

ARIN Vision

President's Message



Streamlining processes and improving organizational operations are a major concern in the present healthcare environment. With reimbursement payment down, hospitals are looking for ways to cut costs while maintaining quality. Hospitals are using the coordination of applications of information technology (IT) systems, the collaboration/consolidation between healthcare organizations, and an in-depth evaluation of their present staffing levels to increase productivity and decrease cost.

To mirror these trends, the ARIN Board of Directors is laying the groundwork for a leaner and more efficient professional organization. Authors Harrison Coerver and Mary Byers, in *Race for Relevance* (2011) and *Road to Relevance* (2013), discuss 5 radical changes for organizations—the first and foremost being the overhaul of the governance model and committee operations.

The board has defined an executive committee consisting of the Past President, the President, the President-Elect, and the Executive Director. The executive committee meets monthly to steer the foundational plan for the workings of the organization, which are then brought to the full board bimonthly meeting for discussion and approval. The elected ARIN board is composed of the executive committee members, the Secretary, the Treasurer, and three board members.

The board has further defined the roles of the three board members as the Director of Leadership, the Director of Education, and the Director of Membership. The Director of Membership role will take effect in March, as the new board members join the board. The expectation is that by defining the roles for board members, this will prevent duplication of efforts and the result will allow for an increase in productivity by board members, thus benefitting ARIN as a whole. We are presently evaluating the committees for



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functionality and size. We have already determined that the present committees need not take minutes, as this becomes an arduous process. A simple formal report will be submitted to the board bimonthly. We will continue to streamline these processes going forward.

The ARIN board held a strategic planning session in November to further organize the business workings of ARIN. This session began with review and documentation of the processes that were in place, an analysis of these processes, and the development of a strategic plan to move the organization forward during difficult times for organizational survival. We scrutinized the practices of the organization to determine what was working, what didn't appear to be beneficial to the organization, and what could be further developed to be advantageous to the organization.

The Fall Symposium, which had incurred a loss for the organization each year and only benefited a small segment of members, was eliminated. A list of potential sponsorship partners was compiled; a strategic partnership brochure was also developed, is now displayed on our website, and was e-mailed to prospective sponsors. This brochure offers opportunities to our prospective partners in the profession to collaborate with ARIN in providing our membership assistance in developing standards, providing contribution to discussions, and developing solutions for the organization to grow.

It was determined that it would be beneficial to partner with other healthcare affiliates to increase education for members. The first collaboration, among many others to be determined, is the joint day educational sessions with AVIR offered at the 2014 annual spring convention.

The board has only begun the transition to make ARIN the "go-to" organization that it should be in order to better promote imaging nursing. We have developed a strategic plan to streamline the processes of the organization in order to meet membership's demands.

Consider becoming a part of this exciting process and volunteering for a committee. Come join us at the convention in San Diego, March 23-26. This will be an exciting time with extraordinary educational offerings. I encourage you to network with you peers and colleagues and learn how you can be involved on Monday night in San Diego at the Town Hall meeting. I am certain that collaboratively, we, ARIN members, can enhance the growth of our organization.

Sincerely,



Beth Ann Hackett, MSN, APRN-BC, CRN
President, ARIN Board of Directors

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2013-2014**

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ARIN Core Purpose

To foster the growth of
nurses who advance the

From the Director of Education

standard of care in the
Imaging environment.

Organizations need to evolve and adapt to stay relevant. To that end, ARIN has developed a strategic plan for all areas of the organization. One of the areas of focus is education. Where do we want to go? Last year the board elected to put a Director of Education in place. I have the honor to be the first. I started in April 2013 with an assessment of the existing educational offerings and then a plan was developed and presented to the board. I want to share the plan with you and garner some excitement around the direction we are going.

We started by looking at our strengths: the great number of talented individuals in the organization, the conferences (annual and fall), and a very passionate board of directors. We have around 2,000 members but noted that the Fall Symposium usually only had around 100 attendees and always had a negative budget impact for the organization. We have decided to concentrate all our efforts on the annual convention and not have a fall symposium going forward, as we need to be fiscally responsible and be good financial stewards of the organization. Most large nursing organizations only have one convention. That being said, we have revamped the conference. We took all the comments from prior conventions and revised our format. We have organized the presentations around modalities and also along the continuum of novice to expert. We are also committed to strengthening our speakers.

The multi-pronged approach to ARIN's educational strategic plan:

- Convention: revise format with modalities and novice to expert continuum, strengthen speakers
- Increase use of webinars
- Availability of CEUs
- CRN review course modules availability
- Redesign the ARIN website to be more robust and a better platform for educational products
- Develop CEU products on the website
- CEUs through the *Journal of Radiology Nursing*

The vision for ARIN is to “foster the growth of nurses who advance the standard of care in the imaging environment” and be the “go-to” place for radiology education and radiology standards of practice for all nurses—not just imaging nurses. We want to support your practice and be of value to all imaging nurses, so we have revised the *Core Curriculum* (which will be available this spring). Other practice products already available are the orientation manual, and multiple practice guidelines and position statements.

We have so many experts in our field and we would love to have volunteers to help write and develop CEUs. If interested, please contact me, as we will be organizing an education task force. Also, stay tuned to hear about all the new educational opportunities and products coming your way.

Hope to see you all in San Diego.

Brenda Boone, PhD, RN, CRN
ARIN Director of Education

We Are Engaged—Are You?

An "engaged employee" is absorbed and enthusiastic about their work and promotes their organization's reputation and interests. For-profit organizations value and cultivate their employees' engagement. They hire surveys—for example, Press-Ganey—to measure employee engagement. They formulate plans to increase employee involvement based on survey results.

Nonprofit organizations are not immune to the scenario stated above. So how do nonprofit voluntary associations, such as the Association for Radiological and Imaging Nursing (ARIN), achieve and maintain member engagement, which is crucial to the association's survival? According to Coerver and Byers in *Race for Relevance* (2011) and *Road to Relevance* (2013), nonprofit organizations are experiencing membership concerns. Volunteer time restraints, technology, competition, and an increasingly diverse membership base have permanently changed the landscape for all professional associations. The traditional organization model is no longer effective. Members are willing to become involved but they demand a return on their time invested. They want to know the benefit of their involvement.

In January 2012, the ARIN Board of Directors sought to delineate the requirements that members deem important. An e-mail survey was sent to the membership to determine member expectations and develop programs to assist them in continuing to provide the safest and highest quality of care for their imaging patients. The survey identified three principle areas of need: 1) opportunities for additional continuing education, 2) more direct leadership development opportunities, and 3) practice guidance from position statements and evidence-based guidelines.

ARIN leadership reacted to the survey by creating the Director of Education and Director of Leadership positions to evaluate and expand opportunities for our members. A task force was simultaneously initiated to update position statements and practice guidelines.

With the infrastructure in place to move ARIN forward, the board of directors met with Professional Management Association (PMA) to establish our 3-year strategic plan. The plan's goal is to meet our members' needs in the changing healthcare environment. The organization refined member processes and offerings to capture more fully the member value. The structure and function of ARIN was scrutinized to recognize where we are currently with an eye on where we need to go in the future. Several of the goals identified include offering enhanced educational programs, increasing membership by providing the necessary tools for imaging nurses to excel in their employment, and continuing the development of the body of knowledge that will become the source of the imaging nurse's expertise.

The board believes that once the above opportunities are in place, the resulting organization will be valuable to all nurses that work in radiological and imaging settings. ARIN is an organization that strives to meet the needs of its members and engage their loyalty to the organization. We believe in the need to be diligent and proactive as we move forward in the new healthcare environment to maintain the highest quality of knowledge and care for ARIN members and their patients.

Beth Ann Hackett, MSN, APRN-BC, CRN
President, ARIN Board of Directors

Greg Laukhuf, RN-BC, ND, CRN, NE-BC
President-Elect, ARIN Board of Directors

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Coerver, H., & Byers, M. (2011). *Race for Relevance: 5 Radical Changes for Associations*. ASAE: Washington, D.C.

Coerver, H., & Byers, M. (2013). *Road to Relevance: 5 Strategies for Competitive Associations*. ASAE: Washington, D.C.

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Professionalism: What Do You See in the Mirror?

Professionalism is one of the elements surveyed on the National Database of Nursing Quality Indicators® (NDNQI) questionnaire. This is a program of the American Nurses Association (ANA) and is administered by the University of Kansas School of Nursing. Many magnet hospitals use the data gathered from NDNQI for the magnet process.

I mention this topic, because it occurs to me that many nurses are having difficulty with the concept of professionalism when I look at NDNQI data. Although the data is compiled from nurses in all areas, I suspect many imaging nurses may have the same dilemma with this topic. This provides an area worthy of discussion.

Dictionary.com defines professionalism as, “the methods, character, status, etc., of a professional.” The ARIN Strategic Plan and *Core Curriculum for Radiologic and Imaging Nursing, 2nd edition* both mention the radiology/imaging nurse as being “committed to professionalism” in the text. The question arises: What does professionalism actually mean? Professionalism is rarely taught in nursing school. It is one of the soft skills that you're supposed to pick up on your own through a combination of observation and diffusion. This is not always easy to do. On-the-job learning is a time-honored option that is full of pitfalls. You might not see your mistake until it has occurred.

Alison Greene, author of the Ask a Manager blog, provides insight into this discussion. She lists 10 specific professional behaviors that qualify professionalism:

1. **Determine the cultural norms** in your workplace, and stick to them.
2. **Be pleasant and polite** to people, even if you don't want to.
3. **Take your work seriously and accept responsibility** for your part in what went wrong.
4. **Speak up in a constructive manner** when work isn't getting done on time or when there are problems with a project. Part of taking ownership for your job means alerting your supervisors when things

- are off course, rather than ignoring it or hoping that no one notices.
5. Realize that **positive and critical work feedback is part of the job and should be taken personally**. This is the hardest behavior for many employees to attain. We all benefit from feedback given and received to raise the standard in the workplace.
 6. **Clear written communication skills**.
 7. **Job flexibility**. Your workday might formally end at 5 p.m., but if staying late will ensure successful task completion, you should do it unless that's truly impossible.
 8. **Reliability**. Show up for work on time and adhere to deadlines you are given.
 9. **Be helpful, and do more than your job description**. The way to build a professional reputation (which will open options to earn more money, and open new challenges) is by doing more than the bare minimum required. This means looking for ways to do your job better, helping out colleagues, and not pushing back at new projects.
 10. **Don't treat your manager as your adversary**. A good manager or supervisor is invested in your best interests. Your success makes the team shine.

Professionalism is a motivated, intrinsic process. No one can dictate it to you. You have to want to adopt these behaviors. If you are a member of ARIN, you have already taken a step down this path. According to Wynn (2003), "Those nurses who join professional organizations begin to perceive themselves as more professional."

With the Affordable Healthcare Act upon us and more changes in healthcare on the horizon, it is inevitable that opportunities will emerge for new processes, efficiencies, and nursing roles. Employers will use professionalism as one measure for hiring and promoting nurses. Attention to your personal professionalism can position you to open new doors. It can help in establishing your current position as an imaging nurse and increase your job satisfaction. The question that only you can answer remains, "What do you see when you look in the mirror?"

Greg Laukhuf, RN-BC, ND, CRN, NE-BC
President-Elect, ARIN Board of Directors

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ARIN Member Wins Multicare President's Award

Kathy Scheffer, MN, RN, CRN, Nurse Manager in Radiology Nursing/Interventional Radiology at Tacoma General/Allenmore Hospital in Tacoma, WA, won her facility's Multicare President's award for her team's Imaging Nurse-administered Nitrous Oxide program. Her team was able to reduce exam times from 90 to 45 minutes, improve patient satisfaction, and reduce side effects from 25% to 3% from oral versed to NANO.

Congratulations to Kathy and her team!

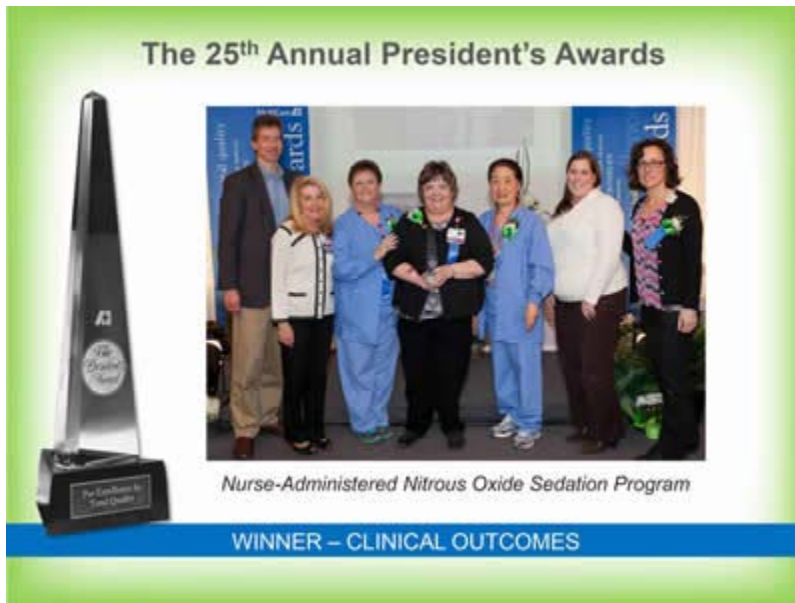


Photo credit: Administrator Jim Sapienza, CEO; Diane Cecchetti, RN; MaryAnn Rayl, MA; Kathy Scheffer, MN, RN, CRN; Ikuko Day, CRN; Director Jill Taylor, RT; and Valerie Chance, Child Life Specialist.

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Bare News for Radiology! (What you really need to know)

Back by popular demand, below are some news snippets that arrived on my desk during the Polar Vortex that impact our radiology practice.

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FDA recommends healthcare professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to protect consumers

1/14/2014

Acetaminophen is widely used as an over-the-counter (OTC) pain and fever medication, and is often combined with cough and cold ingredients. The FDA recently released a recommendation urging healthcare professionals to discontinue prescribing and dispensing prescription combination drug products that contain more than 325 milligrams (mg) of [acetaminophen](#)1 per tablet, capsule, or other dosage unit. Current research does not support that taking more than 325 mg of acetaminophen per dosage unit provides additional benefits. Limiting the amount of acetaminophen taken will reduce the risk of severe liver injury from acetaminophen overdose, which can lead to liver failure, liver transplant, and death.

Documented cases of liver injury with acetaminophen have occurred in patients who:

- took more than the prescribed dose of an acetaminophen-containing product in a 24-hour period;
- took more than one acetaminophen-containing product at the same time; or
- drank alcohol while taking acetaminophen products.

Healthcare providers who have questions regarding the new dosing recommendations are encouraged to contact the Division of Drug Information at 888.INFO.FDA (888-463-6332) or druginfo@fda.hhs.gov.

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National Health Spending Growth Remains Low for 4th Consecutive Year

<http://cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2014-Press-releases-items/2014-01-06.html>

WASHINGTON — National health expenditures grew 3.7% in 2012, marking the fourth consecutive year of low growth, according to the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary report. “For the second straight year, we have seen overall healthcare costs grow slower than the economy as a whole. This is good news,” said CMS Administrator Marilyn Tavenner. “We will continue to work with tools given to us by the Affordable Care Act that will both help us control costs for taxpayers and

consumers while increasing the quality of care.”

Key highlights contained in the report include:

- Private health insurance spending growth remained low, increasing 3.2% in 2012 compared to 3.4% growth in 2011.
- Medicare spending growth continued to be low, increasing by 4.8% compared to 5.0% growth in 2011.
- Prescription drug spending growth was low, growing only 0.4% as the result of numerous drugs losing their patent protection and increased sales of lower-cost generics.
- Nursing home spending growth slowed, increasing by only 1.6% in 2012, down from 4.3% growth in 2011.
- Medicaid spending continued to grow at a historically low rate, growing 3.3% in 2012 and representing a low overall growth rate as compared to recent years.

The full report can be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

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Hospitals struggle with intravenous saline shortage

www.usatoday.com/.../2014/01/27/saline-intravenous-shortage/4944169

Accessed 2-13-2014

The saline IV bags commonly seen in surgical units and hospital rooms are in short supply across the country, according to the Food and Drug Administration (FDA). The shortage surfaced the first week in January 2014 and appears to be improving now, said Dean Parry, Director of Clinical Pharmacy Programs for Geisinger Health System, the nation's largest rural health services organization, located in Pennsylvania. The shortage is due to increased demand for intravenous fluids because of a worse-than-average flu season and production problems caused by planned factory shutdowns during the holidays.

In an e-mailed statement, an FDA spokesman acknowledged the problem and said the agency is doing what it can. "FDA is concerned about the seriousness of the shortage and working closely with manufacturers to ramp up supplies," said the FDA's Christopher Kelly. "We are also investigating foreign suppliers to help address the situation."

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Greg Laukhuf, ND RN-BC, CRN, RN-NE
President-Elect, ARIN Board of Directors

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Change in ChloraPrep Labels

ChloroPrep® LabelChange Summary

The ChloroPrep® labels for Sepp, Frepp, Swabstick and 3mL labels have changed slightly. The key changes you will want to note are that the air dry times have been reduced and there is now a warning about ignition sources. However, the ChloroPrep formulation and patented applicator design and technique have not changed. Check out the changes for yourself. [Learn more.](#)

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It's Your Turn...

ARIN is bridging into the new year with a new look and "*Vision*." From membership feedback, we heard your request for more articles concerning bedside care. If you encounter a new procedure or technique that members would find interesting, please consider submitting the information as an article. For those of you who utilize the listserv for assistance with a problem or question and received helpful responses, please consider collecting those pertinent responses for submission to *Vision*.

Articles should be directed to Sharon Lehman, *Vision* Editor at lehma006@umn.edu and Cynthia Reeser, Senior Editor, ARIN Publications at cynthia.reeser@arinursing.org. See below for the 2014 deadlines:

Volume 19, No. 3: 5/9/2014
Volume 19, No. 4: 7/10/2014
Volume 19, No. 5: 9/9/2014
Volume 19, No. 6: 11/10/2014

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ARIN Webinars

ARIN offers live and on-demand webinars that you will not find elsewhere. ARIN-hosted webinars target topics for the radiologic & imaging professional and include Imaging Nurse Review Course webinars. To view the current offerings, visit the [online learning page of the ARIN website](#).

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ARIN Welcomes New Members

ARIN welcomes new members who joined in January - February, 2014. Below are their names, credentials (if provided), and locations:

Melinda Aceto, BSN, RN, Dhahran, Saudi Arabia
Michele Ahlers, Mineola, NY
Lindsay B. Aliano, Hillsborough, NJ
Deborah F. Arnet, MSW, BSN, RN, Wheatfield, NY

Sharaleen Au, Downey, CA
Lisa M. Baker, South Grafton, MA
Karen Bane, Hanover, MA
Deborah Berry, RN, Staunton, VA
Jennifer A. Bieshaar, BSN, CRN, Mansfield, TX
Ann M. Blackmon, BSN, RN, Huntsville, AL
Anne Bodnar, RN, Greensburg, PA
Danielle Alexis Bonner, Saint Albans, NY
Susan W. Booras, BSN, RN, PHN, CRN, San Carlos, CA
Alan Boykin, Burlingame, CA
Cindy L. Breeden, BSN, RN, CRN, Rossville, GA
Lauren M. Brenner, Hershey, PA
Karen M. Buckley, RN, Clapham, SA, Australia
Daniel Buckner, RN, Laurel, NY
Janelle R. Burkhart, RN, Greenfield, IN
Culley B. Burleson Runquist, Bumpass, VA
Johanna Caballero, Katy, TX
Terrie Calderon, Encinitas, CA
Kyle Caviness, Gardendale, AL
Bonne Childs, Lynnwood, WA
Elizabeth Choy Myers, RN, Sacramento, CA
Kim Louise Clinen, Caringbah, New South Wales, Australia
Isabel Collins, Bensalem, PA
Amy E. Cormier, CEN, CPEN, Durham, NC
Tina Marie Crawley, Lynwood, IN
Tracey Crescenzo, Naperville, IL
Mita Davis, Los Angeles, CA
Jeanette A. Dawson, BSN, RN, Scotts Valley, CA
Donna Dean, Mt. Pleasant, SC
Jacqueline B. Delclos, BSN, RN, Warrenton, VA
Cindy Sue Detomo, Durham, NC
Beth A. Dowty, BSN, RN, Belton, MO
Gwendolyn Ducasse, MSN, RN, CRN, Riverwoods, IL
Debera G. Elg, RN, Yuma, AZ
Cynthia Elmido, Elk Grove, CA
Brandy Embrey, San Francisco, CA
Judith Emory, RN, CRN, Corona, CA
Susan Baildon Espenship, Lake City, FL
Kasey Farris, Carrollton, TX
Peggy P. Fawcett, Sandwich, MA
Julie Fay, BSN, CCRN, Simi Valley, CA
Kelly Fisher, Charlton, MA
Kari Flom, RN, Torrington, WY
Ashlea Debra Foglio, Somers Point, NJ
Cynthia Follett, RN, Massena, NY
Paula J. Freitas, RN, Apple Valley, CA
Audrey C. Friala, Staten Island, NY
Marlene Gallagher, Little Neck, NY
Diane W. Gardinal, St. Petersburg, FL
Deborah L. Garza, San Antonio, TX
Cassandra Gay, RN, Chicago, IL
Doris B. Gentley, Newton, MA
Trista Gentry, BSN, RN, Annapolis, MD
Shirley Gibbs, Ozone Park, NY
Patricia M. Glover, San Antonio, TX
Holly Goulette, BSN, RN, CCRN, Berlin, CT
April L. Greenlee, BSN, RN, Clear Spring, MD
Sandra Guerrieri, Olathe, KS
Aramantha Dianne Guillory, Monterey, CA
Kelle M. Haas, BSN, Easley, SC
Judelyn C. Halol, Stanford, CA
Jacqueline Hamm, Newport Beach, CA

Mary Jane Hammett, RN, Birmingham, AL
Katharine Ann Harris, Tucson, AZ
Peggy A. Harrison, RN, Boise, ID
Courtney Hastings, Richmond, VA
Denise Hegemann, Burlington, WI
Jennifer Heise, MS, BSN, FNP-BC, Batavia, IL
Christina Higgins, Oakdale, MN
Beth Hogan, Hudson Falls, NY
Sueli Holmes, Redondo Beach, CA
Hillary Horte, BSN, RN, Hingham, MA
Susan L. Howard, RN, Corpus Christi, TX
Jill Iseler, BSN, RN, Apple Valley, CA
Ashley Davette Jacks, Springfield, MO
Mark Jensen, Kingwood, TX
Keri L. Jochim, Rhinelander, WI
Jeanne M. Johnson, BSN, Newport, KY
Faith Johnston, BSN, RN, CRN, Tucson, AZ
Heidi Jones, Laredo, TX
Kelvin Jones, RN, Seven Points, TX
Susan Jordan, RN, Charlottesville, VA
Tony A. Kadukummackal, New Hyde Park, NY
Kathryn Lilli Kaminski, BSN, RN, West Hempstead, NY
Monica Karamian, Los Angeles, CO
Sharon Kim, Northridge, CA
Patricia Knopf, Schnecksville, PA
Patricia Knopf, Bethlehem, PA
Sheri L. Kollar, RN, Tallmadge, OH
Kathleen Lacey, RN, New York, NY
Heidi L. Lofton, BSN, RN, Magnolia, TX
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Esther M. Luera, BSN, ADN, RN, Fontana, CA
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Elaine J. Majam, BSN, RN, Yorba Linda, CA
Charlotte Martin, Dallas, NC
Jennifer A. Martinez, Annandale, VA
Anna M. McGavin, RN, Houston, TX
De'Ann O. McNamara, MS, ACNP, Boston, MA
Sylvia Miller, BSN, RN, San Jose, CA
Peachie Miranda, RN, Bridgewater, NJ
Catrina Mitchell, RN, Los Angeles, CA
Carmen Monteblanca, New York City, NY
Gail Moody, Bellflower, CA
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Kim Nguyen, Burlingame, CA
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Tracy E. Palmer, Madison, WI
Mary L. Pastore, Tustin, CA
Amy Marie Patterson, Palm City, FL
Maryann G. Patterson, RN, Houston, TX
Judith A. Peck, RN, CRN, Sykesville, MD
Katrina L. Pequignot, Columbia City, IN
Dennis Ponla, Chicago, IL
Louise Pratt, Placerville, CA
Anna Taylor Rainwater, Newnan, GA
Sheila Reagan, Gastonia, NC
Rachel Reas, Wauwatosa, WI

Elizabeth Annette Reese, RN, Uniontown, OH
Judith Ricchiuto, RN, Willoughby, OH
Mary K. Richey, BSN, RN, Seattle, WA
Sara Richmond, Jamestown, NY
Sharlen Rivera, RN, Lisle, IL
Mohammad Mahmoud Rizk, Sr., Dhahran, Saudi Arabia
Gina M. Robinson, BSN, RN, Freeland, MD
Toni Rodio, Parma, OH
Linda Roseen, Utica, NY
Susan P. Royer, San Diego, CA
Julie Rozinek, Jamestown, CA
Krystina Salzig, Aurora, IL
Christine Michelle Sandoval, Apple Valley, CA
Jennifer M. Santiago, South Plainfield, NJ
Dawn K. Scasserra, New York, NY
Diane Schmidt, BSN, RN, Crowley, TX
Marnie Schmidt, Highland, MI
Mary Elizabeth Schramm, Largo, FL
Stacey E. Schroeder Moultrie, RN, BSN, Portland, OR
Elizabeth Schwab, Berkley, MI
Donna Schwieger, Los Angeles, CA
Shana Scott, RN, Redondo Beach, CA
Karen N. Seggerty, BSN, RN, CRN, Salinas, CA
Sheryl Seki, Harbor City, CA
Diane Sergenian, RN, Briarcliff Manor, NY
Leslie Sheehan, BSN, Salem, NH
Brenda M. Sibley, Ocala, FL
Charles Simak, BSN, RN, Bend, OR
Cathy Simpson, BSN, El Dorado Hills, CA
Lori Jo Smith, Ogden, UT
Rebecca J. Solano, RN, Corpus Christi, TX
Suni Sony, RN, CRN, Missouri City, TX
Lynne Spadinger, La Mesa, CA
Gail M. Sterk, BSN, RN, Hermantown, MN
Shelia M. Stokes, The Woodlands, TX
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Sandra Iris Torres, Imperial, CA
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Robin Vaughan, Woodinville, WA
Kimberly Kay Versaw, Saint Joseph, MI
Howard Vessell, RN, College Station, TX
Menchie Villaber, Chicago, IL
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Kevin Walker, Godfrey, IL
Marie Elizabeth Wilson, MSN, RN, Newbury Park, CA
Linda Wineland, Chico, CA

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