Professional Performance

Topics we will cover
- Standards of Professional Oncology Nursing Practice
- Education
- Legal Issues
- Ethics
- Economics
- Professional Issues

In the Beginning...

US History
- 1896: The first ANA Convention was held
- 1900: The first American Journal of Nursing was printed
- Early 1900's: States formed their own Nursing Associations
- 1926: ANA drafted the first Code of Ethics
- 1969: Apollo II landed the first man on the moon
- 1971: The first certification of a nursing specialty
- 1973: ANA published Nursing Standards of Practice
- 1975: Oncology Nursing Society (ONS) became incorporated
- 1979: ONS published Standards for Cancer Nursing Practice in conjunction with ANA
- 1986: First Oncology Nurse Certification Exam
- 2013: There are 34,000 Oncology Certified Nurses

Nightengale: Our Matriarch

Professional Infancy
What Guides Your Practice
- Education
- Code of Ethics
- Licensure that defines scope and authority - varies state to state
- Federal statutes
- ANA Standards of Practice
- Policies and procedures of your workplace
- Nursing sub-specialty standards - such as oncology

What is a Standard
- Defined by Merriam-Webster Dictionary as:

  stan·dard noun ˈstan-ˌdərd: a level of quality, achievement, etc., that is considered acceptable or desirable standards: ideas about morally correct and acceptable behavior: something that is very good and that is used to make judgments about the quality of other things

Nursing Standards provide the overarching framework in which you practice your profession.

Identity: The Oncology Nurse
- Takes opportunities to build knowledge
- Is involved professionally

An Oncology Nurse
- What is the difference between an oncology nurse working in clinic as opposed to a clinic nurse who happens to care for patients with cancer?

Oncology Nursing Society Resource
Statement on the Scope and Standards of Oncology Nursing Practice Generalist and Advanced Practice (Brant and Wickham, 2013) includes:
- Historical and current forces within health care that influence the Oncology Nursing Profession
- The Scope of Oncology Nursing Practice
- The Standards of Care
- The Standards of Professional Performance
Current Forces

The Future of Nursing: Leading Change Advancing Health (IOM, 2011)

- Nurses should practice at the full potential of their education
- Improvements in higher level education and training
- Including the nurse as a full partner in redesign

More Current Forces

- Individuals and families experiencing: cancer risk, prevention, educator, side effect manager, genetic counseling, survivorship, death and dying
- Death denying society
- Cancer as a chronic health problem
- Perceptions of cancer

Scope

“Oncology Nursing practice encompasses the roles of direct care giver, educator, consultant, leader, and researcher. It extends to all possible care delivery settings in which people at risk for or experiencing cancer receive health care, education, and counseling” (Brant and Wickham, 2013)

High Incidence Problem Areas (14)

- Health promotion
- Education
- Coping
- Comfort
- Nutrition
- Complementary and alternative therapies
- Protective mechanisms
- Mobility
- Gastrointestinal and urinary function
- Sexuality
- Cardiopulmonary function
- Oncologic emergencies
- Palliative and end of life care
- Survivorship

Scope for the Advanced Practice Oncology Nurse

- Requirements include a minimum of a Master’s Degree, passing a nationally recognized Certification Exam and demonstration of competence
- Must register in the state of residence and subject to those particular state constraints
- Currently there is no standard curriculum to educate new Oncology APRNs
- Advanced certification available
- Credentialing in addition to licensure and certification ensures credibility but is state variable
Standards of Oncology Nursing Practice

• Standards of Care
• Standards of Professional Performance

Standards of Care

• Ensure consistent expectations
• Evidenced based
• Pertain to the activities of an Oncology Nurse
• Nursing process (assess, diagnosis, identification of outcomes, plan, implement, and evaluate) is used as the framework for standards of care

Assessment

• Collects data in the 14 high incident problem areas (listed previously)

• Measurement of this standard includes making assessments in a socially unbiased and culturally competent manner, using evidence based assessment techniques, communicating assessments in a timely manner with appropriate members of the interdisciplinary team, and documenting ongoing assessments

Outcome Identification (Goals)

Measurement

• Developed for the 14 high incidence problem list
• Goals to be appropriate and realistic for the patient
• Goals are designed to maximize function
• Goals are created collaboratively
• Goals provide direction for continuity of care
• Consideration is paid to the risks, benefits, cost, and research available

Diagnosis

• Measurements determine cancer-related nursing diagnoses and problem statements
• Create a list of nursing diagnoses
• Individualize the diagnoses, keeping in mind the physical, psychological, social, spiritual, and cultural state of the patient, family, or population in question
• Develop nursing diagnosis with the patient
• Prioritize the nursing diagnosis
• Include potential risks in the nursing diagnosis

Planning

• The plan will guide the nurses interventions. This too is based on the 14 high incidence problem list.
• Measurement of this standard includes:
  • evaluation if the plan is based on current evidenced based practice
  • patient centeredness: appropriate to the patient, culturally considerate, etc.
  • includes education of the patient/family
  • Coordination of resources
  • Communication with the interdisciplinary team
  • Documentation
Implementation

Measurement
- Implementation of the plan is done in a timely manner
- Interventions are implemented with the understanding or engagement of the patient and family if appropriate
- Evidenced based research is used to implement the interventions
- Interventions and the response are documented

Evaluation

Measurement
- Done at regular intervals and includes communication with interdisciplinary team members
- Comparison is made to expected outcomes
- Analysis of the outcomes for future education, recurrent themes, or deficiencies
- Ensures utilization of resources and encourages follow up care

Standards of Professional Performance

- Pertain to the professional nursing behaviors
- Requires commitment to life long learning
- Internal motivation

Standards of Professional Performance

Ethics
- The Oncology Nurse is familiar with the ANA 2001 Code of Ethics for Nurses
- Conduct is ethical in the presence of students or other staff members
- Culturally competent
- Respectful of differences
- Protector of patient’s rights
- Basic knowledge of genetics
- Identify moral distress and situations that may provoke this
- Respond to ethical concerns
- Maintain confidentiality
- Take action on unethical or unsafe practices in clinical practice

Standards of Professional Performance

Education
- Identify learning opportunities
- Utilize multidisciplinary team to gain knowledge
- Seek knowledge outside of practice setting
- Develop expertise
- Mentor
- Obtain certification
- Use evidence based research in practice
- Seek opportunities to develop knowledge and skills
- Maintain a portfolio

Evidence-Based Practice and Research

- Keep abreast of the latest research by reading recognized publications on clinical practice
- Make decisions based on most current evidence
- Integrate new evidence into standards of practice
- Perform literature searches
- Participate in research
- Critique studies
- Participate in journal club, community committees, or review boards
- Share findings with colleagues
Quality of Practice
- Seek information
- Participate in performance improvement activities
- Be aware of Nurse Sensitive Indicators or other nationally reported data
- Report discrepancies between current practice and ideal practice
- Develop policies or guidelines that incorporate national standards into practice
- Participate in interdisciplinary teams
- Evaluate patient satisfaction
- Ask for feedback
- Participate in peer review

Communication
- Be aware of personal communication style
- Identify barriers to effective communication
- Proficiently use established communication methods (such as SBAR, handoff)
- Be timely with communication
- Respect colleagues

Leadership
- Accountability for the plan of care
- Mentor
- Role model goal driven thinking
- Advocate for the patient
- Anticipate trends
- Consider resources
- Document
- Participate in professional organizations
- Motivate others

Collaboration
- Participate in interdisciplinary teams
- Formulate goals with patients/families and other colleagues
- Assist patients/families with the complexities of the health system
- Recommend referrals
- Participate in needs assessments
- Offer advice/feedback
- Effectively delegate

Professional Practice Evaluation
- Engage in formal evaluation
- Identify personal growth opportunities
- Enact on goals and provide evidence of completion
- Consider patient safety and harm prevention a priority
- Be aware of specific state practice act, scope of practice, and standards of practice
- Provide feedback and assist colleagues in evaluating their performance
- Peer review
- Role model and mentor
- Maintain a portfolio

Resource Utilization
- Assess patient/family resource availability
- Identify patient/family needs
- Consider cost benefit ratio
- Collaborate with interdisciplinary team to obtain community based resources
- Evaluate current resources for adequacy
- Use of technology
Environmental Health

- Promote a safe and efficient environment
- Adhere to regulations (safe handling)
- Assist with policy development
- Ensure PPE is available
- Educate

Question #1

The Standards of Care from the Oncology Nursing Society (ONS) Statement on the Scope of Standards of Oncology Nursing Practice can be used to:

A. Assess performance indicators for oncology nursing.
B. Assist in development of performance appraisal tools.
C. Determine the performance role for different levels of nursing.
D. Help meet Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards

Question #2

The 14 high-incidence problem areas included in the Statement on the Scope and Standards of Oncology Nursing Practice include:

A. Areas that the oncology nurse must assess, plan, and intervene.
B. Cancers with the highest incident rates the oncology nurse will care for.
C. Measurable performance indicators for oncology nursing.
D. Problem areas the oncology nurse must intervene in the acute care setting

Stretch Break

Education Process

- Knowledge empowers patients and their families to perform self-care, intervene quickly, and be more likely to adhere to treatment regimes
- Assessment of learning needs should be done prior to teaching, and teaching should focus on the immediate needs of the patient and family
- Use a variety of modalities and approaches
- Environment should be conducive to learning
- Outcomes for education should be measurable/concrete
- Mild anxiety may actually increase ability to learn
• Assessment of learning needs
  • Consider functional literacy
  • Consider reading level; printed materials should be geared to 5th grade level or below
  • Consider comprehension abilities
• Program development includes:
  • Written goals
  • Objectives
  • Material development
  • Promotion and distribution
  • Evaluation

**Education Process**

**Question #3**
The nurse educator is responsible for developing a public education program regarding breast cancer. Information the nurse might need to assist him/her in the development of this program would include:

A. Date, time and where the program will be held.
B. Knowledge of the JCAHO standards.
C. What the nurse feels is important for them to learn.
D. Who the target audience will be.

**Question #4**
The nurse is attending a second meeting with a client who has a new ostomy after colon surgery. At the first session the nurse reviewed basic information with the client and he/she appeared to be eager to learn how to manage the ostomy. The nurse gave the client printed material and the client said they would read it later. Today the nurse asked the client if he/she has read the material and the reply is, “I have not had my glasses here so I gave it to my wife to read.” The nurse might suspect the client:

A. Does not have money for glasses.
B. Is depressed regarding the ostomy.
C. Has a low IQ.
D. May have literacy problems.

**Legal Issues**

“More patients die each year from adverse events associated with health care than expire from automobile accidents” (IOM, 2000).
Legal Issues

- There are 2 divisions of law in the United States
  - Criminal (public)
  - Civil (private)
- Both types apply to health care, civil is more common

Civil Law

- Defendants are found liable, not guilty
- Defendants that are liable will be directed to pay compensation
- Tort law is defined as:
  - *tort* nounˈtort\ˈ \law : an action that wrongly causes harm to someone but that is not a crime and that is dealt with in a civil court (Merriam-Webster)

Torts

- There are two types of Torts
  - Unintentional
  - Intentional
- Unintentional Torts are the basis of malpractice suits
  - Negligence as a result of carelessness or accident and focuses on injury or harm
  - Negligence is failure to use the degree of care that a reasonable person would use under the same circumstances.

Negligence

The plaintiff must provide proof of each of the following four elements:

1. legal duty to provide reasonable care
2. a breach of duty (an act or failure of act)
3. Injury to another
4. The breach of duty was the immediate cause of the injury
   (Roussel & Swansburg, 2008).

Medical Malpractice

- The professional’s conduct did not meet or fell below the “Standard of Care”
- The failure resulted in harm

Top 6 Nursing Negligence Areas

1. Failure to follow Standard of Care (have we heard that phrase somewhere???)
2. Failure to use equipment in a responsible manner
3. Failure to communicate
4. Failure to document
5. Failure to assess and monitor
6. Failure to act as patient advocate
   (Roussel & Swansburg, 2008)
Intentional Torts
• Conscious decision to commit or omit an act to intend the result or be aware of the consequences
• Examples include: defamation, false imprisonment, and assault and battery

Criminal Law
• Include misdemeanors or felonies
• Criminal negligence is defined as “reckless disregard for the safety of others” (Roussel & Swansburg, 2008)

Question #5
An Advance Directive:
A. A durable power of attorney.
B. A medical power of attorney.
C. Communicates a patient’s decisions about medical care.
D. Is a living will.

Ethical Issues
• Ethical principles include:
  - Respect for person
  - Beneficence-do no harm, promote good
  - Justice-fairness
• Ethical Theories-useful when forming an ethics committee or engaging in an ethical debate

Question #6
Litigation from malpractice will most likely involve what legal situation or action:
A. Sanction by the institution.
B. Sanction by the state board of nursing.
C. Settlement out of court.
D. Trial by jury.
Ethical Terms to be Familiar with

- Autonomy
- Beneficence (good)
- Competence
- Decision Making Capacity
- Informed Consent
- Nonmaleficence (not acting resulting in harm)
- Slippery Slope Argument
- Value

Question #7
Social Security, Medicare and Medicaid exemplify the principle of:
A. Autonomy  
B. Beneficence  
C. Justice  
D. Veracity

Question #8
A client has agreed to participate in a clinical trial. He/she approaches the nurse and says, "I'm worried that my insurance company won't cover the cost of the clinical trial." The best response would be:
A. "Can you afford to pay the initial costs?"  
B. "I will make you an appointment with the financial counselor."  
C. "I will let your physician know."  
D. I will speak with your case manager.

Cancer Economics and Health Care Reform

According to the American Cancer Society (2014)
- 2009 annual estimated costs of cancer $216.6 billion
- 2011 48.6 million people were uninsured
- Social and economic disparities result in and increase in late stage diagnosis, more extensive treatment, higher cost, and poorer outcomes

Affordable Care Act

Primary Goal is to extend coverage to the uninsured. (graphic from Washington Post, June 24, 2012)
Additional Facts about the Affordable Care Act

- Medicaid is extended for those at 133% or below the poverty line.
- Low income families will be able to earn tax credits to assist with paying for private insurance.
- There is a cap on premiums no matter how much above the poverty line.
- Coverage is mandatory and fines will be assessed to those that choose not to participate.
- Small business get tax credits to assist with providing insurance for employees.

Affordable Care Act

- Insurance companies cannot discriminate based on preexisting conditions, but can on tobacco use.
- 2018 will see new laws to incentivize employers to choose low cost plans and insurance companies to hold down costs.
- Insurance companies must spend their premium $’s (80%) on medical care as opposed to administrative fees or rebate their customers.
- Change has been accelerated by this law.

(Kaiser Family Foundation, Summary of The Affordable Care Act, 2013)

Question #9

Characteristics of managed care include which of the following:

A. Ability to choose among physician groups.
B. Episodic, financially focused care.
C. Standard practice guidelines determine reimbursement.
D. Unlimited use of referrals to support services.

Question #10

Competing economic demand that has reduced governmental funds available to address the nursing shortage and care for oncology patients:

A. Aging of Americans
B. Cancer prevention and detection
C. Cost to maintain quality of life
D. Increase in clinical trials.

Professional Issues

- Certification
  - Increases knowledge base specific to cancer
- Promotes practices that are patient focused and safety minded
- Protects the public
- Collaboration
- Continual learning
- Advocacy
- Communication
Question #11

The scope of oncology nursing practice:

A. Defines the practice of oncology nursing across care delivery settings.
B. Defines the role of all health personnel with oncology clients.
C. Defines oncology nursing practice in a hospital setting only.
D. Defines professional responsibilities of the nurse engaged in oncology nursing.

Question #12

What is the main purpose of oncology nursing certification?

A. Define the role and responsibilities of the oncology nurse.
B. Ensure the safe practice of nurses who provide oncology nursing care.
C. Increase revenue to the certified nurse and the institution.
D. Upgrading the nursing services in which the certified nurse practices.

References


