arna Vision

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AMERICAN
RADIOLOGICAL
NURSES ASSOCIATION

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# President's Message

Delma Armstrong, BSN, RN

I was thrilled with our educational meeting this year in Phoenix. I hope that you were, too. I am glad that the keynote speaker, Ed Latham, RN, FNGNA, past-president of the National Gerontological Nursing Association was so well received. I met Ed last fall when Kate Little, RN, and I represented ARNA at a meeting of Nursing Organizations Alliance (The Alliance). Ed has a passion for nursing and a passion for life that is a good fit for ARNA's keynote spot. I share many of the observations that Ed included in his address.

When Ed spoke to us, he talked about the turn of the century chaos. He emphasized the need for individuals to come up with new solutions for challenges because the old solutions are just not working any more. In the world of finance and business, this time of chaos and creativity has been dubbed The New Normal.

The Old Normal was characterized by the rapid pace of technological advances and the companies that were developed or expanded to market those advances. Money was fast and you had to spend to grow. There was a need for speed.

The Old Normal was the dot.com explosion, advancements in technology, ingenious applications of technology, investments in that technology, the saturation of our homes and workplaces with electronics – laptop computers, cell phones, digital cameras, DVDs, TEVO, and so on.

So where does The Old Normal end and The New Normal begin? Consider the events surrounding the turn of this century: the dot.com meltdown and subsequent changes in the financial world – we all know that the economy is tough, there is no upturn on the near horizon, and there were corporate scandals such as ENRON and WORLDCOM . Another critical and tragic event, of course, was 9/11 which changed all of our lives – perhaps in ways we still may not realize.

The bottom line? These events have caused an inner uncertainty for us that is reflected in our attitudes, influences our decision making, and affects our choices and behavior.

The fast pace of the 90s– The Old Normal - the investment mania, the corporate upsizing and downsizing, the Internet saturation of our workplaces and homes, and the technology growth explosion – was *not* normal.

In the 21st century we are all having to adjust in our personal lives, our workplaces, and our social environments. In The Old Normal, the bumper sticker might have been "Stop for lunch and you are lunch." In The New Normal, the bumper sticker is "Let's get it right the first time."

Everything takes longer in The New Normal. Why? Because The New Normal is measured by real life and in real time—not the telescopic, Internet-driven, snap decisions of The Old Normal.

Leadership and its development are important in The New Normal– fewer young entrepreneurs with no experience are likely these days to get lucky with a new technology. There is a growing reverence for good old patient wisdom and experience.

So, what *is* most important in The New Normal? You are. Your loved ones are. Your time is.

As a society, our priorities are changing. We are spending more time at home. We are taking better care of ourselves – taking the time to de-stress. We have a renewed dedication

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*(Armstrong, continued from page 2)*

annual educational meetings was another way that I saw how important the Board of Directors is in guiding the organization. It is very hard work to chair a committee or to be the ring leader for any group. It is very tempting to do all the work yourself. It actually takes more work to encourage and delegate and share the responsibility. Committee work was a great place to "cut my teeth" in the organization. I believe that anyone who wants to can become involved at the Board level.

Board members not only need to be current in their knowledge of practice, but they also need to be good at listening to the concerns of the membership and being able to address those. Being a member of the Board of Directors is a journey with a lot of responsibility to the membership. It is good for the Board of Directors to be made up of members from across the country and from different areas of practice. I would definitely encourage anyone who is even remotely interested to find out about opportunities on task forces or committees and to try it out! Committee work is not a prerequisite to becoming a Board member, but it does lend a different level of understanding to how the organization functions.

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*(Snoby, continued from page 2)*

*Vision*: How do you think individual ARNA members make a positive influence on practice?

Paulette: ARNA members are exposed to new research and technological advancements through the *Journal of Radiology Nursing*'s articles, ARNA's annual educational meeting presentations in conjunction with the Society of Interventional Radiology and Radiological Society of North America's Associated Sciences Consortium's refresher courses.

ARNA members share these ideas with their peers, radiology technologists, and physicians. They plant the little seed of knowledge, which if fed and watered, will grow and result in better patient care and improved patient outcomes.

*Vision*: How did you become involved with ARNA?

Paulette: I was exposed to ARNA when my nursing manager encouraged ARNA membership. Also, the local ARNA chapter held its meetings in the hospital where I work. Our clinical ladder encouraged national and local membership and leadership positions within the nurse's specialty. The main incentive for me, however, was meeting Ginger Schultz, who was President of ARNA at that time, during a 5-day radiology workshop sponsored by Emory University.

*Vision*: What journey did you take that led you to becoming a Board member of a national nursing organization?

Paulette: For me, it was a rather fast track. After serving on several committees, I was approached by a Board member to submit my letter of nomination and résumé and was elected to the Board in March 2002. At first I was somewhat intimidated about being a Board member of a national nursing organization. It is a commitment/dedication of personal time, money, skills, and heart. The outcome of this dedication is meeting a lot of wonderful nurses, helping to grow the organization, and knowing I have influenced the professional growth of hundreds of nurses across the country.

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*(President, continued from page 1)*

to our families. We are more informed. We demand better—better quality and better service. We are more interested in doing things closer to home and in spending our time and money only on the things that are truly important to us. That said, I am personally and especially appreciative of every one of ARNA's members who take the time to attend annual meetings and read ARNA's publications.

In The New Normal, our money and our decisions are smart, not fast. If we are to survive and flourish, we must be flexible, responsive, and creative.

So, what does this mean for ARNA? It means that as an organization we have to get real about the challenges that we face. It means we have to carefully assess our goals and what it takes for us to reach our goals. It means we need to focus our time and energies on what is most important to you, the members of ARNA. It means that leadership, mentoring, and professionalism are important.

It means abandoning old solutions. You may have noticed that ARNA has fewer standing committees than it did five years ago. Since we know you are committed to your families and jobs, we are more inclined to ask for time-limited commitments from you such as working on task forces to achieve a specific short-term goal. We are changing to meet our challenges as a professional nursing specialty association.

It means ARNA is trying on new strategies to increase our exposure in the nursing profession and establish ourselves as the experts in radiology nursing. It means increasing our visibility and professionalism – this summer our new professional journal debuted, and there will be a major upgrade to the ARNA Web site. It means delivering exceptional information to members and discovering our marketable expertise as well as our markets beyond radiology. It means staying flexible, adaptable, and responsive to members. It means retaining and expanding our membership. It means growing more certified radiology nurses. It means being fiscally responsible—getting the best value for our member dollars that we can. It means being conscious about the future and our influence on radiology and nursing—planning and moving over the long term as well as the short term to further secure our rightful place as the expert voice of radiology nursing.

The New Normal isn't about waiting for the next boom—rather The New Normal is about the rest of your life. The rest of our lives. The rest of ARNA's life.

I encourage you all to continue to budget your money and, even more precious, your time for ARNA. Start now to plan for our next meeting, March 31-April 5, 2005, in New Orleans, LA. Consider getting more involved and giving your expertise. We need every one of ARNA's members. You bring us your enthusiasm and a level of professionalism we can all be proud of. Right now, we especially need your feedback in order to prioritize our efforts to provide for both our membership and the future of our organization. Feel free to contact any of your elected officers or directors with your questions, concerns, and creative ideas.

I invite you to join in The New Normal for ARNA – help your organization adjust to this new century and adapt with strength of purpose, professionalism, and enduring quality.

# 5 Minutes with Delma Armstrong

Recently, *Vision* had the opportunity to participate in a "virtual interview" with Delma Armstrong, BSN, RN, President.

*Vision*: How do you view your role as a radiology nurse and where do you see the nursing profession going in the future?

Delma: I see one of my primary functions as a radiology nurse to be that of patient advocate. So often, the nurse is the only person involved in a diagnostic or therapeutic procedure who is focused strictly on the patient and the patient's response to the interventions. I also see myself as an educator since patients who know what to expect seem to have less anxiety and are better able to participate in their own care.

I think the future of radiology nursing is exciting and wide open. Radiology nurses are in a unique position to be effective communicators. This makes us good patient and staff educators and effective interdisciplinary team coordinators as well as advocates for patients, our profession, and our departments.

*Vision*: Where do you see the nursing specialty in radiology going in the future?

Delma: I see more nurses assuming roles that help facilitate flow between departments. I see radiology nurses bridging the communication and education gaps between radiology and other disciplines or services in healthcare organizations as managers or team leaders or hospital-wide committee members or chairs. I see radiology nurses actively involved in continuous quality improvement efforts in their departments. I see radiology needing more nurses in the future, not fewer, to affect the level of care required by patients.

*Vision*: How do you think individual ARNA members make a positive influence on practice?

Delma: Being an ARNA member gives the radiology nurse access to experts: via our membership and Web site and via articles in our journal and newsletter. ARNA members know what is coming in regard to practice issues because they are kept up to date via the annual educational meeting and our media. ARNA members are exposed to more ways of doing things by virtue of these resources. ARNA members are effective and creative problem solvers because of this. They are valuable resources in their departments because they have often networked and can get input from others who may have more experience than they do with a new procedure or standard that needs to be addressed.

*Vision*: How did you become involved with ARNA?

Delma: My first manager in radiology was JoAnn Belanger of the University of North Carolina. JoAnn was on the ARNA Board of Directors when I began radiology nursing. I was in awe of this accomplishment. She would laugh and say, "We can find something for you to do, too!" and then she did. My first job in ARNA was as a member of the old Standards and Guidelines Committee. Then I chaired the Guidelines Development Committee. It wasn't long before I was hooked.

*Vision*: What journey did you take that led you to becoming a board member of a national nursing organization?

Delma: Being a committee member and then chairperson allowed me to learn how the organization works. Going to

*(Continued on page 8)*

# 5 Minutes with Paulette Snoby

Recently, *Vision* had the opportunity to participate in a "virtual interview" with Paulette Snoby, MPA, BSN, CCRN, RN, President-Elect.

*Vision*: How do you view your role as a radiology nurse and where do you see the nursing profession going in the future?

Paulette: Traditionally, radiology nurses practice in diagnostic and interventional hospital-based radiology departments. Like the critical care nurse, the radiology nurse's role has expanded as the demand for knowledgeable nurses with specialized expertise is sought beyond the hospital walls. Today, we see radiology nurses working in research, clinical and legal consulting, education, quality improvement, administration, clinical support and resource for device sales staff, outpatient settings, cardiac cath lab, mammography, and advanced practice.

As a radiology nurse, I have had the opportunity to practice as a consultant, educator, PI specialist, and clinical specialist. Recently, I've accepted an operational and business development position as Director of Cardiopulmonary Service. This opportunity was possible as a result of many years of cardiology, radiology, and program development experience.

*Vision*: Where do you see the nursing specialty in radiology going in the future?


Paulette: As radiology science and research grows so does the need for advanced practice radiology nurses. We are aware that there is a shortage of radiology technologists and radiologists to service the demanding volume of procedures. Radiology nurses must be proactive and step up to fill those gaps in care where no other professional group has the ability and knowledge base to do so.

*(Continued on page 8)*

# Editorial

Susan Simpson, MSN, RN
Editor

I recently attended Tri-City Medical Center's annual Interventional Radiology Nurses Skills Lab. For some reason, this always falls on a day that makes it a hassle for me to attend, but go I must. As usual the lead nurse treated participants to homemade quiche, coffee cake, and strong coffee. This woman knows the unspoken nursing law that every inservice program requires ample amounts of food and beverage to keep nurses attentive and interested in the subject matter. While munching on excellent quiche, I felt a little less hassled.

While my colleagues spoke about the nurses' role in carotid stenting, cerebral coiling, aortic endografts, and temporary pacing, I couldn't help marveling at how nurses have kept in step with the advances in the field of radiology to ensure that the patient receives the best nursing care possible. As we made ourselves familiar with the current studies, catheters, and wires, the conversation kept coming back to what is best for the patient. Perhaps we weren't formulating nursing diagnoses; there was no doubt that the nursing process was used over and over again to make certain that the patient would have optimal outcomes.

The focus on the meeting then turned toward contrast reactions, AEDs, and the most recent changes in CPR. I must admit I always learn something new when we review these old issues. There is always some new anecdotal account brought to the table that guarantees some discussion with the seasoned group of IR nurses at Tri-City Medical Center. Ten of us sat at the table and between us we hold over 200 years of nursing experience—pretty impressive. What impresses me more is that we know and understand that nursing continually changes and evolves. Our practice must continually change and evolve while keeping a focus on optimal patient care, comfort, and compassion.

The finale of the skills lab was the dreaded medication exam. Like every other group of experienced nurses, we took the test together. We always double-check medications with each other anyway. Why not on a test, too? This is when the conversation gets really interesting and we learn the most from one another. The sharing of stories about conscious sedation experiences, sedating and monitoring cerebral cases, and anxious patients getting biopsies adds to each of our data banks to give us knowledge and experience through each other's practice.

To be honest the 3 hours flew by. I'm somewhat embarrassed that I found this to be a hassle to attend. I learned so much from those who are so experienced and knowledgeable about their specialty. I am honored to be associated with such an outstanding team of nurses. They make me proud of being a nurse.

As I walked to my car, I was once again confident of my knowledge in our specialty. No matter how much of a hassle it is to get there, Skills Lab is important. It is the way we all stay current with the advances in our field as well as take time to review and improve our standards of practice.

# Call for Orientation Materials

The Orientation Document Revision Task Force is seeking any and all orientation tools that have been developed or used by ARNA members. These tools will be used for reference and resource materials by the Orientation Document Revision Task Force. Materials on general radiology or a specific area or interest are welcome. Please send documents via email to arna@puetzamc.com or fax (850) 484-8762 to the ARNA National Office.



## 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.

# 2003 Treasurer's Report

Sophia C. Jan, BSN, RN

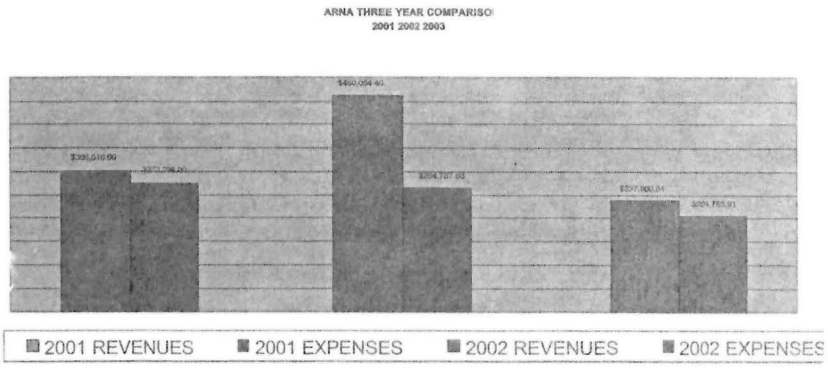
At the end of year 2003, I am proud to announce that ARNA's financial strength is in good standing. Although on the revenue side, we did not achieve what we budgeted the Board worked diligently to control the expenses. The outcome was a margin that was larger than we budgeted. I thank the Board and ARNA members for their hard work and support.

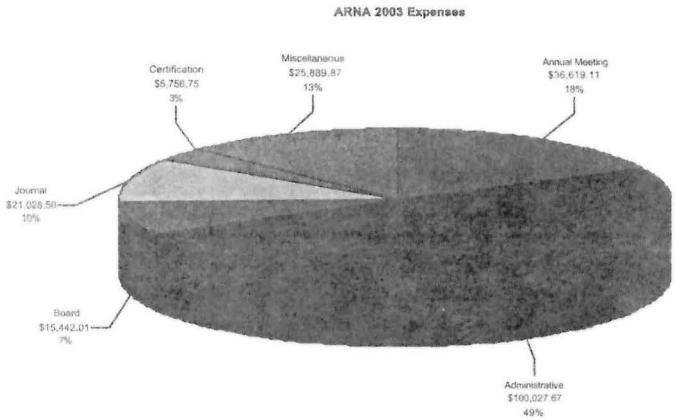
One area that affected our revenue was that the annual meeting expenses increased significantly during the fiscal year; thus, the net income was decreased. Fortunately, on the expense side, the Board reviewed and cut programs with high cost but low utilization, reorganized the committee structure, and trimmed Board meeting expenses which enabled us to be more efficient. These actions have contributed to positive outcome.

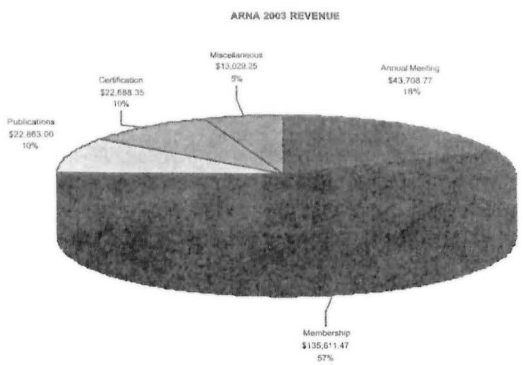
Since ARNA is a young nursing specialty organization, the Board recognizes the importance of balancing future growth with fiscal responsibility. We have a good infrastructure in place to support us in moving forward. There were many new initiatives in 2003. For example, electronic dues payments make it easy for individuals to become members or to renew their membership. Recertification through RNCB was simplified; now it can be done without taking the exam. We participated in the Nursing Organizations Alliance, making ARNA more visible in the nursing community. Our newsletter, *Vision,* has a new look. The ARNA journal is now published by Elsevier. The redesign of our Web site is also underway.

The principle that drives our decision making is always guided by our membership needs, our future growth, and, essentially, our fiscal responsibility. We need to continue to invest in our future and strive for a higher level of professionalism. As shown in the charts and graph our expenses are in line with our revenue.

I thank each of you for your dedication and support.




# *JRN* Table of Contents Available by E-mail

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# Legislation Corner

As you are aware, the nation is facing a nursing shortage anticipated to peak in 2010. A variety of factors are contributing to this shortage including, but not limited to, retirements of nurses, inadequate number of nursing student enrollments, a shortage of faculty, and dissatisfaction with nurse work place environments such as staffing and mandatory overtime.

Nurses across the nation are reporting a dramatic increase in the use of mandatory overtime as a staffing tool. This dangerous staffing practice is having a negative affect on patient care, fostering medical errors, and driving nurses away from the bedside.

Often nurses are threatened with dismissal or with the charge of patient abandonment if they refuse to accept overtime. Therefore, nurses have no actual choice when confronted by a request for overtime.

A recent ANA survey of nearly 5,000 nurses across the nation revealed that 7% are working unplanned overtime every month.

Research shows that sleep loss influences several aspects of performance to slowed reaction time, delayed responses, and failure to respond appropriately with false responses, slowed thinking, diminished memory, and others. In fact a research study conducted at the University of Australia showed that work performance is more likely to be impaired by moderate fatigue than by alcohol consumption and fatigued workers pose significant safety risks.

There are transportation laws that place strict limits on the amount of time that can be worked in aviation and trucking. While public transportation safety requires a limited number of hours a flight attendant, railroad engineer, or a truck driver can work, there is no similar protection for patients who require nursing care. Therefore, it is important for Congress to place a ban on the use of mandatory overtime in nursing through health law. In addition the abuse of mandatory overtime is driving nurses out of patient care and contributing to the nursing shortage. More and more insufficient staffing is the routine and use of overtime to fill gaps in scheduling is widespread.

Mandatory overtime may cause or lead to increased stress on the job, less patient comfort, and mental and physical fatigue that can contribute to errors and "near-misses" with medications and case-related procedures. This is occurring as patient acuity has increased. The practice of mandatory overtime ignores the responsibilities nurses may have at home with children, other family members, or other obligations. Being forced into excessive overtime can cause an exhausted RN to practice unsafe patient care thus jeopardizing his/her nursing licensure. The impact is felt at the level of the bedside nurse in three major areas identified through current literature: medication errors, quality patient care, and nurses' legal liability.

If mandatory overtime is legally banned in all states, hospitals and healthcare institutions will have to look at real remedies for understaffed facilities such as hiring more RNs and using strategies to recruit and retain more nurses. Hospitals will have to create a milieu that not only attracts nurses but also create practice environments that provide better outcomes for patients as noted in a research study by Linda Aiken.

September 15, 2000-HR. 5179 "The Registered Nurses and Patients Protection Act" was introduced into the U.S. House of Representatives by Rep. Tom Lantos (D-Calif). The bill would amend the Fair Labor Standards Act so that no RN would be required to work beyond eight hours in any workday or 80 hours in any 14-hour work period. This legislation was not acted on in the 106th Congress and Lantos reintroduced the bill (H.R> 1289) in the 107th Congress where it was referred to the House Committee on Education and the Workforce and to the Subcommittee on Workforce Protections.

ARNA has not taken a position on this bill as yet.

What can you do?

Let your legislators know that this bill has the strong support of nurses and discuss it with your congressperson or representative. Mandatory overtime is not an acceptable means of staffing a hospital because it can place nurses and patients at increased risk for making errors. Studies have shown that when a worker (especially a healthcare worker) exceeds 12 hours of work and is fatigued, the likelihood that he/she will make an error increases. Explain the RNs' accountability for the delivery of safe care and that nurses should not be forced into working beyond their capacity to provide optimal care without the right to refuse that assignment. You can work with the administrators in your facility to develop systems that support the delivery of quality care and a safe work environment.

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

# Chapter Chat

The Carolinas Chapter recently held its spring meeting in Greenville, SC, on May 1, 2004. The topic was "Safety in the Radiology Department" The chapter's next meeting will be held on October 9, 2004, in Shelby, NC. Those interested in attending can contact the meeting planner, Karen Crawford, BSN, RN, at karen.crawford@carolinashealthcare.org The chapter is always open to new members. For information, contact one of the officers:

President
Andy Farmer, RN, ADN, CRN
afarmer@ghs.org

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Karen Crawford, BSN, RN
karen.crawford@carolinashealthcare.org

Secretary/Treasurer
Catherine Sredzienski, BSN, RN, CRN
csredzie@unch.unc.edu

## Certification Examination for Radiologic Nursing in Imaging, Interventional and Therapeutic Environments
## Recertification Candidates - February 28, 2004

Congratulations to the following CRNs who became re-certified by passing the certification examination held on February 28, 2004. This recertification is in effect until February 2008.

Linda J. Battigaglia
Irene T. Bellew
Evelyn J. Ferraro
Beverly L. Giet
John A. Hartsock
Ronell M. Hughes
Clarice RayAnn Luce
Joyce A. Weber

## Certification Examination for Radiologic Nursing in Imaging, Interventional, and Therapeutic Environments
## Certification Candidates - February 28, 2004

Congratulations to the following candidates who sat for the Certification Examination held February 28, 2004. They have become certified, and may now use the CRN designation until February 2008.

Delma A. Armstrong
Alesia C. Atwood
Diane B. Austin
Dwayne D. Barnes
Kathleen C. Brown
Horacio F. Buendia
Patricia A. Carroll
Rodney S. Carter
Amy K. Clark
Beverly O. Corey
Kathy A DiCicco
Kenneth J. Diluigi
Virginia L. Girard
Patrick J. Glickman
Margaret A. Goeringer
Michelle Grover-Wilkins
James M. Hall
Susan E. Hankins
Heather W. Hussein
Ami L. James
Larry D. Jenkins
Laura Kilrain
Sonya C. Kincaid
Bridget B. Larsen
Jennifer L. Lawrence
Christy E. Lee
Betty Maslankowski
Theodora G. Maxwell
Mary Jo A. Montano
Julie M. Mouton
Joyce L. Page
Wanda L. Parrales
Karen R. Ricker
Cheryl L. Rose
Cynthia C. Samples
Melissa S. Schmidt
Kathleen M. Shiring
Edgardo Ben B. Somera
Mary R. Strauch
Terry L. Yarnell
Betty C. Young

# Perspective on the 2004 ARNA Educational Meeting

What could possibly be better than being reunited with former colleagues, peers, and radiology professionals who, like you, are in the trenches on a daily basis? Could it be having a break from the daily grind, leaving schoolwork, children, cooking, and laundry behind? What about being able to view the latest in radiology equipment and techniques, learning about new procedures or better ways to do old ones? Maybe your idea of something better is the opportunity to spend quality time with colleagues while enjoying delicious meals punctuated by a few episodes of hanging out at a swimming pool in brilliant sunshine. My idea of what could be better is doing *all* of these things and more while visiting a beautiful part of our great country—and that is exactly what I did in Phoenix, AZ, March 26th to 30th when I attended the 2004 Annual Educational Meeting of ARNA held in conjunction with the meeting of the Society of Interventional Radiology (SIR) and the Association of Vascular and Interventional Radiographers (AVIR).

Anyone who knows me knows that I can easily become fixated on the weather conditions. I even have a talking thermometer that I consult every morning upon arising! Knowing this about me, it should come as no surprise to hear that I checked the weather conditions in Phoenix for two weeks before I left home! Being always prepared I made sure to pack my travel umbrella. However, I arrived in Phoenix on a beautiful, cloudless night with a temperature of 88 degrees. The area was coming out of a record heat wave, and the desert dryness made such a high temperature actually feel comfortable. Anyone who attended the meeting from the North or eastern United States welcomed this change with open arms. We had been experiencing what seemed like non-ending harsh winter weather from 2003 into 2004. The delightful weather only added to feelings of anticipation.

Usually an article of this type begins by mentioning the keynote speaker, and I will not depart from this norm but not because it is expected; the man truly impressed me. Daniel Shapiro, PhD, began his approach by presenting the case history of a college-aged cancer patient who turned out to be the speaker. In a humorous style reminiscent of a standup comedian, he presented his experiences from a first-hand point of view and brought home the point that there were those individuals whom he encountered in various hospitals and radiology departments who made a difference in his life and the lives of other patients. There were also those staff members he mimicked upon whom he would probably have liked to perform unmentionable acts of revenge, like the veteran night nurse who insisted on filling the darkened room with blaring light. He contrasted this to Stealth Mary, the young night nurse who excelled at doing her nursing duties unobtrusively. The audience was kept on the edge between tears and laughter. Dr. Shapiro bravely shared sometimes poignant and sometimes private personal details, ending with telling us that his frozen young adult sperm resulted in his two beautiful daughters. (Note: Dan Shapiro has written a book of memoirs entitled *Mom's Marijuana*. It is light reading and is available in many bookstores.)

New ground was covered in the lectures on blood borne pathogens by Victoria Marx, MD; colonography by Colleen Sasso, RN; Percutaneous Renal Revascularization by Julio Palmaz, MD; reduction of contrast induced renal failure by David Hunter, MD; Islet Cell Transplantation by Virginia Girard, RN; Arterial Embolization Updates by Susan Weeks, MD; and Vetebroplasty by Jody Small, RN. Don Denny, MD, discussed new leeches of the 21st century and whisked us back to history class. He captured the attention of the audience with his title and maintained it by his humor and his obvious indepth research on the topic. Several programs presented by nurses covered nursing development topics. Notable was the thought providing presentation by Patrick Glickman, RN, that covered chaortic leadership in nursing. And inspiration was provided by Ed Latham, RN, who presented "Creating a Positive Nursing Climate," reminding us that we cannot prevent a worsening nursing shortage if we continue to "eat our young" (his reference to the unsupportive climate some nurses create for new nurses entering the field). The number of participants in the ARNA poster presentations impressed me. Each was more professional looking than the next and the subjects were varied enough to provoke interest.

The experience was a terrific one, made more so by the caliber of the speakers. The cuisine and the Spanish and Native American Indian influences of the Southwest made me feel as if I were visiting another country. If you have never been fortunate enough to attend a national conference, I hope this article has provided you with some reasons to warrant your consideration. Need another reason? How about New Orleans, March 31, 2005?

Helen O'Daly, BSN, RN, CRN
North Brunswick, NJ