

LETTERS TO THE EDITOR

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RN Shares Personal Experience With Distance Education

I thoroughly enjoyed reading your article about distance education being an answer to the nursing shortage (Johnson Talbert, 2009). The article stated that, with the projected shortage escalating to greater than 500,000 positions by 2025, we need to focus on education and career advancement for our nursing profession. Being an online student, I have wondered why more nurses and students aren't taking advantage of online education, and I felt validated after reading your informative article. I believe that it is a win-win situation for any prospective nursing student or nurse to further his or her education while employed or in nursing school. It also has come to my attention in the past couple of years that many prospective nursing students are turned away because of a shortage of faculty, as you noted in your

article. The five-year waiting list at some nursing schools is staggering and couldn't be happening at a worse time for our nursing profession. This also stems from the nursing shortage, with the average age of a nurse being 44 and with one-third of all employed nurses being 50 years or older. Where will the profession of nursing be when these mature nurses retire in the next decade and we are left with a handful of mostly inexperienced nurses?

Many feel that distance education is too difficult and are not willing to try it. As you mentioned, there are different types of distance education to appeal to different lifestyles, as in hybrid, strictly online, telecommunication, and virtual media. If students realize that they can complete their assignments in the comfort of their own homes, during their own chosen times, and not have to drive to a classroom setting multiple times in one week, I think many would never go back

to a traditional classroom setting. To be able to maintain a daily routine at home and work while gaining more education is a luxury. Also, as noted, some students feel more at ease in an online atmosphere and excel in their learning. These are just a few of the advantages to distance education that you mentioned in your article. Having been an online student for many years enables me to share with others my online experiences. I feel I do well in the online setting and that it would be difficult for me to go back to the classroom. As you mentioned, students should speak with others who are familiar with distance learning to find out more information and decide whether it would be right for them. Also, as you wrote, providing Web sites with information about locations that offer distance programs is a great way to showcase distance learning.

I hope that many nurses and prospective students read your article and consider online nursing as their personal choice for nursing education. Distance education would not only be a great option for many students but also contribute positively to the growing nursing shortage. I thank you for writing this informative and insightful article.

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Reference

Johnson Talbert, J.A. (2009). Distance education: One solution to the nursing shortage? *Clinical Journal of Oncology Nursing*, 13, 269–270. doi: 10.1188/09.CJON.269-270

Corrections and Clarifications

In the December 2009 supplement to the *Clinical Journal of Oncology Nursing (CJON)*, in the article titled “Metastatic Renal Cell Carcinoma: Current Standards of Care,” by John A. Thompson, MD (Supplement to Vol. 13, No. 6, pp. 8–12), the key color descriptors for Figure 1 were inverted. The color on the left should be labeled “High-dose IL-2” and the color on the right should be labeled “IL-2 plus IFN- α .” In addition, footnotes a and b should be combined and read “Ten patients receiving high-dose IL-2 remained progression-free at three years, compared to three patients who received IL-2 and interferon ($p = 0.082$ by Fisher's exact test).”

In the December *CJON* article “Caring for Patients With Cancer Through Nursing Knowledge of IV Connectors,” by Cynthia Chernecky, PhD, RN, AOCN®, FAAN, Denise Macklin, RN, BSN, Lindsey Casella, MSN, RN, CCRN, and Erin Jarvis, MSN, RN (Vol. 13, No. 6, pp. 630–633), a clarification: Luer-activated IV connector CLC2000® belongs in the positive connector category (the text listed it incorrectly, but Table 1 is correct). Connector categories in Table 1 are defined *based on care*. Microclave® is considered, *based on care*, a negative connector; as with negative connectors, blood reflux occurs with disconnection or the connector requires clamping prior to disconnection.

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