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

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

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

Organizational Recommendations

The American Nurses Association ([ANA], 2007) stated that nurses are expected to be self-directed learners and to identify their own educational needs. Self-directed learning is a process in which individuals take the initiative to diagnose their learning needs, formulate goals, identify resources, select and implement strategies, and evaluate outcomes (Moyer & Wittman-Price, 2008). The ANA recognized that all nurses have the responsibility to evaluate their own knowledge and skills and seek learning activities to improve areas of deficiency. Nurses also can use self-assessment tools to improve their competence and enhance safe nursing practice. Currently, no universal or standardized tool exists for the self-assessment of oncology nurses’ knowledge.

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

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

At a Glance

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

professional oncology nurses in providing competent, high-quality care (ONS, 2009). Oncology nurses are “professional nurses who are competent in the essentials of oncology nursing care who regularly update their oncology knowledge base and skill set” (ONS, 2009, “Professional Oncology Nursing Services” section). The position is in congruence with the ANA’s statements and solidifies the importance of continuing competence and self-directed learning in the profession of oncology nursing.

Molly Jo Brixey, RN, MSN, OCN®, is an oncology educator at The Toledo Hospital in Ohio; and Suzanne M. Mahon, RN, DNSc, AOCN®, APNG, is a clinical professor in the Division of Hematology/Oncology in the Department of Internal Medicine in the School of Medicine and a clinical professor of adult medicine in the School of Nursing at Saint Louis University and Saint Louis University Cancer Center in Missouri. The authors were participants in the Clinical Journal of Oncology Nursing Writing Mentorship Program. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society. (First submission December 2009. Revision submitted January 2010. Accepted January 31, 2010.)