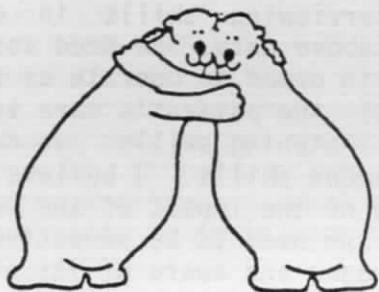


REGIONAL ONCOLOGY NURSES

QUARTERLY

VOLUME 8 No. 2 SPRING 1985



THE A-FRAME HUG

non-threatening
respectful
a connection

FROM "THE HUG THERAPY BOOK" BY KATHLEEN KEATING, COPYRIGHT © 1983

Editor's Note

A new feature of the Regional Oncology Nurses Quarterly will be the focus on different aspects of Cancer Nursing. Nurses in the Pacific Northwest with special interests will serve as guest editors. A focus of this Spring Quarterly is on the psychosocial issues that arise in Cancer Nursing. Ann Reiner, R.N., M.N. is guest editor. The Summer issue of the Quarterly will be on Community Health Nursing and Patricia Mulhern, R.N., M.N. will be guest editor.

Included in this newsletter is an insert with application forms for the Regional Oncology Nurses and the Oncology Nursing Society.

Ryan Iwamoto, editor

HUGS

by Kathleen Keating

Hugs are not only nice, they're needed. Hugs can help to relieve pain and depression, make the healthy healthier, the happy happier and the most secure among us even more so. Hugging feels good...overcomes fears...eases tension.. ..provides stretching exercises if you are short...provides stooping exercises if you are tall....Hugging also does not upset the environment...saves heat...is portable...requires no special equipment ...makes happy days happier...makes impossible days possible.

REGIONAL ONCOLOGY NURSES Quarterly Meeting

"The Legislative Process: Turning Ideas
Into Action"

Patricia Mulhern RN, MN
Program Manager, Transition Services
Visiting Nurse Services,
Seattle/King County
Member, Resolutions and Legislation
Committee Oncology Nursing Society

April 25, 1985 7 - 9 P.M.
East-West Conference Room
Fred Hutchinson Cancer Research Center
1124 Columbia Street, Seattle, Washington

See related article, page 7

EDITORIAL

On occasion, nurses will ask me for a "recipe of ingredients" which will result, if implemented in order or in totality, in acceptable and effective psychosocial nursing care of people with cancer and their families. The ingredients in request are analogous to the nursing interventions which address the biomedical and comfort changes from cancer and/or cancer treatment.

There are many recipes or, more appropriately, patient care standards endorsed and available for use. The Outcome Standards for Cancer Nursing Practice, published by the Oncology Nursing Society and the American Nurses' Association, are an excellent example of an ideal framework for delivering optimum cancer patient care. Standard III, coping, includes five outcome criteria which offer us a way to evaluate our efforts. But how do we assist, support, guide, facilitate and communicate?

We know that when a patient is hospitalized for treatment of leukemia, we as nurses initiate, teach and enforce bleeding precautions and protective (reverse) isolation. We teach and reinforce to the patient and those people significant to the patient information about anatomy and physiology, chemotherapy and expected and potential toxicities of treatment. We plan for their discharge to home with follow-up care, and its importance. We learn this information in our studies. Our nursing departments have established care procedures which help to define our actions.

But how do we help, often translated into "what do we do," when patients choose us to confide their fears of living and dying? What are our helping behaviors in the light of their often profound sense of vulnerability? How do we help if they are willing to confront the severity of their illness? How do we facilitate their lifestyle adaptations we as nurses consider necessary when facing a chronic illness?

I don't believe there is one best recipe. There is no logical sequence of steps which tell us what to do and which guarantees an effective outcome. Instead, I believe we as nurses are helpful when we are present for the patient's family. Being present is an attitude and a physical appearance, yet it is more. Being present requires knowledge, current data, skills and awareness.

We need knowledge about cancer and cancer therapy, the impact of cancer as a chronic illness, the principles of therapeutic interactions, the principles of ethical decision-making, and the scope of nursing practice. We need current data about the patient's level of understanding, his or her reliable and useful (by the patient's definition) coping mechanisms, the patient's definition of hope and his or her goals. We need the same data from the family, other members of the support system and members of the patient's care team.

We need interviewing skills in order to collect the above data. We need assertiveness skills in order to operate as an integral part of the patient's care team. We need active listening skills. We need conflict management skills. I believe we need an awareness of the impact of the patient's environment. We need to be sensitive to our use of language, and aware of its effect on the receiver of the message. We are responsible for the awareness that what is significant for a patient can have as much credence as organizational routines and regulations. We need to be aware of our own values, what is an issue for us. We need to have the ability to recognize ethical dilemmas.

All of these ingredients, and likely others, create an arena for our helping behaviors to be sensitive to the uniqueness of the individual patient, his or her disease, his or her ability to cope, his or her support system and to the uniqueness of ourselves. We are human, just like our patients. We engage in meaningful interpersonal interactions, just like our patients. We are vulnerable to illness, just like our patients.

Not unlike our patients, we have better days than others. We all learn at our own rate. We all grieve on our own timeline. We all have interests outside of our profession which can strike us as more worth our time.

I am reminded of a quote in Roger Parker's, RN, MA, editorial in December, 1979, issue of Cancer Nursing. His topic was the interpersonal stress of working with cancer patients. After articulating nurses' responsibilities to the cancer patient, he wisely quotes an old maxim, "No man can give what he hath not."

The quote is not meant to avoid our respon-

Continued on page 3

MY FRIEND HAS CANCER

By Judy Kornell

The phone rang at 8:00 a.m. "Judy, I have breast cancer, it grew in 3 months - near my sternum, my surgery is in 6 days---."

She is a nurse, an oncology nurse. We've worked closely together over the past five years as we visited and nursed our patients in their homes. Many were women in their 40's and 50's with breast cancer, husbands, teenagers, dogs and cats, station wagons -- like us. They all died.

"But your mammogram last week was negative" --this can't be happening to one of us, I am thinking. We are oncology nurses, we take care of ourselves, we get checkups, we won't get it. My friend insists, "The needle biopsy was positive. What am I going to do? I'm afraid. I don't want cancer."

And so it began, a week of second opinions (required by insurance even in the light of positive histology); consults with radiation oncology--the lumpectomy and 7,000 Rads versus mastectomy; decisions, tears, friends, fears. Her choice is finally made. Surgery proceeded as scheduled. I find myself with the vigil keepers until she was awake and it was all over but for the pathology report.

We visited the day the report was due. "I hope my nodes are negative--he'll tell me this afternoon." This refrain kept running through our casual conversation about the kids, schools, plants, family. Later she called, "They're negative, no chemo!" We shared her joy and relief.

Home in six days, she got into the literature that is a part of our professional lives. "Judy, it says breast cancer is a systemic disease. I don't want this to come back. I don't want to die." And so we talked some more about our feelings and the changes in her life in the past two weeks.

What helped the most? A good support system of family and friends; caring professionals at the hospital; a physician who acknowledged "yes this will change your life." "You may look at life as a cup half empty or half full, it is for you to choose." She has made her choice--the cup is half full.

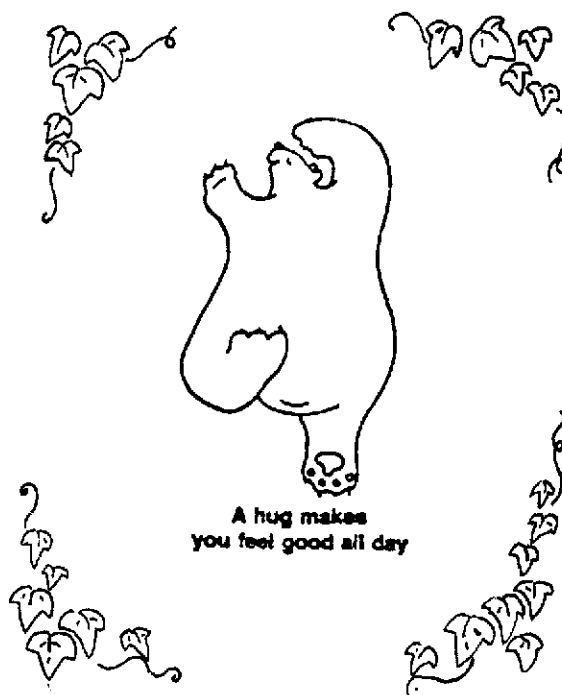
Continued from page 2

sibilities to patients and families. Instead I offer it as part of our self-care strategies. It is often hard to live without a "right" way to be a helper. It becomes more difficult to evaluate the effectiveness of our efforts. Most often, our evaluations are from ourselves. Often, those are the most critical. Many have an expectation of how we want to be; ever present, ever helpful. It can't be.

I find stamina in the belief that being present is a process. And with any process, inherent within is change, fluctuations. My responsibility to myself and my colleagues is not to lose sight of our patient care standards, but also to recognize and accept our ever-changing abilities, priorities and energies. How can we maintain stamina? How can we better support each other? Perhaps we can develop an additional standard for cancer nursing practice; one which addresses us as the focus of care and increased community among ourselves as its outcome.

Guest Editor:

Ann Reiner, RN, MN
Clinical Nurse Specialist-Oncology
Virginia Mason Hospital
Seattle, Washington





WHAT CAN ACS DO FOR YOUR PATIENT?

Judy Peterson, RN, MN
Clinical Nurse Specialist, Oncology
Northwest Hospital
Seattle, Washington

The American Cancer Society is a voluntary organization dedicated to the control and eradication of cancer. The society has several programs in the areas of research, education and service. But, what can ACS practically do for your cancer patient? The Service/Rehabilitation Programs provide practical and emotional support to those who are affected by cancer. The programs supplement services not available from other sources.

In the Seattle area, and in many Washington communities, the following services are provided without charge by the ACS: **INFORMATION AND GUIDANCE** concerning ACS services, community health services and resources that may help the patient. **LOANED EQUIPMENT:** hospital beds, wheelchairs, walkers, commodes and other comfort items for the homebound patient are available through loan to cancer patients for temporary home use. **TRANSPORTATION** by volunteer drivers for patients who cannot arrange their own transportation to and from a doctor's office, clinic or hospital for treatment. **AVIATORS IN RECOVERY (AIR):** Cancer patients needing long distance transportation are offered an empty aircraft seat via the ACS AIR program. Qualified private and corporate pilots donate their skills and aircraft to transport patients to and from medical treatment centers throughout the Pacific Northwest. **HOUSING:** Housing facilities can be provided for a cancer patient receiving out of town treatments and an immediate family member. The ACS has its own hospitality sleeping rooms in the Seattle Office, or lodging may be provided through our Guest Room Program. Guest Rooms are donated by over 25 hotels in a half-dozen communities in Washington State. **NURSING SERVICES:** Nursing visits provided through community agencies offer temporary help to

cancer patients in their homes. The ACS provides a limited amount of money to pay for these nursing visits.

The Rehabilitation programs attempt to assist patients to resume normal lives, careers, and places in their communities. Rehabilitation programs include: **I CAN COPE.** This support group, well known to many area oncology nurses, is designed to address educational and psychological needs of persons living with cancer and their families. It is a cooperative effort of the ACS and local hospitals. There are many programs put on throughout the year in the state. **REACH TO RECOVERY.** This program is for women who have had breast cancer surgery. Specially selected and trained volunteers who have undergone successful breast surgery themselves visit new patients in the hospital and at home to offer useful information and suggestions. **OSTOMATES.** The ACS in cooperation with the United Ostomy Association provides education and psychological support to the ostomy patient and his family before and after surgery. **LARYNGECTOMEES.** Trained laryngectomees will make a pre-and/or post-operative visit to patients who have had their larynx removed. Local laryngectomee clubs, part of the International Association of Laryngectomees, provide support to the patient through visitations, lectures and laryngectomy supply displays at meetings, and a newsletter. **CANSURMOUNT** is a visitation program of the ACS to help people deal with the diagnosis of cancer. Volunteer patients who have successfully coped with their own cancer give support, understanding, and hope to other cancer patients and their families. By the visitor's example, patients are able to develop the hope and confidence to find their own personal meanings and directions. This is a new program, development of which has been a cooperative effort of ACS and local hospitals.

Often it is the nurse who identifies patients' needs for these kinds of services. By being informed ourselves of what resources are available and then informing and assisting our patients to utilize them, we can ease the impact cancer has on their lives. We constantly struggle to help our patients live with this disease. Well, there are community resources out there ready to help. For further information call ACS Seattle Office 283-1152 or the office in your area.

AMERICAN CANCER SOCIETY'S FOURTH CONFERENCE
ON CANCER NURSING RESEARCH

The Fourth Conference on Cancer Nursing Research promises to be exciting and informative. Since its inception in 1979, this biennial regional conference has been an important forum for disseminating research and sharing ideas in order to improve nursing care for cancer patients and their families. Sponsored by the Washington, Oregon, California and Hawaii divisions, this year's conference will be held at the Hawaiian Regent Hotel in Honolulu, June 18-20, 1985.

Emphasis is placed on uniting nursing theory, research and clinical practice. Dr. Diane Scott, a Robert Wood Johnson Clinical Nurse Scholar from the University of California at San Francisco, will give the keynote address, establishing a foundation for the three days of presentations. General topics are related to patient informational needs, patient perceptions and coping strategies, the family experience with cancer, late stage disease and bereavement, predictors in patient outcomes and methodologies of cancer nursing research.

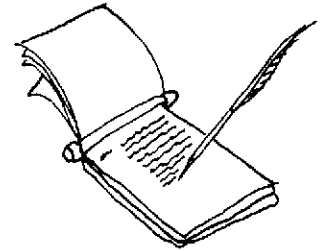
The program begins each morning at 8 A.M. and ends by 2 P.M., allowing the participants time to enjoy the lovely island. The \$75 registration fee includes three buffet brunches, a reception on June 18th and CERP credits. Brochures containing more detailed information will be mailed in February to those on the RONS and ACS mailing list. After March 30, 1985, the late registration fee will go into effect.

For information regarding conference pre-registration, air transportation, hotel accommodations, ground services and available pre-and post-conference tours write:

Mrs. Gwen Heliker
GTU, Inc.
P. O. Box 2198
Honolulu, Hawaii 96805



A Bit of Humor



CHARTING ERRORS

1. The left leg became numb at times and she walked it off.
2. Patient has chest pains if she lies on her left side for over a year.
3. Skin: Somewhat pale but present.
4. The pelvic examination will be done on the floor.
5. Patient stated that if she would lie down, within 2 or 3 minutes something would come across her abdomen and knock her up.
6. If he squeezes the back of his neck for 4 or 5 years it comes and goes.
7. Speculum was inserted between the eyes.
8. Dr. Blank is watching his prostate.
9. Coming from Detroit, Michigan, this man has no children.
10. She was treated with Mycostatin oral suppositories.
11. When you pin him down, he has some slowing of the stream.
12. Father died in his 80's of female trouble in his prostate and kidneys.
13. Both the patient and the nurse reported passing flatus.
14. On the 2nd day the knee was better, and on the 3rd day it had completely disappeared.
15. By the time she was admitted to the hospital, her rapid heart had stopped and she was feeling much better.
16. Patient was seen in consultation by Dr. Blank who felt we should sit tight on the abdomen, and I agreed.
17. At the time of onset of pregnancy, the mother was undergoing a bronchoscopy.
18. Healthy appearing decrepit 69 year old female, mentally alert but forgetful.
19. Discharge Status: Alive but without permission.
* Provided by a nurse who found the list floating around the hospital. The list represents actual notes taken from patient charts. Without being able to credit the source, this list falls into the same category as #19 - "Alive but without permission."

from: Stress Workshop For Nurses

President's Letter

DUES AND DON'TS

After careful review and consideration, the Board of RONS has decided to recommend to the RONS membership a dues increase from \$10 to \$15 for the 1985 fiscal year.

We believe that our membership expects the quality of the newsletter to remain high and that the Annual Symposium continue to remain the premier local cancer nursing gathering in the Northwest.

As most of you know, RONS was originally funded through the Cancer Nursing Outreach Program grant with the Fred Hutchinson Cancer Research Center. After funding was lost, we relied rather heavily on local institutions for secretarial, xeroxing and mailing assistance.

Last year, we applied for and received a \$500 grant from the American Cancer Society (ACS) which we repaid in full from last year's Symposium profit. This year we applied for and received a \$1000 grant from the ACS. We will again return a percent of the profit to the ACS. We have become more and more independent from local hospitals. We paid for secretarial support, bought a post office box and are paying for the professional printing of the newsletter.

We believe our membership wants RONS to have the financial foundation to build an exemplary chapter of the Oncology Nursing Society and to take a leadership role both locally and nationally. This, as we all know will cost us in terms of personal and financial commitments.

We want to be able to offer to our membership services such as the tape lending library, an up-to-date directory of cancer nurses in the area, a top quality quarterly journal, informative quarterly meetings and an outstanding annual symposium.

In addition, we want to be able to respond to the political climate that affects our profession and the clients we are dedicated to. Our stand on ERA, our interest in the ramifications of DRGs and an outrage at Reagan's 25% slash of the National Institute of Health budget bespeak our broad range of involvement. This, as you know, requires money for mailing, xeroxing and telephoning.

So, my friends, do stand by RONS (soon to be PS-ONS) and support it through these next years of transition with your intelligence, presence, expertise and financial support.

Janet Schwarz-Appelbaum
President, RONS



BOARD ACTION

RONS annual dues are due as of the Annual Meeting and will remain current until two months following that meeting. If no dues are received after two months, a letter stating membership expiration will be sent. If dues are not received one month following the notification, that person's name will be dropped from the mailing list and that person will revert to non-RONS status. To encourage this system, a Membership Application and Annual Renewal Form will appear in the Winter issue of the RONS Quarterly Newsletter.

CALL FOR RONS MEMORABILIA

If you have a brochure from a previous RONS Symposium, especially the first through fifth, please send the brochure(s) to our P.O. Box. These brochures will be placed in an album documenting the history of our organization.

RONs NEWSLETTER

Published quarterly by the Regional Oncology Nurses with the support of the American Cancer Society.

Editor: Ryan Iwamoto
Letters, articles and announcements are requested from all RONS members and other readers on topics of interest.

Submit materials for publication to Ryan Iwamoto, RONS Editor, P.O. Box 85058, Seattle, Washington 98145-1058.

REGIONAL ONCOLOGY NURSES MEMBERSHIP APPLICATION AND ANNUAL RENEWAL FORM

Return to: REGIONAL ONCOLOGY NURSES
 P.O. Box 85058
 Seattle, Washington 98145-1058

(Please type or print clearly)

Name _____
 (Last) (First) (M.I.) (Cred., e.g., BS, MS, PhD).

Professional Position _____

Business Address _____
 Bldg., Dept., Suite, School

Univ., Group, Co. _____

Street _____ Phone No. () _____

City _____ Province/State _____ Zip _____ Country _____

Home Address Street _____ Home Phone No. () _____

City _____ Province/State _____ Zip _____ Country _____

Preferred Mailing Address: Business _____ Home _____

Application: Renewal _____ First Time _____

If renewal: (1) Has your name changed since last renewal (indicate previous name)

(2) Previous address _____

Membership information:

Are you a member of the Oncology Nursing Society? Yes _____ No _____

Total years in nursing _____ In oncology _____ In RONS _____

Employment: Full time _____ Part time _____ Unemployed _____

Highest Degree: Diploma _____ Associate _____ Bachelors _____

Masters _____ Doctorate _____

Functional Area: Adm. _____ Educ. _____ Research _____ Patient Care _____

Sub-specialty: Chemo. _____ Radia. _____ Surg. _____ Immuno. _____

Home Care _____ Other _____

Patient Population: Adult _____ Pediatrics _____

Annual dues are \$10.00 and must accompany this application. The dues you submit now are applicable for the present fiscal year which extends from January 1, 1985 to January 1, 1986. No partial payments are accepted during the year. Send your check or money order payable to the REGIONAL ONCOLOGY NURSES to the above address. Payment must be \$10.00 U.S. dollars or equivalent.

Signature _____

ERA: DEAD OR ALIVE IN 1984?

Patricia Mulhern, RN, MN

Program Manager, Transition Services
Visiting Nurse Services, Seattle/King
County; Member, Resolutions and Legislation
Committee; Oncology Nursing Society

RONs has a long and intimate history with the Equal Rights Amendment and the ONS. In 1982, RONs members were the initiators of a resolution prohibiting ONS from holding any of their Annual Congress meetings in states which had not ratified the ERA by 1980. The purpose of the resolution was to make a powerful statement to legislators and states that as a profession comprised mainly of women, we support women's rights and would not support states monetarily which did not share that view. The resolution overwhelmingly passed, but not without much time, effort, frustration, fragmentation, and ultimately, courage.

History

In 1978, ONS was a rapidly growing organization of oncology nurses who were beginning to gain a strong self-identity as specialists in cancer care. From its inception in 1975, ONS membership was doubling in size each year. Because the goals of ONS were, and are, education, research and a forum for collegial support, the organization did not view itself in terms of the political force it would later become.

It was that year, 1978, when RONs members first introduced the idea of ONS taking an affirmative public stand for the ERA during the Congress' Annual business meeting. It is fair to say that we were all a bit naive and totally unprepared for the cry of outrage and confusion and controversy this idea would engender in the years to come. While it is difficult to believe now, many ONS members wondered what nursing had to do with politics and were outraged at the thought of getting a closer liaison between the two. There was also no formalized method or structure within the ONS to deal with such controversial issues, save for outright debate during the annual business meetings. And, hot debate there was. For the next three years, the ONS board honed their knowledge and skills of parliamentary procedure while RONs members did the same, almost memorizing Robert's Rules of Order. The battle was on and the outcome depended on strategy.

In order to gain some control over the havoc this annual debate had created, the ONS Board established a Resolutions and Legislation Committee in 1980. Henceforth, members would submit their suggestions in the form of a resolution and adoption would be dependent on the vote of the membership. It took an additional two years for the Resolutions and Legislation committee to develop its own structure and format and to educate the membership about this process. In the meantime, the Fall, 1981 issue of the Oncology Nursing Forum devoted a large segment of print to a discussion of the ERA and the ONS as a means of educating its membership. Four RONs members contributed to that article, as did two ONS Board members and the Chair of the Resolutions and Legislation committee. A subcommittee of RONs members, chaired by Liz White, concurrently wrote and submitted a resolution to be voted upon at the 1982 Congress (held in St. Louis, Missouri, a non-ratified ERA state!!) Ready for battle once again, RONs members were greatly surprised but very gratified that the resolution overwhelmingly passed.

However, the battle is not over. As ONS has grown and become more sophisticated from a business and structure point of view, processes have been developed to maintain organization. One of those processes is the establishment of a Sunset rule on all substantive resolutions (those related to a specific issue). All substantive resolutions automatically Sunset in three years unless re-introduced by members. The purpose of the Sunset rule is to insure that policies and views are still relevant and appropriate to organizational goals. Therefore, the ERA resolution will automatically sunset in 1985. The question is, does the ERA issue still have relevancy for the ONS? Are RONs members interested in maintaining their leadership role within ONS regarding this issue? Does the ERA have relevancy for you? Are you willing to commit time and energy to formulate another resolution?

If you are interested in learning more and would like to participate in another resolution submission, please contact:

Patty Mulhern
Home - 365-6321
Work - 382-9700

or

Janet Schwartz-Appelbaum
Home - 524-1470

DRG'S AND OTHER ONCOLOGIC EMERGENCIES:
Clinical and Administrative Perspectives
Report on the Seventh Annual Symposium

The Four Seasons Olympic Hotel was the setting for the Seventh Annual Cancer Nursing Symposium. There were 97 participants during the two-day conference. Dr. Thomas W. Bice, Professor in the Department of Health Sciences at the University of Washington, opened the symposium with an overview of health care economics. The history of health insurance, medicaid, medicare, reimbursement programs, and health maintenance organization, preferred provider options and the future trends of health care delivery systems were well covered.

The instructional sessions were presented next. One session dealt with the clinical problems that occur with oncologic emergencies. The concurrent session focused on the implementation of variable billing for nursing services. The only difficult time attendees had was deciding on which one of the sessions to attend. All the speakers were excellent and handouts were available for both sessions.

Roundtables and a reception were the afternoon events with a diverse sample of exhibitors to offer the participants new information on drugs, medical products, and education resources. A change from last year was that the exhibits were displayed only on Friday.

The second day of the conference started with an eventful RON's business meeting, a continental breakfast, and SNOW!! Dr. Joyce Yasko, Associate Professor, Graduate Program at the University of Pittsburgh School of Nursing, took the subject of health care and discussed how oncology nursing will be affected by health economic changes and how oncology nurses can effect health care economics. Dr. Yasko was the highlight of the program for many of the participants. She articulated the problems as well as offered realistic hope for nurses who care for cancer patients and their families during their illness, treatments, and possibly death.

The third set of roundtable exchanges ended the morning. The lunch period on the second day seemed much shorter due to the discussions spawned by the morning sessions. The panel presentation ended the conference.

The five-person panel, moderated by Dr. Sarah Blackwood, spoke on the effects of DRG's on different nursing services - inpatient/homecare, HMO/private hospital, urban/rural settings.

Each presentation - speakers, panel, and instructional sessions - allowed feedback from and participation by the attendees. Fresh and spontaneous discussions occurred and seeds of ideas were planted in many minds regarding health care and cancer nursing.

Ann McElroy, R.N., C.S., M.S.N., Chair
Planning Committee



REGIONAL ONCOLOGY NURSE'S ANNUAL MEETING
February 9, 1985

- I. Meeting called to order at 8:40 a.m. by Janet Schwarz-Appelbaum.
- II. Meeting Agenda adopted with the following additions:
 - A) New Business - Discussion of funding research cuts.
 - B) Announcements - Patty Mulhern reports on Legislative Committee of ONS.
- III. Meeting Minutes of Nov. 15, 1984 approved.
- IV. President's Report - Janet reports:
 - A) Board Retreat held in summer 1984. Board members met to prepare and finalize ONS application and goals and objectives for RONs.
 - B) RONs has established a permanent mailing box.
 - C) RONs has been successful in its first independent revenue-producing project of selling No Smoking pins. Proceeds from this profit will be used to fund scholarships to ONS in Houston.
 - D) Tapes from ONS convention in Toronto are available from Teresa Coluccio, #522-3833.

- E) Application for ONS chapter status - From a letter dated Jan. 25 from the Western Regional Representative which states that ONS has accepted our application pending revisions.
- F) RONS offer to hold 1992 ONS convention - Letter from Pearl Moore, noting our enthusiasm.
- G) Newsletter - The quality keeps increasing!!
- H) The Quarterly meetings have grown in attendance. We plan to move the location - Watch for notice to be mailed. Next meeting April 25.
- I) RONS Symposium 1985 - Another success - An ACS grant of \$1,000 will be returned from symposium revenue.

V. Vice President's Report

- A) Ann McElroy reports that 102 people were registered for the conference.
- B) We have ordered our second batch of no smoking pins.

VI. Treasurer's Report

Ann Reiner reports:

1984 \$11,919.00	
9,562.00	Expenditures
<u> 2,357.00</u>	Profit.

VII. Report on RONS activities

- A) Newsletter - Ryan Iwamoto. Ryan reports that the use of a word processor and professional printing has increased the quality of the newsletter. Next copy - middle March.

Guest editor - Ann Reiner

- B) Nominating Committee
Ann Oakley reports that Elaine Falangas was voted into the office of treasurer for RONS.
- C) Membership Committee -
Members are asked to fill out renewal application and pay \$10.00 fee.

VIII. New Business

- A) The board is considering raising dues next year 1986 - from \$10.00 to \$15.00.
- B) NIH Funding Cuts - Janet Schwarz-Appelbaum presented a handout about administrative cuts for cancer research. Nurses are encouraged to write their congressman.

IX. Announcements

- A) Dr. Betty Gallucci reported that the ACS Nurses Committee has split into 3 geographic areas as follows: Metro, Eastside and South King County. Some of goals for this year include reaching nurses in extended care facilities and nurses in doctors' offices with half-day education programs. Ann Oakley is the RONS-ACS liaison and will be attending board meeting to help facilitate communication between ACS and RONS.
- B) ONS certification - Dr. Ruth McCorkle. ONS is currently working on oncology nursing certification with a target date for first test in May 1986 in L.A. Specifications for exam may include the following:
Length of certification-5 years
Cost-approx. \$150.00
Who eligible-not decided
Test format-Multiple choice
Recognition- Certificate, letter to employer.
- C) Patty Mulhern - Legislative Issues in ONS
1) ERA resolution will sunset in 1986 - Do we want to pursue this?
2) Wish to develop a corresponding network of ONS members who would provide feedback about legislative changes. Contact Patty if interested.
- D) Message from Canada-Brenda Nevijon Best Wishes! B.C. nurses hope to see a national cancer nurse group in Canada.

Motion to adjourn.

Meeting adjourned at 10 a.m.

Submitted, Teresa Coluccio
Secretary, RONS.

Tenth Anniversary ONS Congress: Projections Through Reflections.

Sponsored by: Oncology Nursing Society.

May 15-18, 1985

Albert Thomas Convention Center
Houston, Texas

Fee: Member \$100, Non-Member \$125,
Student and Retired: \$70.

Call: Nancy Berkowitz (412) 344-3899.



UPCOMING LECTURES, WORKSHOPS AND CLASSES

Nurses' Survival Strategies For Coping in the Turbulent Economic Climate

Sponsored by: University of Washington
Continuing Nursing Education.
April 12, 1985.
Mercer Forum/Seattle Center
7 CEUs. \$65. Call: (206)543-1047

Fifth Hospice Study Seminar in Britain

Chair: MJM Galazka
June 23-July 5, 1985
\$1,465 Call: (206) 767-1620

Spanish-American Cancer Nursing Clinical Study Tour

Sponsored by: Professional Seminar
Consultants.
Education leaders:
E.L. LaMonica, D.A. Moritz.
June 4-18, 1985
35 CEUs. \$1,389 Call: (516) 536-7292

American Cancer Society Fourth Annual Conference on Cancer Nursing Research

Sponsored by: American Cancer Society,
Western Area.
June 18-20, 1985
Hawaiian Regent Hotel
Honolulu, Hawaii
\$75 Write: Mrs. Gwen Heliker
GTU, Inc.
P. O. Box 2198
Honolulu, Hawaii 96805

Fourth International Conference on Cancer Nursing

Sponsored by: International Society of
Nurses in Cancer Care and Memorial
Sloan-Kettering Cancer Center
September 7-12, 1986
New York Hilton
New York City
Write: Secretarial
4th International Conference on
Cancer Nursing
404 Park Ave. So.
9th Floor
New York, NY 10016

The Law and The Nurse Janine Fiesta, RN, JD.

Sponsored by: Nursing Management
Seminars
June 24-25, 1985
The Warwick Hotel
Seattle, Washington
15 CEUs, \$190 Call: (800) 426-9280


Pacific Northwest Inservice Specialists Call: (206) 284-1663; Canal Building, 15th Avenue West, Seattle.

1. Pharmacology: Applications for Clinical
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2. Medical-Surgical Patients in Acute Dis-
tress: Nursing Priorities
Marles Geist
June 6 and 13. Thurs. 10-2 p.m.
8 CEUs. \$50.00
3. Recognition and Interpretation of "Red
Flag" Laboratory Data
Marles Geist
May 30 Thurs. 10-2 p.m.
4 CEUs. \$30.00
4. Stress Management: A Practical Ap-
proach
Frecia Kelly
May 8-22. Wed. 10-1 p.m.
9 CEUs. \$55.00

NEW PUBLICATION:

Seminars in Oncology Nursing
Connie Henke Yarbrow, editor
Grune & Stratton, Inc.
Vol. 1, February 1985, 4 issues, approx 288
pages per year. Annual subscription rate:
\$35 (individual), \$50 (institutional).
Write: Grune & Stratton, Inc.
Attn: Promotion Department
6277 Sea Harbor Drive
Orlando, Florida 32821

REMINDER

 RONS dues are due at the RONS Annual Meeting
each year. These dues are collected separ-
ately from the Oncology Nursing Society
dues. This policy will continue after we
become a local chapter.

POSITIONS AVAILABLE

Director of Nursing, Mountain States Tumor Institute (MSTI), subsidiary of St. Luke's Regional Medical Center, Boise, Idaho.

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* * * * *

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ONCOLOGY NURSING SOCIETY

1984 Annual Congress Cassette Tapes

The cassette tape recordings from the Annual Congress have been ordered and will be available for members of RONS to borrow. Those wishing to borrow selected tapes are to call Teresa Coluccio at: 326-5937. The list of tapes follows:

1. Workshop 1 Management Issues, Pediatric Oncology
2. Workshop 2 Safe Handling of Cytotoxic Agents
3. Workshop 3 So You Have to Make a Speech
4. Workshop 4 Basic Concepts of Chemotherapy

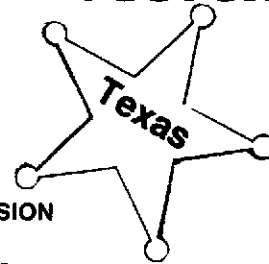
5. Workshop 5 Radiation Therapy: Basic Concepts and Practice
6. Workshop 6 Current Issues in the Nutrition of the Adult Cancer Patient
7. Workshop 7 Challenging Communication Problems in Cancer Nursing
8. Workshop 8 Alternate Intravenous Access Routes
9. Opening Ceremonies and Keynote Address
10. Abst. Ses. I: Collaborative Practice: Strategies for Nurse Administrators
11. Abst. Ses. II: Nurse to Nurse Communication: Tools for Education and Practice
12. Instr'l Session I: Current Trends and Issues in Ambulatory Care Nursing Practice
13. Abst. Ses. III: The Influence of Reimbursement Mechanisms in Nursing Care Delivery
14. Abst. Ses. IV: Patient Education: How to Make the Difference
15. Instr'l Session II: Sexuality: The Standard No One Talks About
16. Abst. Ses. V: Ambulatory Care: Creative Programs for Contemporary Practice
17. Instr'l Session III: Dilemmas in Nursing Administration
18. Abst. Ses. VI: Primary Caregivers: Anticipation and Response to Grief
19. Abst. Ses. VII: Collegial Exchange: Selected Research Abstracts (Advanced Research)
20. Instr'l Session IV: Cancer in the Elderly: Quality of Life Issues
21. Abst. Ses. VIII: Biological Issues: Topics of Exploration
22. Instr'l Session V: Taking Charge of Your Own Learning in Cancer Nursing
23. Abst. Ses. IX: Coping: Patient and Nursing Perspectives
24. Abst. Ses. X: Holistic Nursing: Solutions for Multiple Patient Problems
25. Instr'l Session VI: Power and Politics
26. Abstr. Ses. XI: Creative Nursing Strategies for Symptom Control
27. Abstr. Ses. XII: Family Adaptation: The Role of the Oncology Nurse
28. Instr'l Session VII: Research Findings in Clinical Practice
29. Mara Mogensen Flaherty Memorial Lecture
30. Closing Ceremony

ONCOLOGY NURSING SOCIETY



PROJECTIONS
through **REFLECTIONS** **HOUSTON**

Annual Congress — May 15-18, 1985



- INFORMATION OBJECTIVES
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