

**SPECIALIST BREAST NURSE
COMPETENCY STANDARDS**

AND ASSOCIATED
EDUCATIONAL REQUIREMENTS

JULY 2005

This report

Specialist Breast Nurse Competency Standards and Associated Educational Requirements

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EXECUTIVE SUMMARY

In recent years, support for the role of the Specialist Breast Nurse (SBN) in the management of women with breast cancer in Australia has grown, as a result of evidence of the benefits of this role from studies both within Australia and overseas. SBNs provide valuable support and care coordination for women with breast cancer across the continuum of care. However, a recent study has identified significant variation in how the role functions across individual nurses and settings. Such variation is likely to contribute to varied outcomes for women with breast cancer.

This project was initiated by the National Breast Cancer Centre (NBCC) with the aim of defining a set of SBN Competency Standards considered integral to optimising outcomes for women with breast cancer. These Standards have been designed to be inclusive of and complementary to existing nursing competency standards and contemporary breast cancer care. The project has also identified recommendations for ensuring that the educational and training requirements for SBNs in Australia are addressed adequately.

PROJECT DESIGN

The project was conducted over five main phases:

- **Phase 1 & 2:** Focused review of Australian and international literature and drafting of the key role areas and broad competency domains for SBNs in Australia
- **Phase 3:** Stakeholder consultation and development of draft SBN Competency Standards and educational requirements
- **Phase 4:** Synthesis of data sources and refinement of SBN Competency Standards and educational requirements
- **Phase 5:** Review of educational programs and development of recommendations for SBN education.

The project methodology involved synthesis of multiple sources of evidence and resulted in a set of SBN Competency Standards that are based on the evidence whilst reflecting the views of major stakeholders. The validity and credibility of these standards will only be established through the application to practice by members of the profession.

ADVANCED NURSING PRACTICE AND SPECIALIST NURSING PRACTICE

A number of studies, both in Australia and overseas, have attempted to define and clarify how specialist and advanced levels of practice are conceptualised in the nursing profession. Based on a number of conceptual definitions of specialist practice, an SBN can be seen as requiring an advanced level of competence in those areas of practice specific to meeting the health needs of women with breast cancer, such as patient education and management of issues associated with cancer and its treatment. For the purposes of this project, it has been assumed that individuals undertaking an SBN role will already be at an advanced level of nursing practice.

COMPETENCY STANDARDS IN NURSING

Competency standards have been developed by the Australian nursing profession as a response to issues of role diversity and lack of clarity in defining scope and levels of practice. Competency standards recommend expected levels of knowledge, skills, attitudes and behaviours. Their use in

nursing has been debated. However, without a superior alternative, nurse regulatory authorities and professional bodies continue to benchmark safe practice in this way.

The literature on specialist and advanced nursing practice suggests that there is considerable disparity in definition and terms, practice criteria and educational requirements for specialist and advanced nursing practitioners. After consideration of issues raised in the literature on competency standards for advanced and specialist nursing practice, the development of the SBN Competency Standards was guided by the following principles:

- the SBN Competency Standards are designed to be used in conjunction with the Australian Nursing and Midwifery Council (ANMC) *National Competency Standards for the Registered Nurse and the Enrolled Nurse* – these serve as a foundation and are therefore not repeated in the SBN Competency Standards
- the SBN Competency Standards are designed to complement the Australian Nursing Federation (ANF) *Competency Standards for the Advanced Practice Nurse* – the SBN role is an advanced nursing role and as such the ANF Competency Standards are considered a foundation and are not repeated in the SBN Competency Standards
- the SBN Competency Standards recognise that specialist practice requires advanced knowledge and skills in the field of breast cancer nursing and as such, the Competency Standards described are considered the minimum required to undertake this role
- the SBN Competency Standards have been formatted to reflect the style of the ANMC Standards, and are presented according to domains of practice; each domain includes an overarching competency statement, elements of competence, and performance criteria that illustrate aspects of competent practice.

SBN COMPETENCY STANDARDS

This NBCC report defines the SBN as *a registered nurse who applies advanced knowledge of the health needs, preferences and circumstances of women with breast cancer to optimise the individual's health and well-being at various phases across the continuum of care, including diagnosis, treatment, rehabilitation, follow-up and palliative care*. The report concludes that this advanced level of SBN knowledge and skills is reflected in five core domains of practice:

- Supportive care
- Collaborative care
- Coordinated care
- Information provision and education
- Clinical leadership.

The SBN Competency Standards have been developed around these five core domains. They are designed specifically for nurses whose practice incorporates an advanced level of knowledge and skill in the nursing care of women with breast cancer. They assume a model of care that enables the SBN to work collaboratively with women, other nurses and members of the health team to meet the multiple health needs of women with breast cancer across the continuum of care.

DOMAINS OF PRACTICE

A description of the five domains of practice under which the SBN Competency Standards are presented is outlined below.

Domain: Supportive Care

This domain comprises Competency Standards that reflect the ability of the SBN to identify multiple physical, psychological, social, sexual and spiritual needs of clients throughout the continuum of breast cancer care, and to implement evidence-based supportive care interventions in a flexible and responsive manner, in the context of a collaborative multidisciplinary approach to care, to achieve optimal health outcomes for clients with breast cancer.

Domain: Collaborative Care

This domain comprises competencies reflecting the ability of the SBN to facilitate a collaborative approach to care planning, implementation and evaluation by ensuring the client and service providers are working effectively as a team and that those involved in a client's care have established secure and dependable relationships to meet client needs. These competencies include recognition of the critical interdependence between the SBN role and other nurses and health professionals involved in a woman's care.

Domain: Coordinated Care

This domain incorporates competencies reflecting the ability of the SBN to facilitate a coordinated approach to care planning, implementation and evaluation by ensuring a comprehensive range of health and support services needed are delivered in a timely, flexible and efficient manner in response to client needs.

Domain: Information Provision and Education

This domain incorporates competencies reflecting the ability of the SBN to provide comprehensive, specialised and individualised information to clients about the pathophysiology of breast cancer and its effects, treatment approaches, supportive care, and self-management strategies, using evidence-based educational strategies that are consistent with individual clinical circumstances, preferences, information and self-care needs.

Domain: Clinical Leadership

This domain contains competencies reflecting the ability of the SBN to advance and improve breast cancer care through a range of clinical leadership and professional activities.

EDUCATION AND TRAINING PROGRAMS FOR SBNs

Specialist nursing education is well established in most university schools of nursing in Australia, with postgraduate qualifications now recognised in industrial agreements for nurses in a number of States. There is however no credentialing or accreditation system for specialty practice in nursing, except for specific skill areas such as midwifery or immunisation. Moreover, a nurse currently employed in an advanced role does not necessarily require a postgraduate qualification. The SBN Competency Standards provide a framework for determining educational requirements that will facilitate the development of nurses' competence to practice in this field.

While there are a variety of educational programs currently available in Australia for nurses who wish to learn about breast cancer nursing, this report identifies general agreement that SBNs require, as a minimum, a Graduate Diploma in order to develop the advanced level of competence required to perform the role. This level of education was seen as necessary for achieving the depth

and scope of knowledge and skills reflected in the SBN Competency Standards. The importance of maintaining currency of knowledge and skills was highlighted, as was the need for professional support mechanisms for SBNs.

RECOMMENDATIONS

A number of recommendations have been identified from this project. These are outlined below.

1. Definition of an SBN:

It is recommended:

- that the following definition be adopted as the standard definition for SBNs in Australia: *the SBN is a registered nurse who applies advanced knowledge of the health needs, preferences and circumstances of women with breast cancer to optimise the individual's health and well-being at various phases across the continuum of care, including diagnosis, treatment, rehabilitation, follow-up and palliative care.*

2. Uptake of SBN Competency Standards and Educational Requirements:

It is recommended:

- that the SBN Competency Standards and associated educational requirements be formally adopted and implemented nationally by educational facilities, professional groups and health services
- that employers recognise the SBN role and are encouraged to incorporate the SBN Competency Standards in the development of role descriptions and performance evaluation
- that course providers be encouraged to incorporate the SBN Competency Standards in curriculum design, implementation and evaluation for SBNs.

3. Education and professional development of SBNs:

It is recommended:

- that the minimum education level for SBNs be a Graduate Diploma in the specialty of cancer nursing (or equivalent)
- that curriculum design for SBN education programs reflect:
 - o content addressing the SBN Competency Standards
 - o learning and assessment approaches that enable the development of advanced competencies for SBNs, including both theoretical and clinical learning experiences and assessment
 - o flexible learning pathways that recognise prior learning while maintaining a commitment to ensuring SBN Competency Standards are achieved
- that evidence-based learning resources incorporating the SBN Competency Standards be developed to support students undertaking education programs in cancer nursing
- that professional organisations develop education programs relevant to the continuing professional development needs of SBNs
- that supervision models for SBNs be developed and support provided for their implementation.

4. Further evaluation:

It is recommended:

- that the SBN Competency Standards be evaluated to determine their validity in practice
- that the applicability of the SBN Competency Standards and associated educational requirements be explored in relation to generalised 'specialist cancer nursing'.

1. PROJECT OVERVIEW

1.1. BACKGROUND AND RATIONALE

The National Breast Cancer Centre (NBCC) *Specialist Breast Nurse Project*,¹ together with several overseas studies,²⁻⁴ provide good evidence of the benefits of the Specialist Breast Nurse (SBN) role for women with breast cancer. This evidence has resulted in growing support for the role in Australia, and a rapid increase in the number of SBN positions in this country. A comprehensive Victorian study of the workforce characteristics and scope of practice for nurses working with women with breast cancer identified, however, that there is significant variation in how the role functions across individual nurses and settings. The study, commissioned by BreastCare Victoria and conducted by the Victorian Centre for Nursing Practice Research, highlighted the wide variation in implementation of the role, level of educational preparation, approach to care delivery, and skill level.⁵ Such variation in practice is likely to contribute to varied outcomes for women with breast cancer.

The purpose of this project is to build on existing evidence by defining a set of competency standards and educational requirements for SBNs that are considered integral to optimising outcomes for women with breast cancer. Competency standards in nursing serve a number of purposes.⁶ For the public and employers, competency standards can promote accountability of the nursing profession and enhance the community's understanding of the purpose of nursing. The development of competency standards and identification of related educational requirements for SBNs can also provide a framework for service development and implementation of effective models of care, curriculum development and evaluation, academic assessment, and workplace planning and performance review. The implementation of competency standards can thus contribute to positive health outcomes for consumers by ensuring nurses are equipped to provide safe and effective nursing care.⁶

SBNs work with women with breast cancer across the continuum of care in a diversity of areas and roles, from diagnosis, treatment, and rehabilitation to palliative care. As such, competency standards need to reflect the broad dimensions of SBN practice required to meet the health needs of women throughout their cancer journey. Moreover, specialist breast nursing is enacted in close proximity, collaboration and often partnership with other nurses and health care professionals involved in the care of women with breast cancer. Competency standards for SBNs thus need to reflect the interdisciplinary context of their role.

In defining standards for specialist nursing practice, there are issues for SBNs that are common to other areas of specialist nursing. These issues relate to lack of agreement about the use of specialist titles, such as 'breast nurse', and difficulties with defining scope of practice for specific areas of specialist practice, in terms of the breadth, range, extent, effect, influence and reach of nursing activities.⁷

To provide clarity with respect to the application of the Competency Standards developed from this project, a number of definitions were agreed by the NBCC *Specialist Breast Nurse Steering Committee*, following consideration of available evidence regarding the impact of various models of specialist nurse and SBN practice.

Firstly, consistent with the National Nursing Organisations definition, specialist practice is conceptualised as requiring a higher level of knowledge and skill in a particular aspect of nursing (eg, care of women with breast cancer), which is greater than that acquired during basic nurse

education.⁸ Implicit in this definition is the assumption that specialist practice is an advanced level of practice in a specified field of health care, focused on care of specific populations or health needs, such as care of women with breast cancer.

Secondly, the scope of specialist breast nursing practice is defined as occurring in the context of a model of care that enables the nurse to *work collaboratively with women with breast cancer and other nurses and members of the health team* to meet the multiple health needs of women and their family carers across the continuum of care. A specific care pathway for SBN practice is not defined in this project. This definition of scope of SBN practice is, however, consistent with evidence which suggests that a core feature of SBN practice that contributes to improved health outcomes is continuity of care and collaborative practice.^{1,9}

SBNs are thus distinguished from other nurses whose role may incorporate more limited scope of practice in breast cancer care, who may care for women during specific episodes or phases of treatment, or whose practice does not incorporate advanced elements. Indeed, while specific components of the competency framework developed from this project may be relevant for nurses whose role requires them to meet specific health needs of women at particular points along the breast cancer continuum, for example, at diagnosis, post-surgery, or during radiation therapy, the standards developed from this project are intended for nurses who work within a model of care that reflects ongoing support, either directly or indirectly, across the entire cancer journey. This principle is supported by evidence which suggests that facilitating a consistent and coordinated approach to care is a major priority for women with breast cancer.¹ This focus on specialist practice as an advanced role is not intended to diminish the contribution of other nurses to the care of women with breast cancer. Rather, optimal SBN practice is seen as being highly dependent on effective relationships with other professionals, to ensure that a woman's health needs are met.

An initiative of the NBCC, this project involved a comprehensive review of available evidence about the scope of practice for SBNs, as well as extensive stakeholder consultation. A review of existing educational programs for SBNs in Australia was also conducted to identify recommendations for ensuring the educational and training requirements for SBNs in Australia are addressed adequately.

The competency and education standards developed for this project have been designed to be inclusive of, and complementary to, existing nursing competency standards and contemporary breast cancer care. That is, the framework within which the competencies were developed is consistent with current nursing standards in Australia for generalist and specialist practice. The Competency Standards have taken account of Australian Nursing and Midwifery Council (ANMC) *National Competency Standards for the Registered and the Enrolled Nurse*.⁶ Development also incorporated the outcomes of the NBCC *Specialist Breast Nurse Project*,¹ *Competency Standards for the Advanced Practice Nurse*,¹⁰ *Competency Standards for Nurse Practitioners*,¹¹ and the Cancer Nurses Society of Australia (CNSA) *Outcomes Standards for Cancer Nursing Practice*¹² and *Australian Standards for Cancer Nursing Education Programs*.¹³

1.2 PROJECT AIMS

This project aimed to:

- develop a set of competency standards for SBNs in Australia
- develop a set of agreed standards about the appropriate minimum education and training requirements and professional support needs for SBNs in Australia
- review available education and training programs that exist for SBNs in Australia.

1.3 EXPECTED OUTCOMES

Potential applications of the SBN Competency Standards include:

- contributing to positive health outcomes of women with breast cancer, by providing a framework for ensuring that SBNs are equipped to provide safe and effective nursing care
- providing a framework for curriculum development and evaluation, academic assessment, and workplace performance review
- providing guidance for health workforce planning
- assisting understanding by consumers and health professionals of the purpose and scope of practice of the SBN role.⁶

1.4 PROJECT DESIGN

The development of the SBN Competency Standards was underpinned by a review of the national and international literature, together with several rounds of stakeholder consultation, which was conducted by consultants from the Division of Health Sciences, University of South Australia. Post and email were selected as the most cost-effective and efficient modes of consultation to accommodate the project resources, time frame and geographical distribution of participants. Ethical approval was gained from the University of South Australia Human Research Ethics Committee prior to commencement of stakeholder consultation. An Expert Working Group was subsequently established by the NBCC *Specialist Breast Nurse Steering Committee* to synthesise data from the consultative phase with evidence from the international and national literature. Following consideration of areas of agreement and divergence, the Expert Working Group developed consensus-based statements of competency and education standards for SBNs.

1.4.1 PROJECT PHASES

The project consisted of five phases.

Phases 1 & 2: Literature review and development of discussion paper

A focused review of Australian and international literature provided the foundation for the development of a draft set of competency standards. Following analysis of the literature, a discussion paper outlining the key role areas and broad competency domains that constitute the SBN role in Australia was developed by the consultants from the University of South Australia. A copy of the discussion paper is provided in Appendix 1.

Phase 3: Stakeholder consultation and development of draft competency and education standards

The discussion paper was circulated to 60 key stakeholders identified by the NBCC and consultants. Respondents were asked to comment on the relevance and fit of the broad role areas and competency domains for SBN practice and the educational preparation necessary for competent SBN practice. A structured response template was provided for self-completion by respondents. Following thematic analysis of responses to the discussion paper, draft competency and education standards were developed by the consultants and refined through two further rounds of postal consultation. These draft standards were circulated to respondents using a structured response format. The respondents were asked to comment again on the relevance and fit of the draft competency standard statements, elements and performance criteria, and education standards and indicators in relation to current and future requirements of the contemporary SBN role. The response format also included questions for respondents to consider in preparing their responses. Where there were differences between the standards and the evidence base, respondents were asked to provide

a rationale. The structured response format provided focused responses and enabled evaluation of justification/evidence cited for changes.

Phase 4: Synthesis of data sources and refinement of competency and education standards

The Expert Working Group, comprising an SBN, and researchers and academics in the field of breast cancer nursing, was convened to synthesise the data that emerged from stakeholder consultation with the published literature. In this phase, a further focused literature review was undertaken to identify additional studies providing specific evidence relevant to the domains of practice and competencies identified in previous phases. Where there were differences between the evidence base and stakeholder views, these were highlighted. These differences were discussed by members of the Expert Working Group to achieve consensus on how divergent views should be addressed in defining the competency and education standards. The result was a refined set of standards based on the evidence while reflecting the views of major stakeholders.

Phase 5: Review of educational programs and development of recommendations for SBN education

Australian education programs for SBNs were reviewed to identify organisations that currently offer programs and courses relevant to SBN education and training. The information gathered through this phase was analysed by the Expert Working Group, together with data gathered from earlier stakeholder consultation, to identify recommendations relating to educational requirements for development of competent SBNs.

1.5 CHALLENGES ENCOUNTERED

Challenges encountered during the development of the SBN Competency Standards included:

- divergence between the evidence about SBN practice and stakeholders' views of SBN roles
- low response rates from stakeholders
- lack of detailed information regarding who contributed to some responses
- paucity of detail in many written responses
- lack of differentiation by respondents between those holding substantive positions as SBNs and other nurses involved in care of women with breast cancer
- lack of consistency between respondents about SBN roles.

Given the above limitations and contradictions, the project methodology involved synthesis of multiple sources of evidence, including stakeholder responses, expert opinion and available literature about the needs of women with breast cancer and nursing interventions to address these needs.

As previous research and the literature related to competency standards development suggests, the validity and credibility of these standards will only be established through the application to practice by members of the profession.^{14,15}

2. LITERATURE REVIEW

2.1 SCOPE OF THE REVIEW

A focused review of national and international literature conducted by the consultants from the University of South Australia provided the foundation for the development of the SBN Competency Standards. The review highlighted core elements of the SBN role, and how these elements affect patient outcomes. Significantly, a large proportion of this research on SBN practice provides Level II evidence (ie, evidence obtained from at least one properly designed randomised controlled trial).

In addition to a search of the published literature, other published reports of relevance to development of the SBN role in the Australia were reviewed. These reports included the workforce study of breast care nurses in Victoria, conducted in 2001 by the Victorian Centre for Nursing Practice Research;⁵ the NBCC *Specialist Breast Nurse Project*;¹ the NBCC *Psychosocial Clinical Practice Guidelines: Providing Information, Support and Counselling for Women with Breast Cancer*;¹⁶ and the C-Care Psychosocial Assessment Trial, conducted by the North Eastern Metropolitan Breast Services Enhancement Program.¹⁷

A more general review of the literature on definitions and standards for specialist and advanced practice in the nursing profession was also undertaken to develop a framework for the project that was consistent with current standards and trends in the profession. This review included consideration of relevant professional standards including competency standards for registered nurses and standards for advanced practice, as well as nursing standards more specific to the context of cancer nursing, including the Cancer Nurses Society of Australia (CNSA) *Outcome Standards for Cancer Nursing Practice*.¹² While the *Outcome Standards for Cancer Nursing Practice* focus on the effects of nursing care in terms of outcomes for clients and their families, the SBN Competency Standards focus on the standard of performance expected of the SBN practising in the role to achieve these outcomes. It is anticipated that the outcome standards would be met through competent SBN practice.

2.2 DIMENSIONS OF THE SBN ROLE

The SBN role has become recognised as a valuable strategy to improve the care of women with breast cancer.¹ However, the scope of the role, skill level and educational preparation varies significantly. In Australia, a range of nurses in different roles provide care to women with breast cancer at various points throughout the continuum of care. Despite the lack of an agreed role definition and significant variation in educational preparation, development and implementation, there is general agreement that SBNs provide information and support for women with breast cancer across the continuum of care, from diagnosis to treatment, rehabilitation and palliative care.^{1,5}

The following sections provide background information about core role areas of SBN practice and how these areas impact on patient outcomes. The core role areas of SBN practice considered were: providing information, resources and information; providing psychological and emotional support; facilitating coordination of services and continuity of care; and providing clinical care. This information has been drawn from recent national and international literature, with emphasis on three main sources: the NBCC *Specialist Breast Nurse Project*,¹ which developed an evidence-based model of care for Australian practice; the report of the *Breast Care Nurse Workforce Study* by the Victorian Centre for Nursing Practice Research;⁵ and the background paper for this current project

prepared by the NBCC at the project outset.¹⁸ Collectively, these sources represent the most recent synopsis of evidence for the SBN role in Australia. These core role areas were also supported by the more recent NBCC report *Multidisciplinary Care in Australia: a National Demonstration Project in Breast Cancer*.⁹ Outcomes from this project supported the SBN as a core member of a multidisciplinary team, providing specialist physical and psychological support, linking and coordinating the passage of women from diagnosis through to therapy, identifying and facilitating referral for counselling, and collaboration which was understood to establish and strengthen links and feedback to women from the treatment team.

2.2.1 PROVIDING INFORMATION, RESOURCES AND EDUCATION

Providing information is well recognised by women with breast cancer, SBNs, and other health professionals as a priority and key component of the SBN role,¹ enabling women to make informed decisions about treatment options. As specialist information providers, SBNs provide women with information about breast cancer, treatment, clinical trials and reconstructive surgery. Advanced and in-depth knowledge and skills are needed to facilitate educational discussion about surgical processes, the nature, duration and possible side effects of further treatment and to correct misconceptions regarding the causes of cancer.² While the role of advisor has been separated from that of resource provider,¹⁹ these roles are both concerned with advising women with breast cancer and their families on problems they may encounter during diagnosis and treatment, which requires nurses in these roles to have extensive knowledge of the disease process and treatments, as well as the effects of these in various clinical and social contexts. The SBN is also recognised as a resource provider for other nurses;¹ however, their resource role for others, such as government bodies, hospitals and communities, is less well recognised.¹⁹

Evidence to support the role of the SBN in providing information, resources and education

There is strong evidence to show that the psychological well-being of women with breast cancer can be improved by adequate information provision.²⁰ Provision of general information about treatment goals and options by an SBN has been shown to reduce psychological morbidity, increase understanding of breast cancer and improve recall of information and perceptions of women with breast cancer. Furthermore, provision of information on practical issues, such as cost of diagnosis and treatment; travel and accommodation costs; the cost of prostheses and information about breast reconstruction, has also shown to benefit women.^{3,4,21} The NBCC report *Multidisciplinary Care in Australia: a National Demonstration Project in Breast Cancer* also supported the benefits of the SBN role in psychosocial aspects of care as related to information provision post-consultation.⁹

Providing women with specific information about the procedures they are about to undergo has been shown to reduce emotional distress and improve psychological and physical recovery.^{22,23} Tailoring information to the specific needs of individual women with breast cancer has been shown to increase recall.²³

2.2.2 PROVIDING PSYCHOLOGICAL AND EMOTIONAL SUPPORT

Women with breast cancer are at risk of developing a number of specific difficulties with a high psychological impact, including body image and sexuality problems, interpersonal difficulties and coping with acute and chronic physical symptoms.⁴ The significance of emotional morbidity for women with breast cancer means that providing emotional support and psychological care is recognised as a core element of the SBN role.¹⁶ There is considerable discussion in the literature regarding the nature of psychological support provided by SBNs. While SBN support is considered to incorporate advanced skills in communication and responding to emotional concerns, recent

reports have differentiated this level of support from the type of psychological or psychiatric counselling provided by an appropriately qualified mental health professional.¹⁷ Psychological support provided by SBNs is seen to comprise advanced skills in the types of evidence based interventions described in the NBCC and National Cancer Control Initiative *Clinical Practice Guidelines for Psychosocial Care of Adults with Cancer*,²⁴ and include a high level of proficiency in eliciting and responding to women and families about concerns and feelings, assisting with problem-solving and decision-making, discussing coping mechanisms and ways to relax, and providing appropriate reassurance. These SBN practices allow women to express emotions and grieve freely as well as facilitating discussion of problems such as concerns with sexuality. Psychological care provided by SBNs also includes ensuring early recognition and referral of women with significant psychological problems to appropriate health care professionals, requiring SBNs to have well developed psychological assessment skills.¹ While SBNs are well positioned to play a leading role in the psychosocial assessment of women with breast cancer, women with higher level or more complex psychological, social, sexual or spiritual needs need to be supported by a team approach to care, which may involve other health professionals with specialist expertise in dealing with such issues.¹⁷

Evidence to support the role of the SBN in providing psychological and emotional support

Evidence highlights that SBNs can increase early recognition and referral of patients with psychological morbidity,⁴ which can significantly reduce psychological morbidity and psychosocial distress.² Models that support early, systematic, purposeful psychosocial assessment and periodic review of psychosocial needs by SBNs are recommended to facilitate early intervention and referral to appropriate levels of care, within the context of team approach to management of psychological and social needs.¹⁷

In addition to the SBN's role in identifying emotional concerns, randomised controlled trials have demonstrated that women who received psychological support from an SBN had lower rates of psychological distress, such as depression and anxiety, and increased levels of knowledge about treatment compared to those who did not receive the support.^{2,3,25} The research literature highlights the importance of providing this support from the point of diagnosis, as SBNs can help women adjust more rapidly in the year post-surgery and reduce initial levels of depression by increasing knowledge of treatment and post-mastectomy support services available.²⁵ In the NBCC *Specialist Breast Nurse Project* 80% of the women with breast cancer surveyed believed that SBNs made a significant contribution to their care.¹ Women may feel less constrained by time pressures and more able to discuss sensitive issues with an SBN than with other clinicians.

2.2.3 FACILITATING COORDINATION OF SERVICES AND CONTINUITY OF CARE

Screening, diagnosis, treatment and supportive care for women with breast cancer are often provided by different services. With little coordination this can lead to fragmented care.²⁶ The SBN is uniquely positioned to support women with breast cancer and their families from diagnosis throughout the continuum of care.²⁷ Continuity of care involves SBNs directly or indirectly influencing care for women with breast cancer at various phases of the patient journey, including diagnosis, treatment and follow-up, and in-patient and out-patient care. Through involvement at key points in a woman's care, the SBN becomes a conduit of information between the woman and the treatment team.¹ The SBN also provides a link between hospital and community services for women with breast cancer.¹⁹

SBNs have become increasingly recognised as an integral member of the multidisciplinary team.

The SBN is a caregiver who facilitates implementation of recommendations of doctors and other health professionals in relation to care.¹⁹ The outcomes of the NBCC report *Multidisciplinary Care in Australia: a National Demonstration Project in Breast Cancer*⁹ supported the SBN role as providing improved coordination and continuity of care and fostering a cohesive approach of multidisciplinary team members towards continuity of care. Effects of this role were also understood to strengthen links between sites, particularly urban and rural sites, and to provide a central link between hospitals and clinicians involved in care by coordinating and maintaining communication links.

Evidence to support how ensuring coordination and continuity of care affects patient outcomes

The national and international literature has demonstrated the benefits of SBNs providing ongoing counselling, information and support relating to many aspects of breast care for women with breast cancer, clarifying or reinforcing information and providing continuity of care throughout the treatment process.^{2,3,24} The NBCC *Specialist Breast Nurse Project* identified that the presence of an SBN contributed to a range of improvements, including: improved team functioning and appropriate utilisation of each professional's skills and resources; care being delivered more smoothly, including referrals; other health professionals having improved information about patients and breast cancer issues; and women being prepared for each treatment stage.¹ The NBCC report *Multidisciplinary Care in Australia: a National Demonstration Project in Breast Cancer*⁹ reinforced the important role that specialist oncology nurses play as a coordinator of care and facilitator of effective communication amongst the team and with patients.

There is, however, limited evidence to support a defined pathway for SBN practice to achieve optimal outcomes for women. There is evidence that suggests that the provision of continuity of care from diagnosis onwards assists with developing a trusting relationship with patients.²⁵ Furthermore, the literature has shown that providing ongoing support after the initial treatment phase may continue to benefit women, and that continuous supportive care which extends after the hospital stay can lead to feelings of security and an increased sense of control for women.²⁸ The NBCC *Specialist Breast Nurse Project* reported positive outcomes using a structured pathway involving contact for at least five points across a 12-week period during the treatment phase.¹ Other reports similarly suggest that a clear and flexible pathway based around an assessment of the woman's needs should be used to guide the support offered to women with breast cancer.⁵

2.2.4 PROVIDING CLINICAL CARE

There is less emphasis in the literature on more specific clinical interventions associated with the SBN role. Nevertheless, the NBCC *Specialist Breast Nurse Project* identified that some SBNs engaged in a number of clinical activities including clinical procedures in relation to breast cancer care (such as wound dressings, removal of drainage tubes, and seroma aspiration).¹ The Victorian Workforce Study conducted by the Victorian Centre for Nursing Practice Research also noted that physical activities reported by more than half of the participants were fitting of temporary prostheses, removal of drains and sutures and wound assessments.⁵ The Victorian study further noted a significant difference in performance of such physical activities between nurses in dedicated SBN roles, and those in non-dedicated roles, with 83% of nurses in dedicated roles reported fitting prostheses, compared with less than half in non-dedicated roles.⁵ These studies suggest that, while such clinical aspects of the SBN role may be limited to meeting specialised clinical needs and problems associated with breast cancer, these aspects of care are likely to be an important component of comprehensive and competent SBN practice.

2.3 ADVANCED NURSING PRACTICE AND SPECIALIST NURSING PRACTICE

The previous section has provided a review of the broad areas of SBN practice as described in the literature. The key domains of practice that appear to contribute to improved outcomes for women with breast cancer include providing specialised information and support, care coordination, and some aspects of specialised clinical care. This practice is performed in close collaboration with other nurses and members of the health team involved in the woman's care. The literature has, however, also highlighted that in Australia, the scope of the role, education and skill level of SBNs varies considerably.^{1,5} This variability poses challenges in developing nationally applicable competency standards for SBNs. To clarify the issues and establish a framework for developing standards relevant to specialist and advanced practice in Australian nursing, a review was conducted to explore how specialist and advanced levels of practice and associated competency and education standards are conceptualised currently in the nursing profession.

2.3.1 CONCEPTUALISING SPECIALIST AND ADVANCED PRACTICE

The 1992 International Council of Nurses (ICN) definition of a specialist nurse is *'a nurse prepared beyond the level of a generalist and authorised to practise as a specialist with advanced expertise in a branch of the nursing field'*.²⁹ More recently, the National Nursing Organisations (NNOs) in Australia have similarly defined specialist practice as requiring that the nurse can demonstrate a level of knowledge and skill in a particular aspect of nursing (eg, care of women with breast cancer) which is greater than that acquired during basic nurse education.⁸ Specialist practice is thus generally considered as practice focusing on a defined population or a defined area of activity and is reflective of greater depth of knowledge and relevant skills in a specialised area such as care of women with breast cancer.

Some writers have made a further important distinction between 'nursing-in-a-specialty' and the 'specialist nurse'. Fairweather and Gardner³⁰ suggest that a nurse may be considered to be 'nursing-in-a-specialty' when their scope of practice includes, but is not exclusive to, a specific area of clinical practice. The 'specialist nurse', however, possesses greater capacity for discretionary decision making and incorporation of a multi-focal approach specific to an area of specialist practice.

Implicit in these descriptions of specialist practice is the view that specialist nurses have advanced knowledge and skills in working with a defined population or area of activity. Definitions published by the American Nurses Association emphasise this interconnection between advanced and specialist practice in nursing, by describing advanced nursing practice as *'the application of an expanded range of practical, theoretical, and research-based therapeutics to phenomena experienced by patients within a specialised clinical area of the larger discipline of nursing'*.³¹ In Australia, advanced practice has similarly been described as practice that demonstrates more effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgements and interventions.³²

Recent work from the UK has further contributed to understanding advanced practice, by describing specific features or elements of higher level performance characteristic of advanced roles. Specifically, the *Higher Level of Practice* project in the UK³³ identified standards of higher level of practice as including:

- Providing effective health care
- Leading and developing practice

- Improving quality and health outcomes
- Innovation and changing practice
- Evaluation and research
- Developing self and others
- Working across professional and organisational boundaries.

Based on these conceptual definitions of specialist practice, an SBN can be seen as requiring an advanced level of competence in those areas of nursing practice specific to meeting the health needs of women with breast cancer, such as patient education and management of issues associated with cancer and its treatment. Thus, for the purposes of this project, it has been assumed that individuals undertaking a specialist breast nursing role will already be at an advanced level of nursing practice.

2.3.2 COMPETENCY STANDARDS IN NURSING

The Australian nursing response to role diversity and lack of clarity in defining scope and levels of practice has been to develop competency standards that recommend the knowledge, skills, attitudes and behaviours that should be expected of nurses.¹¹ The use of competency standards in nursing has been debated, with some writers suggesting that they may be reductionist and unnecessarily restrictive.³⁴ However, without a superior alternative, nurse regulatory authorities and professional bodies continue to benchmark safe practice using competency frameworks.¹¹

The nursing profession in Australia is guided by a number of standards, including the Australian Nursing and Midwifery Council (ANMC) *National Competency Standards for the Registered and the Enrolled Nurse*⁶ as well as the Codes of Ethics,³⁵ and Conduct,³⁶ which have been endorsed by all Australian Nurse Registering Authorities. These standards and codes establish the core competencies and professional and ethical expectations of practice for all registered nurses.

With regard to specialist practice, the NNOs, an Australian coalition of specialty nursing organisations, has developed agreed definitions to facilitate the development of competency standards for nursing specialty groups.⁸ Based on these definitions, the Australian Nursing Federation (ANF) *Competency Standards for the Advanced Practice Nurse*¹⁰ were designed as generic standards for advanced nursing practice that can be applied within a wide range of specialty areas.³⁷ A number of nursing specialty groups have subsequently developed competency standards for their specialty areas of practice (see for example critical care nurses,³⁸ mental health nurses,³⁹ stomal therapy nurses,⁴⁰ and gerontic nurses⁴¹). Most use the *Competency Standards for the Advanced Practice Nurse* developed by the ANF in 1997 as the basis for the development of their own specialist competency standards. Currently in Australia, competency standards have been developed for over 20 areas of specialist nursing practice.⁸ Competency standards for Nurse Practitioners have also recently been published.¹¹

Despite the development of a generic framework, the difficulties in defining advanced nursing practice, specialist nursing practice, and the role of competency standards are reflected in the many differences in how standards are developed. Considerable variation exists in emphasis on tasks, performance indicators, role elements, domains, principle-based practice statements, technical competency and generic capabilities. Studies continue to illustrate considerable confusion over meanings and applications of levels of competence.³⁷

These issues are currently being considered as part of the review of the ANF *Competency Standards for the Advanced Practice Nurse* that commenced in 2004. In this review, it is becoming apparent that advanced nursing practice might best be illustrated through statements that exclude reference to the pre-existing domains of care as detailed in the ANMC *National Competency Standards for the Registered Nurse and the Enrolled Nurse*. In this way, such standards presume a clear understanding about core nursing competencies, and specify a more readily identifiable advanced level of practice.

2.4 FRAMEWORK FOR DEVELOPMENT OF THE SBN COMPETENCY STANDARDS

The literature on specialist and advanced nursing practice suggests that there is considerable disparity in use of definition and terms, practice criteria and educational requirements for specialist and advanced practitioners in nursing. While there have been considerable efforts to counter such disparities, there is a need for further clarity to ensure competency and education standards have utility in the contemporary health care context.

After consideration of the issues raised in the literature on competency standards for advanced and specialist nursing practice, the development of SBN Competency Standards in this project has been guided by the following principles.

- The SBN Competency Standards are designed to be used in conjunction with the ANMC *National Competency Standards for the Registered Nurse and the Enrolled Nurse*.⁶ The ANMC Standards serve as a foundation and are therefore not repeated in the SBN standards. An illustration of this is that issues of safe practice and consent are assumed as being core competencies for all nurses and are therefore not addressed in these specialist standards. This is consistent with the approach taken in the recent development of the Nurse Practitioner Competencies in Australia.¹¹
- The SBN Competency Standards have also been designed to be used to complement the ANF *Competency Standards for the Advanced Practice Nurse*,¹⁰ which have been written in a generic style to facilitate their application across various contexts of nursing practice. That is, as the SBN role is considered an advanced nursing role, the Advanced Nurse competencies, like the ANMC Standards,⁶ are considered a foundation to SBN practice and are thus not repeated in the SBN Competency Standards. The competency statements, elements and indicators developed in this project have been written so as to differentiate the specialist aspects of SBN practice as an advanced nursing role.
- The SBN Competency Standards recognise that specialist practice requires advanced knowledge and skills in the field of breast cancer nursing. The standards described are considered minimum standards for achieving desired outcomes for women with breast cancer.
- The SBN Competency Standards have been formatted to reflect the style of the ANMC Standards.⁶ That is, they are presented according to domains of practice. Each domain includes an overarching competency statement, elements of competence and performance criteria that illustrate aspects of competent practice.

3. STAKEHOLDER CONSULTATION

A significant aspect of this project was the three rounds of consultation with key stakeholders in breast cancer care and education, conducted by consultants from the University of South Australia.

3.1 PROJECT PARTICIPANTS FOR CONSULTATION PHASES

3.1.1 SAMPLING AND RECRUITMENT

The strategy of purposeful sampling was used to identify participants for the consultation phase of this project. The logic of purposeful sampling lies in selecting information-rich respondents who can provide in-depth information relevant to the study focus;⁴² in this case, those with in-depth knowledge of SBN practice. Hence, project respondents were purposively identified in conjunction with the NBCC and recruited, through written invitations to stakeholder organisations, postings on the NBCC website and via the NBCC's *BreastFax* newsletter. The consultants also discussed the project with nurses undertaking a breast care nursing education program. Categories of respondents (see Appendix 2) included:

- registered nurses who self-identified as SBNs practising across the continuum of breast cancer care
- other registered nurses practising clinically in the area of breast care
- registered nurses occupying academic, management and project positions
- other key stakeholders in breast cancer care, including a representative from a national consumer advocacy organisation, and medical and allied health personnel.

3.2 PARTICIPANT RESPONSES

A total of 81 responses participated over the three rounds of stakeholder consultation (see Figure 1), representing a total of 32 stakeholder organisations. As discussed later in the report, some responses from organisations were collated responses and the exact number or category of individuals contributing to those responses was not always indicated.

Figure 2 illustrates the number of consultation packages posted out for each round of consultation, the number of responses received and the number of known respondents contributing to each round.

Figure 1: Number of responses by category

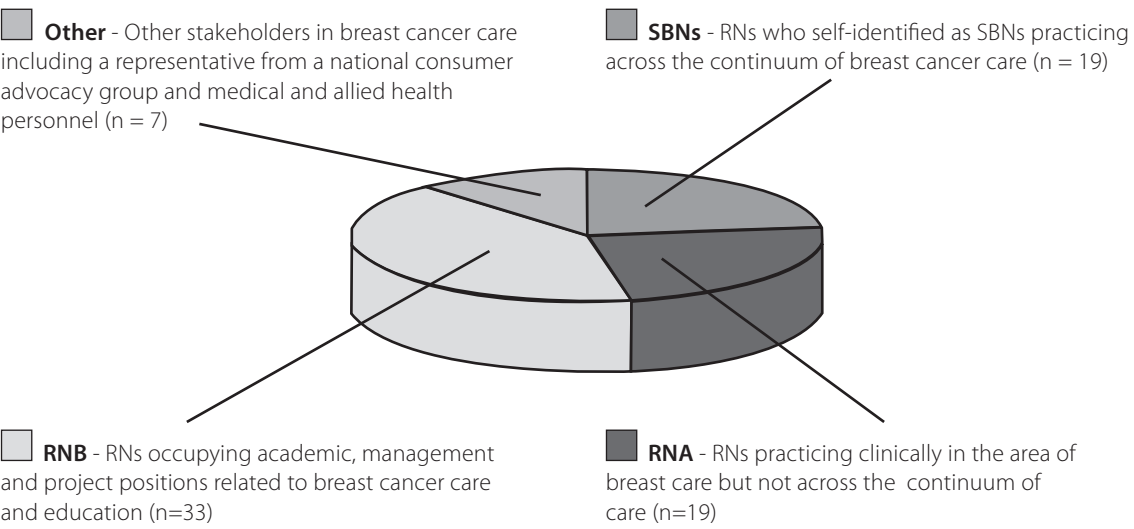
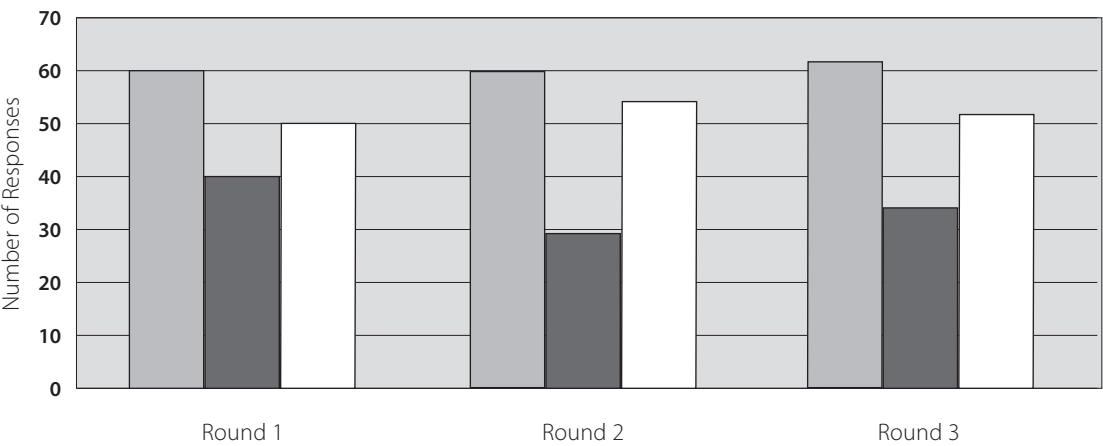
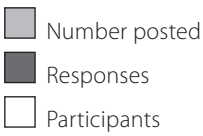


Figure 2: Project mailouts and responses for each round of stakeholder consultation



Appendix 2 shows organisations included in the stakeholder list.



3.2.1 RESPONSES FROM CONSULTATION ROUND 1

To facilitate structured feedback on SBN practice, a discussion paper was developed by the consultants and circulated to identified stakeholders (see Appendix 1). Based on the preliminary review of the literature on SBN practice, the discussion paper included a description of three broad roles: coordination and continuity of care; information provision; and psychological and psychosocial care. To stimulate further consideration of these roles in the initial round of consultation, the three role areas were broken down into sub-categories of SBN responsibility as stated in the literature. These included specialist nurse, supporter, counsellor, advisor, team member, educator, resource person, caregiver, public advocate, manager and researcher.¹⁸ Participant responses were sought regarding the core elements of the SBN role and educational preparation required by SBNs. Respondents were specifically directed to comment on the relevance and fit of the broad role areas and competency domains for SBN practice, and the educational preparation necessary for competent practice.

Participant responses were analysed thematically and summarised to arrive at a description of the broad role areas and competency domains that constitute SBN practice. The sub-themes relating to each role area formed the basis for the first draft standard statements, elements and performance criteria. A role element analysis summary is included in Appendix 3. There was consensus, for example, that the SBN:

- operates from a specialised knowledge and skill base
- provides information, education and support, including psychosocial support
- acts as an advisor, educator and resource person for women, their families, other health professionals and members of the public
- uses an evidence-based approach to practice
- leads their area of nursing practice.

Key themes relating to educational preparation were also summarised and formed the basis of the first draft of the education standards.

3.2.2 RESPONSES FROM CONSULTATION ROUNDS 2 AND 3

The second and third rounds of consultation by the consultants produced data focused on refining the competency and education standards in draft form. Following analysis of responses to the initial consultation round and development of the draft competency and education standards, the draft standards were again circulated to identified stakeholders using a structured response format. In these rounds, respondents were asked to comment on the relevance and fit of the draft statements, elements and performance criteria, and education standards and indicators in relation to current and future requirements of the SBN role. Where changes were recommended, respondents were asked to provide a rationale for those changes. Summaries of responses to Rounds 2 and 3 are presented in Appendix 3 and 4 respectively.

3.3 DATA ANALYSIS

As part of the analysis undertaken for each phase of the stakeholder consultation, respondent data were analysed thematically. Emergent themes were compared and integrated with information from the literature and relevant standards. In analysing participant responses, greater weighting was given to the responses of SBNs who practised in the role across a continuum of care and to

published evidence about dimensions of the role that contribute to improved outcomes. This view is consistent with best practice in developing competency standards, where the importance of involving those practising in the actual field is emphasised.

In addition, views highlighted in the stakeholder consultation that diverged from the core elements identified in the literature were managed through the following process:

- the category of respondent:
 - o in all cases where conflicting or inconsistent responses were received, the responses from SBNs (practising across the continuum of breast cancer care) were given greater weighting.
- the rationale provided for individual responses and relationship to the evidence:
 - o if no rationale was provided and the view was not supported by literature, other responses or relevant standards the response was discarded
 - o if no rationale was provided but the view was supported by other evidence such as literature or standards then the response was included in the final draft of competency standards
 - o if rationale was provided and other similar responses were given, but views were neither supported nor excluded by literature or standards the response was still included in the final draft of competency standards.

Divergences between data sources were also considered by an Expert Working Group established to reach consensus as to how they should be reflected in the agreed competency and education standards.

3.4 KEY FINDINGS FROM STAKEHOLDER CONSULTATIONS

The aim of the development of SBN Competency Standards is to highlight the areas that differentiate this role from other nursing roles. The distinguishing features of the SBN role, in contrast to other nurses involved in the care of women with breast cancer, are a high level of proficiency in information giving, psychological care and coordination of care.

During the stakeholder consultation process, four broad core role areas were identified. The areas, or domains, were: Provision and Coordination of Care; Working Relationships; Information Provision and Education; and Specialist Nursing Practice. The categories of responses to the survey rounds are included in Appendices 3 and 4. These data, which support specialised psychological care and information and education as the most significant roles, accord with core elements of the SBN role identified in the literature.

Two aspects of the SBN role in which disparity was noted between the evidence and consultation with stakeholders were identified. As a function seen essential to all nursing practice, there is minimal discussion in the literature involving physical care activities. The Victorian Workforce Study⁵ does, however, note that nurses who practice in more dedicated SBN roles were more likely to perform a range of more complex clinical procedures and interventions associated with the woman's disease and treatments than would be the case for nurses who do not practice in dedicated specialist roles.

The second role that is inconsistently addressed within the data sources is counselling. While all respondents identified psychological support as a key element of SBN practice, some respondents considered counselling as an area of expertise, with the SBN role as that of referral to others rather

than provision of this care. The inconsistency in this area most likely reflects confusion with regard to the meaning given to the term 'counselling', and the failure in many instances to distinguish advanced skills in supportive communication and care from situations where more complex mental or social health issues are being experienced that require specific psychotherapeutic or psychiatric intervention delivered by trained mental health professionals.

3.5 SYNTHESIS OF DATA SOURCES AND REFINEMENT OF COMPETENCY AND EDUCATION STANDARDS

An Expert Working Group, comprising an SBN, and researchers and academics in the field of breast cancer nursing, was convened to synthesise the data emerging from stakeholder consultation with the published literature. In this phase, a further focused literature review was undertaken to identify additional studies providing specific evidence relevant to the domains of practice and competencies identified in previous phases. The Expert Working Group considered divergent views to achieve consensus in defining the competency and education standards. The result is a set of standards that are based on the evidence while reflecting the views of major stakeholders. The resulting SBN Competency Standards are presented in the following chapter.

4. SPECIALIST BREAST NURSE COMPETENCY STANDARDS

The SBN Competency Standards have been developed through a national process of consultation involving representatives from key stakeholder groups, including SBNs, as well as nursing organisations, researchers, other health professionals and those involved in health service planning and workforce development, and a representative from a national consumer advocacy group. The competency standards are complementary to, and should be used in conjunction with, the ANMC *National Competency Standards for the Registered Nurse and the Enrolled Nurse*.⁶ Where applicable, specific competencies described in the ANF *Competency Standards for the Advanced Practice Nurse*¹⁰ and the ANMC *Competency Standards for Nurse Practitioners*¹¹ have been adapted for use in the SBN competencies to reflect the application of these advanced practice level competencies in the context of SBN practice.

While many nurses are involved in the care of clients with breast cancer, these standards are specifically designed for nurses whose practice incorporates an advanced level of knowledge and skill in the nursing care of women with breast cancer, in the context of a model of care that enables the nurse to work collaboratively with women and other nurses and members of the health team to meet their multiple health needs across the continuum of care.

The SBN Competency Standards cover five domains:

- Supportive care
- Collaborative care
- Coordinated care
- Information provision and education
- Clinical leadership.

4.1 PURPOSE OF COMPETENCY STANDARDS

The SBN Competency Standards specify the performance required for nurses who practice as specialists in the field of breast cancer nursing.

The SBN Competency Standards have been developed to communicate the level of competency that can be expected of SBNs, and thereby:

- inform policy and procedure development
- assist the community's understanding of the purpose of an SBN
- provide a framework for curriculum development and evaluation, academic assessment, and workplace performance review
- provide guidance for health workforce planning.

It is expected that the use of the SBN Competency Standards will contribute to positive health outcomes of women with breast cancer by ensuring nurses are equipped and supported appropriately to provide safe and effective nursing care.⁶

4.2 SBN ROLE STATEMENT

The SBN is a registered nurse who applies advanced knowledge of the health needs, preferences and circumstances of women with breast cancer to optimise the individual's health and well-being at various phases across the continuum of care, including diagnosis, treatment, rehabilitation, follow-up and palliative care. This advanced knowledge is based on an in-depth understanding of theory and research relevant to the field of breast cancer nursing. Specifically, SBN practice incorporates advanced knowledge and skills in supportive care, including providing specialised and tailored information and education, psychological support, and clinical care. The SBN adapts his/her practice according to the specific and changing needs of individual women, taking into account their multiple health needs, concerns and preferences for care. The SBN also facilitates effective interdisciplinary team functioning and continuity of care between different phases of the cancer journey, care settings, care plans and care providers. SBNs demonstrate leadership within the specialty of breast cancer nursing, by providing expert advice and support to other health professionals, through reflective practice, and by contributing to continuous improvement and the advancement of knowledge about care for women with breast cancer.

4.3 SBN COMPETENCY STANDARDS

DOMAIN: SUPPORTIVE CARE

This domain comprises competency standards that reflect the ability of the SBN to identify multiple physical, psychological, social, sexual and spiritual needs of clients throughout the continuum of breast cancer care, and to implement evidence-based supportive care interventions in a flexible and responsive manner, in the context of a collaborative multidisciplinary approach to care, to achieve optimal health outcomes for clients with breast cancer.

COMPETENCY STANDARD 1

Engages in practice that demonstrates the application of advanced knowledge and skills about breast cancer and its impact to promote optimal physical and psychological, social, sexual, and spiritual outcomes for clients across the continuum of breast cancer care.

Competency Element 1.1

Identifies, validates and prioritises potential and actual physical, psychological, social, sexual and spiritual health and support needs of clients across the continuum of breast cancer.

Performance criteria

- A. Demonstrates comprehensive and advanced knowledge and appreciation of the experience and impact of breast cancer and its treatment on the physical, psychological, social, sexual and spiritual well-being of clients and their family/significant others.
- B. Uses contemporary standards and guidelines to inform comprehensive and timely assessment of current and potential or unpredictable health problems and support needs across the continuum of breast cancer care.
- C. Routinely assesses all clients for psychosocial risk factors and distress at the time of diagnosis and on a regular basis using a systematic evidence-based approach.
- D. Communicates effectively with other members of the health team to facilitate efficient, timely and comprehensive assessment and identification of current and potential needs of clients with breast cancer and their family/significant others.

- E. Anticipates and responds to potential risks for clients associated with specific health care interventions and treatments related to management of breast cancer.

Competency Element 1.2

Develops collaborative therapeutic relationships with clients and their families/significant others to anticipate and meet their multiple care needs across the continuum of breast cancer care.

Performance criteria

- A. Uses advanced and goal-directed communication skills to establish and maintain therapeutic relationships with clients and their family/significant others throughout the cancer journey.
- B. Actively explores client's preferences and decisions regarding care and treatment throughout the cancer journey, while ensuring the client has access to appropriate information on which to base decisions.*
- C. Promotes client's ability to participate in care decisions and self-management of health needs, according to assessment of client's preferences and resources.
- D. Collaborates with the client in care planning and implementation to achieve therapeutic goals consistent with client's needs and decisions.

Competency Element 1.3

Demonstrates a high level of proficiency in integrating contemporary knowledge and evidence about breast cancer and its impact to effectively provide a range of supportive care interventions to meet the multiple health needs of clients with breast cancer, in the context of a multidisciplinary approach to care.

Performance criteria

- A. Collaborates with clients, their family/significant others, and other nurses and members of the health team, in planning and implementing care to meet the multiple health and support needs of clients with breast cancer.
- B. Exhibits comprehensive and advanced knowledge of clinical and supportive care guidelines and interventions in the context of breast cancer.*
- C. Demonstrates advanced skills in the use of therapeutic nursing interventions for meeting physical, psychological, social, sexual and spiritual needs of clients with breast cancer care.
- D. Consults and collaborates with other nurses and members of the health team and other health services to address physical, psychological, social, sexual and spiritual needs that are more complex, not within the scope of specialist breast nursing practice, or which are not able to be met with available resources.
- E. Adapts and prioritises practice guidelines and interventions according to cultural, spiritual and social contexts and clinical circumstances of individual clients with breast cancer.
- F. Continuously evaluates the client's condition and response to interventions in a timely manner and modifies the management plan when necessary to achieve optimal health outcomes for clients with breast cancer.*

**Adapted from Nurse Practitioner Competency Standards¹¹*

DOMAIN: COLLABORATIVE CARE

This domain comprises competencies reflecting the ability of the SBN to facilitate a collaborative approach to care planning, implementation and evaluation by ensuring the client and service providers are working effectively as a team and that those involved in a client's care have established secure and dependable relationships to meet client needs. These competencies include recognition of the critical interdependence between the SBN role and other nurses and health professionals involved in a woman's care.

COMPETENCY STANDARD 2

Demonstrates advanced skills in facilitating a coordinated, collaborative, multidisciplinary approach to health assessment and care planning, implementation and evaluation to achieve optimal outcomes across the continuum of breast cancer care.

Competency Element 2.1

Collaborates with the client receiving care, their family and/or significant others and other nurses and members of the health care team, to optimise health outcomes for clients with breast cancer.

Performance criteria

- A. Actively facilitates the involvement of the client as a partner in the multidisciplinary team.
- B. Articulates and promotes the role of the SBN in client care, in consultation with the client, and other members of the health care team, including other nursing colleagues involved in the client's care.
- C. Demonstrates a comprehensive understanding of the role of other nursing colleagues and members of the multidisciplinary team in achieving optimal outcomes for individual clients with breast cancer.
- D. Uses advanced communication strategies that promote exchange of information about care needs and positive multidisciplinary clinical partnerships in planning and implementing breast cancer care.
- E. Responds to and initiates referrals in collaboration with the health care team, according to the clinical needs and preferences of clients with breast cancer.
- F. Contributes as part of the multidisciplinary team to review of individual client's care outcomes and continuous improvement of breast cancer services.

DOMAIN: COORDINATED CARE

This domain incorporates competencies reflecting the ability of the SBN to facilitate a coordinated approach to care planning, implementation and evaluation by ensuring a comprehensive range of health and support services needed are delivered in a timely, flexible and efficient manner in response to client needs.

COMPETENCY STANDARD 3

Demonstrates advanced knowledge and skill in facilitating a coordinated and efficient approach to the delivery of health and support services and care interventions that are responsive to individual clinical and social circumstances across the continuum of breast cancer care.

Competency Element 3.1

Coordinates implementation of the client's care across different phases of the cancer journey and across health care settings to facilitate continuity of care and effective use of health care resources relevant to the needs of clients with breast cancer

Performance criteria

- A. Develops, implements and continuously reviews a comprehensive care plan incorporating interventions to promote continuity of care.
- B. Ensures that clients and family/significant others have access to information and resources to enable continuity of their care and facilitate linkage between past to current and future care experiences.
- C. Promotes the efficient exchange of information between care providers, episodes of care, and health care settings, about the client's clinical, practical and support needs, preferences and care plans.
- D. Demonstrates a comprehensive knowledge of health services and community resources relevant to breast cancer care across the continuum.
- E. Liaises and collaborates with service providers in various care contexts to facilitate the delivery of services in a complementary, consistent and timely manner.

DOMAIN: INFORMATION PROVISION AND EDUCATION

This domain incorporates competencies reflecting the ability of the SBN to provide comprehensive, specialised and individualised information to clients about the pathophysiology of breast cancer and its effects, treatment approaches, supportive care, and self-management strategies, using evidence-based educational strategies that are consistent with individual clinical circumstances, preferences, information and self-care needs.

COMPETENCY STANDARD 4

Demonstrates comprehensive and advanced knowledge and skills in using evidence-based approaches to providing information and education about breast cancer to clients and their family/significant others about breast cancer treatments, the effects of breast cancer, and self-management strategies across the continuum of care.

Competency Element 4.1

Provides comprehensive and specialised information to assist clients and their family and/or significant others to achieve optimal health outcomes, reduce distress and make informed decisions about treatment options and supports available within the community.

Performance criteria

- A. Assesses the client's understanding of their clinical circumstances, treatment and care plan, and preference for information.
- B. Uses advanced supportive communication skills to provide information about potentially distressing or embarrassing issues sensitively and responsively, according to the client's individual preferences and responses.
- C. Demonstrates comprehensive and advanced knowledge of the pathophysiology and progression of breast cancer, and current evidence regarding breast cancer treatments across the care continuum, and the short- and longer term effects of breast cancer and its treatments.

- D. Demonstrates comprehensive knowledge of informational resources for breast cancer clients and facilitates access to resources relevant to client needs and preferences.
- E. Develops, implements and evaluates a plan for providing comprehensive, individualised and timely information to clients about breast cancer and its treatments and effects, throughout the breast cancer continuum.
- F. Uses a range of evidence-based strategies for delivering, tailoring and reinforcing information relevant to client's informational needs and preferences.
- G. Collaborates with other members of the health team to ensure a coordinated approach to providing consistent and timely information to clients with breast cancer.
- H. Supports and clarifies information provided to the client by other members of the health care team regarding breast cancer and its management.

Competency Element 4.2

Provides education to clients with breast cancer to enable clients to be active participants in their care and engage in self-management of health-related problems where appropriate to achieve optimal health outcomes across the continuum of breast cancer.

Performance criteria

- A. Implements evidence-based educational interventions to assist clients and their family/ significant others to develop knowledge, skills and confidence to manage health needs and problems associated with breast cancer and its treatments.
- B. Consults and collaborates with other members of the health team to facilitate a multidisciplinary and coordinated approach to promoting the client's ability to self-manage health needs and problems associated with breast cancer and its treatments.
- C. Continuously evaluates the client's response to educational interventions and modifies educational strategies, when necessary, to achieve optimal health outcomes for clients with breast cancer.

DOMAIN: CLINICAL LEADERSHIP

This domain contains competencies reflecting the ability of the SBN to advance and improve breast cancer care through a range of clinical leadership and professional activities.

COMPETENCY STANDARD 5

Contributes to continuous improvements and the advancement of specialist breast nursing and breast cancer care.

Competency Element 5.1

Performance criteria

- A. Participates in and supports quality improvement and research activities that contribute to advances in breast cancer care.
- B. Demonstrates the skills and values of critical reflection and lifelong learning to generate knowledge for practice.*
- C. Critically appraises and integrates relevant research findings and other developments in decision making about breast cancer care.*

**Adapted from Nurse Practitioner Competency Standards¹¹*

Competency Element 5.2

Uses appropriate mechanisms for monitoring own performance and competence as a SBN.

Performance criteria

- A. Practices in accordance with professional and organisational role descriptions, guidelines and standards for specialist breast nursing and breast cancer care.
- B. Demonstrates a commitment to maintaining competence through participation in professional development activities relevant to breast cancer care.
- C. Implements processes for obtaining and responding to information from clients and other members of the health team about the effectiveness of one's practice as an SBN.
- D. Participates in professional clinical supervision and/or other peer-review processes for monitoring the appropriateness of personal and professional responses to individual client situations.
- E. Participates actively in performance review processes.

Competency Element 5.3

Recognises the need for, and engages in, continuing professional development to ensure practices that incorporate best-available evidence and emerging developments in specialist breast nursing and breast cancer care.

Performance criteria

- A. Uses relevant sources to seek additional knowledge/information when presented with complex or challenging situations.
- B. Identifies learning needs through critical reflection, performance review and assessment of emerging developments in the practice of specialist breast nursing.
- C. Demonstrates knowledge of relevant professional development resources and activities in specialist breast nursing.

Competency Element 5.4

Provides expert advice and mentorship to nursing colleagues and others involved in breast cancer care to promote optimal standards.

Performance criteria

- A. Develops and contributes to education and staff development activities relevant to breast cancer care.
- B. Provides expert advice and professional support to nursing colleagues and others involved in breast cancer care about clinical management and professional issues in breast cancer nursing.
- C. Disseminates information about research and other developments in breast cancer care to nursing colleagues and others involved in breast cancer care.

Competency Element 5.5

Engages in and contributes to informed critique and influence at the professional and systems level of health care.*

Performance criteria

- A. Evaluates the impact of health and organisational policy on the health needs of clients with breast cancer and advocates for improvements where relevant within the profession, multidisciplinary team and systems level.
- B. Participates actively in workplace, professional and other organisations relevant to specialist breast nursing.
- C. Demonstrates leadership through participation in public support and advocacy for optimal breast cancer care.
- D. Articulates and promotes the contribution of specialist breast nursing to client outcomes in clinical, professional and political contexts.*

**Adapted from Nurse Practitioner Competency Standards¹¹*

5. EDUCATION AND TRAINING PROGRAMS FOR SBNS

Specialist nursing education is well established in most university schools of nursing in Australia with postgraduate qualifications now recognised in industrial agreements for nurses in a number of States.⁴² There is, however, no credentialing or accreditation system for specialty practice in any field of nursing, except for specific skill areas such as midwifery or immunisation. Moreover, a nurse currently employed in an advanced role does not necessarily require a postgraduate qualification. Indeed in Australia, there have historically been differing levels of qualification, and substantial variation in the length and mix of clinical practice and theory in postgraduate specialty courses.⁴⁴ Despite the historical variation, there is a strong trend to recommending a Masters degree for advanced practice roles.¹¹

A review of the SBN Competency Standards defined in this project would suggest that educational preparation of sufficient depth and breadth is required to develop the capabilities required to perform the role. Demonstration of the SBN Competency Standards requires advanced knowledge and skills in a broad range of areas including support, clinical care, leadership and team work. The identification of SBN Competency Standards in this project thus provides a framework for determining educational requirements that will facilitate the development of nurses' competence to practice in this field.

To identify recommendations to guide educational developments in breast cancer nursing, information about expected levels of education for SBNS was sought by the consultants from the University of South Australia from stakeholders during the three consultation phases. In addition, a review of available educational programs in the field was conducted, both by the consultants and by the NBCC.

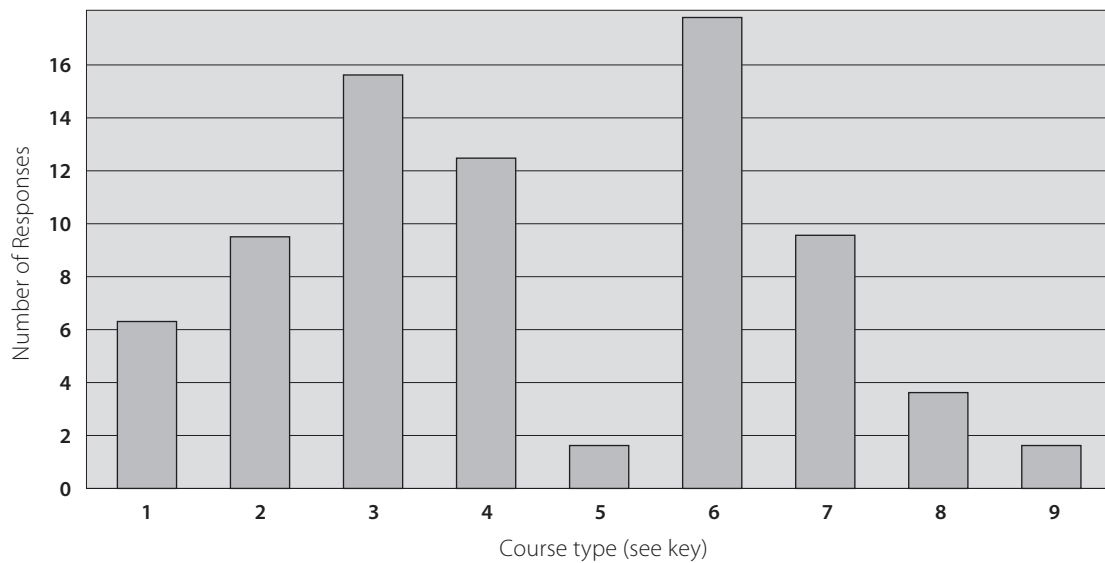
5.1 STAKEHOLDER OPINIONS OF EDUCATION AND TRAINING REQUIREMENTS FOR SBNS

During the stakeholder consultation stages of this project, SBN respondents were asked to specify the level of education and training requirements they had undertaken in the field. Responses indicated that SBNS gain their education and training from many and varied sources.

These data are consistent with the findings from the Victorian Breast Nurse Workforce study,⁵ which identified that the majority of respondents had completed the Accredited Breast Nurse Program offered by the Cancer Council Victoria in conjunction with La Trobe University. Forty per cent of 153 respondents had completed a Graduate Diploma, with 16% having this qualification in a cancer-related field.

Respondents during the stakeholder consultation were also asked to indicate the level of education that they believed should be minimum for SBNS. The majority of respondents indicated that SBNS should be educated to a minimum of Graduate Diploma level in a field of study related to SBN practice, such as cancer nursing (see Figure 3).

Figure 3: Stakeholder views of minimum level of education requirements of SBNs



1: Graduate Diploma in Cancer or Oncology Nursing; **2:** Graduate Diploma in Breast Cancer Nursing; **3:** Graduate Diploma in Cancer or Oncology Nursing with specific Breast Cancer Nursing courses; **4:** Graduate Diploma in Oncology with continuing education in breast cancer nursing; **5:** Graduate Diploma in a related such as psychology/ women's health/counselling and continuing education in Breast cancer Nursing; **6:** Any of the above; **7:** Any of above with the exception of choice 5; **8:** Masters; **9:** Alternative Graduate Diplomas such as Haematology / Stomal Therapy.

In addition, respondents identified a number of other principles that should underpin the curriculum context and delivery methods. These include that programs should:

- be accessible to SBNs in terms of cost and geographical location
- recognise previous education and experience in cancer care
- prepare SBNs to provide care across the continuum of care from screening through to palliation
- include a population health focus (described as working with well women for screening, detection, prevention and health promotion)
- prepare SBNs to meet required standards of SBN practice such as competency standards and other nursing practice standards
- combine theoretical and workplace clinical training and include competency-based assessment, particularly in the areas of screening, detection and intervention procedures
- include a combination of learning approaches, including face-to-face as well as distance-learning methods. A small number of respondents indicated that distance learning only was seen as not appropriate for all facets of SBN educational preparation.

Respondents indicated the importance of maintaining currency of knowledge and skills due to rapid changes in knowledge in the area of breast cancer nursing. Suggestions of how this could be achieved included:

- regular updates in all aspects of care of women with breast cancer across the continuum of care
- annual assessment of competence/credentialing which may include attendance at recognised meetings or conferences, and involvement in research and quality improvement.

Professional support mechanisms for SBNs identified by respondents included:

- a mentoring system to support SBNs
- networking opportunities with other SBNs
- organisational support/funding to undertake professional development and education
- professionally facilitated debriefing.

5.2 REVIEW OF EDUCATION PROGRAMS IN BREAST CANCER NURSING

5.2.1 SEARCH PARAMETERS

Information about the availability of programs and courses for SBNs was obtained through online searches of education providers and further discussions with course and program directors, nominated by NBCC *Specialist Breast Nurse Steering Committee* members. The search terms used to identify currently available courses were 'breast cancer nursing', 'cancer nursing', 'breast nurse', 'oncology nursing' and 'specialist nursing education'. Following identification of programs and courses of potential relevance to the project aims, the relevant organisational websites were searched for more detailed information. This information was supplemented with contact by telephone and email of individuals listed as associated with the courses or programs.

5.2.2 CURRENT SOURCES OF EDUCATION FOR SBNs IN AUSTRALIA

According to the report *Best Practice in Professional Postgraduate Coursework: Report of an investigation commissioned by the Australian Universities Teaching Committee*,⁴⁵ La Trobe University offers the only university postgraduate program designed specifically for registered nurses who wish to pursue breast nursing as a speciality. Edith Cowan University offers a 'Specialist Breast Nurse' elective in its Oncology and Palliative Care Graduate Diploma and Masters in Clinical Nursing.

There are a number of other tertiary-level courses that provide education for entry to specialist nursing practice and also advanced nursing practice in cancer nursing. These courses include Graduate Certificates, Graduate Diplomas and Masters programs. Some of these programs enable SBNs to negotiate breast nursing studies as part of independent studies or research components of courses, or to undertake specialist subjects offered through the institutions for cross-credit.

Other sources of education in breast nursing include a Graduate Certificate offered by The College of Nursing (formerly the NSW College of Nursing), and short courses offered by some state Cancer Councils. Since 1997, The Cancer Council Victoria has provided breast cancer nursing education programs, more recently offering these in collaboration with La Trobe University.⁴⁶ The Queensland Cancer Fund also offers a one-week Short Course in breast cancer nursing. Completion of these can be used to apply for credit toward further study at some universities. A program will be offered by the University of Sydney in 2006.

5.3 REVIEW OF EDUCATIONAL COURSES FOR SBNs

5.3.1 PROGRAM ELEMENTS CONSIDERED IN THIS REVIEW

The SBN Competency Standards are based on the premise that an advanced level of practice is required to achieve optimal outcomes for women with breast cancer. While there has been a recent trend to recommending a Masters degree for advanced practice roles,¹¹ there is as yet no clear agreement within the nursing profession in Australia about the level of education required for specialty practice. As such, the present review focuses on those courses offered by universities or accredited training colleges that lead to qualifications at the minimum of a Graduate Certificate level in breast cancer nursing or cancer nursing. The inclusion in this review of courses at the

Graduate Certificate, Graduate Diploma or Masters level was considered by the NBCC *Specialist Breast Nurse Steering Committee* to enable a more comprehensive examination of currently available training programs upon which to base recommendations about future directions for SBN education. The review thus examined courses offered at the Graduate Certificate, Graduate Diploma or Masters level that are specifically focused on breast cancer nursing (La Trobe University and The College of Nursing); courses that offer breast cancer nursing as an elective option (Edith Cowan University), and courses in cancer nursing offered at seven other Australian universities, with a view to determining recommendations about the level, nature and scope of SBN education.

The review examined the following aspects of the programs:

- course type/level eg, Masters, Graduate Diploma and Graduate Certificate
- course objectives – the skills and knowledge that students are expected to gain
- major topic/content areas including core subjects and electives
- delivery modes eg, internal delivery or distance learning
- assessment methods eg, essays, clinical case studies, practicum and examinations
- clinical requirements – the minimum level of clinical experience to apply
- number of students enrolled.

Appendix 5 presents a summary of the above features for courses offered by the seven course providers. A discussion of the key features of currently available programs is presented in the following section.

5.3.2 COURSE LEVEL

Courses identified that lead to qualifications in breast cancer nursing are available at:

- Graduate Certificate, Graduate Diploma and Masters levels from La Trobe University
- Graduate Certificate level from The College of Nursing (postgraduate qualification).

A dedicated breast cancer elective topic is available as part of the Graduate Certificate, Graduate Diploma and Masters program at Edith Cowan University.

Universities identified as offering postgraduate level qualifications in cancer nursing at the Graduate Certificate, Graduate Diploma or Masters level included:

- Victoria University
- Queensland University of Technology.
- University of Melbourne
- University of Adelaide
- University of Tasmania
- University of Canberra
- University of Ballarat.

5.3.3 COURSE OBJECTIVES AND CONTENT

The review is not intended to provide a detailed analysis of course content, nor the level of competence that is expected to be developed in the various programs. Instead, some general comments regarding the topics commonly addressed in these courses are made to assist with developing recommendations for future development of SBN education.

Each of the courses reviewed focuses on developing knowledge across a broad range of dimensions of cancer nursing practice, including pathophysiology, psychosocial, professional, research and ethico-legal aspects of practice. The descriptions of course content provided by course providers also reflects the fact that, in general, the courses address concepts that are consistent with the knowledge and skills reflected in the SBN Competency Standards from this project. It is not possible, however, to determine the breadth and depth of coverage of the concepts, nor the level of competence that is expected to be achieved by students completing the various programs.

A number of the Graduate Diploma and Masters courses specify that courses are designed to develop advanced levels of practice, and skills in critical analysis. The majority of the courses specify that issues for people with cancer across all phases of their illness are addressed. Specific topics relating to interdisciplinary and collaborative practice are listed in some programs. Graduate Diploma and Masters level courses also generally include additional subjects in leadership, evidence-based practice and research. Clinical practice requirements vary between courses; however the majority of courses do require students to complete a field placement, or to be working in the field throughout the course.

Courses generally incorporate a variety of assessment methods, including exams, assignments, field placements, on-line activities and completion of practice portfolios.

5.3.4 ENTRY REQUIREMENTS AND CREDIT FOR PRIOR LEARNING

Entry to all of the university programs reviewed is restricted to registered nurses, with students required to be registered with the nurse regulatory authority in the student's State or Territory of residence. Other entry criteria vary, but they are usually a degree in nursing, or its equivalent, from a recognised training institution together with a minimum length of post-registration experience. This varies between one and three years. Furthermore, most courses stipulate some requirement for the student to be concurrently employed in an approved specialty setting for a minimum of 24 hours per week for the duration of the course.

Arrangements for recognition of prior learning exist between tertiary institutions, and students are advised as to the specific requirements and processes involved. All universities have policies related to application for credit; however, some universities stipulate that the student must complete a minimum of 50% of the award. The Graduate Certificate program offered by The College of Nursing is able to be credited towards Graduate Diploma and Masters level courses at a number of universities. Similarly, most university courses are 'nested', in that Graduate Certificate, Graduate Diploma and Masters level programs fully articulate, allowing nurses to enter and exit at the level appropriate to their practice role.

5.3.5 METHODS OF DELIVERY

Courses are offered in most States and in combinations of on-line, lecture/discussion, print self-study and internal and external modes.

5.3.6 ENROLMENTS

Course intake times vary. Most courses have annual intakes, with some courses enrolling students twice per year.

An estimate of the number of students enrolled in programs indicates that most courses enrol approximately 10 to 20 students per year.

6. SUMMARY AND RECOMMENDATIONS

There is substantial evidence that SBNs make an important contribution to improved outcomes for women with breast cancer, by providing information and support and promoting continuity of care. Through a process of consultation with key stakeholders and review of existing evidence in the field of breast cancer care, a set of competency standards has been defined that reflects the core domains and elements of SBN practice seen being as integral to achieving optimal outcomes for women with breast cancer. Specifically, this project has identified that the SBN is a registered nurse who applies advanced knowledge of the health needs, preferences and circumstances of women with breast cancer to optimise the individual's health and well-being at various phases across the continuum of care, including diagnosis, treatment, rehabilitation, follow-up and palliative care. The project has concluded that this advanced knowledge and skills is reflected in five core domains of practice:

- Supportive care
- Collaborative care
- Coordinated care
- Information provision and education
- Clinical leadership.

While women with breast cancer are cared for by many different nurses throughout their journey, distinguishing features of SBN practice are that it reflects advanced, specialised knowledge and skills in care of women, and that it involves the direct or indirect provision of care across the cancer journey. To achieve optimal outcomes, however, SBNs need to work in close collaboration with other nurses and health professionals who also make a vital contribution to the woman's care.

The identification of competency standards thus suggests the knowledge, skills and abilities required of nurses who practice as SBNs. While there are a variety of education programs currently available for nurses who wish to learn about breast cancer nursing, this project has identified general agreement that SBNs require as a minimum, a Graduate Diploma level of education in order to develop the advanced level of competence required to perform the role. This level of education was seen as necessary for ensuring the depth and scope of knowledge and skills reflected in the SBN competency standards were achieved.

The review of educational programs relating to breast cancer nursing in Australia identified that there are currently a number of pathways by which it is purported that nurses can achieve the desired level of competence for practice in this field. These pathways include direct entry into Graduate Diploma or Masters level courses, as well as more flexible pathways that ultimately lead to this higher level education, through articulated programs that lead to entry or give partial credit towards Graduate Diploma or Masters level courses. While it was beyond the scope of this review to determine the extent to which existing programs achieve the level of competence defined by the SBN Competency Standards, the evidence supports the view that as an advanced role, nurses who wish to practice as an SBN require high quality programs of sufficient depth and scope to achieve required level of competence.

RECOMMENDATIONS

A number of recommendations have been identified from this project. These are outlined below.

1. Definition of an SBN:

It is recommended:

- that the following definition be adopted as the standard definition for SBNs in Australia: *the SBN is a registered nurse who applies advanced knowledge of the health needs, preferences and circumstances of women with breast cancer to optimise the individual's health and well-being at various phases across the continuum of care, including diagnosis, treatment, rehabilitation, follow-up and palliative care.*

2. Uptake of SBN Competency Standards and Educational Requirements:

It is recommended:

- that the SBN Competency Standards and associated educational requirements be formally adopted and implemented nationally by educational facilities, professional groups and health services
- that employers recognise the SBN role and are encouraged to incorporate the SBN Competency Standards in the development of role descriptions and performance evaluation
- that course providers be encouraged to incorporate the SBN Competency Standards in curriculum design, implementation and evaluation for SBNs.

3. Education and professional development of SBNs:

It is recommended:

- that the minimum education level for SBNs be a Graduate Diploma in the specialty of cancer nursing (or equivalent)
- that curriculum design for SBN education programs reflect:
 - content addressing the SBN Competency Standards
 - learning and assessment approaches that enable the development of advanced competencies for SBNs, including both theoretical and clinical learning experiences and assessment
 - flexible learning pathways that recognise prior learning while maintaining a commitment to ensuring SBN Competency Standards are achieved
- that evidence-based learning resources incorporating the SBN Competency Standards be developed to support students undertaking education programs in cancer nursing
- that professional organisations develop education programs relevant to the continuing professional development needs of SBNs
- that supervision models for SBNs be developed and support provided for their implementation.

4. Further evaluation:

It is recommended:

- that the SBN Competency Standards be evaluated to determine their validity in practice
- that the applicability of the SBN Competency Standards and associated educational requirements be explored in relation to generalised 'specialist cancer nursing'.

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APPENDICES

APPENDIX 1: DISCUSSION AND RESPONSE PAPER

SPECIALIST BREAST NURSES: DEVELOPMENT OF CORE COMPETENCIES & AGREED STANDARDS & REVIEW OF AVAILABLE EDUCATION PROGRAMS

COMMISSIONED BY THE NATIONAL BREAST CANCER CENTRE DISCUSSION & RESPONSE PAPER

PROJECT TEAM: MS TERRI GIBSON & DR MARIE HEARTFIELD
March 2003

SECTION 1: INTRODUCTION

This paper forms part of the National Breast Cancer Centre (NBCC) Specialist Breast Nurses (SBN) project to Develop Core Competencies and Agreed Standards and Review Available Education Programs.

The paper proposes a synopsis of the rapidly developing specialist cancer nursing role, the Specialist Breast Nurse. The purpose of the paper is to generate comment from SBN key stakeholders in SBN as the basis for the development of draft competency, education and professional support standards for SBNs. The draft competencies and educational preparation and professional support standards will then be refined through two rounds of consultations with key stakeholders in SBN.

The key stakeholders invited to respond to this paper include nursing and medical individuals, organisations, universities and government departments involved in education, policy development or service provision for women with breast cancer. These groups vary in their familiarity with the SBN role and the paper has been developed to take account of this variation. The paper includes:

- an introduction to the aims of this NBCC project
- a brief discussion of competency standards for SBN practice
- a brief discussion of the SBN role
- a request for comment on the core elements, domains of practice and educational preparation for the SBN role
- some questions for you to consider in making your responses.

We ask you to consider this information and questions and provide your response where indicated.

The aims of the project

The NBCC project to Develop Core Competencies and Agreed Standards and Review Available Education Programs aims to:

- develop a set of core competencies for SBNs in Australia
- develop a set of agreed standards about the appropriate minimum education and training requirements and professional support needs for SBNs
- review available education and training programs that exist for SBNs in Australia

What is the contribution of this project for standard development for specialist breast nurses?

Developed in the UK and affirmed in 2001 by the Commonwealth of Australia Department of Health and Ageing, the breast nurse role is recognised as a valuable strategy to improve the care of woman with breast cancer.¹ However, the scope of the role, skill level and educational preparation varies significantly. This is not surprising given that in Australia a range of nurses in different roles provide care to women with breast cancer at various points in the continuum of care. However, there is an emerging substantive SBN role where SBNs provide care across the continuum of care from screening and early detection to treatment, rehabilitation and palliative care.²

One of the ways in which variations in nursing practice have been addressed is through the development of competency standards. Responding to the 1987 Finn Review recommending consistency in education and training across industry in Australia,³ the nursing profession has adopted competency standards as a key way to describe to both the profession and the community, the knowledge, skills, attitudes and behaviours that can be expected of nurses.⁴

Although the Royal College of Nursing suggests that there is general agreement about the need for consistency in the development of nursing competency standards,⁵ development of competency standards for nursing speciality and advanced practice has, to date, differed considerably. These differences relate to the emphasis given to tasks, performance indicators, role elements, domains, principle-based practice statements, technical competency and generic capabilities.^{6 7 8}

While acknowledging the inherent challenges to producing relevant and useful standards for practice, this project adopts a consensus approach and has therefore been designed to develop standards through analysis of written consultations. The project will incorporate current nursing standards and codes as well as relevant literature in consulting with targeted stakeholders about the role, educational preparation and competency standards. Opportunities will also be provided for interested parties to comment on the project through an NBCC website posting.

SECTION 2: WHAT IS THE SBN ROLE ?

Despite the lack of an agreed role definition and significant variation in educational preparation, development and implementation, there is general agreement that SBNs provide information and support for women with breast cancer across the continuum of care.^{9 10 11}

The following discussion provides background information about core role areas of SBN practice. This information has been drawn from recent relevant literature, with emphasis on three main sources: the report of the study by the Specialist Breast Nurse Project Team¹² which developed an evidence-based model of care for Australian practice, the report of the Breast Care Nurse Workforce Study by the Victorian Centre for Nursing Practice Research,¹³ and the background paper for this current project prepared by the NBCC.¹⁴ Collectively, these sources represent the most recent

synopsis of the SBN role in Australia. Please read the information and consider how this discussion of the core elements of the role fits with your understanding of the SBN role.

Providing information, Resources And Education

Providing information is well recognised by medical staff, allied health professionals, community health workers and nurses as a priority and key component of the SBN role.¹⁵ As specialist information providers, SBNs provide women with information about breast cancer, treatment, clinical trials and reconstructive surgery. This requires sound knowledge and skills to be able to engage in educational discussion about surgical processes preoperatively, including the nature, duration and possible side effects of further treatment, as well as correcting misconceptions regarding the causes of cancer.¹⁶ While the role of advisor has been separated from that of resource person,¹⁷ these roles share the capacity to advise women with breast cancer and their families on problems they may encounter during diagnosis and treatment, which requires extensive knowledge. The SBN is well recognised as a resource person for other nurses;¹⁸ however, their resource role for others such as government bodies, hospitals and communities is less well recognised.¹⁹

Providing Psychological and Emotional Support

The significance of emotional morbidity for women with breast cancer means that providing emotional support and psychological care, primarily in the form of counselling, is recognised as a core element of the SBN role.²⁰ SBN counselling activities include talking to women and their families about concerns and feelings, assisting with problem solving and decision-making, discussing coping mechanisms and ways to relax and providing appropriate reassurance.²¹ These SBN practices allow women to express emotions and grieve freely, as well as facilitate discussion of problems—for example, concerns with sexuality. This form of support from breast care nurses has been reported to significantly reduce psychological morbidity in women undergoing breast cancer surgery as measured by self-rating scales.²²

Providing Continuity of Care

SBNs are recognised as an integral member of the multidisciplinary team, and role overlap with other team members has the potential to strengthen the function of the team where effective communication exists.²³ The role of the SBN is to support women and their families with breast cancer from diagnosis to throughout the course of the disease. This requires the provision of ongoing follow-up and support.²⁴ Dependent on the workplace of the SBN, continuity of care involves engagement with women with breast cancer through admission to discharge, diagnosis and follow-up treatment, and in-patient and out-patient care. Through this involvement, the SBN becomes a conduit of information between women and the treatment team.²⁵ The team member role of the SBN is also seen as providing a link between hospital and community services for women and being involved in multidisciplinary decision making in the care of women with breast cancer²⁶.

The SBN is also a caregiver who provides for the physical needs of women with breast cancer as well as facilitating the recommendations of doctors in relation to care.²⁷

A core competency of SBN practice is to ensure early recognition and referral of women with significant psychological problems to appropriate health care professionals.²⁸ This requires psychological assessment skills, early recognition of psychological problems and appropriate referral.²⁹

SECTION 3: IDENTIFYING CORE ELEMENTS OF THE SBN ROLE

In this section we would like you to consider the core elements of the SBN role. The development of competency standards for SBNs requires identification of the core elements that make up the role. The table below presents a range of core elements that have been previously described for registered, specialist and advanced nursing practice in Australia. Please comment on their significance as a **core** element of the SBN role.

Role Element	Comment
Specialist Nurse	
Supporter	
Counselling	
Advisor	
Team member	
Educator	
Resource person	

Caregiver	
Public advocate	
Manager	
Researcher	

Are there other elements that you consider a core part of the SBN role? If so, please list and provide a supporting reason on the table below.

Role Elements	Reason

- ¹ Specialist Breast Nurse Competencies Project Team 2002. Background Paper: *Determining Competency Standards and Related Educational Requirements for Specialist Breast Nurses* (unpublished report) National Breast Cancer Centre, Camperdown.
- ² Specialist Breast Nurse Competencies Project Team 2002.
- ³ Finn B (1991) Young peoples participation in post compulsory education and training. Canberra Commonwealth Government of Australia
- ⁴ Australian Nursing Council Incorporated National Competency Standards for the Registered Nurse (2001) 3rd Edition ANCI Dickson ACT
- ⁵ Specialist Breast Nurse Competencies Project Team 2002.
- ⁶ Australian Nursing Federation 1997. Competency Standards for the Advanced Nurse Melbourne Australia.
- ⁷ Australian College of Critical care Nurses 2002. Competency Standards for Specialist Critical care Nurses
- ⁸ Specialist Breast Nurse Competencies Project Team. 2002.
- ⁹ The Victorian Centre for Nursing Practice Research 2001. Breast Care Nurses in Victoria: a Workforce Study of practice and factors influencing practice
- ¹⁰ Specialist Breast Nurse Project Team 2000; Specialist Breast Nurses: an Evidence Based Model for Australian Practice.. iSource National Breast Cancer Centre
- ¹¹ Specialist Breast Nurse Competencies Project Team 2002.
- ¹² Specialist Breast Nurse Project Team 2000.
- ¹³ The Victorian Centre for Nursing Practice Research 2001.
- ¹⁴ Specialist Breast Nurse Competencies Project Team 2002.
- ¹⁵ Specialist Breast Nurse Project Team 2000.
- ¹⁶ McArdle JMC, George WD, McArdle CS et al 1996. Psychological support for patients undergoing breast cancer surgery: a randomised study. *BMJ* 312(7034): 813-816.
- ¹⁷ White K, Wilkes L & Cambell A, 1997. The role of the breast nurse: the Australian context. Australian Catholic University North Sydney
- ¹⁸ Specialist Breast Nurse Project Team 2000.
- ¹⁹ White et al 1997
- ²⁰ NHMRC & National Breast Cancer Centre 2000. Psychosocial Clinical Practice Guidelines: Providing Information, Support and Counselling for Women with Breast Cancer. AGPS, Canberra
- ²¹ Specialist Breast Nurse Competencies Project Team. 2002.
- ²² McArdle et al. 1996
- ²³ Specialist Breast Nurse Project Team 2000.
- ²⁴ Hordern A & Akkerman D 2000. Improving services for women with breast cancer by establishing the role of the breast care nurse in Australia through a tertiary based education program. *Cancer Forum* 24(2):163-165
- ²⁵ Specialist Breast Nurse Project Team 2000.
- ²⁶ White et al 1997
- ²⁷ White et al. 1997
- ²⁸ Specialist Breast Nurse Project Team 2000.
- ²⁹ Specialist Breast Nurse Project Team 2000.
- ³⁰ Australian Nursing Council
- ³¹ Critical Care Nurses
- ³² Specialist Breast Nurse Project Team 2000

SECTION 4: IDENTIFYING DOMAINS OF SBN PRACTICE

In this section of the paper, we ask you to consider the format for competency standards for SBNs. In Australia, registered and enrolled nurse practice is recognised as guided by, and regulated through, nationally agreed competency standards.³⁰ The format of the ANC competency standards includes a summative role statement and a set of competency standard statements that are grouped into broader categories commonly called domains. The ANC competencies use the domains of Professional & Ethical Practice, Critical Thinking & Analysis, Management of Care and Enabling. This competency standards format has been adopted in some areas of specialty practice in Australia³¹ and expanded to include further domains relevant to the specific specialist role. For example, the Competency Standards for Critical Care Nurses include the domains of Clinical Problem Solving and Leadership as well as the ANC domains.

Please comment below on the domains you understand to represent competent SBN practice. As an example, analysis of the literature suggests that Information Giving and Providing Support are significant in the SBN role and might therefore represent domains of SBN practice.

[illegible]

SECTION 5: EDUCATION FOR SBN PRACTICE

In this section we would like you to consider and comment on the educational preparation necessary for SBN practice.

One suggestion is that in order to function optimally in their role, SBNs require:

- postgraduate qualifications in oncology or breast cancer nursing
- training in communication and supportive care skills
- a commitment to, and opportunity for, ongoing education.³²

Please comment on current and future educational preparation for competent SBN practice.

Any other comments?

If you are a Registered Nurse or Registered Nurse Division 1 please complete the following questions

1. Do you provide care to women with breast cancer across the continuum of care, including early detection, treatment, rehabilitation and palliative care?

YES

NO

2. Please list your educational qualifications

PLEASE RETURN COMPLETED FORM BY 2ND MAY 2003 IN REPLY-PAID ENVELOPE

Contact: Jennifer Fereday, Research Assistant,
School of Nursing & Midwifery University of SA,
City East Campus, North Tce, Adelaide SA 5000

APPENDIX 2: KEY STAKEHOLDER ORGANISATION RESPONSES

Stakeholder Organisations (* multiple responses through one organisation)	Responses		
	Round 1	Round 2	Round 3
*Australian Council of Deans of Nursing	-	✓	✓
ACT Government Health Services	-	-	-
*Australian Nursing Federation (ANF)	✓	✓	✓
Australian Nursing Council	✓	-	-
Australian Private Hospital Association	✓	-	-
Australian Government Dept of Health & Ageing	-	-	-
BreastScreen Australia (WA)	-	-	-
BreastScreen Australia (SA)	-	-	✓
Breast Cancer Network Australia	✓	✓	✓
Cancer Nurses Society of Australia	✓	✓	✓
Council of Remote Area Nurses of Australia	-	-	-
Dept of Health and Human Services, Tasmania	✓	-	✓
Dept of Health, Western Australia	-	-	-
Medical Oncology Group of Australia	-	-	✓
Dept of Health & Community Services, Northern Territory	-	-	-
National Nursing Organisations	-	✓	✓
NSW Health	✓	-	-
Project Steering Committee Member	✓	✓	✓
Royal College of Nursing Australia	✓	✓	✓
Psychologists in Oncology/ COSA Psycho-Oncology Group	-	✓	✓
* Royal Australasian College of Surgeons	-	✓	✓
* Royal Australian and New Zealand College of Radiologists, Faculty of Radiation Oncology	-	✓	✓
* Queensland Health	✓	✓	✓
* School of Nursing and Midwifery, La Trobe University	✓	✓	-
School of Nursing & Public Health Edith Cowan University	-	-	-
School of Nursing Queensland University of Technology (QUT)	✓	✓	✓
Department of Human Services, Victoria	✓	-	-
* Dept of Human Services, South Australia	✓	✓	✓
* The Cancer Council Victoria	✓	✓	✓
The Cancer Council Australia	✓	✓	✓
The Association for Australian Rural Nurses	-	-	-
The College of Nursing (formerly NSW College of Nursing)	✓	✓	✓

APPENDIX 3: ROLE ELEMENT ANALYSIS

Role Element	Summative Comment
Specialist Nurse	There was consensus that this was a core element of the role. The nature of the role was identified as inclusive of experienced registered nurses (Division 1) with specialist cancer, and breast cancer knowledge and skills in supportive care and treatment to women with breast cancer across the continuum of care.
Supporter	There was consensus that this was a core element of the role. The nature of the role was identified as supportive (physically and psychologically) of the woman and her family regardless of treatment decisions or needs. A coaching role was suggested. Support was seen as inclusive of assessment skills and overlapped with information giving and advocacy and was inseparable from team membership and referral responsibilities. The role overlapped with that of other members of the multidisciplinary breast care team in that the support role was also seen to include support for other members of the team and health care providers.
Counselling	There was reasonable agreement between stakeholder groups that SBNs require advanced communication and information giving skills and that counselling is an important part of the psychosocial and referral aspects of the SBN role. There was less agreement between SBNs and individual participants working in related roles with regard to counselling as a core SBN role. Recognising the need for communication, education and skills, some respondents thought that counselling by SBNs should be in the form of information giving and general support practices. Others indicated a more definitive idea about counselling, suggesting that counselling requires specialist crisis management skills gained through specialist training also available from other health care providers. Some considered this a core part of the SBN role, others did not. It was suggested that SBN responsibility might be better described as requiring particularly refined skills in therapeutic communication rather than counselling.
Caregiver	There was no consensus that care-giving practice was a core SBN role. Clinical care was not deemed to be a core role by all, though a principle of caring about as emotional support or coordinating care provision were seen as parts of the role.
Public advocate	This was seen by respondents as an important but not core part of the SBN role. The aspects of this element such as public support, advocacy and lobbying were seen to be better represented by an element of leadership.
Advisor	This role element was agreed to, as it involved information giving, education, support, advocacy, and facilitation of decision-making by women. Giving advice to women was not supported as a core role. A second aspect of this role was that of liaison, and functioning as a responsible team member.
Resource person	There was consensus that SBNs function as resource persons in their education and information giving roles for women with breast cancer, their families, other health care providers and members of the public.
Manager	While this was recognised by all respondents as important, only a few suggested it as a core SBN role. The valuable aspects of a manager role were seen as individual time management or overlapping with education and team membership responsibilities.
Researcher	There was no consensus about this as a core SBN role. Research as conducting projects or collaborating with others in projects was not seen as a core role. However, research as using results of research based information or having an inquiry-based approach to practice was recognised as a core role.

OTHER ROLE ELEMENTS SUGGESTED BY RESPONDENTS

Provider Educator	This role element referred to the SBN as a provider of care and information about treatment choices to facilitate informed choice for women about treatment options and breast reconstruction. Rather than a resource person, some suggested an education role where SBNs provide information to facilitate decision-making and clarify information given. These respondents suggested this was an essential part of the role and must be given in a timely fashion using appropriate methods. It was suggested that timing and methods will vary with each client and consumer input about information provision must be sought. SBNs are also educators of other health professionals. This links with a consultant role and the need to work as part of a team.
Leader	It was suggested that SBNs need to lead their area of nursing practice
Professional Development	It was seen as important for SBNs to maintain personal professional education work & development.
Patient Advocate	Often women discuss issues of particular importance to them with the SBN. It was pointed out that even after validation of the importance of these issues women may be reluctant to discuss them (in regard to future management) with medical staff. SBNs are in a unique position of being able to discuss these issues and generate discussion for the benefit of the woman concerned. This can open up more effective communication because the doctor has an awareness of important individual needs.
Psychosocial support	This role element highlighted the need for different levels of service provision to meet for different levels of emotional needs/ psychosocial support needs of women.
Psychosocial assessment skills	This element focused on offering appropriate intervention for psychosocial needs—especially appropriate referral to specialist providers. For the reasons given in the previous section, psychosocial assessment is already widely recognised as a key component of the SBN role. SBNs need to exercise skilled judgment to identify options for appropriately targeted interventions as well as recognising when it is appropriate for specialist providers to intervene/ address psychosocial or other needs.
Clinical Supervision Debriefing	This element referred to providing support to other SBN colleagues with regard to issues pertaining to professional practice. Professional debriefing was viewed as an integral component of best practice. As this is a potentially emotionally draining area of nursing practice, the ability to debrief was viewed as a core element of the role, in conjunction with appropriate clinical supervision and peer support
Care Giver Role	This element was seen by some to include symptom management/providing treatments/ monitoring / investigating/preventative care and health promotion.

DOMAINS ANALYSIS SUMMARY

The majority of respondents proposed domains that were specific to specialist breast nursing practice, which they saw as additional to the domains described in the Australian Nursing Council National Competency Standards for Registered Nurses and Enrolled Nurses.

Suggested Domains	Summative Comment
Coordination of Care Case management Continuity of Care Organisation/ management of care Teamwork	There was wide agreement that the SBN role should include a domain(s) related to coordination and management of care. Some described a case management role, providing linkages and continuity of care, and ensuring appropriate referral to specialist providers. For a few, this was seen too involve competencies related to the provision of direct clinical care. Working with others and in teams/liaison with others in the breast care team was also highlighted.
Providing Emotional/ Psychological Support Therapeutic Communication	There was general agreement that providing emotional/psychological support was a domain of SBN competence. Many described this as a component of care provision. Competencies described for this domain related to psychosocial assessment, advocacy and advanced verbal and written communication skills to support the care of women and their families. Some also suggested that this domain included competencies related to counselling clients and families. Skills in negotiation, conflict resolution and appropriate referral and liaison with a broad range of clinicians, health care professionals and consumers were also suggested as relevant to this domain.
Enabling Education Information giving	There was consensus that education and information giving was a core domain of SBN competence. This domain was viewed as including competencies/elements related to providing information, education and resources to facilitate autonomy and decision-making for women and their families with regard to treatment options and care. This was described by some as empowerment.
Specialist knowledge Leadership	It was suggested that one domain of SBN competence included competencies related to specialist knowledge and expertise in breast cancer screening, detection, treatment, ongoing care and support. Professional and ethical leadership in the development of SBN practice was also described as important.
Research/ evidence- based practice Critical thinking & analysis Problem identification & solving	There was wide agreement that a domain of SBN competence related to the ability to use critical thinking and analysis skills to frame and solve problems and interpret, synthesise and apply latest evidence. Research was described as relating to the application of, rather than conducting, research.

**APPENDIX 3: Aggregated Coding of Round 2 data for all participant categories
(SBN, Other, RNB, RNA)**

Round 2 Elements of Care		Responses from all categories R2
1.1	Physical/clinical care/support	16
1.2	Psychosocial care	30
1.3	Therapeutic relationship	11
1.4	Evidence-based care	6
1.5	Liaison	20
1.6	Continuity of care	17
1.7	Holistic care/support	7
1.8	Assessment / screening evaluation	32
1.9	Individualised care	5
2.1	Collaboration	23
2.2	Team member	9
2.3	Support networks / supervision	18
3.1	Information & education	21
3.2	Evidence-based information & education	9
3.3	Provides advice	1
4.1	Inquiry-based practice/research	12
4.2	Assess own performance/ limits	8
4.3	Professional development/ongoing education	20
4.4	Advocates breast cancer care/ patient/role	16
4.5	Contributes to policy development	2
4.6	Uses specialist knowledge & skills	1
5.1	Specialist breast cancer or oncology knowledge	7
5.2	Advanced nursing knowledge/expertise	5
5.3	Management skills	6
5.4	Postgraduate qualifications	14
5.5	Advanced communication/counsel skills	10
5.6	Problem solving skills/critical thinking	2
5.7	Communication/counseling education	3
5.8	Clinical & theoretical skills/training	6
5.9	Leadership qualities	2
5.1	Crisis management skills	0
5.1.1	Assessment skills/training/tools	5
5.1.2	Ongoing assessment & perform reviews	12
5.1.4	Professional & ethical practice	0
5.1.5	Enabling skills	0
6.2	National accredited education/standards	7
6.3	Funding for SBN role / education	7
6.4	Development role with employer	3
6.5	Role /skills recognition	8
6.6	Clear position description/role	4
6.7	Clear counselling guidelines	1

**APPENDIX 4: Aggregated Coding of Round 3 data for all participant categories
(SBN, Other, RNB, RNA)**

Round 3 Elements of Care		Responses all categories Round 3
1.1	Physical/clinical care/support	6
1.2	Psychosocial care	11
1.3	Therapeutic relationship	2
1.4	Evidence-based care	3
1.5	Liaison / referrals	10
1.6	Continuity of care	11
1.7	Holistic care/support	2
1.8	Assessment / screening evaluation	15
1.1	Individualised care	0
1.1.1	Facilitate empowerment	3
2.1	Collaboration/cooperation	20
2.2	Team member	20
2.3	Support networks / supervision	19
3.1	Information & education	16
3.2	Evidence-based information & education	7
3.3	Provides advice	4
4.1	Inquiry-based practice/research	4
4.2	Assess own performance/ limits	17
4.3	Prof development/ongoing education	23
4.4	Advocates breast cancer care/ patient/role	8
4.5	Contributes to policy development/knowledge	1
4.6	Uses specialist knowledge & skills	0
5.1	Specialist breast cancer or oncology knowledge	2
5.2	Advanced nursing knowledge/expertise	6
5.3	Management skills	2
5.4	Postgraduate qualifications	19
5.5	Advanced communication/counsel skills	6
5.6	Problem solving skills/critical thinking	0
5.7	Communication/counselling education	4
5.8	Clinical & theoretical skills/training	0
5.9	Leadership qualities	3
5.1	Crisis management skills	0
5.1.1	Assessment & referral skills / tools	2
5.1.2	Ongoing assessment & perform reviews	16
5.1.4	Professional & ethical practice	0
5.1.5	Enabling skills	1
5.1.6	Sexuality skills	1
5.1.7	Involve consumer groups in education	2
6.2	National accredited education/standards	3
6.3	Funding for SBN role / education	7
6.4	Development role with employer	14
6.5	Role /skills recognition (current)	2
6.6	Clear position description/role	20
6.7	Clear counselling guidelines	1
6.8	Formal ID between SBN & breast care nurse roles	8

APPENDIX 5: SUMMARY OF EDUCATION PROGRAMS

LA TROBE UNIVERSITY	
Course type/level	Graduate Certificate in Breast Care Nursing/ Postgraduate Diploma of Nursing Science in Breast Care/ Graduate Certificate in Cancer Care; Postgraduate Diploma of Nursing Science in Cancer Care/Master of Nursing Science
Course objectives	To prepare qualified nurses to care for people with breast cancer from the time of screening and throughout the disease trajectory, incorporating the latest developments in research, treatments and psychosocial support.
Major topics/content areas (Graduate programs in Breast Care Nursing)	<p>Breast Cancer: Disease Entity in Nursing Practice <i>Content and objectives:</i> To develop understanding of:</p> <ul style="list-style-type: none"> the pathophysiology related to breast cancer genetic factors in breast cancer incidence and screening processes in relation to prognosis. <p>Management of Breast Cancer in Nursing Practice <i>Content and objectives:</i> To develop skills in management of breast cancer care along the entire disease continuum, including complications and treatment effects and body image and sexuality issues.</p> <p>Breast Care New Horizons and controversies in Nursing Practice <i>Content and objectives:</i> To develop an understanding of the trends, ethical dilemmas and professional controversies related to breast cancer screening, prevention, treatment, prognosis, rehabilitation and research.</p> <p>Narratives of Chronic Illness in Nursing (P/Grad Dip) <i>Content and objectives:</i> To explore the chronic illness journey through narrative and develop an understanding of how this journey shapes the relationship between client and nurse.</p> <p>Establishing Evidence for Nursing (P/Grad Dip) <i>Content and objectives:</i> To develop an understanding of the systematic review and clinical audit process and its role in establishing the effectiveness, appropriateness and feasibility of clinical practice.</p> <p>Advanced Nursing Practice in Action (P/Grad Dip) <i>Content and objectives:</i> To develop the ability to describe and critically analyse advanced nursing practice.</p>
Delivery modes	External delivery (<i>applicable to all subjects</i> ; flexible learning using reading, exercises and structured activities, equivalent to four hours of classroom contact per week. Students have regular contact with unit coordinators or lecturers using WebCT, discussion boards, email, fax and telephone) and internal delivery: on-campus seminars, study guides, tutorials, lectures and field-placement.
Assessment methods	A combination of written assessments, poster presentations, and field placement participation.
Eligibility	Applicants must be registered as a Division 1 nurse in Victoria, or similar in another State/Territory, and hold a degree or diploma from a college or university, or a nursing certificate from a hospital based program.
Clinical requirements	Applicants must have at least one year of recent nursing experience.
Number of students enrolled	

UNIVERSITY OF MELBOURNE

Course type/level	Graduate Certificate in Cancer Nursing (Peter Mac)/Postgraduate Diploma In Advanced Clinical Nursing (Cancer Nursing) (University of Melbourne)
Course objectives	To provide skill development, critical inquiry and knowledge of current best practice in cancer nursing, including the ability to prioritise, plan and evaluate patient-centred care within a multidisciplinary framework. To develop an appreciation of key ethical and legal, philosophical, cultural and management issues relevant to cancer nursing practice.
Major topics/content areas and objectives	<p>Principles of Specialty Practice <i>Content and objectives:</i> To develop knowledge of specialty nursing, emphasising bioscience, pharmacology, health assessment, sociology, psychology, and ethico-legal aspects of specialty practice.</p> <p>Scientific Inquiry in Specialty Practice <i>Content and objectives:</i> To develop:</p> <ul style="list-style-type: none"> the ability to prioritise and interpret assessment data, including an understanding of the physiological and pathophysiological influences on the patient an understanding of the scientific underpinnings of acute care provision and of the relevant complex physiological and pathophysiological processes the ability to develop collaborative treatment plans <p>Therapeutic Relationships in Health Care <i>Content and objectives:</i> To develop an understanding of and skills in:</p> <ul style="list-style-type: none"> communication with people from diverse cultural backgrounds multidisciplinary therapeutic communication and collaboration aiding patients and their families in coping with diagnosis, treatment and prognosis <p>Exploration of Specialty Practice <i>Content and objectives:</i> To increase skill in:</p> <ul style="list-style-type: none"> identifying, assessing and managing advanced pathophysiological processes planning and implementing care for complex needs and evaluating and responding to care outcomes identifying the social, legal, ethical, economic and professional issues relating to specialty practice <p>Specialty Practice in Context 1 (P/Grad dip) <i>Content and objectives:</i> The semester 1 clinical practicum: through participation in specialist patient care students are expected to develop:</p> <ul style="list-style-type: none"> an understanding of the relationship of theoretical knowledge to the specialty practice environment skill in health assessment, clinical decision making, and care management and evaluation planning and time-management skills the ability to participate in a specialty care team <p>Specialty Practice in Context 2 (P/Grad dip) <i>Content and objectives:</i> The semester 2 clinical practicum, aiming to further the skills developed in semester 1</p> <p>Research and Evaluation of Practice (P/Grad dip) <i>Content and objectives:</i> To develop:</p> <ul style="list-style-type: none"> an understanding of research/evaluation methods the ability to critically analyse research in relation to clinical practice the ability to apply research findings to clinical practice literature search skills <p>Elective Subject (P/Grad dip)</p>
Delivery modes	Lectures, workshops, tutorials, case scenarios and clinical practice
Assessment methods	A combination of exams, written assignments, problem solving exercises, practice portfolio and participation in online discussions
Eligibility	Applicants must be eligible for registration with the Nurses Board of Victoria, and must have completed at least a three year degree or diploma as a Division 1 nurse in nursing or approved equivalent, as well as having completed at least 12 months appropriate post-registration nursing experience. Division 1 registered nurses who have completed a degree in another discipline are eligible. Division 1 registered nurses holding a non-degree award with 12 months appropriate work experience are eligible if they satisfy the school that they have the ability to pursue the program.
Clinical requirements	Applicants must have concurrent employment (or other suitable clinical arrangements) in a clinical setting for the two clinical subjects.
Number of students enrolled	2005: 10 students in the graduate certificate, 14 in the postgraduate diploma.

THE COLLEGE OF NURSING (incorporating the NSW College of Nursing)	
Course type/level	Graduate Certificate in Breast Cancer Nursing
Course objectives	<p>To develop:</p> <ul style="list-style-type: none"> • specialist breast cancer nursing knowledge and clinical decision making skills • relationship management skills relevant to patient care and collaborative team work • leadership and educational skills • critical analysis skills
Major topics/ content areas	<p>Breast cancers <i>Content and objectives:</i> Increase knowledge of the disease breast cancer from anatomical, physiological, epidemiological, aetiological, diagnostic, screening and risk-factor perspectives in relation to current treatment guidelines.</p> <p>Communication in cancer care <i>Content and objectives:</i> To increase awareness of and skills in communication with patients who have cancer and their families or other significant people.</p> <p>Breast cancer: interventions in breast cancer care <i>Content and objectives:</i> To increase knowledge of breast cancer treatments, and of cultural and personal issues in breast cancer such as body image, sexuality, community support and follow-up.</p> <p>Breast cancer: role of the nurse in the management of breast cancer care <i>Content and objectives:</i> To develop skills and knowledge related to working as part of multidisciplinary team, and related to management of symptoms, treatment effects, end-of-life issues, communication and psychological issues. To develop an understanding of the specialist breast nurse in a professional, legal and ethical context, emphasizing evidence-based practice.</p>
Delivery modes	<p>All courses: Distance education with self-directed study through guided readings, learning activities and audiovisual material. Electronic and telephone contact with course educators is encouraged. Each subject can be undertaken by distance education as a stand alone subject. When undertaking the Graduate Certificate, breast cancer students are able to request up to 50% advanced standing (ie, x2 subjects).</p>
Assessment methods	Each subject has an assessment load equivalent to 5000 words.
Eligibility	Applicants must be currently registered (division 1 in Victoria) to practice as a nurse, and have a minimum of one year's postgraduate experience
Clinical requirements	Applicants must be currently employed in an area that provides treatment or follow-up care to breast cancer patients.
Number of students enrolled	September 2003-August 2004, 3 applicants; July 2004-June 2005, 10 applicants. The NSW Department of Health Chronic and Complex Division has made available 20 scholarships for rural nurses to undertake this course from 2005.

UNIVERSITY OF ADELAIDE

Course type/level	Graduate Diploma in Nursing Science (Oncology)
Course objectives	<p>To improve:</p> <ul style="list-style-type: none"> • knowledge of cancer disease processes and treatments • clinical skills • previously established individual knowledge.
Major topics/ content areas	<p>Nursing and medical Science in Oncology I <i>Content and objectives:</i> Increase knowledge of the disease cancer, how it is treated, and the effect of treatment.</p> <p>Nursing and medical Science in Oncology II <i>Content and objectives:</i> To develop understanding of specific diseases and their management, including patient care, legal and ethical issues. <i>Delivery Modes:</i> Distance education.</p> <p>Oncology Nursing I <i>Content and objectives:</i> To develop specialised clinical skills through field-based learning.</p> <p>Oncology Nursing II <i>Content and objectives:</i> Field-based development of skills relating to leadership and research, consumer perspectives, community support and survival issues.</p> <p>Developing Advanced Practice in Health Systems I <i>Content and objectives:</i> To develop knowledge of contemporary issues related to advanced nursing practice, including ethics of care, leadership, advocacy, evidence based practice, health service management, health service management, professional standards, health informatics and multicultural care.</p> <p>Developing Advanced Practice in Health Systems II <i>Content and objectives:</i> To develop understanding and skills related to clinical audits.</p> <p>Focussed Reading in Clinical Nursing (for students granted advanced standing) <i>Content and objectives:</i> To examine contemporary nursing practice through a critical review of the literature.</p>
Delivery modes	<p>Distance education (self directed learning applies, with study guides, readings and activities provided, but no campus contact hours. Use of internal discussion board), field experience (300 hours clinical practice; A three-day on-campus workshop in each semester and online teaching and tutorials) and individual supervision.</p>
Assessment methods	A mixture of portfolios, written assessments, case studies, presentations, skills diaries, and online classroom participation.
Eligibility	Applicants must be registered nurses.
Clinical requirements	Applicants must be currently employed full time or a minimum of 60% in an area that provides comprehensive cancer services.
Number of students enrolled	10 students in 2004, 14 in 2005

UNIVERSITY OF CANBERRA

Course type/level	Graduate Diploma in Nursing Science (Oncology) NB: This course is not currently running due to insufficient applicant numbers. The course was introduced in 2002, the only year that the course proceeded, with five students. The course now requires a minimum of 12 enrolments to go ahead, in which case most aspects of the course would be reviewed.
Course objectives	To expand knowledge of nursing, with a focus on clinical practice.
Major topics/ content areas	<p>Cancer Nursing Theory Objectives: Analysis of the cancer experience from the perspectives of the patient and family, medical team, and the nurse; Description of the pathophysiology and treatment of cancer; Adopt a patient-centred approach to symptom management; Conceptual analysis of "quality of life" and "caring". <i>Delivery:</i> Three hours class contact per week.</p> <p>Cancer Nursing Practice Objectives: To integrate the knowledge from theory subjects into practice, with emphasis on clinical decision making, advanced therapies, and psychosocial issues; Develop advanced communication, health-assessment and care-management skills; Appreciate technical competency issues. <i>Delivery:</i> Minimum 800 hours of clinical practice and clinical workshops for two semesters.</p> <p>Research Methodology Objectives: To use an understanding of the philosophy of science to develop skills in evidence-based decision making for clinical practice. <i>Delivery:</i> Three hours class contact per week.</p>
Delivery modes	A mixture of class contact and clinical practice.
Assessment methods	Not specified
Eligibility	<p>Applicants must be eligible for registration as a nurse in the ACT, as well as meeting at least one of the following criteria:</p> <ul style="list-style-type: none"> • possess a relevant award at Bachelor degree level • submit such other evidence of general and professional nursing qualifications that demonstrates the educational preparation and capacity to pursue graduate studies.
Clinical requirements	Applicants must have had at least one year of relevant full-time clinical experience since initial registration as a nurse
Number of students enrolled	5 students in 2002; course not run since (12 student minimum to run)

EDITH COWAN UNIVERSITY

Course type/level	Post Graduate Certificate in Clinical Nursing (Oncology Nursing) Post Graduate Diploma of Clinical Nursing (Oncology Nursing) Master of Clinical Nursing (Oncology Nursing)
Course objectives	Post Graduate Certificate To promote increased knowledge in oncology nursing theory and practice using social, professional, legal and ethical frameworks. Post Graduate Diploma To extend research knowledge and clinical decision making skills related to oncology nursing. Master To gain a deeper level of understanding of the issues that impact on oncology nursing. And prepare the graduate for advance practice role in oncology nursing.
Major topics/ content areas	Post Graduate Certificate Oncology nursing science, Oncology nursing practice, Psychosocial issues relating to life-threatening illness, Professional issues in clinical nursing Post Graduate Diploma Oncology nursing science, Oncology nursing practice, Psychosocial issues relating to life-threatening illness, Professional issues in clinical nursing, Evaluating practice in health, Elective: Specialist Breast Nurse Master Oncology nursing science, Oncology nursing practice, Psychosocial issues relating to life-threatening illness, Professional issues in clinical nursing, Evaluating practice in health, Elective, Major project
Delivery modes	Theoretical and practical knowledge augmented by independent learning contracts to enable the development of advanced critical thinking and project writing skills. The program encourages innovative evidence based practice that will ultimately lead to improved nursing practice.
Assessment methods	A combination of problem-based and critical thinking assessment approaches are used.
Eligibility	All Registered Nurses who possess a Bachelor of Nursing (with at least 12 months nursing experience) or equivalent may enrol in the Master of Clinical Nursing program with multiple exit points at Post Graduate Certificate, Post Graduate Diploma and Master level. RNs with a hospital based diploma, who do not possess an undergraduate degree, but who have been registered and practising for at least three years may enrol in units comprising the Post Graduate Certificate in Clinical Nursing. Upon completion of these units students may progress to the Master of Clinical Nursing at the discretion of the Course Coordinator.
Clinical requirements	Clinical experience is negotiated on an individual student basis, tailored to the students needs.
Number of students enrolled	

QUEENSLAND UNIVERSITY OF TECHNOLOGY

Course type/level	Graduate Certificate in Cancer Nursing Graduate Diploma in Nursing (Cancer Nursing Major) Master of Nursing (Cancer Nursing Major)
Course objectives	Grad Cert short focussed program to upgrade qualifications, knowledge and skills in cancer nursing. Enable students to become competent in cancer nursing practice, examine major issues and trends in cancer nursing scholarship and practice, and an understanding of the role of research. Grad Dip acquisition of advanced level of knowledge and skills in nursing practice in preparation for specialist roles. To develop expertise in advanced cancer nursing, nursing research and scholarship, and leadership and management in health care Master As for Grad dip, but with further specialisation
Major topics/content areas	Advanced Health Assessment <i>Content and objectives:</i> To develop an advanced conceptual and practical understanding of physical and psychosocial health assessment relating to patient, family and environment in nursing practice. Includes epidemiology and health promotion. Advanced Nursing Practice <i>Content and objectives:</i> To develop a theoretical, theoretical and practical understanding of core elements of advanced nursing practice. In the cancer nursing major this includes cancer control policy and practice, the epidemiology, pathophysiology and psychosocial aspects of cancer, and its major treatment modalities. Advanced Clinical Practice <i>Content and objectives:</i> To further develop understanding of core practical, theoretical and conceptual elements of advanced nursing in a specialist (cancer) setting; to critically analyse these; and to translate this into clinical judgement and care planning. To develop the ability to review technical competencies and collaborative strategies. Specialisation in Medical/Surgical and Cancer Nursing <i>Content and objectives:</i> To further develop and consolidate prior knowledge and critical analysis of nursing concepts, theory and practice in the cancer (or medical/surgical) specialist setting. Exact content is negotiated between individual students with their lecturer and formalised in a learning contract. Contemporary Practice Issues (Grad dip) <i>Content and objectives:</i> To increase understanding of the social, political and economic influences on nursing practice, the factors that influence its organisation. To develop the ability to critically apply a theoretical framework to current nursing-related issues Qualitative Research (Grad dip, option 1) <i>Content and objectives:</i> To develop understanding of qualitative research paradigms, their theoretical underpinnings, methodologies and the ethical issues involved. To develop the ability to critically evaluate qualitative research, and to identify potential opportunities to implement qualitative nursing research. Introduction to Quantitative Research Methods (Grad dip, option 2) <i>Content and objectives:</i> To develop an understanding of quantitative research methods, and the ability to design quantitative research projects as well as manage data, and to critically assess quantitative research. Advanced Quantitative Research Methods (Grad dip, option 3) <i>Content and objectives:</i> To develop understanding and ability in a range of study designs and statistical applications. Clinical Leadership and Management (Grad dip) <i>Content and objectives:</i> To develop a critical understanding of theoretical and practical aspects of leadership and management in nursing. To strengthen leadership, consultation and reflective skills by covering management and organisational theories. Clinical Studies (Grad dip) <i>Content and objectives:</i> To further develop and consolidate knowledge and skills such as clinical judgement and decision making and relationship management in a selected clinical specialty. Content reflects the selected specialty.
Delivery modes	Available internally and externally. Internally through a mixture of study guides, readings, seminars, video material, skill demonstrations, workplace-based clinical experience with debriefing sessions, lectures, tutorials, case studies and computer workshops. Externally through a mixture of study guides, readings, learning activities, video material, teleconferences and on-line discussion groups, online teaching, and workplace-based clinical experience with debriefing sessions.
Assessment methods	A mixture of various written assignments, case studies, examinations, journals, clinical activities, teaching activities, presentations, research proposals, quizzes, data analysis plans and analytical exercises.
Eligibility	Applicants must be a registered nurse and hold a degree in nursing (or equivalent) from a recognised institution.
Clinical	Applicants must normally have at least one year's appropriate post-graduate clinical experience. Applicants enrolling in the cancer nursing strand who are not employed in a cancer setting may be required to undertake additional clinical experiences.
Number of students enrolled	10-15 per year