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AMERICAN RADIOLOGICAL NURSES ASSOCIATION

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# **President's Message**

Delma Armstrong, BSN, RN, CRN President

This will be my last message as ARNA president and I am, of course, ambivalent. I am sad to be vacating this post that has brought me so much exposure to other nursing leaders and other organizations. I have been glad to be ARNA's representative this past year. I have had some incredible high points, balanced out by a few low ones.

It is amazing to me how my life has unfolded. I am not a long-range planner (except when it comes to ARNA business). I tend to get through each day and often stop to reflect on the lessons and opportunities that have been presented to me. I would never have guessed, when I volunteered to participate in a temporary committee over ten years ago, that I would end up heading that committee, writing for the journal, participating in the editorial board for the journal, being a chapter captain for the core curriculum, presenting at an annual meeting, and running for office (and getting elected – twice). If you are interested in getting your feet wet doing volunteer service for ARNA, there are plenty of opportunities.

One of the most interesting opportunities presented to me this spring was the chance to work on a grant for ARNA. I had not done this for ARNA before, but the advisors at the Hartford Institute certainly made the whole process painless and straightforward.

So, I am delighted to let members know that ARNA is the recipient of an American Nurses Association – Specialty Nursing Association Partners in Geriatrics (ANA-SNAPG) grant. This grant will allow ARNA to increase our educational and networking content to include quality information about geriatric nursing. As the population ages, it is more important than ever for nurses "on the front lines," like radiology nurses, to be experts in radiology and geriatrics. We <u>are</u> the patient experts in our departments and it stands to reason that we will be looked to for expertise on geriatric patients who come through our doors for diagnostics or treatments.

ARNA has agreed to promote geriatric nursing to its

members, and to encourage certification in gerontological nursing and radiological nursing. One of the things you will see come out of this effort is a new geriatric special interest group online. We will begin geriatric special interest group discussions in New Orleans and have the interest group online after our Convention - so look for this Webbased discussion group mid-April. There will be more presentations at the Convention related to gerontological nursing. There will be continuing education offerings in the journal or online. Even the newsletter will reflect more gerontological content.

Our former ARNA president, Kate Little, will be heading up the implementation of this grant. If you have a special interest in geriatric patients, or would like to increase your knowledge of this population, please contact Kate. If you have ideas to share about content important to radiology nurses, or if you would like to serve on a temporary task force, again, please contact Kate. Kate is best reached via email KLittle@unch.unc.edu

I look forward to continuing to increase my own knowledge of the geriatric population so I can couple that with best service to all patients in the imaging environments.

Thank you for allowing me to serve ARNA this past year. I know I will continue to serve ARNA and look forward to new opportunities that I am sure will come my way.



# Editorial

Susan Simpson, MSN, RN Editor

Do you sometimes feel like the rabbit from Alice in Wonderland? One of the most memorable scenes was that frantic rabbit hysterically shouting, 'I'm late, I'm late-for a very important date.' I always seem to be rushing, playing catch-up, just one step ahead of my students, my kids, my patients - my life! I've heard that a little bit of creative scheduling and discipline will allow me to slow down, de-stress, and meet deadlines. I've carried around pocket sized calendars and brief-case sized calendars. I've used a DayTimer, DayRunner, PDA, and Outlook Calendar and I still am 'behind the eight ball.' Interesting that there are so many expressions about being late, under pressure and stressed. I think this must be a reflection of our society. Why is it that we take on so much and feel we have to do so much? Perhaps we should take a lesson from Europe. According to Monster.com, compared to almost every other country, Americans work longer and harder and vacation the least. The standard work-week in Europe is 35 hours per week and they have 4 weeks of vacation a year! Wow, too bad I don't speak another language I might be marketable if I did. But then I have to ask myself would I really be less rushed, less stressed, able to meet deadlines if I worked less? I would probably commit to more things with all that time on my hands. To use

another worn expression: I need to 'stop and smell the roses.' Time to enjoy my small child before she is a teenager who doesn't want to talk to me. Keeping that in mind I have decided to 'pare down' my life and obligations, I reluctantly reveal that my tenure as VISIONS editor has come to an



end. I have loved every part of the process. The opportunity to communicate to the membership and facilitate dialogue has been exciting, fulfilling, and stimulating. Thank you all for your support and opinions. I am a proud member of ARNA and will continue to champion our beliefs as a healthcare professional.

With Sincerity and Respect, Sue Simpson

### **Announcing Nurse Competence in Aging Grant**

ARNA has recently been notified that it is the recipient of a Nurse Competence in Aging, American Nurses Association – Specialty Nursing Association Partners in Geriatrics (ANA-SNAPG) 2- year Implementation Grant. This grant will assist ARNA with moving forward from our current level of geriatric activity to enhance the education of ARNA members in caring for older adults. This grant will allow ARNA to enhance geriatric education and networking over the next two years.

Nurse Competence in Aging is a 5-year initiative funded by The Atlantic Philanthropies (USA) Inc., awarded to the American Nurses Association (ANA) through the American Nurses Foundation (ANF), and represents a strategic alliance between ANA, the American Nurses Credentialing Center (ANCC), and the John A. Hartford Foundation Institute for Geriatric Nursing, New York University, The Steinhardt School of Education, Division of Nursing.

In applying for this grant, ARNA recognized that up to one third of the patients seen in radiology departments across the country are elders. ARNA further recognized that expertise in dealing with an aging population is desirable in all nurses, but especially radiology nurses.

Radiology nurses are the patient experts in radiology. We are not expected to be procedural experts; we are expected to be the best source of knowledge and advocacy for the patients we see. It is critical, then, for us to have expert knowledge in caring for the geriatric population.

In receiving this grant, ARNA received resources to help us secure expert speakers on geriatrics for our annual meetings for the next two years, deliver expert content for our journal and newsletter, provide continuing education offerings via journal or Web site, establish a geriatric nursing interest group online, and link our Web site to established geriatric experts. ARNA also agrees that dual certification in radiology nursing and geriatric nursing is desirable for members who work with geriatric populations. Therefore, ARNA will promote gerontological nursing certification. We will receive monetary support for implementing these things.

So, look for the journals, newsletter in 2005, and annual meeting in 2006 to include more geriatric content. Please consider participating in the geriatric special interest group online, which will be up and running after our spring meeting in New Orleans (look for this opportunity in mid-April). And let us know if you have specific topics of concern regarding the geriatric population so that we can address these.

You can direct geriatric questions or comments to our former ARNA president, Kate Little at klittle@unch.unc.edu Kate will be leading ARNA in implementing this grant. Kate would love to hear from members in regard to the type of content you would like to see regarding the geriatric population in the imaging environment.

Please celebrate with the ARNA Board of Directors in our being the recipients of this opportunity from the Nurse Competence in Aging initiative.

Delma Armstrong, BSN, RN, CRN President



### Certification Examination for Radiologic Nursing in Imaging, Interventional, and Therapeutic Environments Certification Candidates

Congratulations to the following candidates who sat for the Certification Examination held February 12, 2005. They have become certified, and may now use the CRN designation until February 2009.

Linda Alliprandini Karyn Carballido Dani J. Carlson Bernice A. Chisholm Diane K. Clevenger Lisa M. Cuccarese Christine A. Denney Helen Donnelly-Owens Jane M. Dyer Gail K. Earley Judith Ann Emory

Linda A. Ewing Debbie L. Fegely Virginia S. Grace Jolene R. Gregorio Patricia M. Griffith Karen A. Harrision Brenda Hicks Wickersham Debbi L. Kirkpatrick Deborah J. Kotas Jill M. McKenna Sheila G. Miller Cynthia A. Mueller Joyce E. Murphy Amy R. Oakley Krista N. Purner Lisa J. Revay Jane Riale Kathy A. Ryan Winston B. Tudlong Sharon Urban RaeLynn Walker Jean M. Willis

### Certification Examination for Radiologic Nursing in Imaging, Interventional and Therapeutic Environments Recertification Candidates

Congratulations to the following CRNs who maintained their certification in February 2005. This recertification is in effect until February 2009.

Dinah M. Burnette Connie Faye Flores Cynthia A. Gould Virginia B. Govindavari Debra A. Graves Andrea B. Humphries Anne M. Patterson Mary E. Rolston Judy A. Smith K. Jeanine Stowell Mark Sydlo Julie F. Touhy

### **Certification/Recertification Guidelines Available!**

The Radiologic Nursing Certification Board, Inc., (RNCB) and the American Radiological Nurses Association (ARNA) announce that guidelines for the certification/recertification exam in radiology nursing are available.

Starting in 2006, those sitting for the exam for the first time must show that they have obtained 30 contact hours of continuing education in a 2-year period. Candidates may choose to recertify by examination or by obtaining continuing education contact hours. Sixty (60) contact hours within a 4-year period are required to meet the contact hour requirement for recertification.

The next exam will be offered August 13, 2005. The deadline for submission of applications is June 30, 2005.

Contact RNCB at rncb@puetzamc.com or by telephone at (866) 486-2762 or (850) 474-7292 for your copy of the certification/recertification guidelines.

American Radiological Nurses Association (ARNA) Board of Directors 2004-2005

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### **ARNA Mission Statement**

The mission of the American Radiological Nurses Association is to foster the growth of radiology nurses who advance the standard of care.



## **Employee Empowerment-More Than a Fad**

Kathy Scheffer, MN, RN, CRN Clinical Manager, Nursing Resource Dept. Tacoma General Hospital Tacoma, Washington

As more radiology nurses assume management and leadership roles in their departments, questions come up on effective leadership techniques. A current topic in our facility is shared governance, which includes employee empowerment. Here are some thoughts to consider before embarking on this journey.

Employee empowerment, a favorite management "flavor of the week" for the 90s remains a valid management tool for the new millennium. Many managers jumped on the empowerment bandwagon before they realized all that was necessary to make it work. Defining and encouraging empowerment is the job of leadership. Effective managers must promote it instead of fear it.

What exactly is employee empowerment and how does it work? Most people use the term to describe a situation where employees are encouraged to take a more active, responsible role in an organization. The word empowerment means to authorize, enable, and to permit. Another source states that empowerment is the power within-which gives us confidence, sustains our life, and enhances our experiences. Still another stresses that true employee empowerment does not come from a management dictate. It is derived from a well-designed system that communicates pertinent information, and gives employees the skills and knowledge to analyze, interpret, and act on that information.

To further understand employee empowerment, it is important to know some key ideas and some common myths associated with the concept. One key point is that you must give the employee authority along with the responsibility for decisions, if employees are to succeed. The first myth associated with employee empowerment is that *all staff want to be empowered*. On the contrary, some employees want nothing more to decide than how to do their job and will resent being forced to take on more responsibilities.

The second myth is that *there is something wrong with staff who wish to remain unempowered*. In reality, they may see things differently and hold different values and expectations about their work. They will continue to contribute in their own unique way.

The third myth is that *all you need to empower staff, is to just do it.* The "Nike" theory. Simply stating that you want a more empowered staff without giving the education and skills needed to become empowered will not work. Staff need to be "enabled," which means training, education, and skill development. In addition, staff must understand their own job, plus the mission, values, and goals of the overall organization.

Two more myths about employee empowerment is that *it is always good for an organization* and that *it requires less from management*. Quite the opposite is true. Empowerment does not guarantee success-the approach needs to match the needs, goals, and culture of the staff and the company. A highly structured and hierarchical company that is deep in tradition and culture may not be the best setting for empowered employees. Also, many times managing an empowered staff is actually more demanding than in the traditional system. Information and communication dissemination is critical for staff movement. Effectively coordinating work efforts becomes more important and complex.

Finally, once the staff does become empowered, what are some of the benefits to the employer and the staff? Ideally, the result will be increased initiative, involvement, enthusiasm, innovation, and speed, all in support of the company's mission. Middle management needs to realize that subordinate empowerment will benefit their personal goals as well. They will be needed more, not less, to manage a productive staff. Productivity for the organization will rise and many times people will take their newfound leadership skills out into the community for its benefit as well. Employee empowerment isn't for everyone, nor will it cure all management problems; but for those who embrace and support the process appropriately, it can be a highly effective management strategy.

## **ARNA Call for Volunteers**

The 2<sup>nd</sup> Edition of the Core Curriculum for Radiological Nursing is well underway with authors assigned to most chapters. However, there are several chapters that need authors. If you are interested in writing one of these chapters, please contact Patricia Barlow at the ARNA National Office.

- Diagnostic Radiology
- Radiology Oncology
- > Understanding Ultrasound
- > Computed Tomography
- Research in Radiological Nursing

To be a chapter writer, you must meet the following criteria:

- Be a registered nurse (or collaborate with an RN).
- Submit all drafts and final works in both hard copy and on computer disk using an IBM PC format compatible with Microsoft Word for Windows.
- Meet all deadlines outlined for the publication.
- Use the style defined by the 5th edition of the APA Publication Manual to reference your work.

If two persons would like to work on a chapter, then the collaboration would be done in person or via telephone, fax, or electronic media. Only one manuscript will be accepted from co-writers.

We are also looking for section editors. Section Editors will play a significant role in the development of the ARNA Core Curriculum. Section editors should be able to meet the following expectations:

- Meet established and/or revised deadlines.
- Review and communicate with the Editor and/or the Project Manager in the event of any concerns.
- Assist authors to meet established deadlines as much as possible.
- Review material submitted for accuracy of content, flow, grammatical content, and the like.
- Provide constructive suggestions for improving content and flow as follows:
  - > Question the accuracy of information (if in doubt).
  - Suggest additions/deletions of content.
  - > Recommend the inclusion of additional references or information.
  - Recommend changes in writing flow.
  - > Suggest inclusion of tables, charts, figures when appropriate.
- Provide positive ongoing feedback for writers' efforts.
- Provide Editor with recommendations for peer reviewers.

If you are interested in participating in this project, please complete all sections of the application and return it to the ARNA National Office as soon as possible. We look forward to hearing from you!



### American Radiological Nurses Association Core Curriculum

Name:
Chapter WriterSection Editor
Chapter
Preferred Mailing Address:
Felephone Home: Work:
Email Address/s:

BRIEFLY describe your qualifications to write the chapter/s you selected.

Please include a current copy of your curriculum vitae or resume.

**RETURN TO:** Patricia Barlow, Core Curriculum Project Manager, ARNA National Office, 7794 Grow Drive, Pensacola, FL 32514 or fax to: (850) 484-8762

## **Call for Manuscripts**

The Journal of Radiology Nursing (JRN) is looking for manuscripts on the following topics:

- Nursing Leadership
- New Procedures
- Research Studies
- JCAHO Requirements
- HIPPA
- Orientation and Competency for Radiology Nursing
- Patient Satisfaction
- Moderate Sedation
- Radiation Safety
- Magnetic Resonance Imaging

- Management of Lines
- Drug Eluting Stents
- Multidisciplinary Approach to Team Building in Interventional Radiology
- PI Efforts
- Infection Control Policies
- Budget and Financial Strategies
- Patient Safety Issues
- Role of the PA and ARNP in Interventional Radiology
- Patient Teaching Techniques in Interventional Radiology

For assistance in developing an idea or writing a manuscript, contact Shay Stephens at 7794 Grow Drive, Pensacola, FL 32514, (866) 486-ARNA (2762), fax (850) 484-8762, or e-mail klstephens@puetzamc.com We're eager to hear from you!

# Writing a Case Study

Use the following guidelines to help you write a case study:

#### Select the Topic

Select a topic that is reality-based, relevant, and reflects evidence of best practices in nursing. The topic can deal with a scenario from a past nursing experience or one that highlights and emphasizes the scope of current nursing practice.

### **Develop** an Introduction

Write one or two opening paragraphs that introduce the case study scenario. Within the introduction, the patient, symptoms, and related circumstances of the situation may be described. You may also present the history of the patient leading up to the events to be addressed in the scenario.

> Example: This 67-year-old male underwent cerebral angiography for a right temporal mass which was believed to be a meningioma. The patient had recently been diagnosed with Lymes disease and had been taking antibiotic therapy for a period of two weeks. Past medical history included a history of nuchal and occipital headaches.

#### Additional History/Background

Incorporate another paragraph or two to expand on the introduction of the case scenario. Additional information may be included to clarify the case or expand on the background information given in the introduction. For example, laboratory or diagnostic results, physical assessment findings, or additional information about the patient's history may be discussed so the reader has a clearer understanding of the problem.

Example: The patient presented with an increasing number of headaches now in the right calvarium and right frontal areas. His

family noted decreased alertness and fatigue. The patient had developed recent onset of urinary incontinence and left lower extremity weakness. He walked with a shuffle and was unsteady on his feet. Other current medical problems included hypertension, and non-insulin dependent diabetes mellitus.

#### **Nursing Care/Patient Outcomes**

The case study should include what the writer learned as he/ she addressed a situation. Describe how the ideas and outcomes can be applied in clinical situations and include the patient's outcome.

#### Graphics/Visuals

Graphics or visuals may be included with the case study (e.g., photographs, figures).

#### References

Cite references that are appropriate for the material developed within the case study. References should follow APA format.

#### Example:

Nutting, C., Brada, M., & Brazil, L. (1999). Radiotherapy in the treatment of benign meningioma of the skull base. *Journal of Neurosurgery*, 90(5), 823-827.

ARNA credits Kathleen Gross, MSN, RN, BC, CRN, for the examples listed.

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### **Book Reviewers Needed**

The *Journal of Radiology Nursing*, the official journal of the American Radiological Nursing Association (ARNA), is looking for volunteers to help review books for the journal's Resource Reviews Department.

The books reviewed in the department come from the publishers, either directly or on request. Any book of potential interest and value to radiology nurses is considered for review in the journal.

A reviewer must have experience in the topic area of the book. Educational credentials are not as important as in-depth knowledge of the subject area. Reviewers are asked whether they can review a book before it is sent to them.

Reviewers have two months to review the book. In return for the review, they may keep the book.

Reviewers report that they read the book thoroughly at least once sometimes twice or more often. First, reviewers write about the book's content, but only briefly. The majority of the review is devoted to an extensive critique of the book's value to radiology nurses. As part of this analysis, the reviewer may compare the book's contribution to the field in relation to the already existing literature.

Finally, the reviewer must critically outline the book's strengths and weaknesses, and, on the basis of the assessment, recommend it to radiology nurses. Other audiences that may be interested in the book also

Members in the News

- Have you recently changed jobs or received a promotion?
- Have you received an award related to your professional responsibilities?
- Have you written an article, a chapter in a book, or an entire book that has been published recently?
- Have you received an academic honor or award?
- Are you serving in an elected or appointed position in a professional or a governmental organization?
- Are you serving in on the Board of Directors for a health-related community agency?
- Have you made a presentation at a professional conference or meeting?
- Have you recently traveled to another country to teach or learn more about your specialty?

If you can answer "yes" to any of these questions, please tell us about it. We would like to include it in our "Members in the News" column. Send your announcements to Shay Stephens, Member in the News, 7794 Grow Drive, Pensacola, FL 32514-7072, fax (850) 484-8762, e-mail arna@puetzamc.com

Recruitment materials (a table top display, membership brochures, and copies of *RN News*) are available for your next meeting, conference, or continuing education activity. Contact the National Office at least 6 weeks before the date needed to arrange for shipment of these display materials.

can be described by the reviewer. Readers of book reviews in journals report that they want advice on whether to purchase a particular book, so the reviewer must pay careful attention to the value of the book for the journal's audience.

Book reviews are edited before they are sent to the publisher. Publication occurs between three to six months after receipt of the review, depending on the subject of the book and the number already in line to be published.

There are a lot of advantages to writing a book review. Writing a book review is good practice for writing an article for publication. The benefit of keeping the book should be considered as well; these books make excellent additions to personal as well as institutional libraries. Perhaps the most important incentive, however, is that a book review publishec in *JRN* is a simple way to get your name in print—as well as make a contribution to the field of radiology nursing.

To apply as a book reviewer for the *Journal of Radiology Nursing*, simply send a letter of interest along to Shay Stephens, 7794 Grow Drive, Pensacola, FL 32514-7072 or e mail klstephens@puetzamc.com.

We look forward to hearing from you!