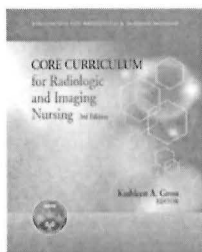


**ARIN**

# Vision

*Vol. 19.5 - In This Issue:*



[arinursing.org](http://arinursing.org)

Purchase the  
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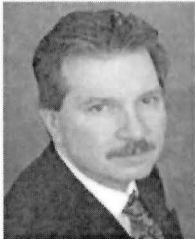
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## From the President's Desk

### Scouting the Educational Landscape



"Education is not received. It is achieved."

--Albert Einstein

ARIN's mission statement aligns with the organization's status as the authority on radiology nursing. With our mission in mind, we must always be prepared for the constant changes that arise in the field of radiology nursing. The need for diagnostic and interventional radiology services in various practice settings and the proficiencies required with these services demand that all radiology nurses be knowledgeable and competent in the latest procedures, medical devices, medications, and equipment. Each nurse involved in the care of a radiology patient is responsible and accountable for the latest information and evidence-based practices.

Tom Rath, in *Strengths Finder 2.0*, states, "Each of us as individuals is a work in progress." This places an emphasis on education in our chosen specialty. Nursing colleagues and patients seek us out as experts in our field. To remain experts, we must continue to seek out learning opportunities so we can continue to provide high-quality care for radiology patients. Through education, innovation, research, and evidence-based practice, we can advance ourselves personally and our organization as a whole. Each of us should practice to the full extent of our educational training and work experience. Education is a lifelong continuum in which we should never be satisfied with the status quo. Education is essential for personal and professional growth. In her article, "Importance of Continuing Nursing Education," Teresa DeClan states, "Nursing is a scientifically rigorous discipline, which requires the updated information on a regular basis to ensure best possible care is provided to patients" (2009).

ARIN provides different resources to meet the educational needs of its members, such as publications, electronic media, and classroom learning activities. Our publications include the *Journal of Radiology Nursing*; the *Core Curriculum for Radiologic and Imaging Nursing, 3rd edition*; *Vision*, the organization's newsletter; the *Radiologic & Imaging Nursing: Scope & Standards of Practice*; and the *Orientation Manual for Radiologic and Imaging Nursing*.

ARIN also provides webinars to keep you up-to-date on current trends and best practices, as well as a Listserv™ for you to reach out to colleagues regarding best practices and other topics. ARIN routinely distributes eBlasts to the membership; these provide information on important changes in the legislative arena impacting practice, and other important topics.

ARIN realizes the importance of classroom learning. We host a spring conference each year in conjunction with SIR and AVIR. This provides an opportunity for interdisciplinary learning. The conference is an opportunity to take advantage of classes taught by our master faculty, including preparation for the certification exam, given on the final day of the conference. The 2015 ARIN Annual Spring Convention will be held in Atlanta, GA, March 1-4; the Imaging Nurse Review Course will be held February 27-28. If you are unable to attend the convention, many chapters provide fall conferences. Information on these events and the spring conference can be found on the [ARIN website](#).

As I challenged you to "Go Forth and Lead" in my inaugural address several months ago, I now challenge you to evaluate your current level of learning. I encourage you to take advantage of the

best by attending a class taught by our master faculty or through a webinar presentation. You may benefit from volunteering for a task force to expand the knowledge of radiology nursing, sharing best practices on the Listserv™, or ascending to a leadership position in your local or national organization. I urge you to seek out educational and leadership opportunities wherever they exist in your practice.

Most importantly, I ask you to remember that education is not received but achieved, and practice excellence is the outcome of your success. Your patients depend on it.

#### References

DeClan, T. (2009, March 23). Importance of continuing nursing education. *UAS Education Article Directory*. Retrieved from <http://www.uaseducation.com/articles/666/1/Importance-of-Continuing-Nursing-Education/Page1.html>

Rath, T. (2007). *Strengths Finder 2.0*. New York, NY: Gallup Press.

Greg Laukhuf, ND, RN, CRN, RN-BC, NE-BC  
ARIN President, 2014-2015

## Letter from the Editor

### Resilience

I recently attended a day-long conference, Holistic Wellness: Engaging Body, Mind, and Spirit. The lecture that stood out the most was on restoring resilience--blending science and wisdom to sustain a healthful mind, mood, and heart. The presenter, Henry Emmons, MD, is an integrative psychiatrist, renowned speaker, author, and a team member with [Partners in Resilience](#).

Resilience is the ability to overcome challenges of all kinds--trauma, tragedy, personal crises, simple life problems--and bounce back stronger, wiser, and more personally powerful.

Being resilient doesn't mean going through life without experiencing stress and pain. People feel grief, sadness, and a range of other emotions after adversity, loss, and other events. The road to resilience lies in working through the emotions and effects of stress and painful events.

Resilience is also not something that you're either born with or not. Resilience grows as you develop better thinking/knowledge and self-management skills. Resilience also comes from supportive relationships with parents, peers, and others, as well as cultural beliefs and traditions that help people cope with the inevitable bumps in life. Resilience is found in a variety of behaviors, thoughts, and actions that can be learned and developed across the lifespan.

When I was reviewing articles on resilience, I came across many images that represented it: a plant growing through a crack in the sidewalk and the survivors of natural disasters, to name a few. Every day in the workplace, we see examples of resilience in the patients who make it through their procedures.

In his book, *The Chemistry of Calm*, Dr. Emmons describes the seven roots of resilience and how they can be used as a training program, adapted to fit your needs and lifestyle. Broadly,

these cover diet, exercise, meditation, sleep, awareness of our emotions, opening the heart, and developing a sense of belonging (soul). This is something we can do not only for ourselves, but also for our families, friends, and co-workers.

#### References & Resources

Emmons, H. A. (2010). *The Chemistry of Calm: A Powerful, Drug-Free Plan to Quiet Your Fears and Overcome Your Anxiety*. New York, NY: Touchstone.

Graham, L. (2013). *Bouncing Back: Rewiring Your Brain for Maximum Resilience and Well-Being*. Novato, CA: New World Library.

Southwick, S. M. & Chaney, D. S. (2012). *Resilience: The Science of Mastering Life's Greatest Challenges*. New York, NY: Cambridge University Press.

Zolli, A. & Healy, A. M. (2013). *Resilience: Why Things Bounce Back*. New York, NY: Simon & Schuster.

Sharon Lehmann, MS, CNS-BC  
Nurse Editor, *Vision*

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## RNCB Survey

The Radiologic Nursing Certification Board (RNCB) is conducting a practice analysis survey to determine the activities performed in current radiologic/imaging nursing practice. Everyone who completes the survey will be eligible to win a Certified Radiology Nurse certification or recertification fee. Once you complete the survey, you will be directed to a separate website to sign up for the drawing.

The survey is vitally important to the specialty of radiologic and imaging nursing. The results of the pilot study will be evaluated for updates prior to distributing the survey to a larger audience. The results will be used to update the content of the Certified Radiology Nurse (CRN) certification examination and to maintain the CRN exam accreditation by the Accreditation Board for Specialty Nursing Certification (ABSNC). The survey will take about a half hour to complete.

We appreciate your commitment to the specialty by giving of your time to complete this important survey. For additional information, contact Harriet McClung at the RNCB National Office: [harriet.mcclung@internationalamc.com](mailto:harriet.mcclung@internationalamc.com) or (855) 871-6681 (toll free).

If you are interested in participating in the survey, please click on the following link: <https://www.cnetnurse.com/survey>. **The survey ends on Sept. 30.**

Thank you for your participation!

Mary Myrthil, MS, RN, CRN, NE-BC  
President, Radiologic Nursing Certification Board

## **ARIN Board of Directors Welcomes...**

### **The New Director of Leadership Development**

Please join the ARIN Board of Directors in welcoming Piera Robson, MSN, BA, as Director of Leadership Development. Ms. Robson brings a wealth of knowledge to this role. She previously served on the Program Planning Committee (2002-2004) and as a chapter author in the *Core Curriculum for Radiologic & Imaging Nursing*, 2nd and 3rd editions.

Ms. Robson is the Radiology Clinical Nurse Specialist at Memorial Sloan Kettering Cancer Center, where she works with more than 70 nurses covering all modalities. She is a clinical leader within the radiology units, nurturing and advising leaders of their role within shared governance councils. Her nurse leader describes Piera as "possessing the leadership qualities and skills that are essential to guide nurses in providing a superior level of nursing practice in the complex roles they fulfill in today's healthcare environment." A peer pays tribute to Piera for "her clinical expertise, honesty, and ability to navigate the most complex situations." Ms. Robson comes to ARIN highly endorsed by her colleagues, and we are confident that she will excel as the Director of Leadership Development.

Congratulations, Piera--ARIN looks forward to working with you!

## **ARIN Congratulates...**

### **Kathleen Gross**

Kathleen Gross, MSN, RN has been appointed to the American College of Radiology's (ACR) Committee on Safety - Q and S for the fiscal year 2014-2015. It is with tremendous input from its members that the ACR has and will continue to successfully overcome challenges confronting the practice of radiology. The efforts of the volunteers provide greater value for the products and services enjoyed by the radiology community.

ARIN would like to extend its appreciation to Kathleen for representing our organization and for her contributions to the field of radiology and imaging nursing.

## **A Reminder From the Executive Director**

### **Proper Formatting of Your Credentials**

The Association for Radiologic and Imaging Nursing (ARIN) uses and supports a consistent format in listing credentials, as recommended by the American Nurses Association (ANA) and the National League for Nursing (NLN).

Specifically,

- Academic degrees precede professional titles. According to the American Nurses Credentialing Center (ANCC), credentials are listed in the following order:

1. Highest earned degree
2. Licensure
3. State designations or requirements
4. National certifications
5. Awards and honors
6. Other recognitions

- Omit periods in the abbreviation of academic degrees, i.e., Jane Doe, PhD, RN (not Jane Doe, R.N., Ph.D.)

- List all degrees if earned in different disciplines, but list only the most and least advanced degrees in any one discipline (the interim degrees are assumed):

- Susan Scott, MA, RN (baccalaureate assumed)
- Jane Doe, PhD, RN (baccalaureate and master's assumed)
- Lucie Smith, PhD, MBA, RN (degrees from different disciplines)
- Nancy Nice, MBA, BSN, RN (degrees from different disciplines)

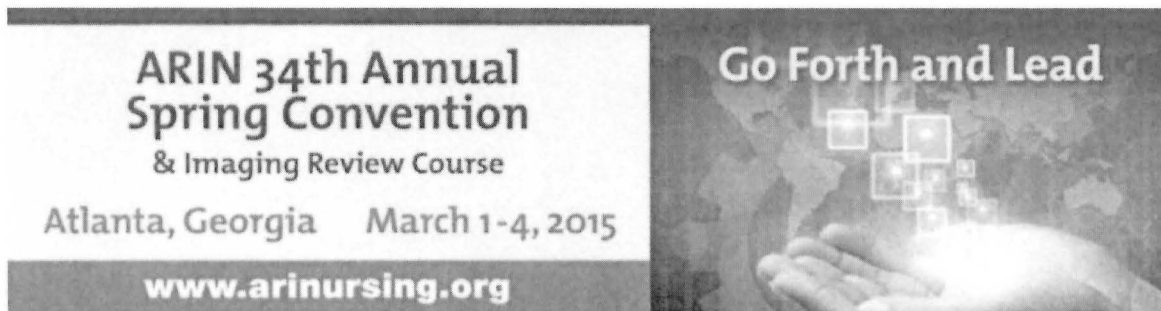
- For dual doctorates, list the academic degree that was earned first.

- Capitalize academic and other titles when listed with the name:

- President Jane Doe
- Jane Doe, MN, RN, CS, President, ARIN
- Ada Smith, EdD, RN, Dean, School of Nursing, Care University

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

**34th Annual ARIN Spring Convention**  
Atlanta, GA



Omni Hotel at CNN Center \* Atlanta, GA  
Convention: March 1-4, 2015  
Imaging Nurse Review Course: February 27-28, 2015

The ARIN Annual Convention is held in conjunction with the Society of Interventional Radiology (SIR) and the Association of Vascular and Interventional Radiographers (AVIR), which makes this the premier event to attend each spring! ARIN's Core Purpose is to foster the growth of nurses who advance the standard of care in the imaging environment.

***Housing is Now Open! Select from SIR's official hotel list to book your room for Atlanta!***

See the [ARIN website](#) for a list of registration fees. Registration will open October 1st. Check back here for more updates and the full convention schedule soon. For more information on the SIR or AVIR programs, please visit [www.sirmeeting.org](#).

## Annual NALA Meeting

### What is NALA?

The Nursing Organizations Alliance (The Alliance) held its 10th annual Leadership Academy Conference August 23-24, 2014 at the historical Brown Hotel in Louisville, Kentucky. Attending the conference were ARIN's three newly elected board members, Mary F. Sousa (President-Elect), Christine Keough (Treasurer), and Director of Membership Jim LaForge.

Formed on November 17, 2001 by the merger of two long-standing nursing coalitions-the National Federation for Specialty Nursing Organizations (NFSNO) and the Nursing Organization Liaison Forum (NOLF)-The Alliance has fortified itself as a collaborative educational forum with the goal of advancing the nursing profession through effective leadership and providing a strong, united voice to address issues pertinent to nursing.

### Who was here?

Forty-six nurse leaders representing 24 specialty nursing professional organizations from the U.S. and Canada attended. To name a few:

- American Assembly for Men in Nursing (AAMN)
- Infusion Nurses Society (INS)
- Emergency Nurses Association (ENA)

- Society of Trauma Nurses (STN)
- National Association of School Nurses (NASN)
- Rheumatology Nurses Society (RNS)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- Nurses Organization of Veterans Affairs (NOVA)

**Thought-provoking, relevant topics included:**

1. Framework for legal and financial stewardship
2. Membership recruitment and retention
3. Social media communication
4. Leadership transition and succession planning
5. Managing organizational challenges with confidence
6. Organizational advocacy

**Framework for legal and financial stewardship**

The legal issues surrounding volunteer leaders are an ongoing topic of discussion. The purpose: promote the understanding of the legal responsibility and obligations involved in running a non-profit; highlight the importance of keeping a simple, organized, straightforward organizational infrastructure with compact bylaws; understand the fiduciary duties and responsibilities of being a board member.

**Membership recruitment/retention**

Understanding the value of membership is vital to the continuity of any organization-this is our lifeline. With four generations currently working in healthcare, it is important to understand the needs of each generational group, as well as the styles of learning and levels of participation particular to each. There are five types of members:

1. The informational seeker
2. The lifelong learner
3. The emerging leader
4. The representative
5. The social/transactional member

Those who join professional organizations join for a variety of reasons, and understanding the needs of each member is essential to creating an organization that meets the needs of everyone. Striking the balance between engaging the young millennial while retaining the older baby boomer is a delicate task.

**Social media communication**

Branding our organization is imperative. Social media should not merely be used as a tool to communicate our message, but moreover, as a mechanism for growth, engaging the interests of new members. The most successful social media campaigns involve creative, fresh ideas. A great example of the power of social media is the viral explosion of internet videos for the "ice bucket challenge" benefiting ALS, which raised millions for research within a few weeks. This campaign was simple, fun, and engaging, calling for the direct participation of donors and urging them to get their friends and family involved. None of this would have been possible without social media. On the other hand, inappropriate blogging and negatively charged comments can hinder an organization's cause and create a firestorm of negative media hype.

**Leadership transition and succession planning**

The local chapters are places where ARIN's leaders often begin and find their roots. Building mentorship programs and developing role models often leads to identifying future leaders.

#### Organizational advocacy

Our representatives on Capitol Hill are often unaware of the particular issues nurses face within our areas of specialty. Identifying the concerns within our specialty is the first step. We then need to be prepared to speak to these issues. If we are not bringing our issues to the forefront with a clear voice, we will not be successful in catalyzing the change we seek. As nurses, we have the knowledge and understanding of the challenges within our field-by creating a unified voice, we also have the power to influence change.

#### ARIN as an organization

ARIN understands the importance of strong leadership. Managing organizational challenges with confidence and building resiliency in our volunteer nursing leadership is key. We are committed to the growth and development of our new leaders. It is our intention to send the new ARIN leaders to The Nursing Alliance's Leadership Academy Conference each year, with the purpose of educating and preparing our leaders, and furnishing them with the tools and skills necessary for success.

Mary F. Sousa BSN, RN  
President-Elect, ARIN Board of Directors

## Bare News for Radiology

What you really need to know

#### Study Shows Reduction in Escalations to Vascular Resource Staff

AccuVein, Inc. released a study completed by UF Health Shands Hospital evaluating the firm's vein visualization equipment. The system was evaluated on the number of times it was necessary to escalate a PIV start to central resource staff. The study revealed a 45% reduction in escalation calls following the introduction of the AccuVein AV400. Ninety-one percent of study nurses responded they would use the device before escalating the request. Eighty-one percent of the study nurses reported improved PIV placement ability. The study was published in the July/August issue of the *Journal of Infusion Nursing*, and displayed at the Infusion Nurses Society's (INS) 2014 Annual Convention.

#### Direct Care Registered Nurses' and Nursing Leaders' Review of Clinical Competencies Needed for the Successful Nurse of the Future: A Gap Analysis

*NursingCenter.com*

08/01/2014

Strong, M.; Kane, I.; Petras, D.; et al.

In the August issue of the *Journal for Nurses in Professional Development*, a gap analysis of direct care nurses and nursing leaders was published concerning perceptions of appropriateness, importance, and daily use of 10 clinical nursing competencies from a large metropolitan hospital. Results revealed that competencies needed in current practice are not wholly founded on task-driven motor skills as comprehensive knowledge is vital in the care of complex patients. The study analysis revealed that study enrollees with baccalaureate or higher degrees felt patient-centered care competencies were more appropriate and important than participants with lower academic preparation. Direct patient care nurses indicated that the informatics and technology competencies were a vital link in their daily practice. Informatics, technology, and communication were rated lower by nurse leaders in all three categories; evidence-based practice and leadership were rated lower in implementation by nurse leaders. Patient-

centered care, professionalism, system-based practice, teamwork and collaboration, and safety received similar ratings by direct care nurses and nurse leaders.

**Lawmakers' Consideration of Hospital Safety Issues Pushed**  
*Wall Street Journal*  
 07/17/14  
 Burton, T. M.

Medical-quality experts testified before the Senate Committee on Health, Education, Labor, and Pensions' Subcommittee on Primary Health and Aging that the Centers for Medicare & Medicaid Services (CMS) must push to lower the rate of hospital medical errors and infections. Lisa McGiffert, director of Consumer Union's Safe Patient Project, said CMS should publish hospital-specific infection rates and medical outcomes. She shares that most hospital-quality measures published by Medicare are "process measures," such as whether or not physicians provided the right drugs at the right times. Hospital requirements to publish medical outcome measures would provide a greater impact on safety.

#### Joint Commission Issues Sentinel Event on Vial Misuse

A Sentinel Event Alert, number 52, was recently issued by the Joint Commission, alerting hospitals to healthcare workers' need to understand and implement practices to protect patients from vial misuse. A survey of 5,446 healthcare practitioners highlights gaps in infection control practices and vial use. Joint Commission experts are concerned that hospital staff do not understand safe injection practice applications. Experts recommend hospitals observe clinical practices in departments and develop targeted plans to educate staff about unsafe injection practices. According to data from the Centers for Disease Control and Prevention, 49 outbreaks of disease related to the mishandling of injectable products have occurred. Twenty-one of these cases since 2001 involved hepatitis B or C transmission, and 28 involved bacterial infections.

**National Saline Solution Shortage Has Hospitals Scrambling**  
*National Public Radio*  
 06/22/14  
 Dembosky, A.

Hospitals face a nationwide shortage of saline solution, which will extend into 2015, according to manufacturers. The Food and Drug Administration sets strict quality standards, and some suppliers say meeting these standards is difficult. The price of saline is stable, due to rate locks through next year, but when contracts expire, hospitals could experience a rate increase of two or three times current pricing.

**Hospitals to Pay Fines for Infections and Avoidable Injuries**  
*NPR Online*  
 06/23/14  
 Rau, J.

The Centers for Medicare & Medicaid Services announced that in October, they will start penalizing hospitals with the highest rates of infections and patient injuries in an effort to improve patient safety. The program calls for examination of three hospital-acquired conditions: the frequency of bloodstream infections in patients who had catheters inserted into a major artery; the rate of infections in patients who need urinary catheters; and the rate of other avoidable health problems experienced in the hospital, such as Pneumothorax, DVT, and hip fractures. Hospitals with the worst performance on the measures will be penalized 1% of their yearly Medicare payments. Critics say the plan will penalize hospitals that serve poor and urban areas.

#### Ivenix Develops New Infusion Management Platform

Ivenix, formerly known as Fluidnet Corporation, announced plans to develop a new infusion management technology from the ground up. The Ivenix Infusion Management System will enhance workflow efficiency and patient safety by delivering infusion therapy with greater ease and precision. The system includes a

simplified user experience based on a smart phone-like user interface, state-of-the-art information technology, and a new pump technology.

<b>Marcaine</b> <i>Outpatient</i> 07/01/14 <i>Burger,</i>	<b>Recalled</b>	<b>by</b>	<b>Hospira</b> <i>Surgery</i>  <i>J.</i>
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Hospira has recalled one lot of 0.5% Marcaine [Bupivacaine HCl Injection, USP], 30 mL, Single-Dose Vial-Preservative Free [NDC 0409-1560-29], Lot 33-545-DD. The recall resulted from a complaint reporting particulates embedded in the vials and in the solution. The lot was distributed November 2013 through March 2014. If the patient receives the particulate, it can block drug administration and cause therapy delays. Hospira states the particles can pass through catheters and cause inflammation, mechanical disruption of tissue, or precipitate an immune response. Hospira has not received reports of adverse effects from the recalled lots and says the problem is from a glass defect in the vials. Affected lots should be pulled and immediately quarantined.

#### **Reconsidering the 12-Hour Nurse's Shift**

<i>Healthcare</i> 07/14 <i>Zimlich,</i>	<i>Traveler</i>  <i>R.</i>
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According to a study from the Pennsylvania Patient Safety Authority, the 12-hour nursing shift may affect patient safety. The study examined 1,600 incidents or near-misses that did not end in harm to the patients between June 2004 and August 2013, and 88.5% of those were the direct result of worker fatigue. Four incidents resulted in the death of the patient, while 37 incidents resulted in serious harm. Most incidents occurred in the medical-surgical unit, emergency department, pharmacy, general medical ward, and the laboratory. Medication errors occurred in 62% of the cases. Procedures, treatments, and test errors accounted for 25% of incidents where worker fatigue was cited. Recent Health Affairs studies found 80% of nurses were happy with hospital scheduling practices, although, in the long run, nurses working shifts longer than 10 hours or more were more likely to experience burnout and job dissatisfaction, and to leave the nursing field. The Institute of Medicine has issued recommendations that states prohibit nurses from working more than 12 hours in a 24-hour period and more than 60 hours in a 7-day period.

#### **Managing Risk With New ISO Tubing Connector Standards**

<i>Sentinel</i> 8/20/14	<i>Event</i>	<i>Alert,</i>	<i>Issue</i>	36
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The Joint Commission recently released information regarding the use of tubing connections. Tubing misconnections can cause patient injury and death, since tubes with different functions can be connected using leur connectors, or connections can be "rigged" using adapters, tubing, or catheters. This has led to the new International Organization for Standardization (ISO) tubing connector standards for manufacturers. With collaboration from ISO; the Association for the Advancement of Medical Instrumentation (AAMI); clinicians; manufacturers; and regulators, including the U.S. Food and Drug Administration (FDA); the standards are being developed, tested, and approved for reliability. The first new ISO connector standard (ANSI/AAMI/ISO 80369-1) has been implemented and others are expected to be introduced in 2014 and 2015. The Joint Commission urges healthcare organizations to be alert and to begin planning completion of the standards. Under the new ISO standards, connectors less than 8.5 mm (inner diameter) will be manufactured to make it impossible to connect one system to another system that serves a different function.

## Workshop for Interventional Radiology

**Sat. Oct. 4, Grand Rapids, MI**  
**Earn 5.5 CE credits!**

Presented by Advanced Radiology Services  
Amway Grand Plaza Hotel, Grand Rapids, MI  
Saturday, Oct. 4, 2014, 7:30 a.m. - 5 p.m.  
Learn more. Register.

Have you wondered why patients are chosen for minimally invasive treatment options in your hospital? Clip or coil for cerebral aneurysms? IR vs. OR suite for trauma? Endoscopic or endovascular control for GI hemorrhage? In this second annual event, each 30-minute session will pair clinical specialists and IR physicians debating common clinical scenarios in a case-based format with audience participation. Join Livewire during ArtPrize and learn about the latest interventional radiology and clinical advances that are changing paradigms in modern health care.

### **Target Audience**

Advanced Radiology Services IR physicians and specifically developed the seminar for healthcare providers with patients most likely to benefit from IR services, including:

- Primary care
  - Hospitalists
  - Emergency departments
  - IR physicians
  - OB/GYN
  - Surgeons and Surgical Subspecialties
  - Medical students
  - Advanced Practice Professionals
  - Nurses
- 
- Technologists

## ARIN-Hosted Webinars

### **Upcoming Live Webinars:**

Coming soon! Check the ARIN website for updates.

**Recorded Webinars Available for Purchase and Download:**

The following webinars are available anytime, anywhere through the links listed below:

Infection Control in the IR Environment: Preventing Central Line Infections

Radiology Team Safety: To Err is Human

Contrast Induced Nephropathy: Recognition and Prevention

Embolization Considerations for Patients Undergoing Fibroid and Radioembolization

Cultural Competence vs. Cultural Humility

What's New in NeuroInterventional

## **News From the New England Chapter**

Greetings to our ARIN colleagues. We are pleased to announce our upcoming Fall Program, to be presented at the Lahey Hospital and Medical Center, Burlington, MA, October 18, 2014. We invite Radiology Nurses and Radiology Technologists to join us for a day of learning and networking. Our Lahey team and educational committee, led by Pat McCarthy and Mary Sousa respectively, have done an outstanding job putting together a varied and interesting program. Details of the program can be found on the ARIN website, and the New England Chapter website.

We plan our programs for the fall and spring of each year, the times of new beginnings and seasonal change. As our fellow chapter officers, boards, and ARIN leaders well know, these programs require careful planning and hard work. These live programs are opportunities for learning, sharing, networking, and growth. We are looking forward to the fall program and all that it offers.

On behalf of the New England Chapter, I wish you every success in planning your own professional events, and hope to see many of you in Georgia for the ARIN spring convention, which is always uplifting and enlightening!

Liz Duck, BA, RN

President, New England Chapter, ARIN

## **RNCB Announces**

**Recertified Radiology Nurses**

**RECERTIFICATION**

The Radiologic Nursing Certification Board, Inc. (RNCB) works hard to maintain the standard of excellence among nurses who have made the commitment to set themselves apart as Certified Radiology Nurses by maintaining certification. RNCB would like to congratulate the following 87 nurses who met the stringent standards to maintain their certification in August 2014.

Beverly Case, Olathe, KS  
Louise Cloonan, Bronx, NY  
India Luke, Georgetown, TX  
Sue Rosa Marston, Mills, MA  
Patricia Thakkar, New York, NY  
Lorre Metts, Hampstead, NC  
Kathryn Pickowitz, Quaker Hills, CT  
Susan Semenczuk, Albuquerque, NM  
Ann Ballas, Shelton, CT  
Marcy Parsons, Lakebay, WA  
Ellen Arslan, North Port, FL  
Lorraine Bloemer, Hamersville, OH  
Margaret Hover, Bend, OR  
Rebecca Hull, Prairie Village, KS  
Linda Morris, Gaylord, MI  
Dorothy Pierce, Jackson, NJ  
Janette Hicks, Pynor, TX  
Vanessa Srein (Otey), Melbourne, FL  
Ramona Carroll (Lynd), Ocean Springs, MS

## **ARIN Welcomes**

### **New Members**

ARIN welcomes new members who joined July 25 - Sept. 14, 2014. Below are their names, credentials (if provided), and locations:

Sadaf Abbas, Richmond, TX  
Anna Bailey, Rockwell, NC  
Jessica Barth, RN, ADN, Columbia, SC  
Mary Bilhimer, BSN, RN, CRN, Overbrook, KS  
Annette Boodram, Phoenix, AZ  
Deborah Britt, Arlington, VA  
Kelly Brown, West Columbia, SC  
Jeff Bullis, RN, Fort Wayne, IN  
Amy Burbage, RN, Pittsville, MD  
Kimberly Calderon, RN, Midland, TX  
Janet Carlson, Chapin, SC  
Erin Clayton, RN, Rumson, NJ  
Deb Corbett, IR, Indianapolis, IN

Janet Deininger, RN, Fort Wayne, IN  
Sopha Del, San Jose, CA  
Elizabeth Dodd, Penrith, New South Wales, Australia  
Kristen Efford, Pittsville, MD  
Richard Elliott, RN, Snellville, GA  
Carol Fortier, BSN, RN, CRN, Ellsworth, ME  
Kellerie Greene-Paillant, Orlando, FL  
Satjeet Micky Hasian, Gilbert, AZ  
Cara Heidenreich, RN, Fort Wayne, IN  
Robbie Hemmer, RN, Little Rock, AR  
Sarah Kidwiler, BSN, Vienna, WV  
Laura Kilrain, RN, CRN, East Islip, NY  
Allyson Kornahrens, RN, CRN, BSN, Islip, NY  
Kelly Leonard, RN, Wappingers Falls, NY  
Juliana Lester, Durham, NC  
Dawn Livingston, Grand Prairie, TX  
Esther Lowy, RN, CRN, Mays Landing, NJ  
Reinaldo Luna, Winter Garden, FL  
Charlene Martin, RN, MBA, Marshalltown, IA  
Maria Martinez, San Antonio, TX  
Tara McMahon, RN, Fort Wayne, IN  
Lynn McNamara, Nunda, NY  
Ruth Melendez, Roanoke, VA  
Gerardo Mercado, Fullerton, CA  
Lynda Mertz, Suamico, WI  
Chow Mui Gek, Ang Mo Kio, Singapore  
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