



CHAPTER CAPSULE

Celebrating 30 Years

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Providing optimal care through promotion of professional standard, networking and development

PARTNERING TO MEET THE PSYCHOSOCIAL NEEDS OF OUR PATIENTS

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The diagnosis of cancer and the treatment experience can have an effect on all aspects of a patient’s well-being, including but not limited to psychological (cognitive, behavioral, emotional) and social functioning. These symptoms have been linked with physical functioning under the term “distress” which can present itself anywhere along the cancer care continuum (i.e., initial diagnosis to completion of cancer treatment). Distress is common among cancer patients with implications for their overall quality of life as well as its being detrimental to their decision making, compliance and treatment outcomes (Vitck, et al., 2007). It is estimated that more than half of all cancer patients may suffer from distress and have concerns about how they will be perceived by friends and family, whether they can resume work, how they will cope with the illness and treatment and how they will be able to pay their medical bills (Landro, 2012). Of this number, less than 5% of patients may be actually expressing symptoms of distress such as feelings of increased vulnerability and isolation, worry, fear, concern, sadness, powerlessness, anger, despair, panic, hopelessness, feeling overwhelmed, etc. to their healthcare providers (Vitck, et al., 2007).

Efforts have been underway since 1999 to bring attention to the psychosocial concerns of cancer patients when the National Comprehensive Cancer Network (NCCN) began developing and revising guidelines towards the recognition, monitoring, documentation, and treatment of cancer distress. In 2007, two separate reports issued by the Institute of Medicine (IOM) and the National Cancer Institute (NCI) addressed the need to improve cancer care outcomes and decrease suffering for patients with cancer. Both the American Society for Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) stepped up to the plate in 2009 by incorporating new standards for the assessment of psychosocial concerns and the need to design interventions that reduce negative patient outcomes (Sheldon, et al., 2012). The latest of these efforts is being put forth by the American College of Surgeons’ Commission on Cancer (CoC). The 2012 standards on the accreditation of cancer care facilities requires the following three initiatives to be instituted by 2015: 1) distress screening as the standard of care for oncology patients; 2) development and implementation of a process to integrate and monitor on-site psychosocial distress screening and referral; and 3) consistency with the NCCN guidelines that distress should be recognized, monitored, documented, and treated promptly in all stages of disease (Rosenthal, 2012). A number of tools such as the NCCN Distress Thermometer (DT), the Electronic Self-Report Assessment-Cancer (ESRA-C), and CancerSupportSource have been developed in an effort to facilitate the mandatory patient screening.

In addition to meeting the psychosocial needs of the patients, family members and caregivers also experience higher-than-normal stress. Multiple reasons for this increased stress include dealing with the potential suffering of the patient or fear of losing their loved one as well as the additional demands of providing the emotional and logistical support and assuming new roles (Adler & Page, p.67). Children, adolescents and young adults experience a separate set of challenges as a result of the disruptive impact that cancer and its treatment can have on normal developmental transitions in these age groups (Jacobsen, et al., 2012).

Based on the distress screening results, psychosocial support services of various types will need to be made available to individuals identified to be in need of this support. In addition to what can be offered in the clinic setting, there are resources already in existence in communities throughout this country whose focus is to provide social and emotional support, educational support in the form of lectures and written materials, and to teach coping skills to help people adapt to living with cancer (Coward, 2006). Patients of all ages, family members, significant others and caregivers can benefit from these activities in an effort to bring balance and normalcy back into their lives. Recent studies indicate that patients with cancer-related distress who participated in psychosocial intervention experienced a decrease in depression, decrease in mood disturbance and psychiatric symptoms, improvement in coping, cognitive and emotional outcomes, and improvement in quality of life (Clark, et al., 2012).

Located in Southeast Michigan are three organizations that provide these unique services to cancer patients and others touched by cancer. They are: Gilda’s Club, Royal Oak; The Wellness Community, Ann Arbor (two organizations merged nationally

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FROM THE EDITOR

CAROLE BAUER

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Welcome to the first exclusively electronic issue of the Chapter Capsule! For some years now, I have been proposing that as a chapter we consider an electronic only newsletter. There are many reasons I have been thinking that this would be a good idea for our chapter. First

of all, it will increase the readership of our newsletter

by allowing others to see the newsletter in an electronic fashion. Secondly, it will give us much more latitude in not only design but in the content of the newsletter. I am excited that we can even have COLOR in the newsletter!

As a second way of welcome, I would like to welcome all of our new members to our chapter. Welcome to those of you who prior to this were only National members but had not yet explored the reasons to join a chapter. I for one, am so excited to welcome you to our chapter. This is a wonderful chapter of excellence with many opportunities for networking, leadership development, and learning. Within this issue of the newsletter you will find a letter

from the National office describing the benefits of this new system. These benefits include improvements that will benefit all of us- the National office, the chapter and all of our new members.

Within our chapter we have a lot of things to offer. Included in chapter benefits are monthly meetings: We are just opening up a fall of great programming. Our meetings move around the city so that if one area is far for you to come, the next month the meeting may be close. The meetings also give you a great opportunity for learning. The meetings generally cover cutting edge information on cancer therapy. Even if the topic is not an area where you are currently practicing, consider attending the meeting. It is a great opportunity to expand your knowledge. Also as a benefit of the meetings is the ability to network. For me, this is the most important benefit of any professional organization. I have great oncology nurse friends across the city that I can call on to help with questions in my practice and even for referrals into their system for friends and family.

Another benefit of belonging to our chapter is our Facebook page. This page is managed wonderfully by Susan Wozniak. Consider joining the group! Right now there is a limited number of us but we would welcome those of you who are more Facebook savvy than me!

In closing, WELCOME to your new MDONS chapter capsule- electronic! ●

PARTNERING TO MEET THE PSYCHOSOCIAL NEEDS OF OUR PATIENTS

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in 2009 to form the Cancer Support Community); and The Lake House, St. Clair Shores (independent cancer support community providing comparable in-house services). Each has a stand-alone facility wherein patients are free to participate in designated programs or simply engage with others in a relaxed, non-threatening environment. Programs are designed to help facilitate coping and reduce helplessness, promote physical well-being and encourage persons touched by cancer to identify their own resources to handle their individual situation (Penson, et al., 2004).

A listing of classes can be found on each respective website. Activities can be disease-specific, gender-specific, age-specific, topic-specific, all-inclusive support groups; stress reduction/relaxation activities such as guided meditation, gentle yoga, Tai Chi, Zumba; social activities such as handcraft classes, cooking classes, self-improvement classes, etc.; lectures and workshops conducted by clinicians and other professionals; and special events such as parties, potlucks and holiday celebrations. All classes are run by certified facilitators and/or clinicians.

Each organization has a non-profit 501(c) (3) designation. An executive director is responsible for the day-to-day operations which include overseeing a paid staff and volunteer support, programming, community awareness and fund solicitation. Each organization has a board of directors and with the executive director is also responsible for program integrity, community outreach and fund-raising operations. Membership is free of charge and is available to any individual touched by cancer – whether it is a patient, family member, significant other or caregiver.

Being a board member for The Lake House, I can share that both

the executive director and program coordinator at this organization have their master's degree in social work with expertise in oncology services. A one-on-one session with the program coordinator is arranged for each person interested in membership so that a plan of participation can be determined to best fit the needs of the individual. This assures that the distress assessment generated through the cancer care facility can be reviewed and appropriate interventions determined.

Now is the time to further expand upon a partnership that would provide excellent supportive care for patients in their respective clinic settings and through the outside resources discussed above. As oncology nurses, you have and will continue to have a greater influence on the resources your patients receive – please consider programs already established in your communities to further support the patient and all others touched by cancer.

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NEWS FROM NATIONAL: QUESTION AND ANSWERS ABOUT THE NEW CHAPTER MEMBERSHIP RULES

WHAT THE NEW CHAPTER MEMBERSHIP MODEL MEANS FOR YOU AND YOUR CHAPTER

Effective July 1, chapter membership is now included in ONS national membership, eliminating the need for members to maintain separate national and local memberships.

WHY IS THIS NEW MODEL BEING IMPLEMENTED NOW?

During 2011 and 2012 a Membership Models Task Force of the ONS Board of Directors reviewed various aspects of the ONS membership experience to determine ways to continually improve that experience and to position the Society for future growth and sustainability. Their work took into consideration a significant amount of data, including member feedback derived from a number of sources. Among other key outcomes, this research revealed that members who were engaged in ONS at the local level tended to be much more engaged at the national level as well, demonstrated higher levels of overall satisfaction, and were much more likely to retain their membership for a number of years.

However, at the time, only about one-third of all ONS members belonged to their local chapter. These factors contributed to the task force recommending, and the Board approving, a new membership model whereby chapter membership is no longer an optional add-on experience but automatically included as part of ONS membership.

HOW WILL THE NEW CHAPTER MEMBERSHIP MODEL WORK?

- Members already affiliated with a chapter will remain affiliated with that chapter
- Members not yet a chapter member will be assigned to the closest chapter based on the zip code of their preferred mailing address (home or work)
- Members will have the option of changing their default chapter assignment and/or adding additional chapter memberships when they join ONS or renew their membership
- \$10 will be added to the ONS dues amount to cover the chapter membership, and that amount will be rebated back to each member's chapter.

WHY \$10?

The Task Force and the Board collected and analyzed data regarding dues from all ONS chapters and considered the financial implications

of various dollar amounts. The dues amount charged by chapters varied greatly, with some chapters charging no dues, some minimal dues, and some up to \$40. The average amount charged by all chapters was about \$21, with the amount depending on what products and services each chapter offers, and whether or not the dues amount covered attendance at the chapter's dinner meetings.

The task force and Board wanted to keep the dues amount as reasonable as possible while still providing chapters with enough revenue to maintain their current level of operations.

A financial analysis showed that, because of the large influx of new members, virtually all chapters will realize a significant increase in dues revenue, even at the \$10 amount. Keep in mind that the average chapter's membership will now triple. If your chapter currently has 50 members, and you charge \$20 for dues, your dues revenue is \$1,000 per year. With 150 members paying \$10, your dues revenue will now be \$1,500.

HOW WILL THIS NEW MODEL BENEFIT CHAPTERS?

No more collecting and processing separate dues

No more maintaining separate membership lists and reconciling that with ONS national office

Three times as many chapter members

Larger pool from which to recruit new chapter leaders.

HOW WILL THE NEW MODEL BENEFIT MEMBERS?

For existing chapter members:

- Eliminates need to maintain separate national and local memberships
- Eliminates need to pay two separate dues amounts
- In most cases will result in a decrease in chapter dues.

For new chapter members:

- Expanded opportunities for local education
- Additional networking and leadership opportunities
- The ONS membership experience close to home.



Submit Your Congress Abstract

Present your work and build your portfolio at Congress, the largest oncology nursing conference this spring. [Submit your abstract](#) for a blind peer review by December 31!

THE CHAPTER CAPSULE

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