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# ARIN

# Vision

## Keep Your Eyes on the Goal...

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

It is that time of year when we begin anew and set our resolutions for the upcoming year. As I enter the last few months of my term as President, I have been reflecting on the goals I set for my 2009-2010 term. This has been a fabulous experience, and I have had the opportunity to network with many individuals and organizations as well as attend seminars on behalf of ARIN members. I formulated the Board of Directors goals under three headings: *knowledge*, *networking*, and *financial*, and would like to highlight a few of our achievements to date.



**Knowledge:** A successful *Fall Symposium* was envisioned. This was defined as an “attendance of 200 imaging nurses, a variety of timely topics, and a positive financial bottom line. I am so pleased to report that the attendance was 207. The program featured topics related to CCTA, treatment options for patients with liver and renal cancer, preventing medication errors, and patient safety. The Imaging Nurse Review Course was also offered. Overall the evaluations were positive. Financially, the Symposium was successful and the vendor support was fantastic! By keeping our eyes on the goal, we remained on task.

**Networking:** One of the greatest opportunities I have had is to network with other professional organizations on behalf of ARIN. I had the pleasure of attending the *Fall Summit*, sponsored by Nursing Organizations Alliance (The Alliance), which was held in Louisville, KY, on November 19-21, 2009. Forty-six member organizations were represented. I had the opportunity to discuss our collaborative ARIN-ASPAN effort with ASPAN President Terry Clifford, which resulted in ARIN creating an educational document for use by ASPAN members. This Clinical Guideline, entitled *Handoff Communication Concerning Patients Undergoing a Radiological Procedure with General Anesthesia*, is posted on the ARIN web site. I also met with Lynn Phillips, President of the Infusion Nurses Society, to discuss a potential joint opportunity. A second networking opportunity came as a result of attending RSNA. ARIN is a member of the Associated Sciences group. Attending this meeting allows me to wear two hats: one as educator and one as professional networker. My lecture discussed *Enhancing Patient Safety... A Team Approach*, which was presented to approximately 200 individuals and appeared to be well received. As the professional networker, I had the opportunity to speak with physicians, administrators, technologists, and nurses about our organization. Many of the nurses were from countries other than the USA and were thrilled to learn about ARIN and the support and educational materials we offer. What became even clearer to me was the need to reach out to all imaging settings, regardless of size, and develop relationships so that ARIN may grow and move to the next level.

**Financially:** The BOD continues to review our financial situation. We continue to have discussions to make the difficult financial decisions expected of us. As in San Diego, we are providing lecture handouts online and in CD format, and looking closely at the meals pro-

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## President's Message

(continued from page 1)

vided during the conference. The Annual Convention this year will be held in Tampa, Florida, in conjunction with SIR and AVIR. The Planning Committee and BOD are continuing to provide lecture handouts as indicated above. We are also providing a smaller binder with conference materials and note-taking pages. Having reviewed the many conference comments related to the length of this meeting, the BOD made the decision to decrease the conference time to 3.5 days and eliminate the joint networking day with AVIR. This was accomplished during a very positive dialogue session with AVIR.

Let me offer you a few tips so that your time in Tampa is well spent.

1. The BOD invites you to attend **"Navigating the ARIN Convention"** set for Saturday March 13, at 5:30 p.m. Come and learn how to make the best use of your conference time, get to know your board, and just network with others.
2. Consider participating in our **Silent Auction**, which benefits our ARIN scholarship program. You may do this in two ways. One way to participate is to donate an item for auction. This may be from your chapter or a personal donation. Items to consider are jewelry, artwork, small sculptures, or a great book. For those of you who are crafty, this is a great time to show off your handiwork. The other option is to actively bid on a silent auction item that you simply cannot live without. Sounds like a win-win situation!
3. Feeling lucky? Want to improve your financial situation? Then participate in our **50-50 drawing**. Tickets will be available throughout the conference and the winner will be announced at the membership luncheon.
4. Attend the **Membership Luncheon**, which will be held on Tuesday, March 16, from 11:30 a.m.–1 p.m. This is included in your registration fee. Come and experience all of our successes and be part of the future of ARIN, as you witness the induction of ARIN's new leadership team.
5. Enjoy the educational sessions, make new friends, visit the poster presentations, and above all, have a great time and enjoy the camaraderie.

Beginning in March 2010, we will be talking about ARIN's 30th Anniversary, occurring in March 2011, in Chicago. Stay tuned for the celebration details. As we move closer to the convention, remember:

*There are spaces between our fingers so that another person's fingers can fill them in.*

Author Unknown

I look forward to seeing all of you in Tampa.

*Karen*

## ARIN Member Leadership Opportunities

All ARIN members who have been a member for a minimum of one year are invited to consider submitting to be a candidate for a position of leadership at the national level. This year the following positions are up for election:

**President-Elect:** The functions of the President-Elect are to fulfill duties in the absence of the President, monitor committee activities, and perform other duties as prescribed by the Board of Directors or as delegated by the President. The President-Elect should have served at least one year as a member of the Board of Directors or served as a chairperson of an ARIN national committee for a minimum of one year prior to nomination. Travel is required and expenses are reimbursed as set by ARIN policy. Three-year commitment: first year as President-Elect, second year as President, and third year as Immediate Past President.

**Secretary:** The Secretary shall record and review the minutes for all Board of Directors and membership business meetings of the Association. Travel is required and expenses are reimbursed as set by ARIN policy. Two-year commitment.

**Board Member:** Board members direct the business and financial affairs of the Association, establish policy, foster the growth and development of the Association, and engage in strategic planning. Board members serve as liaisons to ARIN committees. Travel is required and expenses are reimbursed as set by ARIN policy. Three-year commitment.

**Nominating Committee Member:** The Nominating Committee oversees the elections process, solicits and screens applicants, and presents a slate of candidates to the members for voting. The business of the Nominating Committee is conducted via e-mail and conference calls; travel is not required. Two-year commitment. Members of the Nominating Committee may not run for office during their term on the committee.

Serving your professional organization at the national level provides members with personal satisfaction and professional recognition. If you are interested in more information about submitting for any of these positions, you can contact your ARIN Board members and Nominating Committee members through the ARIN website, [www.arinursing.org](http://www.arinursing.org). You can also download the call for nominations on the website.

The deadline to submit the call for nominations is September 30, 2010.

# Holistic Nursing: The Art and Science of Imaging Nursing

**Brenda Hicks Wickersham, RN, CRN, MAV**

Evidence-based practice, complementary and alternative medicine, holistic nursing approaches and interventional radiology are not disparate entities. The focus for this short article will provide you with a useful tool and information in the rapid assessment of patient potential drug interactions. Interventional Radiology treatment plans may involve pre-medications or initiation of medications such as clopidogrel during initial and on-going phases of treatment. Safe medical practices include medication reconciliation and attention to the patient's use of dietary supplements and herbal preparations upon hospital admission or during the pre-admit phase.

Vascular intervention patients who are placed on anti-platelet therapy present potential bleeding problems. They are at risk for bleeding, hemorrhage, hematoma in the setting of undocumented polyherbal and poly-over the counter self-medications. The problems can theoretically be encountered in the procedural suite; or later, after discharge.

In checking potential interactions with clopidogrel (Plavix), the following eight formulas were listed as "major" interaction rating or "Do not take": Danshen, Dong Quai, Evening Primrose Oil, Gingko, Grapefruit, Policosanol, St. John's Wort, and Willow Bark. All were listed as potential major interaction "high, probable" with the exception of Grapefruit, which was categorized as "moderate, likely." In general, single doses of herbals do not appear to be problematic. It is in the setting of regular usage that most become problematic. However, it is noted that a single dose of Gingko plus cilostazol (Pletal) does prolong bleeding time.

In the imaging setting, it is important to assess potential issues as soon as possible during the scheduling and preparation phase. Pre-admission assessment via phone interviews or clinic visits with patients is becoming standard practice. The medication reconciliation process is an important one. Take time to explain to the patient that whatever regimens they are on are important and to NOT skip over the herbal and dietary supplements that are taken. To not emphasize this information, is to flirt with potential bleeding at a later date. It is during this time, that potential problems can be identified and dealt with.

Essential functions of the imaging nurse involve assessment, teaching, documentation, and planning in the midst of preparing for procedures. The interventions that we provide are truly important. Active listening and effective communication are integral in completing these tasks.

In a recent interview as part of a Magnet application, three of our imaging nurses had the opportunity to sit down with the Nurse Reviewer. She was very interested as the nurses explained their work. The Nurse Reviewer strongly encouraged the nurse group to find a way to quantify "the saves" and the problems that they "head off at the pass," for she understood our role in maintaining and promoting patient safety and excellence in care. It seems that our imaging nursing profession could benefit from that advice. Our art and science are not beyond measurements; one of us needs to develop the tools.

(The Natural Medicines Comprehensive Database is a peer-reviewed, multi-disciplinary database. It provides an easy, though not free, method of checking interaction levels and effectiveness. It is regularly updated, cited by NIH/Center for Complementary and Alternative Therapy and is available on-line, hard-copy or downloadable. [www.naturaldatabase.com](http://www.naturaldatabase.com) accessed 1/5/2010.)

*Brenda serves as an ARIN Board member, Core Curriculum author and is a member of NWARIN Northwest Chapter of ARIN.*

## Association for Radiologic and Imaging Nursing (ARIN)

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### ARIN Core Purpose

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



## Know Your Board Members!

**Sara Hawkins, BSN, RN, CRN**

***Current position:***

Nurse Manager Medical Imaging and Radiation Oncology

***Current affiliation:***

Eastern Idaho Regional Medical Center

***What influenced you to go into imaging nursing?***

I was introduced to imaging nursing in 1997, when I accepted a position as an ICU/Radiology float staff. I worked primarily in ICU and was expected to float to Imaging as needed. Wow- what an awesome job! It didn't take me long to realize that Imaging was really where I wanted to be. I owe a debt of gratitude to the imaging nurse at that time who mentored me and fostered my passion for the work!

***What are the biggest challenges and joys of your current position?***

Some of the greatest challenges I face tend to deal with implementing some of TJC standards and NPSG's in the department that sometimes seem to pertain more to OR settings than the imaging setting. Getting that buy-in from the whole department, well, the frustration can sometimes feel like when one imagines trying to fit a square peg into a round hole!

My greatest joys have come from introducing imaging nursing to new staff or nursing students. I love to share my enthusiasm, and it is exciting to see them develop as part of the team as well as develop their own sense of pride in what we accomplish every day!

***Professional accomplishment of which you are most proud:***

I am especially proud to be a Board Member for ARIN. Being able to represent my department, our facility, and imaging nurses around the state of Idaho has been very meaningful to me. I work with some very classy folks on the Board, and I'm proud to be a



part of the work that's done to advance our profession and support ARIN's mission.

***Personal accomplishment of which you are most proud:***

A personal goal of mine has been to obtain my Master's degree, and I did it! With the love and support of my family, I completed my Master of Science in Nursing degree this fall!

***What influenced you to get into leadership with ARIN?***

One of my peers nominated me to participate on the ARIN Certification Task Force committee, and from that point on, I was hooked and wanted to contribute as much as I could.

***What is the best thing about serving on the ARIN Board of Directors?***

I have been in awe of the caliber of nurses on the board: each with a deep sense of responsibility and accountability to the ARIN membership and each with a passion for nursing and patient care. I have great respect for them and feel very fortunate to work with them!

***Hobbies:***

I enjoy cross country skiing, long walks, a good book, and family time!

***Pets:***

Well, my husband said no to a dog, so we got five chickens instead!

***What excited you the most about the 2009 convention in San Diego?***

San Diego was a great conference! I think I was most distracted and excited about being introduced to the Board at the Annual Membership Luncheon. One of my best friends and colleague was there to celebrate with me!

***If you could have any superpower, what would it be?***

I would have a photographic memory! I would love the invisible airplane too!

### 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.

# ARIN Position Statements and Clinical Practice Guidelines

ARIN currently has 4 position statements and 7 clinical practice guidelines available to download in the Practice Guidelines section of the ARIN website, [www.arinursing.org](http://www.arinursing.org). These position statements were developed by ARIN members and approved by the ARIN Board of Directors. Additional position statements and clinical practice guidelines are in development and will be posted once approved. **Download complete position statements and clinical practice guidelines at [www.arinursing.org](http://www.arinursing.org).**

## **Nursing Leadership and Performance Position Statement**

Imaging nurses influence patient care in a variety of settings and nursing roles. Imaging nurses are involved in the assessment, care planning, and direct care of patients before, during, and after diagnostic and therapeutic imaging procedures. Imaging nurses promote high quality patient care in those environments.

## **Patient Safety in the Imaging Setting Position Statement**

Healthcare professionals in the medical imaging setting face unique challenges to ensure patient safety. Broad process and systems interventions are required to ensure that patient safety initiatives are carefully developed, implemented, and maintained ensuring a culture of safety (Emergency Nurses Association, 2005). The Association for Radiologic and Imaging Nursing (ARIN) is dedicated to the success of research, education, and implementation of evidence-based measures that ensure the well-being of patients receiving care and treatments in the imaging setting. In addition, the core purpose of ARIN is to foster the growth of nurses who advance the standard of care in the imaging environment.

## **Role of the Imaging Registered Nurse in Patients Undergoing Sedated Procedures Position Statement**

The Imaging Registered Nurse plans, coordinates, and delivers nursing care for patients across the life span who are going to receive sedation and analgesia while undergoing a radiological procedure. The purpose of sedation and analgesia is to relieve anxiety, discomfort or pain and diminish memory of the event and to facilitate the best results. Possessing clinical knowledge, sound judgment and critical thinking skills based on scientific principles the nurse plans and implements nursing care to address physical, psychological and spiritual responses of the patient undergoing a radiological procedure. The nurse is responsible for the patient outcomes resulting from the nursing care provided during the radiological procedure.

## **The Registered Nurse in the Imaging Setting Position Statement**

The imaging nurse uses evidence-based practice to provide quality nursing care for patients in the imaging setting. The nurse is knowledgeable in meeting the physical, psychological, cultural, and educational needs of patients. The dynamic functions of the imaging nurse include the following:

## **Vertebroplasty Clinical Practice Guideline**

Vertebroplasty is a percutaneous procedure performed to treat painful vertebral compression fractures.

## **Site Marking and Verification for Invasive and/or High Risk Procedures in Imaging Clinical Practice Guideline**

The Safety in America group and The Joint Commission have set forth guidelines for the safe care of patients undergoing invasive procedures. The Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™ was developed to ensure that these guidelines become a part of our culture and practice.

## **Moderate Sedation and Analgesia Clinical Practice Guideline**

Moderate Sedation and Analgesia medications are frequently administered by Imaging Nurses. Moderate Sedation and Analgesia is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

## **Handoff Communication Concerning Patients Undergoing a Radiological Procedure with General Anesthesia Clinical Practice Guideline**

The Joint Commission (JC) has identified that ineffective communication has been the root cause for sentinel events compromising safe patient care. To that end, National Patient Safety Goal (NPSG) 2E requires a "handoff" communication when care is transferred from one clinician to another.

## **Contrast Media Administration to Pregnant or Potentially Pregnant Patients Clinical Practice Guideline**

Studies of contrast (iodinated and gadolinium-based) in pregnancy are limited. Effects of contrast on the human embryo or fetus are unknown. It must be assumed that all contrast media cross the blood-placenta barrier into the fetus. No data are available to assess the rate of clearance of contrast agents from the amniotic fluid. It is not possible to state with certainty whether contrast agents present a risk or pose no risk to the fetus. Patients of child-bearing potential should be screened for the possibility of pregnancy.

## **Contrast Medium Administration to Breast Feeding Mothers Clinical Practice Guideline**

Occasionally, contrast agents (either iodinated or gadolinium based) are indicated for an imaging study on a breastfeeding mother. The patient and the physician may be concerned about contrast media being excreted into breast milk and the contrast media exposure to the infant.

## **Contrast Extravasation Clinical Practice Guideline**

Extravasation of contrast medium can occur during hand or power injection. Iodinated contrast media are toxic to surrounding tissues, particularly skin. Some patients will experience stinging or burning, but other patients will have little to no immediate discomfort.

# Peripheral Disease Coalitions Annual Meeting Report

**Patrick J. Glickman, BSN, RN, CRN**

On Wednesday, September 16, 2009, I had the honor of attending the **Peripheral Disease Coalitions** annual meeting at the Hyatt Crystal City in Arlington, Virginia, for ARIN representative Kathleen Gross. The PAD Coalition is a multidisciplinary group of healthcare providers, of varying specialties, formed with the purpose of advancing the level of care and public awareness of Peripheral Arterial Disease. It was founded over six years ago, and its goal has always been to improve prevention, early detection, treatment, rehabilitation, and survival rates for people with or at risk of P.A.D. It is currently comprised of 75 organizations that collectively represent more than 1 million healthcare professionals and 500,000 patients committed to providing PAD patient outcomes. The Coalition is coordinated by the Vascular Disease Foundation, a non-profit organization. PAD affects over 8 million Americans and 800,000 Canadians and is characterized by blockages in the arteries that supply the legs. The Coalition is trying to reach the people at risk for PAD: people already diagnosed with PAD, people with PAD but are undiagnosed, social supporters of people with and at risk for PAD as well as health Professionals, particularly primary care providers, health care systems, hospitals, and health insurance decisions makers as well as policy makers.

**Marge Lovell, RN**, (Coalition Chair); **Dr. Joseph Caporusso, DPM** (Coalition vice Chair); and **Gwen Twillman**, (Coalition Executive Director) reviewed this year's past work. Public awareness of P.A.D. was spotlighted in the media by way of informational posters at major airports and transit ads in big cities such as Washington D.C., Philadelphia, Tampa and Atlanta. Information about the disease and the signs and symptoms were shown on these posters. Lisa Tate, CEO of Women Heart, then spoke about their work to alert women to their risk of PAD by issuing a national press release.

One of the meeting's highlights was the unveiling of an extremely useful tool for tracking **Americans with PAD**. There is a website

online now that is a compilation of data from the Medicare database, highlighting where PAD lives in America. The website is [www.mappad.org](http://www.mappad.org). Gary Puckrein, PhD, Executive Director of the National Minority Quality Forum spoke of the work that it took in compiling all the data available in the Medicare Data base to show America where PAD lives.

The importance of Faith-Based activities to increase PAD awareness was discussed by **Rev. Miriam Burnett, MD**, Medical Director of the AME Church Connectional Health Commission. Important medical information is passed down to the churches through their networks, providing another avenue of patient education. Alan Hirsch, MD, Vice Chair of the PAD Coalition Science Committee spoke on the work of the Rocky Mountain Workshop. He highlighted that their work on PAD has yielded some correlating data with Venous Disease. Their goal is to find knowledge gaps and correct them.

**Dr. William Li, President of the Angiogenesis Foundation** spoke on the current work being done to promote Angiogenesis. Angiogenesis is the growth of new capillary blood vessels in the body. More info on Angiogenesis can be found at [www.angio.org](http://www.angio.org)

**Jane Scott, ScD, MSN, FAHA, of the National Heart, Lung and Blood Institute** discussed the important need of training our future researchers and leaders in the field of vascular medicine. Joshua Beckman MD, Chair of the PAD Advocacy committee stressed the importance of getting support in Congress for better Medicare support. He mentioned that a test as simple as an ABI, added as a part of a cardiovascular screening, would allow for early detection sorely needed in the diagnosis and treatment of PAD. They are pushing for a Bill in Congress, but Washington is buzzing with the news over the work done on the Obama Healthcare Plan.

The meeting ended after a long discussion on the work being done on Capital Hill on the proposed changes in the healthcare reform that is being promoted by President Barak Obama. The cuts in reimbursement in 'Cath Labs' are rumored to be in the 20 to 25% range, and everyone is lobbying to minimize the level of cuts in reimbursement. The PAD Coalition is striving to show that, with many other diseases, advanced detection for PAD could minimize the cost of treatment over time. Changes in lifestyle, diet and exercise could save millions of lives and limbs.

## Know Your Board Members!

**Sharon Lehman, MS, ACNS-BC**  
*Immediate Past-President*



***Current position:***

Radiology Clinical Nurse Specialist

***Current affiliation:***

University of Minnesota Physicians

***What influenced you to go into imaging nursing?***

I have a background as a Nutrition Support Nurse and ICU Nurse, so my knowledge base was a perfect fit for what the radiologists were looking for in a nurse clinician.

***What are the biggest challenges and joys of your current position?***

My biggest challenge is that there are not enough hours in the day to get the work done. Also, insurance does not want to pay for some patient's procedures, and we work hard with each patient individually when we think it will be an issue. What I love most about my job is that I can see patients as a provider in the clinic setting for consults, and I feel as if I make a difference in the care of the patient's.

***Professional accomplishment of which you are most proud:***

Along with two of my interventional radiologists and three gynecologists, we started a fibroid clinic that is located in our Women's Health Clinic this past year. We have advertised on the radio, held a community information session, and just through word of mouth, we have been so busy. This has had such a positive effect for the Women's Health Center as a whole and, of course, increased business for interventional radiology.

***Personal accomplishment of which you are most proud:***

I am proud of starting my own business, Madeline Lily Specialties. It is my own line of greeting cards and specialty sewing projects.

***What influenced you to get into leadership with ARIN?***

I first served on the planning committee for the national convention, and then I became the chair. Delma Armstrong then asked me to run for Secretary and when I was finishing up with that term, Kathy Scheffer convinced me to run for President-Elect. Kathy has a way of influencing people and you just can say no, and the rest is history.

***What is the best thing about serving on the ARIN Board of Directors?***

I have met so many wonderful individuals and learned so much about different styles of practice.

***Hobbies:***

I enjoy camping, biking, reading, photography, and sewing.

***Pets:***

I have a "part-time pet" Stuart, the chihuahua

***What excited you the most about the 2009 convention in San Diego?***

We rolled out our new logo. I always feel empowered or inspired to return to work because of the things I have learned from the speakers as well as how to work better across age groups, how to work better as a team member and how to be a better imaging nurse.

***If you could have any superpower, what would it be?***

I would like to have the ability to find a cure for cancer.



# Venous Disease Coalitions 2nd Annual Meeting Report

Patrick J. Glickman, BSN, RN, CRN

On September 17, 2009, I attended the **Venous Disease Coalitions 2nd Annual Meeting**. The coalition was formed to advance the standard of care and public awareness of venous disease. The 2008 event was highlighted by the Surgeon Generals report on Venous Thromboembolism and Pulmonary Embolism.

This year's conference started off with the announcement of the **2009 VDC Research Awards**.

The **Basic Science Award** went to Dr. Pouzezhane and his colleagues who were recognized for their research on rats into diabetes and DVT that was published in the Dec 08 Journal of Vascular Surgery. The study concluded that diet induced type 2 diabetes may impair DVT resolution (imaging studies) thru altered inflammatory fibrinolytic and matrix metalloproteinase.

The **Clinical Outcomes Award** went to Robert J. Glynn, ScD and his colleagues who were recognized for their work on "a randomized trial of rosuvastatin in the prevention of venous thromboembolism" published in the New England Journal of Medicine. The study concluded that in apparently healthy persons, Rosuvastatin significantly reduced the occurrence of symptomatic venous thromboembolism.

The **Quality Improvement and Implementation of Best Practices Award** went to Dr. Gregory Maynard and his colleagues who were recognized for their study of optimizing prevention of hospital acquired venous thromboembolism. Prospective validation of VTE risk assessment model, soon to be published in the journal of Hospital Medicine. Their study was a collaborative and focused study of implementing DVT prophylaxis and following thru with all disciplines with real results.

We were then updated on studies currently in progress including the ATTRACT Trial Acute Venous thrombosis:Thrombus removal with adjunctive catheter-directed thrombolysis, the BRIDGE study: anti-coagulant use and surgical/procedure scheduling as well as the Rocky Mountain Evidence based workshop on reviewing prior research on DVT.

The 2009 **keynote speaker** was **Dr. Garth Graham**, Deputy Assistant for Minority Health, Director of the Office of Minority Health, Department of Health and Human Services. Dr. Graham of the coalition met with Dr. Goldhaber last year to ask for his support for public education for venous disease. Dr. Graham wasted no time in giving his support to the VDC cause as his family was tragically impacted by a complication of a venous thromboembolism. Dr. Graham's sister, a resident physician in Oncology, died suddenly in the kitchen of her home by a pulmonary embolism. She was a healthy active woman in her early 30's who succumbed to a pulmonary embolism. Dr. Graham

recanted the story of his sister, their childhood, and his American story of his family immigrating to this country. His mother and father came to this country when he was small and they had no money. His parents stressed the importance of education and all of his siblings took that message to heart. He and his sister became physicians while another sibling became a lawyer. Dr. Graham earned his M.D. from the Yale School of Medicine, where he graduated cum laude. He also earned his M.P.H. from the Yale School of Epidemiology and Public Health with a focus in health policy. He serves on the faculty of the Harvard Medical School, has authored several scientific articles and presentations on cardiovascular disease, HIV/AIDS and community medicine. Dr. Graham issued a press release entitled *African Americans at Significantly Higher risk of DVT or blood clots*. One person dies every 5 to 6 minutes from a DVT or PE related event in America, and some groups such as African Americans are at a significantly higher risk of developing these conditions. To help raise awareness, the VDC has launched a "Pause for Prevention" DVT and PE assessment, a tool to help people better understand if they are at risk for DVT or PE. This is available on [www.venousdiseasecoalition.org](http://www.venousdiseasecoalition.org).

The patient speaker this year was **Traci Wilkes Smith**, a young lawyer from New York, who suffered a PE over six years ago when she was in her mid twenties. What was particularly haunting about her story were the similarities to last year's speaker, also an African American female with signs and symptoms of a pulmonary embolus. Both suffered recurrent episodes of pain and shortness of breath, both had recurrent visits to the emergency room, which did not get them their proper diagnosis. Both felt hesitant to return to the emergency room to seek out healthcare due to their earlier experiences. Traci wants all Americans to know what the signs and symptoms of a DVT and PE are and be aggressive if you suspect that this is causing your illness.

The meeting then changed the focus to member and VDC 2009 achievements. The VDC has collaborated with the organization known as **Spirit of Women**. This group is focused on the concerns of women in America, and they know that there is an increased demand for research and awareness on all of women's health issues. They strive to educate their members in group activities that promote education in a fun environment.

The 2009-2010 planned initiatives were discussed by Sheryl Benjamin of the vascular disease foundation. Starting in October/November, the VDC will be working with the surgeon general to promote the **VDC's Pause for Prevention** program focusing on awareness and rolling out educational collateral and online content. The VDC will work with the CDC on public awareness with the target group being women. Women have a 5x risk with pregnancy of VTE and are at greater risk of VTE post partum. The VDC was given a grant by the CDC for research to span five years all focusing on women's health. This project began 9/30/09 and will end 9/29/10. The general focus will be Women and their risk for VTE with a focus of attention placed on women of childbearing age in pregnancy and post partum. This is very important work being done for the women of America. I look forward to their progress report next year as they roll out the next phase of the 5 year plan.



# SAVE THE DATE!

*Achieving Success Through Knowledge and Networking*

**CONVENTION DATES: MARCH 14-17, 2010**  
**PRECONVENTION DATES: MARCH 12-13, 2010**

Make plans now to attend the ARIN  
2010 Annual Convention to be held at the  
Tampa Marriott Waterside  
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*A program of events is available on the ARIN website: [www.arinursing.org](http://www.arinursing.org).*

## REGISTER NOW!

ARIN convention registrants must use the SIR registration form (ARIN see lines RG30, RG31, and RG32). To register online go to the SIR website at [www.sirweb.org](http://www.sirweb.org).

To register as an ARIN member, your ARIN member dues must be current at the time of registration. For registration inquiries, contact SIR toll-free at 866-229-2386 or by e-mail at [scv091.attendee@experient-inc.com](mailto:scv091.attendee@experient-inc.com).

### **FOR MORE INFORMATION CONTACT THE ARIN NATIONAL OFFICE:**

7794 Grow Drive  
Pensacola, FL 32514  
Phone 850-474-7292  
or Toll-free 866-486-2762  
Fax 850-484-8762

[arinconv@dancyamc.com](mailto:arinconv@dancyamc.com)  
[www.arinursing.org](http://www.arinursing.org)



## RNCB Call for Nominations

The Radiologic Nursing Certification Board (RNCB) is seeking nominations for individuals to serve as Directors. The mission of RNCB is to develop and administer a certification program in radiological nursing to candidates who meet the specified eligibility criteria. This is achieved by evaluating individuals who wish to enter, continue, and/or advance in the field of radiological nursing through successful attainment of certification.

### **Director**

A candidate for Director must meet the following requirements:

- ❖ Have a minimum of 5 years' experience in the specialty of radiology nursing.
- ❖ Maintain membership in the Association for Radiologic & Imaging Nursing (ARIN) at the national level.
- ❖ Not hold an elected, appointed, or volunteer position in ARIN.
- ❖ Be certified by the RNCB.
- ❖ Attend meetings of the RNCB.
- ❖ Be willing and able to serve a 3-year term as an RNCB Director.
- ❖ Agree not to participate in the development or implementation of any certification review courses during the term of office and for a minimum of 3 years following completion of the term of office.
- ❖ Uphold and respect the confidentiality required for the fair and impartial administration of the certification and recertification process.
- ❖ Not engage in any activity that could be considered a conflict of interest during his/her term of office and for 3 years thereafter.

Directors of RNCB are appointed by the ARIN Board of Directors.

### **NOMINATION AND CONSENT STATEMENT**

Full Name _____	Credentials _____
Current Position _____	Work Phone _____
Affiliation _____	Home Phone _____
Address _____	Fax _____
City _____	State _____ Zip _____
E-mail _____	

**I am willing to serve as a Director on the Radiologic Nursing Certification Board if appointed by the ARIN Board of Directors.**

**Signed,** \_\_\_\_\_ **Date** \_\_\_\_\_

**A Complete Candidate packet includes the following:**

1. Your curriculum vitae or resume.
2. A recommendation from a peer.
3. A recommendation from a supervisor.
4. A completed nomination and consent statement.

Return **COMPLETE CANDIDATE PACKET** to the following:

**RNCB Call for Nominations**  
**7794 Grow Drive**  
**Pensacola, FL 32514**  
**Fax (850) 484-8762**

## Newly Certified Radiologic Nurses

The Radiologic Nursing Certification Board (RNCB) would like to recognize the following individuals who passed the certification exam held on October 10, 2009:

<b>Jennifer Alvey</b> Lexington Park, MD	<b>Katherine Duncan</b> Chapel Hill, NC	<b>Kathleen Miller</b> Austin, TX	<b>Mary Stepien</b> Monterey, CA
<b>Raymond Ambrose</b> Forked River, NJ	<b>Doreen Gunnink</b> Kentwood, MI	<b>Michael Montoya</b> Chandler, AZ	<b>Sonja Taylor</b> Springfield, MO
<b>Daria Ambrose</b> Forked River, NJ	<b>Charlotte Gutwein</b> Chicago, IL	<b>Carol Nahoumovich</b> North Brunswick, NJ	<b>Elizabeth Testani</b> Milford, CT
<b>Emily Anderson</b> Rochester, NY	<b>Kathleen Gwyn</b> Lexington, NC	<b>Paula Norton</b> Durham, NC	<b>Deborah Tozour</b> Cape May Court House, NJ
<b>Deborah Bailey</b> Adah, PA	<b>Sandra Herman</b> Mesa, AZ	<b>Melinda Peer</b> Little Rock, AR	<b>Beth Walker</b> Gilbert, AZ
<b>Mary Becker</b> Orland Park, IL	<b>Sharon Hinson</b> Trumansburg, NY	<b>Linda Preston</b> Huddleston, VA	<b>Lora Wallis</b> Osceola, IN
<b>Allison Bianchi</b> Chicago, IL	<b>Cheryl Jaglowski-Ho</b> Durham, NC	<b>Deborah Quiles</b> Cortlandt Manor, NY	<b>Marcia Wilson</b> Salem, OR
<b>Nancy Bolyard</b> Kearneysville, WV	<b>Kathryn Krauss</b> New Bern, NC	<b>Lisa Reichert</b> Gilbert, AZ	<b>Margaret Winemiller</b> Seven Valleys, PA
<b>Judith Brownrigg</b> Charlottesville, VA	<b>Gail Kulesza</b> Preston, CT	<b>Linda Revell</b> Scottsdale, AZ	<b>Kristin Wright</b> Jenison, MI
<b>Kathleen Bugarin</b> Springfield, TX	<b>Sharon Labban</b> Mesa, AZ	<b>Sandra Reynolds</b> Watkins Glen, NY	
<b>Patricia Clark</b> Gainesville, VA	<b>Julie Lanier</b> Denton, NC	<b>Amy Sanders</b> North Little Rock, AR	
<b>Gene Demsky</b> Nellysford, VA	<b>Nadja Madon</b> Hackensack, NJ	<b>Patricia Secino</b> Leominster, MA	
<b>Susan Denkr</b> Whiteford, MD	<b>Jose Martinez Melena</b> Salinas, CA	<b>Katherine Sheppard</b> Pittsford, NY	
<b>Heather DePew</b> Bunker Hill, WV	<b>Betty McEver</b> Lansing, NY	<b>Catherine Sredzienski</b> Hillsborough, NC	
<b>Tina Detamore</b> Clinton, OH	<b>Mary McNamara</b> Winchester, VA	<b>Jeanne Marie Stanley</b> Rochester, NH	





## Looking for a Chapter Near You?

### Northeast Region

#### DELAWARE

##### Delaware Chapter

Roger Meece, President  
[rmeece@nemours.org](mailto:rmeece@nemours.org)

#### MAINE

##### Maine Chapter (2/08)

Lori A. Strout RN  
[lastrout@emh.org](mailto:lastrout@emh.org)

#### MASSACHUSETTS

##### New England Chapter

Joe Cancellieri  
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#### NEW YORK

##### Empire State Chapter

Chris Keough, President  
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##### Long Island Chapter

Judy Zona, President, RN, CRN  
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##### Mid Hudson Chapter

Karen Bohnenberger, President  
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#### PENNSYLVANIA

##### Greater Pittsburgh RNA Chapter

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 Linda McDonald, Contact  
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##### Philadelphia Chapter

Cindy Gould, President  
[cabgould@verizon.net](mailto:cabgould@verizon.net)

### Southeast Region

#### FLORIDA

##### Greater Tampa Bay Chapter

Carol Shakoori, President  
[cshakoori@tgh.org](mailto:cshakoori@tgh.org)

#### NORTH CAROLINA

##### Carolinas Chapter

Dawn Lawrence  
[flamingoflo@gmail.com](mailto:flamingoflo@gmail.com)

##### Triangle Area Radiology Nurses

Association (1/07)  
 Ron Schoenfeld  
[Ronald.schoenfeld@duke.edu](mailto:Ronald.schoenfeld@duke.edu)

#### TENNESSEE/KENTUCKY

##### Mid-South Chapter of ARNA (6/06)

Jan Neiser, RNBC, BS  
[jeneiser@yahoo.com](mailto:jeneiser@yahoo.com)

#### TEXAS

##### Texas Gulf Coast Chapter

Mark Tansiongco, President  
[mtansion@di.mdacc.tmc.edu](mailto:mtansion@di.mdacc.tmc.edu)

#### VIRGINIA

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

Vickie Taylor, RN, President  
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### Midwest Region

#### ILLINOIS

##### Windy City Regional Chapter

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#### MICHIGAN

##### Great Lakes Chapter

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#### MINNESOTA

##### Minnesota Chapter

Bill Stromme  
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#### OHIO

##### Central Ohio Buckeye Chapter (2/08)

Sheila Westrick, Secretary  
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##### Ohio Radiological Chapter

Annette Murphy  
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### West Region

#### ARIZONA

##### Grand Canyon State Chapter

Paula Lentowski, RN, CRN  
[www.azradiologyrn.net](http://www.azradiologyrn.net)

#### CALIFORNIA

##### Golden Gate Chapter

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#### WASHINGTON

##### Northwest Chapter

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

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