Oncology Nurse Generalist Competencies

Oncology Nursing Society’s initiative to establish best practice

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, NE-BC, APN-C, Kim George, MSN, APRN, ACNS-BC, OCN®, Susan D. Bruce, MSN, RN, OCN®, AOCNS®, Edie Brucker, MSN, MPH, AGPCNP-BC, Carol Leija, MSN, RN, OCN®, Kristine B. LeFebvre, MSN, RN, AOCN®, and Heather Thompson Mackey, RN, MSN, ANP-BC, AOCN®

BACKGROUND: A project team was formulated to create evidence-based oncology nurse generalist competencies (ONGCs) to establish best practices in competency development, including high-risk tasks, critical thinking criteria, and measurement of key areas for oncology nurses.

OBJECTIVES: This article aims to describe the process and the development of ONGCs.

METHODS: This article explains how the ONGCs were accomplished, and includes outcomes and suggestions for use in clinical practice.

FINDINGS: Institutions can use the ONGCs to assess and develop competency programs, offer educational strategies to measure proficiency, and establish processes to foster a workplace committed to mentoring and teaching future oncology nurses.

ONCOLOGY NURSES PLAY A CRUCIAL ROLE in delivering quality care to patients with cancer. Given the intricate healthcare needs of people with cancer, comprehensive knowledge, high-level engagement with interprofessional teams, self-reflection, critical thinking, and clinical skills are essential to ensuring the safe delivery of high-quality nursing care in the healthcare environment. Nurses are equipped to provide safe, proficient, and effective interventions to people with cancer across the disease trajectory, from preventive screening to end-of-life care. The complex technological environment, coupled with the ever-evolving science and rapid assimilation of research into practice in the oncologic specialty, requires oncology nurses to attain and maintain a high level of competency to adequately and safely care for people with cancer. The Oncology Nurse Generalist Competencies (ONGC) (Oncology Nursing Society [ONS], 2016) provide a framework to ensure quality outcomes.

Background

As noted in ONGC (ONS, 2016), the Institute of Medicine ([IOM], 2011), now referred to as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine, published The Future of Nursing: Leading Change, Advancing Health, which offers recommendations for improving nursing practice. IOM (2011) capitalized on the necessity of educating nurses and assessing their competency over time to ensure high-quality care. In 2016, IOM published an update to the report, stating that, although improvements had been made, more were needed. In addition, they described the nurse’s responsibility of providing a “continuum of services” (National Academies of Sciences, Engineering, and Medicine, 2016, p. 1), including delivering direct patient care, promoting health, educating patients, and coordinating care (ONS, 2016).

In Crossing the Quality Chasm: A New Health System for the 21st Century, IOM (2001) identified several components to a high-quality cancer care delivery
system, including engaged patients, an adequately trained and educated staff, a coordinated workforce, translation of evidence into clinical practice, quality measurement and performance improvement, evidence-based cancer care, a learning healthcare information technology system, and accessible, affordable cancer care (ONS, 2016).

To provide high-quality care to patients with cancer, nurses new to oncology, including seasoned nurses from other specialties, should acquire the necessary competencies. According to IOM (2011), these include competencies in leadership, health policy, system improvement, research and evidence-based practice, teamwork and collaboration, community and public health, geriatrics, and oncology. 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 reaccreditation process (ONS, 2016).

**Competency Development**

The terms competence and competency are often used interchangeably; competence is a person’s ability or capability to act in a situation, whereas competency is a person’s actual performance (ONS, 2016). As a result, a person needs competence before he or she can achieve competency (ONS, 2016; Schroeter, 2008). Nurses’ technical skills, critical thinking skills, reflection, and interpersonal strategies can be assessed to determine their level of competency. Roach (2002) stated, “Compassion without competence is a meaningless, if not harmful, intrusion into the life of a person needing help” (p. 54). Training programs that focus on increasing and building competency can strengthen and multiply the workforce of nurses who deliver high-quality care to patients with cancer (ONS, 2016; Smith & Lichtveld, 2007).

A sound transition into entry-level practice serves to facilitate the novice nurse’s success. Components such as orientation, coaching, precepting, lifelong learning, team-based skills building, career development planning, and introduction to the value of specialty certification are necessary. Measurement and documentation of competency in nursing care is critical to assure the public that cancer nursing care is rendered in a safe and evidence-based approach (Randolph et al., 2012).

As noted in ONS’s (2016) ONGC, Benner (1982) proposed that nurses progress through five stages of learning, from novice to expert. According to Benner (1982), the novice nurse is a nursing student in his or her first year of clinical education who is not trained to determine what might happen in a clinical situation. Advanced beginners are new graduate nurses in practicing in their first job. They have more knowledge than novices but lack in-depth nursing experience (Benner, 1982). Through education and practice, they can progress to the latter stages of learning: competent, proficient, and expert (Benner, 1982).

**TABLE 1.**
**LITERATURE REVIEW MATRIX**

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

*Note. From Oncology Nurse Generalist Competencies, by Oncology Nursing Society, 2016. Copyright 2016 by Oncology Nursing Society. Reprinted with permission.*
Oncology Nurse Generalist Practice

Although the Oncology Nursing Certification Corporation (2017) has established key areas of study for the examination, the oncology nurse generalist core competencies further define and provide areas of measurement to apply in daily practice. ONS’s (2016) ONGC “provide[s] the fundamental knowledge, skills, and expertise required for oncology nurses to perform proficiently in their roles” (p. 6). ONS developed the oncology nurse practitioner and clinical nurse specialist core competencies (ONS, 2007, 2008), as well as specialty competencies for clinical trials nurses, leaders, and oncology nurse navigators (ONS, 2010, 2012, 2013, 2016). ONGC was developed to support institutions with competency validation and to engage the oncology nurse generalist in a professional development plan for lifelong learning. ONGC (ONS, 2016) defines a novice as an oncology nurse with one or two years of experience, based on Brenner’s model. The competencies are intended to build on nurses’ academic preparation and basic nursing knowledge.

Process

In August 2014, ONS put together a project team of eight nurses specializing in administration, education, and clinical practice, whose goal was to define the core competencies for the oncology nurse generalist caring for adult patients with cancer. The focus was on the knowledge and skills that could be reasonably attained by novice oncology nurses after their first year of practice.

To develop the initial working draft of the competencies, the project team reviewed the literature and other resources. The following key terms were used to identify articles in CINAHL®, Ovid, MEDLINE®, and PubMed: nursing, clinical practice, education, competence, competency, health care, financial acumen, teaching strategies, best practice project articles, and scopes and standards. The articles, findings, applicability, and traits of each competency were outlined in a table (see Table 1). Randomized, controlled trials and meta-analyses on nurse generalist competencies were lacking. Other authors have implemented processes surrounding nursing competencies, such as simulation, shadowing programs, and dedicated education nursing inpatient units (Dean et al., 2013; Messmer, Jones, & Taylor, 2004; Muehlbauer, Parr, & Perkins, 2013). The project team identified a need for competencies to describe the role and skills of oncology nurse generalists. Novice nurses can attain these competencies in one to two years in most environments (ONS, 2016).

Measuring competencies is essential. As shared in ONS’s (2016) ONGC, Wright (2012) wrote about the importance of measuring competency not by what education a nurse receives but by how he or she demonstrates competencies through skills, behaviors, and knowledge. Using themes and traits identified through the literature review, the project team developed the competencies and methods for measuring them and categorized them with subject headers (ONS, 2016).

<table>
<thead>
<tr>
<th>TABLE 2. SAMPLE CHARACTERISTICS (N = 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARACTERISTIC</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Age (years)</td>
</tr>
<tr>
<td>30–39</td>
</tr>
<tr>
<td>40–49</td>
</tr>
<tr>
<td>50–59</td>
</tr>
<tr>
<td>60–69</td>
</tr>
<tr>
<td>Primary work setting</td>
</tr>
<tr>
<td>Medical oncology unit</td>
</tr>
<tr>
<td>Hospital-based clinic</td>
</tr>
<tr>
<td>Physician office/infusion center</td>
</tr>
<tr>
<td>Medical-surgical unit</td>
</tr>
<tr>
<td>Bone and marrow transplantation</td>
</tr>
<tr>
<td>School of nursing</td>
</tr>
<tr>
<td>Other*</td>
</tr>
<tr>
<td>Primary position</td>
</tr>
<tr>
<td>Manager/coordinator/supervisor</td>
</tr>
<tr>
<td>Clinical nurse specialist</td>
</tr>
<tr>
<td>Staff educator</td>
</tr>
<tr>
<td>Staff nurse</td>
</tr>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Nurse navigator</td>
</tr>
<tr>
<td>Other*</td>
</tr>
<tr>
<td>Primary specialty area</td>
</tr>
<tr>
<td>Medical oncology</td>
</tr>
<tr>
<td>Blood and marrow transplantation</td>
</tr>
<tr>
<td>Radiation or surgical oncology</td>
</tr>
<tr>
<td>Palliative care</td>
</tr>
<tr>
<td>Other*</td>
</tr>
</tbody>
</table>

Continued on the next page
The Zarca web-based survey tool was used to gather public comments for six weeks from June to July 2015. An email with a link to the survey was sent to more than 1,200 ONS members, who identified themselves as managers, administrators, clinical nurse specialists, and staff educators. The email explained the purpose and background of the project and asked those who worked with novice oncology nurses to complete the survey. The survey was also posted on the ONS website for other nurses to complete. The participants were asked whether the competency statements were easy to understand, whether the generalist behaviors and skills described the core duties of the job, and if they were applicable to novice oncology nurses (ONS, 2016). In addition, the participants were asked which competencies should be kept and how the competencies could be improved (ONS, 2016). Forty-nine survey responses were received, representing a diverse sample (see Table 2). The public comments were used to further edit the competencies.

Because oncology nurses work in multiple settings, the ONGC was created to address core work beyond chemotherapy and biotherapy administration. A five-expert review panel assessed the document prior to publication for flow, clarity, completeness, and appropriateness. In addition, the panel was asked to provide feedback on the individual competency statements. More edits were made based on expert reviewer responses. The project team finalized the document with five key competency domains that included 37 competency statements accompanied by tools for measurement and methods of competency verification (see Table 3). ONGC was published in March 2016 and is available on the ONS website.

**Dissemination and Application**
Following public comment and expert peer review, the ONGC was posted online and promoted in ONS member emails and website banners. An abstract of the competencies was published and presented at the ONS 42nd Annual Congress in 2017.

ONGC articulates the knowledge and skills required of oncology nurse generalists to proficiently manage the complexities of cancer care, including the disease process, modes of cancer treatment, interprofessional care teams, and patients’ psychosocial and symptom management needs. The competency framework is built on the knowledge that nurses follow pathways of learning that progress through levels of knowledge and experience (Benner, 1982). The competencies are beyond what is taught in prelicensure nursing programs regarding the care of patients with cancer and can be applied to various practice settings, including inpatient and ambulatory (ONS, 2016).

ONS members, particularly those in leadership roles, are professionally responsible for sharing and using the ONGC to outline the role and performance of oncology nurse generalists. Measurement is required to evaluate competency and, in some cases, must be conducted annually per organizational policies and procedures (ONS, 2016). The ONS project team used Wright’s (2012) *Ultimate Guide to Competency Assessment in Health Care* to select competency measurement methods. Recommended methods include evidence of daily work; presentations; case studies; peer review; self-assessments; discussion;
### TABLE 3.
**ONCOLOGY NURSE GENERALIST COMPETENCIES**

<table>
<thead>
<tr>
<th>COMPETENCY STATEMENT</th>
<th>MEASUREMENTS AND METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teamwork</strong></td>
<td></td>
</tr>
<tr>
<td>Defines the core principles of the interprofessional care team, including those practiced within the oncology specialty.</td>
<td>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 improvement.</td>
</tr>
<tr>
<td>Outlines the role and contributions of the members of the interdisciplinary care team in the care of people with cancer across the disease trajectory.</td>
<td>Testing, case studies, exemplars, self-assessments, discussions, presentations, evidence of daily work (e.g., rounds, charting, review job description, scope and standards), and/or identification of the roles of other interprofessional members.</td>
</tr>
<tr>
<td>Identifies conflict in the work setting among teams and problem solves effectively based upon the core principles of conflict resolution.</td>
<td>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).</td>
</tr>
<tr>
<td>Participates in the coordination of care for people with cancer based on evidence-based practice.</td>
<td>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.</td>
</tr>
<tr>
<td>Utilizes effective therapeutic communication skills during interactions with people with cancer, caregivers, and fellow members of the interprofessional care team.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Professional development</strong></td>
<td></td>
</tr>
<tr>
<td>Establishes learning and performance goals for personal and professional development as an oncology nurse.</td>
<td>Self-assessments, discussion or reflection groups, presentations, exemplars, and/or self-reflection; recommendation to establish goals yearly.</td>
</tr>
<tr>
<td>Engages in learning opportunities to enhance professional knowledge and role maturation in oncology nursing.</td>
<td>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.</td>
</tr>
<tr>
<td>Advocates for the delivery of high-quality, patient-centered cancer care.</td>
<td>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.</td>
</tr>
<tr>
<td>Fosters professional development by participating in mentorship opportunities with fellow members of the interprofessional team.</td>
<td>Presentations, case studies, peer reviews, self-assessments, and/or discussion or reflection groups; mentorship both as mentor or mentee.</td>
</tr>
<tr>
<td>Participates in formal and informal performance evaluation to improve oncology nursing practice on an individual level and across the profession.</td>
<td>Self-assessments, case studies, exemplars, peer reviews, and/or evidence of daily work.</td>
</tr>
<tr>
<td>Promotes excellence in quality cancer care by establishing a plan to obtain specialty certification.</td>
<td>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.</td>
</tr>
<tr>
<td>Participates in leadership opportunities to foster professional development and skills within oncology nursing.</td>
<td>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 (e.g., boards, chapters, advocacy work, serves as preceptor, charge nurse).</td>
</tr>
<tr>
<td><strong>Clinical care (all clinical care implies evidence-based care)</strong></td>
<td></td>
</tr>
<tr>
<td>Integrates patient-centered care into the nursing process across the continuum of disease.</td>
<td>Evidence of daily work, case studies and exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or return demonstration (e.g., maintain healing environment); includes prevention, diagnosis, treatment, survivorship, palliation, hospice, and end of life.</td>
</tr>
<tr>
<td>Demonstrates critical thinking skills based on experience in the nursing care of people with cancer across the disease trajectory.</td>
<td>Evidence of daily work, case studies, exemplars, peer review, testing, self-assessments, and/or discussion or reflection groups.</td>
</tr>
</tbody>
</table>

Continued on the next page
### TABLE 3. (CONTINUED)
**ONCOLOGY NURSE GENERALIST COMPETENCIES**

<table>
<thead>
<tr>
<th>COMPETENCY STATEMENT</th>
<th>MEASUREMENTS AND METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical care (all clinical care implies evidence-based care)</strong> (continued)</td>
<td></td>
</tr>
<tr>
<td>Demonstrates an understanding of cancer biology as it relates to the care of the person with cancer.</td>
<td>Presentations, case studies, evidence of daily work, testing, and/or peer reviews</td>
</tr>
<tr>
<td>Applies evidence-based clinical practice guidelines, symptom management tools, standards, and protocols in patient evaluation and care.</td>
<td>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</td>
</tr>
<tr>
<td>Demonstrates a knowledge of the treatment modalities used in cancer care.</td>
<td>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)</td>
</tr>
<tr>
<td>Demonstrates a knowledge of interventions associated with clinical procedures related to cancer diagnoses.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or presentations</td>
</tr>
<tr>
<td>Implements symptom management and monitoring parameters based on selected therapy.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or chart documentation</td>
</tr>
<tr>
<td>Demonstrates evidence-based care and the maintenance of access devices used in the oncology population.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, return demonstrations, quality monitoring, and/or chart documentation</td>
</tr>
<tr>
<td>Demonstrates the knowledge and utilization of protective measures for the immunocompromised patient.</td>
<td>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)</td>
</tr>
<tr>
<td>Provides education addressing the needs of the patient and caregivers.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, quality monitoring, and/or presentations (e.g., cultural diversity, age, development level, literacy level, and other unique, individual concerns)</td>
</tr>
<tr>
<td>Identifies and manages oncologic emergencies according to evidence-based practice.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion groups, presentations, mock events, quality monitoring, chart documentation, and/or simulations</td>
</tr>
<tr>
<td>Identifies resources available to people with cancer and their caregivers.</td>
<td>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</td>
</tr>
<tr>
<td>Describes the primary, secondary, and tertiary preventive measures related to cancer and its treatment.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, and/or discussion or reflection groups</td>
</tr>
<tr>
<td>Integrates evidence-based genetic and genomic information into oncology nursing practice.</td>
<td>Chart reviews, case studies, quality monitoring, discussion groups, and/or testing; examples include the ONS position statement &quot;Oncology Nursing: Application of Cancer Genetics and Genomics Throughout the Oncology Care Continuum&quot;</td>
</tr>
<tr>
<td>Provides holistic nursing care addressing the physical, psychosocial, and spiritual needs of people with cancer and their caregivers throughout the cancer journey.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, self-assessments, discussion or reflection groups, mock events, and/or peer reviews</td>
</tr>
<tr>
<td>Integrates culturally sensitive interventions in plans of care for people with cancer and their significant others.</td>
<td>Case studies and exemplars, peer review, evidence of daily work, quality monitoring, and/or discussions</td>
</tr>
<tr>
<td>Summarizes a knowledge of available resources for legal issues implicating oncology nursing practice and patient care.</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, and/or discussion or reflection groups</td>
</tr>
</tbody>
</table>

*Continued on the next page*
<table>
<thead>
<tr>
<th>COMPETENCY STATEMENT</th>
<th>MEASUREMENTS AND METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care (all clinical care implies evidence-based care) (continued)</td>
<td></td>
</tr>
<tr>
<td>Identifies effective strategies to address ethical situations related to the care of</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, and/or discussion</td>
</tr>
<tr>
<td>people with cancer and their caregivers.</td>
<td>or reflection groups</td>
</tr>
<tr>
<td>Practices effective strategies to decrease professional and caregiver burden.</td>
<td>Reflection or discussion groups, work-life balance exercises, journaling, case studies, and/or</td>
</tr>
<tr>
<td></td>
<td>exemplars</td>
</tr>
<tr>
<td>Financial</td>
<td></td>
</tr>
<tr>
<td>Demonstrates fiscal awareness and responsibility in oncology nursing practice.</td>
<td>Evidence of daily work (e.g., appropriate selection of supplies, accurate billing and coding,</td>
</tr>
<tr>
<td></td>
<td>participation in quality monitoring), case studies, exemplars, peer reviews, testing, and/or</td>
</tr>
<tr>
<td></td>
<td>discussion or reflection groups</td>
</tr>
<tr>
<td>Utilizes resources to help people with cancer and their families cope with the</td>
<td>Evidence of daily work (e.g., identifies patient resources, discusses impact of cancer on</td>
</tr>
<tr>
<td>financial impact of cancer.</td>
<td>financial resources), case studies, exemplars, peer reviews, testing, discussion or reflection</td>
</tr>
<tr>
<td></td>
<td>groups, and/or daily work collaboration with other team members</td>
</tr>
<tr>
<td>Quality</td>
<td></td>
</tr>
<tr>
<td>Demonstrates a knowledge of the purpose of requirements, standards, and guidelines</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or</td>
</tr>
<tr>
<td>related to the nursing practice of safe, quality cancer care.</td>
<td>reflection groups, and/or quality monitoring, examples include ONS’s &quot;Statement on the Scope</td>
</tr>
<tr>
<td></td>
<td>and Standards of Oncology Nursing Practice,&quot; the American College of Surgeons Commission on</td>
</tr>
<tr>
<td></td>
<td>Cancer, National Patient Safety Goals, the Joint Commission, state practice acts, standards,</td>
</tr>
<tr>
<td></td>
<td>hand-washing, etc.</td>
</tr>
<tr>
<td>Identifies patient access barriers and potential solutions to provide quality care</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection</td>
</tr>
<tr>
<td>to the patient with cancer.</td>
<td>groups, and/or mock surveys and events</td>
</tr>
<tr>
<td>Identifies and utilizes organizational experts to support multidimensional quality</td>
<td>Evidence of daily work, case studies, exemplars, peer reviews, testing, discussion or reflection</td>
</tr>
<tr>
<td>components, including patient safety, performance improvement, accreditation, and</td>
<td>groups, and/or mock events and surveys</td>
</tr>
<tr>
<td>infection prevention.</td>
<td></td>
</tr>
</tbody>
</table>

ONC-G, Oncology Nursing Society


reflective groups; exemplars; engagement in councils, forums, and committees; functioning in expert roles like charge nurse or preceptor; technical skills; reflection; journaling; critical thinking; quality monitoring; return demonstration; and interpersonal strategies. The competencies can be applied in many ways, such as the following:

- Developing job description
- Assisting in recruitment by defining expected oncology nurse generalist qualifications and skills
- Increasing the quantity and quality of the nursing workforce through a competency-based training program (Smith & Lichtveld, 2007; Wright, 2012)
- Providing orientation and guidance for preceptors with novice oncology nurses
- Establishing benchmarks for performance expectations
- Developing skills checklists in clinical practice
- Identifying gaps and resources needed to develop educational programs
- Planning career development goals
- Assisting nurses in progressing from a novice to an expert
- Promoting lifelong learning

Limitations
ONGC was developed in a consistent fashion with other ONS competencies. Although they are evidence-based, they have not been studied in the clinical setting. They should be used as a tool for the novice nurse to successfully obtain the level of needed competency to care for patients with cancer. It is unclear if nurses who are new to oncology but who have experience in other areas of nursing practice will achieve competence sooner than graduate nurses without experience.

Oncology nurses practice in a variety of settings, including inpatient, ambulatory, radiation, infusion, general medical-surgical units, and specialized oncology units, such as stem cell transplantation. Therefore, development of competencies specific to a clinical practice setting or patient population, such as patients with cancer, may be needed. Some nurses who care for patients...
with cancer may not self-identify as oncology nurses. This may contribute to a disconnect or gap related to nonrecognition of applicability to practice. The attainment of competencies within one to two years may be challenging in practice settings with a low volume of patients with cancer.

Integration of the competencies may be more difficult if individuals responsible for the development of the onboarding and orientation of new nurses do not have oncology background, requiring oversight by an experienced oncology nurse under the supervision of a clinical nurse specialist, educator, manager, or preceptor.

Specific competencies were developed with a broad, overarching focus to allow for differences in oncology nursing practice and across settings. Therefore, specific items, such as preparation and administration of chemotherapy, were not included in the list. Those responsible for coordinating the training and orientation of the oncology nurse generalists should expand on the competencies by including items specific to their roles and responsibilities.

**Implications for Nursing**

ONGC is a result of extensive literature review, member comments, and expert review. Those results guided next steps, including development of competency statements, identification of measurement methods, and delineation of each competency into five categories (teamwork, professional development, clinical care, financial, and quality). They were designed to achieve wide-ranging applicability in multiple practice settings for experienced nurses who are new to oncology and nurses who are beginning their careers in the oncology specialty, and to further define the role of the practicing oncology nurse. The competencies can be used by oncology nurses in a variety of ways, including new hire training, benchmarks for performance evaluation measures, identification of potential leaders, and development of skills checklists, educational programs, and learning pathways. New oncology nurses may use the competencies to evaluate and plan their personal and professional development.

**Conclusion**

ONGC is a valuable tool for assessing, addressing, measuring, and documenting competent clinical practice for novice nurses and nurses new to cancer care. The competencies lend themselves to use in diverse work environments, such as in inpatient and ambulatory departments. Demonstrating strong competency in nursing practice is crucial for many institutions seeking accreditation by national agencies. In addition, meeting the public’s cancer care needs is paramount. As care continues to evolve and patient care becomes more complex, the public needs competent nurses who can provide safe care, whether in a surgical suite or infusion center. Every patient deserves a competent nurse.

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, NE-BC, APN-C, is the administrator for the Cancer Program at Jefferson Health in Sewell, New Jersey; Kim George, ONC, is a valuable tool for assessing, addressing, measuring, and documenting competent clinical practice for novice nurses and nurses new to cancer care. The competencies lend themselves to use in diverse work environments, such as in inpatient and ambulatory departments. Demonstrating strong competency in nursing practice is crucial for many institutions seeking accreditation by national agencies. In addition, meeting the public’s cancer care needs is paramount. As care continues to evolve and patient care becomes more complex, the public needs competent nurses who can provide safe care, whether in a surgical suite or infusion center. Every patient deserves a competent nurse.

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, NE-BC, APN-C, is the administrator for the Cancer Program at Jefferson Health in Sewell, New Jersey; Kim George, ONC, is a valuable tool for assessing, addressing, measuring, and documenting competent clinical practice for novice nurses and nurses new to cancer care. The competencies lend themselves to use in diverse work environments, such as in inpatient and ambulatory departments. Demonstrating strong competency in nursing practice is crucial for many institutions seeking accreditation by national agencies. In addition, meeting the public’s cancer care needs is paramount. As care continues to evolve and patient care becomes more complex, the public needs competent nurses who can provide safe care, whether in a surgical suite or infusion center. Every patient deserves a competent nurse.

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, NE-BC, APN-C, is the administrator for the Cancer Program at Jefferson Health in Sewell, New Jersey; Kim George, ONC, is a valuable tool for assessing, addressing, measuring, and documenting competent clinical practice for novice nurses and nurses new to cancer care. The competencies lend themselves to use in diverse work environments, such as in inpatient and ambulatory departments. Demonstrating strong competency in nursing practice is crucial for many institutions seeking accreditation by national agencies. In addition, meeting the public’s cancer care needs is paramount. As care continues to evolve and patient care becomes more complex, the public needs competent nurses who can provide safe care, whether in a surgical suite or infusion center. Every patient deserves a competent nurse.

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, NE-BC, APN-C, is the administrator for the Cancer Program at Jefferson Health in Sewell, New Jersey; Kim George, ONC, is a valuable tool for assessing, addressing, measuring, and documenting competent clinical practice for novice nurses and nurses new to cancer care. The competencies lend themselves to use in diverse work environments, such as in inpatient and ambulatory departments. Demonstrating strong competency in nursing practice is crucial for many institutions seeking accreditation by national agencies. In addition, meeting the public’s cancer care needs is paramount. As care continues to evolve and patient care becomes more complex, the public needs competent nurses who can provide safe care, whether in a surgical suite or infusion center. Every patient deserves a competent nurse.

Michele E. Gaguski, MSN, RN, AOCN®, CHPN, NE-BC, APN-C, is the administrator for the Cancer Program at Jefferson Health in Sewell, New Jersey; Kim George, ONC, is a valuable tool for assessing, addressing, measuring, and documenting competent clinical practice for novice nurses and nurses new to cancer care. The competencies lend themselves to use in diverse work environments, such as in inpatient and ambulatory departments. Demonstrating strong competency in nursing practice is crucial for many institutions seeking accreditation by national agencies. In addition, meeting the public’s cancer care needs is paramount. As care continues to evolve and patient care becomes more complex, the public needs competent nurses who can provide safe care, whether in a surgical suite or infusion center. Every patient deserves a competent nurse.

**Implications for Practice**

- Assist in the training and development of novice nurses who have little to no experience caring for patients with cancer with the Oncology Nurse Generalist Competencies (ONGC).
- Use ONGC as a benchmark for performance evaluation measures, to develop skill checklists, and to aid in staff development across practice settings.
- Build knowledge and strengthen skills of newly licensed nurses and seasoned nurses making a specialty change.

**REFERENCES**


