

Exam Blueprint and Specialty Competencies

Introduction – Blueprint for the Oncology Nursing Certification Exam

The primary function of the Blueprint for the CNA Oncology Nursing Certification Exam is to describe how the exam is to be developed. Specifically, this blueprint provides explicit instructions and guidelines on how the competencies are to be expressed within the exam in order for accurate decisions to be made on the candidates' competence in oncology nursing.

The blueprint has two major components: (1) the content area to be measured and (2) the explicit guidelines on how this content is to be measured. The content area consists of the list of competencies (i.e., the competencies expected of fully competent practising nurses with at least two years of experience), and the guidelines are expressed as structural and contextual variables. The blueprint also includes a summary chart that summarizes the exam guidelines.

Description of Domain

The CNA Oncology Nursing Certification Exam is a criterion-referenced exam.¹ A fundamental component of a criterion-referenced approach to testing is the comprehensive description of the content area being measured. In the case of the Oncology Nursing Certification Exam, the content consists of the competencies of a fully competent practising oncology nurse with at least two years of experience.

This section describes the competencies, how they have been grouped and how they are to be sampled for creating an exam.

Developing the List of Competencies

A working group of six highly experienced oncology nurses from various regions in Canada revised and updated the current list of competencies during a four-day meeting. These competencies were then reviewed in a one-day meeting by a group of five oncology nurses in Eastern Canada and a subsequent group of five oncology nurses from Western Canada. During these meetings, the existing framework of the competencies was modified and the competencies were updated to reflect current practise. The final list of competencies was approved by the Oncology Nursing Certification Exam Committee.

¹ Criterion-referenced exam: An exam that measures a candidate's command of a specified content or skills domain or list of instructional objectives. Scores are interpreted in comparison to a predetermined performance standard or as a mastery of defined domain (e.g., percentage correct and mastery scores), independently of the results obtained by other candidates (Brown, 1983).

Assumptions

In developing the list of competencies for oncology nursing, the following assumptions were made.

The environment

- The oncology nurse provides care in a wide variety of environments/practice settings across the cancer care continuum. The practice settings may include the home, hospital, cancer treatment centre, ambulatory clinics, long-term care facilities, the community, palliative care/ hospice units, rehabilitation, educational institutions and research facilities.

The patient

- Refers to the person(s) towards whom nursing activities are directed including the individual, the individual's family, and/or the individual's community. The family and community are defined by the patient.
- Includes those persons at risk for developing cancer, persons with cancer and persons who have survived cancer.
- Experiences various aspects of cancer care that may include health promotion, prevention, screening, early detection, prediagnosis, diagnosis, treatment, rehabilitation, survivorship, recurrent disease, palliation, end-of-life care and bereavement. Patients enter the cancer care continuum at various points and may move through the disease spectrum and settings at different paces.
- Includes persons of all ages, stages of growth and development, cultural backgrounds, gender, sexual orientation, religions, spiritual beliefs, socio-economic status, philosophies and politics.

The oncology nurse

- Is a registered/licensed nurse (RN) who practises in accordance with professional registration and licensure, and professional standards.
- Complies with the professional code of ethics.
- Complies with legislative statutes within her or his jurisdiction.
- Demonstrates personal responsibility and accountability for professional actions.
- Engages in an active process of self-appraisal and assumes responsibility for professional growth and development to maintain knowledge and skill.
- Develops therapeutic relationships with the patient and the family.
- Recognizes professional boundaries with colleagues, the patient and the family.
- Recognizes that beliefs, values and life experiences can influence and affect the therapeutic relationship.

- Promotes and practises patient and family-centred care.
- Promotes and participates in patient advocacy.
- Advocates for and facilitates the patient's and family's preferred role in decision-making throughout the cancer care continuum.
- Uses a systematic, continuous and holistic approach to assessment, analysis, planning, implementation and evaluation of patient care.
- Strives to provide evidence-based nursing care and acknowledges a responsibility to promote research.
- Acts as role model and mentor.
- Evaluates, on an ongoing basis, the effectiveness of the patient's plan of care in relation to expected outcomes and quality of life and modifies the plan as necessary.
- Develops, implements and evaluates individualized plans of care for patients and families.
- Demonstrates respect for the uniqueness of patients and families including recognition of diversity (e.g., culture, race, age).
- Recognizes the personal psychological impact of caring for the oncology patient and family and the need to seek support when appropriate.
- Recognizes that resources include persons, places or things.

Competency Categories

The competencies are classified under a seven-category classification scheme. Some of the competencies lend themselves to one or more of the categories; therefore these seven categories should be viewed simply as an organizing framework. Also, it should be recognized that the competency statements vary in scope, with some representing global behaviours and others, more discrete and specific nursing behaviours.

Percentage of Competencies in Each Group

The following table presents the number and the percentage of competencies in each category.

Table 1: Percentage of Competencies in Each Group

Category	Number of competencies	Percentage of the total number of competencies
Prevention, Early Detection and Screening	13	7%
Diagnosis and Staging of Cancer	11	6%
Knowledge of Cancer Diseases	35	19%
Treatment Modalities	46	26%
Symptom and Treatment Management	46	26%
Supportive Care	18	10%
Continuity of Care	11	6%

Competency Sampling

Using the grouping and guidelines, the Oncology Nursing Certification Exam will consist of approximately 165 questions; the categories have been given the following weights in the total examination.

Table 2: Competency Sampling

Categories	Approximate weights in the total examination
Prevention, Early Detection and Screening	3-11%
Diagnosis and Staging of Cancer	2-10%
Knowledge of Cancer Diseases	15-23%
Treatment Modalities	22-30%
Symptom and Treatment Management	22-30%
Supportive Care	6-14%
Continuity of Care	2-10%

Technical Specifications

In addition to the specifications related to the competencies, other variables are considered during the development of the Oncology Nursing Certification Exam. This section presents the guidelines for two types of variables: structural and contextual.

Structural variables: Structural variables include those characteristics that determine the general appearance and design of the exam. They define the length of the exam, the format and presentation of the exam questions (e.g., multiple-choice) and any special functions of exam questions (e.g., independent questions).

Contextual variables: Contextual variables specify the nursing contexts in which the exam questions will be set (e.g., patient culture, patient health situation or health-care environment).

Structural Variables

Exam Length: The exam consists of approximately 165 multiple-choice questions.

Question Presentation: The multiple-choice questions are presented in one of two formats: case-based or independent. Case-based questions are a set of approximately four questions associated with a brief health-care scenario (i.e., a description of the patient's health-care situation). Independent questions stand alone. In the Oncology Nursing Certification Exam, 50 to 60 per cent of the questions are presented as independent questions and 40 to 50 per cent are presented within cases.

Taxonomy for Questions: To ensure that competencies are measured at different levels of cognitive ability, each question on the Oncology Nursing Certification Exam is aimed at one of three levels: knowledge/comprehension, application or critical thinking.²

1. Knowledge/Comprehension

This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of certain drugs or interpreting data appearing on a patient's record).

² These levels are adapted from the taxonomy of cognitive abilities developed in Bloom, 1956.

2. Application

This level refers to the ability to apply knowledge and learning to new or practical situation. It includes applying rules, methods, principles and theories while providing care to patients (e.g., applying nursing principles to the care of patients).

3. Critical Thinking

The third level of the taxonomy deals with higher-level thinking processes. It includes the abilities to judge the relevance of data, to deal with abstraction and to solve problems (e.g., identifying priorities of care or evaluating the effectiveness of interventions). The oncology nurse with at least two years of experience should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments about the needs of patients.

The following table presents the distribution of questions for each level of cognitive ability.

Table 3: Distribution of Questions for Each Level of Cognitive Ability

Cognitive ability level	Percentage of questions on the Oncology Nursing Certification Exam
Knowledge/Comprehension	15-25%
Application	50-60%
Critical Thinking	20-30%

Contextual Variables

Patient Age and Gender: Two of the contextual variables specified for the Oncology Nursing Certification Exam are the age and gender of the patients. Providing specifications for the use of these variables ensures that the patients described in the exam represent the demographic characteristics of the population encountered by oncology nurses. These characteristics, listed in Table 4 as percentage ranges, serve as guidelines for test development.

Table 4: Specification for Patient Age and Gender

Age Group	Percentage of questions on the Oncology Nursing Certification Exam	
	Male	Female
0 to 18 years	2-5%	2-5%
19 to 64 years	17-26%	17-26%
65+ years	21-29%	21-29%

Patient Culture: The oncology nursing exam is designed to include questions representing the variety of cultural backgrounds encountered while providing oncology nursing care in Canada. Although the exam does not test candidates' knowledge of specific values, beliefs and practices linked to individual cultures, it is intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. Cultural issues are integrated within the exam without introducing cultural stereotypes.

Patient Health Situation: In the development of the Oncology Nursing Certification Exam, the patient is viewed holistically.

Health-Care Environment: It is recognized that oncology nursing is practised primarily in the hospital setting. However, oncology nursing can also be practised in other settings. For the purposes of the oncology nursing exam, the health-care environment is specified only where it is required for clarity or in order to provide guidance to the candidate.

Conclusions

The Blueprint for the Oncology Nursing Certification Exam is the product of a collaborative effort between CNA, ASI, ORNAC and a number of oncology nurses across Canada. Their work has resulted in a compilation of the competencies required of practising oncology nurses and has helped determine how those competencies will be measured on the Oncology Nursing Certification Exam. A summary of these guidelines can be found in the summary chart: Oncology Nursing Certification Development Guidelines.

It is recognized that oncology nursing practice will continue to evolve. As this occurs, the blueprint may require revision so that it accurately reflects current practices. CNA will ensure that such revision takes place in a timely manner and will communicate any changes in updated editions of this document.

Summary Chart

Oncology Nursing Certification Exam Development Guidelines

Structural Variables			
Examination Length and Format	Approximately 165 objective questions (e.g., multiple-choice)		
Question Presentation	50-60% independent questions 40-50% case-based questions		
Cognitive Ability Levels of Questions	Knowledge	15-25% of the questions	
	Application	50-60% of the questions	
	Critical Thinking	20-30% of the questions	
Competency Categories	Prevention, Early Detection and Screening	3-11% of the questions	
	Diagnosis and Staging of Cancer	2-10% of the questions	
	Knowledge of Cancer Diseases	15-23% of the questions	
	Treatment Modalities	22-30% of the questions	
	Symptom and Treatment Management	22-30% of the questions	
	Supportive Care	6-14% of the questions	
	Continuity of Care	2-10% of the questions	
Contextual Variables			
Age and Gender	Age Group	Males	Females
	Child & Adolescent (0-18 years old)	2-5%	2-5%
	Adult (19-64 years old)	17-26%	17-26%
	Older Adult (65+ years old)	21-29%	21-29%
Patient Culture	Questions measuring awareness, sensitivity, and respect for different cultural values, beliefs, and practices, without introducing stereotypes, are included on the exam.		
Patient Health Situation	In the development of the Oncology Nursing Exam, the patient is viewed holistically. The patient health situations presented reflect a cross-section of health promotion, prevention, active treatment, long-term care, rehabilitation care, and palliative care.		
Health-Care Environment	It is recognized that oncology nursing is practised in a variety of settings. The health-care environment is specified only where it is required for clarity or in order to provide guidance to the candidate.		

The Oncology Nursing Certification Exam List of Competencies

I. Prevention, Early Detection and Screening

The oncology nurse:

- 1.1 Identifies epidemiological data and trends related to incidence and prevalence of cancer, mortality and survival.
- 1.2 Identifies overall risk factors for cancer including:
 - 1.2a genetics (e.g., family heredity, age, gender);
 - 1.2b lifestyle (e.g., smoking, diet, obesity); and
 - 1.2c environmental exposures (e.g., occupational hazards, sun exposure, previous cancer treatments).
- 1.3 Understands the purpose and implications of genetic testing, counselling and resources.
- 1.4 Promotes public participation in prevention, screening and early detection (e.g., provides information related to recommended screening programs, identifies barriers, teaches self-assessment and prevention strategies).

II. Diagnosis and Staging of Cancer

The oncology nurse:

- 2.1 Integrates the findings of the history and physical exam, diagnostic investigations (e.g., surgery, radiological, tumour receptor status), and tumour markers (e.g., PSA, CA-125, CEA) as related to the diagnosis and staging of cancer.
- 2.2 Describes the pathophysiology of cancer (e.g., carcinogenesis, cell cycle, tumour growth, metastatic sites).
- 2.3 Assesses the patient's understanding of his/her diagnosis and staging.
- 2.4 Educates the patient on his/her diagnosis based on identified needs (e.g., readiness to learn, emotional impact).
- 2.5 Refers the patient to appropriate resource(s) based on his/her needs (e.g., dietitian, cancer support group).

III. Knowledge of Cancer Diseases

The oncology nurse:

- 3.1 Describes the clinical presentation, risk factors and prognostic factors in relation to the management of the following more common cancer diseases in adults (in alphabetical order): *(Approximately 25% of questions in this section)*
 - 3.1a breast;
 - 3.1b colorectal;
 - 3.1c genito-urinary (bladder, kidney);
 - 3.1d gynecological (ovarian, uterine, cervical);
 - 3.1e leukemia;
 - 3.1f lung;
 - 3.1g lymphomas;
 - 3.1h melanoma; and
 - 3.1i prostate.

- 3.2 Describes the standard treatments in relation to the management of the following more common cancer diseases in adults (in alphabetical order): *(Approximately 30% of the questions in this section)*
 - 3.2a breast;
 - 3.2b colorectal;
 - 3.2c genito-urinary (bladder, kidney);
 - 3.2d gynecological (ovarian, uterine, cervical);
 - 3.2e leukemia;
 - 3.2f lung;
 - 3.2g lymphomas;
 - 3.2h melanoma; and
 - 3.2i prostate.

- 3.3 Describes the clinical presentation, risk factors and prognostic factors in relation to the management of the following less common cancer diseases in adults (in alphabetical order): *(Approximately 10% of questions in this section)*
- 3.3a bone and soft tissue sarcoma;
 - 3.3b brain and central nervous system;
 - 3.3c endocrine;
 - 3.3d gastrointestinal;
 - 3.3e head and neck;
 - 3.3f HIV-related; and
 - 3.3g myelomas.
- 3.4 Describes the standard treatments in relation to the management of the following less common cancer diseases in adults (in alphabetical order): *(Approximately 20% of the questions in this section)*
- 3.4a bone and soft tissue sarcoma;
 - 3.4b brain and central nervous system;
 - 3.4c endocrine;
 - 3.4d gastrointestinal;
 - 3.4e head and neck;
 - 3.4f HIV-related; and
 - 3.4g myelomas.
- 3.5 Describes the clinical presentation and prognostic factors in relation to the management of the following more common cancer diseases in children (in alphabetical order): *(Approximately 5% of questions in this section)*
- 3.5a bone and soft tissue sarcomas;
 - 3.5b brain and central nervous system;
 - 3.5c leukemias;
 - 3.5d lymphomas; and
 - 3.5e Wilms' tumour.
- 3.6 Describes the standard treatments in relation to the management of the following cancer diseases in children (in alphabetical order): *(Approximately 10% of the questions in this section)*
- 3.6a bone and soft tissue sarcomas;
 - 3.6b brain and central nervous system;
 - 3.6c leukemias;
 - 3.6d lymphomas; and
 - 3.6e Wilms' tumour.

IV. Treatment Modalities

4.1 Surgery

The oncology nurse:

- 4.1a Understands the role of surgery in cancer treatment (i.e., cure, control or palliation).
- 4.1b Assists the patient in understanding the role of surgery in his/her treatment plan.
- 4.1c Educates the patient about the expected outcomes of surgical interventions (e.g., postoperative restrictions, ostomy care, disturbances in body image).
- 4.1d Uses interventions to decrease the incidence and severity of complications related to cancer surgery (e.g., thromboembolytic events, lymphedema).
- 4.1e Assesses the patient's understanding of the pathologic findings of the surgical intervention.
- 4.1f Assists the patient to understand the pathologic findings of the surgical intervention (e.g., answers patient's questions or asks the physician to explain the findings).
- 4.1g Initiates referral to supportive services to ensure comprehensive patient care (e.g., physiotherapy, occupational therapy).

4.2 Chemotherapy

The oncology nurse:

- 4.2a Understands the role of chemotherapy in cancer treatment (i.e., cure, control or palliation, adjuvant, neoadjuvant).
- 4.2b Understands the mechanisms of action and side effects related to the classifications of chemotherapeutic agents (e.g., vinca alkaloids, anthracyclines, antimetabolites).
- 4.2c Applies the principles of safe chemotherapy administration (e.g., correct labelling, drug dose calculation using BSA/AUC, light sensitivity, sequence of administration, compatible tubing).
- 4.2d Applies the principles of safe handling and disposal of chemotherapeutic agents and their waste (e.g., tubing and body fluids).
- 4.2e Assists the patient to understand the role of chemotherapy in his/her treatment plan.
- 4.2f Educates the patient about the immediate, early, late and delayed side effects of chemotherapy (e.g., anaphylaxis, nausea and vomiting, pain at site of injection, constipation, diarrhea, infertility, early menopause, mucositis, cognitive dysfunction).
- 4.2g Uses interventions to decrease the incidence and severity of side effects and complications related to chemotherapy (e.g., hydration, medication, sperm banking).
- 4.2h Initiates referral to supportive services to ensure comprehensive patient care (e.g., finances, wigs, home care).

4.3 Radiation Therapy

The oncology nurse:

- 4.3a Understands the role of radiation therapy in cancer treatment (i.e., cure, control or palliation).
- 4.3b Understands the mechanisms of action of radiation therapy (e.g., stereotactic, brachytherapy, radioactive isotopes, hyperfractionation).
- 4.3c Implements radiation protection precautions and principles of safe handling/disposal of radioactive sources (e.g., time, distance and shielding).
- 4.3d Assists the patient to understand the role of radiation therapy in his/her treatment plan.
- 4.3e Educates the patient and care providers about radiation protection and precautions (e.g., radioactive implants, active isotopes).
- 4.3f Educates the patient about the immediate, early, late and delayed side effects of radiation therapy (e.g., skin reactions, alopecia, mucositis, cystitis, diarrhea, fatigue, early menopause, sexual dysfunction, nausea and vomiting, fibrosis, cognitive dysfunction).
- 4.3g Uses interventions to decrease the incidence and severity of side effects and complications related to radiation therapy (e.g., skin reaction protocols, oral care, hydration, medication administration).
- 4.3h Initiates referral to supportive services to ensure comprehensive patient care (e.g., physiotherapy, speech therapy).

4.4 Biologic, Hormone and Targeted Therapies

The oncology nurse:

- 4.4a Understands the role of biologic, hormone and targeted therapies.
- 4.4b Understands the mechanisms of action related to biologic, hormone and targeted therapies.
- 4.4c Assists the patient to understand the role of biologic, hormone and targeted therapies in his/her treatment plan.
- 4.4d Applies the principles of safe handling and disposal of biologic, hormone and targeted therapies and their waste (e.g., tubing and body fluids).
- 4.4e Educates the patient about the side effects of biologic, hormone and targeted therapies (e.g., gynecomastia, hirsutism, flu-like symptoms, acne).
- 4.4f Uses interventions to decrease the incidence and severity of side effects and complications related to biologic, hormone and targeted therapies (e.g., premedication, hydration, anaphylaxis protocols, titrate dosing).
- 4.4g Initiates referral to supportive services to ensure comprehensive patient care (e.g., funding, psychosocial).

4.5 Hematopoietic Stem Cell Transplant

The oncology nurse:

- 4.5a Understands the role of hematopoietic stem cell transplant.
- 4.5b Understands the types of hematopoietic stem cell transplants and their mechanisms of action.
- 4.5c Assists the patient to understand the role of hematopoietic stem cell transplant in his/her treatment plan.
- 4.5d Assists the donor to understand his/her role in hematopoietic stem cell transplant.
- 4.5e Educates and initiates appropriate referrals to ensure the patient receives comprehensive education regarding hematopoietic stem cell transplant (e.g., diet, social work, counselling, teleconference with treating centre).
- 4.5f Recognizes the acute, chronic and late side effects of hematopoietic stem cell transplant (e.g., graft vs. host disease, veno occlusive disease, cystitis, severe mucositis).
- 4.5g Uses interventions to decrease the incidence and severity of side effects and complications related to bone marrow and hematopoietic transplant (e.g., hydration, transfusion, anti-rejection therapy, anti-fungal, anti-virals).

4.6 Complementary and Alternative Health Care

The oncology nurse:

- 4.6a Respects individual choices related to complementary and alternative health care (e.g., massage, visualization, homeopathic, herbal remedies, acupuncture).
- 4.6b Educates the patient regarding the importance of reporting the use of complementary and alternative health care (e.g., anti-oxidants, herbal remedies).
- 4.6c Refers the patient to appropriate resources for complementary and alternative health-care information (e.g., evidence-based literature, pharmacist).
- 4.6d Uses interventions to reduce the potential interaction of complementary and alternative therapies with conventional treatment modalities (e.g., discuss with health-care team members, including physician, pharmacist and/or dietitian).

4.7 Research

The oncology nurse:

- 4.7a Understands the purpose, types and phases of clinical trials and research studies (e.g., psychosocial research, symptom-based research, ethical issues).
- 4.7b Refers the patient to the appropriate health-care provider to answer questions and/or ensure understanding of clinical trials and research studies.
- 4.7c Initiates referral to supportive services to ensure comprehensive patient care (e.g., travel, financial, dietary).

V. Symptom and Treatment Management

5.1 Oncologic Emergencies

The oncology nurse:

- 5.1a Identifies the clinical presentation and risk factors for the following metabolic oncologic emergencies:
 - i) anaphylaxis;
 - ii) disseminated intravascular coagulation (DIC);
 - iii) hypercalcemia;
 - iv) sepsis;
 - v) syndrome of inappropriate antidiuretic hormone (SIADH); and
 - vi) tumour lysis syndrome.

- 5.1b Identifies the clinical presentation and risk factors for the following structural oncologic emergencies:
 - i) increased intracranial pressure;
 - ii) malignant bowel obstruction;
 - iii) neoplastic cardiac tamponade;
 - iv) spinal cord compression; and
 - v) superior vena cava syndrome.

- 5.1c Incorporates nursing interventions in response to the following metabolic oncologic emergencies:
 - i) anaphylaxis;
 - ii) disseminated intravascular coagulation (DIC);
 - iii) hypercalcemia;
 - iv) sepsis;
 - v) syndrome of inappropriate antidiuretic hormone (SIADH); and
 - vi) tumour lysis syndrome.

- 5.1d Incorporates nursing interventions in response to the following structural oncologic emergencies:
 - i) increased intracranial pressure;
 - ii) malignant bowel obstruction;
 - iii) neoplastic cardiac tamponade;
 - iv) spinal cord compression; and
 - v) superior vena cava syndrome.

5.2 Treatment Delivery Devices and Systems

The oncology nurse:

- 5.2a Understands the role of treatment delivery devices (e.g., venous access devices, infusion pumps).
- 5.2b Assesses the patient for appropriateness of venous access devices (e.g., venous status, lifestyle, treatment regime, length of treatment).
- 5.2c Manages care and maintenance of the treatment delivery device for the patient.
- 5.2d Educates the patient regarding complications and safe management of treatment delivery devices.
- 5.2e Educates the patient about self-care of treatment delivery devices.

5.3 Disease and Treatment-Related Side Effects and Symptom Management

The oncology nurse:

- 5.3a Assesses patient for disease symptoms and/or systemic and organ specific treatment-related side effects, including:
 - i) alterations in protective mechanisms:
 - myelosuppression (e.g., neutropenia, thrombocytopenia)
 - mobility (e.g., arm ROM)
 - skin integrity (e.g., skin reactions, mucositis)
 - neurological status (e.g., seizures, peripheral neuropathy)
 - mental status (e.g., confusion, hopelessness);
 - ii) alterations in circulation (e.g., edema, pericardial effusion, anemia);
 - iii) alterations in ventilation (e.g., dyspnea, effusion, fibrosis);
 - iv) alterations in gastrointestinal function (e.g., constipation, taste alteration, cachexia, nausea, vomiting);
 - v) alterations in urinary function (e.g., cystitis, anuria); and
 - vi) alterations in comfort (e.g., pain, fatigue).
- 5.3b Understands the etiologic factors of the symptom and/or side effect related to the individual patient.
- 5.3c Educates the patient about prevention and management of disease symptoms and/or systemic and organ specific treatment-related side effects (e.g., oral care, adhering to an anti-emetic schedule, hydration).
- 5.3d Incorporates interventions related to the management of disease symptoms and/or systemic and organ specific and treatment-related side effects.
- 5.3e Conducts ongoing evaluation of the effectiveness of interventions used in the management of disease symptoms and/or systemic and organ specific treatment-related side effects.

VI. Supportive Care

6.1 Psychosocial, Spiritual and Cultural Support

The oncology nurse:

- 6.1a Respects the patient's unique psychosocial, spiritual and cultural needs.
- 6.1b Assesses the impact of the patient's unique psychosocial, spiritual and cultural needs on his/her illness.
- 6.1c Facilitates effective coping strategies (e.g., fear of recurrence, loss of control, fear of death, pain, role changes).
- 6.1d Supports the patient in his/her decision-making.
- 6.1e Initiates referral to supportive services to ensure comprehensive patient care.

6.2 Sexuality

The oncology nurse:

- 6.2a Uses interventions respecting the patient's needs related to alterations in:
 - i) body and self-image;
 - ii) sexual function; and
 - iii) fertility.
- 6.2b Initiates referral to supportive services to ensure comprehensive patient care related to alterations in:
 - i) body and self-image;
 - ii) sexual function; and
 - iii) fertility.

6.3 Rehabilitation

The oncology nurse:

- 6.3a Uses interventions to assist the patient to achieve optimum quality of life (e.g., self-care, ADL independence).
- 6.3b Engages members of the interdisciplinary team to assist the patient's rehabilitation (e.g., lymphedema, ambulation, esophageal speech training, prosthetics).

6.4 Survivorship

The oncology nurse:

- 6.4a Recognizes the unique issues of cancer survivors (e.g., pediatric cancer, young adult, older adult).
- 6.4b Educates the cancer survivor regarding the need for appropriate follow-up.
- 6.4c Refers the cancer survivor to appropriate information and resources to facilitate post-treatment adaptation (e.g., socio-economic, cognitive function, sexual health).

6.5 End-of-Life Care

The oncology nurse:

- 6.5a Explains the goals of palliative treatments to the patient.
- 6.5b Recognizes the unique needs of the patient approaching end-of-life.
- 6.5c Recognizes potential ethical dilemmas related to end-of-life decision-making (e.g., hydration, feeding, truth telling, DNR).
- 6.5d Educates and initiates appropriate referrals to ensure the patient receives comprehensive support (e.g., support groups, hospice).

VII. Continuity of Care

The oncology nurse:

- 7.1 Identifies and advises health-care team of system issues impeding continuity of care for the patient (e.g., waiting times, multi-institutional involvement, human resources, technical difficulties, travel, non-insured costs).
- 7.2 Assists the patient to navigate the health-care system (e.g., transfer of care, accessing social support systems, follow-up care, care plan).
- 7.3 Communicates/collaborates with the interdisciplinary health-care team (e.g., home care, family physician, nurse) to ensure continuity of care.
- 7.4 Directs the patient to the appropriate health-care professional (e.g., home care, family physician, nurse) to contact if he/she has questions or concerns.