

# Oncology Nurse Generalist Competencies



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## Introduction

The oncology nurse plays a critical role in the delivery of quality nursing care to a high-risk and complex patient population (Ferrell, McCabe, & Levitt, 2013). Regardless of employment setting, comprehensive knowledge and skills regarding cancer pathophysiology, treatment options, and symptom management are required elements of practice. As part of its mission to promote excellence in oncology nursing, the Oncology Nursing Society (ONS) developed core competencies for the oncology nurse generalist identifying the fundamental knowledge, skills, and expertise required for a novice oncology nurse to proficiently perform the role.

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## Background

In 2010, the Institute of Medicine (IOM) released *The Future of Nursing: Leading Change, Advancing Health*, which outlined recommendations aimed at transforming the nursing profession. This report identified the need for improvements in nursing education and practice, including the establishment of ongoing competency assessments to ensure the delivery of high-quality nursing care across practice settings (IOM, 2010). In a 2015 update to this report, the IOM noted that although progress was made, work remains to be done. The report noted that nurses provide a continuum of services, including direct patient care, health promotion, patient education, and coordination of care (IOM, 2015). The complexity of delivering high-quality care in today's environment makes it essential that novice nurses, including experienced nurses new to a specialty and nurses beginning careers in a specialty, attain requisite competencies. These include general competencies related to leadership, health policy, system improvement, research and evidence-based practice, teamwork and collaboration, community and public health, and geriatrics (IOM, 2010) as well as focused competencies specific to oncology.

The terms *competence* and *competency* often are used interchangeably. However, they are unique yet related entities. Competence refers to a potential ability or capability to function in a given situation. Competency focuses on one's actual performance in a situation. This means that competence is required before one can expect to achieve competency (Schroeter, 2008). A combination of technical skills, critical-thinking, reflection, and interpersonal strategies may be used to assess and validate the competency level of the oncology nurse generalist. Competency-based training programs can be used to increase the quantity and quality of the workforce by increasing the number of professionals with basic competency as well as improving their skills and knowledge in an area of practice (Smith & Lichtveld, 2007; Wright, 2012). In health care today, when cutting-edge technology is combined with complex treatment planning, the oncology nurse generalist must attain and maintain a safe level of competence to deliver quality oncology nursing care.

The term *novice* recalls Patricia Benner's, PhD, 1982 work, "From Novice to Expert," in which nursing practice is described as progressing from the novice to the expert level with five very distinct stages of learning. Novices have a limited ability to predict what might happen in a particular patient situation. As their learning and experience progresses, they move into the advanced beginner role where they are better able to recognize the recurrent, meaningful components of a situation but lack true in-depth experiences. Through skill development and increasing knowledge, nurses progress into the remaining three stages, competent, proficient, and expert (Benner, 1982).

Oncology nurses follow a similar pathway. To function as a registered professional oncology nurse, practice requires a cancer-specific knowledge base and demonstrated clinical expertise in cancer care beyond that acquired in a basic nursing program (Brant & Wickham, 2013). Much of novice oncology nurses' learning in their first one to two years of practice is focused on gaining an in-depth education regarding the biology of cancer, its complex treatment regimens, and the comprehensive symptom management strategies required by medically complex patients. Skills involving the care and maintenance of venous access devices and the delivery of hazardous treatments such as chemotherapy, biotherapy, and radiation also are cultivated during this time.

To help novice oncology nurses meet practice goals and support their successful transition into entry-level practice, valid, reliable measures of nursing competency are needed to promote safety in health

care across nursing education systems and postlicensure (Randolph et al., 2012; Wright, 2012). Oncology nursing's scope of practice is interwoven with safety as a foundational competency. From high-risk surgeries to complex chemotherapy regimens, the nurse usually is the first and last professional to ensure that safe standards are implemented for patients with cancer. The development of standardized oncology nurse generalist competencies is the first step in ensuring a safe and quality level of professional practice. The desired knowledge, skills, abilities, and behaviors of the novice nurse can be measured in a variety of ways depending on the available programs, resources, and practice settings.

ONS developed role-specific competencies for a variety of oncology nursing responsibilities. The intent of these core competencies is to provide the fundamental knowledge, skills, and expertise required for oncology nurses to perform proficiently in their roles. ONS's first steps toward oncology nursing competency work started with the development of the oncology nurse practitioner and clinical nurse specialist core competencies in 2007. Building on the work of those core competencies, specialty competencies have been developed for clinical trials nurses, oncology nurse navigators, and leadership.

The ONS Board of Directors moved forward with plans to establish the Oncology Nurse Generalist Competencies in 2013. Although the oncology certified nurse and advanced oncology certified nurse examination test outlines established by the Oncology Nursing Certification Corporation and ONS's Scopes and Standards of Oncology Nursing Practice are helpful resources, there was a need for core competencies that better define and guide oncology nurse generalist practice.

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## Process of Competency Development

The ONS Oncology Nurse Generalist Competency Project Team brought together eight nurse leaders representing administration, education, and clinical practice to define core competencies for the oncology nurse generalist caring for adult patients with cancer. The process began with an extensive literature review to identify high-quality, evidence-based support of basic oncology nursing practice and other nursing specialties that may have previously accomplished this task. Key terms used to select articles included nursing, clinical practice, education, competence, competency, health care, financial acumen, teaching strategies, best practice project articles, and scopes and standards. Data sources included CINAHL®, Ovid, MEDLINE® on OvidSP, and PubMed. The search was conducted with the assistance of ONS's Information Resources Supervisor. The findings of each article were detailed with traits and applicability to oncology nursing competency (see Table 1).

The team met via conference call to identify and discuss the most pertinent articles. Despite a lack of randomized, controlled trials and meta-analyses in the realm of nurse generalist competencies, the team found best practices implemented in competency measurement in areas such as simulation training, shadowing programs, and dedicated education units (Dean et al., 2013; Messmer, Gracia-Jones, & Taylor, 2004; Muehlbauer, Parr, & Perkins, 2013). However, no articles directly pertaining to the development, assessment, and validation of the oncology nursing generalist were identified, supporting a gap in the literature. Based on these results, the team reached a consensus on the need for the establishment of oncology generalist nurse competencies. They also recommended that the competencies for the novice oncology nurse generalist could be attained over a one- to two-year time period in the majority of oncology work environments. Therefore, the competencies would apply to nurses with one to two years of experience in oncology as do other compe-

tencies developed by ONS.

The team agreed that competence measurement would be essential. Wright (2012) noted the importance of competency verification, stating that education alone does not measure competency. Rather, the focus should be on verifying or demonstrating the presence of knowledge, skills, or behaviors (Wright, 2012).

Based on the outcomes of the literature review, the team developed competency statements, identified potential methods for the measurement of each competency, and categorized the competencies into final subject headers, creating the initial draft document and preparing it for public comment.

Public comment was accomplished using the Zarca web-based survey tool (Zarca Interactive, Herndon, VA) over a six-week period in June and July of 2015. Managers, administrators, clinical nurse specialists, and staff educators within the ONS membership were asked to comment on the clarity of the draft competency statements, whether the behaviors and skills were core to the practice of the oncology nurse generalist, and if they were appropriate for a novice. Participants were asked to comment on whether each competency should be included in the final document and to make suggestions about ways the competencies should be edited. The survey also was made available on the ONS website for others to take part in the public comment. Respondents represented various regions of the country and practice settings, reflecting diversity in education levels and years of nursing practice. Results led to additional edits, refining the competency statements, adding clarity, reducing redundancy, and eliminating competencies deemed beyond the scope of general oncology nurses.

Following the public comment period, the team agreed that because entry-level oncology nurses practice in a variety of settings (e.g., surgical, radiation, ambulatory clinics), this document must address all treatments of cancer, and a competency specifically focused on the administration of chemotherapy and biotherapy was eliminated. Five experts, chosen for their years of experience and leadership roles in oncology nursing, reviewed the refined competencies. These experts were asked to comment on the flow, clarity, completeness, and appropriateness of the overall competencies as well as provide feedback on individual statements. Based on their responses, edits were made, and a final list of 37 competencies (Table 2) was produced with accompanying measurement and method tools to define the role of the oncology nurse generalist.

**Table 1. Literature Review Matrix**

Included Article Details	Data Recorded
Article information	Author, title, and date of publication
List of competencies identified in articles	i.e., cooperation, collaboration, communication, teamwork, conflict management
Traits listed for each competency	Listing of traits required for demonstrating competency
Type of article	Best practices project, case report, comparative analysis, expert opinion, systematic review, or research
Applicability	Rating (0 = N/A, 1 = poor, 2 = fair, 3 = good, 4 = very good, and 5 = excellent)
Relevant categories	Teamwork, professional development, quality, clinical, financial, regulatory, and healthcare environment
Conclusions and comments	i.e., pros and cons of article, reviewer insights



## Applicability and Dissemination

The ONS Oncology Nurse Generalist Competencies were developed to encompass the complexity of patients with cancer and disease processes, the multiple modes of treatment offered, the demands of working with an interdisciplinary team, and the ability to effectively address the psychosocial needs of patients and their families. The competencies were written for use in a multitude of fashions and practice areas, including inpatient and ambulatory settings. They were identified as nursing competencies that are expected beyond those generally taught in basic programs, and they should be used as such.

These competencies can be implemented in a variety of ways. By outlining the core knowledge and skills needed for practice, they can assist in training new hires who do not have specialized skills in the care of the patient with cancer. Competencies could be used as benchmarks for performance evaluation measures. Many of the competencies, such as those related to treatment administration, are items that need to be measured annually in most practice settings. To perform consistent evaluations, the competencies also can be used to develop skills checklists. Skills such as treatment administration require the consistent demonstration of competency, and skills checklists frequently are used as accepted measures of competence. Staff development is an important area across practice settings. The competencies were designed to be used as a method of identifying potential leaders and creating learning pathways. To aid nurses in their pursuit of life-long learning and professional development, the competencies also can provide staff development nurse educators and clinical nurse specialists with the resources needed to identify and develop educational programs. Finally, the ONS Oncology Nurse Generalist Competencies were compiled to allow for their use by any nurse desiring to plan out his or her own career development, achieve life-long learning goals, and progress to an expert level of oncology nursing.

For many institutions caring for patients with cancer, standardizing the education and training of their nursing staff is a challenge because of the lack of updated competencies. The release of the ONS Oncology Nurse Generalist Competencies will allow all practice settings to consistently develop their staff to provide the most effective and compassionate care for patients with cancer using this evidence-based model.

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## Initial Requirements

The ONS Oncology Nurse Generalist Competencies were developed to delineate specific competencies related to the care of patients with cancer that nurses should acquire within the first one to two years of oncology nursing practice after basic nursing knowledge and skills are established. Examples of other skills and abilities may include but are not limited to:

- the ability to calculate medication dosing/basic pharmacology
- the ability to engage in therapeutic relationships
- the ability to problem solve
- the ability to set priorities and reprioritize
- the ability to work autonomously
- the ability to work collaboratively
- basic computer skills

- effective adherence to infection control practices
- interpersonal skills
- solid critical-thinking skills
- a strong application of the nursing process
- a strong comprehension of the basic principles of cancer and its treatment
- strong verbal and written communication skills

## Summary

The oncology nurse plays a critical role in the delivery of quality nursing care to a high-risk and complex patient population. Across practice settings and geographical boundaries, they serve as integral members of high-quality interdisciplinary care teams. The ONS Oncology Nurse Generalist Competencies will support the novice oncology nurse's successful transition into entry-level oncology practice and form a firm foundation for daily clinical practice, professional development, and career progression.

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**Table 2: Oncology Nurse Generalist Competencies**

Competency Statement	Measurements and Methods
<b>Teamwork</b>	
1 Defines the core principles of the interprofessional care team, including those practiced within the oncology specialty.	Case studies, evidence of daily work, exemplars with outcomes achieved, discussion or reflection groups, presentations, testing, case studies, presenting at rounds, personnel scavenger hunts, resource lists, peer reviews of team dynamics, referrals, quality-driven exercises or committee involvement, and/or data collection for quality
2 Outlines the role and contributions of the members of the interdisciplinary care team in the care of people with cancer across the disease trajectory.	Testing, case studies, exemplars, self-assessments, discussions, presentations, evidence of daily work (e.g., rounds, charting, review job description, scope and standards), and/or identifies the roles of other interprofessional members
3 Identifies conflict in the work setting among teams and problem solves effectively based upon the core principles of conflict resolution.	Testing, peer reviews, discussion or reflection groups, presentations, self-assessments, exemplars, case studies, and/or team-building exercises (e.g., diversity training, understanding including different types of conflict, dilemmas)
4 Participates in the coordination of care for people with cancer based on evidence-based practice.	Peer reviews, evidence of daily work, testing, case studies, exemplars, quality improvement monitoring, team-building exercises, medical record reviews, discussion or reflection groups, mock events, and/or critical-thinking exercises
5 Utilizes effective therapeutic communication skills during interactions with people with cancer, caregivers, and fellow members of the interprofessional care team.	Peer reviews, evidence of daily work, self-assessments, exemplars, case studies, role play, performance evaluations, group- or team-based exercises, and/or critical-thinking exercises
<b>Professional Development</b>	
1 Establishes learning and performance goals for personal and professional development as an oncology nurse.	Self-assessments, discussion or reflection groups, presentations, exemplars, and/or self-reflection; recommendation to establish goals yearly
2 Engages in learning opportunities to enhance professional knowledge and role maturation in oncology nursing.	Self-assessments, peer reviews, discussion or reflection groups, presentations, journal clubs, evidence in daily work, reviews of educational coursework and continuing nursing education (to include individual and collaborative opportunities, quality,

		evidence-based practice, and research opportunities), participation in professional associations, and/or establishing a work-life balance
3	Advocates for the delivery of high-quality, patient-centered cancer care.	Exemplars, case studies, peer review, testing, evidence of daily work, discussion or reflection groups, and/or involvement in professional organization or institution committee work about healthcare policy and advocacy work
4	Fosters professional development by participating in mentorship opportunities with fellow members of the interprofessional team.	Presentations, case studies, peer reviews, self-assessments, and/or discussion or reflection groups; mentorship both as mentor or mentee
5	Participates in formal and informal performance evaluation to improve oncology nursing practice on an individual level and across the profession.	Self-assessments, case studies, exemplars, peer reviews, and/or evidence of daily work
6	Promotes excellence in quality cancer care by establishing a plan to obtain specialty certification.	Self-assessments, discussions, consideration of specialty nurse certification(s) in oncology, palliative care, and/or infusion (i.e., classes, information sessions), and/or participation in entry-level career-planning exercises
7	Participates in leadership opportunities to foster professional development and skills within oncology nursing.	Evidence of daily work, self-assessments, peer reviews, case studies, exemplars, and/or engagement in councils, committees, or forums both in the work setting and professionally (i.e., boards, chapters, advocacy work, serves as preceptor, charge nurse)
<b>Clinical Care (all clinical care implies evidence-based care)</b>		
1	Integrates patient-centered care into the nursing process across the continuum of disease.	Evidence of daily work, case studies and exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or return demonstration (i.e., maintain healing environment); includes prevention, diagnosis, treatment, survivorship, palliation, hospice, and end of life
2	Demonstrates critical thinking skills based on experience in the nursing care of people with cancer across the disease trajectory.	Evidence of daily work, case studies, exemplars, peer review, testing, self-assessments, and/or discussion or reflection groups
3	Demonstrates an understanding of cancer biology as it relates to the care of the person with cancer.	Presentations, case studies, evidence of daily work, testing, and/or peer reviews

4	Applies evidence-based clinical practice guidelines, symptom management tools, standards, and protocols in patient evaluation and care.	Evidence of daily work, chart documentation, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, return demonstrations, quality monitoring, and/or mock events; includes all aspects of the nursing process
5	Demonstrates a knowledge of the treatment modalities used in cancer care.	Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection groups, presentations, and/or return demonstrations; (examples include the American Society of Clinical Oncology and ONS Chemotherapy Safety Standards, the National Institute for Occupational Safety and Health safe handling, the American College of Surgeons Commission on Cancer, and the Centers for Disease Control and Prevention radiation safety standards)
6	Demonstrates a knowledge of interventions associated with clinical procedures related to cancer diagnoses.	Evidence of daily work, case studies and exemplars, peer review, testing, discussion or reflection groups, return demonstration, presentation, and/or mock events
7	Implements symptom management and monitoring parameters based on selected therapy.	Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or presentations
8	Demonstrates evidence-based care and the maintenance of access devices used in the oncology population.	Evidence of daily work, case studies, exemplars, peer reviews, testing, return demonstrations, quality monitoring, and/or chart documentation
9	Demonstrates the knowledge and utilization of protective measures for the immunocompromised patient.	Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or presentations (e.g., neutropenic precautions, hand washing)
10	Provides education addressing the needs of the patient and caregivers.	Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, presentations, and/or the teach-back method; includes cultural diversity, age, development level, literacy level, and other unique, individual concerns
11	Identifies and manages oncologic emergencies according to evidence-based practice.	Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion groups, presentations, mock events, quality monitoring, chart documentation, and/or simulations

12	Identifies resources available to people with cancer and their caregivers.	Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection groups, and/or quality monitoring; resources include items such as clinical trial eligibility or availability, genetic counseling, fertility options, psychosocial resources, survivorship (e.g., care planning, long-term side effects and follow-up, survivorship guidelines), and palliative care
13	Describes the primary, secondary, and tertiary preventive measures related to cancer and its treatment.	Evidence of daily work, case studies, exemplars, peer reviews, testing, and/or discussion or reflection groups
14	Integrates evidence-based genetic and genomic information into oncology nursing practice.	Chart reviews, case studies, quality monitoring, discussion groups, and/or testing; examples include the ONS position statement, "Oncology Nursing: Application of Cancer Genetics and Genomics Throughout the Oncology Care Continuum"
15	Provides holistic nursing care addressing the physical, psychosocial, and spiritual needs of people with cancer and their caregivers throughout the cancer journey.	Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, mock events, and/or peer reviews
16	Integrates culturally sensitive interventions in plans of care for people with cancer and their significant others.	Case studies and exemplars, peer review, evidence of daily work, quality monitoring, and/or discussions
17	Summarizes a knowledge of available resources for legal issues implicating oncology nursing practice and patient care.	Evidence of daily work, case studies, exemplars, peer reviews, testing, and/or discussion or reflection groups discussion or reflection groups
18	Identifies effective strategies to address ethical situations related to the care of people with cancer and their caregivers.	Evidence of daily work, case studies, exemplars, peer reviews, testing, and/or discussion or reflection groups
19	Practices effective strategies to decrease professional and caregiver burden.	Reflection or discussion groups, work-life balance exercises, journaling, case studies, and/or exemplars

### Financial

1	Demonstrates fiscal awareness and responsibility in oncology nursing practice.	Evidence of daily work (e.g., appropriate selection of supplies, accurate billing and coding, participation in quality monitoring), case studies, exemplars, peer reviews, testing, and/or discussion or reflection groups
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- 2 Utilizes resources to help people with cancer and their families cope with the financial impact of cancer. Evidence of daily work (e.g., identifies patient resources, discusses impact of cancer on financial resources), case studies, exemplars, peer reviews, testing, discussion or reflection groups, and/or daily work collaboration with other team members

### Quality

1	Demonstrates a knowledge of the purpose of requirements, standards, and guidelines related to the nursing practice of safe, quality cancer care.	Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection groups, and/or quality monitoring; examples include ONS's "Statement on the Scope and Standards of Oncology Nursing Practice," the American College of Surgeons Commission on Cancer, National Patient Safety Goals, the Joint Commission, state practice acts, standards, hand-washing, etc.
2	Identifies patient access barriers and potential solutions to provide quality care to the patient with cancer.	Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection groups, and/or mock surveys and events
3	Identifies and utilizes organizational experts to support multidimensional quality components, including patient safety, performance improvement, accreditation, and infection prevention.	Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection groups, and/or mock events and surveys



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