Objective

- Discuss current issues in care that impact professional performance of the oncology nurse.
Oncology Nursing Practice – 17% (25 Questions)

A. Scientific basis
1. Carcinogenesis
2. Immunology
3. Clinical trials (e.g. research protocols)

C. Scope, standards, and related issues
1. Standards of care (nursing process)
2. Legal (including documentation)
3. Accreditation (e.g. The Joint Commission)
4. Self-care (e.g. managing compassion fatigue)

B. Site-specific cancer considerations
1. Pathophysiology
2. Common metastatic locations
3. Diagnostic measures
4. Prognosis
5. Classification
6. Staging
7. Histological grading

D. Standards of professional performance
1. Ethics (e.g. patient advocacy)
2. Education
3. Evidence-based practice (e.g. Putting Evidence Into Practice (PEP) guidelines) and research
4. Quality of practice
5. Communication
6. Leadership
7. Collaboration
8. Professional practice evaluation
9. Resource utilization
10. Environmental health (e.g. Safety, personal protective equipment, safe handling)

Professional Performance Study Resources

  – Chapter 44: Evidence-Based Practice and Standards of Oncology Nursing
  – Chapter 45: Education Process
  – Chapter 46: Legal Issues
  – Chapter 47: Ethical Issues
  – Chapter 48: Professional Issues


ONS Online Resources: Standards & Professional Practice

https://www.ons.org/practice-resources

Standards

- Definition: Authoritative statements that delineate duties that all registered nurses are expected to perform competently

- Standards of Practice
  - Outline nationally determined practice expectations for individuals or organizations
  - Provide guidance to nurses, employers, and educators
  - Often used in legal situations to determine whether an individual or organization met what is regarded as the standard of care


Statement on the Scope and Standards of Oncology Nursing Practice

- Developed in conjunction with the American Nurses Association

- Describes the role of the professional oncology nurse

- Available to order online from ONS (www.ons.org)

Statement on the Scope and Standards of Oncology Nursing Practice

- Defines scope of nursing practice in measurable terms
- Provide guide for evaluating healthcare services provided
  - Quality
  - Effectiveness
  - Appropriateness
- Assist profession in meeting requirements created by regulation

ONS Standards of Care

<table>
<thead>
<tr>
<th>Standard</th>
<th>Nursing Process</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Assessment</td>
<td>The oncology nurse systematically and continually collects data regarding the health status of the patient</td>
</tr>
<tr>
<td>II</td>
<td>Diagnosis</td>
<td>The oncology nurse analyzes assessment data to determine nursing diagnosis</td>
</tr>
<tr>
<td>III</td>
<td>Outcome</td>
<td>The oncology nurse identifies expected outcomes individualized to the patient</td>
</tr>
<tr>
<td>IV</td>
<td>Planning</td>
<td>The oncology nurse develops an individualized and holistic plan of care that prescribes interventions to attain expected outcomes</td>
</tr>
<tr>
<td>V</td>
<td>Implementation</td>
<td>The oncology nurse implements the plan of care to achieve the identified expected outcomes for the patient</td>
</tr>
</tbody>
</table>

Statement on the Scope and Standards of Oncology Nursing Practice

- Describes
  - Responsibilities for which oncology nurses are accountable
  - Competent level of professional performance & professional nursing practice
- Standards of practice: two key sections
  - Standards of Care
  - Standards of Professional Practice

Standards of Care: Address 14 High-Incidence Problem Areas

<table>
<thead>
<tr>
<th>Areas common to patients cared for by oncology nurses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Promotion</td>
</tr>
<tr>
<td>2. Patient &amp; family education</td>
</tr>
<tr>
<td>3. Coping</td>
</tr>
<tr>
<td>6. Complementary and alternative medicine</td>
</tr>
</tbody>
</table>
ONS Standards of Professional Performance

• Describe competent, professional nursing behaviors
• Includes activities related to:
  – Ethics
  – Education
  – Evidence-based practice & research
  – Quality of practice
  – Communication
  – Leadership
  – Collaboration
  – Professional Practice Evaluation
  – Resource Utilization
  – Environmental health

ONS Position Statements

From ONS Homepage (www.ons.org), click on "Advocacy and Policy" tab

Welcome, Joannaf! Discover the direct benefits of your continued membership with ONS.

Take Action: Register Now for ONS Congress

Visit www.ons.org to view the on-site Oncology Nursing Certification Review, or apply for the online version. Go to www.ons.org/advocacy-policy, accessed March 8, 2018.

Get the Immunotherapies Resource You Need!


From ONS Homepage (www.ons.org), click on "Advocacy and Policy" tab

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Get the Immunotherapies Resource You Need!

ONS/ASCO Chemotherapy Administration Safety Standards

- Collaborative project between the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS)
- Standards addressing the safety of all routes of chemotherapy administration in the outpatient and inpatient settings.
- Intended to reduce the risk of error and to provide a framework for best practices in cancer care.
- Institutions can use them to inform practice policies and procedures, and quality assessment.

Regulation of Nursing Practice

- Licensure
  - A license granted by a governmental agency confirms that the person has met minimum requirements to practice
  - RNs are licensed through state boards of nursing
- Accreditation
  - Evaluation of compliance with standards

Accreditation

- Evaluation of compliance with standards
- This process recognizes that an institution maintains standards set by accrediting agencies
- Accreditation involves continuous improvement and monitoring of outcomes within an organization
- Healthcare accreditation agencies
  - The Joint Commission (TJC) [www.jointcommission.org](http://www.jointcommission.org)
  - National Patient Safety Goals (NPSG) [www.jointcommission.org](http://www.jointcommission.org)
  - American College of Surgeons Commission on Cancer (COC) [www.facs.org/cancer/](http://www.facs.org/cancer/)
  - Foundation for Accreditation of Cellular Therapies (FACT) [www.factwebsite.org](http://www.factwebsite.org)

The Joint Commission (TJC) [www.jointcommission.org](http://www.jointcommission.org)

- Develops standards to improve safety, efficiency, quality, and value of health care
- Evaluates organizations based on compliance with measurable standards
  - Ambulatory Care
  - Behavioral health care
  - Home health
  - Hospitals
  - Nursing care centers
  - Laboratories
  - Office-based surgery centers
The Joint Commission (TJC)

www.jointcommission.org

Categories of Standards for Hospital Accreditation

<table>
<thead>
<tr>
<th>Accreditation participation requirements</th>
<th>Leadership</th>
<th>Provision of care, treatment, &amp; services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment of care</td>
<td>Life safety</td>
<td>Performance improvement</td>
</tr>
<tr>
<td>Emergency management</td>
<td>Medication management</td>
<td>Record of care, treatment, &amp; services</td>
</tr>
<tr>
<td>Human resources</td>
<td>Medical staff</td>
<td>Rights, responsibilities of individuals</td>
</tr>
<tr>
<td>Infection prevention &amp; control</td>
<td>National Patient Safety Goals</td>
<td>Transplant safety</td>
</tr>
<tr>
<td>Information management</td>
<td>Nursing</td>
<td>Waived testing</td>
</tr>
</tbody>
</table>

Legal Liability Terms and Definitions

- **Malpractice**: When a person deviates from a normal standard of care or acts in a way that differs from how a reasonably prudent provider would act in a similar circumstance
  - Malpractice can be through omission (failure to act) or commission (inappropriate action)
  - **Negligence** is malpractice (failure to act)
  - Required elements of malpractice:
    - **Duty** (care relationship between patient and provider)
    - **Breach of duty** (failure to meet an acceptable standard of care; failure to perform one’s agreement)
    - **Injury**
    - **Causation**

Documentation

- Purposes of documentation
  - Communication tool
  - Evidence of work done by a nurse
- Role of documentation in reducing legal risks
  - Can be used in legal disputes to determine whether a standard of care was met
- Seven essentials of quality nursing documentation
  - Patient centered
  - Contained actual work of nurses including education and psychosocial support
  - Written to reflect objective clinical judgment of nurse
  - Presented in logical and sequential manner
  - Written as events occur
  - Reflected variances in patient’s condition (e.g. changes in patient response or nursing interventions)
  - Fulfilled legal requirements

Compassion Fatigue

- The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time *(Merriam-Webster Dictionary)*
- Unlike burnout, which is caused by everyday work stresses (dealing with insurance companies, making treatment choices, short staffing), **compassion fatigue** results from taking on the emotional burden of a patient’s agony *(Tim Jarvis)*

References:


Compassion Fatigue

- Compromised of two parts:
  - **Burnout**
    - Characterized as “exhaustive frustration, anger, and depression” (Stamm, 2010, p. 12)
  - Secondary traumatic stress
    - Described as the negative consequences secondary to fear and work-related trauma
- Compassion fatigue is not a character flaw
- It is a defined syndrome individuals may develop when they internalize pain or anguish related to other people in their work environment (Todaro-Franceschi, 2013)

Burnout versus Compassion Fatigue

<table>
<thead>
<tr>
<th>Burnout</th>
<th>Compassion Fatigue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anyone who works in a difficult work environment is at risk</td>
<td>Health care professionals who regularly observe or listen to experiences of fear and pain and suffering are at risk</td>
</tr>
<tr>
<td>Adapt to exhaustion by becoming less empathetic and more withdrawn</td>
<td>Continue to give but cannot maintain a healthy balance between empathy and objectivity</td>
</tr>
<tr>
<td>Reduced personal achievement</td>
<td>Response to work situation</td>
</tr>
<tr>
<td>Response to people, personally identify with patient and personally absorb patient’s trauma or pain</td>
<td>Results from being busy</td>
</tr>
<tr>
<td>Results from giving high levels of energy and compassion over a prolonged period of time</td>
<td>Evolves gradually when differences between the expectations of the individual and the organization are in conflict</td>
</tr>
</tbody>
</table>

Compassion Fatigue Interventions

<table>
<thead>
<tr>
<th>Personal Self-Care Strategies</th>
<th>Organizational/Work-Place Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognized feelings of grief and loss, allowing time to grieve</td>
<td>Allow time and opportunities for grieving – meditation areas, memory boards or books, remembrance ceremonies</td>
</tr>
<tr>
<td>Identify ways to renew personal strength and well being (e.g. spirituality, music, yoga, relaxation)</td>
<td>Ensure outlets for sharing emotional expressions, such as closure conferences, debriefings, retreats, professional counseling, and pastoral care</td>
</tr>
<tr>
<td>Maintain physical health</td>
<td>Offer education on grief theories, compassion fatigue, end-of-life care, and communication</td>
</tr>
<tr>
<td>Develop an appropriate work-life balance</td>
<td></td>
</tr>
<tr>
<td>Build positive relationships in personal and professional lives</td>
<td></td>
</tr>
<tr>
<td>Seek professional help when needed</td>
<td></td>
</tr>
<tr>
<td>Recognize the positive impact nurses have on patients and families</td>
<td></td>
</tr>
</tbody>
</table>

Self Care: Compassion Fatigue Resources

  - Offers 0.5 CE credits
  - Offers 0.5 CE credits
  - Compassion Fatigue Awareness Project
    - www.compassionfatigue.org

Sample Question

A nurse plans to take the oncology certified nurse examination in the next year. This action demonstrates which of the following Oncology Nursing Society Standards of Practice:

A. Professional development
B. Performance appraisal
C. Quality of care
D. Education

Sample Questions

Quality of patient care on an oncology unit can best be evaluated by referring to which of the following?

a. American Cancer Society Cancer Sourcebook for Nurses
b. Oncology Nursing Society Statement on the Scope and Standards of Oncology Nursing Practice
c. ONS Chemotherapy & Biotherapy Guidelines & Recommendations for Practice
d. Cancer Nursing Principles and Practice

Sample Question

The 14 high-incidence problem areas in oncology nursing, cited in the Statement on the Scope and Standards of Oncology Nursing Practice, are:

a. Key areas in which oncology nurses assess, plan, and intervene
b. The problems with the highest incidence rates in cancer care
c. Problems that most often affect the client in the acute care setting
d. Clinical indicators that are measurable dimension of the quality of cancer care

Sample Question

A nurse fails to implement interventions in a timely manner according to the established plan of care. The nurse’s action is an example of:

A. Fraud
B. Judgment
C. Slander
D. Negligence
Sample Question

A nurse assigned to care for a group of five patients provides assessment and documentation on only four of the patients. The nurse misread the assignment. The nurse's action is an example of:

A. Nonmaleficence  
B. Malpractice  
C. Breach of duty  
D. Absent documentation

Sample Question

A nurse manager is reviewing the policy and procedure for the staff nurse responsible for chemotherapy administration. In what way can the ASCO/ONS chemotherapy administration safety standards assist in this process?

A. It outlines the professional responsibilities of oncology nurses in the administration of chemotherapy.  
B. It provides data collection tools for the purpose of quality improvement.  
C. It gives an example of oncology nurse job descriptions.  
D. It lists the education classes that are required for oncology nurses.

Sample Question

A patient with bone metastasis is experiencing uncontrolled pain. The nurse reviews the plan of care with the patient and the palliative care nurse practitioner. This is an example of:

A. Mentoring  
B. Professional Development  
C. Collaboration  
D. Peer review

Oncology Nursing Practice – 17% (25 Questions)

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<th>A. Scientific basis</th>
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<td>2. Immunology</td>
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<td>3. Clinical trials</td>
<td>3. Accreditation (e.g. The Joint Commission)</td>
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<td>(e.g. research protocols)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Site-specific cancer considerations</th>
<th>D. Standards of professional performance</th>
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<td>1. Pathophysiology</td>
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<td>2. Common metastatic locations</td>
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<td>4. Prognosis</td>
<td>4. Quality of practice</td>
</tr>
<tr>
<td>5. Classification</td>
<td>5. Communication</td>
</tr>
<tr>
<td></td>
<td>8. Professional practice evaluation</td>
</tr>
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<td></td>
<td>9. Resource utilization</td>
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<tr>
<td></td>
<td>10. Environmental health (e.g. Safety, personal protective equipment, safe handling)</td>
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</tbody>
</table>
Evidence Based Practice (EBP)

- **Definition**: The process of finding and applying the best available evidence to clinical practice (Gobel & Tipton, 2009)

- **Goal**: To provide and guide nursing interventions to enhance the quality and continuous improvement of cancer care that impacts the clinical, psychosocial, financial, and educational outcomes of that care

### Using Evidence In Practice (Multistep Process)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Identification</td>
<td>Asking clinical question in a PICOT format:</td>
</tr>
<tr>
<td></td>
<td><strong>P</strong>: Patient or Population of interest</td>
</tr>
<tr>
<td></td>
<td><strong>I</strong>: Intervention, Issue, or area of Interest</td>
</tr>
<tr>
<td></td>
<td><strong>C</strong>: Comparison intervention or group</td>
</tr>
<tr>
<td></td>
<td><strong>O</strong>: Outcome</td>
</tr>
<tr>
<td></td>
<td><strong>T</strong>: Time</td>
</tr>
</tbody>
</table>

### PICOT Format: Example of a Clinical Question

In adult HSCT recipients, does chlorhexidine bathing decrease central line infections during hospitalization?

<table>
<thead>
<tr>
<th>Population to be studied</th>
<th>Adult HSCT recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue or intervention</td>
<td>Chlorhexidine bathing</td>
</tr>
<tr>
<td>Comparison group</td>
<td>Bathing without chlorhexidine</td>
</tr>
<tr>
<td>Outcome</td>
<td>Central line infections</td>
</tr>
<tr>
<td>Time frame</td>
<td>During hospitalization</td>
</tr>
</tbody>
</table>

The clinical question helps effectively guide the search for evidence.
Using Evidence In Practice *(Multistep Process)*

<table>
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<td></td>
<td><strong>O</strong>: Outcome</td>
</tr>
<tr>
<td></td>
<td><strong>T</strong>: Time</td>
</tr>
<tr>
<td>Search the Evidence</td>
<td>Finding the best evidence with which to answer the question</td>
</tr>
<tr>
<td>Critique of Research</td>
<td>Critically appraise the evidence to determine which are most reliable, valid, relevant, applicable to question</td>
</tr>
<tr>
<td>Integration</td>
<td>Integrating the evidence with clinical expertise, patient preferences &amp; values</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Evaluating outcomes of practice change</td>
</tr>
<tr>
<td>Disseminating</td>
<td>Sharing information from change</td>
</tr>
</tbody>
</table>

Data sources for EBP

- Several different levels of evidence can be used to support a research question and inform practice improvement and/or decision making.
- Include, but not limited to:
  - Research-based evidence:
    - Meta-analyses
    - Systematic reviews
    - Randomized clinical trials
    - Nonrandomized studies
  - Non-Research evidence:
    - Case reports/clinical experience
    - Clinical guidelines
    - Expert opinion
    - Quality improvement data, risk data, cost-effectiveness analysis
    - Benchmarking studies

Levels of Evidence

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>A systematic review or meta-analysis of all relevant randomized controlled trials (RCT’s), or evidence-based clinical practice guidelines based on systematic reviews of RCT’s</td>
<td>Strongest</td>
</tr>
<tr>
<td>II</td>
<td>At least one well-designed RCT</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Well-designed controlled trials without randomization</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Well-designed case-control and cohort studies</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Systematic reviews of descriptive and qualitative studies</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>Single descriptive or qualitative study</td>
<td></td>
</tr>
<tr>
<td>VII</td>
<td>Opinion of authorities and/or reports of expert committees</td>
<td></td>
</tr>
</tbody>
</table>

Resources for EBP

- Cochrane Collaboration ([www.cochrane.org](http://www.cochrane.org))
- Agency for Healthcare Research and Quality (AHRQ) [www.ahrq.gov](http://www.ahrq.gov)
- ONS Putting Evidence Into Practice (PEP)
  - Symptom management resources designed to offer evidence-based interventions for patient care, teaching and staff development
    - [https://www.ons.org/practice-resources/pep](https://www.ons.org/practice-resources/pep)
Evidence-Based Practice: Putting Evidence Into Practice (PEP) Resources

From ONS Homepage (www.ons.org), click on “Practice Resources”

Click on “Putting Evidence Into Practice (PEP)"

PEP Topics
- Anorexia
- Anxiety
- Caregiver Strain & Burden
- Chemotherapy-Induced Nausea & Vomiting
  - Adult
  - Pediatrics
- Cognitive Impairment
- Constipation
- Depression
- Diaphoresis
  - Chemotherapy-Induced
  - Immunotherapy-Induced
- Dyspnea
- Fatigue
- Hot Flashes
- Lymphedema
- Mucositis
- Pain
  - Acute Pain
  - Chronic Pain
  - Breakthrough Pain
  - Refractory/intractable Pain
- Peripheral Neuropathy
- Prevention of Bleeding
- Prevention of Infection
  - Prevention of Infection: General
  - Prevention of Infection: Transplant
- Radiodermatitis
- Skin reactions
- Sleep Wake Disturbances

Putting Evidence Into Practice (PEP) Resources
- Green = GO!
  - Recommended for Practice
  - Likely to Be Effective
  - Evidence supports the consideration of these interventions in practice
- Yellow = CAUTION!
  - Benefits Balanced with Harm
  - Effectiveness Not Established
  - Not sufficient evidence to say whether these interventions are effective or not
- Red = STOP!
  - Effectiveness Unlikely
  - Not Recommended for Practice
  - Evidence indicates these interventions are ineffective or harmful

National Comprehensive Cancer Network (NCCN) Guidelines

- NCCN Clinical Practice Guidelines in Oncology are free at www.nccn.org
- Must register for a free account
- NCCN Guidelines for Treatment of Cancer by Site
- NCCN Guidelines for Detection, Prevention, & Risk Reduction
- NCCN Guidelines for Supportive Care
- NCCN Guidelines for Specific Populations
- NCCN Guidelines for Patients

https://www.nccn.org/professionals/physician_gls/default.aspx - accessed March 9, 2018

NCCN Guidelines for Supportive Care

- Adult Cancer Pain
- Antiemesis
- Cancer- and Chemotherapy-Induced Anemia
- Cancer-Associated Venous Thromboembolic Disease
- Cancer-Related Fatigue
- Distress Management
- Management of Immunotherapy-Related Toxicities
- Myeloid Growth Factors
- Palliative Care
- Prevention and Treatment of Cancer-Related Infections
- Smoking Cessation
- Survivorship

https://www.nccn.org/professionals/physician_gls/default.aspx#supportive - accessed March 9, 2018

Clinical Trials: Drug Approval Process

- Research protocols designed:
  - Within an academic environment
  - Through the National Cancer Institute (NCI)
  - By pharmaceutical companies
  - By cooperative research groups
- Funding may originate from private or public sources
- If trial involves a new agent, U.S. Food and Drug Administration (FDA) reviews and approves the agent as an Investigation New Drug (IND)
- Phase I – III clinical trials conducted
- FDA approves new drug for commercial use when studies have documented efficacy & safety


Phases of Clinical Trials

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
</table>
| I     | Evaluate safety and toxicities  
Determine maximally tolerated dose (MTD) of new compound  
Evaluate pharmacokinetics and pharmacodynamics |
| II    | Evaluate response  
Continue to evaluate safety, toxicities, pharmacokinetics, and pharmacodynamics |
| III   | Randomization  
Compare efficacy & toxicity of new drug to standard of care or placebo (if no standard of care) |
| IV    | Post FDA approval (after drug is available commercially)  
Collect additional data related to greater number of patients  
Evaluate new indications |

Clinical Trials

- U.S. Food and Drug Administration (FDA) regulates clinical trials that involve the licensing of a drug or product regardless of the source of research funding
- Institutional Review Boards (IRBs) are institutionally based and assess clinical trials for risks, benefits, and ethical status
  - Monitor overall conduct of the clinical trial
- A data monitoring committee is required for all Phase III trials
  - Independent group of experts
  - Purpose: protect the safety of trial participants, credibility of study, and validity of study results
  - May recommend termination of a study if appropriate

Role of RN in Evidence-Based Practice

- Identify practice problems.
- Participate in evaluation of existing evidence
- Collaborate with other health care providers/nurse researchers
  - Identify and implement potential solutions to specific-clinical problems
- Participate in research activities that may lead to practice change and add to EBP
- Participate in clinical trials

Education Process (Teaching & Learning Principles)

Adult Learning Theory

- Describes an adult learner as someone who is self-directed, independent, and problem centered
- Principles of adult learning
  - Adults should understand why they must learn something
  - Adults should be self-directed
  - Teaching plan should take prior learning & experience into account
  - Educators should create a learning environment & culture

Client/Staff Teaching

- Needs assessment
  - What does the patient know?
  - What does the patient want to know?
  - Cultural or religious practices that impact teaching?
  - Physical impairments that may impede learning?
  - Preferred language?
  - Education background?
- Goals and Objectives
- Teaching Plan
- Evaluation


Goals & Objectives
Also Called “Outcome Criteria”

- **Goals**
  - Provide a global view of intended outcome (e.g. “patient will be able to care for self at home”)
  - Example: Ability for self-care after discharge
  - SMART:
    - Specific
    - Measurable
    - Attainable
    - Realistic
    - Timely

- **Objectives**
  - State “who” will do “what” by “when”
  - Effective objectives follow ABCD
    - **A** – Audience (who is the learner)
    - **B** – Behavior (what is the learner to do)
    - **C** – Condition (under what circumstances)
    - **D** – Degree (how much; to what extent is the learner to perform)
  - Provide specific assessment criteria
  - Example:
    - Client will be able to state 4 foods high in iron content after reading information regarding foods with high iron content

Sample Questions
In developing a staff education program in the ambulatory setting, the nurse educator would do which of the following first?

- A. Determine a meeting time and place.
- B. Perform a needs assessment to identify the staff’s educational needs.
- C. Comply with the JCAHO standard requiring that ambulatory care meet the same quality standards as inpatient care.
- D. Certify chemotherapy competency as needed.

Sample Question
A data monitoring committee is required for which phase of a clinical trial?

- A. I
- B. II
- C. III
- D. IV
Sample Question
An oncology nurse is the chairperson of a hospital committee that is to develop guidelines for fatigue management. The standard used to guide this effort would be based on which of the following?

A. American Cancer Society position statement  
B. National Institute of Health guidelines  
C. National Comprehensive Cancer Network  
D. American Nurses Association Nurse Practice Act

Sample Question
A patient newly diagnosed with cancer is considering entering a clinical trial that compares the current standard treatment with an investigational chemotherapeutic agent. This is an example of which phase of a clinical trial?

A. I  
B. II  
C. III  
D. IV

Sample Questions
Evidence-based practice (EBP) can best be explained as practice that:

a. Incorporates both research-based and non-research-based evidence  
b. Is based solely on findings from multiple, randomized, controlled clinical trials  
c. Takes the outcomes of a single research study and uses it in practice with a specific client  
d. Uses previous clinical experiences and client outcomes to inform current practice

Oncology Nursing Practice – 17% (25 Questions)

<table>
<thead>
<tr>
<th>A. Scientific basis</th>
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<tbody>
<tr>
<td>1. Carcinogenesis</td>
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<td>2. Immunology</td>
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<td>3. Clinical trials (e.g. research protocols)</td>
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<tr>
<th>B. Site-specific cancer considerations</th>
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<tbody>
<tr>
<td>1. Pathophysiology</td>
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<td>2. Common metastatic locations</td>
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<td>3. Diagnostic measures</td>
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<td>4. Prognosis</td>
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<td>5. Classification</td>
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<td>6. Staging</td>
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<td>7. Histological grading</td>
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<th>C. Scope, standards, and related issues</th>
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<tbody>
<tr>
<td>1. Standards of care (nursing process)</td>
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<tr>
<td>2. Legal (including documentation)</td>
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<td>3. Accreditation (e.g. The Joint Commission)</td>
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<td>4. Self-care (e.g. managing compassion fatigue)</td>
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<th>D. Standards of professional performance</th>
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<tbody>
<tr>
<td>1. Ethics (e.g. patient advocacy)</td>
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<td>2. Education</td>
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<tr>
<td>3. Evidence-based practice (e.g. Putting Evidence Into Practice (PEP) guidelines) and research</td>
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<td>4. Quality of practice</td>
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<td>5. Communication</td>
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<td>6. Leadership</td>
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<td>7. Collaboration</td>
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<td>8. Professional practice evaluation</td>
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<td>9. Resource utilization</td>
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<td>10. Environmental health (e.g. Safety, personal protective equipment, safe handling)</td>
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Questions?

Juanita Madison
juanitalynnmadison@outlook.com