



Royal College  
of Nursing

dignity

respect

caring

# Clinical standards for working in a breast specialty

*RCN guidance for nursing staff*

calm

empathy





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## Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

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# Clinical standards for working in a breast specialty

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## 1

## Introduction

The Royal College of Nursing's Breast Care Nursing Society is committed to promoting excellence in nursing practice. The following clinical standards articulate dimensions of breast care nursing that are designed to promote uniform and high quality care. They provide guidance for nursing performance, and define what it means to provide skilled nursing care within a breast specialty.

These clinical standards should be used in conjunction with the RCN's *Core career and competency framework* (RCN 2006). The standards contain essential knowledge and skills which are the prerequisites for competent nursing practice.

### Using the clinical standards

Some generic knowledge (**what we need to know**, attained through education and experience) and skills (**what we need to be able to do**) are integral to best practice. These are detailed first and should be applied whenever providing nursing care within a breast specialty.

Next the standards detail the essential knowledge and skills required by nurses who deliver care within 13 specific clinical areas of breast care. The knowledge and skills for nurses undertaking *extended role* or *nurse-led* activity are also provided.

The knowledge and skills utilised during provision of nursing care within a breast specialty should be underpinned by generic attitudes (**what we need to be like**) essential to all of the clinical standards. These include:

- ◆ a calm, caring and systematic approach
- ◆ showing empathy and respect towards the patient (willingness to accept and respect their views, including those who refuse treatment)
- ◆ ensuring the patient's dignity at all times
- ◆ providing time and space to talk to the patient in a private setting
- ◆ considering the patient's social, cultural, religious and ethnic background
- ◆ valuing multidisciplinary team working and respect for each team member's role
- ◆ recognition of the need for specialist advice/input/referral when required
- ◆ having an appreciation of the need for a chaperone where appropriate
- ◆ involving relatives or significant others (appropriately and at the patient's request)
- ◆ recognition of the need for one's own professional development and keeping up-to-date.

Being able to demonstrate knowledge and skills (increasing competence) is an essential facet of professional practice and can contribute to articulating a post-holder's development. In appraisals and job reviews, different examples of evidence may denote attainment of knowledge, skills and attitudes; individuals are not expected to accumulate all the evidence, but to choose relevant examples according to their existing competence levels and spheres of practice.

These standards are not intended to be exhaustive and may need adapting to local situations and environments. In such instances, the underlying principles and core values of each standard should be retained.

The clinical standards are designed to be used as a development tool and as a means to managing performance within professional development and appraisal schemes. They are designed to:

- ◆ guide nurses in providing safe, effective and accountable care
- ◆ help individuals assess their own development and training needs
- ◆ help individuals plan their career pathways in a structured manner
- ◆ serve as a framework for individual portfolio development
- ◆ enable individuals to pinpoint their educational needs
- ◆ develop induction programmes for new staff
- ◆ underpin the development and review of breast care nursing services.

## Levels of nursing practice

Competency frameworks and workforce development documents commonly refer to the different levels of nursing practice that exist across all specialties and clinical areas (see reference list for examples). In accordance with these, four levels applicable to nurses working within a breast specialty have been identified as follows:

- ◆ **Competent nurse** (specific interest in breast care/support role) Band 5, Grade F equivalent
- ◆ **Experienced/proficient nurse** (breast care nurse) Band 6, Grade G equivalent
- ◆ **Senior practitioner/expert nurse** (clinical nurse specialist) Band 7/8A, Grade H/I equivalent
- ◆ **Nurse consultant** Band 8 A to C equivalent.

These clinical standards provide a guide to the knowledge and skills required for nursing care. Clinical grading or banding is not always representative of individual knowledge and skill level; in principle, any post holder (from competent nurse, to nurse consultant) can achieve the knowledge and skills required for each standard.

The standards should be used in conjunction with the key domains of the four nursing levels and their respective minimum standards of education and experience, which are presented for guidance in Table 1 and Table 2. Some recommendations about levels of practice, in relation to these clinical standards, are detailed below:

- ◆ whilst competent or experienced level nurses might be proficient in some of the clinical standards, generally nurses who possess most of the knowledge and skills in the *majority* of the clinical standards will be at senior/expert or nurse consultant level, to reflect the breadth as well as depth of expertise
- ◆ while all four levels of nurse might possess the knowledge and skills required for a standard, senior/expert nurses or nurse consultants will apply these at a higher level, demonstrating greater accomplishment and greater depth of knowledge, underpinning greater accuracy and ability (see also KSF descriptors listed in Table 1)

**Exemplar:** *Clinical standard 8 (medical treatments) Whilst competent or experienced level nurses should know how aromatase inhibitors work and their indications for use, senior/expert nurses and nurse consultants will possess greater depth of knowledge including design and results of key clinical trials, the unresolved issues in the use of aromatase inhibitors and the wider political agenda of equitable access to treatment.*

- ◆ these standards relate to clinical care but senior/expert nurses and nurse consultants will use their knowledge and skills in a broader professional context that includes not only performing the clinical care but also developing, evaluating, training others and protocol development

**Exemplar:** *whilst competent or experienced level nurses will need to possess sufficient knowledge and skill for their own provision of care, senior/expert nurses and nurse consultants will contribute to total service delivery. This might include development of protocols, identifying service deficits, innovating practice, considering practice from a strategic level, being politically aware and evaluating nursing care.*

- ◆ while competent or experienced level nurses might be proficient in terms of their own practice, senior/expert nurses or nurse consultants will regularly develop practice in others. This might include formal and informal teaching, training someone in preparation for undertaking nurse-led activity or assessing knowledge and skills in others
- ◆ while competent or experienced level nurses might question existing practice and take part in small research projects, senior/expert nurses or nurse consultants will contribute to the evidence for that clinical practice by researching and evaluating care and disseminating new knowledge by speaking at conferences and publishing in academic journals
- ◆ nurses undertaking extended role activity, during which they are responsible for that episode of care and carry a caseload (such as nurse-led follow-up

- clinics or nurse-led family history clinics), will generally be at senior/expert or nurse consultant level to reflect the level of knowledge and skill required to conduct complex consultations, make entirely autonomous clinical decisions and appreciate the wider professional and legal implications of nurse-led clinics. Isolated extended role activity that does not involve caseload management, such as seroma drainage and implant inflation, may be undertaken by competent and experienced nurses with sufficient knowledge and skills to do so
- ◆ not all of the standards will be relevant to all post holders at these various levels, and individual post holders will vary in the knowledge and skills they currently possess.
- These standards enable individuals to position themselves, in terms of their knowledge and skills, decide where they might aspire to and identify their strengths and weaknesses to direct future progression
- ◆ individuals will always have responsibility for undertaking only those elements of nursing practice for which they have sufficient knowledge and skills
  - ◆ individuals will always have responsibility for demonstrating that they have acquired the necessary knowledge and skills for providing nursing care within each clinical standard
  - ◆ individuals will always have responsibility for applying only for posts that are appropriate to their level of expertise.

Table 1: Key domains of nursing posts at different levels within breast care

<p><b>Competent nurse</b></p> <p>KSF descriptors include maintains, contributes, assists, prepares</p>	<ul style="list-style-type: none"> <li>◆ broad clinical knowledge of specialty, providing support and advice for patients, their families and other clinical staff</li> <li>◆ effective communication skills</li> <li>◆ awareness of contributions from multidisciplinary team colleagues and asks for advice and support as appropriate</li> <li>◆ recognises own limitations</li> <li>◆ participates in clinical supervision.</li> </ul>
<p><b>Experienced / proficient breast care nurse</b></p> <p>KSF descriptors include establishes, develops, supports, promotes, evaluates, co-ordinates, sustains</p>	<p>As above, plus:</p> <ul style="list-style-type: none"> <li>◆ carries caseload of patients</li> <li>◆ sustains a high quality specialist service</li> <li>◆ approachable to all MD team members for advice and referrals</li> <li>◆ facilitates informed choice</li> <li>◆ tests clarity of information given to patients, their families and staff</li> <li>◆ provides effective teaching to patients and their families</li> <li>◆ understands expectations of patients and staff</li> <li>◆ establishes effective partnership with patient and family</li> <li>◆ awareness of ethical dilemmas in patient care</li> <li>◆ recognises opportunities to enhance care for client group</li> <li>◆ developing skills in managing difficult situations with clients and colleagues</li> <li>◆ makes best use of resources</li> <li>◆ participates in practice development initiatives</li> <li>◆ identifies own individual learning needs</li> <li>◆ self-aware, with regards to own need for clinical supervision.</li> </ul>

<p><b>Senior practitioner / expert clinical nurse specialist</b></p> <p>KSF descriptors include designs, enables, assesses, analyses, improves, strategic, develops knowledge, leads</p>	<p>As above, plus:</p> <ul style="list-style-type: none"> <li>◆ specific clinical expertise (in depth knowledge and understanding of breast cancer and treatments)</li> <li>◆ develops, implements and improves standards of nursing care</li> <li>◆ chooses interventions based on sound rationale and accepted best practice</li> <li>◆ assists other nursing staff to develop appropriate plans for care</li> <li>◆ ensures patient feedback is incorporated into procedures and standards where possible</li> <li>◆ develops practice initiatives such as extended role tasks where appropriate</li> <li>◆ undertakes nurse-led clinics where applicable</li> <li>◆ functions as a role model</li> <li>◆ disseminates good practice</li> <li>◆ inspires confidence in patients and colleagues</li> <li>◆ actively encourages innovation and change</li> <li>◆ develops new approaches to running services</li> <li>◆ judges quality and relevance of new clinical information and incorporates it into practice</li> <li>◆ strategic planner (with others) for service and specialty (and maintains momentum)</li> <li>◆ organised and efficient at documentation</li> <li>◆ knowledge of theoretical frameworks for CNS practice</li> <li>◆ working knowledge of relevant NMC guidelines</li> <li>◆ possesses critical thinking skills</li> <li>◆ skilled at clinical inquiry</li> <li>◆ collaborates across professions, developing new partnerships</li> <li>◆ ensures practice is in line with and contributes to clinical governance initiatives</li> <li>◆ awareness of national guidelines and policy development</li> <li>◆ enables evidence based practice in self and others</li> <li>◆ provides clinical supervision to others.</li> </ul>
<p><b>Nurse consultant</b></p> <p>KSF descriptors include develops others, develops strategies and policies, implements, innovates, researches, disseminates, influences</p>	<p>As above, plus:</p> <ul style="list-style-type: none"> <li>◆ widely considered to be clinical experts in their field</li> <li>◆ leads as well as initiates clinical practice development initiatives (practice innovation)</li> <li>◆ associated with clinical leadership in breast care</li> <li>◆ leads nursing service, with regard to implementation of national service frameworks</li> <li>◆ possesses complex and analytical reasoning processes</li> <li>◆ challenges professional, practice and organisational boundaries</li> <li>◆ contributes to health policy and determination of health and service needs (nationally as well as locally)</li> <li>◆ crucial input into clinical governance, influencing the organisation to deliver optimum services</li> <li>◆ provide clinical supervision to staff outside of trust.</li> </ul>

Table 2: Minimum standards of education and experience for levels of nurses in breast care

	<b>Professional experience</b>	<b>Professional education</b>
<b>Competent nurse</b>	An existing appreciation of the specialty, gained from a recommended 6 to 12 months in breast cancer care in any practice setting at equivalent of 'E' grade.	A registered general nurse who is commencing progression to attainment of relevant professional or academic attainment.
<b>Experienced / proficient breast care nurse</b>	An existing appreciation of the specialty, gained from a recommended two years experience in breast cancer care in any practice setting at equivalent of F grade or above. Experience of women's health, oncology and surgery are ideal.	As above, but with a professional and/or academic award in the specialty. Optimum examples are the ENB A11 Award, or an equivalent such as a Diploma in Breast Care Nursing. Possession of (or completing) a first degree will be the expected ideal.
<b>Senior practitioner / expert clinical nurse specialist</b>	A minimum of five years post qualifying, of which at least two years have been at G grade equivalent or above, and at least three years have been in the specialty. At least two years spent at BCN level will be the expected ideal.	As above and achievement of a minimum academic attainment of a first degree in a subject <b>broadly relevant to the specialty</b> . Possession of (or working towards) a Master's degree in a subject <b>relevant to the specialty or nursing</b> , from an established higher education provider will be the expected ideal.
<b>Nurse consultant</b>	As above, with a recommended five years spent as a CNS at H grade equivalent or above in the specialty.	Professional awards as detailed above and achievement of a minimum academic attainment of a Master's degree. Possession of (or aspiring to) a PhD (traditional or taught) will be the expected ideal.



## 2

## Generic skills and knowledge

**Generic essential knowledge**, applicable to all clinical standards for nurses working in a breast specialty, includes:

- ◆ the roles and responsibilities of different multidisciplinary team members
- ◆ indications for referral to other members of the multidisciplinary team
- ◆ referral mechanisms to local support groups and national organisations, such as Breast Cancer Care and Cancerbackup
- ◆ accountability for documentation which results from the nursing consultation
- ◆ relevant local and national guidelines, such as British Association of Surgical Oncology (BASO), National Institute for Health and Clinical Excellence (NICE), the Scottish Medicines Consortium (SMC) or the Scottish Intercollegiate Guidelines Network (SIGN)
- ◆ key issues relevant to the emotional needs (such as altered body image) and appropriate psychological care of the patient
- ◆ professional and legal implications of the nursing care given
- ◆ budgetary and economic implications of service development.

In addition, **generic essential knowledge** for nurses undertaking extended or nurse-led roles includes:

- ◆ accountability with regard to documentation of the consultation, including correspondence to general practitioner
- ◆ professional and legal implications of conducting nurse-led clinics and extended role activity.

**Generic essential skills** applicable to all clinical standards for nurses working in a breast specialty include the ability to:

- ◆ provide the patient with appropriate emotional support in response to their needs
- ◆ assess an individual's understanding of their condition and provide information (including written information) and explanations in a sensitive manner, educating and advising accurately
- ◆ demonstrate excellent communication skills (including being an empathetic and attentive listener), utilise cues effectively and judge the individual patient's level of understanding
- ◆ recognise psychological distress, signs and symptoms of depression/significant psychological morbidity and assess coping strategies employed by the patient
- ◆ involve relatives or significant others (appropriately and at the patient's request)
- ◆ offer intervention strategies such as on-going support, advice regarding coping strategies and referral to other agencies
- ◆ recognise and act on complications (of condition and/or treatment)
- ◆ demonstrate analytical skills
- ◆ represent and advocate for a patient when necessary, enabling the individual to make choices and assist with decision making relevant to their particular case
- ◆ explain current available interventions to ameliorate the side effects of treatment, for example vaginal dryness, hot flushes or external prosthesis
- ◆ avoid jargon and use appropriate language
- ◆ manage own time effectively
- ◆ make the appropriate use of the resources available
- ◆ recognise own limitations and initiate timely referral to other health professionals as appropriate
- ◆ demonstrate excellent clinical decision-making skills.

In addition to the above, **generic** essential **skills** for nurses undertaking extended or nurse-led roles include the ability to:

- ◆ demonstrate a scientific approach to problem solving
- ◆ inform and explain interventions effectively, assessing the individual patient's level of understanding of their condition
- ◆ interpret the relevance of the patient's medical history
- ◆ discuss relevant findings with the individual and their families/significant others
- ◆ provide advice on treatment and management, according to local and national policies
- ◆ demonstrate experience of complex consultations, such as those involving being directly responsible for breaking bad news
- ◆ discharge or follow-up according to local guidelines
- ◆ correctly and accurately complete documentation, including annotating patient notes and dictation of a letter to the general practitioner (with appropriate terminology and content).

## 3

## Clinical standards

### Standard 1: Family history

Essential **knowledge** for providing nursing care to someone with a family history of breast cancer includes:

- ◆ genetic inheritance patterns
- ◆ familial breast cancer incidence
- ◆ BRCA1, BRCA2 and TP53 gene mutations and their associated implications (such as contralateral breast cancer, breast cancer recurrence, ovarian breast cancer, and breast cancer in men)
- ◆ the different genetic risk categories (low, moderate and high)
- ◆ the psychological effects of familial breast cancer (such as associated guilt or anxiety of potentially passing a faulty gene on to children, bereavement issues and impact on other family members)
- ◆ current screening intervention trials and recommended surveillance levels
- ◆ chemoprevention trials and reported outcomes
- ◆ the benefits of risk reducing surgery, and associated psychological response
- ◆ referral mechanisms to family history or specialist genetics clinics
- ◆ other breast cancer risk factors.

For nurses undertaking nurse-led family history clinics, the following additional **knowledge** requirements apply:

- ◆ a comprehensive family history assessment (including construction of a family history pedigree)
- ◆ the cellular and molecular basis of inheritance
- ◆ genetic testing, including eligibility, process and potential outcomes
- ◆ indications for referral for specialist genetic advice (such as secondary care referral to tertiary care)
- ◆ the current progress of scientific exploration into other breast cancer genes and gene therapy.

Essential **skills** for providing nursing care to someone with a family history of breast cancer include the ability to:

- ◆ recognise the potential presence of a dominant breast cancer predisposing gene
- ◆ reassure those not thought to be at increased risk of familial breast cancer
- ◆ provide information and psychological support to patients considering or undergoing prophylactic (risk reducing) mastectomy
- ◆ provide advice on other breast cancer risk factors, lifestyle modifications and healthy living.

In addition, **skills** for nurses undertaking nurse-led family history clinics include the ability to:

- ◆ undertake a family history assessment
- ◆ interpret the relevance of the patient's medical history
- ◆ construct and record a three-generation family history pedigree, providing a detailed assessment
- ◆ make a referral for screening intervention as appropriate
- ◆ offer and explain pre-genetic test counselling, ensuring patients understand the implications of both a positive and negative test result
- ◆ discuss management options following a positive or negative test
- ◆ initiate referral to the geneticist as appropriate.

### Standard 2: Benign breast conditions

Essential **knowledge** for providing nursing care to someone with benign breast disease includes:

- ◆ the normal anatomy and physiology of the breast, chest wall and axilla
- ◆ incidence, types, signs/symptoms and presentation of benign breast disease
- ◆ triple assessment
- ◆ treatment and management options for benign breast conditions.

In addition, for nurses undertaking nurse-led clinics for patients with benign breast disease, the following **knowledge** applies:

- ◆ the pathophysiology of the full spectrum of benign breast disease in women and men (including breast cysts, fibroadenomas, cyclical and non-cyclical mastalgia, infections of the breast, nipple abnormalities, lipomas, epithelial hyperplasia, duct ectasia, gynaecomastia, galactocele, ductal papillomas, fat necrosis, breast haematomas, calcification, radial scar, atypical hyperplasia, congenital abnormalities)
- ◆ principles of clinical examination of the breasts, axilla and regional lymph nodes
- ◆ principles of radiological imaging and the current IR(ME)R (2000) regulations
- ◆ principles of cytology and histological investigation
- ◆ local protocols for the treatment and management of benign breast disease (including pharmacological and non-pharmacological treatments)
- ◆ indications for referral to the surgical team.

Essential **skills** for providing nursing care to someone with benign breast disease include the ability to:

- ◆ provide psychological support during the diagnostic procedures
- ◆ recognise the implications of different benign breast conditions
- ◆ advise on possible management/intervention strategies that may be offered.

In addition, **skills** for nurses undertaking nurse-led clinics for patients with benign breast disease include the ability to:

- ◆ take a relevant clinical history
- ◆ conduct clinical examination of the breast, axilla and regional lymph nodes
- ◆ perform fine-needle aspirations and core biopsies
- ◆ request the appropriate radiological imaging according to local guidelines
- ◆ interpret the results of triple assessment and their meaning
- ◆ discuss the results of triple assessment with the patient

- ◆ provide advice on the treatment and management of their condition, according to local policies
- ◆ discharge or follow-up, according to local guidelines.

### Standard 3: Breast screening

Essential **knowledge** for providing nursing care to someone attending for breast screening includes:

- ◆ the normal anatomy and physiology of the breast
- ◆ pathogenesis and natural history of breast cancer and benign disease
- ◆ the purpose of a mammographic quality assurance programme
- ◆ the process, eligibility and potential outcomes of the NHS Breast Screening Programme (NHSBSP)
- ◆ the principles and potential choices of surgery relevant to the screening setting (such as needle localisation biopsy)
- ◆ a broad understanding of breast cancer treatments
- ◆ pathological variables and their prognostic significance
- ◆ the psychological risk factors associated with co-morbidity in the assessment phase as well as the pre, peri and post surgery/treatment setting
- ◆ current research into the physical and psychosocial ramifications of screening assessment resulting in surgery and/or other treatment
- ◆ health promotion issues relevant to breast screening
- ◆ the concepts of wellness and illness in the breast screening setting.

Essential **skills** for providing nursing care to someone attending for breast screening include the ability to:

- ◆ assess the physical, psychological and social circumstances and needs of women in the assessment phase of breast screening
- ◆ provide psychological support during the screening procedures
- ◆ recognise the implications of different screening outcomes (such as recall).

## Standard 4: Diagnosis

Essential **knowledge** for providing nursing care during the diagnosis process:

- ◆ the normal anatomy and physiology of the breast, chest wall and axilla
- ◆ understanding of benign breast disease
- ◆ the pathogenesis and natural history of breast cancer
- ◆ the triple assessment process (including biopsies) and potential outcomes
- ◆ the potential psychological issues and responses for women during the diagnostic phase
- ◆ a broad understanding of treatment and management options for benign and malignant breast disease.

In addition, for nurses undertaking nurse-led diagnostic clinics for new symptomatic patients, the following **knowledge** applies:

- ◆ the pathology of the full spectrum of benign breast disease in men and women, (as outlined in Standard 2: Benign breast conditions)
- ◆ the pathology of breast cancer and its presenting symptoms
- ◆ principles of clinical examination of the breasts, axilla and regional lymph nodes
- ◆ principles of radiological imaging and the current IR(ME)R (2000) regulations
- ◆ principles of cytology and histological investigations
- ◆ the indications for investigations and their risks and benefits
- ◆ local protocols for the treatment and management of benign breast disease
- ◆ the treatment and management of breast cancer
- ◆ indications for referral to the surgical team.

Essential **skills** for providing nursing care during the diagnosis process include the ability to:

- ◆ provide explanations and psychological support during the diagnostic procedure
- ◆ recognise the implications of different outcomes of the diagnostic procedure
- ◆ advise on possible management/intervention strategies that may be offered.

In addition, **skills** for nurses undertaking nurse-led diagnostic clinics for new symptomatic patients include the ability to:

- ◆ take a relevant clinical history
- ◆ conduct clinical examination of the breast, axilla and regional lymph nodes
- ◆ perform fine-needle aspirations and core biopsies
- ◆ request the appropriate radiological imaging according to local guidelines
- ◆ interpret the results of triple assessment and their meaning
- ◆ discuss the results of triple assessment with the patient, including breaking bad news where appropriate
- ◆ provide advice on the treatment and management of their condition, according to local policies.

## Standard 5: Breast surgery

Essential **knowledge** for providing nursing care to someone undergoing breast surgery includes:

- ◆ the normal anatomy and physiology of the breast, chest wall and axilla
- ◆ benign breast conditions that might require surgery
- ◆ the pathogenesis and natural history of breast cancer
- ◆ surgical choices available – the types and applications of operations for benign conditions and breast cancer (including needle localisation biopsy, lumpectomy, wide local excision, mastectomy, reconstruction, axillary dissection, sentinel node biopsy) and local variations
- ◆ criteria denoting suitability for breast conservation surgery
- ◆ the relevance of surgery to other cancer treatments offered
- ◆ the process of preparation for the surgical procedure (including signing consent, pre-operative visit, pre-operative investigations and preparation for anaesthetic)
- ◆ the process of histopathology analysis subsequent to surgery
- ◆ pathological variables and their prognostic significance

- ◆ the psychological risk factors associated with morbidity in the pre, peri and post surgery/treatment setting
- ◆ post operative management (including wound care, removal of sutures, timing of future outpatient visits)
- ◆ potential complications arising from surgery (including seroma, haematoma, infection, cording)
- ◆ possible outcomes necessitating further surgery (including incomplete surgical resection margins, positive sentinel lymph nodes, breast implant rejection)
- ◆ potential recovery times (including removal of drains) and any suggested lifestyle modifications (such as restricted lifting, avoidance of injury/trauma on affected arm)
- ◆ appropriate timing of temporary and permanent prosthesis fitting and the range of products available, as well as how to access them locally
- ◆ indications for referral to other health professionals (such as appliance office, physiotherapist).

In addition, for nurses undertaking nurse-led post-operative clinics the following **knowledge** applies:

- ◆ strategies for management of surgical complications (see also Standard 6).

Essential **skills** for providing nursing care to someone undergoing breast surgery include the ability to:

- ◆ discuss the options for breast surgery, indicating their pros and cons
- ◆ identify side effects/complications from surgery and seek advice when required
- ◆ assess the impact of surgery on the individual and provide appropriate support
- ◆ refer to other professionals (such as physiotherapists) appropriately.

In addition, **skills** for nurses undertaking nurse-led post-operative clinics include ability to:

- ◆ take a relevant clinical history
- ◆ conduct clinical examination of the breast post operatively, in order to diagnose complications

- ◆ manage side effects/complications from surgery
- ◆ provide advice on post-operative management (such as compression dressings), according to local policies.

## Standard 6: Management of seromas

Essential **knowledge** for nurses undertaking seroma drainage includes:

- ◆ normal anatomy and physiology of breast, chest wall and axilla
- ◆ normal responses to surgery
- ◆ range of breast surgical procedures
- ◆ definition, incidence and potential causes of seroma formation
- ◆ patterns of presentation (signs and symptoms)
- ◆ potential differential diagnoses (for example post operative swelling, abscess, haematoma)
- ◆ psychological and psychosocial implications for the patient (for example, fear of recurrent disease, practicalities of return hospital visits)
- ◆ indications for treatment (intervention by drainage), for example the seroma is visible, causing pain or pressure/tightness, is restricting mobility, has remained unresolved
- ◆ principles of site selection for performing seroma drainage
- ◆ contraindications against seroma drainage (conservative approach), for example, infection is suspected, an implant is in situ, a complete absence of discomfort or pain
- ◆ local protocol for individuals training to manage seromas, including supervision
- ◆ infection control precautions and wound management
- ◆ relevant pharmacology (antibiotics, analgesics, anti-coagulants).

Essential **skills** for nurses undertaking seroma drainage include the ability to:

- ◆ accurately assess and diagnose a seroma, including relevant history taking
- ◆ interpret the relevance of history, including recent surgical intervention

- ◆ discuss the physical manifestations and psychological impact on an individual of a seroma formation
- ◆ conduct clinical examination of the area of concern (the post-surgical area and the normal breast)
- ◆ explain potential risks to the patient
- ◆ interpret the relevance of signs and symptoms reported and clinically identify a seroma
- ◆ explain the process of treatment and follow-up care
- ◆ identify an appropriate seroma drainage site
- ◆ safely, confidently and effectively perform the procedure
- ◆ recognise and act on complications of treatment such as infection, referring to the medical team as necessary.

## Standard 7: Breast and nipple reconstruction

Essential **knowledge** for providing nursing care to someone undergoing breast reconstruction includes:

- ◆ normal anatomy and physiology of the breast, chest wall and axilla
- ◆ factors that define and determine who is suitable for breast reconstruction in the immediate or delayed setting
- ◆ psychological risk factors associated with co-morbidity in the pre, peri and post surgical setting
- ◆ principles of current reconstructive techniques including
  - autologous tissue flaps
  - tissue expanders and implants
  - nipple reconstruction
  - skin sparing mastectomy
- ◆ principles of surgery which may involve the contralateral breast, for example mastopexy
- ◆ post-operative complications and possible adverse effects associated with all reconstructive surgical techniques
- ◆ appropriate lingerie and prostheses which may be necessary in the peri/post operative setting.

In addition, for nurses undertaking implant expansion/deflation or nipple tattooing the following **knowledge** applies:

- ◆ the range of currently available expanding and permanent surgical implants
- ◆ relevant equipment necessary for implant expansion/deflation
- ◆ indications for implant expansion or deflation
- ◆ complications arising from implant expansion/deflation, their management and after care, including signs and symptoms of pleural effusion
- ◆ possible contraindications to implant expansion/deflation
- ◆ current techniques for nipple tattooing
- ◆ relevant equipment necessary for nipple tattooing
- ◆ complications arising from nipple tattooing, their management and after care
- ◆ possible contraindications to nipple tattooing such as ink allergies, needle phobia
- ◆ infection control precautions and wound management
- ◆ relevant pharmacology (antibiotics, analgesics, anti-coagulants).

Essential **skills** for providing nursing care to someone undergoing breast reconstruction include the ability to:

- ◆ enable individuals to make choices and assist with decision making relevant to their particular case
- ◆ access physical, psychological and social circumstances and needs of patients in the pre, peri, and post operative setting
- ◆ recognise and act on complications of surgery and treatment
- ◆ provide support to the patient and their family (where appropriate) throughout the reconstruction process.

In addition, **skills** for nurses undertaking implant expansion/deflation or nipple tattooing, includes the ability to:

- ◆ take a comprehensive and relevant history
- ◆ safely and effectively perform the procedure of implant expansion/deflation
- ◆ safely and effectively perform the procedure of nipple tattooing
- ◆ recognise complications of nipple tattooing or of implant expansion/deflation
- ◆ act on complications, referring to the medical team as necessary.

## Standard 8: Medical treatments

Essential **knowledge** for providing nursing care to someone undergoing medical treatments includes:

- ◆ the pathogenesis and natural history of breast cancer
- ◆ the relevance of medical treatments to surgery for breast cancer
- ◆ the criteria for selection of different adjuvant therapies (including chemotherapy, radiotherapy, endocrine therapy, and targeted therapies)
- ◆ the basis of how medical treatments work
- ◆ indications for the use of primary, adjuvant and palliative medical therapy
- ◆ the process of administration of medical treatments (including pre treatment tests such as MUGA scans, radiotherapy planning)
- ◆ the duration, sequential order and optimum time to commence medical treatments
- ◆ the risks and benefits of treatment options, including the potential for success of medical treatments for the individual
- ◆ potential short and long term side effects (including complications) arising from medical treatments
- ◆ strategies for management of side effects
- ◆ possible psychological morbidity arising from undergoing medical treatments
- ◆ the differences between criteria for selection of medical treatments in primary and secondary breast cancer

- ◆ current clinical trials and directions for future research.

Essential **skills** for providing nursing care to someone undergoing medical treatments include the ability to:

- ◆ discuss the options for medical treatments indicating their rationale, pros and cons
- ◆ identify side effects/complications of medical treatments
- ◆ assess the impact of medical treatments on the individual and provide appropriate support.

## Standard 9: Follow-up

Essential **knowledge** for providing nursing care to someone undergoing follow-up includes:

- ◆ normal anatomy and physiology of the breast, chest wall and axilla
- ◆ pathogenesis and natural history of breast cancer
- ◆ surgical treatment modalities and aims of management of early breast cancer including:
  - surgical treatment options (indications, complications and after care)
  - reconstruction techniques (complications and after care)
- ◆ medical treatment modalities (chemotherapy, radiotherapy, endocrine and targeted therapy) including rationale for use, duration, indications, complications and short and long term side effects of each
- ◆ pathological variables and their prognostic significance
- ◆ patterns of presentation of local recurrence and likely target sites for metastatic breast cancer
- ◆ relevant symptoms with respect to possible metastatic disease
- ◆ clinical detection and appropriate investigation of new presenting symptoms to identify local and distant metastatic disease
- ◆ treatment modalities and aims of management of advanced breast cancer



- ◆ early and late complications of loco regional and systemic treatment of breast cancer including:
  - strategies for the management of treatment induced symptoms (including hot flushes, vaginal dryness, skin and hair changes, erythema, seroma, lymphoedema, amenorrhea, chronic pain)
  - appropriateness of the use of hormone therapy following the diagnosis and treatment of breast cancer
  - assessment and management of fatigue
  - assessment and management of lymphoedema
- ◆ local protocols for follow-up surveillance and screening imaging, including frequency, duration and content
- ◆ key issues relevant to survival following breast cancer (including emotional needs, altered body image and related concerns, impaired fertility, significance of family history).

In addition, for nurses undertaking nurse-led follow-up clinics the following **knowledge** applies:

- ◆ principles of examination of the natural breast, a reconstructed breast, the chest wall, axilla and regional lymph nodes in the context of follow-up consultations
- ◆ principles of radiological imaging and the current IR(ME)R (2000) regulations in the context of follow-up investigations
- ◆ clinically detectable differences between a normal, untreated breast and axilla versus a treated area
- ◆ indications for investigations for possible recurrent/metastatic disease and their risks and benefits
- ◆ indications for referral to surgical or oncology teams.

Essential **skills** for providing nursing care to someone undergoing follow-up include the ability to:

- ◆ interpret the relevance of the patient's medical history with regards to breast cancer (including prognostic implications and risk of recurrence)
- ◆ interpret and assess the relevance of symptoms reported in the follow-up consultation
- ◆ recognise the possible signs and symptoms of potential locally recurrent and metastatic breast cancer
- ◆ explain the selection of and process of investigations for the detection of metastatic disease to the patient and their family as appropriate
- ◆ initiate referrals (as appropriate) to medical staff and other members of the multidisciplinary team for specialist intervention (including psychological care)
- ◆ recognise and act on complications of treatment (short and long term)
- ◆ recognise signs and symptoms of depression/significant psychological morbidity.

In addition, **skills** for nurses undertaking nurse-led follow-up clinics include the ability to:

- ◆ take a relevant clinical history
- ◆ conduct clinical examination of the normal breast, the post treatment breast and the reconstructed breast
- ◆ recognise clinical variations between a treated and untreated breast and axilla
- ◆ recognise expected physiological changes in keeping with breast cancer treatment
- ◆ clinically detect potential local recurrence in the breast or axilla.

## Standard 10: Lymphoedema

Essential **knowledge** for providing nursing care to someone at risk of or with actual or suspected lymphoedema include:

- ◆ normal anatomy and physiology of breast, chest wall and axilla
- ◆ potential causes of lymphoedema and risk factors
- ◆ strategies to minimise risk of lymphoedema
- ◆ basic anatomy and physiology of the lymphatic system
- ◆ differences between primary or secondary lymphoedema

- ◆ relevance of early detection (including potential for maintenance, but not cure)
- ◆ likely presenting symptoms
- ◆ possible early and late complications (such as cellulitis)
- ◆ broad understanding of appropriate treatments and their aims (including manual lymphatic drainage and hosiery and bandaging)
- ◆ indications for referral for specialist lymphoedema management.

In addition, for nurses undertaking nurse-led lymphoedema clinics the following **knowledge** applies:

- ◆ detailed anatomy and physiology of the lymphatic system
- ◆ accurate measurement of limb volume
- ◆ specific applications of different treatments (usage and appropriateness).

Essential **skills** for providing nursing care to someone with actual or suspected lymphoedema include the ability to:

- ◆ identify risks for developing lymphoedema, including the relevance of a breast cancer history and treatments
- ◆ accurately identify possible lymphoedema, recognising the potential for differential diagnosis such as seroma, haematoma and wound infection.

In addition, **skills** for nurses undertaking nurse-led lymphoedema clinics the ability to:

- ◆ conduct clinical inspection and examination including measurement of limb volume
- ◆ choose appropriate compression garments
- ◆ perform treatments such as bandaging or manual lymphatic drainage appropriate to the individual
- ◆ recognise and act on complications of treatment such as infection, referring to the medical team as necessary.

## Standard 11: Metastatic disease

Essential **knowledge** for providing nursing care to someone with actual or suspected metastatic disease:

- ◆ pathogenesis and natural history of breast cancer
- ◆ pathological variables and their prognostic significance
- ◆ patterns of presentation of local recurrence and likely target sites for metastatic breast cancer
- ◆ relevant symptomology of metastatic breast cancer
- ◆ clinical detection and appropriate investigation of new presenting symptoms to identify local and distant metastatic disease
- ◆ prognostic significance of differing metastatic sites of disease
- ◆ current treatment modalities and aims of management of advanced breast cancer
- ◆ rational for treatments and the early and late complications of systemic treatment of metastatic breast cancer
- ◆ strategies for the assessment and management of treatment induced symptoms (such as nausea and fatigue)
- ◆ an understanding of the possible emotional impact of metastatic disease and appreciation of the key issues (such as lack of cure, family dynamics)
- ◆ referral mechanisms to relevant health professionals such as palliative care teams.

Essential **skills** for providing nursing care to someone with actual or suspected metastatic disease include the ability to:

- ◆ provide psychological support during investigations
- ◆ interpret investigation results and their meaning and answer a patient's questions appropriately
- ◆ assess the impact of a diagnosis of metastatic disease on the individual and their relatives/significant others and provide appropriate support

- ◆ recognise the implications of metastatic breast cancer in different sites with a prognosis and possible symptom profiles
- ◆ explain possible management/ intervention strategies that may be offered
- ◆ identify side effects/complications from disease or treatments and seek advice as appropriate.

## Standard 12: Fungating wounds

Essential **knowledge** for providing nursing care to someone with a fungating breast wound includes:

- ◆ definition, aetiology, appearance and incidence of fungating wounds
- ◆ normal wound healing
- ◆ choice, availability and application of dressings
- ◆ management of wound complications including infection, necrotic tissue, malodour and haemorrhage
- ◆ assessment and management of pain
- ◆ alternative interventions such as radiotherapy and topical chemotherapy
- ◆ referral mechanisms to relevant health professionals including district nurses.

Essential **skills** for providing nursing care to someone with a fungating breast wound include the ability to:

- ◆ assess the wound using a holistic approach
- ◆ select the most appropriate dressing
- ◆ cleanse and dress the wound using aseptic technique
- ◆ recognise the individual psychosocial impact on lifestyle, activities, social and working life
- ◆ manage the wound within a multidisciplinary approach referring to a tissue viability specialist nurse if needed
- ◆ manage wounds without disclosing any revulsion to appearance or malodour.

## Standard 13: Psychological (including psychosocial and psychosexual issues)

Essential **knowledge** for providing psychological / psychosexual nursing care includes the:

- ◆ prevalence of anxiety and depression following the diagnosis of breast cancer
- ◆ possible psychological responses to diagnosis, treatment and survivorship/recurrence
- ◆ processes of grief, loss and bereavement
- ◆ variety of helpful and non-helpful coping strategies such as stoic acceptance, avoidance, anger, denial and silence
- ◆ possible impact/effects of breast cancer on partners, families, friends
- ◆ possible strategies for parents talking to children about their breast cancer
- ◆ basic assessment and recognition of anxiety and depression (may include use of psychological screening tools)
- ◆ signs and symptoms of severe psychological morbidity
- ◆ possible management/interventions for anxiety and depression and broad indications for use
- ◆ role of the psychologist/psychiatrist/social worker/psychosexual counsellor, including indications and mechanisms of referral
- ◆ appreciation of possible spiritual and cultural conflicts associated with the diagnosis and treatment of breast cancer
- ◆ possible impact on working lives, available allowances and financial support and how to access them
- ◆ possible impact of treatment side effects (transient and long-term) on relationships and with partner and sexual self (such as low libido, dyspareunia, vaginitis).

In addition, for nurses providing formal counselling the following **knowledge** applies:

- ◆ importance and process of supervision as outlined in guidance from *The British Association of Counselling and Psychotherapy (BACP)* [www.bacp.co.uk/supervision/index.html](http://www.bacp.co.uk/supervision/index.html)
- ◆ a range of counselling theory
- ◆ practical therapeutic interventions (for example lubricants)
- ◆ professional and legal implications of conducting counselling consultations
- ◆ the importance of boundaries within therapeutic relationships.

Essential **skills** for provision of psychological / psychosexual care include the ability to:

- ◆ perform basic assessment of a patient's psychological response (this may include the use of formal tools)
- ◆ communication skills, and their appropriate use, such as listening, empathy, reflection, open ended questioning, positive regard
- ◆ form therapeutic relationships
- ◆ provide information regarding diagnosis and treatments in a sensitive manner
- ◆ offer intervention strategies such as on going support, advice regarding coping strategies and referral to other agencies (including support for partners and children)
- ◆ communicate to the multidisciplinary team an individual's psychological responses to treatment where appropriate
- ◆ explore and raise sensitive issues such as psychosexual concerns following diagnosis or treatment
- ◆ recognise your own response, which may affect the relationship or prevent free expression
- ◆ assess and identify social issues
- ◆ attempt to alleviate the concerns of a patient and their relatives.

In addition, **skills** for nurses providing formal counselling include the ability to:

- ◆ demonstrate highly developed communication skills including recognition of patient defence mechanisms, ability to explore psychological reactions at a deeper level
- ◆ enter and manage counselling contract with clients
- ◆ recognise personal limitations
- ◆ avoid creating dependency of client
- ◆ set boundaries and respond when these are breached
- ◆ undertake short-term counselling appropriate to the environment
- ◆ create conditions for client growth and personal development.

## Evidence of attainment

Evidence of attainment of essential knowledge, skills and attitudes for nurses working in a breast specialty (including undertaking extended roles or nurse-led clinics) include:

1. A portfolio documenting ongoing learning:
  - ◆ certificate of attendance/attainment of Level 3 or higher or equivalent course in relevant subject (e.g. genetics, clinical assessment skills, diagnostics<sup>1</sup>)
  - ◆ certificate of attendance/attainment at Level 2/3 breast care course with breast care/breast cancer in the content (ENB A11, diploma or degree module or equivalent)
  - ◆ certificate of attendance/attainment at Level 2/3 cancer or palliative care course/module (ENB 931, 237, 285 or equivalent)
  - ◆ certificate of attendance/attainment at Level 2/3 lymphoedema course/module
  - ◆ certificate of attendance/attainment of a counselling or communications skills course
  - ◆ certificate of attendance/attainment at courses relevant to women's health (such as fertility or menopause)

<sup>1</sup> It is acknowledged that education and courses for specific extended roles may not be available but generally appropriate programmes of study would include a greater focus on anatomy and physiology, comprehensive physical assessment, diagnostics, pharmacology, pathophysiology and disease management. Recognised nurse practitioner qualifications should be undertaken if extended role tasks are a major focus of the individual job description.

- ◆ completion of relevant worksheets (and feedback on these from senior staff/practice supervisor)
- ◆ certificate of attendance of lectures, distance learning, seminars, research meetings, conferences and a copy of the programme/content to demonstrate their relevance to the clinical standard
- ◆ documented evidence to quantify learning (such as number of formal counselling hours as required by BACP, number of breast examinations conducted)
- ◆ publications in relevant academic journals
- ◆ documented role play with clinical situation or scenario
- ◆ reflection of learning activity (such as reading, attendance at journal clubs) recording the event, what went well and what did not go well, alternative actions, behaviours or outcomes, what you have learnt and an action plan
- ◆ planned, delivered and evaluated formal or informal teaching sessions or ward information packs with handouts
- ◆ audit and data collection (user satisfaction surveys, research data).

- ◆ secondments or clinical visits supported by reflection (recording the event, what went well and what did not go well, alternative actions, behaviours or outcomes, what you have learnt and an action plan)
- ◆ membership of local or national advisory and working party groups
- ◆ selection of a practice supervisor for guidance and support, and active involvement in clinical supervision or mentorship
- ◆ documented identification of existing knowledge, skills and attitudes to highlight strengths, gaps or areas needing improvement, and future actions or requirements to achieve competence (self-assessment activity)
- ◆ documented case studies with discussion
- ◆ documented attendance at multidisciplinary meetings discussing patient management
- ◆ recorded observation (practical assessment) in the workplace by relevant senior staff or a practice supervisor
- ◆ documented evidence of clinical supervision sessions.

2. A portfolio to demonstrate practice-based and professional development:

- ◆ job description to reflect responsibilities and indicate managerial consent to role
- ◆ documented self-directed learning<sup>2</sup>, for example task specific experiential learning (such as practical experience of noting pedigrees, conducting a clinical examination, admitting someone for breast surgery, accurately measuring limb volume, explaining lung metastases, dressing a fungating wound)

2 Commonly, extended or new nursing roles are undertaken after only informal training and without a record of competence or measurement of ongoing development. Therefore, training and proficiency in extended or new role tasks must be clearly documented and such tasks should be practised continuously to **maintain** competence.

## 4

## References

Department of Health (2004) *National Health Service Knowledge and Skills Framework*, London: DH.

Department of Health (2000) *The nursing contribution to cancer care*, London: DH.

Department of Health (1999) *Agenda for change: modernising the NHS pay system*, London: DH.

Royal College of Nursing (2006) *Core career and competency framework*, RCN: London. [www.rcn.org.uk/downloads/corecompetences/experienced\\_nurse.doc](http://www.rcn.org.uk/downloads/corecompetences/experienced_nurse.doc). Internet (accessed 14 December 2006).

Royal College of Nursing (2002) *Advanced nursing practice in breast cancer care*, London: RCN. Publication code 001 601.

Skills for Health, Completed Competency Frameworks, reference code M: Cancer: Breast Screening and Assessment [www.skillsforhealth.org.uk/view\\_framework.php?id=108](http://www.skillsforhealth.org.uk/view_framework.php?id=108) Internet (accessed 14 December 2006).



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