Complete Listing of Cancer Core Competency Standards

Domain I: Continuum of Care

Within the context of the professional discipline and scope of practice, a health care professional should:

A) Prevention and Behavioral Risks

1) General
   a) Incorporate evidence-based cancer prevention guidelines in their professional practice.
   b) Incorporate the shared decision-making process into cancer risk reduction counseling.
   c) Explain the continuum of comprehensive cancer care: prevention, early detection, treatment, survivorship, and palliative care.
   d) Refer individuals to resources for cancer prevention, screening, and management of precancerous conditions.
   e) Describe evidence based early detection guidelines based upon risk-factors.

2) Tobacco
   a) Describe the effects of tobacco use from inhaled tobacco, spit tobacco, and second hand exposure.
   b) Incorporate the five A’s of tobacco intervention (ask, advise, assess, assist, and arrange) into their practice.
   c) Refer individuals to tobacco cessation programs.
   d) Describe the psychological and physiologic symptoms of nicotine withdrawal.
   e) Name the available treatment options/interventions that can be employed to facilitate smoking cessation.
   f) Assess an individual’s adherence to a tobacco cessation plan.

3) Ultraviolet rays
   a) Describe the risks associated with natural UVA and UVB rays.
   b) Describe the risks associated with tanning booths.
   c) Assess individuals’ degree of sun exposure.
   d) Describe the characteristics of skin cancer lesions in order to identify patients for referral to dermatologist.
   e) Counsel individuals on skin protection including the avoidance of sun exposure and use of sun protection.
   f) Identify patients for referral to dermatologist.

4) Diet and Exercise
   a) Describe the association between cancer and diet, physical activity, and obesity.
   b) Assist individuals with developing a diet plan that is consistent with their cultural and economic environments.
   c) Refer individuals for assistance with modifying their dietary risk factors.
d) Assist individuals with developing a physical activity plan that is consistent with their physical abilities.
e) Refer individuals for assistance in developing a physical activity plan based upon their physical abilities and risk factors.

5) **Sexually Transmissible Diseases**
   a) Describe the association between cancer and Human Immunodeficiency Virus, Human T-lymphotropic virus, Human Papilloma Virus, and Hepatitis B and C.
   b) Describe the vertical transmission of STD viruses.

**B) Screening and Early Detection**

1) **General**
   a) Explain the benefits and risks of screening tests.
   b) Explain the possible findings from a screening test.
   c) Refer individuals for further assessment based upon screening test results.
   d) Perform an individualized cancer risk assessment based upon a comprehensive health history and current health status including genetic risk factors.
   e) Refer individuals to resources for cancer screening and risk assessment.
   f) Identify clinical and genetic counseling resources.
   g) Coordinate referrals with the financial and geographic needs of the individuals.
   h) Explain the role of diagnostic examinations in the identification of suspected cancer.

2) **Oral**
   a) Describe the characteristics of early oral lesions.
   b) Refer individuals to a dental professional for a complete oral examination.
   c) Describe the risk factors for the development of oral cancer lesions.
   d) Educate individuals about the importance of a complete oral examination.

3) **Skin**
   a) Refer for full body skin examinations.

4) **Breast**
   a) Describe the methods of breast cancer detection, including breast self examination, clinical breast examination and mammography.
   b) Perform a clinical breast examination.
   c) Refer for follow up assessment.

5) **Cervical and uterine**
   a) Describe the importance of pelvic screening exams.
   b) Describe the process of performing a pelvic examination and cervical smear examination.
   c) Perform a pelvic examination including obtaining cervical specimens.
   d) Refer for colonoscopy and biopsy of cervical tissue.
6) **Colorectal**
   a) Explain the importance of colorectal screening.
   b) Describe the procedures for conducting colorectal cancer screening.
   c) Perform a fecal occult blood test.
   d) Refer for colonoscopy based upon age and other risk factors.

7) **Prostate**
   a) Explain the importance of screening for prostate cancer.
   b) Describe the procedures employed in prostate cancer screening.
   c) Explain the advantages and disadvantages of PSA testing.
   d) Explain the utility of digital rectal examinations.
   e) Perform digital rectal examination.
   f) Refer patients for prostate cancer screening.

8) **Testicular**
   a) List the benefits of testicular self-examination.
   b) Discuss the appropriate age to begin performing testicular self-examination.
   c) Explain the procedures for self testicular examinations.
   d) Teach individuals how to perform a testicular self examination.

C) **Treatment**

1) **General**
   a) Access cancer treatment information specific to cancer location and type.
   b) Describe the available cancer treatment modalities.
   c) Identify clinical findings that may represent clinical emergencies.
   d) Describe options to manage disease and treatment-related symptoms.
   e) Manage disease and treatment related symptoms.
   f) Refer for treatment of disease and treatment-related symptoms.
   g) Provide emotional support to patients.
   h) Refer for mental health services.

D) **Survivorship**

1) **General**
   a) Define cancer survivorship.
   b) Assess that resources for cancer services and insurance coverage are consistent with current recommendation.
   c) Assist patients and families in navigating the health care system following cancer treatment.
   d) Guide patients with cancer and their families toward support systems and groups.
   e) Provide ongoing health services that meet age and gender recommendations.
   f) Recognize the importance of survivorship in a long term cancer care plan at the conclusion of active treatment.
   g) Manage continuing and late effects of cancer and cancer treatment.
h) Describe the surveillance recommendations for the detection of recurrence and second primary cancers.

i) Refer patients to resources for the detection of recurrence and second primary cancers.

j) Refer survivors to rehabilitation services.

k) Provide support for cancer survivors and their families and caregivers as they cope with daily living, including lifestyle, employment, school, sexual relationships, fertility issues, and personal intimacy.

l) Advocate for pain and symptom management throughout the course of survivorship.

E) Palliative and End of Life care

1) General
   a) Define palliative and end of life care.
   b) Assess that resources for palliative and end of life care and insurance coverage are consistent with current recommendations.
   c) Refer patients to community palliative and end of life care and support resources.
   d) Explain the role of hospice care.
   e) Manage symptoms of the cancer patient.
   f) Incorporate end of life comfort strategies for the dying cancer patient.

2) Pain management
   a) Explain how cancer pain differs from other types of pain.
   b) Describe the methods used to diagnosis cancer pain throughout the progression of the disease.
   c) Differentiate between acute and chronic pain symptoms.
   d) Describe the characteristics used to assess cancer pain: frequency, intensity, and site.
   e) Perform a cancer pain assessment.
   f) Explain the different treatment options for cancer pain.
   g) Perform a pain-related history taken during a physical examination.
   h) Manage cancer-related pain and analgesic side effects.

Domain II: Basic Cancer Science

Within the context of the professional discipline and scope of practice, a health care professional should be able function in the following competency areas:

A) Incorporate general cancer knowledge into their professional practice.
   1) Implement ways to keep cancer knowledge current.
      a) Review the literature for new information regarding screening techniques.
      b) Participate in professional cancer education opportunities.

B) Describe the biologic attributes of cancer etiology.
   1) Distinguish cancer facts from cancer myths.
   2) Explain the relationship between cancer and genetics.
   3) Explain the immunologic response to cancer and its treatment.
C) **Reference the cancer epidemiology and risk factor data for individuals and specific communities.**
   1) Access cancer epidemiologic data for specific communities.
   2) Describe the utility of cancer clinical data and cancer population-based data including those collected through cancer and tumor registries.
   3) Apply epidemiological principles of sensitivity and specificity to cancer screening recommendations.

D) **Discuss complementary and alternative therapies**
   1) Assess patient and family beliefs regarding complementary and alternative therapies.
   2) Explain the role of complementary and alternative therapies in cancer treatment.
   3) Refer the patient, family, and care givers to licensed complementary therapists and alternative medicine practitioners and information sources.
   4) Describe the potential side effects and possible interactions among complementary therapies, alternative medicine, and other prescribed treatments.

E) **Support participation in clinical trials.**
   1) Define a cancer clinical trial.
   2) Describe the clinical trial process beginning with informed consent.
   3) Describe the oncology specific rationale for community-based clinical trials.
   4) Adhere to a clinical trial protocol.
   5) Assist patient in adhering to clinical trial protocol.

F) **Adhere to the data collection standards in reporting cancer cases to hospital, state, and national tumor surveillance registries.**
   1) Define the purpose and requirements of cancer registries.
   2) Describe the role of tumor surveillance registries.
   3) Describe the importance of complete, accurate, and timely data collection in cancer tumor registries.
   4) Interpret cancer data using basic epidemiologic principles.
   5) Categorize cancer incidence by age, gender, ethnicity, and geography.
   6) Categorize cancer mortality rates by age, gender, ethnicity, and geography.

**Domain III: Collaboration and Communication**

Within the context of the professional discipline and scope of practice, a health care professional should be able function in the following competency areas:

A) **Participate within an inter-disciplinary cancer care team.**
   1) Define inter-disciplinary care.
   2) Describe the contribution of each professional perspective in the development of a cancer care plan.
   3) Consider the financial implications for recommended cancer care.
      a) Refer patients to an oncology social worker for financial guidance and resource navigation.
      b) Consider the resource challenges of the agency in implementing a treatment plan.
B) Incorporate psychosocial communication strategies in conveying cancer information.
1) Refer patients to mental health, psychosocial, and support services.
   a) Recognize the signs and symptoms of cancer related depression and anxiety.
   b) Explain the management of depression and anxiety in patients with cancer.
   c) Explain the useful coping mechanisms following a cancer diagnosis.

C) Incorporate cross-cultural communication strategies in conveying cancer information.
1) Identify cultural sub-groups in a given patient population.
2) Define culture-specific beliefs and practices.
3) Communicate cancer care information that is sensitive to religious and spiritual beliefs and practices.

D) Describe common ethical and legal issues in cancer care.
1) Adhere to HIPAA policies, procedures, and regulations.
2) Access institutional and other ethics resources.
3) Advocate for the use of advanced directives, including the right to refuse care.
4) Justify the need for informed consent in cancer research.

E) Incorporate communication strategies that encourage the process of grieving.
1) Consider personal death awareness and cumulative loss as it applies to the practice of oncology.
2) Assist oncology team members with the coping strategies over the death of patients with cancer.
3) Develop a roster of coping resources for assisting family and other cancer care providers.
4) Suggest resources that help professionals cope with the death of patients with cancer.