



Professional Scope and Standards

A Review for Oncology Certification
Exam

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Spring 2022

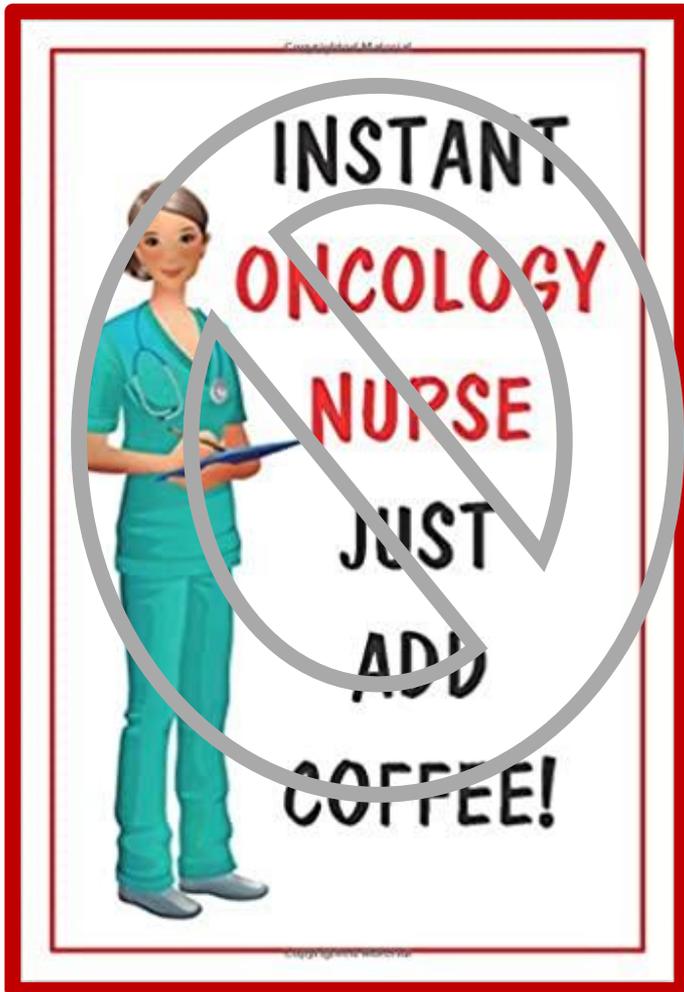


Dana-Farber
Cancer Institute

DISCLOSURES

Nellee Fine discloses that she does not have a conflict of interest relative to this educational activity in the form of any financial interests, arrangements, or affiliations.

Certification Makes a Difference®



- **Patients value knowledgeable nurses**
- **Employers want qualified and experienced staff**
- **Nurses want to validate their level of expertise**

ONS and ONCC Resources for CEUs / Certification

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) ▾

- **OCN Review Bundle (online)**
4 courses online \$\$
- ONS has **FREE** continuing education resources: **Explore Resources** (link)
- ONCC has the **Big List of FREE nursing continuing education (CE)** from many websites, journals, and organizations.
Explore.....
https://www.oncc.org/files/Big_List_29.pdf (link)
- **Other resources:**
ONCC Practice Test free (link)
OCN practice tests on the ONS website \$\$

Oncology Certified Nurse (OCN®) Test Content Outline

A. Scientific basis

B. Site-specific cancer considerations

C. Scope and Standards of Practice 17%

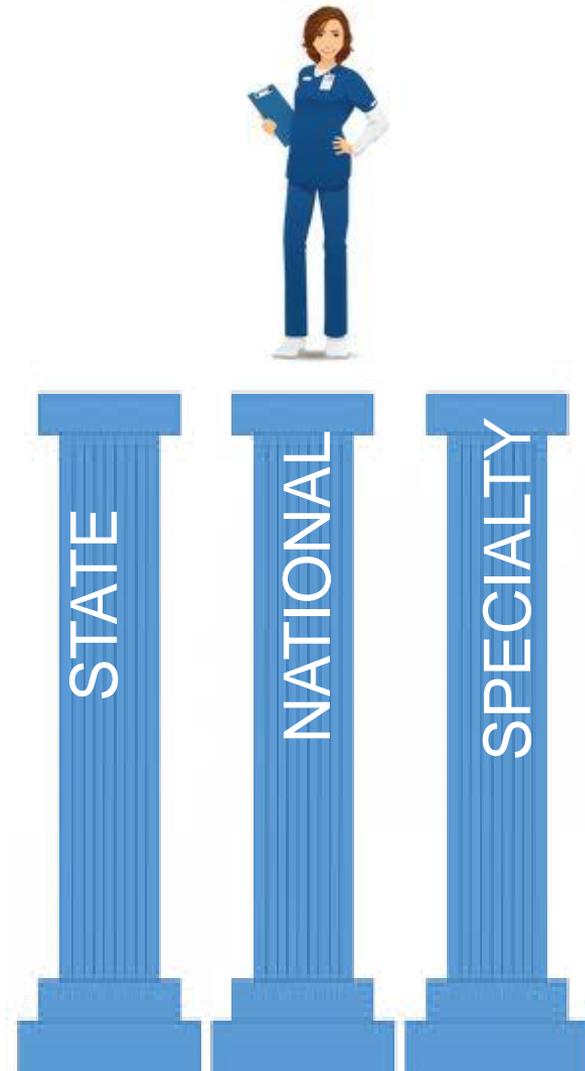
1. Accreditation (e.g., The Joint Commission, QOPI, MAGNET)
2. Collaboration
3. Communication
4. Culturally congruent care
5. Environmental health (e.g., safety, personal protective equipment, sa
6. Ethics (e.g., patient advocacy)
7. Evidence-based practice and research
8. Leadership
9. Legal, license, and protection of practice (including documentation)
10. Professional practice evaluation
11. Quality of practice
12. Resource utilization
13. Self-care (e.g., managing compassion fatigue)
14. Standards of care (nursing process)



Professional Scope and Standards of Practice

3 Pillars of Nursing's Scope of Practice

- National
- State
- Specialty Organization: **ONS**



ANA Scope of Nursing Practice

Who: Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN) comprise the “who” constituency and have been educated, titled, and maintain active licensure to practice nursing.

What: *Nursing is the*

- Protection,
- Promotion, and
- Optimization of health and abilities;
- Prevention of illness and injury;
- Facilitation of healing;
- Alleviation of suffering through the diagnosis;
- Treatment of human response; and
- Advocacy in the care of individuals, families, groups, communities, and populations.

Why: *The profession exists to achieve the most positive patient outcomes in keeping with nursing’s social contract and obligation to society.*

Specialty: Oncology Nursing Practice

ONS recognizes that the current healthcare environment, is a rapidly evolving science, with expansive research which....

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

Your specialty organization mission:

- ***Set evidence-based standards and guidelines for practice***
- ***Provide position statements on key issues,***
- ***Articulate the core competencies of an oncology nurse,***
- ***Provide evidence of that knowledge through the certification exam process.***

Oncology Nursing Society Professional Practice Foundations

Nursing Practice

Standards and Guidelines

Position Statements

Role Delineation

Advocacy

(active links)

ONCOLOGY NURSING PRACTICE: Certification

ONCC's Definition of Oncology Nursing Practice:

may be work experience that is direct and/or indirect patient care in clinical practice, nursing administration, education, research, or consultation in the specialty represented by the credential.

The position **MUST** be filled by a Registered Nurse.

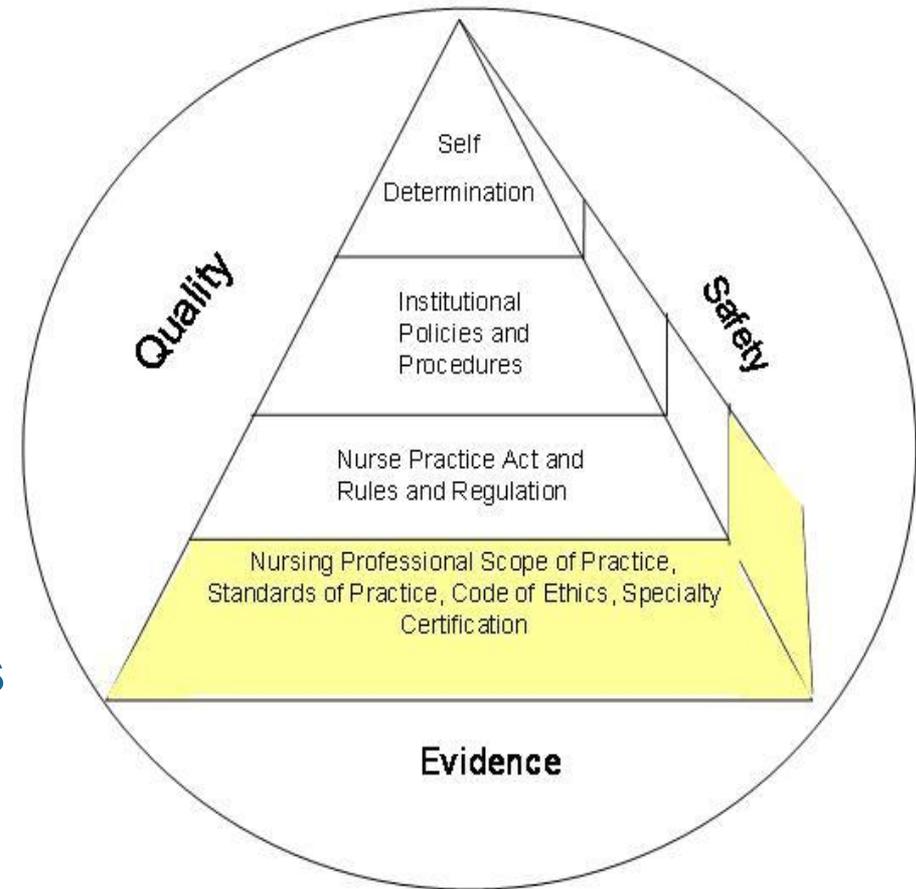
Nursing practice as eligibility criteria for certification and renewal requires a broad definition to reflect rapidly evolving roles across the cancer care continuum.

Effective January 1, 2021

<https://www.oncc.org/files/NursingPractice2021.pdf>

SCOPE OF ONCOLOGY NURSING PRACTICE:

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



FOUNDATION of PRACTICE

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

Oncology Nursing Society Professional Practice Foundations

[Nursing Practice](#)

[Standards and Guidelines](#)

[Position Statements](#)

[Role Delineation](#)

[Advocacy](#)

(active links)

Competence vs. Competency

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

ex. knowledge of NG tube insertion, general ability to perform

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

ex. Insertion of NG tube skill is validated according to hospital policy

A person needs **competence** before he or she can achieve **competency**.

*Documentation of nursing competency is frequently required of accreditation agencies (i.e. American College of Surgeons and the Joint Commission), as part of the accreditation and re-accreditation process.

Guidelines Versus Standards

Guidelines = *Recommendations*

Examples:

- NIOSH
- ASHP
- ONS

Standards = *Requirements*

Examples:

- Department of Health
- CMS
- The Joint Commission



Not Enforceable



Enforceable

Guidelines Versus Standards

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

Is this an enforceable standard?

YES or NO

No, it is a guideline.

It is not enforceable, but omission of this test is not the standard of practice.

Recommendation:

- ***Communicate to prescriber that there is no MUGA ordered.***
- ***If no order for MUGA results - verify practice with pharmacy, to determine if this is an accepted practice of the institution.***
- ***Document that the prescriber was notified.***

Resource: “Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice”

Knowledge Check

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 or No

Is this an enforceable standard?

YES, the lack of policy and documentation may result in a Joint Commission citation and the American College of Surgeons.

This is a standard that is enforceable by TJC.

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!**

USP <800>

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



Standard !

***Fines can be levied
for noncompliance.***

Guideline Versus Standard

USP 800:

This publication impacts Pharmacies and related services, including NURSING!

In your practice settings:

PPE – double gloving*

*CSTD*s – closed system transfer devices*

* Only USP 800 approved products

Review ONS Standards/Guidelines and Position Statements

[6 Standards and Guidelines \(link\)](#)

- **Access Device Standards**
- **ASCO/ONS Chemotherapy Standards**
- **Scope and Standards of Oncology Nursing Practice**
- **Standards on Oncology Nursing Education**
- **ONS Standard for Educating Nurses Who Administer Chemotherapy and Biotherapy**
- **Chemotherapy / Immunotherapy Guidelines and Recommendations for Practice**

Oncology Nursing Society Professional Practice Foundations

[Nursing Practice](#)

[Standards and Guidelines](#)

[Position Statements](#)

[Role Delineation](#)

[Advocacy](#)

(active links)

Review ONS Standards/Guidelines and Position Statements

17 [ONS Position Statements \(link\)](#)

- Tobacco
- Nurses' Role when a patient requests medical aid in dying
- Use of E-cigarettes and Vaping
- Cancer Pain Management, etc..

? Will ONS take a position on the continuing need for contraception and at times need for therapeutic abortion for cancer patients – given the recent leak from SCOTUS?

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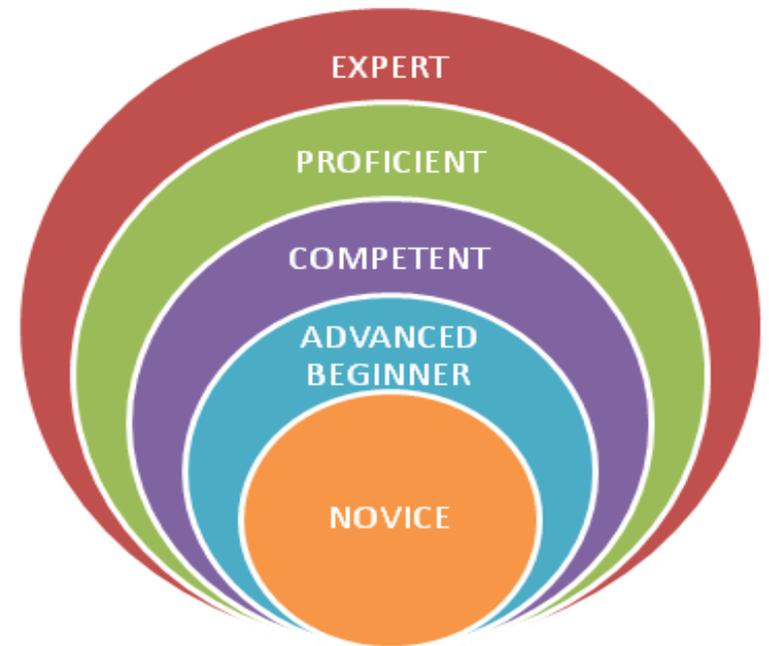
ONS Role Delineation

Benner's Model Stages of Clinical Competence

LEVELS OF NURSING EXPERIENCE

5 levels

- **Novice**
- **Advanced beginner**
- **Competent** (eligibility for exam)
- **Proficient**
- **Expert**



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.

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

Knowledge Check

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.**

Knowledge Check

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A.

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Principles of Professional Nursing Practice

✓ "KNOW the CODE"

✓ **ANA Code of Ethics for Nurses**
(see handout)



Nursing Ethics

According to Gallup polls, **nursing** has ranked as the most honest and ethical profession in the past 20 years – each year.

(The only time nursing was not #1 was after 911 when the public ranked Firemen and Police before nurses.)





4 Main Principles of Ethical Nursing Practice

1

Beneficence

Actions guided by compassion.

2

Nonmaleficence

Do no harm.

3

Autonomy

Each patient has the right to make his own decisions based on their beliefs and values.

4

Justice

The patient has a right to **fair and impartial** treatment no matter the patient's financial or insurance status, gender identity, age, or ethnicity.

Knowledge Check

Over coffee you hear a group of co-workers saying that the patient in room 708 is homeless and an alcoholic who keeps getting readmitted for his uncontrolled diabetes; and he does not deserve good quality care because of his past behaviors.

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

Knowledge Check

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Justice!

RN must treat all patients fairly and equally.

Nursing and the LAW

Nurses and the Law: **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.



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, or*
 - *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** (an action) or **omission** (inaction).

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. Improper administer of medication**
- 6. Failure to communicate**
- 7. Failure to monitor and evaluate a patient**
- 8. Failure to educate the patient/caregiver**



Lippincott Nursing Center



Healthcaresupport.com

Common Sources of Nurse Litigation

- **Medication errors**
- **Failure to follow policies, procedures, and treatment protocols**
- **Failure to Educate Patient/Family**
- **Failure to Document and Report Critical Clinical Information**
- **Failure to Follow the Chain of Command / Communicate**

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.

CASE STUDY #1: Patient/Family Education

Mr. Peters 75y.o. with Esophageal cancer had been managed well by his wife with MS Contin® 60mg BID po.

But now presents with obstruction of his esophagus. He is admitted for a PEG tube and is now ordered for Duragesic® 25 mcg/h q 3d.

The RN taught his wife how to apply the patch and had her return demonstration.

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

He was found to have multiple patches on his torso because Mrs. Peters did not understand the change in frequency to q 3d, and how to remove the patch.

She had applied a new patch Q 12h and had not removed the prior patches.

Is this professional negligence?

or

Is this a criminal act?

Professional negligence?

YES

The RN did not validate/document that the wife understood all components of safe Duragesic® administration.

*Was there a **breach of duty** between the nurse and the patient's caregiver*

AND

*Was there a careless **act of omission** by the RN that resulted in harm to the person to whom the caregiver has a duty (to teach safe use of medication)*

*The patient recovered;
and there was no criminal action for this incident.*

CASE STUDY #2 : Medication Error

December 2017 an Emory Hospital float RN has an order to premedicate a r/o cranial bleed patient with Versed IV for a followup MRI.

The RN overrides the medication dispensing system and mistakenly administers a dose of vecuronium (a paralyzing agent).

The nurse assists in resuscitation efforts – patient transfers to ICU, dies a few days later.

Is this professional negligence?

Are the elements of malpractice present?

- ***Duty***
- ***Breach of Care***
- ***Proximate Cause***
- ***Harm/Damages***

CASE STUDY #2: *Medication Error*

Is this professional negligence?

YES!

The RN accepted responsibility of care (**Duty/Proximate Cause**) of the patient

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

Breach of Care Standard:

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

- **Safety measures were overridden**
- **No double check of High Risk IV medication – policy of hospital.**

Real Consequences

- *Hospital terminated RN.*
- *State did NOT immediately revoke the RNs license, only after criminal charges were sought.*
- **CMS** *stated the hospital was also at fault for failing to ensure a safe patient environment.*
- **ANA** *said that the hospital was guilty of criminalizing a medication error.*



NOTE:
It's unusual for health care providers to be charged with a crime after a medical mistake that didn't involve: malicious intent or intoxication.

UPDATE: Radonda Vaught

- *At trial she placed blame on the hospital for allowing ease of overrides.*
- **She lost her RN license to practice in July, 2021.**
- **The court found her guilty of gross neglect of an impaired adult and negligent homicide.**
- **She faces three to six years in prison for neglect and one to two years for negligent homicide.**
- **No charges have been brought against the hospital or its leadership.**



Photo; NPR and KHN

NOTE: it's unusual for health care providers to be charged with a crime after a medical mistake that didn't involve:
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Hospitals have the potential for serious failures.

Hospitals are or should be High Reliability Organizations (HROs) they:

- # *understand that they have a potential for catastrophic failure*
- # have a preoccupation with failure,
- # look deeper into the causes of an error!

Is this criminalization of a medication errors?

Will it have a chilling effect on HCPs willingness to REPORT Future Errors?

OR

Should emphasis be placed on learning from the mistake and preventing future errors?

Knowledge Check

Complete the sentence:

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.

PROFESSIONAL DECISION MAKING

“ONCOLOGY NURSING DILEMMAS”



Know Your Resources:

- Specialty Standards
- Code of Ethics
- Scope of Practice

Oncology Nursing Dilemmas: **Safe Handling**

What would you do?



You have been an ONS Chemotherapy Nurse provider 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).

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

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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

Know the CODE:

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

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

Check hospital policy – “informed consent is valid for 12 mos. or until the ordered cycles are complete”

You contact the attending, who is busy and 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.
(note: some states permit an APRN to obtain consent)

Oncology Nursing Dilemmas: **Informed Consent**

Knowing that you, as a staff RN, cannot obtain an informed consent, you call the provider who tells you that the patient already signed a new consent yesterday! Just find it!

A short time later, a clinic assistant brings the consent to you - there was a delay in scanning into the EHR.

You view the form for all of the required elements in your hospital policy for informed consents.

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

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?

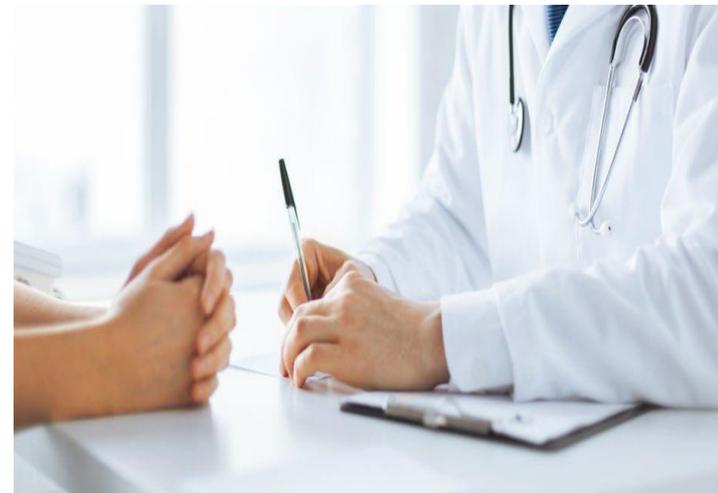
Reassure her you will HOLD TREATMENT

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

Through these actions you are supporting her right for

“Self-determination” and demonstrating

“Patient Advocacy”!



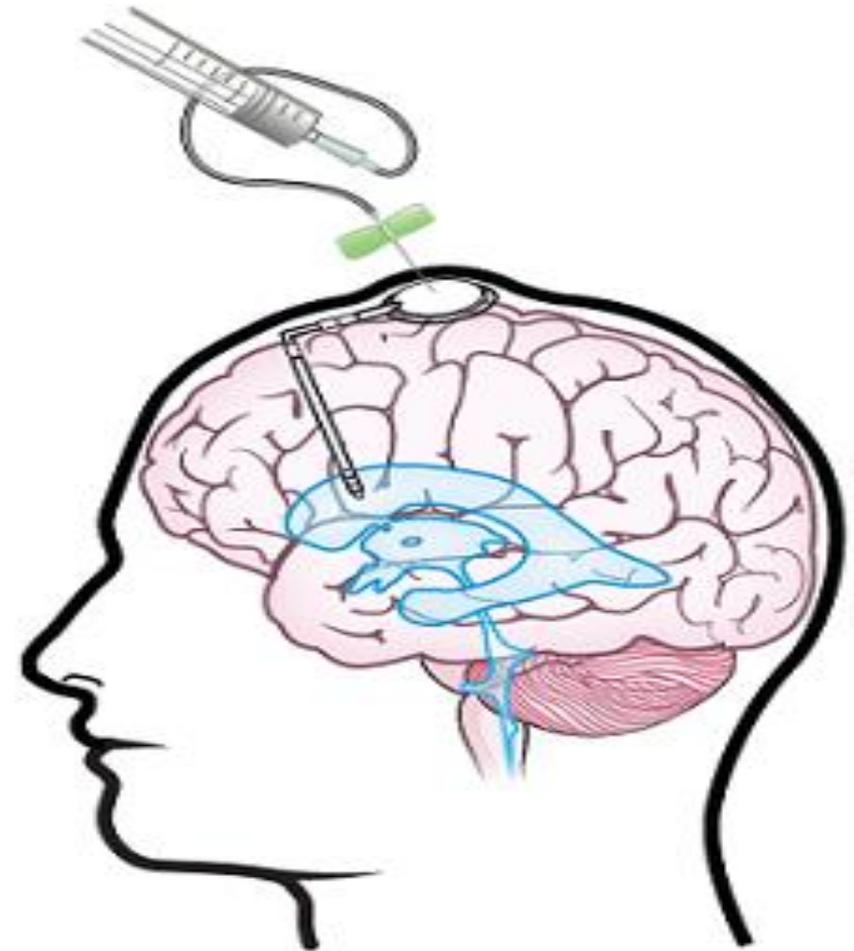
Oncology Nursing Dilemmas:

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*
- *Hospital Policy & Procedure Manual*

Administration of IT chemotherapy is an advanced practice skill.

Providers /APRNs hospitals require knowledge and skill verification of competency.

You decline to administer the IT chemotherapy - it is not within your scope of practice.

Oncology Nursing Dilemmas: **Practice Standards**

You are a new employee in a small community hospital. You have an order to administer Oncovin 2 mg IV.

You review the order.

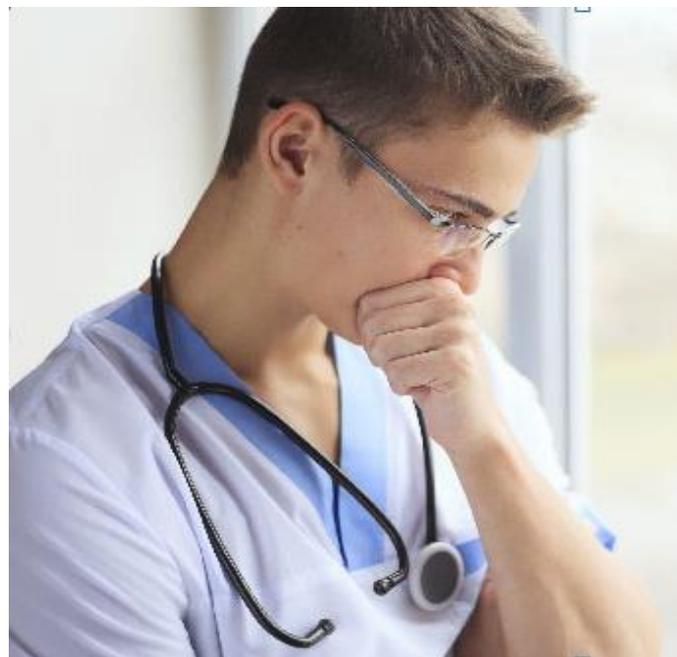
- The drug is indicated for the patient condition and labs are in normal range.
- The patient has a newly placed IV in the right forearm with a good blood return.

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

Oncology Nursing Dilemmas: Standards of Practice

What do you do?

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



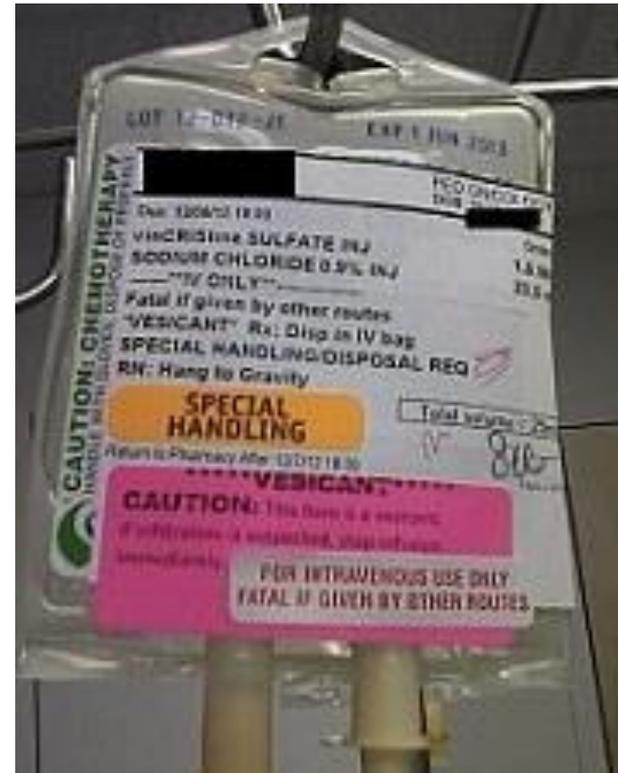
ISMP strongly recommends against dispensing and administering intravenous Vincristine in a syringe.

Oncology Nursing Dilemmas: Standards of Practice

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
- ONS/ASCO Guidelines for Chemotherapy Administration



Thank you!

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



Professional Scope and Standards References

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