

Nurses on Boards: My Experience on the Moonshot

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Being a member—and the only nurse—of the Blue Ribbon Panel on Vice President Joe Biden’s national Cancer Moonshot initiative, announced during President Barack Obama’s State of the Union Address, I have been asked to share my experience. I will do that, along with sharing how I became prepared for that role and discussing how you, too, can become involved in similar activities.

It started with a phone call in late February from Doug Lowy, MD,

acting director of the National Cancer Institute (NCI), inviting me to participate in the Blue Ribbon Panel.

I wasn’t given many details about what would be involved, but it was the type of invitation one doesn’t refuse. Details about the charge and timeline would follow with the official announcement of the panel in early April. This invitation came because of the anticipatory work of the Oncology Nursing Society (ONS) and its chief executive officer, Brenda Nevidjon, RN, MSN, FAAN, to advocate for an oncology nurse to be appointed to this panel. I was invited from a list of names submitted by ONS to the NCI director.

Vice President Biden assembled the Cancer Moonshot Task Force, composed of leadership from various federal agencies, to marshal federal investments in cancer research.

The Blue Ribbon Panel of scientific experts was convened and charged with advising the National Cancer Advisory Board (NCAB) and Vice President Biden on the scientific opportunities to accelerate progress against cancer and evaluate potential new investments in cancer research to energize national efforts to combat cancer. The panel included 29 members who represented a broad range of disciplines and expertise, as well as members of the public, cancer advocacy groups, pharmaceutical and biotechnology industries, and communities with expertise in clinical trials and health disparities. They were to provide an intensive examination of and recommendations to address the opportunities and impediments in cancer research, with the intent to accelerate progress in cancer research “to make more therapies available to more patients, while also improving our ability to prevent cancer and detect it at an early stage” (NCI, 2016, para. 1). The panel members are an impressive group of people, bringing about 1,000 years of oncology experience to this effort.

We officially met as a full group twice (one included Vice President Biden, and the other included the National Institutes of Health director, Francis Collins, MD, PhD) and conducted our work through regular and frequent conference calls and emails because we were on a tight timeline to make recommendations by mid-August to the NCAB. What surprised me most was

the absolute dedication of a very talented and busy group of people to participating in the meetings and calls and fulfilling our charge. It was an opportunity for each of the panel members to step back from our areas of expertise and ask the bigger questions about what would really be ready, if adequately resourced, to accelerate progress in oncology. We needed to be able to zoom in on and zoom out of the whole picture while working on the panel and work groups (Kanter, 2011).

The task force's work resulted in the formation of seven Blue Ribbon Panel work groups, which included panel members and other experts, focused on tumor evolution, tumor progression, cancer immunology and prevention, enhanced data sharing, precision prevention and early detection, and expanding clinical trials and implementation sciences. Two additional ONS members are included in two of the work groups; Kathi Mooney, PhD, RN, FAAN, joined me on the dissemination work group, and Jeannine Brant, PhD, APRN, AOCN®, FAAN, joined the clinical trials work group. In addition, many oncology nurse scientists made themselves available as needed as our work progressed. The work groups were given the challenge of making one to two research-related recommendations that would meet the criteria for accelerating change. The final report was submitted to NCAB in mid-August (www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative). I learned a lot in the process and am very proud of our work. Time will tell if the recommendations will achieve what they are meant to.

So, how did I become the one nurse on this prestigious panel? That question reminds me of when someone asked why I published so much. My response was that it was a way to share what I learned from one patient and family to benefit others. That is true of my

clinical, education, and research activities, as well as my volunteer work through ONS (elected roles as treasurer and president, other roles on a variety of committees, and as past editor of the *Clinical Journal of Oncology Nursing*) and through other opportunities that came my way (NCI's NCAB, Board of Scientific Advisors, and Senator Dianne Feinstein's National Cancer Legislation Advisory Committee to modernize the National Cancer Act). These experiences have allowed me to develop the competencies needed to be an effective advocate, including the domains identified in the ONS (2012) *Leadership Competencies*. My 40-year oncology nursing career has focused on improving cancer care at the individual, group, and governance levels. This experience gave me the confidence to work with such a prestigious group of people and to advocate for research that will make a difference in cancer care.

What does that mean for you? You can wait to be asked, or you can look for opportunities to participate. Most of what I have learned is from looking for and saying "yes" to opportunities and learning as I went along. Having a mentor is always helpful. I will never forget the generosity of the late Nobel Laureate Howard Temin, who took me to lunch at my first NCI NCAB meeting and mentored me on the work of NCAB. The Nurses on Boards Coalition, in response to the landmark 2010 Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, has set a goal of having 10,000 nurses on corporate, health-related, and other boards, panels, and commissions by 2020 (Nurses on Boards Coalition, 2016). In a recent *Clinical Journal of Oncology Nursing* column, Walton and Mullinix (2016) described how to get involved to do this. Resources are available to

learn more about participating on boards at Best on Boards (<https://bestonboard.org>) and through Sigma Theta Tau International Honor Society of Nursing® (<http://bit.ly/2aJmSOe>), among others. ONS also offers a leadership development course (www.ons.org/content/leadership-development) and has identified building a leadership development pathway as a strategic priority. A number of books are available on being a board member of nonprofit or healthcare organizations that can be helpful. Organizations will also provide orientations and guidance.

It will take years to know if our efforts on the Moonshot and Blue Ribbon Panel will have paid off. It has been an honor and a privilege to participate. I urge you to say "yes" to the next opportunity so you, too, can use your knowledge and experiences as an oncology nurse to make a difference in cancer care.

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