

COMPETENCIES FOR ONCOLOGY AND PALLIATIVE NURSING

1. NATURE OF SPECIALIZATION

Oncology and Palliative Nursing is a speciality, whereby nurses care for people who are at risk for developing cancer, patients diagnosed with cancer, patients receiving treatment for cancer, patients in need of supportive and palliative care, serious illness, cancer survivors and their families/caregivers.

Oncology and palliative nursing occurs throughout the lifespan and includes individuals from all ages and cultures along a continuum of care and across service delivery systems. Oncology and palliative nursing occurs at primary, secondary and tertiary care levels and include hospices and homes.

The role of the Oncology and Palliative Nurse is underpinned by holism and encompasses direct care to patients and families/caregivers in cancer care settings as part of the multidisciplinary team. The role is expanded to include cancer prevention and health promotion in communities, and caring for patients for whom cure is no longer possible and their families/caregivers for improved quality care. Caring for the cancer survivor forms part of her/his role.

The core concepts and interventions specific to oncology and palliative nursing include:

- Prevention and detection of cancer through immunization and screening.
- Management of patients who are treated for cancer by means of surgery, radiotherapy, chemotherapy, hematopoietic stem cell transplantations and immunotherapy.
- Management of acute and chronic cancer and treatment related complications and side effects as well as patient problems and issues, including those of the family/caregiver. These include managing pain and other distressing symptoms and optimizing quality of life for the sick person and the family/caregiver throughout the disease trajectory, in a holistic manner.
- Management of the patient experiencing an oncology emergency.



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- Management of the patient for whom cure is no longer possible and the families/caregivers.
- Care for cancer survivors and people with serious illness in their family setting.

The Oncology and Palliative Nurse requires specific evidence-based knowledge and demonstrates excellent clinical competencies in cancer and palliative care, beyond that acquired through a basic nursing education programme.

2. OVERLAP OF COMPETENCIES

While each of the study areas below may yield a stand-alone qualification, there is shared knowledge and skills, creating an overlap of some competencies. This might have educational implications where some modules could be shared by the different specialities. It is possible that some of the names disciplines may not become full qualifications, depending on educational requirements and the percentage of core content.

The overlapping qualifications are:

- Child nursing
- Nephrology nursing
- Intensive care nursing
- Primary care nursing
- Orthopaedic nursing

3. SUMMARY OF CORE COMPETENCIES

| DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE | |
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| SUBDOMAIN/CORE COMPETENCY | SPECIFIC COMPETENCY |
| 1.1 Professional practice | 1.1.1 Accept accountability for increased responsibility in respect of own professional judgment, actions, outcomes of care and continued competence, in accordance with legislation and competency frameworks. |

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| | 1.1.2 Recognize and practise within the professional, ethical and legal parameters of a specialist nurse. |
| | 1.1.3 Recognize own level of competence and limitations in the field of oncology and palliative nursing, and take remedial actions where required. |
| | 1.1.4 Consult with or refer to appropriate others when encountering situations beyond own experience. |
| | 1.1.5 Recognizes and respects different levels of accountability for the range of available health care professionals in cancer and palliative care. |
| | 1.1.6 Collaborate with the multidisciplinary team to ensure a team-based approach in the care of cancer patients and their families/caregivers, and towards collective learning and implementation of evidence-based practice. |
| | 1.1.7 Promote access to cancer and palliative care as a right for all South Africans, as stipulated by the Constitution of South Africa. |
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| 1.2 Ethical Practice | 1.2.1 Deliver cancer and palliative care in a manner that preserves and protects the rights, autonomy, dignity, values, beliefs and preferences of patients and their families/caregivers and health care providers in the midst of challenging care settings. |
| | 1.2.2 Recognise that oncology and palliative care professionals have frequent encounters with ethical dilemmas due to the nature of their specialization, which are not limited to but include: <ul style="list-style-type: none"> • To treat or not to treat • Assisted death and euthanasia • Resuscitation • Collusion |
| | 1.2.3 Practice in a manner that conforms to the Code of Ethics for Nursing and the Employer’s Code of Ethics. |

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| | 1.2.4 Engage in effective ethical decision-making with respect to oncology and palliative care. |
| | 1.2.5 Act in an advocacy role to protect Human Rights and challenges violations of the rights of the patient. |
| | 1.2.6 Maintain confidentiality and security of written, verbal and electronic information acquired in a professional capacity. |
| | 1.2.7 Respect the patient's rights to privacy and dignity. |
| | 1.2.8 Demonstrate professional integrity and ethical conduct in response to health sector marketing strategies when procuring and utilizing drugs and other products for treating cancer and palliative patients. |
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| 1.3 Legal Practice | 1.3.1 Practice in accordance with professional and other relevant international and national legislation, applicable to specialist nursing practice and the cancer and palliative population. |
| | 1.3.2 Practise in accordance with relevant policies, procedural guidelines and protocols in terms of oncology and palliative care. |
| | 1.3.3 Recognise and act upon laws relating to the professional role and/or Professional Code of Conduct. |
| DOMAIN 2: CLINICAL PRACTICE – CARE PROVISION AND MANAGEMENT | |
| SUBDOMAIN/CORE COMPETENCY | SPECIFIC COMPETENCY |
| 2.1 Health Promotion | 2.1.1 Create awareness through collaboration and engagement with the community, to improve knowledge and awareness of cancer and palliative care. |
| | 2.1.2 Develop and use follow-up systems to ensure that cancer and palliative patients receive appropriate support and rehabilitation services, to optimize quality of life. |

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| | <p>2.1.3 Empower the cancer and palliative patient and the family/caregiver with knowledge and skills, in order to assist them to plan and manage their own care effectively.</p> <p>2.1.4 Recognise and utilise the resources and resilience that a person experiencing loss may have at his/her disposal.</p> <p>2.1.5 Understanding pathological responses to bereavement and the ability to manage these responses appropriately to facilitate their grieving, in order to promote healthy adjustment in the context of bereavement</p> |
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| 2.2 Assessment | <p>2.2.1 Gather accurate and relevant objective and subjective data required for oncology and palliative practice, through systematic health and nursing assessment.</p> <p>2.2.2 Use validated instruments to assess disease and treatment-related symptoms/problems on a continuous basis, recognising that such symptoms may be physical, emotional, psychological, social or spiritual.</p> <p>2.2.3 Request diagnostic tests and procedures in line with specialist oncology and palliative nursing standards/ competence.</p> <p>2.2.4 Organize, synthesize, analyse and interpret data from relevant sources, to derive nursing diagnoses and determine an individualised Care plan</p> <p>2.2.5 Share and document findings accurately, comprehensively, and in a timely manner; complying with Nursing Practice Standards and institutional policies.</p> |
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| 2.3 Planning | <p>2.3.1 Formulate an individualized, comprehensive care plan with identified care outcomes, based on nursing diagnoses, findings from a <i>nursing and health assessment</i>, inputs from other health team members and Nursing Practice Standards.</p> |

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| | 2.3.2 Apply critical thinking and clinical reasoning skills, underpinned by knowledge of oncology and palliative nursing and other disciplines, to the care planning process. |
| | 2.3.3 Establish priorities for care in collaboration with the patient and the family/caregiver and other health care providers. |
| | 2.3.4 Review and update the <i>care plan</i> , considering the patient's condition in collaboration with the patient and other members of the multi-professional team. |
| | 2.3.5 Maintains comprehensive, current, accurate documentation. |
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| 2.4 Implementation | 2.4.1 Provide holistic nursing care, addressing the physical, psychosocial and spiritual needs of people with cancer and those in need of palliative care, their families and caregivers throughout the cancer/ palliative journey. |
| | 2.4.2 Apply relevant oncology and palliative nursing skills, treatment and interventions in accordance with the developed care plan and evidence-based practice standards. |
| | 2.4.3 Respond appropriately and timeously to unexpected or rapid changes in the needs or preferences of the individual and family over time, in discussion using a team approach. |
| | 2.4.4 Document interventions and patient responses accurately and in a timely manner. |
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| 2.5 Evaluation | 2.5.1 Evaluate progress towards planned outcomes, in consultation with the patient, families/caregivers and the multi-professional team. |
| | 2.5.2 Monitor and document progress towards expected outcomes accurately and timeously. |
| | 2.5.3 Utilize evaluation data to modify the <i>care plan</i> . |

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| | 2.5.4 Provide necessary support to the team members, according to the identified gaps in the care provided. |
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| 2.6 Therapeutic communication and relationships | 2.6.1 Initiate, develop and discontinue therapeutic relationships, using appropriate communication and interpersonal skills. |
| | 2.6.2 Maintain a relationship that respects the boundaries between the patient and the family/caregiver and the self. |
| | 2.6.3 Respect the views of others, and promote the expression of diverse opinions and perspectives pertaining to oncology and palliative care. |
| | 2.6.4 Communicate clear, consistent and accurate information that falls within professional responsibility verbally, or in written and electronic form, and maintain confidence in care, considering the understanding of the patient and the family/caregivers. |
| | 2.6.5 Provide counselling to patients and their families/caregivers as required. |
| | 2.6.6 Communicate and share relevant information about the patient with members of the multi-professional team. |
| | 2.6.7 Ability to communicate sensitively and clearly about advance care planning with the person, family, other care professionals. |
| | 2.6.8 Able to communicate diagnosis and likely prognosis in an accurate and compassionate manner, and demonstrate the ability to respond to the needs of the family of a person with life-limiting condition when such information is being provided. |

| DOMAIN 3: PERSONAL DEVELOPMENT AND QUALITY OF CARE | |
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| SUBDOMAIN/CORE COMPETENCY | SPECIFIC COMPETENCY |
| 3.1 Quality improvements | 3.1.1 Promote dissemination, use, monitoring and review of best practice guidelines. |
| | 3.1.2 Use appropriate assessment tools to identify actual and potential risks to patient safety, take appropriate action and report concerns where necessary to the relevant authority. |
| | 3.1.3 Ensure safe and proper storage, reconstitution, administration, spillage control, disposal and recording of therapeutic substances. |
| | 3.1.4 Comply with infection prevention procedures, and challenges breaches in other practitioners' practice. |
| | 3.1.5 Implement radiation safety principles to limit exposure to ionizing radiation for radiotherapy personnel, people affected by cancer and the general public. |
| | 3.1.6 Apply universal precautions for the safe handling and administration of cytotoxic drugs, including self-protection. |
| | 3.1.7 Analyses quality data to identify opportunities for quality improvement of nursing practice and care of the patient in need of oncology and palliative care. |
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| 3.2 Continuing personal development | 3.2.1 Undertake regular review of own practice by engaging in reflection, critical examination and evaluation, and seeking peer review. |
| | 3.2.2 Maintain competence by life-long learning and own professional development. |
| | 3.2.3 Participate in unilateral and multidisciplinary teaching. |

| DOMAIN 4: MANAGEMENT AND LEADERSHIP | |
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| SUBDOMAIN/CORE COMPETENCY | SPECIFIC COMPETENCY |
| 4.1 Management and leadership | 4.1.1 Advocate for and act within span of control to create a positive working environment. |
| | 4.1.2 Adapt leadership style and approach to situations specific to oncology and Palliative nursing. |
| | 4.1.3 Lead in a manner to inspire respect and confidence from patients, families/caregivers and the multi-professional team. |
| | 4.1.4 Act as care coordinator for cancer and palliative patients. |
| | 4.1.5 Prioritize tasks, manage time effectively and allocate resources to optimize outcomes. |
| | 4.1.6 Provide leadership and act as a role model in the development and implementation of Oncology and Palliative Nursing, and the professional development of students and colleagues in the workplace. |
| | 4.1.7 Lead in the development, review and modification of institutional practice policies, procedures and protocols in the fields of Oncology and Palliative Nursing. |
| | 4.1.8 Use the change process to influence the introduction of innovations and adaptations to the fields of Oncology and Palliative Nursing. |
| | 4.1.9 Act as a resource in the fields of Oncology and Palliative Nursing for students, members of the health team, policy makers and the public. |
| | 4.1.10 Promote the Nurse Specialist in the fields of Oncology and Palliative Care as an essential part of health service delivery. |

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| | 4.1.11 Contribute to national policy development that relates to delegation of clinical responsibilities specific to Oncology and Palliative Nursing. |
| | 4.1.12 Maintain accountability and responsibility when delegating aspects of care to team members. |
| | 4.1.13 Delegate activities to team members, according to ability, level of preparation, proficiency and competence. |
| | 4.1.14 Use a range of supportive strategies such as precepting and mentoring when supervising and/or monitoring delegated care. |
| | 4.1.15 Apply appropriate skills to ensure quality and cost effective specialized Oncology and Palliative services. |
| | 4.1.16 Strongly advocates for engagement of service users in the development of oncology and palliative care services. |
| | 4.1.17 Fosters a caring working environment by acting as a resource to support colleagues in the <u>management</u> of loss, grief and bereavement. |
| DOMAIN 5: RESEARCH | |
| SUBDOMAIN/CORE COMPETENCY | SPECIFIC COMPETENCY |
| 5.1 Research | 5.1.1 Review research articles to identify evidence-based practices and emerging trends and issues in the field of Oncology and Palliative Nursing. |
| | 5.1.2 Translate evidence into practice. |
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5. MINIMUM CLINICAL SKILLS SET FOR ONCOLOGY AND PALLIATIVE NURSE SPECIALISTS

Abdominal paracentesis – patient preparation

Abdominal paracentesis – aftercare

Artificial eye care – insertion

Artificial eye care – removal

Blood component collection – peripheral

Blood component collection – using venous access devices

Blood culture collection – by means of central venous devices

Blood cultures collection – using the winged device method

Blood results – interpretation of

Body surface area – calculation of

Cancer prevention and detection – Community outreach

Cancer prevention and detection – screening

Central venous access devices – insertion, site dressing change

Central venous access device – routine maintenance

Central venous access devices – unblocking an occlusion

Cervical uterine smear – using wooden spatula

Cervical uterine smear – using endocervical brush

Cervical uterine smear – using liquid-based cytology

Chest drain – changing the bottle

Chest drain – priming ambulatory chest drain bag

Chest drain – removal

Chest drain – suction

Crises intervention – assessment and emergency management of the patient with an oncological emergency, including but not limited to:

- Spinal cord compression
- SIRS / neutropenic sepsis
- DIC
- Hypercalcemia
- Superior vena cava syndrome
- Tumour lysis syndrome
- Raised intracranial pressure
- Anaphylaxis
- Cardiac tamponade
- Haemorrhagic cystitis
- SIADH

Diagnostic tests - interpretation of:

- Cytology
- Histology
- Laboratory data
- X-rays

Digital rectal examination

Electrocardiogram – perform a 12-lead ECG

Electrocardiogram – interpretation

Functional (performance) status – assess and interpret using standardized instrument

Implanted ports – insertion and removal of non-coring needles

Irrigation and instillation – bladder

Medication – administration of biotherapy in respect of:

- Growth factors
- Interferons
- Interleukins
- Patient education

Medication – administration of cytotoxic drugs:

- Safe handling of agents
- Reconstitution (mixing)
- Intra-arterial
- Intramuscular
- Intravenous piggyback
- Continuous
- IV push
- Subcutaneous
- Intrathecal
- Intraperitoneal
- Intra-vesicular
- Manage cytotoxic spills
- Handling of body fluids after administration
- Management of extravasation

IV therapy – administration of bone marrow and peripheral blood stem cells

IV therapy – administration of blood components:

- Cryoprecipitate
- Fresh frozen plasma
- Irradiated components
- Packed red blood cells
- Platelet concentrates

IV therapy – administration of antifungals

IV therapy – administration of antivirals

IV therapy – administration of TPN

IV therapy – saline/ heparin or citrate lock insertion

IV therapy – saline / heparin or citrate lock maintenance

IV therapy – maintaining patency of vascular access device

Haematopoietic stem cell transplantation – pre-transplant education

Haematopoietic stem cell transplantation – dietary restrictions

Haematopoietic stem cell transplantation – visitor guidelines

Haematopoietic stem cell transplantation – bleeding precautions

Haematopoietic stem cell transplantation – infection control

Haematopoietic stem cell transplantation – assessment and management of patient

- Graft rejection
- Graft failure
- Graft vs. host disease
- Infection
- Pneumonitis
- Veno-occlusive disease
- Osteoporosis
- Re-vaccinate programmes

Pain management:

- Assessment, measurement and interpretation
- Application of WHO guidelines
- Administration of analgesia – continuous infusion
- Administration of analgesia – continuous epidural infusion
- Administration of analgesia – IV push
- Administration of analgesia – PCA pump
- Administration of analgesia – syringe driver
- Administration of analgesia – transdermal patches
- Application of non-pharmaceutical strategies

Reproductive health – semen collection

Reproductive health – preparation and aftercare of patient undergoing egg harvesting

Perianal care

Source isolation – entering the isolation room

Source isolation – leaving the isolation room

Source isolation – preparing an isolation room

Stoma sites – skin care

Stoma sites – change of bag

Stoma sites – monitoring of output from sites

Stoma sites – irrigation

Symptom management – assessment and management of patients experiencing short term and long term disease and treatment related side effects, including but not limited to:

- Alopecia
- Anorexia
- Anxiety
- Arthralgias and Myalgias
- Confusion
- Constipation
- Coughing
- Depressed mood
- Diarrhoea
- Dizziness and vertigo
- Epistaxis
- Esophageal stenosis
- Esophagitis
- Fatigue

- Fever
- Flu-like syndrome
- Hand-foot syndrome
- Headache
- Hiccups
- Hyperglycaemia
- Hypersensitivity reactions
- Hypertension
- Lymphedema
- Menopausal symptoms
- Mucositis
- Nail changes
- Nausea and vomiting
- Nutritional alterations
- Ocular and visual changes
- Peripheral neuropathy
- Pleural effusion
- Proctitis
- Pruritus and xerosis
- Rash
- Seizures
- Sexual alterations
- Sleep disturbances
- Vaginal stenosis
- Xerostomia

Psychosocial care – needs assessment of patients and families/care givers

Psychosocial care – counselling of patient

Psychosocial care – counselling of family/caregiver

Psychosocial care – identification and referral to support groups

Psychosocial care – quality of life assessment

Psychosocial care – goal setting

Psychosocial care – patient and family education

Survivorship – assessment and management of late effects

Survivorship – development of a plan of care

Tracheostomy – dressing change

Tracheostomy – inner cannula change

Tracheostomy – suctioning of the patient

Tracheostomy – tube change

Wound care – fungating lesions

Wound care – wet desquamation

Radiation safety precautions – applied