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PROFESSIONALISM

Kathleen A. Gross, MSN, RN, BC, CRN
Past ARIN President

EDITOR'S NOTE-History has a way of repeating itself. As I have worked on scanning ARIN history, I discovered an article which is reprinted below from ARNA RN News, VOL 7, NO. 3 FALL 2002 by then President Kathleen Gross. ARIN was ARNA at this time. My intent in sharing this article today is to show how far we have come as an organization and what issues remain.

The work day in the interventional radiology department was longer than anticipated because of several add-on cases. Finally, it was time to go home, and I started to think about what was I going to have for dinner. My original idea didn't seem as appealing now. I decided to stop at a local upscale family owned grocery store en route home. There I picked up a few items and some wonderful cookies from the bakery. As I approached the four checkout areas, I looked for Lester. There were already two people in his checkout line, but I pushed my cart up and stood patiently in line. There were other choices that would have gotten me out faster but there is something about Lester that makes the wait seem insignificant. I listened to him ask the businessman, "Did you have a good vacation?" Lester was interested in what the man had to say and then wished him a good week ahead. Lester's next customer was certainly a familiar one to him. He asked, "How are the grandchildren?"

and so they chatted amicably during the checkout. I didn't mind the wait. I noticed that the customers left with a smile on their faces. Now Lester would turn his attention to me. First, he asked, "Did you find everything you needed?" to which I replied, "Yes, and the cookies look wonderful today." It is obvious Lester takes a special interest in his customers and is very knowledgeable about the store and his work. In one sense of the word I consider Lester a real professional.

Of course, there is another definition of the word professional. It is those parts of the definition of a profession that concern me most as ARNA's president. How can I facilitate the growth of ARNA as a nursing specialty organization and help members meet their needs as professionals? A profession has a unique knowledge base and set of skills. Professions are based on scientific principles that are research based. A profession maintains high standards for the performance and conduct of its members. Continued education is essential to ensure competency and the highest quality. There is an ethical basis for a profession. Professions serve the public. Yes, some would add that a profession is sometimes a "calling." This year has provided a special opportunity to assess ARNA's direction and to implement means for growth. For example, ARNA's committee chairs have been asked to use a new format for the quarterly board reports. Each committee chair was asked to submit an action plan (or plans) and identify barriers and facilitators for each action plan to assist the Board

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Continued from previous page

in making timely and appropriate decisions. These action plans will help keep the Board of Directors focused on the important actions we need to take to achieve ARNA's goals. The recent calls for editors for the core curriculum and Images are just the first steps in ensuring that ARNA's unique knowledge is shared. I realize the paucity of radiology nursing research and hope that some radiology nurses will be inspired to help fill in this gap soon. We also need to explore ethics in radiology in our literature. Radiology nurse mentors of all types are needed. In the category of continued education, I would encourage attendance at the annual educational meeting March 28 - April 1, 2003, in Salt Lake City, UT. The proposed program

offers a variety of new and different sessions, including a writer's workshop. Future authors for Images please take special note of the writer's workshop and opportunity to meet with an expert in writing for publication.

In all our work to expand our knowledge and advance our competencies it is important not to forget the other side of the definition of a professional as defined in Lester. This may be the side of us the patient remembers most. Today, my patient gave me a big, unexpected hug just before she left the radiology recovery area. She said we didn't know how scared she really was before the procedure. She said I was a "wonderful nurse." It made all my work that day and my work behind the scenes on other days seem well worth it! I left with a smile.

DOES YOUR PRACTICE HAVE THE "R" FACTOR?

Greg Laukhuf ND, RN-BC, CRN, NE-BC
Vision Editor



Life is relationship, living is relationship. We cannot live if you and I have built a wall around ourselves and just peep over that wall occasionally. Unconsciously, deeply, under the wall, we are related.

— Jiddu Krishnamurti

The business of healthcare delivery has been under intense scrutiny in recent years. With the increasing costs of the "service" we provide, better accountability and transparency are expected from all providers. Tight control of care budgets and expenses has led to use of systems such as Lean Six Sigma, which has been shown to reduce spending and improve quality by eliminating waste, encouraging teamwork, and instituting flexible processes. Several examples are in the literature detailing the use of Lean Six Sigma elements to restructure workflow (Dellasega & Dougherty, 2017).

While Lean Six Sigma methodologies result in better employee satisfaction, one aspect that remains understated is the impact of relationships (R-Factor) in healthcare delivery (Dellasega & Dougherty, 2017). Recently, I had the opportunity to attend a senior management presentation that included the discussion of patient metrics; how they are established, how they were gathered and what influences them. During the presentation, I was astonished by the recognition of the human influence on the metrics and that impact on job satisfaction. It was shared that relationships are what most often lead to job satisfaction.

Radiology Nursing is relationship intensive

Radiology Nurses find themselves at the center of more relationships during their work time than any other healthcare team professional. With the pre procedure phone call, the post procedure phone call and the procedure time, we have the most contact with patients and their families. This leads to a relationship-intensive dynamics.

The relationships we as Radiology nurses establish at the bedside are some of the most profound and touching interactions one can have. The feeling of caring for a patient with a poor prognosis over many months, providing palliative care, or simply spending time with a patient who is scared and fearful as his or her life hangs in limbo from a scan or procedure cannot be compared to any other human experience.

Radiology Nurses today are charged with providing high-quality, cost-effective, and time-efficient care. They are also often on the emotional firing line: If a patient's condition changes on the table and tensions rise, nurses are frequently at the intersection of the relationship turmoil, acting simultaneously as advocate, peer, and caregiver.

Radiology nurses have a big job. We learn to promote the well-being of both patients and their significant others. We leverage resources,

interact with the medical system, and handle emergencies. What we may have difficulty with is building and maintaining healthy relationships with each other. This difficulty is highlighted by the multitude of articles on nurse bullying in the press.

R-factor deficient?

Few of the well-known nursing theorists allude to the importance of relationships for nurses. Virginia Henderson may advocate for the patient's independence, and Patricia Benner may describe the knowledge level of nurses from novice to expert, but only Hildegard Peplau addresses what we call "the R factor" in nursing practice. Peplau's theory explains the phases of interpersonal process, roles in nursing situations and methods for studying nursing as an interpersonal process. Her interpersonal theory work is most relevant to mental health nursing (Nursing Theories, 2012).

All nursing is mental health nursing; positive connections and interactions fulfill us and help our patients heal. Without the connections, a machine would serve all the mechanical tasks to make a healthcare system effective. Nevertheless, we have yet to recognize the critical role of professional and patient relationships in healing and the potential for strain it can put on nurses. Therefore, discordance and relational aggression (RA) can be harder for nurses to handle. RA, by definition, is use of relationships to hurt others. Within the nursing workplace, a special kind of betrayal and disappointment transpires when it happens. During our work, we have heard about RA behaviors that stretch across a gamut ranging from "mild" at one end to "extreme" at the other. "How can nurses be so caring to patients and yet be so cruel to each other?" Yet, this happens more often than we want to admit.

Contrasting horizontal violence, which refers to nurse-nurse aggression, relational aggression can and does occur within and across organizational levels. For example, an administrative assistant may play favorites and turn one nurse against another or a physician may belittle nurses in front of patients.

Helping Radiology nurses identify RA, compassion fatigue, and horizontal violence or other relationship issues will give us resources to combat these issues both personally and professionally. Relationships are fundamental to the human experience and especially those of us who are fortunate to be nurses in radiology. As we invest our energy in patient care, we must be attentive to the "R factor," and its impact on every facet of our professional lives. With many hospitals establishing nursing and medical clinical dyads, it is time to continue that idea at the bedside and foster collaborative, meaningful relationships to benefit our patients.

Reference

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Kathleen Gross, MSN, BS, RN-BC, CRN outside United Nations in New York City



Left to right Deb O'Hara-Rusckowski, RN, MBS, MTS, Dr. Daniel J. Mollura, CEO of RAD-AID, and Patricia DuCharme, MSN, RN, ANP-BC, Program Manager, RAD-AID Nursing, present awards to nurses in Chandigarh, India by webcast.



Debbie Poelhius, MS, RT(R)(M) [mammography technologist], Olive Peart, MS, RN (R)(M)[mammography technologist] and Kathleen Gross, MSN, BS, RN-BC, CRN



11 of the 14 nurses honored during program with Deb O'Hara-Rusckowski (center), Dr. Daniel J. Mollura (center right) and Dr. Ernani Sadural (center left)

INTERNATIONAL NURSES DAY INAUGURAL CELEBRATION

Kathleen A. Gross, MSN, BS, RN-BC, CRN

It was my pleasure to attend the first International Nurses Day celebration on Friday, May 12, 2017 at the United Nations in New York City. It was a long day, getting up early for the train to NYC and returning late but it was time very well spent! At the UN, I was part of a small group nurses and other health care providers. Fourteen nurses were honored for their significant contributions to global health. Some international honorees and others attended by webcast. The event was sponsored by Nurses with Global Impact and chaired by Deb O'Hara Rusckowski, MBA, MTS, RN, founder of Nurses with Global Impact.

The nurses who were honored practiced in so many locations across the globe and in many specialties. Two nurses, Rupinder Kaur, BSN, RN in Chandigarh, India and Meenakshi Verma Mauoun, BSN, RN were honored for their work with Asha Jyoti ("Ray of Hope" in Hindi), a program for breast, cervical and osteoporosis screening in India co-sponsored by RAD-AID. (You will be learning more about this program in a future issue of the *Journal of Radiology Nursing*.) Other work included relief work in Haiti, healthcare for the homeless in Boston, MA, cancer prevention in the Philippines, USNS Mercy and the Comfort ship relief work, and The Health Wagon program by two nurse practitioners who deliver healthcare to rural West Virginia residents to mention only a few. What all of the nurses honored had in common was a selfless interest and passion to provide genuine nursing care to the less fortunate.

Dr. Daniel J. Mollura, CEO of RAD-AID International and Dr. Ernani Sadural, LIG Founder and Director of Global Health at Robert Wood Johnson Barnabas Health were the featured speakers for the event.

It was a humbling experience to see the incredible need for healthcare services worldwide and to realize that nurses have a responsibility to help make a difference. Healthcare disparities are among some of the greatest challenges we face today. Please take a moment and look at the RAD-AID website <https://www.rad-aid.org> and ask yourself if you can help in any way from behind the scenes support to travel.

ARIN ATTENDS THE 2017 CANADIAN INTERVENTIONAL RADIOLOGY ASSOCIATION (CIRA) ANNUAL MEETING

Mary Sousa, BSN, RN
ARIN Project Manager

Since 1981, the Association for Radiologic & Imaging Nursing (ARIN) has brought radiology education to nurses working in this specialty or to those caring for patients receiving or recovering from an IR procedure. As a global organization, ARIN has a responsibility to be more active internationally to meet the educational needs of our members everywhere. Much like our model with SIR in the US, the organization continues to explore opportunities with other groups, domestic and abroad.

In June, ARIN took the next step toward a collaborative educational partnership with our colleagues to the north by attending the 2017 Canadian Interventional Radiology Association annual meeting in Montreal, QC.

About CIRA

The Canadian Interventional Radiology Association (CIRA) was founded at the 2000 meeting of the Society of Cardiovascular and Interventional Radiology (SCVIR), and later became the Society of Interventional Radiology (SIR). CIRA's membership includes both nurses and imaging technologists (MRTs).

CIRA 2017 Event

CIRA held its 16th Annual Meeting on June 1-3, 2017 in the beautiful city of Montreal in the Canadian province of Quebec. Some 325 registrants attended—18 of them were nurses, while 16 of the registrants were technologists.

During the visit, I had the pleasure of meeting Daniel Lapointe, the new Executive Director of CIRA. We found synergy on several fronts regarding educational initiatives and collaboration. "I look forward to following up with Mary [Sousa] to explore potential future collaborations between our two organizations," Lapointe said.

The program was filled with many interesting facets of interventional radiology practice with vascular, non-vascular and an interventional oncology thread. A panel of 25 local and international experts presented on relevant topics, shared compelling case presentations, lead panel discussions and ran several "hands-on" workshops.

CIRA's mission is to "be the leader for image-guided therapy in Canada" and to "improve the health and quality of life of Canadians through minimally invasive, image guided therapy." CIRA did just that by equipping its attendees with new ideas and sharpening participants' skills, while providing a rich environment for collaborations and networking.

On the day before the official meeting began, nurses and technologists could register for a special afternoon session entitled "Introduction to IR for Technologists & Nurses". This portion of the program focused on various procedures, interventions and improvement of work flow efficiencies. Jane Bank, MRT, and Mark St. Denis, MRT, moderated these special sessions. The group was comprised of 4 nurses and 16 technologists.



CIRA's next annual meeting will be held on May 31-June 2, 2018 in Calgary, AB. Now that we have laid the foundation for a budding relationship with the Canadian organization, ARIN hopes to have much more collaboration with CIRA in the future and get even more involved in next year's meeting.

Future Canadian Connection

With the dialogue started with CIRA and strong interest expressed by the nurse attendees desiring more radiology patient care education, ARIN hopes to engage even more in the future with our Canadian members and counterparts. ARIN's rich resources of portable education (Pedi modules, Imaging Nurse Review Course, Capnography/Airway/Sedation course, archived webinars and Podcasts), robust national speaker data base of experts and resource materials (Core Curriculum, Radiology Nurse Orientation Manual) are available.

For more information on this initiative or if you are interested receiving ARIN education, please contact me directly at: mary.sousa@arinursing.org or you may call ARIN office 866.486.2762 and leave me a message.



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Administrative Nurse Supervisor at Kaiser Permanente and
Stanford Children's Hospital

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I AM A RADIOLOGY NURSE!



Alina Nadeau RN, CRN

is a radiology nurse that has brought her knowledge to pain management at Western Reserve Hospital.

She has been a member of ARIN for 25 Years!!

Why did you become a nurse?

I always wanted to help people. It was an easy decision to move into the nursing profession when I graduated from high school.

What about nursing makes you happy?

It makes me happy that I am still there for the patient, providing them with assurance and positive feedback that they need for their procedures.

What has been the most amazing experience you have had as a radiology nurse?

The constant learning about new technology and procedures. I still remember the first IVC filter I scrubbed in for.

What are the challenges you encounter and how do you overcome them?

Difficult physicians and patients or being unable to help chronically ill with long-term health problems. I overcome the trials with work breaks, talking to coworkers to get things off my chest and prayer.

Have you experienced anything extraordinary in your career?

Radiology nursing has been extraordinary to me. After a job change for my husband, I found myself looking for a long-term nursing position versus working part time. That's when I found radiology nursing. At the time, the radiology department was going to some changes. They decided a nurse was needed and I was hired as the first radiology nurse. It's was the highlight of my nursing career until the department downsizing after 23 years. I found myself looking for another position until I found a home in pain management. Again, I was blessed with wonderful coworkers. What's amazing is that a tech I first started with in my first radiology department happened to be working in pain management. She welcomed me with a smile and a hug! We do imaging and sedation all day long using fluoroscopy and ultrasound for procedures, RFA stimulation, and nerve blocks, I found a new use for my radiology background.

What has your nursing journey been like?

I've been blessed to have had many great coworkers and mentors to see me through the tough days and help teach me. I've worked in different areas of Radiology learning to share ideas from each area as I practiced.

At the end of a busy day, how do you find balance in your life?

I find the best way to relax after a long day and find life balance is walking, reading, and talking to friends.

How has ARIN played a role in your career?

ARIN has been a great resource to me. I've used the nursing position statements when I needed them for patient care and presented them to my manager. I think this is what helped to keep my burnout down to a minimum and while helping me to experience growth and learning in different environments.

"I Am a Radiology Nurse" features unique Radiology Nurses in everyday practice. To be featured in this column, contact liz.boulter@arinursing.org.

Vision is a publication of the Association for Radiologic and Imaging Nurses Association. Comments and questions may be addressed to Senior Editor; Greg Laukhuf ND, RN-BC, CRN, NE-BC at greg.laukhuf@arinursing.org.

FIVE MINUTES WITH THE BOARD

Greg Laukhuf ND, RN-BC, CRN, NE-BC
Vision Editor



Leadership is a learned action! Our new feature, Five Minutes with the Board offers insight and encouragement into a leadership position in the *Association for Radiologic and Imaging Nursing* from the perspective of the current Board members. This month's interview is with Evelyn P. Wempe, ARIN's Immediate Past President.

How do you view your role as a radiology nurse and where do you see the nursing profession heading in the future?

I see my role as a radiology nurse practitioner as one that is integral to the clinical management of patients undergoing image-guided procedures and studies. I also view my role as one that is innovative and always looking for a way to advance the profession.

The nursing profession continues to advance. Evidence-based practice will continue to shape the nursing profession and transform healthcare. Nursing engagement will be key to the continued advancement of the profession and influencing the healthcare arena.

Where do you see radiology nursing progressing in the future?

Radiology nursing needs to continue to participate in the development and implementation of new knowledge that impacts evidenced-based care. Research, clinical practice guideline development, quality initiatives, and education all contribute to the advancement of the radiology nursing specialty. Future progress of radiology nursing means active involvement in activities that impact our specialty and the nursing profession. As radiology nurses, involvement and participation are instrumental in delivery of patient care resulting in improved clinical outcomes.

How do you think ARIN members make a positive impact on practice?

ARIN members make a positive impact on practice through experience, knowledge, and critical thinking skills they bring to the specialty as well as the education gained as members of their specialty organization. The advancement radiology nurses have seen throughout the years within their institutions or as a specialty have been due to individual and group efforts to lead and pave the way for the future of radiology nurses. The experience in delivering patient care, the knowledge in the art and science of nursing, and critical thinking skills in preventing adverse events, are all examples of positive impact.

How did you become involved in ARIN?

As a nurse practitioner entering the specialty of Interventional Radiology, I wanted to learn all there was to learn about the specialty. My initial thoughts were on searching for the national nursing organization that was specific to radiology nursing. Once I found ARIN, the logical next step was to become a member. This afforded me the opportunity to research articles and learn through continuing education opportunities. Through the years spent in IR, my appetite for knowledge and the desire to get involved grew and I began researching for ways to get involved. My early involvements were through editorial and review work for the *Journal of Radiology Nursing* and contributions as section editor for the third edition of the *Core Curriculum for Radiologic and Imaging Nursing*.

Describe your leadership journey to the ARIN Board.

I wanted to continue my involvement with ARIN and the opportunity for a board position presented itself. I felt becoming involved within the organization was a way to give back to my profession, but also to learn from others that have served this specialty. I completed the application and shortly afterwards received the call for nomination! In hindsight, having served as President of ARIN has been one of the greatest honors I have held. It was a humbling experience and at the same time one that has empowered me to continue to promote advancement within the specialty of radiology nursing. It is truly a rewarding experience when you can give back to your profession and know your knowledge, experience and collaboration with others have made an impact.

CHARLOTTE GODWIN, RN

Nurses have a long history of association with radiology departments. Nurses were identified as members of the American Registry of Radiology Technicians – known today as the ARRT and the American Society of X-Ray Technicians – the precursor for today's ASRT as far back as the 1920's. Nursing involvement in Radiology at Johns Hopkins goes back even further. The Johns Hopkins Radiology Department, always a leader in the field, had nurses in the diagnostic x-ray area as far back as 1911. These nurses had dual roles as both nurse and x-ray tech. In 1935, Hopkins opened a Diagnostic Radiology Department staffed with 2 technologists and 1 nurse. This was the end of the dual role for nurses in radiology at Hopkins and the beginning of Radiology Nursing as a new specialty.

In 1948, Charlotte Godwin joined the Hopkins Radiology nursing staff. Her arrival doubled the RNs in the department from 1 to 2, along with a nursing assistant. Now, nurses were responsible for sedation, patient education, supplies, and sterile trays. As radiology grew in volume and procedure types, the patient care responsibilities of the Radiology Nurse also continued to grow. Ms. Godwin supervised nursing assistants and, at one point, even radiology escorts. Ms. Godwin and her team continued to work on developing excellence in patient care and safety. Ms. Godwin was heavily involved in writing the policy and procedure manuals for the department, Joint Commission preparedness, and developed a nursing orientation manual which included information on radiation safety and history, contrast media, and radioisotopes. Ms. Godwin so valued education that she designed a well-received nursing teaching curriculum for the technical staff that grew to include side-by-side education between nurses and techs. Ms. Godwin's expertise and dedication to radiology earned her a promotion to Director of Radiology Nursing Services in 1967. At this point in time, Radiology Nurses did not report up through the hospital's nursing departments. Despite this, Ms. Godwin was sure that the hospital knew about Radiology nurses. She made sure Radiology nurses were involved in hospital based committees and provided education to other nurses in the hospital about radiology. Ms. Godwin was also involved in nursing director meetings to be certain the needs of radiology were considered when decisions were made. Ms. Godwin became involved in the development of equipment for the radiology department. One of her prize possessions was a prototype of the first power injector given to her in recognition of her involvement. This prototype is now in the custody of the Welch Medical Library located on Johns Hopkins Campus.



Charlotte Godwin's desire for excellence in the care of radiology patients did not end with the nurses and technologists at Johns Hopkins. In the 1970's, Ms. Godwin sent surveys out to gain information about the state of nurses in radiology departments across the country. Learning from the surveys there was an interest and need for Radiology nurses to share thoughts and experiences, Ms. Godwin decided these nurses needed an organization to support this communication. In 1981, Ms. Godwin, with support from the Johns Hopkins Radiology Chairman, Martin Donner, held an organizational meeting about the Radiological Society of North America's annual conference. At this meeting, the foundation of ARNA, the American Radiological Nurses Association was poured. In 1982, Charlotte Godwin became the first president of the Radiology Nurses Professional Association which is now known as ARIN – the Association for Radiologic and Imaging Nurses.

*The author would like to thank Dr. Robert Gayler for allowing his comments regarding Charlotte Godwin be published in Vision. His recollections will cement Ms. Godwin in the hearts and minds of Radiology and Imaging Nurses worldwide.

JOHNS HOPKINS HOSPITAL DEPARTMENT HONORS ONE OF THEIR OWN

Karen L. Green, MHA, BSN, RN, CRN
2009 – 2010 ARIN Past President

On Thursday, May 11, 2017, the Johns Hopkins Hospital Radiology Administration sponsored a breakfast event to honor their radiology nurses working in all areas within the radiology setting. Approximately fifty (50) nurses attended, along with members of the administrative team. ARIN member, Kristina Hoerl, MSN, RN, CRN served as Mistress of Ceremonies.

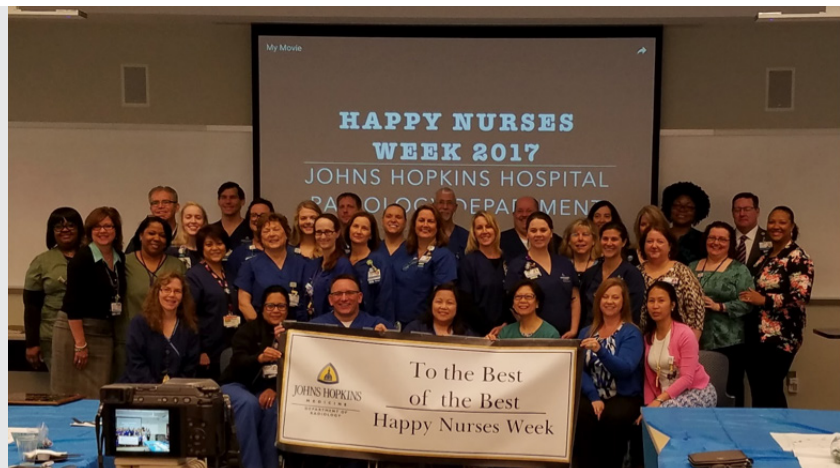
During this event, twelve imaging nurses were acknowledged for attaining Certified Radiology Nurse (CRN) status. Also honored were all registered nurse staff who held certification in a variety of specialties, i.e. emergency care, critical care, nursing administration, nurse practitioner, post-anesthesia care, infusion, stroke and neurosciences.

This year the Radiology Department unveiled a new award, the Charlotte Godwin Legacy Award. This award was created because of the dedication and hard work of Kristina Hoerl and Sharon Heimiller, daughter of the late Charlotte Godwin, to honor a nurse who exemplified Mrs. Godwin's qualities. [See sidebar article] Ms. Heimiller presented the First Annual Charlotte Godwin Legacy Award to Ronald Wardrope, RN, CRN.



Ms. Heimiller described Ron as a nurse who exemplified her mother's legacy by ensuring patient safety and assisting with policy development and education for the entire staff. She continued to explain that Ron is highly respected and regularly sought out for input and suggestions from nurses, doctors, technologists, and other support staff both in and outside of radiology. His own legacy of treating patients with dignity and respect has been recognized hospital-wide with his winning of the Halle Award, given to a staff member who has received the greatest number of positive patient comments. Ron continues to be sure Radiology Nursing is at the table as

a member of the Radiation Safety Committee and the hospital Magnet committee. He has stepped out of this comfort zone in pediatrics to take on the additional role of biopsy coordinator to meet the ever-expanding needs of the department. Ron assisted researching oral contrast concentrations to provide the best image quality in the safest manner for their youngest patients. He has been fully active in the Association for



Radiologic & Imaging Nursing (ARIN), formerly the American Radiological Nurses Association (ARNA), founded by Charlotte Godwin. Ron served on the ARIN Board of Directors as Secretary and was also the recipient of the 2012 Radiology Nurse of the Year award.

Ms. Heimiller congratulated the last nurse hired in Radiology by her mom, and the first recipient of the Johns Hopkins Hospital Department of Radiology Nursing's Charlotte Godwin Legacy Award – Mr. Ronald Wardrope.



I was honored and privileged to be invited to attend this ceremony. I first met Ron in 2008 at the ARNA Fall Symposium in St. Louis when Sharon Lehman was recruiting him to run for the ARNA-ARIN Board of Directors. Ron was installed Secretary in 2009 and served during my year as ARIN President (2009-2010). He moved out of his comfort zone in so many ways, i.e. documenting the activities of ARIN, presenting an educational session during the 2009 ARIN Fall Symposium, and continued to record and preserve ARIN history with his



CAPNOGRAPHY SURVEY!

The Capnography Task Force Needs Your Input

We are in the process of developing the ARIN Capnography Clinical Practice Guideline (CPG), your Guideline. The Task Force realizes that many of you currently use capnography monitoring during procedural sedation. We also acknowledge those of you who do not use capnography. Regardless of your practice, the “who, what, when, where, how, and why” of your practice is important.

Please assist ARIN to develop a meaningful capnography CPG by completing [this 10-question survey](#). The ARIN Capnography Clinical Practice Guideline will be an extremely useful tool for all nurses regardless of their area of practice.

MEMBER SURVEY

Complete the survey and your name will be entered into the drawing for a chance to **WIN** an **ARIN Core Curriculum 3rd ed. E-Book**

As we work to improve our member benefits offering, we ask your help with this very important survey aimed at membership and chapters - created by Sylvia Miller, Director of Membership

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NEWS FOR RADIOLOGY: WHAT YOU REALLY NEED TO KNOW!

Greg Laukhuf ND, RN, CRN, RN-BC, NE-BC

[Researcher Develops 5D Ultrasound to Detect Cancer](#)

Team MM (April 5, 2017) Mymedicalmantra.

Nishikant Deshmukh, PhD, a researcher at John Hopkins University, has created the first 5D ultrasound system as part of his PhD thesis. Deshmukh's system combines 3D ultrasound B-mode and 3D ultrasound elastography volumetric data to accomplish the goal. Current ultrasound is 2D with some hospitals using advanced 3D. 3D models have limitations as they do not image in real time and takes longer to generate images. Deshmukh feels his technology could help detect prostate and breast cancers earlier and be deployed to rural areas in the developing world where MRIs are not available.

[Kids Spared Radiation Exposure with Use of Handheld Detectors](#)

Findlay Mair, (March 6, 2017).

Children at the Monklands Hospital in Airdrie, North Lanarkshire, Scotland, are avoiding X-rays after swallowing coins by getting checked with handheld, medical-grade metal detectors. The goal of the diagnostic scan is to cut down on the experience and exposure to radiation children would receive if they underwent multiple X-rays to determine whether a metallic object was swallowed and the object is stuck in the throat.

[51 US Babies Born With Zika-Related Birth Defects in 2016](#)

Radiology Today E Newsletter. (April 2017). Great Valley Publishing Company, 3801 Schuylkill Road, Spring City, PA

Health officials published the largest study to date estimating the risk of severe birth defects in pregnant women from Zika Virus in the United States. Knowledge gaps about the virus may lead to an underestimation of the increase in Zika-related birth defect cases. In response to these findings, the Centers for Disease Control and Prevention recommends that babies infected with Zika should undergo CT scans or ultrasounds of their brains to monitor for abnormalities not obvious at birth.

[Our Costly Addiction to Health Care Jobs](#)

Terhune, C. (April 23, 2017). New York Times.

The health care industry has positively impacted the United States economy. Its plentiful jobs lifted the country out of the Great Recession in conjunction with the Affordable Care Act. It currently employs one in nine Americans increasing from one in 12 in 2000. But the billionaire businessman also campaigned to repeal Obamacare and lower health care costs -- a potentially serious job killer. With Mr. Trump renewing his push to replace Obamacare, he faces a dilemma. "The goal of increasing jobs in health care is incompatible with the goal of keeping health care affordable," said Katherine Baicker, a Harvard University health economist who sees advantages in trimming the industry's growth.... In cities such as Pittsburgh, Cleveland and St. Louis, health care has replaced dying industries like coal mining and heavy manufacturing as a primary source of jobs. "The industry accounts for a lot of good middle-class jobs and, in many communities, it's the single-largest employer,"



said Sam Glick, a partner in the San Francisco office of Oliver Wyman, a consulting firm...

[How Virtual Anatomy Will Change Med School](#)

Leaf, C. (April 21, 2017). Fortune Magazine

How will medicine change in the future? The author recently visited Ohio's second-largest city to check out a cool piece of technology that the Clinic and Case Western Reserve University, are using to teach med students anatomy in a whole new, dynamic, and interactive way. Case Western's Dr. Mark Griswold, a professor of radiology who is an expert in magnetic resonance imaging, has worked with colleagues to build a "virtual anatomy" tool on the Microsoft HoloLens augmented reality platform. Put on the HoloLens visor, plug in the human circulation program (one of various anatomy modules that Griswold's team has built), and you'll find yourself staring at a life-size, 3D human figure, with every vein and artery in perfect bodily placement and scale....

[Top 5 States to Be a Nurse](#)

Lineus Medical. (May 2, 2017).

Being a nurse is pretty comparable from state to state. Whether you're in Idaho or Florida, the same core nursing responsibilities and treatment protocols apply. This is emphasized by the Nurse Compact Licensure that reciprocates licensure across 25 states with little effort. But as is the case with all skilled labor, there are significant differences in how nurses view their jobs from state to state. From average pay to minimum staffing enforcement, there are many factors that impact the quality of life and overall satisfaction for nurses.

Using a matrix of factors that impact nurses' lives below are the top five states to work as a nurse. The elements examined were: average salary, hourly pay, quality of life, staffing protections, employment competition, and demographic health status.

#1. Texas

There are several things that make Texas an attractive landing spot for nurses. For starters, TX has the highest annual salary adjusted for cost of living. This high earning trend is partly driven by a need for nurses, as TX ranked third in Opportunity & Competition rank according to a 2016 study¹. But, it's not all about the money! TX has nurse friendly laws in place mandating that hospitals have nurse driven staffing committees responsible for plans and staffing policy.

#2. California

While TX takes the top spot in average salary, CA has the highest average hourly pay in the US. A heavenly climate with access to some of the most beautiful terrain in the nation gives this state a high quality of life year in year out. One of the most valued elements of nursing in CA is their attention to staffing. It's the only state that stipulates in law required minimum nurse to patient ratios that must be maintained at all times by nursing units.

#3. Oregon

It might not be top of mind for most, but OR boasts the seventh highest average salary for nurses. Like TX and CA, OR also requires hospitals to have nurse driven staffing committees to ensure proper nurse-patient ratio management. Looking for a job? You should be able to find a place to work no problem; OR has the most healthcare facilities per capita yet maintains the fifth fewest nurses per capita in the nation.

#4. Colorado

Between Denver and Colorado Springs, CO vaunts two of the top ten cities to live in the US according to U.S. News & World Report. CO ranks number three in Emotional and Physical Well Being, and like CA has an outdoorsy culture with a healthy and energized populous. The average hourly pay and salary don't top the charts, but a low poverty rate and high life expectancy make CO a great place to provide care and be cared for!

#5. Illinois

In a 2016 ranking, IL ranked 20th in opportunity/competition and fifth in work environment. Like the top three states, IL has staffing laws and mandatory nurse driven staffing committees that monitor staffing policy. IL ranks top 20 in both average salary and hourly pay, and with the 21st lowest cost of living in the US, this Midwest state makes a good place to put on the scrubs.

Nursing in a state not listed above like Ohio? Don't sweat it! Nurses across the US consistently report satisfaction with their job, even if parts of it make them unhappy. While there has been little growth in nursing wages in recent years, an aging workforce and an increasing demand for nurses could translate to increased compensation for nurses.

Is it the end of PVC bags for intravenous fluids storage?

The New Indian Express. (April 2017).

The Government of India had framed new Bio-Medical Waste Management Rules 2016, which demands phasing out PVC bags for blood collection. Only bags which conform to specifications as per standards prescribed in the respective Pharmacopoea are used for manufacture of IV fluids and Blood.

The advantage of current PVC bags is that they are easy to handle, can be sterilized, safe to transport and low cost. Unlike glass bottles, PVC bags containing anti-coagulant solution can be sterilized.

The Indian government has not suggested an alternative to the PVC bags. In such a situation the collection of blood and blood components will be at a standstill, if rule 4(d) of BMW Rules 2016 is enforced beginning March 29, 2018.

Location, Location, Location: Red Box Eases Anxiety in the Infusion Room

Green, L. (May 07, 2017).

Hypersensitivity reactions are an ongoing concern during cancer therapy infusions, and nurses are always on the lookout for early signs that their patients may be having one. Having an emergency supplies box nearby can make this process much less stressful for nurses and patients.

Nurses at Cancer Treatment Centers of America at Eastern Medical Center (CTCA-Eastern), led by Carolyn Ruef, MSN, CRNP, AOCNP, introduced an emergency "Red Box" in infusion room treatment areas. The findings of their project were presented during a poster session at the 42nd Annual ONS Congress being held May 4-7 in Denver, Colorado.

Eileen Eisenhower, RN, BSN, CRNI, OCN, explained that that previously, if a patient showed symptoms of a reaction, the nurse would stop the infusion and then had to go some distance to the med room. "When there's a reaction, your adrenalin is running, and trying to remember the code to get into the med room and grab the right supplies ... All of that took more time than we were comfortable with, and it created some anxiety."

Eisenhower explained that if a patient's reaction progresses and is not treated quickly, respiratory arrest can follow: "We would have to get additional help from a rapid response team coming from other parts of the hospital." Since the Red Box, there is less utilization of the Rapid Response System at CTCA.

The contents of the Red Box align with CTCA's Adverse Drug Reaction Protocol, which is based on recommendations of ONS, the Infusion Nursing Society, and Up to Date®. The tackle box, big enough to hold all of the supplies needed when a patient first shows signs of a hypersensitivity reaction, among them, saline, tubing, methylprednisolone (eg, Solu-medrol), Benadryl, Pepcid, Demerol, IV start kits, and an Epi pen.

Benefits of Endovascular Therapy for Stroke Extend to Two Years, Study Finds

Moran, M. (May 18, 2017). Neurology Today: 18 May 2017 - Volume 17 - Issue 10 - p 38-40. doi: 10.1097/01.NT.0000520477.96062.0a.

The beneficial effects of endovascular treatment for acute ischemic stroke over standard IV-thrombolysis, shown at 90 days, appears to persist at two years, according to a report in the New England Journal of Medicine.

A two-year follow-up of patients in the Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands (MR CLEAN) showed that endovascular treatment in patients with acute ischemic stroke caused by a proximal intracranial occlusion of the anterior circulation resulted in functional recovery, as measured on the modified Rankin scale (mRS). The results were similar to those originally reported at 90 days in a 2015 report in the New England Journal of Medicine.

"For the last 20 years, intravenous treatment with alteplase has been the only effective treatment," said the lead author Yvo Roos, MD, PhD, professor of neurology at the Academic Medical Center in Amsterdam, the Netherlands, in comments to Neurology Today. "The MR CLEAN trial is the first to show that by opening the artery with endovascular treatment, outcome improves in patients with large artery occlusions with large thrombi. The acute treatment effects seen at 90 days are

not washed away two years later by recurrent strokes or other vascular events. That is the main important message for clinicians.”

“Intra-arterial treatment in patients with acute ischemic stroke caused by a proximal intracranial occlusion of the anterior circulation was effective and safe when administered within six hours after stroke onset, and the beneficial effect of endovascular treatment on functional outcome at two years in patients was like that reported at 90 days in the original trial,” said Dr. Roos.

Dr. Roos said the most important factor in deciding if a patient is a candidate for endovascular treatment is the presence of a large artery occlusion caused by thrombus that is visible on CT-angiography. “You can’t treat a patient with no visible occlusion on CT-angiography or patients with very small distal thrombi,” he said. “Currently all patients eligible for IV-thrombolysis (IVT) should be treated as such, and all patients eligible for intra-arterial therapy should receive this treatment on top of IVT. Only in certain specific cases where IVT is not possible, for instance, in patients on anticoagulant therapy, can endovascular treatment be done without IVT pre-treatment.”

He added that the consortium of institutions comprising MR CLEAN will be investigating in future studies whether IVT is still necessary in patients eligible for intra-arterial treatment, or if they can receive endovascular treatment directly.

[Study Results Show Reduction in Disability From Stroke Up To 24 Hours Of Onset](#)

News-Line for Physician Assistants.com. (May 18, 2017).

University Hospitals Cleveland Medical Center was one of the top seven recruiting sites in the multi-site study that enrolled a total of 206 patients in the nation. The results showed that patients treated with the retrieval system, known as mechanical thrombectomy, had significantly decreased post-stroke disability and improved functional independence at 90 days compared to medical management alone. “This is incredible,” said Cathy Sila, MD, Director of UH’s Comprehensive Stroke Center, “Almost half of the patients (48.6 percent) receiving the thrombectomy therapy had a good outcome at 90 days after treatment - defined as the patients being independent in activities of daily living - as opposed to only 13.1 percent of the patients treated medically or with clot-busting drugs alone. This 35 percent difference may be higher than any level of benefit from any stroke trial. Not only did the patients treated with mechanical thrombectomy dramatically improve during hospitalization, sometimes being able to walk and be discharged to home, but there was also a much lower risk of subsequent neurological worsening because of the poor blood flow to the brain,” said Dr. Sila.

[Study finds MR is cost-effective for detecting prostate cancer, guiding biopsies](#)

Dubinsky, L. (May 19, 2017). DotMed.com.

A new study published in Radiology found that despite the skepticism, MR imaging is cost-effective for detecting the disease and guiding biopsies. Researchers from Case Western and University Hospitals Cleveland Medical Center used MR to evaluate the study participants for potentially harmful lesions. “Many consider MRIs to be cost-prohibitive, especially when evaluating for a common entity such as prostate cancer,” Dr. Vikas Gulani, study advisor and professor at Case Western Reserve University School of Medicine, said in a statement. “This was our expectation as well, prior to doing this work, but our study found the opposite. ... If we can maximize efficiency in how we identify clinically significant lesions and diagnose patients, we can reduce unnecessary treatments for our patients, and reduce costs to our hospitals,” he added.

[No Increased Risk Seen for CLABSI With Internal Jugular Catheter and Tracheostomy](#)

Rosenthal, T. (MAY 26, 2017). Anesthesiology News.

Having an internal jugular (IJ) catheter with a concurrent tracheostomy did not increase the risk for central line-associated bloodstream infections (CLABSI) among ICU patients stated researchers from the Department of Anesthesiology of the David Geffen School of Medicine at the University of California, Los Angeles.

“Our data challenges what seems to be the standard when placing lines in patients with tracheostomy,” said Dana L. Russell, MPH, the lead author of the single-center, retrospective, matched case-control study of more than 500 adult patients from five ICUs. The retrospective case-control study included adult ICU patients at Ronald Reagan UCLA Medical Center from March 2013 to December 2015.

“The lack of evidence to support the risk of infection that tracheostomy poses should be considered by practitioners when selecting a site for cannulation,” she said. “Our findings support the clinical decision-making process regarding site selection for line placement. The decision between the internal jugular versus femoral site for cannulation, for example, is not always so clear-cut. Data can help in this regard.”

2018 ARIN SPRING CONVENTION CALL FOR ABSTRACTS

Abstracts are due by August 1, 2017

The Planning Committee will review abstracts based on the following selection criteria:

- Abstracts should be limited to 250 word
- Clarity and description of content, and presentation methods
- Importance, depth, focus, and level of audience interest
- Feasibility of application to a variety of settings
- Presenter's professional background and speaking experience
- Absence of commercial content
- Originality of topic/presentation (has not been presented at other radiological nursing programs)

The Association for Radiologic & Imaging Nursing (ARIN) functions to provide evidence-based information related to radiologic and imaging nursing. Material presented at the annual convention, available on the website, or provided in any printed materials must be of professional quality, evidence-based, and demonstrate an absence of proprietary or prejudicial/ biased commentary.

- Anecdotal observations should be limited in their scope and not presented as proven fact.
- It is inappropriate to endorse or imply endorsement of any specific product or service.
- One speaker per accepted abstract will receive a complimentary, single-day registration.

Presentations, both podium and poster, are being sought on topics listed below and should have an interdisciplinary focus whenever possible. We are considering topics along a tract of interest and spectrum of experience from novice to expert. Topics of great interest include the following:

- Interventional Oncology
- Technology:
 - Electronic Health Record
- Balancing use of technology when caring for patients
- Successes
- Challenges
- Rollouts
- Stabilization
- Upgrades
- Lessons Learned
- Use of social media in supporting communication and networking in professional education
- Pharmacotherapeutics:
 - Anticoagulants
 - Glucose Management Agents and methods of delivery
- Subcutaneous Insulins and Oral Agents
- Pens, Pumps and IV Insulin Protocols
 - Cardiac Medications
 - Suboxone
 - Medical Marijuana
 - High-dose Opioids
 - Antibiotics
- Advanced Practice Roles: Nursing Leadership, Management, Clinical Nurse Specialist, Nurse Practitioner, Educator
- Clinical Considerations for Transgender Patients
- Multiple Modality Imaging,
- Pediatrics: Scanning and Sedation Issues
- Radiology management topics,

- Quality measures
- Assessment of patients needing access for dialysis, level of urgency and device choice issues
- Cath lab/IR/OR hybrid lab conversions
- Clinical trials in radiology and nursing research in Imaging
- Case studies in any modality of Imaging
- Throughput in Radiology including staffing issues and room turnaround
- Scanning of pacemaker patients in MRI, how did your organization roll out the new MR conditional Pacemakers
- Comprehensive stroke center, cases, experiences
- Tracking quality indicators in Radiology
- Team building
- Special situations for the outpatient imaging nurse, how do you bridge the issues?
- Capnography
- Evidence-based practice in Radiology
- Patient education in Radiology
- Managing complications
- Anatomy of cases, unusual cases
- Medication management
- Safety considerations related to:
 - radiation
 - patient handling
 - transport
 - chemoembolizations
 - needles, etc.
- Issues in fluoroscopy department
- Leadership topics
- Multi-disciplinary projects with a team presentation
- New technologies/treatments in imaging
- Nursing competencies and orientation elements
- Patient positioning
- Patient satisfaction projects in radiology
- New Pet CT considerations
- Risk management in radiology or risk abatement
- Nursing quality indicators in Radiology
- Magnet considerations for Radiology
- Unit based councils in Radiology
- Moderate sedation case studies
- Contrast issues, reactions, infiltration vs extravasation

We are also considering smaller workshop style presentations with these topics in mind:

- How to develop a poster presentation
- How to do a podium presentation
- Hands on work with ultrasound, vascular access, IO, etc.
- Simulation of code situations

See the ARIN web site for further information on abstract submission.



Abstracts are Due by August 1, 2017

ARIN EXTENDS A WARM WELCOME TO OUR **NEW MEMBERS!**

First Name	Last Name	City	State
Preeja	Lijo	Bellerose	NY
Celeste	Ablan	New Hyde Park	NY
Lesa	Moody	Bowling Green	KY
Cindy	Valko	Gibsonia	PA
Supriya	Prakashan	League City	TX
Kathy	Dureault	Chino Hills	CA
Kristy	Monti	Sausalito	CA
William	Stromme	Kasson	MN
Anna	Cronin	Flower Mound	TX
Liesbeth	Reid	Glenbrook	NSW
Pamela	Kennedy	Morrisville	NC
Susan	Hensel	Milwaukee	WI
Karen	Keeley	Philadelphia	PA
Marieta	Capati	Portland	OR
Souad	Matkin	Portland	OR
Marty	Moran	Charlottesville	VA
Megan	Miller	Pasadena	TX
Barbara	Orenich	New Bern	NC
Rachel	Cantu	Conroe	TX
Denise	Ridgeway	Dunedin	FL
Matthew	Waddell	Muskego	WI
Angie	Longan	Fort Worth	TX
Elizabeth	Arminio	Freehold	NJ
Lorraine	Miller	Buffalo	NY
Kathy	Zarbaugh	Hilliard	OH
Jeannie	Brewster	Jordan	ON
Kelly	Bodie	Kingston	ON
Alicia	Schaal	Minneapolis	MN
Leah	Willms	Oak Grove	MN
Amy	Sheeran	Oak Lawn	IL
Suzanne	Charest	Londonderry	NH
Patricia	Stone	San Bernardino	CA
Kathryn	Vavricka	Columbus	MN
Karen	Goyet	Old Orchard Beach	ME
Danielle	Rupel	Blue Ash	OH
Lindzey	Rubio	Tacoma	WA
Michele	Fishbough	Huntington Beach	CA
Carrie	Higgins Lorenz	Cooperstown	NY
Geralyn	Moyer	Philadelphia	PA
Maria Theresa	Macamos	Cutler Bay	FL
Jena	Lewis	Pacoima	CA
Nelson	Hufano	Fairfax	VA
Xinyuan	Sun	Spring	TX
Tasha	Webb	Mundelein	IL
Coni	Anthony	Loveland	CO
Heidi	Crawford	Fort Collins	CO
John	Darcy	Loveland	CO
Lisa Marie	Dunnigan	Fort Collins	CO
Diane	Hattel	Fort Collins	CO

First Name	Last Name	City	State
Roger	Heins	Windsor	CO
Julie	Germany	Fort Collins	CO
Cybil	Johnson	Windsor	CO
Sara	Young	Fort Collins	CO
Margie	Caramucci	Waxahachie	TX
Schlonda	Chavers	Suffolk	VA
Beatrice	Coyne	Pittsburgh	PA
Elizabeth	Pinner	Fountain Inn	SC
Pierce	Dayuta	San Jose	CA
Teresa	Alcala	Torrance	CA
Meagan	Docherty	Maddingley	VIC
Edward	White	Pepperell	MA
Millicent	Wynter	Miami	FL
Diane	Stein	Rye	NY
Brandy	DiMatteo	North Ridgeville	OH
Jill	Shoemaker	Lebanon	PA
Travis	Anding	Duluth	MN
Erica	Hill	Upper Marlboro	MD
Mary	Beier	Novato	CA
Sandra	Stohl	Litchfield	NH
Jeanette	Frantz	Midland	TX
Virginia	Anderson	Lovington	VA
Vicki	Ramirez	Cleveland Heights	OH
Jacqueline	Hourigan	Conroe	TX
Paula	Rowan-Page	Charlottesville	VA
Sharon	Sullivan	Cypress	TX
Kimberly	Felix	Brooklyn	NY
Lindsay	Calzascia	Vacaville	CA
Nicole	Ruesink	Chugiak	AK
Susan	Buffington	Palmetto	FL
Allison	Atkinson	Edwardsville	IL
Tessa	Semanski	Rocklin	CA
Megan	Lopez	Salinas	CA
Michele	Aemmer	Brighton	CO
Nikki	Davison	Plattsburgh	NY
Iain	Grieve	Phoenix	AZ
Sandra	Tomeny	Etna	NH
Courtney	Coates	Walnut Creek	CA
Samantha	Chen	San Francisco	CA
Kelly	Morrison	Cicero	NY
Richard	Ehrhardt	New York	NY
Emma Renae	Temples	New Boston	TX
Monica	Moore	Menlo Park	CA
Raul	Angeles	Stewartsville	NJ
Jenn	Rasp-Vaughn	Sheridan	WY
Lorrie	Waterson	Buffalo	WY
Katrina	Bickerstaff	Sagamore Beach	MA
Stacey	Hemby	Lubbock	TX

NOMINATIONS

Sarah K. Whitehead, BSN, RN, CRN
2017 ARIN Director of Leadership

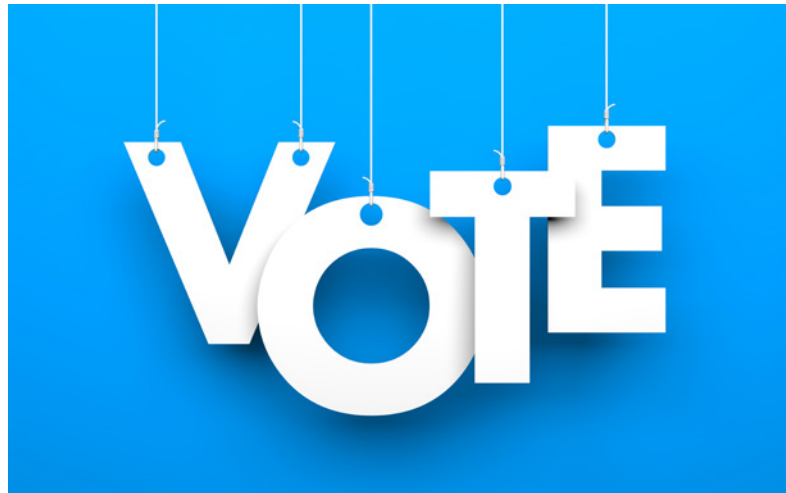
The application for the 2017 nomination cycle have been posted. Please apply to become a member of the ARIN Board of Directors in 2017. ARIN becomes a stronger organization when qualified candidates join our dedicated team of leaders. Leadership offers an excellent opportunity to grow professionally as well as to develop a deeper understanding of national nursing opportunities.

Open positions for nominations include:

- President-Elect
- Treasurer
- Director of Education
- Three (3) Leadership Development Committee Member

Nominations are solicited, reviewed, and approved by the Leadership Development Committee. The final nomination slate is reviewed by the ARIN Board of Directors. Following the election, Officers and Leadership Development Committee members will begin their term at the Annual ARIN Convention in April 2018. Please refer here to ARIN website for application criteria.

Any questions or concerns may be directed to Director of Leadership, Sarah Whitehead, BSN, RN, CRN; Sarah.whitehead@arinursing.org. Application deadline is September 1, 2017. [Applicants may apply here.](#)



THE OHIO RADIOLOGICAL NURSES ASSOCIATION (ORNA) NEWS

John Shrewsbury RN
ORNA President

The past ORNA spring conference was a big success! Many positive responses about the speakers and the 2017 Spring conference were shared by attendees. As a follow-up, the association held a planning meeting for the Fall 2017 conference and the Spring 2018 conferences. Fun, food and the sharing of ideas were the hallmarks of the meeting. The Fall conference in conjunction with University Hospitals of Cleveland will be held November 4th at the medical center. A few of the topics on the agenda include mammography and breast health, stroke, and contrast. Interested attendees should contact Greg.laukhuf@arinursing.

2017 GLARIN ANNUAL SYMPOSIUM



Aurora Conference Center at Aurora St. Luke's Medical Center Milwaukee, WI

Welcome Reception-Friday 09.29.2017

Milwaukee Ale House - 233 N. Water St, Milwaukee, WI
7:00pm – 10:00pm

Symposium- Saturday 09.30.2017

Aurora Conference Center
2920 W. Dakota St. Milwaukee, WI
7:30am-4:30pm

SYMPOSIUM FEE

Friday Welcome Reception

Milwaukee Ale House

Free for symposium participants

\$10 participant's guest

Saturday Symposium: \$50

(breakfast / lunch / dessert provided)

8 CE Hours for RN & RT

- RN Accreditations - ASNA
- RT Accreditations - ASRT Cat A

Agenda

Renal Disease and Interventions

Dr. Neal Khurana

Interventional Oncology

Dr. Matt Howenstein

Peripheral Vascular Disease

Dr. Larry Donahue

Challenging Cases in IR

Dr. Matthew Tiede

**** Lunch-n-Learn ****

Penumbra – Indigo System

Filter Placement and Retrieval

Dr. Aaron Bos

Prostate Artery Embo

Karen Grace RN, BSN, CRN

Melissa Williams RN, BSN, CMSRN

Research in IR: Kristie Kennedy



Register for the meeting online at www.glarin.org
Email: glarinsymposium@glarin.org

VISION READERSHIP SURVEY 2017

The results are in from the annual ARIN Vision survey! The survey gives the ARIN Board and the Vision staff insight into what membership values and wants to see in the publication. For comparison results from year to year, the same questions are used. Twenty four members participated in this year's survey. The results are as follows:

1. How many years of experience do you have in nursing?

Answer Options	Response Percent	Response Count
0-5	4.2%	1
5-10	8.3%	2
10-20	0.0%	0
20-30	33.3%	8
Greater than 30	54.2%	13
answered question		24
skipped question		0

2. How many years of experience in radiology nursing?

Answer Options	Response Percent	Response Count
0-5	16.7%	4
5-10	8.3%	2
10-20	58.3%	14
20-30	16.7%	4
Greater than 30	0.0%	0
answered question		24
skipped question		0

3. In 2014 the Vision newsletter expanded from 4 newsletters a year to 6. Is this a value added benefit?

Answer Options	Response Percent	Response Count
Yes	95.7%	22
No	4.3%	1
answered question		23
skipped question		1

4. Do you find the following columns of benefit to you as a radiology nurse:

Answer Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Response Count
President's Column	7	13	3	0	0	23
Webinar Nurse	7	12	2	1	0	22
Webinar Nurse	8	11	2	1	0	22
Imaging Review Course News	8	11	3	1	0	23
Bare News in Radiology	11	10	1	1	0	23
I am a Radiology Nurse	10	12	1	0	0	23
NSO Column	7	11	4	0	0	22
I am a Radiology Nurse	I am a Radiology Nurse					23
NSO Column	NSO Column					1

5. What types of information or articles would you like to see included in the Vision newsletter?

Answer Options	Response Count
	10
answered question	10
skipped question	14

1	I want to be radiology nurse.
2	A SHORT primer on a different procedure or test each time that could be printed out as a one page information sheet to share with staff.
3	Tips procedure.
4	A look at radiology nursing in other countries? We could compare, review and improve each other's practice by looking at differences and similarities.
5	What is happening or practices in IR departments.
6	More information on the challenges in MRI.
7	I do not know what Vision is. I've been an ARIN member for several years, I get the Journal, is this an electronic publication? I am not familiar with it.
8	Periodic Treasurer/financial report, perhaps March (from Convention) and September (as a mid-year report).
9	Hcc treatment.
10	Keep the same.



ARIN HISTORY IS ONLINE!

Our history is important. To make our past available to all members, ARIN is moving select historical documents on line. Members can currently view past editions of Vision and the predecessors; ARNA RN News and RN News. [These can be found on the ARIN website under News and Events with Vision Newsletter as a dropdown.](#)

CHAPTERS: WE WANT TO HEAR FROM YOU

Do you know about exciting things going on in your chapter? Tell us all about it! We want to hear from you. Let your chapter's upcoming events, developments, and accomplishments be heard. To send chapter news for inclusion in an upcoming issue of Vision, e-mail articles to liz.boulter@arinursing.org.

ARIN is trying to update some of our historical records. We are missing some of the following items. If you have any of the items below, we would appreciate a copy. Please contact Liz Boulter, liz.boulter@arinursing.org at the National Office to plan for her to receive these items.

The National Office is trying to collect missing issues of Vision

Vol 10, No 3, Fall 2005

Vol 15, No 3, Fall 2010

Vol 15, No 4, Winter 2010

Vol 16, No 1, Spring 2011

Vol 16, No 2, Summer 2011

Vol 16, No 3, Fall 2011

Vol 16, No 4, Winter 2011

Do you have a copy of the Historical Notes from the years?
2001-2002 2010-2011 2011-2012?

We would like to add to the growing collection on the web. Please visit the website and see the growing collection.



**Radiologic Nursing
Certification Board, Inc.**



RADIOLOGIC NURSING CERTIFICATION BOARD (RNCB) NEWS

The RNCB conducted an item writing session June 3-4, 2017, in Orlando, FL. Members of the Item Writing/Test Development workgroup were Jeremiah Floyd, BSN, RN, CRN, Portland, OR; Patricia ChongTenn, RN, CRN, CNRN, CMSRN, Brooklyn, NY; Sue Kehoe, BSN, RN, CCRN, CRN, Saugerties, NY; Maureen Chila, BSN, RN, CPHRM, MPA/JD, CRN, Cleveland Heights, OH; Leah Crement, RN, CRN, VA-BC, College Station, TX; Andrew Somers, MSN, CN3, CRN, Chapel Hill, SC; Erica Dewey, MSN, RN, CRN, Alexandria, VA; Becky Johnson, Rn, CRN, Puyallup, WA; Anne Patterson, RN, CRN, Erie, PA; and Kim Badeau, MA, BSN, RN, CRN, Apopka, FL; RNCB Board of Directors members, President Mary Myrthil, MS, RN, CRN, NE-BC; Secretary-Treasurer, Elizabeth Anderson, BSN, RN, CT, CRN; Tinley Park, IL; Director Linda Alliprandini, BSN, RN, CRN; Director Christine Hockenberry, RN, CRN, Ocean City, NJ and Director Christy Haines, BSN, RT(R)(CT), CRN also participated in the workgroup activities. The workgroup reviewed the current exam questions for ongoing validity and was charged to develop new questions for future exams. The item writing work is rigorous and rewarding. The RNCB gratefully acknowledges the work of the individuals and looks forward to inviting other CRN's to participate in future item writing activities.

Certification is one of the most important decisions a nurse can make. Certified nurses are recognized by their peers and employers for having achieved a standard of competency in their nursing specialty. The next Certified Radiology Nurses (CRN®) Exam will be administered October 14, 2017; the deadline to submit an application for the October exam is August 8, 2017. Late applications will be accepted through August 22, 2017. For more information and to download the CRN Exam application and the Guidelines for Certification and Recertification handbook please visit www.certifiedradiologynurse.org or call 855-871-6681.



IMAGING REVIEW COURSE NEWS

by Bruce Boulter
Executive Director

As has been the case over the last two years, the IRC team has been a busy group again in 2017. Not only has the master faculty been teaching courses around the country, but anxiously involved in working on advancing the educational offering at ARIN.

The most exciting part of this news is that after many months of hard work and long hours, the IRC team has developed the next revision of the Imaging Review Course. This was first launched at the NEC-ARIN class presented in May. As is a common practice, the team has gotten back together a few times and made a number of minor tweaks to provide the best course we can offer. Many modules have been updated with the most up to date information.

The new coursework and manual have been received extremely well. As we move forward this year, we look to hold many more classes before year end. Get ready to head towards South Beach as we are scheduled to hold a course in the Miami/Ft. Lauderdale area in August. We continue to receive more inquiries from around the country, remember to look to the website for more details.

A big thank you to Kathy Scheffer, Ellen Arslan, Kristina Hoerl, Lauren Miller, and Pauline Lentowski for all of their hard work in bringing this updated course to print. We look forward to many more courses scheduled in the months ahead. If your hospital or chapter is interested in hosting an imaging review

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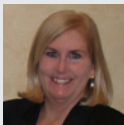
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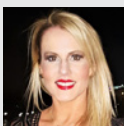
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