



VOL 8, NO. 2  
SUMMER 2003

AMERICAN  
RADIOLOGICAL  
NURSES ASSOCIATION

7794 GROW DRIVE  
PENSACOLA, FL 32514

(866) 486-ARNA (2762)

(850) 474-7292

FAX (850) 484-8762

arña@puetzamc.com

www.arña.net

arña

Vision

## President's Message

Kate Little, RN

I am Kate Little, and I am your new President. For the last ten years, I have worked in the Radiology Department at the University of North Carolina Health Care System in Chapel Hill. Each day I provide direct patient care and perform tasks that fall in the "other" category as so many radiology nurses do. Those tasks include payroll, interviewing/hiring new candidates, overseeing risk management issues, problem solving, creating staffing schedules, providing QA reports, and teaching new nurse orientation.

I work with an awesome group of 23 nurses who have found radiology to be their "niche." I am proud of the quality of care that is provided to patients each and every day. The men and women on our team are cross-trained in both the imaging and interventional settings. Once nurses who are new to radiology have completed the orientation phase, they can choose which of the two settings they prefer. They all keep their skills honed

though since most of the team participates in rotational "on-call" duty in the interventional area.

I am proud to tell you that I have been involved with ARNA at the local level for the last 10 years as a Carolinas Chapter member. I continue to enjoy the educational/networking opportunities that are held to enable colleagues from across North and South Carolina to share information about nursing in radiology.

This is my sixth year serving on the ARNA Board of Directors. It is my personal honor to be your President. Thank you for having faith in me.

## Exploring Your Future in Radiology

The Radiological Society of North America (RSNA) launched a new program to acquaint high school students with the potential careers that may await them in radiology. The RSNA Board decided that since Chicago had hosted the meeting for so many years it was time to give something back to the community. Given the growing shortage of radiologists, nurses, and technologists it seemed like a good idea.

The program is called *Exploring Your Future in Radiology*. As many as 40 local Chicago-area high school students were invited to visit RSNA for the day on Tuesday, December 3, 2002. These lucky teens had an opportunity to take a supervised tour of the exhibit hall and attend a "hands on" ultrasound workshop (with chicken breasts). A radiologist, a physicist, a radiology nurse, and a radiologic technologist briefly spoke to the group about career choices and then fielded questions. The enthusiasm of the speakers and the audience made it a worthwhile event.

Following the annual meeting, the students took part in a scholarship competition. The scholarships will be awarded to the students at RSNA 2003.

The presenters at the forum were Robert A. Novelline, MD, Professor of Radiology, Harvard Medical School; G. Donald Frey, PhD, Professor of Radiology, Medical University of South Carolina; Kate Little, RN, President of ARNA; and Sal Martino, Vice President of Education for the American Society of Radiologic Technologists (ASRT).

Kate Little, RN  
President

## ANA's Bill of Rights Arms Nurses With Critical Information

In 2001, the American Nurses Association (ANA) published *The Bill of Rights for Registered Nurses*. The concept of a bill of rights for nurses arose during ANA's Nursing Staffing Summit in 2000. Among the gaps identified by the participants of the Staffing Summit was a bill of rights for nurses. While aware of their responsibilities, many participants reported being unsure of the totality of their rights and how they could bring those rights to bear in the workplace. A year later, the *ANA Bill of Rights for Registered Nurses* was published.

The foundation for the seven rights outlined in the bill includes *Nursing's Social Policy Statement*, *The Code of Ethics for Nurses with Interpretive Statements*, and the *ANA Standards of Clinical Practice*, as well as a wide range of state and federal employment laws. *The Bill of Rights* is based on the premise that the more effectively nurses are armed with critical

information about their own rights, and how they can use them, the more effectively they champion the rights of patients.

ANA's *Bill of Rights for Registered Nurses* is available as a four-color 11" x 25" poster. Along with the *Bill of Rights* comes a user's guide to better explain how the document can be applied in the work environment and to help employers better understand professional rights and how meeting those then allows registered nurses to meet professional responsibilities. To order the poster and user's guide (\$16.45 list price; \$13.45 member price), go to [www.nursesbooks.org](http://www.nursesbooks.org) or call (800) 637-0323.

### Connections

Are there any devices or techniques being used in CT departments that provide comfort for the patient who has to have his/her arms above the head during biopsies or long scans? This is a most uncomfortable position for patients, especially the elderly, arthritic, or debilitated person. If you use a special cushion or pillow, may I have some information regarding the support item?

Terri Ranson RN  
Fax: (304) 388-3958  
E-Mail: [cranson@citynet.net](mailto:cranson@citynet.net)

## Members in the News

ARNA Past President **Colleen Sasso, BSN, RN, CRN**, was quoted in the following article:  
Long, S. (2002). Technologists, nurses fight to get along. *Advance for Imaging and Radiation Therapy Professionals*, 15(27), 16-19.

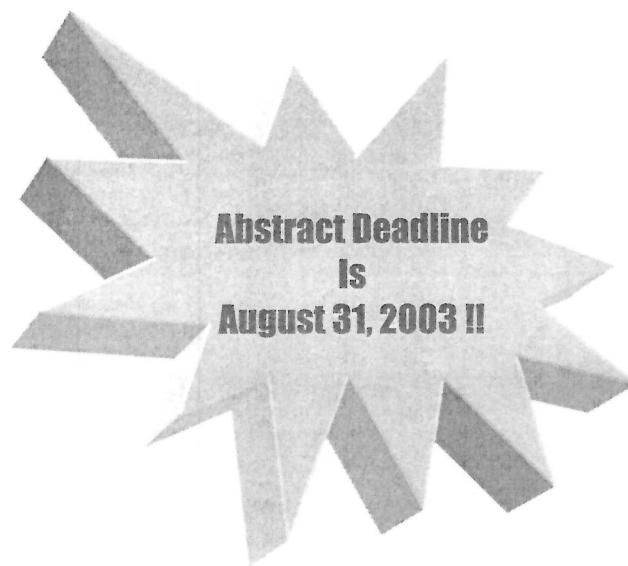
**Catherine Sredzienski, BSN, RN, CRN**, was awarded the University of North Carolina Medical School Award for Nursing Excellence. Catherine is a Clinical Nurse in Vascular & Interventional Radiology at the University of North Carolina, Chapel Hill, NC.

## Educational Opportunities

National Nursing Staff Development Organization Annual Convention, July 17-20, 2003, Arlington, VA. For more information, contact Convention Services, NNSDO National Office, 7794 Grow Drive, Pensacola, FL 32514-7072, (850) 474-0995, Fax (850) 484-8762, E-mail [nnsdo@puetzamc.com](mailto:nnsdo@puetzamc.com), [www.nnsdo.org](http://www.nnsdo.org)

89<sup>th</sup> Scientific Assembly and Annual Meeting, November 30-December 5, 2003, Chicago, IL. For more information, contact the Radiological Society of North America, Inc., 820 Jorie Blvd., Oak Brook, IL 60523, (630) 571-2670, Fax (630) 571-7837, [www.rsna.org](http://www.rsna.org)

American Radiological Nurses Annual Meeting, March 25-30, 2004, Phoenix, AZ. For more information, contact Convention Services, ARNA National Office, 7794 Grow Drive, Pensacola, FL 32514-7072, Toll free (866) 486-ARNA (2762), (850) 474-7292, Fax (850) 484-8762, E-mail [arna@puetzamc.com](mailto:arna@puetzamc.com), [www.arna.net](http://www.arna.net)



## Call for Presentations

American Radiological Nurses Association  
22<sup>nd</sup> Annual Educational Meeting  
March 25 – 30, 2004  
Phoenix, AZ

American Radiological Nurses Association  
22<sup>nd</sup> Annual Educational Meeting  
March 25 – 30, 2004  
Phoenix, AZ

**Call for Presentations Submission Form**

Presenter Name with Credentials: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- ☐ One hour
- ☐ One and ½ hours
- ☐ Two hours

Please provide below (or attach a separate sheet) an abstract summary in **250 words or less** for consideration to present at the 22<sup>nd</sup> Annual American Radiological Nurses Association Educational Meeting.

The Planning Committee will review abstracts for presentation based on the following criteria:

- clarity of description of the content and presentation methods
- importance, depth, focus, level of audience interest
- feasibility of application to a variety of settings
- presenter's professional background and speaking experience
- absence of commercial content
- originality of topic/presentation (has not been presented at other radiological nursing programs)

**One presenter per concurrent session will receive complimentary registration for the educational meeting.**

**Submission Guidelines:**

Keeping the selection criteria in mind, prepare an abstract that is 250 words or less.

Complete submissions include:

1. Call for Presentations Submission Form with abstract summary
2. Biographical data form or curriculum vitae

The completed proposal should be sent to:

**Call for Presentations  
ARNA National Office  
7794 Grow Drive  
Pensacola, FL 32514-7072**

**Abstracts must be postmarked no later than August 31, 2003. Submissions postmarked after this date will not be considered.** All submissions must be received by mail. Notification of selection of presentation will occur in October 2003.

For further information or questions call ARNA Convention Services as follows –

**Tel: (850) 474-7292 or (866) 486-ARNA (2762)  
Fax: (850) 484-8762  
E-mail: [arna@puetzamc.com](mailto:arna@puetzamc.com)**

**OR**

**Check ARNA's Web site at –  
[www.arna.net](http://www.arna.net)**

## Call for Presentations

American Radiological Nurses Association  
22<sup>nd</sup> Annual Educational Meeting  
March 25 – 30, 2004  
Phoenix, AZ

The ARNA Planning Committee invites you to submit an abstract for a presentation at the 22<sup>nd</sup> Annual Educational Meeting sponsored by the American Radiological Nurses Association (ARNA) to be held March 25 – 30, 2004, in Phoenix, AZ. We welcome abstracts from radiological nurses and others on topics in clinical practice, education, administration, research, patient education, and consultation in all practice areas. The focus of presentations should be on innovative, practical approaches that can be used in a variety of settings related to radiological care. Presentations are being sought on topics such as competency development, orientation to radiological care, elements of transition in the current healthcare environment, case management, technological advances, clinical techniques or procedures, outcome measurement, nursing administration/staff development, patient education, and others. Presentations should have an interdisciplinary focus whenever possible.

The education meeting will focus on innovative strategies in radiological nursing, with an emphasis on challenges to be faced in the 21st century. The goals of the meeting are to:

1. Enhance the practice of radiological nurses in order to improve the quality of services provided to patients.
2. Formulate strategies to foster the role of the radiological nurse as patient advocate and educator.
3. Prepare radiological nurses for roles as clinicians, managers, educators, and researchers through:
  - analysis of effective techniques for patient education
  - advances in research strategies and methodologies
  - creative strategies in managing patients
  - identification of current and projected trends in the field
  - application of research findings into practice
  - innovative concepts in clinical practice
4. Facilitate networking and professional development of radiological nurses.

# Announcing

- ❖ A new publisher for the ARNA journal
- ❖ A new name for the ARNA journal

Beginning with the first issue of 2004, the ARNA journal will be published by Elsevier. Also, *Images* will be retitled the *Journal of Radiology Nursing (JRN)*.

These two changes will increase the professionalism of the journal and enhance its standing in the publishing community. We are excited about these new changes.

Watch your mailbox for the inaugural issue of the *Journal of Radiology Nursing* early in 2004!

## Call for Manuscripts

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

- |  |   |
|--|---|
| ❖ Nursing Leadership                               | ❖ Management of Lines   |
| ❖ New Procedures                                   | ❖ Drug Eluting Stents   |
| ❖ Research Studies                                 | ❖ Multidisciplinary Approach to Team Building in Interventional Radiology |
| ❖ JCAHO Requirements                               | ❖ PI Efforts  |
| ❖ HIPPA  | ❖ Infection Control Policies  |
| ❖ Orientation and Competency for Radiology Nursing | ❖ Budget and Financial Strategies   |
| ❖ Patient Satisfaction                             | ❖ Patient Safety Issues   |
| ❖ Moderate Sedation                                | ❖ Role of the PA and ARNP in Interventional Radiology                     |
| ❖ Radiation Safety                                 | ❖ Patient Teaching Techniques in Interventional Radiology                 |
| ❖ Magnetic Resonance Imaging                       |   |

For assistance in developing an idea or writing a manuscript, contact the Editor, Marie Korenstein, MHS, RN, CRN, at 7794 Grow Drive, Pensacola, FL 32514, (866) 486-ARNA (2762), fax (850) 484-8762, or e-mail [mariek@bhssf.org](mailto:mariek@bhssf.org) We're eager to hear from you!

## Seventeen National Organizations Meet on Public Education of Peripheral Arterial Disease

The Vascular Disease Foundation and sixteen national professional vascular societies and health organizations including the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, met on January 15-16, 2003, in Bethesda, MD, to hold a strategy meeting. The purpose of this meeting was to begin the creation of a unified, long-term national effort to offer the American public improved access to educational information on peripheral arterial disease (PAD).

This meeting provided an opportunity for a coalition of healthcare professionals to begin to create consensus regarding the science-based messages that should be offered to the public – both those “at risk” for developing PAD and those already affected by the disease.

The meeting addressed strategies for developing a cohesive set of educational messages and was a first step toward creation of an effective

public awareness campaign. This was the first strategic meeting on PAD public awareness to include such a wide group of health organizations. In addition to the Vascular Disease Foundation, organizations that participated included the American Association of Cardiovascular and Pulmonary Rehabilitation, American Association for Vascular Surgery, American College of Cardiology, American College of Physicians-American Society of Internal Medicine, American Diabetes Association, American Heart Association, American Podiatric Medical Association, the American Radiological Nurses Association, National Heart, Lung, and Blood Institute, Peripheral Vascular Surgery Society, The Society of Diagnostic Medical Sonography, the Society of Interventional Radiology, The Society for Vascular Medicine and Biology, the Society for Vascular Nursing, the Society for Vascular Surgery, and the Society for Vascular Ultrasound.



## Editorial

Every once in a while I step outside of my box. That safe environment of radiology I lovingly refer to as "the cave" is my box. In it I practice the unique skills of radiology nursing. I understand how things work inside my cave. I know what needs to be done and when it needs to be done. This past Saturday I stepped outside of my cave. I actually took a leap outside of the cave and ended up way out in the grasslands of postpartum. Wow! Now that was an eye opener! It has been a long time since I experienced obstetrics standing on my feet rather than on my back. But after a few hours of observing and tentative forays into the field it started to come back to me. I remembered how to check a fundus and perineum. I also remembered the shape of a newborn's fontanel as well as the grasp and planter reflexes. I even met an antepartum patient who had a PICC line; now I could relate to that. No matter what I was assessing I was the nurse providing care and education to the patient. After I spent the morning there, I realized it really wasn't all that scary out of my cave. So what's my point? Each of us has a safe zone, a cave, a box, an area where we are comfortable and freely practice patient care. Yet no matter where our cave is we, as nurses, practice patient care. While many of our specific skills are specialties we are universal caregivers. We provide comfort, reassurance, and care to individuals in all environments whether we are inside our cave or not. I encourage you every once in a while to step outside of your box to remember and relate our similarities as nurses, not our differences.

Susan Simpson, MSN, RN  
Editor



## AANA Develops Reimbursement Report

The American Association of Nurse Anesthetists (AANA) offered to sponsor a project in the Economic Value Domain of Nursing's Agenda for the Future. The work plan submitted by AANA addressed Nursing's Agenda for the Future Objective #2: Design a Model for Reimbursement of Nursing Services.

AANA would like to share this report with the nursing community because of the insights gleaned from this research. A number of observations made by interviewees demonstrate the difficulty and barriers to defining a coherent system of payment for nursing services, such as lack of a common, sustainable economic agenda across the profession; nurses' inability to generate revenue for institutions; opposition by organized medicine, hospital administrators, and third party payers; and lack of the public's understanding of the value of nurses.

If you would like a copy of AANA's report, contact ARNA's National Office at (866) 486-ARNA (2762) or send an e-mail to [arna@puetzamc.com](mailto:arna@puetzamc.com)

## Tricks of the Trade

When placing PICC lines in confused patients, we now use the slipper socks to cover the PICC. We cut off the toe portion and place the sock over the arm covering the PICC. Sometimes we even place some tape to keep the cover in place. This keeps the dangling ports away from the curious/confused and also keeps the PICC from being pulled inadvertently while changing the patients. We now use this for the outpatient PICC line patients, since this keeps the PICC more private for the patient. I copied this from a wise unidentified nurse and thought your readers would benefit from this trick.

Karen Brocato, RN,C  
Centrastate Medical Center Radiology  
Freehold, NJ

**American Radiological Nurses Association  
(ARNA)**  
Board of Directors  
2003-2004

**President**  
Kate Little, RN  
University of North Carolina Health  
Care System  
Chapel Hill, NC  
[klittle@unch.unc.edu](mailto:klittle@unch.unc.edu)

**President-Elect**  
Delma Armstrong, BSN, RN  
University of North Carolina Hospitals  
Chapel Hill, NC  
[darmstro@unch.unc.edu](mailto:darmstro@unch.unc.edu)

**Immediate Past President**  
Kathleen Gross, MSN, RN, BC, CRN  
Greater Baltimore Medical Center  
Towson, MD  
[rgross@comcast.net](mailto:rgross@comcast.net)

**Treasurer**  
Sophia C. Jan, BSN, RN  
University of Michigan Health System  
Department of Radiology  
Ann Arbor, MI  
[sjan@umich.edu](mailto:sjan@umich.edu)

**Secretary**  
Kathy Scheffer, BSN, RN, CRN  
Tacoma General Hospital  
Tacoma, WA  
[scheffgk@dellepro.com](mailto:scheffgk@dellepro.com)

**Board of Directors**  
Rhonda Caridi, RN, CRN  
Shands Hospital/ University of Florida  
Gainesville, FL  
[caridrk@radiology.ufl.edu](mailto:caridrk@radiology.ufl.edu)

Barbara E. Sargent, MBA, BSN, RN  
Fridley, MN  
[4bsargent@msn.com](mailto:4bsargent@msn.com)

Paulette Snoby, MPA, BSN, CCRN, RN  
St. Joseph's Hospital of Atlanta  
Atlanta, GA  
[psnoby@sjha.org](mailto:psnoby@sjha.org)

**National Office**  
7794 Grow Drive  
Pensacola, FL 32514-7072  
(850) 474-7292  
Toll Free: (866) 486-ARNA (2762)  
Fax: (850) 484-8762  
E-mail: [arna@puetzamc.com](mailto:arna@puetzamc.com)  
Web site: [www.arna.net](http://www.arna.net)

### ARNA Mission Statement

The mission of the American Radiological Nurses Association is to provide, promote, maintain continuity of and continuously improve patient care through service to members.



# Nursing Legislative Corner

## Nurse In Washington Internship Experience

Prior to attending the Nurse in Washington Internship (NIWI) in Washington, DC, in early March of this year, I was given an assignment to contact and set up appointments with the senator and representative from my district. In order to do that I had to call ahead of time to set up appointments prior to my arrival in Washington. This information is available to anyone in the front of the phone books (blue pages) and at any public library. Information regarding members of congress or their staff can also be found by going to <http://www.house.gov> for representatives and to find the state's two senators on the Web go to <http://www.senate.gov> and click on the "List Senators by State." Once you know who the senators and representatives are you can call the U.S. Capitol switchboard operator at (202) 224-3121 for Senate inquiries and (202) 225-3121 for House inquiries. Once connected to the office, ask for the scheduler or appointment secretary or the legislative assistant ("LA") for health, if the secretary is not available. Therefore, prior to arriving in Washington, DC, appointments were set up and knowledge regarding the state's senators' and district representatives' backgrounds, autobiographies, and their stands on healthcare issues were known. For meetings with these busy individuals it is important to be prompt, patient, prepared, and political.

Prior to meeting with the senator and representative, NIWI prepared the group for meetings on Capital Hill. Preparation consisted of what we, as constituents, needed to bring and prepare for before the meetings. In most cases we had 20-30 minutes to meet; therefore, it was important to come prepared. When meeting with senators and representatives certain items need to be written down such as a facts about the nursing organization, institution, or practice that you represent. Also bring any position statement the association has on the topic being discussed or lobbied as well as the presenter's business card.

NIWI stressed that no more than three topics were to be presented. Present the facts in an orderly and concise manner. It is important to be familiar with the arguments against your position on the issue. This will enable you to anticipate questions during the meetings. When meeting with the senator/representative be prepared to answer questions, but don't be intimidated. Don't be afraid to say, "I don't know the answer to that question." But offer to get the answer for them. It is also important to follow up on anything that you promise to investigate further or you will not be a credible resource for the member or his/her staff in the future. When finished thank the member for his/her time and review any additional information you will be sending that may have been discussed during the meeting. Always send a thank you note for the meeting, briefly review the issues discussed, and summarize the pertinent points once again.

During my visit in Washington, DC, I provided information about the American Radiological Nurses Association (ARNA). I described my current practice as a radiology nurse in a pediatric hospital. I presented three topics regarding health care:

1. Allocation of funds for the Nurse Reinvestment Act that was recently passed
2. Funding for the uninsured
3. Patient Safety Act, which includes safe MRI monitoring

When identifying the three points it was most helpful to prepare stories to illustrate the points. I enjoyed my visit on Capital Hill and believe that the healthcare issues that I presented were well received.



*Lois Curtwright (middle) at NIWI*

Nurses have the power to influence policy through our numbers, expertise, and positions. One in 44 women voters is a nurse; 1 in 100 adults is a nurse; and there are 10,000 nurses per congressional district. The nation's Gallop Poll ranks nurses second for their honesty and integrity, with 84% of Americans rating them "high" or "very high," according to a 2001 CNN/USA Today/Gallup Poll. Firefighters, who were given high ratings by 90% of Americans, displaced nurses from the poll's top slot that year, following the September 11<sup>th</sup> terrorist attacks. Nurses had previously rated first for 2 years in a row after being added to the list in 1999. Wow! Isn't it nice to hear how the nation recognizes nurses?

Nurses are highly respected on Capital Hill for their knowledge of health care; I also had the opportunity to meet Congresswoman Lois Capps (D-CA), a nurse sworn in as a Freshman Member of the 105<sup>th</sup> Congress on March 17, 1998. Lois Capps is committed to helping people improve their daily lives through better schools, quality health care, and a cleaner environment. Capps has passed legislation to stop new offshore oil drilling, address the national nursing shortage, curb underage drinking, improve mental health services, provide defibrillators to local communities, bring CPR instruction to schools, and provide immediate Medicare coverage to patients suffering from Lou Gehrig's disease.

NIWI was a very informative program, and in this day and time of nursing shortages, war, and economic challenges, it was very refreshing to be reminded of how important our roles as nurses are and the influence that we have on congressional decision making.

Lois A. Curtwright, MSN, RN, CPN  
Chair, Public Policy Committee

## Ask the Experts

**need to do some housekeeping regarding previous "Ask the Experts" columns.**

In the last issue, I stated that Metformin (Glucophage) should be held for 24 hours pre and two days post procedure. I received a nice e-mail from Ryanne Looney, RN, C, and Denise Delzotti, BSN, RN, C, who pointed out that the latest literature states that Metformin does not need to be held post procedure. Metformin does, however, need to be held 24 – 48 hours post procedure and lab work should confirm normal renal function before starting. They also reminded me that Metformin is also contained in Avandamet (metformin + rosiglitazone), and Metaglip (metformin + glipizide),

and I just love it when we all work together to get it right!

Another issue that we need to revisit is regarding power injection through a central line. In the summer 2002 issue I quoted the "party line" that central lines are not designed for power injection and that the catheter might rupture. I have received a lot of debate about this issue, and it is definitely worth discussing.

Some of the interventional radiology (IR) physicians told me that the reason they do not power inject through a central line is that the high pressure through such a small orifice might cause the catheter to flagellate and thereby change its placement. Even worse, the high pressure could do internal damage.

Some of the manufacturer's representatives who visits the hospital where I work told me that PICC lines have been tested by clamping the end closed and gradually increasing the pressure to see at which pressure the catheter would burst. In every test, the PICC line came apart at the hub, which is external to the patient, before the actual PICC line tubing was damaged. Therefore, even if the line did come apart, it would not cause harm to the patient.

## Call For New Members . . .

*Annual Membership Drive is Underway!*

We need ALL current members to get out there and recruit your fellow ology nurses who are not yet members of ARNA.

Nurses in a highly specialized area, we need to come together as a group for the benefits of education, professional support, friendship, and working with others in our field.

Any person who brings in the most new members will receive his/her choice of the following:

- ❖ Annual membership dues
- ❖ the *Core Curriculum*

Deadline for entries: December 31, 2003

In the event of a tie, there will be a random drawing to determine the winner).

To qualify for prizes, please have new members clearly indicate on membership form "I was recruited by \_\_\_\_\_" or you can send in all membership forms of the new recruits together in one envelope with a note stating you should receive credit for recruiting the new members.

Of course, neither hospital, nurse, nor manufacturer want to be responsible for a PICC line tip floating around inside the patient. I guess it is safe to say that using a PICC for power injection is almost always not recommended by the manufacturer and is against hospital policy.

Are there ever any exceptions to this rule? How about if the test is VERY important ... and the PICC flushes very easily ... and you have exhausted every other means of getting a good peripheral IV ... and you keep the rate at no more than 1.0 cc/sec ... and you get the OK from the radiology physician to do the test?

I think that this should be the survey question for this issue.

Q. Under what circumstances, if any, would you use a central line for power injection?

### Survey Results

The survey question in the last issue asked, "What do the radiology nurses wear in your hospital?" Six of the seven responses that we received said that they wore hospital scrubs in the IR lab. To work in the rest of the radiology department, they would either put on a lab coat or there were other nurses in regular nurse uniforms (e.g., white pants and printed scrub tops) to cover those areas.

Please e-mail your survey response, comments, and suggestions to me at [radnursesurvey@rn.com](mailto:radnursesurvey@rn.com)

Chuck Griffin, RN, CRN  
Atlantic City Medical Center  
Atlantic City, NJ

If you need membership forms, please contact ARNA toll free at (866) 486-ARNA or you can download the forms from the ARNA Web site: [www.arna.net](http://www.arna.net)

Any questions? Contact the ARNA National Office at (866) 486-ARNA or Carol Derucki, BSN, RN, CRN, Membership Chairperson at [csredie@unch.unc.edu](mailto:csredie@unch.unc.edu)

### Newsletter Deadlines

Following are the deadlines for submissions of articles or calendar items to *Vision*.

#### Deadlines

June 30, 2003

September 29, 2003

# Certification Deadline Approaching

The deadline for the Certified Examination for Radiologic Nursing in Imaging, Interventional, and Therapeutic Environments is June 30, 2003. The exam will be held August 16, 2003.

## Eligibility

1. Currently licensed as a registered nurse in the United States (or the equivalent in other countries)
2. At least two years of full time or the equivalent (4,000 hours) experience in radiology nursing practice

## Fees

ARNA Members \$250.00  
Non-ARNA members \$350.00

For more information, contact:  
Professional Testing Corporation  
1350 Broadway, 17<sup>th</sup> Floor  
New York, NY 10018  
(212) 356-0660  
E-mail: ptcny@ptcny.com

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

Certification Candidates - February 2003

Congratulations to the following candidates who sat for the Certification Examination held in February 2003. They have become certified, and may now use the CRN designation until February 2007.

Maria Abouhanna	Heidi Haldeman	Maureen McLean	Ellen Rossiter
Carolyn Bennett	Jodi Hartwig	Bernice Michael	Kelly Schuler
Patricia Bischoff	Stephanie Hevenor	Merlin Miller	Richard Sheehy
Monika Busick	Nancy Hodgson	Danielle Nespeca	KD Smith
Susan Cinquemani	Shelley Jones	Janet Novotny	Terrence Smith
Virginia Conwell	Julie Klein	Deborah Pacitti	Dawn Spector
Melanie Dickey	Paula Layfield	Shirley Page	Pauleah Tomlinson
Barbara Eshleman	Lynda Lee	Dee Pritchard	Connie Torgimson
Sandra Gaston	Christina Lupia	Marianne Robinson	Margaret Underwood
Merri Goodman	Debra McGinty	Pat Rogers-Sullivan	

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

Recertification Candidates

Congratulations to the following CRNs who became re-certified by passing the certification examination held in February 2003. This recertification is in effect until August 2007.

Marilyn Green	Susan Olkusz
Susan Hunter	Sally Schilling
Mary Kramer	Mary Schmidt
Diane Meath	

# Chapter Chat

## New England Chapter of ARNA

NEC-ARNA has been struggling these past few years, but we are happy to say we have a full board in place this year with several new members. NEC-ARNA held a spring conference in Norwich, CT, at Norwich Hospital on May 3, 2003, from 8:00 a.m. to 4:00 p.m. Topics were vena cava filters, new drugs, conscious sedation, and new roles for radiology nurses.

The fall conference will be held in association with the New England Technologists conference in South Portland, ME, on September 13th. Six lectures are planned. The Board is very excited and looking forward to both conferences.

The goals for the chapter include recruiting new members, offering members a spring seminar and a fall seminar, and sending the chapter's president or delegate to the national ARNA meeting each year.

Membership is growing with 40 members for the 2001-2002 year and 50+ for the current year.

Sue Ann Rosa, RN, CRN  
President, New England Chapter ARNA

# Nurses House

Nurses House is a unique national organization that serves as a safety net for registered nurses in dire circumstances as a result of injury, illness, disability, or personal tragedy. During the past year, Nurses House awarded personal grants of more than \$150,000 to nurses in 30 states, and the needs continue to grow.

To further its mission nationwide, Nurses House is forming an association of Nurses House Ambassadors. Nurses House is accepting nominations of Ambassadors with the following attributes:

1. Compassion for nurses in need, by helping Nurses House identify local and regional resources to assist nurses facing dire circumstances.
2. Willingness to help Nurses House, by fostering public understanding and support for nursing through contacts with hospitals and schools of nursing, healthcare agencies, community and civic groups.
3. Dedication to nursing activities, with a modest amount of time available to represent Nurses House at nursing conferences and conventions in your local area.

For more information or to make a donation, contact Nurses House, Inc., The Veronica M. Driscoll Center for Nursing, 2113 Western Avenue, Suite 2, Guilderland, NY 12084-9559, (518) 456-7858, Fax (518) 452-3760, [www.NursesHouse.org](http://www.NursesHouse.org)

# Radiology Nurses Day

The American Radiological Nurses Association (ARNA) celebrated Radiology Nurses Day on April 8, 2003. Following is an example of how some ARNA members celebrated this day:

All three radiology nurses working at Advanced Medical Imaging (AMI) in Lincoln, NE, received cards, flowers, and gift certificates to a local spa in honor of Radiology Nurses Day. These nurses were all previous special procedure nurses at local hospitals before transferring to AMI's outpatient radiology clinic. The nurses perform numerous spine procedures from ESIs to vertebroplasties in addition to biopsies, myelograms, and other spine procedures. We salute all radiology nurses!

Nancy Goeglein, BSN, RN, CRN  
ARNA Member  
Lincoln, NE