

Because knowledge concerning genetics and genomics and its application to oncology care is continuing to grow, oncology nurses must be aware of appropriate advanced scope of practice roles based on education and training. All nurses must develop and maintain knowledge of the field, but advanced practice nurses working in genetics have additional competencies and management expectations. Collaboration among practice levels and disciplines is essential. This article focuses on the advanced practice role as further defined in published resources outlining scope of practice in genetics.

AT A GLANCE

- Genetics should be considered an integral part of oncology advanced nursing practice.
- Nurses should be able to apply genetic nursing standards for the advanced practitioner to specific patient situations.
- Additional competencies are expected of the advanced practitioner specifically related to test selection, as well as interpretation and coordination of care for genetic evaluation and testing.

KEYWORDS

genetics; standards; re-sources; scope of practice; advanced practice nurses

DIGITAL OBJECT

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Scope and Standards

Defining the advanced practice role in genetics

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Oncology nurses at all levels of practice and in all settings are in an ideal position to address issues related to genetics and genomics. This is the second of two articles (Kerber & Ledbetter, 2017) describing the implementation of the updated *Genetics/Genomics Nursing: Scope and Standards of Practice* in daily use (American Nurses Association [ANA] & International Society of Nurses in Genetics [ISONG], 2016). This article focuses on implications for the advanced practice nurse (APN).

The growing complexity of genetic nursing in specialties such as oncology has led to the delineation of roles and levels of practice in genetic care. *Genetics/Genomics Nursing: Scope and Standards of Practice* is available to help guide practitioners at all levels of practice and includes 16 standards, complete with specific details of practice, to be used as a framework for evaluating practice outcomes and goals (ANA & ISONG, 2016). The publication also features an expanded discussion of ethics specifically related to genetics and genomics based on the ANA's (2015) *Code of Ethics for Nurses with Interpretive Statements*. Figure 1 provides a comparison of roles in genetics based on these standards (ANA & ISONG, 2016), whereas Table 1 lists examples in practice for the APN.

Advanced Practice Roles in Genetics: Expanding Options

APNs function in a wide range of settings. First, the APN must consider state and federal regulations, insurance regulations, and accreditation requirements. Many oncology

APNs have years of experience in settings with assorted and evolving responsibilities. Significant opportunities exist to collaborate with other genetics professionals who may not have as much oncology experience. Working together will provide better quality care and access for those at risk for or affected by cancer. Nurses with APN in genetics (APNG) certification, offered through the Genetic Nursing Certification Corporation, or who are advanced genetics nurse-board certified (AGN-BC) through the American Nurses Credentialing Center may have a broader scope of practice than certified genetic counselors (CGCs®) and baccalaureate-level genetics-certified nurses (GCNs). (The APNG credential is being retired and transitioned to the AGN-BC.) However, not all APNs have independent practice authority because of differences in state board of nursing statutes. Also, the scope of practice may vary among APNs (e.g., nurse practitioner, clinical nurse specialist [CNS]) within the same state. The *Genetics/Genomics Nursing: Scope and Standards of Practice* guidelines are written to accommodate independent APN practice, but individual APNs must be cognizant of and adhere to the scope of practice laws in their state.

The introduction of multigene (panel) tests and exome sequencing have greatly affected practice for providers who order and interpret genetic tests in oncology. Panel testing can provide efficiency, particularly when a patient presents with risk factors and family histories that overlap with more than one syndrome. The disadvantages of panel testing include the possibility of detecting a gene mutation that is inconsistent with the family history.