has not been scanned into the EHR.

A short time later, a clinic assistant brings the consent to you.

You view the form for:

- **Date**
- **Signatures**
- **Treatment regimen**
- **Side effects**
- **Signatures**

These are all of the required elements in your hospital policy for informed consents.

Can you proceed with the treatment?

Is there one more element of informed consent?

Oncology Nursing Dilemmas: **Informed Consent**

Can you proceed with the treatment?

NO – You must verify that the patient is willing to proceed with the planned treatment.

Mrs. Hopkins is quite distressed and anxious that she will not tolerate the regimen well, and this will affect her work/family life. She is reluctant to proceed.

What do you do?

Reassure her you will *HOLD TREATMENT*

Contact the provider to review the plan of treatment with her.

You are supporting her right for

“Self-determination”

and demonstrating

“Patient Advocacy”!



Oncology Nursing Dilemmas:

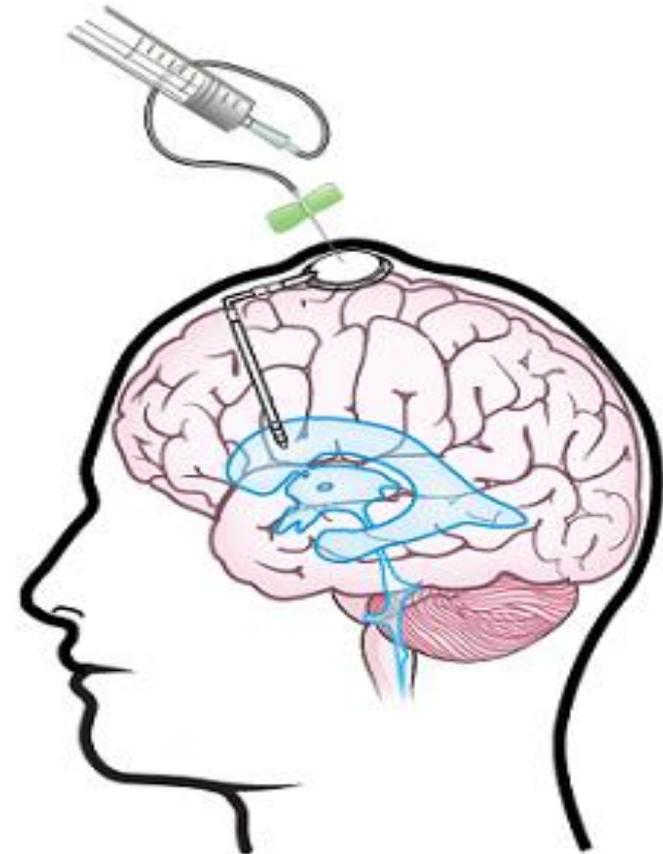
Scope of Practice

You are working in a busy heme/onc infusion center.

A provider is running late in clinic. He orders you to treat an Acute Lymphoblastic Leukemia (ALL) patient who is due for the 4th dose of IT methotrexate today.

What do you do?

Check hospital policy?



Oncology Nursing Dilemmas: Scope of Practice

Know the CODE:

**Authority, Accountability,
and Responsibility for
Nursing Practice (Prov. 4)**



**How do I check to see if this skill
is within a RN scope of practice?**

State Board of Nursing Registration

**Administration of IT chemotherapy is
an advanced practice skill.**

**For Providers /APNs hospitals
require verification of competency.**

**Of course you decline to administer
the IT chemotherapy - it is not within
your scope of practice.**

Oncology Nursing Dilemmas: Standards of Practice



You are a new employee in a small community hospital.

You have an order to administer **Oncovin 2 mg IV**.

You review the order.

The drug is indicated for the patient condition and labs are in normal range.

The patient has a newly placed IV in the right forearm.

The drug arrives with proper dose and labels – *but it is in a 3mL syringe*.

Best practice:

All doses of Oncovin are to be diluted in a 50mL mini bag (not a syringe) over 5-10min. ((2005) National Medication Alert).

What do you do?

- Speak to Oncology Lead Pharmacist for practice remediation.
- Document incident on a safety report.

Exam Question

Professional certification

- A. requires employers to provide incentives to pursue certification.
 - B. establishes standards of performance in cancer care that will serve to improve client outcomes.
 - C. upgrades nursing services provided by the institution in which the certified nurse practices.
 - D. provides the public with assurance that the certified nurse has the knowledge and qualifications to practice in the role.
- D. provides the public with assurance that the certified nurse has the knowledge and qualifications to practice in the role.*

Thank you!

*Wishing you all success
on your pathway to
Oncology Nursing
Expertise!*



Professional Scope and Standards - References

OCN Review Course

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Accessed from:

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Professional Scope and Standards - References

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USP <800> Hazardous Drugs – Handling in Healthcare Settings

<http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/general-chapter-800.pdf>

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