



VOL. 14, NO. 4
Winter 2009

ARIN

Vision

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ASSOCIATION FOR
RADIOLOGIC AND
IMAGING NURSING

7794 GROW DRIVE
PENSACOLA, FL 32514

(866) 486-2762

(850) 474-7292

fax (850) 484-8762

arin@dancyamc.com

www.arinursing.org

Ask a Librarian...

Karen L. Green, MHA, BSN, RN, CRN
ARIN President

ARIN held its Third Annual Fall Symposium in Philadelphia on September 26-27, 2009. Over 200 individuals attended the Symposium and CRN Review Course. What a great time! Philadelphia weather was gorgeous, and the opportunities were there for education, networking, fun, sightseeing, and relaxing. Thank you for visiting my hometown. The Philadelphia Chapter was very excited that you joined us to network at the "Meet and Greet" while experiencing all of Philly's favorite foods.



Those attending the pre-conference session observed the launching of ARIN's Evidence-Based Practice (EBP) Workshop on Friday, September 25, 2009. The Board of Directors and the faculty from Waynesburg University, Pittsburgh, PA worked tirelessly to introduce (or in some cases re-introduce) fifty imaging nurses to EBP.

Evidence-based practice, as we know it, is derived from the evidence-based medicine model. Nurses are looking for evidence to support our clinical skills and tools by integrating research and clinical guidelines to support our decisions. To accomplish this task, we require a skill set to define our concern (question) and efficiently search the literature to identify relevant information, with the goal of supporting the best nursing practice and patient care possible.

Donna Falsetti, DrPH, CRNP, began the program with an overview of EBP and defined the critical components of the PICO question: P - population/patient; I - Intervention; C - Comparison; O - Outcome. The rationale for practices based on the evidence includes the following:

- *Provide the highest quality of patient care*
- *Provide the safest patient care*
- *Provide health-promoting care to patients*
- *Teach patients health promotion activities*
- *Develop practice policies*
- *Develop practice guidelines*

As this information was presented, I realized that this rationale is aligned perfectly with ARIN's Core Values and validates the development of our Position Statements and Clinical Practice Guidelines.

Richard Blake, MLS, PhD (not your average librarian), provided a lively demonstration of how to conduct research based on the PICO question and subject searching. Dr. Blake demonstrated best practices when researching evidenced-based databases. Choosing EBSCoHost as the sample database, he walked us through researching our subject. Many pointers were offered, but none as important as his trademark statement, "ask a librarian."

(continued on page 2)

President's Message

(continued from page 1)

To put our newly acquired skills into practice, Kimberly Stephens, DNP(C), MSN, RN, guided the attendees through a discussion of a scholarly article, much like participating in Journal Club. The format provided was concrete and encouraged discussion and participation.

In my opinion, this session ended much too soon. Many attendees left the conference room verbalizing very positive comments. The ARIN Board of Directors thanks those attending for their participation. We will be contacting those of you who attended with the purpose of beginning a journal club. As our comfort level increases with reviewing the literature, we trust that research questions will be developed and followed through to add evidence-based practice to our everyday patient care activities.

As the weekend symposium flew by, I began to notice the number of times our speakers referenced Evidence-Based Practice. Gene Johnson, CEO, Lourdes Medical Center, Burlington County, our opening speaker, offered that EBP is utilized 50 % of the time in the United States. Other sessions that referenced EBP included *Communication: The Key to Patient Safety*; *Universal Screening of eGFR in Outpatient Contrast Enhanced CT*; and *Medication Errors in the Radiology Department*. The evidence was presented to guide our practice and stimulate our thought processes. During the "Hot Topics" discussion, our evidence-based practice became clearer. ARIN Position Statements and Clinical Practice Guidelines were brought to the forefront of several discussions to assist attendees in support of their practice.

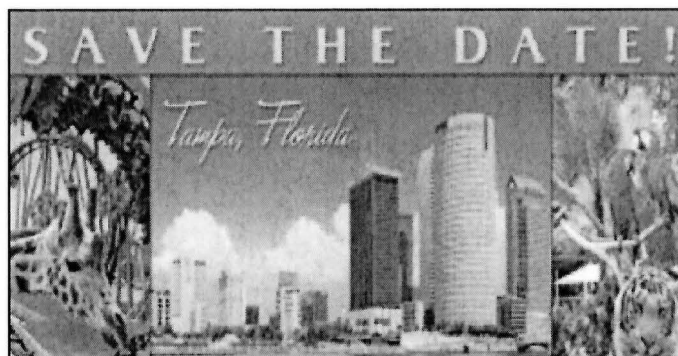
But, we have only just begun. To continue to provide validation to our practice, formal study is essential. The ARIN Board of Directors is looking to develop our EBP Task Force. This task force would initially tackle and develop PICO questions that affect our practice, many of which are discussed on the ARIN list server. Ultimately, as our Core Curriculum, Orientation Manual, and Certification Review Course are updated, the literature will be reviewed utilizing the evidence in a more concrete manner to improve the end result.

For interested members, and even if you were unable to attend this workshop, please accept this open invitation. Your commitment and the outcome is what you make of it. Using the ARIN Core Purpose as our guide, our organization will *foster the growth of nurses who advance the standard of care in the imaging environment*. ARIN can and will achieve success in establishing our practice based on the evidence in the coming years.

I look forward to seeing many of you at the Tampa Marriott Waterside, Tampa Florida, for ARIN's National Convention scheduled for March 14-17, 2010. The Planning Committee is compiling a fabulous program for us to *Achieve Success through Knowledge and Networking!*

Submit Your Presentation for the 2010 ARIN Convention

Achieving Success Through Knowledge and Networking



The 2010 ARIN Convention will be held March 14-17, 2010, at the Tampa Marriott Waterside, located at 700 S. Florida Ave. in Tampa, FL. The deadline for submissions has been extended to June 12, 2009. Abstracts may be submitted online at www.arinursing.org.

A copy of the Call for Presentations is available at <https://www.arinursing.org/dmdocuments/CallforPresentations.pdf>

For more information contact:

ARIN National Office

7794 Grow Drive
Pensacola, FL 32514
(850) 474-7292 or Toll-free (866) 486-2792
arinconv@dancyamc.com
www.arinursing.org

UPDATE YOUR MEMBERSHIP PROFILE

The ARIN National Office sends out frequent e-mail communications with information relevant to your practice needs. Do we have your current e-mail address on file? If we do, you will have received this newsletter by e-mail from the National Office. If you didn't receive the newsletter through e-mail, please log onto the ARIN website and update your profile.

Healthcare Reform: What Do I Tell Everyone Who Asks?

Valerie Linke, RN
Clinical Coordinator, Interventional Radiology Great Basin Imaging

I am sure that we will all agree there isn't a healthcare professional on the planet who has not been asked for his or her opinion on healthcare reform by family, friends, patients, or even (when wearing scrubs for work) by people sitting next to them on the train. The bigger question is how should we, as healthcare professionals, respond in a responsible, nonjudgmental, and informed manner?

As healthcare professionals, we all have opinions of the reform bills coming up for review and vote in our nation's capital. It is important that we remember our mission is to inform rather than to conform. Healthcare providers need to stay as informed as possible, but how should we do that?

Every news station in the country fills its nightly broadcasts with clips on discussion of healthcare reform. It is nearly impossible to get unbiased, complete information from the nightly news or cable news programming. One must be able to review all available information and compare each different proposed legislation side by side before drawing informed conclusions.

One of the easiest ways to do this is, of course, online. The following two websites offer the user the ability to pull different views of the same issue and different written bills side by side; these websites are www.kff.org/healthcarereform/sidebyside.cfm and www.whitehouse.gov/realitycheck/faq. There are other websites available via sites such as CNN and Cspan, but I have found the two listed above to be the most user-friendly and informative.

As a healthcare professional, it is not our mission to tell our clients which version of the reform is best or most beneficial, but only to provide tools to clients so that they can become better informed and make decisions based on their own personal needs and situations.

Healthcare is such a personal issue to our clients that discussions frequently become emotional, and fact is lost somewhere in that translation. I would encourage professionals to facilitate discussion as much as possible and to not be afraid to say that they too are concerned or even undecided.

Take a deep breath; learn as much as you can and do not be nervous about having these types of discussions. Not only are our professional lives affected by these changes, but our own healthcare is as well. Don't be shy about sending an email to the office of your elected legislators and voice your concerns. It has been my experience that they do listen to their constituents at home.

Attention ARIN Members

Pictures from the 2009 Fall Symposium in Philadelphia are on the ARIN website. Please take a moment to visit our Image Gallery.

**Association for Radiologic and
Imaging Nursing (ARIN)**
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2009-2010

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Karen Green, MHA, BSN, RN, CRN
Aria Health
Philadelphia, PA
Klgreen725@aol.com

President-Elect

Margaret Browne-McManus, BAHs, RN
University of California-Davis
Sacramento, CA
margaret.brownemcmanus@ucdmc.ucdavis.edu

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lehma006@umn.edu

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lmcdonal@wpahs.org

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Baltimore, MD
rwardro@jhmi.edu

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Sara Hawkins, BSN, RN, CRN
Eastern Idaho Regional Medical Center
Idaho Falls, ID
sara.hawkins@HCAhealthcare.com

Board Member

Christine Keough, BSN, RN, CRN
University of Rochester Strong Memorial Hospital
Rochester, NY
christine_keough@urmc.rochester.edu

Board Member

Brenda Wickersham, MAV, RN, CRN
Providence St. Peter Hospital
Olympia, WA
wickershambrenda@comcast.net

National Office

7794 Grow Drive
Pensacola, FL 32514-7072
(850) 474-7292
(866) 486-2762
FAX: (850) 484-8762
arin@dancyamc.com
www.arinursing.org

ARIN Core Purpose

To foster the growth of nurses who advance the standard of care in the Imaging environment.

2009 International Stroke Conference Highlights (American Stroke Association)

Gail Love, RN, CRN

The American Stroke Association conference's multi-year goal is to reduce death and disability from stroke by 25% by the year 2010. Stroke is still the third leading cause of death and disability. The conference was held in San Diego, CA at the San Diego Convention Center with a 7% increase in attendance this year.

Get with the Guidelines, a program contracted with 1,265 hospitals by January 2009, ensures continuous quality improvement of acute stroke treatment and ischemic stroke prevention. This program is known for developing primary stroke centers with guidelines for hospital staff "champions" to implement treatment through discharge planning for patients in acute care hospitals. This program is available for implementation at all acute care hospitals nationwide. The American Stroke Association, with a large multi-specialty advisory group and a Brain Attack Coalition team, works together with the Joint Commission to establish the criteria for certification as a Primary Stroke Center. All hospitals are encouraged to "Get with the Guidelines." Primary Stroke hospitals are rewarded with Gold or Silver Performance award status recognition when certain treatment guidelines are followed at least 85% of the time. The Gold award is presented for two years or more, and the Silver award is for one year.

The Pre-conference Nursing Symposium was held Tuesday, February 17, 2009. The program included topics in acute subarachnoid hemorrhage interventional management, ethical considerations in stroke care, carotid dissection and venous thrombosis, anatomy and physiology, neuro-plasticity and late recovery after stroke, and life changes. A luncheon for the attendees in Sails Pavilion provided time to network with other healthcare professionals regarding their implementation of the stroke process at their institution. The goal of the program was to share best clinical practices to optimize patient outcomes throughout the stroke continuum of care at various levels of healthcare skills.

The two and a half day international stroke conference took place February 18-20, 2009. The conference provides an educational experience for neurologists, neurosurgeons, neurointerventionalists, neuroradiologists, endovascular specialists, physiatrists, emergency medicine specialists, nurses, pharmacists, allied health professionals, and basic researchers in the field of cerebrovascular disease and stroke. The learn-

ing objectives were for participants to be able to discuss stroke pathophysiology and current trends in treatment. Sessions in surgical and interventional categories focused on aneurysm, carotid revascularization, intracranial atherosclerotic occlusive disease, ischemic stroke intervention, subarachnoid hemorrhage management and vascular malformations.

On February 20, the early morning Council Awards Breakfast included a stroke survivor presentation by Mark McEwen. Mark McEwen is also the author of *Change in the Weather*, which he wrote after his stroke. Mark had been the weatherman for the CBS Early Show for 15 years before he moved to Orlando to anchor a local news show and spend more time with family. During one of his trips, Mark "didn't feel like himself" and was sent home after being misdiagnosed at the hospital. Two days later, he collapsed with a massive stroke. Mark spoke of how he was left unattended at the airport in a wheelchair, unable to speak to his wife when calling for help on his cell phone as well as other events that transpired during his ordeal after his stroke. He spoke of his comeback to his previous health after extensive rehabilitation. Mark has dedicated himself to becoming the "Lance Armstrong of Stroke" and to informing the public of the signs and symptoms as well as the prevention of stroke.

In conclusion, I want to thank the ARIN Board of Directors who granted me the opportunity to attend the International Stroke Convention. Attending this convention has enhanced my knowledge of stroke management. It has provided me the opportunity to network with many levels of healthcare professionals on an international level.

Chapter Updates

Blue Ridge Chapter

Vickie G. Taylor RN
President

The Blue Ridge Chapter of ARIN held a fall seminar on September 19, 2009, at Lynchburg General Hospital. The seminar *Imaging Insights* covered topics related to venous disease and treatments, carotid angioplasty/stents, MRI safety, dialysis vascular access, treating dialysis access in the Interventional Radiology suite, and post cardiac surgery changes in chest x-rays. Participants at the seminar earned 6.5 continuing education points from the Virginia Nurses Association and American Nurses Credentialing Center's Commission on Accreditation as well as ASRT Category A credits for technologists. We had 31 participants.

Chapter Updates

Delaware Chapter

Roger Meece, BSN, RN, CPN
Nemours/A.I.duPont Hospital for Children

The Delaware ARIN chapter had its business meeting last week, and I have a wonderful announcement. It gives me great pleasure to relate that Marion Swincki, president-elect, will now assume the position of chapter president. As my term as chapter president is now complete, I will become one of the Delaware ARIN chapter board members.

At the meeting, we discussed the path forward and the best options to achieve our goals. First, I am pleased to say, the group voted unanimously to continue the Delaware chapter. We all acknowledged the professional and personal value of this chapter. Furthermore, we all agreed that the support of the Bay Health nurses truly added a meaningful and significant dimension to our group. Our sincere desire is that all of you will continue to support our group as you have over the previous two years.

We have a wonderful opportunity as we are in the process of identifying a volunteer to fill the now vacant position of president-elect. If you or someone you know should be interested in or would like to find out more about this opportunity, please email Marion or me. I can promise you a myriad of benefits from holding this position, including the professional and personal growth you will experience.

Thank you so very much, and I hope to see you all soon.

Grand Canyon State Chapter

Deborah Thomas, RN, BS, CRN
Secretary

Our year started off with a successful strategic planning session by our Board of Directors. Our goals for this year are to continue to increase membership and offer more CEU's at our educational conferences.

Conferences will be held in Tucson in October, Casa Grande in January, and in Phoenix in April.

Our website www.azradiologyrn.net is under construction. We encourage you to visit us, both on the web and at our educational offerings. You may contact us on our website for additional information.



In Memoriam

Charlotte Louise Godwin
1921-2009

Sadly, Charlotte Godwin, the first president of ARNA, now ARIN, passed away on August 1, 2009, at Franklin Square Hospital Center in Baltimore, MD. In her final days, Charlotte was surrounded by her family.

Charlotte Godwin was employed with Johns Hopkins Hospital in Baltimore, MD, for 46 years before her retirement in 1987. She was the Director of Radiology Nursing at the time of her retirement.

In 1981, Charlotte met with other radiology nurses from throughout the US; ARNA was formed and she became president. Charlotte loved radiology nursing and was a vocal advocate on the need for nurses in radiology. Charlotte was credited for introducing the use of sterile technique into radiology. She worked extremely hard to promote the profession and as a strong advocate in having nurses more involved in procedures and patient care.

In her latter years, Charlotte moved to Oak Crest Village Retirement Community in Parkville, MD. She had just finished writing a book chapter for Dr. Robert Gayler, a Radiologist at The Johns Hopkins Hospital. Once it is published, it will be shared with ARIN. In her latter years, Charlotte kept abreast with ARIN and was encouraged to see how well the organization is doing recruiting nurses from all over the globe. She had an extensive medical career and was also a member of the Order of the Eastern Star. Charlotte leaves her daughter Sharon Heimiller of Kingsville, MD and two grandchildren. The Board of Directors and ARIN members are indeed saddened as we realize our first president is no longer with us.

Donations can be made to Franklin Square Hospital Center Foundation, 9101 Franklin Square Drive, Suite 214, Baltimore, MD 21237.

Chapter Updates

Windy City Chapter

Jennifer Karp RN, BSN, CRN
ARIN Windy City Secretary
jkarp@nmff.org

We are proud to say that after several years, we have regrouped Windy City ARIN Chapter and are ready to start as an active chapter again. This past June, we voted on a board made up of five members of ARIN living in and around the Chicago area. As a board we have revised the old chapter bylaws and created a website. Our website www.windycitychapter.com contains information on our chapter, board members, membership registration, upcoming meetings, and a blog. The blog was created to assist in networking among members of the chapter. Already we have nurses discussing concerns they have at their facilities and others posting possible solutions. It seems like a great way to get chapter members together and communicating in between chapter meetings.

Our new Windy City Chapter kick off meeting will be held Tuesday, November 10, 2009 from 7- 9 p.m. at Northwestern Memorial Hospital in Chicago, IL. At this meeting, we will introduce our new board members, vision and goals for the chapter, and our website. We have been reaching out to radiology departments across the area and hope we have sparked interest and excitement in our chapter. We will also be offering 1.5 CEU's for both RN's and RT's. The topic of this lecture will be *Education and Management of Uterine Fibroid Embolization Patients* given by a highly experienced nurse patient care coordinator, Ben Corpuz, BSN, RN, in the UFE clinic at Northwestern Memorial Hospital. We hope that by offering CEU credit to both RN and RT's, we can create a diverse and collaborative chapter that can get all members of our radiology community involved.

As our chapter grows, we are planning on offering web-based CEU education opportunities and joint meetings with chapters from surrounding states. We are excited to watch our chapter grow and thrive and look forward to meeting, collaborating, and learning with our new friends and members.

Please visit our website for more updates on our chapter, membership information, upcoming meetings and CEU offerings, or to contact us.

**NM Academy**

ARIN: Windy City Chapter

Education and Management of Uterine Fibroid Embolization Patients

Ben Corpuz, BSN, RN

1.5 Contact Hours

Northwestern Memorial Hospital

251 E. Huron, Chicago
3rd Floor Feinberg Pavilion,
Conference Room F

RSVP weblink:

www.windycitychapter.com

Call Karen Marshall
312-695-1791
with questions

Imaging: The Art and Science of Holistic Nursing

Brenda Wickersham RN, MAV, CRN
ARIN Board member
Northwest Chapter of ARIN

Rich's Story

The following account is shared by a colleague following the week of his palliative procedure for treatment of malignant pleural effusion. This is Rich's story of how the common work that we do each day should never be taken for granted as "just another day at work, or my last day to work before my weekend, vacation, etc." It is the story of how procedural care combined with compassion, presence, and technical expertise work together to radically change another's experience of life in that difficult and challenging time of palliation. This account is written, for the most part, in Rich's own words, as shared with me.

The simple act of kindness, an act of caring, a moment of grace, these are actions that we (as healthcare professionals often do) take for granted. The difference we make daily can not be quantified. The smiles, the kind word, the assurance of a patted hand, all are life-affirming actions that last long after the procedure is done. These gestures can give hope and peace to another person if only for one hour, one day, or one week. Time stands still in this hallowed moment in the grace of giving.

I now see things from both sides of the spectrum; it is more than just going to work. It is the glue and life blood of making the procedure such a success or failure. You can put a tube in someone like you did, but it was in the setting up, the reassuring, everything else that made the procedure successful. The success was in that I, the patient, was oriented to the procedure: was oriented so that I, the patient, was heard and my limitations considered. Adaptations were made by the team. An unusual room set-up was created so that I could manage the simple act of breathing, not the cookie cutter approach. It was the same satisfaction and real joy that I experienced in my many years of work in Nuclear Medicine. The miracle that occurs happens everyday is what we try to accomplish in allowing the procedure to be fitted to the patient in a caring and personal way.

I just wanted to be able to breathe, to be able to perform the simple steps needed to go to the bathroom. I longed to be able to perform even the simplest activity without sucking air like a fish out of water. I just wanted to be able to visit with family and speak full sentences. I needed to feel like I still have some life, to have some control when breathing has the ultimate control. The procedure enables me to do that. It's wonderful. What is care giving? What does it look like? How does it feel? "By gosh, we got that study done/we oriented the patient to the

procedure" Strive to have the procedures become patient-oriented procedures rather than the reverse. Each procedure is oriented to the patient.

If a procedure could be pleasant, I would call it that. It would be nice if all things worked that way. The way it worked, everyone was so good to me from the beginning to the end. I actually felt cared for, listened to. You are totally out of control in the hospital. You're naked. You don't have your clothes on. You are at the mercy of the team. What we all need is to have advocates during this kind of experience. The interventional team all advocated for me.

Work is tough. Days are long. Add-on's, working short, missing lunch, it all happens in our imaging work. Just remember, *L A F*: love, accept, and forgive. That is the only way that a true team can endure and work together. Keep up the good work. It may be a work day for you, but to someone like me, it is a life-saving miracle that you accomplish. You have given me my breath back. I can live again. I can sleep again.

After 35 years in the nuclear medicine world, Rich retired in August, 2009 from Providence Centralia and the Providence System. Rich has been known for tirelessly giving of himself to his patients, colleagues, and family. He introduced art, music, humor, kindness, story-telling, and compassion on a daily basis to help his patients get through difficult studies at difficult times. His work radiated out to his colleagues, encouraging them to provide excellent and compassionate care.

Thank you, Rich, for your story and poignant reminder of whom we are and what we do.

(This account is shared with permission and encouragement from Rich, who loves all his colleagues and especially the nurses who work to promote excellent and compassionate care.)

NOTICE

The NWARIN Fall Conference in Seattle, WA, originally scheduled for November 7, 2009, has been postponed.

The new date is to be announced.

For more information, contact:

Pamela Zenger,

Program Chair

(206) 714-9068

zengersathome@aol.com



RSNA 2009
Quality Counts

Radiological Society of North America
95th Scientific Assembly and Annual Meeting
November 29–December 4, 2009
McCormick Place, Chicago

Associated Sciences Program at RSNA 2009

Registration Information

Registration is required to attend the Associated Sciences programs at RSNA 2009 (RSNA2009.RSNA.org).

Advance registration for the RSNA annual meeting ends November 6, 2009. Registration at McCormick Place begins at 12:00 PM on Saturday, November 28. RSNA shuttle bus service to McCormick Place will be available beginning at 11:00 AM on Saturday.

Registration fees at McCormick Place are \$100.00 higher than advance registration fees, so register now.

If you would like a copy of the published Associated Sciences Proceedings, please call 1-877-776-2227.

Sponsoring Organizations

- American Association of Medical Dosimetrists (AAMD)
- AHRA: The Association for Medical Imaging Management
- American Institute of Architects – Academy on Architecture for Health (AIA-AAH)
- Association for Radiologic & Imaging Nursing (ARIN)
- American Society of Radiologic Technologists (ASRT)
- Association of Educators in Imaging and Radiologic Sciences, Inc. (AEIRS)
- Association of Vascular and Interventional Radiographers (AVIR)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- International Society of Radiographers and Radiological Technologists (ISRRT)
- Radiology Business Management Association (RBMA)
- Section for Magnetic Resonance Technologists (SMRT-ISMRM)
- Society of Nuclear Medicine – Technologists Section (SNM-TS)

REFRESHER COURSES

Sponsored by the Associated Sciences Consortium

(Each refresher course is approved for 1.5 AMA PRA Category 1 Credits™ and Category A+ credit for technologists)

Monday, November 30, 2009

AS21 8:30 AM – 10:00 AM

Where Is the Radiologist? Radiology's Changing Dynamics: Operations in Today's Economy —Balancing Viability and the Regulatory Minefield

Valerie R. Cronin, CNMT,
Moderator
William A. Sarraile, JD
Paramjit S. Chopra, MD

AS22 10:30 AM – 12:00 PM

Where Is the Radiologist? Radiology's Changing Dynamics: The Present and Future Medical/ Legal Issues That We Face

Claudia A. Murray, Moderator
James P. Borgstede, MD
Patricia Kroken, FACMPE, CRA
Hilary Cohen

AS23 1:30 PM – 3:00 PM

Compliance with the Supervision Rules and Accreditation Requirement: The Impact on Reimbursement

Judy LeRose, RT(R), CRA,
Moderator

A) Physician Supervision Requirements

Melody W. Mulaik

B) Accreditation Guidelines Set Forth in MIPPA

Thomas W. Greeson, JD
Barbara Rubel, MBA

AS24 3:30 PM – 5:00 PM

Architecture That Makes a Difference: Design Guidelines for Tomorrow's Imaging Environment

Bill Rostenberg, FAIA, FACHA,
Moderator
Morris A. Stein, FAIA, FACHA
Bill Rostenberg, FAIA, FACHA
Steven C. Horii, MD

Tuesday, December 1, 2009

AS31 8:30 AM – 10:00 AM

Molecular Imaging: Here to Stay

Charles Stanley, RT(R)(CT)(MR),
Moderator

A) New PET/CT Applications

Valerie R. Cronin, CNMT

B) Updates in PET/MR Imaging

David Gilmore, MS, CNMT,
NCT, RT(R)(N)

AS32 10:30 AM – 12:00 PM

Managing Risk for Optimal Patient Safety

Ellen Lipman, MS, RT(R)(MR),
Moderator

A) Enhancing Patient Safety: A Team Approach

Karen L. Green, RN, BSN,
MHA, CRN

B) Risk Management in Radiology: An Essential Part of Quality

Robert P. George

AS33 1:30 PM – 3:00 PM

Imaging through a Cross-cultural Lens: A Global Perspective on Values, Norms, Mystiques, and Fears

Arlene M. Adler, MEd, RT(R),
FAERS, Moderator
Cynthia Cowling, ACR, BSc, MEd
Lori Boyd, MRT(R), BA, MA, MEd

AS34 3:30 PM – 5:00 PM

Radiation Dose: Are We at Crisis?

Karen J. Finnegan, MS, RT(R)(CV),
FAVIR, Moderator

A) Radiation Risk in Interventional Radiology

John F. Angle, MD

B) Low-Dose CT: Practical Applications

Narinder S. Paul, MD

C) Pediatric Dose

Donald P. Frush, MD

Wednesday, December 2, 2009

AS41 8:30 AM – 10:30 AM

Why and How Far Health Care IT is Behind Our Non-Health Care IT Brethren: Continued from RSNA 2008

Judy LeRose, RT(R), CRA,
Moderator
Stuart Gardner

AS42 10:30 AM – 12:00 PM

Imaging in the Operating Room

Charles Stanley, RT(R)(CT)(MR),
Moderator

A) Multimodality Imaging in the Operating Room

Ferenc A. Jolesz, MD

B) Multidisciplinary Imaging in the Operating Room

Michael D. Dake, MD

AAPM/RSNA BASIC PHYSICS LECTURE FOR THE RADIOLOGIC TECHNOLOGIST

(Approved for 1.25 AMA PRA
Category 1 Credits™ and
Category A+ credit for
technologists)

Monday, 1:30 PM – 2:45 PM

MRI — Advanced Technology

Douglas E. Pfeiffer, MS,
Moderator
Moriel Shalom NessAiver,
PhD

RSNA is an ARRT®-approved
Recognized Continuing Education
Evaluation Mechanism Plus (RCEEM+)
and will provide Category A+ continuing
education credits for technologists and
radiologist assistants.

RSNA

Radiological Society
of North America
Founded in 1915

RSNA2009.RSNA.org

RNCB Acknowledges New CRNs

The Radiologic Nursing Certification Board, Inc. acknowledges the following individuals who passed the Certification Examination for Radiologic Nursing in Imaging, Interventional, and Therapeutic Environments on May 2, 2009:

Linda Alliprandini
Fairless Hills, PA

Mary B. Gonzales
Aliso Viejo, CA

Tacora D. Love
Country Club Hills, IL

Janelle A. Ramsborg
Chicago, IL

Annette R. Bond
Stafford, VA

Pamela J. Grande
Muskegon, WI

Bernadette Lucas-Burch
Hollister, CA

Eliza Reyes
Locust Grove, VA

Stephanie M. Boyer
Chicago, IL

Claudia I. Harrison
Menlo Park, CA

Ronald V. Maccone
Hawthorne, NJ

Douglas P. Ridger
Tampa, FL

Louahnee F. Cangelosi
Baton Rouge, LA

MaryAnn Humphrys
Needham, MA

Iheome C. Madubulke
Simpsonville, SC

Gregorio B. Rue
Los Angeles, CA

Jeanne M. Carbone
Franklin, MA

Eileen L. Jones
Mays Landing, NJ

Mary Jane Martin
Chicago, IL

Mary R. Salario
Baton Rouge, LA

Theresa M. Christner
Mountlake Terrace, WA

Marianne Kaiser
Wayne, NJ

Jennifer J. McClaran
Holden, MO

Debra L. Smith
Lyndonville, VT

Debra L. Clark
Long Branch, NJ

Lauren M. Keegan
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Jen-Shi Liu
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Coatesville, PA

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Berlin Heights, OH

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Colfax, NC

Tammie M. Paulino
Spotsylvania, VA



Looking for a Chapter Near You?

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Delaware Chapter

Roger Meece, President
rmeece@nemours.org

MAINE

Maine Chapter (2/08)

Lori A. Strout RN
lastROUT@emh.org

MASSACHUSETTS

New England Chapter

Joe Cancellieri
j.cancellieri@comcast.net

NEW YORK

Empire State Chapter

Chris Keough, President
christine_Keough@urmc.rochester.edu

Long Island Chapter

Judy Zona, President, RN, CRN
judy.zona@chsli.org

Mid Hudson Chapter

Karen Bohnenberger, President
kbohnberger@benedictine.org

PENNSYLVANIA

Greater Pittsburgh RNA Chapter

Diane Cancilla, President
Linda McDonald, Contact
lmcdonal@wpahs.org
dcancill@wpahs.org

Philadelphia Chapter

Cindy Gould, President
cabgould@verizon.net

Southeast Region

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Greater Tampa Bay Chapter

Carol Shakoori, President
cshakoori@tgh.org

NORTH CAROLINA

Carolinas Chapter

Dawn Lawrence
flamingoflo@gmail.com

Triangle Area Radiology Nurses Association (1/07)

Ron Schoenfeld
Ronald.schoenfeld@duke.edu

TENNESSEE/KENTUCKY

Mid-South Chapter of ARNA (6/06)

Jan Neiser, RNBC, BS
jeneiser@yahoo.com

TEXAS

Texas Gulf Coast Chapter

Mark Tansionco, President
mtansion@di.mdacc.tmc.edu

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Blue Ridge Chapter of the American Radiological Nurses Association (1/07)

Vickie Taylor, RN, President
Vgt2j@virginia.edu

Midwest Region

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Windy City Regional Chapter

Janelle Ramsborg, RN, BSN, MBA
jramsborg@lumc.edu

MICHIGAN

Great Lakes Chapter

Mike Wilson RN, BSN, MBA
Mjw3270@gmail.com

MINNESOTA

Minnesota Chapter

Bill Stromme
Stromme.william@mayo.edu

OHIO

Central Ohio Buckeye Chapter (2/08)

Sheila Westrick, Secretary
Sheila.westrick@osumc.edu

Ohio Radiological Chapter

Annette Murphy
murphy@summa-health.org

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Grand Canyon State Chapter

Paula Lentowski, RN, CRN
www.azradiologym.net

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Golden Gate Chapter

Sarah Bradford, RN, CRN
Bradfordsjwl@yahoo.com

WASHINGTON

Northwest Chapter

Rebecca Turner
frombecky@comcast.net



*If you would like information on starting a local ARIN chapter, please contact
Megan Menth, Chapter Services Specialist at*

ARIN National Office

7794 Grow Drive • Pensacola, FL 32514
850-474-7292 • Toll Free 866-486-2762 • Fax 850-484-8762
E-mail: megan.menth@dancyamc.com

