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**Extraordinary
HEALER[®] 2022**



cure[®] Readers Honor Oncology Nurses / Volume 16

With the Extraordinary Healer® Award for oncology nursing, we at CURE® present our readers with a unique opportunity each year to honor oncology nurses who have helped guide them through the cancer experience. This year, many patients, survivors, caregivers and health care professionals submitted inspirational essays describing the compassion, expertise and helpfulness that these special nurses exhibited. We have compiled their tributes in Extraordinary Healers®: CURE® Readers Honor Oncology Nurses, Volume 16, which celebrates the extraordinary men and women who make a difference in patients' lives. Coupled with compelling photography, these moving stories of oncology nurses are told in CURE® readers' own words.



To read the essays online, along with many more that were submitted to this year's contest, please **scan the QR code** and click on "Extraordinary Healers Volume 16."

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CURE® Readers Honor Oncology Nurses

Volume 16

Extraordinary HEALER[®] 2022



CURE[®] Readers Honor Oncology Nurses

Volume 16

cure[®]

Cranbury, New Jersey

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This book is dedicated to all oncology nurses who bring hope and healing to patients with cancer and their loved ones.

If you would like to give this book as a gift to your extraordinary healer, we've provided this page for your message.

This book honors:



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128 NOMINEES FOR THE 2022 EXTRAORDINARY HEALER® AWARD





The Light at the End of the Tunnel

After enduring the COVID-19 pandemic for more than two years, we're finally returning to normalcy with an event I hold near and dear to my heart. This year's Extraordinary Healer® Award event was a hybrid model, integrating an in-person ceremony and a live stream for viewers at home. Both formats allow attendees to absorb the inspiration and passion that exude from the nominees, which in turn may empower us to do good.

The nominations we received for this year's Extraordinary Healer® Award reminded us once again that oncology nurses go over and above what's listed in their job descriptions. Throughout the 16 years *CURE*® has hosted this event, we have heard incredible stories of oncology nurses wearing their hearts on their sleeves when caring for patients and being the hero everyone needs in their greatest time of worry. These efforts include recognizing side effects a patient may experience during treatment, putting patients at ease and comfort during the toughest times and being a bright, shining beacon of hope. Some patients call their oncology nurses "a godsend," "an angel" or "a gem," saying that nurses greatly contributed to the progress made during their cancer journey.


"When I am able to stop crying, (she) inches slightly toward me and gently asks if she can hold my hands," a patient wrote about her oncology nurse in her submission. "I say, 'Yes.' I feel her strength, and because of (her) — the way she makes me feel comfortable and »

confident; the way she cares deeply for me, her other patients and colleagues; and her always professional attitude and manner — I realize that, like other obstacles, I will eventually be able to face this too.”

The efforts made by oncology nurses are often witnessed by their colleagues, who are in awe of the selflessness often shown in their efforts.

“Her greatest gift is her compassionate, knowledgeable and thorough patient care,” a doctor wrote about a colleague in his submission. “She listens and helps without regard to the patient’s status/wealth/power. I have seen her deal equally and skillfully with bank presidents as with patients who live in public housing (to whom, by the way, she delivers food and clothing). The other day, she helped a young woman with advanced leukemia make the transition from active therapy to supportive care in such a skillful and compassionate fashion that I could only marvel and give thanks — as I do daily — for the good fortune to be on the same team as (her).”

It’s inspiring to see colleagues nominate each other, to learn what an impact these nurses have on the patients and families they see on a daily basis.

“(She) believes in oncology nurses having the most up-to-date education to provide excellent and safe practice for innovative therapies,” a colleague wrote in her submission. “(She) is accessible to all staff, always, and often is called on weekends and nights by staff in all areas for safe practice to be supported. Providers will consult (her) when developing new protocols or a complex patient diagnosis and when patients and families are struggling with difficult news or when help is needed to navigate the next challenge for the family.” 

—**Mike Hennessy Jr.**
President and CEO of MJH Life Sciences®





Extraordinary Healer®

Our Winner & Finalists





From left: MARGARET CAMPBELL,
B.S.N., RN, and DR. NANCY LIN

PHOTOS BY SAM OGDEN

OUR QUIET HERO

MARGARET CAMPBELL, B.S.N., RN

RESEARCH NURSE

DANA-FARBER CANCER INSTITUTE
BOSTON, MASSACHUSETTS

Written by **Dr. Nancy Lin**, Dana-Farber Cancer Institute, Boston, Massachusetts

Margaret Campbell, B.S.N., RN, has worked as a research nurse in the breast oncology program at Dana-Farber Cancer Institute for almost two decades. During this time, she has cared for countless patients on numerous clinical trials. I call her a “quiet hero” because she is not the person presenting the trial data from the podium, she is frequently not listed in the authorship of manuscripts and she does not get the credit or glory when new trial treatments are shown to benefit patients and enter into the standard of care. But her incredible dedication to her patients and her ability to balance patient obligations with the demands of the trials allow these clinical trials to be completed and new advances to be made.

She has cared for patients in multiple practice-changing clinical trials, including trials testing the combination of paclitaxel and (Herceptin [trastuzumab]) in early HER2-positive breast cancer, trials testing Tukysa (tucatinib) in HER2-positive metastatic breast cancer, trials testing Trodelvy (sacituzumab) in triple-negative and ER-positive breast cancer, trials testing Enhertu (trastuzumab deruxtecan) in HER2-positive or HER2-low metastatic breast cancer, multiple immunotherapy trials, and more. She has expertly cared for patients with early-stage breast cancer, inflammatory breast cancer and metastatic breast cancer. »

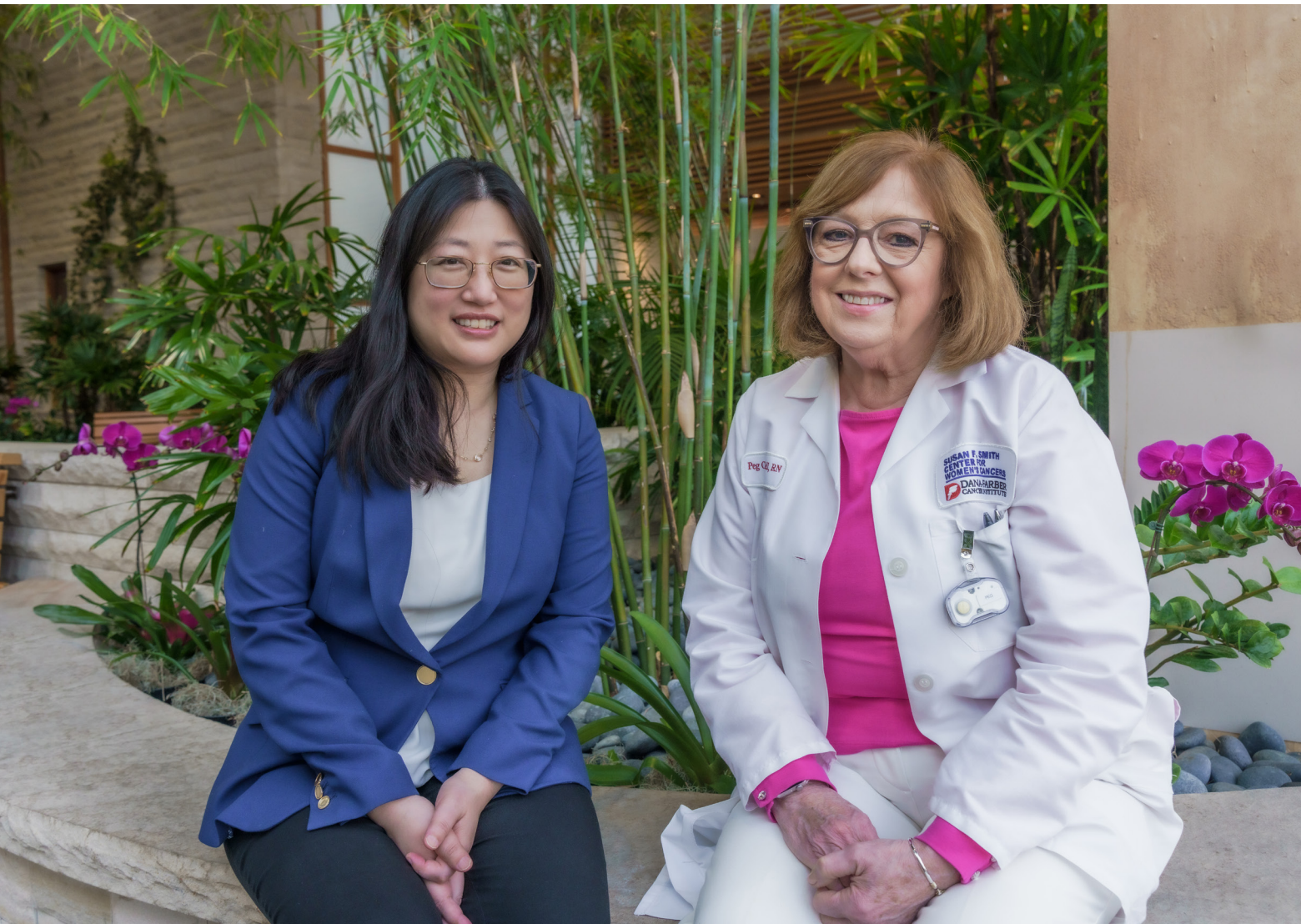
WINNING ESSAY

At our institution, research nurses play many roles, including working with oncologists to identify potential clinical trials for patients, assessing for clinical trial eligibility, reviewing consent documents with the patient, working with research schedulers to coordinate the complex choreography of tests and treatments, evaluating patient symptoms and treatment-related toxicities, assisting in the documentation of side effects and, most importantly, serving as a resource to patients. From a patient perspective, research nurses are the “face of the clinical trial,” as they patiently answer questions, guide patients through complex schedules and help manage symptoms. Margaret provides reassurance and comfort to trial participants, and they know they are being cared for compassionately and meticulously.

I have witnessed how Margaret always goes above and beyond in communicating with patients and delivering outstanding clinical care. She takes extra care to make sure that all trial requirements are met, while also asking patients about other commitments (vacations, graduations, weddings) so that the scheduling can be adjusted to accommodate important events in patients’ lives. She advocates for her patients in ways big and small. In short, she cares for the whole person. Trial participants develop deep connections with her, and some still ask about her years after they have completed a clinical trial. In addition, because research nurses support many oncologists, any one research nurse might see more patients receiving a specific trial treatment than any one oncologist. Research nurses are often our “eyes and ears” in terms of unexpected toxicities or initial signs of benefit, and she certainly has also excelled in this regard. Finally, I just love working with Margaret.

I could not be more thrilled about the opportunity to write this nomination letter for Margaret Campbell in appreciation for her nearly two decades of service to patients with breast cancer on clinical trials. Research nursing has become only more complex and more demanding over time, and I am beyond appreciative that she has chosen to dedicate her career to clinical research. Not only have her own patients benefited, but so many patients in the United States and around the world have access to better treatments due to her contributions. ■

WINNING ESSAY



LEARNING FROM PATIENTS IN CLINICAL TRIALS

AN INTERVIEW WITH **MARGARET CAMPBELL, B.S.N., RN**

By Mark Cantrell



When **Margaret Campbell, B.S.N., RN**, first came to Dana-Farber Cancer Institute in Boston in 2003, she'd never heard the term “research nurse.” But after working in the inpatient sphere, including surgery, the emergency department and the intensive-care unit, and as a visiting nurse for years, she began searching for something different.

“I still loved patient contact and wanted to stay in the health care field,” she says. “I didn’t want to go into management or anything that would take me out of a clinical setting.”

As it happened, a colleague at Dana-Farber explained what a research nurse was and what the job entailed. Campbell was intrigued. The position would allow her to remain in the clinical setting while continuing to work with patients, even as she learned something completely new to her. At the time, Boston College was offering a program to earn a certificate as a clinical research associate, so she enrolled and started down the path she’s followed ever since.

“Nothing prepared me for what the job was until I got here,” Campbell says. “My position is working with the breast oncology disease group. We see patients who are interested in participating in clinical trials. The job requires symptom management of side effects and

WINNER INTERVIEW

overseeing patients while they're in the trials. When we first meet a patient, we explain the trial to them: what's involved, what they need to do with the screening part in order to get into the trial, investigational drugs involved in the trial and how it may or may not benefit them."

Campbell sometimes has to deal with misconceptions when she suggests a patient consider entering a trial. "Some patients say they don't want to be guinea pigs," Campbell says, "so I explain to them that it's actually an opportunity to explore a drug they wouldn't otherwise be able to get."

Being deeply involved in every stage of a clinical trial allows Campbell to communicate to her patients exactly what the trial will entail, what the side effects will be, how long the trial will last and other information that can help make a decision.

"We sit in during on-site initiations when a trial is being activated and learn all about it," Campbell says. "We're actually the gatekeepers of the trial." In that role, she and other research nurses work closely with the trial's sponsors — usually pharmaceutical companies, academic groups or single-physician principal researchers — and provide input into the study, along with the clinical research coordinators and the trial's monitors.

Selection criteria differs with each trial, and part of Campbell's job is to research all the eligibility requirements to determine if a patient is a good match. Many patients learn about currently available clinical trials from the website clinicaltrials.gov. Candidates arrive from all over the country, in all stages of progression.

"You'll typically see patients with more aggressive cancers, but also those in earlier stages who want to try a new drug," Campbell says. "They're very smart and savvy and have done extensive research on the new treatments available, so they have lots of questions when they come in."

Patients with breast cancer have access to a large array of new types of treatment. "Traditionally, all we had was chemotherapy," Campbell says, "which just kills fast-dividing cells, so it's not as selective as newer therapies. Now we can identify different mutations and track them, which we couldn't do back 10, 15 years ago. There's a lot going on »

WINNER INTERVIEW

with targeted therapy, immunotherapy and conjugated therapy, where a vehicle actually brings a drug directly to its target. We're able to fine-tune therapy to attack a particular cancer's characteristics."

Of course, there are still side effects with the newer therapies, and they can be unpredictable. Often a drug that has worked for a long time for a patient will suddenly stop working, and a new one must be tried. And as with most of us, COVID-19 has had a negative impact on Campbell's job. But through it all, her patients continue to inspire her.

"It's affected everyone," says Campbell. "It's hard because patients' treatments are keeping them alive, so you have to find a way to continue to treat. It has really elevated their anxiety, and we certainly don't want their treatment to be interrupted, especially for those with metastatic cancer. Even missing a couple weeks could be very detrimental to the patient. Depending on their type of cancer, it could start growing again. So it's been difficult, just the extra steps of masking, going through screening and so on." But through it all, says Campbell, her patients continue to inspire her.

"Some of my patients have children, families and careers and should be enjoying their lives doing things that young people do. Instead, they're faced with this horrific disease. Yet they're still taking care of their children and doing what they need to do in their lives, not without overcoming many difficult challenges," Campbell says. "I learn from many of my patients, and their journeys remind and inspire me to recognize what is truly important in life." ■

DRIVING LUNG CANCER RESEARCH WITH COMPASSION

LIVIA SZETO, B.S.N., RN, OCN

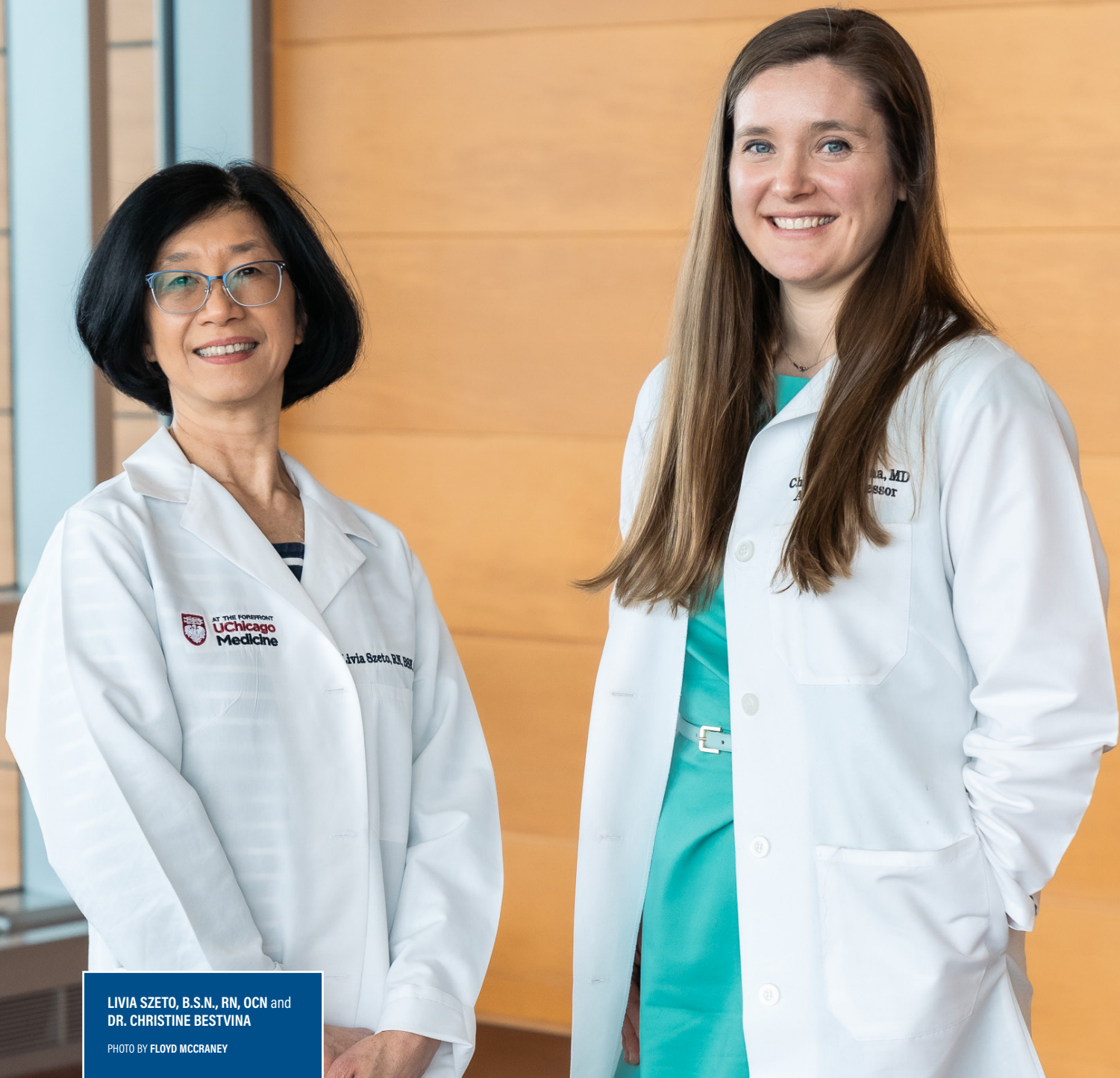
RESEARCH NURSE

UNIVERSITY OF CHICAGO MEDICINE, CHICAGO, ILLINOIS

Written by **Dr. Christine Bestvina**, University of Chicago, Chicago, Illinois

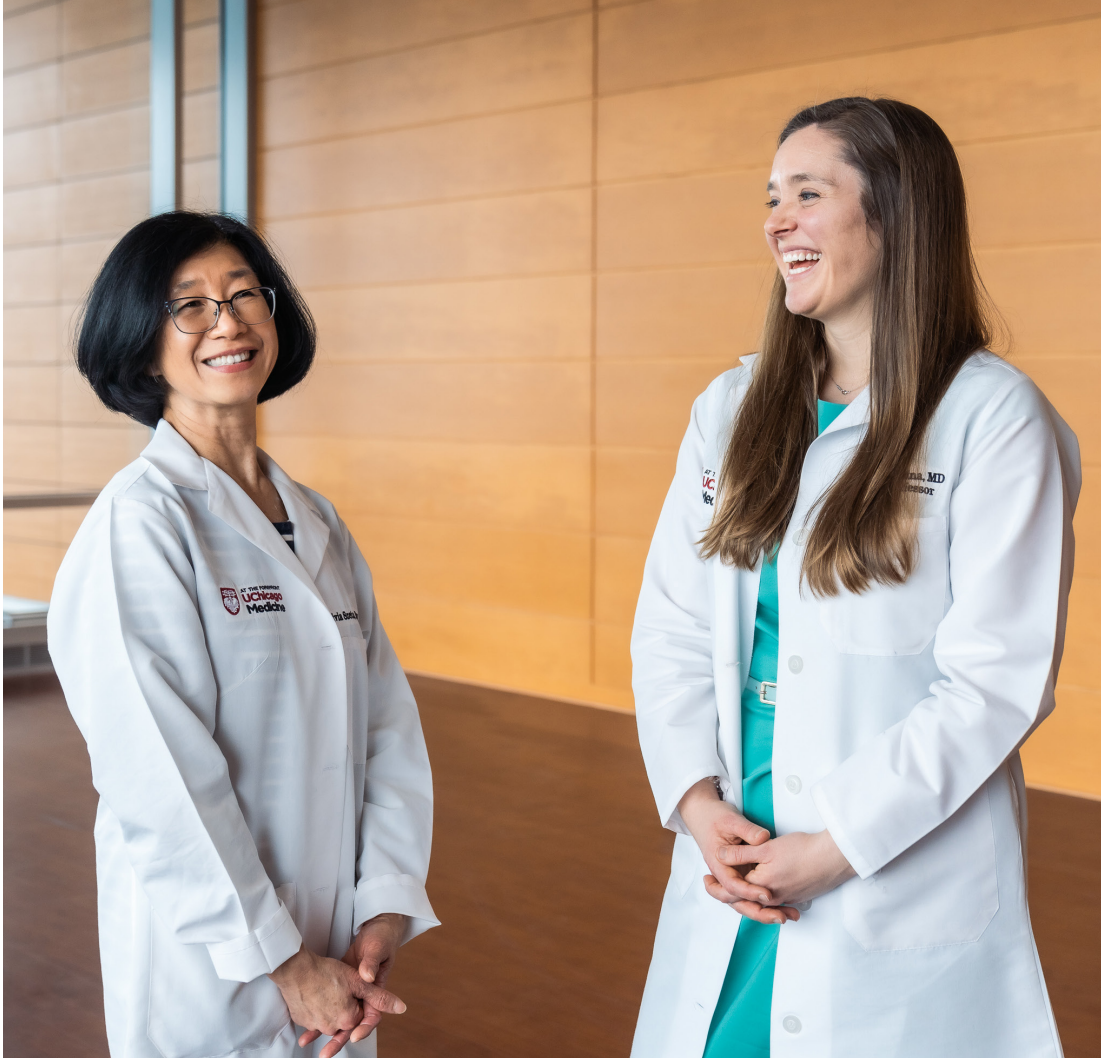
We are writing this letter to strongly recommend **Livia Szeto, B.S.N., RN, OCN**, for the 2022 Extraordinary Healer® Award.

We have prepared a collection of letters in support of Livia for this recognition. When I asked all of those included in this effort to write something about Livia, I received a single universal response: “YES, absolutely, no one could be more deserving of this award.” With that in mind, I include letters of support from all levels and experiences of the cancer care continuum. Most importantly, I include letters of support from patients and a patient’s family member. In addition, support comes from Evelin Kolek and Buerkley Opalecky, nurses who were trained by Livia and have worked side by side with her for many years, as well as Kelli Buckley, her prior supervisor. Also included are letters from two physicians assistants, Maggie Colleton and Denise Rouse, who have worked with and been supported by Livia for more than 3 years. Physicians at the University of Chicago also give their support: Dr. Everett Vokes, president of the American »



**LIVIA SZETO, B.S.N., RN, OCN and
DR. CHRISTINE BESTVINA**

PHOTO BY FLOYD MCCRANEY



Society of Clinical Oncology and chair of medicine; Dr. Phillip Hoffman, professor of medicine and an excellent clinician; Dr. Marina Garassino, an internationally renowned thoracic oncologist; and Dr. Christine Bestvina, a thoracic oncologist. Although we cannot adequately capture Livia's compassion, skill and tenacity separately, we hope that all of our experiences and reflection of Livia, when taken together, offer the committee a glimpse of how deserving she is of this award.

Livia has worked for University of Chicago since 1987. The length of her career at one institution is reflective of her dedication and loyalty. For the majority of her career, she has served as »


FINALIST ESSAY

an oncology nurse navigator, working primarily in thoracic oncology. I have been at the University of Chicago on faculty for less than five years and having Livia's foundational knowledge of the university and those who work here has been essential. Throughout her years, she has facilitated strong relationships across disciplines, from interventional radiology to intravenous therapy to bed access. She is able to use all of these relationships to improve care of her patients by enabling early access to services our patients desperately need.

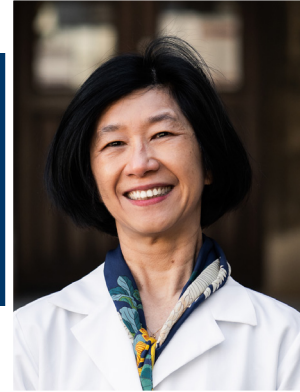
Her direct patient relationships are unparalleled. She will always work extra hours if a patient needs anything. Her compassion in these moments is incredible. She is able to elicit a patient's sensitive information, from illicit drug use to fears at the end of life. By enabling her patients to express their needs and sensitive information, it allows all of us to take better care of them. She never tells anyone something isn't her job, never closes her laptop until the last patient request has been answered and never fails to reach out when there is anything she can do to help.

Her research skills are unparalleled. She understands research protocols and clinical trials from concept to execution, from understanding the schema to data reporting. As an example, she was the research nurse to all 37 patients treated on the COSINR trial – concurrent or sequential (Yervoy [ipilimumab]), (Opdivo [nivolumab]), plus stereotactic body radiotherapy for patients with stage 4 non-small cell lung cancer. This was an intensive and toxic therapy for these patients. She knew this trial as well as any researcher who participated and knew every one of the 37 patients incredibly well as she shepherded them on their journey.

In addition, Livia brings intangible things to work each day – joy, hope and fearless optimism. When we face struggles as a team, including the COVID-19 pandemic, Livia never gets down. She never shows her own fears or emotional struggles. She brings her best self to work each and every day, creating an infectious energy that allows our team to care for our patients day in and day out.

We hope that you will recognize all of the hard work Livia has done in her career by awarding her the 2022 Extraordinary Healer® Award. No one could be more deserving. We hope the letters we included reflect what Livia brings to the field of nursing, as she is an incredibly aspirational woman. 

EDUCATING PATIENTS FULFILLS HER DREAM



AN INTERVIEW WITH **LIVIA SZETO, B.S.N., RN, OCN**

By Mark Cantrell

When **Livia Szeto, B.S.N., RN, OCN**, was growing up, she wanted to be a teacher. And as an oncology nurse navigator at University of Chicago Medicine, teaching patients about their disease and upcoming treatment is a large part of her job.

That's especially true when a patient receives a diagnosis of lung cancer. "Imagine how desperate they can be," she says. "Often they feel as though it's the end of their world. Perhaps they were feeling normal but developed hip pain and were then told they had lung cancer. There's a lot of hand-holding, teaching and reassuring that needs to happen."

Originally a clinical trial research nurse, Szeto took on the additional role of oncology navigator six years ago. Although still involved with clinical trials, she also began caring for patients who weren't in studies, taking care of them from their very first visit and throughout their cancer journey.

"That way the patient doesn't have to interact with so many different nurses," Szeto explains. "There's just one primary nurse taking care of the patient. The navigator role can be pretty complex. You're not only taking care of the patient but the family as well, helping »

FINALIST INTERVIEW

them find their way through the health care system. They encounter many different specialties and need someone to help them understand them all.”

Although her first nine-and-a-half years at University of Chicago Medicine were spent on the inpatient hematology/oncology floor providing direct care for patients, today Szeto isn’t involved in much hands-on clinical treatment.

“My job is teaching and also coordinating care for patients, making sure their care is coordinated with the right provider, with the right timing for the right services. So although I don’t administer chemotherapy, the research coordinator and I do all the coordination for clinical trials,” she says.

Along with a physician and midlevel practitioner, Szeto sees patients in the clinic twice a week. Among the 20 or so patients they see each day are those returning for treatment and patients who have received a new diagnosis of lung cancer, some of whom first came to the hospital for a different reason.

“Last week, we saw a patient who presented in orthopedics for a fractured bone. One of the surgeons was very keen on lung cancer and scheduled a chest X-ray, which revealed a lung mass. So the patient will be getting a bronchoscopy this week to confirm lung cancer,” she says.

Sometimes patients who know they have lung cancer are eager to get started with treatment, only to find they have to wait. “It’s hard to tell a patient that you need all these tests first and, no, you won’t be starting therapy until the test results — these molecular analyses — come back,” Szeto says. “They’ve heard that immunotherapy can often provide good results and want to know why they can’t get it immediately. But unless a patient has a specific actionable mutation, giving an immunotherapy drug could be detrimental to the patient. It takes a lot of education to help them understand.”

That education extends to informing patients of the realities of treatment. “Regardless of how successful we are with patients and how many therapies we give them, the day will come when the disease starts to progress again,” Szeto says. “We have to warn them, ‘Therapy is

FINALIST INTERVIEW

TEACHING MOMENT

It's a very exciting field to be in. Cancer patients are living a lot longer, so we have the opportunity to follow them for a long, long journey. In a way, cancer has become a chronic disease that can be managed. The beautiful thing is that patients have options that allow them to live with this disease for a long time.

going well, and we don't want to be pessimistic, but one day the therapy will stop working.' So we want to let them know that day is coming, but we also do our best to make sure it's as far in the future as possible."

Szeto strongly recommends that anyone mulling a nursing career consider oncology, pointing out that the job is not all doom and gloom, largely due to the major strides that have been made in treatment modalities. "It's not as pessimistic as it used to be," Szeto says.

"It's a very exciting field to be in," she notes. "Cancer patients are living a lot longer, so we have the opportunity to follow them for a long, long journey. In a way, cancer has become a chronic disease that can be managed. The beautiful thing is that patients have options that allow them to live with this disease for a long time.

"There are so many opportunities to learn and to help others." ■



**From left: TAMMY ALLRED, RN, OCN,
and DARLENE BURNS**

PHOTOS BY CATHERINE DAVIS

ACHIEVING HER CHILDHOOD DREAM

TAMMY ALLRED, RN, OCN

NURSE NAVIGATOR

UNC LINEBERGER COMPREHENSIVE CANCER CENTER, CHAPEL HILL, NORTH CAROLINA

Written by **Darlene Burns**, Hampstead, North Carolina

From her earliest childhood days, **Tammy Allred, RN, OCN**, had a vision for her future: to soothe and to heal. But her vision took an unusual turn, shaped by her tomboyish tendencies fueled by growing up on a North Carolina dairy farm. “I always wanted to be a nurse, but I also wanted to be a truck driver, so my dream was to have a mobile clinic to help treat kids in indigent communities around the U.S.,” she said.

She achieved the first part of dream and graduated from nursing school in 1985, but the allure of driving a mobile clinic had long since passed. What piqued her interest after graduation was the newly emerging specialty of cancer care, in which patients were being treated separately from other medical patients. The oncology wing at Alamance County Hospital in Burlington, North Carolina, was under construction, and nurses were being certified in chemotherapy administration and related care. At the time, most patients with cancer died of the disease. Tammy saw oncology care as an opportunity to heal the human spirit, if not their disease. »

FINALIST ESSAY

“I’ve always been the kind of person who if you tell me I can’t do something, you better tell me why or I’m going to do it anyway,” Tammy said. “One of my first experiences was with a patient who had terminal lung cancer. He and his fiancée wanted to get married, but he was in the hospital dying and wouldn’t be able to go home. So we set out to make it happen. We filled up the day room with flowers from other patients who had donated them for the wedding, and we made my patient a boutonniere and his fiancée a bouquet from the donated flowers. The witnesses were all the other patients who could come from their rooms. The couple got married in the day room. It was my way of saying to that cancer, ‘We’re not going to let you take everything away from him.’ He passed away two days later. We couldn’t do much for patients with cancer in those days, but we could make a difference during the time they had left.”

For the next five years, Tammy worked in the radiation clinic and both inpatient and outpatient chemotherapy clinics. She then worked in hospice before moving into nursing management, but the call to heal people brought her back to patient care. She took a job with UNC Lineberger Comprehensive Cancer Center, moving from infusion to thoracic oncology research and later entering the emerging field of nurse navigators, a job she’s had for 16 years. »





FINALIST ESSAY

“It’s my dream job,” Tammy said. “I look at every one of my patients as if they were my family members, and I treat them as I would be treated. I build close relationships with patients, and they know they can call me day or night if they need anything. One of my patients with metastatic cancer and kidney failure totaled his pickup truck while driving to dialysis. He talked to me about ending his life the day he totaled his car because he felt like he was fighting a losing battle, having cancer, kidney disease and, now, no way to get to dialysis. We are working to arrange for in-home peritoneal treatment, and I’m working with agencies to get him a new truck. We saved him by showing him we care.”

Another patient, a 36-year-old mother with a rare cancer who drove a bus for a university system, was in dire straits with not enough food and no money to buy her 12-year-old daughter gifts for Christmas. Tammy and her co-workers organized a fundraising drive, bought all of the presents on the daughter’s wish list and made sure the family had grocery store gift vouchers for food. She came back after the new year and thanked Tammy for making her last wish come true.

Having done so much for her patients, Tammy still doesn’t see her efforts as giving but as receiving. “I get more from my patients than I could ever give to them,” Tammy said. “My

TEACHING MOMENT

Having done so much for her patients, Tammy still doesn’t see her efforts as giving but as receiving. “I get more from my patients than I could ever give to them,” Tammy said. “My reward is that they fight harder and have a better quality of life knowing that’s one less thing to worry about because I have them covered. I always fight for the underdog.”

FINALIST ESSAY

reward is that they fight harder and have a better quality of life knowing that's one less thing to worry about because I have them covered. I always fight for the underdog."

Her patients and colleagues rave about her altruistic spirit and seemingly limitless capacity to care for others and fulfill their needs.


From a patient's family member:

"Tammy Allred is my mom's nurse navigator who we actually refer to as 'our angel on earth!' She has an abundance of skilled knowledge and compassion for her patients and their family members. Over the past two years, she has given us many tips and tricks, from helping with Mom's esophageal burns to ways of overcoming dehydration from the chemotherapy. We are thankful for the time she's spent answering countless emails, taking calls, and coordinating the innumerable doctor visits. A small cell lung cancer diagnosis comes with lots of unfamiliar and extremely scary territories. Thankfully, Tammy has kept us calm and guided us during the most difficult times of treatment. She fearlessly serves others as she is our light in this darkness. Her famous words to me when I'm spinning out of control are, 'Just breathe!'"

From a patient:

"Tammy Allred has been a source of constant support from the day I received my diagnosis. She makes herself readily available whenever I need her assistance. Her assistance goes beyond medical care; it is also emotional support. I wouldn't be as stable and confident without her."

From a physician colleague:

"Tammy's human drive and inhuman stamina allows UNC to bring to our patients the best of a large academic system while feeling small and friendly like a neighborhood office. Optimal care of patients with lung cancer is complex and requires a large team engaging in multidisciplinary collaboration. Tammy runs our tumor board, where every thoracic oncology specialist is present to discuss patients. She serves as a single point of contact for patients and is available to them 24/7. She also serves as the conduit to ensure doctors are connected to each other, and, when necessary, physically hands us a live phone to have a conversation." 

ONE PART DETECTIVE, ONE PART TEACHER

AN INTERVIEW WITH **TAMMY ALLRED, RN, OCN**

By Mark Cantrell



Tammy Allred, RN, OCN, is one of those lucky people who always knew what she wanted to do with her life. Although her original plan of driving around the country providing nursing services to indigent children didn't pan out, Allred still ended up in the nursing profession, with her first job at Alamance County Hospital in Burlington, North Carolina. "I didn't know much about oncology until I interviewed at a local hospital," she remembers. "Since I was the newest employee, they trained me in oncology so I could help out in both medical-surgery and the oncology department, and it all sprouted from there. I fell in love with it because it's always changing."

Helping to arrange a last-minute wedding in the oncology ward for a patient who didn't have long to live solidified Allred's resolve that she had made the right career choice. "That's what sealed the deal," she says. "It let me know that oncology was where I needed to be. I was in a place where I could help people, hopefully make a difference and even make dreams come true for some patients."

Allred worked at UNC Healthcare in Chapel Hill, North Carolina, as a research nurse for five years, coordinating clinical trials and guiding patients through the process. She now

FINALIST INTERVIEW

TEACHING MOMENT

One of the issues she repeatedly encounters is the misinformation that's so rampant online. "I tell my patients to avoid Dr. Google because he can lead you down the wrong rabbit hole," Allred says. "When you find cancer information online, be careful to make sure it's from a reliable source — a legal drug manufacturer or pharmaceutical company, for instance — and not some second cousin twice removed who used something once and thought it worked."

works as an oncology navigator, although she still helps trial coordinators by placing orders and helping patients through the management of their side effects. "I feel the position of oncology navigator was made just for me," she says. "I'm involved in everything."

One of the issues she repeatedly encounters is the misinformation that's so rampant online. "I tell my patients to avoid Dr. Google because he can lead you down the wrong rabbit hole," Allred says. "When you find cancer information online, be careful to make sure it's from a reliable source — a legal drug manufacturer or pharmaceutical company, for instance — and not some second cousin twice removed who used something once and thought it worked."

Allred remembers a patient with colorectal cancer who bought "witch's mushroom tea or something like that," and, after taking it, went into liver failure and died. "He'd probably »

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still be alive if he hadn't done that," she says. "I always caution patients not to take anything (over the counter) unless they clear it with us first to make sure it's safe."

When patients balk at their course of treatment, Allred asks them what they know about cancer therapy. What they tell her is often outdated or just plain wrong, and it gives her a chance to dispel those misconceptions. One myth is that patients with cancer should refrain from eating to avoid nausea, when the opposite is actually true. "I tell them that keeping food in their stomach is the best way to avoid nausea," she says.

Since she can't always be there when patients have questions, Allred has a brochure that explains what an oncology navigator is and what they do, tells them who to contact and offers helpful tips about medications, possible complications and other facets of their treatment.

For patients who might be hesitant to enroll in a clinical trial, Allred explains that every step is controlled by the Food and Drug Administration and guided by its protocols. "They might have the idea that it's some mad scientist in a basement throwing solutions together to see what happens," Allred says. "In reality, it's a doctor who's well-versed in the drugs being used, who knows what works. And we're going to monitor you closely every step of the way. That usually makes them feel a little more relaxed."

As for what skills are necessary for the job, Allred notes that "you need to be part detective and part teacher and have extensive experience working in other areas of cancer care. You have to have compassion — the ability to put yourself in the patient or family's shoes and know what they're going through."

For Allred, the experiences she's had with patients have been deeply rewarding.

"The best part is when patients come back and thank me for making a difference in their lives, even if it's just telling them it's OK to cry or scream and throw things. Having them come back after the worst is over and tell me 'You were right – it wasn't as bad as I thought it would be.' Or in the end, if the patient has passed, the family coming back and thanking me for always being there for them," she says. ■





CHAPTER 1

Knowledge Is Power





**From left: ERIN LONGSTRETH-PAPSUN, M.S.N., RN, OCN,
and CHRISTINE AMOROSO, B.S.N., RN, OCN**

PHOTOS BY KRISTA PATTON

HELPING HER STAFF WHILE HELPING OTHERS

CHRISTINE AMOROSO, B.S.N., RN, OCN

FOX CHASE CANCER CENTER-HUNTINGDON PIKE CAMPUS, PHILADELPHIA, PENNSYLVANIA

Written by **Erin Longstreth-Papsun, M.S.N., RN, OCN**, Jamison, Pennsylvania

I enthusiastically nominate **Christine Amoroso, B.S.N., RN, OCN**, for the Extraordinary Healer® Award. Chris has been a proud Fox Chase Cancer Center nurse since May 1987. Currently, Chris works in the urologic oncology unit as our full-time procedure nurse. Approximately one year ago, our physicians ordered intrarenal BCG to be administered to a patient. The urology nurses had never administered BCG directly into the kidney, so Chris approached me for guidance. Chris was provided with several recommendations on how to proceed, so she began the process of creating a new protocol for intrarenal medication instillation here at Fox Chase.

Chris performed a thorough literature search and created an impressive table of evidence. She collaborated frequently with the pharmacy specialists and me to put that evidence into practice. Chris also partnered with the clinical nurse specialists to determine what supplies were needed and to propose safe drip rates in order to prevent damage to the kidney. Once all of the evidence, information and recommendations were gathered, we sat down to write the official protocol. Two weeks later, our first patient successfully and safely received an intrarenal BCG treatment. »

KNOWLEDGE IS POWER

During the literature search, Chris and I were unable to locate a published protocol or standard for intrarenal medication instillation. In order to share this work with others, Chris submitted an abstract to the Oncology Nurses Society (ONS) for the 2021 ONS Congress. The abstract was accepted, and Chris recorded a video of her presentation, which was viewed at ONS Congress in April 2021.

Chris is always the first to learn something new and then share that information with others. When she transitioned to her current role, she reviewed and updated many of our patient education documents as well as nursing standards. She is in the process of creating case cards for each provider so all staff know what each provider wants or needs for their procedures.

Her enthusiasm is contagious and inspires others to do great things. She helps orient all new staff and prepares them for independent practice once their orientation ends. She is a mentor to Jennifer Occhipinti, B.S.N., RN, teaching her every aspect of the BCG and chemotherapy clinics in urology. They have an ongoing mentoring relationship, which is good because the volume of patients in need of this treatment is increasing weekly. Jennifer is proficient in this clinic because of Chris.

Please accept this nomination for Chris Amoroso, who is very deserving of the Extraordinary Healer® Award. 🇺🇸





CONQUERING HURDLES IN ONCOLOGY

ANNE DELENGOWSKI, M.S.N., RN, AOCN, CCCTM

JEFFERSON HEALTH, THOMAS JEFFERSON UNIVERSITY HOSPITAL, PHILADELPHIA,
PENNSYLVANIA

Written by **JoAnn Silcox, M.S.N., RN, CCCTM**, Philadelphia, Pennsylvania

It is with great pleasure that I write this nomination in support of **Anne Delengowski, M.S.N., RN, AOCN, CCCTM**, for the 2022 Extraordinary Healer® Award. I have known Anne since 1984, and now I am the nursing vice president at Thomas Jefferson University Hospital (TJUH) and Anne is the director of oncology education. We work together for all inpatient and outpatient oncology units, and Anne has expanded to supporting an additional three sites.

Anne believes in oncology nurses having the most up-to-date education to provide excellent and safe practice for innovative therapies. Anne is accessible to all staff, always, and often is called on weekends and nights by staff in all areas for safe practice to be supported. Providers will consult Anne when developing new protocols or a complex patient diagnosis and when patients and families are struggling with difficult news or when help is needed to navigate the next challenge for the family.

Anne's drive to promote oncology nursing has continued to grow as our TJUH health care system has expanded to 14 sites. TJUH Center City is a 900-plus bed academic medical center and

KNOWLEDGE IS POWER

serves as a framework for the other oncology acute care hubs. As director of oncology education, Anne has developed and led nursing standardization of care for all sites with the patient and family experience in mind. Transition of care is a passion of Anne's and critical for patients with cancer. Anne has elevated all nursing at the sites to practice with harmonized care that encompasses the patient and family and supports the engagement of many disciplines.

Anne has developed educational programs for the clinical nurse with clear objectives and outstanding evaluations of learned behaviors achieved by participants. Anne's passion for educational development of nursing has propelled staff through Anne's mentorship to develop and conduct clinical research at the bedside. Anne consults and implements the Oncology Nursing Society (ONS) standards of care with all programs, maintains clear objectives and evaluation of objectives in all programs, and adjusts material to be relevant for everyone from the novice to the expert oncology nurse.

TJUH is a National Cancer Institute site that is nationally known for excellence in therapies, and Anne remains the catalyst to prepare nurses to be ready for innovative therapies that need to be administered. Anne has educated both nurses and providers on home chemotherapy administration, outpatient autologous bone marrow transplants and now CAR-T cell therapy in the outpatient setting. None of this could be as successful without Anne leading the support in the educational program development and ongoing clinical support of all staff.

Anne has provided programs for TJUH and other sites for nursing and oncology nursing certification. The success rate has increased the department of nursing certification from 11% to 52% over the past four years. Anne's commitment to excellence in nursing to promote recognition for oncology nursing and improved patient care was demonstrated by her leadership in developing and teaching certification in care coordination and transition of care for the entire department of nursing at TJUH.

The phase 1 clinical trial program is currently being revamped by Anne. She collaborates with clinical research office, provider and nursing staff members across the care continuum »

KNOWLEDGE IS POWER

TEACHING MOMENT

The leadership in oncology nursing education Anne provides is recognized locally and nationally. Anne also supports nurses at all levels to submit successful podium presentations, posters to local and national oncology forums, and research proposals to be accepted with national recognition. Anne has presented on many themes related to oncology care such as rehabilitation needs, care coordination, sepsis, death and dying, and strict attention to culture needs of diverse populations, just to mention a few.

to participate in the growing research trials that come at a rapid rate. Anne is committed to having oncology nursing prepared to coordinate and work with clinical trials for the future of oncology care.

The leadership in oncology nursing education Anne provides is recognized locally and nationally. Anne also supports nurses at all levels to submit successful podium presentations, posters to local and national oncology forums, and research proposals to be accepted with national recognition. Anne has presented on many themes related to oncology care such as rehabilitation


KNOWLEDGE IS POWER

needs, care coordination, sepsis, death and dying, and strict attention to culture needs of diverse populations, just to mention a few.

Anne is chair of the sepsis committee and she participates on many TJUH and enterprise committees such as enterprise professional practice, pharmacy and therapeutics, and oncology event reporting. Anne initiated the development of Schwartz rounds and is now leading the American Society of Clinical Oncology initiative for nursing and program recognition for oncology excellence. Anne led nursing through a very successful preparation and presentation of the Foundation for the Accreditation of Cellular Therapy (FACT) for TJUH's bone marrow program. Anne is the current president of the TJUH Alumni Association and partners with the TJUH School of Nursing on programs and educational events.

Awards received by Anne include the Janet Hindson Lifetime Achievement Award, Nursing Spectrum Nursing Excellence in Teaching, Transplantation and Cellular Therapy (TCT) Meeting Best Abstract Award, and the ONS 2022 Excellence in Cancer Nursing Education Award. For Anne to be considered for this award is most deserving.

Anne's reputation for oncology nursing excellence has been recognized by hospital leaders. The vice president of patient services specializing in oncology nursing position was created more than five years ago as a catalyst to support the energy and enthusiasm Anne has for nursing education, promoting safe practices and improving care for the oncology patient and family. The former chief nursing officer identified the need for educational support and standardization of nursing practice as the oncology department and innovative therapies were quickly expanding beyond TJUH's walls. Anne is known for her ability to educate all staff, promote nursing research for all levels of nursing expertise and be the driving force for developing safe practices for a multidisciplinary group of providers.

I am humbled in all areas of Anne's practice, from teaching to providing emotional support to the dying patient and family to moving on to the next oncology hurdle to conquer. I am most honored to recommend Anne Delengowski for the 2022 Extraordinary Healer® Award. 



From left: DR. RICHARD STONE
and ILENE GALINSKY, ANP-BC

PHOTOS BY CYNTHIA AUGUST

CARING DEEPLY ABOUT PATIENTS, COLLEAGUES AND CLINICAL RESEARCH

ILENE GALINSKY, ANP-BC

DANA-FARBER CANCER INSTITUTE, BOSTON, MASSACHUSETTS

Written by **Dr. Richard Stone**, Dana-Farber Cancer Institute, Boston, Massachusetts


Ilene Galinsky, ANP-BC, was born to be an oncology nurse practitioner. When I was a naive young attending physician, I was amazed that such an individual had the courage to fiercely stand up for her patients' best interests despite conventions of rank, seniority and arbitrary rules. I felt lucky (and a little bit scared that I might not measure up to her standards) when she was the first person I hired to help me run the fledgling leukemia program at Dana-Farber Cancer Institute. Hiring Ilene was the single-most important thing I did. I wouldn't have been able to convince the incomparable Dr. Dan DeAngelo to work for me (and eventually take over the leukemia division) without Ilene's picking him out and then standing by his side as she did mine.

And what an inspiration Ilene is with her tireless devotion to our patients and the success of our program. We needed a nurse practitioner as we grew. She went to school at night and still made sure that we were getting through the days, that our patients got what they needed and that our »

KNOWLEDGE IS POWER

clinical research thrived. She graduated and rapidly became a premier nurse practitioner whom patients would beg to see. Before COVID-19, she certainly had the record for most hugs received.

She got us through audits, amendments and new protocols. She was truly instrumental in helping get a bunch of drugs approved in leukemias, including Rydapt (midostaurin), Blincyto (blinatumomab), Besponsa (inotuzumab ozogamicin), Ayvakit (avapritinib) and Tibsovo (ivosidenib). Ilene makes sure the new midlevel practitioners, young attending physicians and clinical research coordinators are happy and know what they are doing. She is trusted and trustworthy in all matters leukemia. She organizes our parties and get-togethers. She brought food to one of our schedulers who was housebound by COVID-19.

But her greatest gift is her compassionate, knowledgeable and thorough patient care. She listens and helps without regard to the patient's status/wealth/power. I have seen her deal equally and skillfully with bank presidents as with patients who live in public housing (to whom, by the way, she delivers food and clothing). The other day, she helped a young woman with advanced leukemia make the transition from active therapy to supportive care in such a skillful and compassionate fashion that I could only marvel and give thanks — as I do daily — for the good fortune to be on the same team as Ilene Galinsky, ANP-BC. 







From left: AMY HICKS, D.N.P., RN, ACCNS-AG, NEA-BC,
and COURTNEY HUFFSTETLER, M.S.N., RN, OCN

PHOTOS BY RACHEL FESKO

COURAGE, CARING AND COMMITMENT TO HER COMMUNITY

COURTNEY HUFFSTETLER, M.S.N., RN, OCN

ATRIUM HEALTH LEVINE CANCER INSTITUTE, RADIATION THERAPY CENTER, SHELBY,
NORTH CAROLINA

Written by **Amy Hicks, D.N.P., RN, ACCNS-AG, NEA-BC**, Charlotte, North Carolina

Nurses are the superheroes of health care and none more so than **Courtney Huffstetler, M.S.N., RN, OCN**. Courtney practices nursing in a small radiation oncology clinic in a rural area. The people in the community are often resource challenged and face many hurdles when they receive an oncology diagnosis. The COVID-19 pandemic has further reduced access to care and resources for patients. Courtney is dedicated to helping them through their treatments and beyond. Her intimate knowledge of the people and the community enables her to have a true impact.

Patients receiving radiation treatments often are also receiving chemotherapy. With her background and knowledge of chemotherapy, Courtney is able to recognize and help patients who have side effects from those treatments. This has an even greater impact during periods »

KNOWLEDGE IS POWER

when the small medical oncology clinic where the patient receives infusions is closed. She frequently intervenes and advocates for patients, ensuring they have the right medications to manage their side effects or administering fluids in the radiation department to avoid an emergency room admission.

Patients in her area often do not have primary care physicians or must travel a long distance for follow-up care. They may have limited access to home health services. As such, they often need assistance with issues not related to their radiation treatments. Courtney never hesitates to jump in and help. She does whatever she can, from dressing a wound to removing stitches to providing education about tube feedings. When patients are not able to travel to the larger facility an hour away for follow-up care or if they don't have internet access, Courtney facilitates virtual visits from the radiation department. Courtney is always there for them, finding ways to fill the gaps. This need has never been greater than during the pandemic.

Courtney's desk is located along the route patients take as they come and go for their daily treatments. They frequently stop to talk with her. Even though she does not have a lot of extra time in her day, she finds a way to spend a few minutes with them, getting to know them. They share their struggles, and Courtney always has a listening ear. She forms a bond with them and becomes a source of strength. This again has never been more needed than during the pandemic when patients have had limited interaction with others.

Another roadblock for many of her patients is being able to afford their medications. Because of Courtney's relationships in the community, she has been able to help. Courtney collaborated with a local drug store owner to offer medications at cost to radiation patients who don't have insurance. She also explains other resources available to assist in significantly reducing the cost of medications.

Courtney's tenacity in helping patients get the things they need is unparalleled. For example, if she knows a patient needs a wheelchair but lacks the ability to pay for one, she will ask someone who has one that is no longer needed if they would be willing to donate it. This kind of exchange would not be possible without Courtney's ability to gain the trust of her patients and families and her unyielding patient advocacy.



Courtney's commitment to the health of her patients and community pulled her outside the walls of the clinic this past year. Recognizing the importance of vaccination, especially for her immunocompromised patients, Courtney helped run several COVID-19 vaccination clinics. She also helped her patients get appointments at the vaccination clinics.

Courtney is a true hero whose superpowers are courage, compassion, competence and commitment to her patients and community. 🦸‍♀️



From left: DONNA MACDONALD, B.S.N., RN, OCN,
CCM, and LINDA DZIOBEK, B.A., RN

PHOTOS BY CARE NEW ENGLAND

EXTRAORDINARY NURSE, EXTRAORDINARY PERSON

DONNA MACDONALD, B.S.N., RN, OCN, CCM

WOMEN & INFANTS HOSPITAL, PROGRAM IN WOMEN'S ONCOLOGY, PROVIDENCE,
RHODE ISLAND

Written by **Linda Dziobek, B.A., RN**, Providence, Rhode Island

Donna MacDonald, B.S.N., RN, OCN, CCM, is not only an extraordinary oncology nurse, but she is also an extraordinary human being. Donna has practiced nursing for more than 40 years and has cared for patients with cancer and their families for most of her career. As case manager for the Program in Women's Oncology at Women & Infants Hospital in Providence, Donna cares for women of all ages with breast, colorectal and gynecologic cancers.

Donna is a well-known face at Women & Infants, radiating warmth and compassion wherever she goes. She has been involved in all aspects of oncology nursing, including prevention, early detection, treatment, survivorship and palliative care. She has a wealth of knowledge and is a respected role model by her peers and a beloved nurse by her patients.

What makes Donna so extraordinary is that she goes beyond her duties and responsibilities as case manager by advocating for and supporting her patients during their cancer journeys. She serves as chair of the Women & Infants Patient and Family Advisory Committee, which improves quality and patient care experiences within the hospital. In this role, she »



KNOWLEDGE IS POWER

works tirelessly to provide resources and support to her patients to ensure that they are receiving the best care.

She also volunteers her time with the Rhode Island & Southeastern Massachusetts Chapter of the Oncology Nursing Society and the Partnership to Reduce Cancer in Rhode Island. Donna is a very active volunteer, contributing her ideas and expertise whenever possible. She is deeply involved with the Partnership to Reduce Cancer in Rhode Island's Ovarian Cancer Task Force, which has produced patient and provider education webinars, a roundtable and a provider toolkit. Donna is a leading supporter of advocating for survivors of ovarian cancer, encouraging the task force to light the Rhode Island State House teal for ovarian cancer awareness in 2021 and rallying support for the independent licensure of genetic counselors in Rhode Island.

Donna is a selfless and dedicated oncology nurse who puts her patients and community first. She is always willing to lend a helping hand, no matter what she has on her plate. It is an incredible honor to nominate Donna MacDonald for the 2022 Extraordinary Healer® Award. There is no one more deserving of this recognition. 🍷

TEACHING MOMENT

What makes Donna so extraordinary is that she goes beyond her duties and responsibilities as case manager by advocating for and supporting her patients during their cancer journeys.



LAURA WOOD, M.S.N., RN, OCN

PROVIDED BY CLEVELAND CLINIC

AN ICON IN HER FIELD

LAURA WOOD, M.S.N., RN, OCN

CLEVELAND CLINIC TAUSSIG CANCER CENTER, CLEVELAND, OHIO

Written by **Gretchen E. Vaughan**, Houston, Texas

On behalf of the Kidney Cancer Association (KCA), I am nominating **Laura Wood, M.S.N., RN, OCN**, for the Extraordinary Healer® Award. Because of her skill, dedication, boundless compassion and drive to improve the lives of those affected by kidney cancer, I can think of no one more deserving of this recognition.

Laura's foundational act of advocacy was starting the KCA's Nurse Advisory Board (NAB) in 2006. Among groups such as the KCA, it is customary to have a slate of medical professionals who serve an advisory capacity; likely these are doctors. But Laura made the keen and practical observation that patients with cancer would benefit from additional experts who interact with patients the most — their nurses. These are the people who walk beside them through their cancer journey, who are on call at midnight, who sort through reams of paperwork and help patients and families understand how to overcome what they faced.

Laura gathered a group of nurses with expertise in kidney cancer from around the country. These nurses, who represented many National Cancer Institute-designated cancer centers, provide patients and caregivers the best information and support. She has chaired the NAB (which eventually became the Clinical Advisory Board, or CAB) and also served on the KCA's board of directors since then. »

KNOWLEDGE IS POWER

Through the CAB, Laura translated more than 35 years of kidney cancer knowledge into educational initiatives and resources that serve a global kidney cancer community beyond those directly under her expert care. She helped compile the basic kidney cancer information on the KCA website, developed a handbook for patients who recently received a diagnosis to use with their family and their care team, and helped plan the KCA's Virtual Patient Symposium educational meetings, which are open to anyone who wants to learn about kidney cancer.

“Laura is an icon in (renal cell carcinoma) because of her knowledge and expertise in the field,” said Virginia Seery, M.S.N., RN, ANP-BC, of Beth Israel Deaconess Medical Center in Boston and a fellow CAB member. “She has a keen ability to educate others about RCC and the rapidly changing treatment paradigm. Laura is my ‘go-to’ resource for difficult patient situations. In addition, her organizational skills are outstanding and she is able to clearly identify priorities for the CAB to work on.”

Laura has always been ahead of the curve in patient education, enthusiastically participating in our patient video library to answer common kidney cancer questions for people who learn better by watching and listening and pushing to make digital materials more user friendly. She understood the power of the patient experience as a tool for connection and education, jump-starting the KCA's focus on bringing personal stories and voices to our blog and social media.

Laura also spearheaded the CAB's expansion to include social workers, radiology experts and physician assistants so that anyone who turned to the KCA for support could benefit from a multidisciplinary group of expert support care providers.

In terms of expertise, hers is unmatched.

Dr. Ron Bukowski, a member of the KCA's board of directors and a noted oncologist who worked with Laura for many years at the Cleveland Clinic Foundation (CCF) before his retirement, said:

“Laura was unquestionably the most capable and knowledgeable research nurse in our section of genitourinary oncology and experimental therapeutics in the CCF Taussig Cancer Center. She developed expertise in the care and treatment of renal cancer patients that was unrivaled. »



GRETCHEN E. VAUGHAN

PROVIDED BY KIDNEY CANCER ASSOCIATION

KNOWLEDGE IS POWER

This was accompanied by a compassionate approach to patients and their families in an era when we were first developing effective therapy for these patients, including IL-2, interferon, sorafenib, (Sutent [sunitinib]) and (Inlyta [axitinib]).”

Many noted the extra measures Laura took to ensure patients under her care had all their possible needs met. In addition, Laura was heavily involved in research and had the vision and understanding to see that clinical trials were a critical path toward improved outcomes for patients with kidney cancer, taking extra pains to connect those dots for patients and families.

“Laura was the consummate professional and patient advocate. She routinely put in extra effort to get a patient on a clinical trial, to take care of patients on a trial, and generally to be the consistent contact for patients and their families,” said Dr. Brian Rini, a medical oncologist and member of the KCA’s medical steering committee who also worked with Laura in genitourinary oncology at CCF. “When Laura was involved in a patient’s care, everything went smoothly and both the physician/provider team and the patient and family knew that every detail would be accounted for. She was truly exceptional and extraordinary in her role.”

Most recently, I’ve been awed by Laura’s strength through great personal transitions and tragedy. Laura retired last year after a long and illustrious career as the renal cancer clinical research coordinator at CCF to be a better caregiver to an ailing family member. Then in November 2021, Laura’s eldest daughter died in a traffic accident.

Even so, Laura continues with great courage, never wavering in her commitment to her kidney cancer community. With her typical can-do spirit, here is part of a recent message she sent to me and her fellow CAB members as we began our plans for the year:

“We begin 2022 focusing on the future and beginning a new year of working together with the KCA team to improve the lives of those with kidney cancer and their loved ones.”

We — and all the patients and families the KCA serves — are very lucky that Laura continues steadfastly by our side in our shared mission to serve and empower patients and families affected by kidney cancer. Thank you for considering this truly extraordinary healer. 🍓

A PATIENT'S BEACON OF HOPE

CHRISTINE WYLIE, M.S.N., RN, OCN

SITEMAN CANCER CENTER, WASHINGTON UNIVERSITY SCHOOL OF MEDICINE,
ST. LOUIS, MISSOURI

Written by **Bernard "Skip" Mann, B.S.N, RN, retired**, St. Louis, Missouri

It is with great pleasure that I nominate **Christine Wylie, M.S.N., RN, OCN**, for the 2022 Extraordinary Healer® Award. One thing that I am sure of is that Christine is an extraordinary healer. She has been influential in making so many other nurses, like me, into extraordinary healers too.

At the time I retired in fall 2021, I was a colleague of Christine. Christine had been very instrumental in making my last years in clinical oncological nursing a unique and special time. I had many years of experience in various positions and departments, but oncology was where I wanted to spend my final years working.

Due to the grind of 25-plus years in many roles of nursing, I had developed hip and back issues. I knew it was time to transition my role in order to prolong a career that I absolutely loved. So I applied for an outpatient chemotherapy infusion position and was hired at the prestigious Siteman Cancer Center at Washington University in St. Louis. I am a retired Air Force flight nurse who had served in the war zones of late. I would be the first male RN in this »



From left: BERNARD "SKIP" MANN, B.S.N, RN, RETIRED, and CHRISTINE WYLIE, M.S.N., RN, OCN

PHOTOS BY IAN KREIDICH

KNOWLEDGE IS POWER

particular center, and I also was unique because I was 64 years old. One might imagine that I could be quite a challenge for a much younger, yet professional, preceptor. Thank goodness Christine voluntarily took on that challenge.

The Siteman infusion suite is noted by patients as a center of hope and a place where their care is made much more tolerable. We often hear comments such as, “It feels more like a family gathering than a chemotherapy treatment.” The staff often gets complimented for their genuine care and compassion. Much of this praise is due to Christine. Her friendly face is the first one patients see in the chemotherapy treatment pods. She makes an enormously positive impression on the patients through her teaching, and this in turn sets the stage for our successful relationship with them.

Christine started as a staff infusion nurse in 2014 and since then has advanced into various roles as the care center progressed and grew. She simultaneously pursued her nursing education to a master’s level with focus on nursing and patient education. While working as a key member of the staff, she also developed several new roles within the center that have been most instrumental to our excellent care success.

Six months after being hired, she was promoted to float nurse coordinator. This was a new idea for the center, and she developed this role, which gave her the ability to float between an infusion nurse providing direct care and a clinical nurse coordinator in the clinic setting, based on the staffing needs of this fast-growing treatment center. The position was so well developed and utilized that Christine was tasked to train two more in-house nurses for the position.

In 2019, Christine was promoted to clinical nurse educator. This was another role that was new to the center, and it became her responsibility to create and provide proof of its value. With this role, she has the enormous task of teaching all of our patients about their chemotherapy treatments, common side effects and how to effectively manage them. She is also in charge of keeping nursing up-to-date on new therapies or indications, changes in policies and procedures, arranging Basic Life Support renewal certification classes for staff and whatever else is thrown her way. She is key in helping new staff get oriented and trained to her lofty standards. »

KNOWLEDGE IS POWER

Christine quickly took this new job and ran with it. Her model was such that she was asked to help other sites develop and engage this position.

As South County became a major clinical treatment area, Christine continued to grow and develop her clinical expertise and teaching/training skills. She helped advance several in-house committees that directly affect our patient care delivery. She serves on the policy and procedure committee and the unit practice committee. She works with the clinical pharmacy team on issues with patient treatment plans. She is a liaison between the clinical teams and the patients during their course of treatment to ensure maximum benefit of the care plan. She will work in any area of need. She is a team player with extraordinary abilities, and she unselfishly assists all with guidance and direction toward professional goals.

Christine is the strongest advocate for our nurses to obtain their OCN certification. She finds prep classes and resources for our nurses to succeed in gaining this prestigious certification. She has a personal goal of certifying all of our nursing staff and is very close to achieving this. She has developed and teaches accredited chemotherapy classes for new staff. She is a constant proponent for continuing professional growth and development through education and skill mastery for all of our nurses.

Christine recently took the reins of the evidence-based practice committee and presented one of her projects at an Oncology Nursing Society conference. She has worked on many new projects relating to evidence-based practice and is involved in trialing the use of patients using oral cryotherapy by chewing on ice while receiving Adriamycin (doxorubicin) infusions. The goal is to evaluate the efficacy of this intervention as it applies to alleviating the side effect of painful mucositis. The early results are very positive.

Christine played an important part of the research and implementation of our staff nurses changing our injection practices for intramuscular medications. We changed these injections from dorsogluteal to ventrogluteal sites. This helped alleviate pain and increase drug absorption while reducing the risk of accidental sciatic nerve irritation. Many of our nurses had never given a ventrogluteal intramuscular medication injection. Christine trained all to a high confidence level and our patients have benefited. »



KNOWLEDGE IS POWER

TEACHING MOMENT

She has hugged, laughed and cried with all of us — staff and patients. When our patients experience her compassion and caring, they are put at some measure of ease and comfort. She is a beacon of hope on their journey and a guiding light for our journey in our ability to provide the very best patient care.

Christine has been a highly effective resource as we implemented scalp cooling for our patients. This helps prevent hair loss when receiving hair follicle sensitive chemotherapies. It has been such a success that we recently added more scalp cooling machines.

In 2018, we upgraded our electronic medical records to the EPIC system. This was particularly difficult for all of us. Christine was so amazing at calming us. Her skills of helping this make sense to us saved the day. She did a better job at explaining the changes than the program company's trainers and really was so very helpful to me personally.

KNOWLEDGE IS POWER

Christine is innovative and involved in the development of training support materials for both patient and staff using the latest technology. She has garnered training supplies to instruct patients on their intravenous line care for those who use home infusion pumps. She has utilized these materials using a hands-on approach that allows a very new or timid patient to overcome their fear of chemotherapy and build needed skills.

Christine's compassion for the patient begins when they receive a diagnosis of cancer. She helps them transition to taking an active role in their therapy, including being able to read signs and symptoms and possible complications of therapy. They learn to understand their laboratory values, nutrition principles, medications and how to communicate with their care team. Her communication skills are very adaptive and easily customized to the needs of the patient and the staff. She is known to provide small but significant little tricks to alleviate some of the discomforts of chemotherapy that are often left off the standard question-and-answer forms. Her follow-up calls and her resource availability have been extremely helpful in ensuring our patients receive their treatment with less fear and anxiety.

Christine's skills in assessing, adapting and conveying new and ever-changing information regarding COVID-19 pandemic guidelines and protocols ensured that we maintained the safest and highest level of protection for our immunocompromised patients with cancer.

Christine is a consummate professional with a strong desire to use her well-developed knowledge and skill set to provide the best patient care experience.

She has hugged, laughed and cried with all of us — staff and patients. When our patients experience her compassion and caring, they are put at some measure of ease and comfort. She is a beacon of hope on their journey and a guiding light for our journey in our ability to provide the very best patient care.

She truly is an Extraordinary Healer®. 



CHAPTER 2

In Our Corner





**GRACE ALLISON, B.S.N., RN, OCN,
RN-BC**

PHOTO BY STEPH STEVENS

AN ANGEL TO HER PATIENTS

GRACE ALLISON, B.S.N., RN, OCN, RN-BC

MULTIPLE MYELOMA RESEARCH FOUNDATION, NORWALK, CONNECTICUT

Written by **Dr. Hearn Jay Cho**, Norwalk, Connecticut

Grace Allison, B.S.N., RN, OCN, RN-BC, one of the patient navigators at the Multiple Myeloma Research Foundation (MMRF), humbly says she's honored to help her incredible, inspiring patients along their journey fighting the incurable blood cancer. As anyone who has sat at the bedside of a terminally ill patient knows, those who hold out a hand — literally or figuratively — to help a patient and their loved ones is a hero to them. Grace is one of these heroes to all of her patients as they battle against the complex cancer. She is frequently the first one patients or family members call in a new medical crisis, and often she is the interpreter who patiently explains a diagnosis and the road ahead. Grace provides all of this, along with kindness and hope, amid the difficulties posed by a rare cancer whose treatment is unique to each patient. She is described frequently as “a godsend,” “an angel” or “a gem” by patients and families, with most saying they “couldn't have made it through treatment without her.”

Grace developed extensive expertise in myeloma during her 28 years caring for patients at the pioneering University of Arkansas for Medical Sciences Myeloma Center, an early leader in stem cell transplants and life-extending treatment protocols. That's where Grace, a native of Ireland whose aunt and grandmother both died of blood cancers, developed her passion for helping »

IN OUR CORNER

TEACHING MOMENT

Gratifying outcomes such as that are why Grace takes on many of her patients as if they were family members, spends all the time they need on calls, then emails more information. She says it's a luxury to be able to spend so much time explaining complex information to her often overwhelmed patients. Grace also goes beyond the patient to ensure she knows their support system and talks with family members seeking answers and help.

patients with the rare cancer. In mid-2020, she joined the MMRF Patient Navigation Center, which offers patients and their families counseling and other services. The care that Grace provides then moved from the bedside to the telephone, informed by all she'd learned and done.


Now Grace offers compassion and a plain-English explanation of what's happening to her patients, whether they've received a new diagnosis, are worried by a relapse after time in remission or are facing difficult decisions. Multiple myeloma waxes and wanes, so it can be managed

IN OUR CORNER

for many years as new treatments arrive. Grace stays abreast of each patient's condition, and when their doctor recommends new treatments or options she helps them understand everything, personalized to their situation. With a national treatment network at her fingertips, Grace connects patients to the closest myeloma specialist and myeloma center of excellence or to the latest clinical trials of experimental medicines. Then Grace even cuts through the bureaucracy on any paperwork or insurance approvals needed to get the treatment the patient needs.

The stories of exceptional efforts in Grace's nursing are endless. She recounted a typical patient case that happened a few months ago. Grace was called by a woman whose husband was critically ill and on tube feeding in a Virginia country hospital that was doing little to manage his multiple myeloma. Grace jumped into action to arrange for better treatment, cutting red tape to get him quickly transferred to a specialty center. He'd given his wife what he thought was his final "goodbye" as he was being placed into an ambulance. He was unresponsive throughout the journey but was started on the right treatment immediately upon arrival at the new hospital. His relieved wife soon called, telling Grace he had "pulled back from the brink" and was sitting at the bedside eating.

Gratifying outcomes such as that are why Grace takes on many of her patients as if they were family members, spends all the time they need on calls, then emails more information. She says it's a luxury to be able to spend so much time explaining complex information to her often overwhelmed patients. Grace also goes beyond the patient to ensure she knows their support system and talks with family members seeking answers and help. And when a patient nears the end, she prepares them emotionally to make death less frightening and focuses on what is best for the family, such as bringing the patient home from the hospital for their final days.

Few nurses could be more deserving of the 2022 Extraordinary Healer® Award. 



From left: LORELEI GRAHAM, CRNP, and
JENNY BURKHOLDER

PHOTOS BY KRISTA PATTON

A NURSE'S DEVOTION HEALS MANY

LORELEI GRAHAM, CRNP

PENN MEDICINE RENA ROWAN BREAST CENTER, PERELMAN CENTER FOR ADVANCED
MEDICINE, ABRAMSON CANCER CENTER, PHILADELPHIA, PENNSYLVANIA

Written by **Jenny Burkholder**, Elkins Park, Pennsylvania

Lorelei Graham, CRNP, leans toward me. We are inside the examination room at the Penn Medicine Abramson Cancer Center at the Perelman Center for Advanced Medicine in Philadelphia. It is cool and familiar here, though outside it is a scorching hot July day in 2020.

Deep in the first wave of COVID-19, we are both face-covered and distanced even in this small, windowless room. With her feet firmly planted, she holds me in her sympathetic gaze. I'm here for my Herceptin (trastuzumab) treatment every three weeks, but just an hour earlier, my father died. He had contracted COVID-19 just three weeks prior.

Lorelei does not take her eyes off me. She does not try to move along with my appointment or enter notes. She calmly invites me to cry and patiently waits.

Penn Medicine oncologist Dr. Kevin Fox, a longtime colleague and friend, says, "Lorelei has an endless supply of compassion, grace and empathy. If she ever has a bad day, I haven't seen one in 10 years." And it is true. »

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Lorelei, a self-proclaimed horrible multitasker, has been by my side for almost 10 years. When I first received a diagnosis of early-stage breast cancer at 40, Lorelei did not fill me with false platitudes to make me feel better. She skillfully guided me through a radical right breast mastectomy and TRAM flap reconstruction surgery, listened to my litany of complaints during each devastating round of chemotherapy and helped me to navigate my new life on tamoxifen.

Then when I received a diagnosis of metastatic breast cancer at the end of 2019, Lorelei was there. Yes, she was there to calm me. Yet, more importantly, she was there to help me to understand my treatment plan and its potential side effects, and to assure me that I was going to be able to manage my metastatic diagnosis one day at a time.

“Lorelei is such a kindhearted soul and really takes the time to get to know you and what is going on with you. She has made me feel so special so many times just by helping me out as if I am one of her patients. I am blessed every day to be able to work by her side, and she is by far the most extraordinary nurse I have ever come across!” says Danielle Moyer, an administrative assistant at Penn Medicine, University of Pennsylvania Health System.

Lorelei’s other Penn Medicine colleagues agree. They know she has “so much experience” and is an “asset to the team.” They can always “turn to her with questions,” and there is no question that she “goes the extra mile to provide support to all of her patients.” And her patients concur, saying she is “extremely capable and knowledgeable,” “attentive” and “thorough and compassionate.”

When I am able to stop crying, Lorelei inches slightly toward me and gently asks if she can hold my hands. I say, “Yes.” I feel her strength, and because of Lorelei — the way she makes me feel comfortable and confident; the way she cares deeply for me, her other patients and colleagues; and her always professional attitude and manner — I realize that, like other obstacles, I will eventually be able to face this, too.

Dr. Fox echoes me and all of Lorelei Graham’s patients: “There is no one on earth like her.” 📌



Penn Medicine





JUDY HIGGINS, RN, OCN

PHOTO BY JEN NAUGLE

ONE-OF-A-KIND CARE ACROSS 1,000 MILES

JUDY HIGGINS, RN, OCN

ST. JOSEPH'S NORTH ADULT INFUSION CENTER, LUTZ, FLORIDA

Written by **Emily Campbell, M.S.**, Zionsville, Indiana

The person I am nominating is my Aunt Judy, known to most of her patients as **Judy Higgins, RN, OCN**. I always assumed she provided detailed, personal care when interacting with her patients, but I never knew I would be able to confirm this through personal experience. In August 2020, I received a diagnosis of breast cancer at age 32. Aunt Judy was on a Zoom call with my mom and me just hours after my first appointment to help me sort through the details of my diagnosis and upcoming treatment plan. Shortly after, she sent me a care package of chemotherapy essentials that only an oncology nurse would know to send — a port pillow for my seatbelt, packets of Ensure, on-the-go sickness bags, etc.

Unfortunately, we live many states apart, so being Aunt Judy's actual patient wasn't viable, but this did not prevent her from being involved. Even though I had to do all of my chemo infusions alone due to COVID-19 restrictions, Aunt Judy always helped me feel equipped to get through them. Before each infusion, I would text my laboratory results for a second »



look and she would walk me through them. During treatments, she would message me to make sure I was feeling OK, and she always encouraged me to speak up and let my nurses know if something didn't feel right. The days following treatment, she would check in to ask about my side effects, and she was quick to offer at-home remedies or encourage me to call my doctor if there was major cause for concern. We even FaceTimed once just to confirm my Neulasta (pegfilgrastim) patch was working properly.

Surpassing the remote chemo support she offered me is how Aunt Judy led me in restorative yoga virtually for an entire year. She is a certified yoga4cancer instructor and due to the pandemic she was unable to utilize her certification for in-person classes at her hospital. Together over Zoom, we would massage the lymphatic system with stretches and strengthen my bones with balance poses. Receiving chemo during a pandemic, across 14 weeks of winter, presented me with very few opportunities for activities. Our yoga sessions gave me

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a sense of schedule and something to look forward to. I enjoyed getting dressed in my yoga wear and setting up my blocks, mat, chair and laptop for each session. Some of my favorite moments occurred during the Savasana pose, when Aunt Judy would speak affirmations over me: “You are strong. You are healing. Be in this moment of gratitude.”

Aunt Judy had a dramatic effect on my confidence that helped me get through that horrid time, and I don’t doubt she has that effect on her patients in person. She is proof that nursing goes far beyond scanning a wristband, confirming a birthdate, administering chemo and installing a Neulasta patch (although I recognize the precision behind handling these medicines is vitally important!).

A year later, her care and concern for me continue. The day before writing this essay, I spoke to Aunt Judy over the phone to discuss some of my latest scan results. I also asked about her work, and she was telling me that her nursing staff is being hit hard by another COVID-19 surge. Although technically PRN (or on call), she is working more frequently than she would prefer, sometimes acting as one of two nurses on a busy infusion unit. She persists despite fatigue (and although she would never admit it, probably burnout) and shows up for her patients so they may receive lifesaving treatment and unmatched compassion and support.

I realize this nomination is unique and may appear biased because Aunt Judy is my family, but I believe her approach to supporting me has come from her identity as a nurse, one who is dedicated to caring for people with cancer. Aunt Judy’s commitment to this line of work has allowed patients with cancer to experience something unique — they gain a momma-bear protector, a mother-hen nurturer and a knowledgeable, skilled and lifesaving-drug dispenser. I am convinced this work is her calling. She approaches it in a way that is transcendent and sacred. For anyone reading this who is facing a cancer diagnosis, find yourself an Aunt Judy or just go find her at St. Joseph’s Hospital in Lutz, Florida.

Judy Higgins deserves this award based on her commitment to countless patients in Florida, plus the extraordinary care she offered one extra patient across the country in Indiana. 🍷

ON EVERY STEP OF THE JOURNEY

STEPHANIE KAISER, M.S.N., CRNP, AOCNP

HILLMAN CANCER CENTER, UNIVERSITY OF PITTSBURGH MEDICAL CENTER,
PITTSBURGH, PENNSYLVANIA

Written by **Elizabeth de Jong**, Pittsburgh, Pennsylvania

It gives me immense pleasure to nominate **Stephanie Kaiser, M.S.N., CRNP, AOCNP**, of University of Pittsburgh Medical Center's Hillman Cancer Center for the Extraordinary Healer Award®.

On Sept. 16, 2016, my femur snapped and shortly thereafter I learned that I had stage 4 ALK-positive non-small cell lung cancer. I arrived at Hillman Cancer Center a day after my femur broke, and Stephanie has been a guiding hand in my journey for more than five years — five years that I did not think were possible at the time of diagnosis.

Stephanie has a rare talent in that not only is she a very knowledgeable and skilled practitioner but her kindness and genuine care for her patients are remarkable. When I first received my diagnosis, my husband and I had many questions. Stephanie remained with us after our oncologist moved on to the next patient (and she still does!), and often we would think of questions after my appointments. Stephanie is always available to answer our »



From left: ELIZABETH DE JONG and
STEPHANIE KAISER, M.S.N., CRNP, AOCNP

PHOTOS BY JOE APPEL

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questions, whether in person, via email or via a phone call. She has never made us feel like we were inconveniencing or peppering her with too many questions — and, likely, we were doing both.

As I faced bumps in the road with brain tumors and progression, Stephanie was always reassuring about the treatment paths that were available to me. Not only had our oncologist done his research, but it was clear she had as well when she could have just relied on his expertise. When we had issues with insurance coverage, it was Stephanie who spent hours assisting us in our appeal process, including participating in a phone appeal with our insurer. When we decided for my 50th birthday to raise \$50,000 to fund lung cancer research, Stephanie jumped at the opportunity to assist us. Recently, at my five-year “cancerversary” Stephanie stood by our side as we dedicated a plaque in the research wing after far exceeding our original fundraising goal. Every year, she helps coordinate fundraising for other lung cancer groups and research efforts. She is totally committed to the lung cancer community and her patients.

Having had countless appointments, meetings and phone calls with Stephanie over these past five years, I can say without hesitation that she has been my guardian angel and co-pilot in this most unexpected journey. Her work has gone beyond the cancer realm, including assisting with other day-to-day medical referrals when we moved from a small town to Pittsburgh and I needed to find new care providers outside of oncology. She has helped me put together a formidable team that includes a great general practitioner, wonderful gynecologist and a great orthopedist. She also referred me to The Wellness and Integrative Oncology Program at Hillman to help manage my cancer as well as treatment side effects.

The term healer has many definitions, but to me it is someone who helps repair you and assists in providing comfort. This is why my husband and I nominate Stephanie Kaiser for this most prestigious and deserved award. 🍷



JESSICA KROUSEL, B.S.N., RN

PHOTO BY ERICA HASENJAGER

COMPASSION BEYOND COMPARE

JESSICA KROUSEL, B.S.N., RN

LEVINE CANCER INSTITUTE, CHARLOTTE, NORTH CAROLINA

Written by **Phyllis Hill**, Clover, South Carolina

My name is Phyllis Hill, and I am nominating **Jessica Krousel, B.S.N., RN**, for the Extraordinary Healer® Award. My husband and I first met Jessica more than two years ago when Dr. Claude Grigg Jr., was assigned as my oncologist to treat my stage 3 bladder cancer. Jessica is a very caring and knowledgeable nurse who went out of her way to help me stay positive during my care.

She has gone out of her way to help me in numerous ways. For instance, when I developed a blood clot after a port was installed on my right side for my infusions, it was well after 6 p.m. and I had a difficult time finding the blood thinner Xarelto at a price I could afford. She started looking for a coupon to help lower the cost of the medication and did not stop until she found it by calling around and getting the information to me so I could purchase the medication. It helped save me money on the cost of the medication, which I received the same day.

I continued my chemotherapy by intravenous (IV) infusions. However, on one occasion, the laboratory personnel downstairs could not get the feed placed in my arm. After three tries, they »



From left: PHYLLIS HILL and
JESSICA KROUSEL, B.S.N., RN

PHOTO BY ERICA HASENJAGER



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still could not get the IV started. I went upstairs, and Jessica was very patient with me because she knew I was distraught and upset from the lab experience. She inserted the IV feed into my arm so I could continue my chemotherapy on time.

When the chemotherapy was completed, I was sent to Dr. Kris Gaston to have my bladder surgically removed. When he initiated the surgery, he found some lymph nodes that showed up as cancerous and stopped the surgery. He consulted with Dr. Grigg, and they agreed that I had progressed to stage 4 bladder cancer and recommended that I be placed on immunotherapy. I then went for radiation and chemotherapy during Christmas week. It was a very tough time. Jessica made Dr. Grigg aware of my struggles, and they both stayed in touch with me by phone. Jessica was involved in all stages of this intervention. She showed a compassion beyond what most people do, and she continues to show that compassion to this day.

If I get nervous about a test result, she always takes time to talk with my husband and me about it and explain what the results mean. If I have questions about over-the-counter medications, I feel very confident about the advice she gives me. When I leave her voicemails, I know I will have a timely response from her about my question, even if it is after hours, so she can ease my mind and make me feel comfortable.

Immunotherapy did not work and in June 2020 I was told I had three to nine months to live. That was the worst diagnosis that I could ever expect. Jessica continued to show a positive attitude and compassion, which helped me maintain my positive attitude. Dr. Grigg then placed me on a new chemotherapy drug, which I am currently taking. Jessica took the time to explain the drug in more detail and answered questions I forgot to ask Dr. Grigg.

Three weeks ago, during a visit with Dr. Grigg, the doctor informed me that he could see no cancer at all in my CT scan. Jessica was elated and still showed the positive attitude I have come to expect from her. I failed to return her text, and at 7:30 p.m., she texted me to be sure I received the good news. I feel very blessed to have her as my oncology nurse and someone I can talk to as a professional about my cancer or, hopefully, lack of cancer at this point. I highly recommend her for the Extraordinary Healer® Award. 📌



A TREASURE FOR MY DAD AND MY FAMILY

JESSICA KROUSEL, B.S.N., RN

LEVINE CANCER INSTITUTE, CHARLOTTE, NORTH CAROLINA

Written by **Missy Robinson, RN**, Heath Springs, South Carolina

My dad was an awesome man. He was a man of God who was strong in his faith and never met a stranger. During his time as a patient of Dr. Claude Grigg Jr., he became close friends with **Jessica Krousel, B.S.N., RN**, his primary nurse. Jessica was always kind and compassionate to my dad. He would come home from chemotherapy, tell me how good Jessica was and how much he enjoyed “visiting” with her. Jessica always had my dad’s best interest in mind and treated him with respect.

Due to his hard work in the past, Dad’s hearing wasn’t really good. When COVID-19 came along and my mom was no longer able to take him to his appointments, I began taking him. Even with COVID-19 restrictions in place, Jessica and Dr. Grigg always allowed me to go in with my dad to “listen” for him.

As his health declined, I would call Jessica with questions, and she always got me an answer that helped. On Dad’s birthday, Dec. 9, Jessica had balloons waiting and celebrated with Dad during his appointment.

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When the day came that it was decided nothing else could be done for him medically, Jessica cried with me on the phone. Ten days later, when I called to let Jessica know that my dad had passed, she cried with me again. Jessica was late for the funeral but still came to the house to see my mom and me. She sent me a text after the funeral and included a beautiful song that she said was how my dad felt about me. Every time I listen to “The Man Who Loves You the Most” I think of my dad and his wonderful nurse, Jessica.

Jessica was always there to take care of and love on my dad during his visits, except when she had COVID-19. Although the other nurses were great, Dad (my mom and I, too) always missed her terribly during her leave. We were all overjoyed when she returned to work. Jessica was always there for my dad and us as a family. She went above and beyond in everything she did. When Jessica was taking care of it, we never had to worry. It would get done.

My dad “went home” on Feb. 22, 2021. Just recently, Jessica texted me that she was thinking about my dad. She is still taking care of mom and me with her friendship. Jessica is the best nurse I’ve ever met. She is most definitely an Extraordinary Healer®. 🇺🇸



MISSY ROBINSON, RN

PHOTO PROVIDED BY ROBINSON

TEAMWORK WITH A PERSONAL TOUCH

DANIELLE MICK, B.S.N., RN; AND VICKIE COX, RN, OCN

DIGNITY HEALTH FOUNDATION, MERCY MEDICAL GROUP, ROCKLIN, CALIFORNIA

Written by **Howard Campbell**, Lincoln, California

I am 82 years old. I was made aware of my situation 10 years ago when I heard the word “cancer” uttered by my oncologist. Just the word itself suddenly caused my life and my feelings of mortality to take a nosedive. I am fairly certain that most patients with cancer have the same feelings at that point in time. I received a diagnosis of multiple myeloma.

After 10 radiation treatments, I embarked on eight years of oral and infused treatments. This was in North Carolina. I was fortunate to get my treatment at an excellent clinic, Novant Health Oncology. In fact, in 2019 I nominated Jennifer Becker, RN, for the Extraordinary Healer® Award. She was not selected, but we were included in the annual recap issue, which we both felt was an honor.

In 2020, my wife and I were invited to move to California and live with our oldest son and his wife in the Sacramento area. We accepted their offer and sold our house. I had become very comfortable with the treatment I had received and was somewhat worried about making a change, especially when the arrangements would have to be long distance. I needed to have everything in place so that there was minimum time between my last treatment in North Carolina and my »



From left: VICKIE COX, RN, OCN;
HOWARD CAMPBELL; and DANIELLE MICK, B.S.N., RN

PHOTO BY CASEY LANG

IN OUR CORNER

first in California. I decided on the Dignity Health Medical Foundation's Mercy Medical Group. They scheduled me for my weekly infusion a week after my scheduled arrival in California.

I arrived for my first visit and met the nurses who worked in the clinic, **Danielle Mick, B.S.N., RN**, and **Vickie Cox, RN, OCN**. It is a small treatment center with two registered nurses and a pharmacist to handle the medical supplies. Danielle and Vickie made me feel at ease immediately; it was as though they had known me for a long time. They were thoroughly aware of my treatment history. When I arrived the following week for my second treatment, I discovered that they had contacted the nurses at Novant Health in North Carolina to get any information that could help them with my treatment. I was very impressed with this interest in making sure that they had as much information as they could get. That was just the start of my next 52 weeks of treatment with these two fantastic nurses.

It has been very enlightening to study their *modus operandi*. They work as a team always. In this way, they are always up-to-date on each and every patient's condition and needs. Sometimes it's just a little touch, such as arranging the chair that I use each week so that it faces toward the windows. The Union Pacific Mainline runs past the clinic, and they found out that I am a great railroad fan and love to watch the trains go by. A small thing, yes, but a fantastic thing for me personally.

I have observed how they treat each and every patient when I am there. Each has a special need of some sort. I have seen them with an obviously new patient who is scared and confused about the treatment. They both work with that patient, carefully explaining each and every step of the procedure in a way that is easily understood.

Patients who require a bit more personal attention receive the same every time. These ladies demonstrate an attitude of total empathy for each and every one of us. It is this attitude and their personal treatment methods that make the infusion experience one that is much more relaxed and free from anxiety than it would be otherwise.


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Patients who require a bit more personal attention receive the same every time. These ladies demonstrate an attitude of total empathy for each and every one of us. It is this attitude and their personal treatment methods that make the infusion experience one that is much more relaxed and free from anxiety than it would be otherwise.

On the professional side of things, they both are extremely competent and knowledgeable with regard to their patients' needs. They both have been oncology nurses for more than 10 years.

I feel that I, as a patient, can really determine the real meaning of Extraordinary Healer[®] because the registered nurses and I are at that level where the “pedal meets the metal.” We are at the level where the real work of cancer treatment takes place.

I realize that this probably goes against what you usually expect, but I feel that I would be remiss if I nominated one or the other of these extremely capable nurses rather than trying to choose just one of them. They are a fantastic team in the workplace and deserve to be the same fantastic team in this nomination. These nurses are perfect examples of what it means to be an Extraordinary Healer[®]. 

CHANGING THE LIVES OF PATIENTS

BROOKE TORPEY, B.S.N., RN-BC, OCN

MEMORIAL SLOAN KETTERING CANCER INSTITUTE, MIDDLETOWN, NEW JERSEY

Written by **Robin Torpey, D.N.P., RN-BC, B.S.**, Hazlet, New Jersey

Nursing today is so vastly different than it was 30 years ago. Nurses couldn't scan medications. There were no electronic charts or rovers to assist the nurse providing patient care. But even with the tools that exist today, nurses are being stretched very thin and the COVID-19 pandemic has only exasperated health care professionals. My daughter **Brooke Torpey, B.S.N., RN-BC, OCN**, is an oncology nurse who is dedicated to nursing. She has worked as both an inpatient and outpatient registered nurse in two facilities at the same time during the pandemic. Why? Because she could not let her patients down.

When someone receives a diagnosis of cancer, it is probably one of the scariest times in their life. A nurse not only needs to provide good care, she also needs to be a good listener. Brooke is one of the most caring, compassionate nurses I have ever met. There are so many different stories to tell, but there are three incidents that touch me the most and forever changed the lives of her patients.

A patient was given a stuffed toy bear by a loved one. One day, Brooke went into the patient's room and found the woman crying. The patient told my daughter that her bear was missing. After thoroughly searching the room, the bear could not be found. On Brooke's lunch break, she »



From left: BROOKE TORPEY, B.S.N., RN-BC, OCN,
and ROBIN TORPEY, D.N.P., RN-BC, B.S.

PHOTO BY STEPHANIE C. BIEL

IN OUR CORNER



IN OUR CORNER

went to the gift shop and bought a card and a toy bear. The patient was now crying with joy and could not thank my daughter enough.

In another instance, someone my daughter's age received a very poor prognosis. At first, the patient's father seemed to act very mean. But in hindsight, the family was very angry because they knew their son was dying. There was no medication or procedure left to try. Their son was withering away before their eyes, and they had no control over their son's fate. Brooke was the only RN who had the ability to calm the father down. She explained everything that was going on and the plans for the upcoming days. This family relied on my daughter so much that they always asked when she was working. And if she was, there was never a question that their son would be her patient. They knew their son was getting the best care and that my daughter was doing everything in her power to keep their son comfortable. The family invited my daughter to the funeral.

The last story hits closer to home. A close family friend recently received a diagnosis of cancer. He felt a little more comfortable when he found out who his nurse was. Brooke always maintains privacy practices and never mentions her patients' names. So I was caught off guard when I received a call from him one evening. He asked if I knew who he saw. I had no idea. He said, "You never told me your daughter works at this institution." He went on to thank me for raising such an amazing nurse. He said she knew things he never even heard about. He couldn't thank me enough. I was so proud of my daughter and beaming with pride. And then I started getting calls from other friends; even the principal of the grammar school that my children had attended thanked me. She reached out and said our close friend had called to tell her who his nurse was and that he was so comforted knowing it was Brooke.

After Brooke obtained her OCN certification, she developed a program at work to teach her fellow nurses so they would be able to take and pass their certification. She wrote chemotherapy questions for the exam for the Oncology Nurses Society (ONS) at the headquarters in Pittsburgh. She likes to participate in ONS activities and always jumps at opportunities. Brooke is an outstanding oncology nurse who truly deserves to be recognized as an Extraordinary Healer®. ■



CHAPTER 3

Incomparable Compassion





WENDY AUSTIN, M.S., RN, AOCN, COA,
NEA-BC, FACHE

PHOTO BY NATALIE MOSER

COMPASSION FOR END OF LIFE IS PART OF AN AMAZING CAREER

WENDY AUSTIN, M.S., RN, AOCN, COA, NEA-BC, FACHE

CITY OF HOPE ORANGE COUNTY, IRVINE, CALIFORNIA

Written by **Dr. Edward S. Kim**, Irvine, California

Wendy Austin's curiosity for understanding all aspects of patient care led her to choose oncology for her final clinical rotation in nursing school. Oncology became her passion for the next 38 years and included stops at The University of Texas MD Anderson Cancer Center and City of Hope Orange County. That first exposure to caring for critically ill patients started Wendy on a journey that created a legacy. She has not only changed the lives of patients with cancer but has mentored the next generation of oncology nurses and administrators to be knowledgeable and compassionate in the care they provide to every patient.

Wendy has seen firsthand that the smallest acts of compassion can make the biggest difference not only for a patient but for their family as well. Two examples of Wendy's dedication to being present for her patients stand out. »



From left: DR. EDWARD S. KIM and
WENDY AUSTIN, M.S., RN, AOCN, COA, NEA-BC, FACHE

PHOTO BY NATALIE MOSER

INCOMPARABLE COMPASSION

Early in her career Wendy developed a long-term primary nursing relationship with one of her patients with head and neck cancer, during which time he became terminally ill and was unable to leave his hospital room. During one of their conversations, her patient expressed his desire to marry his fiancée before he passed away. Wendy, knowing time was running short, helped make that wish a reality by decorating his room, coordinating with the chaplain and even standing in for the best man who couldn't arrive in time for the ceremony. Wendy went above and beyond to ensure her patient and his fiancée had everything they needed to celebrate their special day. Being present for someone who is dying takes a special kind of person, and Wendy has always demonstrated her desire to provide healing to patients with cancer.

Another time, Wendy came on shift and found that one of her primary patients with terminal Hodgkin lymphoma had taken a turn for the worst and that the patient's parents were still an hour and a half away. Without a second thought, Wendy immediately went to her patient's room and held her patient in her arms until she took her last breath. The look her patient's parents gave Wendy when they arrived and realized their daughter did not die alone is one Wendy will never forget. To some this would be a heartbreaking position to be in, but to Wendy it was an honor to provide her patient and family what they needed most in that moment and to be fully present for her patient.

Wendy has dedicated her career to improving the lives of oncology patients through her work at The University of Texas MD Anderson Cancer Center and now at City of Hope Orange County, where she is orchestrating the build of an ambulatory cancer center and hospital to bring innovative and world-class cancer care to the patients in this community. This opportunity requires the knowledge and experience Wendy has gained throughout her extensive career as an oncology nurse and administrator, ensuring that every patient knows they are not alone and will receive the best possible care.

I am nominating Wendy Austin for the Extraordinary Healer® Award because of the devotion she has always shown her patients and their families and her passion for ensuring the next generation of oncology nurses and administrators understand that compassion and care for their patients and families are essential. 📌

COMPASSIONATE CARE THROUGH LIFE AND DEATH

KATHERINE BEINING, B.S.N., RN, CRRN

OCEAN UNIVERSITY MEDICAL CENTER, BRICK, NEW JERSEY

Written by **Louis Kopack, B.S.N., RN, CHPN**, Brick, New Jersey

In my time working with **Kate Beining, B.S.N., RN, CRRN**, at Ocean University Medical Center, she has demonstrated immense compassion for each and every one of her patients. She advocates for her patients' needs and escalates pertinent information to the interdisciplinary team to be able to provide the best care possible. On any given day, Kate radiates positive energy despite any adversities she may face during her shifts, and she has been a role model for me since I started working on the oncology unit. There are many instances that come to mind when I think of the compassionate care Kate provides.

There was a patient who originally was going to go home with hospice care but ended up becoming an inpatient at hospice. This patient and her family wanted to speak to the interdisciplinary team about their concerns with conflicting statements from various physicians. When I gave the report to Kate, I updated her on the plan of care and asked her if she would be able to clarify with the various physicians, one of them being the patient's oncologist at a different hospital, to help the patient reach her goal of going home and not "dying in a hospital." The

INCOMPARABLE COMPASSION

patient and family were concerned, scared and worried about what was going on, what hospice and/or palliative care were and what services could be provided. Kate connected to the patient and family and was able to have a therapeutic conversation with them that allowed them to have a true understanding of the situation, hospice and palliative care. She was able to answer all of their questions. When I came back that night, the family spoke highly about Kate and how wonderful a nurse she was, that it was apparent that she truly cared for her patients and wanted to respect their wishes and provide the best care.

This patient ended up transitioning to inpatient hospice, and I spent the week-end caring for the patient. Before leaving after my last shift, the family expressed their gratitude for the compassion provided and ultimately providing the best care possible during her final days. Before I left, they asked me to thank Kate for them, for without her their loved one may have not been as comfortable as she was during this transition from life to death.

This situation was a gentle reminder of the work we do as oncology nurses. Not only do we celebrate the lives of those who challenge cancer, who get to celebrate more birthdays, who get to spend more time with their family, but we provide a dimension of care that may seem foreign to those not within our field. Kate consistently demonstrates compassion, empathy, positivity and determination to provide exceptional care. ■

TEACHING MOMENT

Not only do we celebrate the lives of those who challenge cancer, who get to celebrate more birthdays, who get to spend more time with their family, but we provide a dimension of care that may seem foreign to those not within our field.



VICKI BROWNE, B.S.N., RN, OCN

PHOTO BY BEN HIDER



CREATING AN EXTRAORDINARY ENVIRONMENT FOR HEALING

VICKI BROWNE, B.S.N., RN, OCN

NEW YORK PROTON CENTER, NEW YORK, NEW YORK

Written by **Dr. J. Isabelle Choi**, New York, New York

Vicki Browne, B.S.N., RN, OCN, nurse manager for the New York Proton Center (NYPC), has led a distinguished career defined by her unrelenting drive to help others. As Vicki puts it, she envisions her role as nurse manager as helping patients have the best possible journey from the minute they walk through the doors.

Vicki has been an oncology nurse for decades, drawn to the field because of her desire to give back and care for others. With a distinguished nursing career in both medical oncology and radiation oncology, Vicki was recruited to be our nurse manager shortly after we opened in 2019 — the first and only facility in New York that offers proton radiation therapy, the most advanced and innovative form of radiation treatment for cancer. It allows for extreme precision and can better limit side effects for patients.

With 18 direct reports, Vicki has built and fostered a dynamic team of registered nurses and support staff from the ground up as NYPC has grown in patient volume faster than any of the 38 other proton centers in the country. Our team also sees the most complex caseload »



of any proton center, including patients with difficult-to-treat tumors or recurrent cancers and those who receive systemic therapies concurrently with proton therapy.

Despite the challenges of working in a high-pressure environment with high-complexity patients, including both adults and young children, Vicki always leads by example and has

INCOMPARABLE COMPASSION

nurtured a clinical environment that is supportive, safe and comforting for both patients and staff. Throughout the COVID-19 pandemic, she felt it was her responsibility to encourage self-care among the nursing team, which led to her implementing socially distanced meditation, mindfulness and yoga classes for the nursing team.

Vicki is deeply committed to ensuring that our nurses understand that what they do affects the lives of their patients. They employ a great sense of empathy and emotion in their clinical care to create a patient experience unlike any other cancer center. Our patients consistently express abundant gratitude for our nurses, due in no small part to Vicki's leadership.

In her fleeting spare time, Vicki finds ways to give back to her community and those in need. Vicki became heavily involved in The LemonAid Fund, an organization that helps people living in impoverished and war-torn countries in Africa. Since becoming involved, Vicki has undertaken numerous service trips to Sierra Leone, Rwanda and other countries.

For one project, she collected more than 20,000 pounds of books from neighbors and community members from her hometown on Long Island, which she then shipped via container ship to West Africa. The receiving library in Allen Town, Sierra Leone, was renamed "Auntie Vicki's Library" in her honor, thanks to her efforts — a true testament to the kind of human that Vicki is: Someone whose will for caring and generosity for others knows no bounds.

To put it simply, Vicki is a unique person — as a nurse, as a manager, as a colleague, as a community member, as a citizen and as a friend. She has served as an inspiration and motivator for countless patients throughout her career and at the New York Proton Center, and she fully lives up to the title of an Extraordinary Healer® who consistently exceeds every expectation.

I am proud to nominate her for the Extraordinary Healer® Award. She is most deserving, and I am thankful to have Vicki on my team and as a leader of our center as we continue to expand our extraordinary environment for healing at the New York Proton Center. ■

A DIVINE TOUCH LENDS COMPASSION AND HEALING

REBECCA CRANE-OKADA, PH.D., RN, CNS, AOCN

PROVIDENCE SAINT JOHN'S HEALTH CENTER, SANTA MONICA, CALIFORNIA

Written by **Deborah Boyle, M.S.N., RN, AOCNS, FAAN**, Phoenix, Arizona

Rebecca Crane-Okada, Ph.D., RN, CNS, AOCN, is a rare blend of a doctorally prepared clinician, educator, author, researcher, leader and patient advocate. A consummate oncology nurse committed to her specialty for nearly four decades, she has touched the lives of countless patients, families, students, interdisciplinary colleagues and lay public through her education, research and clinical encounters. Becky led early specialty initiatives in psychosocial support, integration of complementary therapies into cancer care, clinical nurse specialist interventions and patient navigation. What has distinguished her are her listening skills, clinical expertise, critical thinking and holistic orientation to the care she continues to provide to this day. This total person-centered nursing includes her integration of mindfulness, exercise, yoga, spiritual direction, journaling, Reiki and nutrition support, all of which are interventions critically important to patients striving for personal mastery within their cancer experience. »



REBECCA CRANE-OKADA, PH.D., RN, CNS, AOCN

PHOTO BY ALYSSA STEFEK

INCOMPARABLE COMPASSION

As an oncology nurse who practiced in the same city as Becky, I witnessed her compassion, heartfelt presence and insight. But in 2007, when I received simultaneous diagnoses of ovarian and breast cancer, my colleague became one of my guardian angels. It is difficult to walk the path of both oncology nurse and a patient with cancer. This experience propels you into a familiar journey where you have been the healer, yet as the patient your fears are compounded by what you know about the challenges ahead. I was overwhelmed and frightened but even the best of those on my oncology team had difficulty delving into my deepest fears. No one asked the hard questions I needed so desperately to discuss: disfigurement, sexuality, my career, mortality. No one but Becky. It was her gentle manner, patience and wisdom to understand without me having to question that fostered my recovery. She caught my tears as she stood by me through surgeries, chemotherapy and radiation. She was there for me when I received my second diagnosis of breast cancer, when I opened my eyes in the recovery room, when I fumbled with the surgical bra as tears flowed down my cheeks. I am forever grateful that my life has been blessed and touched by this angel on earth. She never tires of reaching out, supporting, holding up and walking with those in need. Her gifts of love and presence have made me a better person, better friend and better oncology nurse. Once you are touched by Becky, her spirit walks with you forever.

In 2016, I received a diagnosis of endometrial cancer. Although my doctors were wonderful, it was Becky who was the face, the voice, that got me through my surgery, radiation and recovery. She literally held my hand and talked me through episodes of anxiety, panic and depression. I met with her repeatedly to learn relaxation techniques and guided meditation. The unique blend of her voice, her touch, her spirit and her presence are a gift I had never experienced before nor have I since. I will never forget what she did for me and the gift of nurturance she brought into my life when I needed it most. For these reasons, I wish to acknowledge Rebecca Crane-Okada as the very best oncology nursing has to offer to patients, to the medical community and to humanity at large. Becky was my personal lifesaver, and I will forever be grateful for her presence in my life.

INCOMPARABLE COMPASSION

A year ago, I was being passed from one procedure and one doctor to another to be analyzed and showered with vocabulary that was frightening, incomprehensible and spelled death. As I sat in the waiting room, the feeling was terror and the setting was quiet — too quiet. Everyone was there for the same reason. The diagnosis was fatal, even if people tried to tell me otherwise. And I was alone, even though my husband was with me. A woman walked out and called my name. It was my first encounter with Becky. I wish I could remember her words in the first five minutes, but I can't; it was like a haze. I can only recall that when she first spoke with me, she seemed to know the deeper questions behind everything I said. She didn't counter my distrust of everything medical, invasive or radioactive. She didn't skip over my spiritual beliefs or my grief and guilt for having caused this disease in my poor breasts. »



DEBORAH BOYLE, M.S.N., RN, AOCNS, FAAN

PHOTO BY NATALIE MOSER

INCOMPARABLE COMPASSION

TEACHING MOMENT

For the first time in my life, I felt listened to and heard by a medical professional. I felt safe in the hands of an intelligent, authentic and accomplished woman who had been there before with others like me. Becky's counsel offered me the hope that I had some dominion over my life. One year later, I am even more appreciative of Becky's compassionate care of my mind, my heart and my soul.

I could let my guard down with Becky, tell her things I couldn't tell anyone, not even my close friends or husband. For the first time in my life, I felt listened to and heard by a medical professional. I felt safe in the hands of an intelligent, authentic and accomplished woman who had been there before with others like me. Becky's counsel offered me the hope that I had some dominion over my life. One year later, I am even more appreciative of Becky's compassionate care of my mind, my heart and my soul. Others have not been as fortunate as I to find someone who was a kind and loving midwife birthing a new chapter in my life.

In conclusion, this prestigious award is given to an exemplary oncology nurse who offers hope, fosters healing and demonstrates compassion, all in tandem with having outstanding clinical oncology nursing expertise. On behalf of Becky Crane-Okada's patients and myself, we highly endorse her for the 2022 Extraordinary Healer® Award as a way to recognize her enduring legacy of excellence. 📌

EXTRAORDINARY TUESDAY

TUESDAY CREWS, B.S.N., RN, OCN

PROVIDENCE SAINT JOHN'S HEALTH CENTER, SANTA MONICA, CALIFORNIA

Written by **Marlon Garzo Saria, Ph.D., RN, AOCNS, NPD-BC, FAAN**, Santa Monica, California

As the director of clinical education and professional practice and the oncology clinical nurse specialist at Providence Saint John's Health Center in Santa Monica, California, I am respectfully nominating **Tuesday Crews, B.S.N., RN, OCN**, for the Extraordinary Healer® Award. Tuesday is the clinical supervisor for our infusion center and was pivotal in turning an underperforming department around and improving the quality of services provided in the middle of a complete renovation of the facility that was complicated by the COVID-19 pandemic. It is incredibly amazing to witness Tuesday successfully navigate her role as clinical supervisor despite the challenges that were stacked against her. She persisted, which is why I am writing this letter of nomination in recognition of her outstanding efforts as an oncology nurse leader in our ministry.

Tuesday developed and implemented a restructured outpatient infusion scheduling system that has exceeded standards and expectations of our medical providers and the patients we serve. She effectively enhanced the services offered at the infusion center and has set the standards for Crews' crew, a corps of stable full-time staff that we thought was far beyond the organization's reach prior to hiring Tuesday. The care received by our patients has been described as »



From left: MARLON GARZO SARIA, PH.D., RN, AOCNS, NPD-BC, FAAN, and TUESDAY CREWS, B.S.N., RN, OCN

PHOTOS BY ALYSSA STEFEK

INCOMPARABLE COMPASSION

“exemplary,” an incredible achievement for an infusion center that was a revolving door for short-term travel nurses with little-to-no full-time staff to provide the continuity of care that oncology nurses are well-known and admired for.

Tuesday did not see the temporary location of the infusion center (due to reconstruction) as an excuse to keep our oncology RN fellows from completing their practicum on site. We previously sent RN fellows to our sister ministry when our infusion center was staffed by traveler RNs. As soon as Tuesday was able to secure a stable full-time team, she did not hesitate to say yes to training two cohorts of oncology fellows. Tuesday also provided opportunity for our new graduate residents to access ports, an opportunity that we couldn't have offered prior to Tuesday taking the helm.

Tuesday is not only the clinical supervisor, she is also a frontline worker who is able to perform tasks that she expects from her direct reports. She has created a culture of compassion in the workplace. Although compassion is often thought of as concern for the welfare of others, particularly toward patients in a health care setting, Tuesday treats all her colleagues with compassion and thus has been an inspiration to many of us — myself included — because of her kindness, flexibility, support and empowerment. We had a patient with a nonfunctional port in the thoracic outpatient clinic. After multiple failed attempts at restoring port patency, I consulted with Tuesday. Tuesday's clinic was full, yet, instead of asking questions and giving me recommendations, she handed off her infusion patients to her colleagues and walked over to the thoracic clinic with me to evaluate the port. It took her a few attempts to obtain blood return from the port. If it sounds like a common occurrence on any oncology setting, it was not. The patient had been referred to the thoracic clinic from another infusion center, the port was initially accessed and manipulated by a surgical fellow and then by the attending physician before I was called and before Tuesday resolved the problem. Without missing a beat, Tuesday also addressed the family's anxiety and provided a comprehensive patient education for self-care management of ports. This is just one of the stories of how Tuesday will not stop until she gets the job done. »





INCOMPARABLE COMPASSION

Tuesday collaborated with staff from other departments on projects that will benefit the patients with cancer who walk through the doors of Saint John's. She stepped up to help implement the “zone tool” for oncology, an evidence-based practice project from a sister ministry that was created to assist patients in managing a number of common treatment-related symptoms with the goals of improving clinical outcomes and helping reduce the chances of hospital readmission. She also stepped up to spearhead the development of structures and processes that will support clinical trials that evaluate COVID-19 therapeutics that will be infused in an outpatient infusion center. Tuesday knew how important clinical trials were and came to the table with a positive attitude, asking what we can do and how can we do it safely. 🇨🇦

A HEART LIKE NO OTHER

REBECCA FARRELL, M.S.N., RN, AG-CNS

TEMPLE HEALTH, FOX CHASE CANCER CENTER, HUNTINGDON PIKE CAMPUS,
PHILADELPHIA, PENNSYLVANIA

Written by **Erin Longstreth-Papsun, M.S.N., RN, OCN**, Philadelphia, Pennsylvania

I would like to nominate **Rebecca Farrell, M.S.N., RN, AG-CNS**, for the Extraordinary Healer® Award. Rebecca has been at Fox Chase Cancer Center for only three years, but in that time she has accomplished so much more than one could ever imagine. I have worked in many roles at Fox Chase Cancer Center and have had amazing leaders. Rebecca has always put the staff, the hospital and the patients far ahead of herself. She has a heart like no other.

She is dedicated to the growth of the ambulatory care off-campus teams and instills these values in each of her staff members as well. She encourages everyone to push themselves to achieve professional development and helps them on every step of the way.

Through this past year, it has been most challenging for all of us with COVID-19 and telehealth changes, all of which put a new spin on the way we conduct clinics. She has worked tirelessly to make this process run like a well-oiled machine. She championed the rollout of the Zoom »



From left: ERIN LONGSTRETH-PAPSUN,
M.S.N., RN, OCN, and REBECCA FARRELL,
M.S.N., RN, AG-CNS

PHOTO BY KRISTA PATTON



telehealth platform for the entire institution and shouldered this monumental task, all while continuing with her day-to-day expectations on the job.

She has always made the team feel good about coming to work and supports them when they may be having a rough day, when things are going great and along every road in between. She is a highly respected member within the care team and is the ultimate interdisciplinary collaborator. Patient care and patient and staff safety are always her top concerns. It is my pleasure to nominate Rebecca Farrell for this award. 🇺🇸

UNMATCHED ENERGY AND PASSION

MEGAN MCCARTHY, RN

NEW YORK CANCER & BLOOD SPECIALISTS, PORT JEFFERSON STATION, NEW YORK

Written by **Lynn Kay Winters, MBA, CMPE, CPHQ**, Queens, New York

Megan McCarthy, RN, is the very essence of a great nurse. I have worked in oncology for almost 30 years and have crossed paths with many wonderful and caring professionals. Megan McCarthy is one of the best. Her energy and passion for the job of caring for patients with cancer are simply unmatched. She is a careful, considerate colleague to her nursing team and can be depended upon to elevate any care setting she enters.

The neighborhood where Megan practices in the borough of Queens, New York, is one of the most culturally and linguistically diverse in the world. Her approach to each patient is sensitive and questioning, always seeking to understand the person in front of her. Her skill set is unmatched from a clinical perspective as well as a psychological one.

In the COVID-19 world, patients are understandably worried and fearful, especially in a city that has seen devastating consequences from the pandemic in the past year. Not only has »



MEGAN MCCARTHY, RN

PHOTO BY AGNE SOPYTE

INCOMPARABLE COMPASSION

TEACHING MOMENT

Megan acts as a mentor and instructor in her offices, showing a natural leadership capability far beyond her years of experience. Those in her sphere look up to her and she is a “go-to” person for answers as well as development of those around her.

Megan helped patients navigate through the vaccination process during treatment, but she has allayed fears by demonstrating strict procedural boundaries for the comfort and safety of all.

Megan acts as a mentor and instructor in her offices, showing a natural leadership capability far beyond her years of experience. Those in her sphere look up to her, and she is a “go-to” person for answers as well as development of those around her.

I extend a heartfelt and enthusiastic nomination for this wonderful nursing professional. The quality and compassion with which she delivers care deserve to be recognized. Thank you for considering her for this award. 🇺🇸



LYNN KAY WINTERS, MBA, CMPE, CPHQ

PHOTO PROVIDED BY NEW YORK CANCER & BLOOD SPECIALISTS (NYCBS)



List of All 2022 Nominees





List of All 2022 Nominees

Grace Allison, B.S.N., RN, OCN, RN-BC
Norwalk, Connecticut

Tammy Allred, RN, OCN
Chapel Hill, North Carolina

Christine Amoroso, B.S.N., RN, OCN
Philadelphia, Pennsylvania

Wendy Austin, M.S., RN, AOCN, COA, NEA-BC, FACHE
Irvine, California

Katherine Beining, B.S.N., RN, CRRN
Brick, New Jersey

Samantha Belonga, RN, OCN
Detroit, Michigan

Allison Boudreau, B.S.N., RN
New York, New York

Moreen Bozier, D.N.P., NP, RN
Bronx, New York

Cheryl Brooks, RN, OCN
Findlay, Ohio

Vicki Browne, B.S.N., RN, OCN
New York, New York

Kathryn Buttner, B.S.N., RN, BMTCN
Hackensack, New Jersey

Margaret Campbell, B.S.N., RN
Boston, Massachusetts

Katherine Caprinolo, B.S.N., RN
Baltimore, Maryland

Diane Cope, Ph.D., APRN, BC, AOCNP
Ft. Myers, Florida

Vickie Cox, RN, OCN
Rocklin, California

Rebecca Crane-Okada, Ph.D., RN, CNS, AOCN
Santa Monica, California

Tuesday Crews, B.S.N., RN, OCN
Santa Monica, California

Jyl Dedier, B.S.N., RN
Boston, Massachusetts

Anne Delengowski, M.S.N., RN, AOCN, CCCTM
Philadelphia, Pennsylvania

Lindsay Diamond, AGNP-C, AOCNP
New York, New York

Anne Draxl, B.S.N., RN
St. Louis, Missouri

Karen Driskill, M.S., RN
Delhi, New York

Janet Farley, B.S.N., RN, OCN
Philadelphia, Pennsylvania

Rebecca Farrell, M.S.N., RN, AG-CNS
Philadelphia, Pennsylvania

Mary Fournogerakis, B.S.N., RN, OCN
Milwaukee, Wisconsin

Ilene Galinsky, ANP-BC
Boston, Massachusetts

Lorelei Graham, CRNP
Philadelphia, Pennsylvania

Christine Hall, RN, B.S.N.
Hillsboro, Oregon

Haley Harwood, RN
Dallas, Texas

Christine Herget, RN
Atlanta, Georgia

Valerie Heron, B.S.N., RN, OCN
Norristown, Pennsylvania

Judith Higgins, RN, OCN
Lutz, Florida

Courtney Huffstetler, M.S.N., RN, OCN
Shelby, North Carolina

Alyssa Johnson, M.S.N., RN
Chicago, Illinois

Candise Jordan, FNP-BC, AONP
Springfield, Missouri

Angela Joseph, RN
Forest Hills, New York

Stephanie Kaiser, M.S.N., CRNP, AOCNP
Pittsburgh, Pennsylvania

Belinda Kowal, RN, CMSRN, OCN
Middletown, New York

Jessica Krousel, B.S.N., RN
Charlotte, North Carolina

Danielle Kyrillidis, RN, OCN
East Hills, New York

Sandra Molina Leahy, B.S.N., RN, OCN
Ft. Myers, Florida

Tanya LeBlanc, B.S.N., RN, OCN
Keene, New Hampshire

Maribel Lopez, B.S.N., RN
Phoenix, Arizona

Kathleen Lutz, RN, NP-BC WH
New York, New York

Donna MacDonald, B.S.N., RN, OCN, CCM
Providence, Rhode Island

Kendra MacDonald, RN, BScN
Markham, Ontario, Canada

Nichele Markes, RN
Branson, Missouri

Megan McCarthy, RN
Port Jefferson Station, New York

Janet M. McFadden, RN
Charlotte, North Carolina

Jennifer McKenna, NP
Boston, Massachusetts

Danielle Mick, B.S.N., RN
Rocklin, California

Dorothy Mitchell, RN, OCN
South Bend, Indiana

Kathleen Mitchell, FNP-BC, AOCNP
Methuen, Massachusetts

Janice Moore, B.S.N., RN, OCN
Philadelphia, Pennsylvania

Jamie O'Connor, B.S.N., RN, OCN
Washington, D.C.

Michelle O'Hare, RN
New York, New York

Donna Olewniczak, B.S.N., RN, CMSRN
Buffalo, New York

Stacey Patterson, B.S.N., RN, OCN
Omaha, Nebraska

Kristine Peralta, B.S.N., RN, OCN
Las Vegas, Nevada

Cynthia A. Powers, D.N.P., M.S., RN
Irvine, California

Karen Price, B.S.N., RN
Charlotte, North Carolina

Karen P. Sachse, M.S.N., RN
Alexandria, Virginia

Megha Shah, B.S.N., RN, OCN
Geneva, Illinois

Wyndelon W. "Nikki" Simmons, B.S.N., RN, OCN
Jackson, Mississippi

Livia Szeto, B.S.N., RN, OCN
Chicago, Illinois

Lisa Taylor, B.S.N., RN
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CURE® combines science with humanity to empower patients with cancer and their caregivers by offering the latest information on every aspect of the disease, from the technical and scientific to the social and emotional.

CURE® is produced by CURE Media Group, the leader in consumer-targeted oncology content that translates news about cancer for the lay audience and disseminates current information to patients, survivors, caregivers and health professionals. CURE Media Group's offerings include its magazine, *CURE*®; special issues, such as *CURE*®'s annual cancer guide; exclusive online content at curetoday.com; events; the *Extraordinary Healers*® essay book; and the Moving Mountains for Multiple Myeloma program. CURE Media Group also includes *Oncology Nursing News*® and its website, OncNursingNews.com, which offer the latest news and clinical insights for oncology nursing professionals, plus live meeting coverage, video interviews and blog posts from peers.

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Extraordinary Healer®: CURE® Readers Honor Oncology Nurses Volume 16 is a collection of inspiring essays written by patients, survivors, caregivers and colleagues about the oncology nurses who touch lives while caring for those affected by cancer. These essays offer lessons about healing in the face of adversity, persevering against the odds, and discovering that kindness and compassion can be part of top-notch cancer care.

“(She) never hesitates to jump in and help. She does whatever she can, from dressing a wound to removing stitches to providing education about tube feedings. When patients are not able to travel to the larger facility an hour away for follow-up care or if they don’t have internet access, (she) facilitates virtual visits from the radiation department. (She) is always there for them, finding ways to fill the gaps.”

— ABOUT AN EXTRAORDINARY HEALER® FROM SHELBY, NORTH CAROLINA

“Gratifying outcomes ... are why (she) takes on many of her patients as if they were family members, spends all the time they need on calls, then emails more information. She says it’s a luxury to be able to spend so much time explaining complex information to her often overwhelmed patients. (She) also goes beyond the patient to ensure she knows their support system and talks with family members seeking answers and help.”

— ABOUT AN EXTRAORDINARY HEALER® FROM NORWALK, CONNECTICUT

“It was her gentle manner, patience and wisdom to understand without me having to question that fostered my recovery. She caught my tears as she stood by me through surgeries, chemotherapy and radiation. ... I am forever grateful that my life has been blessed and touched by this angel on earth”

— ABOUT AN EXTRAORDINARY HEALER® FROM SANTA MONICA, CALIFORNIA