ONCOLOGY NURSING SOCIETY
CLINICAL NURSE SPECIALIST (CNS) INTEREST GROUP MEETING
APPROVED MINUTES

DATE: Friday, May 4, 2012
PLACE: New Orleans, LA, New Orleans Morial Convention Center Room 384
TIME: 10 AM – 11:15 AM
RECORDER: Cathleen Sugarman
Coordinator: Aran Levine

ATTENDEES: (List of attendees attached)

Minutes from 2011 SIG Meeting were approved and will be posted on Virtual Community.

I. Welcome and Introduction of SIG Leadership
   • Aran Levine – outgoing coordinator
   • Colleen O’Leary – in-coming coordinator
   • Brenda Shelton – editor

II. AOCNS Updates
   • Presented by Carol Brueggen (ONCC Board)
   • 3 CNS’s on the ONCC Board & 5-6 have AOCNS
   • 10 AOCNS testers in 2012 – 67 AOCNP in 2012
   • Reduced number, will reduce fees by 50% for the next two years.
   • New learning assessment – as little as 25CE as high as 100 CE
   • Looking to find strengths & weakness w/evaluation. Attendees were encouraged to take the evaluation early in the 4 year renewal cycle.
   • Radiation Certification program available
   • BMT certification will begin in 2014 – hope to get 300 per year.
   • Discussion on consensus model and fewer oncology specific CNS programs, certification programs are coming as creative solutions to problems with small specialty populations.

III. Goals – discussed throughout the meeting
   • Advocacy - Recognition in the cancer community: CNS SIG Membership involvement in the local community. – revise or work on.
   • Knowledge - Continuous Professional Development
   • Partnership - Internal Partnership: Increase the number of volunteers in the CNS SIG at the leadership level and continue to mentor and foster growth of membership to leadership position and/or active involvement.
   • CNS SIG needs a newsletter editor(s)
   • The CNS SIG will be revising their 2012-2016 goals to include the 4 pillars of the ONS Strategic goals: Leadership, Knowledge, Quality and Technology.
IV. Continuous Professional Development
The SIG will be presenting “From Podium to Patient: Translating New Research into Practice for Tomorrow” @ 10:30AM – responders will be C. O’Leary and J. Ponto.
M. Gaguski & C. Brueggen will present on oncology competencies and lifelong learning – Saturday @ 2:30 PM.

V. Competencies Survey
- CNS SIG assessment 4% response rate survey results – response from Sloan Kettering – problem with no introduction
- Orientation to the role re-write job description to adapt to competencies. Study to look @ time spent for the baseline of job description – planning to publish.
- UCLA has CNS competencies in place which helped to improve orientation for CNSs. The James did not use information orientation but did publish outcomes & time spent in NACNS.
- Consider developing a template for orientation competencies.

VI. IOM Report
- Nurses should practice to the full extent of their education & training.
- Nurses should achieve higher levels of education & training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians & other health care professionals, in redesigning health care in the US.
- Effective workforce planning & policy making require better data collection & an improved information infrastructure.
- The US is transforming its health care system to provide quality care leading to improved health outcomes, and nurses can and should play a significant role.
- VA – All APRN to become independent practitioners without regard to State – Federal to trump.
- Can’t change treatment for schedule 2 drugs – licensure still through state, NIH also does this. Treatment authority only through VA pharmacy. Ohio has given treatment for schedule 3 for NP & CNSs. IL nurses are under professional licensure with hairdressers, etc.
- There is an action coalition in Ohio looking at how to work toward IOM – OH has BRN.

VII. Affordable Care Act
- Some have to move practice to MD group out of big hospitals. James they “lease” services from NPs. Lafayette they bill for patient education – LA has treatment authority for APNs. They are working now to not need a MD to function.
VIII. CNS & CNL
- Clinical care coordinator was CNL. Some CLS working in various roles (i.e. manager, etc.) Also leads to role confusion like CNS. Currently don’t let CNLs move directly to DNP, must get CNS first.

IX. Competency Based Orientation
- Maybe connect with NACNS in technology so that our names pop-up when someone is looking for oncology CNS – Google search.

X. ONS Nominating Committee – Linda Person
- ONS 2013 Elections – looking for candidates
- Positions available to apply: President-Elect (1), Secretary (1), Director-at-Large (2) and Nominating Committee (2)

XI. Foundation Grants – G. Mallory
- Clinical based projects – two years - $5,000 a year – student projects are the same.
- Academic scholarships, research grants up to $25,000
- Application not ready for DNP, etc.
- New “Connections” project

XII. ONS Board – M. P. Johnston
- Mary Pat Johnston updated the attendees on the Board activities.

XIII. Adjournment
After open discussion and networking, the meeting was adjourned at 11:15 AM.

Attendees List for CNS SIG Meeting

<table>
<thead>
<tr>
<th>SIG Members</th>
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Not ONS Member
Cecile Page
* Interested in serving in a workgroup

* med onc