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Oncology Patient Education Resource Manual (2nd ed.). Sara Nell Di Lima, Theresa W. Gillespie* (Eds.). Gaithersburg, MD: Aspen Publishers, 2001, 508 pages, \$209.



The Oncology Patient Education Resource Manual is intended to assist nurses in meeting many of the educational needs of patients with cancer and the public. The manual is bound in a three-ring binder and

includes teaching and documentation tracking tools, which can be removed from the binder and copied for patient use. The 10 chapters in the manual are titled Effective Patient Education, Cancer Prevention and Self-Care, Diagnostic Procedures, Cancer by Body Site, Treatment Options, Side Effects of Treatment, Nutrition and the Cancer Patient, Pain Management, Psychological Issues, and Hospice. A list of resources is provided in the appendix. A major advantage of this manual is that it provides much of its information in a low literacy format (i.e., third- and sixth-grade reading levels), as well as in Spanish, to assist in meeting the needs of diverse populations and Joint Commission on Accreditation of Healthcare Organizations standards. The low literacy and Spanish information is available on a CD-ROM for easy printing or modification, such as adding a facility's logo.

In regard to content, the first chapter provides valuable information about the principles of patient education for healthcare professionals. The teaching tools in the specific cancer chapter contain basic, easy-to-understand information; however, some tools, such as gene testing and clinical trials, are quite complex. Useful teaching tools are those about decision making with advance directives, hospice, insur-

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ance issues, diets, gastrointestinal symptom management, noninvasive treatments for pain, and talking with physicians. In the chapter about treatment side effects, the information about chemotherapy is not drug-specific and must be supplemented with additional printed information. Limitations include incomplete information about side effects, conflicting data about screening recommendations, and likely differing opinions as to when to call physicians.

The layout of some of the teaching tools are enhanced with graphics (although terms are not always defined) and bold headings. However, many could benefit with more "white space" and by using shorter sentences and paragraphs and bullets more often for emphasis.

The Oncology Patient Education Resource Manual contains an extensive variety of cancer-related information with varying degrees of comprehensiveness. Much of the information in this manual currently is available from other sources, such as the National Cancer Institute, for no or a minimal cost. Hopefully, future editions will add all of the information in the manual to the CD-ROM, not just the low literacy and Spanish teaching tools. This would allow for easier use and transport, as well as easier editing and modifying, compared to the large manual format.

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From Silence to Voice: What Nurses Know and Must Communicate to the Public. Bernice Buresh, Suzanne Gordon. Ottawa, Canada: Canadian Nurses Association, 2000, 294 pages, \$29.95.





From Silence to Voice: What Nurses Know and Must Communicate to the Public was written to teach nurses about the power of voice and presence in the media for advancing nursing views, knowledge, and pa-

Ease of Reference and Usability	Content Level	Book Size
🖄 Quick, on-the-spot resource	Basic	Pocket size
ÖÖ Moderate time requirement	$\sqrt{\sqrt{1}}$ Intermediate	Intermediate
ÖÖÖ In-depth study	$\sqrt[]{} \sqrt[]{} \sqrt[]{} \sqrt[]{} Advanced and complex, pre-requisite reading required$	Desk reference

Nancy Phelan Walsh, RN, MSN Associate Editor

tient care issues from a nursing point of view. The authors masterfully crafted a guide that is easy to read and details the power of communication and media relations to public voice. This book is intended for all nurses, and although it is not gender-biased, it is a good resource for women who lack the confidence to speak about their beliefs. The authors emphasize that the effectiveness of communication depends largely on writing and speaking skills. They structure the book from general to specific information and discuss barriers, opportunities, and the power of effective voice. This is a captivating resource.

The strength of this publication is in its language. From Silence to Voice is replete with everyday examples of why nurses have not historically had a voice or have been largely ignored for sustentative review in the media about key healthcare issues. Written as a stepby-step, comprehensive guide, nurses can be empowered to voice their concerns through the written and spoken word using multimedia sources. This is accomplished through a progression of chapters packed with information presented for nurses' use, such as text sources, tables, case studies, and sample letters to illustrate and reinforce the content and learning. This resource is excellent in preparing for media interviews and promoting nursing issues and is a must for every nurse's reading list. The authors draw on their journalism and media experience to capture the real essence of the power of each nurse's voice when relating the value and worth of the nursing profession to the public and other professionals.

No limitations were found in *From Silence* to Voice, and no suggestions for its improvement can be made. An equivalent publication devoted to empowering nurses to end their public and professional silence does not exist. Who can tell the story of nurses better than nurses? This is a timely resource, especially now, considering the challenges nurses currently are facing relative to workforce demands.

From Silence to Voice is well written, proactive, provocative, powerful, and insightful. This text is highly recommended to all nurses and nursing students.

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