



In this issue

Treasurer Report

ARNA, The Early Years...

ARIN'S Social Media Initiative!

ARIN Social Media Survey

What ARIN and the Nursing Community are Doing for you.

I am a Radiology Nurse

Webinar Update

Member in the News

How do We Manage Health Literacy?

News For Radiology: What You Really Need to Know!

Congratulations to Alexandra Penzias

Arin Forums – Talk it Out!

Attention All Future Authors

Leadership Corner

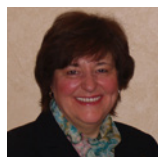
Evidence-Based Practice Protects Against Litigation

IRC Team Has Had an Active Year

New Members

PRESIDENT'S REPORT

By Mary Sousa, BSN, RN
President, ARIN 2015-2016



The Door Widely Open

"The door that nobody else will go into always seems to open widely for me"

-Clara Barton

Like Clara Barton, ARIN is opening the door widely for our members. In this issue of Vision, I would like to share the examples of how ARIN is opening those doors for you. Currently, a small percentage of our ARIN members have the opportunity to attend convention due to work, financial and family commitments. ARIN has long recognized the importance of engaging our ARIN membership at our annual educational convention each year in addition to participating in person at our national convention in Vancouver. As such, ARIN has embarked on an exciting adventure of offering the ARIN convention VIRTUALLY as well. Next year, the New ARIN, will attempt to "open those doors widely" with the broadcast / streaming of the Vancouver convention live to all of our members. We are bringing the conference to all of our ARIN family, both here in the US and Canada, and abroad to our international members as well.

Although there are benefits of attending a convention in person including the opportunity for meeting new people, camaraderie, networking, visiting vendors to see and learn about new products, traveling to a novel destination, or sharing a glass of wine at the end of the day with

a new friend, ARIN recognizes the importance of offering our programs to you in several formats virtually or in person. The virtual broadcast can offer you the ability to hear our quality speakers and presentations. Participation in a Virtual meeting allows you the flexibility of viewing presentations in the comfort of your home, or perhaps joining colleagues at work at a time that would be most convenient for your schedule. Attending the conference in person or virtually, allows you to have the option as to how you choose to receive your learning, and how you want to participate.

ARIN is keenly aware of current fiscal constraints facing healthcare systems including Radiology departments. Reduced resources and educational funding along with time constraints and financial cost of travel impacts many members ability to attend. Long gone are the days of hospital or facility sponsored travel. By offering this NEW VIRTUAL option, it is our hope that all of our ARIN members can attend conference, either in person or through the live streaming or through archived webinars.

As we continue to engage and connect with membership, on Dec 2nd ARIN has heard your requests and we will host our first "TOWN HALL" meeting. Similar to "hot topics at convention" this will be a WebEx based meeting where members may call in to ask questions and join active discussion with your peers. You will be sent an

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e-blast invitation and if you elect to participate, all you have to do is register. On the day of the Town Meeting, you will receive an electronic email invitation which will bring you the live virtual meeting. This is a new endeavor for ARIN so we do ask your patience as we work out any unforeseen issues and technical challenges, but I hope you will join us on this epic journey as we forge forward.

In continuing to build on the ideas already presented, ARIN is increasing our Visibility on Social Media. Evelyn Wempe (President –Elect) discusses these exciting steps in an article later in this edition and Kristy Reese (ARIN Secretary)

discusses our change from using the Listserv format to using Forum. I encourage you to read both articles and once you've completed it, I hope you will tweet out a message, follow us on Facebook, join ARIN on LinkedIn, and switch over to conversations on the ARIN Forum.

As you have read, many exciting initiatives are in progress. The "door is swinging widely open" for ARIN membership. I invite you to step through and join me on this wonderful journey.



TREASURER REPORT

By Chris Keough BSN, RN, CRN

The "new ARIN" has been launched! ARIN has made many new changes to make being a member a very important professional achievement. ARIN's Board of Directors has made well thought out strategic plans and goals to ensure value for your membership.

I would like to report on some financial highlights that are exciting for ARIN! Between January and August 2015 membership revenues have increased from \$5,300.00 per month to \$15,500.00 per month, representing more than 150 members either joining or renewing. Current membership numbers are at 1749 compared to 1684 last year. This increase in members has provided a significant increase in revenue.

Many members are taking advantage of free Webinars with CEU credits on important and current topics in the Imaging environment. There has been 8 webinars to date with an average of 50 members listening to the live webinars and 600 members who are viewing the recorded webinars. There are plans to offer 1 webinar each month through the end of the year. The new member Online CE Center Transcripts records and tallies numbers of CEU credits earned for five years.

Imaging Review Course revenue is up to \$32,000 compared to \$12,000.00 in 2014. ARIN's Master Faculty have taken the IRC "on the road" to host hospitals throughout the United States. A big first for ARIN, hosting a "virtual IRC" to imaging nurses in Saudi Arabia! Utilizing technology this virtual option was made possible. This brings a total of 8 IRC's (including the IRC held at the Spring Convention) with 5 more scheduled by year-end. Currently there are already 3 signed contracts for 2016.

ARIN has also secured partnerships with Covidien, Mavig and CareFusion, which has provided \$19,500.00 in additional revenue for 2015.

The Board has a committed goal to keep ARIN on solid financial ground and have made an important decision to invest monies in a low risk investment portfolio to better manage assets. The money invested may be allotted for uses in both the short term and as well as the long term.

The Board is constantly finding ways to cut costs and decrease expenses. A financial policy was developed to ensure fiscal responsibility. Expenses for the Spring Convention in Atlanta, Georgia were decreased by \$30,000.00. Additionally, effective April 1, 2015 ARIN has created a new revenue stream through job postings. With just over \$3,000.00 in revenue to date we anticipate this effort to continue to increase as more members utilize the new job board.

It is an exciting time for ARIN and its members as we continue to add value to membership and decrease operating costs without reducing services. The ARIN Board urges you as a member to participate in our organization as much as you can and take advantage of the new benefits you have at your fingertips. It's never been a better time to be a Radiology Nurse and it's never been a better time to be an ARIN member!

Thank you for the privilege to serve as ARIN's Treasurer.

Respectfully submitted,

Chris Keough BSN, RN, CRN
ARIN Treasurer 2014-2016

ARNA, THE EARLY YEARS....

By Sharon Lehmann, MS, APRN, CNS

In 1948 Charlotte Godwin, RN joined the nursing staff in the department of radiology at Johns Hopkins Hospital in Baltimore, MD. She remained in the department until her retirement in 1987. Charlotte not only saw the growth of the different sections within radiology; she also saw the nurse's role grow. Eventually, she was promoted to Director of Radiology Nursing at Johns Hopkins. She made sure that even though the nurses did not report to nursing, they were attending hospital wide committee meetings and involved in educating nurses about their role in radiology. Charlotte was also included in the month nursing director meetings, thus maintaining relations and allowing input on decisions that were made that concerned radiology.

In 1970, Charlotte conducted a survey nationwide to determine if there were other nurses, of whom she could contact, 132 questionnaires were sent out, but there was very little response. This was repeated again in 1979, the results were astonishing to learn that there were many nurses nationwide in the same situation.

In the early 1980's, nursing positions became more commonplace in Radiology, which resulted in more nursing interaction nationwide. As the nurses began to communicate, it was soon realized that there was a need for a more concrete channel of communication. Charlotte met with radiologists at Johns Hopkins Hospital in May 1981 to discuss her intention and goals and received a favorable response, both financially and personally. Charlotte met with the medical illustrator to design a logo to take to Chicago. She also made contact with the executive director of the Radiology Society of North America (RSNA) and the editor of Radiology magazine. In June 1981, a written approval of support and assistance was received from the RSNA. In July 1981, space and time were finalized for the radiological nurses to meet during the upcoming RSNA Scientific Assembly and Annual Meeting to be held in Chicago in November 1981.

A letter announcing the radiological nurses' organizational meeting in November was sent to the Society, Chairman of the Academic Radiology Department (SCARSD), in September 1981. An article appeared in

the issue of Radiology titled, "Organizational Meeting for Nurses in Radiology". Thirty-nine letters were sent to the radiology nurses who expressed an interest in attending the organizational meeting in November in Chicago. The RSNA approved two, 4 hour sessions. In November 1981, 35 highly motivated radiology nurses from 15 states met in conjunction with the 67th Scientific Assembly and Annual Meeting of RSNA in Chicago to establish the foundation for the American Radiologic Nurses Association which would provide the methodology for:

1. Assessing, planning and evaluating standards for patient care.
2. Serving as the radiology nurse representative/resource person in nursing and educational environments.
3. Act as a patient advocate.
4. Provide education and information for all health personnel.
5. Enhancing personal and professional through continuing educational programs on local, regional and national levels.
6. Providing a forum for the exchange of ideas.
7. Establish standards and guidelines for having policies and job descriptions.

This historical event was chaired by Charlotte Godwin, RN, the Johns Hopkins Hospital, Baltimore, MD while Beverly Curran, RN, The Morton F. Plant Hospital, Clearwater, FL served as secretary. Officers were elected. Chairpersons were appointed and the following was accomplished:

1. The association was named, "American Radiologic Nurses Association" (ARNA).
2. Purpose and objectives were established.
3. Bylaws were developed.
4. Board of Directors was elected.
5. The membership committee was established.
6. The journal to be published quarterly was named "Images".
7. Membership dues were established – active and associate membership

In 1982, the bylaws were adopted by the ARNA Board of Directors. The ARNA's logo was approved by the memberships and stationary was printed. ARNA was incorporated in Maryland, in 1983. Charlotte Godwin, RN served as the first president in 1982 and 1983, and later served as the Historian for 20 years. ARNA received assistance from the RSNA national office in running the organization. However, many nurses remember schlepping meeting minutes from Board meeting to Board meeting over the years in a suitcase. As ARNA celebrated its 20th Anniversary; ARNA announced the hiring of Puetz and Associates to handle the association business affairs.

It is because of Charlotte Godwin and the 35 founding members that ARNA became known as the professional organization representing nurses who practice in the diagnostic, neuro/cardiovascular, interventional, ultrasonography, computerized tomography, nuclear medicine, magnetic resonance, and radiation oncology areas.

Charlotte Godwin is remembered in the scholarship named after her. She believed in the importance of the specialty of radiological nursing and its commitment to quality patient care. It is hoped that scholarship recipients gain personal knowledge and work to further the advancement of radiological nursing and the national organization.

Resources:

A copy of Mrs. Godwin's personal recollections is located in the Chesney archives and in the Nursing Office in the Department of Radiology, Johns Hopkins Hospital, Baltimore, MD.

ARNA Annual Meeting, New Orleans, LA, 2005. Lecture presented by Joanna Po, RN entitled, "Nurse Legend, Radiology Nursing".



ARIN'S SOCIAL MEDIA INITIATIVE!

Evelyn P. Wempe, MBA, MSN, ARNP, ACNP-BC, AOCNP®, CRN®
ARIN Board – President Elect

In keeping up with ARIN's pledge of being visible, vital and virtual, the organization is committed to ensuring its members and associates have access to the latest information, events and resources on the website. Now let's take it to the next level – social media!

With the increase use of smartphones, everyone is somehow connected to everything that is going on in the world. Exchange of ideas, thoughts and opinions is constant amongst friends, groups, organizations, government, etc., through some social media platform. This method of communication helps organizations, such as ours, to promote to a wider audience by creating interactive social communities that help to strengthen those relationships already established, but also create new opportunities for networking and connectivity within the radiology and imaging community.

In April 2014, ARIN conducted a social media survey to learn what members thought about social media. Feedback about the different applications, how often applications were being used and general comments were all taken into account when deciding as an organization which platforms to begin using. Please refer to the graphs from the survey at the end of this article (Contact ARIN's main office for full survey). Overall, in review of the survey results, it was evident ARIN needed to increase its visibility in social media so members can have multiple ways of staying connected to each other and to other associates.

ARIN has created a "social media initiative" to ensure we, as an organization and our members and associates are visible, virtual and vital everywhere through the use of technology. In visiting the ARIN website, www.arinursing.org one will notice three new icons that have been added: Facebook, LinkedIn, and Twitter. These icons are connections to these three popular social media links. Members can now visit the organization's group page on each of these social media sites (See Q1 on the next page).

ARIN members on Facebook can stay updated on upcoming events, comment and share it with others. Do not be surprised in seeing familiar photos of your ARIN friends, colleagues and board members! LinkedIn, a professional social media platform, offers ARIN members information on the latest activities the Board is working on, share pertinent articles relevant to the radiology community and network with the various radiology and nursing organizations out there. Twitter is a great platform to talk about what's going on. It is simple and to the point. Members can comment on their experiences at conferences and other Radiology & Imaging events with brief statements. Next year, ARIN's Spring Convention in Vancouver will be highlighting its "happenings" on social media so now is the time for ARIN members to join by creating accounts, logging on and staying connected. Join ARIN's commitment to the "social media initiative"!!

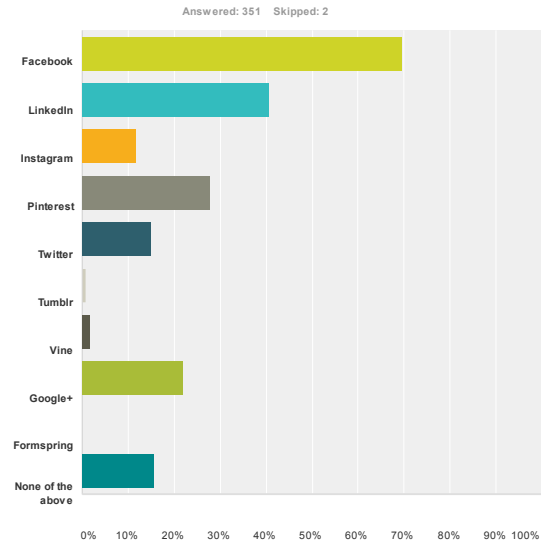
ARIN SOCIAL MEDIA SURVEY

Evelyn P. Wempe, MBA, MSN, ARNP, ACNP-BC, AOCNP,[®] CRN[®]
ARIN Board – President Elect

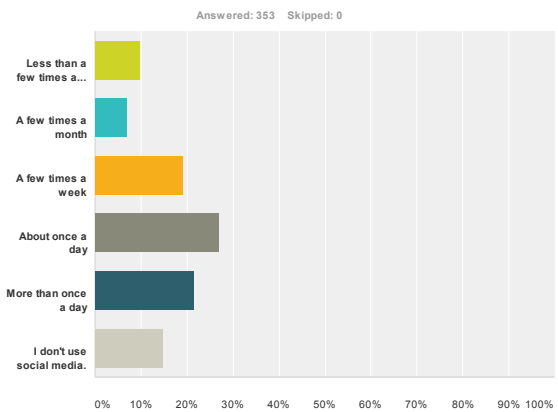
Q1 How to find ARIN in social media

Facebook	https://www.facebook.com/arinnursing
LinkedIn	https://www.linkedin.com/grp/home?gid=8369363
Twitter	https://twitter.com/arin_info

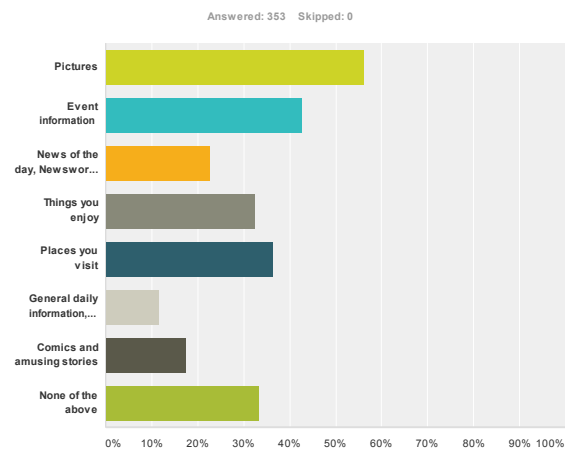
Q2 What social networking sites do you visit? (check all that apply)



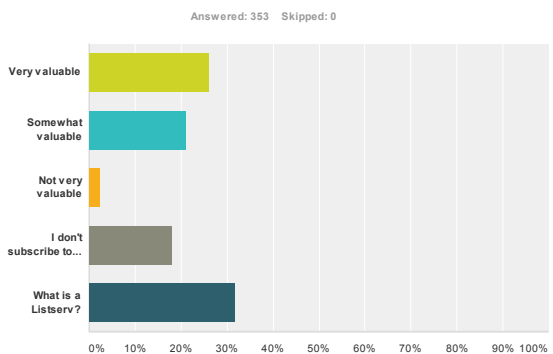
Q3 How often do you log into social media networks? (e.g. Facebook, Google+, etc.)



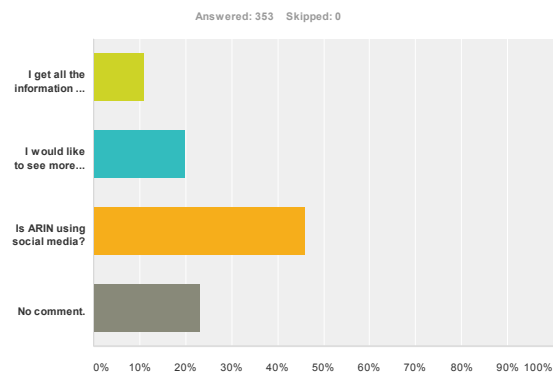
Q4 What types of information do you share on social media websites? (check all that apply)



Q5 Do you find the ARIN Listserv to be a valuable service?



Q6 How well is ARIN using social media?



WHAT ARIN AND THE NURSING COMMUNITY ARE DOING FOR YOU.

Pauline Lentowski MSN, RN, ACNS-BC, CRN

From your Public Policy Committee
Dear ARIN Colleagues:

The purpose of this article is to let our members know what ARIN is doing not only for our Radiologic and Imaging nurse members, but for nurses and the patients we serve everywhere. As you all know over the past few years ARIN has expanded not only nationally, but internationally; our growth has not only included an increase in membership but also that we continue "to provide Radiology and Imaging Nurses with the knowledge and resources to deliver safe quality patient care in the imaging environment". In order to provide our radiology and imaging nurses with this best and most recent knowledge and resources ARIN has joined forces with organizations such as The Nursing Community.

The Nursing Community is a collective organization of multiple nursing organizations that represents over 3.5 million nurses by creating a united voice for nursing; this united voice will create a stronger voice for a profession that has always represented the public interest, and not special interest. Health care reform, federal funding, and federal legislation are among the issues addressed. By becoming part of the Nursing Community ARIN has joined 61 other nursing organizations whose goal is to improve the health and health care of our nation by collaborating to support Registered Nurses. In order to stay current with the Nursing Community; ARIN developed the Public Policy Committee in which these voluntary members attend monthly telephone meetings, review issues and letters regarding the issues, and together with the Nursing Community advocate issues that support nursing and healthcare.

Several of these issues include:

- A letter of appreciation to Senator Jeff Merkley for his efforts to get the total funding for Title VIII Nursing Workforce Re-Authorization Act of 2015. Senator Jeff Merkley from Oregon introduced the Registered Nurse Safe Staffing Act in the U. S. Senate in May 2015. This bill was supported by the ANA and the Nursing Community, but unfortunately was not passed by the senate. This bill would have held hospitals accountable for developing and implementing unit-by-unit nurse staffing plans, created in coordination with direct care RNs, and based on each unit's unique circumstance and changing needs.
- The Nursing Community (and its 61 nursing organizations) wrote a letter of support for the Medicare Telehealth Parity Act of 2015. This act offers patients who otherwise do not have direct access to providers the opportunity to be treated by a provider through the support of electronic information and telecommunication technology.
- At the last Nursing Community meeting it was reported that an amendment offered by Rep. Dave Brat (R-VA) failed by a vote of 141 to 281. This amendment would have changed the NIH Innovation Fund for mandatory funding to discretionary funding- thereby putting health care and educational discretionary programs at risk for receiving their annual funding.
- A letter to Congress that strongly urged them to oppose bills that would terminate agencies such as the Agency for Healthcare Research and Quality (AHRQ). AHRQ's mission is to generate the evidence necessary to build a high-quality, high-value health care system. AHRQ-funded research is being used in hospitals, private practices, health departments, and communities across the nation to make our health care system less complex and costly. Americans deserve reliable information on how to deliver the best possible care, at the greatest value, with the best outcomes. AHRQ-funded health services research provides those answers.

These are issues that are important not only to nursing, but the patients we serve. As Radiologic and Imaging Nurses we will also eventually be impacted by these issues professionally and/or personally. Our specialty has grown to include all modalities within Imaging; we are becoming a strong force within nursing. Therefore, we must step up and use our voice and voting power to advocate for our patients and ourselves (or our nursing profession). We welcome your help and input, remember together we are mighty.

I AM A RADIOLOGY NURSE

Jamie E. Simon, RN BA, BSN OCN CRN is a busy radiology nurse at North Shore Long Island Jewish Center for Advanced Medicine.



How long have you been a Radiology Nurse?

I have been working in the field of Radiology and Imaging for the past seven years at North Shore Long Island Jewish Center

for Advanced Medicine. It is an Outpatient Imaging Facility. 80 to 100 patients come through our doors every day for MRI, CT, Nuclear Medicine Scans as well as procedures such as Liver Biopsies, Fine Needle Aspirations, Paracentesis and Thoracentesis. I have been a nurse for 22 years and worked and continue to work in the field of Oncology as well. I have also taken on the role of Nurse Coordinator for our newly developed Low Dose CT Chest Lung Screening Program. I can tell you that in the past seven years in Radiology I have experienced tremendous personal and professional growth. I have been blessed to work with a talented and professional Nursing Director and mentor who has given me so much support and encouragement which led me to achieve my goals in obtaining my CRN, being published in the Journal of Radiology Nursing and becoming President of the Long Island ARIN Chapter.

What aspects of your job as a Nurse make you happy?

I have always considered it a privilege to be a nurse and to know that people who you have never met before place a high trust and respect in you. It is always gratifying to know that you have made a difference in someone's life, but it is more gratifying to tell your patient they have made a difference in yours. I see many of my Oncology patients come for scans and imaging tests. It provides much needed comfort and reassurance to patients when they see a familiar face in another department. Even a small part of what I do like skillfully starting an IV and helping a patient get through their imaging experience is rewarding. What makes me happiest is interacting and connecting with people on all levels. Making a positive impact on someone's life is the true heart and art of nursing.

Tell us about an extraordinary experience you have had as a radiology nurse.

I have had many extraordinary experiences in my Radiology Nursing career. One that stands out is a recent experience with a patient and family thanking me and saying I was truly extraordinary. The patient came in for a Fine Needle Aspiration of Neck Nodes. He was a cancer patient receiving chemotherapy. His wife was present with him and told me he was having cramps in his legs and trouble walking for the past two days. He told me he was trying to "tough it out". Typical reaction,

of course. Immediately red flags went off. I explained to the patient and wife it could be more serious and offered to call the patient's doctor and have them do an Ultrasound to check for DVT's in the legs after the Fine Needle Aspiration. The Ultrasound revealed the patient had DVT's in both legs and he was immediately started on anticoagulation therapy. They kept thanking me for being so thorough in my assessment and taking the time to care and get the prescription for the Ultrasound test. The doctor even called later to thank me. I am sure we have all had experiences like these. But truly the most memorable and extraordinary experiences happen every day. It is all those moments when we can make a difference in someone's life – with a kind word, a tender touch, lending an ear or a shoulder. Those moments are too numerous to count, but I am always thankful and grateful for all those opportunities. It is the small moments as well as the big moments that make nursing so rewarding.

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

As a Radiology nurse, I have the opportunity to care for a patient population ranging from infants to geriatric patients. I am challenged every day, whether it is from the ever-increasing number of patients presenting at the doors of my Outpatient facility, the clinically complicated patient or even the acute care of some of my Radiology patients.

continued on page 8



WEBINAR UPDATE

Cathy Brown BSCN RN CRN
Webinar Committee Chairman

The "Overview IVC Filter Program" was broadcast on August 3, 2015. This informative webinar covered the indications and placement considerations for IVC filters. Also presented was an algorithm for determining if a retrievable (optional) or permanent filter should be considered for insertion. In the instances where a permanent filter is the appropriate choice and is used instead of a retrievable filter; there are considerable cost savings as well as fewer risks for the patient.

On September 16, the "Current Knowledge and Nursing Considerations after Peritoneovenous Shunt Placement", was presented by Piera Robson MSN, CNS, NP, AOCNS, ANP-BC, OCN, and guest speaker Dr. Yarmohammadi from Memorial Sloan Kettering Cancer Center. The causes and types of ascites were reviewed as well as an in-depth presentation of a possible treatment.

[These webinars have been archived and are available for on-demand viewing on the ARIN website.](#) Continuing education credits through the Georgia Nurses' Association for these webinars are available for two years

Free webinars and their CEUs are a benefit of ARIN membership. The date of our next webinar "Malignant Ascites: Management Economics," will be announced shortly. Watch your email for your link to register.

continued from page 7

Communicating with all the health care professionals involved in the patient's care can be challenging. We all have to support each other, work as a team and put the needs of the patient first. In today's ever-changing health care environment, we need people who are knowledgeable about health care, politics and reform. As nurses we need to continue to be lifelong learners and expand and broaden our knowledge base. We need to continue to network and take advantage of all our educational opportunities. We need to continue to bring Radiology Nursing to the forefront.

What has your journey as a nurse been like?

When I chose to become a nurse, I had no idea where this path would take me. When I chose to go into Radiology Nursing I had no idea where this path would take me. Every moment of my career has been extraordinary. It has been scary, exciting, frustrating and filled with roadblocks as well as moments of true self-discovery and happiness. I have been fortunate to meet wonderful people and nurses who are filled with knowledge, expertise and compassion. Their guidance and mentorship have benefited me not just as a nurse, but as a whole person. These people have shaped my life in ways that words cannot truly express. My love for this profession has only intensified over time. I continue to grow, learn and remain personally and professionally challenged.

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

At the end of a busy day or frustrating shift I try to surround myself with the people I love and involve myself with the activities that make me happy. I am fortunate to have a sister who is also a nurse and has always been a great source of support and a great sounding board. A bike ride, a stroll on the beach or a long walk around my neighborhood always seems to put things back into perspective for me. It makes me refreshed and ready to face my family and the next day's challenges.

How has ARIN played a role in your career?

I started to attend my local ARIN Chapter meetings when I became a Radiology Nurse. I think it is important to be a part of, participate in and support your local chapter no matter what field of nursing you are in. I also joined the National Organization to take advantage of the opportunities a National Organization can provide to its members. I gradually became more involved with the Chapter realizing that my area in New York/Long Island has a large amount of radiology nurses and that translates into a wealth of knowledge and expertise to share. Two years ago I was asked and encouraged to become the President of the Local Chapter. It was a role that I was not sure I wanted to take on at that time. Looking back, I have no regrets. My Local Chapter Officers and Board Members have given me confidence, shown me respect and

have supported my ideas and actions to help grow the Long Island ARIN Chapter. I have attended the National ARIN Conferences in New Orleans and Atlanta and plan on attending the Conference in Vancouver. I have had the opportunity to meet and network with the National Board Members and Officers of ARIN at these conferences. Through monthly National Chapter Meetings I gain ideas and knowledge to share with my Chapter members. Being a member of ARIN has helped me to gain important leadership skills, grow in my career and continues to help me and our other members to advance the profession of Radiology Nursing.

"I Am a Radiology Nurse" features the extraordinary work of Radiology nurses. To be featured in this column contact Liz Boulter via email to lizboulter@arinursing.org



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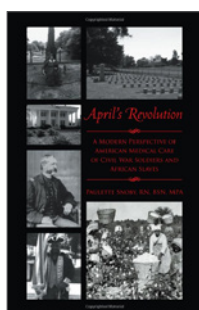
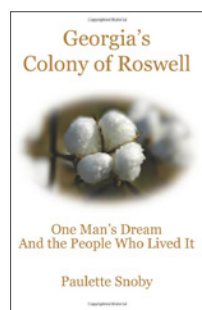
MEMBER IN THE NEWS

Paulette Snoby RN, BSN, MPA, Past President of (ARNA) ARIN is an author and medical historian of two books.

She is an award-winning research nurse whose first book, *April's Revolution*, reveals how medical treatments changed during wartime and focuses on the explosion of medical innovation during the Civil War. Bloodshed on the battlefield and the spread of disease led to advances in medical-decision making and clinical knowledge. The Civil War also triggered the birth of the nursing profession in America, the organization of the modern American health system, and the clinical usage of diagnostic equipment in disease management. During her research, she discovered that African slaves in the Old South were medically treated differently than the white population. In fact, a separate healthcare system existed for the slaves and involved plantation sick houses, slave infirmaries, and medical college dispensaries. *April's Revolution* was given the 2015 Lulu Downey Cadwalader Award by the national office of the Daughters of Union Veterans of the Civil War as outstanding research on the Civil War.

Mrs. Snoby's newly released book (June 29, 2015) *Georgia's Colony of Roswell, One Man's Dream and The People Who Lived It*, presents a brief history of Roswell, its founding families, and the Union occupation in 1864 during the Civil War. Based on the latest research, this book presents the compelling story of a small Georgia frontier settlement and its development into a thriving textile mill village. The author includes detailed genealogical research into Roswell's founding families and an introduction to the town's architecture.

Born in Connellsville, Pennsylvania and educated at the University of Pittsburgh, Mrs. Snoby resides in Roswell, Georgia. She is a member of the Daughters of Union Veterans of the Civil War, National Museum of Civil War Medicine, the Society of Civil War Surgeons, Georgia Historical Society, Roswell Historical Society, Atlanta History center, American Civil War Center, and Museum of the Confederacy. Her website is WWW.CWAtlantaNurse.com and the books may be purchased through this website or from Amazon.com.



Endorsements of April's Revolution

"Snoby's training in the field of medicine as a registered nurse allows her to offer a unique perspective on medical treatment before and during the American Civil War. Through a comprehensive mining of primary and secondary sources material, she has created a narrative, which anyone seeking to gain a greater understanding of an often neglected or misunderstood aspect of the war will certainly want to add to his or her library!"

Michael K. Shaffer, assistant director/lecturer,
Kennesaw State University's Civil War Center.

"This excellent book is a delightful walk through the history of American medicine in the first century of her existence. The author has colored this story with fascinating vignettes of health care in its most primitive form. She examines the medical treatment of wounded soldiers and sickened slaves during America's early years. Students of medical history must add this book their shelves."

Dr. Peter Gutschenritter, Roswell, Georgia

"As a nurse, I found this book to be invaluable from a historical perspective. I thoroughly enjoyed walking along side Florence Nightingale as well as experiencing medicine as seen through the eyes of practitioners and patients during the Civil War era".

Karen Durham, RN, ADON, Comfort Care Coordinator, Baptist Medical Center Beaches Hospital - Jacksonville Beach, FL.

"Ms Snoby has brought a new perspective to Civil War medicine by looking at medicine, disease, and treatments by our European ancestors and how they affected Civil War era medicine. A well-researched book that should be on every medical historian's bookshelf"

Peter J. D'Onofrio, PH. D. President, Society of Civil War Surgeons, Inc.

"Paulette Snoby has written a carefully wrought, scholarly book which is a treasure for all readers, especially for those interested in the history of our developing nation in parallel with the development of professional medical care during the period 1750-1865. She has chosen data-based references on the cultural background and practices of caring for the ill and wounded to demonstrate how modern nursing and medical practice evolved dramatically during this period. This book is a labor of love for the nursing and medical professions as well as an example of remembering and honoring our ancestors who lived and sacrificed in the American Revolutionary and the American Civil War."

Jan Eastman RN, MN, CRRN, NEA-BC

Endorsements of Georgia's Colony of Roswell

"Connected to so much that is rich in Georgia history, Roswell is a special community with beautiful historic homes and family ties that extend to President Theodore Roosevelt. Paulette Snoby takes us through the earliest days and the difficult times, using vignettes to shed light on architecture, manufacturing and a Union occupation that sent Roswell millworkers packing as William T. Sherman moved toward Atlanta."

Dr. Brian S. Wills, Director of The Center for the Study of the Civil War Era
Kennesaw State University Department of History and Philosophy

"Snoby has created a thorough review of the rich history of Roswell. In tracing the founding of the town, recounting the various actions during the Civil War, and including modern street references, those interested in the war, and history in general, can benefit from this book, which will serve nicely as a tour guide!"

Michael K. Shaffer: Civil War historian, author, and instructor, Marietta, Georgia

"Snoby's method of compiling the early history of Roswell is refreshing; a great resource for those who want to know".

Michael Hitt, Historian and author, Roswell, Georgia

HOW DO WE MANAGE HEALTH LITERACY?

By Greg Laukhuf ND, RN, CRN, RN-BC, NE-BC



"The great aim of education is not knowledge but action."

– Herbert Spencer

Health literacy is one of the hottest topics on discussion boards, but what is it all about? The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions (CDC, 2015). Health literacy is the understanding by the patient of the education they received. As the Spencer quote implies, the goal is action not the knowledge alone.

Health education is commonly used to share information with the patient and their families on the processes the patient has or will encounter and may include both general preventive education or health promotion and disease or condition specific education (CDC, 2015). In the Radiology setting, patient education may be provided by registered nurses, physicians, technologists, residents, fellows, physician assistants, radiology assistants, advanced practice nurses, pharmacists, social workers, disease or disability advocacy groups, special interest groups, health advocates and pharmaceutical or device companies. Many articles have discussed the concern that the "information given" may not be understood by the patient (NIH, 2015). The essential question we must ask ourselves is: "Are we giving the patient the best education in a manner that they can use for action?"

The education shared with our patients in radiological modalities should include key elements. Important essentials of basic patient education include skill building and responsibility: the patient, significant others and their families need to know when, how, and why they need to make a lifestyle change. A group effort is extremely important. Each member of the patient's Radiology care team needs to be involved in the process. The message must be consistent during the care the patient receives in the department.

The stakes are high for our radiology patients. Much has been written on health education and health literacy, but what is the secret to becoming proficient in both for our patients? The competencies of a health educator include the following (NIH, 2015; U.S. Department of Health and Human Services, 2015):

- Integration of a personal ethic of social responsibilities and service towards others.
- Providing accurate, competent, and current evidence-based practice care.
- Provide preventative health care.
- Focus on relationship-based care with patients and their families.

- Be culturally sensitive and open to diversity.
- Effectively and appropriately use technology.
- Remain current in your field of expertise and continue to advance your education.
- Educate other healthcare providers regarding radiology so that they may in turn educate their patients.

If we as medical professionals do our job correctly, the patient should have a greater understanding of their disease and be able to move to action if they desire. The significance of complete patient education and health literacy for the radiology patient can produce the following advantages (U.S. Department of Health and Human Services, 2015):

- Improved understanding of medical condition, diagnosis, disease, or disability.
- Improved understanding of methods and actions needed to manage their medical condition.
- Improved self-control independently and in conjunction with Radiology providers.
- Effective communication and patient education increases patient compliance with treatment.
- Patients respond better to their treatment with fewer complications.
- Effective use of medical services with fewer phone calls and visits.
- Patients feel satisfied, provide increased satisfaction scores and refer other patients for services.
- Lower risk of malpractice litigation when patients have realistic expectations and feel involved in their care.

The time is right for introspection and asking ourselves the impactful questions. Are you the best educator, you can be? Is the aim of your patient education to produce a health literate patient? In our fast paced world of medical treatment and discharges with shortened stays, the stakes have never been higher or the rewards greater. As Spencer noted years ago, "The great aim of education is not knowledge but action".

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U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). Quick Guide to Health Literacy. Retrieved from <http://www.health.gov/communication/literacy/quickguide/factsbasic.htm>

NEWS FOR RADIOLOGY: WHAT YOU REALLY NEED TO KNOW!

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

New Study Shows Higher Rates of C. Difficile Infection in Hospitals That Use Reusable Sharps Containers

Retrieved August 23, 2015 <http://www.prnewswire.com/news-releases/new-study-shows-higher-rates-of-c-difficile-infection-in-hospitals-that-use-reusable-sharps-containers-300105519.html>

Becton, Dickinson, and Co.'s (BD Medical) revealed the results of a new acute care hospital study showing increased rates of C. difficile infection in hospitals with reusable sharps containers. The study, presented at the 42nd Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC) revealed hospitals using single-use sharp containers had a 15 percent lower rate of C. diff compared to those using reusable containers. These findings raise concerns about a potential role that reusable sharps containers may play in pathogen transmission." In 2011, more than 29,000 deaths were tied to C. diff infections, costing the U.S. healthcare system an estimated \$4.8 billion annually, according to the Centers for Disease Control and Prevention.

Blood Clot Prevention Is Higher Priority at Hospitals

Wall Street Journal (08/03/15) Landro, Laura. Retrieved August 19, 2015 <http://www.wsj.com/articles/blood-clot-prevention-is-higher-priority-at-hospitals-1438626045>

Blood clots are a preventable cause of hospital deaths. There are prevention guidelines, but studies show that 40 percent to 60 percent of patients do not receive needed preventative treatments. Medical centers are using Electronic medical records to highlight patients' risk levels, conducting refresher training sessions for staff, and educating patients on blood clot dangers. Johns Hopkins Hospital in a recent JAMA study, found that some patients develop clots even when treated with blood thinners and best practices. However, half of the study patients who had preventable clots, received "suboptimal" care. In this group, 27 percent were not prescribed clot-preventing drugs, and 73 percent missed drug doses.

Hackable Infusion Pumps, a Closer Look

DOTmed.com (08/04/15) Dworetzky, Thomas. Retrieved August 19, 2015 <http://www.dotmed.com/news/story/26582>

Hackers could target drug pumps and cause patient harm by tampering with doses remotely. This was announced in a recent safety alert from the U.S. Food and Drug Administration (FDA). Hospira and an independent researcher found that Hospira's Symbiq Infusion System could be hacked remotely through a hospital's network. Currently, no hacking of pumps has been reported, according to the FDA, and Hospira has discontinued the operating system. Hospira has submitted a new version to the FDA for approval. The new version would "alleviate" flaws that allowed the hacking. Hospira may have other products that are vulnerable, according to cybersecurity expert Billy Rios, who first identified the issue. Many of Hospira's pumps use the same discontinued software making them at risk. Rios has verified the PCA 3 Lifecare, PCA 5 Lifecare, Plum A+ Infusion Pumps, PCA Lifecare, and Symbiq as possessing the same flaw.



FDA-Cleared Device Advances IV Therapy

Retrieved August 19, 2015 <http://www.newsusa.com/articles/article/new-fda-cleared-device-significantly-advances-iv-therapy-safety.aspx>

The U.S. Food and Drug Administration (FDA) have approved the IV Watch 400 device to "aid in the early detection of intravenous (IV) infiltration and extravasation events." In Radiology, infiltrations and extravasations result in tissue death, loss of function, or amputation. The IV Watch sensor uses optical sensors to illuminate the tissue near the IV site with visible and infrared light to provide warnings of these adverse events. It is coupled with a patient monitor that receives data from the sensor and alerts clinicians if data suggest an adverse event. Cincinnati Children's Hospital Medical Center Vascular Access Team clinical manager Darcy Dolemann, RN, says, "This is really a game-changing technology for infusion therapy and should become the new standard of care. The device impacts every unit and almost every patient. For clinicians and patients, this will change the experience."

Baxter Recalling Subpotent Heparin

FiercePharma Manufacturing (06/23/2015) Palmer, Eric. Retrieved August 8, 2015. <http://www.fiercepharmamanufacturing.com/story/baxter-recalling-subpotent-heparin/2015-06-23>

Baxter has announced a recall of containers of heparin sodium and 0.9 percent sodium chloride injection in its Vialflex Plus containers. The product was found to be subpotent for raw heparin. The three lots recalled, had concentrations below specification criteria. Baxter spokesman John O'Malley said the product is not used for anticoagulation or other therapeutic purposes but used when a vascular catheter is inserted to reduce the chances of a catheter blockage or obstruction. "Baxter is not aware of any complaints or adverse events associated with the issue to date," he said.

CONGRATULATIONS TO ONE OF OUR ARIN MEMBERS:

Alexandra Penzias, DNP, M.Ed, APRN, ACNS-BC, CEN, *JRN* Editorial Board member and Columnist (for the Management and Leadership column), who recently defended her dissertation, "Perception of Nursing Presence in Patients Experiencing MRI-Guided Breast Biopsy", and has been awarded a DNP. Alexandra is a Clinical Nurse Specialist at Mass General Imaging, Massachusetts General Hospital.

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ARIN FORUMS – TALK IT OUT!

Kristy L. Reese, ARIN Secretary

If you have engaged in professional collaboration by using the Listserv feature on the ARIN website, you will quickly appreciate ARIN FORUMS! This new, interactive feature replaces the Listserv and provides a more user friendly way to communicate with colleagues regarding many aspects of radiologic and imaging nursing. Your ARIN member user name and password grants you immediate access to the FORUM page!

To access the FORUMS, look for the green balloon icon (bottom right corner of the ARIN Logo) at the top of the website's home page. Click on this icon, then on "Top Posters" icon, then on "Forums" icon. FORUMS are broken into three categories: General ARIN Topics, Nursing Procedures, and the Annual Spring Convention. Next, click on one of the underlined topics that relate to your question or comment and select from one of the FORUMS shown there, or select the "New Topic" icon to begin your own. Once you are on the specific FORUM page, you can post by selecting "Quick Reply" for a basic response, the "Reply" icon, or "Reply Using Full Editor" for more advanced writing capabilities!

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We hope that ARIN FORUMS will continue to provide an important means of informational exchange between nursing professionals across the country and around the world! Give ARIN FORUMS a try! If you have questions, please don't hesitate to contact ARIN for assistance by emailing info@arinursing.org or by calling (866) 486-2762! Hope to SEE YOU AT THE FORUM!!

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LEADERSHIP CORNER

The Sky is the Limit!

Dr. Gregory Laukhuf, ND, RN, CRN, RN-BC, NE-BC

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

"One finds limits by pushing them".

– Herbert Simon

As managers in busy tertiary care settings, we have frequently been asked by perspective employees during interviews, "What are the opportunities for advancement in Radiology by a nurse?" This thought provoking question is usually asked by new grads, or nurses considering transfer to radiology and one that I am sure the seasoned radiology nurse may ask at some point in their career development. This edition of the Managers Corner will examine the career possibilities for radiology nurses.

The opportunities in the radiology department are many and are dependent on the department size and the nursing clinical ladder within the institution. Nursing clinical ladders are usually determined by educational levels and certifications. Both of these opportunities can be enhanced while working in the department. Additional schooling for nurses in addition to RN-BSN bridge programs can be found within the local community or within the intranet. The program selected should be based on your needs and schedule. Certified Radiology Nurse (CRN) information can be found on the Radiology Nurse Certification Board (RNCB) Web site at <http://certifiedradiologynurse.org/index.php/en/>.

The most common opportunity in Radiology is as a Registered Nurse in the rooms. Depending on the size of the institution, this position may be a hybrid of procedure rooms and working in the department providing patient support in diagnostic and procedural studies. In some practices, this is accomplished by a lone nurse who truly manages it all.

In larger practices and hospitals, functioning as a Charge nurse is an option. Similar to the role on the floors and in the units, this individual keeps the flow moving for the rooms and assists with staffing coverages. The charge nurse may handle one area or several areas depending on the structure of the department. He/she also serves as the coordinator & communicator with referring services and Radiology scheduling for patient "add-ons" and next day scheduling.

Involvement in Vascular access is another exciting role for the radiology nurse. In some institutions, the nurse places PICC lines in the radiology suite while the technologist performs fluoroscopy post insertion for the physician to verify placement. The basing of a nurse vascular access team in radiology which travels to floor to place lines with ultrasound is also another option. In both models, lines that cannot be placed by the nurse are referred to the radiologist for placement.

Nurse navigators are a natural extension of the radiology nurses role. These new positions to radiology nursing has many forms. As a breast navigator, the nurse uses empathy and their knowledge to help guide patients with suspected breast lesions through the maze of radiology diagnostic and interventional procedures. As an IR navigator, the nurse works closely with patients in scheduling their procedure, providing education and coordinating any necessary follow ups.

In light of the Institute of medicine report (IOM) 2020, many nurses are returning to school for an advanced degree. Advanced Practice Nurses (APN) in radiology are involved in the care of patient populations and can interventionally trained. They are an essential part of the team assisting with clinic evaluations, patient follow up and procedures.

Many nurses pursue a management track in Radiology. Examples of this track include supervisor or director roles. The nurse in this role oversees a variety of employees from nurses, and techs to the desk personnel. This position involves the hiring, evaluation and monitoring of QA and budgets. Individuals in this path may elect to obtain a certification such as a Nurse Executive Board Certified (NE-BC) in addition to their CRN certification.

Radiology has always been a technologically heavy and cutting edge environment. With the emphasis on technology and the increasing acuity as patient procedures move from the OR the job of Nurse Educator is another option. The Radiology nurse educator oversees education for personnel in the department. This can include CPR, competencies and the training of new staff. The educator may find themselves involved in policy writing, the tracking of performance improvement data and keeping up-to-date with latest regulatory standards affecting patient safety and care in the imaging environment.

Some nurses elect to become patient care coordinators in the department to assist with patient flow. A patient care coordinator's job is to ensure that a medical facility is providing high quality care services. The individuals in this role work with administration, staff, and patients to reach health care goals and keep the lines of communication open.

Other opportunities in Radiology nursing are not necessarily attached to a job description. Radiology nurses have opportunities to become involved in advancing the specialty through involvement in committees within their own institution such as policy, patient safety or other pertinent multidisciplinary leadership councils. This allows for networking, communication and exchange of ideas and the opportunity for Radiology nurses have a voice and to be part of the improvement and implementation of better practices.

As outlined in our brief discussion, the opportunities in Radiology Nursing are vast. They are only limited by the individual search. The Association for Radiologic and Imaging Nursing is a great source for information on careers in radiology nursing and leadership resources and opportunities. Further information on radiology nursing and details on ARIN membership can be found at <http://www.arinursing.org/>.

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EVIDENCE-BASED PRACTICE PROTECTS AGAINST LITIGATION



You're taking care of Mr. Smith, a 78-year-old man who just arrived in the emergency department with signs and symptoms of a stroke. The steps you take next will contribute to Mr. Smith's short- and long-term outcomes. If you base those steps on the latest evidence, you'll also protect yourself from litigation if an untoward event occurs.

Evidence-based practice (EBP) is a problem-solving approach that encompasses research, clinical expertise, and patient values and circumstances. Nurses should use information from these three components to make informed decisions that are in the best interest of their patients. Integrating EBP with your practice will improve patient care and reduce your risk for legal action.

The gold standard

Evidence-based practice is accepted as the gold standard for professional nursing practice because it improves patient outcomes. For example, the 2003 Institute of Medicine (IOM) reports *Health Professionals Education: A Bridge to Quality* states EBP is a core competency for healthcare professionals, and IOM's 2010 landmark report *The Future of Nursing: Leading Change, Advancing Health* confirms EBP as a basic competency.

Additional support comes from general and specialty nursing associations. The American Nurses Association's Standards of Practice include the competency, "The registered nurse utilizes evidence-based interventions and treatments specific to the diagnosis and problem." Other competencies also mention the importance of evidence. Standards from specialty nursing organizations include EBP as well. For example, the American Association of Critical-Care Nurses' standard of professional practice related to research has this as its measurement criteria: "The nurse continually questions and evaluates practice and uses best available evidence or research findings to develop appropriate plans of care."

All this adds up to a consensus that EBP is a vital part of the profession. In a court case, an attorney will stress this fact while attempting to prove that you failed to engage in EBP. That's why your practice must be based on evidence, even though doing so can be challenging.

Barriers to EBP

A 2012 study published in the *Journal of Nursing Administration* found that only 34.5 percent of nurses agreed or strongly agreed that their colleagues consistently use EBP in managing patients. If EBP is so effective in improving outcomes, why don't more nurses practice it? The study found that although nurses believe in EBP, they encounter multiple barriers, with the top two being lack of time and lack of support from the organization where they work, including resistance from colleagues and managers.

The same study found that most nurses want to learn more about EBP but find education resources lacking. They also lack mentors to guide them.

Overcoming the time barrier

Fortunately, many resources are available to break the time barrier, particularly when it comes to collecting and evaluating the evidence. These resources include:

- Cochrane Database of Systematic Reviews (www.cochrane.org), which provides analysis of available literature related to a topic (some information is available for free)
- Journals such as *Worldviews on Evidence-Based Nursing* and *Nursing Research*, as well as journals in your specialty practice area (requires a subscription)
- National Guideline Clearinghouse (www.guideline.gov), which provides summaries of clinical practice guidelines and has a tool that allows you to compare multiple guidelines (free access)
- Resources from specialty associations. For example, AACN Practice Alerts provides nursing actions related to a specific issue, such as assessing pain in the critically ill adult. The actions are backed by evidence found in the literature (free access).
- Joanna Briggs Institute (joannabriggs.org), which provides evidence reviews (some information available for free)
- U.S. Preventive Services Task Force (uspreventiveservicestaskforce.org), which provides evidence-based recommendations for preventive care (free access)
- Tools for appraising the evidence. Several scales are available to help you evaluate the evidence you find. You can link to these scales at <http://nursingworld.org/Research-Toolkit/Appraising-the-Evidence>.

An often overlooked but highly valuable resource is the medical librarian. A medical librarian at your facility, local university, or health center can guide you through the process of conducting a literature search so it's more efficient.

Overcoming resistance

Overcoming resistance can be challenging. You can start by serving as a role model for others. Take the lead in suggesting practices that could benefit from a re-examination. For instance, is the acuity tool you are currently using really the best one to ensure that assignments benefit patients?

Suggest your nurse practice council embrace EBP as a tool to improve patient care. Managers might choose to tap into clinical nurse specialists to serve as resources to staff who want to engage in EBP projects and build such projects into job descriptions and evaluations. Another option is to partner with a faculty member at a local university.

Overcoming a lack of knowledge

You don't need a large budget to gain knowledge about EBP. You can access free self-study programs online. For example, staff at Duke University Medical Center Library and the Health Sciences Library at the University of North Carolina at Chapel Hill developed an "Introduction to Evidence-Based Practice" tutorial, available online at <http://guides.mcclibrary.duke.edu/content.php?pid=431451&sid=3529491>.

For tips on interpreting the information you find, access the "How to read a paper" section of the BMJ website, which contains an article on how to read and interpret different types of research studies and includes two articles related to statistics (www.bmj.com/about-bmj/resources-readers/publications/how-read-paper).

If your organization provides educational reimbursement, consider attending a workshop on EBP. Retain documentation of the courses you complete so you can show evidence of your efforts should you

be involved in a lawsuit. The evidence will also be helpful for career advancement.

Keeping up

Staying on top of developments in your field helps ensure you are aware of the latest research. You can use technology to make the process easier. For example, services such as Feedly (www.feedly.com) let you customize feeds of news stories related to your interest areas. You can easily scan the headlines and short descriptions to determine if you want to learn more. Other options you might want to try:

- Sign up to receive electronic tables of content from journals you are interested in. You can scan the table of contents to determine what's of interest to you.
- Subscribe to electronic newsletters such as those provided by Medscape or SmartBrief.
- Listen to podcasts as you exercise or drive to work.
- Download an app such as Mendeley (www.mendeley.com) that lets you capture articles as PDFs and organize them according to keywords and other parameters.

Taking just these few steps can ensure that you are current in your evidence-based knowledge.

Steps of evidence-based practice

Here are the basic steps of EBP:

- Cultivate a spirit of inquiry.
- Ask the clinical question in PICOT (Patient population, Intervention or Issue of interest, Comparison intervention or group, Outcome, and Time frame) format.
- Search for and collect the most relevant best evidence. This includes searching for systematic reviews and meta-analyses.
- Critically appraise the evidence for its validity, reliability, and applicability.
- Integrate the best evidence with your clinical expertise and patient preferences and values in making a practice decision or change.
- Evaluate outcomes of the practice decision or change based on evidence.

- Disseminate the outcomes of the EBP decision or change. Source: Melnyk BM, Fienout-Overholdt E. Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice, 2nd Ed. Philadelphia: Lippincott, Williams & Wilkins; 2010.

Practicing effectively

Basing your practice on evidence will benefit your patients by ensuring optimal outcomes. It will also benefit you by providing support for your decisions, should you find yourself in the uncomfortable position of being named in a legal action.

Resources

American Association of Critical-Care Nurses. Standards for acute and critical care nursing practice. <http://www.aacn.org/wd/practice/content/standards.for.acute.and.cc.nursing.practice.pcms?menu>.

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IRC TEAM HAS HAD AN ACTIVE YEAR

2015 has been a very busy year for the Imaging Review Course Team. To date, including the Annual Convention, we have conducted 8 courses around the country from coast to coast with another 5 classes still coming before the end of the year.

Recently, courses have been set up in North Carolina on November 7-8 and Virginia Commonwealth University Hospital on November 14-15. These are in addition to the class scheduled at Vanderbilt University Hospital being held October 17-18. We invite you to continue looking to the website for more hospital details as well as registration login.

NEW MEMBERS

First Name	Last Name	Home City	Home Location
Eden	Abella	Beverly Hills	California
Elizajeane	Abueg	Ladera Ranch	California
Elizabeth	Arsenault	Chelmsford	Massachusetts
Janet	Azbell	Grand Junction,	Colorado
Maranda	Baird	Vidalia	Georgia
Michelle	Bender	Springfield	Illinois
Michael	Bennett	Liverpool	New York
Patricia	Berardinucci	Chalfont	Pennsylvania
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Kimberly	Chacon	Grand Junction,	Colorado
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Mary	Clancy	Santa Monica	California
Amanda	Craft	Womelsdorf	Pennsylvania
Sylvia	Crisman-Kasiak	Littleton	Colorado
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Tanya	Cutaia	Accord	New York
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Ilene	Du Toit		
Amanda	Ewing	Concord	New Hampshire
Norine	Faatz	Liverpool	New York
Shana	Faw	North Augusta	South Carolina
Marietta	Forde	New York	New York
Madelyn	Foronda	Granada Hills	California
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Nancy	Green	Grovetown	Georgia
Claude	Hatoum	Seattle	Washington
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Cheri	Jones	Fulton	New York
Monica	Karamian	Thousand Oaks	California
Colleen	Kawakami	San Mateo	California
Rebecca	Keeney	Columbus	Ohio
Daniela	Lemm-Lopez	Lawrence	New York

First Name	Last Name	Home City	Home Location
Kathleen	Leonard	Grass Valley	California
Amanda	Lester	Big Rock	Virginia
Michelle	Levesque	Somerset	Massachusetts
Kris	Lingle	Willmar	Alabama
Pu-Hua	Liu	Montebello	California
Isabella	London	El Cajon	California
Joseph	Loufek	Jackson	New Jersey
Amy	Magyar	Drayden	Maryland
Mercedita	Manaloto	Mesa	Arizona
Sandy	Moulton	Idaho Falls	Idaho
Karin	Nudo	Silver Spring	Maryland
Michael	O'leary	San Francisco	California
Mindy	Olsen	Ridgecrest	California
Ifeoma	Onyeike	Valley Stream	New York
Valorie	Patrick	Delbarton	West Virginia
Donald	Pattillo	Laguna Beach	California
Danielle	Patton	Bayfield	Colorado
Cheryl	Pauley	Lexington Park	Maryland
Violet	Peart	Rosedale	New York
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Mary	Schooley	Cottage Grove	Minnesota
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