ARIN VISION

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In this issue

PROFESSIONAL DEVELOPMENT LEADS TO **QUALITY PATIENT CARE.**

Evelyn Wempe, ARNP, MBA, MSN, ACNP-BC, AOCNP, CRN
2016 ARIN President

"Education is the great engine to personal development"
– Nelson Mandela

ARIN acknowledges that fostering the growth of radiology nurses lies in developing educational programs and orientations that result in a well-trained nursing workforce that delivers quality patient care. We have all become familiar with the Institute of Medicine's 2010 report, *The Future of Nursing: Leading Change, Advancing Health*. The message is clear. Nurses make up the largest segment of the health care profession. They work in a variety of settings; including hospitals, public health centers, and schools while providing a continuum of services involving direct patient care, health promotion, patient education, and coordination of care (Institute of Medicine, 2010). This statement is of great value as it signifies the impact that we have on patients every day. For this reason, it is important that nurses begin developing professionally early in their nursing careers.

Early exposure to radiology and imaging nursing in the education and mentoring of nursing students, introduces our future nurses to the importance of the clinical role. As leaders in patient care, we are acutely aware that patients undergoing imaging studies or procedures need highly skilled nurses to monitor, administer medications and perform therapeutic interventions to patients undergoing treatment in the radiology and imaging environment. We advocate for the safety and the well-being of our patients and the profession.

The impact we have on our patients leads me to believe that the awareness to our specialty starts early on – during nursing school when nursing leaders are getting exposure to professional development. The future of radiology nursing will be in the hands of those entering the profession NOW! For this reason, ARIN has continued to build its relationship with the National Student Nurses' Association (NSNA) to continue to bring attention to the need of clinical rotations and exposure of nursing students to the specialty of radiology and imaging nursing.

This past June, I had the pleasure of meeting NSNA's current President, Adam Tebben, during the ANA's Organizational Affiliates meeting in Washington, D.C., and we both agree that nurses need to be exposed to all educational opportunities to better prepare them as they enter their profession as nursing leaders. Adam has contributed to this latest edition of Vision on the importance of student nurse leadership development.

In continuing our efforts to prepare the "future of nursing", Katherine Duncan 2016 ARIN President-Elect, will be attending and presenting at the NSNA's *34th Annual Midyear Career Planning Conference!* ARIN is excited to be a part NSNA's conference this year to educate others about our innovative specialty profession, the value of our clinical role and impact on improved patient outcomes. I encourage all of you to embrace and mentor nursing students as they rotate through your departments for they are our radiology nursing leaders of the future!

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Institute of Medicine (2010). The future of nursing: Leading change, advancing health. Washington, D.C.: National Academics Press.

CONTINUOUS EDUCATION IS ESSENTIAL

Greg Laukhuf RN, ND, CRN, RN-BC, NE-BC
VISION Editor.

Knowledge builds competency and proficiency for better patient care.

President Wempe in her message this month discussed the need for early education for new nurses regarding radiology. Rapidly changing technologies in the radiology arena has presented the need for frequent and ongoing training for those already at the bedside. In response to this need, many departments, outpatient clinics and hospitals continue to develop continuing education programs to confirm radiology nurses are equipped to use the new technology and remain proficient on the existing equipment. Current Joint Commission guidelines outline the need for competencies associated with this equipment. Proper preparation provides a platform to meet best practice and quality assurance initiatives while promoting an environment that supports continued education and growth. What elements comprise this preparation? Radiology practice areas can provide education to the clinical staff to meet the guidelines in several ways:

Labs and conferences

Interventional radiology and cardiac catheterization labs frequently provide patient care conferences. These meetings focus on complex patient cases include details such as patient diagnosis, treatment, and continued care plans. Some of the conferences, for example tumor board conferences or stroke conference may provide CE credit to be used to meet licensing or certification requirements.

Staff evaluations

Annual staff evaluations are an excellent opportunity to address individual staff educational needs. The inclusion of a vendor trainer is a great way to energize staff and train them on techniques and pathology seen daily in the room. These classes can be an opportunity to generate documentation for employee files which regulatory bodies require. This type of training requires clearly defined objectives, statements of use for each piece of equipment, how the training was accomplished and a check list managers can use to verify employee's training and knowledge of each piece of equipment. Your vendor may have generic education lists that you may be able to adapt for your area.

In-service sessions

Each radiology nurse should be expected to present a minimum of one educational in-service session a year. Preparing in presenting an in-service session can enhance technology skill sets in several areas. Not only do they learn presentation skills, they also gain knowledge of inventory and specialized equipment and how to train coworkers.

Departments benefit by having all staff members trained on the equipment used in the department. Staff members benefit by having a trainer on staff who can respond to follow up questions. Managers benefit by knowing that staff is up-to-date on the latest equipment, procedures, and technology.

Vendor training

Many vendors and application specialists are available to provide departmental training on new technology, as well as on existing equipment and devices. Training can help team members become more confident and proficient in network, and often can provide CE credit to meet licensing requirements. Vendor training can provide new information to staff and help to keep them engaged. It is essential for radiology nurses to continue to develop skills throughout their careers. Attending tumor board conferences, participating workplace training programs in attending vendor lectures are but a few of the ways to turn current practices and best practices. Education builds competency proficiency in radiology nurses which can benefit patients by serving them with the best quality of patient care.

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Vison 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.

STUDENT NURSE LEADERSHIP DEVELOPMENT: **STUDENTS DESERVE EXPOSURE**

Adam Tebben
National Student Nurses Association
President (2016-2017)
Emporia State University--Emporia, KS

Professional development as a nurse should begin as early as possible. It can come in many guises. Many nursing students do not have the luxury of developing their professional attributes due to the lack of support in the educational system. Unfortunately, there is a melody that is hummed by many departmental chairs and faculty of nursing programs. That melody is professional development should be limited to the classroom and clinical settings. This tune limits student exposure to the organizational aspects of nursing. It leaves many students graduating without the knowledge of knowing the power that their voice, their mind, and their thoughts can have towards making necessary changes in the practical and educational aspects of nursing. It leads to a lack of understanding of the input by nurses needed to lead changes essential to advance our profession.

In the same sense that "all nurses are educators", all nurses are also… Leaders. Students must be fostered and cultivated into bringing out their full potential. As a student-nursing leader, I have had the luxury of having the full support of my nursing program, and it has paid off in more forms than I could ever express. By being involved in the National Student Nurses' Association (NSNA) as a member, Kansas State President ('14- '15), national Director ('15-'16), and now the National President ('16-'17), I have been able to learn about the different areas of nursing, epidemic/pandemic care, and healthcare legislation that is left out of many nursing curriculums. All of this was through exposure, which would not have been possible without the culture of faculty-support within my program.

The same is true regarding my involvement with Radiology Nursing. The practice of radiologic and imaging nursing is one that I had no awareness of until I was introduced to the Association for Radiologic and Imaging Nursing (ARIN) organization through my travels and educational opportunities within NSNA. It is my hope that our organizations, NSNA and ARIN, will continue to unify our organizations to the full potential that many students deserve, so that they leave their nursing programs with the awareness of this sector of nursing, and many others. With a profession that has so many avenues of professional practice, students deserve to be exposed to all forms of nursing so that they can fill the areas of nursing that need to be filled, follow their interests that they are hopefully bared, and become better leaders for all organizations that they may contribute to. May your voices spread the importance of student participation to the National Student Nurses' Association and its events, and may your profession recruit many of our students into the field of Radiologic and Imaging Nursing. Together, we will educate, expose, develop, and promote. Stay Blessed!

Editor's note- The views of our guest editors are their own and do not necessarily reflect the views of ARIN or its membership.

TIME TO MAKE **CHANGES**

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

"A year from now you will wish you had started today."

-Karen Lamb

Congratulations to all the nurses; the 2015 Gallup poll once again confirmed that American rate nurses highest of all professions for honesty and ethical standards (Saad, 2016). We are doing a great job! We need to pause and celebrate this endorsement of our work. We must strengthen ourselves, and each other, in preparation for the challenges ahead. As a trusted professional group and leaders in healthcare, we still have work to do. Essential to this work is dealing with and leading the tremendous changes we are experiencing in healthcare. With the recent United States, presidential election, it is possible that further changes in our healthcare system are ahead. According to W. Warner Burke, organizational changes occur all the time (Burke, 2014). In many instances, it is unplanned and gradual. The type of change we should be leading is purposeful with the result to transform practice and healthcare systems to meet societal needs. Many authors have written about change, giving us advice on how to lead successful change. The early work of Kurt Lewin shared that change happens in stages: Unfreezing, Moving, and Refreezing. There are many forces that influence the progression of the stages. (Lewin, 1951). Many theorists describe specific steps to change. Rogers and Lippitt elaborated on Louis Lewin's change theory to provide further explanation of the dynamic forces that either facilitate or restrain successful change in each step (Lippitt, Watson, Wesley, 1958; Rogers, 2003; Mitchell, 2013). Authors and consultants such as Connor, Gladwell, and Welch have written and spoken reams on organizational change management (Kotter, 1996; Gladwell, 2000; Welch, 2001). There has also been a very popular movement to teach change management by using stories. Our Iceberg is Melting is a story about penguins on an iceberg home that is melting, presenting them with the problem of finding a new home (Kotter, Rathgeber, 2010). Another story, Who Moved my Cheese? is about mice aced with the problem of dwindling cheese supplies and the need to find new ways to feed themselves (Johnson, 1998). Both stories send a message about leading change. The stories are charming and fun to read. So, with all this guidance why are we still struggling? The upshot is that major organizational change is not as simple as suggested. It is not linear. Change is complicated; it is chaotic; and it is difficult. There is no magic bullet. It is not black and white. It takes time, patience, perseverance, and consistency. All of which I believe radiology nurses possess. We employ these traits daily in our departments. Many models suggest how to manage change and on the surface, they make sense. However, most have not been researched, so they are not supported by evidence based practice. There are many variables that affect the success of change. It is a challenge to account for all the variables and research. Therefore, we don't have a strong evidence for what works and what does not (Burke, 2014). This is an opportunity for radiology nurses to demonstrate our value and to add to the body of knowledge of change management. Many of you are experiencing change in your your practice, perhaps expectations of new skills, responsibilities, or restructuring of your workforce. Change can be difficult and painful. But if you manage and plan the rollout of change, you will be successful. Use a change model to help you on your journey to your new reality. Collect data and add to the body of Radiology Nursing knowledge, noting best practice and changes for better processes in health care. Regardless of the particular change model you use, there principles of human interaction that must be considered. In organizational change during practice, W. Warner Burke (2014) discusses the issues and complexity of organization Change and provides five principles that may help us to keep our perspective as we navigate change ourselves. These perspectives are:

1. The external environment around your organization is also rapidly changing. Consider the effects of the external environment on your change initiatives.
2. Press the need! You must succeed in communicating the need for change to the members of your team. Without an understanding of the need for change and the goals to be accomplished, the team members will not embrace the change, helping you to succeed.
3. Change process steps. Identify and communicate to your team the prescribed set of steps and the consequences of not following the steps. It is nonlinear and often messy, chaotic process. You must anticipate that this is part of the progression, and be ready for it.
4. Resistance. There will be resistance. Resistance looks different in different members of the group. Know what will happen, determine the cause, and deal with it as presents itself.
5. The change leader role is essential to success. Important characteristics of the change leader include; clear and transparent communication, approachable, not defensive, patient, and persistent.

These are principles that I know Radiology nurses can master. So go forth, collect data, lead change, and show the world the power of Radiology Nursing!

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FALL ORNA EDUCATION EVENT

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

"Change is the law of life and those who look only to the past or the present are certain to miss the future."

- John F. Kennedy

It was a warm Fall day in Cleveland for the combined Cleveland Medical Center Department of Radiology and Ohio Radiology Nursing Association education day. The theme for the conference was Radiology in the Future.

This exciting day was led off by Dr. Jeffery Hersch PHD, MD, RAC, and CMO of GE Healthcare. He spoke on ***"Cutting-edge Approaches to Enhancing the Clinical Impact of Imaging."*** This exciting vision into the future of imaging involved moving from 2-D to 3-D to 4D imaging. Imaging of the future will move away from 2D anatomy and incorporate images that are interactive, quantitative, and add a more clinical insight into the underlying pathophysiology. The lecture discussed 3-D printing of the images for surgical interventions.

The day continued with an insight into ***"Human Trafficking and Health Care Providers,"*** by Denise Robinson, RN, BSN, SANE–A nurse. Her riveting presentation raised awareness on this $150 billion annual global enterprise. She shared how radiology can be a valuable agent in identifying at risk patients with tips for interacting with patients you may suspect are victims.

The morning session ended with George Gordon and ***"Cryoablation Overview."*** An overview of clinical studies provided insight into practices and safety for the use of Cryoablation. A review of products was presented with best practices in terms of tumor size and patient selection.

Scott Chapman RT (R) and Souma Sangota started the afternoon with a dynamic presentation ***"Introduction to FFR – CT (Fractions Flow Reserve Computed Tomography)."*** This lecture shared this new imaging technology used in heart flow and FFR-CT. The audience became familiar with several technologies for diagnosing cardiovascular disease along with the strengths and weaknesses of each exam.

The day wrapped up with a lecture on the ***"Clinical and Occupational Benefits of Digital Radiography"*** by Raquel Gallagher RT(R). The difference of CR and DR were examined, along with the history, throughput, advantages, and disadvantages. The conversion of CR to DR with automation of the rooms and patient care impact was presented. The lecture wrapped up with an overview of new laws to incentivize the transition and a movie of the futuristic Samsung Radiology suite in Seoul South Korea.

It was a great lecture day and the insight into the future radiology was appreciated by all who attended. The future is bright for radiology. To borrow from ZZ Top; "The future is so bright, I gotta wear shades".

JOURNAL OF RADIOLOGY NURSING'S CHAPTER CHALLENGE: INTERESTING CASE REPORTS

Each ARIN chapter is challenged to submit an interesting case report to JRN! This is a great opportunity to collaborate with colleagues, RNs, RTs, and radiologists as co-authors.

The deadline for submissions is November 15, 2016

One author is designated the corresponding author when he/she sends the manuscript to JRN's submission website. The cover letter that accompanies the manuscript should state which chapter the author(s) belong to so the chapter can get credit. If you do not belong to a chapter because there is none in your area, state "open chapter."

JRN is peer-reviewed, so submissions should be as professional as possible. Be succinct and accurate, remember the word count, and use active voice. Author guidelines are available. Reviewer comments will be returned to the corresponding author and revisions requested, if needed.

A few caveats about a case report:

- Do a brief literature search on the case before starting to write; what about your case is unusual or reportable?
- All personal information regarding the case study should be de-identified, as well as all patient/staff identifiers in images.
- Case studies should be between 500-1000 words.
- Figure legends should be submitted on a separate page (eg, Figure 1. Pre-angioplasty artery, Figure 2. Post-angioplasty result).
- Any necessary permissions must be obtained before submission and included.

Case report parts include:

- Abstract (a few sentences that should not be repeated again) and 2-3 keywords
- Title
- Introduction (relevant background information)
- Case (chief complaint, PE, diagnostic exams, interventions, anticipated outcome)
- Pertinent literature findings
- Discussion (teaching or learning points included)
- Conclusion (take home message)
- References

Many institutions want to know if a manuscript is submitted for possible publication, so talk with your nurse manager, risk manager, or other to find out if approval is needed. If so, indicate this on your submission letter.

Show your chapter and other ARIN members that you are an involved nurse and help advance the education of your radiology nurse colleagues.

COMING SOON

Bruce Boulter
ARIN Executive Director

ARIN 2017 Annual Convention,
Washington D.C.
March 5-8, 2017

It's almost hard to believe that the ARIN Annual Convention is only 4 months away. It's seems like only yesterday we were enjoying the beautiful city of Vancouver and taking advantage of ARIN's first "virtual broadcast" allowing all the attendees the ability to watch all of the courses that were offered.

Now we are heading to one of the most amazing cities in the United States to celebrate ARIN'S 35th Anniversary. We will be in the midst of one of the cradles of US history. Not only will our participants be able to take advantage of great presenters, but also a hands-on simulation on "Airway Management for the Interventional Nurse". As in previous years, the convention will be offered virtually for those unable to attend in person.

For those that are traveling to Washington D.C. for the first time, or even the fiftieth, you will find a never-ending list of things to do. From the Capitol Building to the White House, and the multitude of buildings that make up the Smithsonian, you are guaranteed not to be bored.

Make your plans now to join ARIN in Washington D.C. for a 35 year anniversary convention you'll never forget.

Click here to register

Department celebrates Colleen's achievement with a cake.

NEW CRN IN THE NEW ENGLAND CHAPTER OF THE ASSOCIATION FOR RADIOLOGIC AND IMAGING NURSING (NEC-ARIN)

Patricia McCarthy, BSN, RN
NEC-ARIN President

We are pleased to congratulate Colleen Robinson BSN, RN, CRN on her latest accomplishment in certification. Colleen passed the October 2016 certification exam making this her second specialty certification in nursing. Colleen is a highly skilled and experienced nurse with a diverse background in nursing. She has worked in critical care and endoscopy prior to bringing her skill set to interventional radiology three years ago. Colleen is always ready for a project. Last spring, she presented an informational poster during Nurses Week on Radiology Nursing at Lahey Hospital and Medical Center (LHMC), located in Burlington, Massachusetts. Colleen is currently working on a presentation on contrast reactions. Colleen is true leader in radiology nursing and role model. Not only did she take the certification exam in October, but she came out the very next Saturday to attend an all-day conference provided by NEC-ARIN and earned six new contact hours! Once again congratulations to Colleen on this wonderful accomplishment.

Phyllis Johansen, receipient Allan Gold Scholarship, DeAnn McNamara ARIN DOE and Immediate Past President NEC-ARIN, Laura Prior

DESTINATION **NEC-ARIN!**

Patricia McCarthy BSN, RN
NEC-ARIN Chapter President

New England has been a busy place for radiologic and imaging nurses this year with many opportunities to participate in both education and leadership in our local chapter. The New England Chapter for Radiologic and Imaging Nursing (NEC-ARIN) has successfully held elections for our open positions. We welcome Colleen Wise MA, BSN, RN as our President-Elect and Petra Clark MS, RN, CCNS-AG, CRN as our Secretary and Web and Graphic Design (WAG). We also welcome Mike Gillespie BSN, RN and Charlene DeSimone BSN, RN to our Board of Directors (BOD). We are fortunate to have enthusiasm from both our membership and leadership as we continue to have growth in our chapter and provide New England area radiology nurses with opportunities for professional enhancement and education.

In spring of 2016 we held the ARIN Imaging Review Course (IRC) which I reported on previously. Most recently NEC-ARIN held our autumn event at Lahey Hospital and Medical Center (LHMC) in Burlington MA providing a full day conference on Hepatocellular Carcinoma. Our first speaker, Mrs. Tracy Galvin, the Chief Nursing Officer of LHMC gave an inspirational keynote address to start our morning. She spoke of her own personal journey in nursing and leadership, and the honor of being a nurse. She shared a heartfelt story that makes us realize that what seems like a small and insignificant task to us as nurses, can mean the world to our patients. Tracy also identified that every nurse is a leader in their own way. Another distinguished leader, Evelyn Wempe, our ARIN President articulates a closely aligned thought. Evelyn's platform of Radiology Nurses as Leaders in Patient Care supports that

Our other speakers included Thomas McLaughlin PA, Dr. Keith Stuart MD, Dr. Sebastian Flacke MD, PhD, Jennifer O'Riorden BS, Nellee Fine, MA, BSN, RN, and Dr. Amir Qamar. This expert group of speakers captivated the audience with both their knowledge as well as their entertaining styles. Radiation safety explained using a bubble machine and Fruit Loops has never been such fun. It went a long way to provide great information in a truly entertaining and very understandable manner.

Mid-day our chapter installed our new officers and held an open chapter meeting. We also awarded two scholarships for the conference in memory of Alan Gold RN. Mary Sousa, our ARIN Immediate Past President, and our NEC-ARIN President Emeritus presented our awards. In her presentation address, Mary reminded us of Alan's beliefs on participation in our specialty organizations and its value in our professional practice. Alan was an active and devoted member of both ARIN and NEC-ARIN. He was also a member of the NEC-ARIN BOD. Alan believed in the value of both local and national membership as being important to the professional development of radiology nurses, both nationally and internationally. The BOD recognized that our two recipients embrace those values through the evaluation of their applications. Our scholarship recipients; Laura Prior and Phyllis Johansen received complimentary registration for the conference. NEC-ARIN also recognized our Immediate Past President, Martha Manning for her exemplary service to our chapter with a complimentary one year membership to both ARIN and NEC-ARIN.

At the end of the day we provided six contact hours for both nurses and technologists. The program was extremely well received by the audience with numerus positive remarks throughout the day and on the evaluations as well. To quote one attendee "I've been a nurse for over 30 years, and that was the best conference I have ever been to". We are proud here in New England of what our latest accomplishment. Now it's time to think about springtime in Washington D.C.!

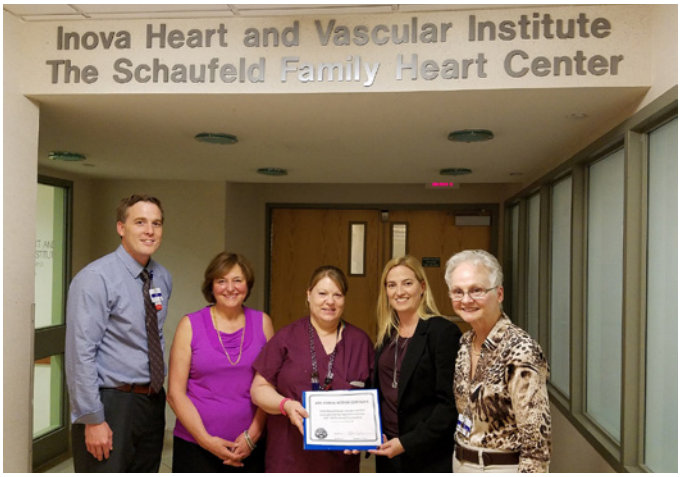
ARIN RETURNS TO **INOVA**

Mary F. Sousa BSN, RN
ARIN Immediate Past President

On Friday, September 23rd, ARIN Past President Mary Sousa and ARIN President Evelyn Wempe visited the INOVA Health System's Heart and Vascular Institute in Leesburg Virginia during the ARIN Fall Board of Directors meeting. This custom was begun last year to take advantage of engaging with our membership and visiting local area hospital systems while ARIN conducts its Board business meetings. These visits bring us closer to membership and allow an opportunity to learn first-hand what is relevant to nurses and clinicians working in this specialty.

During this year's visit, we were again pleasantly greeted by Patricia Murphy, RN, Brenda Sheives, RN and Radiology Director David Reich MHA, RCIS. There were many changes since the visit one year ago. The hospital building was undergoing a major construction project that included the interventional catheterization lab and cancer center expansion. As David explained, the population in Loudon County has increased by 60 percent. INOVA is planning an extensive expansion project through 2020 to meet these growing health needs and continue to provide quality patient care.

In addition to the substantial growth, INOVA Loudoun Hospital earned Magnet status designation in June. This prestigious honor is awarded by the American Nurse's Credentialing Center (ANCC) to institutions for nursing excellence. Only 5 percent of the 6,000 hospitals in the United States have earned the Magnet designation. Inova is enjoying its the third consecutive term!



From left: David Reich, Mary Sousa, Brenda Sheive, Evelyn Wempe, Patricia Murphy

The visit to INOVA Loudoun Hospital was once again a positive experience for ARIN. As last year, it was wonderful to see the dedication and enthusiasm from radiology professionals that are striving for excellence in patient care. President Evelyn Wempe, was delighted to present the INOVA staff with a complimentary registration for one staff member to attend our 2017 Annual Convention being held in Washington, D.C., on March 5th through 9th. Congratulations to INOVA and its continued success!!

If you would like us to visit your hospital when we are in the area, please drop us an email at Liz.boulter@arinursing.org.

GRANTS AND SCHOLARSHIPS

The Leadership Development Committee of ARIN is excited to announce that we are accepting applications for 2017 ARIN Awards and Scholarships. It is our time to recognize the achievements and accomplishments of our members and chapters! Please review the awards and scholarship categories and submit your application.

Please send any questions to Piera Robson, MSN, CNS, NP, Director of Leadership – piera.robson@arinursing.org

SUBMIT YOUR APPLICATION BY DECEMBER 1st

Radiology Nurse of the Year Award

The Radiology Nurse of the Year Award was established in 2006 by the ARIN Board of Directors and is presented to an ARIN member in recognition of outstanding radiology nursing practice as demonstrated through leadership, mentorship, and ongoing professional development. Members of the Board of Directors are not eligible for nomination during their term in office. Click here to apply for the Radiology Nurse of the Year Award Application

Chapter Award

The Chapter Award honors the chapter that best promotes the goals of ARIN through their member relationships, community activities and promotion of community health issues. All chapters are encouraged to submit an application for this award. Click here to apply for the Chapter Award application

CRN Scholarship Award

The Association for Radiologic and Imaging Nursing (ARIN) CRN Exam Scholarship Award was established to provide financial assistance to ARIN members who are seeking to become certified radiology nurses. The recipient will receive a complimentary registration for the CRN Exam. Click here to apply for the CRN Scholarship Award Application

Dorothy Budnek Memorial Scholarship

The Association for Radiologic and Imaging Nursing (ARIN) Dorothy Budnek Memorial Scholarship was established to provide financial assistance to ARIN members who have returned to school to advance their nursing education. The recipient will receive a scholarship in the amount of $600.00. Individuals who have been members of

ARIN for at least three years are eligible to apply for the Dorothy Budnek Memorial Scholarship. Click here to apply for the Dorothy Budnek Memorial Scholarship Application

Charlotte Godwin Scholarship

The Association for Radiologic and Imaging Nursing (ARIN) Charlotte Godwin Scholarship was established to provide assistance for ARIN members to attend the annual Spring Educational Meeting. The recipient will receive a complimentary registration for the annual meeting; in addition, the recipient will receive a complimentary convention registration and a cash scholarship of $200.00 to defray the expense of attending the meeting. Click here to apply for the Charlotte Godwin Scholarship Application

Helen Malenock Award

The Association for Radiologic and Imaging Nursing (ARIN) Helen Malenock Award was established by ARIN to provide a complimentary, one-year ARIN Membership to a nurse currently working in radiology. Click here to apply for the Helen Malenock Award Application

Nominate Someone You Know

Would you like to nominate someone for an award or scholarship that you know? Click here

Don't forget to register for the ARIN 36th Spring Convention March 5-8, 2017 - Washington, DC

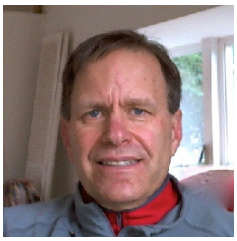
ARIN EXTENDS A WARM WELCOME TO OUR **NEW MEMBERS!**

First Name	Last Name	City	State
Andrea	Schmid	Newton	MA
Heather	Pepper	Osceola	IN
Ed	Copeland	Placerville	CA
Victor	Benlice	San Jose	CA
Tonna	Tyler	Stella	NC
Danielle	Sanders	Leander	TX
Kristie	Murray	Johnstown	PA
Rob	Wesel	Hillsboro	OR
Ernest	Campany	Des Moines	WA
Mary	Vaughn	Charlottesville	VA
Phyllis	Johansen	North Andover	MA
Sunshine	Self	Morganton	NC
John	Williamson	Newport News	VA
Adrianna	Karlis	Sunnyvale	CA
Patricia	Porretta	Trinity	FL
Monika	Jones	Orange	CT
Rebecca	Anderson	Tampa	FL
Brent	Stoltzfus	Colorado Springs	CO
Jonathan	Dlugose	Oldsmar	FL
William	Haag	Lahabra	CA
Nika	Hamilton	Stone Mountain	GA
Amy	Collins	Alexandria	VA
Thomas	Bradley	Watertown	NY
Marissa	Pascual	Houston	TX
Shirlana	Cumberbatch	Arouca	West Indies
Judy	Lee	Orlando	FL
Ginny	Giambrone	Penfield	NY
Olalekan	Ojeshina	Pearland	TX
Angela	Mergen	Lake Worth	FL
Michelle	Premo	Claremont	NH
Karen	Hengge	Vernon	NJ
Kathleen	Locurto	Coram	NY
Becky	Baker	Lexington	KY
Renee	Kennedy	Anchorage	AK
Elizabeth	Ford	Helena	MT
Michael	Long	Brooklyn	NY
Patricia	Sylvestro	Springfield	VA
Jacquelyn	Lampe	Ypsilanti	MI

First Name	Last Name	City	State
Julia	Ryan	Durnago	CO
Kathy	Meronek	Waukesha	WI
Margaret	Shee	Ann Arbor	MI
Amanda	Buhrman	Englewood	OH
Sue	Taylor	Chicago	IL
Douglas	Rider	Land O Lakes	FL
Rosamond	Freeman Hayes	Beverley Park	NSW
Carl	Diamond	Omaha	NE
Melissa	Richardson	Cantonment	FL
Jennifer	Labarrie	Lawrenceville	GA
Amy	Drouin	Portland	OR
Michele	Faris	Upper Darby	PA
Siobhan	Sheehan	Newtown	NSW
Jessica	Wiese	Sydney	NSW
Victoria	Davies	Potts Point	NSW
Carolyn	Elderton	Kogarah	NSW
Barbara	Mangelli	Miller Place	NY
Kathryn	Perrin	Spotsylvania	VA
Kelly	Lehet	Berkeley	CA
Kimberly	Lushbaugh	Mechanicsville	VA
Terri	Matney	Johnson City	TN
Olivia	Mizell	La Place	LA
Cherie	Wooldridge	New Orleans	LA
Nicole	Nodal	Wesley Chapel	FL
Lisa	Yager	Leonardtown	MD
Lorenda	Smith	Great Mills	MD
Natalie	Mccormick	Franklin	WI
Juanita	Razo	La Mesa	CA
Bridget	Sheldon	Orland	CA
Amy	Walker	Kenner	LA
Kimberly	Dixon	Loveland	CO
Lisa	Mckinney	Minden	NV
Jonathan	Seyfred	Tucker	GA
Stephanie	Findley	Rockingham	VA
Jeff	Waltner	Cincinnati	OH
Amie	Henschen	Cincinnati	OH
Allison	Masse	Mattoon	IL
Ralph	Spencer	Pacific Grove	CA

I AM A RADIOLOGY NURSE!

Jeff Miller, RN is a busy radiology nurse at Harborview Medical Center, Seattle, WA. He has been an ARIN member since 2016.



Why did you become a nurse?

After about ten years of drifting from job to job in different areas, I read the "What Color is Your Parachute?" work book by Richard Bolles and discovered hospital followed by Radiology nursing. This inspired me to become a nurse.

What about nursing you happy?

I enjoy working as a team with clever people and thinking strategically to get the most efficient and best result for our patients.

What has been the most amazing experience you have had as a radiology nurse? Have you experienced anything extraordinary in your career?

In my daily practice, I regularly see people who quietly deal with adversity in a heroic manner. Regularly witnessing the grace and resiliency of persons with truly significant illnesses or injury is an extraordinary experience.

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

I have several challenges. I'm easily frustrated with the pace of change, and sometimes disappointed in people who should do better, including myself.

What has your nursing journey been like?

As I grow older in this career, I feel I'm doing the job I was meant to do. I come to work, happy to have meaningful work on most days. Many of my coworkers think I'm crazy, but I like what I'm doing.

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

At the end of a hectic day, I try to relax by getting my mind off work. Usually that includes home/yard projects, running or walking. Lately, I've been watching YouTube videos of George Carlin comedy Sets.

How has ARIN played a role in your career?

I was extremely impressed by the quality of the presentations at the national ARIN conference in Vancouver in April 2016. It was great to see the caliber of people who are doing the work of Radiology nursing. The conference allowed me to see my work as more consequential, and was a defining and motivating event in my career.

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

MEMBERS IN THE NEWS

Sharon Lehmann, MS, APRN, CNS, Clinical Nurse Specialist in Interventional Radiology at the University of Minnesota was an invited speaker at the 15th Nursing and Medicare Summit held in Rome, Italy October 17-19, 2016. Her topic was Prostatic Artery Embolization. She was recently recognized by Who's Who in World Nursing.

MINORS AS CLIENTS: **WHAT PROVIDERS NEED TO KNOW**

nso nurses service organization

Most healthcare providers have a good sense of requirements related to adult clients, but many find themselves on shakier ground when it comes to care of clients who are minors.

Minors tend to carry more risk for litigation because of their unique status in our society. To protect yourself from liability, it's important to understand legal and regulatory requirements related to minors and to educate staff.

Minors and privacy

A minor is a person under the age of legal consent, typically younger than 18 years, as defined by state law. How much privacy does a minor have when it comes to sharing personal health information (PHI)? In most states, children can't exercise their rights under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule until they are 18 years old. Until then, a parent, guardian, or other person acting in loco parentis is considered the "personal representative" (a person legally authorized to make health care decisions on an individual's behalf) of the child, so information, including access to the child's health records, is allowed. In addition, the personal representative can authorize sharing information electronically and in print with other healthcare providers. (See Transferring health records.)

However, there are three situations where the parent, guardian, or other person acting in loco parentis would not be considered the minor's personal representative:

- The minor is the one who consents to care and the consent of the parent or other person is not required under state or other applicable law.
- A court determines or other law authorized someone other than the parent, guardian, or person acting in loco parentis to make treatment decisions for the minor.
- The parent, guardian, or person acting in loco parentis agrees that the minor and the healthcare provider may have a confidential relationship.

In these situations, the parent may have access to PHI when state or other applicable law requires or permits such parental access. If laws state parental access is not allowed and clinicians provide access, your facility could incur financial penalties from $100 to $50,000 or more for each violation (capped at $1.5 million per calendar year). Criminal penalties, including imprisonment, apply when a person knowingly obtains or discloses individually identifiable PHI.

If no guidance is available from state or other laws, the licensed healthcare provider can use professional judgment to the extent allowed by law to grant or deny parental access to the minor's medical information. If child abuse or neglect is suspected and giving the parent access to PHI may put the child at further risk of harm, clinicians can choose not to provide the information.

An emancipated minor acts as his or her own personal representative. State courts may grant emancipation, or emancipation may be situational, such as the case of minors who are or have been married, are parents, attend college away from home, or are members of the military.

State laws indicate when and under what conditions children can become independent of their parents for legal purposes. Information about each state can be accessed at www.law.cornell.edu/wex/table_emancipation. The bottom line: Know your state's laws and consult your attorney as needed.

Minors and consent An emancipated minor or the personal representative of a child can grant consent to treatment. In many states, minors can give consent for treatment related to specific needs, such as substance abuse, mental health care, or birth control.

It's important that staff conduct due diligence to ensure the person signing the consent is authorized to do so. For example, if the child's parents are separated or divorced, the clinician should ask for a copy of the divorce decree or custody agreement because both parents often have legal custody (and can make treatment decisions) even though one parent has residential custody for the child. A copy of the court order should also be obtained in cases of a legal guardian or guardian ad litem.

The basic principles of obtaining consent should be followed, including a verbal discussion, followed by written documentation. Information should be in the consenter's preferred language and at the appropriate literacy level. Clinicians should document the consent process in the client's health record.

In the case of an emergency, a minor can be treated without consent of the personal representative, but it's important to keep in mind that the burden of proof that treatment was needed will fall on the provider. In this situation, thorough documentation is essential.

Staff education

To protect your practice, develop policies and procedures that give staff specific guidance related to obtaining consent and sharing health records. Then provide education on these topics, including annual updates. Be sure to document that staff received education; you may also ask them to sign the policies and procedures to attest they have read them.

Understanding that minors can pose unique risk management challenges will help you avoid legal action related to treating a minor. If you have any doubt about how to proceed, contact your attorney for guidance.

Transferring health records

Whether the client is a child or adult, it's important to consider the following information related to providing health record information to the personal representative or sharing the health record with another provider:

- If your practice maintains an electronic health record (EHR), you must provide a copy in at least one readable electronic format. If the personal representative doesn't want an electronic copy, you can provide a print copy.
- You do not have to use a personal representative's own flash drive or other device to transfer the records if you are concerned about security. If the request is to send the files by unencrypted e-mail, it's best to have the personal representative sign a form acknowledging the inherent security risk of doing so.
- The personal representative can request, in writing, that an electronic copy of the health record be sent directly to a third person. Be sure to have a policy explaining how staff should verify the identity of the third person before sending the record.
- You can charge the personal representative a reasonable fee for labor costs incurred in copying health records, but first check state law requirements.

RESOURCES

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Cynthia Saver, MS, RN, President, CLS Development, Columbia, MD

NEWS FOR RADIOLOGY: **WHAT YOU NEED TO KNOW!**

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

Mysterious polio-like illness that paralyzes people may be surging this year

The Washington Post, September 21, 2016.

Through July 2016, 32 new cases of AFM [acute flaccid myelitis] have been confirmed across the United States this year by the Centers for Disease Control and Prevention (CDC), an increase compared with last year, when just seven cases were confirmed. Among the many questions about the condition are what causes it, how to treat it and how long the paralysis lasts. Although occurring mostly in children, AFM occasionally affects adults with no treatment other than physical therapy to markedly improve outcomes. The degree of paralysis in the first month has generally improved only slightly over the course of a year. "After about a year or so, what you've got is what you've got," said Max Wiznitzer, a pediatric neurologist at Case Western Reverse University in Cleveland. Officials at the CDC and some doctors, including Wiznitzer, insist that the cause remains unknown. Wiznitzer highlighted that with just 32 confirmed cases in the United States, AFM remains extremely rare.

Concussion Symptoms Linked to Proteins in Spinal Fluid for First Time

WJNT.com, September 21, 2016.

Researchers have found that players with post-concussion syndrome had lower levels of amyloid-beta in their spinal fluid. Amyloid-beta is protein that can clump to form plaques that are associated with Alzheimer's disease. The lower levels found in the study suggests amyloid is being deposited in the brain, as is the case in Alzheimer's disease. "These findings could impact decisions about whether to continue to play or not," stated Dr. Michael DiGeorgia, director of the Neurocritical Care Center at University Hospitals Cleveland Medical Center. DiGeorgia was not involved in this study. "It could affect decisions around post-concussion syndrome management. If you have higher levels of NF-L proteins or low levels of amyloid, you may be on a trajectory toward more serious neurologic illness. The second or third concussion should be taken even more seriously."

Anxiety Doubles Cancer Mortality in Men, but Not Women

Medscape.com, September 21, 2016

A diagnosis of generalized anxiety disorder (GAD) is associated with a significantly increased risk for cancer mortality in men, but not in womenaccording to recently released research. In the largest study to date examining the link between anxiety and cancer mortality, Olivia Remes, a PhD student in the Department of Public Health and Primary Care, University of Cambridge, United Kingdom, found that a diagnosis of GAD more than doubled the risk for cancer mortality in men. This association held after adjusting for factors known to be associated with cancer mortality risk, such as smoking, alcohol intake, physical activity level, and chronic physical conditions.

New computer program beats physicians at brain cancer diagnoses, could eliminate costly and risky brain biopsies

Case Western Reserve University, MedicalXPress.com, September 15, 2016

Computer programs have defeated humans in Jeopardy, Chess and Go. Currently a program developed at Case Western Reserve University has outperformed physicians on a diagnosis. The program was twice as accurate as two neuroradiologists in diagnosing whether abnormal tissue seen on magnetic resonance images (MRI) were radiation necrosis, or if brain cancer had returned. The direct comparison is part of a feasibility study published in the American Journal of Neuroradiology.

Valeant heart drug discounts haven't materialized

Crain's Cleveland Business.com, September 16, 2016

Months after Valeant Pharmaceuticals International Inc. said it would make discounts available to U.S. hospitals for two high-priced heart drugs, several medical centers say they have not seen discounts. Valeant became famous when it acquired Isuprel and Nitropress and raised their prices by 525% and 212%. Facing a consumer backlash, company representatives told Congress in April that they would work to cut prices for the drugs. … "Despite their promises to Congress, we've seen no reduction in cost nor any improvement in communication," said Scott Knoer, chief pharmacy officer at the Cleveland Clinic Foundation. Knoer said his organization contacted Valeant and didn't have their calls returned.

REPORTING AND SOLVING THE ISSUE CAN YIELD LONG-TERM SOLUTIONS

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

"Real obstacles don't take you in circles. They can be overcome. Invented ones are like a maze."
- Barbara Sher

I have the privilege of co-chairing the Quality Assurance Committee for my department. In this role, I see interventional staff repeatedly challenged by unexpected issues in daily practice and in some cases deal with "workarounds". These are the result of large and small failures in the work process that hinders patient care. Examples from the literature and my practice include a medication needed for a patient is missing in the room; an order is never received in the department; a critical drug is in short supply—the list of potential and actual failures is varied and long, making it difficult to implement tasks as designed (Edmondson, 2004).

These system letdowns result from breakdowns in the environment, staffing, technology, information management, and material supply within the organization (Edmondson, 2004; Tucker, 2009). Tucker found that nurses encounter almost one system failure every hour (e.g. 6.5 failures per 8-hour shift). This effectively removes one in every 15 nurses from patient care to deal with the failures each day (Tucker, 2009; Tucker 2004).

Edmondson found that nurses spent 15% of their time handling system failures of all levels. (Edmondson, 2004). Thus, nurses tend to be very skilled and gifted at "work-a-arounds" to get the job done. They learn to bend the rules a bit; cut a corner and fail to engage the patient, their colleagues, or available technology to meet the task needed. They may fail to carry out the tasks per process because some facets of the process fail to meet their patients' needs. In fact, these workarounds are often considered to be signs of resourcefulness, resilience, and flexibility (Edmondson, 2004; Tucker, 2009; Tucker 2004; Tucker, Edmondson, Spear, 2001; Hewitt, Chreim, 2015).

In healthcare, the ability to address unanticipated difficulties is highly valued especially in patient emergencies. We expect practitioners to use critical thinking to circumnavigate around systems or processes when they don't work. We praise and reward practitioners skilled in using their ingenuity to carry out tasks. We emphasize individual vigilance and encourage healthcare professionals to take personal responsibility to solve problems as they arise. This is so promoted that in some groups, it's considered a weakness to seek help (Edmondson, 2004; Tucker, 2009; Tucker 2004). The fallacy with this thinking is that workarounds become the answer. Workarounds are not the long-term solution required and transfer the difficulty to another time, person, or place. Short-term workarounds are a temporary fix so work can be completed. While healthcare practitioners are accomplished at overcoming immediate obstacles, they rarely attempt to report them or fix their underlying causes (i.e., second-order problem solving) (Tucker, Edmondson, Spear, 2001). If the problem is not solved, it will resurface.

Long-term resolutions are necessary to change the underlying system and process to prevent recurrence. In the workplace, workarounds and nonstandard processes become at-risk behaviors by practitioners. These are behaviors where practitioners knowingly break rules but have little or no perception of the extent of the risks they are taking, or they mistakenly believe the risks are insignificant or justified by the patient's need. Practitioners respond to the broken processes by addressing only the immediate symptoms they encounter (first-order problem solving). They feel forced to improvise with what they have on hand to create a solution to a problem, often without seeking help from other busy practitioners or their supervisors (Tucker, 2009). Although at-risk behaviors are the greatest source of potential patient harm in healthcare, they may benefit the patient whose care would have otherwise been interrupted, delayed, or omitted (Edmondson, 2004; Tucker, 2009; Tucker 2004; Tucker, Edmondson, Spear, 2001). In many cases, personnel are satisfied and even proud of with their abilities to deliver patient care despite the obstacles; even when it means taking shortcuts, breaching procedures, or otherwise working around the system put in place.

Not all work arounds come from non-reported process issues. In many cases the practitioners have reported the problem but it continues unchanged, so they continue to work around the problem. If this perrsists long enough it becomes ingrained as the new process. They are not necessarily trying to hide this information; it is a time issue. They are forced to patch the problem so they can carry out their task (Edmondson, 2004). In healthcare, we tend to encourage this aspect of independence, but it comes at an expense.

In 2015, Hewitt et al. described this experience as "fixing and forgetting," practitioners faced with a problem often fix it and forget about it, rather than fixing it and then reporting it for the long-term fix (Hewitt, Chreim, 2015). Hewitt's team found that "fixing and forgetting" was the principal choice made by healthcare practitioners when faced with problems they could work around including recurring problems that threatened safety.

In addition, Tucker et al. found that 92% of nurses responded to obstacles in their work with first-order problem solving, failing to report the problem for system-wide learning and resolution (Tucker, Edmondson, Spear, 2001). As a collateral finding, the nurses in the study demonstrated a dependence on, and an addiction to, these heroics of in-the-moment problem solving.

After resuming care, they did not spend further time on the problem due to lack of time and not possessing a convenient reporting process. Second-order problem solving (understanding why the problem exists and attempting to correct the problem) was limited to few nurses who just communicated the problem (7%). Only in one instance was the system altered to alleviate the problem. The researchers concluded that a lack of available time and a culture that valued quick, self-sufficient solutions to problems contributed to a pattern in which bedside providers rarely engaged in second-order problem solving. Tucker et al. hypothesized that healthcare practitioners who did speak up and report system failures, no matter how small, ran the risk of being considered a "complainer." (Tucker, Edmondson, Spear, 2001).

Edmondson found similar results, with 93% of all nurses taking the quick fix route for the system failures encountered. They concluded that neither the hospital nor the other staff who may have contributed to the problem could learn from the process failures (Edmondson, 2004). First-order problem solving kept communication of problems isolated so that they did not surface. They concluded that organizational cultures lacking a culture of safety for speaking up could not learn from failures.

Unfortunately, the extent of system problems faced by healthcare practitioners remains hidden as they are underreported. These issues receive little attention but present a valuable source of information about ways in which the system is not working. The need for a workaround is a sign that something is wrong, and when systems are wrong, the risk of safety errors increases.

Healthcare professionals in Radiology are in an opportune position to help their organizations learn. They are aware of the problems they encounter daily which disrupt their work. They are aware of the daily work arounds. Reporting of these problems is critical to problem solving for lasting improvements.

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CERTIFICATION: NEXT EXAM IS MARCH 8, 2017 IN WASHINGTON, DC!

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 the nursing specialty. The next Certified Radiology Nurses (CRN®) Exam will be administered March 8, 2017, at the Marriott Marquis, Washington, DC, at the conclusion of the ARIN annual convention. The deadline to submit an application for the March 8 exam is December 21, 2016. Applications will be accepted through January 4, 2017 with an additional late fee. Download the Certified Radiology Nurse Guidelines Handbook and Certified Radiology Nurse Exam Application at www.certifiedradiologynurse.org

The May 2017 and October 2017 dates will be posted to www.certifiedradiologynurse.org soon.

Congratulations to the Newly Certificatified and Recertificatified CRNS!

The Radiologic Nursing Certification Board, Inc. (RNCB®) would like to congratulate the following nurses who passed the Radiology Nurse Certification exam on August 6, 2016. These nurses have met the requirements to obtain the Certified Radiology Nurse (CRN) credential.

August 6, 2016 Exam

Elizabeth Arsenault	Westford, MA
Maranda Baird	Vidalia, GA
Carey Deluca	Columbia, MD
Susan Denker	Whiteford, MD
Michael Gillespie	Londonderry, NH
Elizabeth Korzybski	Baltimore, MD
Cherry Ann Meyers	Nottingham, MD
Even Parduba	Nottingham, MD
Allison Schiefer	Baltimore, MD

A total of 11 nurses took the Certified Radiology Nurses (CRN®) Exam on August 6, 2016, in Baltimore, MD, with a total of 9 passing. This is a pass rate of 81.8 %.

Recertification

The Radiologic Nursing Certification Board, Inc. (RNCB®) works hard to maintain the standard of excellence among nurses who have made the commitment to set themselves apart as Certified Radiology Nurses by maintaining certification. The RNCB would like to congratulate the following 22 nurses who met the stringent standards to maintain their certification in August 2016.

Nancy Kniivila	Auke Bay, AK
Jeannette Hill	Palm Harbor, FL
Kaylene Wiley	Olathe, KS
Cynthia Oldaker	Lewisville, NC
Susan Gaffney	Parsippany, NJ
Avis Mesi	Millville, NJ
Elaine Mara	Grove City, OH
Sandra Armentrout	Carrollton, TX
Linda Bissen	New Boston, MI
Debra Golding	Brookline Station, MO
Karen Green	Philadelphia, PA
Jennifer Bieshaar	Mansfield, TX
Elizabeth Arsenault	Westford, MA
Maranda Baird	Vidalia, GA
Carey Deluca	Columbia, MD
Susan Denker	Whiteford, MD
Michael Gillespie	Londonderry, NH
Elizabeth Korzybski	Baltimore, MD
Cherry Ann Myers	Nottingham, MD
Evan Parduba	Nottingham, MD
Allison Schiefer	Baltimore, MD
Robin McClelland	Franklin, VA

A total of 34 nurses with the CRN® credential were due for recertification in August 2016. There were 22 nurses who renewed their certification and 12 that did not submit for recertification via continuing education credit. The recertification rate for this period was 54.5 %.

SOMETHING TO PONDER

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

"I may not have gone where I intended to go, but I think I have ended up where I needed to be."

- Douglas Adams, The Long Dark Tea-Time of the Soul

I had the opportunity to present the Joanna Po lecture at the 35th Annual ARIN convention in Vancouver, BC. The theme was how to balancing your professional and volunteer passions. In the presentation, I shared about the need to balance your personal and professional passions. In the process of this pursuit, involvement in your professional association was discussed.

Joining and serving in your specialty Nursing organization rewards the participant with many positive benefits. From personal experience, the colleagues you meet from around the world and traveling to the conferences are some of the benefits. Other fundamentals include networking, keeping up with best practice, introduction to new technologies, and an awareness of the current direction of healthcare with the knowledge required to navigate the new emerging realities. In addition, membership offers opportunities to serve on committees and boards shaping radiology nurse practice.

One of the benefits of serving on an ARIN board is going to conferences and interacting with the movers and shakers across the country. An example of this was the Fall Nursing Organization Alliance (NOA)Conference attended by then ARIN President, Mary Sousa RN BSN, in Palm Springs, California in 2015. The Alliance pulls all nursing specialty groups together in one meeting to brainstorm issues and share successes.

During the meeting, Mary was privileged to hear a presentation by the managing director of Navigant Center for Healthcare Research and Policy Analysis, Paul Keckley PhD. His presentation, *"Health Reform and System Transformation: What's Ahead?"* (Kekley, 2015) emphasized the point that health care is in economic trouble. Spending on healthcare will grow 5 to 6% a year over the next decade while the economy will expand at a rate of 3 % a year.

Currently, most hospitals operate in a sickness focused system; concentrating on one body system at a time. What we need to do is change our focus to holistic well care and healthcare management that is spiritual and preventative. Nurses can meet this need. Dr. Keckly proposed that nursing can influence this trajectory, if their voices are united as one.

During the conference, the Institute of Medicine, (IOM) report *"The Future of Nursing: Leading Change, Advancing Health"* (IOM, 2011). Health care delivery in the future will depend on teamwork, care coordination, value, and prevention. Areas of recommendation particular to nursing are (1) removing barriers to practice and care, (2) transforming education, (3) collaborating and leading, (4) promoting diversity, and (5) improving data.

Education is a big part of their ARIN's mission. Promoting Radiology Nurse's professional lifelong learning is a key component of transforming education. The IOM report also encourages nurses to serve in executive leadership positions and to become involved in the redesign of healthcare delivery and payment systems. ARIN works with the American Nurses Association (ANA) and other specialty groups in NOA to ensure our nurses are kept up to date on current issues and health care reform. ARIN is an international society and as such promotes diversity.

Finally, data is needed on many aspects of Radiology healthcare; in particular, data regarding the numbers and types of healthcare professionals providing care and the outcomes they achieve.

Membership in nursing special organizations is an inspiring journey and will help keep your professional edge. It also gives you the opportunity to shape Radiology Nursing care for future generations. I am proud to be in ARIN nurse.

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EMBRACING **CHANGE**

Kristy L. Reese, MSN, RN
2016 ARIN Secretary

My husband and I recently relocated to North Carolina. Until September, we had only ever lived in the state of Maryland. Over 40 years of that time was spent growing up, marrying, and raising a family in the same county. In fact, our two children graduated from the same high school as I did!!

Change is inevitable. Radiology and imaging nurses are fortunate to work with ever changing technology and techniques while maintaining a standard of practice in nursing care. No two patients are alike; therefore, nurses must constantly make assessments, adapt quickly to changes, and promote positive patient experiences!

ARIN works in much the same way - assessing the needs of its members, adapting to changes in work environments, and promoting positive experiences for radiology and imaging nurses through education and networking opportunities. As the new year approaches, I will begin working on the 2016-2017 Historical Report. This is a chance to reflect on the past year and document growth and change for ARIN. It is a privilege to work with the Board and staff as ideas are born, developed, and nurtured into programs and benefits for our members.

With the perils of settling into a new house and job behind us, I can reflect on the happiness brought about by living near our newest family member – our little granddaughter named Ellie! Her smile melts our hearts! Change affords us incredible opportunities; don't be afraid to put one foot in front of the other and embrace it!

CHANGES TO **MEMBERSHIP DUES**

Evelyn Wempe, ARNP, MBA, MSN, ACNP-BC, AOCNP, CRN
2016 ARIN President

In an effort for ARIN to continue to bring you the best in educational opportunities, the ARIN Board of Directors voted a change in membership pricing. ARIN has not raised its membership dues in at least 10 years, however effective **December 5th, 2016**, you will see a slight increase in membership pricing as follows:

Active Members - $120

International Members - $120

Associate Members - $120

Below are some of the amazing reasons why the membership pricing has changed. ARIN is excited about the continued efforts to expand on the body of knowledge to bring you more educational opportunities and resources.

Webinars – 21 CNE's Currently Available

- Lung Cancer Screening with Low Dose CT
- Creating a Culture of Evidence-Based Nursing in the Radiology/Imaging Setting Preventing Central-Line Associated Bloodstream Infections in the Radiology Department
- CODE Neurointervention
- Additional Live Webinars Are Scheduled Throughout the Year

Directed Journal Reading - 15 CNE's Currently Available

Directed Readings were new for 2015 and have continued throughout the year. Each volume of the Journal will include at least one article that has been approved for CE credits. To participate you must be an ARIN member. You will need to read the JRN article and login to the website and take the evaluation and quiz associated with the article. Recent articles include:

- Post-test Prostatic Artery Embolization: An Emerging Technique in Interventional Radiology
- Nursing Care of a Patient Undergoing Uterine Fibroid Embolization in the Radiology Department
- Understanding Nursing's Role in Health Systems Response to Large Scale Radiological Disasters

ARIN Imaging Nurse Review Course – 15 CNE Credits

The ARIN Imaging Nurse Review Courses aren't just for nurses sitting for their boards. Earn 15 radiology specific credits through the workshop. This 2-day course designed to provide an overview of the skills required for the nurse working in the imaging, interventional, and therapeutic environments. Visit http://arinursing.org/imaging-nurse-review-course/ for information on upcoming courses.

Career Development and Learning Resources

You'll also continue to receive all the other ARIN benefits you rely on: online and hard-copy subscriptions to the *Journal of Radiology Nursing*, access to the job listings and career tools, access to archived meeting presentations, professional networking resources, the Vision newsletter and much more!

How to Renew Your Membership

Renew your membership by logging in to the Members Section of the ARIN website at www.arinursing.org and selecting "Pay Dues Online" under the left side navigation. Membership is based on an anniversary cycle, get 12 months of membership from the day you renew. If you haven't logged into your profile for a while, then contact please contact Liz Boulter at 866-486-2762 ext. 801 or email her at liz.boulter@arinursing.org

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