

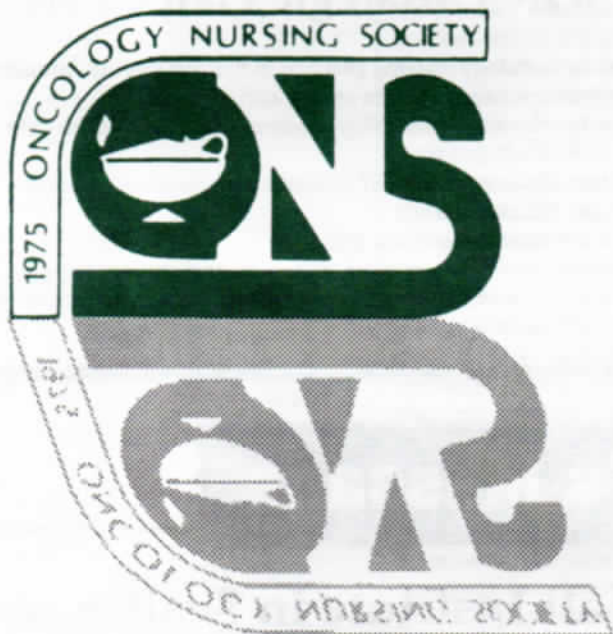
Puget Sound Quarterly

Vol. 17, No. 1, 1994



ONCOLOGY NURSING SOCIETY

Reflection on the present... Planning for the future



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President's Message

Ryan Iwamoto
Virginia Mason Medical Center

Season's Greetings! I hope that this has been a time of reflection and renewal for you.

This past year, the Board of PSONS began the process of creating a strategic plan for our Chapter. The purpose of a strategic plan is to provide a framework for carrying out creative futuristic thinking, direction, and action leading to the achievement of the Mission of the Chapter. (See Box 1) Strategic planning is an ongoing process that defines the organization's activities, formulates the organization's major strategic goals, identifies the strategies to accomplish those goals and defines the needed resources.

The first stage was to assess our Chapter's strengths and weaknesses. This assessment was accomplished with a



questionnaire that was sent this past summer to all Chapter members. The Board reviewed the assessment data and analyzed that information in conjunction with our Mission Statement. Major strategic goals were developed and the Board is now defining the specific activities that are needed to achieve these goals. (See Box 2)

Once the strategic plan is established, it is reviewed annually to see how our Chapter is accomplishing its goals relative to its Mission Statement. Every five years the entire process is reviewed starting again with an assessment of the chapter.

In the next newsletter, the finalized strategic plan will be published. Implementation will begin in January 1994. The strategic plan is a vital and organic tool for our chapter. Your continued input will be essential.

Mission Statement

PSONS is committed to the advancement of oncology nursing practice through education, communication and research.

1. To promote networking among oncology nurses served by PSONS
2. To promote quality in oncology nursing practice through education, communication and research
3. To enable oncology nurses to survive in the current changing health care environment.
4. To encourage a proactive stance with respect to professional issues.

1993 PSONS Strategic Plan Goals

1. Provide resources for oncology nursing practice in the community through professional continuing education, networking and support.
2. Develop strategies to address membership concerns regarding health care changes.
3. Promote the conduct, dissemination and utilization of oncology nursing research in the Puget Sound area.
4. Increase PSONS Government Relations activities
5. Strengthen collaboration with external organizations and corporations
6. Increase resources in order to ensure the continued growth and strength of PSONS

ONS President's Message

Thoughts While Travelling to Fall Institute in Seattle and Comments Made to the PSONS Membership

Sandra Lee Shafer
Pittsburgh, PA

As I traveled to Seattle I read the last issue of your newsletter. I was amazed! (and not just because of its length). I have always been impressed with the Puget Sound Chapter however, several key elements struck me during my reading.


I am from the northeast, Pittsburgh,

Pennsylvania. Needless to say, the northwest is quite different in terms of geography, weather and economics. The one similarity is the friendliness of the people. Healthcare and the impact of the potential reform plan is also very different.

The state of Washington is actually far ahead of most states in making changes and preparing for the state legislative events that will be the actual method of implementation of the healthcare reform plan.

You may be asking — "how are we

ahead?" The answer is — by asking questions, informing, educating and communicating. Nurses do these very well. Your chapter members do these very well. Just take a look at the column which lists your chapter leadership. Many of your members are involved with ONS activities on the local and/or national level; and as ONS staff (Mel Haberman) or as volunteers. Over one half of the national committees have representation from your chapter plus



A Personal Experience of Change in the Health Care Environment

Ann Reiner

It has now been 3 months since I was told my position at Virginia Mason was eliminated. I can't remember when I last felt so shocked. Being a ubiquitous middle manager, I had no doubt that I and my colleagues were at risk. But the reality of the announcement was hard to understand. Over time, that distress has evolved into a less anxious daily living. This is the outcome I had hoped for at the end of the summer, but could not imagine what my path to that place could possibly be. I would like to share my story with all of you. As oncology nurses know, recounting one's grief experience can assist bereavement. I have processed much in these months. It is also my hope that my experience may be of help to others who might find themselves being a nurse without a job.

I had returned from an extended vacation 10 days prior to the announcements. I could feel a difference in the climate. The tension and anxiety was marked among my colleagues. We all asked ourselves and each other in private, "Will I be the one to go?" Looking for clues provided no insights. On a Monday morning, the first change became public. A senior level administrator position was eliminated. The administrators left in charge of operations then met together for 4 days to formulate the new organizational structure and choose who was to fill the new positions. The goal was to downsize to decrease overhead and maintain quality. On the following Tuesday, every one in Nursing Administration was given an appointment time for Wednesday with their supervisor. The anxiety was palpable.

At 9:00 I entered my boss' office with the hope of hearing that my job responsibilities were to expand, but with no assurance that this was to be the case. With difficulty, my supervisor handed me a letter and spoke the words, "I'm so sorry." I read the letter. "It is with considerable difficulty and regret that I inform you of the decision to eliminate your position at Virginia Mason effective at the conclusion of the final pay period in August, 1993." It was spoken. It was written. It hit me like a brick. I felt confused, disbelieving, and shocked. All I could say was, "Wow, I don't believe this." I sat back in my chair wondering, could this really be happening. I was not angry. I was not sad. I knew this was not the time to request an explanation of the decision-making process. I accepted the decision without protest.

I was directed to go to Human Resources to meet with an outplacement

counselor and someone from VM Human Resources to explain my severance package. As I walked outside between buildings, I felt the wind so crisply. I heard street noises so clearly. My senses were heightened.

All I remember about the next hour is that my life would be changing. Soon I would not have a job, a place to go, a place to be a nurse. I couldn't understand why I was chosen. What hill had I died on? What did I do or not do to be selected to leave? I signed papers. I made appointments. I tried to read the multiple documents related to this change in my life. I walked back to my office and called my husband. I called my parents who were due to arrive the next day to celebrate our daughter's birthday. I knew I was going to need all the support I could find.

I was told the staff of the oncology unit was going to be told of my departure at 12:30. I was asked if I wanted to be present. At first I thought it would be easier if I was not there. However, upon reconsideration, I chose to tell them myself. I anticipated they would be shocked, but believed we could be of support to each other. When the time came, I spoke the words clearly and succinctly. My position was eliminated. I would no longer be working with all of them. Silence and shock preceded expressions of anger and sadness. It was awkward as there was nothing, but everything to say. To me, I realized that I would really be saying good-bye.

A group meeting was planned at 1 p.m. for all of the 40 managers who were told that morning their employment was ending. I decided to attend to see whose company I would be keeping during these next few months to come. Not everyone came, but for me it was the support I was looking for. I exchanged hugs with those from Nursing Department. I shook hands with those from other departments. There were tears and used Kleenex in nearly everyone's hands. Someone from the outplacement service included in our severance package was to facilitate the hour meeting. The person was skillful at eliciting our feelings and our evaluation of the morning's process. It was clarified that it was our decision when to leave the institution for the last time.

Having the choice of when to leave within the context of having to leave provided a change to leave in a style of my

Continued on Page 4

A Personal Experience

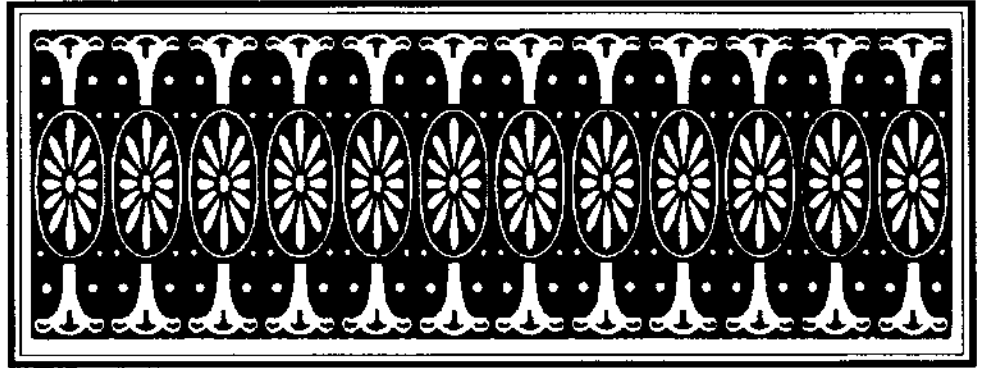
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own discretion. As hard as it would be for myself and others, I know I had to plan time for saying goodbye to the many people I had worked with and cared for. At that same time, it became abundantly clear that it was the relationships that made my work life meaningful. I went to work the next day. I wore clothes that made me feel attractive. Instinctively I knew I needed to care for myself. I was not the least bit clear on how I was going to say good-bye, but I knew I must go there, to that familiar environment. It was what I knew.

People sought me out. I didn't leave my office all morning. A dear colleague took me to lunch at a very nice place close to the hospital. Upon my return, the outpouring of support, expressed most often by shock, sadness and disbelief continued. I found myself at times open to my own sadness and tears as well as defended from it and more than able to provide comfort to those I met with. That ebb and flow of emotion was an obvious gift to myself. I could only begin to embrace my grief.

Within a few days, I was comparing my situation to a person experiencing cancer. I had my diagnosis. The anxiety of waiting and wondering was now over. Now I could move on, plan my treatment and prepare myself for my new future. Other than knowing I would have more time at home, intellectually, I know the future had yet to be defined. Maybe I could catch up on the ironing and mending. Maybe I could play the piano on a more regular basis. I would not have to worry about weekend staffing or increasing patient acuity. Emotionally, I began to feel relieved. Perhaps it was arrogant of me to compare my situation to someone who is facing a life-threatening situation. But my psyche felt deeply threatened by being told to leave the institution for which I had worked so hard and to which I was so loyal. Plus I was searching for some sort of framework to interpret my grief. I quickly knew this event was not the worst grief experience in my life, but at the same time, I understood it was significant.

Moments that were emotionally difficult during the time of leaving were sifting through thirteen years worth of files in my office, realizing I would soon have no place to go in the morning, changing the message on my voice mail, walking from my office to the nurses' station down the



corridor, moving boxes from and closing the door to my office for the last time. Saying goodbye to my colleagues and friends was not necessarily easy, but I anticipated it to be painful. These other moments were unexpected.

Much to my surprise, I did have some place to go in the mornings. Classes at the outplacement services began the beginning of September. And it was an effort to get there. My anxiety played out in my dreams and sleep patterns. I could fall asleep, but would wake several times or just be awake for the day at about 4 am. I found myself focused on the here and now—get dressed, eat, catch the bus. I didn't know what to expect. One of the pearls of wisdom offered by the outplacement counselor was to establish a new routine. Create an office space at home. Make appointments with oneself to think, write and exercise. Being sleep deprived, all of this was an arduous process, yet worthwhile, no matter how successful I was on a daily basis.

The classes and discussion groups produced arenas for support. To recognize that many capable people were all in the same circumstance was comforting. Much of our work was to identify our professional accomplishments, write about them in a definitive and concise manner, and share them with each other. The statements would then become part of our resumes. Other parts of the curriculum included practicing an answer to an inquiry about one's current work status, exploring personal values, dissecting our previous jobs for the activities and responsibilities we tolerated versus enjoyed, learning tips on networking and interviewing, and writing a 30 second "commercial" about our experience, our reputation and our career objective. Much of the result of our work was an appreciation for each other's talents, skills, and achievements. To feel appreciated for who we all were as professionals was invaluable.

It was difficult to keep that awareness front and center. It was tested when I

entered the work of the Department of Employment Security, or the unemployment office. There are offices throughout King County. Wanting to decrease costs, I chose the office closest to my home. It still required a bus ride downtown, but it was a trip into a different culture. My first realization was that this was a far larger bureaucracy than where I had just been employed. And to make it worse, I had no known identity or credibility in this new system. My most important identifying feature was my social security number. Again, I likened my situation to a patient's. Just as the common denominator for inpatients is their person in a hospital gown, so was I with my "sosh," as the employment security staff call it. The paperwork was frustrating. There were many forms asking for the same information, but each with a slightly different focus. I wondered just how far this information traveled—through the mail, over the phone, via the computer's electrons. It was as if my jobless predicament was soon to be public. Certainly it was known within certain environments, but once again, more of my reality seeped through my defenses. The evening after I went to file my unemployment claim I heard my name as a statistic, that of the number of new unemployment claims for that week.

Committing to receive unemployment plunged me into the job market. In return for a weekly sum of money, I had to search out employment opportunities and fill out another form every two weeks. Each week, I have to be able (not sick) and available (child care and transportation needs met) at least five days of the week. I have to have made at least four contacts about opportunities each week. I must declare if I refused any job interviews or job offers. I am asked to record where I worked and how much I earned if I did actually work. Requesting assistance in the form of unemployment compensation makes fragile one's sense of being a capable, skillful, well-

known, well educated, and employable professional.

Unlike some of my fellow "downsizers," I have chosen to search out positions in the health care industry. I have been told that searching for a job is like having a job. I have found it requires many of the same skills and abilities needed for any job, including persistence, creativity, and organization. An additional activity I have found helpful is a near daily inventory of how I perceive myself and my situation. There are days when this period of unemployment feels like a welcome vacation from the daily grind of a full-time job. Other days, I border on panic as I count the days until my last severance check, wondering from where my next source of income, if there will really be one, will come. These situations are the extremes in what I like to call my personal anxiety continuum. If my daily check registers to the right or left of calm, then I try and correct the shift. My corrective actions include, but are not limited to journaling, deep breathing, yelling in my car, and taking a long, hot shower.

I have been fortunate to have several interviews for a variety of positions. Some have been in person, others over the phone. Prescheduled phone interviews are certainly the most comfortable. I have time to mentally prepare anticipated questions and my answers. And I am able to interview in my bathrobe if that is what makes me less anxious at that moment. Not all the phone interviews have been prescheduled. Sometimes the phone rings when I am expecting a friend to return my call. It takes a bit of mental work to adjust so quickly from a relaxed to a business attitude. Interviews in person bring more anxiety. Perhaps what I wear makes more of a difference to me than to the interviewer. On site interviews also give me more data to formulate my opinions. In my mind, I approach the interview as an opportunity to interview the institution or business just as they are interviewing me.

Up until recently, I have chosen to search out opportunities through employment recruiters. All the possibilities would require relocation. Every week my family and I discuss at our family meeting the pros and cons of moving from Seattle. For our four year old daughter, moving means a different house; a singular unappealing idea. For my husband, it means an adventure. For me, it has allowed me the freedom to examine each job for its potential to provide me with professional satisfaction and growth. I am clear that I really do enjoy being a nurse. I am also

clear that I have talents, qualities, and skills that are very marketable. In less than three months I have come to believe that this is an opportunity for me to find the next challenge of my career. I have interviewed for positions equivalent to my former position, but in the process realized I need to leave the comfort of what I have known.

To say this time has been interesting is not adequate. It has been and remains a significant life experience. Soon after I learned I would be leaving my position, I found a card with a message that has become an affirmation for me — I am keeping myself open to the mystery of what's going to happen. It's a journey that

requires support along the way. It requires staying open to the support offered by family, friends and professional colleagues. Sorting through my own assessment, and comparing it to the words of caring and endorsement I read or listen to is quite an ongoing process. Just as I believe as oncology nurses we stay open to other's suffering, I am learning and practicing staying open to my own suffering and grief. My goal is to create a new work life in which I have the opportunity to nurture a goal of quality patient care and to foster my professional growth. I know I need to work hard, be lucky, and give acknowledgement to the enduring support along the way.



Healing in Health Care Symposium *Exploring the power of the mind, body, spirit connection in healing*

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Kaiser and Associates

William M. Lamers, Jr., MD
Expert in Pain Management and
Quality of Life Issues

Mark Tucker
Co-President of Awakening
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Sponsored by St. Joseph Cancer Center and the American Cancer Society

Fall Institute: What I Learned...

Judy Petersen
Northwest Hospital

The ONS Fourth Annual Fall Institute, "A Season of New Challenges," took place in the Seattle October 29-31. Twenty-five clinically relevant topics were presented in three hour sessions. The goal of this 4th Annual Fall Institute was "to provide oncology nurses with comprehensive learning experiences in oncology topics presented at both the basic and advanced levels." Of the 1500 attendees, there were 236 from the state of Washington. Following are a few clinical tips and highlights from some of the sessions attended by PSONS members. They were asked, "What did you learn at the fall institute that you'd like to share with others and that your may be applying to your practice?"

Joanne Iritani — University of WA Medical Center

AIDS: Update on Clinical Management

Multidrug resistant Tuberculosis (TB) has become prevalent on the East Coast. These virulent TB strains have a short prognosis from the time of diagnosis to death (a few months). This scary information has prompted me to increase the awareness of our staff as to what patient risk factors may signal possible TB. Education about personal safety when caring for these patients is also important. New CDC guidelines will be out on this topic by the end of '93.



Bev Davis — Visiting Nurse Service of the Northwest

Cancer Pain Management: Defining New Standards of Care

The standard time to change a Duragesic (Fentanyl) patch is every 3 days. There are some patients for whom the pain

relief only lasts 2 days. This is especially true in febrile patients as the rate of absorption is faster. To reduce the possibility of renal toxicity from nonsteroidal antiinflammatory drugs, keep patients well hydrated. As you move up the World Health Organization ladder of analgesics, move from nonopioids to weak opioids. Remember to add to the nonopioid, don't just substitute the stronger analgesic. For example, use a NSAID in combination with oxycodone.

Karen Black — Northwest Hospital

Critical Skills for the First Line Manager: Staff advocate, Ambassador and Coach

One of the topics covered at this session was a skill we all utilize in nursing - delegation. It is important to recognize when to delegate. Rules of delegating include: Provide background information on the task you want done. Let the individual know what outcome you expect, in other words, tell them what should be done, no how. (Another way to say this is, *set the standard for results, not the method*). Always follow-up, this is key! Remember delegation empowers individuals. Recommended reading: **Principles Centered Leadership**, by Stephen Covey.

Renee Yanke — Whidbey General Hospital

Rural Oncology Nursing: Exploring and Pioneering Aspects of Care

The definition of rural health is quite varied depending on where you live. I was beginning to feel "suburban" as I listened to nurses talk about very remote areas of the country where they managed, through creativity, to meet the needs of oncology patients. As a profession, we are extremely versatile in providing care, no matter the setting. Often, in spite of an isolated setting, oncology care is provided. We have common care issues across the country, but handle them in a variety of ways depending on setting and region. It was great to have a session focus on rural community oncology nursing!



Ann Marie Maguire — Seattle V.A. Medical Center

Vascular Access Devices: PICC Lines and VAD Complication Management

If patients with PICC lines are having clotting problems it's recommended that they take one aspirin per day as a preventative measure. We have had patients with this problem, so I'm looking for appropriate patients to test this intervention.

Ann Reiner

Hereditary and Familial Predisposition to Cancer: Early Identification and Nursing Implications

There were 3 presentations on hereditary colon cancer, breast cancer and the more rare hereditary cancer family syndrome. The speaker on breast cancer (of interest to every female oncology nurse) offered statistics to define more clearly the individual's vulnerability to this disease, the 3rd highest cause of death in women. Incidence is rising by 3% a year. About 25% of breast cancer have a hereditary or familial link. The remaining incidence is influenced by a woman's reproductive history, lifestyle and environmental issues, including exposure to hormones and radiation. As disturbing as these facts are, the emphasis and importance of BSE and screening mammography become clear to us all.



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PSONS NEWSLETTER

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Editor: Renee Yanke

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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 Quarterly, nor the American Cancer Society assume responsibility for the opinions expressed by authors. Acceptance of advertising does not indicate or imply endorsement by either of the above-stated parties.

Submit materials for publication to Renee Yanke, PSONS Editor, Lake City Professional Center, 2611 N.E. 125th St., Suite 305, Seattle, Washington, 98125-4357. (206) 386-2013

Call PSONS @ (206) 361-4736
between 9 a.m. and 5 p.m.

Sue Alderson — Northwest Hospital

Blood Component Therapy: An Update

We know that CMV infections can be deadly for those who are immunocompromised. CMV positive (+) blood can potentially reactivate CMV infection in a CMV+ immunocompromised person. The speaker suggested that no CMV+ blood should be given to any potentially immunocompromised person. This may become a blood supply issue a 50% of the U.S. population is CMV positive.



What did *you* learn at Fall Institute? Have you shared this yet with colleagues, patients, families or perhaps changed your practice? Well?

Next Issue: Topic suggestions are welcome, or write an article on a clinical topic you have interest or expertise in. Please write or call me: 4027 Woodland Park N. Seattle, WA 98103. Phone (Days M,T,W @ work 368-1608 or Th, F @ home 633-1326)

Welcome to PSONS!

Mary Ann Perreira	Carlsborg	Sequim Radiation Oncology
Kathy Woodruff	Seattle	
Aurora Santiago	Seattle	V.A. Medical Center
Betty King	Snohomish	
Stephanie Wiseman	Seattle	
Eileen Bolser	Tacoma	
Jeannie Keith	Chehalis	
Sharon Rockwell	Woodinville	
Peg Bochaw	Tacoma	

Cancer Chemotherapy Workshop

Highline Community Hospital, Auditorium

January 20, 1994 @ 7:30-4:30 p.m.

January 21, 1994 @ 8:00 to 4:30 p.m.

Cost \$100

Call 439-5577 to register

Business Beat

Judy Kornell
Fred Hutchinson Cancer Research Center

Research Committee — Donna Berry
The Research Committee's next meeting is on **January 10, 1994, 5:30 pm, at the University of Washington, Health Sciences Bldg., room T612.** The March meeting will be on **March 7, 1994 at 5:30 at Swedish Tumor Institute.** We would like to add some new members in 1994. All interested PSONS members are welcome. Please call **Donna Berry at 782-3433** for more information.

Education Committee — Carla Jolley
Watch your mail for the next announcement for the Education meeting! It will be held on **Wednesday, January 12, 1994 at Highline Community Hospital.** Scholarships! Call **Ryan Iwamoto's voice mail** to obtain an application for the annual PSONS Symposium in March—(206)625-7373.

ONS Fall Institute — A final word, Amgen is sponsoring a retroactive scholarship for those who paid their own tuition to the meeting. Applications are available from Ryan for the drawing. "Proof of Purchase" (attendance) is required! *And, wasn't the weather great?!*

Symposium Committee — Mary Underbrink "Beyond Survival - Quality of Care, Quality of Life, Quality Providers." The 16th Annual Cancer Nursing Symposium will be held **March 25 & 26, 1994 at the SeaTac Marriott.** Sponsored by the Puget Sound Chapter of the Oncology Nursing Society the planning committee includes members Jean Borth, Aurora Brandvoid, Lynn Churack, Bev Davis, Connie Horton, Pat Jordan, Meg Lohmann, Juanita Madison, Judy Martini, Marge Ramsdell, Kit Ryan, Meredith Tuller, Mary Underbrink, Liz White & Renee Yanke. The committee would like volunteers to host roundtables covering the following topics:

Truth vs. Misconceptions, chemotherapy exposure hazards, symptom management of nausea and vomiting, outpatient reimbursement issues, risk of TB exposure, physician assisted suicide. So,



you're thinking about graduate school? Please contact **Juanita Madison (206)432-1117** to volunteer yourself, a friend, and/or local expert.

Government Relations — Pat Jordan
PSONS will co-sponsor with WSNA the Nursing Legislative Days on **January 23 and 24, 1994 in Olympia at the Olympian Hotel (116 Legion Way).** You can earn CE credits when attending a couple classes, and registration is reduced for PSONS members. On the 23rd, from 2-3:30 is a session on Health Care Reform, followed by 4:00-5:45 session on Political Empowerment of Nurses. PSONS registration is \$15, and \$25 for non members. A noon time lunch celebration will be held as well as a legislative breakfast. Please pre-register by January 2nd, by calling for more information at (206)443-9762 or 1-(800)231-8482.

Washington State Cancer Pain Initiative (WSCPI) - Judy Kornell
The annual WSCPI meeting will be held Friday, **February 18, at Virginia Mason Medical Center in Seattle.** Target audience: nurses, pharmacists, physicians, and health care professionals who are interested in advancing their knowledge regarding cancer pain management. State and federal regulatory issues and their impact on pain management will also be addressed. Break out sessions will be provided for newcomers and those returning for a second year. Volunteer yourself, a physician and a pharmacist as your area/community/hospital/town triad by calling CME @ Virginia Mason (206)340-2058 or Judy Kornell at (206)667-5021. A palliative care symposium sponsored by the Yakima cancer pain initiative triad will be **May 4, 1994.** Speakers include physicians, Mark Stillman — WSCPI, Tom Elliott — Minnesota CPI, Laurel Herbst — California CPI, Ira Byock — National Hospice Org., Ethics Comm., and Don Williams RPH — WA State Board of Pharmacy. Contact Debby Wells, RN @ St. Elizabeths (509)575-5269. (Info from Dionetta Hudzinski & Linda Seaman)

And now, a word from National ONS, (or a few words)...

The Pearl Moore Career Development Award

The Oncology Nursing Foundation and Anthony J. Jannetti, Inc. are please the announce a "call" for nominations for the Pearl Moore Career Development Award. The purpose of this award is to recognize and reward three professional staff nurses for meritorious oncology nursing practice by providing financial assistance for attendance at a continuing education program(s). This award is not intended to supplement tuition in undergraduate or graduate programs.

To help us identify these individuals, we are asking each local chapter to nominate one nurse for this award. The nurse can be either an ONS member or non-

Please send me information on the group(s) checked below:

Special Interest Groups

- | | | |
|--|--|---|
| <input type="checkbox"/> Advanced Nursing Research | <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Patient Education |
| <input type="checkbox"/> Ambulatory/Office Nursing | <input type="checkbox"/> Clinical Trial Nurses | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Biotherapy | <input type="checkbox"/> Critical Care | <input type="checkbox"/> Prevention/Early Detection |
| <input type="checkbox"/> Bone Marrow Transplant | <input type="checkbox"/> Ethics | <input type="checkbox"/> Psychoneuro-immunology |
| <input type="checkbox"/> Cancer Program Development & Management | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Psychosocial |
| <input type="checkbox"/> Cancer Rehabilitation | <input type="checkbox"/> Home Care | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Hospice | <input type="checkbox"/> Spiritual Care |
| | <input type="checkbox"/> Lymphedema Management | <input type="checkbox"/> Staff Education |
| | <input type="checkbox"/> Management | <input type="checkbox"/> Surgical Oncology |
| | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Survivorship |
| | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Transcultural Nursing Issues |

Focus Groups

- | | | |
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| <input type="checkbox"/> Adult Leukemia | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Research |
| <input type="checkbox"/> Breast Care | <input type="checkbox"/> Nurse | <input type="checkbox"/> Rural Health |
| <input type="checkbox"/> Computers in Nursing | <input type="checkbox"/> Entrepreneur | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Gerontology/Oncology | <input type="checkbox"/> Nurse | <input type="checkbox"/> Skin Care |
| <input type="checkbox"/> GYN | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Therapeutic Humor |
| <input type="checkbox"/> Health Policy Issues | <input type="checkbox"/> Nurse Survivors | <input type="checkbox"/> Therapeutic Touch |
| | <input type="checkbox"/> Oral Care | |

Name _____
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Return this form to: Membership and Public Relations Department, Oncology Nursing Society, 501 Holiday Drive, Pittsburgh, PA 15220-2749.

member, but the nurse must be involved in cancer nursing.

The application deadline date is **January 15, 1994** for 1994 awards. The recipients will be chosen by a review committee and approved at the March, 1994 Oncology Nursing Foundation Board Meeting. For more information call Bev Davis at (206)632-7441.

The Impact of SIGs

SIGs have benefited the Society in unique ways. No other group within the Society is more well-adapted to connecting colleagues who share subspecialties, common interests, or similar practice issues. SIGs identify members whose expertise is crucial to fulfilling the mission of ONS by participating on collaborative projects and task forces. SIGs are a valuable resource in addressing subspecialty issues, both internally and externally, and they expand leadership development through increased member involvement and the mentoring of volunteers.

Focus on the Foundation — Updates on the Oncology Nursing Foundation

Annual Appeal Campaign

"Our Specialty is Supporting Your Specialty" is the theme of the Oncology Nursing Foundation's 1993 Annual Appeal Campaign. This fund raising effort will take place **September 1 - December 31, 1993**. This campaign is a once-a-year appeal to all ONS members to help the Foundation in its efforts to provide nurses with much-needed support for education, research, career development, and nurse-directed cancer control projects.

The Oncology Nursing Foundation is the only foundation dedicated solely to supporting oncology nurses. Donations to the Foundation are put back into oncology nursing through scholarships, grants, lectureships and awards.

ONS members will receive information in the mail about the Annual Appeal Campaign, including a pledge card. Please support your specialty by completing your pledge card and giving generously to the Foundation during the Annual Appeal Campaign.

Congress Scholarships

The Oncology Nursing Foundation has established a new scholarship, the Congress Scholarship, to recognize professional nurses who have creatively responded to

Family Perceptions of Moral Dilemmas in Living With Cancer

Participants sought for research study

PSONS members are invited to assist me in locating participants for my master's research study. This qualitative study will explore the moral dimensions of living with cancer from the perspective of the family. I am looking for families in which one member has been diagnosed with cancer and has received a least one type of traditional western therapy. The family may have had to face such challenges as an experience in critical care or an acute life-threatening episode, unusual financial or emotional burdens, determination of primary care giving in the event of loss of independence or other complications in caring relationships, or decision-making regarding aggressive treatment, no treatment, or end of life issues. All participants including the patient, must be adults and able to verbally share their experience with cancer.

The study will involve individual interviews, lasting 1 to 1 1/2 hours, with the patient, primary family support person, and potentially one additional family member. Interviews will be audio taped and transcribed for data analysis. The study will be approved by the Institutional Review Board at the University of Washington School of Nursing.

If you know a family who might be eligible, or wish additional information, please contact Gloria Winters at 485-0105.

extraordinary challenges in practice. Recipients of the award will receive a maximum of \$2,000 for airfare, per diem, and miscellaneous travel expenses. Congress registration fees will be waived. Nominees must be RNs involved in cancer nursing, and may only be nominated by an ONS chapter or Special Interest Group (SIG). However, the nominee does not have to be a member of a chapter or SIG.

Up to four scholarships will be presented in 1994. **Nominations are due January 15, 1994.** Nomination materials may be obtained by contacting the Foundation Office at ONS

ONCC Increases Undergraduate Scholarships

In 1994, the Oncology Nursing Certification will increase the number and amount of undergraduate scholarships they award through the Foundation. Ten \$2,000 scholarships will be presented for RN to BSN preparation. The scholarships may be used for full or part-time study.

Eligibility Reminder

Foundation academic scholarships are available for both full-time or part-time study. New application forms are now available, and the deadline for application

is **January 15, 1994**. Beginning with the applications for 1995 scholarships, the application deadline will be advanced to December 1 of the preceding year. Contact the Foundation office for more information.

Flaherty Lectureship Announced

Katherine Brown-Saltzman, RN, MA has been selected to present the 1994 Mara Mogensen Flaherty Memorial Lecture. Brown-Saltzman is a Clinical Nurse Specialist, Palliative Care and Pain Management, at the UCLA Medical Center in Los Angeles, CA. She will present her lecture at the 1994 ONS Annual Congress in Cincinnati. Her lecture will also be published in the Oncology Nursing Forum.

Gift Ideal!

New ONS logo t-shirts are available in sizes L and XL. Made of 100% cotton, the t-shirts are white with a navy logo, and cost \$10. Foundation Gift Certificates are available in \$5 denominations. These gift certificates are a great way to thank a colleague and can be used as raffle prizes or holiday gifts.

**Oncology Nursing Foundation @ ONS
(412)921-7373**

PSONS Profile



**Patra Grevstad,
RN, RSN**

Manager, Clinical Research Department
Swedish Medical Center Tumor Institute

Louise Granger
St. Joseph's, Bellingham

I enjoyed doing a little time travel with **Patra Grevstad**, from the beginnings of her nursing experience to the present. When we were through with the interview I asked her to add some comments and thoughts about the mission and goals of PSONS. As usual when doing Quarterly interviews, it seems to me our pasts, presents and futures have a pattern, a rhythm, or an echo; individual, but alike, and familiar, if you are an oncology nurse.

Patra began her nursing career when she took a job as a Nurses' Aide and discovered she loved it! This was in a convalescent center and it was on-the-job training. She was fascinated by all of the medical information and enjoyed helping people out. At that time she was a junior at the University of Washington and had to practically start over again, taking her prerequisites in her senior year, and entering the School of Nursing the following year. After graduation she worked in medical-surgical and ICU/CCU nursing. Oncology interested her but it was not much of a specialty then. But in 1979, she was offered an oncology position at the outpatient chemotherapy department at the Swedish Tumor Institute. Those were the days of no gloves or chemotherapy precautions, mixing your own drugs, doing

all of it yourself. She worked with a nurse who had extensive clinical experience from Memorial Sloan Kettering, named **Liz Gafney**, who had an incredible knowledge base and taught her a lot. It was four years rich in clinical experience, doing all of the special procedures. Liz left her position as research nurse and Patra stepped in. This position also included coordination of SWOG activities. That was around 1982. Work is now mainly managerial, coordination, grant and budget proposals. She manages the SWOG organization locally which is one of 38 member institutions in the country and is one of the largest. "Certainly due," says Patra, "to the efforts of Saul Rivkin (MD)."

Patra also manages the data managers and nurses who are clinical study coordinators. She runs the BSE study for SWOG and teaches BSE classes. She gets involved in patient and staff education; does inservices on investigational drugs in the hospital; sees, evaluates, and enrolls patients onto SWOG studies; makes rounds with Dr. Rivkin as needed and goes to all SWOG national meetings (where she typically offers BSE classes to the attendees!)

Patra feels it is important for nurses to try to keep a sense of balance in their lives. "Whether the nurse is starting out or is experienced, we need to balance how much we give with how much we keep for ourselves," she says. "We tend to give out more than we gather in. Monitoring ourselves, our health, our balance, maintains our ability to keep helping others. Oncology nurses are special people who deal with an enormous amount of stress in their lives. It is tough but important work that really helps people and makes a difference. We keep hope alive for many people.

Maintaining a balance between work, school and outside activities is one of Patra's present goals. She is enrolled in the

University of Washington Graduate School in Nursing, in the Physiological Oncology Pathway. Completing graduate school is a major goal. "But there needs to be a balance," she says. "Make the most of work and do the best job you can." Outside activities include riding her horse for pleasure and some competition. She also volunteers for the American Cancer Society, mainly in the Camp Goodtimes program where she is entering her third year as chair and her eighth year of camp counseling.

About PSONS. Patra says: "All of the PSONS goals are excellent and well thought out. As nurses we need to get more involved in research as well as in education, early detection and prevention. Especially in education of the public and everyone who deals with cancer. People know more now than people typically did 10 years ago, but many people still know nothing at all about cancer. The American Cancer Society can help offer a broader education to the public."

"Research in the field of oncology is extremely important," she says. "It is one of the more difficult specialties to work in because studies take so long and can be so complex. But it is the backbone of all that we do. Networking at meetings and symposiums is fun and helpful. Patting ourselves on the backs, and providing education to the newer nurses using those who have been in the field for a longer time is extremely important. I have tremendous respect for Oncology Nurses, no matter where they practice: Hospices, outpatient clinics, or hospitals. All of them work very hard all of the time. Oncology is a tough but rewarding slice of the medical care spectrum. I frequently remember what **John F. Kennedy** said, 'Ask not what your country can do for you, but ask what you can do for your country.' Nurses who work in the field of oncology are helping make the world a better place. We should all be very proud of that!"

**HAPPY
HOLIDAYS**

The Last Word

Sue Ford
Tacoma Community College

As the Puget Sound Chapter, we were lucky to host the ONS Fall Institute under relatively fair skies. Even though Immunex might have been able to buy quite a feast at the Space Needle Friday night, unfortunately, they could not buy off the fog that kept our guests from seeing the Puget Sound.

It seems like the rest of the country is not experiencing the true essence of the beginning of health care reform that we in Washington and Oregon are privy to. Many were surprised to hear the state of things going on in the Northwest in regard to the economy of healthcare (and many disappointed there were no job opportunities after experiencing Seattle in the sun!) So, from around the state... Louise Granger reports that the attitudes

expressed by the membership of the PSONS chapter are (unprintable). **Mona Epp-Stage** says that they are revising patient care at Highline Community Hospital. It involves (copywritten) material that Highline purchased. **Barb Fristoe** began a month leave of absence from Tacoma General Hospital after the Fall Institute. She cited too many reasons to list for her leave.

I think the real reason **Gloria Winters** did not facilitate the Ethics forum was stage fright—she claims it was the birthing process!! Congrats on the birth of Rebecca Maris; vital stats are: 8 lbs 12 oz, 21 inches long, with a full head of brown hair!

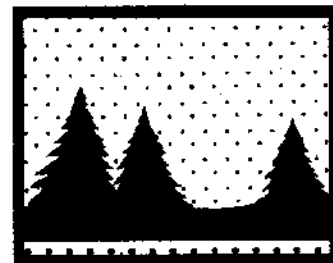
Rumor has it should you call the Group Health consulting nurse about an oncology problem, you will be connected to the Virginia Mason Clinic!?! Hum.....

So until the next issue...keep your heads up and enjoy the holidays, and let the newsletter know about interesting things

you are seeing happen in your area (or news you wish to share with the membership!!)

Note from the editor—I know this issue is coming to you earlier than usual—the first issue of 1994 delivered in '93. I will be in Florida with a mini family reunion (parent and inlaws), returning after the time this is usually sent out! Sue Ford has already warned me about the risks of being tourists in Florida—and I look forward to sitting on the beach, watching the sun go

*down with Margarita in hand. Have a Happy Holiday Season!!
Renee*



ONS President's Message

Continued from Page 2

task force and editorial board membership. I would say that this kind of involvement exemplifies asking questions, informing, educating and communicating. One other example is your chapter newsletter. It is filled with ideas and information related to clinical, administrative, legislative, educational or research issues.

Two very good examples of this are the article by **Margaret Lohman** on the possible changes from health care reform with suggestions on how to meet that challenge. The other is the article by **Barbara Givens** which links research with health policy. Her message is relationships. Relationship building between nurses (researchers, clinicians, administrators and educators) with health policy makers. Although data from research and research related activities is important, most important are the relationships built between those who generated the data with those who will utilize the data.

Relationships!

Who if not a NURSE can establish relationships

Who if not a NURSE has great interpersonal skills

Who if not a NURSE has seen and touched a naked body or reached into the mind, heart and soul of another human being.

We as nurses are a group that can build relationships—not only with patients but will each other, with healthcare colleagues, with legislators and most importantly with the public.

Health Care Reform will be implemented through public health policy. During the last two presidential terms the infrastructure for public health care has crumbled. It is now trying to rebuild. This will happen through the work of policy makers.

Therefore we as nurses, as health care conscious professionals, in all our various roles at all different levels must build relationships with health policy makers to assure health care for all. We must inform, educate and communicate with everyone about health care and about nursing—especially about nursing.

Health care reform will happen, it must happen and it will result in changes. How and where we do nursing will also change. So we as advocates of health care reform must also support one another, nurse to nurse, through the process of changes. And we must continue to define and develop the profession of nursing. We know nursing. We are able to define practice guidelines and patient care outcomes. We know ourselves and we are able to define our roles and carve our new ones. This is a challenge and it will take commitment.

COMMITMENT

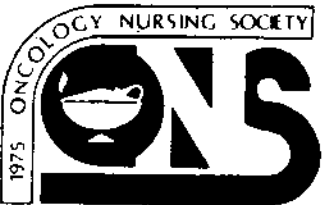
Commitment is what transforms a promise into reality. It is the words that speak boldly of your intentions, and the actions which speak louder than the words. It is making the time where there is none. Coming through time after time, year after year. Commitment is the stuff character is made of; the power to change the face of things. It is the daily triumph of integrity over skepticism.

author unknown

We as nurses are committed to quality patient care and to the profession of nursing. Let us inform, educate and communicate our commitment. **Christine Gebbie, RN, MN, FAAN**, former Washington State Secretary of Health and currently the AIDS Policy Coordinator at the White House stated last year... "I like to say that there two kinds of people: Those who do what they are told and those who do what they feel they should do, until they are told no to."

My challenge to you is to do what your feel you should — go for it.

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