

KINESIS

TriState Chapter of the Oncology Nursing Society



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President's Message

This will be my last President's Message; I will pass the gavel at our 1/27/09 meeting. My goal for the rest of 2008 is to help lead our chapter into modern times.

Some of my ONS summer fun was being part of the Mentorship W/E Project Team. I also enjoyed an Outreach Ohio Leadership Conference with other chapter leaders. I went to Pittsburgh again for a CJON Editorial Board Meeting; my column, "Heart of Oncology Nursing," is a new one this year: <http://metapress.com/content/t2447m8w44q60115/fulltext.pdf>

These things may sound like work, but I can tell you, the more you get involved in ONS, the more ways you want to continue involvement and personal/professional growth. You might bring a colleague or student as your guest to a meeting (free), join a chapter committee or project team, run for office, write a newsletter article, nominate yourself or a colleague for a chapter award, or get involved at the national level.

"MODERN TIMES" is the direction for our chapter's future and the title of Bob Dylan's latest album. One of my annual non-ONS summer events is to see Bob Dylan who inspires me with his Pulitzer Prize winning poetic lyrics and ongoing brilliance at age 66. What a fun surprise to see fellow CTC-ONS member-Kathy White enjoying the concert this year, Oncology Nurses DO Rock!

Our chapter has 20+ years of rich history. There are a lot of things we've done to become an "Excellent Chapter," but a lot we can do differently to meet the needs of modern times. We have some great ideas for new projects and meetings this year, all of which involve more fun and less work. We need new, young, diverse members as well as increased involvement of current members.

Take some time to visit www.cincinnati.vc.ons.org, which is packed with all kinds of information and more to come. Please join me for modern times with ONS cause "the times, they are a' changin'," www.bobdylan.com

Barb Henry, APRN-BC, MSN
President



Greetings From the Editor

Amy Voris, MS, AOCN, CNS

“Where were you when the lights went out?” I know that it is a line from somewhere (I just can’t remember where). But it is a very appropriate statement for many of us this past Sunday when Hurricane Ike took out the power of 90% of the people in the Tristate area. The weathermen had not predicted the winds and even if they had, I don’t think that the area was prepared for the damage or how long the outages would last. If you were like me you had no electric for several days and perhaps like me, no water as well. As I write this I know of people still without power. We were literally forced to live life in the 1800’s

I guess the more appropriate question is “were you prepared when the lights went out?” I don’t mean did you have flashlights and candles, but were you prepared to be without the comforts of home for more than 24 hours. I must admit that I was not. Not only did I not have any bottled water on hand for the necessities of life, but I also had no extra batteries for my flashlight, gas in my car (I was going to fill up on my way to work on Monday), or bread and peanut butter. If you tried to go out on Monday and buy those items you either found them missing or mass chaos at the gas stations (those that did have electric). If you were not prepared, how do you think our patients fared?

Disaster Preparedness is a new word in nursing and has always been thought to be only for those that live in the area where hurricanes hit, or brush fires go out of control, or any other place than the Tristate. It is also for public health nurses and not those of us who work in a hospital or office setting. We very quickly learned how disasters can happen anywhere and at any time without warning. Most of us don’t even think about the consequences. Did our patients have

the medication that needed to be kept cold, or were they almost out and needed a refill? Do our patients know what their medications are including chemotherapy and antiemetic drug as well as the dose and the frequency for taking them? If the electric goes out, how do they get refills? If the pharmacy’s electric is out, who can they go to and how do they get a prescription to them? Lastly is there a way to contact doctors and nurses if electric, cell phone, and other means of communications go out?

These are tough questions with no easy answers. As a member of task force in Dayton who does nothing but thinks about these questions and promotes that everyone has a disaster preparedness kit, I am sad to say that I failed. We can’t afford to fail our patients. Make sure that our patients have a disaster preparedness kit. Make sure that they have a medication list with them. Make sure they have a plan on what to do about refills and an alternate pharmacy in case one is needed. This should be as much of a part of our education to patients as teaching them about side effects. “The unexpected, by its very nature can strike anywhere, at any time, and involve anybody and everyone, including those who are unprepared...Nurses have a primary role in preparing for and managing medical care in these episodic but catastrophic events.” (Noji, 2007) The next event may be this year or next or ten years from now but let us and our patients be prepared.

Veenema, T. (2007) *Disaster Nursing and Emergency Preparedness for Chemical, Biological, and Radiological Terrorism and Other Hazards*. (2nd Ed.) New York, NY: Springer Publishing Company.

Private practice in Historic Lebanon, Ohio seeking dedicated oncology Certified Nurse Practitioner or Physician Assistant for FT employment. You can contribute to our reputation of excellence by joining our team in a unique patient care model. Self-motivated with strong organizational and communication skills. Responsible for the diagnosis and treatment of all aspects of oncology care including supervision and symptom management of chemotherapy.

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THE “PSYCH” CORNER

Barb Henry, APRN-BC, MSN
Mhap65@ucmail.uc.edu

Depression PEP: Pharmacologic Interventions for Depression in Oncology Patients

Antidepressant Medications

Articles describing the effectiveness of antidepressant medications in the treatment of depression abound. However, fewer randomized, controlled trials (RCTs) are available describing the medications' effectiveness in patients with cancer and depression. No differences were found in the effectiveness between TCAs and SSRIs; however, the lower incidence of side effects in the SSRIs and serotonin-norepinephrine reuptake inhibitors (SNRIs) makes them preferable in patients with cancer. No studies have specifically examined the newer SNRI, duloxetine (Cymbalta), in patients with depression and cancer; its similarity to venlafaxine (Effexor) makes it likely to be similarly effective.

Patients with malignant melanoma, traditionally treated with interferon alfa, are well known to experience depression as a side effect of their treatment. In a double-blind study, 40 patients were prescribed paroxetine (Paxil) two weeks prior to the initiation of interferon alfa and continued for the first 12 weeks of therapy. Dosages ranged from 10–40 mg daily. Major depression developed in only 2 of the 18 patients in the paroxetine group as opposed to 9 of the 20 on placebo. Paroxetine treatment significantly decreased discontinuation of interferon because of severe depression.

The guidelines state that evidence clearly indicates the efficacy of antidepressant medication in treating depression in patients with cancer, but no evidence suggests that any one antidepressant is superior to another. The sedating properties of the tricyclics and the potentiation of opioid analgesia in those with pain may be beneficial to some patients. The guidelines also state that patients with cancer may respond to a lower dose of tricyclic antidepressants. The long half-life of fluoxetine (Prozac) makes it less desirable in patients with hepatic or renal dysfunction; in such cases, sertraline (Zoloft) or paroxetine (Paxil) is preferable. Other guidelines for the treatment of depression exist and provide useful information about medication management in the treatment of depression in adults. The National Comprehensive Cancer Network published guidelines for distress management describing the care of patients with cancer and mood disorders. Pharmacology is recommended as an effective

intervention, www.nccn.org

Also Likely to Be Effective: Methylphenidate (Ritalin®)

One phase II study and one systematic review explored methylphenidate in patients with depression in advanced cancer. The advantage of this central nervous system stimulant is its reported safety and rapid onset of action. It is used more often in advanced cancer and palliative situations. In a review of nine studies, methylphenidate was concluded useful in treating depression in a variety of malignancies, with more than 80% of patients responding favorably and less than 20% reporting side effects. Methylphenidate also is used to address opioid-induced somnolence, augment opioid effects, and improve cognitive functioning in patients with cancer; in addition, some have found a decrease in pain scores. These benefits may contribute to mood improvement, www.ons.org/outcomes accessed 9/1/08.

In Memoriam

Beloved member, Issie R. Chapman, passed away this year. Although Chappie was no longer living in Cincinnati, she is remembered not only as a friend but as a oncology nurse at Jewish



Hospital with a very long tenure. Chappie's area of specialization was Chemotherapy/Immunology/Bone Marrow Transplantation. Here is a picture of Chappie with past Executive Director of ONS, Pearl Moore. We miss you, Chappie.

News From National ONS

ONS PEP® Cards Provide Easy Access to the Answers You Need The latest volume in the popular ONS PEP® card series, Volume 4, provides evidence-based nursing interventions for anorexia, anxiety, diarrhea, and lymphedema. To order your set today visit <http://esource.ons.org/ProductDetails.aspx?sku=INPEPV04>.

ONS Connect's New Digital Edition Focuses on Advances in Prostate Cancer Treatment In the September issue of ONS Connect, ONS members discuss various treatments for prostate cancer and how to help patients decide the best treatment option for them. Do you counsel patients regarding prostate cancer screening? Take this month's instant poll at <http://www.ons.org/publications/journals/connect/index.shtml>.

Culturally Competent Care As nurses, we care for patients from diverse backgrounds. It is important to understand and provide care that is sensitive to these virtues. For information about culturally competent care visit <http://www.ons.org/clinical/special/multicultural/index.shtml>.

Hostility in the Workplace

By Kelly Franer RN-BC MS, OCN
Secretary CTC Tri-State Chapter

What is all the hype about hostility in the workplace. The headlines read 'nurse to nurse hostility, physician to nurse hostility, and healthcare worker hostility'. Do you see this in your oncology practice? Is this a real issue for healthcare professionals? Why are we seeing it more in the headlines? Did you know people are writing books about hostility? Are we creating hostile environments without being aware of it? Is it we as seasoned nurses tolerate such behavior and our younger generation will not? Is there more awareness and resources to deal with hostility in the workplace today than in the past? When we think of nursing, we think of caring, warm and friendly individuals. Hostility consists of unhealthy relationships, unhealthy conversations, verbal abuse, nonverbal cues, and gestures to name a few. Did you know that many new graduates leave their first position because of a hostile situation? Most nurses have heard the saying that "nurses eat their young." I know this negative statement has been around since I started in nursing. Why did nursing ever allow such a statement to exist? Is it that nurses work long hours and are tired? Are these just excuses allowing hostility? There are a variety of answers and the answers may vary depending on where you work, your type of personality, and how you react in certain situations. These questions may be used to stimulate discussion about hostility in the workplace. Regardless of whether hostility exists at your practice, there are a

few strategies you can do to avoid hostility in the workplace.

First and foremost, do not accept hostility as an acceptable practice. Develop a unit wide plan for acceptable behavior and strive for improvement. Hold everyone accountable. This means no taunting or belittling coworkers. Do not accept rudeness, condescending behavior, and difficult or inflexible behavior. Remember, new nurses learn a great deal from experience. This experience generally takes time. Display teamwork and cooperation in getting the task done. Place no blame and do not pass judgment on your coworkers. Believe in the democratic process. Be sensitive toward individual and cultural differences. Foster professional ethical behavior among staff and physician relationships. Detect nonverbal and communication cues and address them up front. Statements like "you appear disgusted, can you tell us why?" Recognize your own abilities and limitations and seek help. Evaluate whether you might be part of the problem. Nurses must model acceptable behavior. Choose to change your behavior rather than attempting to change others. In the end, we as a nursing profession can learn to avoid hostility in the workplace and move towards healthy styles of relationships.



Kudos



It is just amazing what wonderful things the members of this chapter do. Although some may have already been mentioned they are worth mentioning again.

A team led by **Amy Voris** was awarded one of the 2008 Veterans Health Administration (VHA) Office of Nursing Services Innovations Awards. The theme for this year's awards was Professional Practice Environment for Nursing Excellence. Our project focused on our work to decrease both Central Line Infections and Ventilator Associated Pneumonia Infections in all Intensive Care Units throughout the VA healthcare system. The VA Innovation Award is a national nursing award created and launched in 2003, which annually recognizes nursing leadership in quality improvement. Our initiative will be formally recognized in many venues in the VA during the annual VA Nursing Leadership Conference we will receive a monetary award of \$10,000 and a plaque for our achievement.

Kudos to **Deb Heidrich**, speaker for ONS Mentorship weekend. Deb's lecture was entitled "CNE and How To Get it for Your Chapter." Congratulations Deb.

Kudos to **Adrienne Lane**, speaker for Outreach Ohio's Leadership weekend. Adrienne's lecture was entitled "A Team is more than a Bunch of Folks". Great job.

*KUDOS to the **CTC-ONS Light the Night walkers: Susan Colding, Diane Detmer, Barb Henry, Mary Justice, Marla Skoog-Prues, and Arleen Schuman**. Thanks also to Mary Suhre for serving as team captain.

The Jewish Hospital BMT Program again had a large team of staff, survivors, and family members, "Partners in Hope," including other CTC-ONS members.

Marla and Diane walked to honor the **memory of Betty Scott-Williams**, a former CTC-ONS member and nursing leader who passed away earlier this year.

*KUDOS to **Andy Guinigundo, Sally Bishop, Jackie Matthews, and Ruth Gholz** who did an outstanding job presenting new oncology drugs at the 9/16/08 chapter meeting. Approximately 50 members enjoyed the city skyline view, the program, and a hot meal after the power outages.

Membership Moment

Ann Wantuck, Membership Chair

Hello everyone I hope you have had a good summer. It's that time of year again when we renew our CTC-ONS membership. Membership renewal forms have been mailed and if you have not received yours by now contact me at ann.wantuck@healthall.com and I will be glad to send you one. It will be another great year to belong to our chapter with continued educational offerings from September through May (excluding December). Remember, to renew your local membership you must have a current membership with national ONS. Also, if you wish to be included in the local membership directory, you must renew by the end of November and indicate on your renewal form that you wish to be included. Once again we will have a grand prize drawing in May for the cost of one year's national membership. The more monthly meetings you attend the more chances you have to win.

Finding A Better Way: Science and Practice

Lisa Maggio, RN, MSN, CNS-PHN
University of Kentucky College of Nursing Doctoral Student

Nursing is a relatively new profession and for the last fifty years the search for a professional identity has been discussed and debated throughout the nursing literature. In addition to the literature, educational practices have changed providing a direct contrast between apprenticeship type training to a more modern professional academic nursing education.¹ All this discussion and change was based on a desire to find a better way. The outcome was the expansion of masters and doctoral programs.

In the academy, nursing research progressed from studies that focused on nurses to sophisticated research programs that contributed to knowledge in specific areas of client care such as pain management, women's health, and self care practices.¹ Universities became the conduit for most research activities influenced by doctoral prepared nurses, having first attained their degrees from other fields to now having doctorates in nursing. They all may well be considered pioneers for their contribution to advancing the academic discipline. However, one consequence of placing nursing education programs in colleges and universities may have created barriers between the academic discipline (nursing theorist and researches) and the practice discipline (nursing practitioners in clinical settings).

The questions today are: Who is responsible for advancing nursing knowledge? Are researchers responsible? Are practitioners responsible? And who is responsible for identifying the research agenda?

Nurses strive to make the distinction between professional and technical nursing, science and art, and science and practice. Whether nursing is viewed as an academic discipline, a practice discipline, scientific, or technological, they all contribute to nursing knowledge. The challenge is for all viewpoints to respect and value that there are various ways in which to acquire knowledge and approach science. Solitary efforts may limit approaches and diminish the ability to reach the depths of knowledge required to provide scholarly work and ultimately, extraordinary nursing care.

If you believe in the premise that nursing is first and foremost a practice discipline and science is linked to the society it serves, then perhaps what is really lacking is an avenue for ensuring that nursing science is applicable to nursing practice and vice versa. If our goal is for research to be applicable to clinical practice then do non-clinical nurse researchers need more collaborative mechanisms with those nurses who are most likely to apply the research findings?

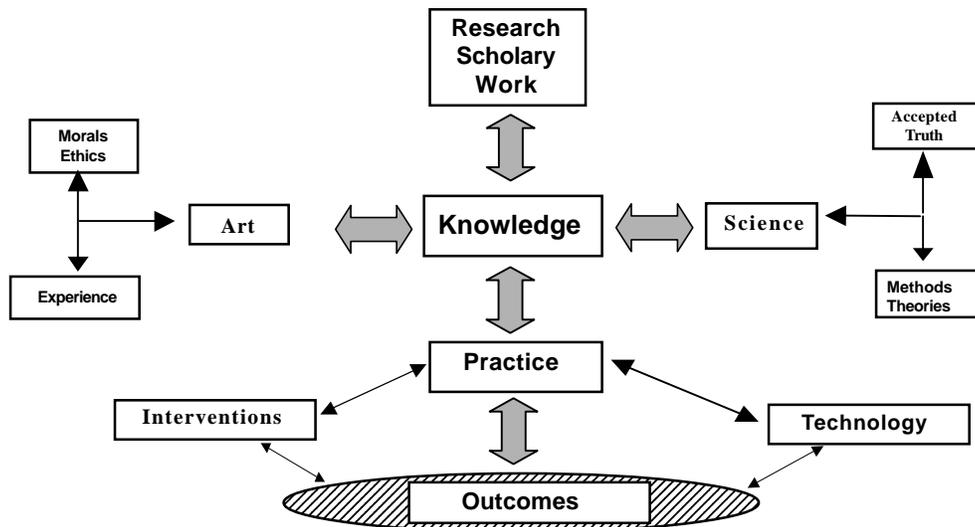


Figure 1. Collaborative model for development of Nursing Knowledge

This model explains how developing nursing knowledge requires a collaborative exchange between academic/scholarly work and practice disciplines to enhance theory development in order to pursue the “accepted truth.” The art, science and experience of nursing must be integrated with the moral and ethical responsibilities and there must be a relationship to nursing interventions that encourage advancements in technological developments.

Embracing diversity and competing theories or different viewpoints provides the momentum needed to inspire growth and development in the nursing profession.

¹Omery, A., Kasper, C., Page, G. (1995) In search of nursing science. SAGE Publications, California ISBN 0803950934



Outreach Ohio Leadership Weekend

By Marla Skoog-Prues RN, OCN

I had the opportunity to attend the Outreach Ohio Conference on August 18th at The Cherry Valley Lodge in Newark, Ohio. A reception was held for all ONS chapter members the night before to recognize Bertie Ford from CCONS, as the 2007 Ohio Mentorship recipient. A big congratulation to Bertie for all her hard work and efforts to mentor oncology nurses throughout Ohio and the nation.

ONS awarded a \$2,500 Special Projects Grant to support this Outreach Ohio Leadership Conference titled, “Keep the Chapter Leadership Sailing Smoothly Towards the Mothership”. Also thank you to Genomic and Deanna Wakeman for their support in sponsoring this conference.

The conference was well represented by all nine Ohio chapters and CHIPS with over 40 people in attendance. Other CTC-ONS members who attended included Nancy Murrin, Nancy Whitehall, Amy Voris, Barb Henry, and Adrienne Lane, who also spoke at one of the sessions.

The agenda for this continuing education conference was designed to address leadership issues common to all the Ohio chapters. It was designed to meet the needs of oncology nurses who wished to strengthen their leadership and communication skills as well as get ideas to better serve their chapter. Some of the topics included, Elections, Developing and Growing Activities for the Community Outreach, and our own Adrienne Lane spoke on the topic, “A Team is more than a Bunch of Folks”.

The Silent Auction, which consisted of baskets donated from every chapter, ended after the lunch break. The auction raised over \$1,000, which was donated to the ONS Foundation. Craig Byrum, Director of Development at the ONS Foundation, was there to accept this donation. Thank you to all the members who donated the garden items for our basket.

It was a great weekend of fun, networking, and education for all who attended. A great time was had by all.

It's Time to Get Involved: Mentorship Weekend 2008

By Kelly Franer RN-BC MS, OCN
Secretary CTC Tri-state Chapter

Mentorship Weekend took place in Pittsburgh, PA July 25-27th, 2008. It delivered a powerful message. Do you remember the slogan "Uncle Sam needs you," Well the Oncology Nursing Society (ONS) needs you too. The message delivered was "It is time to get involved," both locally and at the national level. This was evident at the seminars I attended at Mentorship Weekend 2008. If you recall history, ONS started out with just a handful of members and over the years has grown into the national organization it is today with 224 chapters and 30 special interest groups all across the nation. ONS did not get there without your help. Mentorship Weekend brought forth the need for members to get involved with ONS. The jammed packed creative seminars put together by ONS volunteers offered both the novice and experienced members information on how to improve and expand participation in the society. It also offered breakout sessions on how to manage your local chapter. One theme that I noticed was that the ONS is committed to its core values. ONS core values states "they are committed to nothing less than excellence." That excellence is achieved through member's participation. Participating in the society will help to improve oncology nursing and patient care across the nation. So what information did ONS offer to accomplish the message that "it is time to get involved"? Mentorship Weekend provided sessions to promote and enhance oncology nursing in our chapters and at the national level. Every ONS member needs to participate to keep ONS at the forefront of our future. The following are the messages I took home from "It is time to get involved" Mentorship Weekend, 2008

The first message is to volunteer. There are a number of ways to volunteer. ONS is interested in engaging members in a variety of volunteer experiences to promote not only local chapters, but also the national organization. To do this, ONS "must determine why and in what circumstance people are willing to give their time to volunteer." If you or someone you know can provide any ideas or suggestions, then ONS needs you to volunteer a few minutes of your time to provide this data. There are a number of other ways to volunteer. Members could participate in committees, community activities, tallies, surveys, and any number of other special events. The message is "it is time to get involved." Your contributions big or small will be greatly appreciated and your fellow colleagues, patients, and local chapter will be grateful for maintaining the ONS core values of excellence. As members, you strive to reach a common goal and give back to your profession. To do this you must volunteer. The

choice is yours. You pick the one that fits your schedule.

The next message to "it is time to get involved" is ONS certification. Members need to promote certification in their local chapters and in the workplace. The mission of the Oncology Nursing Certification Corporation (ONCC) is to "promote and provide certification for the enhancement of patient care and professional practice." The ONS is looking at a number of subspecialty certifications, expanding certification globally, advocating for certification as standards of practice and continuing research that will demonstrate evidence based practice in the value of certification within the profession. Does certification interest you? Contact the ONS and volunteer.

The next message to "it is time to get involved", is to learn about the ONS. How can you get involved with ONS if you do not know the vast information it has to offer nurses in a variety of settings? The ONS is the largest professional oncology organization in the world providing "excellence in patient care, education, research, and administration." The diverse organization offers evidence-based practice for nurses, subspecialties, and advanced practice and for other healthcare professionals. The ONS message "it is time to get involved," encourages us to promote national and local chapter membership by informing our colleagues to take advantage of all the society has to offer the oncology profession.

The next message is about the ONSEdge. The ONSEdge, INC. provides a number of promotional services that help to keep membership cost low. The ONSEdge offers services in training programs, educational (non-CNE) programs, marketing and communications strategies, consulting and marketing research. The ONSEdge produces ancillary events, market research studies, and patient education materials. It also develops advisory boards, mail and marketing campaigns, special events, speaker's bureau and speaker training programs. Do you have talent in any of the above? Then "it is time to get involved." Let the ONS use your talent to train others. Contact them.

What about the ONS Foundation? How can you help? The ONS Foundation is a national public nonprofit organization that distributes millions of dollars in research grants, fellowships, academic and Congress scholarships, and capital campaigns. How can you get involved? The top 5 ways you can help are: 5) Give your opinion, 4) Let the Foundation know what we need to support, 3) Keep the Foundation in mind when someone asks "What can I do to say thank you to an oncology nurse," 2) Contact the Foundation with ideas of pos-

sible funding sources, and 1) Donate to the Foundation. All are ways members can support the Foundation.

The next “it is time to get involved,” message comes from the ONS Nominating Committee. The ONS Nominating Committee is an advocate for voting among membership, and is continuously looking for innovative ways to increase voting during national elections. The goals are” implement inclusive mentorship programs to meet the needs of all members and staff,” to “mentor potential leaders, support leadership succession planning, facilitate the candidate application process, provide information to the members about candidates, encourage and monitor voting.” Is there a leader in you? “Are you willing to stand up for your beliefs? Can you plan a party? Do you balance a checkbook? Are you willing to be part of the solution? Are you striving to be all you can be? Do you play well in the sandbox with others? Do you support the core values of ONS?” If you answer yes or sometimes or on occasion then maybe “it is time to get involved” with ONS either locally or at the national level.

The next way to get involved is with the ONS Steering Council. The ONS Steering Council makes “decisions about projects, and encourages diverse member involvement through continuous solicitation of ideas, and through development of organized processes.” The Council is comprised of eight volunteers and seven ONS staff members. The goal is to achieve rapid organizational development, implementation and evaluation for designated projects. Does this interest you? Think about all the ways you, as members can get involved with ONS.

Mentorship Weekend also included breakout sessions for local development. Breakout sessions provided the need to get involved with local chapters. Members could attend different sessions. These sessions were provided to assist local chapters with chapter finances, treasurer reports, recruitment & retention through community involvement, chapter annual reporting, the how-to of strategic planning, CNE and how to get it for your chapter. I believe the ONS Tri-state Chapter does a pretty good job of fulfilling these services. It is through the hard work of volunteering to serve ONS that each of us can make a difference.

How can we achieve balance between work and ONS? The last session addressed this issue. Sunday’s session was empowering. There has to be a balance between “Work, Life & ONS.” “It is time to get involved” involves practical strategies and solutions. First determine your goals, determine what you are willing to sacrifice, set limits through delegation, learn how to say no without guilt, incorporate time management strategies, learn how to avoid burnout, and learn how to set SMART (specific, measurable, achievable, results-oriented and time-bound) goals, learn how to revitalize, and have fun.

Mentorship Weekend brought forth the need for members to get involved with ONS. The ONS realizes you are busy, but encourages you to make time to get involved. The take home message from Mentorship Weekend 2008 is for every ONS member to volunteer to participate in order to keep ONS at the forefront of our future.

ONS: Where Nurses Connect. (July 25- 27th, 2008). Mentorship Weekend Syllabus. Hyatt Regency Pittsburgh Int’l Airport Pittsburgh, PA.

September Member of the Month: Barb Johnson

I had the pleasure of interviewing Barb Johnson for the September Member of the Month. She is a very experienced oncology nurse with well over 30 years of service at Good Samaritan Hospital. For the last 20 years Barb has worked in oncology. She truly loves working with the oncology patients, especially the leukemic patients, commenting that “they become like family”. She is a proponent of patient education and advocacy at work and in the community. She is very involved in volunteering in the community, such as Meals on Wheels program. She also volunteers at the Black Family Reunion and was part of the cervical cancer-screening program last year. Barb also participated at the Hispanic Festival in providing information on breast health. Barb has two grown children, a son and a daughter. In what little time she has for herself, Barb does enjoy singing and reading. Barb has joined the Chapter Programs Committee, so at the next CTC meeting, say “Hi” to Barb and thank her for her efforts in the planning and implementing of the meeting.

Carol Amfahr, Member at Large

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TriState Chapter
of the
Oncology Nursing Society
P.O. Box 42791
Cincinnati, Ohio 45242-0791



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NEWSLETTER

Co-Editors

Adrienne Lane EdD RN C
Amy Voris MS RN AOCN

Deadline for Contributions to the next issue of Kinesis

PLEASE remember to have any articles you would like to have included or regular information to Amy or Adrienne, co-editors of **Kinesis, by Jan. 15, 2009.**