Application Deadline Approaching for Final Test of the Year

Are you or someone you know planning to take an ONCC test this year? Applications are due July 2 for the last OCN®, CPHON®, CBCN®, and BMTCN™ tests to be offered this year. Those tests will be administered October–December 2014. Nurses interested in taking the AOCNP® or AOCNS® test may apply until September 1 to ensure a full 90-day testing window before the year ends.

### Upcoming Test Dates & Application Deadlines

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<td>Apply by July 2 to save $100 off the final deadline fee.</td>
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Glancing Back and Moving Forward

Cyndi Miller Murphy, RN, MSN, CAE

Once this article is published, we will be nearing the midpoint of 2014. However, as I write this, the New Year is less than a week old. I like this time of year because it offers the opportunity to look forward with anticipation to new initiatives, reflect on our past successes, and make plans to improve upon things we can do better.

I am fortunate to be celebrating my 25th year of working for ONCC in June. ONCC has come a long way in 25 years. The number of certified nurses has grown from 5,100 in 1989 to 34,800 as of January 1, and the number of full-time staff members serving ONCC is now 11.

In addition to growing the number of certified nurses, ONCC has made significant strides in the methods and processes for certification and new program development.

**Continuing Competency**

The first certification renewal cycle occurred in 1990, and many will remember (not so fondly) that successful retesting was the only option for recertification at that time. ONCC has made significant progress in the measurement of continuing competency over the past two decades. The Oncology Nursing Certification Points Renewal Option was welcomed by the 7,000 certified nurses who were due to renew in 2000. Nurses embraced this method, and the renewal rate for OCN®s increased from 57% in 1990 to 75% in 2012. Renewal rates for the advanced examinations average about 83%. These rates benchmark very well against other specialty nursing certifications.

In 2012, ONCC initiated yet another progressive step in the process of ensuring that certified nurses maintain the competencies represented by the credentials they hold with the implementation of the Individual Learning Needs Assessment (ILNA). This method rewards nurses for maintaining current knowledge by requiring professional development only in the content areas identified as individual learning needs by an online assessment. This method also ensures that nurses remain current in their knowledge, even many years after they have passed.
May is Oncology Nursing Month!

How is your institution planning to celebrate and recognize oncology nurses? During this month, take some time to reflect on the hard work you do every day for patients and caregivers. Self-care is important in maintaining physical and mental well-being and will only make you a better nurse. Decide to do something special for yourself this year. This may include a massage, manicure or pedicure, a movie with friends, or even a nice walk in the park. Treat yourself! And let us know how you celebrated.

I chose oncology nursing 11 years ago because of family experiences that led me to want to improve the quality of care and quality of life for patients with cancer. Not once have I regretted my choice to work in oncology nursing. Each day I embrace new challenges and welcome new opportunities to learn and grow from my patients and colleagues. Why did you choose oncology nursing, and what have you learned along the way?

We have received positive comments about our new format of Certification News. Our hope is that the stories and its content are beneficial to you and your colleagues. If you have suggestions for article topics or would like to share your story, email us at oncc@oncc.org. We'd love to hear from you!

Overcoming Obstacles to Certification: A Nurse’s Journey Through Fire and Mud

Donna Slonski, RN, OCN®, CBCN®, CBPN-IC

“Perseverance is the hard work you do after you get tired of doing the hard work you already did.” –Newt Gingrich

After graduating from nursing school, my immediate reaction was, “I’m not picking up a book unless it’s a romance novel or fiction bestseller.” As former nursing students, we all know what it’s like to have a textbook attached to our hip. Clearly, I underestimated my yearning for continued education.

I am an oncology nurse specializing in breast care. I have seen how knowledge helps patients put control back into their lives after cancer has stepped in uninvited. I call it the Triple E—“Education Equals Empowerment”—and I reiterate these words to my patients. Because I try to live by the words I preach, I realized that picking up a textbook again would make me a stronger person and better nurse. The patients I encounter have trust in me, and I owe it to them to be the best nurse I can be.

In 2008, I looked into becoming an Oncology Certified Nurse, but life threw me a few curve balls. I persevered and obtained my OCN® in 2010. Knowing patients would benefit from my knowledge and expertise was a driving force.

After earning my OCN®, I accepted a position as the Breast Care Coordinator and Breast Patient Navigator at the hospital where I was working as an inpatient oncology nurse. It’s an accredited breast center, so I decided to become a Certified Breast Patient Navigator. The credentials RN, OCN®, CBPN-IC followed my name . . . empowering. The next challenge was to become a Certified Breast Care Nurse (CBCN®).

In November 2012, just before my CBCN® test, a fire occurred at our home. I was shopping with my husband and picked up a shiny new pie server for Thanksgiving. Little did I know it would be the only utensil I would own when we arrived home. Thankfully, my 15-year-old son who was home at the time was not injured. I rescheduled my test for a few months later and am proud to say that on March 17, 2014, I passed the CBCN® examination, and now hold the credentials RN, OCN®, CBPN-IC, CBCN®!

March 19 was Certified Nurses Day. I hope you all took a moment to reflect on the pride that comes with achieving such a goal. I painted a rock with the word “perseverance,” and it sits on my desk as a reminder of what I’ve been through and what might lie ahead.
Creating a Roadmap to Certification Success
Erica A. Fischer-Cartlidge, MSN, RN, CBCN®

I never will forget the juxtaposition of feelings I had when I made the decision to take the CBCN® test in 2009; the excitement of having the opportunity to take a test that recognized my specialty knowledge was matched only by the overwhelming confusion of how to prepare. The newness of the test meant that less than a handful of practice questions existed and no prep books were on the market. More nurses are bound to have the same tornado of feelings inside them; the challenge is how to prevent this confusion from becoming a barrier to obtaining the recognition that certification offers. Whether you are a nurse battling with how to proceed or a manager struggling with how to increase certification on your unit, at least one clear opportunity exists for overcoming this barrier.

Forging my own path to CBCN® certification was perhaps one of the greatest challenges I met as a young nurse. With nowhere else to turn and no one having journeyed this trail before me, I started off with ONCC’s Test Blueprint and the list of test references as my guide. I made my way through the blueprint, reading each resource on the topic before moving onto the next. The process was tedious, time-consuming, and often duplicative in the information from one resource to another. Yet it proved to be successful because I emerged victorious by earning my CBCN® credential. My voyage did not end there though; I was intent upon paving a clearer path for nurses embarking upon the same journey.

Using information from the test references and Test Blueprint, I created a series of presentations that would be the basis for a curriculum that became the foundation of a 16-week course to help nurses prepare for the CBCN® test. The class met once weekly for an hour. In addition to the didactic component, nurses were assigned homework readings and questions to test their retention and application of the information taught in class. At the completion of the first course, feedback was excellent; nurses reported feeling more confident, knowledgeable, and prepared. As a result, the course has continued to be offered twice per year and more than 60 nurses have completed it in the past three-and-a-half years. After three years, I transitioned maintenance of the curriculum and teaching of various sections to the senior nurse experts in medicine and surgery, while I continue to oversee both.

In the ever-changing face of healthcare, the course curriculum has required update. This will be continued as test content changes, as well as when drug and practice changes for disease management develop. Nurses from all different areas have participated in the course. As the course has increased in popularity, methods to increase access to the course have been employed. Lectures have been recorded so nurses can listen again for reinforcement, and a call-in feature has been added for nurses who work offsite.

The primary reason nurses take the course still remains CBCN® test exam preparation (54%); however, nurses also have begun to take it to increase their disease-specific knowledge (46%). The pass rate for nurses who have taken the CBCN® test is 95%. Nurses continue to be evaluated at the completion of the course, showing that 84% of participants reported an increase in one or more levels of knowledge and confidence after course completion. Within the breast cancer disease management team, certification rates have increased exponentially since the course was developed, going from 21% to 47% among chemotherapy nurses, 38% to 72% in the medical oncology area, and 36% to 86% among surgical nurses.

Implementing a course like this can be done at any institution or on any unit by following basic guidelines. The first is curriculum development. Content guided by the ONCC test resources and developed by expert nurses is the core to replicating a program like this, as well as the results. Expert nurses may include nurse educators, clinical nurse specialists, senior nurses, or already certified nurses. When teaching the curriculum, identifying differences in process or practice from the institution to the core content used for the test is important so that nurses can identify these differences when testing. Once content is developed, identifying a time that is most feasible for the unit nurses is important to ensure the program can be attended.

The third step is sustainability. Although modular learning methods are successful because content builds on the weeks prior, recognizing that if a class is missed the nurse may struggle with future content is important. Having a method for the nurse to learn missed content helps ensure success. This can be done by having a remote-access method or recording the sessions. The last step is obtaining feedback to ensure the needs of the nurse learner are being met.

Implementing review courses at the unit level can provide a cost-effective, convenient, and successful way to assist nurses in becoming more knowledgeable in their subspecialty and more prepared to sit for a certification test.
In response to the Commission on Cancer’s latest accreditation requirements for 2015, cancer programs across the United States are working to develop patient navigation programs that address barriers to care and improve outcomes. In the community hospital setting, certified oncology nurses are showing that they are a good fit for these roles, bringing a wealth of experience and skills to assist newly diagnosed patients.

In the 24 years since Dr. Harold P. Freeman launched the country’s first patient navigation program, oncology care providers have seen a variety of programs and models evolve and become part of comprehensive cancer care in hospitals across the United States (Paskett, Harrop, & Wells, 2011). General consensus defines patient navigation as a barrier-focused intervention in oncology care that seeks to decrease cancer-related health disparities (Campbell, Craig, Eggert, & Bailey-Dorton, 2010). These barriers can vary by geographic areas based on the population characteristics, socioeconomic status, ethnic diversity, health system, or resources available for providing care. Freeman’s successful navigation project in Harlem Hospital targeted disadvantaged minority women in his community who often were diagnosed with breast cancer at late stages with poor outcomes (Freeman, 2004).

Freeman’s program focused on the specific needs of a particular community and was designed to assist in overcoming barriers of access to care and screening for breast cancer. The first patient navigators in this project were trained laypersons who worked with each patient, providing education, removing barriers to care, and ensuring that tests and procedures were completed in a timely manner. Over time, the navigation program resulted in the percentage of people presenting with late-stage disease decreasing, and five-year survival rates increased significantly as well (Valentino, 2013). Freeman’s program is noteworthy for several reasons.

• It was designed to meet the needs of a specific community.
• It targeted specific barriers to care that were inherent in an inner-city, low-income population.
• It demonstrated that positive change could be affected by using patient advocates who understood the needs of their population.

Much has happened as a result of Freeman’s efforts. Patient navigation programs of various constructs have been developed and implemented in cancer programs in all parts of the United States. Beginning in 2015, any cancer program seeking accreditation from the Commission on Cancer will be required to provide patient navigation service in some form, driven by a community needs assessment that identifies barriers to care in each specific community (Commission on Cancer, 2012). Currently, no standard definition exists for the role, responsibilities, title, and qualifications for patient navigators in these programs. As a result, laypersons, registered nurses, advanced practice nurses, social workers, case managers, tumor registrars, and even cancer survivors have served in this capacity (Valentino, 2013). What kind of program to implement and what qualifications are needed for a patient navigator are questions that individual institutions decide for themselves.

One community comprehensive cancer program in the southeast has chosen to use a navigation program that utilizes two models. A 414-bed institution whose cancer program is accredited with commendation by the Commission on Cancer and the National Accreditation Program for Breast Centers, this hospital implemented its first patient navigation program in 1997 with the specific goal of offering women having a suspicious breast finding a definitive diagnosis in five working days or less. The program is coordinated by a certified oncology nurse whose primary goal is to facilitate the entry of the patient into the healthcare system within 24 hours of first contact, regardless of whether the patient has insurance or a medical provider.

The choice of an OCN® as navigator is logical because breast cancer is a disease that requires multiple modalities for treatment. Nurse navigators work within the multidisciplinary cancer team as a patient advocate, care provider, educator, counselor, and facilitator (Desiminí et al., 2011). Once a cancer diagnosis is returned, the navigator continues to assist the newly diagnosed patient with understanding the diagnosis and its treatment options, coordinating medical appointments and consults such as genetic counseling and reconstructive surgery when needed.

The oncology nurse navigator also facilitates three different support groups: one for women who recently were diagnosed, one for women who are in active treatment, and one for women who may have either recurrent or metastatic disease. The third support group is conducted at the local women’s correctional facility to assist inmates who are dealing with breast cancer behind bars and lack access to information about their disease and treatment. The breast cancer nurse (See “Patient” on page 8)
The Mayo Clinic has produced four “Certified Nurse of the Year” award winners since ONCC’s inception of this annual recognition for certified nurses nearly 20 years ago. Delving into why this might be provides an interesting glimpse into the exceptional culture of its workplace and the personalities of these award-winning certified nurses.

This year Fortune named Mayo Clinic as one of “100 Best Companies to Work For.” This laudable distinction totals 11 consecutive years for this teaching enterprise, providing an environment where today’s leaders may flourish and guide others into tomorrow.

Mayo Clinic supports certification of oncology nurses in a variety of ways. It provides reimbursement to nurses taking their initial OCN® certification by covering the cost of successful completion of the test. Every other year, the Hematology-Oncology-BMT specialty offers a high-quality certification review course that is paid for by the institution, and nurses may be paid to attend. Additionally, study materials are available. Throughout the year, Mayo Clinic offers continuing education opportunities at no cost to staff, which can be used toward maintaining certification.

Certified nurses are recognized through posters and flyers on the specialty units and also through their specialty newsletter, The Central Line. Each nurse who earns certification also receives a congratulatory letter from the Chief Nursing Officer as well as an announcement in Mayo Clinic’s IN-SITE online weekly employee publication.

When considering these award winners from one institution, it makes me wonder: what qualities, drive, and/or inherent tendencies bring about excellence? What makes some people excel at professional commitment, strive for educational advancement, and display a propensity for the desire to serve?

I had an opportunity to interview these award recipients and asked them to share their personal thoughts on what they believe to be traits of a leader, their leadership style, their leadership path, and what influences have shaped them. Not surprisingly, several commonalities came to the forefront. Also of note, all of these Mayo Clinic nurses have an oncology-related career spanning at least a quarter of a century each.

Julie Ponto, PhD, RN, ACNS-BC, AOCNS®, 2001 AOCN® of the Year, formerly of the Mayo Clinic and currently a professor in the Graduate Programs in Nursing at Winona State University in Rochester, MN, described a leader as one who is dedicated, takes initiative, is willing to try, takes risks, and has a desire to contribute to improving care and the environment. Ponto has demonstrated this throughout her career by taking advantage of opportunities early on to get involved at the unit level, and then with her local ONS chapter. This involvement has led to opportunities to speak locally and nationally. Eventually, she returned to school to obtain her master’s and PhD degrees. More recently, Ponto has been involved in the development and teaching of the ONS Leadership Development Online Course. She said, “I have always found it helpful to have a good understanding of your own personality as well as your skill set and attributes so you know what strengths you can bring to...”
Certified Nurses Use Evidence-Based Practice in Providing Excellence in Care
Michele Farrington, RN, BSN, CPHON®

Specialty certification in nursing, such as being a Certified Pediatric Hematology Oncology Nurse (CPHON®), is significant to validate knowledge, communicate professionalism, and communicate confidence, not only to yourself but also to your patients, families, and coworkers. Nurses’ daily interactions and activities should focus on fostering partnerships, in conjunction with patient and family engagement in decision making, in order to improve health outcomes and add value to care.

According to results from an Institute of Medicine roundtable discussion (Paget et al., 2011), the basic principles of all patient-clinician communication include mutual respect, harmonized goals, a supportive environment, appropriate decision partners, the right information, transparency and full disclosure, and continuous learning. Nurses must use these principles and focus on patient/family-centeredness to incorporate respect for patient/family values, preferences, and needs when they provide information, communicate, and educate patients (Paget et al., 2011). Communication with patients and family members must be frequent, consistent, and clear in order to decrease unnecessary stress during some of the most difficult times.

Patients and families expect care to be based on the latest evidence. These same expectations for provision of evidence-based practice (EBP) are created in current quality and safety standards (Centers for Medicare & Medicaid Services, 2011; Institute of Medicine, 2008; The Joint Commission, 2011).

All of the aforementioned principles, along with the tenets of certification, are represented by one of the most commonly used definitions of EBP published by Sigma Theta Tau International Research and Scholarship Advisory Committee in 2008: “Evidence-based practice is the process of shared decision-making between practitioner, patient and others significant to them based on research evidence, the patient’s experiences and preferences, clinical expertise or know-how, and other available robust sources of information” (p. 57). Numerous benefits emerge when EBP is utilized daily in the care of all patients, including improved patient quality and safety; improved patient satisfaction; improved staff satisfaction and safety; reduced costs; and provision of innovative nursing practice.

Patients and families in today’s healthcare environment have the added advantage of having ready access, through a variety of electronic venues, to information to help them make more informed decisions than in the past. Patients and families proactively can access information about diagnosis, treatment options, and side effects.

In order to respond to and meet the needs of patient and family requests and preferences based on this proactive approach, nurses need to embrace and invest in continuous learning. Nurses who have successfully passed a certification exam have demonstrated knowledge and expertise in a nursing specialty may be better positioned than colleagues who have not obtained a specialty certification to easily meet these patient and family needs. This group of nurses strives to improve patient/family satisfaction with health care on a daily basis.

References

Certified Nurse in the News
Rachel Wamba Yadrnak, RN, CPHON® , Penn State Hershey, was 1 of the 10 winners in the Pennsylvania Patient Safety Authority “I Am Patient Safety” poster contest.
Employers Awarded Plaques for Certified Nurse Staffing

Congratulations to 27 institutions that recently were presented with recognition plaques for having a majority of their staff certified in oncology nursing. ONCC presents these plaques free of charge to any patient care setting where more than 50% of the RNs are ONCC-certified.

You can request a plaque at www.oncc.org/Awards/Plaques.

Beaufort Memorial Hospital, Women’s Imaging Center in Beaufort, SC
Cape Cod Healthcare, Davenport Mugar Cancer Center in Hyannis, MA
Central Indiana Cancer Center in Indianapolis, IN
City of Hope, Antelope Valley in Lancaster, CA
Community Howard Regional Health System, Oncology in Kokomo, IN
Dana-Farber Cancer Institute in Milford, MA
Ellis Fischel Cancer Center, Cancer Screening Services & Breast Health Program in Columbia, MO
Genesis Health Care Systems, Cancer Services in Zanesville, OH
Group Health, Bellevue Medical Center, Infusion Center in Bellevue, WA
Johns Hopkins Kimmel Cancer Center, Medical Oncology in Washington, DC
Lehigh Valley Health Network, Infusion Services Bangor Health Center in Pen Argyl, PA
Lehigh Valley Health Network, Multi-Purpose Satellite Infusion in Bethlehem, PA
Memorial Sloan Kettering Cancer Center, Brooklyn Infusion Center in Brooklyn, NY
Our Lady of Lourdes Regional Hospital, Outpatient Infusion in Lafayette, GA
Penn State Hershey Cancer Institute, Inpatient Unit in Hershey, PA
The Regional Cancer Center in Erie, PA
Scotland Health Care System, Scotland Cancer Treatment Center in Lurinburg, NC
Swedish Cancer Institute, SCI Medical Oncology in Seattle, WA
Swedish Cancer Institute, Treatment Center in Seattle, WA
Texas Oncology in Denison, TX
Texas Oncology in Irving, TX
Texas Oncology in Sherman, TX
University of Illinois Hospital and Health Science Center, Oncology Center in Chicago, IL
University of Texas Health Science Center, Cancer Treatment and Prevention Center in Tyler, TX
UPMC Cancer Center, Upper St. Clair in Bethel Park, PA
UT Southwestern University Hospital, Bone Marrow Transplant in Dallas, TX
Women & Infants Hospital, Infusion Unit in Providence, FL

New Advocates Share Their Enthusiasm for Certification

Fifteen nurses recently joined the Oncology Nursing Certification Advocates Program. Advocates are oncology certified nurses who volunteer to promote the benefits of certification. Currently, 851 advocates are in the program. To join, go to www.oncc.org/Support/Advocates. Please welcome these new program participants.

Parisa Aalami, Seattle, WA
Kalene Anundson, Aurora, CO
Lauren Bradshaw, Houston, TX
Rosalinda Calong, Houston, TX
Heather Harner, Lancaster, PA
Jaclyn Jirasek, Ann Arbor, MI
Kathy Kerley, Port Charlotte, FL
LeAnne Kilzer, Grand Forks, ND
LaTonya Mann, Newark, DE
Cindy Mark, Burbank, CA
Margaret Paolicelli, Bronxville, NY
Kimberley Ross, Charlotte, NC
Libby Stell, Little Rock, AR
Bridget Trias, Baltimore, MD
Loree Turner, Long Beach, CA

Get Certified for Free in 2015

Are you planning to earn or renew certification in 2015? You could do it for free. ONCC will award up to 100 Roberta Scofield Memorial Certification Awards for 2015. The award includes a free registration for a 2015 ONCC certification test or renewal by ONC-PRO.

Named in honor of ONCC’s first president, Roberta “Bobbie” Scofield, the awards are intended to recognize outstanding dedication to oncology nursing and a commitment to obtaining or renewing certification. To apply, nurses must submit an application form that includes a brief biographical sketch and an essay of up to 250 words describing how certification will help the individual achieve his or her professional goals.

Applications are due August 1, 2014. Applicants will be notified of their status in fall 2014. The award only may be used for a certification test or renewal registration in 2015. Applications are available at www.oncc.org/Awards/Awards/Scofield.
New and familiar faces will be on the ONCC Board of Directors when the new term begins in May 2014. During its March meeting, the Board elected officers for the 2014–2015 term, including Lauri Linder, PhD, APRN, CPON®, President; Kathay Riley, BS, Vice President; and MaryBeth Singer, MS, ANP-BC, AOCN®, Secretary/Treasurer.

Returning Board members will include Lucy Hertel, RN, BSN, OCN®; Becky O’Shea, RN, MS, OCN®, AOCNS®, CBCN®; Michael Smart, RN, BSN, OCN®; and Melody Watral, MSN, RN, CPNP, CPON®.

Diane Otte, RN, MS, OCN®, will join the Board as a newly elected member. Otte was elected to a three-year term on the Board in the ONCC election that ended in March. Her term begins in May and will end in May 2017.

Patient Satisfaction With Navigation Is High (continued from page 4)

The following critical attributes of a patient navigator have been identified in the literature (Pedersen & Hack, 2010).

- A skilled communicator and listener
- Facilitates access to care
- Is knowledgeable of the cancer system and resources in which he or she works
- Acts as an empathetic patient advocate
- Provides information and education

The nurse navigator in the community hospital setting needs all of these. The nurse navigators have a proven track record of strong problem-solving ability and effective collaborative practice and have demonstrated their value to physicians on the team. Referrals generally are made by the physicians and nursing staff on the inpatient units, but a patient may request a nurse navigator as well. Although site-specific patient navigation is a popular model in many institutions, using it in the community hospital setting would limit the number of patients with navigator assistance. By adopting the general cancers navigator model, the hospital is able to ensure that every patient who desires navigator assistance receives it. Patient navigation programs that focus on screening and outreach, such as Freeman’s model, have had the most demonstrable success (Varner & Murph, 2010), but anecdotal evidence collected thus far indicates that patient satisfaction is high among patients using the general cancers navigators also.

Future plans call for implementing navigator tracking software to enable the program to better demonstrate tangible benefits of general cancers navigation. Thus far, physician and patient satisfaction with navigation has been strong and enthusiastic, establishing it as a significant patient care improvement.

References


Award Recipients Share Thoughts on Leadership (continued from page 5)

a project. But equally important, also, is to know your weaknesses. I am a Meyers-Briggs® introvert. I need downtime to regroup and refresh to be effective and not burn out.” She recommends building on your natural abilities. She believes her abilities were strengthened through opportunities that surrounded her in her work environments and through her local ONS chapter.

Carol Brueggen, RN, MS, ACNS-BC, AOCNS®, 2006 AOCN® of the Year, Oncology Clinical Nurse Specialist and Assistant Professor of Nursing at Mayo Clinic College of Medicine, has spent 35 years as a nurse, 28 of which have been in oncology. Brueggen has been oncology certified for 25 years. She said that she always has been blessed to have strong mentors who have supported and encouraged her personal and professional growth. “As I’ve developed my leadership skills, I’ve had excellent role models—true nursing leaders who embody compassion and a desire to provide safe, high-quality care for their patients. The traits that I hope to convey as a leader are those of openness to hearing the ideas of others, persistence, humor, good communication skills, and the ability to look at the big picture.”

One of her mentors has been Julie Ponto. “Dr. Ponto encouraged me to seek a position on the ONCC Board of Directors, sharing what a wonderful experience she had found it to be. Her belief in my leadership abilities has always been very much appreciated.” Brueggen also credits the nurses that she works with at Mayo Clinic for inspiring her to want to be a better nurse and leader. “I hope that less experienced nurses view me as a mentor as I try to help them recognize their strengths and identify goals to enhance their nursing practice. I’ve learned over time to ‘never say never,’ and I try to share that with staff to encourage them to be open to opportunity. What may not seem like a good fit at one point in one’s life may be perfect down the road. As nurses, we need to challenge each other to elevate to our full potential. I believe at Mayo we work together on a daily basis to achieve Mayo Clinic’s primary value: ‘the needs of the patient come first.’”

Sherry Looker, RN, BSN, OCN®, 2006 OCN® of the Year, Supervisor of an Outpatient Cancer Treatment Unit at Mayo Clinic said, “In today’s world, one must be a forward thinker. The way we do our job is constantly changing, and we need to stay ahead to remain relevant. We need to be willing to grow, and helping staff through changes is pertinent in my role.” When asked, “What motivates you?”, Looker responded, “Inner drive. I’m compelled to be the best I can be.” Her role as preceptor for many along the way has allowed her to lead by example and help new nurses “learn the right way.” Looker sets high standards for herself and her teams in and out of the clinic environment. She’s an avid sportswoman who also coaches 11–12-year-old girls in volleyball. She has a good sense of when to lead and when to step back and let the team drive the ball. She uses that same strategy in the work setting. Her leadership style values her employees. “They’re the ones in the trenches, so to speak. I need their buy-in. I know my staff, and I listen to them. I have a great respect for them.”

When asked, “Who inspires you?,” she responded, “I have two people in my life that I have found inspirational. My mom, who died at 47 of cancer has always been my hero. She did everything for love. The other person who has inspired me is a nurse practitioner/colleague of mine—she is charismatic, empathetic, professional, holistic, and nurturing. If nursing had a grassroots effort, she would have been it. She has a heart of gold and always placed the value of the patient coming first in her practice. Within the last year, she was diagnosed with cancer herself and forced to retire.” I asked Looker, “At the end of the day, what would you like to be able to say to yourself?” She responded, “Tomorrow I am going to make it a shorter day. I am going to get more sleep. I am going to have to sacrifice some things, count on others. I want to have some downtime and have an opportunity to reflect on the day—how could I have made it better, made a difference in something I did, said, or in action. Yet, when the day is ended, feel good about myself, and say I made a difference.”

Janine Kokal, RN, MS, OCN®, 2013 OCN® of the Year, Nurse Educator in the Mayo Clinic Cancer Education Program, shared some initial thoughts on her leadership journey. “My journey toward leadership likely started when my children were little and I was volunteering in the activities they were involved in. Getting involved and participation are key to gaining new life skills. Whether helping children, volunteering for your community, or being active in work-related events, it opens your eyes to see the great work others are doing and to see different leadership styles and behaviors that make events successful. In the 10 or so years I have chaired our community’s National Survivor Day event, I have discovered many important things.”

(See “Leaders” on page 11)
Number of Certified Nurses Grows (continued from page 1)

the certification examination. To assist nurses in tracking their individual learning plans and progress toward their requirements, ONCC partnered with Heuristic Solutions to provide an easy-to-use online tool (LearningBuilder) that is customized for each nurse. More than 3,000 nurses have taken an assessment to date. Although some are anxious about the new requirements, many have embraced ILNA as a positive change and value the feedback regarding their learning needs. A survey revealed that the vast majority have found the assessment easy to access and use, but some are confused about how to find professional development that matches their learning plans. In response to this, ONCC has revised communications to make the process more clear.

ONCC also is working with ONS and the Association of Pediatric Hematology/Oncology Nurses (APHON) to ensure that all continuing education offered by these professional societies is coded as to the content in each of the ONCC Test Content Outlines (Test Blueprints) used to develop individual learning plans. In addition, ONCC staff members are available to assist nurses in determining how to interpret and implement their learning plans.

New Program Development

In addition to evolving the model for continuing competency, ONCC also has been progressive in developing new programs. ONCC was a leader in the development of one of the first specialty certification examinations for advanced practice nurses with the AOCN® examination in 1995. A few years later, at the request of APHON, ONCC began to administer the Certified Pediatric Oncology Nurse (CPON®) certification examination. Within the next decade, based on current practice, both of these programs were revised and the AOCNS®, AOCNP®, and CPHON® programs were developed.

Based on ongoing requests, in 2006 the ONCC Board of Directors began to look strategically at the possibility of developing programs in subspecialty areas of oncology nursing. After researching the need, the Board decided to consider the subspecialties of breast care, radiation therapy, and blood and marrow stem cell transplant nursing. Detailed analyses and market research were conducted for each subspecialty, and decisions were made accordingly as to whether to develop a program and the most appropriate type of program for the subspecialty.

In considering a certification program, enough nurses taking the examination is important from a statistical and financial perspective. A sufficient number of candidates is needed annually to ensure that the test items are fair, valid, and reliable.

The program revenue also must be adequate to support the development and administration costs. For this reason, ONCC developed an algorithm to follow in making decisions about new programs. This cutting-edge method was presented at two national credentialing conferences in 2013.

The first subspecialty certification program developed was the Certified Breast Care Nurse (CBCN®) in 2009. Although only 772 nurses currently hold this credential, the number of applicants in 2013 exceeded 2012, and staff members are working to promote the program to maintain a sufficient number of applicants to continue the program.

For the radiation subspecialty, based on the data gathered, the board made a different decision and elected to develop a certificate program in collaboration with ONS. A certificate program typically has a more narrow focus than a certification, emphasizes the learning component, and does not award a credential.

ONCC is pleased that 1,578 nurses have completed the certificate program since its inception in 2012. ONCC also began collaborating with ONS in 2013 to transition the Chemotherapy/Biotherapy Provider Program to a similar online certificate program. We are anticipating that this program also will be successful.

For the subspecialty of blood and marrow stem cell transplantation, the ONCC Board made the decision to develop a certification program that made its debut in 2014. We are very excited that 350 nurses registered for the first test administration of the BMTCN® examination in February. Although other subspecialties have been explored, these have been the only programs that the evidence indicated would be successful and viable longterm.

I am fortunate to have been part of ONCC for this quarter of a century, and I look forward to our ongoing success. The best part of my job is working with the incredibly competent and dedicated oncology nurses who volunteer on the ONCC Board of Directors and committee members and our fantastic professional staff members. Their commitment to oncology and quality programs ensures that our mission “to promote excellence in patient care and professional practice by validating specialized knowledge in oncology nursing and related specialties” can be fulfilled.
Leaders Inspire Other Nurses  
(continued from page 9)

when leading a project. First, have clear, succinct, and continued communication with the people you are working with. Surround yourself with good people who are hard workers—it is important to have dedicated people on your team. Tap into people who are passionate about the goal and who believe in what you’re doing. It becomes infectious to be around an enthusiastic team of volunteers. Make it new and interesting for everyone. Although it’s necessary to see the big picture, don’t forget about the small details too. Often it’s the small things done well that people remember.”

Kokal finds that a good leader inspires others to be their best. They are encouraging and energize the team. They are appreciative and show gratitude. It’s not about them, but the project. “Know that others have to trust you, so if you say you are going to do it, then do it!” And, lastly, “Don’t be afraid! Trust in your abilities and your skills. There is so much opportunity out there, just get involved.”

Knowing each one of these ambitious professionals, I can attest to their wonderful leadership skills, approachability, and willingness to serve and teach others with energy and unparalleled devotion. I am fortunate to work at Mayo Clinic and have great nursing leaders surrounding me.

Free Journal Access During National Nurses Week

In honor of 2014 National Nurses Week (May 6–May 12), the Oncology Nursing Society will be providing free access to current and past issues of its two award-winning journals—Oncology Nursing Forum and Clinical Journal of Oncology Nursing.

Throughout the year, ONS members and nonmembers alike are encouraged to visit the journals’ website at onsmetapress.com. If you are an ONS member, as always, access will remain free for you during National Nurses Week. Nonmembers also should be sure to visit the site that week to see what you’ve been missing! From May 6–12, no username, password, or fees will be required to view the articles.


Get the latest information on antineoplastic use with the essential chemotherapy resource for cancer-care professionals. The latest version of the Clinical Guide to Antineoplastic Therapy: A Chemotherapy Handbook (https://www.ons.org/products/clinical-guide-antineoplastic-therapy-chemotherapy-handbook-third-edition) has been updated, revised, and expanded and is now available for only $95. Also included is an A-Z guide of 150 chemotherapy, biotherapy, and hormonal therapy agents.

ONS member price is $95 and nonmember price is $133.

New Book Offers Detailed Examination of Surgical Oncology

Although surgery remains the mainstay of treatment for patients diagnosed with a solid tumor, how they are cared for before and after surgery has undergone dramatic changes in recent years.

Surgical Oncology Nursing (https://www.ons.org/products/surgical-oncology-nursing) provides you with a detailed examination of surgical patients with cancer from diagnosis to survivorship. Chapters in this new book provide you with details in areas such as diagnosis, preoperative and perioperative care, nutritional care, surgical wounds and ostomy care, as well as survivorship issues.

ONS member price is $59 and nonmember price is $82.60.