

**ONCOLOGY NURSING SOCIETY  
NURSE PRACTITIONER (NP) SPECIAL INTEREST GROUP MEETING  
APPROVED MINUTES**

**DATE:** Thursday, May 13, 2010  
**PLACE:** San Diego, CA, San Diego Convention Center, Room 15B  
**TIME:** 2 – 3:30 PM (PT)  
**RECORDER:** Barbara Biedrzycki

**ATTENDEES:** 47 attendees that included 26 NP SIG members signed the attendance list (attached).

**I. Welcome and Introductions**

NP SIG members and guests were welcomed to the 2010 ONS Congress NP SIG meeting. Attendees were congratulated for the 20<sup>th</sup> anniversary of the NP SIG.

The agenda was reviewed: Minutes from 2009 NP SIG meeting; NP SIG History and Membership Status; Mission Statement and Goals; Election Results; Recognition; ONS Leadership Opportunities; Discriminatory Language Project; AOCNP® and APRN Regulation Updates; Certification Challenge; Legislative Updates; Job Description Registry; Newsletter Update; Bridging the Gap; and Facilitated Discussion. Door prizes awarded at the end of the meeting.

**II. Approval of 2009 Minutes**

NP SIG members had an opportunity to review the 2009 NP SIG Meeting Minutes prior to this meeting as the minutes were posted on the NP SIG Virtual Community. Several hard copies were circulated. Colleen Lee, NP, who attended the 2009 NP SIG Meeting reviewed the minutes and verified its accuracy. A motion was made and seconded to approve the minutes from the 2009 ONS Congress NP SIG meeting held on April 30, 2009, at San Antonio, TX. The members were polled and the minutes were approved. There were no revisions or approval objections.

**III. NP SIG History and Membership Status**

2010 is the 20<sup>th</sup> anniversary of the NP SIG. The NP SIG history was reviewed. Initially, the NP SIG was formed by 13 dedicated NPs, now the NP SIG is 1,270 members strong. The NP SIG is the third largest SIG, after the Chemotherapy and Bone and Stem Cell Transplant SIGs.

The past eight Coordinators who led the NP SIG over the past years were recognized: Rebecca Hawkins, Karen Greco, Kathleen Murphy- Ende, Laura Stempkowski, Mary Pat Lynch, Terri Armstrong, Diane Cope, and Wendy Vogel.

**IV. Mission Statement and Goals**

The NP SIG mission statement, “The NP SIG is dedicated to promoting high standards and fostering the professional development of oncology nurse practitioners in their role as advanced practice nurses in oncology” was discussed.

Previously the NP SIG strategic plan consisted of six pages of goals, subgoals and action items. At the last SIG Leadership Workshop, all SIG Coordinators had the opportunity to streamline their strategic plan. The NP SIG’s current goals are: 1) advocate for the use of “non-discriminatory” or provider neutral language in health care that recognizes nurse practitioners; 2) promote certification as oncology nurse practitioner; and 3) and, promote ONS group membership in AANP and report on meetings. Participants were referred to the NP SIG Virtual Community for more details.

Participants were invited to complete a needs assessment form to be used for the development of future NP SIG goals.

## **V. Election Results**

Congratulations were extended to our new NP SIG Coordinator Margaret (Peg) Rosenzweig, PhD, APN-C, AOCNP®. This year 12 SIGs held elections for new coordinators and only three had competitive elections, one of which was the NP SIG. Usually the SIG Coordinators have the advantage of being Coordinator-elect for a year, but due to previous NP SIG leadership change, Peg will become SIG Coordinator at the close of the 2010 Congress, skipping the year as Coordinator-elect.

We are now recruiting for candidates for the NP SIG Coordinator-elect position. SIG information packets are applications are available at the ONS website. Potential candidates are invited to share their interest with any of the NP SIG leaders and the ONS Nominating Committee, as well as to ask them questions. A sign-up form was circulated for meeting participants to express their interest.

## **VI. Recognition**

Congratulations were extended to Laura Zietella, RN, MS, NP, AOCN®, the winner of the ONS Excellence in Medical Oncology Award, and a NP providing services to medical oncology inpatients at Stanford University. NP Zietella was recognized for her holistic care of medical needs, as well as emotional, social, and psychological needs. She advocates for patients, mentors colleagues, and advances the profession as an oncology nurse practitioner.

To be considered for the award, candidates must be a recognized expert in medical oncology, make significant contributions to medical oncology through presentations, publications, and/or research, and serve as a role model. NP Zietella exceeds in all these areas. She was presented with a plaque and a monetary reward of \$1,000.

Recognition was also provided to: Diane Cope, Marilyn Haas, Karen Overmyer, Wendy Vogel, Megan Wholey, and Jennifer Wulff who have contributed to the NP SIG's leadership in the past year..

The ONS Congress Team, the San Diego Chapter, the Room Monitors, the Moderators, the Presenters, the Reviewers, the Greeters, and the Staff were recognized and a round of applause was provided.

## **VII. ONS Leadership Opportunities**

ONS Nominating Committee Member Nancee Hirano, MS, RN, ANP, AOCN® provided a presentation on leadership opportunities within the SIGs and ONS. The ONS clock indicates that it's time to get involved. NP Hirano discussed ONS' values of integrity, innovation, stewardship, advocacy, excellence, and inclusiveness. There are many opportunities within the SIGs include the newsletter, virtual community, membership, and Congress meeting teams. There are also opportunities for research and clinical projects, and leadership within the SIG. Within ONS there are additional opportunities for involvement including: ONStat, pilot testers, advisory panels, manuscript reviewers, ONS Foundation Chapter liaisons, Project teams, Editorial boards, ONCC- item writing, passing score task force, and test development, State Health Policy liaisons, ONS Foundations and ONCC Boards. Recruitment is ongoing to candidates for the 2011 election for president-elect, director at large, and nominating committee members.

The ONS Leadership Institute will be held October 14-17, in Atlanta, GA. Applications are due May 26.

The ONS Foundation for Evidence Based Practice Change will be held October 14-17, at Dolce-Atlanta Peachtree. Applications are due by July 7.

The Advanced Practice Nurse Conference will be held November 11-13, in Orlando, FL. The abstract deadline is June 29.

The Cancer Nursing Research Conference will be February 10-12, 2011, in Los Angeles, CA. Abstract and symposia topics are due June 24.

### **VIII. Discriminatory Language Project**

Plans reviewed for the Discriminatory Language Research Project. During this meeting the survey was piloted and content validity was obtained through the efforts of 20 NPs in attendance.

### **IX. AOCNP® and APRN Consensus Model Updates**

Carol Brueggen, MS, APRN, BC, AOCNS®, Vice-president of ONCC BOD presented.

**Pass Rate for AOCNP® in 2009** ~70% for first time candidates 100% for renewal candidates—had been close to 80% in previous years

#### **2010 changes**

- o New test content outline based on role delineation of oncology NP practice conducted in 2009
- o Decreased length to total of 145 items and 3 hours testing time

#### **Eligibility Criteria Review**

- o A task force will be convened to review the AOCNP® eligibility criteria to determine if any changes need to be made. Representatives from education and practice as well as the SIG and ONCC Test Development Committee will be included.
- o **Passing Score**
  - As per standard requirements when a test blueprint is changed, new passing scores need to be set for the examinations, using sound standardized methodology. This methodology involves a panel of advanced practice oncology certified nurses, led by a psychometrician, who determine the passing score based on an analysis of each item on the examination. This panel was convened and completed their work in November 2009. As per standard practice, the passing score, as set by the panel must be approved by the ONCC Board. It is acceptable for the board to approve the passing score, as recommended by the panel, or within two standard errors (similar to standard deviations) on either side of the recommendation. This is standard and sound practice. Due to computer-based testing, and the provision of immediate scores, the board must “pre-approve” the passing score without any data on candidate performance for that particular form of the examination. In November, the Board approved the passing score for both exams at one standard error lower than the panel recommendation. In February, the Board again reviewed the passing score, and in recognition that the passing scores established in November, were proportionately higher than previous required passing scores, decided to re-establish the passing scores at two standard errors below the recommendation for both

exams. At the time, six candidates had already taken the AOCNP® Examination. The six candidates were contacted and their examinations were rescored, applying the new passing score. Test administration had to be suspended for one month, in order for the testing company to “republish” the tests with the new passing scores. Any candidates who were scheduled during March were contacted and rescheduled in April or later. Although inconvenient for the six candidates who had to have their tests rescored, the ONCC Board believed it was important to revisit the issue and revise the passing score, in fairness to all candidates. Although it would have been acceptable to keep the passing scores where they had first been approved, the Board believed that the readjustment, in keeping the passing score closer to the previous score was more equitable. There was never a problem with the examination, any of the items or the administration, just a readjusting of the passing score.

### **APRN Consensus Model**

- o Progress continues to be made in all facets of the LACE (licensure, accreditation, certification and education) structure for complete implementation by 2015
- o As a refresher, the model includes broad-based education and certification in a population for regulatory purposes, with specialty competencies and certification not being regulated, but rather required in the workplace. The 6 populations include Individual across the lifespan (i.e. family), adult (includes gerontology), pediatric, neonatal, gender-based health, Psych/mental health across the lifespan. The model provides full independent scope of practice, including prescriptive authority, to all four APRN roles, and counters AMA’s endeavor to suppress efforts toward the full independent scope of practice for APRNs.
- o Educational programs are working toward meeting the requirements (e.g. psych programs across the lifespan, including gero in adult programs, specialty programs broadening to meet population competencies)
- o Accrediting programs such as AACN CCNE will incorporate requirements into criteria for educational programs
- o Hawaii has become the first state to adopt the model into legislative language on scope of practice, which recently passed. CNP, CCNS, CNM and CAN are now independent practitioners in HI!
- o The LACE structure is developing an electronic network that will be used to communicate issues and work. ONCC will provide financial support for the network. There will be a section of the site open for public review of news and progress, including Q & A about the model. The complete concept paper describing the model can also be found on the ONCC and ONS websites.

ONS provided support for a large systematic review and meta analysis study conducted by the Tri-Council for Nursing and the Advanced Practice Registered Nurse Alliance, and coordinated by the American Association of Colleges of Nursing to synthesize the evidence with comparison groups to assess how advanced practice nurses (CNS, NP CNM, CRNA) affect the safety, quality and effectiveness of care. Of 109 studies reviewed, 75 (22 randomized controlled trials and 53 observational) contributed to the conclusions for 30 APN-related outcomes. Some of the CNS data has been released. A policy paper will be submitted to the *Health Affairs* Journal and the NP data will (or has been) submitted to the *Annals of Internal Medicine* for publication.

## **X. Certification Challenge**

The NP SIG collaborated with ONCC to conceptualize and develop the SIG Certification Challenge. Modeled after the certification challenge that already exists for chapters, the goal is to increase the percentage of SIG members who are certified. Coordinators received information regarding their certification numbers. The Neuro-oncology SIG with the highest percentage increase will be recognized at their 2010 Congress SIG meeting.

Current number of AOCNP® 653

ONCC thanks the NP SIG for presenting the “Certification Challenge” to the other SIGs. The results are:

Highest percent certified:

1. Ambulatory/Office	64%
2. Radiation	63%
3. CNS SIG	60%
4. Management and Program Development	59%
5. Clinical Trials	58%
6. NP, Breast Care and Staff Education	54%

The highest increase in certification 2009-2010 was\*:

1. Neuro-oncology	8%
2. Breast Care	7%
3. Lymphedema Management	6%
4. Survivorship, Quality of Life & Rehab	5%
5. Cancer Genetics	5%

\*The NP SIG had no change over the past year.

## **XI. Legislative Updates**

Due to scheduling conflicts, the NP SIG Legislative Committee Coordinator was unable to present legislative updates.

ONS and the NP SIG are represented in the AARP Public Policy Institute Innovation Roundtable on Advanced Practice Nursing and Health Care Reform. Meetings are ongoing at the AARP Headquarter in Washington, DC.

CMS is changing regulations as of October 1. NP will be allowed to order respiratory care.

## **XII. Job Description Project**

Diane Cope, RN, PhD, AOCNP® explained the concept of and process of submitting to the NP SIG Job Description Project. NP SIG members are encouraged to send their job descriptions to [dgcope@comcast.net](mailto:dgcope@comcast.net) along with permission to post. NP SIG members frequently request examples of oncology nurse practitioner job descriptions. Having multiple job descriptions available will be a great resource.

### **XIII. Newsletter**

Karen Overmyer, MS, RN, APN co-editor of the NP SIG newsletter presented information about the newsletter. It is published three times a year. Copy is due to the NP SIG Co-editor eight weeks prior to publication, This year's scheduled publication dates are March 3, August 3, and December 2.

Position of NP SIG Editor will be open for 2011. Contributing writers, letters to the editor, and comments are welcome.

### **XIV. Special Thanks**

The work that is done for the NP SIG would not be possible without the tireless and ever encouraging efforts of our colleagues at the ONS headquarters. The following ONS staff was acknowledged for their dedication to furthering the success of the NP SIG: Carol DeMarco, Emily Nalevanko, Diane Scheuring, and Jenny Shinsky.

Also, special thanks are extended to NP SIG member Gary Shelton who coordinated the meeting's registration and assisted with the meeting.

### **XV. Bridging the Gap**

Peg Rosenzweig presented an overview of changing trends in education and practice that are influencing the need to educate new nurse practitioners in oncology care. Regulatory, education and practice issues are leading to a large number of nurse practitioners entering oncology care without appropriate training in cancer care. She presented a call to the NP SIG to think about ways to provide education, mentorship and support for nurse practitioners new to in order to assure safety and quality in cancer care.

### **XVI. Facilitated Discussion**

New SIG Coordinator Peg Rosenzweig facilitated a lively discussion focusing on NP issues and education.

### **XVII. Raffle**

Multiple donated door prizes were awarded to the attendees.

### **XVIII. Adjournment**

The meeting was adjourned at 1530.

## Attendees List for NP SIG Meeting

### SIG Members

### E-mail

### Specialty

Patricia Kormanik	patriciakormanik@yahoo.com	Breast
Jennifer Loud*	loudj@mail.nih.gov	Clinical cancer genetics
Edythe Garvey	egarvey1@wavecable.com	Early detection
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Ellen Nason	ellen@nason.net	Med Onc
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Colleen O. Lee	colleenolee@verizon.net	Oncology
Rachel Chwen Hzi Lin	rachellin23@gmail.com	Oncology
Linda Goldenberg	sgoldenberg1@juno.com	Oncology
Benita Austin	bla8005@bjc.org	Palliative
Diane Funk	Dianeradonc@aol.com	Radiation
Jeanie Rosiak	Jeanie@wi.rr.com	Surg breast oncology
Karen Overmeyer*	Karen.ovumeyer@hcahealthcare.com	Thoracic onc
Peg Rosenzweig	mros@pitt.edu	Med Onc
Barbara Biedrzycki*	NPBiedrzycki@aol.com	Medical Onc/ Immunology

\* Interested in being in a work group.

### Not SIG Members

### E-mail

### Specialty

Erika Soderman	esoderman@kenaitze.org	Family NP
Aimee LeStrange (exp 4/09)	aimeelestrange@yahoo.com	Hem/ onc
Mary Viscaglia	ma_barracuda@hotmail.com	Hem/ onc IP
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Ingrid Bowser*	ibowser@goshenhealth.com	Rad onc
Mary Peterson		Stem Cell Transplant

Cartie Cherwin	chmartin@wisc.edu	Symptom mgmt research
Lisa Aiello-Laws	llaws@itapartners.com	Genetic

**Not ONS Members**

**E-mail**

**Specialty**

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Amy Hardy Covey	ahardycovey@gmail.com	Thoracic med
Gene Hee Lee*	nicegene@skku.edu	Surgical Onc

\* Interested in being in a work group.