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Oncology Nurse Practitioner Competencies:

Defining best practices in the oncology setting

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Abstract

BACKGROUND: The oncology nurse practitioner (ONP) role has evolved since the first ONP competencies were published by the Oncology Nursing Society in 2007. An update was completed in 2019 to reflect the rapidly expanding role.

OBJECTIVES: The purpose of this article is to describe the process of the ONP competency development and identify potential applications across a variety of oncology settings.

METHODS: The team performed an extensive literature review of the research about ONP practice across the cancer care continuum. Peer and expert review were conducted to ensure the competencies were comprehensive and relevant.

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The authors take full responsibility for this content. Coombs has previously facilitated an advisory board for Alexion and received an honorarium for facilitating the nurse and patient advisory boards. Mackey has received travel support from the Oncology Nursing Foundation Congress Scholarship and the Oncology Nursing Society, has reviewed for the Oncology Nursing Society, and was elected as Secretary for the ONS Board of Directors. Peterson has previously served as a speaker and planner for CME Horizons and received an honorarium. LeFebvre has conducted contract work for the American Nurses Credentialing Center. The article has been reviewed by independent peer reviewers to ensure that it is objective and free from bias.

FINDINGS: The ONP competencies provide a solid, evidence-based benchmark to standardize the ONP role and practice, thereby ensuring that patients receive the highest-quality cancer care.

Keywords

oncology nurse practitioner; competencies; oncology setting; best practices

NURSE PRACTITIONERS (NPs) PROVIDE A SIGNIFICANT AMOUNT of cancer care in the United States. Of the more than 270,000 licensed NPs in the United States, about 3,600 to 4,800 provide cancer care (Bruinooge et al., 2018; Coombs et al., 2019). As a result of the increasing number of patients who receive a cancer diagnosis, oncology NPs (ONPs) have an increased presence across multiple clinical settings (e.g., ambulatory, inpatient, urgent care, survivorship). ONPs make a unique contribution to cancer care, bridging the nursing and medical realms to provide patient-centered care.

Professional associations, such as the Oncology Nursing Society (ONS), support standardized practice by setting quality benchmarks, including competencies, and providing context to nurses' roles (American Nurses Association, 2014). ONS has defined competencies for nurses in various roles in oncology, including competencies for NPs, clinical nurse specialists, and generalist nurses.

The first competencies for ONPs were published by ONS in 2007. Because the ONP role has evolved continuously since then, the competencies were revised following an NP summit held in Pittsburgh, Pennsylvania, in December 2017. The summit provided a forum for reflection of ONP practice, including a recommendation for revision of the competencies (Mackey et al., 2018).

Process of Competency Development

The ONP competency team convened in January 2019 and included ONPs with clinical expertise in medical oncology, hematology, prevention, wellness, survivorship, clinical trials, and research. The team members provided care in multiple institutions and settings across the United States and included representation from the northeastern, southeastern, southern, midwestern, and western regions. A representative from the Advanced Practitioner Society for Hematology and Oncology (APSHO) joined the team early in the process.

The ONP competency team began with an extensive literature review to identify appropriate research about ONP practice across the cancer care continuum. The search included all relevant literature through January 2019 and used the following keywords: *oncology nurse practitioner, clinical practice, education, competence, competency, diagnosis, health care, interventions, prevention, screening, survivorship, scopes and standards, and treatment*. Data sources included PubMed[®], CINAHL[®], Ovid, MEDLINE[®] on OvidSP, and Google Scholar[™]. The findings of each article were reviewed, critiqued, and graded for applicability.

Based on the literature search results, the team established classifications for competency categories, using the structure from the ONS publication *Oncology Nursing: Scope and*

Standards of Practice (Lubejko & Wilson, 2019). Competency statements that reflected the literature on ONP practice across various geographic and clinical settings were developed. Through a paired review process, team members reviewed and revised statements to establish the initial competencies. The public comment period occurred between April and May 2019, and feedback was provided through a web-based survey tool. Emails were sent to all ONS members who self-identified as an NP or an advanced practice RN. APSHO members were also invited to review by email. Public comment solicitation offered the opportunity to review the competencies and offer comment. Feedback was evaluated by the team and incorporated into the competencies.

A second content review was conducted by five clinical experts within the field of ONP practice. These experts were selected for their experience and were asked to comment on the appropriateness, clarity, completeness, and flow of the overall competencies. Additional edits, based on their responses, were made; the final competencies consisted of 12 categories and 121 competencies (see Figure 1).

Competency Application

National associations and regulatory bodies have established requirements for NP practice (American Association of Nurse Practitioners, 2019; National Organization of Nurse Practitioner Faculties, 2017; National Organization of Nurse Practitioners & American Association of Colleges of Nursing, 2016). These ONP competencies provide a detailed description of ONP practice that is applicable across a variety of settings, including education, clinical practice, administration, and healthcare policy (see Figure 2).

Education

The ONP competencies define oncology practice and may be used by academic centers to train students in advanced practice programs in the complex world of oncology. The number of cancer survivors is expected to reach 22.1 million by the year 2030 (Miller et al., 2019), and many current nursing trainees will care for a patient with cancer at some point during their career. The ONP competencies provide direction for educators and students outside an oncology setting and provide an outline of responsibilities for patient care in their practice settings.

Competency-based education is equally effective in didactic and self-learning approaches. The identified needs of the learner have proven educational outcomes and have shifted the approach to competency-based education. It is important to recognize the role of the preceptor in the success of competency-based curricula (Schumacher & Risco, 2017). Competency-based education is learner-centered in that outcomes are specified and clearly delineated to support the learner's success. Given the assortment of individual differences in performance, educators can use these competencies to help evaluate advancement through the educational program.

Academic centers with an ONP fellowship program (or those developing a program) may use the competencies to obtain a pre- and post-fellowship program assessment. A set of guiding principles provides direction for the program curriculum. It is essential that NP

graduates have the expected competencies to move into the practice world, regardless of setting. Providing an educationally sound pathway that is competency-based helps to ensure that NPs are providing exceptional care at the top of their level.

Clinical Practice

ONP competencies are best integrated within a clinical practice setting. Building on the core competencies for all NPs (National Organization of Nurse Practitioner Faculties, 2017), the ONP competencies outline the specialized responsibilities of entry-level ONPs caring for patients with cancer across a variety of clinical settings, including acute and ambulatory care. As a member of the interprofessional team, ONPs can define their roles and responsibilities in clinical practice.

The competencies form the basis of the ONP job description, quantifying the skills and basic knowledge necessary for a practicing ONP pursuing employment in oncology by providing a standardized guide for expectations and requirements of a role. For novice ONPs, the competencies will provide a practice framework for which to design educational and clinical practice opportunities, knowledge, and skills to care for a variety of patient populations during their orientation program. Preceptors for ONPs can use the competencies as a training guide as they work with new ONPs to identify goals. Similarly, experienced ONPs can use the competencies to prioritize future educational oncology programs and to guide those pursuing specialty certification as an NP in oncology.

The ONP competencies may be used by NPs in other specialty care areas to improve care delivery. Although the ONP competencies are written for a specialty, they can be used to identify gaps in learning related to many patient needs. All NPs may encounter patients with a diagnosis of cancer who are experiencing side effects of their disease or treatment, including oncologic emergencies, necessitating prompt recognition and early intervention. NPs with an understanding of the impact of cancer and associated treatments on other comorbidities can ensure patient safety and optimal outcomes. Patients with cancer are often seen within a primary care setting.

Primary care providers offer ongoing survivorship care to patients with cancer (Nekhlyudov et al., 2017). These primary care providers require knowledge about cancer assessment and diagnosis, as well as intervention skills related to long-term and late presenting side effects of cancer treatments. All NPs, regardless of specialization or setting, play an important role in cancer screening and early detection. Advances in genetics and genomics and their implication on screening, diagnosis, and treatment require advanced knowledge for all NPs on the genetic implications of cancer and hereditary-based cancer syndromes, as well as an ability to perform general risk assessment and provide appropriate referrals.

Administration

ONP competencies may also be used as part of the credentialing and privileging processes specific to institutional onboarding. Credentialing is defined as “the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization” (Joint Commission, 2012, p. 1), whereas privileging is “the process whereby the specific scope and content of the patient care services (that is clinical

privileges) are authorized for a health care practitioner by a health care organization, based on an evaluation of the individual's credentials and performance" (Joint Commission, 2012, p. 1). The ONP competencies establish a basis for the knowledge and skills required of an ONP in caring for people with cancer. They can also be used by interprofessional committees associated with institutions who are charged with revising their prior standardized procedures and protocols.

In addition, the competencies can be used as a part of the performance evaluation process for novice and experienced ONPs to standardize the expectations of the role and provide clarity for evaluation purposes. The ONP competencies may be used as guidelines to develop a position description for an ONP in general, or for oncology practices that have not previously employed an ONP but would like to incorporate one into their practice. Administrators may be able to use the competencies as a benchmark to assess ONP knowledge and skills related to patient-reported outcomes (e.g., symptom management), patient experience, or other measurable patient outcomes (e.g., length of stay, hospital readmissions). The competencies can be used as a foundation for developing specific competencies for a unique oncology department or practice that uses ONPs. Similarly, administrators may use the competencies as a resource to develop a rubric to help clarify performance expectations of new or experienced ONPs, which may decrease confusion regarding the ONP role and help new ONPs transition into practice. The competencies can also be used as a part of the accreditation process for Centers for Medicare and Medicaid Services (CMS) or Magnet, in that administrators may state that all ONPs have met the basic ONP-established ONP competencies to practice at their facility.

Advancing Policy

The Institute of Medicine's (IOM's) 2010 report *The Future of Nursing: Leading Change, Advancing Health* recognized the valuable contribution of NPs within the evolving healthcare environment. The report also suggested that to provide the best care to patients, all healthcare providers should practice to the fullest extent of their education and training (IOM, 2010). The ONP competencies are written to support ONPs across the range of sites and levels of expertise, focusing on the provision of high-value care. Multiple organizations, including CMS and third-party payers, have adopted a reimbursement system that incentivized providing high-quality, value-based care with proven outcomes, shifting previous goals of volume of care toward value of care provided (American Society of Clinical Oncology, 2016). This shifting focus is driven, in part, by the cost of health care. In 2017, about 18% of the gross domestic product was spent on health care, and some of the largest expenditures in health care are hospital care, for 33% of total cost, followed by physician and clinical services, at 20% of total cost (CMS, 2018). The potential to affect policy will increase, given that cancer continues to be a leading cause of death for adults in the United States (Siegel et al., 2019).

The ONP competencies support improved patient outcomes by ensuring consistent quality of care with patients at the center of cancer care delivery. The current healthcare system is rapidly evolving, with ONPs well positioned to increase the magnitude of their contribution to high-quality, cost-effective care (Mason et al., 2013; Nevidjon et al., 2010). Because

healthcare policies affect patients, clinicians, and resource allocation, ONPs can and should participate in local and national policy discussions. ONS recognizes the need for quality care throughout the cancer care continuum, as well as the necessity to have current clinic practice reflected within the ONP competencies. These competencies are written to address the needs of patients with cancer and emphasize the importance of ONPs providing safe and high-quality care. The ONP competencies promote patient advocacy by supporting shared decision making among providers, patients, and their families. An additional function of the competencies is to ensure that ONPs approach individual treatment decision discussions with cultural humility and respect for the treatment decision process. The nursing profession has been recognized as one of the most, if not the most, trusted professions by the public for the past 17 years (Brusie, 2020). Because of this trust, nurses, and specifically ONPs, should use their voices in guiding national policy agendas to promote patient care needs today and in the future.

In addition to supporting excellent, high-value patient care, the ONP competencies may also be used to support discussion of legislative policies. The ONP competencies can be used to encourage meaningful dialogue in states seeking legislative changes for regulating NP practice. This expansion is consistent with the IOM goals, as well as with the overall goal of all clinicians: to provide all patients with cancer with access to high-quality cancer care.

Conclusion

Oncology care is complex and becoming increasingly more so because of multiple treatment options and emerging technologies available. ONPs make a unique contribution to cancer care, bridging the nursing and medical realms to provide patient-centered care. The intent of the ONP competencies was to create standardized quality care across a variety of practice and geographic settings, which is essential to the delivery of high-quality clinical cancer care. They can and should be used in the educational and administrative settings to maximize training programs to meet the growing demands of patients in the 21st century, as well as ONP professionals. The ONP competencies can be used when advocating for patients within the legislative and national healthcare policy realm, ensuring that equitable treatment options are available to all patients who need them. The updated ONP competencies will enhance the ability of ONPs to provide quality cancer care and provide much-needed definition of the current role. Recognizing that the ONP role is complicated by federal regulations and scope of practice variability from state to state, as well as educational and institutional differences, these competencies provide a solid, evidence-based benchmark to standardize the role and practice of ONPs.

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IMPLICATIONS FOR PRACTICE

- Standardize oncology nurse practitioner (ONP) practice competencies to ensure that all patients receive the highest-quality cancer care.
- Provide the framework for the ONP role and responsibilities within an interprofessional cancer care team.
- Describe ONP clinical practice across various settings, including clinical practice, academics, administration, and healthcare policy.

ASSESSMENT

During assessment, the ONP considers psychosocial factors that affect the overall health of the patient and family, including health and/or social determinants of health; family history; genetics; disease and treatment history; current medications (including over-the-counter treatments, herbal medicines, and supplements); allergies; physical and functional status; emotional and cognitive well-being; sexuality; fertility and reproductive stage; and spiritual, developmental, and environmental status.

- Integrates information from the patient's health record into assessment data, including past medical and surgical history, comorbidities, family history, social history, and spiritual preferences, and their impact on the cancer diagnosis and potential treatment
- Performs a comprehensive review of systems, followed by a physical examination
- Assesses relationship to and support of caregiver(s), social system, and community
- Anticipates the potential risk for treatment toxicity(ies) and impact on health, function, and safety
- Performs a pharmacologic assessment that includes analysis of potential interactions of recommended cancer treatment and current medications with homeopathic treatments, vitamins, supplements, allopathic medication, and over-the-counter treatments
- Performs an appraisal of the patient's ability to navigate the healthcare environment, including cognitive abilities, mental health, health literacy, coordination of care, social determinants of health, social and community support systems, and possible barriers, as well as potential for financial toxicities
- Orders appropriate evidence- and guideline-based diagnostic testing, laboratory testing, and procedures, including appropriate genetic testing with pre- and post-test counseling, when indicated
- Synthesizes information to develop a comprehensive list of patient diagnosis(es), including a problem list
- Documents clinical assessment into the medical record in a complete and timely manner
- Demonstrates proficiency in assessment of oncologic emergencies

DIAGNOSIS

- Creates a list of differential diagnosis(es) using critical thinking skills and clinical resources, ultimately identifying and appropriately staging and grading the cancer and/or related diagnoses
- Synthesizes data relevant to the diagnosis, including current and historic laboratory values, pathology, imaging, consultant notes, and outside documentation, as appropriate
- Orders and/or performs appropriate diagnostic testing, including laboratory, imaging, and procedures, such as bone marrow aspiration and biopsy, lumbar puncture, paracentesis, and/or skin/tissue biopsy
- Uses and encourages input from across all disciplines (e.g., nursing, medical, pharmacy, social work, specialist) to provide accurate diagnoses

- Communicates diagnosis(es) and potential treatments with patient and caregivers, anticipating and answering questions, and providing necessary education
- Documents diagnosis(es) clearly and accurately in the medical record to support the treatment plan

INTERVENTION

The ONP establishes and implements a patient-centered, outcome-oriented plan of care for patients (incorporating patient goals, needs, preferences, and values) that is evidence-based and conscious of cost-effectiveness and quality. The plan of care is developed using a shared decision-making process with the patient and family/caregivers.

- Orders, interprets, and/or performs advanced procedures (e.g., bone marrow biopsy, lumbar puncture) and diagnostic and staging tests (e.g., laboratory and radiologic studies, cellular targets, liquid biopsy for genomic changes)
- Prescribes pharmacologic and nonpharmacologic therapies to manage common cancer-related episodic, acute, and chronic problems
- Prescribes pharmacologic and nonpharmacologic therapies to prevent and treat side effects of cancer and treatment-related symptoms, modifying for toxicities when appropriate
- Individualizes recommendations based on the impact of comorbidities, functional status, or anticipated sequelae of treatment on patient resources, function, and quality of life
- Refers patients and family/caregivers to available community resources and support systems needed to address barriers that may interfere with successful interventions
- Prescribes appropriate treatments and/or referrals for patients experiencing an oncologic emergency or transition of care (e.g., survivorship, palliative care, end of life)
- Identifies eligibility potential and discusses availability of clinical trials with patients
- Consults with healthcare professionals, patients, and family/caregivers to promote shared decision making and improve patient outcomes, as well as patient satisfaction
- Provides anticipatory guidance to assist patients and families in coping with the illness and its potential or expected outcomes
- Provides survivorship care, including a treatment summary and follow-up care plan, identifying interventions for physical/psychosocial needs and care coordination, and offering prevention and screening strategies to maintain wellness
- Incorporates evaluation and management of late or long-term effects of treatment into patient care discussions
- Orders or recommends familial screening based on genetic assessment, age at diagnosis, or other factors
- Reformulates diagnoses based on updated assessment data, modifying the interventions based on assessment of the patient's response to prescribed interventions or toxicities

OUTCOMES ASSESSMENT

Outcomes assessment incorporates implementation and evaluation.

- Assesses physiologic functioning via physical examination findings (e.g., weight, vital signs, laboratory values, measurement of tumor size, liver size)
- Monitors appropriate biochemical or laboratory markers (e.g., CA125, CA19-9, alpha-fetoprotein) to measure intervention response
- Evaluates impact of intervention on mentation, mood, coping, and social function using standardized and validated instruments (e.g., Mini-Mental State Examination, geriatric assessment instrument, distress tool)
- Assesses social engagement and functioning and evaluates the impact of the intervention (e.g., surgery, radiation therapy, chemotherapy, immunotherapy, targeted medications) on self-esteem and caregiver engagement
- Incorporates prior baseline measurement with side effects from interventions, including commonly experienced symptoms (e.g., pain, fatigue, dyspnea, nausea, diarrhea) using validated instruments
- Prescribes or recommends medications or nonpharmacologic interventions prophylactically for expected side effects and in response to side effects
- Integrates self-reported functional status, quality of life, and satisfaction with care in assessment, as well as the patient's goals of care and understanding of overall treatment trajectory
- Educates patient and family/caregivers about treatments, interventions, expected response, and anticipated side effects
- Assesses patient adherence to recommended medications and treatment
- Evaluates outcome measures of quality and resource use, including unplanned office visits, emergency department visits, use of acute care services, lengths of stay, hospital readmission rates, and mortality
- Evaluates procedural outcomes, including success and complication rate (e.g., bone marrow biopsy, central line placements, paracentesis, thoracentesis, lumbar puncture)
- Orders or recommends appropriate imaging modality for disease state and unexpected events (e.g., computed tomography pulmonary angiography for evaluation of suspected pulmonary embolism)
- Reviews images independently or in consultation with the radiology department
- Collaborates with other disciplines during concomitant therapies
- Assesses for common late and long-term effects in cancer survivors (e.g., psychosocial effects, infertility, cardiomyopathy, secondary malignancies)
- Assesses for current effects of treatment and signs of disease response or progression

HEALTH PROMOTION AND EDUCATION

- Communicates with and refers to primary healthcare providers to maintain patient's wellness or address a need, when appropriate
- Synthesizes comprehensive assessment data to match patient and family/caregiver needs with available resources throughout the continuum of care
- Assesses patient and family/caregiver health beliefs, social determinants of health, cancer risks, readiness, health literacy and ability to learn, and

educational needs related to cancer prevention and/or screening for a cancer diagnosis

- Identifies, validates, and uses evidence-based resources and appropriate technologies (e.g., websites, electronic patient-reported outcomes) to engage patients and family/caregivers and support the goals of the patient education plan
 - Provides the patients and family/caregivers with information about safe handling, disposal, and spill management of oral and infusion therapies at home
 - Educates patients and family/caregivers about treatment-related side effects, as well as alternative treatment options
 - Employs evidence-based practices to validate the patient and caregiver understanding and to evaluate learning outcomes
 - Documents education plan, health teaching, and patient response clearly in a retrievable form available to the interprofessional team to facilitate continuity of care
 - Promotes the development and dissemination of cancer-related patient education resources
 - Leads the healthcare team in the development and maintenance of patient and family/caregiver education and health promotion skills
 - Promotes healthy living behaviors and age-related screening by educating patients, family/caregivers, healthcare providers, and communities about cancer prevention, risk reduction, and cancer screening
 - Provides educational information about surveillance for recurrence, metastasis, or secondary cancers, as well as the late and long-term cancer-related toxicities
 - Assesses for psychosocial needs (e.g., anxiety, stress, distress, depression) and refers or suggests pharmacologic, nonpharmacologic, and other resources to assist in alleviating symptoms
 - Promotes a safe and healthy workplace by adhering to all regulatory requirements (e.g., safe handling of cancer treatments, hazardous drug disposal, radiation exposure)
 - Emphasizes health promotion and safety for patients, family/caregivers, and employees by engaging in health practices that reduce cancer-related health risks
- ETHICS AND CULTURALLY CONGRUENT CARE**
- Provides information to encourage shared decision making and supports the patient's right to autonomy and self-determination
 - Recognizes and respects diversity among patients, family/caregivers, and the community
 - Practices cultural humility in understanding what influences patients' decisions and outcomes of care
 - Approaches all patient and family/caregiver interactions with compassion and respect for the inherent dignity, worth, and unique attributes of every person
 - Recognizes the deleterious impact of individual, provider, institutional, and social biases on cancer care

- Recognizes the potential limitations of assessment methods and tools in a diverse patient population
 - Incorporates resources that meet the diverse needs of patients into the planning and delivery of care, including translational services and resources at appropriate health literacy levels
 - Educates healthcare professionals and family/caregivers on the need to provide care with attention to individual diversity in patients with or at risk for cancer
 - Integrates ethical principles into decision making within the practice environment, evaluating the ethical consequences of those decisions
 - Refers complex ethical issues to an organizational ethics board for consultation
 - Applies knowledge of cancer genetics to evaluating legal, ethical, and social implications of genetic/genomic technology and testing
 - Seeks opportunities to participate in ethics committees, institutional review boards, and other ethics-related bodies
- COMMUNICATION**
- Provides clear, respectful, and ongoing patient-centered communication with patients, family/caregivers, healthcare providers, support staff, and administrators to enhance quality care and healthcare outcomes
 - Identifies communication barriers that may affect the individual's healthcare management goals, considering adaptive communication strategies (e.g., referrals to interpreter services, social services, online interactive information, written information, pictures) to overcome those barriers, when necessary
 - Communicates in a manner that fosters shared decision making reflective of patient values, choices, and clinical outcomes
 - Uses healthcare information systems to communicate effectively with patients, healthcare providers, leadership, and colleagues to enhance the healthcare experience, particularly communication-related concerns (e.g., language or literacy barriers, cultural needs)
 - Communicates with other members of the interprofessional team about patient's health status and changes in status and management strategies to optimize healthcare outcomes
- LEADERSHIP**
- Serves as a transformational leader across a variety of healthcare settings, such as clinical practice, education, management, healthcare operations, informatics, government, advocacy organizations, publications, professional organizations, research, and/or industry
 - Demonstrates leadership by mentoring members of the oncology team, particularly oncology nurses, novice ONPs, and nurse practitioner students
 - Contributes to the development of educational/support programs and educational materials for colleagues, patients, and family/caregivers following identification of learning needs and gaps
 - Promotes practice advancement by identifying and implementing quality improvement strategies to influence change in the healthcare environment
 - Participates in professional national and local organizations, boards, committees, policymaking bodies, and associations that influence patient care, ONP practice, policy, and health outcomes
- Commits to advancing clinical knowledge through continuing education, certification, publications, and attending and presenting at local, national, or international conferences
- EVIDENCE-BASED PRACTICE AND RESEARCH**
- ONPs' clinical practice is based on evidence from research and established guidelines for practice. Three spheres of influence are addressed for this competency, including the patient, provider, and system levels.
- Uses current evidence-based knowledge, including applicable research findings, to guide practice
 - Educates patients on potential incorporation of research in their clinical care (e.g., clinical trials, research studies, quality improvement projects), and advocates for ethical conduct of research
 - Expands knowledge, skills, and clinical judgment by reviewing findings from research relevant to practice area
 - Uses critical thinking to apply theory and research into ONP practice
 - Uses evidence-based approaches to guide role development, implementation, and evaluation of the ONP role
 - Participates in peer-reviewed research and shares findings with colleagues, addressing identified gaps in practice
 - Conducts or participates in research and quality improvement projects that answer questions relevant to ONP practice and patient needs
 - Reviews research using a rigorous critique of evidence before implementation or sharing findings
 - Promotes a climate of collaboration for research and clinical inquiry
 - Articulates the value of research and its application relative to the clinical setting and practice
 - Uses evidence-based recommendations for prevention, screening, active treatment, and surveillance
 - Promotes ethical principles of research in practice and in healthcare settings
 - Participates in research and evidence-based practice by conducting or implementing research and/or quality improvement projects and encouraging other ONPs to develop research skills
 - Disseminates high-quality research findings through professional meetings, presentations, publications, and/or journal clubs
- PROFESSIONAL PRACTICE EVALUATION**
- Participates in lifelong learning to maintain expertise and experience related to oncology, scientific, nursing, and regulatory information
 - Uses advanced education and training to identify knowledge gaps and pursues education and training to address unmet needs
 - Serves as a role model by mentoring and encouraging healthcare providers, novice ONPs, student nurse practitioners, and other team members
 - Reviews and uses current evidence-based information to expand advanced oncology nursing performance
 - Secures and maintains licensure, certification, specialty certification, and credentialing consistent with the ONP role and practice setting

- Demonstrates proficiency in professional activities, such as publications, presentations, quality improvement, and research
 - Uses self-evaluation (e.g., strengths and areas for growth) to implement a professional development plan
 - Engages in formal and informal self-evaluation and feedback from interprofessional team members, supervisors, and patients
 - Promotes interprofessional evidence-based practice when contributing to organizational policies and procedures
 - Maintains a record of professional activities for self-evaluation and for evaluation by practice institution, licensing agencies, and certification organizations
 - Participates in formal and informal appraisal of interprofessional colleagues to further strengthen overall healthcare team performance and effectiveness
- RESOURCE UTILIZATION**
- Acts as a resource to assist patients with cancer and their family/caregivers to navigate healthcare delivery systems and complex cost systems
 - Identifies aspects of the healthcare system that create barriers to comprehensive cancer care and long-term care for cancer survivors
 - Influences organizational structure, functions, and resources to improve the delivery of care
 - Refers patients to the appropriate local, state, and national patient-support resources and advocacy groups
- Advocates for awareness of financial burden on the patient in treatment decision making
 - Participates in research designed to promote high-value care and actively reviews institutional practice to reduce low-value care
- QUALITY OF PRACTICE**
- Participates in interprofessional collaboration to identify and address organizational barriers to excellence
 - Provides leadership and expertise in quality initiatives
 - Provides leadership and expertise in identifying, monitoring, changing, and implementing standards of evidence-based oncology practice to improve professional practice and care for patients and family/caregivers
 - Uses nationally or institutionally recognized benchmarks to evaluate practice at the individual, departmental, or organizational level
 - Provides leadership in design and implementation of innovative quality improvement projects that improve patient outcomes
 - Applies evidence-based knowledge to clinical decision making to focus on optimal health outcomes
 - Leads in the evaluation of organizational structures, care processes, financing, and policy decisions that influence the quality of cancer care

FIGURE 1. ONP COMPETENCIES

ONP—oncology nurse practitioner

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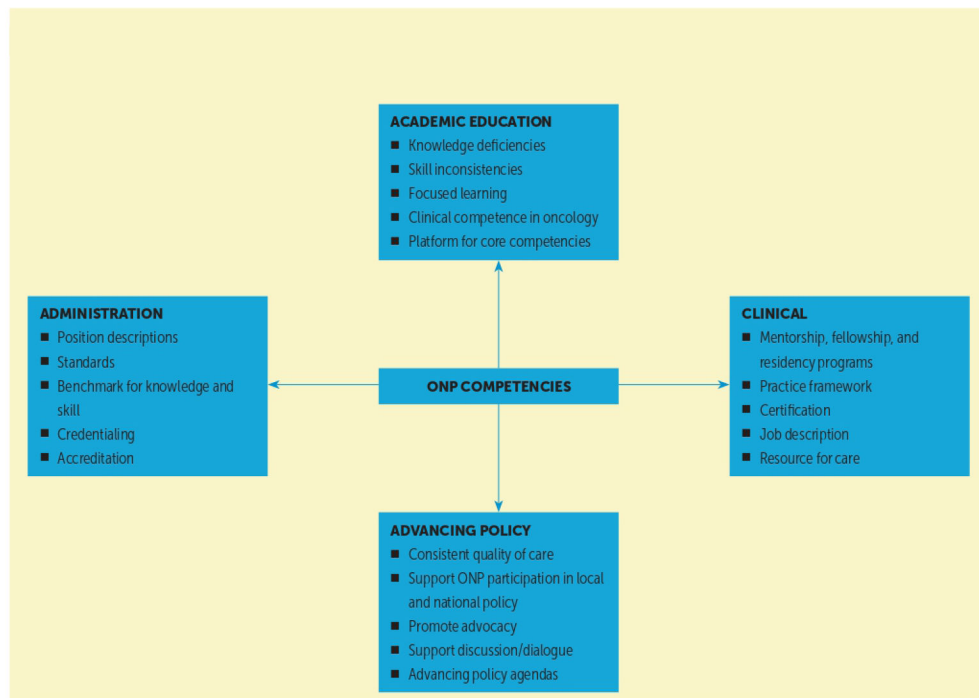


FIGURE 2. ONP COMPETENCIES: APPLICABLE DOMAINS FOR PRACTICE
ONP—oncology nurse practitioner

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