Quality of Life: A New Vital Sign?

Ann Schafenacker RN, MSN, FOCUS-Triage Project Manager, University of Michigan School of Nursing
Andrea DeAgostino RN, BSN, OCN, FOCUS Intervention Nurse and Graduate Student, University of Michigan School of Nursing

The concept of “quality of life” is important in oncology. Patients and families often evaluate and re-evaluate the status of their quality of life. They may do this throughout their cancer experiences including times when they are comparing treatment options, undergoing difficult therapies, receiving a diagnosis of recurrence and facing end-of-life decisions.

In recent months, popular media have reported on Randy Pausch, computer science professor at Carnegie Mellon University, and his approach to a terminal diagnosis of pancreatic cancer. In his “Last Lecture” and subsequent best-selling book by the same title, Dr. Pausch described what was essential to his quality of life. Cancer patients may use his example to help them examine their own lives and determine the best strategies for maintaining their highest quality of life. Nurses also can gain insight from his example and use it to support and encourage their patients in exploring quality of life issues. Visit www.parade.com (http://www.parade.com/articles/editions/2008/edition_04-06-2008/1My_Last_Lecture) to read about Dr. Pausch and access a link to watch his “Last Lecture” which has been viewed by over 6 million people.

As patients and the media have paid attention to quality of life, so too have health care providers. The scientific literature on quality of life (QOL) is now vast. A Medline query using “quality of life” and “cancer” as keywords yields over 12,000 citations since 2000. Research has focused on describing the phenomenon, developing appropriate measurement tools, and testing interventions targeted at maintaining or improving QOL during cancer care.

Quality of life has been defined as “a person’s sense of well being that stems from satisfaction or dissatisfaction with the areas of life that are important to him or her” (Ferrans, 1990, p 15). Ferrell and colleagues from City of Hope Cancer Center have further identified four domains of QOL: physical, psychological, social, and spiritual well-being (see Fig 1). Physical well-being includes symptom control, plus the maintenance of independence and function. Psychological well-being involves mental and emotional components such as concentration, self-concept, fear, depression, and uncertainty. In the domain of social well-being, the impact of cancer on marital, family and work roles is recognized. Finally, maintaining hope and finding meaning from the cancer experience fall within the domain of spiritual well-being (Ferrell et al, 1997).

Many assessment tools have been developed to measure a patient’s health-related QOL. Some are quite lengthy and would not be useful in a clinical setting. A very simple, one-item screening tool, the Distress Thermometer, developed by Dr. Jimmie Holland, has been shown to be effective (Jacobson et al, 2005). A good time to assess QOL for the patient and family is when the nurse is providing routine care. A patient or family member is asked to rate his/her level of distress during the past week on a scale of 0 (no distress) to 10 (extreme distress). Any score of 5 or above indicates moderate or greater distress and warrants further evaluation and follow-up by the nurse or other professional. In addition to the thermometer, a checklist of problems is given so the patient or family member can identify concerns. The problem list parallels the four QOL domains. To see a copy of the Distress Thermometer and problem list, go to the American Cancer Society website (www.cancer.org/downloads/CRI/NCCN_distress_05.pdf). You will find a link to the Treatment Guidelines for Distress in a pdf format which can be printed easily. Copies of the booklet may also be ordered by calling ACS at 1-800-ACS-2345.

Numerous studies have shown that cancer affects the QOL of both patients and family caregivers. Some results reveal that the caregiver may report even worse QOL than the patient. In families, a reciprocal connection exists so that poor QOL of one family member can reverberate to others. Thus, a family caregiver who is experiencing distress can have a negative impact on the cancer patient’s adjustment to the illness. In addition, studies have demonstrated that highly distressed patients and caregivers remain distressed over time, and therefore it is very important to intervene.

Continued on page 6
From the Editor Carole Bauer, BSN, RN, OCN®, CWOCN

It is hard to believe but the summer Olympic Games are over and fall is soon to be upon us. My whole family watched so many athletes compete during the Olympic Games. Both of my children were high school swimmers and my daughter swam in college at Kalamazoo College. Needless to say, we were glued to the television watching Michael Phelps win his eight gold medals. We watched in awe as Kara Lynn Joyce swam in her races as my daughter once swam in a race with her… well, she beat every one else in the pool by a mile, but it was an experience. Yet, at the same time life went on here at home. We still got up and went to work even if exhausted, as if we competed ourselves, from watching our favorite events.

For me, the Games were a way of opening a discussion with my patients about something other than their disease or their treatment. It was a way of reminding them that they were still competing in their own events. Each day I did not have to look far to see the thrill of victory and the agony of defeat. We see it in each patient, in each treatment setting, and in each phase of his or her fight.

Each article in this issue of the Chapter Capsule addresses some aspect of the thrill of victory and the agony of defeat for both the oncology patient and the nurse. At Congress, oncology nurses experienced the thrill of victory. They became recharged to work harder in their practices and came away with newly found or revived passion for their calling. In May at the President’s dinner, we cried as Megan Gunnell sang the song written by a family member in tribute to her father. This was truly both the thrill of victory for being a wonderful father and the agony of defeat for dying with cancer. In July, we heard from Lisa Malburg who described our true Olympic champion patients who undergo Phase I trials to determine maximum tolerated dose. They hope for tumor response, but are informed in advance that it may not help them but could help others in the future. These patients are true champions!

I have been reading a book I picked up at Congress which talks about oncology nurses as extraordinary healers. The book is a compilation of stories written by patients about their oncology nurses. It is a good thing to read after a bad day at work. Recently I was listening to Joel Olsteen speak about a file he keeps of kind words that reminded me of this book. He looks into the file whenever he feels the “agony of defeat.” I think we all need to have a praise file, not for the times we are experiencing the thrill of victory, but for those times we are feeling the agony of defeat. In it keep nice cards, letter, special memories you write yourself about things that people tell you about how much they appreciate the care you provide. Then when that day comes, where you are experiencing the agony of defeat, get the file out, remind yourself you, an oncology nurse, are an extraordinary healer, and you will experience the thrill of victory once again.

Highlighting a Member: Jennifer Martens, BSN, RN, OCN®

In case you have not had the pleasure of meeting Jennifer Martens at one of our monthly MDONS meetings, she kindly agreed to be interviewed for this newsletter and to share some of her personal and professional life with us.

Jennifer has been a MDONS member for two years and an oncology nurse for the last eight years. She began her nursing career as a nursing assistant at Troy Beaumont while attending nursing school. In 1999, Jennifer transferred to Royal Oak Beaumont as a nurse tech on the oncology floor. As a nurse tech, Jennifer was exposed to the oncology nursing staff and physicians who were great mentors and educators. Jennifer graduated from the University of Michigan Nursing School in 2000. After graduating from nursing school she became a registered nurse on the oncology floor for four years. She then decided to become an Oncology Nurse Clinician, and has been in this role for the past four years.

As an Oncology Nurse Clinician, Jennifer collaborates with physicians and oncology pharmacists to plan and administer chemotherapy, reviews chemotherapy protocols, writes and calculates chemotherapy orders for physician review, assesses patients for IV access and blood work to verify the chemotherapy plan and orders, educates all first time chemotherapy patients, administers all IV push chemotherapy and assists the oncologists and interventional radiologists with intrathecal chemo. She also provides staff education; mandatory education, skill validations, new drugs and equipment and coordinates chemotherapy class for new RN’s on the oncology unit. Jennifer reviews and develops policies and procedures and is a member of various hospital practice committees. She is currently the chair for the Women’s Health Conference that will be held next March.

When asked what she likes most about being an oncology nurse Jennifer states that “I really enjoy developing relationships with patients and families while they on my unit. I also enjoy educating the patients, families and staff on chemotherapy and oncology related issues. As a result I have become a mentor for many of the staff members on the unit. The specialty of oncology is rapidly changing which I find challenging and exciting.”

Jennifer lives in Brighton with her husband Kevin. She has been married for six years. They have a two-year-old daughter, Madison Elizabeth. She is the highlight of Jennifer’s life. The Martens also have a dog named Gabby.

Jennifer is the oldest of four children. She has two sisters, Sarah and Katie, and a brother John. She also has a nephew Caleb who is four years old.

Over the holiday season, the Martens family is planning a trip to Florida to spend time with Jennifer’s in-laws. They are also planning to take Madison on her first trip to Disney World. The next time you see Jennifer at a chapter meeting, be sure and say “hello” and introduce yourself to her now that you have had a change to meet her.

By Deborah Hasenau BSN, RN, MS, OCN®
Meeting Summaries

May
33rd Annual Oncology Nursing Congress
Opening Ceremonies

By Sheryl Cummings, RN, BSN, OCN®

This year’s 33rd ONS Congress was held in the city of Brotherly Love, Philadelphia, PA and as usual, it did not disappoint. It had been a few years since my last conference, so I was excited to participate again this year. As previous attendees have said, going to the national meeting is absolutely a must. I always feel renewed after Congress. I am energized and my creative thinking and problem solving skills are recharged and all at once I again feel as though I have the ability to change the world (or at least my little corner of it).

This year’s Congress was the first, where I was able to attend the opening ceremonies. I was completely blown away walking into the convention hall that held the ceremonies. I truly have to say that there was a moment when I was not sure if I was at Congress or a rock concert! There was so much energy in the room, music playing, people clapping, and beach balls being bounced through the crowd much like a Pine Knob concert. Banners and decorations were displayed throughout the convention hall. Video screens dropped down from the ceiling at various locations so everyone could see what would be happening on center stage. The screens also displayed the names of nurses who had won the many awards that ONS hands out on a yearly basis. There were members of Philadelphia’s oldest parade band, dressed in full parade regalia, marching through the convention hall playing music and charging up the crowd, while others walked through the aisles, throwing confetti and candy. Then before I knew it, the sound system was blaring out Elton John’s Philadelphia Freedom, all the while, the attendees clapped, cheered and showed their support and excitement for what lay ahead over the next four days.

Even now as I type this, I get chills thinking about it. I was overwhelmed with emotion when nurses from 23 nations around the world walked down the center isle toward the stage waving the flags of their countries, dressed in the same color shirts or hats honoring their country of origin. I cannot say that I remember ever hearing that oncology nurses from so many countries attended Congress, but I was incredibly proud at that moment to be able to be a part of it all. I immediately felt as though I was at the opening ceremony of the Olympic Games. Oncology nurses from around the world, walked proudly as the music played and the crowd applauded. I can only imagine what the experience was like for some of the nurses who traveled so far to come to this year’s annual Congress meeting. I wondered what patients would think about their oncology nurse who traveled to the United States in order to attend. I suspect they would be incredibly proud and honored to be cared for by such dedicated nurses.

Once the crowd settled into place and the planning committee was acknowledged and thanked, ONS President Georgia Decker greeted the audience. This was followed by brief updates regarding the ONS Foundation and current legislation in Washington, DC related to oncology. The President of the local Philadelphia chapter of ONS then spoke to the crowd. Her pride for her city was obvious as she highlighted some of the numerous attractions that the city was known for, such as being the home of the nation’s first hospital, the Liberty Bell, the birthplace of democracy and of course, last by not least, home of the Philly Cheesesteak!

The crowd was then introduced to the keynote speaker, Patrick “Lips” Houlahan, a retired United States Marine Corps instructor and pilot who used his experience in the military to develop a plan for business success. Reinforcing the ideas of teamwork, coordination and communication, he was able to find many similarities to oncology nursing thus giving everyone in the audience some new perspective on caring for patients.

All in all the opening ceremony was an amazing kick-off for the 2008 ONS Congress. I left the convention hall excited and energized to see what new information I could take home with me to improve the care I provided to patients on a daily basis. Oncology nursing is constantly changing and Congress is a great way for oncology nurses to discover some of the new ideas and technologies that are being presented on a daily basis to help improve patient outcomes. I encourage everyone to consider attending Congress in 2009 on April 30 to May 3 in San Antonio. It will be another memorable event.

May
MDONS President’s Dinner

Presented by Megan Gunnell, LMSW, MT-BC
Summarized by Rita J. DiBiase, MSN, RN, ACNP-BC, ACNS-BC, AOCNS

Attendees of the MDONS President’s Dinner experienced an educational and inspirational presentation that was “music to their ears”. Megan Gunnell, a board certified music therapist and licensed clinical social worker shared her knowledge, life experience and wisdom interspersed with music on the harp and guitar accompanied by beautiful lyrics. After becoming a music therapist and working in healthcare for several years, Megan returned to the academic setting to obtain her Master of Social work degree from University of Michigan. She also completed a fellowship from the Mid-Atlantic Institute and incorporates guided imagery and music (GIM) in her practice. She is currently employed as a member of the Complementary Therapies team at the University of Michigan Comprehensive Cancer Center in Ann Arbor, MI where she works with oncology patients and their families offering individual and group sessions.

Megan is also currently a psychotherapist in private practice at the Center for Creative Living, Inc. in Royal Oak, Michigan. She offers workshops, seminars and has speaks at many conferences. She recently presented at the European Congress in Music Therapy, Jyvaskyla, Finland.

Megan described how although the auditory sense is one of the strongest we have; we don’t fully recognize it because we live in such a visual world. Music can affect us all from the unborn baby, throughout every phase of life and eventually during our final hours. Music can complement therapies targeted at managing pain,
Meeting Summaries

anxiety, stress, depression, nausea, vomiting and a multitude of other symptoms experienced by patients.

Megan shared the results of an interesting study with plant growth linked to different types of music. In the most remarkable cases, when classical music was played plants doubled in size compared to the plants exposed to ‘hard rock’ music which died. It makes us consider what sounds we are exposed to in our everyday world.

Music therapy takes into account the tone, pitch, rhythm and vibration created by instruments and voices. These can affect physiological, psychological, conscious and unconscious responses including expression of emotions in a safe environment. Megan spoke of a group session in which one gentleman wouldn’t make eye contact with anyone. While Megan was playing the piano he began to sing and continued to do so as she played more songs he knew.

Many of the principles of music therapy are based on a concept called “entrainment,” which means that your body will synchronize with outside sources of stimulation, like energy or sound. With a heart rate of 60-80 beats per minute, if a person listens to music at that rate, the heart rate will match that. The same will occur with slower or faster paced music. Megan conveyed an experience with a patient who was being terminally weaned. His wife met Megan that morning and spoke of her husband’s love of music. As Megan played, the patient’s breathing matched the rate of her music and over the course of the next 31/2 hours, 22 family members came and left the room. Each spoke of a personal story or remembrance of time spent together as the music lent to the environment of sharing.

Megan also spoke of using music as a ‘life review’ with individuals choosing songs that had meaning during important times in their lives. Songs may be linked to the first car they drove, graduations, weddings, birth of children and other memorable occasions.

Megan spoke of the power of song writing, using the words or tunes of existing songs. During the dinner meeting Megan played a song on her guitar written by a daughter who was honoring the father she recently lost. In another powerful portion of her presentation Megan played ‘The Water is Wide’ on her Celtic harp. She stated that sometime music speaks louder than words and reminded our group that it was nurses who initially recognized positive changes in their patients when they were exposed to music.

Megan has also recorded three CDs and has co-authored a book titled “End of Life Stories; Crossing Disciplinary Boundaries.” Megan’s psychotherapy, music therapy, workshops, retreats and other resources for individuals and groups are available on her website www.megangunnell.com.

Megan explained ‘for those feeling hopeless, music can bring hope’ and reminded us that we all need our daily dose of music. It was obvious to me that Megan Gunnell is very passionate about her work and her desire to share her expertise and talents with professionals, patients and families. It seems only fitting that the following quote appears on her website “Nothing great in the world has ever been accomplished without passion.” – Hebbel

June

Phase I Clinical Trials

Presented by Lisa Malburg
Summarized by Grace Marshall RN, OCN

The June meeting, presented by Lisa Malburg, provided information on Phase I clinical trials. More and more patients are currently enrolling in phase one trials. Several factors can account for this increased enrollment. Mainly patients are experiencing an increased survival and thus are being treated for a longer period of time. Additionally, there is better education about the availability of Phase I clinical trials for community oncologists. This has resulted in unique problems for centers like Karmanos where Lisa practices- that of a need to expand their patient care areas.

In Phase I trials, the ultimate goals are to determine the safe dose of the new drugs to humans, how a new drug should be given (e.g. by mouth, injected into the blood) and the administration schedule. Yet, before a drug reaches this phase of testing it is researched in the lab on animals and human cancer cell lines.

There are many new drugs currently available for research on human beings in Phase I trials. Phase I trials usually enroll a small group of patients. At the same time, there may be many cohorts within the trial receiving escalating doses of the study drug. Patients in Phase I trials are followed very closely for side effects so the researchers will know what is considered a safe dose. Many blood draws may be associated with clinical trials called PK (pharmacokinetic) levels to assess the absorption of the drug. All plans for conducting clinical trials are carefully reviewed and approved by an internal review board (IRB) prior to any patients being enrolled.

When patients are enrolled into Phase I trials there are extensive and time consuming work ups. These work ups can include various laboratory tests, MUGA scans, EKG’s, MRIs, and renal imaging. The types of tests included are based upon knowledge of how the drugs are excreted and the known side effects from animal research. Workups can entail a 10 to 14 hour day if PK draws are needed. Some patients have to spend a night in the hospital to be monitored on cardiac monitors. Patients will have weekly follow-up visits to monitor for toxicities. Some may have insurance issues because the sponsor may not cover all patient care costs in clinical trials. The patient or their insurance company will be billed for routine cancer care costs, Patients in Phase I trials are followed very closely for side effects so the researchers will know what is considered a safe dose.
similar to those that would occur if the care was being provided in a non-clinical trial cancer care.

There can be medication restrictions for the patient because of known drug reactions. No alternative products, herbals or mega vitamins are allowed during a Phase I trial. The staff is involved in weekly or biweekly conference calls to discuss the patients. The Karmanos program where Lisa practices is one of only 16 National Cancer Institute (NCI) funded programs in the country and one of two such programs in Michigan.

When a patient is scheduled for a trial, there are very specific inclusion and exclusion criteria for each clinical trial. The patients read what is expected of them and decide if they are interested. The patient is informed up front that this drug may not help their cancer so they are not given false hope. Approximately one third to one-half of the patients evaluated will be treated.

There are various classification systems for the guidelines involving the emetogenic potential of chemotherapy agents and regimens.

Lisa then went into a case study of a 74-year-old man diagnosed with Melanoma in 2001 and the studies he has been treated with until May of 2008 when he took a treatment holiday. Over the last seven years, he was accepted into seven different clinic trials. In summary, it is important for oncology nurses to take an active role in assisting patients in Phase I clinical trials. It is important for the nurse to:

1. Read and know the protocol
2. Educate the patient
3. Assist with the eligibility criteria for the trial
4. Be aware of the study procedures and follow the calendar for the trial
5. Instruct the patient to report any side effects, new medicines, ER visits and admission to the hospital.

---

Congratulations to the following members who have renewed or obtained the rectifications:

Mary A Mandziara, MSN, APRN, BC, AOCN - Recertification for AOCN

---

Cancer Prevention and Early Detection Messages From C-Change

C-Change, a coalition of national cancer organizations, recently launched a multiyear campaign to provide cancer prevention communications to its member organizations. ONS is partnering with C-Change to promote tools that will bring consistency in how we communicate to patients and the public about prevention and survivorship. (http://www.cchangetogether.org/)

---

Register Now for Top Nursing Conferences

Registration is open for the ONS 9th Annual Institutes of Learning and the ONS Advanced Practice Nursing Conference. Make your plans now for these conferences, which will be held this November in Seattle, WA. If you register by October 2, you’ll save $100 through a limited-time offer.

---

Do You Hold the Keys to Coding?

Understand the critical role that nurses play to ensure accurate coding and reimbursement practices. Attend the Reimbursement for Nurses: The Keys to Successful Coding online course that’s designed to help you fully comprehend proper coding procedures. (http://onsopcontent.ons.org/Education/reimbursement/index.shtml)

---

ONS Participates in IV Safety Summit

Lisa Schulmeister, RN, MN, APRN-BC, OCN®, FAAN, represented ONS as an expert panel member at a summit convened by the American Society of Health-System Pharmacists (ASHP) to evaluate current evidence on the incidence and causes of intravenous errors. Final recommendations from the Summit will be published soon. To learn more: http://www.ashp.org/import/news/pressreleases/pressrelease.aspx?id=490
Quality of Life: A New Vital Sign?

Continued from page 1

A research collaboration between the nursing schools at Wayne State University and the University of Michigan has been testing an intervention designed to improve the QOL of cancer patients and family caregivers. The supportive/educative program of care was developed based on research findings that indicated the following factors can positively influence QOL: greater family support, less hopelessness, use of active coping, less uncertainty and better symptom management (Northouse et al, 2005). In one study with 235 prostate cancer patients and their spouses, those couples who received the intervention, the FOCUS Program, showed several improvements compared to couples in the control group. Patients reported better communication with their spouses and less uncertainty. Spouses who received the FOCUS Program showed the same results, plus less negative appraisal of caregiving, less uncertainty, less hopelessness, less symptom distress, more self-efficacy, and higher QOL (Northouse et al, 2007). A follow-up study on the FOCUS nursing intervention for advanced breast, colon, lung and prostate cancer patients and their family members is currently recruiting participants. For more information about this study, please contact Ann Schafenacker, RN, at annschaf@umich.edu.

Oncology nurses are uniquely equipped to assist patients and families to maintain and improve their quality of life. By using psychosocial assessment skills along with a tool like the Distress Thermometer, nurses can easily open up a discussion of QOL issues and identify patients who should be encouraged to seek help. Referrals to social work, mental health or pastoral specialists may be necessary. Nurses can ask patients and family members about their physical, psychological, social, and spiritual well-being, that are the QOL domains. For example, the nurse might start by saying, “how are you doing with all of this?” (or “how are you handling the cancer experience?”). Further nurse-guided discussions may follow and include these interventions:

• Recognize personal and family strengths, as well as the qualities the patient and family caregiver appreciate in each other
• Encourage the sharing of feelings, even feelings of sadness, fear, or worry
• Provide information (to reduce uncertainty) on topics such as disease process, treatment plan, actions and side effects of medications
• Identify activities the patient and caregiver enjoy and that bring comfort to them
• Discuss hope-promoting strategies such as taking one day at a time, setting short-term goals, and finding “silver linings” that may come from the cancer experience.
• Praise the positive actions the patient and family have taken and encourage confidence in their ability to deal with what they face
• Identify available resources (like relatives, friends, church members) and encourage family to use the help

In summary, thoughts, feelings and desires about quality of life are crucial to the wellbeing of cancer patients and their family members. By using the Distress Thermometer along with one or two of the above interventions, the nurse can guide discussions during care that will provide the patient and family with an opportunity to express themselves. When the nurse acknowledges, validates and clarifies those expressions with the family, greater understanding will result. Using this insight, the family may be able to develop strategies that will lead them toward a better quality of life.

References:

ONS Helps Secure Expanded Medicare Off-Label Coverage for Anticancer Therapies

ONS health policy advocacy efforts undertaken in collaboration with the National Comprehensive Cancer Network prompted Congress and CMS to expand the list of compendia available for Medicare off-label coverage decisions. (http://www.ons.org/lac/pdf/ONSHelpsSecureExpandedMedicareOff-LabelCoverageforAnticancerTherapies.doc)
From the President Angela Maynard, RN, BSN, OCN®

The focus on human responses of individuals and families experiencing, at risk for developing, or surviving cancer is the foundation for oncology nursing that makes us extraordinary healers. The Statement on the Scope and Standards of Oncology Nursing Practice (ONS, 2004) reflect constant driving forces that reinforce our commitment to the specialty of oncology nursing. These forces include:
- The needs of our patients and their families
- Recognition of cancer as a major health problem
- The advances in technology providing new treatments
- The perception of cancer in the public and professional venue
- Culture that denies death as a part of life and views death as a failure of the health system
- Changes in the scope of nursing practice and health delivery systems
- Increasing attention on the relief of suffering in tandem with treatment.

Along with these forces are contemporary issues and trends that have implications for our practice. They are:
- IOM report on deficiencies in healthcare quality and patient safety and need to improve end of life care
- Disparities in healthcare and underserved populations
- Changes in the elderly population and economically disadvantaged
- Impending shortage of nurses and impact on patient care.

All of these drive the standards we practice by today to provide extraordinary care.

The standards of oncology nursing practice describe the responsibilities to which we are held accountable. The standards are the nursing process, which include assessment, diagnosis, outcome identification, planning, implementation, and evaluation (ONS, 2004). The standards of professional performance describe professional nursing behaviors related to quality of care, practice evaluation, education, collegiality, ethics, collaboration, research, resource utilization, and leadership (ONS, 2004).

In conclusion, these standards serve as a basis for our practice to ensure competent, caring practice across practice settings and promote professional development. Each of us applies our unique qualities to provide the best care for our patients and families and those skills are based on our oncology standards. These standards provide us with the basis for our skills as extraordinary healers. The statement on the standards and scope of practice is available in booklet format. It includes details on rationale and measurement criteria from ONS publications.

Save Money on Various Household Purchases

Did you know that as an ONS member, you are entitled to discounts on computers, insurance, cell phone plans and more? The ONS Affinity Program was put together to save you money! Check it out now! http://www.ons.org/membership/join/memberBenefits.shtml

Do You Have a Basic Foundation in Genetics?

For today’s oncology nurse, a basic foundation in genetics is not an option—it is a necessity. Get the information you need from the Genetics Online Education Series, designed to provide you with an introduction to genetics, the genetic basis of cancer, and more. http://onsopcontent.ons.org/education/Genetics/index.shtml

Great Resource for Those New to Oncology

The Oncology Nursing Fingerprint website outlines resources to help get your feet wet in the oncology nursing specialty. Get the latest educational offerings, articles, online resources, and networking and mentoring opportunities to help you build a strong foundation in our rewarding specialty. http://testopcontent.ons.org/Fingerprint/

Join the Webcast on Late Effects of Cancer Survivorship

Cancer treatment can determine a variety of late effects for cancer survivors. This webcast focuses on such topics as sexuality, fatigue, anxiety, and more. Enhance your knowledge about late effects and earn important continuing education credit. Participate now! http://static.capitalreach.com/o/ons/2007lateeffects/session_links_2007lateeffects.htm
The Chapter Capsule
…is a publication of the Metropolitan Detroit Chapter of the Oncology Nursing Society. MDONS is devoted to improving the quality of care given to patients experiencing cancer. This newsletter is published four times a year, in spring, summer, fall and winter. Letters and articles from members are welcomed. All material is subject to editing for space and clarification. Neither the Metro Detroit Chapter nor the ONS National Office assumes responsibility for opinions expressed herein. Acceptance of manuscripts does not indicate or imply endorsement. Materials may be submitted to:

Carole Bauer, BSN, RN, OCN, CWOCN
6116 Smithfield Drive, Troy, MI 48085

2008 MDONS OFFICERS

President
Angela Maynard, amaynard@beaumonthospitals.com

President Elect
Susan Wozniak, Susan.Wozniak@InfuSystem.com

Past President
Ruth Dein, RDIEIN@beaumonthospitals.com

Secretary
Ann Marie Campbell, amcamp19@yahoo.com

Treasurer
Nancy Morrow, Namor04@yahoo.com

Newsletter Editor
Carole Bauer, carolebauer@wowway.com

Newsletter Assistant Editor
Sandy Remer, sdremer@earthlink.net

Membership Application

Metropolitan Detroit Chapter - ONS

[ ] New  [ ] Renewal  [ ] One Year $20.00  [ ] 3 Years $50.00

National ONS Number (as noted on member cards): ________________________________

Name: _______________________________________________________________________

Institution Name: _______________________________________________________________________

Professional Position: _______________________________________________________________________

Business Address: Home Address:

Street: __________________________________ Street: __________________________________

City: __________________________________ City: __________________________________

State/Zip: __________________________ State/Zip: __________________________

County: __________________________ County: __________________________

Phone: __________________________________ Phone: __________________________________

Email: __________________________________ Email: __________________________________

Preferred Mailing Address:  [ ] Business  [ ] Home

Membership and Correspondence to: Grace Marshall, 3111 Rivard Ave., Windsor, ONT N8T2J1

http://metrodetroit.vc.ons.org