Within a few weeks, the first Individual Learning Needs Assessment (ILNA) will be open to nurses who renewed their ONCC certification in 2012 by the ONC-PRO method. The learning needs assessment is the core of ONCC’s new certification renewal method. It will enable certified nurses to identify their knowledge strengths and weaknesses so they can focus their professional development efforts on specific subject areas. Completion of professional development activities will earn points that can be used to recertify.

The first group of nurses who will recertify by the ILNA method are those due to renew in 2016 (nurses who earned or renewed certification in 2012). Nurses who passed a certification test in 2012 will use their test score report to identify their professional development needs. Nurses who renewed OCN®, AOCNP®, or AOCNS® certification by ONC-PRO in 2012 may take the learning needs assessment in early 2013 to identify their learning plan for renewal in 2016. Because no AOCN® or CPON® test blueprint is available on which to base an assessment, nurses who hold these credentials will recertify by earning 100 points as they have in the past.

The assessment process will be simple and convenient. An e-mail containing the login information needed to access the assessment will be sent to nurses who are eligible to take the assessment. Candidates may take the assessment anywhere they have a computer with internet access and at least

Colleen Nixon Named 2012 CPON® of the Year

Colleen Nixon, MSN, RN, CPON®, was honored as the recipient of ONCC’s 2012 Certified Pediatric Oncology Nurse (CPON®) of the Year Award at the 36th annual Association of Pediatric Hematology/Oncology Nurses (APHON) conference in Pittsburgh, PA, in October 2012. Colleen is a leader in the pediatric hematology-oncology community and is deserving of this honor. For the past 25 years, Colleen has been caring for pediatric patients with cancer in a variety of roles including staff nurse, clinical coordinator, patient education coordinator, and, her current role, clinical educator. She works as a clinical educator in the inpatient oncology unit at the Boston Children’s Hospital and at the Dana Farber Cancer Institute Jimmy Fund Clinic.

Barbara Cuccovia, MSN, RN, CPON®, had the following to say about Colleen’s work ethic.

“As the nurse educator on a busy inpatient unit, she is rarely at her desk. You can find Colleen teaching a ‘counts’ class to parents, facilitating a weekly support group for parents, or providing one-on-one education with a nurse who is unfamiliar with a procedure.”

Colleen is a local and national member of APHON and just completed a two-year presidency with the local Boston chapter. In her role as president, she helped organize five educational sessions a year that covered a variety of pediatric hematology-oncology topics. The Boston chapter has a growing membership comprised of nurses from multiple hospitals and the local community. At the national APHON level, Colleen is a local chapter committee liaison. Colleen is also a member of the Children’s Oncology Group.

Colleen has been a certified pediatric oncology nurse since 2000. In 2001, she started a certification review course that began as a one-day conference. Since then, it has expanded

(See “Colleen Nixon” on page 6)
Editor’s Message
Making Certification Goals for the New Year
Ashley Leak, PhD, RN-BC, OCN®

With the launch of a New Year, have you considered your professional certification goals for yourself and even your colleagues? As members of the Certification News Editorial Board, we hope that you continue to maintain your certification(s). With each issue, I see an upward trend in the number of certified nurses across credentials, which makes me proud to be an oncology certified nurse.

I recently attended the ONS Connections: Advancing Care Through Science Conference in Phoenix, AZ, in November 2012. This was the first year that a conference was designed for advanced practice nurses and nurse scientists, and it focused on practice changes as well as the improvement of patient outcomes from a translational science lens.

Several nurses came by the ONCC booth for information related to oncology nursing certification and the learning needs assessment. We heard your questions and have provided a description of this process in the needs assessment article on page 1.

The highlight of the conference was meeting other certified nurses who proudly wore the ribbon that denoted their certification.

Throughout this issue of Certification News, you will find information on a variety of ONCC-related topics such as the decision-making algorithm for new ONCC certification programs, which is highlighted by ONCC President Carol Brueggen, MS, RN, AOCNS®, ACNS-BC®. Additional topics include a change in the number of practice test items and eligibility criteria for the new BMTCNTM examination and recognition of the 2012 Certified Pediatric Oncology Nurse.

One new area we will highlight in this issue is the spotlight on one of our Editorial Board members, Michele Ellis, RN, OCN®, CBCN®, who has been a Board member since 2011.

Do you have ideas for future issues? If so, contact us at oncc@oncc.org. We welcome ideas, suggestions, and comments to improve the quality and readership of Certification News.

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### 2013 Test Dates & Application Deadlines

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<th>Early Bird Application Deadlines (Save $100)</th>
<th>Final Application Deadlines (Full Fee)</th>
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<td>Early Bird Deadline: July 17, 2013</td>
<td>Final Application Deadline: July 31, 2013</td>
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Limited testing outside the United States and Canada in November only.
The ONCC Board often is asked what is considered when determining whether to pursue the development of a new certification examination. To document the process that ONCC employs, a decision-making algorithm has been developed and was approved by the ONCC Board at its Fall 2012 meeting.

The first step in the process is to determine if the proposed new program aligns with the mission of ONCC “to promote excellence in patient care and professional practice by validating specialized knowledge in oncology nursing and related specialties.” If it does, the Board then identifies if it fits with the goals of the current strategic plan.

The Board also determines if a program (provided by another organization) already exists in the specialty or subspecialty that is rigorous and meets the standards for accreditation by the Accreditation Board for Specialty Nursing Certification (ABSNC) or National Commission for Certifying Agencies. If so, the development of a competing program is not needed. If no competing program exists, ONCC then determines if the area of practice meets the definition of a nursing specialty, as defined by the American Board of Nursing Specialties. This is done by answering the following questions.

- Is the specialty or subspecialty supported by a national or international organization?
- How many nurses practice in the specialty or subspecialty part- or full-time?
- Does an independent body of knowledge exist that doesn’t significantly overlap with another specialty or subspecialty?
- Does enough literature support the body of knowledge?
- Is a scope of practice defined?
- Are practice standards identified?
- Does a job market analysis and assessment show that jobs are available for nurses seeking to be employed in this role or specialty?

If responses to the above initial areas of inquiry are yes, ONCC then determines if the program would attract enough nurses to support it financially and psychometrically (e.g., attain statistics to determine if the program is reliable). ONCC has determined that a program must attract at least 500 candidates annually to be financially self-sustaining.

If market research indicates that a new examination can be supported, the Board will conduct a role delineation study (RDS) to determine the essential knowledge and skills required for entry-level practice in this specialty or subspecialty. The results of the RDS are used to establish the blueprint (content outline) for the examination and provide evidence that a certification examination is valid. ABSNC Standard 7 states that “the certifying organization has conducted validation studies to assure that inferences made on the basis of test scores are appropriate and justified” and generally recommends that, once an examination is developed, an RDS be conducted at least every five years. If the content established through the RDS does not significantly overlap with another certification program, ONCC will proceed with the development of a new certification program.

As one would expect, the cost of establishing a new examination is significant. As good stewards of ONCC resources, the Board must exercise due diligence in making decisions regarding new program development. The Board has determined that new programs must be financially self-sustaining. Though a larger volume program may bring in enough revenue to support a smaller program, the number of smaller programs that can be supported in this way is limited.

To date, ONCC has considered three subspecialties for examination development: breast care; radiation therapy; and blood and marrow transplant. After using the process outlined above, data supported the development of certification programs in breast care (2009) and blood and marrow transplant (currently being developed). When analyzing the subspecialty of radiation therapy, it was found that the content established through the RDS significantly overlapped with the content of the OCN® examination, and the population of radiation therapy nurses was not large enough to financially sustain a certification program. Thus, another option, a “certificate” program, was developed in collaboration with ONS. In contrast to a certification program in which the focus is on the test and the provision of a credential, a certificate program focuses on education and does not award a credential.

In the future, the ONCC Board hopes that this decision-making algorithm can help guide those considering making a request of ONCC for certification development. Understanding the process will help groups determine some of this information ahead of time, strengthening their request.
The 36th annual Association of Pediatric Hematology/Oncology Nurses (APHON) conference and exhibit was held in Pittsburgh, PA, from October 4–6.

The conference theme, “Inspiring Innovation-Education-Quality Care,” was perfect because it describes the care pediatric hematology-oncology nurses all over the world set out to provide on a daily basis for patients and their families.

The 811 conference participants had the opportunity to attend pre-conference workshops, general sessions, and concurrent sessions. Poster session time offered a look at 115 posters on display, which represented a variety of topics pertinent to the field of pediatric hematology-oncology nursing. The conference also always provides a variety of networking opportunities. A few of the options this year were town hall meetings, Children’s Hospital of Pittsburgh tour, and the Never Ever Give Up! Dinner Cruise.

Forty-three exhibit booths were at the conference. The ONCC booth was very popular with conference attendees who wanted to learn more about all aspects of certification.

During the conference, certified pediatric oncology nurses and certified pediatric hematology-oncology nurses were recognized at the ONCC Recognition Breakfast for Oncology Certified Nurses. During the session, Kyle Garlett presented “My Journey Back to Life.” Garlett is an author and motivational speaker who happens to be a four-time cancer survivor. He initially was diagnosed with Hodgkin’s disease right after his 18th birthday. Following years of treatments, he received a heart transplant and now participates in ironman triathlons. To learn more about Garlett’s journey, be sure to read Heart of Iron. His inspiring message received a standing ovation from the 300 breakfast attendees.

Don’t miss out—make plans now to attend the 37th annual APHON conference, “Leading With Courage,” from September 19–21, 2013, in Louisville, KY.

Test Your Knowledge
A five-year-old patient with sickle cell disease presents with splenic sequestration, oxygen saturation value of 95%, temperature 37.5°C (99.5°F), heart rate 148, respirations 28, and blood pressure 90/56. The patient’s lab values include a white blood cell count 5,000/mm³, hemoglobin 5.2, and platelet count 175,000. What is the most important initial intervention?

A. Administration of intravenous antibiotics
B. Initiation of oxygen via nasal cannula
C. 10 breaths on an incentive spirometer
D. Transfusion of 10 mL/kg packed red blood cells

Answer: D

Rationale: Treatment for splenic sequestration could include all of the listed interventions to assist the patient if warranted; however, transfusion of red blood cells is the most important first step for this patient who is exhibiting signs of cardiovascular compromise.

Bibliography

Humor on the Menu for ONCC Breakfast

Yvonne Conte, professional speaker, best-selling author, and humorist, will present “Humor Advantage–The Power of Humor” at the ONCC Recognition Breakfast for Oncology Certified Nurses. Conte will share her insights on how humor can help us deal with life’s trials and triumphs.

The breakfast will be held April 26 at the Walter E. Washington Convention Center during the ONS 38th Annual Congress in Washington, DC. ONCC also will present the winners of the 2013 ONCC Awards.

An e-mail with a link to the online ticket reservation system will be sent to ONCC-certified nurses in March. Tickets must be reserved online. One ticket may be reserved per certified nurse. Attendance is limited to 750. Tickets will be awarded on a first come basis.
More Practice Items for the Price

Good news for fans of ONCC practice tests. More items will be included on practice tests beginning in 2013.

In the past, a 20-item free practice test was available for each certification test. Now, the new model will provide 50 items on free tests.

Additional 50-item practice tests may be purchased for $35, and in the case of OCN® certification, two 50-item practice tests may be purchased for $50. For the OCN® candidate, a total of 150 practice items will be available for $50 compared to 120 practice items at $55 in the past. The other certifications will have a total of 100 practice items available for $35, compared to 80 practice items for $35 in the past.

The change was guided by feedback from certified nurses as well as the need to address one of the significant barriers to certification—fear of testing. By providing additional practice items, candidates will become more comfortable with the types of items found on certification examinations.

It should be noted that no items on the practice tests will be found on the actual certification examination. The goal of practice tests is to help the candidates to become comfortable answering the type of items found on an ONCC certification examination, not to provide study material or actual content.

ONCC Supports ICE Research

The ONCC Board has approved a $10,000 contribution to support the Institute for Credentialing Excellence (ICE) research and development program.

ICE sets standards within the credentialing professional community and provides accreditation of certification programs through the National Commission for Certifying Agencies.

ICE also provides education opportunities related to certification and recently has developed a research agenda to address a variety of certification and credentialing issues.

BMTCN™ Eligibility Criteria Approved

The Board has approved the eligibility criteria for the BMTCN™ certification test.

Initial candidates must have an active, unrestricted RN license; at least 12 months experience as an RN within the past three years; at least 1,000 hours of blood and marrow transplant (BMT) nursing practice in the past 2½ years; and at least 10 hours of accredited continuing education in BMT within the past three years.

For more information, go to http://www.oncc.org/TakeTest/Certifications/BMTCN.

The BMTCN™ program is on track to have the first examination administered in February 2014. Candidates who apply to take the examination in the first administration will receive a $50 discount on fees. Candidates in this group will not receive immediate pass or fail results at the testing center because extensive statistical analysis will be performed on all of the items first.

Poorly performing items will not count toward the candidate’s score. The first group of candidates will receive their pass or fail results when this analysis is complete (within three months).

Candidates who test in later administrations will receive immediate results at the test center but will not qualify for the discount fee.

Rebecca O’Shea Elected to ONCC Board

The votes have been counted in the recent ONCC Board of Directors election. Rebecca (Becky) O’Shea, MS, RN, OCN®, AOCNS®, CBCN®, CNS-M/S, has been elected to the Board.

O’Shea is the oncology program coordinator and breast center navigator at Texas Health Presbyterian Hospital in Denton, TX. She will begin a three-year term on the Board in June 2013.

Thanks to all of those who voted in this year’s election.
Volunteer Spotlight: Michelle Ellis, RN, OCN®, CBCN®

Certification News Editorial Board

Why Did You Become an Oncology Nurse?

In my 17 years as an RN, I have practiced as a staff nurse in a high acuity telemetry, renal, and respiratory unit; staff nurse and director for emergency and critical care services; back office and operating room nurse in plastic and reconstructive surgery; and clinical research coordinator. Care of patients with cancer was common throughout my career. When the opportunity for a navigation position was created in the cancer center, my past experiences proved to be suited perfectly to the needs. My nursing combined with an extensive family history of cancer inspired me to try for the position, and I started navigation in 2008. Now, I can’t imagine doing anything else.

Why Did You Become Certified?

I became OCN® certified in 2009 as a requirement for the position I hold. Once I began studying for the exam and realized the continuing education I would need to keep the certification, I understood how much more useful I would be to my patients. I always have wanted to be the best that I could be, and certification helps me accomplish that. The CBCN® certification was not required, but I felt professionally and personally driven to try. I became a CBCN® in 2010.

Where Do You Work, and What Is Your Current Position?

I am the nurse navigator for the Hearst Cancer Resource Center at French Hospital Medical Center in San Luis Obispo, CA. The center is truly unique. We don’t do treatments—we provide support services; financial counseling and assistance; and navigation. Our services are for patients and their families and friends (regardless of where they are being treated). All are offered at no charge.

Fun Facts and Hobbies

I enjoy listening to music; playing the flute and guitar; reading; sewing; and cross-stitching. I love animals and recently rescued two kittens (Audrey and Marilyn) from the local animal shelter. I am the younger sister of a courageous survivor of childhood cancer and multiple adult cancers, Cheryl. Cheryl and I always have been close in spirit, and she recently purchased her first home miles from where I live. We feel blessed to be physically close to each other again, celebrating each day that we are here.

Colleen Nixon Makes Impact on Pediatric Patients (continued from page 1)

into a 3½-day course. The certification review course is offered once a year and attracts nurses from all over the country. This program has been extremely successful on the local level, as 82% of the staff nurses in the pediatric hematology-oncology program where Colleen works currently are certified. Colleen also organizes monthly educational sessions that provide contact hours in the area of pediatric hematology-oncology to help ensure that nurses have contact hours that can be used for recertification or to meet eligibility criteria for initial certification.

Colleen strives to promote the education and development of all pediatric oncology nurses and is not only interested in the development of nurses at the local level, but also has reached out at both national and international levels. Patricia Branowicki, MS, RN, NEA-BC, eloquently described Colleen as “someone who is always willing to help and share her resources, clinical knowledge, and expertise to her colleagues.”

Since 2004, Colleen has been an instructor for the APHON chemotherapy and biotherapy course. In October 2011, she worked with nurses in Iceland to bring the course to their institution. She is proud to report that 20 nurses have completed the APHON course in Iceland. On the international front, Colleen also participated in the development of a preconference workshop for nurses at the 42nd Congress of the International Society of Paediatric Oncology. Colleen is also a member of the global outreach program and has traveled to Egypt and Tanzania to educate nurses on pediatric oncology topics.

Colleen also shares her knowledge of pediatric oncology topics through local, national, and international presentations and numerous publications that can be found in a variety of peer-reviewed books and journals. Colleen has received multiple awards for her work, the most recent being the David G. Nathan Pediatric Oncology Nursing Excellence Award in 2011 from the Dana-Farber/Children’s Hospital Cancer Center.

Congratulations, Colleen, on the CPON® of the Year Award and making such a strong impact on pediatric patients with cancer, families, and health-care professionals on a daily basis!
Institutions Earn Recognition Plaques

ONC recently awarded recognition plaques to 33 organizations for staffing their facilities with ONCC-certified nurses. ONCC presents these plaques free of charge to any patient care setting where the majority (more than 50%) of RNs employed are certified by ONCC. Go to http://www.oncc.org/Awards/Plaques to request a plaque for your institution.

Congratulations to the following facilities.
Alton Memorial Hospital, Outpatient Cancer and Infusion Center in Alton, IL
Aurora West Allis Medical Center, Cancer Care Center in West Allis, WI
Baptist Hospitals of Southeast Texas, Baptist Cancer Center in Beaumont, TX
Beebe Medical Center, Tunnell Cancer Center in Lewes, DE
Blood & Cancer Center in Canfield, OH
Christus St. Vincent Regional Medical Center, Cancer Center in Santa Fe, NM
Connecticut Children’s Medical Center, Center for Cancer and Blood Disorders in Hartford, CT
Consultants in Medical Oncology and Hematology, Bryn Mawr Hospital Health Center in Newtown Square, PA
Consultants in Medical Oncology and Hematology, Cancer Center at Brinkton Lake Crozer Medical Plaza in Glen Mills, PA
Consultants in Medical Oncology and Hematology, Cancer Center Suite 502 at Delaware County Memorial Hospital in Drexel Hill, PA
Consultants in Medical Oncology and Hematology, Chemotherapy Suite, Cancer Center at Delaware County Memorial Hospital in Drexel Hill, PA
Consultants in Medical Oncology and Hematology, Taylor Hospital Office in Ridley Park, PA
Dana-Farber/New Hampshire Oncology-Hematology in Londonderry, NH
Disney Family Cancer Center at Providence Saint Joseph Medical Center in Burbank, CA
H.R. Hoover Cancer Center, Hematology/Oncology Division in McMinnville, OR
Hematology Associates of New Jersey in Pompton Plains, NJ
High Point Regional Hospital, Radiation Oncology in High Point, NC
Hunterdon Regional Cancer Center in Flemington, NJ
John B. Amos Cancer Center, Infusion Unit in Columbus, GA
Knox Community Hospital, Center for Cancer Care in Mount Vernon, OH
Lafayette General Medical Center, Cancer Center in Lafayette, LA
Massachusetts General Hospital, Radiation Oncology-Francis H. Burr Proton Therapy Center in Boston, MA
Medical Arts Associates, Ltd., Oncology Department in Moline, IL
New Ulm Medical Center, Allina Health, Virginia Piper Cancer Center in New Ulm, MN
North Shore Oncology Hematology Associates in Libertyville, IL
Ochsner Health System, Hematology/Oncology in Covington, LA
Orange Regional Medical Center, Spagnoli Cancer Center in Middleton, NY
Providence Centralia Hospital in Lacey, WA
Smilow Cancer Care Center, CCA in New Haven, CT
Texas Health Harris Methodist Hospital, Hurst Euless Bedford, Oncology Care Unit in Bedford, TX
University of California Davis, Cancer Center, Adult Infusion in Sacramento, CA
UPMC Cancer Center, Jefferson in West Mifflin, PA
Wendt Regional Cancer Center in Dubuque, IA

Advocates Sign On to Encourage Certification

Eleven nurses recently joined ONCC’s Certification Advocates Program. Advocates are certified nurses who voluntarily promote the benefits of certification in their workplace, chapter, or community. To join, go to http://www.oncc.org/Support/Advocates.

- Sarah Barwell, Cincinnati, OH
- Mary Beckerle, Moreno Valley, CA
- Caroline Costello, Boston, MA
- Jessica Guenser, Seattle, WA
- Sharon Hanchett, Pittsburgh, PA
- Monica Kraft, Oklahoma City, OK
- Sara Orndoff, Pittsburgh, PA
- Stephanie Paaske, Philadelphia, PA
- Donna Quiroz, Los Angeles, CA
- Kelly Sikora, Steubenville, OH
- Elizabeth Dale Weaver, Columbus, OH
Assessment to Be Open to Nurses Within a Few Weeks (continued from page 1)

two hours of uninterrupted time. For most, a quiet spot at home or work will be best because the assessment must be completed in one sitting. No pass or fail scores will be provided. Immediately after completing the assessment, candidates will receive a diagnostic report that will identify their knowledge strengths and weaknesses in the areas covered by the assessment. The subject areas on the assessment are the same as those on a certification test blueprint. The diagnostic report will identify the number of points needed for renewal and the subject areas in which points may be earned.

All renewal candidates will need to earn a minimum of 25 points. Candidates who have identifiable knowledge gaps will be required to earn points in specific subject areas and may need to earn more than 25 points. Candidates whose knowledge is strong in all areas on the assessment may choose the areas in which to earn 25 points. ONCC expects that most candidates will need less than 50 points for renewal. That equals 25–50 contact hours of continuing education, and points also may be earned through academic education, presentations, or publications if desired.

Candidates are encouraged to take the assessment as soon as they are eligible to provide the most time to earn the points needed for renewal. Nurses who are eligible to take the assessment but who don’t do so may renew their certification by earning 100 points according to the weighting of their certification test blueprint, or they may retake the certification examination in the year their certification will expire.

Certified Nurses at a Glance

Here’s a look at the number of certified nurses as of January 1, 2013 compared to 2012.

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Readers respond

How has certification of oncology nurses made a difference at your institution? Tell us how certification has made an impact at your organization. Send your replies to oncc@oncc.org.