

# *Make a Difference:* Oncology Nursing



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## Welcome

Welcome to *Make a Difference: Oncology Nursing!* This booklet is filled with personal stories about real oncology nurses in various roles and settings. The stories reveal the exciting possibilities within oncology nursing and exemplify why it is such a special area of practice. The purpose is to introduce you to the endless opportunities and rewards of an oncology nursing career. Read on to discover if oncology nursing is an area that inspires you to *make a difference*.

# Lynne Penton

Lynne Penton, RN(EC), MN, CON(C)  
Acute Care Nurse Practitioner  
William Osler Health System, Brampton, Ontario  
Number of years nursing: 32

I moved from Australia to Ontario in 1979 and soon after began working as an ER nurse. While working in the emergency, I took a special interest in oncology patients struggling to manage their disease. I became both puzzled and fascinated by cancer; despite all we knew about prevention, oncology patients were regularly in the ER with complications. I felt so strongly that these incidents could be prevented that I left the ER to become a specialized oncology nurse.

Now as an Acute Care Nurse Practitioner (NP), my typical day involves seeing all admitted patients in the inpatient medical oncology unit, where I plan the patients' care, spend time getting to know them and their families, and explain their disease and test results in simple language. I

work alongside the allied health team to decide on aspects of care such as mobility, diet, safety and discharge. As the first NP in my organization, I also provide mentoring and assistance to other nurses with complicated assessments, tricky IV starts and other concerns or problems.

Becoming an oncology nurse allowed me to find answers to the questions that had been so puzzling to me. I am proud that I have been able to safely manage many patients' complex symptoms, support families, and prevent countless hours waiting for preventable interventions in an emergency room. It feels good that I can provide innovative care and continuously improve my practice in an environment where patients often recover.



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Deborah Mcleod

# Deborah Mcleod

Deborah Mcleod, RN, PhD  
Clinician Scientist, QEII Health Sciences Centre  
Assistant Professor, Dalhousie University  
Halifax, Nova Scotia  
Number of years nursing: 33

It is not by coincidence that I became a nurse. In fact, it could almost be called the family business with the number of nurses in my family tree. My mother and aunt were both nurses along with many family members before them, dating back to the 1800s. Even without the extensive family history, I still think I would have become a nurse because of the opportunities it presented and my fascination with science.

When I first became a nurse, I worked in critical care. While I loved the technology and pace, I often found psychosocial aspects such as fear, conflict and grief were not being addressed as well as the disease was. I went back to school and obtained my Masters and PhD degrees focusing more on those areas. While at school, I pursued my clinical interest in counseling and psychotherapy, particularly with couples and families.

Now as a Clinician Scientist, I conduct research in the area of psychosocial oncology and also counsel patients as a member of a psychosocial oncology team. One of my main clinical areas involves counseling couples with breast or prostate cancer about intimacy, sexuality and communication issues. My research surrounds similar topics including online interventions for young breast cancer patients and their partners, and exploring the impact of blood and marrow transplantation on partners and couples.

Although I conduct research, I am a clinician at heart and receive the most joy from working directly with patients and their families. Counseling people affected by cancer often allows me to see the immediate effects of my work, and feel satisfied that I have helped families to manage what is often a difficult and frightening experience.

“I feel satisfied that I have helped families to manage what is often a difficult and frightening experience.”

# Romeo Cruz

Romeo Cruz, RN, BScN  
Clinical Nurse Coordinator - Plastics,  
Head and Neck Surgery  
Toronto General Hospital, Toronto, Ontario  
Number of years nursing: 8

My desire to become a nurse came from my grandmother. She was a midwife in the Philippines during WWII and often told me stories of caring for her community under harsh conditions. I immigrated to Canada from the Philippines in 1989 and like my grandmother, felt a strong desire to help others. It was my grandmother's passionate stories that encouraged me to eventually pursue a nursing career of my own.

I am now a Clinical Nurse Coordinator on the largest surgical unit caring for head and neck cancers in Ontario. These types of cancers can be especially difficult because they impact basic needs like eating, speaking and breathing. On any typical day you can find me visiting with new surgical patients and coordinating their

pre-operative services. I see patients during their pre-admission visit and provide information to make sure they understand everything about their surgery. I also play a role in implementing initiatives that enhance patient and staff satisfaction within my department.

As a coordinator I see patients throughout their entire cancer journey from diagnosis and prognosis, to treatment and recovery. This has allowed me to develop incredible relationships with patients and their families, and has taught me what truly matters in life. It is true that oncology is not an area for everyone, but for many it is an extraordinary place where you have the privilege of working with the strongest, most inspiring individuals everyday.



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# Heather Robson

Heather Robson, RN, BScN  
Public Health Nurse – Genetic Nurse Counsellor  
Algoma Public Health, Sault Ste. Marie, Ontario  
Number of years nursing: 24

Growing up I always knew I wanted to work in healthcare. Like a lot of people, experiencing the loss of a loved one at a young age inspired me to help others in similar situations. I became a public health nurse in 1986 and worked in several different areas before settling into my current role as a genetic nurse counselor, a role I have a great deal of passion for.

Cancer genetics is an exciting and cutting edge area of practice. Genetic knowledge is becoming increasingly important as people begin to take charge of their health and research their family histories of cancer. We can now assess not only an individual's risk of having a hereditary form of cancer, but an entire family's. This is integral as individuals are now empowered to potentially make decisions early enough to either prevent cancer or treat it successfully.

The majority of my work involves patients seeking counseling for a personal or family history of cancer. We meet with them, obtain a three-generation family history, review medical records and pathology, and then counsel the patient based on the information.

Sometimes we discover a patient carries a genetic mutation in a cancer gene and this can be a difficult time. More often the outcomes are positive experiences as patients are given the knowledge to choose how to live their lives, and are no longer afraid of the unknown.

Working on a wonderful team and helping patients throughout their journey are the best parts of my job. Being able to help families through this difficult time is truly an honour for me.

# Jennifer Wiernikowski

Jennifer Wiernikowski, RN, MN, NP-Adult, CON(C)  
Chief of Nursing Practice, Juravinski Cancer Centre  
President of Canadian Association of Nurses in Oncology  
(CANO), Hamilton, Ontario  
Number of years nursing: 21

When I entered into my second year of nursing school I told my friend I was excited to become a nurse, but would never work in oncology as I felt it would be too difficult emotionally. Those feelings changed shortly after graduation when my mother was diagnosed with cancer and soon passed away. I was 24, my sister was 18 and my parents had just celebrated their 26th wedding anniversary. This experience left an undeniable imprint on me and as time passed, I wanted to work with cancer patients as I felt I could understand and empathize with their journey.

I spent 10 years developing a specialty in breast cancer nursing and then returned to school to become a Nurse Practitioner. I am now the Chief of Nursing Practice at Juravinski Cancer Centre and could not feel more satisfied. My work focuses on ensuring

nurses who work in our oncology program have all the tools and resources needed to meet the standards and competencies set for oncology nurses. This involves discovering what the best model of care is to meet the needs of patients, maximizing the role of nursing in clinical settings and making sure we have enough oncology nurses to meet the demands of the growing cancer population. When time allows, I also care for breast cancer patients in our clinic.

I sometimes encounter nursing students who are unsure about oncology nursing. They start a placement with us convinced oncology is not a place they will enjoy working. The greatest satisfaction for me comes when these students finish their placement certain they not only enjoy oncology nursing, but could not picture themselves doing anything else.



# Erika Kukucska

Erika Kukucska, RN, BN  
Registered Nurse, Medical Radiation Oncology &  
Chemotherapy Daycare Clinic  
Princess Margaret Hospital, Toronto, Ontario  
Number of years nursing: 2

From my first university oncology course, cancer intrigued me. The more I learned about the uniqueness of the disease, and how multifaceted and complex cancer is, the more interested I became in specializing in oncology. I became attracted to the idea of caring not only for a patient's physical needs, but emotional as well. After graduation I explored oncology nursing opportunities and began working full time at Princess Margaret Hospital.

I now work on both the inpatient medical radiation oncology unit and the chemotherapy daycare clinic. Working on both units allows me to develop a wide range of skills and increase my knowledge of cancer care. I am also fortunate to be able to work with some encouraging mentors and many inspiring patients. Some of my responsibilities while working on both units include health assessment, medication

administration, psychosocial support, health education and chemotherapy administration.

In my two short years as an oncology nurse, I have had the opportunity to participate in some exciting experiences. In 2008, I went on a remote nursing placement in northern Ontario to work on an inpatient unit and teach nurses about oncologic emergencies. Most recently I traveled to Africa on a medical mission trip to care for patients at a free clinic.

Being an oncology nurse has provided me with some amazing opportunities. However, the best moments of my job have been supporting and improving the cancer journey for patients and their families. I am still captivated by cancer, but now realize it is not the disease itself that intrigues me, but the patients who thrive, fight, and persevere and in the process, teach me so much.

# Stephanie Burlein-Hall

Stephanie Burlein-Hall, RN, BScN, MEd, CON(C)  
Advanced Practice Nurse and Program Coordinator,  
PYNK Program – Odette Cancer Centre at Sunnybrook  
Health Science Centre, Toronto, Ontario  
Number of years nursing: 30 years

While in nursing school during the mid-70s, I helped care for a friend's father who was dying of colon cancer. At this time, concepts such as pain management and palliative care were not yet widely recognized in North America. Caring for my friend's father, I realized there was a better way to help people at the end of their life and these new concepts should be embraced. I worked as a visiting palliative care nurse and began taking courses in oncology to become a specialized oncology nurse.

I am now an Advanced Practice Nurse and Program Coordinator for the PYNK Breast Cancer Program for Young Women, a program that supports breast cancer patients under 40 with unique issues. For example, we would assist a young woman who discovers she is both pregnant and has breast cancer, or help a single woman in her 20s decide if she should undergo fertility

preservation before chemotherapy. When I meet with a woman newly diagnosed with breast cancer and her family, I may spend 1-3 hours assisting them in their understanding of the disease and navigating a course of care. However, my role is unique as I provide clinical care, engage in research activities and work with other stakeholders to further the program's development.

While there are serious conversations in this position, we often share joy and even laughter with our patients during their frequent visits for checkups and cancer treatments. This role allows me to help young women through difficult cancer treatments and witness growth and positive transformations in their lives. I am constantly inspired by these dynamic, creative and motivated women who positively shape the definition of a cancer survivor.



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## About de Souza Institute

The de Souza Institute is an innovative centre of learning dedicated to providing the best cancer care by supporting excellence in oncology nursing. Established in 2008 with funding from the Ontario Ministry of Health and Long Term Care, The Institute provides ongoing educational support, professional development and career counseling to nurses who care for oncology patients in any setting and phase of the cancer care journey, regardless of practice role.

To learn more about becoming an oncology nurse, please visit our website at [www.desouzanurse.ca](http://www.desouzanurse.ca)



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