REGIONAL ONCOLOGY NURSES

QUARTERLY

VOLUME 7 NUMBER 4 FALL 1984

DISCONTINUING LIFE SUPPORT

USE OF THE "LIVING WILL"

Beverly Vincent, M.S.N.
Oncology Clinical Nurse Spec.
University Hospital
University of Washington
Seattle, Washington

Most of us have witnessed cases of patients with far-advanced illness being resuscitated or kept alive by some combination of life-sustaining measures. There are a number of legal and ethical considerations involved when deciding whether or not to resuscitate or how to go about discontinuing life support.

Many ethicists agree that when recovery is questionable, it is the patient who should decide whether resuscitation or advanced life support will be used. It is an ethical--not a medical or a legal--decision, meaning that it is based on the individual patient's values--his/her beliefs about such things as quality of life.

Problems arise when the patient suffers cardiac arrest in the middle of the night and his/her wishes have not been clarified and documented, or when the patient is not sufficiently alert to discuss the situation and make a decision.

POSSIBLE ALTERNATIVES -- the "living will" came into being so that persons could leave advance word as to what they would want done in the above situation--but, in and of itself, the living will is not legally binding. For that reason, 14 states and D.C. have passed "Natural Death Acts" to give legal clout to the advance word--called "advance directive" --once certain conditions are met. Those conditions vary from state to state and include such restrictions as time limits.

"Durable power of attorney" -- provided by law in 42 states so that a person can leave word as to who he/she would want to make the decisions if not able to do so personally. Easier to apply to specific situations than "will."

In a terminally-ill, comatose patient, are there legal and/or ethical differences between discontinuing a respirator and discontinuing food and water (IV's)?

Do you believe there is a difference, either legally or ethically, between stopping life support once in progress and never initiating it?

What can you do if the patient is not being asked how much he/she wants done?

How do you define whether a patient is "competent" to make the decision about stopping life support?

How much authority does the family have in making the decision about resuscitating or stopping life support? What factors should they consider? What if they cannot agree among themselves? What do you think is the physician's role? the nurse's role?

When is a living will binding? What can you do if it is not being upheld?

Must you resuscitate a terminally-ill patient if code status has not been decided and clarified?••

REGIONAL ONCOLOGY NURSES
Quarterly Meeting
"THE NURSE AS COUNSELOR"
Fran Lewis, RN

November 15, 1984 7:00 p.m.
John Locke Auditorium
Swedish Hospital Medical Center

PRESIDENT'S LETTER

Dear Colleagues:

I was so pleased at the turnout for the quarterly meeting held on September 6th. Those present represented oncology nursing practice in just about all of its varied areas.

Thanks again to Johanna Surla and Ann Hughes for an excellent program. Also thanks to Teresa Coluccio and Ann Reiner for leading the discussion on the latest information regarding chemotherapy precautions. We anticipate a preliminary report from the task force on chemoprecautions at the next quarterly meeting.

I would like to share with our membership the purpose and philosophy of RONs (PSONS) to be developed into brochure form for use in recruiting members and making ourselves known to the oncology community. (Table 1).

For those of you who were unable to attend the meeting, local chapter paperwork is complete and the ONS committee will meet in mid-November to decide on our status. Any member of RONs and ONS regardless of their georgraphic location (including Canada) will be welcome and have full voting privileges.

Anecdotal reports have the no-smoking pins moving at a fair rate. Anyone who wants to purchase some to sell, ($3.00 ea) please contact me at 524-1470 or Ann McElroy, 784-8675 (home) 244-9970 (work).

Looking forward to seeing you at the next meeting on November 15th at 7 P.M.

Janet Schwarz-Appelbaum
President, RONs

TABLE 1

PURPOSE OF RONs

1. To promote the highest professional standards of oncology nursing in the Puget Sound Area through the dissemination of knowledge and information related to cancer nursing.
2. To study, research and exchange information, experiences and ideas leading to improved oncology nursing.
3. To encourage nurses to specialize in the practice of oncology nursing.
4. To encourage outreach and mutual support activities among nurses caring for cancer patients and their families.
5. To encourage nurses to seek further training or specialization in the care of cancer patients.

PHILOSOPHY OF RONs

1. We are committed to health maintenance through cancer screening, prevention and early detection.
2. We support clinical research and believe that ultimately cancer will be cured; however, we recognize that current cancer treatment encompasses certain ethical dilemmas including questions of resource allocation, quality of life issues and the individual's right of self-determination.
3. We understand that cancer is a chronic illness that affects the patient and family. We have chosen cancer nursing as our professional specialty and recognize that the maintenance of all that is personal and significant to the person with cancer is primarily a nursing responsibility.

FAMILIES IN CRISIS

Maurine Romain, MSW
Patient and Family Services
Fred Hutchinson Cancer Research Center
Seattle, Washington

The diagnosis of cancer requires that most families must cope with a long-term chronic illness as compared to an imminent death sentence as seen in the past. The demands on families coping abilities are intense and complex. The stresses that cancer puts upon a family can be categorized into 5 main areas: Intellectual, social, interpersonal, emotional and spiritual.[1]

Outlined below are the specific issues and tasks families face in each area and where staff involvement occurs.

Categories of Stress	Relevant Coping Tasks/ Stragegies	(Family) Issues in Parent-Staff Relationships
Intellectual	Getting information about cancer and treatment procedures Interpreting medical jargon Protecting against information overload Getting information about the hospital	Information transmission Communication
Instrumental	Getting help at home (child-care, chores) Getting help at work Negotiating with hospital Making financial plans Solving other problems Caring for the sick patient	Information transmission Staff competence Conflict resolution Acceptance of parental (family) efficacy
Interpersonal	Maintaining relationships with family members and friends Creating new social roles Talking, sharing with others Relating to the meedical staff Informing others (and avoiding stigma)	Interpersonal contact Conflict resolution
Emotional	Getting counselling Finding love and affirmation Dealing with hope/anger/fear/ despair Stabilizing self Monitoring somatic reactions Feeling efficacious in providing care	Empathy with the (patient) Conflict resolution
Existential (Spiritual)	Seeking meaning and explanations for the illness Creating new social identity Relating to God and Fate Re-ordering life plan/dreams	Acceptance of (family) parental efficacy

In addition to being aware of the stresses families face with a diagnosis of cancer, healthcare providers must be careful of paternalism. We must trust families' ability to cope, their knowledge of their own patient and most importantly, their right of "what to be told or not told."••

1. Barbarin, O., et al., "Childhood cancer's impact on families: Parents and the medical care organization." The Candlelighters Foundation Progress Reports, Vol. III, #3, 1983.

REVIEW

Miller, R.A., Oseroff, A.R., Stratte, P.T.& Levy, R. (1983). Monoclonal antibody therapeutic trials in seven patients with T-cell lymphoma. Blood, 62, 988-995.

Introduction

Toxicity to normal tissues and lack of tumor cell specificity have been the major limiting factors in current cancer treatment. A method to produce monoclonal antibodies against antigens on human cancer cells became available in the 1970's. The monoclonal antibodies were produced by hybridization of a mouse melanoma cell line with an antibody producing B cell. Attachment of the monoclonal antibody to the cancer cell results in an antibody-antigen complex formation. It has been proposed that this complex will stimulate a series of immunological processes which are aimed at concomitant destruction of the complex and the tumor cell. The anti-leu 1 antibody is directed against a human T-lymphocyte cell surface antigen that is expressed in high levels in patients with cutaneous T-cell lymphoma.

Report

In this study, an extension of a phase 1 trial, 4 to 17 treatments with anti-leu 1 antibody were given to 7 patients with advanced T-cell lymphoma over a period of 14 to 75 days. Total doses of antibody ranged from 250 micrograms to 100 milligrams. In most patients, antibody administration caused a rapid fall in circulating T cells, which returned to baseline levels within 24 to 48 hours.

Five patients had definite tumor regression of short duration (1.5-4 months). Four patients developed anti-mouse immunoglobin antibodies, which were thought to remove the therapeutic monoclonal antibody from circulation and allow for tumor regrowth. No renal, hematopoitic or liver dysfunction was noted in any of the patients.

Nursing Implications during Phase 1 Clinical Trials

First and foremost to the initiation of any research project is that the nurse participants understand the research process, their role in data collection, the specific protocol and potential outcomes of the therapy. In-services and a presentation of the project to the nursing staff by the investigator should provide this information and an opportunity for questions and concerns. Should a moral or ethical dilemma arise, a method of collaborative decision making should be established with the investigator. The investigator's phone number should be readily available at all times.

Informed consent from the patient and family is required and must be based on accurate information and an understanding of the procedures, the risks and their rights. The primary nurse's presence during investigator/patient conferences may facilitate her role as patient advocate and teacher. Conventional treatments have failed for patients in phase 1 trials, and these people will need additional emotional support and exploration of their expectations and perceptions of therapy.

It is necessary for the nurse to obtain a history, baseline multisystem assessment and a record of previous cancer therapies and experienced side effects. Assessment of lesions should be done prior to therapy and daily during treatment to evaluate tumor response. Nutritional support and infection prevention measures should be continued and/or instituted.

Nursing Implications during Monoclonal Antibody Therapy

During and after treatment with monoclonal antibodies (MAT), patients receive frequent tumor biopsies, physical exams, blood and urine tests and radiographic studies. Potential problems such as venous access, pain, infection and sleep deprivation should be anticipated and, if possible, prevented.

Little is known regarding dosages, dose scheduling and toxicities of MAT. Viability of the antibodies should be assured prior to administration. The hybridoma lot number, source and dosage should be recorded on the chart. The antibody is usually diluted in normal saline and 5% human albumin and administered intravenously over 4 to 6 hours, 3 to 5 times per week.

Since the mouse antibody is a foreign protein, patients may develop anti-mouse immunoglobin antibodies. This may initi-

ate an antigen-antibody type response with a subsequent release of histamine, causing an allergic reaction and/or anaphylaxis. Antibodies may conjugate in the liver and spleen. Renal function may also be affected due to tumor lysis and antigen clumping. Agglutination of antibody coated cells in the pulmonary circulation has been observed to cause respiratory distress.

Patients may develop allergic reactions or adverse effects at any time during MAT. Nursing care should be 1:1 during infusions because of the need for constant care, assessment and support. Premedication with tylenol or benadryl, prehydration with IV fluids, the use of a volumetric pump and special IV filters may be necessary. Emergency drugs and a normal saline flush bag should be at the bedside. Hepatic, renal, pulmonary and cardiac function and vital signs should be closely monitored. Urine collection for protein and creatinine is ongoing during therapy. Patients receiving other therapies or those with a history of organ dysfunction may be more likely to develop adverse effects.

Of utmost importance is documentation of all procedures, observations and patient reactions and concerns to assure continuity of care and anticipation of recurrent problems associated with MAT infusions. Constant communication between physicians, nurses, the patient and family is required before, during and after the study. Writing up case studies for nursing publications can provide useful information to other nurses involved in similar trials and provide a method for the evaluation of nursing care.••

Kathy Dubbelde, R.N., B.S.N.

Additional References

DiJulio, J.E. & Bedigian, J.S. (1983). Hybridoma monoclonal antibody treatment of T-cell lymphomas: Clinical experience and nursing management. Oncology Nursing Forum. 10, 22-27.

Donovan, C.T. (1981). The nurse--dilemmas with informed consent. Proceedings from the 1981 ACS Conference on Human Values, , 185-189.

Oldham, R.K. (1983). Monoclonal antibodies in cancer therapy. Journal of Clinical Oncology, 1, 582-590.

EDITORIAL

Since our beginning in 1978, the Regional Oncology Nurses (RONs) has grown to become an important part of cancer nursing in the Pacific Northwest. After much debate, balloting and further discussions, we are now at the point of becoming a chapter of the Oncology Nursing Society (ONS).

Perhaps Erik Erikson's Developmental Theory of the Lifecycle would help us understand the past and perhaps prognosticate the future. Erikson describes a series of phases through which a person passes. The resolution of each phase affects the next phase and so forth. Those people who are able to recognize their potential for development during these crucial periods grow out of the crises with important new abilities.

Erikson describes a period of Psychosocial Moratorium which occurs after the Identity versus Role Diffusion Phase. This period is a time when a person consolidates and harmonizes all parts of his/her identity. Resolution of this period is demonstrated by the recognition in oneself of the powers of self reliance, the location of oneself in a peer group and the limitation of oneself to meet the goals of work and/or relationships.

Upon our association with ONS, RONs seems to be at the point of passing from this Moratorium Period. The next Phase is characterized by the Intimacy versus Isolation crisis crisis. During this phase, true mutuality without fear of losing ones sense of self or the withdrawal from relationships and involvement can occur.

Our purpose and philosophy (as outlined by Janet) reflect a commitment to the community, our profession, our specialty and ourselves. as we become a chapter of ONS, we will be challenged to become a part of a national group of cancer nurses while maintaining our identity and uniqueness. Ryan Iwamoto, Editor

Season's Greetings! R-Iwa

SYMPOSIUM PAST

Several months have passed since the 6th Annual Symposium, "High Tech/High Touch Nursing: Marketing Ourselves for Success" held in February. Bills are paid, evaluations are completed and final reports are ready to help in next year's planning. There were over 115 participants, many of whom completed the course evaluation. Comments were very positive. Participants appreciated the speakers, wished there was more time to attend the roundtables, and enjoyed the setting. Others felt renewed by the program content and the opportunity to make contacts with fellow oncology nurses.

Letters from two of the speakers, Sue Baird and Eunice Cole, commented on the responsiveness of the audience and the commaraderie of the RONs members they met (See "Letter"). As Sue Baird said, we "are so lucky to have each other."

Financially, RONs enjoyed a handsome profit which will be used not only for the 1985 symposium, but also for RONs yearly activities. I would like to thank, again, the Planning Committee for all their hard work and efforts to make the symposium successful. The 7th Annual RONs Symposium is slated for February 8 and 9, 1985. Work has begun. I extend my wishes that our success continues.••

Ann Reiner, RN, MN.

1985 RONs Cancer Nursing Symposium

The 1985 RONs Cancer Nursing Symposium titled "DRGs and Other Oncologic Emergencies" will be held February 8-9, 1985. The Olympic Four Seasons is the setting for the two-day program.

Joyce Yasko, R.N., Ph.D., will be one of the speakers. Dr. Yasko is Associate Professor-Graduate Program at the University of Pittsburgh School of Nursing. She has written numerous books and articles on cancer nursing. Dr. Yasko is also a Director at Large of the Oncology Nursing Society.

The Symposium will provide educational opportunities for both clinical and administrative nurses in all practice settings. In addition to the main addresses, roundtable exchanges, and exhibits, there will be two instructional sessions. One session will deal with nursing responsibilities during oncologic emergencies; the other session will focus on administrative strategies, i.e., variable billing for nursing services.

The registration fee will cover the two-day program, as well as two lunches, breaks, and a reception. There will be a reduced fee for students and RONs members. Brochures containing more specific information will be mailed out in the near future. If you have any questions or wish to present a roundtable, please call Rosemary Ford at 467-4378 or Ann McElroy at 784-8675.••

Ann McElroy, Chair

The following letter was received by Ann Reiner, R.N., M.N., Chair, RON's 1984 Symposium Planning Committee:

Dear Ann,

It was a pleasure to be home in Seattle and to participate in the Regional Oncology Nurses Society Symposium. My special thanks to you and your colleagues for making my brief stay so pleasant.

The opportunity to interact with nurses at the grassroots is perhaps the most enjoyable part of my travels about the country. The questions, the interest and the commitment of individual nurses offers new hope and challenge to the profession. I heard and saw that challenge at your meeting. It was a pleasant experience.

Best wishes to you and your colleagues. Thanks again for the many courtesies extended to me.

Sincerely,
Eunice R. Cole, R.N.
President, American Nurses' Association

JUST ASK JUDY

Community Health

Elaine McIntosh has resigned as administrator for Hospice of Seattle to enter graduate school, and Marjorie Bauman, RN, MS has assumed the position. An affiliation with the Providence Corporation has been completed and in the near future, offices will be located in proximity to Providence Hospital. Heather Anderson, RN, MN, a Transition Services graduate of the University of Washington, is Clinical Director. There are five RNs, two medical social workers, two home health aides and a chaplain rounding out the hospice team.

Hospital

Joy Miller, RN, MN has been hired as the Oncology Clinical Nurse Specialist at Overlake Hospital. She is a graduate of the Department of Physiological Nursing at the University of Washington. She will spend 50% of her time in the delivery of direct patient care. Joy will act as an oncology resource person and provide consultation throughout the hospital as well as on the oncology unit.

Valley Medical Center in Renton has six designated oncology beds according to Toni Mitchell, nursing supervisor. This unit includes a specially trained, all RN oncology staff. Valley Medical Center has recently formalized an affiliation with Community Home Health Care Medicare Hospice and an educational program for the staff has just begun. On October 1st the Radiation Therapy Department at Valley Medical Center, with affiliations with the Mason Clinic, opened its doors.

Combinations

Sam Miller, RN, MN is one of six staff development nurses at Group Health Central. Her responsibilities are similar to those of a clinical nurse specialist as she works with oncology and general medical patients. Julianne Owens, RN, BS is manager of the inpatient unit at Group Health. Jan Williams is the Project Director of Hospice in the Group Health Home Health Program. According to Sam, Hospice now has their own home care nurses. Patty Jordan, who just started graduate school at the University of Washington Transition Services is the hospice nurse consultant, and sees patients in all 3 spheres of their contact with the Cooperative (inpatient, outpatient and home). The oncology outpatient department now has four RNs, all full time, and one chemotherapy nurse.

Tips from the Pain Meeting:

Dr. Twycross uses small doses of Haldol preferably at bedtime, to control nausea in hospice patients. This is his first drug of choice before compazine. Also from reliable sources, if patients are nauseous with initial morphine doses, use an antiemetic for several days until patients become tolerant of the occasional nauseating effects of the narcotic.

Nothing new in the treatment of postherpetic neuralgia but new theories as to the "whys," all having to do with neurophysiology.

New Bundles of Joy:

A daughter, Annette Lynn, born to Debbie Noble on August 17th. A son, David Nathaniel, born to Janet Schwarz-Appelbaum on September 9th. A son, Ian MacCornack, born to Karen Landenberger. Congratulations to these families! ••

Send comments, news and notes to:

Judy Kornell
4545 Somerset Drive S.E.
Bellevue, WA 98006

RONS NEWSLETTER

Published quarterly by the Regional Oncology Nurses with the support of the American Cancer Society.
Editor: Ryan Iwamoto
Letters and articles are requested from all RONs members and other readers on topics or issues of interest.
Submit materials for publication to Ryan Iwamoto, RONs Editor, c/o ACS-WA Division. 2120 1st Ave. N. Seattle, Washington 98109.

RON's QUARTERLY MEETING MINUTES
September 6, 1984

I. Call to Order
The meeting was called to order by Janet Schwarz-Appelbaum at 7:30 p.m. 28 members were present.

II. Program
Deb Clark - Reported on the III International Cancer Conference held in Melborne, Australia.

Patty Mulhern - Nursing in Switzerland

Bea Sofaer - of Edinburgh, Scotland reported on her research about nurses' attitudes and values in relation to giving adequate pain relief.

III. Quorum established and proposed agenda adopted.

IV. Secretary's Report - Minutes of May 17, 1984 meeting as printed in Recent RON's newsletter were approved.

V. President's Report
Janet reported as follows:
1) The board has written a letter to Pearl Moore regarding our interest in hosting the ONS Annual Convention 1992;

2) Official Address RONs
P.O. Box 85058
Seattle, WA 98145-1058

3) Application for local chapter is complete. Hope to be chartered in Houston in 1985. Question about geographic boundaries was asked of ONS with their reply being that we could describe our geographics any way as long as we can serve the group with voting rights and program opportunities. The Canadian members of RONs may be establishing their own ONS Chapter. Our name will probably be Puget Sound Chapter of Oncology Nursing Society.

4) A letter has been mailed out to ONS members who should also be members of local group.

5) We plan to send out a post card reminder before RONs meetings.

VI. Vice President's Report
Ann reported as follows:

1) No Smoking Pins are here! RONs will be selling pins for $3.00 each. Members may buy a group of pins with/check to RONs and then sell.

2) ONS tapes from congress cost $260.00. A list will be published in newsletter of titles. Tapes will be stored with Teresa Coluccio.

VII. Treasurer's Report
$6,168.39 Checking Account

VIII. RONs Activities
A) Symposium Ann McElroy
Feb. 8th & 9th, Friday and Saturday
Title: DRG's & other Oncological Emergencies.
Speaker: Joyce Yaski
Place: Four Seasons Olympic
Send suggestions of Round Table Topics to Rosemary Ford, FHRC.
B) Program Committee - Johanna Surla, Thank you again for a great program.
C) Newsletter - Ryan Iwamoto, printed copy is great - dates for submission of articles:
September 15th
December 1st
Ryan will be inviting guest editors to participate.
D) Hickman Committee - Rosemary Ford & Oncology Forum said they were unable to print whole article and procedures. Wyeth may be interested in publishing.
E) Membership Sam Miller will examine demographics of membership strategies for increasing

membership.

F) Nominating Committee
Two positions opening
° Treasurer
° Vice President
Still seeking chairpersons for this committee.

IX. Old Business
1) None

X. New Business
1) Collaborative Research
RONs has been contacted by Claudette Varrichio re: participating in a study to look at psycho-social changes in newly diagnosed ambulatory cancer patients. This study needs access to ambulatory patients. For copy of proposal contact Patty Mulhern.
2) Development of Flyer for RONs to include purpose and philosophy.
3) Janet asked for any thoughts or concerns in regard to short or long term goals as printed in newsletter.
4) Motion made to establish a task force to look at chemotherapy procedures. Members to include: Ann Oakley, Teresa Coluccio, Rose Preston, JoAnn Kowaloski, Joy Miller, Deb Clark.

XI. Announcements
Cable TV Viacom will show nursing education for CERP credit Sunday, 6-9:00 p.m.

Submitted by
Teresa Coluccio
Secretary, RONs

POSITIONS AVAILABLE:

Oncology Clinical Nurse Specialists
Master's prepared nurse
In: Seattle, Long Beach, Portland, Central Washington, Chicago, Madison, Wisconsin.
Salary ranges: $28,500-$38,500
Call: Mary Crawford: 481-7438

Breast Health Program
Riverton Hospital
call: Carol Sun, RN, MN 244-0180 X279

UPCOMING LECTURES, WORKSHOPS AND CLASSES

1984 Clinical Topics for Nurse Practitioners

Sponsored by: Continuing Nursing Education, University of Washington.
Dec. 6-7, 1984
Seattle Sheraton Hotel
Seattle, Washington
$100 call: (206) 543-1047.

Fourth Winter Symposium on Hematologic Malignancies
Sponsored by: University of Arizona Cancer Center and Adria Laboratories.
Mar. 9-16, 1985
Cottonwood Conference Center
Snowbird, Utah
$350 call: (602) 626-6372.

American Cancer Society Fourth Annual Conference on Cancer Nursing Research
Sponsored by: American Cancer Society, Western Area
June 18-20, 1985
Hawaiian Regent Hotel
Honolulu, Hawaii
write: Mrs. Gwen Heliker
GTU, Inc.
P. O. Box 2198
Honolulu, Hawaii 96805

CALL FOR POLICIES AND PROCEDURES

In an effort to facilitate information sharing, the American Cancer Society (ACS) Washington Division Nurses' Subcommittee in collaboration with RONs is currently receiving policies and procedures related to oncology nursing from organizations throughout Washington State. These policies and procedures will be kept at the ACS Washington Division office. The information will be available by phone or mail upon request.

Please submit policies and procedures from your organization to:

Annie Sakaguchi, M.N., R.N.
American Cancer Society
Washington Division
2120 1st Avenue North
Seattle, Washington 98109

If you have any questions, please call Ryan Iwamoto: (206) 223-6801, or Annie Sakaguchi: (206) 283-1152.

ONCOLOGY NURSING SOCIETY

1984 Annual Congress Cassette Tapes

The cassette tape recordings from the Annual Congress have been ordered and will be available for members of RONs to borrow. Those wishing to borrow selected taples are to call Teresa Coluccio at: 326-5937. The list of tapes follows:

1. Workshop 1 Management Issues, Pediatric Oncology
2. Workshop 2 Safe Handling of Cytotoxic Agents
3. Workshop 3 So You Have to Make a Speech
4. Workshop 4 Basic Concepts of Chemotherapy
5. Workshop 5 Radiation Therapy: Basic Concepts and Practice
6. Workshop 6 Current Issues in the Nutrition of the Adult Cancer Patient
7. Workshop 7 Challenging Communication Problems in Cancer Nursing
8. Workshop 8 Alternate Intravenous Access Routes
9. Opening Ceremonies and Keynote Address
10. Abst. Ses. I: Collaborative Practice: Strategies for Nurse Administrators
11. Abst. Ses. II: Nurse to Nurse Communication: Tools for Education and Practice
12. Instr'l Session I: Current Trends and Issues in Ambulatory Care Nursing Practice
13. Abst. Ses. III: The Influence of Reimbursement Mechanisms in Nursing Care Delivery
14. Abst. Ses. IV: Patient Education: How to Make the Difference
15. Instr'l Session II: Sexuality: The Standard No One Talks About
16. Abst. Ses. V: Ambulatory Care: Creative Programs for Contemporary Practice
17. Instr'l Session III: Dilemmas in Nursing Administration
18. Abst. Ses. VI: Primary Caregivers: Anticipation and Response to Grief
19. Abst. Ses. VII: Collegial Exchange: Selected Research Abstracts (Advanced Research)
20. Instr'l Session IV: Cancer in the Elderly: Quality of Life Issues
21. Abst. Ses. VIII: Biological Issues: Topics of Exploration
22. Instr'l Session V: Taking Charge of Your Own Learning in Cancer Nursing
23. Abst. Ses. IX: Coping: Patient and Nursing Perspectives
24. Abst. Ses. X: Holistic Nursing: Solutions for Multiple Patient Problems
25. Instr'l Session VI: Power and Politics
26. Abstr. Ses. XI: Creative Nursing Strategies for Symptom Control
27. Abstr. Ses. XII: Family Adaptation: The Role of the Oncology Nurse
28. Instr'l Session VII: Research Findings in Clinical Practice
29. Mara Mogensen Flaherty Memorial Lecture
30. Closing Ceremony

MEMBERSHIP COMMITTEE

The Membership Committee has organized to assist RONs in answering the following questions:

1. What are the professional characteristics of the current membership?
2. What are the professional characteristics of the nurses in the community who are not members of RONs?
3. What are strategies to attract more members?
4. What benefits does RONs offer to its members?
5. What benefits would the members of RONs like to see available?

If you have any comments or questions, please call: Sam Miller: 783-1052; Ann Reiner: 782-6744; or Patricia Mulhern: 364-4072.

A presentation by the committee will be done at the November meeting.••