

# A Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland



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# Contents

<b>Foreword</b>	<b>1</b>
<b>Chapter 1</b>	<b>2</b>
<b>Cancer control developments in Ireland – Background</b>	
1.0 Introduction	2
1.2 Purpose of the strategy	3
1.3 Aim and objectives	3
1.4 Cancer in Ireland	3
1.5 The National Cancer Control Programme	4
1.6 Strategic Direction of Nursing in Ireland	5
1.7 Nursing and Cancer Control	6
1.8 Generalist Roles and Specialists Roles in Cancer Care	7
1.9 The Evolution of Cancer Nursing in Ireland	8
1.10 Conclusion	9
<b>Chapter 2</b>	<b>10</b>
<b>Methodology – Creating a National Strategy for nurses caring for people with cancer</b>	
2.0 Introduction	12
2.1 Consultation Fieldwork	12
2.1.1 <i>Regional Meetings</i>	12
2.2 Written Submission Process	12
2.3 Consumer consultation	13
2.4 Data Analysis	13
<b>Chapter 3</b>	<b>14</b>
<b>Findings of the Consultation Process</b>	
3.1 Patient Centred Cancer Care	14
3.1.1 <i>Consultation findings patient centred care</i>	15
3.1.2 <i>Policy and Document Review</i>	16
3.2 Leadership in cancer nursing	17
3.2.1 <i>Consultation Responses on Leadership</i>	17
3.2.2 <i>Policy and document review</i>	19
3.3 Education, Knowledge, Skills and Experience of the nurse	19
3.3.1 <i>Consultation Responses on Education</i>	21
3.3.2 <i>Policy and document review</i>	22
3.3.3 <i>Role Development and Expansion</i>	23
3.3.4 <i>Nurse Led Care</i>	23
3.4 Research and Evidence Based Care	24
3.4.1 <i>Consultation responses on research and evidence based practice</i>	24
3.4.2 <i>Policy and document review</i>	25

<b>Chapter 4</b> Recommendations	<b>26</b>
-------------------------------------	-----------

4.1	Patient Centred Cancer Care	27
4.2	Leadership in Cancer Nursing Recommendations	28
4.3	Cancer education, knowledge, skills and experience of the nurse	28
4.4	Delivering evidenced based practice and cancer research	29

<b>Chapter 5</b> Educational framework	<b>30</b>
---	-----------

5.1	Competencies required by nurses who care for people with cancer	30
	<i>i) UK Adult Cancer Nursing Framework</i>	30
	<i>ii) Canada and Cancer Nursing</i>	31
	<i>iii) Australian Framework for Cancer Nursing (EdcaN)</i>	32
5.2	Current nursing competency requirements in Ireland	35
5.3	Introducing an educational framework for nurses in cancer care	35
5.4	Conclusion of education framework	46

<b>References</b>	<b>47</b>
-------------------	-----------

<b>Appendix 1</b> NCCP Strategic Nursing Reference Group Members	<b>50</b>
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<b>Appendix 2</b> Questions for the fora consultation process	<b>51</b>
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<b>Appendix 3</b> Letter for written submissions	<b>55</b>
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<b>Appendix 4</b> Consumer Consultation	<b>56</b>
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Glossary of abbreviations used	58
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Acknowledgements	59
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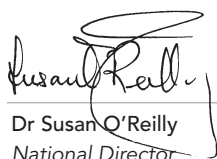
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# Foreword

Cancer is an illness that affects large numbers of people and their families in Ireland and is a major cause of mortality and morbidity worldwide. One in four people overall will die from cancer. In Ireland over 29,000 people are diagnosed with cancer each year. Many, if not all, of these people will have a requirement for nursing care at some point in their cancer experience. Others may have an ongoing need for care, as overall 56% of people with cancer survive, due to earlier diagnosis and advances in the quality of care and more targeted treatments. Therefore nurses working in all health care settings care for people with cancer and have the potential to improve the quality of care and patient outcomes.

The Strategy for Cancer Control in Ireland (2006) and subsequent establishment of the National Cancer Control Programme (NCCP) adopts a whole population approach that involves prevention, screening, diagnosis, treatment and on-going care. This comprehensive and integrated approach to cancer control presents both challenges and opportunities for nursing to respond to and contribute to the health of the population. Nursing has the potential to impact on all elements of cancer control ranging from prevention and treatment through to survivorship and palliative care.

We welcome the opportunity this Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland has provided for consultation and working with organisations and individuals who are involved at many levels with people affected by cancer. We wish to express our sincere thanks to the National Cancer Control Programme Strategic Nursing Reference Group who have given of their time, effort and expertise to complete this important work. We also wish to thank those who made submissions and attended our consultation fora for their contribution. This strategy and education framework leads the way for how nursing will build capacity in generalist, specialist and advanced practice roles to support the delivery of a cancer control approach that is integrated with overarching developments in cancer services. It will enable the nursing profession to respond to the challenges and opportunities that arise from adopting a cancer control approach nationwide. We look forward to its implementation and to the further development of nurses that will be responsive and appropriate for the health care needs of Irish people with cancer.



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# Cancer control developments in Ireland

## 1.0 Introduction

Cancer is a major healthcare issue in Ireland. Over 29,000 new cases are diagnosed each year. It is projected that incidence will increase by up to 100% in the next 10-15 years (National Cancer Registry, Ireland 2011).

The National Cancer Control Programme (NCCP) was established in 2007 to implement the Strategy for Cancer Control in Ireland (DOHC 2006). The NCCP is striving to deliver a comprehensive cancer control programme involving an integrated and cohesive approach to cancer on a whole population basis. The objective is to achieve consistency and optimal standards of care for cancer patients and their carers. With this in mind significant reorganisation in the way that cancer services are provided is taking place.

While developments in prevention, screening, treatment and organisation of specialist services have all contributed to better patient outcomes, Ireland's cancer survival still trails behind countries which have well-established cancer control programmes. Currently, at least 100,000 people are living with a history of cancer in Ireland. The NCCP's overriding objective of providing evidence based structured care will lead to an increase in the number of people surviving their cancer experience. To this end the NCCP has prioritised the use of evidence-based guidelines, multidisciplinary care and continuing education to ensure all staff caring for people with cancer in Ireland have the appropriate skills and competencies to deliver quality assured cancer services.



Nurses are central to the delivery of high-quality cancer services. They play an important role in encouraging healthy lifestyles to prevent cancer, promoting screening and early detection, and in caring for and counselling patients at all stages of their cancer journey and in some instances end of life and palliative care. In recent years there have been many positive developments in cancer nursing, including the introduction of specialist roles. However, considerable additional opportunities remain that could enhance the role of nursing in the prevention and management of cancer in Ireland.

## 1.2 Purpose of the strategy

The overall purpose of this document is to articulate a strategic approach that will enable nurses to develop and maintain the necessary competencies, at the appropriate level to deliver quality and seamless cancer care throughout the Irish health service.

## 1.3 Aim and objectives

The aim and objectives are to provide a strategy and educational framework that will guide and support nurses in the provision of quality cancer care to people with cancer in Ireland that will:

- Enable all nurses to participate in cancer control, whether specialist or generalist and irrespective of where they work
- Ensure the professional development of nurses in cancer control is consistent with national standards for the profession and cancer care

- Define the role of nurses and the competencies they require to meet the objectives of the National Cancer Strategy
- Propose a formal structure whereby nurses who care for people with cancer are represented at policy making level and have leadership roles that ensure the maximum contribution of nursing to evidence based cancer care e.g. leadership roles on tumour groups and multidisciplinary team meetings.

## 1.4 Cancer in Ireland

The National Cancer Registry has been producing information on the burden of cancer in Ireland since 1994. The 2011 annual report shows that:

- The annual average number of cases registered between 2007 and 2009 was 29,735, an increase of 12% from the annual average of the previous three year period (2004-2006). There were approximately 50% more cancers per year than in the mid-1990s.
- Since 1994 the annual increase in the number of new cases diagnosed increased by 2.7% for women and 3% for men. Most of this increase can be attributed to the ageing profile of the Irish population.
- The cumulative lifetime risk for invasive cancer (excluding Non Melanoma Skin Cancer NMSC) was 1 in 3 for men and 1 in 4 for women.

- Excluding NMSC, female breast and prostate cancer alone comprised almost one-third of all cancers diagnosed in women and men respectively.
- There were 7,891 deaths due to invasive cancer in 2007. Lung cancer was the commonest cause of death and, for the first time, was the main cause of death in women, outnumbering breast cancer deaths in women by 6%.
- The overall cancer incidence in Ireland remains high compared with other European countries; for females Ireland ranks 2nd highest and for males ranks 4th.
- Ireland's cancer mortality rates were closer to the EU average; male death rates ranked 21st out of 29 countries listed but female death rates ranked 4th overall.
- While complete prevalence statistics are not available, it is known that 90,750 people diagnosed with invasive cancer (excluding NMSC) between 1994 and 2008 were still alive at the end of 2008, 52.2% were female. Cancers with the highest prevalence are breast, prostate and colorectal.
- The 5 year relative survival for males and females is 54.6% and 56.5% respectively. For all cancers and for the four main cancers (breast, lung, female breast and prostate) survival improved significantly between 1994-1997 and again between 2003 -2007. Ireland's survival ranks 13th highest out of 20 European countries listed (16th for females and 11th for males).

## 1.5 The National Cancer Control Programme

The National Cancer Control Programme (NCCP) was established to implement the 2006 National Cancer Control Strategy with the following objectives:

- Plan, manage, organise and deliver cancer control on a whole population basis.
- Integrate all elements of cancer control through a variety of settings, and ensure a programmatic approach to cancer control through the application of evidence-based policy to clinical practice and all other components of cancer control.
- Define national standards and 'best practice' according to evidence of benefit on a tumour by tumour basis.
- Ensure accountability for the delivery of interventional services according to annual operating plans with public reporting of performance, quality and safety measures.

The vision of the NCCP is to reduce the incidence and impact of cancer by:

- Reducing access and outcome inequalities
- Improving the journey of patients through the complex pathway of care
- Ensuring a nationally consistent approach to service delivery
- Fairly and equitably prioritising investment to deliver value for money.

## 1.6 Strategic Direction of Nursing in Ireland

A major priority of the Irish health system is the delivery of safe, quality care for all patients. The Programme for Government (2011) provides for healthcare reform and aims to reduce the reliance on acute hospitals so that more care can be delivered in the community. In this regard it prioritises the enhancement of integrated patient care to ensure that the patient journey is as seamless as possible. This requires that all health professionals have the skills and competencies to deliver quality patient care. A policy framework for a healthier Ireland 2012-2020 is currently being developed and this will realise the provisions in the Programme for Government with regard to the health and well being of the whole population. Nurses are the largest profession in the Irish health system. Currently they make up 35% of the health workforce.

The publication of a number of reports and reviews has provided a clear focus for the development of the nursing and midwifery professions. The principle underpinning these documents is the requirement for nursing and midwifery to respond to the health care needs of the population. These documents include:

- The Report of the Commission on Nursing (1998)

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- The Review of Practice Development in Nursing and Midwifery in the Republic of Ireland and the Development of a Strategic Framework (2011)

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- The Strategic Framework for Role Expansion of Nurses and Midwives – Promoting Quality Care (2011)

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- The Nurses and Midwives Act (2011)

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*The Report of the Commission on Nursing (1998)* provides the 'blueprint' for the strategic direction of nursing and midwifery profession in Ireland. It provides a comprehensive review of the profession and makes a wide range of recommendations including the establishment of nursing practice development roles and related responsibilities. Since its publication there have been many positive developments in career structures and education including, the development of flexible, innovative and practice-oriented registration programmes by third level institutions. Not only have nurse leadership roles been successfully implemented but major expansion of nursing and midwifery practice, such as, nurse prescribing have been facilitated and achieved through the direction set by the Report of Commission of Nursing. It also led to nursing becoming a graduate profession in 2002. The development of clinical and management pathways for nurses and midwives was also a result of the implementation of the reports recommendations. These pathways included the establishment of clinical nurse/midwife specialist and advanced nurse/midwife practitioner posts. Post-registration courses were developed by higher education institutes (HEIs) to prepare nurses for specialist and advanced practice roles.

***The Review of Practice Development in Nursing and Midwifery in the Republic of Ireland and the Development of a Strategic Framework (2011)*** acknowledges that a national approach to practice development is required to support a patient centred culture, innovation, work-based learning and outcome measurement. Its vision is that:

- The 'patient is at the centre'
- Nursing roles are well-defined and have a solid infrastructure
- Multidisciplinary and integrated care is a priority
- Facilitated learning is encouraged and links with higher education institutions are established.

***The Strategic Framework for Role Expansion of Nurses and Midwives – Promoting Quality Care (2011)*** recognises the importance of Ireland's increasing and ageing population, emerging health patterns, patient safety in influencing the health environment and the policy direction for nurses and midwives. The framework highlights the need to expand nurses and midwives scope of practice to meet the requirements of our population.

### ***The Nurses and Midwives Act (2011)***

further enhances the protection of the public in its dealings with nurses and midwives. It provides for greater accountability through demonstration of competence maintenance so as to protect the public. It stresses that nurses and midwives should maintain professional competence on an ongoing basis, work within the scope of their practice, adhere to their code of conduct and be accountable. The act highlights the duty of the employers in relation to maintenance of professional competence for registered nurses and midwives stating that they must provide learning opportunities for the nurse or midwife in their workplace.

These strategic documents and legislation create conditions that require nurses to work in more effective ways, in a culture that promotes utilisation of specific skills relative to patient need and the provision of holistic and multi-disciplinary care.

## **1.7 Nursing and Cancer Control**

Patients diagnosed with cancer receive care from generalist and specialist nurses in a number of diverse settings. Nurses are at the front-line of the service and therefore can encourage healthy lifestyles for all in their practice population. In all care settings they have an important role in recognising early signs and symptoms and prompting early intervention and treatment (Shafter 1997). Research has also demonstrated the positive impact of nursing on patients and their families in coping with the impact of their diagnosis (Corner 1996, Wilkins-Fawzy 1995). Nursing care should be planned, coordinated and delivered within a multidisciplinary framework to meet the needs of the cancer patient across a continuum of care environments (e.g. hospital and community settings) and across the cancer continuum. The cancer

continuum includes prevention, screening, early detection and diagnosis, treatment and symptom management. It involves supportive care, rehabilitation, long term care and end of life and palliative care. A policy framework for a Healthier Ireland 2012-2020 is currently being developed by the Department of Health promoting healthier lifestyles, it will address the emergence of risk factors and will aim to reduce chronic diseases and their burden to families. Nurses need to be familiar and utilise this framework when caring for people with cancer in Ireland.

Nurses practice in a variety of settings. Their work involves patient assessment, delivery of nursing interventions, patient education and coordination and evaluation of care. A nursing care plan for patients is developed in response to patient needs, identified at time of initial assessment and during ongoing assessments. The development of a collaborative care plan prepares the patient (and family) for the proposed treatment, assists in the patient's understanding of the disease, treatment and possible side-effects. It facilitates psychological well-being and promotes compliance with treatment. Patient education should begin before treatment begins and continue to long term care.

At some stage of their career, every nurse will care for a patient diagnosed with cancer (Kendall 2007). As the scope of nursing practice has evolved over the years an important distinction has been made between generalist and specialist roles.

## 1.8 Generalist Roles and Specialists Roles in Cancer Care

A generalist is defined by the Oxford dictionary as *"a person competent in several different fields or activities"* A specialist is defined as *"a person who concentrates on one particular subject or activity; a person highly skilled in a particular field"*

In 1987 Robert Tiffany described three categories of cancer nurses:

- I. The generalist nurse who trained at a basic nursing education level and may care for cancer patients as part of an assigned case load.

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- II. The oncology nurse who cares for patients in specialist centres or works with cancer patients as a specialised population in the hospital or community setting. The oncology nurse will have undertaken a formal training programme and may hold a nationally recognized qualification

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- III. The specialist oncology nurse who is an expert in one area of nursing and is supported by specific preparation. Specialist oncology nurses need to have appropriate post-registration education and training to do something that is beyond the usual skills of the general nurse (UKCC 1999).

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Internationally cancer nursing is recognised as a specialty area of nursing practice (National Nursing and Nursing Education Taskforce 2006). This reflects the fact that nurses who work in areas where cancer is the main focus need specialist skills and knowledge. They must deliver an advanced level of care, such as delivering complex treatment regimes, symptom management, education, support

and psychological care. Modalities of care in which specialist cancer nurses play a role as part of the multi-disciplinary team are many and include surgery, radiation therapy, chemotherapy and biotherapy and palliative care.

### **Surgery**

Nurses play a key role in preparing the patient for surgery. They ensure that patient expectations are realistic. They help to reduce anxiety and promote compliance with treatment post-operatively. They provide the patient with an understanding of expected surgical outcomes, such as changes in body image. As many cancer surgeries are now carried out as day procedures, community nurses may play a role in the post-operative care of these patients. Hospital nurses are responsible for coordinating the transfer of patients to the community and in communicating the care required by community nurses.

### **Radiation Therapy**

Understanding the fundamental principles of radiation therapy enables nurses to provide information, advice and support to patients. Nurses working in radiation oncology prepare patients for treatment, both physically and psychologically. Pre-treatment assessment includes knowledge of the plan of care and goal of therapy. Nursing assessment includes paying particular attention to the area being treated, the patient's understanding of the disease and treatment and possible side-effects. Most radiation therapies affect the skin integrity and it is important that nurses

educate patients in relation to skin care during treatment. Nurses play a key role in recognizing, measuring and advising patients on interventions and management of side effects including fatigue that they may experience during or after treatment.

### **Chemotherapy / Systemic Therapy**

Chemotherapy is usually delivered in ambulatory care settings. Delivery of chemotherapy is primarily the responsibility of oncology nurses. Therefore oncology nurses need to be competent and knowledgeable in drug preparation, administration, delivery and possible adverse effect of individual agents. Skills such as venepuncture, cannulation, administration of intravenous drugs, care and management of central venous access devices and appropriate technologies are central to the role of a nurse working a chemotherapy facility. Nurses also have an important role in educating patients and their family in relation to possible side effects and actions to take if symptoms develop.

### **Biotherapy**

Biological therapies may be used alone or used in conjunction with the other cancer treatment modalities. Biological agents include monoclonal antibodies and colony stimulating factors. Nurses have a key role in patient / family education in relation to side-effects and to preparation and administration of subcutaneous injections.

## 1.9 The Evolution of Cancer Nursing in Ireland

Over the past two decades approximately 370 specialist cancer nursing posts have been approved in Ireland. The rationale for the development of these posts was to curtail health costs and to meet the complex physical and psychosocial needs of people with cancer and their families (Willard and Luker 2007). Many roles and posts were developed more as a result of nursing vision and motivated individuals within the profession striving for excellence.

The two national cancer strategies (1996 and 2006) both highlight the importance of cancer nursing but neither explicitly identified the need for streamlined cancer nursing care or workforce planning to meet service requirements. However a number of nurses have adopted leadership roles in cancer care over the years. Many have undertaken advanced training and are now leading in specific areas of cancer care which would previously have been delivered by consultants. These developments, though groundbreaking, have occurred in an ad-hoc manner, for example:

- The location and role of specialist nurses has tended to be service driven by individual consultants or hospitals
- A number of job titles now exist in different hospitals for similar specialist roles. This has led to some confusion.

## 1.10 Conclusion

Given the projected increasing incidence of cancer in Ireland over the next 10-15 years, there is an increasing requirement to strategically develop both generalist and specialist and advanced practice roles in cancer care in the context of adopting a cancer control approach. This is particularly important in areas of prevention, screening, and the use technological advances in complex care as well long term patient care for cancer survivors. The developments in nurse education for generalist, specialist and advanced roles provide a sound foundation on which to build nursing workforce capacity to meet future cancer related healthcare needs for the Irish population.

The methodology and consultation process that was adopted to create a strategy for nurses caring for people with cancer in Ireland is outlined in Chapters 2 the findings are described in Chapter 3.

# Creating a National Strategy for nurses caring for people with cancer

## 2.0 Introduction

The NCCP and the HSE Office of the Director of Nursing and Midwifery Services (ONMSD) formed a partnership to identify and advise on priorities for cancer nursing nationally. In this regard the NCCP Strategic Nursing Reference Group was established. (Group membership is detailed in Appendix 1)

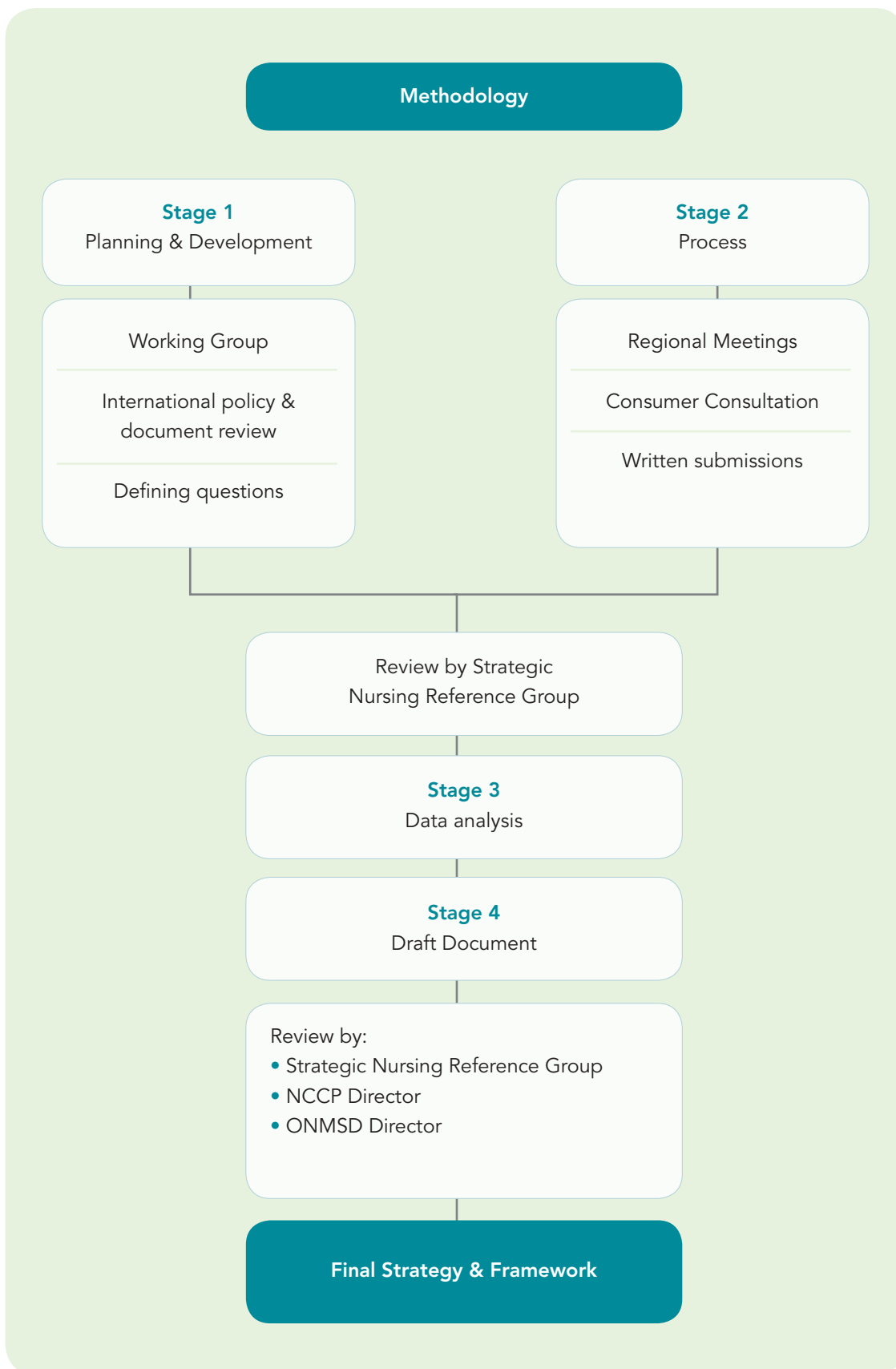
The group identified the need for a *Strategic Framework for Nurses Caring for People with Cancer in Ireland*. A working group was established to undertake this work. This group reviewed international and national

policies on cancer nursing and developed a proposed methodology which included undertaking a consultation process with nurses and consumer groups as well as the format for receiving written submissions. The results of the review and proposed methodology were approved by Strategic Nursing Reference Group.

The processes of conducting the research and the methodological tasks undertaken are illustrated in Figure 1.



**Figure 1 Methodology**



## 2.1 Consultation: Fieldwork

Process for conducting the consultation:

- I. Five regional meetings were held with nurses who work in both the primary care, secondary care and educational settings

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- II. Written submissions from nurses and key health stakeholders were sought

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- III. Consumer consultation was undertaken

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The working group was advised by a researcher (with expertise in quantitative and qualitative research) on undertaking the research and in analysing the results. Senior personnel from the HSE Office of the Director of Consumer Affairs advised on the consumer consultation process.

### 2.1.1 Regional Meetings

Generalist and specialist nurses who work in primary and secondary care and in educational settings were invited to attend one of five regional meetings. These fora presented an opportunity for nurses to inform the work of the Strategic Nursing Reference Group.

Invitations to attend the meetings were sent out from the Centres for Nursing and Midwifery Education nationally. Information regarding the meetings were also posted on the HSE website. These meetings were held in Dublin, Galway, Drogheda, Cork and Tullamore. There were 130 attendees in total. Each meeting had chairperson and a scribe. Six broad questions were posed to each group. This facilitated open discussion, which was captured by the scribes in detail on flip charts at the meetings. The information was then collated and transcribed into an excel document which was then analysed. Six key

questions were asked of the attendees to seek their views on the key elements of quality nursing care for patients with cancer, factors which hinder or facilitate their ability to deliver these elements, core knowledge, skills and competencies, expansion of roles to meet patients changing needs and support needed for nurses.

After reviewing the attendee list of the first two regional meetings the working group noted that generalist nurses were not well represented at the meetings. The nurses who attended subsequent meetings were asked to bring the designated questionnaire back to their colleagues (generalist nurses) and to encourage them to submit their views by returning the questionnaire to the strategy project lead (See Appendix 2).

## 2.2 Written Submission Process

Requests for written submissions were sought from nurses, educationalists, other healthcare professionals and service users. Questionnaires were developed using the same themes which were addressed in the nursing fora. Requests for written submissions were also sent directly to regulatory bodies, educational institutes, professional oncology groups and other nursing and medical colleagues (See Appendix 3)

A number of stakeholder semi-structured interviews with nurse leaders in Ireland and Northern Ireland took place to broaden the input to the development of the framework.

### 2.3 Consumer consultation

The working group undertook a review of the literature in relation to consumer views and experiences of the nursing care they received during their cancer journey. This review shaped the questions asked of consumers in the consultation process. Collaboration with the HSE Consumer Affairs Department, Europa Donna and the Irish Cancer Society Patient Advocacy Group was undertaken and consumer questions were devised and circulated to a number of patient advocacy groups. (See Appendix 4)

There were two hundred and six written submissions (206) from nurses and stakeholders. There were twenty four consumers submissions received which were from individuals and from patient advocacy groups. Representatives from patient advocacy groups were also consulted before the consumer questionnaire was circulated and gave their comments on the validity of the themes used. The transcribed notes from the semi-structured interviews with nurse leaders were also reviewed. All of the above submissions and transcribed notes were reviewed and categorised. The themes emerging were congruent with four principle themes arising from the other data.

### 2.4 Data Analysis

Analysis was conducted on the data gathered at the regional meetings with the assistance of a qualitative researcher. These data consisted of written transcripts of scribed notes and regional meeting summaries. The content of the first two regional meetings were coded. Following this, data from the remaining three regional meetings were reviewed. Fifty six categories were identified; these were further analysed and grouped into 16 categories from which four principle themes emerged as follows:

1. Patient centred cancer care
2. Leadership in cancer nursing
3. Cancer education knowledge, skills and experience of the nurse
4. Delivering evidence based practice and cancer research.

# Findings of the Consultation Process

The themes that emerged from the data analysis are:

1. Patient centred cancer care
2. Leadership in cancer nursing
3. Cancer education, knowledge, skills and experience of the nurse
4. Delivering evidenced based practice and cancer research.

Many examples of the strengths of nursing care were provided, both cancer specific and generic. Weaknesses were also highlighted together with suggested opportunities for improvement.

This chapter is presented in four parts in keeping with the themes that were identified.

Each theme is discussed according to **strengths, weaknesses, opportunities and**

**threats** that emerged from the consultative fora and with reference to international and national literature where relevant.

## 3.1 Patient Centred Cancer Care

There is a growing recognition of the importance of involving patients in their care. The health care system has experienced a shift from a paternalistic medical model to one that engages the patient in decision-making and self care.

The importance of patient centred care was emphasised during all aspects of the consultation process. Patient centred care is defined as:

*'an approach to planning, delivery and evaluation of health care that is grounded in mutual beneficial partnerships among health care providers, patients and families'*  
([www.ipfcc.org](http://www.ipfcc.org)).

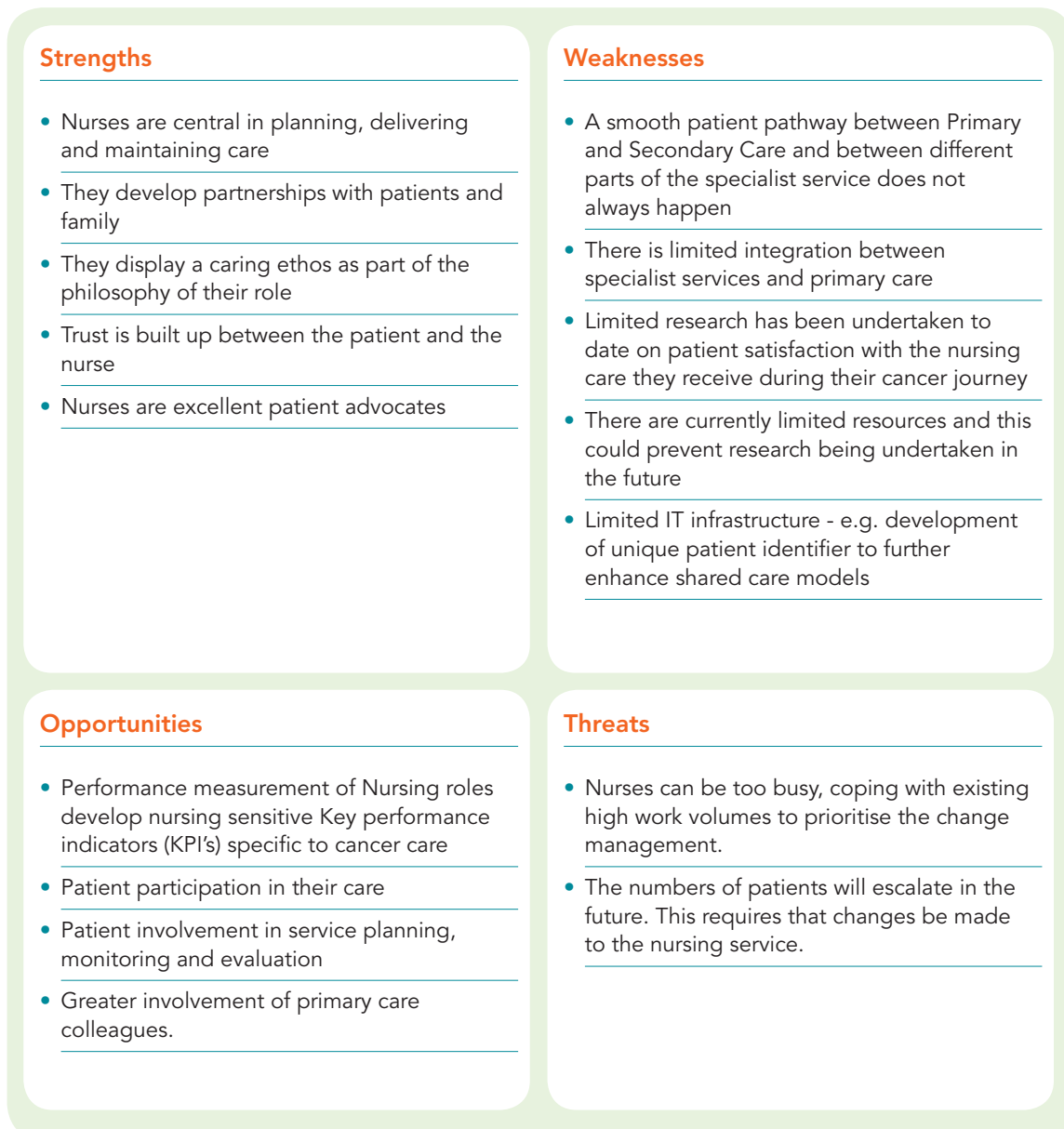
Patient centred care was identified as one of the four principles that formed Ireland's 2001 Health Strategy, *Quality and Fairness; A System for you*. A patient centred health system was described as one which:

*'identifies and responds to the needs of individuals; is planned and delivered in a coordinated way and helps individuals to participate in decision-making to improve their health'*

### 3.1.1 Consultation findings patient centred care

Nurses are trained and skilled in patient centred care but views were expressed that the health care system and particularly the lack of integrated care is a barrier in the provision of patient centred care. Figure 2 below illustrates the SWOT analysis from the consultative fora data

**Figure 2: Patient Centred Care – An overview of consultation**



### 3.1.2. Policy and Document Review

In the United Kingdom research was carried out by the Picker Institute in 1993 which identified eight dimensions of patient centred care. These are:

1. Respect for patient preferences and values
2. Emotional support
3. Physical support
4. Information, communication and education
5. Continuity and transition
6. Co-ordination of care
7. Involvement of family and friends
8. Access to care

The World Health Organization (2000) uses the term 'responsiveness' in preference to *people centred care* to describe how a health care system responds to the needs of the people it serves.

Participants in the consultation process identified all eight dimensions of patient centred care. Their views included:

#### Respect for patient preferences and values:

- The right to respect and sensitivity for the patient and his/her family
- A holistic approach to the patient and the patient's family should be a priority
- Care needs to be 'individualised and patient focused'
- The patient should have the opportunity to be involved in their own care as this enables them to make informed decisions.

#### Emotional support

Emotional support is considered to be an integral part of the nursing role and many participants felt that:

*'All nurses should possess psychological skills to support a distressed patient and family' and nurses should 'know how and when to refer patients for further psychological management if required'*

*'Nurses should try to understand what patients are going through physically and emotionally'. They should also have the 'ability to listen and give attention to detail, patience and a will to empathise with the patient'.*

#### Physical support

Nurses need to know *'the impact of cancer physically, its presentation, symptoms and progression'*. They should have an understanding of *'appropriate symptom and side-effect management'*. All nurses need *'excellent basic nursing skills and knowledge in holistic patient assessment, planning, implementation and evaluation of care'* in a *'safe, effective and timely manner'*. It was recommended that all nurses who care for patients with cancer should have basic physical assessment skills.

#### Information, communication and education

Nurses who care for cancer patients should display *'empathy, understanding, good communication and professionalism'*. They need to establish *'excellent communication networks between multidisciplinary teams'* and ensure there are *'communication systems in place to assist in the management of the patient journey'*.

They should have *'good knowledge and skills in health promotion, cancer prevention and cancer biology including an understanding of the diagnosis, prognosis, life expectation, quality of life, treatment modalities and strategies, referral pathways, support services and end of life care'*.

### Continuity and transition

Structures and systems are needed to facilitate continuity of care and a seamless patient journey. There is also a requirement for *'robust clinical governance arrangements which include the nursing profession to support the implementation and monitoring of standards of care consistent with evidence of best practice, management of risk and continuous quality improvement'*.

### Co-ordination of care

The patient's journey includes health promotion, diagnosis, treatment, follow-up care and in some instances for some patients palliative care. To ensure that patient care is coordinated *'well organised services, policies, protocols, practices and care pathways'* are required which include *'effective and efficient methods of diagnosis, treatment and after-care service'*. This can only be achieved by *'effective team work to secure seamless care throughout the patient's journey'*. It includes the *'coordination of care between primary care and secondary care services'*. The nurse plays a pivotal role as a patient advocate throughout the patient journey.

### The involvement of family and friends

When caring for patients with cancer it is important to *'include the family in the patient's care'*. When caring for a child with cancer nurses should, in collaboration with the team, *'empower families to become involved in their child's care by providing the required skills to deliver home based care when required'*. Nurses should ensure that the *'patient feels he/she is involved in their care' from diagnosis through to follow-up.'*

### Access to care

To facilitate access to care there should be *'clear patient pathways from access to follow-up'* and nurses should have *'knowledge of services /resources available to patients'*. They should ensure that patients have *'access to the relevant nurse specialist'* when required. This can be achieved by ensuring that the patient / family has nursing contact details. Nurses should also be aware of the *'availability of complimentary therapies'*, provide impartial advice and know how patients can access these services, if requested.

## 3.2 Leadership in cancer nursing

Leadership in nursing involves providing a strategic direction, vision making decisions, delegating and developing staff to respond to an ever changing healthcare environment.

### 3.2.1 Consultation Responses on Leadership

A number of participants in the consultation process indicated that leadership in cancer nursing was an important issue. A representative response included:

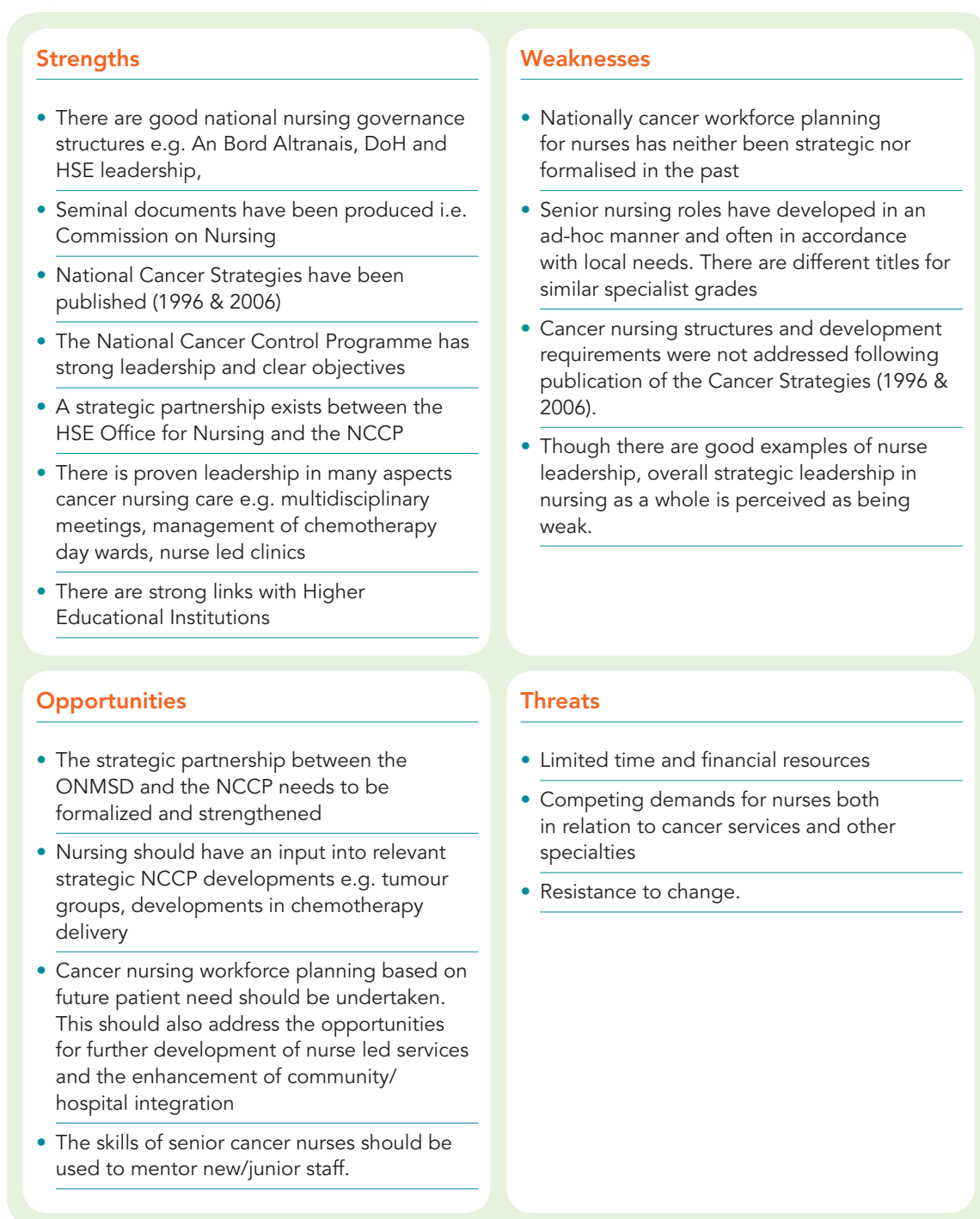
*'Effective leadership is needed from senior nurses. They need to be influential, innovative and strategic. They should provide advice, direction and guidance for cancer service delivery'*

Other suggestions were that nurses should:

- Have national influence in policy setting, strategic developments and the multidisciplinary organisation and delivery of services
- Promote good governance with clear structures and clear lines of accountability at individual, team and systems level

- Seek training in leadership. Senior managers should invest in leadership training and practice development programmes
- Engage in good networking nationally and internationally with leaders in cancer nursing
- Keeping up-to-date with international practices and ensure that Irish nursing is represented internationally
- Work collaboratively with all members of the multi-disciplinary team to ensure that patient needs are met.

**Figure 3: Leadership in Cancer Nursing – An overview of all consultation**





### 3.2.2 Policy and document review

Strong leadership in nursing:

- promotes quality assured services and high standards of care
- influences the direction of care and services
- ensures continuous monitoring and evaluation of services with the objective of ensuring safe and effective care
- Ensures patients receive care from appropriately trained nurses.

*'Lead Cancer Nursing'* posts have been established in the United Kingdom. Their role is to *'guide, facilitate and enable nurses to reach their full potential and create an environment that supports clinical autonomy within clinical practice, interdisciplinary collaboration and decision making'* (Scott, Sochalski & Aiken 1999). These nurse leaders work towards creating change at policy and service levels with the ultimate aim of improving patient care.

Advanced Nurse Practitioners and Clinical Nurse Specialists are ideally positioned to provide clinical leadership and mentoring to colleagues when caring for patients with cancer. Their potential and added value needs to be explored further.

Leadership training should be one of the many initiatives related to process improvement that incorporate research, best practice and methods that inspire our current and future leaders. In order to foster organisational cultures that strengthen nurse leaders, job descriptions for senior cancer nurses should include leadership skills and expectations. (Contino,2004).

### 3.3 Education, Knowledge, Skills and Experience of the nurse

Education increases knowledge and enhances nursing skills in the clinical area. It promotes and encourages evidence based practice through research. Nurses face challenges in meeting the health, social and cultural needs of patients with a cancer diagnosis, the complexity of treatment and its impact on the family (Frost, 1997). Nurses need to have the correct knowledge and skills in order to meet these challenges (McCaughan and Pardoo, 2000).

**Figure 4: Education, Skills, Knowledge and Experience of the Nurse – An overview of consultation findings**

### Strengths

- University degree programmes for undergraduate nurse training (level 8 NQAI Framework)
- Well established educational pathway and courses for nurses wishing to specialise in cancer care e.g. Graduate Diploma in Oncology and Masters programmes
- Cancer education programme for nurses working in primary care
- Community Oncology Nurse Education Programme
- Ireland is recognised internationally for its established nurse educational training
- Mentoring culture established and accepted.

### Weaknesses

- No specific cancer module on the undergraduate programme
- The main focus of educational opportunities has been on specialist as opposed to generalist nursing roles.
- For general nurses there are few opportunities for training in cancer. This has led to the ad-hoc development of additional training in cancer care
- Absence of mandatory continuous professional development (CPD)
- Absence of performance management of nursing roles
- Inequitable access to educational opportunities
- No pre-defined competencies for nurses caring for cancer patients

### Opportunities

- Define competencies for all nurses caring for cancer patients in Ireland
- Implement mandatory CPD for nurses
- Identify opportunities for nurses to expand their roles to meet the changing needs of cancer patients e.g. colonoscopy service can be delivered by advanced nurse practitioners (ANP)
- Develop multiyear planning for nurse education requirements to meet patient needs i.e. generalist nurses, clinical nurses specialist and advanced nurse practitioners
- A cancer control module should be incorporated into the undergraduate training programme
- Review of educational programmes to ensure that aspects of cancer control are being taught especially prevention e.g. smoking cessation
- Appoint Chairs In Cancer Nursing and develop PhD programmes in cancer control with clinical and academic commitments and partnerships
- Continue the expansion of NCCP nurse training in community oncology and primary care with university accreditation.

### Threats

- CPD for nurses may become a casualty of the current financial climate
- Reduction in front line staff resulting in dilution of staff in specialist areas
- In the current financial climate, there is a fear posts may be lost.

### 3.3.1 Consultation Responses on Education

In the consultative fora and in the submissions received as part of this research, a distinction was made between generic and specialist nurse requirements in relation to education, knowledge, skills and experience.

It was recommended that all nurses should have:

- *'a good knowledge of the disease process as it affects the individual patient, be able to recognize 'red flag' symptoms and have a knowledge of the referral and diagnosis processes'*

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- *'some knowledge of oncology' and 'be able to recognise oncological emergencies and symptom control'*

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- *'a basic knowledge of treatment and available support services'*

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- *'a good knowledge of health promotion / disease prevention' and the skills to engage with patients / clients in promoting health especially smoking cessation'*

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- *'a supportive environment that encourages and enables them to engage in ongoing professional development through attending study days, being involved in journal clubs or undertaking post-graduate courses'*

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- *'an awareness of the emotional sequelae of a diagnosis of cancer on the patients and family'*

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Generalist nurses are important to the health service as they carry out a much broader approach to patient care ensuring coordination across specialities, maintaining

the fundamentals of nursing and providing, not only evidence based care, but ensuring that the patient is satisfied with the quality of care they receive.

In relation to specialist nurses, it was considered that they should:

- *'be experienced practitioners delivering effective, coordinated care'*

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- *'have advanced knowledge of oncological diseases'*

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- *'have an academic qualification in oncology/ haematology'*

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- *'skill proficiency in the administration and management of cancer treatments'.*

---

The consultation group participants identified the key areas for success in their role, either as junior or senior nurses, generalists or specialists. These included the core knowledge, skills and competencies needed by nurses caring for cancer patients should be dependent on the level of decision making required by them in their area of practice and within the context of the multidisciplinary team:

- *'Education is key' when caring for patients with cancer. It was recommended that there should be 'opportunities for non-specialist staff to partake in cancer continuous professional development' including foundation cancer courses*

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- *Access to educational courses and the provision of CPD 'is not an optional extra' Even at times of economic uncertainty CPD needs to be protected'*

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- *'CPD should be compulsory as has recently happened in the medical profession'*

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- *'All nurses should have opportunities to attend relevant study days with time release and funding'*
- *'In-house education' sessions are a good way keeping up-to-date on practice issues and a more cost effective means of educating staff.*

Some respondents felt that traditional focus of nurse education has been on the secondary care setting and that there is now a need for *'much greater emphasis on education for the community/primary care setting'*

Nurses who work at a specialist or advanced level require access to:

- *'a structured approach to ongoing education' to ensure they continue to remain updated on new developments.*
- *'appropriate / advanced level of education/ongoing education so that they can impact positively on patient outcomes by anticipating potential problems before they arise and ensure preventive measures are put in place'*

The view was expressed that nurses with doctorate level education are needed to teach and mentor future nurses to carry out research that becomes the basis for improvement in nursing science and practice.

- *'Investment in nurse education and research between universities and hospitals and between disciplines' was suggested.*
- *'Greater opportunities are needed to integrate learning and for nurses with advanced skills to support others.*
- *'There should be greater opportunities for advanced nurse education, up to PhD level. These senior nurses should*

*have responsibility for integrating care between hospital and community sectors' They should also promote collaboration between academics and service settings and lead on 'on the job' training initiatives'*

- *'A review of general nurse training is required to ensure it meets the needs of a changing society and changing health demands both at undergraduate and post-registration levels'*
- *'A Chair in Nursing Oncology should be appointed to one of the Universities. to support cancer nursing educational needs research and practice'*

### 3.3.2 Policy and document review

Changing healthcare needs require that nurses and midwives are educated to ensure that patients and their families receive competent evidence based care. As patient health needs and care environments become more complex, nurses need to acquire new competencies to deliver high quality care (Institute of Medicine, 2010). These competencies must move from task based proficiencies to a higher level that include knowledge management and decision making skills in a variety of clinical situations and care settings. They include:

- leadership
- knowledge of health policy
- system improvement and resource management
- research and implementing evidence based practice
- team work and interdisciplinary collaboration
- complexities of community care.

According to the Institute of Medicine 2010 nursing curricula need to be re-examined, updated and adaptive enough to meet patients changing needs and improvements in science and technology.

### 3.3.3 Role Development and Expansion

Role development and expansion is a key tenet of professional practice. The Strategic Framework for Role Expansion of Nurses and Midwives (2011) states that undergraduate nurse education programmes prepare nurses with a foundation to practice. They are the basis for their career trajectory. They create the potential within the nursing and midwifery workforce to provide high quality care in a changing and dynamic health system. There are five levels of nursing experience (Benner, 1982):

1. novice
2. experienced beginner
3. competent
4. proficient
5. expert

Planning for the enhancement of nurse and midwife competencies should occur from undergraduate level, generalist to specialist towards advanced practice. Specialist nurses need to be recognised for their specialist contribution to patient care and be reassured they can expand their role, improving their competencies and opportunities for career development ([www.scotland.gov.uk](http://www.scotland.gov.uk)). The potential for nurse-led and nurse delivered services in oncology is substantial. Patient assessment, symptom management, treatment delivery, encouragement of self-care and long-term care can all be dealt with by nurses. Development of roles should occur through

expansion of the role rather than taking on tasks. Expansion of practice involves a broader holistic process taking both the patient need and nursing skills into account. This approach has already been successfully used in Ireland and internationally resulting in enhanced service provision for patients and improved job satisfaction for nurses (NCNM 2011).

A Strategic Framework for Role Expansion of Nurses and Midwives (DoH 2011) provides a six-step process for nurse role expansion. This is in keeping with service need and national policy direction. These six steps need to be taken into account when considering role expansion:

1. Anticipated patient/client caseload
2. Potential patient /client benefit
3. Clinical decision making required
4. Level of support available from the multidisciplinary team
5. Availability of resources
6. Expertise and educational level of nursing workforce

### 3.3.4 Nurse Led Care

Enhanced skills and knowledge are required by nurses who provide nurse-led care. The National Council for the Professional Development Nursing and Midwifery (2005) define nurse-led care as “care provided by nurses responsible for case management” It includes:

- comprehensive patient assessment
- developing, implementing and managing a plan of care
- clinical leadership and decision to admit or discharge

Patients are referred to nurse-led services by nurses / midwives and other health professionals in accordance with collaboratively agreed protocols. Such care requires enhanced skills and knowledge and the nurse needs preparation in both clinical and management aspects of the role. Such nurses practice at an advanced level and may be working in approved specialist or advanced practice roles (NCNM 2005). For example, nurse prescribing and radiology prescribing have enabled nurses to practice more autonomously.

### 3.4 Research and Evidence Based Care

Evidence-based care involves incorporating the evidence from research, clinical expertise, and patient preferences into decisions about the health care of individual patients. Nurses need to convey the evidence base for oncology care to patients /carers and professional colleagues (O' Leary 2004). Research is pivotal to improvement in all aspects of cancer care. The building of research capacity, the nurturing of collaborative multidisciplinary research and facilitation of opportunities for research and training should be encouraged.

#### 3.4.1 Consultation responses on research and evidence based practice

Participants at the consultative fora and in the written submissions emphasized the importance of evidence based practice and research. They made the following recommendations:

- *'The development and use of standardised national clinical guidelines based on best practice are a priority'*
- *'The introduction of performance management processes for nurses would be welcomed'*
- *'All cancer care requires to be audited, including nursing interventions'*
- *'Evidence based practice can only occur if it is considered an important matter at senior management level and if there is continuous investment in practice improvement and in research'*
- *'Nurses need access to relevant on-line journals and be facilitated in undertaking research'*
- *'There should be separate oncology nursing research funding available for nurses undertaking research and a national forum where research findings can be presented'*
- *'Lead Cancer Nurses could be instrumental in influencing and developing research agendas in cancer care and in promulgating research outcomes, cancer nurses need to be involved in nurse led research'*

### 3.4.2 Policy and document review

Evidence based practice implies that the best methods of providing health care are identified and are applied by professionals in clinical decision making (Hewitt-Taylor, 2003). Evidence based nursing practice is a discipline whereby clinical nursing decisions are based on current research evidence. These decisions are blended with approved policies and clinical guidelines, clinical expertise and judgment, and patient preference (Ciliska et al, 2001). Evidence based nursing

care deemphasises rituals, isolated and unsystematic clinical experiences and ungrounded opinions and traditions (McEwen, 2002). Evidence-based practice is central to high quality, safe care. It is advocated by the Commission on Patient Safety and Quality Assurance (DoHC, 2008). Nurses and midwives need to use best possible evidence in their decision making and actions so as to contribute to improvements in patient care and maintain professional accountability (An Bord Altranais 2000, Wilson 2002).

**Figure 5: Research and Evidence Based Practice – An overview of consultation findings**



# Recommendations

The recommendations are in accordance with the four themes which emerged from the analysis of the consultation process, and are informed by the policy and documentary review. Priority recommendations are identified in the green box under each theme. These themes are:

1. **Patient centred cancer care**

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2. **Leadership in cancer nursing**

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3. **Cancer education, knowledge, skills and experience of the nurse**

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4. **Delivering evidenced based practice and cancer research**

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## 4.1 Patient Centred Cancer Care

It is recommended that:

- A.** A National standardisation approach be applied to the development of nursing policies, protocols and processes in the context of the multidisciplinary team to ensure patient safety while delivering all aspects of their cancer care.
- B.** Performance measurement of nursing interventions should be developed that will incorporate patient centred metrics.

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- C.** The Picker Institute (2003) eight dimensions of patient centred care should be incorporated into nursing practice:
  - 1. Respect for patient preferences and values
  - 2. Emotional support
  - 3. Physical support
  - 4. Information, communication and education
  - 5. Continuity and transition; safety and risk
  - 6. Coordination of care
  - 7. Involvement of family and friends
  - 8. Access to care

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- D.** Nurses will enable involvement of patients in the planning, monitoring and evaluation of their care.

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## 4.2 Leadership in Cancer Nursing Recommendations

It is recommended that:

**A. A formal strategic partnership between the Office of Nursing and Midwifery Services Directorate and the National Cancer Control Programme be developed.**

**B.** There should be formal nursing representation and contribution to all relevant key working groups as deemed appropriate by the partnership.

**C.** A strategic approach to nursing workforce planning and role development should be adopted this will inform and align nursing role developments and the expansion of nursing practice with National Cancer Control priorities. This will involve:

- Planned expansion of practice for all nurses.
- Further development of clinical nurse specialist and advanced nurse practitioner posts based on patient/service need.
- Development of nurse led services to enable the enhancement of community/hospital integration in cancer care e.g. colorectal cancer screening.

## 4.3 Cancer education, knowledge, skills and experience of the nurse

It is recommended that:

**A. The adoption of a national educational framework which details competencies for all nurses caring for people with cancer in Ireland (chapter 5) be implemented.**

**B.** A cancer control module be incorporated into the undergraduate education programme.

**C.** The current NCCP programmes for nurse training and education should be further developed. The knowledge and skills delivered are demonstrated in practice and benefit the patient.

**D.** Formal academic accreditation to be sought for cancer education programmes where appropriate.

## 4.4 Delivering evidenced based practice and cancer research

It is recommended that:

- A. Standardisation of evidence based nursing practice(s) within the context of the multidisciplinary team is undertaken.**
- B.** Nurses be supported and enabled to implement and promote evidence based practice in cancer control in Ireland. This involves:
- The further development of evidence based policy and education nationally
  - The generation, dissemination and utilization of evidence based research to enhance care delivered to patients by nurses
- 
- C.** Opportunities for multi-disciplinary research be sought and developed. This may include:
- A coherent sustainable cancer nursing research agenda be developed that is aligned to and complements a cancer control approach
- 
- D.** Research into the effectiveness of nursing interventions caring for cancer patients be undertaken.
- 
- E.** Opportunities for collaborative working nationally and internationally be sought and developed.
- 
- F.** Opportunities for PhD programmes in cancer control with clinical and academic commitments and partnerships to be identified and supported.
- 
- G.** An award system for the recognition and reward for excellence in practice and research be developed.
- 
- H.** Opportunities for the development of and appointment to Chairs in Cancer Nursing be identified and supported.
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# Educational Framework

## 5.0 Introduction

This chapter presents an Educational Framework which was identified as a priority recommendation in this report in relation to education, knowledge, skills and experience of the nurse. The framework defines the competencies required by generalist nurses, clinical nurse specialist, and advanced nurse practitioners caring for people with cancer in Ireland, and will form the basis for a strategic approach for the professional preparation and continuous professional development of all nurses in this field.

## 5.1 Competencies required by nurses who care for people with cancer

The International Council of Nurses (1992) stated:

*“Disorderly development of specialties with no central controls by the total profession could lead to fragmentation of nursing care and the splintering of the profession....”*

*Orderly development, on the contrary, may well play a critical role in expanding the depth, breadth and rigour of nursing knowledge and expertise, strengthening the integrity of the profession and enhancing the career opportunities and benefits available to nurses”*

International evidence supports the development and use of a structured strategic framework to define the competencies required by nurses in caring for people with cancer. Some countries have already adopted this approach, for example, the United Kingdom, Canada and Australia. It also creates a platform on which to manage the diverse scope and levels of practice within the cancer nursing services.

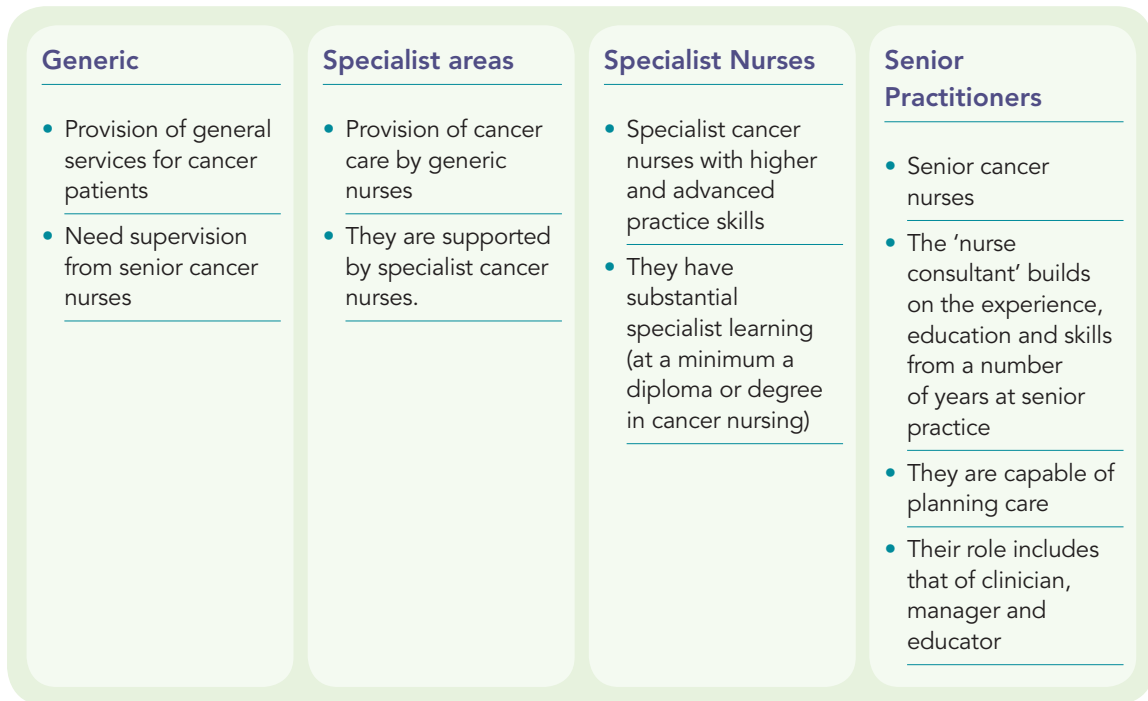
### i) UK Adult Cancer Nursing Framework

In the UK, the Royal College of Nursing (2003) developed a nursing framework for adult cancer nursing to support their National Cancer Programme (DoH 2000), (Table 5.1). In

addition to this framework, the Royal College of Nursing proposed the implementation of specialist nursing care pathways and clinical, managerial, education and research skills in cancer nursing. The main purpose of these

pathways is to provide a blueprint for the necessary competencies to prepare and support the nurse at every level in cancer nursing.

**Figure 6: UK Nursing Roles in Cancer Care (RCN 2003)**



**ii) Canada and Cancer Nursing**

In Canada the Association of Nurses in Oncology developed standards of care for cancer nursing. These have been used as a basis for new and advanced nursing roles, competencies and educational programmes. Nursing competencies in Canada are defined as statements which describe expected performance and that reflect the professional attributes required in a given role situation or practice setting (College of Nursing Ontario 1999).

Three levels of nursing expertise were identified:

- The generalist nurse has completed a basic diploma in nursing. This nurse is experienced in providing care for many types of patients (both cancer and non-cancer) and in different settings where cancer is not the main focus of care.
- The specialist oncology nurse has a combination of oncology nursing experience and basic oncology nurse education. This nurse has a minimum of two years post-basic education in a cancer focused setting.

- The advanced nurse practitioner has a Masters level degree in a specific area of cancer control or aspect of cancer care. This nurse is capable of providing evidence of care in specialist areas such as prevention or palliative care.
- 

### iii) Australian Framework for Cancer Nursing (EdCaN)

In 2009 a National Professional Framework for Cancer Nursing was developed by the National Cancer Nursing Education Project (EdCaN) in Australia. The main aim of the framework was to develop a national standard of education for all nurses who care for people with cancer, that is, in primary care, generalist or specialist settings. The framework contributes to the development of a workforce that is capable of meeting the current and future needs of people with cancer.

In Australia general competency standards were developed by the Australian Nursing Council Inc (ANCI). These outline the required entry level competence for a nurse to be registered or enrolled. These standards form the basis for the development of curricula and assessment tools and are used by the health care industry as selection criteria for the appointment of nurses.

In the cancer nursing framework, competency standards for generalist nurses are categorised into four areas to include:

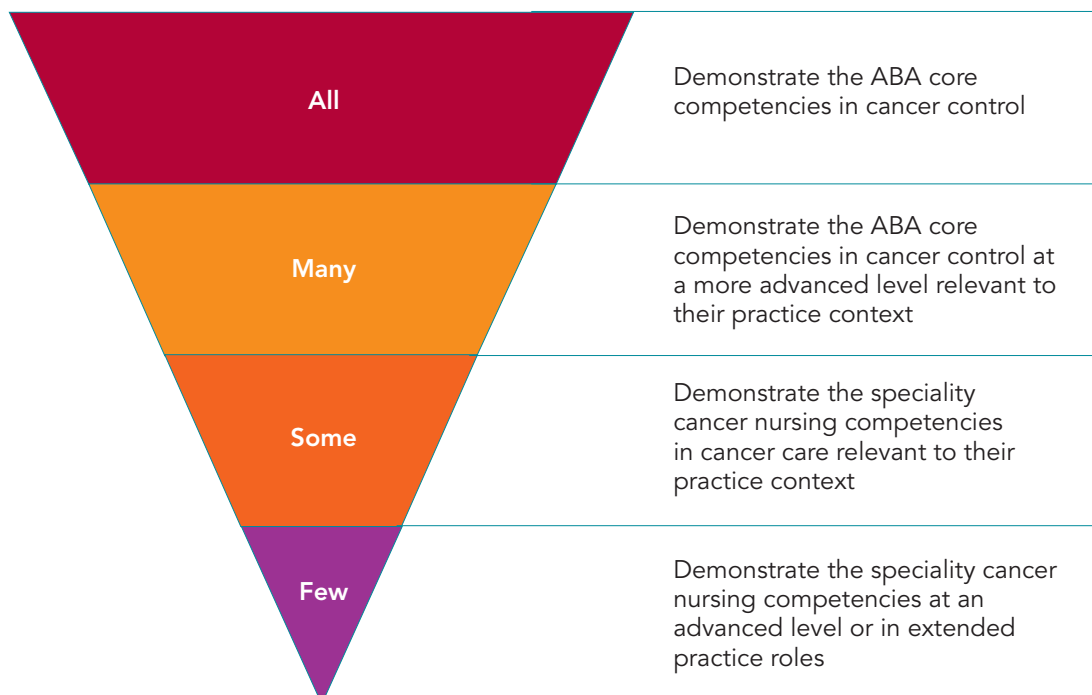
- professional practice
- critical thinking and analysis
- provision and coordination of care
- collaborative and therapeutic practice.

As there are a number of similarities between the Australian and Irish nursing system, **it is proposed that the Australia model for cancer nursing care be adapted and adopted for Ireland.** Both jurisdictions have:

- similar undergraduate nursing programmes
- well established Clinical Nurse Specialist roles
- Advanced Nurse Practitioner roles
- similar career pathway structures

The adapted Australian model for nursing in cancer control is outlined in Figure 7.

**Figure 7: Professional development model for nursing in cancer control in Ireland**



Source: Adapted from National Cancer Nursing Education Project 2008.

Figure 6 Adapted (initially devised by the Australian Nursing and Midwifery Council in 2007) outlines the competencies required of nurses working in different roles (specialist or generalist) and in different settings. While the categories outlined above do not constitute a hierarchy of practice, they are intended to represent the scope of practice and associated areas of competency required by nurses working in different contexts at different points of the disease continuum. Nurses may function at varying levels of competence from the 'novice' through to 'advanced levels', which is characterised by more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgment and interventions (Queensland Nursing Council 2005).

The model describes the following:

- **All** nurses, regardless of their practice setting, have contact with people affected by cancer. Therefore, all nurses need to be capable of applying generic nursing competencies to meet these health needs. At several points across the cancer continuum, people affected by cancer require services from nurses in generalist settings such as general practice, diagnostic services and hospital services. For example, some of the key cancer care concepts identified as relevant for nurses entering practice include, basic skills in communication; psychological, social and emotional support and conceptualisation of the meaning of cancer. An understanding

of these key concepts should be developed through an appropriate level of education in the undergraduate curriculum. Currently in Ireland there is no specific cancer module in the undergraduate programme. Instead aspects of cancer control are incorporated with other components of the undergraduate programme. For example, education in general physiology also describes cancer biology.

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- **Many** nurses participate frequently or for short, intensive periods in the care of people affected by cancer because of their expertise in addressing specific health needs. Although not in specialist cancer nursing roles, these nurses may be specialists in areas such as head and neck surgery, infection control or stoma care. They may work in primary health care or in community settings where they often care for people affected by cancer. These 'many' nurses who provide care for people affected by cancer need to demonstrate the core cancer nursing competencies at a more advanced level and in a way that is relevant to their particular practice context. These nurses require access to ongoing education in areas of cancer control that specifically apply to their role.

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- **Some** nurses specialise in cancer care. These nurses must achieve specialty cancer nursing competencies because their practice requires them to respond to more complex patient needs than those of non-specialist nurses. Most specialty cancer nurses work in dedicated cancer settings. They may be primarily responsible for caring for people at a specific phase of their journey (e.g.

chemotherapy or radiotherapy) or across all phases of the cancer journey (e.g. breast care). Others may work in a broader context but provide a specialist resource in cancer control to a variety of generalist providers (e.g. a cancer nurse coordinator).

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- **Few** nurses become competent to practice in an advanced and/or extended role in cancer control. These nurses advance their practice through additional experience and education at a master's level or equivalent. The practice of nurses in this group reflects a more advanced application of the specialty competencies in cancer care.
- 

### Summary of the EDcaN Framework

The Australian Nursing and Midwifery Council defines competence as *"the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a professional / occupational area"*.

Their framework specifies a set of specialty cancer nursing competencies with practice indicators that reflect the specialised knowledge and skills required to provide safe and competent care to people affected by cancer. These specialty cancer nursing competencies represent the minimum requirement for specialist cancer nurses. It is expected that as their practice advances, specialist cancer nurses will demonstrate more effective integration of theory, practice and experience and increasing degrees of autonomy in their judgements and interventions.



## 5.2 Current nursing competency requirements in Ireland

All nurses must be registered with An Bord Altranais to practice nursing in Ireland. Competence is a complex, multi-dimensional phenomenon and is defined as 'the ability of the registered nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice' (An Bord Altranais). There are five domains of competence that a student nurse must reach on completion of their education programme to register with An Bord Altranais. These represent a broad enabling framework to facilitate the assessment of pre-registration student nurses' clinical practice. All nurses need to be capable of applying generic nursing competencies to meet the health needs of specific patient populations. The Nurses and Midwives Act 2011 states that "A registered nurse and registered midwife shall maintain professional competence on an ongoing basis"

Each domain consists of performance criteria and their relevant indicators. The five domains are:

Domain 1	Professional/ethical practice
Domain 2	Approaches to care and integration of knowledge
Domain 3	Interpersonal relationships
Domain 4	Organisation and management of care
Domain 5	Personal and professional development

Generic competencies need to be further enhanced so as to achieve specialist and advanced nurse practitioner competency. At this level the nurse needs to demonstrate effective integration of theory, practice and experience along with increasing levels of autonomy in judgement and interventions.

The Australian framework and An Bord Altranais criteria for nurse competency are similar. The Australian framework details the set of capabilities required by general nurses, clinical nurse specialists and advanced nurse practitioners in cancer control. The An Bord Altranais competency 'domains' are a collection of closely related competencies which are grouped together under an overall term that represents particular aspects of professional practice (NCNM 2010). They also detail the behaviours that one would expect to observe when a nurse demonstrates effective performance within the stated competency (Whiddett and Hollyforde, 2007)

## 5.3 Introducing an educational framework for nurses in cancer care

The framework for cancer nursing adheres to the five domains for generic competency used by An Bord Altranais. Each domain has been adapted for the cancer nursing speciality and the desired competencies are laid down for generalist, specialist and advanced nursing practice in cancer care. Role specific competency frameworks for clinical nurse specialists and for advanced nurse practitioners have been identified by the NCNM (2008). These will be used as the domains in the educational framework.

## Generalist Nurse competencies in cancer control

### Domain 1. Professional and Ethical Practice

#### Behavioural Indicators

Practices in accordance with legislation affecting nursing practice and health care

- a. Applies legal and ethical decision making principles in assessing, planning, implementing and evaluating care delivered to patients with cancer.
- b. Practices in accordance with local policy and guidelines when delivering care to patients with cancer.
- c. Recognises the potential hazards associated with cancer treatments and complies with safety regulations.

Practices within the limits of own competence and take measures to develop own competence

- d. Practices within their scope of practice when involved with the provision of cancer therapies and seeks assistance if a knowledge or skill deficit exists and takes measures to develop own competence.
- e. Clarifies with the relevant person any unclear or ambiguous instructions received.
- f. Understands the impact that a cancer diagnosis has on the patients health and well being
- g. Addresses the need to ensure that patients affected by cancer are aware of the potential benefits and side effects of their cancer treatment whilst respecting their beliefs and preferences.
- h. Adheres to local policy and guidelines in regard to the documentation of care.

## Domain 2. Holistic Approaches to Care and Integration of Knowledge

### Behavioural Indicators

Conducts a systematic holistic assessment of the patient/ carers needs based on evidence-based practice

- a. Applies evidence based principles to the assessment and management of common disease and treatment related symptoms in patients and carers affected by cancer.
- b. Assesses patients' physical, psychological, social, cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis using appropriate assessment tools.

Plans care in consultation with the patient/carers taking into consideration the therapeutic regimes and interventions by members of the multi-disciplinary team

- c. Discusses the plan of care and desired outcomes with the patient/ carers as appropriate, and be sensitive to the individual and cultural differences between carers.
- d. Prepares the patient /carers prior to the any procedures Interventions /therapies, taking into consideration the plan of care required, the ability of the patient to process information, emotional wellbeing of the patient and the needs of the carers.
- e. Facilitates carers speaking to other members of the multidisciplinary team, as appropriate. Identifies and communicates the range of support services available.
- f. Plans nursing care that incorporates patients' physical, psychological, social, cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis.

Implements planned nursing care and prescribed interventions to achieve the identified outcomes

- g. Ensure care delivered is holistic manner that incorporates and addresses patients' physical, psychological, social, cultural and spiritual aspects of wellbeing throughout the disease continuum, and palliative care in some instances.
- h. Delivers care to the patient in a manner that minimises the risk of any adverse events/problems associated with cancer therapies / interventions required as part of their treatment.
- i. Recognises patients' response to treatment and nursing interventions and communicates effectively with members of the multi-disciplinary team and escalate as per local policy where appropriate.

Evaluates patient's progress toward expected outcomes and reviews plans in accordance with other data

- j. Continually monitors and records the patients' response to nursing and medical interventions incorporating their levels of distress, physical discomfort and pain, using appropriate assessment tools.
- k. Evaluates the patients progress towards expected outcomes in consultation patient/ carers and members of the multi-disciplinary team.
- l. Modifies care in response to changes in the patients condition and/or further instructions as prescribed by members of the multi-disciplinary team.
- m. Involves the patient and carers in the evaluation of outcomes of the care given.

### Domain 3. Interpersonal Relationships

#### Behavioural Indicators

Establishes and maintains caring therapeutic interpersonal relationships with the carers and healthcare team

- a. Establishes maintains and concludes appropriate therapeutic relationships.
- b. Communicates effectively in the context of the patients and carers social and emotional response to living with cancer.

Collaborates with all members of the health care team

- c. Communicates effectively on an ongoing basis with the multi-disciplinary team.

### Domain 4. Organisation and Management of Care

#### Behavioural Indicators

Delegates to other nurses activities commensurate with their competence and within their scope of professional practice

- a. Involves other team members, as appropriate, in the care of and management of the patient with cancer commensurate with their level of experience and competence.
- b. Supervises junior staff in the care of the patient and takes responsibility for care delegated.

Facilitates the co-ordination of care

- c. Communicates, both verbally and in writing, the ongoing care and management of the patient other members of the team in a clear manner.

### Domain 5. Personal and Professional Development

#### Behavioural Indicators

Acts to enhance the personal and professional development of self and others

- a. Demonstrates a commitment to life-long learning by keeping up to date with the changing evidence on cancer control.
- b. Maintains own competence by engaging in continuous professional development based on identified knowledge and /or skill deficit.
- c. Seeks regular feedback on performance from patients, carers and colleagues in relation to the care given.
- d. Supports, supervises and teaches colleagues about the care and management of the patient /carers living with cancer.

## Clinical Nurse Specialist competencies in cancer control

### Domain 1. Clinical Focus

#### Behavioural Indicators

- a. Maintains and develops their professional competence in accordance with An Bord Altranais, Clinical Nurse Specialists Scope of practice.
- b. Assesses patients' physical, psychological, social, cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis using appropriate assessment tools. Coordinates diagnostic studies as appropriate to facilitate assessment of the person with cancer, must be supported by local policies.
- c. Assesses the patient's symptoms using appropriate assessment tools with regard to toxicity of treatments and side-effects of treatments.
- d. By thorough assessment, examination and through a therapeutic relationship with the patient, modifies care in conjunction with nursing colleagues and the multidisciplinary team.
- e. Educates the patient prior to the any procedures/interventions/therapies, taking into consideration the plan of care required, the ability of the patient to process information, emotional wellbeing of the patient and their needs.
- f. Monitors patients for recurrent cancer and ensures that symptoms are investigated.
- g. Demonstrates a thorough understanding of cancer epidemiology, risk factors genetics and prevention strategies.
- h. Advises the patient/carers which tests/investigations/referrals are required and the rationale for these being performed, taking into consideration best-practice guidelines, ability of the patient to process information, their emotional wellbeing and the individual needs of the person with cancer.
- i. Plans and delivers nursing care alongside the registered general nurse that incorporates patients' physical, psychological, social, cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis throughout the disease continuum and in some cases end of life and palliative care.
- j. Explains the plan of care and desired outcomes with the patient as appropriate, and is sensitive to individual and cultural differences.
- k. Develops a therapeutic relationship with the patient/carers to promote dialogue/discussion and reduction of distress/anxiety. Identifies and communicates the range of support services to patients and their carers.
- l. Performs specific elements of care (such as insertion of a central line, micro pigmentation) according to local national guidelines.
- m. Monitors the patient for signs/symptoms, side-effects/toxicities of cancer treatment, investigate, treat and refer as appropriate.
- n. Evaluates all action and interactions and modifies cancer care in the light of the evaluation and any change in the patient's physical or psychological condition. Evaluation of nursing interventions when delivering prescribed cancer care.

## Domain 1. Clinical Focus (continued)

### Behavioural Indicators

- o.** Sensitive responds to the carers concerns and questions and provides written and verbal information as appropriate.
- p.** Communicates effectively with the patient and carers when giving results of any investigations in conjunction with the multidisciplinary team.
- q.** Ensures all documentation regarding the care and management of the person with cancer are clear, concise and legible in the patient's notes in accordance with An Bord Altranais, national and local policy.
- r.** Mentors other staff in the care of the person with cancer and takes responsibility for care delegated.
- s.** Coordinates the patients care throughout their various cancer treatments.
- t.** Supports, supervises and delivers teaching to colleagues and other staff about the care and management of the person undergoing cancer treatment.

## Domain 2. Patient Client Advocacy

### Behavioural Indicators

- a.** Maintains confidentiality in respect to patient records and interactions with the patient/ carers as appropriate.
- b.** Provides a supportive role in follow-up programmes for specific cancer population/groups.
- c.** Involve the patient and as appropriate their carers in evaluating the outcomes of care given by nurses.
- d.** Advocates for patients at local multi-disciplinary meeting as appropriate for discussion / organisation of patient's cancer investigations/care/treatments.
- e.** Establishes, maintains and concludes appropriate therapeutic relationships with patient / carers.
- f.** Communicates effectively with the patient and carers prior to all interactions/assessment/ procedures and treatments ensuring goals are consistent with the persons needs and decisions.
- g.** Accepts feedback on performance from patient/carers and colleagues in relation to the care given.

### Domain 3. Education and Training

#### Behavioural Indicators

- a. Registers with An Bord Altranais and re-registers annually.
- b. Has undertaken further education and training specific to the area of practice.
- c. The CNS works alongside the registered general nurse in an educative and supportive role and plays a role in the education of student nurses within the area of practice.
- d. Recognises own abilities and level of professional competence and practices in accordance with scope of practice.
- e. Demonstrates a commitment to life-long learning by keeping up to date with the changing practice and treatments in cancer care.
- f. Leads and develops educational initiatives pertaining to cancer care locally and nationally.
- g. Demonstrates clear communication with all team members regarding the care and management of the individual with cancer.

### Domain 4. Audit and Research

#### Behavioural Indicators

- a. Demonstrates an understanding of the rationale for and implications of cancer clinical trials for an individual's care.
- b. Is aware of and applies up-to-date evidence based principles to the assessment and management of cancer as a disease process and the treatment related symptoms in patients and families affected by cancer.
- c. Provides evidence based information to individuals and groups in relation to recommended cancer screening programmes and tests.
- d. Communicates, both verbally and in writing, the ongoing care and management of the person with cancer to other members of the multidisciplinary team or other teams in a clear manner.
- e. Develops and practices in accordance with guidelines/policies applicable to professional practice and updates as per local requirements in keeping with national policies and international evidence.
- f. Demonstrates a comprehensive understanding of the roles of the various members of the multidisciplinary team members in achieving optimal outcomes for cancer patients.
- g. Audits practice at least annually or in accordance with An Bord Altranais and local requirements.
- h. Contributes to nursing knowledge through participating in and performing research in cancer care.
- i. Actively seeks feedback on performance from managers and multidisciplinary colleagues.
- j. Demonstrates an understanding of the rationale for and implications of cancer clinical trials for an individual's care.

## Domain 5. Consultancy

### Behavioural Indicators

- a. Demonstrates clear communication with all team members regarding the care and management of the individual with cancer.
- b. Provides evidence based information to individuals and groups in relation to recommended national cancer screening programmes.
- c. Involves other team members as appropriate in the care and management of the person with cancer commensurate with their level of experience and competence and area of specialty.
- d. Communicates both verbally and in writing the ongoing care and management of the person with cancer to other members of the multidisciplinary team or other team in a clear manner.
- e. Demonstrates a comprehensive understanding of the roles of the various members of the multidisciplinary team members in achieving optimal outcomes for cancer patients.



## Advanced Nurse Practitioner competencies in cancer control

### Domain 1. Autonomy in Clinical Practice

#### Behavioural Indicators

- a. Practices autonomously within own scope of practice, utilising the principles as laid down by the Scope of Practice Document (An Bord Altranais 2000)
- b. Accepts accountability and responsibility for decision making at advanced practice level
- c. Practices in accordance with the local policy/guidelines in regards to relevant aspects of cancer care and develops relevant local policy/guidelines in keeping with national policies/guidelines.
- d. Assesses and physically examines the patient's physical, psychological, social, cultural, and spiritual aspects of wellbeing in the context of their cancer diagnosis using appropriate assessment tools. Requests imaging and laboratory studies as appropriate to facilitate assessment of the person with cancer.
- e. Performs comprehensive health assessment plans, initiates care and treatment for the person with cancer.
- f. By thorough assessment examination and through a therapeutic relationship with the patient, identifies, explains, plans and orders work up for the appropriate treatment modalities for their cancer.
- g. Plans nursing care that incorporates the patient's physical, psychological social cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis.
- h. Reflects on practice and evaluates own effectiveness and uses this evaluation to improve practice for patient and carers.
- i. Demonstrates the pathophysiology of cancer and the side effects of treatment.
- j. Performs specific elements of care (such as insertion of a central line) according to local policies/guidelines.
- k. Identifies the indications for cessation of treatment, reduction of dose or change of treatment, if toxicities are too severe or life-threatening. Formulates a programme of care practice guidelines and relevant clinical trials as appropriate.
- l. Identifies, and is involved in, the surveillance and follow-up programmes for specific cancers/populations/groups.
- m. Identifies when appropriate to discharge the patient from cancer care following treatment for cancer/progression to end of life and palliative care.
- n. Involves the patient and as appropriate the carers in evaluating the outcomes of care given.
- o. Selects or prescribes appropriate medication, including dosage, routes and frequency pattern based upon adequate knowledge of concurrent treatments for the patient with cancer (ANP must be a Registered Nurse prescriber for this behavioural indicator)

## Domain 2. Expert practice

### Behavioural Indicators

- a. Ensures care is delivered in a holistic manner which incorporates and addresses the patient's physical, psychological, social, cultural and spiritual aspects of wellbeing throughout the disease continuum, in some cases end of life and palliative care.
- b. Is aware of, and applies, up to date evidence based principles to the assessment and management of cancer as a disease process and the treatment related symptoms in patients and carers affected by cancer.
- c. Cares for the individual with a cancer diagnosis, using nursing expertise in a manner that minimises the risk of any adverse event or problems, physical side-effects or toxicities and distress associated with having a cancer diagnosis or being treated for cancer.
- d. Recognises own abilities and level of professional competence and practices in accordance with the scope of practice framework, locally agreed guidelines and evidence-based practice.
- e. Demonstrates holistic and thorough assessment to detect for physical side-effects or toxicities, emotional distress or recurrent cancer.
- f. Demonstrates effective and appropriate physical examination techniques taking care to maintain privacy and dignity.
- g. Demonstrates appropriate explanation and communication skills necessary to explain the rationale for investigations or referrals required.
- h. Communicates effectively with the patient and family/carers when giving results of any investigations.
- i. Recognises a patient's distress and implements appropriate action promptly to minimise the risk of distress.
- j. Sensitively responds to the carers concerns and questions and provides written and verbal information as appropriate.
- k. Provides information and rationale for any change of care, investigations, procedures, or referrals.
- l. Monitors the patient's signs, symptoms, side-effects and toxicities as appropriate and takes appropriate actions in the event of recording any negative change in status.
- m. Recognises any adverse outcomes associated with cancer treatment modalities and investigates, treats, or refers as appropriate.

### Domain 3. Professional and clinical leadership

#### Behavioural Indicators

- a. Registered as an advanced nurse practitioner and re-registers as per An Bord Altranais.
- b. Establishes, maintains and concludes appropriate therapeutic relationships.
- c. Applies legal and ethical decision making principles in assessing, planning, implementing and evaluating care delivered to patients with cancer.
- d. Maintains confidentiality in respect to the patient's records and interactions with the patient, or carer(s), as appropriate.
- e. Recognises own abilities and level of professional competence and practices in accordance with the scope of practice framework and other local policies and guidelines delineating scope of professional practice.
- f. Communicates effectively with the patient and carers prior to all interactions, assessment or procedures.
- g. Involves other team members, as appropriate, in the care of and management of the person with cancer commensurate with their level of experience and competence.
- h. Supervises other staff in the care of the person with cancer and takes responsibility for care delegated.
- i. Seeks feedback on performance from the patient, carers and colleagues in relation to the care given.
- j. Influences health care policy and practice through leadership and active participation in the workplace, and with professional organisations at a national level.
- k. Can care independently for a sub-population or cohort of the patient case-load according to local guidelines or policies.
- l. Demonstrates a commitment to lifelong learning by keeping up to date with the changing evidence in cancer care.
- m. Ensures all documentation regarding the care and management of a person with cancer are clear, concise and legible in the patient's notes.
- n. Demonstrates clear communication with all team members regarding the care and management of the individual with cancer.
- o. Ensures all documentation regarding any requests for laboratory studies, radiological imaging, pathological tests or referral to other team members, regarding the care and management of the person with cancer, are clear, concise and legible and are submitted in the appropriate manner according to local policy or guidelines.
- p. Supports, supervises and delivers teaching to colleagues and other staff about the care and management of the person living with cancer.
- q. Communicates and articulates a vision of all areas of nursing practice that can be developed beyond the scope of practice.

## Domain 4. Research

### Behavioural Indicators

- a. Audits an identified area of practice at least annually or according to local requirements.
- b. Be a recognised local and national leader by contributing to nursing knowledge through academic contributions to nursing publications.
- c. Develops guidelines and policies applicable to professional practice and updates as per local requirements.
- d. Attends local multidisciplinary meeting as appropriate for discussion and organisation of the patient's cancer care, treatments and investigations.
- e. Initiates and implement changes in health care service in response to the patients/clients need and service demand.
- f. Leads and develops educational initiatives on cancer care locally and nationally.
- g. Communicates the ongoing care and management of the person with cancer to other members of the multidisciplinary team or other teams, both verbally and in writing, in a clear manner.
- h. Correctly refers the patient to other teams for further investigations or treatments.
- i. Be a recognised local and national leader by contributing to nursing knowledge through participating in and performing research.

## 5.4 Conclusion of education framework

This educational framework coupled with the recommendations in this strategy gives direction and guidance to the nursing profession in Ireland on caring for patients with cancer. It also enables, the nursing profession to further develop its capacity to adopt a cancer control approach and to deliver patient centred cancer care. It will facilitate and guide the development of new roles, multi disciplinary working and will positively impact on the quality and safety of care delivered by nurses to patients and their carers in Ireland.

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## Appendix 1: NCCP Strategic Nursing Reference Group Members

* Ms Mary Boyd Director of Nursing, Cork University Hospital
Ms Catherine Cannon, Director Centre of Nursing and Midwifery Education, Letterkenny, Co Donegal
Ms Bridget Catterson, Director of Public Health Nursing, HSE, Laois/Offaly
Ms Frieda Clinton, Advanced Nurse Practitioner, Oncology, Our Lady's Children's Hospital, Crumlin, Dublin
Ms Maeve Cusack, Screening Promotion Manager, Breastcheck
Ms Mary Day, Director of Nursing, Mater Hospital, Dublin
Ms Mary Duff, Director of Nursing, St Vincent's Hospital, Dublin
Ms Mary Egan, Advanced Nurse Practitioner, Portiuncula Hospital, Galway
Dr. Eileen Furlong, Lecturer, School of Nursing, UCD
Ms Terry Hanan, Nursing Development Co-ordinator, NCCP
Ms Catherine Hand, Nurse Service Manager, Limerick General Hospital
Dr. Marie Laffoy , Community Oncology Advisor, NCCP
Dr. Phil Larkin, Associate Professor of Clinical Nursing [Palliative Care] UCD.
Ms Eileen Maher, Director of Nursing, St Lukes Hospital, Dublin
** Ms Mary Mills, Director of Nursing, Cork University Hospital
Ms Teresa O'Callaghan, HSE Specialist Coordinator for Nurse & Midwifery Education, Dublin North East
▶ Dr Siobhan O' Hallaron, Nursing Services Director, HSE
Dr Janice Richmond, Advanced Nurse Practitioner, Letterkenny General Hospital, Co Donegal
*** Ms Pauline Robinson Assistant Director of Nursing, Mater Private Hospital, Dublin
Mr Paul Troy, CNM3 Oncology, Beaumont Hospital, Dublin
Ms Eileen Whelan, Director of Nursing and Midwifery, Our Lady's Hospital, Drogheda
▲ Ms Mary Wynne, Acting Area Director, NMPDU, HSE Dublin North East (Chairperson )

\* Until August 2011

\*\* Replacing Mary Boyd from September 2011

\*\*\* Resigned from the group

▶ Chairperson until November 2010

▲ Chairperson from December 2010



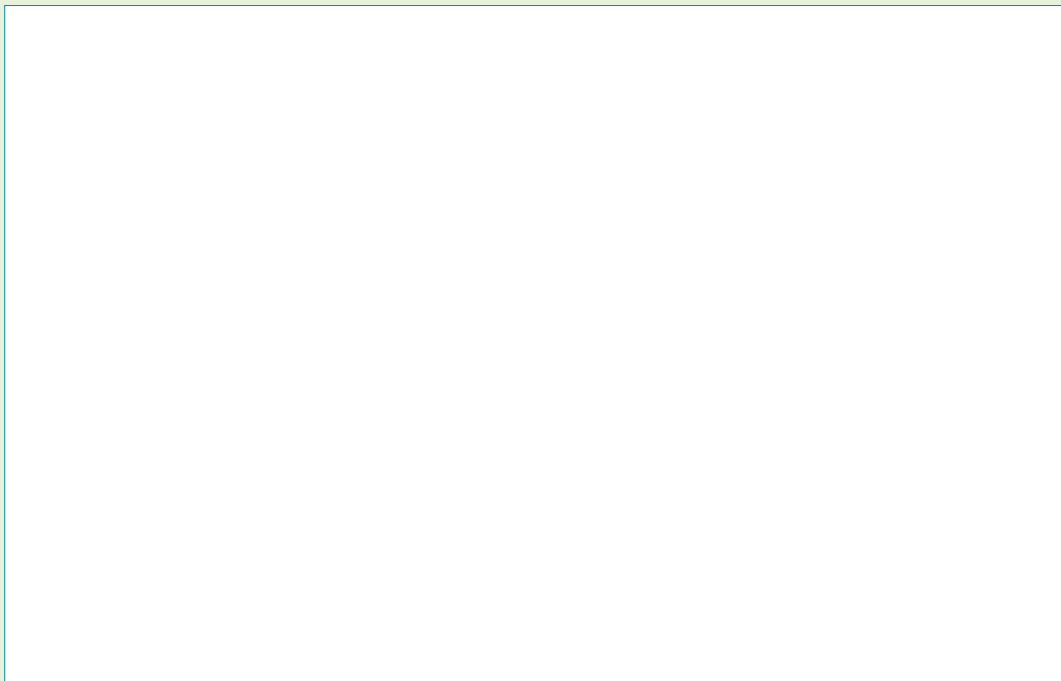
## Appendix 2: Questions for the fora consultation process

### Questions for Cancer Nurse Strategy Consultation Process

1. What in your opinion are the key elements of quality nursing care for patients with cancer?



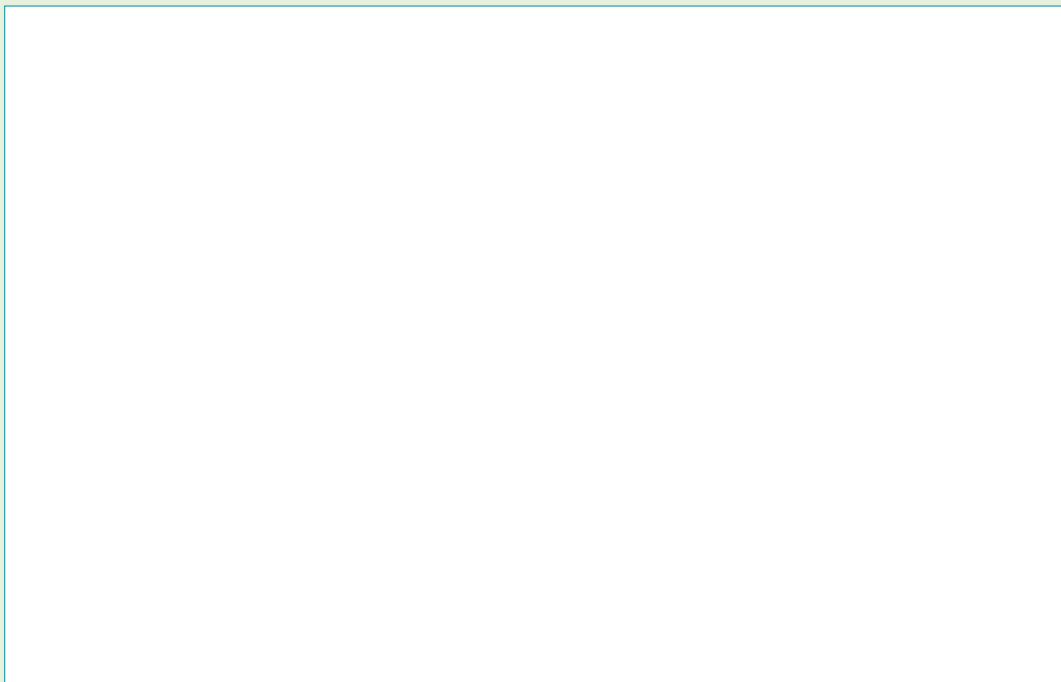
2. What enhances your ability to deliver those key elements?



**3. What hinders your ability to deliver those key elements?**



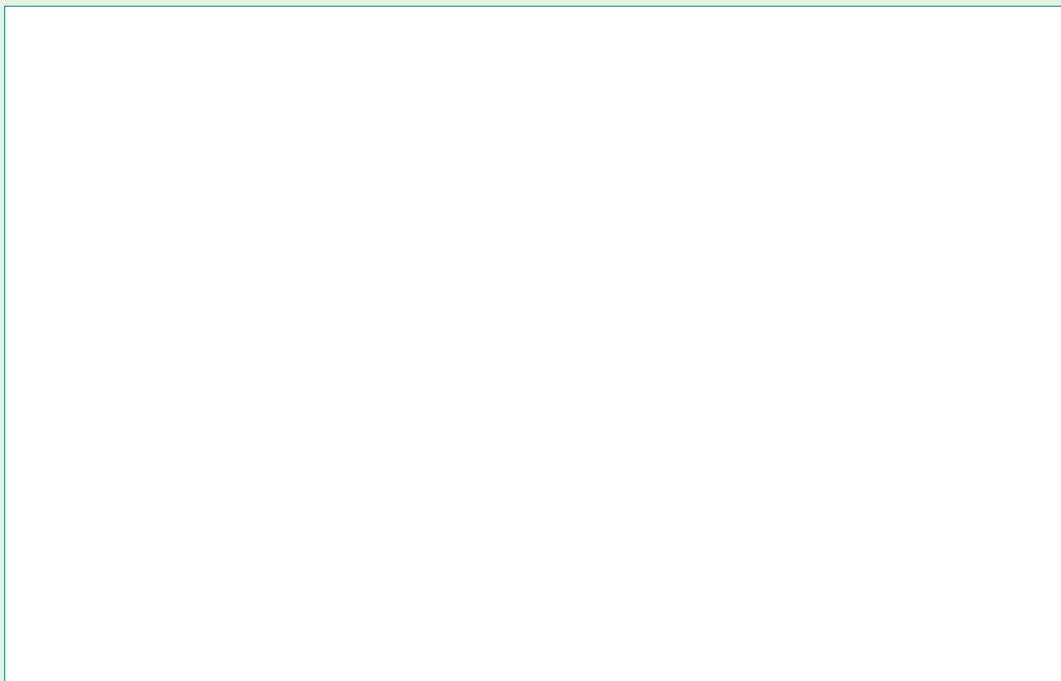
**4. What are the core knowledge skills and competencies that every nurse (i.e. all nurses who may care for cancer patients in whatever setting) should have when caring for cancer patients?**



**5. How do you see nursing roles expanding to meet the increasing incidence of patients diagnosed with cancer and the increase in the number of cancer survivors in Ireland?**



**6. What needs to happen to support nurses in meeting these patient needs?**



Email submission to: [cancernursestrategy@cancercontrol.ie](mailto:cancernursestrategy@cancercontrol.ie)

Post submission to: Ms Terry Hanan, NCCP, 3rd Floor, King's Inns House, 200 Parnell St, Dublin 1

## Notice circulated for Regional Meetings



### Development of a National Cancer Nursing Strategy

#### Background

Nurses have a central role in the multidisciplinary care of patients with cancer. A Cancer Nursing Strategy is being developed by the National Cancer Control Programme in conjunction with the HSE Office of the Nursing & Midwifery Services.

#### The overall aim of the strategy is to

Identify the future roles and opportunities for nurses caring for patients with cancer in keeping with best practice.

A working group has been established to develop this strategy and one of the key tasks is to engage with all stakeholders.

We invite you to attend a regional meeting/focus group. These are open forums and are an opportunity for you to tell us

- what is good currently with the services provided to cancer patients
- what we can build on
- what we can share and how we can further enhance the care our cancer patients receive

### Regional meetings will be held in

#### HSE (Dublin Mid-Leinster)

**Venue:** Valerie Place Room, the Education Centre, St James' Hospital  
**Date:** Wednesday 17th November  
**Time:** 10-12pm  
**Contact:** liz.roche@hse.ie

#### HSE (Dublin North East) Drogheda

**Venue:** Room 1 G-01 St Theresa's Building Our Lady Of Lourdes Drogheda Co Louth  
**Date:** Thursday 18th November  
**Time:** 2-4pm  
**Contact:** bridiec.mooney@hse.ie

#### HSE (West) Galway

**Venue:** Room 1 Education Centre, Merlin Park University Hospital  
**Date:** Wednesday 24th November  
**Time:** 2-4pm  
**Contact:** mary.rice@hse.ie or brid.feighery@hse.ie

#### HSE South

**Venue:** Conference Room, Resource Centre, South Link Business Park, Kinsale Rd, Cork  
**Date:** Thursday 2nd December  
**Time:** 2-4pm  
**Contact:** mary.sexton@hse.ie

### It is important that you have your say in this consultation process

Places must be booked by email using the email addresses above

**We ask that you respond by email only if you are in a position to attend.  
Please include your place of work, job title and contact details**

## Appendix 3: Letter for written submissions



### Development of a National Cancer Nursing Strategy Invitation to make a Written Submission

Dear Colleague

The Office of Nursing and Midwifery Services Director, Health Service Executive, and the National Cancer Control Programme are in the process of developing a National Cancer Nursing Strategy. The overall aim of the strategy is to further enhance patient care and to identify the future role and opportunities for nurses caring for patients with cancer, in keeping with best practice.

#### Submission Format

Those writing submissions may wish to do so with reference to the following questions being addressed within the national consultation workshops:

1. What in your opinion are the key elements of quality nursing care for patients with cancer?
2. What enhances their ability to deliver those key elements?
3. What hinders their ability to deliver those key elements?
4. What are the core knowledge skills and competencies that every nurse should have when caring for cancer patients?
5. What are the core knowledge skills and competencies that nurses require to administer chemotherapy?
6. How do you see nursing roles expanding to meet the increasing incidence of patients diagnosed with cancer and the increase in the number of cancer survivors in Ireland?
7. What needs to happen to support nurses in meeting these patient needs?
8. Please feel free to submit additional comments or suggestions

Enquiries or requests for further information should be made to:  
Terry Hanan, phone 01 8287117, email [terry.hanan@cancercontrol.ie](mailto:terry.hanan@cancercontrol.ie).  
Submissions can be made by:

1. email to: [cancernursestrategy@cancercontrol.ie](mailto:cancernursestrategy@cancercontrol.ie).
- or
2. post to: Terry Hanan, National Cancer Control Programme, 3rd Floor, King's Inns House, 200 Parnell St, Dublin 1

Written submissions should be received by no later than: 30th of May 2011  
The Review Group looks forward to receiving your submission.

Dr Susan O Reilly  
National Director  
National Cancer Control Programme

Michael Shannon  
Nursing & Midwifery Services Director

## Appendix 4: Consumer Consultation

National Strategy for Nurses who care for patients with cancer

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### 1. Who was present when your diagnosis of cancer was given?

Hospital Doctor

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Hospital Nurse

---

GP

---

Other Nurse

---

Counsellor

---

Husband/Wife/other family member

---

Someone else

---

---

### 2. Did you understand the answer to the questions you asked the nurse?

You were able to understand nurse's answers

---

All of the time

---

Most of the time

---

Some of the time

---

Never

---

Didn't ask questions

---

---

### 3. Were you treated with respect and dignity by the nurse?

Always

---

Most of the time

---

Only some of the time

---

Never

---

---

**4. Were you were given the name of a nurse in overall charge of care?**

Given a name of a nurse

---

Not given name of a nurse

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Can't remember

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**5. Were you were given written or printed information by the nurse?**

Given written information  
(ICS booklets of bowel cancer, chemo, other. All very helpful)

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Not given written information

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Can't remember

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**6. Were you told about a support and self help groups by the nurse?**

Told about a support and self help groups

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Not told

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Can't remember

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Please return to [terry.hanan@cancercontrol.ie](mailto:terry.hanan@cancercontrol.ie) or by post to  
Terry Hanan Nursing Development Co-ordinator 200 Kings Inn Parnell Street Dublin 1

## Glossary of abbreviations used

<b>ABA:</b>	An Bord Altranais
<b>ANCI:</b>	Australian Nursing Council Incorporated
<b>ANP:</b>	Advanced Nurse Practitioner
<b>CNS:</b>	Clinical Nurse Specialist
<b>CPD:</b>	Continuing Professional Development
<b>DOH:</b>	Department of Health Ireland
<b>EdCan:</b>	The Australian National Cancer Nursing Education Project
<b>HEI's:</b>	Higher Education Institutes
<b>HSE:</b>	Health Service Executive
<b>KPI:</b>	Key Performance Indicators
<b>RANP:</b>	Registered Advanced Nurse Practitioner
<b>RCN:</b>	Royal College of Nursing
<b>NCCP:</b>	National Cancer Control Programme
<b>NCNM:</b>	National Council for the Professional Development of Nursing and Midwifery
<b>NCRI:</b>	National Cancer Registry Ireland
<b>NMSC:</b>	Non melanoma skin cancer
<b>NQAI:</b>	National Qualification Authority of Ireland
<b>ONMSD:</b>	Office of the Nursing and Midwifery Services Director (Health Services Executive)
<b>PhD:</b>	Doctorate of Philosophy



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