

## **DIVISION SCOPE OF SERVICE**

<b>Division: MIDAMERICA</b>
<b>Classification: CERTIFIED CANCER EXERCISE TRAINER</b>
<b>Applicant Name:</b>

  

<p><b>Certified Cancer Exercise Trainer:</b> The Certified Cancer Exercise Trainer must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> The Certified Cancer Exercise Trainer is a fitness professional who utilizes a well-rounded understanding of cancer to develop exercise programs for specifically suited for cancer patients. Scope of service may include:</p> <ul style="list-style-type: none"> <li>Development of an oncology specific wellness and fitness program in our Kansas City market</li> <li>Meet individually with patients to identify wellness needs and recommend solutions</li> <li>Offer fitness classes in our outpatient cancer centers for all patients and family members</li> <li>Connect community resources to our patient population – To include but not limited to psychosocial assessment, support groups, fitness partners, nutrition, rehabilitation, etc.</li> <li>Develop programs to help address obesity, range of motion challenges, overall physical wellness, early recovery, etc.</li> <li>Formalize quality metrics to measure program effectiveness and help in the evaluation of new initiatives</li> <li>Education of providers and staff on the benefits of exercise and aid in the evaluation process for patient selection</li> <li>Screen patients for malnutrition, undernutrition and obesity</li> <li>Provide general nutritional support related to dietary advice endorsed or developed by the federal government</li> <li>Evaluate other integrative medicine approaches to meet the needs of our cancer patients</li> <li>Support clinical and research settings.</li> <li>Develop &amp; provide wellness &amp; oncology exercise information &amp; education to patients and employees.</li> <li>Develop and oversee patient education programs at each location</li> <li>Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>Director of Oncology Wellness</li> </ul> <p><b>Evaluator:</b> Director of Oncology Wellness</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>Associates Degree or higher</li> <li>One of the below required:             <ul style="list-style-type: none"> <li>Certification as a Cancer Exercise Trainer</li> </ul> </li> </ul>

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<ul style="list-style-type: none"> <li>○ Completion of oncology rehabilitation course for rehabilitation professionals (Can be found on Letter of Compliance or Skills Checklist)</li> <li>● American Heart Association health care provider BLS Certification</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>● N/A</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>● One year of direct patient experience</li> </ul>
<p><b>Competencies:</b></p> <p>The Certified Cancer Exercise Trainer will demonstrate:</p> <ul style="list-style-type: none"> <li>● Provides general nutritional information <ul style="list-style-type: none"> <li>○ Dietary advice endorsed or developed by the federal government, especially the Dietary Guidelines for Americans and the Choose My Plate recommendations</li> <li>○ Uses skill in motivational interviewing and make appropriate referrals to nutrition specialist for individualized nutrition recommendations and meal planning</li> </ul> </li> <li>● Provides a safe environment for patients <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before treating or performing care</li> <li>○ Identifies and mitigates risks to patient falls</li> <li>○ Complies with precautions for patient safety as instructed by the primary provider</li> </ul> </li> <li>● Effective communication and interpersonal skills <ul style="list-style-type: none"> <li>○ Demonstrates tactful, patient, understanding and dependable behaviors</li> <li>○ Communicate effectively</li> <li>○ Communicates sudden changes in patient status to the primary nurse immediately</li> </ul> </li> <li>● Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE)</li> <li>○ Complies with Isolation precautions</li> <li>○ Required immunizations per Division requirement</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>Dietary Guidelines for Americans <a href="http://www.dietaryguidelines.gov">www.dietaryguidelines.gov</a></p> <p>Choose My Plate recommendations <a href="http://www.ChooseMyPlate.gov">www.ChooseMyPlate.gov</a></p> <p><a href="http://thecancerspecialist.com/">http://thecancerspecialist.com/</a></p> <p><a href="https://certification2.acsm.org/profinder">https://certification2.acsm.org/profinder</a></p> <p>Oncology Rehab Certificate of CEU's provided by: <a href="https://www.medbridgeeducation.com/">https://www.medbridgeeducation.com/</a> , <a href="http://www.educationresourcesinc.com/">http://www.educationresourcesinc.com/</a> , <a href="http://www.tnseminars.com/courses">http://www.tnseminars.com/courses</a> <a href="https://www.rehabed.com/">https://www.rehabed.com/</a></p>
<p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>● Content updates 12/21/2018</li> <li>● Cosmetic updates 2/19/2020</li> </ul>

## DIVISION SCOPE OF SERVICE

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_