



PUGET SOUND QUARTERLY

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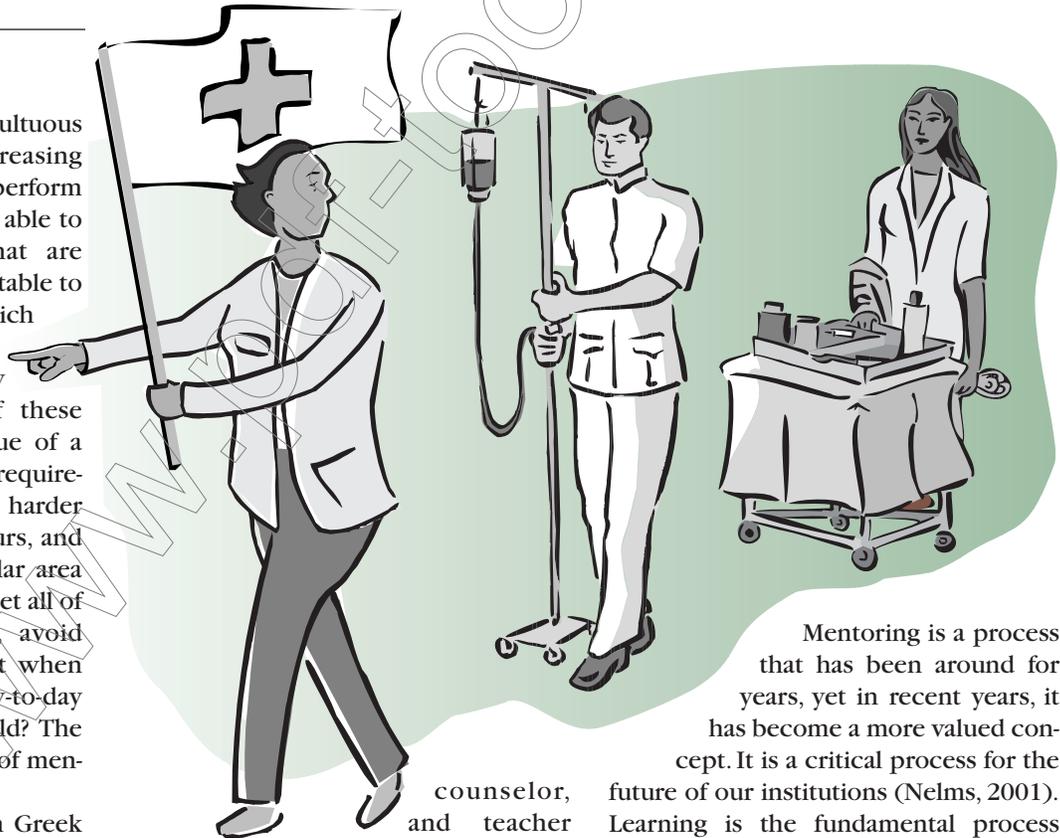
NURSE MENTORING

Professional Guidance Within Nursing Organizations Provides Needed Leadership

*Patti K. Bruns RN, BSN, OCN
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Nursing is in a very tumultuous time. There are increasing demands on nurses to perform their jobs more efficiently, to be able to expertly care for patients that are increasingly ill, and to be accountable to not only the organization for which they work but also to the patients and families that they serve. In the midst of all of these demands there is the huge issue of a nursing shortage and thus, the requirement that nurses must work harder with less help, work longer hours, and be experts within their particular area of nursing. But how does one meet all of the requirements of nursing, avoid burnout, and become an expert when struggling to meet the day-to-day demands in this high tech world? The answer could lie in the concept of mentoring.

The term mentor comes from Greek mythology. Mentor was an elderly friend and counselor of Odysseus and the protector of Odysseus' son, Telemachus. He was a guide, tutor, advisor, and guardian (Restifo, 2000). According to Webster (2000), a mentor is a wise and trusted counselor or teacher. Mentoring can also be described as serving as a guide,



counselor, and teacher for another person, usually in an academic or occupational capacity (Encarta, 2001). Mentoring is also addressed in the story of Naomi and Ruth in the Bible which talks about the mentoring role of Naomi in which Ruth turned to Naomi for her wisdom (Morris & Burggraf, 2001).

Mentoring is a process that has been around for years, yet in recent years, it has become a more valued concept. It is a critical process for the future of our institutions (Nelms, 2001). Learning is the fundamental process and the primary purpose of mentoring (Zachary, 2000). In nursing, mentoring is an excellent way for senior nurses in terms of maturity and experience to provide information, advice, and emotional support to the junior, less experienced, nurse. This not only facilitates the

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Ketzner Recognized as Nurse of the Year

PSONS member Pam Ketzner has been awarded the certified hospice nurse of the year award by the Hospice and Palliative Care Nurses Association. **Congratulations, Pam!** It's a delight to see your sincere and heartfelt work recognized.

PRESIDENT'S MESSAGE

Exploring the Basics

Margot Hill, BSN, RN, OCN

This year at PSONS we have had a basic fact reinforced. The programs our organization offers to its members are dependent upon outside support and sponsorships. We cannot keep ourselves well educated and current as oncology nurses with our dues alone. The past few years of a booming economy has hidden that reality. Since March, that has changed. Toni Floyd our new treasurer has brought our books into the new world of high tech accounting systems with an up-to-date computer and software. She also brings experience, knowledge and the ability to say "No, you cannot have that because there is no money for it. Your committee has to be self-supporting." Our chapter finances have been stretched and diminished for various reasons. We have had to dip into our capital investment fund when it has decreased in value. Future income from our investments is at risk along with less abundant funds from companies because of the general economic downturn.

Since the events of this fall, I think everyone has consciously or unconsciously looked at what is important to

us individually, our community and nation. This process is not new to us as cancer nurses. We have watched our patients and their families experience the need to reexamine their lives after the shock of a new or recurring cancer diagnosis. The label for this is making goals. First, we examine what drives us, what we are about, which is our mission, then we look at what are our purposes or goals, what are we trying to do? How we get to where we want to be with our strategies? Very basic information, but this is what our board has been doing these past months.

When it became very apparent decreasing income did not meet our ongoing present and planned expenses, it was clear we needed to ask for advice. On September 7th members of our board met with Brenda Nevidjon, president of the ONS Foundation. Brenda is also a member of our Puget Sound Chapter, lives in North Carolina where she is a top administrator with Duke University. She was in Seattle to present the writing section at the Communication Game workshop. The purpose of the meeting was to "tap into" Brenda's experience and expertise in the finances of the healthcare setting especially pertaining to nursing.



Margot Hill

The outcome of the meeting with Brenda was a mandate for the board to reevaluate our mission, take stock of our chapter's values, beliefs, assumptions and history, examine our strength and weakness, and, most importantly, ask what our members want and how do we serve them. It is a good time for all of us to examine our own reasons for staying members and examining other ways we and/or our community could benefit from our chapter. After this homework the next step is to develop a fiscal plan to anchor our program.

A new goal became evident: "to maintain chapter financial viability." Pretty basic. Our strategies for this fifth goal are:

- a. Develop mutually beneficial rela-

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EDITOR'S NOTES

From One Generation to the Next

Gloria Winters, RN, MN

This issue of the Quarterly features many variations on the theme of mentoring and professional development. When the PSONS Board gathered late last summer, we shared concerns about where we are headed as a profession, as well as where we were headed as a professional organization. Our organization was facing significant financial losses, both through market changes and through increasing commitments without secure sources of funding. At the same time, we were lis-

tening to the persistent and increasingly loud voices calling out that the nursing shortage would become a permanent feature of our health care environment.

Into this climate we decided to devote an issue of the Quarterly to these subjects. Linda Hohengarten collected the findings from the roundtable discussions at 2001 Symposium, a time when members of PSONS gathered as a large group to share our experiences of oncology nursing, and nursing in general. Margot Hill, in her last president's column, summarizes our current situation and the challenges we face. Various

committee chairs have presented an overview of their work, and a glimpse into what makes our organization what it is. The community crossings column focuses on our relationship to the pharmaceutical and medical equipment industry, our partners in care, as well as a traditional source of funding for the many programs sponsored by PSONS.

Our profile is devoted to Pat Buchsel, who was awarded the ONS Mentorship Award in 2001 for her work mentoring nurses and writers. We have the privilege of hearing Pat tell her story in the

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Mentoring: Critical Need Within Professional Organizations

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mentee's adjustment to an organization but also provides support to the mentee's career (Morris & Burggraf, 2001). Leadership is key to mentoring. The mentor is usually considered to be an expert, one with experiences that, when shared with the mentee, will help the mentee to become more knowledgeable and thus, improve the mentee's talents and skills (Jagim, 2001).

Another area in which there is a critical need for mentoring is within our professional organizations (Nelms, 2001). Within PSONS, we often hear about the needs of our various committees and that members need to increase their activity within the organization. All too often, only a few of the members take an active role in the workings of the organization. We each need to look at this issue, consider the reasons why things are like they are, and evaluate what each of us can do to change this. Could it be that we are not working hard enough to mentor the new professionals in our community? We need to make a commitment to actively develop the leadership potential



of our new colleagues. Yes, it requires work to teach and guide these nurses but the alternative is the demise of our organization. Maybe we can't expect the newer members to hold an office, but they may be willing to sit on a committee and learn the ropes. Colleagues new to a group have unique ideas and suggestions and an eagerness that can be contagious to the older group members. These newer group members could give the older group members a new enthusiasm that will build up PSONS, an already awe-

some and active organization into something even better than we could have ever imagined.

References

- Braham, C., et al. (Eds.). (2000). *Webster's College Dictionary* (2nd ed.). New York: Random House.
- Jagim, M. (2001). *The art of mentoring*. *Journal of Emergency Nursing*, 27(2), 207-108.
- Mentoring. In *Encarta Encyclopedia* (2001). Computer software. Redmond, WA: Microsoft.
- Morris, E.G., & Burggraf, V. (2001). *A mentoring relationship: Two nurses grow in faith and knowledge*. *Journal of Christian Nursing*, 28(1), 29-30.
- Nelms, B.C. (2001). *Mentoring: Promoting a legacy for the future*. *Journal of Pediatric Health Care*, 15(4), 159-160.
- Restifo, V. (2000). *Partnership: Making the most of mentoring*. *Nursing Spectrum Continuing Education Self Study Modules*. Retrieved October 28, 2001 from <http://nsweb.nursingspectrum.com>
- Zachary, L. (2000). *The Mentor's Guide*. San Francisco: Jossey-Bass.

President's Message: Minimize Our Expenses, Maximize Our Resources

Continued from page 2

tionships with financial supporters

b. Develop other revenue sources

c. Explore expense reduction strategies

d. Maintain ethical integrity around financial issue

Again, we begin with the basics: where does our money come from and where does it go?

We need to minimize our expenses and maximize our resources. First we have put a hold on spending other than the previously committed programs and expenses. In 2002 there will be a written ballot to vote for a dues increase. The last dues increase was voted in 1996 from \$20 to 25. Since then our needs and the accompanying costs have been rising steadily.

In November, the regular board meeting was a discussion with representatives of some of our most supportive companies to explore how we can more efficiently work together towards our mutual goals in these changing economic times. It was very apparent that

we shared problems. We all recognized these are challenging financial times, the need to communicate in a more effective, consistent and efficient manner. The difficulty of finding who to contact and how was apparent for both PSONS and industry. We established that our secretarial service, Alliance Strategies, was the point of contact since that contact does not change and is listed in the Quarterly. This meeting was a beginning of open dialogue concerning support and resources. The importance of good relationships and communication starts at the basic level, individual oncology nurses saying thank you at every opportunity to industry representatives for their support.

The process of revising goals may sound very dry and theoretical. Actually, it has been energizing. Meeting as a group of individuals with the same purposes and examining what is important to us by brain storming and creative problem solving has been fun. The key is our common mission for

ONS and PSONS: "to promote excellence in oncology nursing and quality cancer care." There is no question that this is what we are about. We need to keep it in front of us and to promote it to our colleagues, friends and families. Also, the next opportunity you have to speak with a representative of a health care industry, whether at a monthly education program or display booth at Symposium be to thank them for their support and tell them how their product helps you as a nurse.

I want to thank the board of PSONS this year for their willingness, commitment, insight, experience, creativity and knowledge that it took to tackle the problems of this intense year. It has been inspiring to work with you. My wish for the board and membership in this time of uncertain world events is a balance in your lives so can have time to yourself plus enough time with family and friends to share thoughts, feelings and experiences.

Mentoring Nurse Leadership: A Service Learning Partnership Between PSONS and Seattle Pacific University

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Partnership between community based organizations and colleges of nursing is not a new concept. Historically, nursing education has been rooted in the delivery of care while learning the science of the profession. These partnerships have resulted in both enhanced organizational outcomes and student learning. In the Autumn of 2000 Seattle Pacific University's undergraduate nursing program began working with nursing and community based organizations to create learning experiences for students that focused on professionalism as an essential aspect of nursing.

A partnership was created with PSONS. The goals of the partnership are to:

- 1) Produce BSN graduates that are committed to involvement in professional nursing organizations and community organizations that work to improve the health of persons, families and communities;
- 2) Create partnerships where student learning compliments the needs of the professional or community organization; and
- 3) Provide leadership opportunities so that new graduates have experience in working with organizations to improve health care at a systems level.

PSONS agreed to mentor 5 SPU undergraduate nursing students in January 2001/Winter quarter. Corinne Schroeder, Makayla Blank, Vladimir Grib, Linda Kitzmiller & Donna Carrera will be

graduating this spring. Cathy Cox and Rachael Croeni are juniors who entered the partnership in October 2001/Fall Quarter. Students will spend 5 consecutive quarters with PSONS mentors who are generally committee chairpersons. The initial 5 students who have been with PSONS the past year have attended board meetings, written newsletter, articles profiling members, evaluating the effectiveness of the PSONS website, participated in planning the annual PSONS symposium, and observed the ongoing process of maintaining the cooperative continuing educational program. Students have been delighted at the mentoring they have received, and have felt engaged with the work of the organization.

Benefits of the relationship are expected to be shared by PSONS and the SPU students. PSONS will provide role models serving as examples of nursing leadership in action, while students will develop invaluable contacts in the oncology nursing community. This experience will help them to feel part of the nursing profession as they make the transition from nursing students to practicing nurses. For their part, the SPU nursing students will provide fresh enthusiasm, energy, and time to enhance PSONS' ability to maintain our high standards of professional activity.

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Editor's Notes: Next Nursing Generation Shares Their Work

Continued from page 2

first person, since she agreed to write this piece herself.

And since the next generation is the one that is in school, we also have the privilege of sharing the works of two students, Patti Bruus and Pam Ketzner. These pieces were originally written in the context of their schoolwork, but had bearing on our discussions for this issue. Cathy Goetsch also worked with Kathy Stetz, the instructor at SPU responsible for their professional mentoring project, and they share this work with us. Janet Bagley offers us an opportunity to examine new options in graduate training and career moves through her description of a new program at the UW. We are blessed in this

community of professionals to have people moving through all areas of professional education.

As to the long delay in the arrival of this issue. When the board chose to focus on this topic, there was only one month until the intended deadline for submission, and we decided to give ourselves a little more time. In the month that followed it became clear that by not publishing the issue in 2001 we would prevent an additional significant financial loss to the organization. At the present, each copy of the Quarterly costs about \$4.50 for production, printing, and associated secretarial costs. With a printing run of about 425 copies, and sponsorship and advertising that covered less than half of this figure, we

felt it wrong to move forward at that time. This issue has been generously covered in full by the Seattle Bone Marrow Transplant Consortium, who have supported us this past year in our efforts to reach a wider range of nurses in the Puget Sound area with a variety of efforts aimed toward professional development. As this group disbands, we are most grateful for their continued support.

And, finally, a note of apology. In the last issue, I inadvertently left out a table from Mary Moss' article about chocolate. I hope you will enjoy this reprise of the article (see page 5).

■

Summary Results of Table Talk: A Group Process on the Nursing Shortage

By Linda Hobengarten, RN, BSN, MBA

First, the topic. Second, the process.

The Seattle Times addressed it in an article entitled, "No Relief in Sight to Nursing Shortage". An ONS News lead

piece last year blared, "Are We Preparing Student Nurses for Oncology Practice?" Then there was the powerful American Journal of Nursing cover

showing the empty hall of an inpatient hospital unit. The scripting on the front lamented, "Where have all the nurses' gone?" And in recent ONS candidate elections, there was a consistent thread in all candidate assessments of problems confronting healthcare today.

You guessed it - the nursing shortage.

If you've lived long enough, you have seen several nursing shortages come and go before. But everyone is in agreement that this time, it's different. The causes are many and deep. The suggestions for remedies are few and hard to come by.

The 23rd PSONS Symposium committee wanted to sponsor a speaker on the topic. In their search they discovered that while several possible experts described the situation and ascribed causes, no one truly focused on potential solutions or had hope around the situation. Instead, the committee decided to tap into the collective wisdom and experience of the 176 oncology nurse attendees themselves. In a technique called 'Table Talk', the attendees brainstormed during the Friday, March 9, 2001, luncheon about at least two questions. Then all tables brainstormed around one common question, "What do you wish you had learned in Nursing

Question C1

Strategies to Recruit # of Responses

Improve Image of Profession/Media Cvg.	9
Nursing Education issues	5
Relationship with Younger People	2
Financial / Economic Issues	2
Working Conditions	2
Other (e.g.Mandatory Conscription)	2

Question C2

Strategies # of Responses

Improve Working Conditions	14
Financial / Economic Issues	4
Psycho-Social Support	4
Improve Educational Opportunities	2

Question D1

Ways it Affects # of Responses

Deficiencies in Working Conditions	18
Psycho-Social/Stress	4

Question D2

Positive Attributes # of Responses

Quality of Colleagues	8
Career Attributes/Working Conditions	6
Making a Difference	4
Intellectual Challenge	3
Type of Patient	2

Question E

Desired Nursing School Topics # of responses

Greater Involvement in Oncology	23
Positive Qualities of Oncology Nursing	13
Transition Between School & Work	11
Process Techniques (e.g.Time Mgmt.)	9
Specific Clinical Topics (e.g.Pain Control)	9
Oncology Education	8
Healthcare Economics	5
Interpersonal Skills with Patients	5
Chemotherapy	4
Professional Responsibilities	2

School to have better prepared you for your oncology setting/career?" What follows is a summary of all those questions and the responses.

While the results would not bear up against statistical scrutiny as a definitive study, it does give us a glimpse into the collective minds of the region's oncology nurses practicing in the trenches. If anyone desires a more in depth break-out of each question's responses, please contact Alliance Strategies at (206) 283-9292 for a copy. Thank you to all those who participated in the process and expressed a desire to be a part of potential solutions. Our hope is that some ideas may bear fruit. Enjoy.



Question A1

Reason # of Responses

Special Type of Patients	17
Challenge/Complexity of Diagnosis	4
Career Issues	4
Working on a M/S Floor w/Oncology	4
Specialty Diagnosis (e.g. BMT)	3
Nursing Colleagues	3
Ability to Give Emotional Support	3
Influence of a Supervisor	2
Love Giving Chemo	2
Influence of an Oncologist	1

Question A2

Reason # of Responses

Ability to Make a Difference	7
Working w/Whole Person & Family	6
Learning	6
Professional Colleagues	5

Question B1

Incentives # of Responses

Financial / Economic Issues	14
Quality of Work Life	11
Greater Recognition of Profession	9
Training Issues	5
"Calling"	1

Question B2

Potential Partnerships # of Responses

With Government	5
With Educational Organizations	5
Within Current Healthcare Providers	4
With Other Healthcare Professionals	2
With Payers	2
With National Advocacy Organizations	2
With Corporate America	2
With Media	1

Should Nurses Wear a Standard Uniform to Promote Professionalism?

Pam Ketzner, RN, OCN

Introduction and Definitions

There have been many changes within the world of nursing over the last few years. One of these changes is image of the professional registered nurse (RN) to patients and their families. In the hospital setting it is often difficult to know who is the RN taking care of the patients- many healthcare workers dress in either the same outfit or numerous variations of a uniform. The tunes of change are more apparent now

with the shortage in nursing. It is now time to ask again: should registered nurses wear a standard uniform to promote professionalism?

According to the American Heritage Dictionary (1994), a uniform is defined as a distinctive outfit intended to identify those who wear it as members of a specific group. The word "standard" is a degree or level of requirement, excellence, or attainment. A profession is an occupation requiring training and specialized study; professionalism is a professional status, methods, character, or

standards. Image is the outward impression of character; especially one projected to the public.

Context

The public often confuses the housekeepers, lab personnel, and maintenance persons with the nurses in a hospital setting. In the articles reviewed for this paper there are questions about the image of nursing and what promotes professionalism. Some nurses support a standard uniform, arguing that it improves their visibility to patients and families. There are nurses who believe that a standard uniform is not the total image of the professional RN but a part of the image of the nurse. A nurse is still often based on stereotypes from written media and television; a person, usually a woman, dressed all in white with a cap; who gives medicines and gets patients' bedpans.

The history of the uniform dates back to Florence Nightingale. As she reformed

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hospitals, "it was important for the emerging professional nurse to wear a uniform to be distinguished from the 'pauper nurses of earlier years.'" Magnum, Garrison, Lind, and Hilton (1997). The changes in uniforms followed the clothing trends of society and as the variation in uniforms continued, the professional image of the nurse became unidentifiable. The first impression of the nurse to the patient can communicate a person with skills and knowledge. The uniform provides a visual impression that differentiates the nurse from other healthcare workers. Magnum and colleagues point out that it may be time to re-establish a traditional image of nursing, with a standard uniform easily recognizable by patients.

In one research study, pictures of the same nurse in nine different uniforms were shown to nurses, patients and administrators at twenty-two acute care hospitals across the United States (Magnum, Garrison, Lind, and Hilton (1997). The white pant uniform with stethoscope was rated significantly higher than other uniforms. The majority of hospital units in this study were medical/surgical units, with one obstetrical and one psychiatric unit involved. "Nurses should consider image and professional polish as the competitive edge one needs to gain a client, solicit cooperation or elicit a listening ear." (Magnum et al., 1997).

Cambell, O'Malley, Watson, Charwood, and Lawson conducted interviews of families, nurses and other healthcare professionals in a pediatric outpatient center in England to find their perception of nurses' uniforms in the center (Cambell et al., 2000). Using a questionnaire, they obtained the following results: the clothing of the nurse was important to families for easily identifying the nurse; families wanted nurses to look physically different from other healthcare professionals and families wanted to identify the sister in charge (head nurse) without asking.

These researchers identified that if the area of practice was more relaxed the clothing followed suit. They found that formal uniform dress still conveyed a competency level and less formal dress expressed friendliness and kindness. The

uniform can also give a false sense of security. Families did not know what level of training the nurse had based on uniform. This produced a confidence in and expectation of competence that may not have been true to the level of the nurse. The conclusion was that families wanted a formal uniform for the sister in



charge and a more relaxed uniform for the nurses providing clinical care. As a result of this study the uniform was changed, using different colored polo shirts to differentiate between the levels of nurses. The changes in uniform also were important to provide a friendly image to the children being cared for in the clinic. The authors concluded that the uniform should be used in the clinic. But they also state: "it is the responsibility of every nurse to present to the public a professional therapeutic and supportive image that is projected by behavior rather than relying on the nature of the uniform that is worn." Campbell et al. (2000)

In Lehna et al. (1999), the authors concentrated on what effect the current nursing attire has on the image of nursing. This article focused on the uniform as a reflection of the nurse's knowledge and competence. In this research student nurses asked other nurses the following questions: 1) is the changing dress of nurses projecting a negative

image to the public? and 2) what components of a nurse's apparel indicate professionalism? Several themes emerged from the second question.

The first was role identification. Nurses who had licenses for fifteen or more years supported the importance of the uniform. Other nurses concluded that the uniform, usually white, was important in the identification of the nurse. The second theme was competency. It was determined that professionalism and attire are very connected to competency. If a nurse came into a room and looked unkempt, "I would wonder what she was like in her technique and her skills" (Lehna, et al., 1999). The patients often could not tell who the nurse was. "If nursing attire helps the health-care consumer identify the nurse, then, in this changing health care environment; wearing identifying attire becomes essential" (Lehna, et al., 1999).

The articles critiqued for the opposition to uniforms deal with the image of nursing in the media and political arena and changes within the health-care world. Smoyak states; "The sad news is that we are not always recognizable as nurses, or the work we do is not always seen as nursing (Smoyak, 2001). The practice of psychiatric nursing changed when patients were released from large government hospitals to the home. Psychiatric nurses decided to wear casual clothing when visiting the patient, while public health nurses wore blue uniforms. The two groups never integrated their efforts or knowledge. The blue uniform did not fit into the psychiatric nurse's own self image. Smoyak does not advocate returning to uniforms but has concerns about nurses' visibility. The lack of nurses in the psychiatric areas and the variety of work that is done by nurses is difficult to translate into sound bites for the media. She concludes that when meeting new people it is important to clearly center emerging roles within our identities as nurse. "Yes I am an editor; but I am a nurse first." This is the image that nurses want people to know.

Ulmer (2000) explores the image of perioperative nurses. She relates an incident in which a student nurse, wearing

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AREA WORKSHOPS

Keep abreast of the latest trends and advancements in oncology and enhance your knowledge by attending a regional workshop. Here is a list of related events through June 2002:

APRIL

- April 6-9: American Hospital Association Annual Meeting (Washington, DC)
- April 6-10: American Association for Cancer Research Annual Meeting (San Francisco, CA)
- April 10-13: National Association of Pediatric Nurse Practitioners Annual Conference (Reno, NV)
- April 29-30: University of Washington School of Nursing: Foundations In Chemotherapy Practice (Seattle, WA)
- May 4-9: Infusion Nurses Society Annual Meeting (Phoenix, AZ)
- May 18-21: American Society of Clinical Oncology Annual Meeting (Orlando, FL)

JUNE

- June 2-6: Annual Wound, Ostomy and Continence Conference (Las Vegas, NV)
- June 13-15: Annual Meeting of the American Alliance of Cancer Pain Initiatives (Richmond, VA)
- June 18-23: American Academy of Nurse Practitioners Annual National Conference (Reno, NV)
- June 29-July 2: American Nurses Association Convention and Exposition (Philadelphia, PA)

2002

- One-day workshops on health policy are offered in Tucson, AZ, Seattle, WA, Houston, TX, and Columbus, OH during 2002

For more information on any of these events, visit the "News" section of ONS Online (www.ons.org) and click on the event you wish to view.

Nurses: More Than Just 'Pushing Bedpans'

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her uniform, elicits recognition as a registered nurse, even prior to her graduation. She shares the experience of Pauline Robitallie, an AORN, who worked with students' preceptoring in a perioperative area. Many of the student nurses spoke of their preceptorship as a positive experience, while some of the students voiced a negative experience. If the nurse was negative so were the experiences to which they were assigned. It is her opinion that a positive image will help recruit and retain new nurses. Robitallie is quoted as saying, " (the) nursing profession needs to announce its involvement in patient care and consumer health issues. It needs a new narrative that better reflects how much the profession has changed, how critical nursing skills have become to today's patient care, how much the profession has stayed abreast of medical and technological innovation, and what nursing is going to look like in the future." Ulmer concludes that it is important for nurses to listen to views of people outside of nursing, because "nurses are the healthcare providers involved with the patient throughout the care continuum."

Meier (1999) notes that the image of the nurses "is many times outdated and incorrect." She supports the idea of previously mentioned authors who state that patients do not know who the nurse is that is caring for them in the hospital. Often times the re-engineering of the hospital unit reinforces the image that all the people in the unit are registered nurses. Nurses can change this by becoming more involved with the structure of the nursing units. Becoming more accessible to the media is one way to help change the image of the nurse in the white uniform. She makes several recommendations: get to know a journalist, use lay language when talking to non-medical, support the use of photos of nurses in a variety of care settings, let the public know what is happening in nursing research, identify the role nurses play in areas such as pain management. To counter the statement, "nurses just push bedpans," the nurse must explain that "everyday (nursing) activities with patients influence the care and outcome of patients." Meier (1999). The multiple educational pro-

grams in nursing may also be contributing to this; the media does not know whom to ask. Meier also suggests getting to know legislators are who are concerned about healthcare and developing better informational relations with them. In the end, she concludes that more research be conducted in this area to improve the image of nursing.

Conclusion

My conclusion is that there is no need for a standard uniform for nurses. The image of the nurse is more than what is worn on the outside. In many of these articles the nurse and the attire are intimately related. Yet to quote Campbell et al. (2000), "it is the responsibility of every nurse to present to the public a professional, therapeutic and supportive image that is projected by behavior rather than relying on the nature of the uniform that is worn." The definition of professionalism is the conduct, aims or qualities that characterize or mark a profession or professional person (Lehna et al. 1999). She also uses the words authority, expert, experienced learned, masterful, proficient, capable, competent, and efficient to describe professionalism. In my opinion, this is the image of nursing that needs to be communicated to the public, by nurses, for nurses.

References

- American Psychological Association- (2001). Publication manual Psychological Association (5th ed.). Washington DC: Author
- Browne N.M., Keelcy, S. M., (1998). Asking the right questions: A guide to critical thinking (5th ed.). Upper Saddle River, N.J.: Prentice Hall.
- Campbell, S., O'Malley, C., Watson, D., Charlwood, J., Lawson, S. (2000). The image of the children's nurse: a study of the qualities required by families of Children's nurses' uniforms. Journal of Clinical Nursing, 9, 71-82.
- Lehna, C., Pfpitz, S., Peterson, T., Degner, K., Gnubaugh, K., Lorerz, L., et al. (1999). Journal of Professional Nursing, 15(3), 192-199.
- Magnum, S., Carrison, C., Lind, C., & Hilton, H. (1997). First impressions of the nurse and nursing care. Journal of Nursing Quality Care; 11 (5), 39-47.
- Meier, B. (1999). The image of a nurse-myth vs. reality. Nursing Economics, 17(5). 273-275.
- Smoyak, S. A. (2001). How visible are we? Journal of Psychosocial Nursing & Mental Health Services. 39(5) 4-5.
- Ulmer, B.C., (2000). AORN Journal, 71(6). 1124-1127.

An Opportunity for Graduate Study in Infectious Disease

Janet Bagley, RN, BSN

“Hand washing, hand washing, hand washing.” We say this mantra several times a day, but could this low-tech intervention really be the best way to prevent infection? How strict should we be when patients are at their nadir? Is the elementary school principal undergoing chemotherapy more at risk for infection because he or she is exposed to children all day long? And what ever happened to the low pathogen diet? You will find answers to these and many other vexing questions through a Master of Nursing in Infectious Disease and Infection Nursing at the University of Washington School of Nursing (UWSON).

Infections are one of the most serious and life-threatening complications for any cancer patient. Factors that predispose the oncology patient to infection include the disease itself, immunosuppressive therapy, less than optimal nutritional status, long-term venous access devices, and, in many patients, other co-morbid disease. Oncology patients are susceptible to many types of infectious agents both endogenous and exogenous. As the length of time the individual is immunocompromised becomes longer, the organisms become more complicated and difficult to treat. Additionally, healthcare facilities are now faced with the emergence of antibiotic-resistant organisms, and grappling with how to ensure judicious use of antibiotics. Advanced practice nurses will be in a position to minimize the threat of infection through prevention and early detection, to help limit exposure and transmission and provide efficient management when infectious complications occur. They will influence care system-wide through institutional and community policy development, identifying central line infections, tracking trends, designing practice changes,

and evaluating response. Their impact can also be at the individual patient level, evaluating antibiotic use in the hospitalized patient, or providing primary care for the individual living with Hepatitis.

The UWSON has established a new Masters of Nursing focus area on infections and infectious disease. This curriculum has two tracks: Infectious Disease Adult Nurse Practitioner (ID-ANP), and Infectious Disease & Infection Management Nurse Specialist (IDIM-NS). Coursework includes physiology and pathophysiology, infectious disease and infection nursing, pharmacology, microbiology, immune response, and epidemiology with an emphasis on culturally com-

petent care as well as interdisciplinary collaboration. In addition, the IDIM-NS coursework includes professional role foundations, informatics, and organizational dynamics. IDIM nurse specialists will be prepared to provide leadership within institutions through staff and patient education and serve as a change agent and a knowledgeable advocate for evidence based practice. Graduates will be eligible (following additional hours of clinical practice) to apply for ANCC CNS certification.

The ID-ANP role recognizes the links between infections and chronic illness, and will be prepared in the primary care model. ID-ANP graduates will be trained to detect infectious diseases including Hepatitis C, HIV-AIDS, and TB. They will develop and implement treatment plans to limit risk exposure and disease progression, manage disease and treatment-related symptoms, monitor compliance, and educate patients, families, and providers in care paradigms. In addition to the components listed above, ID-ANP

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Infectious Disease: Master Nursing Opportunities Available

Continued from page 9
coursework includes health assessment, health promotion, clinical management of disease and symptoms, and mentored clinical practice. Graduates completing the ID-ANP curriculum will be eligible to apply for ANCC ANP certification. Following certification, graduates qualify to apply for Washington State ARNP license with prescriptive authority.

Both advanced practice roles will be eligible to sit for the AOCN certification as well. Full time or part-time study options are available. The School of Nursing understands that some individuals may want or need to continue to work while taking classes. Nursing courses are consolidated into blocks of time to decrease the number of days required on campus. For students who live far from campus, distance-learning technologies are available for some ID-ANP and IDIM-NS required classes to help bridge the gap between student and instructor. Program development and placement are individualized.

Additional relevant Master of Nursing focal areas include Adult Acute Care Nurse Practitioner: Oncology Focus, Adult Nurse Practitioner & Home Care, Advanced Practice Independent Options: Oncology Focus, and Advanced Practice Genetics Nursing: Oncology Focus.

If this all sounds intriguing, yet a bit daunting, you may want to start by taking a single class. You can take courses as a Graduate Non-Matriculated (GNM) student prior to applying for MN enrollment. It's an opportunity for you to try a class if you are considering graduate study, but are not yet ready to enroll in a program. Students can apply up to 12 GNM credits towards a graduate degree. Students register for courses on a space-available basis. The GRE is not required for GNM admission. Acceptance as a GNM student does not guarantee admission to a graduate degree program.

For more information about the Infectious Disease focal areas or other Master of Nursing opportunities at the

UW School of Nursing, please contact Judith Kelson, jkelson@u.washington.edu, phone 206-543-7851 or toll free 1-866-866-0195, or visit their website at http://www.son.washington.edu/eo/focal_areas.asp.

Become An Active ONS Member

Get involved in ONS on the national level by volunteering to serve on an advisory panel or project team.

ONS advisory panels assist with educational/cancer care issues, membership, and research. As a member of an advisory panel, you provide consultation to ONS national staff directors – without having to travel outside your area.

Staff directors or the Steering Council call upon project teams to implement ONS organizational projects. These projects generally fall within the same areas as advisory panels. Some travel is required of project team members.

ONS members may also participate in pilot testing to help develop actual projects and programs. For more information or to request an application, contact the ONS Executive Team at executive@ons.org.

You are the experts! Share your knowledge with others and make a difference.



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PSONS Symposium Exhibitor

PSONS PROFILE

Patricia C. Buchsel

RN, MSN, FAAN

Nursing came to me late in life. I always wanted to be a nurse, but the opportunity to do so did not present itself until I was in my late twenties. I was born on the east coast and spent the first two decades of my life in Baltimore, Maryland. I arrived in Seattle in the late 1970s. It was at this time that many diploma schools closed, and baccalaureate nursing programs were being offered at the university level. This shift in nursing education allowed me to attend school while meeting the demands of my wife/mother roles. I attended Seattle University to receive a BSN in nursing and graduated magna cum laude in 1974. The Jesuit education I received has supported me through over 25 years of nursing and life experiences. In appreciation of this steadfast education, I spend many hours as a volunteer, mentoring students and sitting as an active member of the Board of Governors and the Dean's Advisory Council of the School of Nursing.

All of the positions I have held as a professional nurse over my career have been exciting. My first position was on a medical-surgical unit at what was then Ballard Community Hospital. First jobs are always terrifying, challenging, and exciting. My pay was \$4.75/ hour. Like most nurses entering the job market, I leaned to implement and hone clinical and administrative skills.

An historic event while I was working at Ballard was THE STRIKE. Participating in a Seattle wide nurse's strike seems anathema to me now, but twenty-five years ago, many nurses in the Seattle area went on strike. It was a desperate attempt to strengthen nurses' roles after other long and agonizing approaches had failed. As I recount the summer the strike dragged on, I experience a visceral response to the price all Seattle nurses paid that summer, whether they walked the picket lines or not.

I left Ballard Hospital to work in the University Hospital Intensive Care Unit when open-heart surgery was "cutting edge". This was exciting work! I learned many advanced clinical nursing skills

while being exposed to the environment of a teaching hospital. But I missed the environment of the small community hospital. When I was offered a position to return, I did so, especially since it allowed me to be closer to home to attend to my three children.

It was during this time fate took my career in a direction I never planned. I was the nursing manager of the post surgical recovery room when the concept of "Day Surgery" came into its own. Our recovery room was converted to a day surgery and I was offered the challenge of learning ambulatory care. This shift occurred before health care organizations and third party payors were convinced that ambulatory care would be a viable and constant health care delivery model. (Remember, this was in the era when all surgery patients were admitted to the hospital the night before surgery, even if it were minor. Patients dressed for and assumed the sick role. On admission they immediately donned a hospital gown, retired to bed, and entertained visitors who brought flowers and good wishes. A major nursing responsibility was obtaining vases for the flowers. Visitors left promptly at 8PM. Patients then received a back rub, administered chloral hydrate, and their water pitchers removed.)

In 1981, I was hired at the Fred Hutchinson Cancer Research Center Outpatient Clinic. It was at this time that bone marrow transplantation (BMT) was being acknowledged as a technique that provided cure or extended life to many patients with cancer. The physicians at "The Hutch" envisioned a growing and thriving outpatient clinic. Here patients discharged from the hospital would be cared for until they returned home to their primary physicians. When I was hired I knew much about ambulatory care, but little about oncology. "Do not worry," one of the physicians said, "we will teach you!" And teach they did. I will forever be grateful to have worked in a teaching environment that did not distin-



Patricia Buchsel

guish levels of teaching with particular roles. If you wanted to learn, you were taught. As nurses, we were respected and acknowledged by the physicians. The chief of Fred Hutchinson, Dr. E. Donnell Thomas, Nobel Laureate, wrote, "nurses not only provide bedside management of complex protocol studies, but also bear the burden of emotional support through the difficult hospital period. They are the most readily visible source of information for patients and families day and night." By 1992, when I resigned, much of the care of the patient undergoing BMT had shifted to outpatient centers, largely due to the use of peripheral stem cells in place of bone marrow for transplantation.

I resigned from The Hutch in 1992 to become a nurse consultant, having obtained a Master's degree from Seattle Pacific University during my final year in the outpatient center. My career as a consultant, or as an "independent contractor," has taken my career to many national and international venues. I have traveled over one million miles, edited five nursing textbooks, written numerous articles, chapters, and monographs on BMT and general oncology nursing. Currently am I consulting with a number of major health care providers as educator, editor, lecturer and advisor. Recently, I was inducted as a Fellow in the American Academy of Nursing, an honor I never expected to achieve.

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PSONS Profile: Patricia Buchsel

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One of the constants in my career is volunteer work with the Puget Sound Chapter of the Oncology Nursing Society and the national Oncology Nursing Society. I have acted as Symposium Chair, editor of the PSONS Newsletter, and am currently serving as the Nominating Committee Chair. On the national level I am Chair of the Oncology Nursing Press Board. I particularly enjoy mentoring nurses, especially in the area of professional writing.

My most important professional goal is to finish the 2nd editions of two textbooks, complete a few articles, and RELAX. My major goal is to enjoy my beautiful family with whom I want to spend more time. My husband, Chris, is my steadfast rock. He supports my comings and goings with incredible patience. Our children, Neil, Beth, and Tricia have families of their own and we are "Oma and Opa" to six grandchildren. The "Oma and Opa" stem from my husband's German background. Chris lived in East

Germany under the Russian occupation after World War II. He escaped East Germany with his family in 1946. The rest of his family continues to live in Germany and we enjoy many trips to Europe. I am a perennial, albeit reluctant, student of the German language—always studying, always understanding more, but not fluent. Our son Neil and our daughter Tricia live in the Seattle area. Our daughter Beth and her family are currently living in Princeton, New Jersey. Their family will be returning to Seattle this summer.

In summary, my life if full, enjoyable, and always exciting. My nursing career has been and continues to be challenging, successful, and fulfilling. I would encourage anyone to seek nursing as a career that can nourish the heart and soul.

Reference

Forman, T. J., Blume, K. G., & Thomas, D. T., (1998). Introduction. Hematopoietic Cell Transplantation, 2nd Ed. Blackwell Science, Malden, MA.

WELCOME TO NEW MEMBERS

New members since August 1, 2001

Nancy Douglas

Harrison Radiation Oncology

Carole McDowell

Harrison Hospital

Barbara Otto

Harrison Hospital

Jacqueline Dunn

U of WA Medical Center

Maura Ennett

Swedish Cancer Institute

Glenda Lugg

Seattle Cancer Care Alliance

Brenda Chervenak

Evergreen Hospital

Rosemary Spyhalsky

Western Washington Oncology

Natasha Hauptman

Virginia Mason Medical Center

Carol Johnson

Stevens Hospital

Amy Christian

Swedish Medical Center

Cathy Eddinger

NW Medical Specialties, PLLC

Candice Hopson

St. Joseph Hospital

Laura Laakso

St. Joseph Hospital Medical Ctr.

Gloria Osorio

Virginia Mason Medical Center

Stacey Sorenson

Stevens Healthcare

Rachael Crickman

U of WA Medical Center

Sheryle Geister

Harrison Memorial Hospital

Joelle Machia

Fred Hutchinson Cancer Research

Victoria Wood

Seattle Cancer Care Alliance

Patricia Hatfield

Harrison Hospital

Diana Benton

Seattle Cancer Care Alliance

Stephanie Dewey, Pamela Newsome

Seattle Cancer Care Alliance

Marge Rizk

Seattle Cancer Care Alliance

Gretchen Schodde

Harmony Hill Retreat Center

Quay Trenh

VA Puget Sound

Health Care System

Debra Loacker

Seattle Cancer Care Alliance

Rachael Kirk

American Cancer Society

PSONS Committee Reports

Education Committee

Pam Ketzner

The last two years of my involvement in PSONS has been exciting. I have had the opportunity to meet new people and reap the benefits of learning from wonderful nurses. I have encountered a few bumps in the road, but more often the journey has been smooth riding. I have conquered my fear of finding Virginia Mason and the VA. I think I have mastered the art of attachments on email!

I want to thank several members who have assisted with educational offerings.

Sue Ford, Lenise Taylor, Mary Stobie, Marge Ramsdell, Kathleen Shannon Dorcy, Toni Floyd, Rose Preston, Ian Anderson, Cherie Toftagen, Mary Ersek, Colette Chaney, Martha Purrier, Janet Bagley, Mary Underbrink, Carla Jolley, Deborah Chielens, and Anne Ankrom.

The sponsors and speakers who presented:

Rachel Kirk ACS, Neil Sofian, Cancer Survivors Network; Robert Dorr, Patty Wooten, Rob Ashby, Supergen, Peggy O'Neil, Stuart DuPen, Medtronic, William Comer, Coram Healthcare, Kathleen Shannon Dorcy, Wyeth/Genetics Institute, Jody Stroh, Cheryl Pflug, Amgen.

I also extend a big thank you to the members of PSONS and other attendees of the educational offerings for coming together to learn, to eat and to talk.

Many thanks to JaRon Snow at Alliance Strategies, for keeping me on my toes, and getting flyers out to everyone.

Thank you to the PSONS board. I have learned so much from each of you.

You have each inspired me to continue on with my education and to meet a personal and professional goal I have wanted to obtain for many years.

And to my family, Kent, Nathan, Kari and Keenan, thank you for all you do for me.

I invite everyone to get to know Lenise Taylor and Mary Stobie who have so graciously decided to carry as co chairs to continue to educate of our members of PSONS.

Research Committee

Terri Cunningham

The Research Committee met this fall to discuss goals, issues, and strategies as they pertain to PSONS and nursing research. Ultimately, our goal is to improve our practice so that the services we provide to clients is maximally effec-

tive. For this to happen, we need to continually build our scientific body of knowledge and put that knowledge into practice. Some of the issues we discussed were limited resources and a desire to promote nursing research in a way that is meaningful and practical to the members of PSONS.

As we look at our membership, there are several nurses who are conducting research, but there are many more who, as they daily provide services to patients, are in a position to identify the clinical questions and put nursing research findings into practice. Some examples of clinical questions may be: What is the best oral care regimen to promote healing for a patient undergoing radiation therapy to treat throat cancer?, A patient wants to know why our Hickman line dressing change procedure is different from another hospital-What is the best procedure?, My patient was in tears as she described how her fatigue was interfering with her ability to interact with her children - What practical help can I offer her? With this in mind, a priority for the research committee is to develop strategies to enhance the application of research findings into practice. We hope to do this by using educational meetings and the Quarterly as forums to discuss the clinical questions that need to be answered and to highlight research findings that, when adopted into practice, will benefit our clients.

In past years, PSONS has been able to promote nursing research by offering financial grants. While our Chapter will not be able to fund grants this year, there are many opportunities to obtain research grants through our national organization. Another goal of the committee is to assist interested members in attaining these grants. The Research Committee welcomes both your ideas and your participation.

Symposium Committee

Linda Hohengarten

This is characteristically a highly active and productive group consisting of 9 to 14 members of PSONS. It is either chaired or co-chaired by persons who have already been on the committee at some point in their career. These individuals serve on the PSONS Board as a voting member. Committee members come from a wide variety of practice settings and are actually recruited, or are volun-

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Puget Sound Chapter of the Oncology Nursing Society

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Education: Pam Ketzner
Research: Terri Cunningham
Symposium: Linda Hohengarten
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Communications: Gloria Winters
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Letters, articles and announcements are requested from all PSONS members and other readers on topics of interest. Submissions and questions should be sent in electronic format to newsdesk@psons.org.

Neither the 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 any of the above-stated parties.

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Call PSONS @ 206-283-9292
between 9 a.m. and 5 p.m.

PSONS Works with Medical Industry to Improve Communications

*Gloria Winters, RN, MN
(with thanks to Margot Hill and
Janet Bagley for their notes)*

At the end of November 2001, several PSONS board members met with representatives of the pharmaceutical and medical equipment industries to have a conversation about the relationship between our communities. While there had been intermittent attempts within PSONS to restructure our communication with the industry, this was the first time we have jointly examined this relationship.

As PSONS members we believe that it is important for nurses to be knowledgeable about new treatments, new resources, and new methods. We support the idea that research findings should be put into practice for those who need it by those most skilled and capable of doing it. Our mission is "to promote excellence in oncology nursing and quality cancer care." But to do this we must not only promote the dissemination of knowledge from researchers to clinicians, but also engage clinicians in effective means of communication with those providing and developing new treatments.

PSONS garners a large portion of its financial support from "the industry" - using educational grants to support the Symposium, the Quarterly, educational events, and ONEC. We are bound in this relationship by ONS guidelines defining our need to remain independent of industry control. We realize that we must maintain ethical integrity and offer what the membership needs and wants. But we share much in common with industry with respect to our missions in the world of cancer care. Most importantly, we share a common desire to improve the lives of people living with cancer.

The relationship between PSONS and the industry has often been marked by uncertainty. In a desire to examine and clarify this relationship, Margot Hill invit-

ed several representatives to join us for conversation. When we met, we discussed several challenges that we share:

- Making effective use of the dollars spent - justifying the expense with respect to the value returned to individuals, organizations, and institutions
- Knowing who to contact - both within PSONS and the industry
- Making effective use of the hours involved - for industry representatives, chapter volunteers, and clinicians

These are times of financial insecurity for both the industry and clinicians. Changes in health care have led to increasing demands upon smaller resources. We at PSONS have watched our financial resources diminish yet have chosen to expand and improve certain services to members and the community. Increasing financial accountability has become the primary topic of concern at board meetings. On the individual member level, employing institutions often no longer provide generous educational reimbursement, and difficulty with staffing issues can prohibit time off.

The representatives from industry noted that their ability to provide financial support is increasingly related to the direct connection to be made between the service or offering provided and the benefit to the company. For example, if an educational program will discuss the use of a specific drug produced by their company, they will be able to more readily justify their financial support. And, in a time when face to face contact with clinicians diminishes, the more individuals they anticipate encountering at an event, the more likely they are to be present. They clearly stated that developing one on one relationships with clinicians is key to their learning about how treatments are working and what problems have been encountered.

Both the industry and PSONS operate in a state of rapid change and turnover.

Many of the representatives who attended were relatively new to this area or their company. For PSONS, the person responsible for working with vendors for the symposium has often been the most stable individual. But with officers changing yearly, and committee chairs every two years or so - and with volunteers serving in a variety of capacities - it is hard to know who to contact. And of course, clinicians, and the settings in which they work, respond to larger system changes and move on.

The type of contact itself is also significant. How many people can be reached through a single individual may be important to an industry representative, as well as the development of a relationship. This relationship needs to be one that flows in both directions. It is important as nurses to recognize and respect the contributions of these partners in care. We can share our needs and concerns while learning about a new products and treatments. We can express our appreciation of the time and energy put into providing information that we need.

For salespeople, clinicians, and volunteers, only a finite time can be committed in order to accomplish objectives. Making effective use of the hours involved becomes critical. We need to do a better job of matching those with a need to know to those who have the information. The challenge is to provide relevant information in a manner that is both succinct in its content and supportive of the individuals. This becomes a fine balancing act. An educational dinner may draw a larger audience, but what draws people out for the evening: the content, or the social support and community building that occurs? Can that community building extend beyond our organization to others in the field? Are there ways that we can better meet both goals?

In short, industry representatives want to have meaningful contact and share

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Committee Reports

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teers accepted with that in mind. We even have current committee members from Vancouver and Yakima. Evening meetings are held monthly with additional ones sprinkled in if the group decides they are needed. Planning for the traditional March symposium begins in May/June of the previous year. Committee member responsibilities include one infrastructure function (e.g. CERP, Syllabus, Publicity, Exhibitors) and one program speaker sponsorship (i.e. patron to see that each speaker has a dedicated link to the committee for the many details that need to be addressed). Committee members come with a love of potlucks (we always have dinner with our meetings), passion for oncology nursing, and capability for laughter.

The final product of the committee is the annual, two day PSONS Symposium. One primary cancer diagnosis is selected to be the topic for our keynote speaker and perhaps one other supporting speaker. We then branch out selecting a wide variety of subjects that address the educational needs of our PSONS membership. We take into consideration what the newest issues or innovations our general membership might need instruction on, as well as what we have done historically so as not to saturate on one particular theme. Only after we have selected the topics do we start the recruitment of qualified speakers. We are continually amazed with the expertise we have in this region and within our membership! We also try to provide oncology entry level information as well as subject matter for the advanced practitioner. Traditionally we attempt to close the program with an inspirational speaker to send us all back to our practice environments with renewed spirit.

Our goals for this year were:

1. Assure an annual symposium to reflect the current educational needs of the nursing membership.
2. Provide an environment for networking of oncology nurses throughout the region.
3. Provide an arena to acknowledge oncology nurses for their achievements.
4. Maintain cost neutrality to chapter financial status.
5. Develop a consistent financial revenue source for the McCorkle Lectureship.
6. Conduct an analysis of attendee demographics to increase the breadth of oncology practice sites represented.

7. Maintain overall symposium attendee satisfaction numbers of at least 4.5 on a scale of 1-5 for both days.

Communications Committee

Gloria Winters

The communications committee is responsible for the newsletter and webpage for the PSONS membership. This year, the committee structure will undergo a major change, with the editor of the newsletter no longer serving on the board. The goal is to have a committee that oversees the whole, while individual members will assume responsibility for the parts. We enter this year without a chair of the committee, and hope to find someone for this role as well as that of webmaster. The committee itself meets annually, and plans for the coming year.

Topics chosen for the Quarterly for 2002 include: February 2002 - mentoring, leadership, PSONS strategic plan, April 2002 - Symposium, August 2002 - Hospice and Palliative Care, and November 2002 - Nurses Writing - a follow-up to the writing seminars in 2001. I have agreed to continue to serve as editor with the support of an assistant editor, and a goal of having other members pick up responsibility for researching and writing the standing columns: Member profile, Thinking of you, and Community Crossings. This past year we welcomed Linda Eaton as our new advertising editor.

There have been frequent suggestions that our editor should be paid. But in looking at the balance sheet this year, and looking ahead to what may be the future of communications within PSONS, this discussion has been postponed. In the meantime, we have increased the amount we charge for sponsorship of the newsletter, to meet half the cost of production, and are working to find new ways of supporting both the newsletter and the webpage.

We continue to thrive on writing submitted by our members and those they know. This past year we reinstated the writer's awards. I am grateful to all who have served on the editorial board in the past year, helping with ideas, suggestions, and reviews for this committee: Anne Ankrom, Patricia Buchsel, Ryan Iwamoto, Cathleen Goetsch, Janet Bagley, Jormain Cady, Kathryn Keegan, Linda Eaton, and Mary Jaenicke. ■

PSONS GOALS BY COMMITTEE

Research

1. Assist members to attain ONS grants.
 2. Create a forum to discuss the important clinical questions.
 3. Facilitate nurse's utilization by highlighting research findings and relating the impact to clinical practice.
- (Rewritten goal #3: Facilitate nursing research utilization by highlighting research findings and relating the impact to clinical practice.)

Membership

1. Provide a directory free to members.
2. Canvas the lost members through a neutral party (students) to elicit feedback on recruitment.
3. Add ONEC attendees to new member mailing list.

Communications

1. Revisit the issue of day-to-day communications to chapter. Options to include the web page (evaluate having a web master hosted at Alliance Strategies), and creating a monthly news bulletin via email.
2. Publish Quarterly 4 times in hard copy, increase participation in writing through use of contributing editors for standing columns.
3. Restructure committee to create manageable volunteer jobs.
4. Award three writers for articles during the 2001 calendar year.
5. Increase financial accountability of the newsletter and webpage by pursuing additional sources of revenue from potential readers and from advertisers.

Symposium

1. Assure an annual symposium to reflect the current educational needs of the nursing membership.
2. Provide an environment for networking of oncology nurses throughout the region.
3. Provide an arena to acknowledge oncology nurses for their achievements.
4. Maintain cost neutrality to chapter financial status.
4. Develop a consistent financial revenue source for the McCorkle Lectureship.
5. Conduct an analysis of attendee demographics to increase the breadth of oncology practice sites represented.
6. Maintain overall symposium attendee satisfaction numbers of at least 5.5 on a scale of 1-5 for both days.

Education

1. Continue monthly education meetings.
2. Coordinate meetings with community cancer awareness months.
3. Improve use of web site for CEU.
4. Advertise all education meetings, including non-POSNS meetings, on website.
5. Resurrect the OCN review course.
6. Mentoring student nurses through email.
7. Create a scholarship that is endowed.
8. Continue to pursue outside funding for educational meetings.

Legislative

1. Provide key legislative and policy information to membership in a timely fashion.
2. Provide web-based alerts and action items on local and national health policy issues.
3. Act as needed to represent PSONS, ONS and nursing in health policy forums and dialogue.
4. Encourage active participation in membership in health policy and advocacy.

Chocolate: More Divine Than Devilish

Mary Moss

(Editor's note: This chart was mistakenly left out of the article published in the Summer 2001 Issue, entitled Chocolate: more devilish than divine. We publish it here for your pleasure, with apologies to the author.)

Con: Chocolate is high in fats and sugar and low in nutrients.

Pro: Chocolate is a concentrated food source that tastes wonderful

1. During World War II, chocolate was issued to soldiers as "fighting food" and "nourishment in the smallest possible bulk"
2. The fatty acids in chocolate are used by the body to produce phosph-lipids, which are part of the make up of every cell in the human body.
3. The human body uses fats or lipids as a main reservoir of stored energy. We also use lipids as structural material in human cell components like membrane. Lipids protect body surfaces and regulate cellular and body functions.
4. Chocolate adds variety, flavor and enjoyment to eating. Like other rich foods, there are ways to incorporate it into a healthy eating plan.
5. Many people think rich foods like chocolate are "bad" and should be avoided. But if you love chocolate, there is no need to deny or deprive yourself of it, just cut back on fats in other parts of our diet.
6. Most everyone loves chocolate, but too many of us feel guilt instead of enjoyment when we indulge in it. There really are no "bad" foods, just poorly planned diets. If you are eating a well-balanced diet, chocolate can be included.

7. "If you crave the taste of chocolate – and who doesn't – you may want to consider cocoa powder. It's low in fat... but still contains that great chocolate taste." (Diabetes Forecast)
8. "A recent survey conducted by the National Confectioner's Association and Chocolate Association showed that most people believe candy is much higher in fat, cholesterol... than it actually is... many of us may be needlessly depriving ourselves of food we really enjoy. (Hershey.com)
9. If a person follows good nutrition guidelines and exercises regularly, there should be room for chocolate in their diet.
10. Weight loss programs that restrict all sweets usually are not successful because people feel deprived and end up cheating.
11. A better idea is to plan for an occasional treat, like chocolate, and be in control of eating behavior, so that foods that are loved can be enjoyed rather than a source of guilt.
12. Chocolate contains a combination of saturated, polyunsaturated and monounsaturated fats. The cocoa butter in chocolate is made up of stearic and palmitic fatty acids, both saturated fats. While palmitic acid can raise cholesterol, stearic acid lowers it. So overall, chocolate has a neutral influence on cholesterol levels.



Con: Chocolate contains phenyl-ethyl-amine, which can dilate brain vessels, triggering headaches.

Pro: Researchers from the University of Pittsburgh medical Center have found a lack of evidence for the association of migraine headaches with chocolate. They theorize that chocolate has been blamed for headaches when the cause was probably other foods, stress or premenstrual syndrome. (Tufts University)

Con: Eating chocolate can have the same effects as smoking marijuana. Chocolate contains a drug that makes it addictive.

Pro: Chocolate contains anandamide, a chemical that is naturally produced by nerve cells in the brain. It acts on the pleasure center in the brain triggering "feel good" chemicals called endorphins. Anandamide breaks down soon after it's produced, but two other chemicals in chocolate slow this process, keeping anandamide around a bit longer. So why aren't people who eat chocolate high all the time? According

Continued on next page

Chocolate: Unfairly Blamed for Most Problems

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to Christian Felder of the National Institute of Mental Health, a 130-pound person needs to eat about 25 pounds of chocolate in one sitting to get a noticeable buzz. (Science World)

"Chocolate does not contain substances similar to those in marijuana," and he goes on to say, "Nobody experiences chocolate highs." He also states, "We really don't know what anandamide does in the brain." (Dr Daniel Piomelli of the Neuroscience Institute of San Diego California, The Health Report, ABC-Radio)

Con: The taste of chocolate can bring on binge eating. Psychologists at the University of Pennsylvania found from a survey that 50% of the female students crave chocolate premenstrually and for the first two to three days of their menstrual period. (JAMA)

Pro: For many, the taste of chocolate has an irresistible appeal. Its melting point is 97 degrees, just below body temperature, so it melts in you mouth immediately and zaps the taste buds in a way no other food can. Because it tastes so good, it makes you feel good too.

A "binge" is when one eats much more food than most people would eat during a similar period of time and under similar circumstances. The food consumed isn't savored or enjoyed - it's devoured in a frenzied manner. During a binge, the individual feels a lack of control over the type and quantity of food consumed. Foods typically consumed during a binge are usually high calorie, simple carbohydrate foods that are usually avoided when dieting. Anger, sadness or other negative emotions often trigger binge eating. The causes of binge eating disorder are still unknown. Up to half of all people with the disorder have a history of depression, but it is not clear whether it is a cause or effect of the disorder, or if it is related at all. Research is looking into how brain chemicals may affect binge eating. Strict dieting generally worsens the tendency to binge.

"No tightly controlled studies have yet been done that prove that chocolate does anything but taste good." (Au

Chocolate)

Although many people love the taste of chocolate, it is not an addictive food. An addiction is a serious medical condition with specific physical and psychological symptoms. The desire for sweet tasting foods is a natural biological drive. At birth, we crave the taste of mother's milk, which is sweet and fatty. Of course as adults, our tastes have broadened, but sweet foods like chocolate are still the favorites.

Con: Chocolate contains relatively high amounts of polyphenolic compounds, phytic acid and calcium, all well-known inhibitors of iron absorption.

Pro: When ascorbic acid is added to iron fortified chocolate drinks, the iron absorption is increased.

Con: Eating chocolate can cause hyperactivity in children.

Pro: Sugar does not cause hyperactivity in children, despite widespread belief to the contrary. Recent studies conducted at Vanderbilt University and the University of Iowa College of Medicine found no evidence that sugar has an adverse effect on children's behavior. (Hershey.com)

Con: Many people are allergic to chocolate.

Pro: "A true chocolate allergy is uncommon and difficult to prove." (ADA) "The idea that chocolate is a common allergen has been around for a long time, but recent evidence suggests allergy to chocolate is quite rare." (Hershey.com)

Con: Eating chocolate causes tooth decay.

Pro: Chocolate is not going to cause tooth decay any more than any food containing starches or sugars. Actually, chocolate washes out of the mouth faster than other candies that stick to teeth and cause enamel-eroding acid levels to rise. In fact, coca contains tannins that may exert a protective effect against dental plaque and cavities.

Con: Chocolate causes acne.

Pro: Chocolate does not cause acne according to the American Medical Association. They have stated, "Diet plays no role in acne treatment in most patients...even large amounts of chocolate have not clinically exacerbated acne." (Environmental Nutrition)

Con: Chocolate contains a lot of caffeine.

Pro: A typical 1.4-ounce milk chocolate bar contains six milligrams of caffeine - about the same amount as a cup of decaf coffee. Brewed coffee can contain between 100 and 655 mg of caffeine.

Pro: Chocolate contains phenols - the same antioxidants found in red wine that is believed to help lower the risk of heart disease and cancer.

Con: "Chocolate is hardly the ideal way to get antioxidants. Fruit and vegetables provide antioxidants plus substantial vitamins, minerals and fiber, with much less fat, sugar and calories than chocolate." (Environmental Nutrition)

Con: Chocolate consumption can increase urinary oxalate excretion (salt compounds) which is bad for people with kidney stones.

Pharmaceutical Benefits of Chocolate

From Chocolate we get:

1. glycerin to reduce ocular tension
2. glycerin used to dilute allergen extracts for skin tests
3. cocoa butter that is used for cosmetics and suppositories
4. cocoa butter that is used as a protective lubricant in dentistry
5. stearic glyceride, a hard fat used in making soap
6. linoleic acid that is essential in treating the fatty acid deficiency of some newborns.
7. theobromine, a myocardial stimulant, diuretic, smooth-muscle relaxant and dilator of coronary arteries

TREASURER'S REPORT

for Third Quarter 2001, ending October 31

A. BEGINNING BALANCE		
	(Ending Balance Last Report)	\$51,748.01
REVENUES		
Dues		215.00
Program Participation Fees		1,995.00
Interest (Checking/Savings/Certificate)		8.58
Exhibit Fees		3,625.00
Miscellaneous Other (Specify)		
Gain (Loss) IDS	(6,907.75)	
Total Miscellaneous	(6,907.75)	
B. TOTAL REVENUES		\$1,604.17
EXPENSES:		
Printing (Typing, xeroxing, etc.)		982.29
Postage		472.18
Supplies		244.59
Meetings		1,958.86
Accounting Fees/Bank Charges		18.00
Grants/Scholarships/Awards		75.00
Miscellaneous Other (Specify)		
Gifts		78.00
Photocopying		10.62
Professional Services	843.75	
Refund		405.00
Secretarial Services	2,333.90	
Tax		148.04
Web page		29.85
Total Miscellaneous	3,849.16	
C. TOTAL EXPENSES		7,600.08
D. ENDING BALANCE THIS PERIOD		43,083.76
	Outstanding Checks	1,886.86
BALANCE IN BANK AND INVESTMENTS		\$44,970.62

TREASURER'S REPORT

for Fourth Quarter 2001, ending December 31

A. BEGINNING BALANCE		
	(Ending Balance Last Report)	\$43,083.76
REVENUES		
Dues		2,787.50
Interest (Checking/Savings/Certificate)		9.64
Exhibit Fees		4,150.00
Miscellaneous Other (Specify)		
Ad Sales		1,740.00
Sales (Other)		5.00
Sponsors		500.00
Gain (Loss) IDS		3,709.49
Total Quarterly Income		6,947.14
B. TOTAL REVENUES		\$10,656.63
EXPENSES:		
Printing (Typing, xeroxing, etc.)		3,021.31
Postage		466.43
Supplies		883.23
Meetings		3,156.26
Accounting Fees/Bank Service Charges		26.00
Miscellaneous Other (Specify)		
CE Applications		175.00
Professional Services		827.36
Secretarial Services		2,106.60
Taxes		149.95
Web page		29.85
Total Miscellaneous		3,288.76
C. TOTAL EXPENSES		10,841.99
D. ENDING BALANCE THIS PERIOD		42,898.40
	Outstanding Checks	2,021.14
BALANCE IN BANK AND INVESTMENTS		\$44,919.54

ONS Institutes of Learning Comes to Seattle This Fall

Start planning now to attend the IOL in Seattle Nov 1-3. More details will follow in an ONS brochure to be sent to members in April, but be sure to reserve the dates. This is the former "Fall Institute", and we have sponsored one before in 1993. It differs from Congress because the main emphasis is to get an indepth learning experience in one particular area, but 4 short sessions are also offered on current topics of interest. With it being held in our hometown on a weekend more of us will be able to attend. As the sponsoring chapter, we will have some responsibilities such as helping our peers from out of town find their way around and providing room monitors for each session.

If you will be attending and would like to be a monitor for a session, please notify Gail Simburger by dropping her a note by e-mail to gsimburger@yahoo.com or mailing it to her at 2705 Larlin Dr., Everett, WA 98203.

ANNUAL REPORT 2001

A. BEGINNING BALANCE

(Ending Balance Last Report 2000)

\$60,556.22

REVENUES

		Dues
	7,415.00	
Program Participation Fees	29,300.00	
Interest (Checking/Savings/Certificate)		39.84
Donations		500.00
Exhibit Fees		21,000.00
Miscellaneous Other (Specify)		
Ad Sales	2,295.00	
Sales (Other)	5.00	
Sponsors	2,200.00	
Newsletter Subscriptions	680.00	
Total Miscellaneous		5,180.00
Transfer		7,500.00
Gain (Loss) IDS	(13,287.51)	
	Total Quarterly Income	6,947.14

B. TOTAL REVENUES 2001

\$57,647.33

EXPENSES:

xeroxing, etc.)	9,279.75	Printing (Typing,
Postage		2,210.72
Supplies		2,494.35
Meetings		30,300.95
Accounting Fees/Bank Service Charges		250.60
Honorariums and /or Speakers		4,250.00
Grants/Scholarships/Awards	2,725.00	
Miscellaneous Other (Specify)		
CE Applications	573.18	
Chapter Renewal Fee	283.00	
Gifts	398.05	
Phone	5.63	
Professional Services	6,809.85	
Refund	805.00	
Secretarial Services	10,409.32	
Taxes	722.03	
Web page	119.40	
Total Miscellaneous	20,125.46	

C. TOTAL EXPENSES 2001

72,175.20

D. ENDING BALANCE 2001

46,028.35

Outstanding Checks 2,021.14

BALANCE IN BANK AND INVESTMENTS

\$48,049.49

Community Crossings

Continued from page 14

information with clinicians, and clinicians want to maximize educational opportunities. PSONS serves as the broker for some of this contact, and needs to establish a clear process by which these common needs can be addressed.

In reviewing our goals, it was clear that communication will be key to maintaining effective relationships between PSONS and the industry. This communication will come not only from improved organizational structure and accountability within PSONS, but also through the day to day communication that PSONS members have with representatives of the industry.

At this time the Board is reviewing the way in which a single person, or group of individuals, might serve as a point of contact. We have put together a master annual calendar of events and encouraged committee chairs to be futuristic in thinking about their goals. We have chosen to set aside a half page of the Quarterly for information from the industry, and are reviewing more effective ways to share information via the web. Our goal is to pursue a "win-win" working relationship between industry and PSONS.

Individuals present for this meeting included: Terri Cunningham, Linda Hohengarten, Janet Bagley, Donna Carrera, Gloria Winters, Toni Floyd, and Margot Hill (PSONS), Anthony Kirby (MedImmune Oncology Inc.), Gerry Ahn & Diana Heath (Novartis Oncology), Brian Walton & Thomas Cikat (Medtronic Neurological), Lynne Witham (Genentech BioOncology), and Ronald Petersen (Purdue Pharma L. P.)

Mark you calendars!

Seventh National Conference on Cancer Nursing Research

Feb. 6-8, 2003, in San Diego, CA

Calls for abstracts and State-of-the-Science Lecture applications as well as electronic submission information is available in the Convention area of ONS Online. New Investigator Award application information also is available at the web site.

For more information, contact the ONS Research Team at 412-921-7373, ext. 250 (research@ons.org).

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*Contact ONS or Ian Anderson for further information
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