

ACCC Member's Perspective

Oncology nurses talk about why they're involved with ACCC



Marlene Runyon (at left) and patient



Donna Winchell

For the past four years, Marlene Runyon, RN, BSN, OCN, CHTP, has worked as the cancer guide at Franciscan Skemp Healthcare Cancer Center in La Crosse, Wisc. In this unique role she meets with all newly diagnosed patients and their families to explain the scope of services offered including integrative therapies and the cancer center's wellness program, "Pathway to Wellness." She conducts a holistic assessment of patients and helps to connect them to appropriate Cancer Center Support Team services, including social work, dietitian, psychosocial, and pastoral services. She also coordinates the Cancer Survivorship Program and provides Healing Touch® therapy to patients and family members.

After more than 22 years in nursing, Donna Winchell, RN, BSN, OCN, transitioned into oncology nursing a little more than four years ago. She is clinical nurse manager of Medical Oncology at the C. R. Wood Cancer Center at Glens Falls Hospital in New York. It's a position Winchell finds both exciting and professionally challenging. "This position gives me the opportunity to use my leadership and management skills that I have been developing over the years, but [it has] challenged me to learn—I was (and still am) a novice

when it comes to oncology nursing."

Marlene's first introduction to ACCC was through reading *Oncology Issues* and visiting ACCC's website (www.accc-cancer.org). "Our cancer program director encourages the nurses and staff to read the journal and also use the ACCC website for professional development and resources for continuing education and program development," said Runyon. In fact, Runyon and several colleagues from her program contributed an article to ACCC's *Comprehensive Survivorship Services: A Practical Guide for Community Cancer Centers* published in the May/June 2008 journal. "We benefit from reading about other community cancer center programs and experiences," Runyon said. "For example, the most recent issue had a timely article on a pilot surveillance program for high risk breast and ovarian cancer that addresses one of the concerns we are working on with our Center for Breast Care and gave us some helpful ideas and resources."

She also appreciates ACCC's unique multidisciplinary approach, as it "provides a broad point of view on issues" facing today's community cancer centers.

Since Donna first connected with ACCC in 2000, she's become increas-

ingly interested in the Association. "I think ACCC is a tremendous resource, especially for a novice in oncology like me," said Winchell. "It keeps me informed of proposed changes in reimbursement that will impact our community cancer center. It includes highlights from national meetings that may lead to changes in practice."

Although she has yet to attend an ACCC meeting, Winchell says that colleagues who have attended have brought back information that she's been able to use in her department, such as information on implementing a nursing acuity measurement system. Her program also benefits from ACCC's advocacy efforts on behalf of ensuring access to care in the community setting.

Winchell calls ACCC's website a valuable resource. "We are inundated daily with information—new drugs, new indications, reimbursement changes. ACCC's website allows us to go back and find information when an issue arises." And recently, Winchell's executive director suggested that she join ACCC's listserv. "This allows me an efficient way of networking and learning from the experiences of my colleagues throughout the country," Winchell said. ☐