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## DID YOU FORGET TO SAY...

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

## THANK YOU

As a grandfather, I marvel at the developmental stages of my granddaughter. She is reaching that stage in her language development where she is learning basic words such as please and thank you. As I was babysitting her the other day, it occurred to me that we teach children to say "Please and Thank you" while sometimes forgetting to say it ourselves.

Whether Radiology nurses are caring for patients, working with colleagues, or living life, taking the time to say "Please and Thank you" is an essential courtesy that promotes civility, positive relationships, positive morale, and engagement. Good manners reflects well on you and the organization you work for.

Vince Lombardi, the legendary Green Bay Packers coach, was a staunch supporter of football fundamentals. To be a winner, he believed his players needed to adhere to the basics—tackling, blocking, controlling the ball, and forcing turnovers. Coach Lombardi began each season at a team meeting by holding up a football and declaring, "Gentlemen, this is a football." While this declaration may sound simplistic, Lombardi was underscoring an important point: Understanding and successfully executing the game's fundamentals are requirements to becoming a winning team.

Just as success on the field is about the fundamentals, so it is with courteous relationships. One of

civility's fundamentals is expressing and receiving gratitude in the form of a genuine "please and thank you". Taking time to say "please and thank you" builds trust, respect, and goodwill in our personal lives as well as in our professional work environments. Showing appreciation, saying thank you, and recognizing others for their contributions are cost-free, powerful tools that motivate and inspire teamwork. When we show appreciation, respect, and gratitude to those around us, we become recipients of positive energy. And when we fail to recognize, appreciate, and acknowledge others, the impact can be damaging and have far reaching effects (Clark, 2017).

### Simple but important

A sincere expression of gratitude is a simple courtesy that takes just a moment and costs nothing, It reaps infinite rewards for both the receiver and giver of a kind word. Thank you is a welcome phrase that is often under-used. No matter how busy we are, it's important for us to thank people for even the smallest gestures. In my opinion, there's something truly magical about saying thank you. It acknowledges and shows respect to the person who has reached out, helped, or done something for us. Saying thank you indicates that you don't take others for granted, but, instead, recognize that they matter (Clark, 2017).

So why don't we say thank you more often? In this

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fast-paced, increasingly digital world, we frequently fail to show appreciation to those who share that world with us. Handwritten thank-you notes have fallen by the wayside in favor of email, instant messages, and text correspondence. Our conversations seem to become shorter with fewer common courtesies, including a simple thank you. Recently at a restaurant, my wife and I watched a family go through a meal on their phones.

## Authentic and Sincere

Because expressing gratitude is important, we need to be sure it is sincere, specific, and authentic. Here are a few ideas for saying thank you effectively. Personalize your touch. Make eye contact, smile, and speak in a friendly manner. Be genuine, sincere, and specific. Using the example of my husband keeping the yard in great shape, I might say something like this: "Thank you for cutting and trimming the lawn today. It looks awesome. I love how you take such great care of our home."

Showing gratitude in the workplace is also important. Thank your co-workers and other team members for their assistance and achievements. It's great to say thank you in person, but a handwritten note is also appreciated. In our technological, rapidly changing departments, we often miss opportunities to express appreciation. Expressing thanks can have a deep and positive impact on relationships, productivity, and morale (Clark, 2017).

Genuine concern for others is the cornerstone of great leadership. The purpose of this article was to build on your leadership and give you something back. Here are some thank you gifts you can give to your team. They do not cost you much, but they'll impact your organization (Tolar, 2015).

## Say Thank You in Person

Your team members make a sacrifice to work for you—because each of them could probably earn more elsewhere. Show that you appreciate their contribution by saying "Thank you!" in person this week.

## Listen from the Heart

The gift of your direct attention is worth more than you know. You're busy every day, and your team knows that. So when you take a few minutes to sit down, close the laptop, look a teammate in the eye and listen from the heart, you're saying "I appreciate you" louder than any words could say.

## Share What You Receive

As the leader, you're in a position to receive things your team never will—knowledge, opportunities, perks, contacts. Share the wealth. Pass along the good things, sometimes intangible, that come your way. It really is better to give than to receive.

## Give a Small Gift

Think of how you felt appreciated when you received a little gift. You can do the same with your team. For five dollars (or less), you can give a gift that's worth a million bucks—the knowledge that you care.

My granddaughter is learning the basics of manners and the impact of please and thank you in her life. These same words can impact our work life as well. Absence of gratitude in the workplace diminishes morale, commitment, and productivity. Hard-working employees may choose to leave the organization in response to this.

Take time to thank those around you today. Make a point of doing it on a routine basis. Others benefit from your kindness you sow, and you will reap the rewards that accompany sincere and genuine expressions of gratitude.

### References

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Tolar, Stan. (November 22, 2015). How to thank your team. Developing Leaders. Retrieved <http://www.stantoler.com/articles/how-to-thank-your-team/>

# EDUCATION CORNER

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

National Council of State Boards of Nursing  
Continuing Education for Substance Use Disorder

The National Council of State Boards of Nursing (NCSBN) is offering two free CEs for **Substance Use Disorder (SUD) in Nursing**.

The following continuing education courses are available:

- Understanding Substance Use Disorder in Nursing – 4.0 contact hours (Free)
- Nurse Manager Guidelines for Substance Use Disorder – 3.0 contact hours (Free)

NCSBN's SUD resources were developed to assure that nurses are armed with knowledge to help identify the warning signs of SUD in patients, nurses and the general public. The courses also provide guidelines for nurses in SUD prevention, education, and intervention.

These resources continue to be available free of charge from [www.ncsbn.org](http://www.ncsbn.org) as an organization-wide response to the nation's opioid epidemic.

To prevent overprescribing, many stakeholders created continuing education materials, guidelines, and toolkits on specific opioid-related topics. In response to requests for prescribing guidelines, NCSBN has created an online toolkit of these materials for practitioners.

The Opioid Toolkit includes the following:

- Continuing Education materials from organizations like the American Society of Addiction Medicine and the National Institute on Drug Abuse.
- Guidelines for Prescribing Opioids from the CDC and FSMB
- Links to toolkits on Overdose Prevention

NCSBN also continues to offer free resources for nurses – continuing education courses, brochures, posters, and a brief video - as part of its Substance Use Disorder (SUD) Initiative.

## I AM A RADIOLOGY NURSE!



### **Sherry Kollar RN, BSN, CRN**

is a busy nurse in the summa health system Akron, Ohio. She has been an ARIN member since 2010.



### **Why did you become a nurse?**

I became a nurse to help and educate others with their health needs. After I had married and had my children, I realize that I can do anything if I put on a pair of gloves and put my mind to it.

### **What about nursing makes you happy?**

I am happiest in my role when I can provide the provide emotional support and education to help my patients navigate through the medical system. It can be very confusing for my older patients.

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

The most amazing experience I've had as a radiology nurses was the interaction with the family of a dialysis patient who had exhausted standard vascular access avenues. The IR physician tired a different approach. It was very moving to me to see the tears of joy and relief from the family when we're able to have placed a working dialysis catheter for the patient.

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

One of the biggest challenges I had in my career is remain positive throughout the many changes on health care. Health care is currently under another great change with the current legislation in Washington and payer changes. It makes it difficult to keep up to date with information for the patients and families I care for.

### **Have you experienced anything extraordinary in your career?**

One of the most extraordinary events I have experienced in my career is the privilege of meeting many extraordinary people; patients, coworkers, x-ray techs, nurses, managers, physicians.

### **What has your nursing journey been like?**

My nursing career is being an interesting journey. I decided to go to nursing school when my youngest child was four years old. I realized at that point in my life, that I could accomplish anything if I had the desire to do it. I received my diploma and worked in many areas of nursing. I ended up in IR. Since then, I have worked on my CRN certification and received my BSN. My career continue to grow as I learn additional areas of iron nursing.

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

It can be difficult to find balance. The American way is to work, work, work, work, and work some more. It is important to me to take the time to do the things that you enjoy. Enjoy the small things in life such as a kind smile, sunshine, and family.

### **How has ARIN played a role in your career?**

ARIN has given me a lot of good information about radiology nursing. It is provided a resource for the information I need in my daily work, CE's for maintaining my radiology certification, and information on the future of radiology nursing.

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

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](mailto: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 current Board members. Today's interview is with Cheryl Jaglowski-Ho BSN RN CRN, 2017 ARIN President Elect.

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

Imaging nurses have the challenge of understanding imaging modalities, patient situations and co morbidities and the challenges of running a timely radiology department. This coordination of care is where nursing shines! I see us as integral to a smooth running department, with the challenges being enhancing communication with the teams. Balancing the needs of the patient and the needs of a department requires a skill which nurses do well.

I also see imaging nurses as leaders in providing imaging information to a nurse not familiar with this environment. That may mean reaching out to inpatient, clinic and other nursing specialties to provide seamless care, especially as exams become more specialized.

I see ARIN as a leader in providing easily accessible educational resources to all professionals who touch imaging.

### Where do you see radiology nursing progressing in the future?

I believe imaging nurses will continue to be essential and will increase in the role of educating other nurses and technologists. We will enhance the communication and educational needs between a technologically evolving discipline and nursing, with the focus on what is right for the patient.

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

Imaging nurses can synthesize information and digest it, translating this into a positive patient experience. Now we can utilize evidence based information, share that, and gently guide others into evolving practices in the imaging environment

### How did you become involved in ARIN?

New to imaging, I went to a review course, and asked the president how to become a board member. I wanted to give back to the nursing community, and I loved imaging, so that is how I started. I was involved in the magnet movement at the hospital, and pursued my BSN during this time. All of this enhanced my love of nursing, and this knowledge allowed me to flourish in an expanded professional role.

### Describe your leadership journey to the ARIN Board.

My journey in nursing has been varied. I came from a background in the OR, and was involved in writing a textbook for circulating nurses, in the early days of AORN. I moved to the Emergency department and onto various outpatient jobs in education for childbirth prep and new family's development.

Once I landed in radiology, I found my niche. It combined teaching, patient care and technology. I want to give back to colleagues who work in this specialty by serving on the board and leading nursing into the next generation. I want to provide the resources necessary for improving patient care and outcomes in imaging. Serving on the board, with the mentoring provided, has enriched my journey on becoming a leader. The team is supportive and enthusiastic in helping me reach for the stars.

## VIRTUAL CHAPTERS TASK FORCE

Mary f. Sousa, BSN, RN

I write today to invite you to consider joining a new Task Force group. For several years now, there has been interest raised in developing ARIN Virtual Chapters to connect with nurses or groups not geographically situated in the US.

ARIN is interested in pursuing this initiative with the goal of having the first Virtual Chapter planned to be a Canadian one. It would be great to have 2-3 Past Presidents or Local Chapter Presidents on the team. Your unique experience and perspective would be most appreciated. I will be working with our current ARIN Director of Membership, Sylvia Miller, on this project. If you are interested, please send me an email. If you know of a Local Chapter President, who may be interested, please send their contact info, so we can follow up with them. We welcome and appreciate your participation.

## ARIN IMAGING REVIEW COURSES

Bruce Boulter  
Executive Director

Earlier this year, ARIN launched the next version of its Imaging Review Course. Countless hours by the entire IRC team went into creating the final updated course. The Master Faculty have now had the opportunity to present it 3 times with the presentation having been well received. Lauren Miller, who was brought on late last year, has now completed her formal training and is now a full member of the Master Faculty. Congratulations Lauren!

To date, ARIN has presented 4 courses this year and trained nearly 90 clinicians. We have more events planned for the future, and will keep you informed via the website. ARIN continues its commitment to provide the best, and most up to date radiology and imaging information available.



## GREETINGS FROM THE NURSING ALLIANCE LEADERSHIP ACADEMY (NALA)!

Cheryl Jaglowski-Ho  
ARIN President elect

Six board members and the ARIN Executive Director went to the Nursing Alliance Leadership Academy (NALA), sponsored by the Nursing Organizations Alliance. NALA's conference is designed to help volunteer board members of nursing organizations, learn to govern, navigate the ins and outs of being on a professional board and to network with like-minded professionals. This year, there was a mixture of 68 nurses and executive directors in attendance.

Each of us came away with a renewed vision to strengthen our organizations and with a deeper understanding of each other. We had dialogue about making ARIN more visible through social media with a marketing expert's guidance. We learned that ARIN is not alone in navigating new waters. There was so much learning going on from the 21 pitfalls to avoid while being a board member, to leveraging our strengths as nurse leaders.

**Cheryl:** For me, I really enjoyed the lessons learned from Don Clifton's book, *Strengths Based Leadership*. It was a recommended reading prior to the conference. I could see my leadership set and how each of us fit in with each other, based on strengths in our own personalities. It helped me see how the pieces of our team can fit together, and work to make the board stronger. I would highly recommend the book. I am so thankful to be part of such a dynamic group, ARIN, and I am a proud member of this organization.

**Sarah:** NALA was an amazing experience! Usually "leadership training" lends my thoughts immediately to cliché group exercises, walking on hot coals perhaps... But NALA delivered amazing speakers and an opportunity to discover within yourself the strengths you have as your natural ability to lead.

By the way, if you're reading this Vision article you are a leader in the profession...You are part of a group of professionals with shared dedication and passion for advancing a specialty that we love. Now is a good time to exercise that leader within you and apply for one of our open positions on the board or volunteer for one of our committees. I challenge you to step outside your comfort zone and join our family here at ARIN. If that's not for you, that's ok too. Our awards and scholarships are now open and I encourage you to nominate yourself or one of your peers.

Thank you for supporting our organization and helping us advance a specialty that we are still pioneers of in the grand scheme of nursing. Together, we are blazing a trail to promote excellence and be the premier resource in Imaging Nursing for 37 years and counting!"

**Cathy:** I felt the most useful part of NALA was experiencing it with other board members so that we could discuss the concepts in the moment. We sometimes had differing viewpoints so I found it very beneficial to discuss and see how others thought about things as it gave me a bigger picture of ways to approach things that will affect our members.

**Sylvia:** I am so grateful for the experience I had at NALA. I arrived late at night on August 25th. Right away, I connected with another NALA participant on the bus. When we arrived at the hotel we chatted and decided that getting a bite to eat was in order. The person at the check-in desk told us about a great pizza place down the street, we walked at midnight and it was worth it. We had great pizza and we could talk about why we were at NALA and our

perspective organizations. Once up to my room, I found that the rooms and atmosphere in The Brown Hotel were amazing. It is a vintage hotel with an elegant feel and I enjoyed the décor.

In the morning, they had a wonderful line up of engaging speakers. I have done the strength finders before, but this speaker presented it in a way that really made me think about how our board could use this to better align our task and effort to maximize the impact of the time we spend doing board work. My favorite presentation of the day was the talk on meeting facilitation. The speaker gave practical, actionable recommendations and receiving this information will change my practice as a board member as a leader in healthcare.

The conference facilitators made provision for a brief tour on the way to the prohibition museum. There, we could learn about the history of prohibition in Louisville and enjoy Kentucky Bourbon and appetizers, feeling like we were a part of history for a few minutes. We even had time to discuss and strategize about our different projects and goals as ARIN board members.

The following day the conference remained stimulating, I especially enjoyed the lawyer that spoke about many of the legal considerations when running a non-profit. We ended the conference with an elegant vegetarian lunch and speakers from the University of Louisville. They shared information about a free clinic they run with multidisciplinary students and the school of nursing clinical faculty. In all, this was a great time to learn, network and spend time with my fellow board members.

**Bruce:** Recently, 5 members of the board of directors, as well as myself had the opportunity to attend NALA in Louisville, KY. NALA is always a great opportunity to learn how to improve as a board, and a board member.

We could hear from a variety of specialists speaking on a variety of subjects from improving your brand value to the legal ramifications of various choices that boards make. Over the day and one half we were there, we were not only treated to a wealth of information, but the opportunity to make new friends from partnering associations.

Immediately upon my return home, I began thinking of how we could implement the multitude of great ideas we had just heard from these experts in their fields. Our goal as the board, and management company, is to do all we can by working together to ensure that ARIN continues to move forward with cutting edge technology and education. With the help of our membership, and the vision of the board of directors, ARIN will continue to be the Premier Radiology Nursing Organization.

As you can see, your team is putting ARIN's needs front and center for each of you. Please consider being a part of our board, and put your application in as the call for volunteer leaders is announced. Come grow with us as we move into our 38th year!

## ONE STEP UP

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

When I was president, one of my biggest worries was the monthly presidential articles expected of an ARIN president. A great piece of advice given to me from the then ARIN past president Beth Hackett, was to simply tell a story. Those that have seen me present know that is something I do very well!

As Vision Editor, I attempt to tell a “Story” each month. The purpose is to tell the stories of the many small yet pivotal milestones (one word of encouragement, one nudge, one shove) that move someone into roles bigger than they ever considered for themselves, and all the lives that were affected from that encounter.

I believe in the domino effect. I am not sure that ARIN members truly realize just how much power you wield. My hope is that you will see yourself in one of these stories and know YOU made the difference in not only changing my life, but in steering an entire association.

My first story is that of finding ARIN. Do you remember who told you about ARIN? I do. I was a new employee to radiology transferring from an ICU position. I knew nothing of radiology nursing other than I covered stroke patients in the lab at night. One night, while waiting for a patient, I happened on a copy of Journal of Radiology Nursing left in the department.

Although I’d never heard of ARIN (ARNA at the time), I Googled them. I liked what I saw, and immediately joined. I was instantly drawn to Vision and the forum. I used the ARNA resources before me and asked the forum for copies of stroke information. I was shocked to receive several different replies within the first 24 hours! WOW! No literature review was needed. All I had to do was ask! Not only did I get answers, I received several members’ contact information with open invitations to ask anything I needed.



I will end this story with a question: do you realize that one of our future ARIN presidents may not even be a member yet? They are still waiting for you to tell them about ARIN and to advocate to them the power of partnering with others in the field. They are waiting for you to show them what it means to be a member and what the return to them could be. They are waiting for YOU to invite them to be a part of a much bigger imaging family.

References  
McDonald, Angelic. (August 17, 2017). Finding AHRA. AHRA Link Magazine. Retrieved <https://link.ahraonline.org/2017/08/17/finding-ahra/>

### Corrections:

In the July Vision newsletter, the article on Charlotte Godwin should have the author listed as Karen L. Green, MHA, BSN, RN, CRN; 2009 – 2010 ARIN Past President.

Johns Hopkins Hospital Department Honors One of Their Own was missing the last 4 lines which should read. “One of my fondest memories of Ron Wardrobe was at the 2012 ARIN Convention in San Francisco, when he was honored as the ARIN Radiology Nurse of the Year. Seeing Ron then and again on this day as the recipient of the Charlotte Godwin Legacy Award, reinforced my belief in nursing as a profession and radiology nursing as the best kept secret in nursing – but the secret is out!”

We apologize for the inconvenience.

# NEWS

## BARE NEWS FOR RADIOLOGY

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

### [WRHA cuts nurses from trauma, burn, IV units at Health Sciences Centre](#)

Hoye, B. (Jul 24, 2017). CBC News.

The Winnipeg Regional Health Authority is eliminating the intravenous insertion team at Health Sciences Centre in Winnipeg as part of cost-saving cuts mandated by the government. "I am very concerned about the impact these changes are going to have on the people of Manitoba and I think we have to speak out," Sandi Mowat, president of the Manitoba Nurses' Union, told CBC News Monday.

Likewise, the Winnipeg hospital's vascular access team, which includes about 15 nurses who monitor and perform intravenous insertions, have also been axed.

"Those were difficult decisions to make," said Lori Lamont, vice-president of interprofessional practice with the WRHA. The WRHA has already mapped out a plan to re-educate HSC nurses on IV insertion ahead of the fall when the vascular team is no more, Lamont said. HSC is the only remaining hospital in Winnipeg with an "IV team," which Lamont says didn't service all areas of the hospital. "People will continue to get good IV care."

Ultimately inserting and keeping an eye on IVs is part of the job for all registered nurses, Lamont said. "We believe this is really a move that takes the Health Sciences Centre to where others are in terms of the provision of that care," Lamont said. "People will continue to get good IV care."

### [Using ultrasound to prevent a broken catheter from migrating to the heart](#)

Schraverus, P.J., van Rijswijk, S. and Tuinman, P.R. (2017) Case Report: Using ultrasound to prevent a broken catheter from migrating to the heart. F1000Research. May 3rd. eCollection 2017. doi: 10.12688/f1000research.11206.1.

Peripheral intravenous (IV) catheters can break off while still in the patient, with possible effects such as upstream migration to the heart. These catheters have probably been damaged by the needle during a difficult insertion. A peripheral IV catheter was removed in a 90-year-old patient and only half of the catheter was retrieved. By using ultrasound examination, the remaining part of the IV catheter

was identified, and retrieved surgically, before it could migrate towards the heart. This case report suggests that ultrasound should not only be used for difficult placement of a peripheral IV catheter, but can also be used when removal is complicated.

### [New gel coatings may lead to better catheters and condoms](#)

Chu, J. (July 19, 2017).

Catheters and intravenous lines are a medical necessity for medical care. But a patient's experience with such devices can be uncomfortable. In a paper published today in the journal Advanced Healthcare Materials, MIT engineers have designed a gel-like material that can be coated onto standard plastic or rubber devices, providing a slippery exterior that can ease a patient's discomfort. The coating can even be used to monitor and treat signs of infection.

The hydrogel coating can be embedded with compounds to sense, for example, inflammatory molecules. Drugs can also be incorporated into and slowly released from the hydrogel coating, to treat inflammation in the body.

### [Outcome of locking ports with normal saline every three months](#)

Solinas, G., Platini, F., Trivellato, M., Rigo, C., Alabiso, O. and Galetto, A.S. (2017) Port in oncology practice: 3-monthly locking with normal saline for catheter maintenance, a preliminary report. The Journal of Vascular Access. June 20th. [Epub ahead of print]. doi: 10.5301/jva.5000740.

Patients with cancer need stable venous access using central vascular devices like central venous ports and peripherally inserted central catheters. Numerous flushing protocols exist including different frequencies for catheter locking to maintain catheter patency. In a recent retrospective study, the incidence of lumen occlusion of central venous ports locked with normal saline every three months was studied.

Data from 381 patients with ports inserted in subclavian vein (379 patients) and in the right jugular vein (2 patients) was examined. Locking was performed during 3-monthly follow-up visits. The data suggests that locking ports with normal saline every three months is not associated with an increased risk of lumen occlusion.



## [Amazon has a secret health tech team called 1492 working on medical records, virtual doc visits](#)

CNBC.com. (July 27, 2017).

Amazon has started a secret lab dedicated to healthcare opportunities, including new areas such as electronic medical records and telemedicine. Amazon has named this team 1492, which appears to be. (a reference to the year Columbus first landed in the Americas) In recent years, Amazon has become increasingly interested in exploring new business in healthcare. For example, Amazon has another section exploring selling pharmaceuticals, CNBC reported in May. The new team is currently looking at opportunities that involve pushing and pulling data from legacy electronic medical record systems. If successful, Amazon could make that information available to consumers and their doctors. It is also hoping to build a platform for telemedicine, which in turn could make it easier for people to have virtual medical consultations.

## [Flu "patch" as effective as shots, preferred by patients](#)

Zimlich, R. (August 18, 2017).

There are many reasons why patients might avoid vaccination, but the development of a new patch may help. A microneedle patch (MNP) has been developed that does not require refrigeration or sharps disposal, could be mailed to patients for self-administration and may appeal to individuals who hate shots according to a recent Lancet study.

The clinical trial involved 100 adults aged 18 to 49 without significant dermatological disorders who had not yet received the 2014-2015 flu vaccine. "Because the MNPs are easy to use, stable at room temperature and leave no sharp waste, they are ideal for self-administration outside the healthcare system," Rouphael told Medical Economics. "When patients can self-administer the microneedle patch from the comfort of their home without any special need, it has the potential to improve access to flu vaccines and therefore coverage." Seroconversion rates were significantly higher at day 28 after microneedle patch vaccination compared with placebo and were like vaccinations given via intramuscular injection, according to the report.

## [Bayer's Medrad device infected by WannaCry Ransomware](#)

Maglaya, J. (May 17, 2017).

The source did not say which hospital was affected, nor could they confirm which Bayer Medrad device was hacked. But it appears to be radiology equipment designed to improve imaging. More specifically, it's a device used for monitoring a power injector, which delivers contrast agent to a patient. This was reported in a Forbes article by Thomas Fox Brewster reporting on WannaCry virus attack during May ransomware attack affecting a medical device in the U.S.

## NEW IR PRODUCT FDA APPROVED

Colin Tannebaum  
Mermaid Medical

*As the Editor, I am always looking for cutting edge devices used in procedure rooms to keep our members up to date. For this issue of vision, I came across the Angel catheter. This is a multifunctional catheter for which departments can charge up to 4 CPT codes. -ED*

The Angel Catheter is a life-saving, Inferior Vena Cava (IVC) filter that is permanently attached to a triple-lumen Central Venous Catheter (CVC). It is the very first and only such combination device of its kind, providing venous access for necessary drugs and nutrition, as well as preventing patients from becoming one of the 300,000 diagnosed with and 100,000 who die from Pulmonary Embolisms (PEs) each year.

Because the Angel Catheter allows for bedside placement, physicians can immediately and easily place the device themselves, maintaining full control of their patient and saving their hospital money in the long run. Ultimately, the Angel Catheter provides physicians with more control, immediacy, and efficacy in the prevention of PEs.



As the first and only IVC filter to receive FDA clearance for a prophylactic use indication, the Angel Catheter provides immediate and effective PE protection during a critical and frequently untreated window for patients. During this unprotected time when patients are considered high risk for VTE and contraindicated to anticoagulants, the Angel Catheter allows for bedside placement and provides newfound peace of mind for physicians and their patients.

The smart, elegant design of the Angel Catheter provides physicians and their patients with PE prophylaxis and guaranteed IVC filter retrieval, a game-changing promise that no other IVC filter can make. Today, up to 66% of IVC filters are never retrieved, which leads to long-term complications such as fracture, perforation, and migration. Traditional IVC filters can also experience deployment issues, which the Angel catheter mitigates through its unique design as an IVC filter that is permanently attached to a CVC.



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

First Name	Last Name	City	State
Mary	Iglesias	Howell	NJ
Mary-evelyn	Kennelty	Yonkers	NY
Janelle	Thompson	Cheyenne	WY
Terra	Pogue	Cheyenne	WY
Zachary	Schreiter	Cheyenne	WY
Jacqueline	Daddona	Watertown	CT
Sarah	Golden	Boulder	CO
Brianna	Ward	Phoenix	AZ
Angela	Ellis	Cibolo	TX
Cynthia	Ward	Campbell	TX
dena	deRosa	Capitola	CA
Erin	Stewart	Oklahoma City	OK
Melissa	Luces	San Francisco	CA
Eileen	Breckenridge	Gloversville	NY
Nicole	McDaniel	York	PA
Beth	Weekly	Portsmouth	OH
Seong	Kim	Chantilly	VA
Sharon	Sereda	Westchester	IL
Paula	Krohn	Altamont	IL
Sylvia	Novak	Redondo Beach	CA
Barbara	Kullmann	Lighthouse Pt	FL
Farah	Lim	Guttenberg	NJ
Stephanie	Nathan	Hernando	FL
Tamie	Sudik	Twin Falls	ID
Margaret	McKain	Twin Falls	ID
Michmael	Weil	Centennial	CO
Michelle	Purcell	Boise	ID
Patricia	Skuz	Kimberly	ID
Romelyn	Magno	Jersey City	NJ
Pamela	Furlong	Kings Park	NY
Alexandra	Herrera-Perram	Willoughby Hills	OH
Shanna	Robbins	Twin Falls	ID
Kristine	Witty-Hill	Twin Falls	ID
Jackie	Hendrickson	Kimberly	ID
Millie	Mulberry	Kimberly	ID
Sabrina B.	Anastasio	New York	NY
Cynthia	Horvath	Fort Edward	NY
anitra	rose	Midland	TX
Crystal	Burt	West Orange	NJ
Donna	Read	Roanoke	VA
Angel	Sink	Roanoke	VA
Laura	Chapman	Roanoke	VA
Scott	Christensen	Fruitland	MD

First Name	Last Name	City	State
Lisa	Hammond	Grand Island	NY
Bethany	Cook	Sycamore	OH
Amanda	Moritz	Denver	CO
Robert	Graves	Suitland	MD
Jessica	Jacques	Margate	FL
David	Aronov	Sunrise	FL
Christine	Williamson	Hollywood	FL
Jeffrey	Collins	Plantation	FL
Lorrene	Walker	Coral Spring	FL
Hannah	Pascucci	Rochester	NY
Cassandra	Koepsel	Coral Spring	FL
Nazmin	Ameer	Miramar	FL
Jennifer	Corvino	Coconut Creek	FL
Catherine	Levy	Baltimore	MD
Jeffrey	Murray	Concord	OH
Carrie	Stempowski	Amherst	OH
Stephen	Halk	Union Beach	NJ
Kate	Lombardi	Greenlawn	NY
Chandra	Johnson	Suffolk	VA
Beth	Heimbürger	New York	NY
Bethany	Taylor	Bryant	AR
Jessica	Roy	Houston	TX
Callie	Almaguer	Fairview Park	OH
Molly	Stevens	Wickliffe	OH
Deanna	Harris	Laurinburg	NC
Tara	Thomas	Pearland	TX
Gina	Bryson	Urbana	IL
Rebecca	Nichols	Saint Louis	MO
Melissa	Woods	Bel Air Md	MD
Jose	Monarrez	Salinas	CA
Lynz	Parker	Berlin	VT
Davia	Doig	Jacksonville	FL
Karen	Langston	Olanta	SC
Lisa	Goins	Apex	NC
ana	mislang	Pearland	TX
Rob	Peers	North Port	FL
Luann	Serafine	Clements	CA
Mary	Romano	West Seneca	NY
Ericka	Bazile	Humble	TX
Susan	Johns	Willoughby Hills	OH
Kelly	Weinert	Long Valley	NJ

### ARIN TREASURER REPORT

Christine Keough BSN, RN, CRN  
ARIN Treasurer 2015-2017

ARIN has a bright future. ARIN continues its primary focus on members by ensuring value for membership and focusing on their professional needs. A secondary focus is on increasing membership which provides at least 30% of our operating budget. As of July 2017, the number of members totaled 1822. This is a 5% increase from the same time last year. In my role as Treasurer, I would like to share some financial highlights from the past year.

The Annual Convention, held in Washington D.C. was a great success! Three hundred ten members attended which contributed to ARIN's first profitable meeting in 5 years. The planning committee and the board of directors worked tirelessly to put together a convention with varied topics that would interest the entire profession. They did all this while being fiscally responsible and reducing expenses by \$40,000. In a first for ARIN, an option to attend a hands on educational simulation workshop in Capnography was offered. This course was well attended and the feedback we received was great.

The board of directors is very excited to work with our management company, Boulter Management Company (BMC), to create our first smartphone app. Most members have a smartphone or tablet and creating a fully functional app is a logical next step to keep our members and fellow IR nurses connected to all of the education and information that ARIN has to offer. This new app is powered by CrowdCompass and will be utilized as a new way to notify members of ARIN events and activities. The app will utilize push notifications to keep attendees at the annual convention connected with up to the minute details on convention news, exciting topics, workshop openings as well as any changes that may occur. Most importantly, members will be able to use the app in conjunction with our educational platform to earn CE credits while on the go. Directed meetings, webinars, and video lectures will all be available on your smart device. The new app is an exciting opportunity for ARIN and will help enhance the membership experience.

The board of directors continue to evaluate and streamline operations and reduce expenses wherever possible to maintain ARIN on solid financial ground. If you have any questions, regarding ARIN expenses please contact Chris Keough at [chris.keough@arinnursing.org](mailto:chris.keough@arinnursing.org).

### SCHOLARSHIP OPPORTUNITIES

The Association for Radiologic & Imaging Nursing is pleased to announce the distribution of scholarships to ARIN members this year at the annual convention in Washington, DC. As usual the scholarship program is very competitive, and we thank the generosity of those who provide items for the silent auction each year that raises money to raise the level of professionalism of radiology nurses.

Meet Kristina Hoerl, Radiology Nurse of the Year 2017 Award. Do you know someone who demonstrates excellence in leadership in advancing Imaging Nurse? Next year's winner will be announced at our annual convention in Los Angeles March 18th – 21st, 2018.

[CLICK HERE TO NOMINATE](#)

You must be an active member in ARIN, to apply



Piera Robson, 2017 Director of Leadership; Kristina Hoerl, 2017 Nurse of the Year; Evelyn P. Wempe, 2017 ARIN President

### MEMBERS IN THE NEWS!

The Department of Nursing faculty and staff are pleased to recognize **Sara Forsyth Hawkins** for successfully completing her PhD through the University of Utah.

Sara is a member of ARIN, on the board at one time, is a CRN, I thought I saw her name on a task force or committee. She is also school of nursing faculty and is the department chair for BYU in Idaho

Congratulations on this outstanding accomplishment!







## THIS IS AN EXCITING TIME TO JOIN ARIN!

Sarah K. Whitehead, BSN, RN, CRN

Come blaze a trail with us.... we are looking for other energetic nurses who share the same passion about Imaging nursing as much as we do to join our board of directors!

### 2018 Annual Call for Nominations

Service on the board of directors for ARIN is a rare chance to help drive the decisions of our national association and help shape the future of Imaging Nursing. The opportunity to work with our team of other leaders in Imaging Nursing offers you the ability to:

- Be on the cutting edge of decision making on a national level.
- Expand your professional network
- Gain recognition from your employer, community, and peers
- Develop and expand your leadership skills
- Gain experience in program planning, non-profit governance, and strategic planning

**Elected positions will begin their term at annual convention in March 2018.**

[President Elect Position](#)

[Treasurer Position](#)

[Director of Education Position](#)

[Leadership Development Committee](#)

[Click here to apply.](#)

I hope you sincerely consider the chance to join our team and help lead your association and profession into the future by nominating yourself or someone else.

# 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](http://www.glarin.org)  
Email: [glarinsymposium@glarin.org](mailto:glarinsymposium@glarin.org)



**Save the Date!**



**NOVEMBER 4, 2017**  
**7:30 AM- 2:00 PM**

**RAINBOW  
AMPHITHEATRE  
ANNUAL  
RADIOLOGY  
EDUCATION DAY**

**Continental  
Breakfast**

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**Box Lunch**

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**Application in  
progress for 6.5  
ASRT hours**

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**Topics include:  
Mammography,  
Trauma Radiology,  
Stroke, MRI Safety  
and More!**

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**Free Seminar  
JOIN US!**

Brought to you by:  
University Hospitals  
Cleveland Medical Center  
Department of Radiology  
and the Ohio Radiological  
Nurses Association

For registration; contact  
[Sheri.Thibo@uhhospitals.org](mailto:Sheri.Thibo@uhhospitals.org)

### Certified Radiology Nurse (CRN®) Prep: The Practical Study Guide



EDITORS

Greg Laukhuf, ND, RN-BC, CRN, NE-BC  
Katherine Duncan, BA, RN,

## CRN PREP: THE PRACTICAL STUDY GUIDE

You asked for it and it is finally here!  
CRN Exam Study Guide

### Looking for a book that will help you study for the CRN exam?

The Certification Examination for Radiologic Nursing is a written examination composed of a maximum of 200 multiple-choice, objective questions. The 200 practice questions in this impactful book were created by individuals with expertise in radiology nursing after a thorough review for construction, accuracy, and appropriateness by other expert Certified Radiology Nurses. Although questions from the book will not appear on the exam, they can be used for as a sampling of possible exam content.

The size has been created with the intent of fitting into your lab coat pocket, to be studied as your time allows.

### Our introductory price for the next 30 days -

Certified Radiology Nurse(CRN®) Prep: The Practical Study Guide

\$45 for ARIN Member

\$65 for Non-Member

### Regular pricing will be \$55/\$75 after October 8th

eBooks price-

\$30 for ARIN Member

\$40 for Non-Member

[CLICK HERE TO ORDER](#)

## ARIN BOARD OF DIRECTORS 2017-2018



### President

Katherine Duncan, BA, RN, CRN



### President-Elect

Cheryl Jaglowski-Ho, BSN, RN, CRN



### Immediate Past President

Evelyn P. Wempe, MBA, MSN, ARNP, ACNP-BC, AOCNP, CRN



### Treasurer

Christine Keough, BSN, RN, CRN



### Secretary

Cathy Brown, BScN, RN, CRN



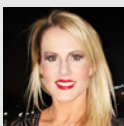
### Director of Membership

Sylvia Miller, MNS, RN



### Director of Education

DéAnn McNamara, MS, ACNP-BC CRN



### Director of Leadership

Sarah Whitehead, BSN, RN, CRN



### Executive Director

Bruce Boulter, BS