

HAWAII ONS NEWS

A Newsletter for the Members of the Hawai'i (Oahu) Oncology Nursing Society Chapter Winter 2011

PRESIDENT'S MESSAGE CINDY KANESHIRO, RN, OCN



Cindy Kaneshiro, RN, OCN Hawaii ONS President

Hi everyone, I hope you all had a wonderful holiday season full of memories to cherish with family and friends. I am excited to heading into 2011 as your new president of our local ONS chapter. I thought that I would begin by sharing a little about mγ oncology background and myself.

I was born and raised here in Hawaii. I am married and have two daughters currently in college. One is a junior at University of Hawaii, and the other is a freshman at Creighton University. I grew up in Waipahu and graduated from Waipahu High School. My nursing education was provided by the University of Hawaii, Manoa campus. Local girl all the way!

My nursing career began as a staff nurse at Kuakini Medical Center. After three years on a medical-surgical floor, a position opened up in the Outpatient Chemotherapy Unit. It was an outpatient position with a Monday

thru Friday schedule which I thought ideal for would be mγ family goals I requested a transfer. I quickly grew to love working with mν oncology patients and within a year achieved my Oncology Certification.... and SO began Oncology iournev in Nursing. I advanced from nurse in outpatient chemotherapy department to manager, and eventually took on additional roles as the manager of our IV (cont on page 2)

PRESIDENT-ELECT'S MESSAGE ROBIN EASLEY, MNSC, ACNP-BC, OCN



Robin Easley, MNsc, ACNP-BC, OCN Hawaii ONS President-Elect

Aloha to the Hawaii (Oahu) Chapter ONS members. I would like to start out by saying thank you for your votes during this most recent officer election in selecting me as your new President-Elect for 2011.

First, a little bit about me. I have been in nursing for a total of 29 years. I initially started out as а Licensed Practical Nurse in 1983. then obtained Science Bachelor of degree and Master of Science Degree at the

University of Arkansas for Medical Sciences Campus. During my career, I have taken care of Oncology patients in a variety of settings including inpatient units, outpatient clinics, transplant units, and chemotherapy clinics.

Prior to moving to Hawaii in 2010, I was active in the Little Rock Chapter of ONS. I was directly involved in many community projects and events. I also held the Secretary/Treasurer position on our board until I relocated. Prior to

moving here, I began researching the local chapter here on Oahu to ascertain how to get involved once I arrived, but was unable to find any current information at that time. I also enjoy attending our national ONS APN Conferences. These conferences provide me with the most current data that enables me to keep abreast of recommendations and therapies for my patients.

I have worked at Tripler Army Medical (cont on page 3)

THE EXPERIENCE OF A NEW 'NURSE RESEARCHER' JOYCE WONG, RN, OPON, CHTP, LMT



Do you think you might be interested in being a nurse researcher? I did not have this on my "bucket list", but was approached by an experienced nurse with researcher the suggestion. It was the subject and population for the research that drew my interest.

Children and Healing Touch...both are my passions. So my ears perked up, my curiosity was stimulated, and the "little detective" in me began to think. I found this is the stimulus for research. Yes, we love

evidence based practice, and thrive on it in our sound nursing practices, but that fact that we are doing research to find the answer, or more information, on an unknown subject is very intriguing.

Thus, I started on the road to research. In the beginning, it takes a lot discussion and brainstorming, searching and reading related articles. Luckily, Hawaii Pacific Health, we have a librarian who assists with searches. and this can be very helpful to pinpoint what been done, and has

what areas are yet untouched. There is little research done in the pediatric oncology population, and less done on integrative care related to energy. In fact, there is a demand for research in this area.

Very well, I say...the ideas need to be processed into the formal research proposal. Title, abstract, methods, and Introduction with Kev Words. Determine the objective, design, protocol, subjects, and setting. It does take time, and collaboration with experts in research. (cont on page 4)

PRESIDENT'S MESSAGE CONT

therapy department and then the Inpatient Oncology Unit at Kuakini Medical Center, I am currently a nurse at Tripler Army Medical Center's Hematology -Oncology Outpatient Clinic. I have maintained my Oncology Certification for the last 22 years (yikes...I cannot believe I just told you how old I am!). In 2010, I also obtained my Breast Care Certification from ONCC.

Through all these Oncology years, has remained my passion. While I learned a lot during my management years, my true love has always been the handson care with my patients and their families. As you all know, Oncology is never boring. There SO many new are advances to keep us challenged everyday as

we care for our patients. Being a part of ONS has been a great way to keep up to date and continue to increase our knowledge a n d evidence-based practice in oncology care. As a member of our local ONS chapter there are many opportunities to meet and network with colleagues our and share information. I have found our Oncology community to be a very close group and more than willing to help each other and work together provide the high quality cancer care our patients all deserve.

Over the next two years, I look forward to working together with all of you to continue to promote excellence in Oncology Nursing and quality cancer care as we meet the challenges

our patients and families present. With the help of our chapter officers and board members we will focus on the results from the 2010 needs assessment to direct our chapter's activities.

hope you will communicate freely with us and let us know what you would like for our chapter. We will looking into developing a facebook page as a means of better communication between members. It will be an exciting time as continue to forge ahead grow our membership and chapter activities.....until next time.....take care of yourself so you can continue to care for your patients and empower them throughout their cancer journey!

Being a part of ONS has been a great way to keep up to date and increase our knowledge and evidence-based practice.

PRESIDENT - ELECT'S MESSAGE CONT

a Facebook page that will be available to anyone interested in our local chapter

Center as an Advanced Practice Nurse in the Hematology Oncology clinic for the past year. Shortly after I started, I was informed of whom to contact in order to join the local chapter. In my position, I work with several members who encouraged me to become an active board member, so I agreed to volunteer for the President-Elect position.

I have many goals that I would like to accomplish during my tenure as а board First. member. and foremost, plan to increase the visibility of our chapter to nurses, students or individuals interested in our chapter wherever they are located. I have started setting up a Facebook

that page will be available to anyone on the internet interested in our local chapter. The plan is to keep this page updated so individuals will have current contacts and facts about our chapter. The second goal is to create a Facebook group increase communication members among regarding chapter meetings along current and upcoming events. This will enable our members to view pictures taken at community events. previous meeting minutes, etc. in order to keep them informed if they are unable to attend the meetings. My next goal is to learn the details and business related side of our chapter. This will enable me to understand and direct future recommendations as to how we can keep our chapter current and progressive in the field of Oncology nursing.

Community involvement is one area that I would like to see our chapter significant have а impact. I have discussed community involvement opportunities with some of our members and feel as a chapter we should our increase visibility and help to support Oncology resources for our patients throughout the state. There are multiple simple ways that we can do this. Details will be forthcoming during the next few months.

REFLECTIONS PATRICIA NISHIMOTO, RN, MPH, DNSC



Cancer. metastasis. WBC's, MRI. scans, neutropenia, restaging... For those of us in oncology nursing, these are words used daily to communicate about the status of our patients. But for the person who has just been diagnosed with a malignancy, it can feel like a whirlwind. Swirling rapidly, unsure of what is happening, what will happen, and engaging in a new world of oncology where the language is foreign and the rules of life are changed can be overwhelming for the hardiest of souls.

Friends, family and caring oncology nurses may stop in the business of oncology treatment to ask about 'how things going' but the patient is so caught up in the simple task of putting one foot in front of the other that there is no time to even think of how things are going. The patient is just glad to be and 'going' moving which can seem close to impossible when fatigue seems to 'super glue your body to the furniture.'

As oncology nurses, we have watched patients with 'deer in the

headlight' eyes struggle through diagnosis and treatment and then stand back afterwards and ask 'what just happened to me?' We have watched family members stand by helplessly wanting to help but not knowing what to do or sav because the patient is too overwhelmed even know what to tell them what would help.

Sometimes, we think that 'next time he comes to the clinic, I'll sit with him and his family to talk with them about how the cancer and treatments are affecting them' but the 'next time comes' (cont on page 5)

nursing care of pediatric patients with cancer, and Healing Touch. There are resources at our medical centers, and I found that the team at Kapiolani was very supportive.

A research project done with Dr. Asad Ghiasuddin, Dr. Chieko Kimata and Bonnie Patelesio from KMCWC was entitled: The Effect of Healing Touch on Reducing Pain, Fatigue, Stress & Anxiety, and the Incidence Hospitalization for Fever. Neutropenia, Thrombocytopenia, and Anemia in Children Receiving Chemotherapy, and/or Radiation for the Treatment of Cancer. Yes, a very grand title, and as we went along, we found a very ambitious project. It was detailed, and we got a lot of information, some of which we were unable to use.

Healing Touch is an energy therapy that has been shown to lower pediatric stress in oncology patients. Our study looked to evaluate the impact of HT on psychological and hematologic parameters in this patient population. A total of nine patients age 3-18 were enrolled between July 2009 and June 2010; six in the HT arm and three in the control © arm which was Reading/Age appropriate play activity. Each patient received his or her respective intervention for thirty minutes once a day at each inpatient visit and

outpatient visit. Patient, parent, and nurse prepost-assessments and were made using the Wong-Baker Faces scale (pain), Feeling Thermometer (stress), and My Fatigue Meter (fatigue). Complete Blood Counts and Pain medications were also monitored. We found in the HT group, there was a significant decrease in scores for pain, stress, and fatigue by all raters. Additionally, a parent's perception of their child's was decreased significantly more for the HT group than for the C group. This study demonstrated that it is feasible to use energy therapy in the pediatric oncologypatientpopulation.

The design and setting was randomized prospective one-vear intervention study with a control arm, conducted at the inpatient ward and ambulatory clinic KMCWC. Subjects were randomized into Group 1 (Sea Turtles) who received HT once a day thirty minutes by HT an practitioner (Intervention) and Group 2 (Dolphins) who were read a book or played an appropriate play activity for thirty minutes by a caring presence who was not a HT volunteer. Subjects were between 3-18 years of age, had a cancerdiagnosis, receiving and were and/or chemotherapy radiation according to a COG protocol. Statistical analysis included simple

descriptive statistics and paired t-test were used to compare pre vs. post scores on assessment scales. The study was approved by the Western Institutional Review Board. Informed consent was obtained from parents of participants, assent verbal was obtained from the 7-12 vears and written assent at age 13-17 years.

Due to the variability in diagnosis and treatment protocols for the two groups, it was very difficult to make any conclusions on the hematologic parameters. We were also unable to get enough data on pain medication to make any type of comparison.

We found that the length of this determined study was too long, and with too many patient variables; it would be helpful to standardize the number of sessions. Being flexible on the length of time for a given treatmentis advised, as we found that some younger children, ages 3-8, did not tolerate the thirty-minute treatment well.

There was a wide range of age and developmental levels, and differences in diagnosis was within too wide of an age range in pediatric population. There were some complicated ethnic and cultural differences in some of our patients. The project financed was by an outside organization, some trained as HT practitioners, (MOA group), and others in experienced HT practitioner volunteers. Lastly, as in many studies involving HT, we looked only at the effect of HT without making an investigation on the mechanism.

Dr. Asad and I learned is that it feasible to incorporate Complementary Alternative /Integrative care into the nursing care for pediatric oncology patients, on COG protocol, with pain reduction as being seen by both patient and parent caregiver. This valuable information was well worth the time and energy put the study, and warrants further research.

Personally, I learned that biofield therapies are an important in the "Healing Art of Nursing", the subtleties of one's caring and compassion for holistic patient care. It may be a source of symptom reduction in children and adults. It also has potential for reducing hospital stays and pharmaceutical costs.

I encourage researchers to carry out new research and to replicate existing research to add to evidence based practice to research on Healing Touch.

Calling all detectives..... Come along, fellow investigators, I would like to plant this idea of nursing research to you...



It is an intriguing ride that makes a difference in our practice!

REFLECTIONS CONT

an opportunity to stop the whirlwind and reflect on the cancer journey and we are busy with a new patient or we are sitting with a dear patient who was just told of their recurrence. So much to do and not enough time...thoughts that all oncology nurses share.

Nursing is so much more than the physiological. We want to provide spiritual and emotional care to help patients not feel as if they are swirling in a foreign world of oncology but how can we do that

and still get our notes done on time, our paperwork completed...

Oncology on Canvas has been offered by the members of our chapter to our patients, their families, their friends and the staff the past four years as an opportunity to stop the whirlwind and reflect on the cancer journey. Each time that is done, doors of communication open in a gentle, and supportive environment. And those

of us who volunteer stand back in awe as the magic happens and remember why we became an oncology nurse.

WHAT:

Oncology on Canvas **WHEN**:

Summer, 2011 **HOW to VOLUNTEER:**

Contact Pat Nishimoto at 433-4087 or email pat.nishimoto@ us.army.mil

SAVE THE DATE...

Upcoming ONS Dinner Lectures

February 17

TITLE: "Healthcare Legislative Update"

Speaker: Tony Edlin, MBA

Location: VINO's (Restaurant Row)

TIME: 6pm registration

March 17th April 14th

The OCN Review Course

March 14, & 15, 2011 (see next page)

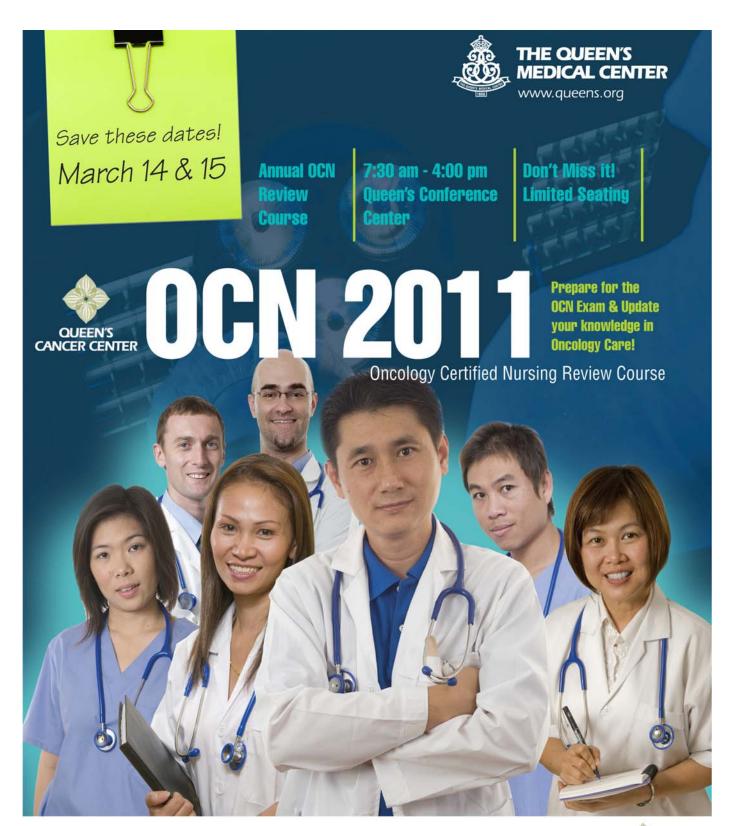
Annual ONS Picnic

September 11, 2010 ---more info to come---



Looking for MENTORS!!!

Interested in mentoring Nursing Students?... Contact Jackie or Cisco for more information.



For more information, email amatsuo@queens.org or call Alison Matsuo at 547-4542. Applications will be available in December 2010.

Upon completion of this course, contact hours will be awarded. The Queen's Medical Center is an approved provider of continuing nursing education by the Arizona Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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MESSAGE FROM THE EDITOR Please feel free to submit articles, information to pass on, and suggestions for future newsletters.