The elections are upon us once again! Now, you might be thinking, “Wait a minute! I am well aware who will soon be President.” However, that is not the election I’m talking about.

It is time for the ONCC election, and as a certified oncology nurse, you have the privilege of helping to shape the future of ONCC and oncology nursing certification itself by voting to elect a member to the board of directors. This year, one position is open and it must be filled by a certified pediatric oncology nurse (CPON®).

Brief biographic synopses of the candidates can be found on page 3 of this issue. More extensive biographies can be found on the ONCC Web site (www.oncc.org), and voters are encouraged to review these to ensure an informed decision. Candidate biographies also will be posted on the election ballot Web site. Keep in mind that the order in which the candidate names appear is randomly selected by computer, and they will appear in the same order on the ballot.

All nurses who hold ONCC certification as of September 2008 are eligible to vote. Eligible nurses with a valid email address on file should receive an email from the ONCC election administrator containing instructions on how to log on to the election site along with a password and directions for voting. Those who have not provided ONCC with a valid email address will be mailed a letter containing a password and voting instructions.

With 2,141 nurses voting in the 2007 elections, it (See “Election Fever,” page 3)

Pediatric Certification Will Include Hematology Beginning in 2010

Beginning in 2010, ONCC will offer the certified pediatric hematology oncology nurse (CPHON) examination. The new examination will be based on the results of a role delineation study of pediatric oncology nursing practice conducted in 2008, which indicated hematology is a significant portion of the practice of certified pediatric oncology nurses. More information about the CPHON examination, including eligibility criteria, can be found at http://www.oncc.org/getcertified/cphon.shtml.

Nurses who are currently CPON® certified can renew their credentials as long as desired through a combination of practice hours and professional development activities, known as the Oncology Nursing Certification Points Renewal Option (ONC-PRO). Those who wish to obtain the CPHON credential must meet the eligibility criteria and pass the test.

Watch for more information about CPHON certification in the ONCC Certification News and on www.oncc.org.
A New Look for ONCC

You may have noticed a different ONCC logo on this issue of the ONCC Certification News or in recent communications from ONCC. The new ONCC logo includes components similar to those found in the logo used by ONS, an affiliate organization.

For example, the wedges above and below the letters “ONCC” also appear in the ONS logo. This symbol was not randomly chosen but was derived from a diagram often used by Florence Nightingale to graphically represent data she had collected. The symbol provides a contemporary link to one of the earliest uses of evidence-based practice in nursing.

To minimize costs, the new ONCC logo will be phased in over the coming months by reprinting materials only as they are needed.

Sweaty Palms and Nervous Stomachs Be Gone! Test Taking Strategies

A re you preparing to take the certification examination? How do you plan to study? What are your strategies? Preparing for the certification examination involves a time commitment, and the test is an objective measure of your foundational knowledge of oncology nursing care.

Sweaty palms, nervousness, and uneasiness are common feelings expressed by many candidates as they prepare to take the test. Reducing test anxiety can maximize your ability to be successful. Several study methods that can lessen anxiety may be incorporated as you review for the examination.

For example, some oncology nurse educators offer one-on-one mentoring to complete an educational assessment and develop a study plan based on the specified certification blueprint. Content areas are mapped out weekly, and areas of least familiarity receive precedence. The individual study plan usually spans a two to three month period. The most important first step, no matter which methods you will use to study, is to become familiar with the test blueprint of the certification test you plan to take. The ONCC test blueprints can be found on the ONCC Web site (http://www.oncc.org/getcertified/TestInformation/index.shtml).

ONCC offers online practice tests that can give you a sense of the examination style. These practice tests can be taken in study or test mode and include a reference and rationale for each correct answer. Other candidates form weekly study groups and use references specific to the test for which they are preparing. Additionally, a list of resources on the ONCC Web site can be helpful when studying. Certification review courses are another great way to prepare for the examination, possibly earn continuing nursing education credits, and meet other oncology nurses. More than one study method may be optimal for success on the examination.

Tips for preparation include

• Being comfortable with the generic names of medications
• Not waiting until the day before the test to study or “cram”
• Integrating more than one study method
• Studying the test blueprint content areas that are least familiar to you.

Day of the examination reminders include

• Arriving early to the testing site
• Wearing comfortable clothes and shoes
• Being confident in your choice of answers
• Not leaving any items blank. You have a 25% chance of getting the answer right if you guess.

Check out ONCC’s test taking tips (http://www.oncc.org/getcertified/studytips.shtml) and the free web-based practice test available for each ONCC certification examination (www.oncc.org/PracticeTests/default.aspx). Additional practice tests are available for purchase.
Meet the Candidates in the ONCC Election

The ONCC Nominating Committee has slated two candidates to appear on the ballot for the ONCC Board of Directors election to be held in November, 2008. A brief biographic sketch of each candidate’s leadership experience appears in this article. More detailed information can be found on the ONCC Web site (www.oncc.org), including each candidate’s response to how she would further the mission of ONCC.

Lauri Linder, PhD(c), APRN, CPON®
Assistant Professor (Clinical)
Clinical Nurse Specialist
University of Utah College of Nursing
Layton, UT

Rose Dunaway, RN, CPON®, CCRP
Certified Pediatric Oncology Nurse
Pediatric Hematology/Oncology Survivors Clinic and Brain Tumor Clinic
Hillsborough, NC

Apply for 2009 AOCNP® and AOCNS® Tests

Nurses who wish to take an AOCNP® or AOCNS® test in 2009 can find more information and application forms at http://www.oncc.org/getcertified/TestInformation/index.shtml.

Election Fever

(Continued from page 1)
Michael Smart, RN, BSN, OCN®

would at first glance seem that participation in ONCC elections has been robust; however, this number reflects only a fraction of the more than 25,000 nurses who were eligible to vote. This is certainly an opportunity for oncology nursing certification advocates to discuss the election with other certified nurses and encourage them to vote. In an effort to encourage greater participation, ONCC will enter all those who vote into a drawing for three $100 gift cards.

The election opened for voting on November 5, 2008, and will close on December 11, 2008. All voting must be completed online. Because it is an online election, the process of voting has become relatively simple and quick, and nurses can rest assured knowing that no possibility of a chad-counting fiasco exists.

Watch your email for more information from ONCC and the ONCC election administrator, and cast your vote!
Meet the 2008 CPON® of the Year: Colin Smith!

When it comes to multi-tasking, 2008 CPON® of the Year Colin Smith, RN, BSN, CPON®, mother of two, has mastered the art of balancing work, life, and professional development. Thanks to her mentors, Lydia Gonzales-Ryan, RN, MSN, CPNP, and Cheryl Head, RN, BSN, CPON®, Smith has been able to pursue her passions and encourage others in their quests for CPON® certification. From study groups to the creation of a CPON® bead for the Beads of Courage® program, she’s made a lasting impression on the lives of oncology nurses in the Aflac Cancer Center and Blood Disorders Service in Atlanta, GA. Audra Thompson, RN, BSN, remembers Smith as a nurse with “an incredible work-ethic and extraordinary commitment to her profession.”

The Children’s Healthcare of Atlanta’s hematology and oncology program encompasses Scottish Rite and Egleston hospitals, each with an outpatient clinic and an inpatient unit. Smith collaborated with her counterparts, Courtney Lee, RN, BSN, CPON®, Terese Acker Weart, RN, MSN, PNP, CPON®, Lisa Fisher, RN, BSN, CPON®, and Jessica Pina, RN, BSN, CPON®, in coordinating efforts to promote CPON® certification among the four different units. Spearheaded by Smith, a structured 12-week study schedule provided the resources and encouragement the nurses needed to prepare for the examination. She created a formal program that included the development of study guides, resource lists, practice tests, and a comprehensive review session. To disseminate this information, Smith published test dates, application deadlines, and study group schedules in a professional development newsletter that was distributed to all four clinical areas.

Smith says, “It is definitely a team effort to keep up with four clinical units and over one hundred nurses.” She credits the success of the study program to the collective passion for excellence among the clinical educators and the nursing staff.

Since the inception of the program two years ago, more than 50% of the nurses have become certified on three of the four clinical units. She worked with administration to develop additional incentives, such as salary bonuses and institution-wide recognition of certification into the program.

Fisher states, “Colin has encouraged many individuals to become CPON® certified. There has been a significant passing rate because of the classes she developed and offered prior to taking the CPON® test. She made each individual who passed feel amazing! She is a true mentor.”

A unique feature of the study schedule is the session that occurs approximately two weeks prior to the testing date. Those preparing for the test come together to present a disease-related topic that they were not as familiar with to increase their comfort level with the content. Although most of the time is spent quizzing each other, Smith integrated a unique component of support into the program. Each participant is encouraged to reach out to his or her colleagues to offer words of encouragement throughout the preparatory period. To complete the process, Smith followed up with each candidate to evaluate the study program and support network to enhance the process for the next study group.

Along with celebrating successes as a group, Smith also collaborated with the Beads of Courage® program. A special CPON® bead has been created in honor of certification and now is available through the organization. Additionally, she played an integral part in the center’s quest for Magnet status by including her experiences with the certification process.

Smith recently moved from Atlanta, GA, to the Dallas, TX, area. Although she is busy settling into her new environment, she is eager to continue her career and all the opportunities this trajectory will bring in the way of promoting professional development and program implementation. Congratulations to Colin Smith, the 2008 CPON® of the year.
On July 24–26, 2008, the ONCC Board of Directors and committee chairs met during the ONS Mentorship and Leadership weekend in Pittsburgh, PA. As the newest Board member, I began my three-year term on the Board and my first year as the Board liaison to the ONCC Certification News. Committee chairs in attendance included OCN® Test Development Chair Dennis DeLong, RN, BSN, OCN®; CPON® Test Development Chair Karla Wilson, MSN, FNP-C, CPON®; Advanced Practice Test Development Chair Karen Skal-la, MSN, ARNP, AOCN®; CBCN Test Development Chair Deb Swan, RN, MA, APRN-BC, AOCN®; Nominating Committee Chair Patricia Baldwin, RN, MS, OCN®, and ONCC Certification News Editor Heather Mackey, RN, MSN, ANP, AOCN®.

Many agenda items were discussed during the two-day meeting. The following is a brief snapshot of these items.

• The Board will fund monetary grants to assist chapters in promoting, supporting, and recognizing certification. A task force has been convened to develop the specific details, which will be shared in upcoming issues of the ONCC Certification News and on the ONCC Web site.

• Beginning in 2010, the CPON® examination will include hematology content. To reflect this change in content, the new credential will be certified pediatric hematology oncology nurse (CPHON). See page 1 for more information.

• Much discussion focused on subspecialty certification and the new certified breast care nurse examination that will be given in 2009. The Board members participated in a roundtable session with SIG and Chapter leaders. Concerns about the CBCN candidates not being required to hold the OCN® credential were discussed. The ONCC Board gathered data and carefully evaluated the eligibility criteria for the CBCN credential before making the decision last year. It was determined that the CBCN could be a “stand alone” credential, without a required prerequisite credential, because it includes broad and comprehensive content. The Board also determined that many seeking the CBCN credential may not meet the criteria for another ONCC certification because their experience may be limited only to breast care. ONCC Board President Vicki Norton, RN, BSN, OCN®, explained that eligibility requirements will be considered separately for each subspecialty program that is developed by ONCC. Radiation oncology will be the next subspecialty certification evaluated by the Board.

• In 2004, a national panel—the APRN Consensus Work Group—which included ONCC, was formed to develop a uniform regulatory model for advanced practice nursing. The National Council of State Boards of Nursing joined the work group in 2006. At the ONS Congress earlier this year, the completed recommendations were presented at a special session. These recommendations have been endorsed by ONS and ONCC and are available on the ONCC Web site (http://www.oncc.org/getcertified/aprn.shtml).

• In keeping with ONS and its other affiliate corporations, ONCC has selected a new logo. See page 2.

• A task force has been formed to review the ONC-PRO point allocations to ensure that they are equitable and in alignment with other certification bodies.

• The ONCC strategic plan was reviewed, concentrating on the areas of new program development with continued subspecialty examinations, globalization, advocacy, and research.

The ONCC Board will meet again November 7–9, 2008. As always, we welcome your thoughts and feedback.

Apply now for May 2009 OCN® and CBCN tests. Save $75 on applications received by January 7, 2009.
Employer Spotlight
Georgia Oncology Practice Demonstrates Excellence Through Certification
Susan Wozniak RN, MSN, OCN®

Augusta Oncology Associates (AOA) sees approximately 4,000 new patients annually. The quality of their service is a direct reflection of the quality of their clinical and research nursing staff. Twelve of the 16 nurses on staff currently hold oncology certification, and at the time of this writing, 3 more were registered for an upcoming ONCC exam.

Dennis DeLong, RN, BSN, OCN®, the resident ONCC champion at AOA, explains that certification has a strong impact on their practice as a whole and on each nurse as an individual. “Nursing professionals experience a great deal of pride in attaining and maintaining their certification, and their patients notice,” states DeLong. Patients commonly will ask the significance of the OCN® designation as noted on the nurses’ name badges. Knowing that their nurse is certified gives patients a well-deserved sense of confidence that the care they are receiving is being provided by the best. At AOA, a certified oncology nurse demonstrates a level of proficiency and knowledge that is in keeping with state-of-the-art cancer care.

Although every nurse hired at AOA is not yet oncology certified, the value of certification is discussed during the interview process, and expectations are set. Examination costs are provided for all nursing staff, OCN® review course costs are covered for the non-certified nurses, and a one-time monetary bonus is awarded for certification designation. AOA realizes that staff certification is best attained when supported by all co-workers—nurses, physicians, and organizational management. Certification advocates, such as DeLong, also are important to serve as promoter, mentor, and role-model. For DeLong, “Certification defines who I am as a nurse. I am proud of my OCN® certification. I view myself as a true oncology professional and take great joy in seeing others do the same.”

Five Nurses Win Free Certification for Life

Congratulations to Shanda Aiken, RN, AOCN®, of Tennessee, Charlene Chadwick, RN, OCN®, of Massachusetts, Susan DeSmet, RN, OCN®, of Iowa, Barbara Golden, RN, OCN®, of California, and Stacy Wolf, RN, CPON®, also of California. Each of these lucky nurses was a winner in the ONCC drawing for a lifetime of free certification renewal. All nurses who were due to renew their certification in 2008 and who applied for renewal using the Oncology Nursing Certification Points Renewal Option (ONC-PRO) by July 15, 2008, were eligible to win. A record number of applications were received by the July deadline, and these five winners were randomly selected by computer. Each will receive a free certification renewal of their current certification for as long as it is maintained.
Institutions Honored for Certified Nurse Staff

ONCC recently awarded 31 recognition plaques to oncology settings in which a majority (more than 50%) of registered nurses are certified in oncology. ONCC provides the plaques free of charge to any patient care setting that meets the majority requirement. Congratulations to these organizations.

Abington Hematology Oncology Associates in Willow Grove, PA
Angel Medical Center, Outpatient Medicine in Franklin, NC
Anne Arundel Medical Center, Radiation Oncology in Annapolis, MD
Berks Hematology Oncology Associates in West Reading, PA
Central Baptist Hospital, Radiation Oncology in Lexington, KY
Children’s Hospital and Regional Medical Center, Hematology and Oncology Outpatient Clinic in Seattle, WA
Cleveland Clinic, Willoughby Hills Oncology, in Ohio
Coastal Cancer Center in Myrtle Beach, SC
FHN, Leonard C. Ferguson Cancer Center in Freeport, IL
Glenbrook Hospital, Kellogg Cancer Care Center in Glenview, IL
Good Samaritan Hospital, Outpatient Cancer Care Unit in Cincinnati, OH
Good Samaritan Hospital, Cancer Pavilion Outpatient Infusion Center in Vincennes, IN
Henrico Doctors’ Hospital, Infusion Center-Forest Center in Richmond, VA
Huntsman Cancer Hospital and Clinics, Nursing Education in Salt Lake City, UT
Huntsman Cancer Institute and University of Utah, Outpatient Infusion Clinic in Salt Lake City
Lahey Clinic Medical Center, Sophia Gordon Cancer Center in Burlington, MA
Lawrence and Memorial Hospital, Community Cancer Center in New London, CT
M.D. Anderson Physicians Network in Houston, TX
Mid Michigan Medical Center, Infusion Center in Midland
Moffitt Cancer Center, Breast Clinic in Tampa, FL
Monmouth Medical Center, Oncology Day Stay in Long Branch, NJ
Morristown Memorial Hospital, Franklin 4 Oncology in New Jersey
Multicare Regional Cancer Center, Covington Medical Oncology Clinic in Washington
Nancy N. and J.C. Lewis Cancer and Research Pavilion, Outpatient Infusion in Savannah, GA
New Milford Hospital, Regional Cancer Center in Connecticut
OMHS Mitchell Memorial Cancer Center, Outpatient Oncology in Owensboro, KY
Oncology Alliance in Franklin, WI
Samaritan Hospital Cancer Treatment Center, Medical Oncology in Troy, NY
Southeast Missouri Hospital, Infusion Services in Cape Girardeau
St. Mary Mercy Hospital, Hearts of Livonia Healing Center in Michigan
UPMC Cancer Center, St. Margaret Office in Pittsburgh, PA
To apply for a plaque for your institution, or to update a certificate on an existing plaque, go to http://www.oncc.org/awards/docs/Plaque_Order formFeb2006.pdf or contact ONCC at 877-769-6622 or oncc@ons.org.

Nurses Promoting Certification

Four nurses recently joined ONCC’s certification advocates program. Advocates are certified nurses who volunteer to promote the benefits of certification in their workplace, chapter, or community.

To become an advocate, download the advocate application form at http://www.oncc.org/support/pdf/AdvocateFly.pdf.

We would like to welcome the following nurses to the ONCC certification advocates program!

- Joan Collett, Provo, UT
- Rebekah Lazarus, Shreveport, LA
- Patricia Ryan, Lexington, KY
- Judith Sheridan, San Francisco, CA

Readers Respond

How will you encourage your colleagues to vote in the ONCC election?

Send your response to oncc@ons.org or fax to ONCC at 412-859-6168. Please include “Reader’s Respond” in your subject line.
I want to say thank you to all who have sent emails, made phone calls, or stopped members of the ONCC Certification News Editorial Board or ONCC staff in the hallways of our workplaces to share feedback related to the News. As we are constantly striving to provide our readers with needed and timely information, we are so appreciative of the kind words and shared suggestions for improvement that we have received. Effective communication is key to the success of our organization and all of its functions, including this newsletter.

This past July, I had the good fortune of attending ONS’s Annual Mentorship and Leadership weekend in Pittsburgh, PA. As the Chair of the News’ Editorial Board, I participated in the ONCC Board of Directors meeting and also had the opportunity to meet with various Chapter leaders to discuss issues related to oncology nursing and oncology nursing certification. Many who attended shared their excitement and concerns over topics such as motivating their members, increasing interest in oncology nursing and oncology nursing certification, as well as the examinations and the emerging topic of subspecialty certification.

Based on those discussions and the issues that were identified, the ONCC Certification News will be devoting the upcoming winter issue to the topic of certification and subspecialty certification exams. Look for it in your mailbox this winter! We, along with the ONCC Board of Directors and staff, are committed to ensuring that our readership has accurate, up-to-date, and comprehensive information about all issues related to certification.

Practice Round

Practice Round provides sample items that are similar to what you would find on an ONCC certification examination. The correct answer, reference, and rationale for the correct answer are included. The items below are sample certified breast care nurse items.

1. The Breast Imaging Reporting and Data System is used to report results of which imaging modality?
   - A. Ultrasound
   - B. Positron emission topography
   - C. Mammography
   - D. Magnetic resonance

2. A patient with a 5 cm invasive lobular breast carcinoma refuses surgery for a modified radical mastectomy. The nurse anticipates an initial treatment of
   - A. Monoclonal antibodies
   - B. Neoadjuvant chemotherapy
   - C. Radiation
   - D. Hormones.

Answers

1. C. Rationale: The American College of Radiology (ACR) uses a rating scale called BI-RADS (Breast Imaging Reporting and Data System) for mammography to provide standardization for classification of a breast mass, BI-RADS rates the density of breast tissue; the presence of a mass; the shape and border appearance of the mass; the presence, type, and distribution of calcifications, such as axillary adenopathy, skin, or nipple retraction; and skin thickening.

Reference:

2. B. Rationale: Traditionally, adjuvant chemotherapy is delivered during the postoperative period. Preoperative or neoadjuvant chemotherapy may also be used. To date, most studies of neoadjuvant chemotherapy have been anthracycline-based. Benefits may include higher rates of breast conservation, the ability to clinically assess response to treatment, and the ability to refine prognosis based on the amount of residual disease after therapy.

Reference: