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# **CLARIFYING THE ADVANCED ONCOLOGY NURSE ROLE IN ONTARIO**

*Ontario Oncology  
Advanced Practice Nursing  
Community of Practice*

**August 2009**

## Ontario Oncology Advanced Practice Nursing Community of Practice

### Clarifying the Advanced Oncology Nurse Role in Ontario

#### **Purpose:**

To promote optimal utilization of oncology advanced practice nursing (APN) roles in the Ontario health care system, through improved stakeholder and employer understanding about the purpose and characteristics of these roles.

#### **Target Audience:**

Health care providers, administrators, and policy makers who are directly or indirectly involved in the integration of oncology APN roles in the Ontario health care system.

#### **Position Statement 1: Definition of Oncology Advanced Practice Nursing Roles**

*Oncology APN roles include clinical nurse specialist (CNS) and nurse practitioner (NP) roles that share these characteristics:*

- *Responsibilities for providing clinical care at one or more time points across the cancer continuum from cancer prevention and screening to palliation and end-of-life care.*
- *Responsibilities for improving nursing practice and health care delivery through integrated role activities related to education, research, organizational leadership and scholarly and professional development.*

#### **Rationale:**

Oncology advanced practice nursing is an “umbrella term” used to describe nursing roles that have specialized and in-depth knowledge and skills focused on the care of individuals, families, populations or communities affected by cancer (Canadian Association of Nurses in Oncology, 2001).

There are two types of advanced practice nursing roles recognized in Canada: Clinical Nurse Specialists (CNS) and Nurse Practitioners (NP) who may work in acute or primary health care settings (Canadian Nurses Association, 2008).

The mandate of all APN roles is to maximize, maintain, or restore patient health through improvements in nursing practice and through innovation in the delivery of health services (Canadian Nurses Association, 2002; Davies & Hughes 2002; Hamric 2000; McGee & Castledine 2003; cited in Bryant-Lukosius et al., 2007).

APN roles are first and foremost clinical practice roles, involved in the direct and indirect provision of clinical care for individuals, families, populations or communities (Canadian

Nurses Association, 2008). Provision of clinical care may occur at any time point along the cancer continuum including: cancer prevention, screening, diagnosis, treatment, recovery, palliation and end-of-life care (Cancer Care Ontario, 2008).

In addition to clinical care responsibilities, oncology APN roles integrate four additional role responsibilities designed to make improvements in nursing practice and the delivery of health care services. These integrated role dimensions or responsibilities include education, research, organizational leadership, and professional/scholarly development (Ackerman et al., 1996; Canadian Association of Nurses in Oncology, 2001).

It is the combination of clinical and integrated role responsibilities that make APN roles advanced (Canadian Nurses Association, 2008). In order to maximize the full potential of APNs in the delivery of accessible, high quality and sustainable cancer services, practice settings must support the full integration of all five dimensions of APN roles.

Other types of roles that focus on specific areas of nursing practice, such as education, research or administration are equally valued in the health system but are not identified as APN roles, because clinical practice and the provision of advanced nursing care is not the focus of their roles (Canadian Nurses Association, 2008; Mantzoukas et al., 2006).

Oncology APN roles may be found in a variety of practice settings including homecare, community agencies, ambulatory care clinics, and hospitals. In Ontario, research has shown that most oncology APNs work within the context of interdisciplinary teams and all work collaboratively with other health care providers (Bryant-Lukosius et al., 2007).

## **Position Statement #2: Definition of the Oncology Advanced Practice Nurse**

*The oncology APN is a registered nurse working in a CNS or NP role, who has acquired specialized, in-depth knowledge and skills in the care of patients and families affected by cancer through practice experience and completion of a Master's degree in nursing.*

### **Rationale:**

There is national and international agreement that the minimum educational requirement for APN roles is a Master's degree in nursing (Canadian Nurses Association, 2008; International Council of Nurses, 2008). In addition to graduate education, practice experience is required to develop specialized and expert knowledge and skills.

### **Position Statement #3: Recognizing the unique contributions of CNS and NP roles in cancer care.**

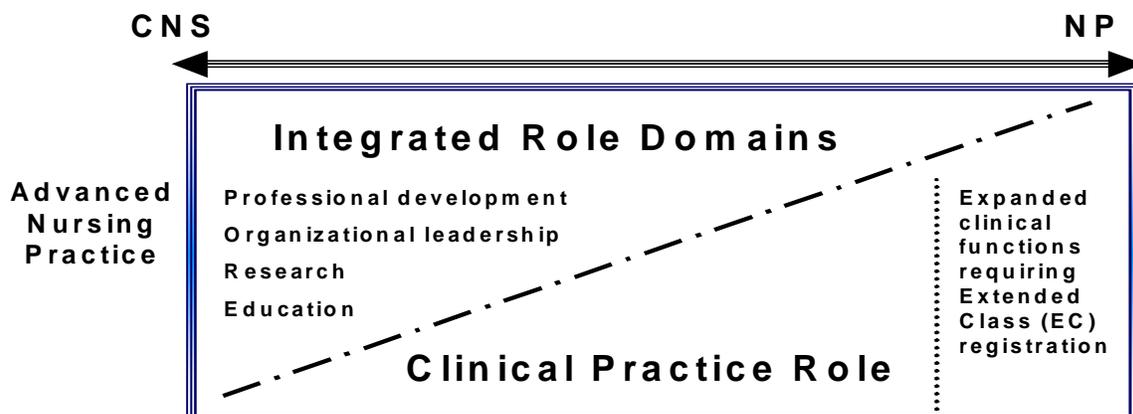
*The complementary expertise of Clinical Nurse Specialists and Nurse Practitioners is essential for developing accessible, sustainable, and high quality cancer services in Ontario.*

#### **Rationale:**

Discerning the differences between Clinical Nurse Specialist and Nurse Practitioner roles can be confusing because they share common role dimensions. The model below, describes a continuum or range of APN roles that is helpful for distinguishing the differences between CNS and NP roles (Bryant-Lukosius, 2004 & 2008). In this model both CNS and NPs have responsibilities in all five dimensions of advanced nursing practice including clinical practice, education, research, organizational leadership and professional and scholarly development. It is how these dimensions are operationalized that differs among CNS and NP roles.

The model also identifies an important difference related to the clinical practice dimension of CNS and NP roles. From a regulatory perspective, the clinical component of CNS roles falls within the scope of practice of the registered nurse. However, NPs have legislative authority to autonomously perform additional controlled acts that requires registration in the Extended Class (RN-EC) (College of Nurses of Ontario, 2008). RN-EC registration authorizes NPs to order diagnostic tests, establish and communicate a diagnosis, prescribe medications and therapeutic treatment plans, request consults from other specialties as needed, and to perform specific procedures within her/his scope of practice. Requirements for RN-EC registration in Ontario include graduation from an accredited NP program and successful completion of an approved NP exam.

### **Continuum of APN Roles** (Bryant-Lukosius, 2004 & 2008)



The broken diagonal line symbolizes the fluid or flexible nature of APN roles. APN roles are dynamic and are continually defined and shaped by changing patient, health care provider, team and organizational needs unique to practice settings. No two CNS or NP roles are alike and the balance of various responsibilities associated with individual APN roles may shift with changing demands and practice priorities in the work environment.

### ***The Clinical Nurse Specialist Role***

As a clinical expert, an important focus of the CNS role is to provide solutions for addressing complex health care issues at multiple levels; the patient and family, health care providers, administrators and policy-makers (Canadian Nurses Association, 2003; Sparacino, 2005; Oncology Nursing Society, 2003). For this reason, CNSs may have greater integrated role responsibilities related to education, research, organizational leadership, and professional/scholarly development and fewer responsibilities for clinical care. CNSs provide leadership to improve nursing policies and practices through: system level assessments to identify variables that influence nursing practice and outcomes; the development and evaluation of staff and healthcare programs; quality monitoring, evidence-based practice activities, creating positive working environments that support practice change through team building, role modeling and mentorship activities; and the education of patients and families, the public, students and health care providers.

CNSs function as highly autonomous experts in providing direct or indirect nursing care to assess and manage complex patient health needs. Direct care may include the case management of patients with acute or chronic health needs. Indirect care may involve providing health professionals or organizations with consultation or support to address patient health needs or to improve care delivery.

### ***The Nurse Practitioner Role***

NP roles tend to have increased responsibilities for clinical care with fewer responsibilities related to integrated role dimensions. The NP works independently and in collaboration or consultation with the health care team to provide direct and comprehensive care for patients and families including: stabilization of acute illness; prevention and management of complications and chronic disease management to promote optimal health. The NP performs in-depth and/or focused physical assessments, generates differential diagnoses and develops appropriate therapeutic care plans that consider the patient's/family's unique needs and goals of therapy.

The NP provides early access to care from admission to discharge closing gaps in care that facilitate fluid planned outcomes. It is the uniqueness of the clinical domain in combination with the other domains in practice that influence positive clinical outcomes in the oncology patient population.

## **Position Statement #4: Appropriate Use of APN Role Titles**

*The terms Clinical Nurse Specialist and Nurse Practitioner should be used in job descriptions and role titles to recognize the distinct areas of purpose, expertise, and scope of practice of these roles.*

### **Rationale**

The term APN as a role or position title should be discouraged because it encompasses but does not distinguish the differences in role purpose, expertise and scope of practice between CNS and NP roles.

The term NP is now a regulated title in Ontario and should be used by advanced practice nurses who have successfully completed the legislated requirements.

The term CNS is not a legislated or protected title but should be reserved for those nurses who are in a designated APN role, have specialized expertise in oncology and completed a Master's degree in nursing.

A CNS or NP role is distinguished by the focus of care:

- A CNS “provides expert nursing care for a specialized client population. They play a leading role in the development of clinical guidelines and protocols, promote the use of evidence, provide expert support and consultation and facilitate system change.” (Association of Registered Nurses of Newfoundland and Labrador, 2007).
- A NP “provides direct care and a focus on the treatment and management of medical conditions. They have received education preparation and possess the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.” (CNA, 2006).

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