# Table of Contents

**Introduction**
- ONS Background ........................................... 3
- Leadership Development Project ........................ 3
- Leadership Development Institute ....................... 4
- Organizational Sustainability ............................... 4
- LDI Goals .................................................. 5
- Program Format: LDI Established in 1998 ............. 5
- Conceptual Framework ..................................... 5
- Participants ............................................... 6
- Program Evaluation ........................................ 6
- In Their Own Words ...................................... 7
- Value Added .............................................. 9
- Looking Ahead .......................................... 10
- Special Thanks ......................................... 10

**CHAPTER 1**
- Fellow Commits to Action Not Misery .............. 12–13

**CHAPTER 2**
- Willingness to Take Risks an Essential Quality of Leadership ........................................ 14–15

**CHAPTER 3**
- Leadership Training Helps Fellow to Challenge Status Quo, Inspire Others ................ 16–17

**CHAPTER 4**
- LDI Experience Results in Community Outreach Programs, Ability to Grow Other Leaders, Improved Communication, and Award .......... 18–19

**CHAPTER 5**
- LDI: A Powerful Compass for the Leadership Path ........ 20–21

**CHAPTER 6**
- LDI Helps Fellow to be Assertive, Proactive, and Lead the Way .............................. 22–23

**CHAPTER 7**
- LDI Fellow Commits to Support Others on the Leadership Journey ...................... 24–27

**CHAPTER 8**
- Fellow and Coworkers Develop an Inpatient Palliative Care Program Using LDI Principles ........................................... 28–30

**CHAPTER 9**
- LDI Prepares Fellow for Chapter Leadership Role ............................................. 31

**CHAPTER 10**
- LDI Lifts Self-Limitations, Helps Fellow See All the Possibilities ...................... 32–33

**CHAPTER 11**
- Fellow Models the Way and Inspires the Vision of a Breast Care Support Network for Nurses ........................................... 34–35

**CHAPTER 12**
- Vision Developed at LDI Still Guides Fellow Today ........................................ 36–37

**CHAPTER 13**
- Enabling Others to Act – Lessons Learned When a Leader Takes a Step Back .................. 38–39

**CHAPTER 14**
- Transition Time: LDI Helped Me to Successfully Develop My Own Business .......... 40–41

**CHAPTER 15**
- LDI Project Whets Fellow’s Appetite for Making a Difference in Health Policy and Politics .... 42–43

**CHAPTER 16**
- LDI: A Catalyst for Fellow to Look for Opportunities to Effect Positive Change .......... 44–45

**CHAPTER 17**
- LDI Provides Building Blocks of Leadership .................................................. 46–47

**CHAPTER 18**
- LDI: The Impetus for Fellow to Start an ONS Chapter in Her City ...................... 48–49

**CHAPTER 19**
- LDI Experience Empowers Fellow to Successfully Address Staffing, Acuity, and Morale on Her Unit ........................................... 50–51

**CHAPTER 20**
- Be a Leader of Change and Influence Outcomes or Get Left Behind .................. 52–54
Professional membership organizations, like the Oncology Nursing Society (ONS), depend on a combination of volunteer and staff effort to achieve their missions. Providing opportunities for training and education to support volunteer efforts has always been an integral responsibility of ONS leadership, who most often are ahead of the curve in recognizing and responding to oncology nurses’ training and practice needs. The Society has developed an impressive array of resources in support of members’ professional development, so it isn’t surprising that, in the early 1990s, before leadership development had become the buzzword that it is today, ONS recognized oncology nurses’ need to identify themselves as leaders and to develop the skills they would need to become strong leaders at ONS, at their institutions, in their communities, and within their profession.

Knowing that leaders benefit from mentorship and structured leadership training led the ONS Board of Directors to make a substantial commitment to the development and funding of leadership programs. As John Maxwell so accurately observed, “Grow leaders and you grow the organization” (2004). A cornerstone of the Board’s commitment is the ONS Leadership Development Institute (LDI), which was established in 1998. This model of leadership development illustrates how a professional organization can benefit from investing in its members, who, as new leaders, go on to sustain and enrich ONS, to succeed in leadership roles outside the Society, and to be the force that moves the specialty forward. In addition, those who participate in LDI also pay it forward by supporting their oncology nursing colleagues who are ready to begin their personal journeys down the leadership path. LDI graduates talk about supporting and mentoring new nurses, new chapter leaders, nurses re-entering the workforce, and nursing students, as well as serving as the magnet champion for their institution, as clinical ladder mentors, and as preceptors – all roles they might not have considered before LDI. The program has become an ONS mainstay for leadership development; its graduates accomplish amazing results – for ONS, within their institutions, in the legislative arena, in research, and as mentors of the next generation of oncology nurse leaders.
ONS Background

Founded in 1975, ONS is the largest professional organization of cancer care providers in the world, with a membership approaching 36,000. The ONS mission is to promote excellence in oncology nursing and quality cancer care.” The ONS vision boldly states, “to lead the transformation of cancer care.”

Except for the federal government, the ONS Foundation has funded more nursing research than any other organization, totaling almost nine million dollars through 2007. As is true in general nursing, the average age of ONS members is the mid-40s, and 65% of the members are in direct patient care.

In the early 1990s, the ONS Board of Directors established a task force to investigate the life cycle of the oncology nurse to better understand members’ career paths and needs and to develop organizational priorities. A number of recommendations resulted from the work of that task force, including that ONS redesign its structures and processes to maximize the partnership of volunteer and staff leadership. Concerns related to the then-current volunteer leadership model included the following.

- Healthcare employers were becoming less supportive of their staff being away from the workplace or required that they use personal time, thus preventing members from volunteering.
- There was a perception among the membership that new volunteers weren’t recruited because the same pool of volunteers seemed to be called upon repeatedly.
- Long-term leaders were “retiring” from their volunteer roles, taking organizational wisdom and history with them.

By redesigning the existing committee structure that fostered potentially endless volunteering into project teams with limited timeframes, the Board believed that more members could be involved for shorter time commitments. However, members also had identified that they did not necessarily feel prepared to be volunteer leaders. Thus, the need for leadership development as a key factor in sustaining the organization became a priority.

Leadership Development Project

In 1997, a leadership development team, whose membership combined leaders from academia and service, began outlining a series of strategies to strengthen the
volunteer leadership. The team developed a proposal summarized by the following: “A comprehensive, multifaceted, self-supporting leadership development program that prepares future leaders for influential roles in the transformation of cancer care and the promotion of excellence in oncology nursing and that assures continual leadership vitality for the Oncology Nursing Society.” To guide the design of specific programs, the following criteria were set.

- The program must be available to all ONS members.
- It must be grounded in the ONS leadership principles of vision, commitment, caring, competence, and an ethical orientation.
- It can be episodic or continuing.

**Leadership Development Institute**

A major component of the Leadership Development Proposal was the recommendation for a Leadership Development Institute (LDI). To advance this recommendation, the team prepared a business plan, which the ONS Board of Directors approved. Staff then sought and received funding to launch the initiative. The design was based on the beliefs that all ONS members are potential leaders and that ONS shares the commitment to leadership development with its members. Through the ONS Foundation’s Center for Leadership, Information, and Research (CLIR), GlaxoSmithKline gave an educational grant that supported LDI in providing basic leadership skills training to emerging leaders in oncology nursing. When the initial CLIR grant was exhausted, the ONS Foundation, through another grant from GlaxoSmithKline, committed to support the leadership program through 2010.

**Organizational Sustainability**

ONS recognized that the program they developed had to be a non-positional leadership program open to all interested nurses. It did not want to limit participation to those currently in formalized leadership positions; many nurses do not recognize the leadership role inherent to their nursing positions and might have felt precluded from applying for LDI if they had to be in designated leadership roles. Part of the leadership development outreach entails helping oncology nurses to recognize that they are, indeed, leaders—whether they work at the bedside, in an office practice, in the lab, or in management roles. The LDI Project Team also considered many other factors as they structured the program, including how participants could contribute, how to offset some nurses’ discomfort with the idea of serving in leadership roles, and how to convey to the first LDI class that they would be program pioneers. They also addressed program logistics, such as the application and selection process and the number of staff needed to coordinate the program.
LDI Goals

The team outlined the program goals as follows.

- To prepare oncology nurses to lead the transformation of cancer care
- To promote oncology nursing leadership in all settings
- To sustain and enhance the vitality of ONS

Program Format: LDI Established in 1998

With funding from the ONS Foundation Center for Leadership, Information, and Research (CLIR) through an educational grant from GlaxoSmithKline, ONS was able to establish the ONS/ONS Foundation Leadership Development Institute (LDI) in 1998. LDI implements a core curriculum that prepares professional nurses who work in a variety of roles and specialties to serve as leaders in their professional and personal lives. It provides nurses with the knowledge, behaviors, values, and skills necessary to be an effective leader in the 21st century.

Conceptual Framework

The year-long fellowship features three distinct phases.

PHASE 1: In the fall, LDI fellows participate in a dynamic, interactive four-day conference presented by faculty representing national leadership experts and ONS volunteer leaders. Fellows acquire practical skills and learn the process of developing project action plans, presentation skills, and other valuable tools. The conference focuses on networking and building professional relations with peers, the public, politicians, and other influential decision-makers. Fellows learn about managing projects and leading others. They also explore coaching, counseling, mentoring, and mobilizing others.

PHASE 2: The second phase of the LDI experience enables fellows to develop a year-long personally designed leadership project, with ongoing and direct faculty support. The project—which can be professional and personal in nature—offers a unique opportunity for fellows to apply the knowledge, skills, and resources acquired during the educational experience.

PHASE 3: In the third phase, fellows take part in an activity to disseminate the content and leadership skills to nurses and other colleagues.
The program includes:

- Self-assessment prior to the intensive workshop
- Four-day intensive workshop
- Personal development plan
- Project
- Continuing education through webcasts or one-day workshops
- Faculty coach

Participants

The 2007-2008 class of 49 LDI fellows is one of the most diverse, with 67% of the class working in direct patient care.

Program Evaluation

Leadership can be taught, but transforming into a leader is a matter of personal development. As proffered by the LDI faculty, leadership development requires participation, commitment, and personal action and should be distinguished from leadership education. Approximately 400 fellows have completed LDI as of 2007-2008. The success of the program has been and continues to be of great importance to ONS and to the ONS Foundation. To ensure that LDI fellows are receiving the best leadership training possible, ONS Foundation volunteers and staff have and will continue to evaluate the program by tracking and recording:

- The number of LDI applications received each cycle
- The caliber (scoring) of each LDI application received
- LDI program participants and their demographics

Feedback is solicited via an evaluation regarding fellows’ reactions/comments to LDI programs and speakers. That feedback is carefully considered, and changes to the program are made as appropriate.
Success also is measured by tracking and recording the number of leadership roles that LDI fellows assume. Fellows are tracked and recorded for a period of at least three years after LDI graduation. The vast majority of LDI fellows have demonstrated results of their development through significant contributions at the local and national levels. Fellows hold elected office and serve on councils, project teams, and advisory panels and make countless contributions in their professional and community lives. They become leaders within their institutions and in programs and organizations at the local, state, and national levels.

LDI has “graduated” eight classes of leadership fellows since its inception in 1998. More than 327 of the 400 graduates are currently serving in national or local leadership positions within ONS, the ONS Foundation, or the Oncology Nursing Certification Corporation. Additionally, a study of the first four graduating classes showed that 75% of LDI graduates donate to the ONS Foundation. Those who donated to the ONS Foundation prior to attending LDI made larger donations after participating in the program, and close to 50% of LDI fellows who came into the program as nondonors become donors after their involvement in LDI.

In Their Own Words

As you read the wonderful personal essays that LDI graduates wrote for this book, you will see firsthand how highly they think of the program and what it has meant to them personally and professionally. Their insight and obvious professional growth from the experience are the best evidence of LDI’s value and success. This program has been instrumental in encouraging nurses who otherwise might not have thought of themselves as leaders to start down the leadership path.

Feedback from a survey of LDI fellows in March 2006 shows the following.

- 85% of the fellows said that they had never applied to a leadership program before.

- Their reasons for applying to LDI were as varied as their personalities and goals. Below are just a few of the reasons.
  
  - I want to maximize my impact on oncology.
  
  - I see it as a tremendous opportunity to acquire leadership skills.
  
  - I feel passionate about oncology nursing and want to make a difference.
Returning to oncology after 25 years away, I feel that LDI would help to make the transition a good one. I valued the opportunity to learn from some of the best nursing leaders in the country and to network with others who want to follow a leadership path. I was new to a position and needed to acquire tools to make the role a success. I was recognizing my burnout and negativity and had an “aha” moment when I realized that I needed to turn things around.

They discovered the LDI program in a variety of ways. Some were told to apply for the course by their supervisors while others applied after seeing how it positively impacted the career of a colleague. Fellows were pleased by the course; 100% said that they would recommend it to others; 84% said that their projects opened doors to other professional opportunities.

- It creates a web of connections.
- It gave me confidence to refine my vision and share it with others.
- It allowed others to see my leadership potential.
- LDI showed me how to capture an idea and bring it to fruition.
- So now, I am more open to new challenging professional opportunities.

The survey comments go on and on . . . “LDI challenged me to be creative in program planning . . . increased my visibility . . . enabled me to make new friends and contacts across the country . . . allowed me to function as a more effective ONS president . . . I was promoted to director at my institution.”

The survey also measured changes in writing and presentation skills as well as an increase in research.

- 35% reported submitting manuscripts for publication after attending LDI; 68% of those people had not submitted a manuscript before.
- 44% submitted an abstract for presentation after attending LDI; 63% had not done so before LDI.
- 82% presented at a meeting or conference after LDI; this was a first for 34% of respondents.
• 33% went back to school after attending LDI; 53% acknowledged that LDI was the impetus for this.

• 27% of LDI graduates conducted a research study since attending.

Interestingly, 80% of LDI graduates were involved with their chapters before attending LDI; however, only 60% were involved with ONS at the national level. Another 43% said that they have become involved with community-based organizations since attending LDI. Some of these organizations include the American Cancer Society, business and professional women’s groups, church-based activities, the Komen Foundation, American Heart Association, March of Dimes, and Leukemia and Lymphoma Society. The list goes on and on. LDI training helped the graduates to reach out and get involved in their communities in a big way.

Of those who responded, 27% went on to become specialty certified after attending LDI. An impressive 77% have assumed mentorship roles since attending the program, mentoring new nurses, new staff, new faculty, new nurse practitioners, nursing students, chapter members, and nurses studying for certification. As for mentoring others on developing presentation skills, 58% of LDI fellows have taken on this role. Another 27% report mentoring new authors.

Value Added

LDI participants were asked how the experience added to their personal value and to their value in the work environment. Here again, respondents had many positives to share concerning the value-added outcomes of the LDI experience. They talk about being better listeners, more credible professionals, recognized as leaders, having more confidence, and having a clearer vision of how patient care needs to improve. They also have a better understanding of how to approach problems following logical steps. They say they are more sensitive to the needs of others and are better advocates and negotiators on behalf of staff and patients.

How does LDI add value to ONS? Respondents believe that the program is achieving all of its original goals. It is good for the individual and, ultimately, good for the organization. The program prepares leaders so that when ONS needs them, they are ready to step up to the plate. As one respondent put it, “LDI gave us energy, enthusiasm, and insight into the variety of jobs and opportunities available in this organization. It offered expertise and mentors for leadership. LDI reinforced the ONS mission and goals and gave us challenges to continue the process for excellence in cancer care.”
Her colleague agreed, “I cannot express what a fantastic experience this was for me. I met the most wonderful people – both teachers and students. Everyone was positive and encouraging. It was exactly what I needed to want to propel myself to the next level of my career, and it gave me the skills to do so.”

Looking Ahead

LDI has come a long way since the first class met in 1998. New technology has enabled the development of a companion LDI Virtual Community on the ONS website that serves as a year-round resource for leadership development. This online community offers a wealth of leadership resources, including discussion boards, webcasts, slide presentations, and general information.

As the world and the specialty of oncology continue to become more and more complex, ONS and its members need well-prepared leaders more than ever before. The Society stands behind its commitment to grow the leaders of tomorrow to both sustain the organization and to contribute leaders to the many institutions and efforts that support cancer care and advocate on behalf patients. We all share a common goal of providing the best cancer care possible and contributing each in our own ways to the transformation of cancer care.

Special Thanks

A special thanks goes to all of the volunteers who have made LDI a success. The program was initially developed by a small group of forward-thinking volunteers. Through the years, some of the original volunteers have stepped away so that other leaders could have the opportunity to serve as faculty and mentors for this esteemed program.

Additionally, we want to thank the ONS Foundation and GlaxoSmithKline for their support of this program from its inception in 1998.

Reference
Oncology Nursing Society/
ONS Foundation
Leadership Development
Institute

A Decade of Success Stories
CHAPTER 1

Fellow Commits to Action
Not Misery

Terry Anders, RN, BSN, OCN®

Frustrated, no stimulation, no challenges, not appreciated—I never thought I would use these words to describe my nursing career. However, there I was, miserable in the career that I worked so hard to establish. Not because the patients, my coworkers, or the physicians were an issue; in fact, those were the very reasons that kept me coming back.

My feelings of misery were attributed to the lack of opportunity for professional advancement, lack of education and training, complete disregard for safe handling practices, and what I perceived as a lack of management respect for “the job” I did. Rather than believe others could be feeling this same way, I opted to “personalize it” and make it all mine.

Finally, at the end of my rope, I confided in a coworker how I was feeling. Much to my surprise, she understood exactly how I felt, and, in fact, “had been there” the previous year. She explained to me that she had applied to the ONS Leadership Development Institute (LDI), was accepted, and spent the past year working on her project, which was developing a clinical ladder for the nurses. She encouraged me to apply for the program and determine a project topic that would stimulate and challenge me. That is exactly what I did.

My project, “Proper Handling of Hazardous Drugs in the Outpatient Setting,” gave me the opportunity to put on paper how to provide staff with education and training to properly handle hazardous drugs, establish annual safety training and competency reviews, implement a medical surveillance program, and adhere to the OSHA directive requiring annual training. This project was accepted.

I went to my LDI weekend and came back to Columbus ready to change the world in which I work. If only it were that simple. First, I reviewed my “project” with the executive director and the new clinical manager. They both supported my vision to make safety a priority.

A safety committee was established and a subcommittee for chemo safety followed. I’d like to say that I was overwhelmed by the number of nurses expressing an interest in volunteering for my committee, but that would be a lie. I was being called the
“Safety Nazi” and leading an unpopular charge that called for change. I soon found out that change is not something that is looked upon as positive.

The chemo safety committee has met and is committed to providing a safe environment for staff, patients, and visitors. Committee members acknowledge that to meet OSHA, NIOSH, and ONS safety standards, a lot needs to happen, and it can only be done by taking one small step at a time. As a committee, we will continue to solicit for new members and I will send our meeting minutes to all staff to keep them informed.

Rather than focus on what is being done wrong, we intend to exploit what is being done right and build from there. I know that implementing changes by developing policies, promoting education, and providing training to 100+ staff members will not be an easy task. However, with the support I have received from the management team, the members of my LDI group, and the few volunteers I have on my safety committee, I am committed to ensuring that safe practices are viewed as a priority not a nuisance.

Professionally, I went from being miserable with my stagnated career to accepting a newly created position—clinical educator—and the challenges that came with it. I have become actively involved in my local ONS chapter and its education committee.

If someone would have told me last year at this time that I’d be with the same employer and in a new position, I wouldn’t have believed it. Today, I’m the poster child for an LDI success story. I took an issue that I was passionate about, developed a plan to resolve it, brought it to the managers’ attention, acknowledged staff ambivalence to change, promoted staff involvement, and volunteered to put my plan into action.

In an effort to “pay it forward”, I have spoken to a nurse in the practice about LDI. I conveyed the importance of taking the issue and then identifying the problems and ways to reach resolution instead of letting the issue snowball into a big negative obstacle in her nursing career. She is applying to LDI this year.

Terry Anders, RN, BSN, OCN®
Gahanna, Ohio
LDI Class of 2005-2006
CHAPTER 2

Willingness to Take Risks
an Essential Quality
of Leadership

Susan D. Bruce, RN, BSN, OCN®

When I read the call for the ONS Leadership Development Institute (LDI), I was a year into my role as assistant nurse manager. With some encouragement from my nurse manager, I decided to apply.

The role of leader was not new to me. I had been a leader when I was a staff nurse in the clinical arena. Oncology was the major focus of my 22 years as a nurse, and I was the resource person others sought out for guidance and direction. I had advanced on my institution’s clinical ladder and was mentoring others to do the same. As I advanced, I realized I was laying the foundation to further develop my leadership skills. Being in a management role was new to me, and, with that, came uncertainty and new lessons. LDI seemed like the natural next step to take—an opportunity to learn from “the best of the best.”

Taking the risk to apply was the first step. I realized that not being accepted was the worst that could happen. On the other hand, if I was accepted, LDI would assist me in developing some of the necessary tools for my nursing leadership toolbox. The risk paid off. I was accepted.

The LDI program was a year-long commitment, which proved to be invaluable. It allowed me to network and learn from the strong leaders in oncology nursing. I learned many lessons, but the one that had the greatest impact was learning how to take risks. For instance, I learned to trust my own leadership skills and feel confident applying for a project team or committee. By taking chances, I have been afforded many opportunities that have turned out to be great learning experiences that have made me a stronger oncology nurse and leader.

The LDI program opened many doors for me and provided me with an excellent opportunity to grow personally and professionally. The confidence I gained from the program helped me to take risks by applying for project teams and other activities. More times than not, taking those risks paid off. I have been privileged to participate on various project teams and advisory panels. My new skills gave me the chance to work with some very energetic and committed nurses over the past eight years.
During that time, I learned a lot about myself and continued to develop this new sense of personal and professional confidence. As I’ve participated in new activities, I have learned about being a leader and have developed invaluable skills to assist me along the way.

My message is that regardless of the title or position you hold, there are opportunities to develop your leadership skills. There is much uncertainty in health care and nursing today. Try to embrace the change or you may be left behind. Don’t be afraid to take a risk—good things can come from it. If it doesn’t work out, use it as a learning experience for the next time. Be a role model with your leadership skills, as you never know who is watching you. I am thankful that I had the opportunity to participate in such a wonderful program. As a result of the LDI program, I have overcome many personal and professional barriers. I learned that anything worth doing is worth taking the risk to give it a try.

Susan D. Bruce, RN, BSN, OCN®
Holly Springs, North Carolina
Inaugural LDI Class of 1998-1999
CHAPTER 3

Leadership Training Helps Fellow to Challenge Status Quo, Inspire Others

Georgie Cusack, RN, MS, AOCN®

The Leadership Development Institute (LDI) provided me with an opportunity to expand my networking skills and grow as a leader. My goals for LDI were to pilot an Ambulatory Intensity System (AIS) for patients with cancer and to expand my leadership opportunities. As a member of LDI, my mentor provided me with resources to “jump start” my project. She provided me with the names of several people who were change agents and experts in the field of oncology. She also served as a source of inspiration and support as I expanded my leadership skills and increased my self-confidence.

“Inspiring a Vision” was one theme identified by our leadership team at work as we assisted the senior nursing staff of our Outpatient Day Hospital (DH) in developing a tool to capture the direct and indirect care hours they spend administering the complex care that patients with cancer require. Kouzes and Posner (2002) tell us that those who inspire a vision enlist others in a common vision by appealing to shared aspirations (Kouzes and Posner, 2002). The DH patients receive complex treatments that cause them to have acute toxicities in the outpatient setting. The nurses were unable to clearly articulate the time that they spend caring for these patients and why. Our vision was to inspire the DH staff and the executive team to “think outside the box” and recognize the value in capturing this information. Quantifying the information would give us hard data to justify staffing and to differentiate between systems issues and patient-care issues.

“Challenging the process” was our second theme. One who challenges the process searches for opportunities and innovative ways to change, grow, and improve (Kouzes and Posner, 2002). Leaders will experiment and take risks by constantly generating small wins and learning from mistakes. Quantifying the information was difficult for the DH staff, because they perceived that the intensity system made additional work for them in an already incredibly busy environment. Ultimately, the staff piloted the AIS tool over a five-week period in the DH and radiation areas. With daily feedback on documentation and scoring of the tool and weekly status in-services, we were able to establish those small wins as staff came to see the value of the AIS. We also were able to secure two additional staff to assist with the complex care that our patients
require. Furthermore, the tool helped staff to differentiate between systems issues and patient-care issues regarding lab and pharmacy delays and/or orders not being placed.

Convincing the executive team of the value of the AIS was another challenge. An important pointer that I brought home from LDI was the value of articulating your key points in a short time frame. One of our projects at LDI was to develop a five-minute video summarizing the key points of our project for our LDI colleagues. My colleagues offered constructive criticism, and I used the same presentation to get buy-in from the executive team. I also enlisted my director of nursing in developing the tool as she had previously been an ambulatory care manager.

Since graduating from LDI, I have been afforded the opportunity to expand the AIS project in non-oncology ambulatory areas within my institution. I have presented the AIS locally, nationally, and internationally; coauthored four publications; and collaborated with several institutions throughout the country to implement the tool. My experience with LDI also has given me the confidence to pursue other opportunities within and outside of the organization. I have been inspired to expand my leadership skills considerably. I also have grown as a clinical nurse specialist, often benchmarking with peers from LDI and the Oncology Nursing Society to implement best evidence-based practices. As president of my local ONS chapter, I have worked diligently with chapter members to strengthen membership and provide additional learning opportunities. Our chapter received a Chapter Excellence award for increasing membership and fundraising efforts. I have been selected to serve on the National Nominating Committee from 2005-2008 and am chair of the committee for 2007-2008. Recognizing what a great opportunity LDI affords, I have encouraged several colleagues to apply for the course, and many of them have been accepted into the program. I also have encouraged chapter members to apply for scholarships, advisory council positions, and other leadership opportunities within ONS.

LDI was an incredible experience, and I am forever in debt to ONS for providing this great leadership opportunity.

Georgie Cusack, RN, MS, AOCN®
Beltsville, Maryland
LDI Class of 2000-2001

Reference
CHAPTER 4

LDI Experience Results in Community Outreach Programs, Ability to Grow Other Leaders, Improved Communication, and Award

Joyce Edward, RN, MSN, MPH, RNC, OCN®

It was an honor to have been selected as one of the 50 members of the Leadership Development Institute. Since I completed the class, I cherished that weekend as being one of the most important in my life—not only because of the rewarding experience I had, but also for the friendships that I made.

One of the treasures of my LDI experience was the inspiration to do the community outreach work that I truly wanted to do. I was a volunteer at a Sexual Assault and Violence Program, but I always wanted to work with women on GYN cancer prevention because GYN/oncology is my specialty.

Two years ago, a family member invited me to lecture at his church on GYN cancers. I jumped at the opportunity and did a presentation on GYN and breast cancers. It was well received by the audience, and I was invited to speak again the following year. This time, I did my presentation on “Prevention of GYN Cancers” and was amazed at the audience participation and sharing of important information, such as discussing results of their Pap tests and asking my opinion of treatment options. I was overwhelmed by their response to me, thinking to myself that some of them actually took my advice and had check ups.

When I was communicating this information to two of my colleagues, they asked to do a “Stroke Prevention” presentation, which they presented the next month. I felt good that I had enabled others to act, and it reminded me of one of the principles I cherished most at LDI and which I actually used myself: “Instead of trying to change others, you have to change yourself.” Instead of procrastinating, as I usually did about educating the public, I responded positively to a simple request—all because of inspiration from LDI.
As an educator, one of my goals upon entering LDI was to become a better speaker and communicator. LDI was the ultimate resource for acquiring these necessary skills and knowledge. I accomplished this feat because of the expert keynote speakers in the LDI curriculum. They were very motivating and experienced mentors, who willingly shared their knowledge with us. I still use some of the principles that I learned there in my everyday practice.

One of my visions was to assist the oncology nurses I teach to comprehensively assess pain. LDI modeled the way for me to share that vision through my project. My project turned out to be a Performance Improvement Pain Initiative. I educated all the oncology nurses in my hospital on pain assessment and management and successfully completed my project with the cooperation and assistance of the oncology director. She and I wrote an article on the project, and it has just been accepted for publication in the *Journal of Nursing Care Quality*.

Since leaving LDI, I have grown and developed in my profession tremendously. I was chosen through my employer by the Harlem YMCA as a Black Achiever for the year 2003. It was a tremendous honor for me, and I credit this honor to LDI.

Joyce Edward, RN, MSN, MPH, RNC, OCN®
Brooklyn, New York
LDI Class of 2001-2002
CHAPTER 5

LDI: A Powerful Compass for the Leadership Path

Eva Gallagher, RN, AOCN®, MS

The ONS Leadership Development Institute (LDI) was a life-changing event for me. I had been working in oncology for 10 years at that time and had thoroughly enjoyed the various patient-care roles in which I worked. However, I was starting to ask myself, “What next?” I was considering what I could do to have a greater impact on the care of people with cancer. I knew that I had an effect on individual lives as I cared for patients every day, but I had a strong desire to have a more global impact. I felt that I was at a fork in the road and did not know which way to go. LDI put my options in perspective and helped me find my way down the road. As my compass on this journey, the content learned at LDI has kept me on the right path to accomplishing my goals.

There were three key benefits from LDI. The first benefit was the comprehensive content of the program. Over the course of a few days, attendees had the opportunity to hear presentations from leaders in nursing and other disciplines. The second benefit was the mentorship component. Being assigned a mentor and working with that mentor throughout the year to complete my project and the program was a powerful way to reinforce and operationalize the content presented at the first meeting. The third benefit was the peer network it created. As a member of the first LDI class, I had the opportunity to meet peers from across the country who had similar interests and were on a similar path.

Inspired by the program, I made many changes in my professional life. Some of these changes included the following.

• I became active in ONS at the national level by serving as a director on the board.

• I became the government relations liaison for my local Metro Minnesota ONS chapter.

• I changed jobs and became a medical science liaison, where I help to set up oncology clinical trials in a 10-state area.

• I started in a PhD program in nursing.
Entering a PhD program last fall was the continuation of the journey I began at LDI. LDI gave me the confidence to pursue this option and set me up with a network of people who also had chosen this path. I decided to pursue a PhD in nursing with a minor in epidemiology, as it seemed to best fit my interests and needs. I have almost one year of studies under my belt and continue to draw from the lessons learned from LDI. When I complete this program I hope to be able to continue to pursue my research interests to ultimately improve the care of people with cancer.

LDI made a difference. It is a unique opportunity and is well worth the investment. The return has been exponential.

Eva Gallagher, RN, AOCN®, MS
Shorewood, Minnesota
Inagural Leadership Development Class of 1998-1999
CHAPTER 6

LDI Helps Fellow to be Assertive, Proactive, and Lead the Way

Christine G. Gatlin, RN, OCN®, MHA

In early 1998, I was starting a new job at a new hospital. I was eager to move Cancer Services forward and make that unit and that service line a “star” for the hospital. I was surprised to learn that half the staff was registered nurses (RNs), partnered with licensed practical nurses (LPNs). It was evident that the oncology nurse was too busy charting and looking after the LPNs’ patients to give direct care and education.

It was very easy for me to select a project to work on. I was acutely aware of the increasing acuity of patients with cancer and the increased demands on the nurses’ time to monitor this patient population and provide education—all while also meeting their emotional needs. My project was to move to an all-RN staff. The tools and guidance I garnered from LDI staff and fellows were instrumental in helping me to move my project forward. I had access to consultants who assisted me in verifying the need for qualified staff. I accessed productivity specialists to assist with new staffing plans. Within a year, I was able to justify my need for an all-RN staff and a decreased nurse-to-patient ratio and to implement it.

One of my personal goals was to identify two nurses whom I could mentor, with the goal of eventually moving one of them into my position. These nurses became LDI fellows, and to date, six from the city of Baton Rouge have attended LDI to the benefit of our community. Several have also assumed additional responsibilities at their places of work and within our local ONS chapter, Baton Rouge.

One awesome benefit of LDI was the idea of creating an awareness of possibility. We often don’t think about all of the possibilities that surround us. LDI gave us encouragement to be risk takers and to think about “what if . . .” It also prompted me to be more assertive and proactive. I was encouraged to be verbal about what I was doing and about why I was asking questions and getting everybody’s buy-in for my project. It helped me to develop skills I didn’t know I could label as skills.

I learned a lot about myself. One is never too old to learn, and, of course, knowledge is power. How can you go wrong when you work on self-improvement?
When staff see us trying to improve ourselves, it lets them know that we are human, too, and have room to improve our outlooks on life. I believe it is part of professional growth and insight.

LDI has been fun. It has given me an opportunity to network with people from around the country. I have made new friends and gotten reacquainted with nurses I met along the way.

Our hospital has been working diligently to improve the patient experience by making our good features even better. We currently are working with an organization to promote our nursing leadership and to improve the quality of the frontline nurse. We are to select 50 nurses to attend this academy……stop! This sounded so familiar to me. It is modeled after LDI. What a compliment……stop! This sounded so familiar to me. It is modeled after LDI. What a compliment to our process. Over the past eight years, we must be turning heads and making a difference. I was so “wowed,” I could not sign my staff up to participate quickly enough. I wish I could send them all.

LDI made a difference for me, and I can see how it is making a difference in my hospital, my community, and in our country. Thanks, LDI, for leading the way!

Christine G. Gatlin, RN, OCN®, MHA
Baton Rouge, Louisiana
Inaugural Leadership Development Development Class of 1998-1999
CHAPTER 7

LDI Fellow Commits to Support Others on the Leadership Journey

Ruth Gholz, RN, MS, AOCN®

As a seasoned oncology nurse and ONS member for more than 20 years, I jumped at the chance to attend Leadership Development Institute (LDI) in 1999.

At the time, I was the new coordinator-elect for the Pain Management SIG. I was an oncology CNS with 20 years of experience, and I wanted to make a difference. My dream of being an ONS leader and a leader in pain management was within my reach, but I needed help.

My LDI project was to increase the networking of Pain Management SIG members. I wasn’t sure how to manage the great work of the SIG and, at the same time, encourage others to become members and actively participate. Time is tight for people in health care, and we are working leaner and harder. Asking nurses to add more to their schedules was a challenge.

The initial phase of LDI provided me the opportunity to evaluate myself – my style, my values, and my view of leadership. What was my personal mission statement and vision of the future? If you don’t know yourself, you can’t lead others successfully. We are not born leaders; we learn to be leaders.

ONS has Leadership Guiding Principles as follows.

• An ethical orientation is evidenced in performance of leadership activities.
• Leaders are visionary in creating opportunities for transforming cancer care.
• Leadership is representational of the diversity found in cancer care.
• Leaders demonstrate commitment to the Society and to cancer care.
• Leadership within the Society exhibits caring for self and others.
• Competence in performing leadership roles translates vision into action.
I was challenged to develop a personal mission statement and reach beyond the places I had been. My mission in 1999 was very personal and specific—working on achieving my vision. Pieces of this included, “My purpose is to honor myself, to live lovingly and respectfully… Professionally, I am successful in oncology nursing, my communication skills provide an atmosphere of team work and collegiality, and when I am a director-at-large of the Oncology Nursing Society, I will…”. Wow—these aspirations just challenged me to act rather than think about the possibilities.


1. Model the Way
It was time to walk the talk. As coordinator of the Pain Management SIG, the opportunities were plentiful. We needed to write articles for our newsletter, mentor our members, and build teams. With teamwork, efficiency, and mutual support and encouragement, our membership grew, we developed our strategic plan, and we wrote and distributed an excellent newsletter three to four times per year.

2. Inspire a Shared Vision
I was humbled to be part of the LDI faculty in 2000 and 2001 and then the project team leader in 2003.

   Clearly my mission statement was coming to fruition. As faculty of LDI, the vision is clear: Create and inspire next steps and encourage fellows and each other, that, yes, it can be done. We were making a difference in the world of cancer, and leaders were blooming. As team leader, my group went from brainstorming topics to completing an excellent educational opportunity and inspiring more vision and growth.

3. Challenge the Process
The members of the healthcare team I work with on a daily basis have watched me challenge the status quo and then need mediation. (I made some bad assumptions.)

   I have grown and learned when and how to challenge, the process of change, and conflict negotiation. Improvements occur, yet I still needed to learn the culture of the system and use the SWOT method to identify organizational Strengths, Weaknesses, Opportunities, and Threats. This continues in my practice today because working in a healthcare facility is very challenging. We have multiple barriers and frustrations as we strive to provide high quality and, at the same time, cost-effective care.
In addition, I took the risk to run for ONS national office in 2003 and lost. That was such a gut-wrenching experience, but perseverance prevailed and my mission statement and vision became a truth as I was elected as a national director-at-large in May 2004. This presented new mountains to climb and the incredible responsibility of representing more than 32,000 members.

4. Enable others to act
Leaders do not work in isolation. They must work with others to achieve goals. I was given the project of the Rising Star Mentorship Program, which was held at the annual ONS Congress. In this program, 10 seasoned oncology nurses mentor 20 new oncology nurses. ONS has a goal of increasing membership and member participation. This group was ripe for guidance, instilling passion and giving the permission to move forward. Where else can we have an audience to promote research, presentation, writing, and collegiality and to support the mission and future of ONS? 2006 was the second year that I led this project, and the number of applicants increased by more than 200%. ONS leaders were asking to be mentors—evidence that enabling others to act has succeeded.

5. Encourage the heart
I am well known for leading with my heart. Sometimes this works, and sometimes it does not. Adding my brain to my heart has substantially improved the outcomes. Oncology nurses can move mountains. They can alleviate fear, manage symptoms, and improve the quality of all aspects of cancer care. As a member of the Cincinnati Tri-State Chapter and at the national level, I have seen the outcomes of encouraging the heart. We give awards to others so deserving. When nominations are not received, I write them. When members think you need a master’s in nursing degree to be on the ONS Board, we bring them to meetings and explain that all are welcome to run. We celebrate success, congratulate each other, and recognize hard work in the newsletter, at chapter meetings, and on our virtual community on the ONS SIG web page. The demise of oncology nursing will occur when this becomes a job—when we stop caring and the light begins to dim. Often, inpatient nurses only see the very ill or the dying. We bring them to the clinic to see life and future.

I believe it is necessary to be humble, passionate, and visionary. Leadership is an ongoing pattern of life, and I am driven to continue in this path. Early in my nursing career, I made a vow to be the best I could be and to help people with cancer become the best they can be. Needless to say, it was and is people who help me to achieve this goal. Using this knowledge, my mission is to assist others as I have been assisted. There is a need to discover how to focus on the success of the team rather than on personal success, how individual skills can be combined, and how to restore positive energy. I support an open line of communication—no secrets. I value people acting professionally and not needing to be spoon fed. I have tried to push horses into the
drinking fountain with no success. I acknowledge the need to encourage others with the fine line of not enabling. I admire passion in leaders. Leaders need to feel the fear and do it anyway.

LDI was my diving board. I was given insight, training, faculty partners, and the tools for continued personal and professional growth. Readings outside of nursing literature were encouraged (I would never have considered reading the *Harvard Business Review*).

Nursing is only going to get more challenging, tougher, and more turbulent. We need to hang on tight and ride the waves.

Ruth Gholz, RN, MS, AOCN®
Cincinnati, Ohio
LDI Class of 1999-2000

**Reference**
This story is about nursing leadership in the workplace. After I returned from Pittsburgh having completed the first phase of the LDI program, my nursing supervisor was eager to learn about my experience and to hear how my LDI project would develop within the next year. What we did not know was that the project was going to begin sooner than we thought.

I learned that Model the Way was not just about my goals, my values, and myself but also about the values of the workplace. I was starting a new position as coordinator of a palliative care program at a cancer center in Philadelphia. My nursing supervisor had defined the values and mission for the Cancer Center and the palliative care program. The values and the mission were the collaborative effort of a number of meetings and discussions among the members of the cancer center. I use these values and mission in my work as palliative care coordinator as described below.

**Inspire a Shared Vision.** During the first month of work as palliative care coordinator, I developed a three-year strategic plan. This strategic plan included the mission that had already been agreed upon by the team, along with the vision for the palliative care program. The vision was the way I envisioned the program to be in the future. I provided each team member with a copy of the strategic plan and later I met with each of them to hear their opinions and recommendations. The team’s recommendations were included in the final version of the strategic plan that was approved by the Palliative Care Executive Committee in December 2005.

One of the goals of the strategic plan was my LDI project—to develop a proposal to start a palliative care inpatient program at the hospital by hiring a full-time palliative care nurse practitioner.

When I returned from Pittsburgh, I discussed the project idea with my supervisor. I added an extra idea to the initial project: to do a pilot palliative care project in the ICU at the hospital. My supervisor strongly supported the project but she stated
that I should complete the project within the next three months instead of one year as I had planned. The palliative care proposal should be presented to the hospital administrators by the end of February 2006 to be included in the 2007 budget.

**Challenge the Process.** Now I was faced with two projects: One was the actual palliative care proposal to be presented to the hospital administrators. The second project was a two-month pilot project in the ICU at the hospital. During a two-month period, we would bring the palliative care team from the cancer center to the ICU. Our main interventions would include clarification of goals of care and patient/family support. This second project would support the importance of having a palliative care program in an inpatient setting.

I met with members of the palliative care team, including the medical director of the palliative care program, social workers, and chaplain. They were all supportive. My supervisor and I met with the ICU team leaders, including physicians and nursing supervisors who agreed to have the pilot project done in the ICU. We also met with the director of quality assurance of the hospital to garner her support for the palliative care proposal. She agreed to run the hospital data to obtain the potential cost savings if a palliative care program existed at the hospital.

**Enable Others to Act.** These projects were the result of a team effort. The ICU pilot project team included a palliative care physician, two social workers, a chaplain, a clinical nurse specialist, an internal medicine resident, and me (a nurse practitioner). Starting on November 15, 2005, thru January 13, 2006, we visited the ICU on a daily basis, had weekly nursing rounds, met family members, and had family meetings. After completing the two-month project, a survey of the ICU staff was conducted to evaluate the staff satisfaction with the project. The results supported the significance of palliative care in the ICU.

The palliative care proposal team included not only the ICU pilot project team, but also other palliative care members. Every one of them played a key role in the development of this proposal.

**Encourage the Heart.** At the end of January 2006, we completed the palliative care proposal. I thanked all the team members for the time and effort they had put into the project. Definitely, without them, I would not have been able to do it.

Proposal approval by hospital administrators requires two steps: First, the hospital CNO approves the proposal, then the CNO has to present the proposal to the hospital administrators for approval.
On January 26, 2006, the representatives of the palliative care program and the cancer center met with the CNO of the hospital and introduced the palliative care proposal to him using a slide presentation. The CNO approved and supported the proposal.

At the time of writing this story, the proposal has not been presented to the hospital administrators yet. I am optimistic that it is going to be approved, but if not, I have the satisfaction of knowing that we did our best. Most importantly, I am very proud of my team. They worked hard. They gave the project their best effort.

Clara Granda-Cameron, RN, MSN, CRNP, AOCN®
Fort Washington, Pennsylvania
LDI Class of 2005-2006
CHAPTER 9

LDI Prepares Fellow for Chapter Leadership Role

Shera Knox Howard, RN, BSN

The Leadership Development Institute (LDI), program is designed to prepare future nursing leaders for our influential roles as oncology professionals. LDI has provided an invaluable year-long experience that has enhanced my mentoring, corrective counseling, and interactive personal skills. Each year, the program starts in the fall and is only available to 50 oncology professionals nationally. I am proud to say that I was one of the four members accepted from my local chapter.

This program has challenged me to be more assertive, goal oriented, and self-confident so that I can become an effective leader. I recently had to put the skills learned from LDI into use when one of the leaders at my ONS local chapter resigned and I offered to take on the leadership position. I was timid, nervous, and just plain scared about this decision. I was able to keep it all in perspective and realized that I had a responsibility to my chapter to follow through on my commitment and provide the necessary leadership our chapter needs.

I honestly do not know where I would have begun had I not had my experience with LDI. I was frozen the first time I had to speak in our LDI class. Now, I have to run meetings! I have gained a wealth of knowledge, made new friends, and found endless ways to network within our profession because of LDI. I would encourage anyone who has a desire to learn or enhance their leadership skills to apply for this program.

Shera Knox Howard, RN, BSN
Charlotte, NC
LDI Class of 2004-2005
CHAPTER 10

LDI Lifts Self-Limitations, Helps Fellow See All the Possibilities

Margaret Kane, RN, OCN®

As an oncology nurse of 15 years, five of which I’ve been certified, I finally decided to become involved in a local ONS chapter. After attending the annual Penta Plus program, where the leadership and membership of all six chapters in my area come together to network, I decided to join the Mid-Chesapeake (MD) chapter. They were a small, struggling chapter but represented some of my personal ideals. They had won an award the previous year for small chapter with the highest percentage of certified members. Within three months I suddenly found myself elected president-elect.

Not having had much leadership experience, I was happy to attend Mentorship Weekend in Pittsburgh for newly elected presidents-elect. In Pittsburgh that spring, I not only met some new friends and began networking nationally for the first time, but I also found out about LDI. It was a revelation to me that ONS would invest so much time and money in developing new leaders. In retrospect, it makes absolute sense. Seeing the oncoming nursing shortage, they are taking proactive steps to help meet the crisis head on.

LDI opened many things for me, not least of all my mind. Probably the most memorable exercise for me was writing my own mission and vision. In that weekend, I went from just considering where I wanted to work to thinking about what direction I wanted my career to go. After my term as president-elect and two years as chapter president, the chapter board has asked me to stay on as member-at-large to act as their mentor and liaison to the National Office.

The empowerment I felt from the LDI experience has led me in many new and wonderful directions. I joined the speakers bureaus for some pharmaceutical companies, something in which I had long been interested but had not felt competent to pursue.

The increasing sphere of networking that LDI opened for me also brought me many opportunities. I am a continuing-education reviewer and have been on a few special project teams, including participating in the planning for a Mentorship Weekend, the event that started it all for me. I have participated in a national forum to develop an
educational program for case managers on pain management and have attended many regional and national programs on topics such as neuropathy. When I return to my local community, I pass on the new knowledge I gained to other local nurses.

For the first time in my career, I also became involved in my local community. I am now on the speakers bureaus for the Leukemia & Lymphoma Society and the American Cancer Society, presenting to nurses and to patient support groups. Last year, I received the highest award yet in my career: I was named the Leukemia & Lymphoma Society/Amgen National Capital Area Hematology/Oncology Nurse of the Year 2005. The press releases for that award also brought my name to the attention of the chair of the local American Cancer Society Relay for Life, and I was privileged to be their honorary chair last year and speak at their opening ceremony. I was so impressed with the scope of this event as the single largest fund-raiser for cancer nationwide and their focus on survivors, that this year I am the co-chair for the event. I have also been asked to join the Leadership Forum for the American Cancer Society, their equivalent of a volunteer board.

Though I have not changed jobs—I am still a clinical oncology nurse in an outpatient chemotherapy clinic for a major HMO—I am there because I like what I am doing, not because I don’t feel competent to try other things. More and more I find myself looked to as a leader in the clinic. I mentor new nurses and am the first one sought out for development of treatment plans for new therapies, as well as for questions related to employee health and safety. Currently, I am the lead for telephone triage, a huge part of our follow-up with patients.

LDI gave me the skills I needed to turn my job into a career that I love. Now I see no limitations—only possibilities.

Margaret Kane, RN, OCN®
College Park, Maryland
LDI Class of 2000-2001
Oncology nursing has been my profession and my passion for more than 30 years. Each step along my journey has given me a better understanding of myself, my values, my patients’ needs, and my goals for life. I feel the Leadership Development Institute (LDI) was the icing on the cake of a very fulfilling nursing career.

I chose oncology nursing because I lost my mother to breast cancer and I wanted to make a difference in the lives of other women and their families who had to deal with this disease. One year into my oncology nursing career, I was diagnosed with breast cancer at age 22. With God’s grace and excellent medical care, I have had 32 years to be an advocate and educator in breast diseases. As a young cancer survivor in the late ‘70s, I incorporated the role of breast care coordinator into the position I held as a discharge planner/case manager.

A few years ago, I moved into a new position as a consultant to our community hospital partners in the Fox Chase Cancer Center Network. Through my contacts with the various community programs, I realized a need for a support network for the nurses serving as nurse coordinators for breast care.

As an ONS LDI fellow, I decided the next step in my career would be to use my knowledge base, experience, and leadership skills to model the way and inspire a shared vision by developing the role of the breast care coordinator in the community setting and mentor these nurses with quarterly educational, clinical, and operations updates. Since this is an area of oncology nursing that is evolving—with the influx of hospital-based breast programs and free standing breast centers—I envisioned this group becoming a regional resource for other nurses starting programs and possibly spearheading an ONS Breast Care SIG.

The skills I learned through my participation in LDI have enhanced my effectiveness as a leader and assisted me in enabling others to act. Since the inception of this project, the nurse coordinators meet quarterly to share, learn, and collaborate.
on issues that affect quality patient care as well as personal growth. Fox Chase Network (FCN) Breast Care Coordinators is an energetic group of nurses with a common purpose and vision who function in a collaborative atmosphere. Their passion for their patients never ceases to amaze me. My goal for our group was to empower each participant to have a stake in the success of our endeavors. My belief system incorporates teamwork, encouraging participation in the creation of a project. Including people in the planning and operationalizing of a goal creates better understanding and common purpose, as well as confidence and trust in the leader.

I believe an effective leader models the way by taking the time to review and understand information provided by the team without imposing personal biases. Leaders need to think out of the box, but decisions they make need to be based on reality in order to achieve goals.

One of the most rewarding aspects of this project is the mentorship that takes place between the seasoned coordinators and nurses just implementing this role in their institutions. They share the barriers they’ve encountered and the successful strategies they’ve used when developing a breast program. They also share the personal growth and development issues involved in being positive change agents within the work environment. They are modeling the way for others.

I have always believed oncology nurses were a special breed, and my relationship with my new colleagues confirms this. We achieved our goal of becoming actively involved in the ONS Breast Cancer Focus Group as it moved to SIG status. Darcy Burbage (SIG coordinator) is a member of FCN Breast Care Coordinator Group, as is Meg Levinson (co-editor of the SIG newsletter). Since another project we would like to investigate is possible credentialing as a breast care coordinator through ONS, I have agreed to chair a special project team to look into feasibility of a certification process.

As you can see, my LDI project has become a reality because of the shared vision and passion for patients with breast cancer that my colleagues share with me. My hope it that my project will not have an endpoint but move onto new and bigger challenges as we strive to provide comprehensive holistic care to patients with breast cancer by the most qualified nurses in a variety of settings. I would like to personally thank all the FCN Breast Care Coordinators for their part in making this new venture such a success and pleasure.

Elaine Sein, RN, BSN, OCN®
Southampton, Pennsylvania
LDI Class 2003-2004
CHAPTER 12

Vision Developed at LDI
Still Guides Fellow Today

Jean B. Sellers, RN, MSN, OCN®

I entered nursing late in life. I cared for my first patient in 1991. He was 59 years old and battling a malignant brain tumor. He died after nine months. He was my dad. I was not a nurse at the time. A year later, I entered an associate degree program in nursing. Graduation found me as an oncology nurse on third shift working in a community hospital. I loved nursing, and I especially loved caring for this special group of people. Education did not stop for me, as I found myself graduating from the BSN program at the University of North Carolina at Greensboro in 1998 and the master's program at the same institute in 2001. I was not selected to be in the first LDI class.

Why is it we learn more during experiences of loss or disappointment? I was accepted in 2000. Little did I realize the opportunities that would await me, both professionally and personally. ONS leaders, who truly did have the gift to understand the need for this type of workshop, presented the networking and leadership workshops. In fact, my vision I developed during this session still guides me today. My passion has always been end-of-life care. Therefore, it was only natural that I would select that as my project. I began networking with colleagues who already had such a project within their own institutions.

Not only was this a part of my LDI project, but also my advanced project for my graduate degree. Palliative care was born within this community-based hospital, and a palliative care consult team was initiated in 2004. The hospital received the Circle of Life Award in 2005 from the American Hospital Association.

While the above story certainly was a result of my participation in LDI, my personal story is just as important. Without those same skills, I would not be where I am today. I've always wanted to make a difference for others. In fact, my dad's death drives me today in my own practice with my desire to change the way end-of-life care is delivered.

In spring 2004, a headhunter called with a tip that a small hospital on the coast of North Carolina was looking for a manager for its hospice program. I investigated it and actually applied for the position.
I was offered the position, but it would now mean relocating to a community more than 250 miles away and leaving the safety of my current practice. After much soul searching, prayer, and tearful discussions with those I trusted, I made the decision to go. I had so many questions, with so few answers. Why would a county with a population of more than 60,000 people and deaths totaling more than 800 in one year only have five to eight patients in its hospice program?

Upon arriving, I met with the staff and did extensive chart reviews to understand their level of practice. Narcotics were only administered via pill form or with a patch. Patients were being coded even though they had DNRs. Outcome-based accountability was not expected. It was obvious that a strong leadership model was not in place with the current program. I could not command commitment, only inspire it. I held educational workshops to provide the knowledge and skills they would need to move to the next team effort. I took the initiative and sought to provide the staff with everything they would need to produce the desired results . . . outstanding patient care in the home.

I model behavior by holding myself accountable. I do not expect my staff to do anything that I can’t do myself. This includes remaining competent for all skills. As the leader for my department, I request that the staff not refer to me as their manager. I keep our program on course, measure the performance of the staff, give feedback, meet budgets within the hospital, and take corrective action as needed.

Recognizing genuine acts of caring enables people to trust you. All leadership must be from the heart. Since relocating in June 2004, I have grown in ways that I never could have imagined. The most important lesson I’ve learned is that life is not a popularity contest. Basing decisions on what is right and following your heart will often lead into areas that can feel overwhelming. However, remaining true to yourself and following the vision that is ingrained in your heart will never be wrong.

Jean B. Sellers, RN, MSN, OCN®
Chapel Hill, North Carolina
LDI Class of 2000-2001
Enabling Others to Act – Lessons Learned When a Leader Takes a Step Back

Camille A. Servodidio, RN, MPH, CRNO, OCN®, CCRP

Participating in the ONS Leadership Development Institute (LDI) gave me a new pair of spectacles to view and understand nursing leadership in my operational role as nurse manager of the Cancer Clinical Research Office at Hartford Hospital. During LDI, we learned about the different phases of leadership as well as the five pillars of leadership. We heard from a presenter who emphasized that we should not get stuck in the self-promotion phase and that to grow, we need to coach, groom, and provide opportunities for others to develop leadership skills. As time passed, I was able to understand this notion of enabling others to act with a real-life example.

Every year the Cancer Clinical Research Office hosts a lunch-and-learn program that highlights the programs in the department (cancer treatment and prevention trials, the Connecticut Breast and Cervical Cancer Early Detection Program [CBCCEDP], and community outreach). Historically, I had been an active member of the planning process and a presenter at the program. The LDI experience gave me the skill set, the comfort zone, and the permission to step back and encourage others on the team to actively participate. I grew from the experience of watching team members excel in the spotlight by taking the lead on a project.

Our SCOPE (STAR Community Outreach Program Coordinator) outreach educator for minority recruitment for clinical trials expressed an interest in organizing and serving as a moderator for the program. She has been with our department for less than one year and was willing to take the challenge. One of the research nurses stepped up to the plate to present on clinical trials. The case manager and outreach educator also presented on the CBCCEDP program and an Incentives Study designed to encourage CBCCEDP women to attend their appointments.

During their practice session the day before the program, I practically had to glue myself to my chair so as not to barge in the room where the team practiced their presentations and repeatedly had to tell myself that the team had it under control. One of the team members joked and said, “I wondered when you were going to come into the room to listen to us and start running the show! I was surprised you didn’t come into the room to direct the show!”

I learned that leaders can enable others to lead. I supported the effort by completing the nurse contact hour application and greeting the guests on the day of the program. It was a pleasure to sit down, be present, and admittedly gloat over the success of the CCRO team members. The lunch-and-learn program was our department’s best ever. I was humbled by this experience and learned the valuable lesson that leadership isn’t always about the leader. LDI can be credited with teaching me the skills to step back, enable others to lead, and to gain an understanding of this process.
I learned that leaders can enable others to lead. I supported the effort by completing the nurse contact hour application and greeting the guests on the day of the program. It was a pleasure to sit down, be present, and admittedly gloat over the success of the CCRO team members. The lunch-and-learn program was our department’s best ever. I was humbled by this experience and learned the valuable lesson that leadership isn’t always about the leader. LDI can be credited with teaching me the skills to step back, enable others to lead, and to gain an understanding of this process.

Camille A. Servodidio, RN, MPH, CRNO, OCN®, CCRP
Marlborough, Connecticut
LDI Class 2004-2005
CHAPTER 14

Transition Time: LDI Helped Me to Successfully Develop My Own Business

Tracy Skripac, RN, MSN, AOCN®, CHPN

I was an oncology clinical nurse specialist in a traditional CNS role. I loved my job and all that it entailed. I enjoyed the challenges and everyday changes that a truly traditional CNS position encompasses. I was ensconced in my work and career, focusing on my future as a CNS. Along with work, I was deeply involved in local and national ONS activities. I applied for LDI in an effort to enhance my personal and professional communication and leadership skills.

Then, my life changed. After years of waiting and hoping, I was finally pregnant. I continued in my CNS position, attended LDI, and planned for an exciting future. I fully expected a change in my personal life, and to a smaller degree, a change in my professional life. However, I never expected to leave my CNS position and completely shift my career goals. After our son was born and I extended my maternity leave twice, my husband and I made a collaborative but difficult decision: I would resign from my CNS position. It was transition time!

I began and continue to develop a new phase in my career. I am now a self-employed pain and oncology nurse consultant. My career now involves presenting educational programs for various pharmaceutical companies, developing online continuing-education courses, teaching online RN-to-BSN classes, functioning as a nurse expert for patient-oriented oncology websites, teaching the ONS Chemotherapy and Biotherapy Course, contributing to nursing and oncology textbook chapters, and providing record reviews for medical malpractice cases. I continue to be heavily involved in local and national ONS activities. I still love my job and all that it entails, especially since I am now able to do much of my work from home around the family schedule.

The LDI experience has greatly assisted me during this transitional time of planning my future as a self-employed consultant. I have used my personal LDI mission and vision statements to set and re-evaluate goals. I have benefited from the ability to communicate and network with others. I appreciate and use the skills provided by LDI to plan my marketing strategies. Once I realized my efforts were successful, I again reached to my LDI experience to achieve better time management and
organizational skills. Almost five years later, I still apply my LDI experience, searching resources for the continued ability to empower students and stimulate discussion in the online leadership, theory, and assessment courses that I teach.

In my volunteer work within my church and local ONS chapter, leadership is a constant skill that I have been able to use successfully from my LDI experience. I have functioned in various elected and appointed positions based on parish and chapter needs. I work on various church committees and projects. I also am now the editor of our chapter newsletter, allowing me the opportunity to persevere in my efforts to creatively empower our members through effective communication.

In my experience, leadership is not about producing followers. Leadership is empowering, enlightening, and enabling oneself and others. Leadership is demonstrating independent yet collaborative and effective performance toward a set objective. To be more proficient in pursuing and achieving goals, a leader needs to be receptive to new ideas, insights, revelations, and experiences. A leader needs to commit to a continuous learning process. A leader also must know that change is inevitable and must react to it in a positive, responsive, and confident manner.

LDI is one of the most effective resources for developing and enhancing leadership qualities and goals. Through LDI, oncology nursing leaders can gain direction for the future. LDI can focus and inspire an oncology nursing leader in many ways. LDI assisted me to set new goals and achieve an acceptable balance between my personal and professional lives at a very crucial time. I am truly grateful for my LDI experience.

Tracy Skripac, RN, MSN, AOCN®, CHPN
Canfield, Ohio
LDI Class of 2000-2001
I was fortunate enough to be selected to attend the inaugural Leadership Development Institute (LDI) in 1998. I had read a piece about the program in the ONS News that year, and it caught my attention. At that point, I had been a nurse for about 24 years and in oncology for 13 of those years. I had been in positions of leadership before but was pretty much self-taught... learning by the seat of my pants. I was very interested in the opportunity to meet, network with, and be mentored by some of the top nurses in oncology. My desire was to become more active in ONS, and, as an advanced practice nurse, to exemplify excellence in oncology nursing. I wanted to raise the bar, to set high standards for excellence in oncology nursing, and to better advocate for access to that care for my patients.

Reflecting on the years since I attended LDI, I honestly can say that I was empowered to meet my personal goals. At first, I thought I might fashion my project to help define the role of the nurse practitioner in oncology since there were so few of us at that time. However, 1999 was an important gubernatorial election year in my state and none of the candidates for governor seemed to be addressing healthcare issues. I decided to change direction and coordinate a statewide “Gubernatorial Health Care Forum,” asking my local chapter to host the event. To make a long story short, it was very successful. It was held before the primaries, at a time when there were about eight potential candidates, and all but one participated. Representatives from the public/community, the American Cancer Society, AARP, the Mississippi Nurses’ Association, and healthcare providers from a variety of settings, not just oncology were there. We had newspaper and TV coverage. From that point on, healthcare issues became part of each candidate’s platform.

The success of this forum just whet my appetite. Once I saw how one person truly could make a difference, there was no barrier too great to tackle. I went on to volunteer to be the ONS state health policy liaison for Mississippi. Through ONS, I was able to attend the Nurse In Washington Internship program. I have met with state and federal representatives on numerous occasions to discuss a wide variety of issues...
important to cancer care and oncology nursing. In fact, I became bold enough to
tackle the state legislature, the Mississippi Board of Medical Licensure, and others in
an effort to change the laws governing prescriptive practices of nurse practitioners in
my state so that we could prescribe controlled drugs. I have been able to travel around
the country, on behalf of ONS, to tell other oncology nurses how they, too, can make
a difference through health policy advocacy. Professionally my life has been fun, chal-
lenging, and exciting since LDI! Never in a million years did I think I stood a chance
of being selected for that first LDI. I’m just an NP working in a clinic in rural Missis-
sippi—out there in the trenches on a day-to-day basis, doing what oncology nurses do
best, caring for patients with cancer and their families with passion and zeal. Through
LDI and ONS, I was able to invest my passion and energies in ways I never thought
possible. You can, too. Go ahead . . . apply. You have nothing to lose and everything
to gain!

Wendy J. Smith, MSN, ACNP, AOCN®
Ripley, Mississippi
LDI Class of 1998-1999
CHAPTER 16

LDI: A Catalyst for Fellow to Look for Opportunities to Effect Positive Change

Ann M. Smith, RN, OCN®

Leadership is not about a title, a position, or a budget. It’s a process of stepping forward and bringing out the best in others—providing tools for them to accomplish achievable goals. The ONS leaders who created LDI provided the tools, the mentoring, and the modeling to help me to accomplish my goals. The skills and strategies I learned formed the foundation for my professional and personal leadership growth over the last eight years. I have served as a leader in a variety of settings.

My aspiration to manage an education department came to fruition in 2002. I now manage an education team of six at an ambulatory care company. I served as president of my local ONS chapter from 2001-2002, and on three national ONS project teams: LDI faculty member, 1999-2000; team member, ONS Multicultural Tool Kit, 2001; and team leader, ONS Job Shadowing/Mentoring Program Tool Kit for Successful Outcomes, 2002. I continue to serve as the only oncology nurse on the board of my local American Cancer Society (ACS) chapter. I serve on the advisory boards at four community colleges’ nursing and technical schools, and I was elected president of the Central Florida Health Educators Association in 2005.

Although I am very proud of these elected and appointed positions, my story is about leadership in volunteering. Through networking with a fellow ACS volunteer, the local patient service representative, we identified the need to educate the clinical and office staff of my company’s primary care physicians about ACS and the Patient Services Division. As an oncology nurse, I wanted to personally excite and inspire the office staff about the importance of identifying the needs of and community resources for patients with cancer. Office nursing is so much more than “rooming a patient.” It is all about serving as the facilitator of the continuum of care across all care stages.

ACS and my ambulatory care healthcare company share a common vision: to set the standard for and to improve the quality of life for all under our care, from disease prevention strategies through survivorship support. With the organizational administrative support we needed, the ACS representative, Diane, and I planned an educational program to deliver information about the services available to our patients.
Leaders are never alone. We need the active involvement and support of many people to build a community of shared goals. I contacted my practice managers to identify best dates and times for the in-services. It was important that Diane and I respected the managers’ and staff time and participated directly in setting up the meeting time, space, and supplies. I prepared myself by reviewing the services offered and co-presented the materials. Although I function in a management role in my company, as an oncology nurse, it was imperative I show by my example how deeply committed I am to the care of patients with cancer.

Next, we developed a process to “identify a liaison at the office,” an interested staff member who would call ACS or me for brochure and support group calendar refills. This met an ACS short-term goal of quantification of doctors’ offices contacted and service brochure numbers.

Diane and I then prepared a short flipchart presentation of the purpose of the education, with visuals of all the brochures/services available from ACS. We provided plastic brochure keepers for the offices and extra copies of support group calendars to give to patients, along with business cards and phone numbers. These steps, along with asking for a volunteer liaison, enabled others to act, fostering leadership growth. Evaluation of our education program is ongoing. The office contact works well for brochure refills, and each office has customized their patient education approach. An additional positive outcome has been staff requests for cancer education on topics such as pain management and lymphedema.

Others will follow a leader if you do what you say you will do. I shared my passion for the care of patients with cancer, and the staff responded. I chaired the company team for Making Strides Against Breast Cancer with a good response. I think this is what encouraging the heart is all about.

LDI was a catalyst for me to look for opportunities to effect positive change in myself and to be a part of the new nursing leadership to participate in the transformation of cancer care through practical approaches. I feel I have grown and developed as a nurse leader and serve as a positive role model for future generations of oncology nurses.

Ann M. Smith, RN, OCN®
Ormond Beach, Florida
LDI Class of 1998-1999
CHAPTER 17

LDI Provides Building Blocks of Leadership

Dawn C. Stefanik, AA, MLT, BSN, RN, OCN®

The moment that I was introduced to the field of oncology nursing, I knew in my heart that it was for me. The special relationships that one develops with these patients leaves a lasting impression of each one on your heart. With time accruing in the field, I knew that I wanted to get more education and be the best that I could be. I wanted to excel and expand.

I knew that I could start by getting involved with my professional organization, the Oncology Nursing Society. Members were welcoming, and, over time, became mentors. They became that extra added push that one needs to progress further and develop and to try new things. They helped to give me the confidence that I could do it. I could succeed. Sometimes, they knew this before I did. With this kind of support from mentors and family, who could go wrong? Getting actively involved with this organization made me do exactly that—grow and succeed.

By getting involved with ONS, I found out about LDI, which one of my mentors had herself attended. I wanted to learn more. I wanted to become a leader and a role model. I wanted to make a difference.

I was chosen as one of the 50 participants for one of the classes. Everyone was thrilled—not only me, but also work colleagues and family. Just being chosen was an accomplishment in itself. LDI was an experience. It gave me the chance to develop what leadership skills I had and learn new ones. It also provided an opportunity to meet other colleagues who to were venturing in that direction and exploring new territory.

My experience with LDI was a good one. I learned new things, refined old ones, and networked with colleagues. Principles of leadership and development were discussed. We also learned how to be more effective at certain tasks (e.g., speaking in front of a group, petitioning your boss for something, stating your case, writing a proposal, planning a major project).

Networking with other colleagues had its benefits, too. You had the opportunity to see what others were doing and make contacts for the future. If you met someone who was doing something you had an interest in, you could contact them and possibly create an “in.”
At LDI, I met a colleague who had done teaching (which I was interested in) to colleagues in other countries. This interested me. I was scared but would love to have the chance to do that. From making my contact at LDI, I was able to do just that. I got the opportunity to create lectures and work with four colleagues, teaching in both Nicosia, Cyprus, and Amman, Jordan. It was the experience of a lifetime, and one that I certainly will never forget. What an enriching experience. I had the opportunity to work with a great team of people who achieved great things.

In addition (since participating in LDI), I have had numerous opportunities to speak for different companies and try a number of new things on the national level through ONS. I have participated in several ONS/OES projects, including speaking at the national level, working with advocacy, and publishing several times. My career is like a whirlwind, sweeping me up into opportunities all the time. I have done things that I never thought I would.

One thing that I had always wanted to do was publish. I had the opportunity once through an ONS writer/mentorship program. Participating in LDI gave me the confidence that I needed to apply for other project teams (doing publishing). Previously, I would have never thought to try this, especially without a direct mentor. However, now, I was like Thomas the train, “I think I can.” And you know what? I did.

ONS has given me the opportunity to do things that I never thought I would. LDI is a great example of how a nurse can further her development. It afforded me the opportunity to push forward into scary, uncharted territories. I’ve learned that a little knowledge can go a long way. It can leave a lasting impression on you. LDI gave me the building blocks that I needed to move forward with confidence. Isn’t that all anyone can ask for? The rest you have to do yourself.

Dawn C. Stefanik, AA, MLT, BSN, RN, OCN®
Edgewood, Maryland
LDI Class of 2000-2001
CHAPTER 18

LDI: The Impetus for Fellow to Start an ONS Chapter in Her City

Cindy Tanton, RN, OCN®

When I began to think about applying for LDI, I was a little hesitant to go forward with the application. Who am I to be the beneficiary of such resources? Surely there are others who are more worthy, more qualified and in greater need of the opportunity for advanced training. And then there was the whole issue of a project. Not just any project would do, but a measurable, achievable, “do-able” project was required. In my community, we are blessed with excellent hospitals and physicians. We offer a very wide variety of services to our largely rural population. Great sums have been invested in new technologies, especially in the arena of cancer care. The missing piece of the continuum of care for patients with cancer has been the lack of communication between providers of that care. The need for an ONS chapter in this city, at this time, was the obvious and logical choice for an LDI project. The ideas began to bubble and churn, and I completed an LDI application and chose my project.

Soon after submitting the LDI application, I began contacting local nurses involved in all areas of cancer care. From the bedside to management, nurses were enthusiastic and eager. Apparently, a local chapter was an idea whose time had come. All that was required was one person willing to start the process. In the time it took to place a few phone calls and send a batch e-mail, offers of participation began to arrive.

Over the past couple of years, I have been fortunate to visit ONS chapters in several states while speaking for a pharmaceutical company. Many of these chapter leaders have offered some great insights into establishing and maintaining a vibrant chapter. These bits and pieces of information have been helpful in the formation of our core group of individuals dedicated to excellent care for patients with cancer. We have united, from different areas of experience and backgrounds, to establish the Wiregrass ONS Chapter.

Response from our peers and our community has been very positive. Programs are being well attended, with 15 nurses at the most recent meeting. ONS has excellent tools for establishing a chapter interest program (CHIP), as well as support personnel who are quite willing to provide information and encouragement.
The practical tools that LDI provided, including formation of a project plan and writing a mission statement, were tremendously helpful in defining and refining my project. When I returned from LDI, I shared these materials with other chapter members. We were able to use the project plan as a catalyst for discussion of our chapter goals. Without the LDI experience, from initial application through the entire experience, would this chapter have come into being? Probably. When would that have happened? When someone, willing to serve, stepped forward. LDI gave me the incentive to be that person. I will be forever grateful for the opportunity.

Cindy Tanton, RN, OCN®
Dothan, Alabama
LDI Class of 2005-2006
In fall 2003, I attended LDI as the nursing manager of an inpatient medical/oncology unit struggling with its own identity. The staff nurses were feeling overwhelmed with their patient loads and the acuity of the patient population on our unit. As the leader of the unit, I was to address the unit’s morale issues, assure quality care for all the patients we served, and move the RN staff toward 100% OCN® status. My project focus was to learn strategies that would help me to accomplish these goals. My hope was to create a unit environment that allowed the nursing staff both the time and self-confidence to flourish as self-actualized professional nurses, specializing in the care of patients with cancer. Ultimately, I hoped to empower the nursing staff on my unit to be in control of their practice and, in turn, to be leaders on their own unit, within our organization, and within oncology nursing.

As the unit manager, I knew it was up to me to model the way. Our administration had made the decision to apply for Magnet designation, and nursing certification was required to realize this goal. Just prior to attending the LDI workshop, I passed the OCN® exam. This was my first step in demonstrating to my staff that they, too, could become OCN® certified.

LDI impressed upon me the need to inspire a shared vision. Upon my return from Pittsburgh, I met with the entire unit staff and discussed the many issues we had, what kind of nurses we wanted to be, and most importantly, developed a shared vision of who we were and what we expected from ourselves and each other as professionals.

With administration focusing on Magnet designation, I began to challenge the process of decision making regarding patient placement and staffing levels for my unit. A data-collection system was developed to monitor time of admission, number of admissions, and number of oncology-to-medical patients admitted to the unit. We also were able to monitor the number of patients in isolation and the number receiving chemotherapy. We worked with a consulting firm that supported what I already knew—my unit was understaffed. Once staffing was brought under control,
the nurses on my unit felt that they had the time to act on patient care and self-development issues that they had not had the luxury to look at before. The facility developed a shared governance model, and our unit staff became involved in decision making and nursing empowerment. We worked on the unit level to address the issues our own staff brought to the table for consideration. Our unit representative took our unit’s successes and issues to the house-wide council level. As the entire organization’s nursing staff began to function under the shared governance model, a sense of empowerment and authority at the bedside took over the organization.

In May 2005, OSF St. Anthony Medical Center received Magnet designation. My unit, 4 West, and every other nursing unit, got us there. As of this writing, I have a 0% vacancy rate, and experienced nurses as well as nursing students hoping for the opportunity to continue or begin their nursing careers on my unit. Unit morale is high, patient satisfaction improves monthly, and the RNs are sitting for the OCN® exam as they become eligible. These are results that encourage the heart. These are results that encourage my heart, and they are made possible by my participation in LDI. I know that the skill I gained by participating in LDI helped me to lead my unit staff toward accomplishment of these goals. I am scheduled to present this leadership experience at the ONS 31st Annual Congress. I would not be there without the skill and confidence I gained as a leader through LDI.

Elizabeth M. Torres
Rockford, Illinois
LDI Class of 2003-2004
CHAPTER 20

Be a Leader of Change and Influence Outcomes or Get Left Behind

Carol White, RN, APN/CNS, AOCN®

“The heart of leadership lies in the hearts of leaders.” (Bolman & Deal, 1995)

Have you ever been at a meeting or a program and as you listen to the speaker, you think “This person really motivates me to change my way of thinking on this issue”? What elements of that person engaged you? The literature on leadership identifies recurrent themes of passion, vision, integrity, mission, goals, values, and principles as the essential elements in leadership development (Covey, 1992).

Oncology nurses at all levels act as leaders every day. We lead by example as we support patients and families in facing life-changing illnesses. We lead by our actions, demonstrating our leadership abilities every day to those with whom we work. Sometimes, however, we don’t recognize ourselves as leaders.

The introduction of the first Leadership Development Institute (LDI) at the 1998 ONS Congress piqued my interest, but I thought I would not be “qualified” to apply. The following year, I attended Congress with a heavy heart. I was questioning my career choices and feeling burned out. I had few expectations. In Stephen Covey’s book, The Seven Habits of Highly Effective People (1992), he speaks of an “aha!” moment when things suddenly click into place and one is able to see beyond limited experiences. At that Congress, two speakers provided me with the start of my “aha” moments that led me to apply for LDI. Enlightened, I wandered into the session on leadership and listened to several of the fellows from the first LDI present their projects. At the end of the session, the moderator encouraged the audience to apply for the next Institute. In my new frame of mind, I thought, “why not?” This was the beginning of a journey that has challenged me both professionally and personally.

When applying for the fellowship, we were asked to comment on leadership. Having never really formalized my thoughts previously, I wrote:

“Thinking about what leadership means to me immediately brought to mind the leaders/mentors that I use as my role models. The guiding principles of integrity, honesty, values, and vision are what I feel are key
elements to being an effective leader. Knowing who you are and defining yourself by your values and vision are also important in defining a leadership role. Professionally and personally I have known healthcare professionals who profoundly affected my perspective on the collaborative, leadership role of the oncology nurse. All of these leaders incorporated these principles into their everyday practice, as well as mentoring others to become leaders.”

At the LDI weekend, I began the hard work of laying the foundations for leadership development. One of the most important concepts stressed was that there are many ways to develop as a leader, but one must first be open to change. As one speaker stated, “The train is leaving, whether you’re on it or not.” The choice is to be a leader of change and influence outcomes—or dissent and be left behind. Change must be seen as a growth opportunity. For oncology nurses in an ever-changing healthcare environment, this was probably one of the more difficult axioms to follow. This same speaker went on to identify other necessary attributes of a leader: the ability to HEAR what others say to you to be able to listen actively and see both sides and to think of solutions in more global terms. In Leadership is an Art, Max De Pree (1989) suggests that a true leader only learns by listening to those around him/her.

During LDI, we were encouraged to read about leadership and were given a small stipend to purchase a book. Once I started reading these books and listening to audiotapes in my car, I was hooked. I’ve already mentioned two of what have became my favorite books. I added Leading With Soul (Bolman & Deal, 1995) to that list, along with an audiotape, “Difficult Conversations” (Stone, Patton, Heen, 1999). My introduction to this literature was another gift from the LDI weekend.

Throughout the year, I kept in contact with my faculty partner and updated her on my project, as well as my personal struggles and growth. In trying moments, I would listen to my tapes as I drove to and from work, think of the LDI speakers, and feel challenged to look for growth potential rather than the negatives. This was a tremendous change for me. My faculty partner seemed to e-mail words of encouragement at just the right time. What I came to realize over time was that my personal development was parallel to and of equal importance to my project.

At the end of our fellowship year, we each were asked to summarize the key lessons learned over the year. Following are the beliefs I formed, which have guided me as a leader

1) Know your vision and believe you can accomplish your goals by working with and through others.

2) If you are open to change, endless possibilities lie before you.
3) Know who you are and hold onto your core values and beliefs.

4) Realize there are disappointments and delays. Learn to alter the course and find another route to your vision.

5) Consider the other person’s point of view from a change perspective and use a teamwork approach.

6) Look for mentors who will inspire you to grow while realizing your responsibility to mentor others.

7) Lead from the heart (and soul) with integrity, truthfulness, and respect for others.

In the six years since I expressed these thoughts, I have incorporated them into my professional life. By doing so, I have had wonderful opportunities to serve in leadership roles in my local chapter, as well as in my place of employment as a clinical nurse specialist. I have been involved in ONS and Oncology Nursing Certification Corporation projects almost continuously since my “graduation.” I have become the mentor and change agent that involvement in LDI encouraged me to become. My fellowship in LDI produced a revolutionary change in my way of thinking and acting. I now believe that “leadership is much more an art, a belief, a condition of the heart, than a set of things to do. The visible signs of artful leadership are expressed ultimately, in its practice” (De Pree, 1989).

Carol White, RN, APN/CNS, AOCN®
Elmhurst, IL
LDI Class of 1999-2000

References