



RONs

Vol. 4, No. 1 -- Spring 1981

PRESIDENT'S REPORT

Three years ago the Regional Oncology Nurses was in a formative stage. Our first newsletter was published in the fall of 1978, carrying information from all the geographic areas supporting the organization. One year later, members had their first opportunity to formally elect officers. Since this time, RONs has become more organized and more able to offer support to a growing number of nurses in Alaska, British Columbia, Idaho, Oregon, Montana and Washington.

Reaching the present has required many hours of hard work in planning the foundation for RONs to make it an organization capable of representing cancer nurses in the Pacific Northwest. Much of the motivation and influence behind this effort was sparked by the energy of a few individuals. Their leadership helped inspire and encourage the organization's members to participate, to voice opinions, to raise ideas and express concerns. Their efforts have provided the basis for transition from a fledgling organization to a growing and vital one to us all.

Conflict, a part of change and growth, is very much a part of an organization's growth and development. The test of the strength of an organization is that its members are able to express conflicting ideas openly, and through discussion, arrive at new levels of organizational integrity.

This fact was poignantly illustrated at the last annual meeting in January, 1981. It was at this meeting that members joined together in open discussion and debate as peers, sharing ideas about the issues which affect us all professionally, no matter what our focus in nursing may be. The annual meeting reflected a transitional step for the organization. We gained in this meeting the awareness that we all have

something of importance to offer in our field. RONs is the forum through which we can all express ideas, work on new plans and extend the opportunities offered by these joint efforts to a much larger number of members.

Karen Landenburger,
President

MEETING NOTICE

REGIONAL ONCOLOGY NURSES SPRING MEETING

Date: April 10, 1981

Time: 6:30 p.m.

Place: St. Luke's Hospital
Board Room
809 East Chestnut
Bellingham, WA

Program: "Sexuality--Assessment
and Intervention in High-
risk Cancer Populations"
Ann McElroy, RN
FHCRC Nursing Outreach
Program

Dinner: Chef's Salad, Roll, Beverage
\$2.00. Call Becky Hunter to
reserve dinner place:
(home) 671-9765
(work) 734-9210

Accommodations: Leopold Hotel
(1st. choice)
Travel Lodge
Holiday Inn

Information: Becky Hunter, 734-9210
(see map on page 7)

RONs ANNUAL MEETING
MINUTES

The 11th meeting of the Regional Oncology Nurses was held in Seattle on Friday, January 16, 1981. K. Landenburger called the meeting to order and the minutes of the October 17th meeting were adopted without correction or addition.

1. Treasurer's Report--J. Kornell.

Balance 12/30/80: \$1862.19,
from which the cost of the member-directories will be deducted.

As of February 1, 1981, \$1023 had been received in membership fees. Newsletter costs were \$219.66, although FHCRC subsidized more than \$1000 for printing and mailing costs. There was discussion about whether FHCRC would continue to support us and to what extent.

Moved by L. White and seconded that the Executive Board examine the various bank accounts available that might give us more interest for our money. This motion passed.

2. Committee Annual Reports

A. Newsletter--M.J. Tornberg and K. Bakke, co-editors.

Objectives met for 1980: Letterhead now includes British Columbia; title now RONs; increased numbers of articles. Objectives for 1981: decrease space required for RONs meeting minutes; increase nursing articles; retain research column; more articles from nurses in out-Tying areas; assessment of reader needs; nursing profiles.

The editors were commended. They requested that members not receiving their newsletters contact them through FHCRC. The cost of having undelivered newsletters returned with bulk mailing will be investigated.

B. Nurse To Nurse Network--P. Gonzales.

271 calls were documented in 1980: 28 were referred to consultants, 93 taken by FHCRC outreach nurses. Objectives for 1981: on-going evaluation; consultant recruitment; guidelines for consultant selection to be finalized. (See application form on page 8.)

C. Program Committee--M. Boldt and J. Bucher.

1980 programs reviewed: newsletter communication with members: only three written and one verbal request were received; programs were presented by local speakers. 1981 goals: continue to present programs of interest and educational value; encourage members to present programs in their areas of expertise; support members in expressing their needs and translating them into viable programs; get CERP credit for programs; continue collegial contact and idea exchange.

D. Nominations Committee--R. McCorkle.

The 1981 slate of candidates was prepared for the offices of vice president and treasurer; it was recommended that the ballots continue to be sent 1st class mail. 154 ballots were mailed; 52 were counted, 17 invalidated, 3 returned by post office. Kit Bakke was elected vice-president. There was a tie for treasurer, and another distribution of ballots will be made. It was moved, seconded and passed that the old ballots be destroyed.

3. Business from the floor;
Mailing lists

Moved, seconded and passed "that decisions related to giving out the RONs mailing list be left to the discretion of the Executive Board, with the proviso that only professional associations be considered."

New Business:

A. Local Chapter Formation of ONS.
A motion to table the issue of joining the ONS as a local chapter until the next annual meeting was defeated.

A motion to poll the membership on ONS local chapter formation along with the repeat treasurer's ballots was also defeated.

Moved, seconded and passed that a committee to deal with the issue of local chapter formation be established to determine mechanisms for distribution of relevant information for decision-making. J. Bucher, L. White, A. Oakley, A. McElroy, K. Landenburger and P. Mulhern agreed to sit on this committee.

FHCRC THIRD ANNUAL
SYMPOSIUM REPORT

ANNUAL MEETING MINUTES
(continued from page 2)

"Grief, Loss and Support in Cancer Care" was the topic of 1981's Cancer Nursing Symposium sponsored by the Fred Hutchinson Cancer Research Center (FHCRC).

Mary Vachon, RN, Ph.D. from Toronto discussed staff stress and support. She outlined a model of oncology staff stress, variables influencing the degrees of stress associated with caring for persons with cancer, and methods to decrease the stress.

Seattle's own Ruth McCorkle, RN, Ph.D. presented some preliminary results from her current research exploring coping among persons with cancer. She discussed coping with cancer, the stages of grief, the notion of anticipatory grief. She discussed her tools, the Symptom Distress Scale and the Social Dependency Scale, both of which have been developed by nurse researchers at the University of Washington.

Alice Demi, RN, DNS from the University of Colorado presented the concept of grief as a growth process. She is currently involved in group counselling for survivors who have lost significant persons.

Audiovisual tapes on the grief response were available for viewing. Oncology-related displays were on hand, as well as opportunities to talk with local members of Compassionate Friends and the Ostomy Club.

Participation in a choice of three round-table discussions out of 14 offered on Saturday morning was enthusiastic. Topics ranged from mouth care of persons with cancer to reimbursement for bereavement counselling.

Taking this program as an example, it is evident that northwestern Oncology Nurses have developed a high level of expertise in oncology care as well as a deep concern for the bereaved. The forum offered an opportunity for new contacts and support among human service workers in general.

As our specialty of cancer nursing continues to enlarge and change, continuing education such as this meeting serves as an inspiration and tool for support for all of us.

Julie Bucher
Reporter-at-Large

B. Meeting locations.

Moved and passed that in 1981 meetings be held alternating between areas along Interstate 5 from Seattle to Vancouver B. C., and that in 1982 meetings also be held in outlying communities. It was recommended that RONS members in outlying areas be encouraged to meet informally to discuss their interests.

Business from the floor:

Moved, seconded and passed that the committee outlining the major issues re: RONS affiliation with ONS also outline the issues regarding RONS boycott of ONS meetings in states not ratifying the ERA. These issues will then be presented to the membership.

A committee was formed by agreement of those present to allow RONS to work with the American Cancer Society and other organizations to sponsor a Hospitality Hour for nurses attending the ACS research conference in August 1981, and for the International Conference Against Cancer (UICC) in September 1982. Both conferences will be held in Seattle. Committee members are A. Reiner, J. Gabbert, K. Stetz, M. Chase, D. Arbow, J. Campbell, L. White, B. Madden, D. Clark, J. Fihn, C. Cornell, D. Noble, E. Loran, B. Gallucci, M. J. Tornberg, S. Larsen and G. Hongladarom.

Sharon Burke,
Secretary

The RONS Newsletter is published quarterly.

Editors: Mary Jo Tornberg and Kit Bakke

Items for inclusion in the newsletter are requested from all areas in the Northwest region.

Submit material for publication to Editor, RONS, c/o Outreach Program, Fred Hutchinson Cancer Research Center, 1124 Columbia Street, Seattle, WA 98104.

Please send all changes of address to RONS c/o Outreach Program at above address.

ROBERT'S RULES OF ORDER
or
GAMES THEY NEVER TAUGHT ME
IN NURSING PROCESS

Reaching into the dusty recollections of nursing school and Nursing Process, I can remember something about Florence Nightingale; definitions of health and illness; the fundamentals of the nurse-patient relationship; and that six dollar white support hose than can run just as fast as the two dollar variety. I have used these bits of information to varying degrees over the last six years in my nursing practice.

Over time, I discovered that when calling a physician about a patient's back pain I am able to get an order quickly if I say, "Mr. X is continuing to have constant sharp back pain at L-10--12 which he rates as a "7" on a scale of 1-10. The pain increases when he moves and is only partially relieved by morphine 10 mg. po every 4 hours." If I can deliver my assessment without stopping for air all the better. I have discovered that if one speaks the right language positive results are forthcoming.

In attending a large national nursing meeting this past year I have discovered that even though I had important ideas to share with the body, I could not get a word in edgewise. People were speaking a new kind of language that was not a part of my nursing education or used in my daily nursing practice. It seemed more confusing to me than Japanese. I felt as powerless as a tourist in a foreign country trying to get directions back to my hotel.

Parliamentary Procedure

The language spoken at that meeting was that of parliamentary procedure. I was without an English-Robert's Rules of Order dictionary. Those who understood the system and its rules were able to effectively lobby for their position. I was not able to do so.

Since that meeting, I have invested in my own copy of Robert's Rules. During the course of the coming months I will share my new understanding of parliamentary law

in hopes that at best we can take an active part as nurses in a very political world, or at least not feel quite so powerless when watching the "big girls and boys" play.

The first installment of this Berlitz course on parliamentary procedure will include a historical perspective, and the structure through which organizations transact business. (I realize that at this point I may lose a number of readers to the marijuana article. I will continue for the hale and hearty.)

Rules and History

The purpose of the rules and forms of parliamentary procedure is to serve and facilitate the will of the group, not to restrain or obstruct it. The rules were made so people would play fair. Both the majority and minority positions could thus be heard. Orderly deliberation thus is possible. However, if too few know too little about parliamentary procedure, the meeting begins to look as if it is suffering with a G.I. tumor. The alimentary canal is blocked and nothing can get through.

Historically, parliamentary procedure refers to the unwritten customs and rules used by the English Parliament to conduct business. Parliamentary law in colonial America underwent divergent development in each colony. Those first meetings of Congress must have been a circus with all representatives having their own ideas about how meetings should be run (which reminds me of a RONS meeting I recently attended).

General Henry Robert spent nearly 10 years working on his "Pocket Manual of Rules of Order for Deliberative Assemblies" which was published in 1976. General Robert revised his work in 1915, and it was published as "Robert's Rules of Order Revised." This is the most widely used guide of its kind.

Robert suggests that everyone in a free country have a basic understanding of parliamentary law. Yet, he cautions that the concern for parliamentary correctness should not impose undue artificiality into a business meeting.

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ROBERT'S RULES

(continued from page 4)

When a group of individuals with common interests come together in large numbers, they frequently choose to formalize their ties by establishing a constitution (the principles of the organization), by-laws (the governing rules), and officers (the guides). Many such organizations meet only quarterly or annually in formal business meetings.

It is obvious that a year's worth of thought and discussion cannot be presented at such meetings, therefore, the real work of such organizations occurs in committee meetings. Only summaries are presented to the group as a whole. An annual meeting is like the final banquet prepared by a cooking class. People at the banquet sample what is presented but the real fun and work happened in the kitchen weeks before. (Yes, this is a plug for RONS members to join committees and be part of the action).

Quarterly and annual meetings give the membership the opportunity to review the work done in committee and vote (take action) on proposals brought forth by subgroups. The membership can also propose that issues brought to the floor by individuals be sent to committee for further clarification.

Quarterly meetings must be representative of the membership. A quorum or majority must be present to have an official meeting. The by-laws of the organization can state the percentage of the membership needed to define a quorum. RONS' by-laws state that ten percent of the membership constitutes a quorum. Have you ever driven 100 miles to a meeting to discover it is a non-meeting because a quorum was lacking? A number of RONS members know the feeling. The carpool was great, but the gas was expensive.

It appears that my space has been filled. We have had a grand chance to review the history of Robert's Rules, to stress the importance of committees, and to define a quorum. The coming installments will highlight how to make a motion, and how to amend the amendment to the amendment.

Elizabeth White

UPDATE ON THC

Since September 1979, marijuana and delta-9-tetrahydrocannabinol (THC), a synthetic derivative of the primary active component of marijuana, have been available as anti-emetics for cancer chemotherapy patients. These drugs are obtained through a state-wide research program administered by the Washington State Board of Pharmacy.

However, the National Cancer Institute (NCI) is in the process of implementing a nation-wide program which will allow THC to be available to cancer chemotherapy patients. Under the NCI protocol, approved hospital pharmacies will be responsible for dispensing THC capsules for prescriptions written by NCI-registered physicians. To obtain approval, hospital pharmacies must register with both the NCI and the Drug Enforcement Administration (DEA). Physicians desiring to participate in the program need to file a FDA-1573 form with the NCI and the pharmacy.

Both patients and physicians will find the process of obtaining THC much simpler under the NCI program. A consent form signed by both physician and patient will be kept on file. The physician will write a prescription to be filled at the registered hospital pharmacy. The patient will not need to complete any evaluation forms. The physician needs only to report adverse drug reactions.

The NCI program will eventually replace the Washington state program, which is scheduled to end June 30, 1981.

To obtain information about registration and participation in the NCI program, contact:

Dr. David Abraham
 NCI, Investigational Drug
 Branch
 Room 4C17 Landow Bldg.
 7910 Woodmont Avenue
 Bethesda, Maryland 20205
 301-496-5725

Locally, information may be obtained from Roger Roffman at 206-543-5968.

THC Use and Administration

The THC capsule is a brown gelatin composition in a sesame-oil base, which

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THC

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can be taken by mouth or per rectum. The THC comes in 2.5, 5.0 and 10.0 mg. doses. Base dosage is suggested at 5 mg./m². The average patient is 1.5m²; standard dosage is thus 7.5 mg. every 3-4 hours around the clock to prevent nausea or vomiting. It is recommended to be given two hours before chemotherapy. Doses are titrated according to age (begin with 5 mg. for the elderly) or rationale for use (10-12.5 mg. for chemotherapeutic premedication).

People with liver disease are also recommended to receive lower doses. People with total bilirubins greater than two are not considered good candidates for a positive response to the drug.

Research results from the Washington state program are not yet available. However, initial results seem to indicate that maintaining constant blood levels is important in achieving good nausea control.

Through the new NCI program, THC will be available only to those patients receiving chemotherapy. Radiation therapy patients will not have access to the drug.

Currently, the United States is committed to an international treaty designed to prevent legalization of marijuana. It would take an act of Congress to legalize THC.

Ongoing research will continue on the drug, and results will continue to be published. Reactions to the drug cannot be completely predicted, and seem influenced by very subjective factors, such as previous exposure and attitudes toward marijuana, age of patient, and degree of control needs.

Janet Penna
Julie Bucher

POSITION AVAILABLE

Director of Oncology/Hospice program. Current Wa. licence, clin. exper. in cancer nursing, program development skills required. Send resume to Betty Metz, RN, Highline Community Hospital, 16200 8th Ave. SW, Seattle WA 98166.



ERA-RONS-ONS



The ad hoc Committee on Topical Issues established by vote at the January 1981 annual meeting will be sending information to each member under separate cover. The tasks of the committee were to establish a mechanism by which decisions could be made on the following issues: Local chapter affiliation with the Oncology Nursing Society, the issue of the Equal Rights Amendment, and RONS stance regarding support of the 1982 Oncology Nursing Society Congress. Pros and cons of the issues have been discussed. Formal presentation will be through the letter. PLEASE READ, MAKE A DECISION, AND VOTE...

**HOSPICE/ONCOLOGY CLINICIAN'S
SPECIAL INTEREST GROUP**

Local oncology nurse-specialists have met twice for potluck dinners in King County this year. The group began informally after a nurse from Hospice of Seattle met another oncology nurse from Home Health Services at a dying person's bedside. Both workers realized how the community of specialists in oncology nursing is growing and changing in the Seattle area. Social gatherings were planned for information exchange and support among the clinician group. These gatherings are open to oncology nurse administrators and educators as well.

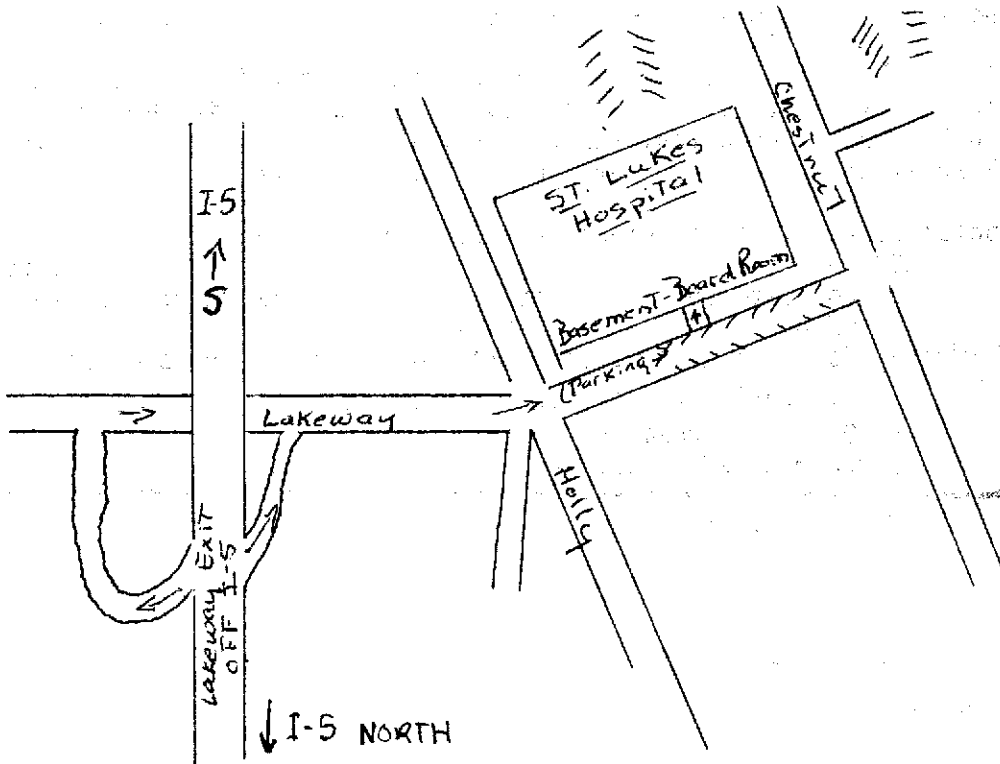
The next gathering will be May 12, 6:30 p.m. at the home of Debbie Noble, RN, MN: 15 Raye St, Seattle (Queen Anne area), phone 282-4014. The potluck and group discussion will be hosted by the Oncology Transitions Services team of Home Health Services of Puget Sound. Topic for discussion will be "Issues involved in caring for persons without primary care providers (family/friends) in the home."

Future topics for discussion after the potluck were gathered at the second meeting February 17th. The group plans to meet 4 to 6 times a year to learn from each other and to stay updated on services offered in the Puget Sound area.

Julie Bucher
Oncology
Nursing, Inc.

Map for SPRING RONS MEETING

(please note map is oriented with NORTH to bottom of page)



UPCOMING
CONFERENCE and MEETING
NOTICES

April 15, 1981
King County/ACS Oncology
Special Interest Group:
"Hypnosis"

May 3-6, 1981
Oncology Nursing Society
6th Annual Congress
"Power from Unity"

Location: Baltimore, MD

Contact ONS, 701 Washington Rd.,
Pittsburgh, PA 15228

May 16, 1981
ACS/UW Spring Conference
"Development of Patient Teaching
Materials"

Contact: Marilyn Hawk, ACS, Seattle
283-1152

June 8-19, 1981
Cancer Nursing Outreach Program

Location: Walla Walla, WA

Contact: Karen Landenburger
1-800-522-7410

June 17-August 7
Cancer Nursing Outreach Program

Location: Vancouver, WA

Contact: Karen Landenburger
1-800-522-7410

NURSE-TO-NURSE NETWORK

Once again the Nurse-to-nurse Network is seeking qualified nurse consultants capable of responding to questions and problems other nurses are having in the area of oncology nursing. The Network also identifies nurses in state and regional areas that can be used as referral people for questions and problems regarding cancer patients in those areas.

Below are the criteria established by the committee, and an application to serve as a consultant. If you would like to serve in this capacity, please fill in the information and return to the Outreach Program, Fred Hutchinson Cancer Research Center, 1124 Columbia St., Seattle, 98104. All applications will be reviewed by the committee.

- Criteria for Consultants:
1. Active involvement in area of nursing specialty.
 2. Telephone accessibility during hours Network is in service.
 3. Complete and return data sheet to Outreach Program for each call on a timely basis.
 4. Submission of a letter of reference as requested re: personal statement on application
 5. One year commitment.
 6. Current RN licensure.

Network Consultant Application

Name _____

Address _____

Telephone (work) _____ (home) _____

Present Position _____

Length of time in present specialty area _____

Years in Practice _____

Areas of Expertise _____

Why do you feel qualified to serve as a nurse consultant? (use additional sheet as necessary)

RONs
 Fred Hutchinson
 Cancer Research Center
 1124 Columbia Street
 Seattle, WA 98104

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