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ONCOLOGY NURSING SOCIETY



ONCOLOGY NURSING SOCIETY
14TH ANNUAL CONGRESS
ISSUE



From the Editor

Kathleen Block

Welcome to our ONS Congress issue. As you will see when you peruse the articles presented: everyone's experience is unique, their perspectives diverse. We present articles from the five Educational Committee Award recipients and other Congress attendees who wished to share their impressions with you. A sincere thank-you to all who contributed to this issue.

The 14th Annual Congress set a record for the number of participants. Everything appeared to run smoothly on the surface, although I know there was a high level of behind-the-scenes activity upon which I can only begin to speculate. The Congress Committee is to be congratulated for their efforts. Naturally, you cannot please everybody, but I doubt that anyone who

attended can say that they disliked the entire experience. If only the continuing education certification issue could be handled differently—but that is for a future editorial.

I would urge any of our members who have never attended an ONS Congress to do so at some time in the future. It may be the only one you will ever attend. But, if you never attend another one, regardless of the reasons, you will at least have personally experienced the ONS at work and realize how diverse a group we are. You may come away rejuvenated and decide to become a more active participant in our local chapter and on the national level. You may network with others who have interests and concerns similar to yours and continue the contacts after the Congress has ended. You may decide to leave the organization. You

will not, however, come away from the meeting empty-handed.

With this issue we introduce the Clinical Practice Column which will address concerns of oncology nursing practice. If you have issues you would like to see discussed or wish to become involved, contact the Clinical Practice Committee.

Our autumn issue will focus on the smoking controversy (guest editor, Sarah O'Hara) and the year-end issue will be concerned with survivorship issues (guest editor, Fran Lewis). If you wish to contribute to these issues, please note the deadlines listed elsewhere in this issue and contact me via the hotline for additional information.

Enjoy this issue and have a great summer. Take care of yourselves.

I Left My Heart in San Francisco

Anna Marie Maguire, RN, MN, OCN
Visiting Nurse Services - Seattle/King
County

I want to start by thanking the PSONS membership and the Education Committee, in particular, for your financial support. Without this help, I would not have been able to attend the ONS Congress.

As a home care nurse, I found many sessions applicable to my practice. One abstract session (Braunstein, M., Weiss, S.S., & Sklaroff, R.B. 1989. Home chemotherapy administration: the omaya reservoir. *Oncology Nursing Forum Supplement*, 16(2), 140) described the administration of chemotherapy via an omaya reservoir, by home care nurses. Homebound patients benefit from this treatment and third-party payers are reimbursing for services. The Pennsylvania Board of Nursing was consulted to determine that the treatment was within the scope of nursing practice; policies and procedures were written and nurses were trained in the physician's office. In addition to observations and interventions, nurses have taught patients the signs and symptoms to report to their physicians when problems arise.

A common problem that arises for home care nurses is the amount of time that is spent on the telephone coordinating services for patients. In another presentation, a model of several agencies (ie. home care, hospice, IV

therapy, medical equipment, etc.) meeting once a week for home care rounds was described (Sansivero, G.E. & Hume, E. 1989. A model for collaborative inter-agency nursing care of home chemotherapy patients. *Oncology Nursing Forum Supplement*, 16(2), 160). This face-to-face meeting enables them to share patient information (ie. MD appointments, blood draws, lab values, medications), care plans, patient education materials and make referrals to needed services. A computerized record is generated and updated each week so that telephone time is decreased and all agencies have the same information. Since the rounds are held in the physician's office, the physician frequently sits in and also obtains current information about the patient.

One of the effects of dual-career families has been the decrease in available caregivers for hospice (often elderly) patients. A day care program at North Memorial Medical Center, Minneapolis, Minnesota, was presented by Judi Johnson (Johnson, J. & Woll, E. 1989. Day care as unique component of a full service hospice program. *Oncology Nursing Forum Supplement*, 16(2), 144). Approximately 12 patients participate in the program which is located in the medical center. They come two to three days per week and pay \$42.00/day. Transportation is arranged. Benefits include personal care; nutritious meals; symptom management by nurses; physical, occupational and massage therapy; chaplain services; and social activities. The program draws

heavily on volunteers. Patients often bring photos and projects from home and are videotaped telling their life stories. After they die, family members often request a copy of the video. Physicians and hospital staff stop in to see patients, and when patients are hospitalized, they are often visited by the day care staff and other patients. I think that this is a wonderful way to give respite care to family members as well as providing a safe, therapeutic environment for hospice patients.

Several instructional sessions were conducted, including "Successful Compromise: Merging Professional and Personal Life." After defining the career woman in the '80s, the speakers, who were both therapists in private practice, shared suggestions to enable both single and married mothers to cope with a career and family. These included examining your definition of motherhood, discarding unrealistic goals, examining your guilt (solve the problem and then drop it), having quality time with children (a study from Boston University stated that working and non-working mothers spend about the same amount of time with their children), asking WIN (What's Important Now? You can only do one thing at a time.), highlighting important times, having a routine especially after dinner and at bedtime, getting the best possible child care and developing a support system of family and friends.

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What I Did on My Spring Vacation

Gloria Felde, RN, BSN, OCN
Fred Hutchinson Cancer Research Center

I went to San Francisco. I had a really good time. I saw old friends. We went to a big hall where there were lots and lots and lots of people. For four days we went to class and learned all kinds of things. Sometimes we met in rooms so big they had TV screens to see the teachers.

The very first meeting started with a parade. A nurse named Ingeborg Mauksch talked about how we need to help each other. Afterwards a lot of people got awards. I wanted to clap when one of my friends got an award. I was sad when the paper I helped write didn't get an award. But we all clapped and cheered at the end.

A nurse named Mary Cunningham told us about new ways to figure out problems. She called it creativity. I had trouble doing some of her puzzles. But some of the puzzles were easy. It was fun to try to think of things in new ways.

I liked learning about people who live through cancer. I also liked learning about how nurses can share with each other what they know about people with cancer. I went to a class on politics. They talked about how money is spent and how some rules can make good nursing very hard. They told us how to change rules and we all signed a petition about tobacco. I also went to classes about how to help people with their beliefs about God when they are sick. I had to think a lot. And I had a hard time deciding what classes to go to.

Some of my friends told me I should go back to school. They said they would help me. I went to a room where there were booths like at a carnival and got lots of brochures. (I decided that I would collect brochures about school this year. Then I could share what I learned about going to school with people at the meeting next year.) I also bought a book about pain and had it signed by the ladies who wrote it.

I got to lead a small meeting of people who like to think about what's right and wrong. I made new friends. It was hard to lead the group but everyone was very excited. We decided we wanted to meet every year and write a newspaper. We called our group the Ethics Special Interest Group. We want more people to join.

At the end of the four days we got to see a movie. It was about our meeting. It showed special times and special people. My friend Kathy and I cried at just the same time. We laughed and said we wanted to have another movie next year.

Thank you for helping me go to the meeting in San Francisco. I learned a lot. It was really exciting. And I already have some neat ideas for next year.

P.S. To participate in ONS Congress is to invite change. Or perhaps more accurately, to precipitate change. Congress has become a sort of New Year's Eve for my professional growth, a large and stimulating party that leaves me energized and filled with ideas and resolutions. I have become captivated once again by the breadth and diversity of oncology nursing.

In its pieces, Congress can be overwhelming, requiring a simple childlike approach. But Congress '89 had several pieces of special interest to me: ethics, survivorship/rehabilitation, government relations, spirituality, graduate school, cancer patterns, renewal of old friendships, and the creation of new friendships. These themes became woven together in strong threads, providing personal and professional support. As a whole, then, Congress provided strength and beauty to the fabric of my daily practice.

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Overall, I really enjoyed the Congress for several reasons. The abstract sessions, research and clinical practice, were very informative, and there were several instructional sessions that were developed in response to requests from the membership. The informa-

tion presented was applicable to a variety of practice setting. Finally, Congress concluded with a new feature, a videotape of Congress highlights. It was a great, upbeat way to end the sessions and encourage attendance at next year's meeting in Washington, D.C.

Highlights of a First ONS Congress: San Francisco, 1989

Ruth Ann Russell, RN
Fred Hutchinson Cancer Research Center

After 5 years as an oncology nurse I was finally attending my first ONS Congress. I wanted to see and do *everything*. From the "gourmet" box lunch (which we donated to some street people) to the video at the closing ceremony, ONS was the highlight of my spring.

Instructional sessions were available throughout the three-day event and as a radiolabeled antibody research nurse I was drawn to the "Advanced Concepts in Radiotherapy" sessions on Thursday morning. A discussion of Radiation Sensitizers by Rosalie Smith including the radiation biology of these agents was excellent. Jeffrey Herpst presented the use of radiolabeled antibodies and in spite of his preference for polyclonal rather than monoclonal antibodies as a vehicle to deliver radioactivity, his presentation of this topic was clear and well executed, especially the scientific review of immunology.

It was hard to decide between the many interesting topics presented during the ab-

stract sessions. One of the most interesting to me was "Creative Nursing Measures for Patient Problems," Johanna Lombardo-Ehmann presented her service as a nurse consultant to women with alopecia following chemotherapy or radiation. She said her service has blossomed by word of mouth rather than advertisement. She explained that patients feel more comfortable working with a nurse because nurses are more comfortable with the side effects of chemo and radiation therapy than cosmetologists and hairstylists. During this session we were shown the results of a well designed nursing study which confirmed most oncology nurses' suspicions that it is not what you use for mouth care that is important, but the frequency and thoroughness that matters.

A round table discussion sounded somewhat uninteresting to this new Congress participant, but in order to say I'd done it all, I went to Lynn Brophy's round table Saturday morning entitled "Strategies for Research Data Collection in the Outpatient Clinic." As you experienced Congress goers may have guessed, this was the most valuable portion

of the Congress to my practice. At this session I spoke with other nurses who worked in research and those who worked in physician's offices trying to keep track of data being sent in to large medical centers and national studies. I was stimulated to create many new record keeping devices when I returned to work including a dosimetry infusion record and urine and serum collection flow sheets. To facilitate follow-up after treatment I was encouraged to try a calendar. This I created to be sent to physicians/nurses after our patients return home following treatment. I put together an eligibility checklist similar to the one shown by Lynn to be used by referring agencies. Lynn was also instrumental in getting me to sign up for the immunotherapy special interest group. As you can see it was quite a morning for me.

From the Immunotherapy symposium to the Adria Jailhouse Rock Party to the beautiful opening address by Ingenborg G. Mauksch, attending the ONS Congress Bridging the Decades: Challenging the 90s was a wonderful experience for this oncology nurse. See you all next year in Washington, D.C.!

An Impression of the ONS Congress

Katy Jusenius, RN
University of Washington Cancer
Center

My first Congress was wonderful. I attended quite diverse programs: from merging professional and personal lives to a roundtable discussion about changes in home care to neurologic complications of cancer. Mary Cunningham delivered a funny and encouraging talk on creativity in practice. One could identify with her descriptions of uncreative practice. Hearing once again the differences between Interferons, Interleukins, Monoclonal Antibodies, and Colony Stimulating Factors was most helpful; however, I bought the lecture tapes to cement those ideas! It was fun to have interested "oohs" when

people realized I was from Puget Sound ONS. At the newsletter editor's conference, many were very impressed with our newsletter.

And the ambience of San Francisco is unforgettable. I changed from tennis shoes to heels to walk into my first Nieman Marcus. After checking innumerable price tags, I tried on a full-length mink coat! Continued my journey up the street to an art gallery where I was marketed to buy an Andy Warhol picture of John Wayne! It must have been the shoes.

Comments about the 4500 of us at Congress end included hotel personnel thinking we were delightfully quiet and well-mannered and street people thinking that of most conventioners, we were by far the prettiest!

ATTENTION All PSONS Members (Especially Board members & Committee Chairpersons)

The deadlines for items to be included in the 1989 Newsletter issues are as follows:

Autumn • July 19
Year End Issue • September 27
Winter, 1990 • November 29

Please submit your calendar of meetings for 1989 as soon as possible and all committee reports throughout the year by the above dates.

Thanks!

ONS Congress Issues Panel Review

Judy Kornell, RN, OCN
Fred Hutchinson Cancer Research
Center

The issues session, held after the Mara Flaherty Lectureship presentation at the ONS Congress in San Francisco, gave the membership an opportunity—for the first time in ONS history—to raise issues of concern or provide information to the Board and Committee Chairpersons and obtain an immediate response.

Issue 1: Re-certification of OCNs through the examination process versus CE credits in specialty areas. A nurse practitioner said she could submit 60 CE credits on a pre-established basis to retain her NP status. Why is this not an option for the ONC? The ONCC reply: There was a specialty organization meeting in Chicago on June 9 to discuss the best way to look at renewal and recertification. She stated that all the groups are attempting to measure a core body of knowledge and assure general competency through the certification process.

Issue 2: Nancy Klatt (formerly on Clinical Practice Committee) asked for representation from all practice areas to apply and serve on the CPC. The CPC has not had applications from those with ADN, Diplomas or BSN education preparation recently. Debbie Mayer appealed to the membership to apply.

Issue 3: Linda Abramovitz, a member of both ONS and APONS, declared an interest in pediatric content being included in Congress. Rosemary Ford responded that the Special Interest Groups (SIGS) are currently being established to address the interests of the members. She encouraged attendance at the appropriate SIG meeting. Barbara Britt stated that the Congress Committee tries to look at the entire age spectrum when planning the annual con-

gresses.

Issue 4: Questions were raised regarding the liability insurance fee charged to chapters and the appearance that it was penalizing chapters with larger treasuries. Joanne Hays responded that "big treasury" coincided with doing "big things" and therefore assuring greater liability for the ONS as a whole. The Board further added that the chapter assessments also cover the renewal fee and tax preparation.

Issue 5: A member from Washington, D.C., announced that 3rd party reimbursement has been instituted for Nurse Anesthetists and asked if the society was pursuing separate billing for ONS members in specialty areas. She also asked if the Legislative Committee was interested in pursuing this. The Board responded (Carrie) that LC priorities included the tobacco issue, the nursing shortage, and insurance reimbursement for out-of-pocket expenses for items such as wigs, etc.

Issue 6: Ron Schlessinger from the DC Chapter applauded the Board on the RCT issue and believes we need to watch this closely. Judy Lance heard in LA that the AMA plans to pilot RCTs in California in July '89. It was reported that 2 VA Hospitals in Massachusetts have been asked to put together an RCT program

The Board stated that ANA is tracking the RCT implementation and calls health care facilities whenever they are notified that a program may be instituted. They generally are told it is not happening. The VA informant said she became aware of the move to RCT via various application proceedings.

Issue 7: A nurse from Montana expressed concern regarding the disappearance of small hospitals in rural America and asked that we support those RNs who are trying to deliver care to patients who are far removed from the large medical centers.

Issue 8: Ann Bavier, Program Director of

Nursing Research for the National Cancer Institute, asked why people with funded research projects are not being accepted to present at Congress. She stated we should be the first to hear the news/results of these specific projects. Barbara Britt, Congress Chairperson and new ONS President, described the abstract review process. There are two methods of scoring—research uses one and the Board has another. There are 73 slots and this year there were 415 abstracts submitted. Betty Ferrell, Research Committee Chairperson for 1989-90 also commented on the review process, stating that a paper being done by an ad hoc group from the RC was going to the Board during Congress. Barbara Given asked that dissemination of preliminary findings be accomplished.

Issue 9: Associate Memberships—the Board has voted this down twice.

Issue 10: Julie Bucher (Penn State) asked if there was a step available prior to SIGS. Rosemary Ford (Seattle) responded that focus groups were available for those exploring common interests (Julie's being rural). As of May 18 there were 34 separate groups identified. Focus groups do not chair newsletters for specialty interest groups or receive mailing assistance from the ONS National Office.

Issue 11: Ruth McCorkle (Univ. of Penn.) asked what progress was being made concerning having a nurse appointee to the National Cancer Advisory Board. Debbie Mayer stated that the stage is being set for the 1990 appointment.

Ruth McCorkle also inquired as to whether or not ONS was planning on establishing a presence in Washington, D.C., on a permanent basis. Debbie replied that ONS will stay in Pittsburgh rather than move the National Office Headquarters to D.C., but that ONS pressure will continue via a commuter route to D.C.

"Bridging the Decades - Challenging the '90s"

or

How I Learned to Stop Worrying and Enjoy the 14th Annual ONS Congress

Kathleen Block, RN, MA
Virginia Mason Medical Center

As I submitted the registration materials for my first ONS Congress I found myself both anticipating and fearing the event. I had attended PSONS meetings where earlier Congress experiences were discussed but I had not come away with any particular impressions except that there would be a large crowd and a potential for sensory overload in the form of Instructional Sessions, Abstract Sessions, Roundtables, Lectureships, Lunches, etc., etc., etc. And, oh, by the way, enjoy the city where it's being held—if you can find the time. I reviewed the materials and plotted my strategy as the editors of the "Congress Proceedings" book recommended. If I had one complaint as I set out on my journey it was the fact that none of the Instructional or Abstract Sessions appeared to be suited to my interests or concerns as an oncology research nurse/data manager. "That's all right," I thought, "the roundtable sessions are filled with topics in which I am interested and where I can become involved." Little did I realize what lay in store for me and all others who take the roundtable challenge.

The day of departure arrived; I checked in at the airport, boarded the jet and settled into my seat. One hour later they finally announced that they were unable to find the electrical problem so the flight was being cancelled. The race was on to find another flight that would get me to San Francisco so that I could attend that Pre-Congress Workshop for newsletter editors which I had been anticipating for a month. I lost the race and arrived at the meeting room one hour before the workshop was to be completed (I actually arrived two hours before, but it took me an hour to get from my hotel to the Congress Headquarters on the shuttle bus system and then to find the meeting room whose monastic name was appropriate for the ease of finding its location). I decided at that point I would continue on to the convention center, register and orient myself.

Registration was a breeze and the Moscone Center layout easy to understand. A little sour-grapes cynicism on my part at this time could not comprehend, after touring this convention center, why the Washington State Convention Center in Seattle had

been deemed inappropriate for a future Congress. I still don't understand but I accept the decision of the Board.

I shall be forever grateful to the Newcomers Niche for its on-target orientation and introduction to the inner workings of an ONS Congress. I understand this was a new event and it is one which I hope will become a staple of all future congresses. It was here that I received the first information (or warning) that the roundtable experience would be unforgettable in many aspects. Attendees were advised that it was not for those who wanted a quiet Congress experience. We were cautioned that if we wished to attend roundtables we should be prepared for the potential disappointment of not getting into a particular roundtable since seating was limited, and that we should be prepared by having alternate selections. No problem, thought I, there are numerous alternates from which I can choose. A buffet dinner, sponsored by AH Robins, deliciously ended the session, although its crowded popularity gave me a foreboding of the masses to come. Achieving satiation, it was on to the Opening Ceremonies! Following that it was back to the hotel to recharge myself for the next day.

The Special Interest Group (SIG) luncheon which I attended was another highlight. It was an opportunity to meet with other nurse/data managers and "network." The concept of the SIG is a good one and should help deal with the problem ONS seems to have in creating cohesiveness among the diverse types of oncology nurses who are a part of the organization. Although many of the promised membership benefits are appealing, the idea of another fee to be paid for services which a part of me feels should be basic to my ONS membership has me procrastinating about joining at the current time.

For those of you familiar with the first morning of a Nordstrom's "Half-Yearly Sale" or a "supermarket sweepstakes," competing for a roundtable would not be much of a challenge. I was raised in New York City and from a young age learned how to successfully board a rush-hour subway car. It has been almost a decade since I had to deal with that; but 10 minutes on line waiting for entry to the roundtable room helped me to retrieve the necessary survival instincts from my data banks and, when the doors opened, I was

ready! Within the next 3 days, of the 5 available 2-hour roundtable sessions, I attended 3 and was able to participate in 5 of the 6 topics I had targeted, most of them dealing with ethical and research issues. I shall have to check with veteran campaigners as to whether or not an 83% success rate is significant. By Saturday, however, I had achieved "Roundtable Burnout," something that was not described in orientation and which I believe would make an interesting research study. As a way of recuperation I attended an Instructional Session on tumor markers and colony stimulating factors. I then planned to attend the educational exhibits and poster session but found out that they had decided to disassemble early. Consequently, I decided to do some market research—I researched the San Francisco Nordstrom's, Macy's, and Gump's, to name a few.

I returned to the Moscone Center to collect my attendance certificate and departed for my hotel, where, I discovered, the "Bay to Breakers Run" would begin in the morning (that explained the hammering which had awakened me at 3 a.m.—they had erected a bandstand outside my window for the pre-run festivities). It was a party-hardy evening to say the least but I was visiting elsewhere so I watched it on television.

Overall, I would say that my Congress experience was enlightening. Despite the burnout, the roundtables are an excellent opportunity to ventilate, compare experiences, receive support and advice, and make contacts. I realize that there is much that I missed because I was either late in submitting the appropriate registrations or was not keyed into the various other events/festivities that were taking place. As to whether I would attend another one—well, that is dependent upon location, costs, and the current financial situation. The educational stipend I received from PSONS has helped to relieve some of the burden. I hope that other members who would like to attend an ONS Congress submit their applications next year and are given the opportunity to experience one firsthand. Next year it will be in Washington D.C. If I don't see you there I will certainly be available prior to the meeting to offer you my "Roundtable Survivor Techniques." I have no current plans for publication but am available on a volunteer consultant basis.

Governmental Affairs Update: Congress '89, PSONS & ONS

By Ingrid Nielsen, RN, MN
University of Washington

I was the grateful recipient of one of the \$200 PSONS educational awards provided to assist with expenses associated with the 1989 ONS Congress in San Francisco. In return, I have agreed to write about the life and times of a core member on an ONS Committee at the annual Congress along with my usual comments about what is going on in Olympia.

It is an exciting time to be part of the ONS Government Relations Committee (GRC). With the assistance of the new ONS Director of Government Relations, Cynthia McCormick, our committee work has been greatly facilitated. Although Cynthia is not a nurse, she brings to ONS rich experience and political savvy from her years working for various legislators on the Hill (D.C.). Cynthia publishes a legislative summary of national governmental activities for GRC core and corresponding members. Previously, following national legislation consumed much of the core member's time. Now the committee's efforts are beginning to extend to the development of vitally important grassroots networks on the state level. This network helps us not only to use our strength in numbers (15,000 ONS members) to respond to cancer related issues at the national level but also to have representation for oncology nursing interests on state issues. Now that you know what the GRC is all about, I will outline the schedule of meetings and activities we participated in as a committee to achieve our goals of increasing political awareness and establishing a grassroots network.

Deciding what to attend at Congress this year was actually easier than in previous years once I had plotted out all of the time committed to GRC activities:

Wednesday - Pre-Congress Educational Session

The GRC presents a pre-congress educational session every year and invites all 140 plus corresponding members to attend. As you can see, the GRC is the largest ONS Committee due to the nature of our activities. We try to solicit corresponding members even in states where there are not ONS chapters. The PSONS Governmental Affairs Committee is one of few in the country that has more than one member!

Amy Haynes (Core member, South Central States) presented a slide show she had developed on the basis of political action. I presented a talk on political activities at the state level. All Core members presented updates on national legislation emphasizing our three priority areas which include: the nursing shortage, tobacco legislation and medicare reimbursement for wigs and hairpieces. The session concluded with a letter-writing campaign on a timely issue. The current smoking ban on commercial airline flights of two hours or less will sunset in April of 1990 unless legislation is enacted to make the ban permanent. Letters of support were needed before the House Rules Committee met to encourage members on the Rules Committee to include the smoking ban as an amendment to the Transportation Appropriations Bill. The amendment was needed because the bill on its own was unlikely to receive even a hearing because the chair on the Commerce, Science and Transportation Committee is a senator from the tobacco state of South Carolina.

Thursday - Roundtables

Two one-hour roundtables were led by two core members to provide a brief overview of political action and ways of becoming involved in the political process. Enthusiastic discussion followed. As awareness of the need for involvement in political action increases, we find more and more nurses attending these roundtables each year.

Friday - Committee meeting

Here we welcome new core members and say goodbye to exiting members. We evaluated the pre-congress educational session, discussed our role in policy making on issues of concern, and began making plans for the 1990 ONS Congress. We plan on a number of special activities because congress will take place in Washington, D.C.

Friday - Instructional Session

The Congress Committee sponsored an instructional session entitled "Activating Political Action." Kerry Harwood, the immediate past chair of the GRC, discussed the developmental history, organizational structure and current goals of the ONS GRC. Marguerite Donoghue, Director of Legislative Affairs-Coalition of Cancer Research, gave some sobering statistics on how little federal money is prioritized for health care. She cited that the U.S. government has spent more money in the last 22 months on defense

than it has spent on the National Institute of Health in all the years it has been in existence. Lee Mortenson, Executive Director - Association of Community Cancer Centers, discussed the escalating problems of insurance reimbursement for standard cancer therapies. This, coupled with the smallest increase in the National Cancer Institute budget in ten years, will increase out of pocket expenses to patients, decrease access to clinical trials, slow research progress and limit the use of effective drugs, which is estimated to be 46 percent of the drugs currently used. It is unlikely that HMOs will purchase the drugs which will further hinder access to effective therapies.

Saturday - Open Exchange

Five GRC members participated in two one-hour open exchange sessions which, like roundtables, provide an opportunity for nurses to learn about the role of the GRC through informal discussion and allow participants to bring up issues they have concerns about as well as to discuss political strategies.

**TIPS FROM OLYMPIA:
WHAT SURVIVED AND WHAT DIED**

House Bill 1074 which requires that insurance companies provide screening (not just diagnostic) mammography as an insurance benefit was signed into law by the Governor. Washington is now one of 14 states which have mandated mammography as an insurance benefit.

House Bill 1444 was the only smoking bill to pass which prohibits smoking by students or staff on school property, beginning in 1991. **House Bills 1941, 1942, 1944 and 1836** and **Senate Bill 5921** which would have restricted or prohibited smoking in the workplace, restaurants, and in health care and day care facilities, all failed to make it out of the rules committee despite the concerted efforts of the Tobacco Addiction Coordinating Council (TACC). The ONS board of directors did give their approval for PSONS to join the list of 40 plus organizations which support TACC. Although the legislative session is over this year, TACC is continuing to meet to mobilize grassroots efforts and begin strategy planning for the next legislative session. PSONS will be sending a representative.

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The other success in relation to tobacco legislation came with the passing of the hotly debated **Omnibus Drug Bill (1793)**. This bill addressing drug, alcohol and tobacco addiction included everything from the controversial issue of wire tapping undercover drug deals without prior judicial approval to adding a 5-cent tax per pack of cigarettes. Washington state already has one of the highest excise taxes on cigarettes in the nation (31 cents). Tobacco companies fear excise tax increases primarily because studies have indicated that a large proportion of smokers, particularly young people and minorities, are sensitive to the cost of tobacco products and will stop or never start if the price gets high enough. After much debate and lobbying from the tobacco industry the excise tax was reduced to an additional 3 cents per pack which still ranks Washington state as having the third highest cigarette excise tax in the nation. A \$10 million budget was approved for counseling and education programs in Washington schools on drug, alcohol and nicotine addiction.

TIPS FROM D.C.:

WHAT'S HOT AND WHAT'S NOT

Contrary to the shorter legislative sessions occurring at the individual state level, the 101st U.S. Congress will continue to meet through the end of the year. With the assistance of Cynthia McCormick, ONS Director of Government Relations, the ONS GRC is developing political sophistication at the national level. Although it can be difficult to feel the pulse of activities going on in Washington, D.C., legislation passed there often serves as a catalyst or role model for state level legislation. For example, while Sen. Milkulski fought to keep screening mammography in the Medicare Catastrophic Health Act of 1988, 10 states introduce similar legislation (in 1988).

Tobacco legislation

Since the beginning of the 101st Congress, 22 bills have been introduced related to smoking on aircrafts, passive smoking, taxation, fire safety standards, advertising and public education. These bills will be discussed in the next PSONS newsletter which will focus entirely on smoking issues.

ONS is a member of the Coalition on Smoking or Health. For further information call: (202) 234-9375.

Nursing shortage

Several bills have been introduced to address the nationwide nursing shortage. S. 1402, S. 1765, S. 1835 and H.R. 3340 would establish advisory commissions to examine the working conditions of registered nurses

and to make recommendations to improve these conditions.

H.R. 1140 (introduced by Rep. Edward Roybal, D-CA) would mandate direct reimbursement from Medicaid and Medicare to nurse specialists: nurse practitioners, clinical nurse specialists, certified nurse midwives, and nurse anesthetists.

Medicare Coverage for Wigs and Hairpieces.

H.R. 559: Medicare Coverage for wigs and hairpieces for individuals with alopecia resulting from treatment of malignant disease.

Introduced by Rep. Robert Torricelli (D-NJ)

Status: referred jointly to House Committee of Ways and Means (Health & Environment Subcommittee) and House Energy and Commerce Committee (Health Subcommittee).

Cancer Prevention/Early Detection Legislation

H.R. 141: Coverage of Routine Papanicolaou Tests

Introduced 1/3/89 by Rep. Cardiss Collins (D-IL)

This bill would amend Title XVIII of the Social Security Act to provide for coverage under Part B of the Medicare Program for routine Pap smears. "Routine" is defined as every 6 months.

H.R. 209: Increasing Cap Payment for Mammography

Introduced 1/3/89 by Rep. Mary Rose Oaker (D-OH)

This bill would amend Title XVIII of the Social security Act to provide annual coverage of screening mammography for women over 64 years of age and would increase the base payment limit from \$50 to \$60.

H.R. 1471: Equalizing Payment for Screening Mammography Under the Medicare Program

Introduced 3/89 by Rep. Barbara Kennelly (D-CT)

This legislation would set the screening mammography rate equal to the diagnostic mammography rate, which is reimbursable under Medicare up to a "reasonable limit."

Status: H.R. 141, 209, 1471 were referred jointly to: House Committee of Ways and

Means (Health & Environment Subcommittee) and House Energy and Commerce Committee (Health subcommittee)

Family and Medical Leave Act

H.R. 770 would require companies with 50 or more workers to grant up to 10 weeks of UNPAID job-protected leave over 24 months to employees to care for newborn, adopted, or a seriously ill child or dependent elderly parent. Workers with a serious health condition could take up to 15 weeks of disability leave.

Status: This bill is out of committee and will be coming up for House floor action where amendments are expected which would increase the company's number of employees and reduce the amount of sick time allowed.

SO, WHAT CAN YOU DO?

• Write thank you letters to your Washington state legislators for introducing and successfully passing legislation (e.g. Rep. Mary Haugen-mammography).

• Write letters of support related to national legislation currently before the U.S. Congress and direct them to members of the Committees where the bills are being reviewed. For example:

House Committee of Ways and Means (Health & Environment Subcommittee)

Chairman, Pete Stark (D-CA)

Ranking Minority Leader, Willis Gradison (R-OH)

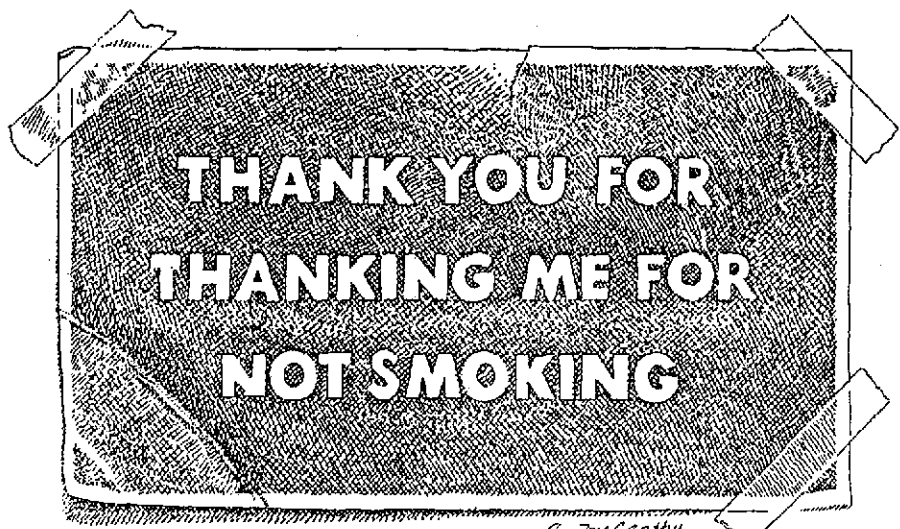
and

House Energy and Commerce Committee (Health Subcommittee)

Chairman, Henry Waxman (D-CA)

Ranking Minority Leader, Edward Madigan (R-IL)

As always, we welcome you to join the PSONS Governmental Affairs Committee meetings, the third Thursday of each month at the Elliot Bay Book Cafe (7:00 a.m.). If we don't see you there, please feel free to contact members of the PSONS Governmental Affairs Committee with issues where we can be of assistance to you (Gloria Felde-Chair, Pat Jordan-Past chair, Ingrid Nielsen-Core member, ONS GRC).



Puget Sound Chapter of the Oncology Nursing Society

Chapter Board of Directors

President: Brenda Nevidjon
W-548-4102 H-527-9131
President-Elect: Joy Miller
W-454-4011 H-329-4411
Secretary: Pam Ketzner
W-627-4101 H-759-7978
Treasurer: Barbara Fristoe
W: 594-1000 & Page; H: 874-8701

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Annual PS-ONS Symposium:
Janet Kent/Judy Kornell
Historian: Elizabeth White
Nominating: Carol Mickley
Membership: Susan Ford
Public Relations: Irene Karlson
ONF: Janet Appelbaum
Education: Betty Gallucci
Quarterly Newsletter: Kathleen Block, Editor
Katy Juisenius, Advertising Editor
Research: Patra Grevstad
Mel Haberman, Consultant
Government Relations: Gloria Felde
Clinical Practice: Anna Williams

ONS National Committees

Clinical Practice: Beverly Vincent, Member
Oncology Nursing Forum: Brenda Nevidjon,
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Government Relations: Ingrid Nielsen,
Core Member (Western Region)
Oncology Nursing Foundation: Janet Applebaum,
Member
Research: Mary Ersek, Member
Nominating: Kathy Stetz, Member
Special Interest Groups: Rosemary Ford, Member

PSONS NEWSLETTER

Published quarterly by the Puget Sound Chapter
of the Oncology Nursing Society with the support
of the American Cancer Society.
Editor: Kathleen Block

Letters, articles and announcements are requested
from all PSONS members and other readers on
topics of interest. Neither Puget Sound Chapter of
the Oncology Nursing Society, the Oncology
Nursing Society, the editorial board of the Quar-
terly, nor the American Cancer Society assume
responsibility for the opinions expressed by au-
thors. Acceptance of advertising does not indicate
or imply endorsement by either of the above-stated
parties.

Submit materials for publication to Kathleen Block,
PSONS Editor, P.O. Box 85058, Seattle, Washing-
ton, 98145-1058. (206) 223-6819

PUGET SOUND CHAPTER HOTLINE!

PSONS has a telephone answering machine. For
questions, concerns and comments regarding
Chapter activities, please call:
(206) 462-5385
24 Hours

Leave your message, name, telephone number
and best times to reach you, on the tape recording.

President's Message

The Ripple Effect

Brenda Nevidjon

As in past years, the ONS Congress was one filled with meetings, committee work, energy expenditure, seeing old friends, and learning new information. Most importantly, though, it was again a time for reaffirmation and re-energizing, a time for validating my commitment to nursing, specifically oncology nursing. This year several special things happened for me—as an individual and as the President of our chapter.

I was able to spend time with a friend and colleague from North Carolina. She was a member of the original staff who opened the cancer research unit with me twelve years ago. She became one of my assistant head nurses and as I left to come West, she returned to graduate school. Since completion of her Master's, she has created two advanced practice roles for herself. She will be leaving North Carolina soon and we talked about our past experiences together, our present lives, and what our future challenges may be. She gave me a very special gift when she shared with me the influence I had in her professional development and how she has, in turn, nurtured other nurses in their development...the ripple effect.

In the Pre-Congress workshop for news-
letter editors, numerous people compli-
mented the quality of the PSONS Quarterly

and asked for copies so they could incorpo-
rate some ideas into theirs...the ripple effect.
The national Government Relations Com-
mittee distributed our fall newsletter in
their Pre-Congress workshop and uses our
chapter committee's activities as an
example to others...the ripple effect. Our
chapter, through the hard work (and hard
selling) of several members, sold the most
raffle tickets for the Oncology Nursing
Foundation which will be used for scholar-
ships and grants...the ripple effect.

This year, at the opening ceremonies,
there was a procession of the Society's
leadership that included all committees,
task forces, chapter presidents, the special
interest groups, the Foundation, the
Certification Corporation, past presidents,
and the current Board. There were several
hundred of us in the procession, many from
our chapter. The Society has grown from
the vision a group of nurses had fourteen
years ago to an organization of over 15,000
members whose business results from
hundreds of volunteers...the ripple effect.

I share the ripple effect with you
because at times I think we all may wonder
if what we do has any effect. It does. The
nurturing we do of each other, the extra of
ourselves we give locally and nationally,
strengthen our specialty and our profession.
We are facing increasing challenges and
uncertainties in health care, but as individu-
als and groups we have power and
influence...start a ripple effect today.

Minutes

PSONS BOARD MEETING
APRIL 10, 1989

Chapters may sell items at ONS
Restriction on alcoholic beverages
ONS News

Nurses On the Move
Nurses In Action

Suggestions: Cancer Lifeline, Hospice Nurses
Serving the Islands, Legislative Affairs

Clinical Practice Committee: Professional Fees
to sponsor speakers, Mead Johnson to spon-
sor items.

Newsletter:

Package to Advertisers
125.00 full page for one issue
100.00 per issue if contract for full year
(5 issues)

Business Card Ads

25.00 an issue
20.00 for one year

Board has agreed to proceed with this
Next issue Post Congress, PSONS grant
winners, other experiences, member contri-
butions

Fran Lewis to do year end issue Sept. 27 -
Survivorship

Smoking Issue - Sarah O'Hara, Ingrid
Nielson, guest editor July 29.

Winter issue - Chemo update, new drugs,
exytravasation, clinical issues, QA, legal
issue, retaining and recruiting

Continued on Page 10

Minutes

PSONS MEETING
APRIL 19, 1989

- I. Call to Order by Brenda Nevidjon
- II. Welcome and introductions by President
- III. Minutes 2/11/89 meeting in Quarterly, will approval next meeting
- IV. President's Report
Attended chapter president's meeting in Pittsburgh
- Our chapter viewed as role model for other chapters, especially newsletter
- ONS to charge chapters mgmt fee for liability, tax prep, etc. Our chapter fee will be \$150 yearly. Many questions raised about fee schedule. Concluded by group: they are fair.
- V. Treasurers Report: Barb Fristoe
\$5,186.44 Checking
\$15,130.03 Money Market Account
- VI. Pres-Elect Report: Joy Miller
Board try to brainstorm ways to get greater number of chapter members ACTIVELY involved especially those outside Seattle area (regional liaisons).
Request to committee chairs to look at committee tasks and activities that those members could do.
- VII. Committee Reports
NEWSLETTER: Kathy Block
- Fall 1988 Issue (Power, Influence & Politics) submit to ONS for newsletter award.
- Committee chairs submit items for calander

- May 31 deadline post Congress issue need INPUT from EVERYONE attending
- Upcoming issues
Fall 1989 Smoking Issues
Winter 1990 Clinical Practice Update
Survivorship issue Fran Lewis Guest editor - year end issue
Other Topic ideas needed, those submitted include: QA, lifestyle, recruiting, etc.
- SYMPOSIUM: Brenda Nevidjon
Co-chairs selected - Janet Kent/Judy Kernell
Will retain conference planner
? site change for Symposium '90
- HISTORIAN - Liz White
Request for more involvement of fellow chapter members. Interested person to assume primary historian duty. Call Liz.
PR/Member: Sue Ford
These two committees formally combined. Current membership 300
May 1st non-paid members will be deleted from mailings (100 people).
Need to look at retention of new members who drop out after only 1 year (usually about 1/2 new members).
Banner to be displayed at ONS opening ceremonies by chapter officers
- EDUCATION: Betty Gallucci

Only 3 applications returned for congress stipend award.
Exploring possibility of offering a career development award.

Need more committee members for application review

Programs: discussion about including families & S.O.s at one of the quarterly meetings. June meeting tentatively congress wrap-up.

RESEARCH: Judy Kornell

Survey of Swedish and Hutch nurses data being coded and analyzed by Seattle Pacific student with Mel Haberman's assistance.

GOV. RELATION: Gloria Felde

Gloria new committee chair primary focus to monitor legislature activity. Next meeting 4.20 at 7:30 a.m., Elliott Bay Book Store. Contact Gloria to be placed on G.R. mailing list.

P.I.P (Fall '88) issue Quarterly will be used as a model newsletter at Pre-Congress Newsletter Workshop

Ingrid Nielson reported on various legislative updates to current bills.

FOUNDATION: Janet Appelbaum

Foundation fundraising activities include raffle and cookbook.

Need members to sell tickets HERE and at Congress - our chapter has been challenged by N.Y. chapter in selling tickets \$300 grant will be awarded to chapter selling most tickets

"The Caring Cook" will feature health recipes collected from ONS members

CLINICAL PRACTICE: Anna Williams
Next meeting May 10th, 7 a.m., Daily Grind (Montlake area)

Need more members. Meet monthly
Summary of Symposium survey in Quarterly beside Clinical Practice Issue. Plan to feature C.P. column in each newsletter.
Suggested topics include ONS roundtable wrap-up, suicide, extravasation policies.

No items brought forth for old/new business
X. ANNOUNCEMENTS

Need chapter member input for ONS news:

Members on the Move

Cancer Nurses In Action

Lesbian Oncology Nurses will meet at Congress on Friday 5/19 at 6:30 p.m. Convention Center.

Request PSONS members become involved in ACS fundraising activities since their supportive activities in our early years. Contact: area or unit offices, see your directory.

Tacoma General Hospital in Tacoma will be an additional site for the Fall 1989 ONCC exam - more info to follow about review course.

Continued from Page 9

Time Line - check with committees for minutes that are sent out from each committee.

Board Discussion

Corresponding Memberships

1. Letter defining this
2. Limit to 2 or 3 each committee
3. Specific tasks, some expectations, some benefits
4. To get people involved outside of the King County area
5. Get thoughts from committees at next meeting

Reminder from board to each chair concerning corresponding members and committee reports.

Areas to think about for corresponding letter

Wenatchee, Bellingham, Olympia, North county, Spokane, Port Angeles, and Yakima

Agenda for Business Meeting
Reports
Committee Reports

Old Business

Research Committee

ONS Activities

Banner—Where is it?

Announcements

September 23, 1989, Tacoma General will sponsor the ONCC Test and a refresher course

New Business

Discuss Social and ONS Rap up at June Meeting

Board Liaisons

Brenda to talk about Symposium Committee

Ask Deb Clark about brochures

Joy may be changing answering service to work phone

? using WSMA secretarial services for a certain fee

Barbara may be changing PO Box, also she needs to send out budget packet for June Retreat

Strategic Planning at June Meeting

Board Meeting June 30, 1989

Olympic Hotel, Seattle

Committee Chairs in P.M. with board

Continuing Education

Soviet-American Cancer Nursing Conference: Cancer Continuum-Patient, Family & Care Giver

Sponsored by: Professional Seminar Consultants, Inc.

September 3-16, 1989

(Reservation Deadline: July 5, 1989)

USSR (Moscow, Krasnodar, Sochi, Leningrad)
\$254 (Conference) \$2999 (Tour, NY Departure)

CEU: 35 hrs.

Contact: 1-800-365-5357

Professional Seminar Consultants, Inc.

4801 West 110th Street

Overland Park, Kansas 66211

9th Annual Cancer Symposium for Nurses

Sponsored by: Scripps Memorial Hospitals

October 30-November 1, 1989

Sheraton Harbor Island Hotel

San Diego, CA

\$290

CEU: 23.5 contact hours

Contact: (619) 453-6222

Nomi Feldman, Conference Coordinator

P.O. Box 210211

San Diego, CA 92121

Oncology Nursing: National Conference Addressing Advances in Treatment, Rehabilitation & the Quality of Life

Sponsored by: Contemporary Forums

July 24-26, 1989

Sheraton Boston Hotel & Towers, Boston, MA

\$235

CEU: 20 contact hours

Contact: (415) 820-2800

Contemporary Forums

530 La Gonda Way, Suite E

Danville, CA 94526

International Congress on Strategies for Care in Oncology-Supportive Care for the Cancer Patient

Sponsored by: ICSC/Symedco

August 22-25, 1989

Hyatt Regency on the Inner Harbor

Baltimore, MD

\$225

CEU: 1.8

Contact: 1-800-821-5678

(or FAX 609-452-1564)

ICSCO Secretariat

Symedco

Two Research Way

Princeton, NJ 08540

Adult Children of Alcoholics - Pathways to Recovery: New Dimensions in Personal Growth & Professional Development

Sponsored by: US Journal Training, Inc.

July 27-29, 1989

Hyatt Regency Hotel, Bellevue, WA
\$235

CEU: Pending

Contact: 800-851-9100

US Journal Training, Inc.

Bellevue Enterprise Center

3201 SW 15th Street

Deerfield Beach, FL 33442

Sexual, Physical & Drug Abuse in the Family

Guest Speakers: Jay Haley & Cloe Madanes

Sponsored by NW Family Training Institute

August 18-19, 1989

Seattle, WA

\$150

CEU: 11 contact hours

Contact: (206) 783-3939

Kathleen Murphy, PhD

ACS: Advanced Topics in Pain Management

Guest Speaker: Margo McCaffrey

October 27, 1989

Contact: Sandy Crowell, RN, MA

Overlake Hospital Center

454-4011

Position Available

Washington State Department of Social Services - Chronic Disease Control Section

Cancer Control Program Coordinator/
Cancer Prevention Nurse

Position Title: Public Health Nursing Consultant

Salary: \$2,238 - \$2,865/month

Location of Position: Tumwater, Washington

Minimum Requirements: A Master's Degree in Nursing, including or supplemented by approved curriculum in public health nursing, or, a Master's Degree in Public Health from an American Public Health Assn.-approved university pro-

gram; and 2 years' experience in public health nursing in an administrative, supervisory, consultative or teaching capacity.

For additional information on the position contact:

(206) 753-3494

Fred Abrahamson, Head

Chronic Disease Control Section

Office of Disease Prevention and

Control

Division of Health

Mailstop: LK-13

Olympia, Washington 98504

(A photocopy of applications/resumes to Mr. Abrahamson would be appreciated)

Continued from Page 10

ONS special interest groups will officially be created at Congress. Send in your application (ONS NEWS) to be a member.

Call Sue Ford if you have not received

your 1989 directory (251-5121). Thanks to all those who have helped distribute directories.

Elaine Falangus (past-treasurer) had a baby girl in April (Helene Theresa).

Meeting adjourned - tour of UW Cancer Center followed.

PSONS Wins \$300 Educational Grant

Janet Appelbaum

Our Chapter was the leading Oncology Nursing Foundation Raffle Ticket seller. We sold 479 tickets! To everyone who bought and sold tickets at home and to those who bought and sold ticket at Congress, you've given our Chapter a great gift and also assisted the foundation in its efforts to provide scholarships, support the Mara Flaherty Lectureship, and support research.

As co-chair of this year's raffle, I offer my sincere appreciation on behalf of the Foundation.

As a PSONS member I offer ...
WE DID IT AGAIN! BEST IN THE WEST!!

Clinical Practice Review

At this year's Symposium, the Clinical Practice Committee surveyed members to determine how they could best assist nurses in practice. The majority of respondents favored a clinical practice column in the newsletter, of which this is the first. There were 62 responses to the survey, with approximately 2/3 of those responding employed in inpatient settings. Outpatient and home care nurses were also represented. The main areas in which respon-

dents wanted assistance were in developing guidelines, clinical policies and procedures, and in problem-solving of complex clinical issues.

In addition to providing information through this column, members wanted clinical issues addressed at the 1990 Symposium and at educational seminars. The four top ranked areas of clinical need were: new chemotherapy agents, biological response modifiers, troubleshooting

vascular access devices, and epidural drug administration and monitoring.

The Clinical Practice Committee would like to thank members for participating in the survey. We welcome and encourage you to send in contributions to this column such as practice, tips, case reports, and clinical issues encountered in your practice. For this first column we asked facilitators of the 1989 Symposium roundtables to summarize conclusions drawn from their discussions.

Sexuality and the Oncology Patient

Marianne C. Klaas, RN, MN
Clinical Instructor

Swedish Hospital Medical Center

Several ideas concerning how nurses can address the sexual needs of the oncology patient were shared during a PSONS roundtable session. Clearly the first place to start is with oneself. Each of us needs to feel comfortable with our own sexuality. Keep an open mind, be conscious of personal attitudes, values and biases, communicate fears and needs.

How and when should a nurse address sexuality? Many of the roundtable participants incorporate sexual health into their general health assessment, thus making the issue of sexuality less "potent." Literature reveals several ways to inquire about sexuality, such as: "One area of health care that is often neglected is sexual health. I think this is important to talk about. Do you have any questions about your sexuality that you would like to talk about?" If the patient shows discomfort with the topic, it is important to acknowledge this and leave the door open for later discussion.

Several participants shared that it was often the patient who first brought up the issues of sexuality. The nurse should not feel like he/she has to become a "pseudo Dr. Ruth." Specific suggestions can be very creative, and often stem from basic knowl-

edge about disease and treatment. The nurse can encourage the use of a water-soluble lubricant if sexual intercourse is painful for the post-hysterectomy patient; the use of special intimate colostomy pouches, paying special attention to the intimate setting, and emphasis on open communication.

There are many resources available within institutions, such as clinical nurse educators or nurse specialists, who can help facilitate inservices or organize support groups. Participants suggested that staff nurses comfortable with sexuality serve as a resource for other nurses. These resource nurses should be allowed the time and support to enhance skills and knowledge levels related to sexuality of the oncology patient and family. There are excellent pamphlets available through the American Cancer Society on sexuality and general resources.

The first step is to acknowledge that many cancer patients have concerns about their sexuality. The next step is to feel comfortable in addressing these issues, and if not, to access resources designed to improve nursing knowledge and skills. The final step is to take the opportunity to offer suggestions and materials based on the literature, reputable resources, and/or experience, in order to aid the patient back to sexual health.

Contemporary Issues in Oncology Homecare

Kathi White, RN, MN
Oncology Clinical Nurse Specialist
Washington Homecare

The participants in the roundtable discussion on contemporary issues in oncology homecare identified the major ethical theme in managing patients at home to be patient and family advocacy. Areas especially difficult related to situations where the homecare staff believed the patient/family unit needed more information from the primary physician about their cancer, treatment plans, and prognosis in order to be able to participate in decisions regarding care. Another issue requiring nurse advocacy was that of resuscitation discussions and decisions.

Most of the dozen participants in the roundtable discussions currently held staff or management positions in homecare and/or hospice homecare. The few who work in the hospital settings agreed that communication with the primary physician based on thorough assessment of the patient and family's needs, and with the input from a multidisciplinary team perspective, was the key to advocacy. The roundtable participants concluded that an important role of the nurse, no matter the health care setting, is patient/family education directed toward increasing knowledge of clinical self-care. Also significant is educating the patient/family unit in their right to be informed, and to be considered by the health care provider as active participants in all aspects of their oncology care.

The Graduate Nurse Research Experience

Testicular Cancer and Testicular Self-Examination: A Study of Health Beliefs and Knowledge

Testicular cancer is an unfamiliar, not often talked about malignancy. This disease accounts for only one percent of all male malignancies; however, it ranks as first in men between the ages of 20 to 34. The incidence of testicular cancer is on the rise and it is estimated by the American Cancer Society that in 1987, 5,100 new cases will be diagnosed and 500 men will die in the United States from this disease. One of the most effective means for men to help in early diagnosis of this cancer is to perform a simple monthly self-examination called testicular self-examination (TSE). The purpose of this examination is to detect any changes in size or the presence of lumps in the testicle that could possibly be early signs of testicular cancer.

Seventy-four men, whose identities were anonymous, answered a three-part questionnaire which was designed to assess men's 1) knowledge of testicular cancer and TSE, and 2) health beliefs. The respondents ranged in age from 26 to 65 years, and the majority of the sample was white, married, and had some college education.

Half of the sample knew about testicular cancer; however, less than half knew there was a self-examination procedure and less than 25 percent of the sample had been taught how to do TSE. Over 80 percent of this sample did not practice TSE. The majority of respondents were willing to inform other males (e.g., sons, nephews, friends) of testicular cancer and the practice of TSE. Testicular self-examination significantly correlated ($p < .05$) with the health beliefs of perceived seriousness and barriers. In addition, significant relationships were found between the health belief variables and age, salary and education of respondents.

Respondents appeared to be generally interested in finding out about testicular cancer and TSE. Seventy percent indicated that they would like further information. Development of TSE educational program should be started and targeted to the general population as well as the high risk population of men.

What about graduate school? I have so many mixed emotions. It was a good experience - I'm not sure I'd do it again. It was a lot of hard work, but a good experience.

Terri Rizzo-Goodwin, RN, MN
Oncology Clinical Manager/Clinical Nurse Specialist
Seattle, WA

Five PSONS members receive Education Awards

The Education Committee reviewed 11 applicants for the PSONS Education Award. This award helped to cover the expenses of these members to attend the Oncology Nursing Society's Annual Congress. The members with the best applications and who received a grant of \$200 each were: Judy Kornell, Kathleen M. Block, Ann Marie Maguire, Ingrid Nielsen and Golia Felde. As part of the application, these individuals promised to disseminate the information they learned at Congress. You can read about them in this issue.

The range of the scores from the 11 applications were 17 to 22.5. The highest possible score was 25. This means that all the applications were in the very good to outstanding range. The scoring criteria was based on the application. For instance, the application asked what was the main reason for attend-

ing the Congress. The reviewers then ranked the applicants' responses on a scale of 1 to 5, with 1 being a "poor or weak" response and 5 being "excellent and fitting the individual's career goals."

Two outstanding questions remain after this review process. Should applications from students be judged as a separate category? Should the reviewers give special points or consideration to rural applicants? What do you as members think about these questions? Please forward your reply to the Education Committee or any member of the Board.

We will be sending out information for a PSONS Career Development Award in the fall. Would you like to be on a part of the Education/Program Committee to help and decide on the recipients of this award? Remember, committees that hand out money are exciting, rewarding and fun committees.

Comparison of Pain and Mood in Persons with Pancreatic and Lung Cancer

Cancer is the second leading cause of death. It is estimated that approximately one million cancer patients in the United States suffer from chronic pain. Pain is thought to be a complex phenomenon that is associated with actual or cultural, environmental, and psychological variables.

This descriptive study looked at the relationship of perceived pain (VAS) and mood disturbance (POMS) with lung and pancreas cancer patients. This study is done in the form of a secondary analysis of data from 260 patients with cancer of the lung and 25 with cancer of the pancreas.

An increase in the total mood disturbance was found in both groups, but the disturbance was greater in the patients with pancreatic cancer. Vigor/Activity was the subscale showing the most effect and was found to be significantly related to pain perception both for the past 24 hours and the past 7 days. The pain reported by the sample varied from 48% to 83% depending on the site and reference to time.

For the combined sample a significant relationship was found between total mood disturbance and the perception of pain. Vigor/Activity and Confusion/Bewilderment were the subscales showing the greatest significance when referred to typical pain in past 24 hours and past seven days. Neither Depression/Dejection nor Anger/Hostility produced significant findings in the perception of pain during any of the time intervals studies.

Research is a challenge. It requires a creative mind and a persistent spirit. The most important lesson I gained from doing research was an appreciation and understanding of good research and how difficult it is to do. The challenge for nursing and health care is how to use the results of research to assist in the healthier world and general well being.

Pat Jordan, RN, MN
Hospice Home Care Coordinator
Seattle, WA

Coming up ...
at the September
PSONS meeting

THE GREAT EXTRAVASATION DEBATE

A chance to hear about the
newly revised ONS Guidelines
for management of
Extravasation ...

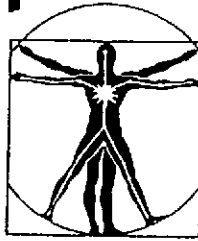
Listen to experts review the
literature and utilize their clinical
experience ...

Guest Speakers:

Beverly Vincent, RN, MN
Oncology Clinical Nurse
Specialist
University of Washington
Medical Center

Judy Petersen, RN, MN
Oncology Clinical
Nurse Specialist
Northwest Hospital

Moderator
Joanne Iritana, RN, MN



Exciting Nursing Opportunities in Home Care

- **USE YOUR HOSPITAL SKILLS TO MANAGE HIGH TECH HOME IV THERAPY PATIENTS**

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- A nationally recognized quality service provider
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We are seeking mature, self-motivated RNs with well-developed IV therapy skills to coordinate and manage care for our increasing number of home IV therapy patients in the **Seattle and Tacoma areas**. Previous **Pediatric or Bone Marrow Transplant** experience is highly desirable. NECC Nurse Clinicians work as a part of a team of medical professionals in assuring only the best in patient care.

NECC offers excellent salaries and benefits, and the opportunity for personal and professional growth. Please call or send resume to Kim Bodnar, Nurse Manager.



New England Critical Care

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Lynnwood, WA 98036
(206) 771-5976
(800) 874-2966

an equal opportunity employer

Attention Committees!

Your meeting schedule can appear in every issue!! Please submit your calendar of events prior to each deadline (see calendar) so that we may keep our membership informed ! Thanks !

JULY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

July

- 19 - Autumn Newsletter Deadline
- 20 - Government Affairs Committee,
7 a.m. Elliott Bay Book Cafe
- 21 - Board Retreat

AUGUST

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

- 17- Government Affairs Committee,
7 a.m. Elliott Bay Book Cafe
- 28 - Board Meeting

SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September

- 12 - PSONS Meeting
- 21 - Government Affairs Committee,
7 a.m. Elliott Bay Book Cafe
- 27 - Newsletter Deadline - Year End Issue

All I Ever Needed to Know I Learned in Kindergarten

Most of what I really need to know about how to live, and what to do, and how to be, I learned in kindergarten. Wisdom was not at the top of the graduate school mountain, but in the sandbox at nursery school.

These are the things I learned: Share everything. Play fair. Don't hit people. Put things back where you found them. Clean up your own mess. Don't take things that aren't yours. Say you're sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and cold milk are good for you. Live a balanced life. Learn some and think some and draw and paint and sing and dance and play and work every day some.

Take a nap every afternoon. When you go out into the world, watch for traffic, hold hands and stick together. Be aware of wonder. Remember the little seed in the plastic cup. The roots go down and the plant goes up and nobody really knows how or why, but we are all like that.

Goldfish and hamsters and white mice and even the little seed in the plastic cup—they all die. So do we.

And then remember the book about Dick and Jane and the first word you ever learned, the biggest word of all: LOOK. Everything you need to know is there somewhere. The Golden Rule and love and basic sanitation. Ecology and politics and sane living.

Think of what a better world it would be if we all—the whole world—had cookies and milk about 3 o'clock every afternoon and then lay down with our blankets for a nap. Or if we had a basic policy in our nations and other nations to always put things back where we found them and cleaned up our own messes. And it is still true, no matter how old you are when you go out into the world, it is best to hold hands and stick together.

By Robert Fulghum

Reprinted from *The Kansas City Times*,
September 11, 1985.



MEMBERSHIP APPLICATION
ONCOLOGY NURSING SOCIETY
 1016 GREENTREE ROAD
 PITTSBURGH, PA 15220-3125
 (412) 921-7373

For Office Use Only	
_____	Exp. Date
_____	Fee Rec'd
_____	Cur. Date
C	Code

PLEASE PRINT AND COMPLETE ALL INFORMATION TO PERMIT PROCESSING OF APPLICATION:

MEMBERSHIP INFORMATION RENEW NEW REJOIN

ACTIVE STUDENT

MISS MS. MRS. MR. SOCIAL SECURITY# _____

_____ Last Name _____ First Name _____ M.I.

Credentials you presently use following your name: _____

HOME ADDRESS:

_____ Street

_____ City _____ State _____ Zip Code

()
 _____ Area Code _____ Phone Number

BUSINESS ADDRESS:

_____ Institution

_____ Address

_____ Address

_____ City _____ State _____ Zip Code

() ()
 _____ Area Code _____ Phone Number _____ Ext.

FEDERAL CONGRESSIONAL DISTRICT# _____
 (Listed on your voter registration card)

PREFERRED MAILING ADDRESS: HOME BUSINESS

ONCOLOGY NURSING SOCIETY INFORMATION

ONS Local Chapter member YES NO If Yes, chapter name _____

Total years: _____ In Nursing _____ In Oncology _____ In ONS

_____ Number of previous ONS Congresses attended ONCC Certified YES NO

INFORMATION ABOUT ONS WAS OBTAINED FROM: (New members only—check all that apply.)

- | | |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> ONCOLOGY NURSING FORUM | <input type="checkbox"/> HEALTH CARE FACILITY |
| <input type="checkbox"/> ONS NEWS | <input type="checkbox"/> EDUCATIONAL CONFERENCE |
| <input type="checkbox"/> OTHER PROFESSIONAL JOURNAL | <input type="checkbox"/> ONS MEMBERSHIP DISPLAY |
| <input type="checkbox"/> COLLEAGUE | |
| <input type="checkbox"/> RECOMMENDED BY ONS MEMBER | |

EDUCATIONAL INFORMATION

Current Education Status:
 (Check only one)

- Full time student
- Part time student
- Currently not enrolled

(Check only one)

- Undergraduate
- Graduate
- Post-graduate

Highest Degree Completed: (Check only one in each category.)

- | | |
|------------------------------------|-------------------------------------------------|
| (A) Nursing | (B) Other Field |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Diploma or Certificate |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Associate |
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Bachelor |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Doctorate |
| | <input type="checkbox"/> None |

(over)

PROFESSIONAL INFORMATION

Employment Status (Check only one):

- Full time
- Part time
- Unemployed

Primary Functional Area (Check only one):

- Administration
- Education
- Research
- Patient Care
- Other _____
Please Specify

Primary Position (Check only one):

- 1 Staff Nurse
- 4 Head Nurse
- 7 Clinician
- 2 Nurse Practitioner
- 5 Clinical Nurse Specialist
- 8 Educator
- 3 Supervisor
- 6 Director/Assistant Director
- 10 Researcher
- 11 Consultant
- 9 Other _____
Please specify

Primary practice setting (Check only one):

- Hospital
- Outpatient/Ambulatory Care Clinic
- Public Health/Community Nursing
- Hospice
- Home Care
- School of Nursing
- Private/Group Practice
- Physician's Office
- Other _____
Please specify

Primary Area of Practice (Check only one):

- Chemotherapy
- Immunotherapy
- Hematology/Oncology
- Radiation Oncology
- Surgical Oncology
- GYN Oncology
- Head and Neck Oncology
- Other _____
Please specify

Patient Population (Check only one):

- None
- Adult
- Pediatric
- Both

MEMBERSHIP CATEGORIES - Membership extends for one year from the date of receipt of the completed application and payment. As part of your dues, you will receive an annual subscription to the *Oncology Nursing Forum*, the official publication of the Oncology Nursing Society. This subscription is valued at 50% of the regular subscription price to individuals. Dues also include an annual subscription to the *ONS News*.

- \$ _____ \$53.00 (U.S. Dollars) - active membership - only registered nurses are eligible.
- \$ _____ \$95.00 (U.S. Dollars) - two-year reduced rate - active membership - only registered nurses are eligible.
- \$ _____ \$26.50 (U.S. Dollars) - student membership - only full time students are eligible.
- \$ _____ \$ 5.00 or \$ _____ - optional - suggested tax-deductible contribution to support the Oncology Nursing Foundation scholarship, research and public education programs
Designation: Scholarship Research Public Education

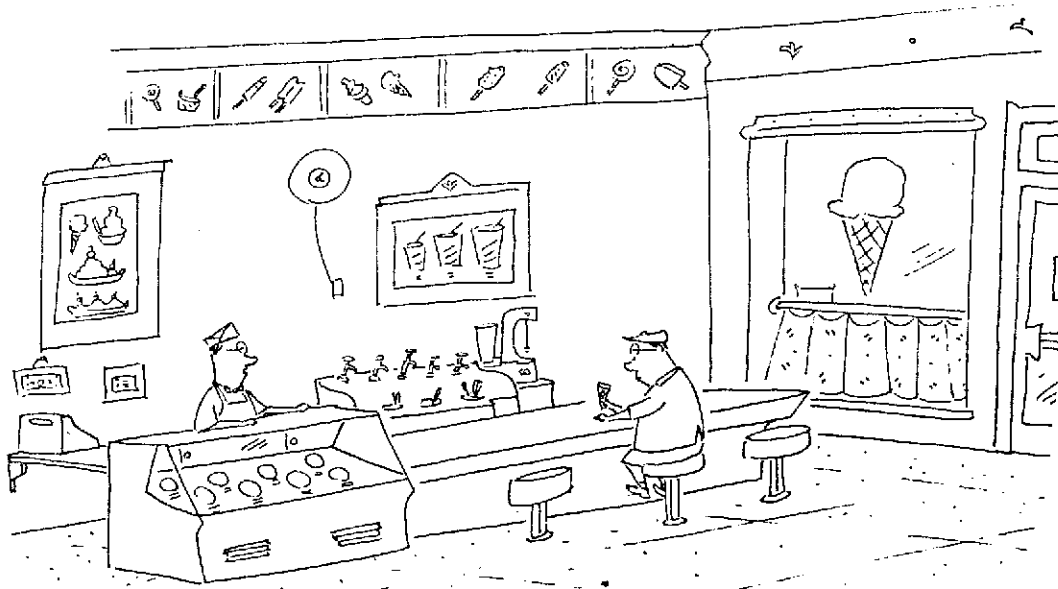
METHOD OF PAYMENT - I have enclosed a check or money order in the amount of \$ _____. Please make check payable to Oncology Nursing Society. Non-U.S. residents, please state "U.S. Funds" on your check.

VISA MASTERCARD CARD NO. _____ CARD EXP. DATE _____

Name as it appears on credit card.

Signature

Date of Application



M. Allen

"You look like you could use another scoop of mint chocolate chip."



PSONS MEMBERSHIP

Membership Application
PUGET SOUND CHAPTER ONCOLOGY NURSING SOCIETY
 P.O. Box 85058 • Seattle, Washington 98145-1058

Employment: Full Time _____ Part Time _____ Unemployed _____
 Highest Degree: Diploma _____ Associate _____ Bachelors _____ Masters _____ Doctorate _____
 Functional Area: Patient Care _____ Administrative _____ Research _____ Education _____
 Specialty: Chemo _____ Radia _____ Surg _____ Immuno _____ Home care _____ Other _____
 Patient Population: Adult _____ Pediatrics _____
 Total years in Nursing _____ in Oncology _____

NEW RENEWAL
 ONS Membership Number _____ Expiration Date _____
 I give permission to be included in PSONS membership directory.
 Credentials _____

MEMBERSHIP APPLICATION

Last Name _____ First _____ Middle _____
Preferred Mailing Address:
 Street _____
 City _____
 State _____ Zip _____

Business Address (If different)
 Institution _____
 Address _____
 Address _____
 Street _____
 City _____ State _____ Zip _____
 Phone (H) _____ (W) _____
 _____ DUES \$15.00
 _____ DONATION _____ to PSONS Local Chapter _____ to ONF
 _____ TOTAL SUBMITTED

Dues are \$15.00 (in U.S. dollars) per year and must accompany this application. Membership runs from January 1 to December 31. Send your check or money order made payable to PS-ONS to the above address. No partial payments are accepted during the year.



PSONS
QUARTERLY



American Cancer Society
Washington Division, Inc.
2120 - First Avenue North
Seattle, Wa 98109

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