



PUGET SOUND QUARTERLY

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Oncology Nursing Society

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WHY WRITE? WHY NOT!

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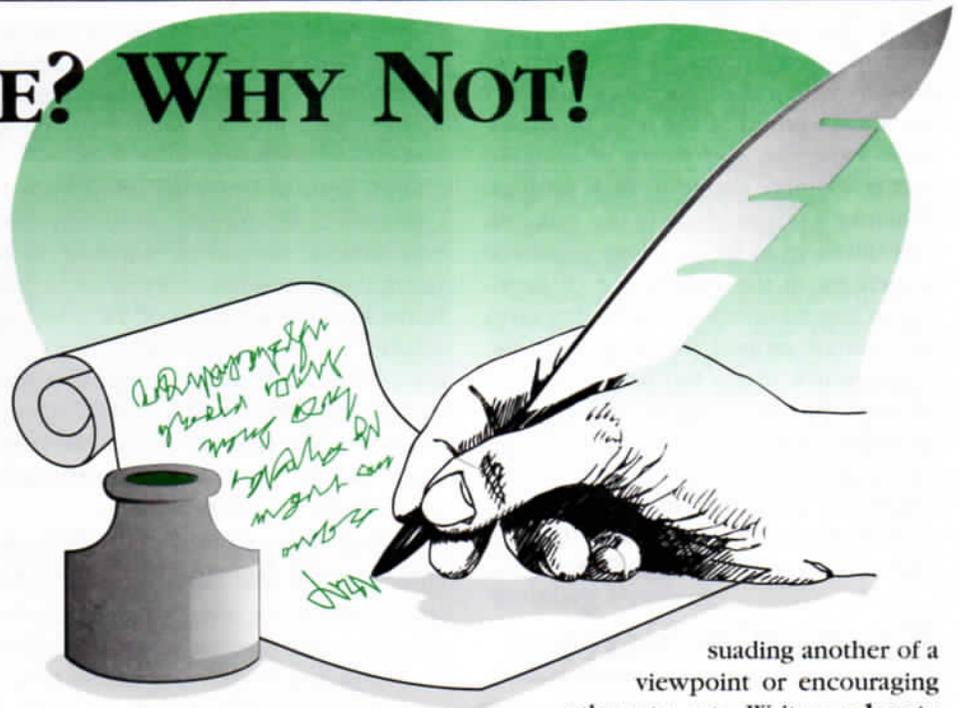
You have probably wondered once or twice about what it would be like to see your name as author of an article, book chapter or even a book. You may have wondered about the people who have authored something you have read. How did they "do it?" How did they get started?

Articles and books are only the proverbial tip of the iceberg of publishing. Letters to the editor, editorials, newsletters, and patient education pamphlets are a few more publications to consider. How can you "do it?" How can you get started?

Mary Higgins Clark, the novelist, has advice on writing, "There's no mystery about how to become a writer: write." In fact, that is the simplest and the best advice. However, you might have many questions about getting started and this article will give you some pointers on how to achieve your goal of writing.

Why write?

There are many reasons for writing and every writer has one or many of these reasons for beginning their pub-



lishing journey. At the top of the list is the desire to **communicate**. Nursing is a relationship-based profession and much of our work is achieved through communication. We communicate using many methods: verbal, touch, and writing. How many of you might list writing as your least favorite method? Yet, the written word lasts longer than spoken words. Our written words **influence and motivate** others. What begins as expressing ideas or sharing thoughts can become a factor in per-

suading another of a viewpoint or encouraging others to act. Writers **educate** their readers to new information or reinforce what the reader may already know. Writing is also a way to **enhance personal development**. For example, writing about a meaningful patient story and the lessons learned in the relationship is a way to reflect on your practice. Some nursing jobs may require publications as part of **professional development**. You have probably heard the saying about faculty, "publish or perish."

Given today's concerns about the

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ONS ELECTIONS COMING UP!

You will be receiving your ONS ballot in the mail soon. Be sure to vote either by mail or on-line. There is a \$1000 reward for the chapter with the largest percentage of members voting. **Let's show support for ONS and pride in our chapter and win!**



PRESIDENT'S MESSAGE

Capacity for Love and Joy Distinguishes Oncology Nurses

Cathleen M. Goetsch
RN, MN, OCN

It was my privilege to attend the recent ONS Institutes of Learning. Having that opportunity to meet with my peers renewed my feeling of kinship with other oncology nurses. I am always proud of the level of knowledge, expertise, and depth of emotion that is willingly shared in such settings. Whether it is something in our make up that draws us to be oncology nurses or something in the experience of developing into an oncology nurse that gives us common ground, the bond is strong. Competence seems too limited a word to describe the concept of our commonality. Yet Albert Jonson, reflecting on the Latin derivation of the word, notes it originates from a verb, *comptere*: to seek or strive. "[This] suggests a drive, an impetus: the competent professional is

not merely one who minimally qualifies, but one who seeks an evermore perfect understanding and performance of his or her work. Competence is a habit, and habits are performed with pleasure." (The New Medicine and the Old Ethics, p.24). Competence, in this sense, creates camaraderie among those who share its mastery, and inspires them to expand and enlarge its scope.

Scott Peck, in *The Road Less Traveled*, contends it is spiritual evolution that engenders competency. The process is painful and requires acceptance of suffering as the instrument of the transformation. We thus attain the capacity for great love and great joy. I think it is this capacity for love and joy that distinguishes us as oncology nurses. We have a gift and we share it. We nurture and are nurtured by the process.

Patricia Benner noted in the first edition of *Cancer Nursing* (1991) that can-



Cathleen M. Goetsch

cer has an indelible effect. "One can be free of the disease, but not of the experience of the disease." (p. 75). This effect extends to all who share the experience. And that is what we do, over and over, day after day. We walk the long road with each new person, breaking trail for those who need us to lead, sometimes just being present so that no one goes it alone.

I am dichotomously humble and proud to be part of this wonderful nursing specialty. Thanks to all of you who continue to seek and strive. Onward and upward you angels of mercy.

EDITOR'S NOTES

Thanks to Judy Petersen for Serving as Guest Editor

Gloria Winters, RN, MN
Editor

Dear Judy,

Thank you so for serving as the guest editor for this edition of the Quarterly. This morning as I read through the articles you had solicited, I was struck by what a truly unique edition this will be.

I cried as I read the beautiful tribute written by Susan, and found myself wanting, for more than a moment, to leave home and go back into practice. That was where I started. Next I read Carla's story about writing. It tickled me to see what delight can come from making the cover of the Quarterly. And I was pleased to see the distinctions she made about styles of writing meeting the audience. Her story entices me to sit and visit with her. From there I turned to the two survey findings by Deborah. She has a gift for seeking out

answers to important concerns, and presenting them in a clear and succinct manner that begs the reader to become engaged. I started analyzing and asking questions, and wondering how to respond from where I sat (in my short days as a CNS), and where I sit today. Ian's letters to legislators contrast dramatically with the personal piece that he wrote for the last issue of the Quarterly. His quick return to these pages demonstrates how each style of writing can have great impact on the readers, as well as our profession. And he foreshadowed Brenda's reminder that we are important figures in determining how our profession is viewed. Finally I turned to Brenda's article, and recovered the joy I had in hearing her speak on writing at the seminar last year.

And that, of course was where it started. Thank you so much for taking my

vision of an issue devoted to writing, and making it a reality. The variety of styles and topics gets at just the issues Brenda addresses when she points out why nurses should write, and why it is something each nurse can do.

When you responded to my resignation as editor with a desire to help, I could hardly contain myself. But today, as I read these articles, I became exceedingly thankful that circumstances contrived to make this issue my last. For writing is the joy that has come to me in the last three years. Thank you for making this issue such a marvelous closing gift.

Sincerely,
Gloria

PS. And how wonderful it was to hear, as I proofed this letter, that you had been awarded the McCorkle lectureship for 2003. Congratulations! It is ever so well deserved.

Why Write: Empower Nurses to Shape Public Understanding

Continued from page 1

nursing shortage, there are two additional compelling reasons for nurses to write:

- ✓ To create the image of nursing rather than letting others do so.
- ✓ To increase nurses' visibility as experts in health care issues.

Both these reasons position nurses to use their professional power in shaping public understanding of the contributions of nurses. Patricia Benner urges nurses to, "Take your practice and your voice in your practice seriously. Practice the skill and the courage it takes to be visible because your visibility is so important." Letters to the editor are a good place to increase nursing's visibility and to begin your writing for publication. There are articles in newspapers and magazines about which you could comment or add information for the public.

What Barriers Keep You from Writing?

With multiple demands on our time, it is easy to put writing to the bottom of the "to do" list unless there is a required deadline. We set many of the barriers ourselves. Are any of these familiar?

- ✓ "I have nothing new to say."
- ✓ "I don't know where to begin."
- ✓ "I could never write an article."
- ✓ "My ideas aren't good enough."

These and other internal conversations can stop you before you even begin. However, these statements can be overcome. Nurses at the bedside have ample information to share with others and many journal editors want more clinical manuscripts. However, many nurses undervalue their experiences, thinking they have nothing new or important to say. For first time authors, the idea of writing can seem daunting, but PSONS and ONS have many resources to assist a novice writer. Sometimes all you need to do is to ask a colleague who has published to help you. ONS has formal mentoring programs to which you can apply. There is no reason to think that you couldn't write and get published given the resources available to you.

What to Write?

There are many sources in which to

publish from the scholarly to the informal. Scholarly papers in peer-reviewed journals hold a great deal of prestige. Book chapters offer you the opportunity to extensively review and synthesize the literature. Both require an academic style of writing. On the other hand, letters to the editor, editorials, and stories in magazines or newsletters need a less formal, more conversational style of

Rewriting and Polishing Your Manuscript

- Use a human subject and a strong verb.
- Keep the subject and verb close together.
- Shorten sentences.
- Consider alternatives to "is."
- Use an active voice.
- Suspect wordiness whenever you see of, which or that.

Figure 1

writing. Start by deciding what you want to write. Then ask yourself, "Why would I like to write about this?" This will focus your writing and help you select where you want to publish.

You can take the same topic and write about it from very different perspectives depending on why you want to write about it. For instance, you may want to write about the burden on family caregivers of people with cancer. That could be written for a nursing journal using a framework of stress and coping and outlining nursing interventions to support the caregivers. It also could be written as a story for the newsletter of a local women's group and include websites or phone numbers of resource groups. A third option is to write an editorial for your local paper to be published during National Caregivers' Week.

Getting Started!

In the movie, *Finding Forrester*, Forrester mentors a young man in his writing and advises him, "The first key to writing is to write - not think." This also means don't clean out the closet first! Find a comfortable place to write and decide whether you will use a pen,

pencil, or computer. Each writer has his or her own preferences. Some develop rituals for beginning, such as using specific writing paper and tools. Set an amount of time that you will write - 15 minutes, an hour. At first, you may want to write stories in a notebook as a way to capture your ideas and experiences. These may be reworked later into a journal manuscript.

The first responsibility of a writer is to be clear in her writing. Four questions that can help you be clear are:

- ✓ What point(s) do I want to make?
- ✓ Is it/are they worth making?
- ✓ For whom am I writing?
- ✓ How can I best make my point(s) to the reader?

Answering these questions will help you select a topic and begin any research needed on that topic. Each publication has author guidelines whether that is the word limit on a letter to the editor or the style used by a specific journal. Know what the guidelines are.

Completing Your Writing Project

Writer's block happens to even the most experienced writer and can result in an unfinished writing project. Give yourself a break from writing if this happens and do other things to recharge yourself. It's OK to clean the closet now. Return to your project and resume writing wherever you want not necessarily where you stopped. Having a mentor or someone who is willing to give you feedback will keep you on target to complete your writing. Don't edit as you go, but complete a first draft and then edit and rewrite. (See Figure 1 for tips on rewriting)

The author E. L. Doctorow said, "Writing is an exploration. You start from nothing and learn as you go." Whether you are a novice or experienced writer, you will begin a writing project with nothing and end with a wealth of new knowledge. Seeing the finished product in print will make you want to write more.

Sharpen those pencils, fire up the computer and write!



Leadership Lessons From Linda

Susan Hogeland Drummond

RN, MN, AOCN

As I write this, I am preparing for the holidays and I am haunted by a memory. Last year, I hosted a holiday open house. My husband and I invited friends from all walks of our lives – neighbors, family, and co-workers. I invited our Cancer Care team. At about 8:00 pm, Linda Holstein, RN, arrived accompanied by a group of our wonderful Cancer Care volunteers for whom she had provided transportation because they don't drive at night. I was so touched by Linda's kindness. Little did I know that Linda wouldn't live to see another holiday season.

It was shortly after this that Linda came to my office and closed the door. I knew that Linda was a breast cancer survivor, but I was quite unprepared for what followed. She had been complaining of some abdominal pain and had seen the doctor for what she had presumed were gallbladder symptoms. She explained that she had visited the oncologist, and the doctor showed her the CT scan. The words she quoted from the oncologist are imprinted in my memory: "Linda, it looks like we're in trouble." Linda had liver metastasis. This was the beginning of a very difficult journey for Linda, her family, our tight-knit team, and for me.

Linda joined the Highline outpatient Cancer Clinic team in October of 1999. She brought a wealth of nursing experience and outpatient oncology experience to our team. She differed from many nurses who come as new hires to the clinic in that all of her experience had been outpatient. I was so grateful for her specific area of expertise when I was asked to open a new office for the physicians in the fall of 2001. Linda stepped up to help me, working many hours to open the office, interviewing staff with me, and serving as a sounding board.

One of Linda's gifts was her practical perspective. She was kind and caring, but could clearly see the logistic and practical side of things. She was the

nurse who was always prepared, checking and double-checking emergency equipment. I was particularly impressed when we had a difficult situation in the clinic and Linda said to me, "I don't like it, but it's got to be done." In the spirit of that practical approach to life, I am sharing my lessons learned as a manager and team member during the last six months of Linda's life.

Lesson #1: When you don't know what to do about a terminally ill employee, ask yourself, "What would I do if she was pregnant?"

It was overwhelming to me to decide how to act with a terminally ill staff member, so I thought about another personnel situation with which I had experience. The first thing I always do with a pregnant employee is advise them to contact human resources. I know it's best to have their staff explain family medical leave, sick leave, and use of annual leave. I did the same with Linda, although I must admit with trepidation. The discussion seemed premature, when Linda was continuing to work her part-time hours and certainly didn't look sick; however, she thanked me for sending her. As the months went on, this turned out to be a good strategy. Linda received accurate information and later contacted human resources without my prompting when new questions arose. Her early interaction with the human resources department provided an additional benefit to me – Linda provided enough information that when I needed questions answered about her situation, I didn't need to provide much background, and the issues were treated sensitively.

Lesson #2: Ask staff to accommodate for their co-worker; they'll do it willingly.

I debated whether it was appropriate to ask staff to change their schedules to meet Linda's needs. In retrospect, I am amazed at the changes they made willingly to make Linda's schedule work. Linda was able to work part-time in the slower office setting, while the nurse hired for the office worked part-time in the busier infusion setting, as well as cov-

ering in the office on the days that Linda didn't work. Multiple people trained to pick up her duties in the office, which was a necessity as her health became less predictable. Staff picked up extra shifts and let me know when things weren't working.

Lesson #3: If in doubt, ASK.

Linda pointed me in this direction. Since her medical oncologist was at Highline, treatment was planned in our Cancer Care Clinic. Linda explained the plans to me and then said, "if that's okay with the nurses." I did ask how they felt about treating a team member. They were in overwhelming agreement that treating Linda in our clinic was the right thing to do. As one staff member explained, "If we can't take good care of one of our own, what are we doing here?"

Lesson #4: Respect the employee's right to funnel the medical information you receive, even if you suspect it isn't realistic.

I quickly realized that the information Linda was telling me about her prognosis and long-term plans didn't always match the information that I was hearing from staff, and even her oncologist. My suspicion was that Linda wasn't able to hear everything that was being said. My dilemma was: Do I take action based on what Linda is telling me or on other information? After much thought, I decided that it was a confidentiality issue. Applying the pregnancy analogy, with a pregnant employee, I would only have the medical information that an employee provided, coupled with my observation of work performance. I decided that those were the criteria I would use to make decisions. I felt more confident after resolving that dilemma. If anyone tried to discuss Linda's health with me, I explained that as her manager it was inappropriate for me to have medical information other than the information Linda shared with me. Of course, that also meant that if I was assisting with patient care, I didn't take care of Linda.

Lesson #5: Only YOU can be a good manager.

I wanted so much to be Linda's friend through this experience, but I was cast into the manager role for this play. Everyone on the team stepped up to the friend role, and Linda and her family benefited from their nurturing and support. It was my challenge to calculate Linda's

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sick time and her annual leave and to meet with her to discuss how long that would last. It was my responsibility to other patients to have back-up coverage planned for the days Linda worked. When patients started asking Linda if she was feeling okay, my past experiences helped me encourage her to take some time off, which allowed Linda to realize that she needed to stop working. Linda's practical perspective in difficult situations helped me understand that providing the information she needed in a caring manner was the way I could best help her in her last months.

Lesson #6: Work has many meanings for people.

I did not expect that Linda would try to work for as long as she did work. In fact, Linda worked until 6 weeks before her death. Being a nurse was important to her self-concept. Earning income helped her feel that she would leave her family in the best financial situation. Linda repeatedly explained that she disliked staying home because she kept thinking about her disease. Linda had so many interests outside work that I would have never predicted her incredible persistence to keep working. Several staff members expressed concerns about how she chose to spend these months. My role with staff was to remind them that Linda was making her own choices, as do all of our patients. My role with Linda was to continually assure her that staffing would be covered no matter what choices she made.

Lesson #7: Ask for help.

This is a tough one. It was so obvious to me that we needed someone to come in and conduct a support session with staff. I finally came to the realization that I was simply too involved to organize the session. I remember the relief in telling my director that this needed to be done, but that I couldn't do it. Staff were grateful for the time to talk, our new social worker was happy to help organize the support group, and I relinquished the self-imposed job of being everyone's support. I wish that I had done this sooner. I also wish that I had asked for more support from my peers and colleagues as I dealt with this situation. In my efforts to support my team, I forgot to ask for personal support.

Lesson #8: Stay in contact with your staff member and their family at the end of life.

Cards and phone calls meant so much to Linda and her family in the last weeks of her life. I found it easiest not to wait until everyone on the team could sign a card - I just sent one from myself. It allowed me to stay supportive and in contact.

Lesson #9: Participate in the funeral.

Linda and my staff taught me this. Linda left specific instructions for her family that only a Saturday funeral would be acceptable, so that her co-workers could attend. When the chaplain came by the clinic to ask for thoughts about Linda for the funeral, two nurses said that they had a song they wanted to sing for her. In the spir-

it of camaraderie, they convinced all of us to sing as a group of her friends from work. The song was touching, with phrases about "friends are friends forever". In the days before the funeral, as things slowed down in the afternoon, charts were left abandoned on the desk as we huddled together with the tape player to practice this beautiful song. Tears were shed, and our healing began. This inspired me as "the boss" to find something to read at Linda's funeral to recognize Linda as a nurse. It's not easy to find a tribute to an oncology nurse, so I share this. It's an adaptation which I'm sure the original author will understand.

How Can You Bear to be a Nurse?

Mary Mallison (1987)

Adapted by Susan Hogeland Drummond in honor of Linda Holstein, RN, OCN

How can you be a nurse? How can you bear the sight of blood?

Wait until you slide a catheter into a tiny vein just before it collapses. The flashback of blood you see will make you sing.

How can you be a nurse? How can you bear the sight, the embarrassment of urine?

Wait until your new cancer patient can't urinate, and you know the chemotherapy can destroy her kidneys. Your persistent maneuvers finally work. Urine then looks glorious.

How can you be a nurse? How can you bear to watch people suffer?

Wait until you've administered a different pain medication and finally soothed a suffering young woman into peaceful sleep. You feel the woman's relief washing over you like a blessing. Then you won't need to ask.

How can you be a nurse? How can you bear to care for frustrating, confused, demented patients?

Wait until you've devised a combination of strategies that permit safe wandering, and you see a lift, almost a spring, in an elderly man's shuffling gait. You'll feel the lightness of Baryshnikov in your own step that day.

How can you be a nurse? So many of your patients are so old, so sick. How can you bear the thought that, in the end, your care may make no difference?

Wait until you have used your hands and eyes and voice to dispel terror, to show a helpless person that his life is respected, that he has dignity. Your caring helps him care about himself. His helplessness forces you to think about the gifts in your own life.

Then and there, you decide yet again to reject the pallid pastel life. No tepid sail across a protected cove for you. No easy answers.

So you keep on choosing to be a nurse. You have days of frustration, nights of despair, terrible angers. Your highs and lows are peaks and chasms, not hills and valleys. The defeats come more than often enough to keep you humble: the problems you can't untangle, the lives that seep away too fast, the meanings that elude your understanding.

But you keep working at it, learning from it, knowing the next peak lies ahead.

And gradually you realize that your palette is filling up with colors. You see more shades of meaning. You laugh more. You realize you are well on your way to creating a work of art, maybe even a masterpiece. So that's why you've remained a nurse.

To your surprise, Linda, your greatest work of art turned out to be your own life.

Chemotherapy Handling Practices

Results of a Community Survey - Spring 2002

Deborah Hodges, RN, MN, AOCN
Consultant and Independent Oncology
Clinical Nurse Specialist
Deborah Hodges & Associates
Seattle, WA

One of the most common questions I am asked as a consultant is "How are other organizations handling chemotherapy, and are we compliant with community standards?" So this spring and summer I conducted

a nonscientific community survey of chemotherapy handling practices. This article presents the results of that survey.

A total of 14 practice locations were interviewed by phone. Thirteen were in the greater Puget Sound area. One was in Eastern Washington. Practice settings included major medical centers, both inpatient and outpatient; community hospitals, both inpatient and outpatient; independent ambulatory infusion

suites; and one private oncology physician office. Managers, clinical nurse specialists, unit supervisors, and nurse educators represented the practice locations in the interview process.

For the current Oncology Nursing Society standards please refer to: *2001 Chemotherapy and Biotherapy: Guidelines and Recommendations for Practice*

Available on the ONS website: <http://www.ons.org>, click on "library", then on "ONS Publications & Product Catalog", then on "General Oncology". It is item # INGL0530. The cost is \$50 for members and \$60 for non-members.

As a result of this survey, several locations have made changes in procedure and in methods of education for nursing staff about the use of personal protective wear. Therefore the results of this survey may no longer represent current practice.

CHEMOTHERAPY HANDLING PRACTICES COMMUNITY SURVEY

Type of gowns: Note: The term "strikerthrough" is often used to refer to gowns that repel fluids.

Also note: Some locations used multiple types of gowns

- 8 used paper strikerthrough gowns that close in the back
- 2 used cloth front closing strikerthrough gowns
- 6 used cloth back closing strikerthrough gowns
- 1 used non-strikerthrough lab coats that close in the front
- 2 did not use gowns

When is gown used?

- 2 locations did not use gowns
- 2 practiced single one time use of gowns
- 4 practiced one gown/patient with multiple nurses using the gown
- 5 practiced one gown/nurse with multiple patient contacts
- 1 practiced multiple nurse and multiple patient use

Type of gloves:

- 13 used commercial "chemotherapy" designated gloves
- 1 used surgical quality gloves

Use of a face shield / eye protection?

- 14 No
- 0 Yes

When is personal protective wear used?

- 9 - When opening zip-lock bag containing chemotherapy
- 7 - Any contact with the bag of chemotherapy
- 13 - When replacing a bag of chemotherapy
- 12 - When changing chemotherapy tubing
- 12 - When priming tubing
- 13 - When administering chemotherapy
- 1 - When touching a chemotherapy pump
- 13 - When cleaning spills

Compliance with organizational policy on use of personal protective wear:

- 8 100%
- 5 75-99%
- 1 No policy

How does chemotherapy arrive from pharmacy?

- 11 - Inside one zip-locked bag
- 1 - Inside two zip-locked bags
- 1 - No zip-locked bag
- 1 - Nurses mix own chemotherapy on-site

How is tubing primed?

- 1 - Arrives pre-primed from pharmacy
- 5 - Gravity prime independent of pump
- 8 - Back-primed in pump

How are work surfaces cleaned?

- 3 - Detergent
- 2 - Bleach
- 6 - Germicidal Sani-wipes
- 2 - Nothing
- 1 - Hospital cleaner

Spill clean-up is followed by:

- 8 - Detergent
- 1 - Bleach
- 2 - Germicidal Sani-wipes (if spill is small, otherwise will use detergent)
- 1 - Supergen
- 1 - Nothing (never had a spill, not spelled out in policy)
- 1 - No response

Survey continued on next page

Survey continued from previous page

Disposal

Gloves

- 11 - Into a chemotherapy waste/hazardous waste container
 - 7 - Zip-locked
 - 4 - Not zip-locked
- 3 - General trash
 - 2 - Zip-locked
 - 1 - Not zip-locked

Gowns (Some settings use both paper and cloth)

- 8 - Paper
 - 6 - Chemotherapy waste/hazardous container
 - ▶ 1 - Zip-locked
 - ▶ 5 - Not zip-locked
 - 2 - General trash
- 8 - Cloth
 - 7 - Hospital laundry
 - 1 - Take home and launder

Empty chemotherapy bags, syringes and tubing

- 12 - Into a chemotherapy waste/hazardous waste container
 - 10 - Zip-locked
 - 2 - Not zip-locked
- 2 - General trash

Contaminated clothing

- Nurse clothing
 - 2 - Throw away
 - 3 - Bagged, take home - wash x3, detergent
 - 5 - Bagged, take home - wash x1, detergent
 - 3 - Bagged, sent to hospital laundry
 - 1 - Never had contaminated clothing
- Patient clothing
 - 4 - Bagged, send home with patient - wash x3, detergent
 - 4 - Bagged, send home with patient - wash x1, detergent
 - 5 - Bagged, sent to hospital laundry
 - 1 - Never had contaminated patient clothing



JOIN US!

Resolve now to become more active in PSONS and Volunteer to Serve Your Profession and Your Colleagues as an Officer!

In accordance with our new standing rules, nominations are being sought to serve PSONS not only as executive officers, but also as chairs of the standing committees. This year the following positions are sought:

- **President-Elect**
 - **Secretary**
- And the chair of the
- **Research Committee**

Individuals interested must be in good standing with PSONS and submit a biographical sketch, consent to serve, and goals for the office if elected. The standing rules of PSONS, including descriptions of the positions open, are available on the web at <http://www.psons.org>. A nomination form is also available at that site. This form must be returned by **January 1 to Patricia Buchsel at 18503 SE 64th Way, Issaquah, WA 98207.**

**Those interested or seeking further information should contact:
Pat Buchsel at pbuchsel@nwlink.com or 425-643-3529.**

You may also contact any current officer or committee chairperson.

Get Involved: Write Letters to Your Legislators

Ian Anderson, RN
PSONS Co-Chair Government Relations

So you ask me, "Why should I get involved?" It is quite simple. Nursing does not end when you leave your job. We are the largest professional work pool in the nation. Not only that, but we are the experts in our many fields. In the last Quarterly, I spoke about the large turnout of Washington State Representatives who showed up or sent a delegate to receive their recognition plaque from ONS. We have power and

we should recognize it. As I write this, the Monorail is dangling one way or another by a few votes. **WHO SAID MY VOTE DOESN'T COUNT??????**

It is very easy to let your Representatives know how you feel. The easiest way is to go on line to www.ons.org. At the ONS web page on the left hand side you click onto LEGISLATIVE ACTION CENTER, from there you click onto ACTION ALERTS.

After entering your zip code, a template letter is prepared for you. An example of this is the Oral Drug sample letter (Figure 1). You can also create

your own letter by using this site. The advantage of using this site is that our lobbyist for ONS, Ilisa Halpern, gets copies and can track our requests or input to those in Washington, DC.

Two other examples of letters are those to Senator Cantwell. The first, dated 4/23/02, was based on a template given to me after my visit on the Hill in April (figure 2). I modified this letter for my own use. The other is a follow up letter dated 11/18/02 (figure 3). In this letter I am asking and also thanking Senator Cantwell for support on issues.

After you have used these sites a few times you will want to edit and create your own letters. Remember, government officials will listen to your story when it is told from the heart. And again, you are the expert in the field!

A very good resource is our lobbyist Ilisa Halpern. She can be reached at 202-857-8968, fax: 202 857-63395 or halpern.ilisa@arentfox.com. Ilisa is very responsive and will address your questions and send you onto the right path.

Letter examples on next two pages



DEBORAH HODGES & ASSOCIATES

Oncology Education and Performance Improvement

*A Thoughtful Fresh Perspective with
a Personalized Solution for Your Organizational Needs*

Oncology Nursing Education

Consultation, lectures, workshops, seminars, inservices, special projects, and competency testing.

Performance Improvement

Process and system evaluation, data collection and analysis, action planning and implementation, JCAHO preparation, procedure/protocol development, and other projects as needed.

5734 - 37th Ave NE, Seattle, WA 98105 - 206.524.3058 - fax 206.524.1585 - email: dhodges@nwlinc.com - website: dhodges.com

While Medicare does provide coverage of most cancer therapies - such coverage is provided only so long as they are available in an injectable form. Increasingly effective oral cancer therapies are becoming available that do not have an associated injectable form. For these efficacious and promising oral-only therapies, Medicare fails to provide coverage thereby denying seniors with cancer access to the quality cancer care they need and deserve.

Therefore, it is essential that the Medicare program provide coverage for the full range of FDA approved oral anti-cancer drugs for our nation's seniors - who already are at a disproportionate risk for cancer as cancer risk increases with age. I encourage you and your colleagues in Congress to continue to work to provide a comprehensive drug benefit to seniors, but in the meantime it is important that cancer patients do not suffer from a Medicare policy that lags behind medical technology. Therefore, I respectfully request that you hold hearings and mark up HR 1624/S 913 so that it can proceed forward through the legislative process. Moving this important measure will help ensure that all Medicare beneficiaries with cancer receive the most appropriate and effective care available.

Thank you very much for your attention to this important public health matter. If I can be of any assistance to you or your staff on this or related cancer issues, please do not hesitate to contact me.

Figure 1.

April 23, 2002

The Honorable Maria Cantwell
United States Senate
Washington, DC 20510
Fax: 202-228-0514

Dear Senator Cantwell:

Thank you very much for taking the time out of your busy schedule to meet with me when I was in Washington, DC, April 17th for the Oncology Nursing Society's Congressional Hill Day program. I very much appreciated the opportunity to meet with you and Jennifer Griffith and discuss issues of priority to ONS and me.

As we discussed, the nature and delivery of cancer care has changed dramatically and it is essential that we ensure that all people with cancer - especially Medicare beneficiaries - have access to quality cancer care in their communities. To that end, I am writing to reiterate my interest in having you take action to assure that people with cancer have access to the quality care they need and deserve.

Specifically, I urge support for Congress moving quickly to reconcile the differences between the House and Senate versions of the "Nurse Reinvestment Act" and to send to the President by June 1st a comprehensive measure that includes additional provisions contained in the Senate-passed bill (S 1864). In addition, for the solutions in the final nursing shortage measures to be effective, they must receive full funding in fiscal year 2003.

Also, I request that you sign-on to the Dear Colleague letter being circulated by the "Senate Cancer Coalition to recognize the contributions that oncology nurses make to the provision of quality cancer care in our communities. By reforming Medicare payment policy to capture and reflect more accurately the contributions of oncology nurses and others on the multidisciplinary cancer team, our nation's system of cancer care will be strengthened and patient access will be assured.

Lastly, increases in funding for the National Institutes of Health (NIH), National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) are essential to ensure that our nation continues to make gains in cancer research, prevention, early detection, and treatment.

On a personal note, I look forward to presenting to you this June, the ONS Honor Award for your long-standing commitment and diligent work in 2001 to improve the lives of people with cancer and advance the practice of oncology nursing.

Again, thank you for your commitment to ensuring access to quality care for all people with cancer. I look forward to hearing back from your office regarding the steps that you have taken to ensure that all people with cancer have access to quality care in their communities. Please do not hesitate to contact me should you have any questions about these and other cancer-related issues. I would be happy to be a local resource for you and your office.

Sincerely,

Ian Allan Anderson, RN
Allogeneic Specialist
8750 Greenwood Avenue North, Suite S-405
Seattle, WA 98103-3699
206-784-4914
ian545@attbi.com
206-288-6338 (W)
ianderso@Seattlecca.org
cc: Jennifer Griffith
Fax: 202-228-0514

**Follow-up letter format
on page 10**

Figure 2.

Just Do It: The Diary of a Fledgling Published Author

Carla Jolley ARNP, MN, AOCN
*Onc/HHC CNS/Pain Management
Coordinator, Home Health and Hospice of
Whidbey General Hospital*

“Just do it”. The challenge was made at the conclusion of the course. We were charged with writing something small, something big, not to hold back, but to jump right in. Opening up the possibilities, given tools that were easily applicable, and caught up in our

speaker’s infectious enthusiasm, made it nearly impossible to turn down the first opportunity that came my way right then and there. Strategically in attendance was Cathy Goetsch, who was guest editing the next PSONS Newsletter on Women’s Health. I had recently attended the ONS Challenge Course and was entertaining the notion of writing for the newsletter as one of my projects. I could also then use it as credit towards completing the long list

of education projects (both professional and community) we were to do. The combination of Cathy’s persuasive style and my new found confidence led to my commitment to using the new resources gained to contribute, in a quick turn-around time, an article adapted to the theme.

Therein came the first two lessons for my new writing career. The first working with a time line and fitting it in with the “rest of my life”. The second, molding information to meet someone else’s theme and expectations. These lessons, I would like to add, have been recurring over the last two years. Each time, even if it is just a community column, brings with it new insight and experiences with which I repeat the “mantra” ...“I should have started earlier,” “I should have started earlier,” and “I should have

Continued on next page

November 18, 2002

The Honorable Maria Cantwell
United States Senate
717 Hart Senate Office Building
Washington, DC 20510
Fax: 202-228-0514

Dear Senator Cantwell:

This letter is a follow-up to my attached thank you letter dated April 23, 2002.

I am grateful for your support of the “Nurse Reinvestment Act” signed by President Bush. For the Nurse Reinvestment Act to address our nation’s nursing shortage, it must receive full funding in fiscal year 2003.

Also, I request you to reconsider to sign-on the attached letter dated June 14, 2002 to Senators Max Baucus and Charles Grassley. As stated in my previous communication, contributions that oncology nurses make to the provision of quality cancer care are not being recognized in Medicare reimbursement. By reforming Medicare payment policy to capture and reflect more accurately the contributions of oncology nurses and others on the multidisciplinary cancer team, our nation’s system of cancer care will be strengthened. But most important, patient access will be assured.

Thank you also for your past support of the increased funding for the National Institutes of Health (NIH), National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC).

It was an honor to present to Livia Lam your ONS Honor Award this past June.

I look forward to hearing back from your office regarding the steps you have taken to assure that all people with cancer have access to quality care in their communities. Please do not hesitate to contact me should you have any questions about these or other cancer-related issues. I would be happy to be a local resource for you and your office.

Sincerely,

Ian Allan Anderson, RN
Allogeneic Transplant Specialist
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Seattle, WA 98103-3699
206-784-4914
ian545@attbi.com
206-288-6338 (W)
ianderso@Seattlecca.org
Attached: 2

Letter Templates,
Continued From page 9

Figure 3.

Continued from previous page started earlier." The computer inevitably crashes, the email sends my attachments to cyberspace, and the football game runs late and I miss the ferry. "The rest of my life" continues with my ten year old announcing his science project is due tomorrow, my fourteen year old needs me to run to the store to get the "baby" a 10 LB bag of flour for health class, and my daughter who is off to her first year of college wants me to dig through the boxes left behind for her dress shoes and priority mail them for her for the dance this weekend. Through this all, I am convinced that my professional self needs to forge ahead and develop my writing. So despite the above distractions I stay up to the wee hours in the morning I have not visited since graduate school, to accomplish this goal.

My personal expectations and personal fears about writing for my colleagues almost incapacitated me from the start. The information and message of the Challenge Course was to get out the basics on Early Detection and Prevention. This was hardly an earth shattering message or unique research study meant to change oncology nursing practice forevermore. But, wanting to stay true to both of my assignments, Women's Health and the Challenge themes, I dove in. Unfortunately, I underestimated how much time it would take and had to beg forgiveness as I extended my timeline at least once. So I learned from this experience the need to start right away, because on Whidbey Island a trip to the library for that last supporting article is not very realistic. Running into this problem allowed me to dramatically improve my Internet skills and ability to search online. I have since discovered there is more information at my fingertips than I could possibly ever use. I am limited only by my lack of patience with my computer's ability (or lack thereof) to



download in a timely manner. I had to admit I was taken by surprise when the PSONS Newsletter finally arrived and my contribution was run as the front-page article. This positive feedback from my efforts has led me on down the road to using the written word as effective communication tool.

A point I would make at this juncture would be that if you have put a lot of time and effort into writing something, look for other places you can use the information again. I took my themes of

Early Prevention and Detection and wrote for our community hospital magazine "The Pulse". I edited it and adapted it to my intended audience, and was much better about meeting my deadline, this time a week early. It was so well received and appreciated, and I found it an easy audience to write for,

that I have continued to contribute to almost every issue since then. My favorite was creating "Communicating Your Pain." I just attended the End of Life Nursing Education Consortium (ELNEC) course and am working on "Embracing Palliative Care," using themes that I will probably be presenting and writing about for several months to come. Another helpful hint, write about something you are currently in the midst of working on. Whether the topic or area is related to JCAHO standards, a course you have to teach, or something you're exploring for your own gratification or interest, formalize your communication by writing it out and find a publication that makes sense to share it with.

In the real world of limited budgets, and looking for ways to provide nurses the information and education they need, our Inpatient Nursing Director created a newsletter "The Stethoscope." She uses this every other month in place of a staff meeting. The cost for producing the newsletter and eight hours for the editorial support to format it, more than pays for itself by replacing 115

Continued on page 13

KNEE PAIN?

If you are at least 40 years of age and have knee pain on a daily basis, you may have osteoarthritis of the knee(s) and be eligible to participate in an important medical trial sponsored by the National Institutes of Health (NIH) and conducted in part at Virginia Mason Medical Center.

More details regarding the background of this study can be found on the following website:

<https://csp1.research.hines.med.va.gov/nihgait/public/default.html>

To determine whether this trial would be appropriate for you, a Virginia Mason rheumatology physician will perform a thorough evaluation. The cost of the examination, laboratory tests, and X-rays will be paid for by the study.

There are some conditions that could prevent you from participating in the trial, for example: 1) If you have another form of arthritis, such as, rheumatoid arthritis, lupus or gout;

2) if you are taking glucosamine, or chondroitin sulfate, or non-steroidal anti-inflammatories and are not willing to discontinue use; 3) if you are allergic to Celebrex or Sulfa drugs.

If you are interested in participating in this study, please contact us in one of three ways:

■ leave a message at 206-223-6836 extension 6 and one of us will contact you

■ send an email to Carey Edwards at: crgeje@vmmc.org

■ via US mail to Virginia Mason Research Center, Arthritis Clinical Research Unit at:
1201 9th Ave, MS# R1-RHE, Seattle, WA 98101 Attn: Carey Edwards

If you know of others who you feel might be interested in this trial, please have them contact us. Thank you for your time.

Sincerely,
Jerry A. Molitor, M.D., PhD
Carey Edwards, B.S.
Principal Investigator
Clinical Research Coordinator



PSONS PROFILE

Brenda Nevidjon, RN, MSN

Natasha Hauptman, RN, MSN

Brenda Nevidjon is a leader in oncology and healthcare with a wealth of experiences as varied as being a staff nurse in Switzerland to Chief Operating Officer (COO) of Duke University Hospital. Brenda currently resides in North Carolina; however, she has maintained her membership and involvement in the Puget Sound Oncology Nursing Society (PSONS) since PSONS was the Regional Oncology Nursing Society (RONS). Oncology and nursing are a large part of Brenda's life, but the most important part is her family. Her husband of twenty years, Ben, and her almost 11-year-old son, Jay, can also say that oncology and nursing is a part of their lives because they often attend ONS functions.

Brenda's current position is as Associate Clinical Professor at the Duke University School of Nursing where she has been teaching Masters level courses in the Division of Nursing and Healthcare Leadership for the last 2 years. Although the courses are not specifically oncology related, her past positions are an invaluable asset to her teaching. One of her biggest challenges is creating a balance between her expectations of students and the complex demands that students face as they are going to school. Most of her MSN students are part time and juggle academics, work and other life responsibilities. This year, though, she has three students who are enrolled full time. Brenda acknowledges that she sets the bar high for students, but tells them she understands that "life happens."

She really means that too because in addition to holding a faculty position at Duke, Brenda is a doctoral student in Human and Organizational Development. She has always been intrigued by the intersection between people, behavior, organizations, and teams, and thus chose to pursue her studies in this area through the Fielding Graduate Institute in Santa Barbara,

California. Like her MSN students, Brenda juggles multiple demands. Because hers is a distance-based program, she has learned new meaning for discipline in scheduling her week and not releasing study time to other requests.

Brenda's interest in oncology began in her senior year of undergraduate studies at Duke University when she designed an independent study on Death and Dying. Many of the patients with whom she spent time had been diagnosed with chronic renal failure, cancer, or chronic heart failure. She also worked as a nursing assistant part time on a general medical unit and cared for many patients with chronic illnesses. After graduation, she remained on this unit and began her MSN in psychiatric nursing at the University of North Carolina in Chapel Hill. Her original plan was to complete a PhD in clinical psychology to counsel terminally ill patients.

While working on her MSN, Brenda was offered the opportunity to be a nurse clinician for the general medical units at Duke. Many of her responsibilities included CNS related responsibilities (the role of masters' prepared CNS was only beginning to be developed) and her clinical practice focused on caring for patients with cancer or diabetes. She found that she was increasingly drawn to the patients with cancer and developed a reputation throughout the hospital as a resource for patients with cancer. Brenda says that her choice of oncology as her specialty evolved from experiences in school and in her early jobs. However, she believes that at a subconscious level an early death of her favorite aunt from melanoma also influenced her.

When Brenda's MSN study was interrupted in 1975 to move to Switzerland for two years, she knew she wanted to work with cancer patients. In Basel, she worked at the university hospital on a



Brenda Nevidjon

unit that had medical oncology patients. She also worked in the bone marrow transplant unit, one of only three in Europe at the time. All of her care was done in German, a language she learned by immersion, but can't speak today. While she was in Switzerland, she learned of the formation of the Oncology Nursing Society (ONS) via an article in *The American Journal of Nursing*. She returned Duke from Switzerland in 1977 and headed to her first ONS Congress in 1978. Since then, she hasn't missed a single one.

Upon her return to the US, Brenda completed her MSN (so she knows about the long plan of completing a degree) and became the head nurse of the cancer research unit of the Duke Comprehensive Cancer Center. This was one of her most exciting and challenging positions, opening a unit from the ground up as part of the opening of Duke's Comprehensive Cancer, one of the first sites so designated by the National Cancer Act. Many of the nursing concepts employed were new and innovative including an all RN staff that used a primary nursing care model. Many Phase I/II clinical trials, experimental radiation therapies, and Duke's first bone marrow transplants were performed on the unit. Because all cancer services including radiation therapy

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Writing: Developing a Process is Key to Success

Continued from page 11

nurses attending a one-hour staff meeting. The newsletter itself then reaches all the nurses, and provides a reference for information that they may want to retrieve more than once. This gave me a great opportunity to write and provide education last month in my role as an Oncology CNS/Pain Management Coordinator. I wrote about our new PCA Protocol and Constipation Protocol. It was my opportunity to fit the theme and get my agenda in. My agenda about protocols is that they are only great if coupled with good nursing assessment and patient teaching. One of the lessons I learned for myself through this process in writing for education was to finish it a few days ahead. Then put it away for at least 24 hours, then go back and read it as a novice nurse, and edit away. Part of my self-consciousness of writing was worrying about critical feedback. But as I am doing more, I find that it is an important part of the process, and I look for those who have that editorial "English Composition" inborn personality trait, and who are better at grammar than my spellchecker. It adds much to the finished product. This is especially true if you have the tendency, as I do, to write as if I am talking. This by the way, is the wanted outcome for this article, to share my personal experiences with writing.

My greatest writing challenge came this summer. The dreaded process of group writing, especially with a group of assertive and opinionated oncology nurses. I participated in one of the ONS Advanced Practice Nurse Retreats and served on the On-line Education Team. We were charged with creating the portion of Virtual Community for Advanced Practice Nurses on Continuing Education and Palm Technology, located on the ONS web site. My individual part

was creating a tool to measure if a CE was appropriate for the Advanced Nurse. ONS decided to have the individual teams contribute an article about their team, their accomplishments, and share the information with the membership in the ONF Forum or as a Supplement. I had wanted to be the lead author but acquiesced to another who was keen on adding to her resume. I was glad I did after having gone through the process for the first time. But, I did have to write my section, help with putting forth the content outline, and help with the final editing. What really helped the group was continuing to set conference calls so we were accountable along the way for the steps in the process. Those became our mini deadlines. I discovered I was often doing my "assignment" a couple of days before the phone call and usually I was one of the only ones that had completed it. It just underlined for me that it is difficult for the majority of those trying to write to stay on task as we all add more to our already overscheduled lives. This tactic did move us along and keep each other accountable. The formal submission of a peer-reviewed article created newfound anxieties and it is a long period before we get to see our final product. I am still waiting to see it in print.

In summary, because with all writing there needs to be a process, I am grateful for being able to participate in developing my own, and for those who encourage the written word. Brenda Nevidjon has always awed me with her writing accomplishments, her ability to inspire and mentor in this artistic medium, and it was a gift to receive her insights and philosophy in person at the workshop. So I challenge you to find a way to begin using writing as a communication tool and "Just do it!"



Puget Sound Chapter of the Oncology Nursing Society

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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.

WELCOME NEW MEMBERS

Anne Buzy-Hummel,
Seattle Cancer Care Alliance

Mary Ella Clark,
Wendy France,

Southwest WA Medical Center

Mary Ann High,
Virginia Mason Medical Center/BBH

Marilyn Price,
Seattle University School of Nursing

PSONS Profile: Seattle Experiences Helped Her Develop as a Leader

Continued from page 12

were in the one building, the inpatient nurses were able to see patients throughout their treatment and follow-up. Brenda believes that this continuity of staff nurses' contact with patients between inpatient and outpatient settings is rare today.

In 1981, Brenda moved to British Columbia, Canada for four years where she was one of 3 CNS's for the Cancer Control Agency of B.C. She helped develop a chemotherapy education program for nurses throughout the province. She traveled throughout the province and remembers one trip to northern BC where the temperature was -40°C. Occasionally, she would substitute for the Director of Nursing (DON) and in her last year served as the Interim DON when the position became vacant.

From BC, Brenda moved to Seattle where she served as the Service Line Manager for oncology at Providence Medical Center. Although service line positions do not necessarily require candidates to have clinical backgrounds, she feels strongly that her nursing background was an added value for the position. She believes that her clinical background also helped her as the first woman and first nurse to be the COO of Duke Hospital. In that capacity, she introduced a leadership model that advanced many nurses and other clinical professionals into executive positions and has seen that model continued by her successor.

In 1991, Brenda and her husband moved back East to be closer to family. She'd also worked at the University of Washington and Virginia Mason and says that all her experiences in Seattle helped develop her as a leader. She even worked at Nordstrom for a couple of years and brought some of the lessons

from retail into health care. Back in NC, she returned to Duke, serving first as the Director of Nursing for medicine/oncology and eventually as the COO from 1996 until 2000.

Brenda and other nurses from BC were part of the RONS and when she moved to Seattle, she became an active chapter member. Brenda maintains her membership because of the talented members and progressive nature of the chapter. She continues to enjoy the newsletter and web page in order to stay up to date with regional activities and colleagues. Her past involvement in PSONS includes serving on and chairing the annual symposium committee, serving as guest editor of the newsletter, and serving as president of PSONS. Last year, she was part of the PSONS program on effective presenting and publishing. She loves to come back to Seattle as often as possible and connect with PSONS colleagues.

Wherever Brenda has lived, she has been active in oncology nursing groups. In the late 1970's, she was part of a group of oncology nurses at Duke and UNC who formed an interest group that today is the Triangle Chapter of ONS. While living in Vancouver, she helped found the British Columbia Oncology Interest Group as well as the Canadian Association of Nurses in Oncology. She has also volunteered her time to ONS and is the current president of the ONS Foundation. Her professional involvement has always been given first to oncology groups, but she has been active in other organizations. For instance, she is the faculty counselor for the Duke University chapter of Sigma Theta Tau.

In regard to her feature article in this issue of *The Quarterly*, she strongly feels that Advanced Practice Nurses (APN's), in particular, have a responsibility to

publish, but encourages all of us to consider it. Although writing may not be a job expectation for most of us, Brenda sees it as a professional responsibility for APN's since they are in an excellent position to identify clinical issues and needs. They also have the ability to influence and encourage others to write. Often her writing has reflected her current position; thus, she has written on numerous topics including those related to clinical practice, management, the CNS role, and the nursing shortage. She also reiterates in her feature article that writing does not necessarily have to only be in journals, but that it is also important to write for newsletters and other publications. For instance, one of her most recent articles was published in a newsletter to be sent to science teachers to encourage students to consider nursing as a career.

Brenda has written for numerous publications and has served on the ONS Forum as a reviewer as well as an Associate Editor. Furthermore, she served as the editor for ONS News for ten years (1989-99). She published her first book in 1995 entitled "Building a Legacy. Voices of Oncology Nurses". Her second book, "Nurses Guide to Cancer Care" (2000) was written for the generalist nurse, but has been helpful for oncology nurses as well.

She helps out in her son's classroom or at school at least every other week. She has tremendous admiration for the teachers in our country and sees similarities between the issues they face with what nurses are facing. When she has some extra time, she enjoys picking up a great fiction book or practicing the piano, which she began learning two years ago. She can't say how, but somehow, she finds time to do it all and sleep.

■

Imagery and Emotional Release Therapy: Tools for Oncology Nursing February 7-9, 2003

- 12.6 CEUs approved by WSNA
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Call (360) 898-2363 or register online at www.harmonyhill.org or email info@harmonyhill.org

2002 Institutes of Learning a Great Success

*Gail Simburger, RN, OCN
Puget Sound Cancer Centers, Edmonds
and Highline Community hospitals*

“We’ve never seen such great support from a chapter,” were Nancy Berkowitz’s words regarding the tremendous volunteer support that PSONS had for the



Ann Kaufman, the 2002 Chair IOL, at the podium.

Institutes of Learning, November 1-3, in Seattle. These sentiments were echoed by the other representatives from the National Office as well. I want to personally thank everyone who volunteered, came at your appointed time and so eagerly did your part. I

apologize that some of the positions were not needed after all and several of you were disappointed at not being able to participate in this way as anticipated.

As an attendee of the IOL, I felt the speakers were great and the topics were timely. Our President, Cathy Goetsch, welcomed everyone on behalf

of PSONS. Nick Mezacapa gave a particularly warming keynote address, which really set the tone for the remainder of the weekend. The Institute was intensive, a lot was learned. There were additional educational offerings during the weekend and still more to take and complete at home. Our drug representatives were also very supportive with new information on their products, good food, and fun items to take home.

With the recent theme of ONS to get involved, I would like to say a little about my opportunity to serve on the 2002 Institutes of Learning Team. I was curious about a way to be involved on the National Level so when this opportunity presented itself, I jumped at it. I thought that if anyone more qualified volunteered I wouldn’t be considered, but that wasn’t a problem since no one else volunteered. Having been a member of ONS since 1990, I was eager to participate and give back in some way.

There was a team meeting in January 2002 where I was flown out to Pittsburgh. I not only got to see the



PSONS President Cathy Goetsch addresses the conference participants.

National Office, but work there. The process of how an institute (or congress) is planned was quite a learning experience. My vote counted on what I did and did not want and my ideas were listened to along with everyone else’s.



Ann Kaufman, Pearl Moore, and Judy Lundgren at the head table.

This was very much a team effort, with team goals set and individual responsibilities assumed. There was a phone conference to follow up on everyone’s progress and a final meeting the day before the IOL

began to see how everyone did and to turn in our activity reports.

My responsibilities involved securing directors for three of the open sessions, volunteers to help everything run smoothly, funds for a budget, live music for attendees as they entered prior to the opening, having buttons made for all the attendees, and creating a way for local members to stand out. I was tapping on the knowledge and resources of many mentors in PSONS. The Board gave my committee ad hoc status so I could more readily access them for ideas and feedback. Having never done anything like this before, I was delighted and amazed as everything came together during the IOL. I certainly learned a lot in the process and am proud to have been able to serve in this capacity. There are so many ways to get involved in PSONS and ONS right now, and I strongly recommend that everyone do it at least once.



Nick Mezacapa, on Survivorship & Spirituality, with Pearl Moore and Judy Lundgren in stitches behind him.

Results of the 2002 Membership Survey

Deborah Hodges, RN, MN, AOCN
Membership Committee - Chair

In August of 2002 a survey was sent to

all members of PSONS. The results of the survey are summarized below. Many of you took the time to send additional hand written comments on the topics

covered. These narratives are not included in this forum due to space constraints. For copies of the complete survey results please contact Deborah Hodges (phone # 206-524-3058, or via email at dhodges@nwlinc.com). We thank each of you who spent your valuable time responding thoughtfully to the survey questions. These results have already influenced decision-making and will continue to be a point of reference for the PSONS board in strategic planning over the next several years. ■

2002 PSONS MEMBERSHIP SURVEY RESULTS

PSONS services value to you

	1=valuable	2=neutral	3=not valuable
Quarterly Newsletter	.65	.18	.17
Annual Symposium	.75	.09	.16
Monthly Education Meetings	.50	.26	.24
Fundamental of Oncology	.30	.36	.34
Foundations in Chemotherapy	.23	.35	.42
PSONS Website	.20	.47	.33
Opportunities to network	.50	.22	.28

How often you would like to see the Quarterly published?

Once a year	.2
Twice a year	.10
Three times a year	.23
Four times a year	.49
No opinion	.13

How you would prefer to receive the Quarterly?

Printed and mailed to you	.64
Electronic and emailed to you	.26
No opinion	.5

How you feel about having the membership directory on the website?

Do NOT want it on the website	.30
Would LIKE it on the website	.54

What you LIKE about the website? (top three comments)

- #1 Don't use it
- #2 User friendly
- #3 Accessibility

What you would like to see ADDED to the website? (top three comments)

- #1 More frequent updating
- #2 Educational offerings listed
- #3 Employment opportunities listed

What barriers prevent your participation in PSONS services?

Too far away	.35
Time is inconvenient	.30
Topic not interesting	.14
Too much of a time commitment	.2

Transportation difficult	.3
Lack of adequate parking	.4
Parking too expensive	.8

Where you would like PSONS activities in the future? (top three comments)

- #1 Seattle
- #2 South Puget Sound (Tacoma, Olympia)
- #3 North Puget Sound (Lynnwood, Everett)

Your opinion on the importance of certification review course offerings:

	Yes	No	No Opinion
OCN	.52	.5	.21
AOCN	.21	.8	.46

Frequency you would like certification review courses offered:

	Once/year	Twice/year	Every other year
OCN	.28	.11	.6
AOCN	.9	.7	.3

Use of PSONS funds for research projects?

Yes	.59
No	.15

What might motivate you to participate on a PSONS committee or run for office? (top three comments)

- #1 More time in the day
- #2 Already do
- #3 Location more convenient

Why you think someone might not renew membership? (top three comments)

- #1 Moved away from oncology nursing
- #2 Requiring ONS membership is a barrier
- #3 Too costly

How PSONS can enhance your practice? (top three comments)

- #1 Educational opportunities and networking
- #2 It already does
- #3 Annual symposium

COMMUNITY CROSSINGS

(Reprinted with permission from Gretchen Schodde, ARNP, MN, Executive Director of Harmony Hill Retreat Center)

Harmony Hill Retreat Center Focuses on Wellness

In 1971 Harmony Hill's founder, Gretchen Schodde, ARNP, MN, a family nurse practitioner, first envisioned a retreat center where people would experience deep well-being. Fifteen years later, she founded Harmony Hill of Union, the Pacific Northwest's only wellness and retreat center assisting those challenged by life-threatening or chronic disease.

Their original cancer program was inspired by the internationally acclaimed **Commonweal** Institute Cancer Help program profiled in Bill Moyers' award-winning 1993 PBS documentary, *Healing and the Mind*.

Like **Commonweal**, Harmony Hill's **Cancer Care** programs are designed to do more than help people learn about and cope with their disease. They also incorporate nutritional elements, meditation and other appropriate complimentary therapies as a means of helping each individual manage their illness, improve their tolerance for treatment, and help them recover quality of life despite their diagnosis.

Harmony Hill has formed successful alliances with traditional medical institutions, such as **MultiCare**, the largest provider of key medical services in much of southwestern Washington. **MultiCare** uses Harmony Hill's Cancer Program content and facilities to broaden its already comprehensive cancer

care offerings.

Harmony Hill has also piloted specialized Cancer Care programs for Native Americans, African Americans, and sexual minorities. In addition, they have added an **HIV/AIDS Care Program** that is similar in structure to the Cancer Care Programs; grant funding is currently pending to increase the scope of

Harmony Hill's programs create transformational and healing experiences for mind, body and spirit in a natural retreat environment.

Please visit www.harmonyhill.org for more information on Harmony Hill.

these programs.

Harmony Hill's flagship cancer curriculum is only part of the story however. They also work to facilitate holistic well-being by delivering experiential education that improves people's ability to effectively integrate both traditional and complementary medical practices. They offer workshops that help individuals use complimentary therapies to maintain good health and vitality, and

health professional programs that help traditional medical practitioners understand and embrace CAM methods as an extension of their allopathic medical arsenal.

For health professionals interested in a more direct experience of the Hill's programs they can attend a 6-hour long **Health Professional Demonstration Day**. Demo Days are complimentary (but advance registration is required) and include a bountiful lunch from Harmony Hill's famed organic kitchen. The next Health Professional Demo Day will be from 10:00 a.m. - 4:00 p.m., February 17, 2003.

Anyone is welcome to schedule an individual retreat at the Hill, which includes use of the three outdoor labyrinths, spectacular gardens, walking paths, and beach access. Periodically, programmed retreats such as Guided Imagery, Exploring the Labyrinth, and Yoga are offered.

Harmony Hill facilities are also available for rent to other not-for-profits for meetings and workshops, and to for-profit businesses for team-building and strategic planning workshops that would incorporate Harmony Hill wellness components.

In association with Beyond Ordinary Nursing, Harmony Hill will present **"Imagery & Emotional Release"**
Continued on page 18

PSONS Symposium Poster 2003

POSTER SUBMISSION INSTRUCTIONS

Staff RNs, Managers, Faculty and Students:

You are all invited to participate in the annual symposium! Share your workplace changes and research in oncology nursing and patient care. Cancer care is changing faster than ever; communicate your changes to benefit our patients. Here are the new poster criteria that makes it easier for you to participate!

Criteria:

1. Staff RNs, students, managers, and/or educators with their students are eligible to submit poster abstracts.
2. Abstracts Deadline—February 1, 2003, if you desire CEARP credit inclusion for the posters and inclusion of the abstracts in the syllabus and March 15, 2003 if you will provide your poster and abstract for handout.
3. Handouts submitted by February 1 along with the abstract will be ready for your table.
4. Handouts and abstracts can be submitted electronically by disc or attachment to an e-mail file in IBM-compatible Microsoft Word format. A clean, typed hard copy will be accepted. Larger print and double spacing is more acceptable to reviewers.
5. A non-member may submit one poster if he or she is sponsored by a member of PSONS.
6. Posters will deal with cancer patient care throughout the cancer continuum.
7. Posters must be at least 8.5in X 11 in and no bigger than 3ft X 5 ft so they can be displayed on an 8 foot table. They need to be upright at least 25-35 degrees off the table and self supported. No stands will be available to prop posters.
8. Posters can be set up on day two of the Symposium. The display will occur from 8:00 A.M. until 3:00 P.M.
9. Questions can be referred to Sandy Wells at 509-575-8092, voice mail 509-575-8805, or through her e-mail at Sandy.Wells@yvmh.org (w) or TinyLand2@msn.com (h).
10. No charge is made for poster submissions.
11. Please CONSIDER SHARING YOUR CHANGE PROJECT or Research! Both are wanted.



Mark Your Calendars for
**Foundations in
 Chemotherapy
 Practice**

Courses offered by the
 UW School of Nursing
**Continuing Nursing
 Education**

**April 28-29, 2003 and
 November 3-4, 2003**

For more information contact
 UWCNE at 206-543-1047 or check
 on-line at <http://www.uwcne.org>.

COMMUNITY CROSSINGS

Continued from page 17

Therapy: Tools for Oncology Nursing. February 7-9, 2003. RN participants will learn how to use integrative imagery and emotional release therapy to help themselves and their patients facilitate their own healing. Included is a practicum in which nurses work alongside mentor RNs, practicing their new skills with cancer survivors. The Washington State Nurses Association has approved this retreat for 12.6 CEUs.

Recent programs at Harmony Hill have included a Stress and Coping retreat in November led by **Richard Rahe, MD**, co-creator of the well-known *Holmes-Rahe Stress & Coping Inventory (SCI)*. Dr. Rahe's inventory will soon be incorporated in the care programs to help measure outcomes and effectiveness. Also in November, **Barry Grundland, MD**, internationally known for his work in psychoneuroimmunology, meditation, and cellular health, was in residence at Harmony Hill for small group and individual sessions.

Executive Director Gretchen Schodde stated "The past year saw a real culmination of change for Harmony Hill. Our programs, staff and gardens all went through enormous growth. Our pro-

TREASURER'S REPORT

for Second Quarter 2002, ending June 30th

Checking (6/28/02 bank statement)	13,121.81
BofA Savings	1,165.78
Investment Acct. (6/28/02 bank stmnt)	35,153.97
Total Balance	49,441.56
Uncleared checks Q2	-1,222.59

A. BEGINNING BALANCE

(Ending Balance Last Report) **\$48,218.97**

REVENUES

Dues (Amount per person \$25-30)	342.50
Program Participation Fees	2,475.00
Interest (Checking/Savings/Certificate)	8.23
Donations	0
Exhibit Fees	2,900.00
Miscellaneous Other (Specify)	
Ad Sales	300.00
Grant	0
Newsletter Subscriptions	0
Sales Mailing List	25.00
Sponsors	6,100.00
Total Quarterly Income	12,150.73
Gain (loss) IDS	-2,979.71

B. TOTAL REVENUES

\$57,389.99

EXPENSES:

Printing (Typing, xeroxing, etc.)	1,165.00
Postage	577.51
Supplies	564.48
Meetings (Place, refreshments, etc.)	115.54
Travel (Airfare, hotels)	0
Accounting Fees/Bank Service Charges	29.85
Honorariums and Speakers	0
Grants/Scholarships/Awards	0
Fundraising	0
Miscellaneous Other (Specify)	
Professional Services	1,074.53
Secretarial Services	1,942.30
Taxes	149.36
Web page	29.85
Total Miscellaneous	3,166.19

C. TOTAL EXPENSES

\$ 5,618.57

D. ENDING BALANCE THIS PERIOD

51,771.42

Outstanding Checks 1,726.79

BALANCE IN BANK AND INVESTMENTS

\$53,498.21

July Checking ending balance	12,396.61
Aug Checking ending balance	11,934.75
Sept Checking ending balance	20,155.96
BofA Savings Account	1,167.99
Investment Account Ending Balance	32,174.26
TOTAL ASSET BALANCE	\$53,498.21

gram offerings have tripled and we now serve over 2000 people annually."

For more information on ways you can help Harmony Hill or Harmony Hill

can help you, visit their Web site at www.harmonyhill.org or call (360) 898-2363.

PSONS QUARTERLY 2002 READER'S CHOICE WRITING AWARD

Please place a checkmark next to the article from the list below which you believe best contributes to the practice of oncology nursing. Tear off this section and return to PSONS, Dexter Building, 1319 Dexter Avenue N, #370, Seattle, WA 98109 by February 1, 2003. N.B. The Symposium McCorkle lecture is not available for selection as this speech is considered an honorary presentation.

Spring 2002

- Bruns** Professional guidance within nursing organizations provides needed leadership
- Goetsch** Mentoring nurse leadership
- Hohengarten** Summary results of table talk
- Ketzner** Should nurses wear a standard uniform to promote professionalism?
- Bagley** An opportunity for graduate study in infectious disease
- Moss** Chocolate: More divine than devilish

Summer 2002

- Ozuna** It's all in your head: assessing brain function
- Buchsel** Mentorship: Mazes and miracles
- Muhammedi** Overview of head and neck cancer
- Gough** Advocates for research

Fall 2002

- Ford** Education student nurses about end of life nursing care
- Dobratz** Quality of life along the cancer care continuum
- Anderson** Palliative care: a personal story
- White** Dyspnea interventions at the end of life
- Rake-Marona** Hospice and palliative care

Winter 2002

- Nevidjon** Why write? Why not!
- Hogeland-Drummond** Leadership lessons from Linda
- Hodges** Chemotherapy handling practices
- Anderson** Letters to your legislators
- Jolley** Just do it

A Letter to Authors

Gloria Winters, RN, MN

Dear author,

Thank you for agreeing to write for the PSONS Quarterly. As you may know, the Quarterly is the official publication of the Puget Sound Chapter of the Oncology Nursing Society. It reaches close to 300 nurses and others in our region who are committed to building a community where oncology care is at its best.

The goals of this newsletter are fourfold. It communicates information relevant to the chapter and its membership. It disseminates research and practice information arising from this community. It promotes and nurtures new writers. Through all of these, it supports networking within the chapter.

This journal is not a peer reviewed journal. Instead, volunteer editors and guest editors select topics and oversee the process of publication. Because this is a volunteer effort, we experience the process somewhat differently from a professionally produced journal.

The following guidelines are designed to assist you in preparing your manuscript for publication.

- Feature articles should be between 1500 to 2500 words. This is 3-5 pages single spaced in a 12 point type.
- Columns are generally between 750 and 1000 words.
- Please submit your manuscript in an electronic format such as Word, for text.

- If you have graphics, it is best to send these separately but in electronic format as well. JPG or PDF formats (optimized for print) work well.
- Reprints must arrive at least one week prior to the deadline or be accompanied by appropriate written authorization from the appropriate journal. Please contact the editor early in the process when electing to do this.
- Please use APA format for references. This is the format in which the author's name and date are listed in the body of the article and the full citation is given at the end. For example in the text: (Dudgeon, 2001). And in the references: Dudgeon, D. (2001). Dyspnea, death rattle and cough. In B. R. Ferrell & N. Coyle (eds.), Textbook of palliative nursing (pp. 164-174). New York: Oxford University Press.
- Remember to give your article a title, and list your current title or position, institution, and credentials. If you are not a member of PSONS, we would appreciate having your mailing address so that we can send you a copy of the published article.
- Proof your manuscript, or have a friend do so. If you are uncomfortable about basic issues of style and

writing there are many good guides to writing on the market. One of my long-term favorites is *The Elements of Style*, by Strunk and White. Let the content of your article determine the formality of your writing. We reserve the right to make grammatical and typographical changes to your document. If you wish to have a chance to review your edited manuscript prior to publication, please notify the editor and submit it at least two weeks prior to our deadline.

- Send your document via email to newsdesk@psons.org.

We do our best to keep to the published deadlines. Deadlines for submission are generally February 1, May 1, August 1, and November 1. Meeting deadlines allows us to publish time-sensitive material and be respectful of advertising and corporate sponsors. These dates were chosen to accommodate efficient and timely reporting of chapter financial data. They also reflect typical periods of activity and quiet in the personal and professional lives of our volunteers. It takes about a month from that deadline to having an issue in our members' hands.

We look forward to reading your manuscript, and working with you through to publication. Please contact us with any questions at newsdesk@psons.org.

Sincerely,
The Editor



CANCER: UNDER THE MICROSCOPE

Who: Puget Sound Oncology Nursing Society

What: 25th Annual Cancer Nursing Symposium

Where: Meydenbauer Center, Bellevue

When: March 21st and 22nd, 2003

Watch your mail in late November for a symposium brochure with full conference details, including registration information, or contact Alliance Strategies at 206-283-9292

Puget Sound Quarterly appreciates the generous support of
The Seattle Bone Marrow Transplant Consortium

American Cancer Society
P.O. Box 19140
Seattle, WA 98109



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