



La mappatura delle competenza in oncologia

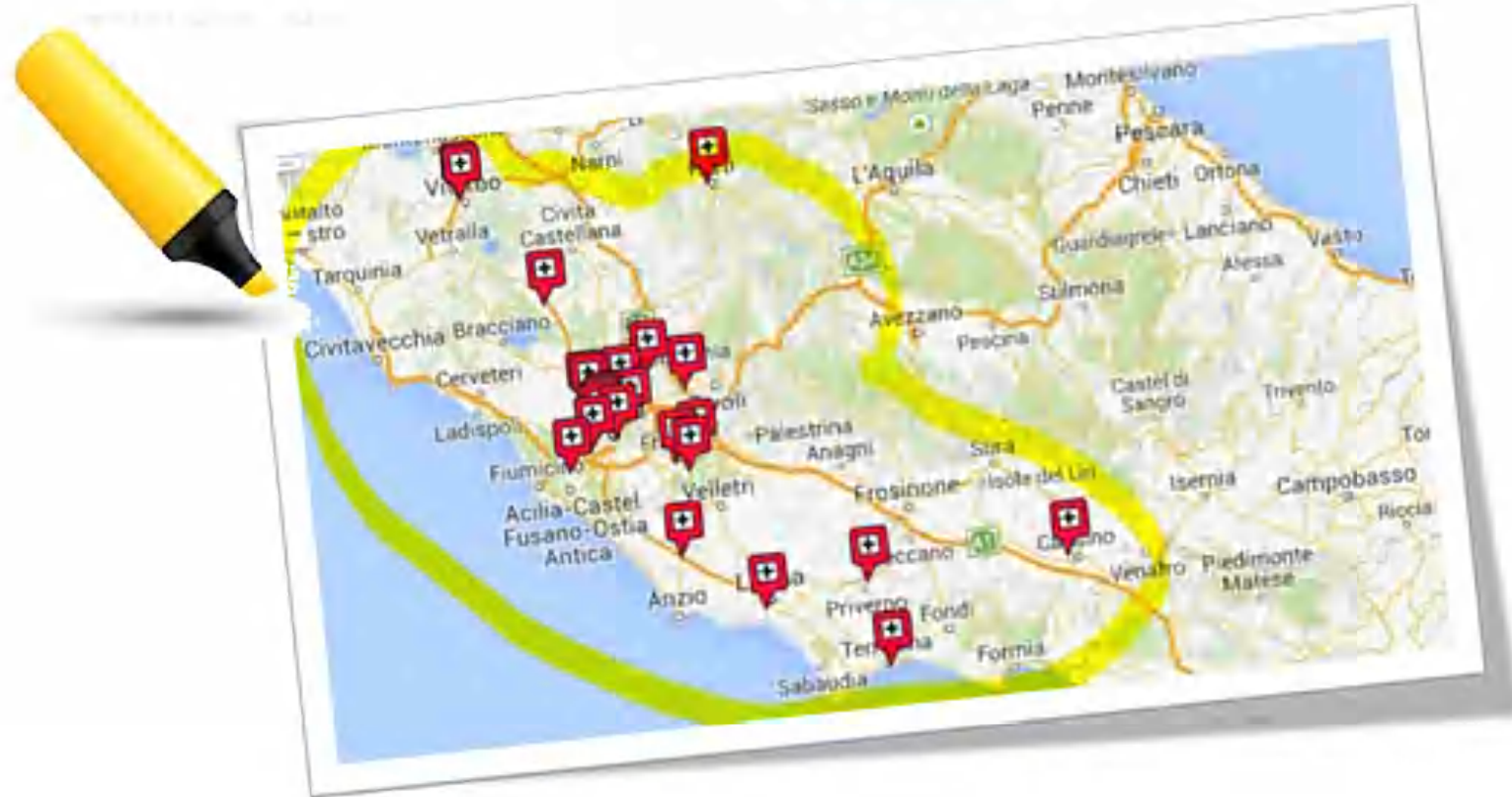
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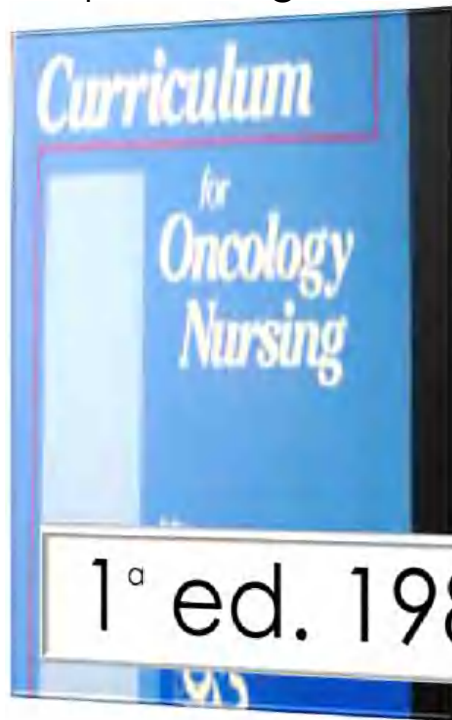
Orientare,
guidare,
creare
relazioni

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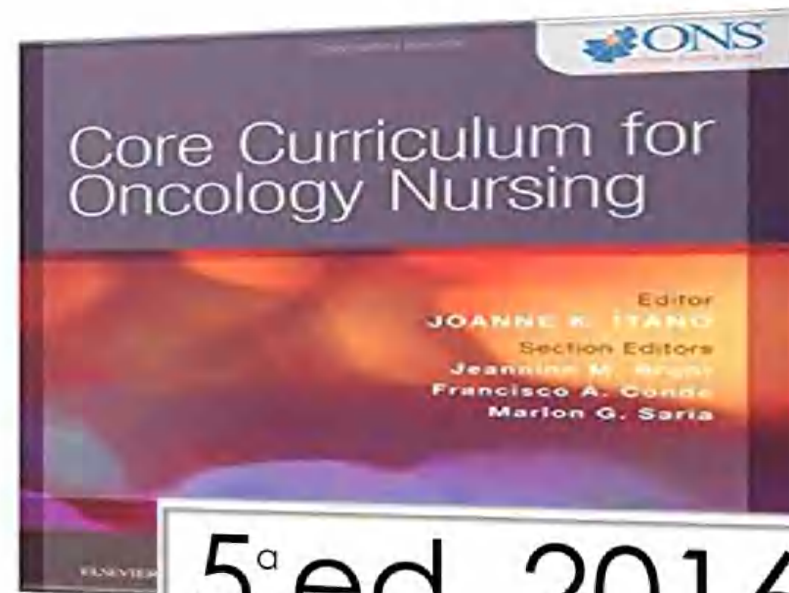




The **Oncology Nursing Society (ONS)** is a professional association of more than 39,000 members committed to promoting excellence in oncology nursing and the transformation of cancer care



1ª ed. 1987



5ª ed. 2016



**ONCOLOGY
NURSE NAVIGATOR
CORE COMPETENCIES**

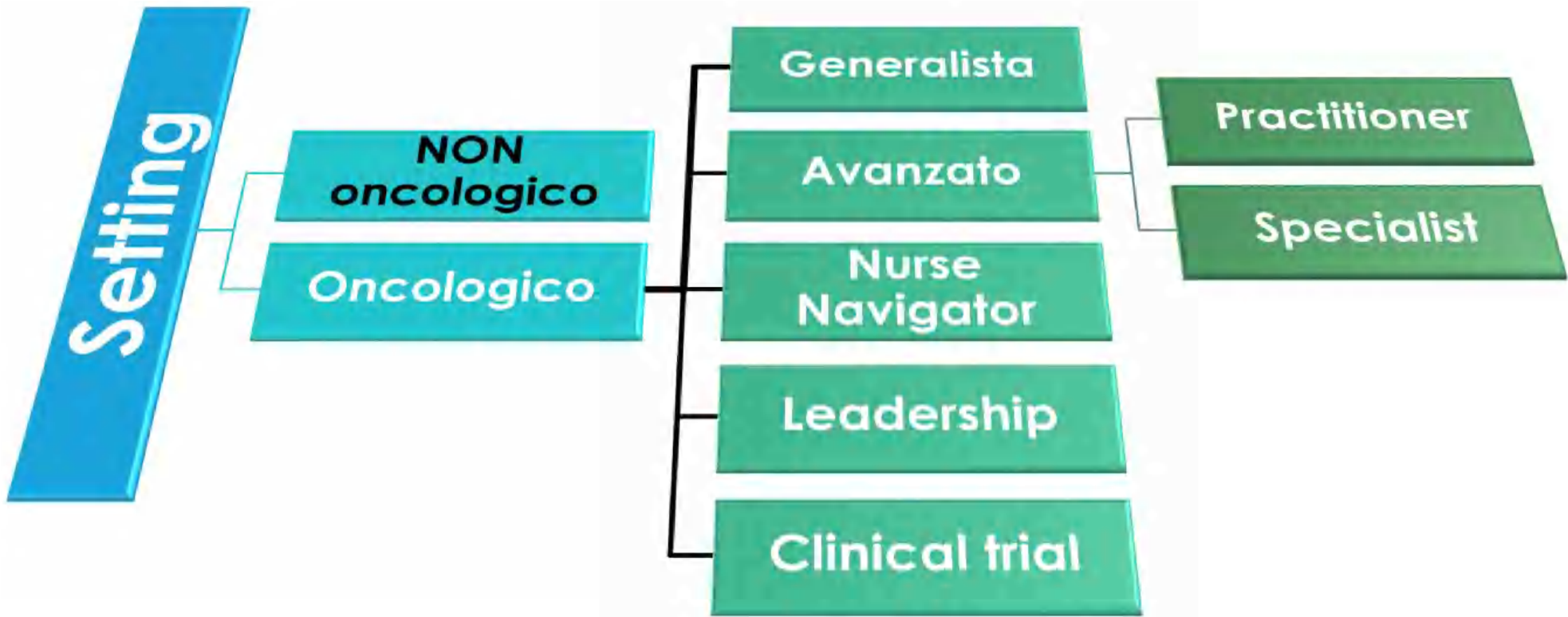
Oncology
Clinical Nurse
Specialist

Oncology
Oncology Nursing Society
**LEADERSHIP
COMPETENCIES**

**2016 Oncology Clinical Trials
Nurse Competencies**

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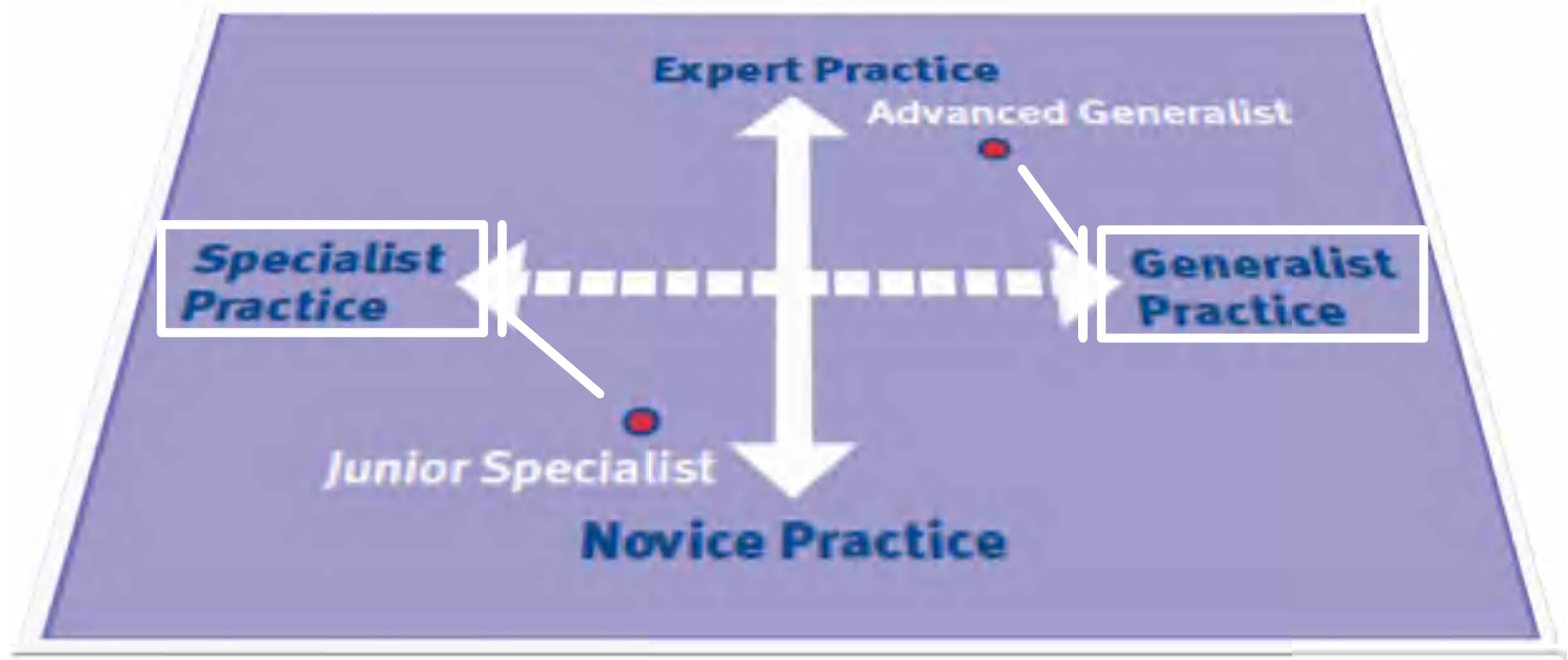


La mappatura delle competenze in oncologia

Standards of Oncology Nursing Education: Generalist and Advanced Practice Levels (Brant, J.M., & Wickham, R, 2013)

- Gli ambiti dell'infermieristica in oncologica riguarda individui, famiglie, gruppi e comunità **a rischio di sviluppare una patologia tumorale o con una diagnosi tumorale già nota**. L'Oncology Nursing Society (ONS) afferma che gli infermieri coinvolti a vario titolo nel campo dell'oncologia hanno la responsabilità di *sviluppare e dimostrare* le abilità attraverso un'attività competente nel proprio setting.

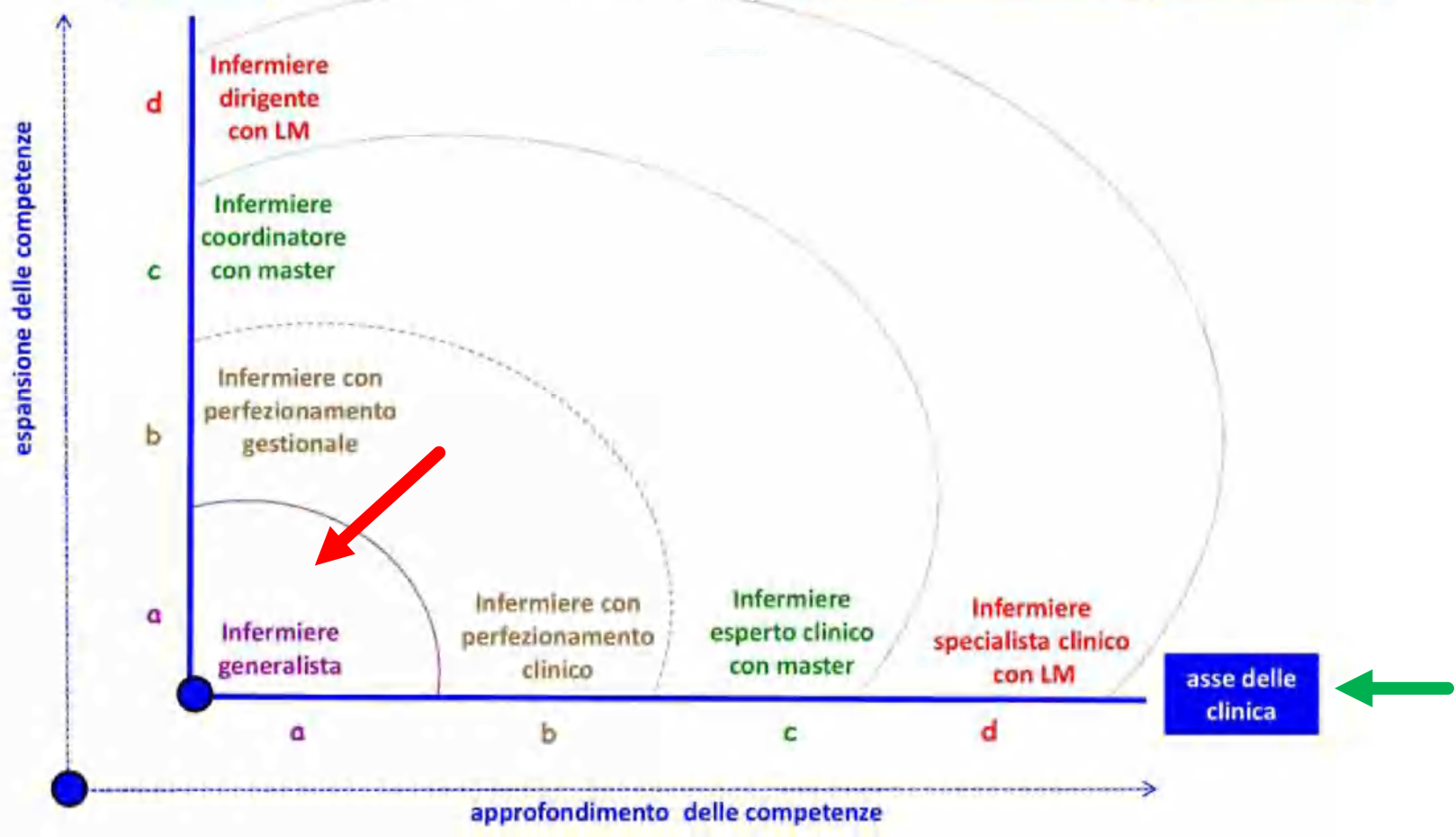
Career and Education
Framework for
Cancer Nursing, 2017





asse della gestione

Livello a: generalista	laurea triennale
Livello b: con perfezionamento	c. perfezionamento
Livello c: esperto	master
Livello d: specialista (avanzato)	laurea magistrale



(FNC Ipasvi, 2015)

Livelli di competenze

(FNC Ipasvi, 2015)

Generaliste

identificano le conoscenze e le abilità fondamentali per esercitare la professione in modo competente

Specialiste

un **approfondimento** di tali competenze dentro **DETERMINATI AMBITI**

di fronte a una situazione da affrontare dimostra buona strategia operativa, ancorando la soluzioni ad interventi già sperimentati con successo

Avanzate

un' **estensione** della competenza esperta

si acquisisce attraverso un arricchimento del repertorio di saperi attraverso percorsi formativi universitari

From Novice to Expert (P. Benner)



EXPERT, alta esperienza profonda
comprensione dalla situazione nella sua
complessità

Advanced beginner

Competent

Proficient

NOVICE, poca esperienza e bassa capacità di
previsione

STARTING POINT

Nessuna
competenza

Limitata
competenza

Competente

Elevata
competenza

CJON Writing Mentorship Program Article

A Self-Assessment Tool for Oncology Nurses: Preliminary Implementation and Evaluation

Molly Jo Brixey, RN, MSN, OCN®, and Suzanne M. Mahon, RN, DNSc, AOCN®, APNG

Nurses who fail to identify knowledge gaps in their practice and who do not maintain competence place patients with cancer at risk for adverse events and poor outcomes. Self-assessment tools can assist oncology nurses in identifying knowledge deficits in fundamental oncology concepts. This article describes the development and implementation of a self-assessment tool to assist nurses in maintaining competence to provide safe, effective oncology care. The tool was developed after an examination of relevant literature, collaboration with an oncology team, and consideration of the Oncology Nursing Society's and American Nursing Association's standards of care. Preliminary evaluation suggests it may offer an effective means for oncology nurses to identify knowledge deficits and tailor educational interventions to address identified needs.

Self-assessment tools can help nurses identify and clarify their knowledge deficits. Galbraith, Hawkins, and Holmboe (2008) defined this as a broad process of self-directed assessment that is initiated and driven by the individual and is used for ongoing improvement. Nurses also can use self-assessment tools to improve their competence and enhance safe nursing practice. Currently, no universal or standardized tool exists for the self-assessment of oncology nurses' knowledge.

A self-assessment can be an essential first step in evaluating competence. Therefore, to guide nurses in self-directed learning, the primary author developed a reflective self-assessment tool to assist in the self-discovery process and promote continuing competence. This article describes the development and initial implementation of the tool and how it helps oncology nurses to assess their competence and identify areas for further education and training.

At a Glance

- ✦ Nurses are responsible for evaluating their knowledge and skills, then seeking activities to improve areas of deficiency.
- ✦ A self-assessment tool was developed to help nurses determine their comfort and skill levels in 14 categories with a total of 139 specific items.
- ✦ The self-assessment tool can help oncology nurses and their supervisors evaluate competence and identify areas for further training to ensure safety and quality of care.

professional oncology nurses in providing competent, high-quality care (ONS, 2009). Oncology nurses are "professional nurses who are competent in the essentials of oncology nursing care who regularly update their oncology knowledge base and skill set" (ONS, 2009, "Professional Oncology Nursing Services" sec.

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Chemioterapia

Trapianto di midollo

Bioterapia

Procedure (toracentesi, paracentesi)

Radioterapia

Per il dolore acuto/cronico

Emergenze oncologiche

Gestione dei sintomi

Terapia durante Chemioterapia

Nutrizione/idratazione

Accessi venosi (periferici, port) (orth)

Famiglie e bisogni psicosociali

Pompe infusionali

Comunicazione

Cure palliative

A Descriptive Study of Knowledge and Skill Needs in the **First Year of Oncology Nurse Practitioner Practice** (Rosenzweig, 2012)

Infermieri

Scopo

Identificare il bagaglio di competenze degli infermieri di oncologia

Metodi

Survey rivolta agli infermieri oncologici

Bridging the Gap: A Descriptive Study of Knowledge and Skill Needs in the First Year of Oncology Nurse Practitioner Practice

Margaret Rosenzweig, PhD, FNP-BC, AOCNP®, Joan Giblin, MSN, FNP-C, AOCN®, Allison Morse, ScM, MSN, ANP-BC, WHNP, OCN®, Patricia Sheehy, ANP-BC, OCN®, Valerie Sommer, FNP-C, AOCNP®, and the Bridging the Gap Working Group

The United States is facing a shortage of cancer care providers needed to provide high-quality cancer care. The current oncology workforce is without proportionate replacement for expected clinician attrition (Erikson, Salsberg, Forte, Bruinooge, & Goldstein, 2007; Warren, Mariotto, Meekins, Topor, & Brown, 2008). Patient factors also contribute to a potential workforce shortage. The number of people diagnosed and living with cancer will rise by 81% by 2020 because of an aging general population, more effective screening and treatment, and prolonged survival among individuals with cancer (Erikson et al., 2007; Warren et al., 2008). Subsequently, cancer care visit demands are projected

Purpose/Objectives: To identify the knowledge and skill needs of oncology nurse practitioners (ONPs) as they enter cancer care practice, and to identify necessary educational resources.

Design: Cross-sectional, descriptive.

Setting: A national e-mail survey.

Sample: 610 self-described ONPs from the Oncology Nursing Society's database.

Methods: The project team developed a 28-item electronic survey. The survey was randomly distributed via e-mail.

Main Research Variables: ONPs' feelings of preparedness in the first year of ONP practice.

Findings: In the first year of practice, 90% of ONPs rated themselves as prepared or very prepared in obtaining

RISULTATI

Esperienza lavorativa media di 8 anni



- Raccolta dati e pianificare il piano assistenziale

- Specifiche procedure

- Gestione CHT-emergenze

- Comunicazione

- Cure di fine vita

Assessment of Patient and Family Needs During an Inpatient Oncology Experience (Dougherty, 2010)

Pazienti e familiari

Scopo

Determinare i bisogni dei pazienti oncologici e dei loro familiari

Metodi

Survey rivolta ai pazienti e loro familiari

Assessment of Patient and Family Needs During an Inpatient Oncology Experience

Mary Dougherty, MSN, RN, AOCNS®

Little research has been conducted to discern the specific needs of patients with cancer and their family members, despite the number of oncology-related hospital admissions each year. The purpose of this descriptive study was to determine the specific needs of patients and family members during an inpatient oncology admission. A convenience sample of 54 participants (27 patients and 27 family members) was obtained. The most important needs identified by patients related to information and communication about their medical care, the competence of their caregivers, cleanliness of the care environment, and adequacy of pain management. Family members' most important needs were similar, with the addition of needs related to visitation and specific discharge information. The least important needs identified by both groups related to information about the hospital setting, having the same nurse provide care, support from nonfamily members, and speaking with the physician daily. Patients and family members look to establish a level of trust in their care providers. The trust does not seem to depend on consistency of practitioners, but rather on communication among caregivers, which enables patients and their families to feel better prepared for an unknown future. In addition, a need exists to improve communication among patients, families, and nursing staff through intentional conversations.

Hospitalization for any reason is highly stressful for patients and their family members. When admission is for diagnosis or treatment of cancer, additional stresses are likely to occur related to prognostic uncertainty and fears, creating a heavy burden for patients and their families. Therefore, having specific knowledge of the needs of patients with cancer and their family members would better prepare nursing staff to address these special needs. However, despite the frequency of hospital admission for patients with cancer each year, little research has been conducted to discern the specific needs of these groups.

Most research studies on patient and family needs have been conducted on family members of critically ill patients (Buisson, 1984; Browning & Warren, 2006; Fischer, 1994; Leske, 1992; Miller, 1979; Warren, 1994). In these studies, family members have been found to have a well-defined, predictable set of needs that includes receiving assistance and hope for the patient's out-

At a Glance

- Open and honest communication, including use of understandable terms, truthful answers, and clear discussion related to probable outcome or prognosis, is important to patients and their families in the inpatient setting.
- Because physicians, rely on nurse practitioners, physician assistants, and respiratory therapists to handle the acute daily management of patients in the inpatient setting, patients and families would benefit from an explanation of the healthcare team.
- Clear opportunities exist to better meet the needs of patients and their families through focused communication with healthcare providers in areas such as prognosis, pain control, side-effect management, and discharge planning.

come. Furthermore, the greatest source of information about the healthcare staff. Themes of needs identified in the small sample

RISULTATI

Table 3. Average of Need Scores on Patient Survey

PATIENT NEED	\bar{X}	SD
<u>I need to have my questions answered honestly.</u>	5	–
I need to know I can ask questions any time.	5	–
I need to have explanations given in terms that are understandable to me.	4.92	0.27
I need to believe the healthcare professionals caring for me are competent.	4.92	0.39
I need to know what side effects the treatment can cause.	4.92	0.28

Table 4. Average of Need Scores on Family Member Survey

FAMILY MEMBER NEED	\bar{X}	SD
<u>I need to have my questions answered honestly.</u>	4.96	0.19
<u>I need to believe the healthcare professionals caring for my family member are competent.</u>	4.96	0.19
I need to know that I will be called at home if my family member's condition changes.	4.89	0.33
I need to know that pain will be managed appropriately.	4.89	0.32
I need to know what I can do to help manage side effects.	4.85	0.36

The REALM of nursing practice



Tecnologica (ci fa sentire parte di gruppo professionale, rappresenta, il **back stage**)



Relazionale (di cui il paziente ha percezione immediata, il **front stage**)



Sociale (legata agli outcomes e ai ruoli)



The REALM of nursing practice

Risponde a **problemi di salute complessi**, composti da variabili di molteplice natura, interdipendenti tra loro, che interagiscono con schemi imprevedibili e rendono la situazione instabile ed incerta



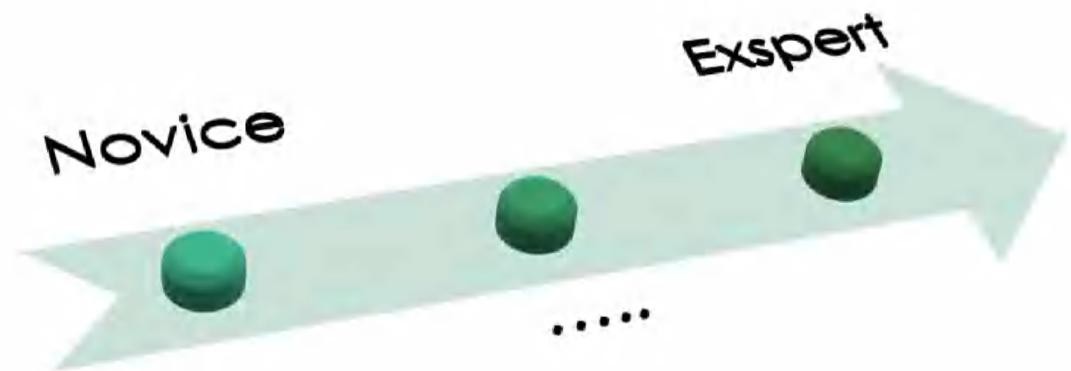
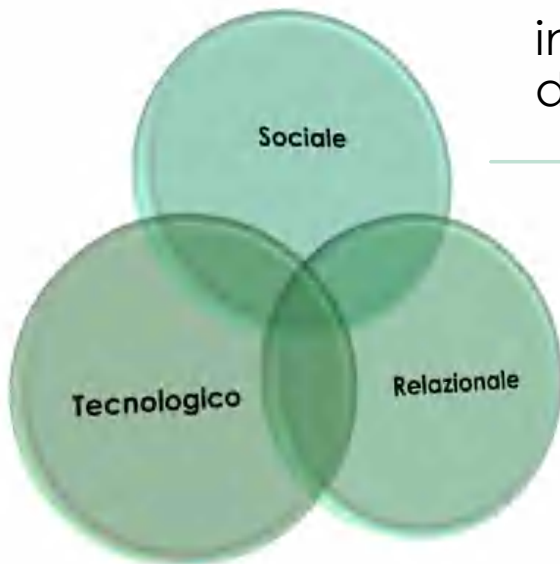
L'infermeristica rappresenta una **scienza complessa** perchè necessita non solo di abilità tecniche ma comprendere l'esperienza umana nella sua interezza ed individualità (Axley L, 2008)

TAKE HOME MESSAGE

OUTCOME
dell'infermiere in
oncologia

rispondere in modo **COMPETENTE** ai mutevoli e complessi bisogni della popolazione in un determinato contesto

in relazione al proprio livello di competenza che ci dà la possibilità di costruire un pensiero complesso con cui interpretarli



**GRAZIE
DELL'ATTENZIONE**

