ONS defines nurse leadership skills

AFTER A YEAR in the making, the Oncology Nursing Society (ONS) has made available a leadership competencies document to help nurses understand the skills needed at the individual, group, and governance levels of leadership, and to enhance their personal and professional growth. *Oncology Nursing Society Leadership Competencies* provides a means for self-assessment and a foundation for future leadership education.

The ONS leadership competencies project team was launched in the fall of 2011 to develop statements that would be relevant to oncology nurses regardless of their specific role or area of practice. The five nurse leaders on the team, representing administration, education, and clinical practice, conducted an extensive literature review of health care and business articles to identify and define relevant competencies. According to the project overview statement, the clear indication from this literature review was that a conceptual model was needed to visually describe the personal growth required to effectively advance as a leader. Such a model would describe an effective leadership pathway, including competencies needed from an individual level to a board level. Each competency builds upon the proficiency met at the individual level, which is the foundation for leading groups or serving in governance roles.

Available at www.ons.org/Clinical Resources/media/ons/docs/clinical/leadership comps.pdf

Once the leadership competencies were identified and defined, the document was made available for public comment, field review, and expert review. The competencies are divided into five domains.

Personal mastery A continuous domain of self-understanding, internal and external assessment, and personal growth as the leader develops the intrinsic skills and values that will serve at every level of leadership

Vision The ability to strategically look into the future, discern the possibilities, and act as a catalyst for change

Knowledge The continual and systematic pursuit, translation, and application of evidence-based information

Interpersonal effectiveness The ability to create and maintain productive interactions and positive relationships

Systems thinking Understanding, interpreting, and acting upon the relationships and processes, both internal and external to the health care environment, to drive positive outcomes

Each domain is further broken down into competencies. For example, personal mastery consists of five competencies: introspection, self care, authenticity, lifelong learning, and adaptability.

Every competency presented is defined, and examples are given to show how each competency is manifested at the individual, group, and governance levels. The inspiration competency in the vision domain, for example, is defined as "a sense of confidence and excitement about the future and a climate that encourages and celebrates achievement." At the individual level, a vision of the future is expressed with genuine enthusiasm. At the group level, team spirit is built and others are enlisted through collaboration of the shared vision. At the governance level, resources that enable the nurse to provide visibility of achieving the vision throughout the journey are enlisted.

The oncology nurse leader transitions among the three levels within a given competency depending on the skills needed at the practice level. ■

Every competency presented is defined, and examples are given to show how each competency is manifested at the individual, group, and governance levels.

Toolkit helps manage life after cancer treatment

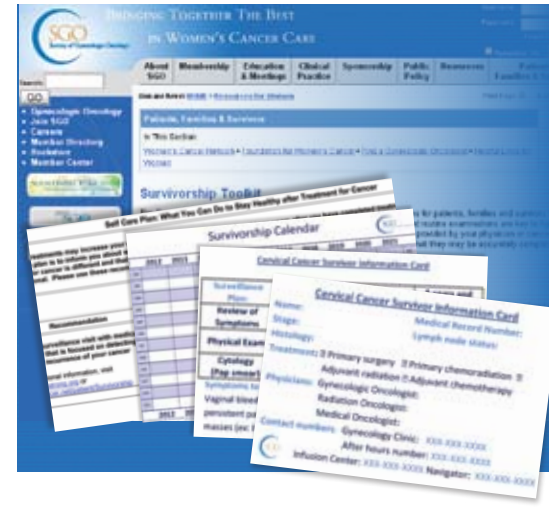
PEOPLE PREPARING for life after cancer treatment can use the Survivorship Toolkit to help gather and maintain important treatment-related information. A new offering from the Society of Gynecologic Oncology (SGO) and the SGO's Foundation for Gynecologic Oncology, the various toolkits make available posttreatment self-care plans with information and recommendations on staying healthy, wallet-sized information cards, and a survivorship calendar for keeping track of appointments.

Care summary and follow-up plans are increasingly important in cancer care. The American College of Surgeons' Commission on Cancer is requiring accredited cancer centers to have a process in place by 2015 for disseminating these types of resources, according to an SGO statement.

In addition to the offerings for all cancer survivors, templates and individualized care plans are available for women with cervical, endometrial, ovarian, or vulvar cancer. "Survivors of gynecologic cancers have unique needs and questions after treatment, including concerns about future fertility and sexual health, that may not be covered in general cancer resources," noted Ronald D. Alvarez, MD, president of the Foundation for Gynecologic Oncology and professor and director of the Division of Gynecologic Oncology at the University of Alabama, Birmingham.

The templates for the specific gynecologic cancers can be used to help women prepare for the posttreatment phase of recovery. The documents help put in order such information as

- The patient's cancer history
- Diagnosis and treatment summary
- Follow-up recommendations
- Names and contact information for members of the treatment and posttreatment team.



Society of Gynecologic Oncology survivorship toolkit, available at www.sgo.org

Tables list the intervals at which survivors of a particular gynecologic cancer should undergo various tests. General recommendations for other cancer screening and tips for achieving and maintaining a healthy lifestyle are also available in easy-to-read formats. ■

ASCO updates breast cancer follow-up guidelines

THE AMERICAN Society of Clinical Oncology (ASCO) has issued its first clinical practice guideline since 2006 on the follow-up and management of patients with breast cancer who have completed primary therapy with curative intent.

The following recommendations were made on behalf of ASCO by James L. Khatcheressian, MD, of the Virginia Cancer Institute in Richmond, and colleagues, and published in *Journal of Clinical Oncology:*

These guidelines are the first clinical practice guidelines issued by ASCO since 2006.

- Physical examinations should be performed every 3 to 6 months for the first 3 years, every 6 to 12 months for the fourth and fifth years, and annually thereafter.
- Women who have undergone breast-conserving surgery should undergo mammography 1 year after the initial mammography and at least 6 months after completion of radiation therapy. Thereafter, unless otherwise indicated, a yearly mammographic evaluation should be performed.
- In an otherwise asymptomatic patient with no specific findings on clinical examination, use of complete blood counts, chemistry panels, bone scans, chest radiography, liver ultrasonography, pelvic ultrasonography, computed tomography scans, [18F]fluorodeoxyglucose-positron emission tomography scans, magnetic resonance imaging, and tumor markers (carcinoembryonic antigen, CA 15-3, and CA 27.29) are not recommended. ■

FDA Update

The FDA has approved **paclitaxel** protein-bound particles for injectable suspension, albumin-bound (**Abraxane** for Injectable Suspension) for use in combination with carboplatin for the initial treatment of persons with locally advanced or metastatic non-small cell lung cancer (NSCLC) who are not candidates for curative surgery or radiation therapy.

A 90-minute infusion of **rituximab (Rituxan Injection)** starting at cycle 2 received FDA approval for patients with non-Hodgkin lymphoma who did not experience a grade 3 or grade 4 infusion-related adverse reaction during cycle 1. This faster infusion is not recommended for patients with clinically significant cardiovascular disease and high circulating lymphocyte counts (5,000/µL or higher).

Omacetaxine mepesuccinate (Synribo) received FDA approval for the treatment of chronic-phase or accelerated-phase chronic myeloid leukemia (CML) in adults who are resistant to or intolerant of two or more tyrosine kinase inhibitors. Accelerated approval was granted after two studies showed that the agent reduced the percentage of cells expressing the Philadelphia chromosome genetic mutation found in most people with CML.

Social-network quality improves breast cancer survival

ALTHOUGH PREVIOUS research has shown that women with larger social networks have better rates of breast cancer survival than women with smaller social networks, a new study shows that the quality of those relationships also has an impact on survival.

The latest research focused on 2,264 women who took part in the Life After Cancer Epidemiology (LACE) study. The women, who received diagnoses of early-stage, invasive breast cancer between 1997 and 2000, provided data regarding their social networks, social support, and caregiving.

During a median follow-up of 10.8 years, 401 deaths occurred, including 215 from breast cancer. Social isolation was shown to be unrelated to recurrence or to breast cancer-specific mortality. However, socially isolated women had a 34% greater risk of all-cause mortality, including death from breast cancer.

Investigators reported that levels of support within relationships were important risk factors for breast cancer mortality.

Investigators also reported in *Breast Cancer Research and Treatment* that levels of support within relationships were important risk factors for breast cancer mortality. Specifically, patients with small social networks but high levels of support from those networks were not at any greater mortality risk than were women with large social networks, but patients with small networks and low levels of support were 61% more likely to die from breast cancer and other causes than were the women with small networks but high levels of support. ■

ONA ASKS ...

A recent blog discussed providing patients with access to their electronic health records (EHRs). The author mentioned that invaluable insight could be gained if patients were allowed full access to their own EHR, including the ability to add their own notes.

Do you think patients should be allowed read/write access to their own EHR?

Go online to answer our poll question. We'll publish the results and a new question in the next issue.

Source: Shapira L. Do we trust patients enough? Medscape Connect. http://boards.medscape.com/forums?128@@.2a3704b7!comment=1. Accessed November 26, 2012.

...AND YOU ANSWERED In the last issue, we asked if you would suggest acupuncture for the relief of chemotherapy-related pain and nausea.