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PRESIDENT'S MESSAGE

Katherine Duncan, BA, RN, CRN
ARIN President 2017-2018



In March as your President, I jumped in with guns blazing to continue the amazing work done by my predecessors. In the past three weeks, my Radiology family with the assistance of the executive committee; Cheryl Jagkowski-Ho, ARIN President Elect, Evelyn Wempe, ARIN Past President and Boulter Management Company, have aided me tremendously as I experienced a family health issue.

We are entering National Nurses Week with a time to reflect on our successes. Exciting things are happening for ARIN members. We continue to have a record number of members getting certified with the help of our Core Curriculum and Imaging Review Courses (IRC). The Master Faculty worked on new IRC material that has been

approved for credit hours. Additionally, we have a new Pediatric Radiology Nurse Review Course. Other exciting initiatives include task forces focused on interventional oncology, pod casts and social media. We have had a request from other associations for educational materials for the non-radiology nurse and this project will be calling for volunteers soon.

I urge you to celebrate and enjoy National Nurses Week. Many nursing sites are offering free CE or tips on how to celebrate. Reach out to ARIN through the website if there are any areas you are interested in volunteering or suggestions you'd like us to consider. Keep up the good work in this field of professionals that I call family. We are stronger together!

Thank you to our corporate sponsors



Vision is a publication of the Association for Radiologic and Imaging Nurses Association. Comments and questions may be addressed to Senior Editor; Greg Laukhuf ND, RN-BC, CRN, NE-BC at greg.laukhuf@arinursing.org.

NAVIGATING THE CHOPPY WATERS

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

I live near Lake Erie on the Great Lakes and spring makes me think of boating. The issue with boating in Lake Erie in the springtime is the choppy waters and waves due to the shallowness of the lake driven by spring weather.

Healthcare is in choppy waters as well. The healthcare industry is reorganizing after Congress's failed attempt to pass the American Health Care Act (AHCA), which would have partially repealed and replaced the Affordable Care Act (ACA) in March. But this is no time for healthcare providers to sit back. As I write this article, the U.S. House of Representatives is passing an updated version. It is not my point of this article to discuss politics but to share that it is likely that reforms to the ACA will be made at some point.

Whatever the outcome in Congress, regulatory changes to reimbursements and technology will continue to interrupt established business models of healthcare and the healthcare coverages of individuals and employers. At the same time, many health organizations, especially community hospitals, safety net providers, and academic medical centers, are operating with razor-thin margins. I am sure that another change to healthcare coverages will continue the mergers and partnerships we have seen escalate over the past several years (PWC, 2017).

However, health organizations are no strangers to these uncertain times. Many of us in Radiology and management, having ridden through several cycles of legislative actions, legal challenges and staffing shortages. Some health systems have survived and thrived by increasing productivity and developing sustainable models for serving the complex, underinsured populations. It is impossible to know precisely what form healthcare legislation will take in the coming years. The U.S. Coast Guard in Cleveland, Ohio has some suggestions to follow for success (and safety) for navigating the choppy lake waters. In the same spirit, the following suggestions are offered to educate Radiology nurse managers and Arin members for navigating the choppy waters ahead.

Know the differences

All of us know fads or fast trends gain headlines but it is the slow, longer lasting trends that drive change. As you read the headlines for the latest on the ACA, don't forget about the fundamental and irreversible changes in your health system's market. You must make sure your programs and what you invest in can withstand the long-term changes and not just the latest bumps. These changes include demographic shifts, which will make Medicare the fastest-growing segment, and present unique requirements with opportunities. Reimbursement and technology changes are reducing the need for expensive inpatient capacity in favor of outpatient, virtual, and home settings. It is important to remember that health care continues to increasingly revolve around consumers (Belokrinitsky, Maher, & Claude, 2017).

Know your patients

Inigorated by the political debate over the ACA/AHCA, consumers and employers are showing a heightened concern and passion about health, coverage, and cost. That's placing an increasing need on providers to understand their significance to the community. Providers are increasingly recognizing the social impacts to health; housing, transportation, substance abuse, and nutrition have a impact on health outcomes. Regardless of what happens in Washington, you must start tracking the clinical and social needs of your communities to positively impact patient outcomes (Belokrinitsky, Maher, & Claude, 2017).

Strange Bedfellows

Given the increasingly competitive, regulatory, and market pressures, it is difficult for institutions of any size to go it alone. Partnerships and collaborations are needed. These partnerships will be internal to the enterprise as



well as external. The need for trusted relationships between clinicians, patients, and administrators is more critical now than ever before. Rather than building new capacity, organizations might instead consider assembling a coalition of local providers, payors, employers, and community organizations. In this environment, competitors that refused in the past may be open to collaborating around affordability and access. Meanwhile, take a critical look at the many functions your area. Do you need a particular service or machine or can you collaborate with another department in the purchase or use? An example is a point of care testing machine in each area of the department or one shared across the department. Are these functions necessary to create an advantage, or could some of them be performed faster, better, and cheaper by a new-found partner? The control of costs and risk management will be essential going forward (Belokrinitsky, Maher, & Claude, 2017).

Know what you want.

The lesson of the ACA is that change does not happen without provider buy-in. Health systems have an opportunity to advocate for plans rather than waiting for the new rules to be handed down. For example, a group of innovative health systems have urged the Trump administration not to slow down the transition to value-based care. The administration has also committed to reducing the regulatory burden, prompting health organizations to ask for relief from regulations such as the Stark Law. Although federal rules will continue to be a complex source of uncertainty, it is important to have a strong policy position at the state and local level. Whether it is accepting Medicaid expansion or setting up exchanges, the enormous impact that state-level decisions can have on the healthcare marketplace has been demonstrated. (Belokrinitsky, Maher, & Claude, 2017).

In healthcare, uncertainty is a fact. Healthcare has many pressures; government regulation and policy isn't the only cause of change. Organizations with a clear strategy and operating model will be able to ride the current waves of change and perhaps even benefit from it.

Organizations stuck in the middle and unwilling to make changes will use the uncertainty to further postpone the difficult decisions that must be made. We are all in this boat together. As anyone who has sailed knows, it takes many to safely navigate the choppy waters to safety.

References

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NATIONAL NURSES WEEK

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



"Were there none who were discontented with what they have, the world would never reach anything better."

– Florence Nightingale

Congratulations to all nurses and nursing students. This is your week but do you know the history? It was not always the day as you currently know it.

National Nurses Week begins each year on May 6 and ends on May 12, Florence Nightingale's birthday. These permanent dates allow the planning and establishment of National Nurses Week as a recognized event. In 1998, May 8 was designated as National Student Nurses Day and in 2003, National School Nurse Day was designated as an annual celebration on the Wednesday within National Nurses Week.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurse's associations promotes the nursing profession at the state and regional levels. Each conducts celebration on these dates to recognize the contributions that nurses and nursing make to the community. The ANA supports and encourages National Nurses Week recognition programs across the U.S. through the state and district nurses' associations, specialty nursing organizations, educational facilities, and independent health care companies and institutions (ANA, 2017). Further information on the ANA and membership can be found at <http://nursingworld.org/NationalNursesWeek>.

The History (ANA, 2017)

1953 - Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never signed.

1954 - "National Nurse Week" was observed from October 11–16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton (an Ohio Representative, Cleveland native and ardent supporter of nursing and the Case Western Reserve University Frances Payne Bolton School of Nursing) sponsored the bill for a nurse week. A bill for a "National Nurse Week" was introduced in the 1955 Congress, but no action was taken. Congress had discontinued its practice of joint resolutions for national weeks of various kinds.

1972 - A resolution was presented by the House of Representatives for President Nixon to proclaim, "National Registered Nurse Day." It did not occur.

1974 - The International Council of Nurses (ICN), who has celebrated "International Nurse Day" since 1965, proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.)



1974 - A week was designated by the White House as "National Nurse Week", with President Nixon issuing a proclamation.

1978 - New Jersey Governor Brendan Byrne declared May 6 as "Nurses Day." Edward Scanlan, of Red Bank, NJ, took up the cause to promote the celebration to recognize nurses in his state. Mr. Scanlan had this date listed in Chase's Calendar of Annual Events.

1981 - The ANA and various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as "National Recognition Day for Nurses."

1982 - The ANA Board of Directors formally acknowledged May 6, 1982 as "National Nurses Day." The action affirmed a joint resolution of the United States Congress designating May 6 as "National Recognition Day for Nurses."

1982 - President Ronald Reagan signed a proclamation on March 25 proclaiming "National Recognition Day for Nurses" to be May 6, 1982.

1990 - The ANA Board of Directors expanded their recognition of nurses to a week-long celebration, declaring May 6–12, 1991, as "National Nurses Week."

1993 - The ANA Board of Directors designated May 6–12 permanently to observe "National Nurses Week" in 1994 and all following years.

1996 - The ANA initiated "National RN Recognition Day" on May 6, 1996, to honor the nation's registered nurses for their commitment. The ANA encouraged its state and territorial nurses' associations and other organizations to acknowledge May 6 as "National RN Recognition Day."

1997 - The ANA Board of Directors, acting on the request of the National Student Nurses Association, designated May 8 as "National Student Nurses Day."

National Nurses Week
Happy Nurses Day!

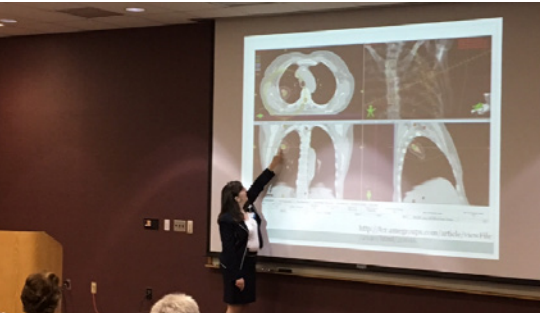
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THE OHIO RADIOLOGICAL NURSES ASSOCIATION (ORNA) EDUCATION DAY

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

Springtime in Ohio means one thing; The ORNA Education Day. On a cool day, 25 radiology nurses and technologists from across Ohio gathered to celebrate the 28th Annual ORNA Education Day. The day started with a meet and greet over a continental breakfast. President John Shrewsbury shared some of the rich history of the Ohio Chapter and introduced the agenda.



The discussion ended with role of proton therapy and the current and future trends in therapy discussed.

The first speaker was Desiree Doncals M.D., F.A.C.R.O. who spoke on Use of "Stereotactic Radiation Therapy in Today's Treatment Regime". Dr. Desiree presented an in-depth lecture on the use of stereotactic radiation. She shared new treatment systems planning. She discussed positioning and importance of a eliminating movement during treatment sessions.

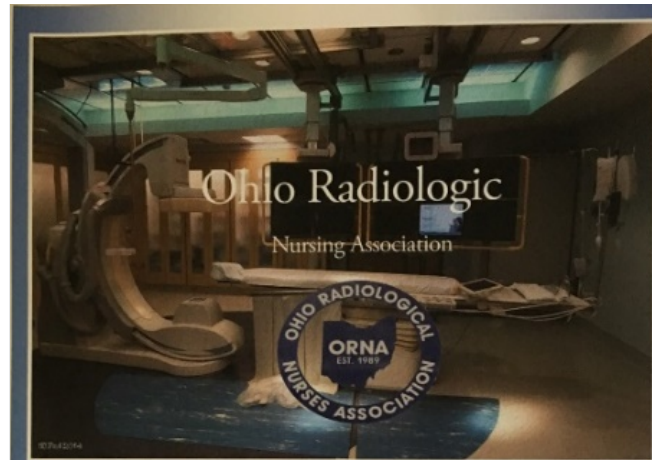


Our second lecture of the retreat was Sidhartha Tavri M.D. who shared the "Role of Interventional Radiology in the Management of GI Bleeds". Dr. Tavri's lecture was a very exciting lecture speaking about non-varicocele G.I. bleeds and the accompanying pathophysiology. His conversational lecture and easy-going manner inspired many questions and was well received by the audience.



interesting video on the different types of fibroids and subsequent treatments.

The final lecture at the day was conducted by Denise Robinson RN BSN SANE. She discussed "Human Trafficking and Healthcare Providers". This lecture provided insight for Radiology personnel into the problem of human trafficking. Through her



Visit us on our ORNA Website at
<http://arinursing.site-ym.com/group/ORNA>
Check us out on Facebook

insightful lecture, the audience learned that human trafficking is closer than you think. They discovered due to the multitude of linking highways within Ohio that it is a major human trafficking corridor. Denise ended her lecture by sharing stories from the field about the faces of human trafficking.

The day ended with a raffle of a year-long ARIN membership. The prize was coveted by those in attendance and will be enjoyed by the winner. The next ORNA event is the Fall Seminar held in conjunction with University Hospitals of Cleveland Medical Center on the first Saturday in November. It will be held at University Hospitals Cleveland Medical Center. We hope to see you there!

THE OHIO RADIOLOGICAL NURSES ASSOCIATION (ORNA) EDUCATION DAY GALLERY





ATTENTION ARIN MEMBERS!

SYNERGY Conference 2017 ARIN Member Perks!

For the first time ever, Synergy is offering grant scholarships to the first 50 ARIN members who register and attend Synergy!! Join colleagues in attending panel discussions, case presentations and learning about the latest in cancer care therapies. ARIN members are invited to explore the Synergy website periodically at www.synergymiami.org to learn more about what the 2017 conference holds in store for attendees! You can also contact ARIN headquarters to learn more.

ARIN continues its collaboration with organizations and conferences in support of its mission to provide radiology nurses with the knowledge and resources to deliver safe quality patient care in the imaging environment. For the third consecutive year, ARIN has partnered with *Synergy: A Multidisciplinary Approach*

to *Interventional Oncology*, a conference dedicated to educating physicians, nurses, technologists and allied healthcare professionals on imaging and interventions specific to the care and management of individuals living with oncological diseases.

This year's conference is to be held November 9th-12th in Miami Beach, Florida. The conference offers education from renowned clinical experts on the latest minimally invasive techniques, medical treatments, and surgical options in cancer care. The conference's nursing symposium brings medical, nursing and technologist experts to present on topics that provide the latest information on caring and managing patients undergoing oncological interventions.

It is an exciting time to be a radiology nurse. See you in sunny South Florida in November!



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NOVEMBER 9-12, 2017

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THE NEW ENGLAND CHAPTER OF ARIN SAVE THE DATE! FALL CONFERENCE NOVEMBER 4, 2017

Kicking off Nurses Week

On May 6th and 7th the New England Chapter of ARIN (NEC-ARIN) kicked off Nurses Week by hosting the NEW Imaging Nurse Review Course at Catholic Medical Center in Manchester, New Hampshire.

The newly revised Imaging Nurse Review course was premiered this weekend and taught by Master Faculty, Ellen Arslan, RN, C, CRN, VA-BC. The course drew interest from nurses, as far away as, Rhode Island, New York, Connecticut with a core group from Massachusetts and New Hampshire. Thirty nurses representing 10 different hospitals participated in this 2-Day course which is designed to provide an overview of the skills required for the nurse working in the imaging, Interventional, and therapeutic environments. This course can also be used to prepare for the Radiology Nurse Certification Exam (CRN).

This is the third time over the past few years that NEC-ARIN has hosted the ARIN Imaging Review Course. NEC-ARIN remains committed to its local members to provide high quality radiology specific education to help strengthen the skills and knowledge needed to work in the dynamic and ever growing imaging environment.

There was tremendous support and interest from local industry vendors (Bard, Bracco, Medtronic, AMT, Eloquest, G Squared Medical) who participated in the event. NEC-ARIN appreciates the support from Catholic Medical Center (www.catholicmedicalcenter.org) for providing the location, parking, and printing of the course materials. NEC-ARIN is also grateful for the support of The Southern New Hampshire Radiology Consultant Group and their recognition of the importance of nursing education and certification.

At the NEC-ARIN open Chapter meeting, President Pat McCarthy BSN, RN, announced both the upcoming open Board of Directors positions and the Fall Conference scheduled for November 4th, at North Shore Medical Center, Salem, Massachusetts. This exciting interactive conference, will feature Capnography, Airway Management and Safe Procedural Sedation with hands on simulation lab in addition to other rich topics. This course targets clinicians who provide procedural sedation (PACU, Critical Care, ER, GII, Cath Lab) or receive patients post procedure (Med/Surg, VNA, community care facilities).

For more information about NEC-ARIN and future events please visit our website at: www.necarin.com.

NATIONAL VOLUNTEER WEEK

As we celebrate National Volunteer Week, we want to recognize all our volunteers for their special role in supporting the mission of the Association for Radiologic and Imaging Nursing (ARIN).

Volunteers created ARIN in 1981. Volunteers filled a small room at RSNA in Chicago, Illinois to create our organization. Volunteers have sustained ARIN ever since through their gifts of time, talent and treasure. Today's volunteers across the organization carry on a tradition that dates back more than 36 years.

Our volunteers serve in many important capacities:

- As resource and content experts
- During national conference

- As members of our Board and our committees
- And in many other remarkable ways

Their selflessness and compassion reflect the culture that makes Radiology Nurses different and special and what they do impacts so many in patient care.

During National Volunteer Week from April 23-29, please join me in thanking our ARIN volunteers for their exceptional generosity. We are grateful for their enduring support of our organization and mission To provide Radiology Nurses with the knowledge and resources to deliver safe quality patient care in the imaging environment.

I AM A RADIOLOGY NURSE!



Sue Newbrough RN, BSN

is a busy nurse manager in the Summa Health System Akron, Ohio.

Why did you become a nurse?

I became a nurse because I want to help people and make a difference. This philosophy fit well with nursing. At the time, I also appreciated the diversity the nursing field offered because I had no idea what in area I would be interested in practicing.

What about nursing makes you happy?

I still love working with patients. Although my current management role gives me a different perspective; I still jump on the opportunity to be in the room with my patients. Working in Radiation Oncology is very rewarding and I love to celebrate with patients when they finish their treatments.

What has been the most amazing experience you have had as a radiology nurse?

I have enjoyed all the different nursing experiences in my career. When I worked in Interventional Radiology (IR), we had a great group of people in a true family atmosphere. I've been in Radiation Oncology for the past 18 years and feel I have found where I belong. Celebrating with patients when they finish their treatment is always a wonderful experience.

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

Nursing has become more of a business in the last decade with tighter budgets, staffing concerns, and always doing more with less. In addition, the electronic medical record changes are extremely challenging and have changed bedside nursing.

Have you experienced anything extraordinary in your career?

One of my patients stands out from when I worked in IR some years ago. She was about 16 years old and came in with a swollen foot. We did an arteriogram and found she had multiple clots. We could infuse her with clot busting medications and return her circulation. This was new technology at that time and the excitement her and her family shared with me over her recovery was extraordinary.

What has your nursing journey been like?

Rewarding sums it up. I am looking forward to being on the downside of my employment years and have been thinking about retirement. I have 8 to 10 more years and will finish my career in a management position.

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

Being with my children and celebrating my son's wedding this past year were some highlights. Routinely I relax by playing tennis and when I have the time boating with friends then relaxing with an occasional drink.

How has ARIN played a role in your career?

During my time as an Ohio Radiological Nursing Association (ORNA) Officer, I have had the opportunity to go to the national conference several times and always enjoyed it. The Vision and JRN articles are very informative and serve as great references for my staff. I attended the ARIN Fall conference several years ago in Cincinnati and was able to showcase ORNA by providing snack bags for everyone.

"I Am a Radiology Nurse" features unique Radiology Nurses in everyday practice. To be featured in this column, contact Liz.boulter@arinursing.org.

ARIN EXTENDS A WARM WELCOME TO OUR NEW MEMBERS!

First Name	Last Name	City	State
Carol	Sienkiewicz	Plymouth	MI
Ildiko	Coles	Kenmore	NY
Davor	Jovanovic	North Tonawanda	NY
Millie	Sattler	Atlanta	GA
Andrea	Apodaca	Northglenn	CO
Regina	Canaris	Deptford	NJ
Benjamin	Diccion	Bordentown	NJ
Jonathan	Penfield	Columbia	MO
Kimberly	Dommer	Clear Lake	MN
Tracy	Campbell	Wilmington	DE
Poon	Jing Yu	Singapore City	
Ann	Tahaney	Central Islip	NY
Vickie	Pelkey	Hinesburg	VT
Cherrie Lynn	Almonte	Santa Clara	CA
Dang	Lee	San Jose	CA
Keoduangchay	Titre	Monmouth Jct	NJ
Laura	Smith	Fallentimber	PA
Ermida	Canoy	Dedham	MA
Fiona	Holtzclaw	Oakland	CA
Ryan	Ayson	Woodside	NY
Maryellen	Johnson	Cohasset	MA
Sandra	Delage	Brookline	NH
Bonnie	Roe	Fresno	CA
Rada	Kirichenko	East Meadow	NY
Nicole	Stuczynski	Green Bay	WI
Katherine	Stormberg	San Jose	CA
Jennifer	Almeda	South Chesterfield	VA
JoAnn	Thompson	Wakefield	MA
Andrea	Bowen	Denair	CA
Vincent	Paluch	Eden	NY
Kristen	Blank	Lancaster	NY
Karen	Achtyl	Lancaster	NY
Theresa	Burke	West Seneca	NY
Donna	Ewing	Orchard Park	NY
Tina	Celetti	Raleigh	NC
Wendelin	Leonard	Randleman	NC
Lida	Francoeur	West Springfield	MA
Paula	Longshore	Louisville	KY
Angela	Bott	Billings	MT
Danielle	Combs	Milwaukie	OR
Lisa	Desantis	Farmingdale	NY
Chris	Perry	Westbrook	ME
Debby	Scott	Fairview	OR
Bonny	Russell	Manson	NC
Johanne	Hayes	Helotes	TX
Janet	Plesser	San Diego	CA
Marie	Masuga	Grand Rapids	MI
Brianna	Sasovetz	San Diego	CA
Kennith	Folsom	Cleveland	OH
Michelle	Dillon	Palmetto Bay	FL
Chad	Nordstrom	Ponte Vedra	FL
Jill	Zwerling	Suffern	NY
Cynthia	Jose	Newark	CA
Rebecca	Vlach	Hastings	MN
Lori	Harris	New Madrid	MO

First Name	Last Name	City	State
Katia	Mura	Miami	FL
Hannah	Maksymik	East Rochester	NY
Celeste	Turner	clearwater	FL
Karen	Taylor	Asheville	NC
Kelly	Bodie	Kingston	ON
Anna	Sobrino	Toronto	ON
Annette	Bond	Stafford	VA
Melanie	Powell	Winchester	IL
AnnMarie	Cathcart	Norwood	MA
Mary	Stevens	Portland	OR
Jennifer	Williams	Fort Worth	TX
Ashley	Haley	Pleasant Valley	NY
Angela	Maffett	Noblesville	IN
Laci	Martin	San Angelo	TX
Nancy	Gong	Great Neck	NY
Stephanie	Razor	Manchester	NH
Katherine	Lorimer	Chicago	IL
Nikki	Jensen	St. Charles	MN
Susan	Fleming	New Market	MD
Heather	Streckfus	Parkville	MD
Mark	Davis	Murray	UT
Sharlen	Kehoe	Lisle	IL
Teresa	Tally	Tulsa	OK
Teresa	Weller Sundine	Plainfield	IN
Brenda	Gillespie	Londonderry	NH
Julie	Seefeldt	Louisburg	KS
Pasqualina	English	Belmar	NJ
Karen	Gourlay	Lido Beach	NY
Theresa	Hall	Bellingham	WA
deborah	babcock	pepperell	MA
Marianne	Bishop	Ludlow	MA
Lisa	Garner	Evans	GA
Queen	Nwalor	Rockville Centre	NY
Jill	McKittrick	Rochester	MN
Emily	O'Connell	Clearwater	FL
Michael	Marino	Chelmsford	MA
Lisa	Young	Akron	OH
DeAnn	Scanlan	St. Paul	MN
Keith	White	Cumberland	ME
Peter	Marshall	Scottsdale	AZ
Amanda	Holmes	Baldwinsville	NY
Michael	Luby	Georgia	VT
Cynthia	Boado	New York	NY
Kristena	Stalker	Clearwater Beach	FL
Brad	Warner	Roanoke	VA
Jeannie	Brewster	Jordan	ON
Julie	Wallmuth	York	PA
Amy	Bianco	Shirley	NY
Brigid	Bowland	Monroeville	PA
Lynn	Landry	Bellingham	MA
Julie	Barrocas	Cutler Bay	FL
Kotatii	Sei-Jedah	New York	NY
Vickie	Meza	Anna	TX
Amy	Andolsek	Dacula	GA
Erika	Armstrong	Alexandria	VA

RADIOLOGY: WHAT YOU REALLY NEED TO KNOW!

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

“An investment in knowledge pays the best interest.”

– Benjamin Franklin

Presence Saints Mary and Elizabeth allegedly failed to monitor vascular access device

Torres, L. (Mar. 23, 2017). Cook County Circuit Court case number 2017L002866

The administrator of the estate of a deceased patient is suing Presence Saints Mary and Elizabeth Medical Center for not taking sufficient measures to prevent an intravenous device from damaging and disfiguring the right arm and hand of a family member. The complaint was filed on March 20 in Cook County Circuit Court alleging Presence Medical Center failed to provide a patient with proper care.

According to the complaint, the patient experienced pain after an intravenous device (IV) was inserted into their right arm and hand, which impeded blood flow damaging nerves and muscle. The complaint holds the medical center responsible for failing to monitor the IV and its effect on the patient's right arm and hand. The suit seeks judgment against the medical center in an amount of \$50,000 plus court costs.

[Patient, provider, and caregiver: Physicians share lessons learned when the tables are turned](#)

Yahoo news PR Newswire, March 29, 2017

What happens when a young physician is diagnosed with cancer and faces the same uncertainty about end-of-life as have his patients?

The late neurosurgeon Paul Kalanithi, MD, offered understanding into the challenges he faced, in his memoir, **When Breath Becomes Air**. Dr. Kalanithi, age 37, died in March 2015 from lung cancer.

In a public forum, Kalanithi's widow, Lucy Kalanithi, MD, Clinical Assistant Professor of Medicine at Stanford School of Medicine; and Paul's treating oncologist, Heather Wakelee, MD, Associate Professor of Medicine at Stanford Cancer Institute, spoke about their experiences on March 24, 2017 during the National Comprehensive Cancer Network® (NCCN®) 22nd Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care.™

Before the audience of physician, nurses, pharmacists, and other industry leaders, the two recalled the moments that personally influenced them and their practice of medicine.



“Paul faced his cancer in a very, very brave manner,” said Wakelee, who had worked with Paul Kalanithi at Stanford but didn't get to know him until he was her patient. “What he captures in the book is the essence of what we try to do to help our patients with cancer. Even though he was dying since the time I met him, he really lived.”

“He was a master of putting into words the ambiguity inherent in medicine,” said Robert W. Carlson, MD, CEO of NCCN, panel moderator. Dr. Carlson noted that Dr. Paul Kalanithi grieved the loss of his neurosurgical career even as he understood how all-consuming a medical career could be. His father, also a physician, was often an absent parent during Paul's youth; and Paul's medical training had put a strain on his marriage.

Dr. Carlson asked Dr. Lucy Kalanithi whether the experience of Paul's illness had changed the way she approaches her patients. “One thing I do is acknowledge the caregiver and family members,” Lucy Kalanithi said. “I have a much deeper understanding of this when I go into a room... I remember Heather saying, ‘how's the new pain medicine working out for you guys?’ It was plural, and that's what it was like in real life.”

Dr. Wakelee also noted the importance of caring for the whole family. “When I'm working with medical students and fellows in training, we talk about the importance of continued communication not just with the patient, but with the families.” “The family doesn't always come in and I don't get to know them,” Dr. Wakelee added. “That can be a disservice. An important part of our job is to help that family after the patient has passed to look back and know we did what we could to help them, and the patient was able to live with the time they had.”

“In health care, we get to meet a huge diversity of patients,” Dr. Wakelee said. “It's our job to figure out how to communicate best with each person. Everyone is looking at the world differently and you have to understand where they're coming from.” At the core, being a good communicator is key to getting there.

Dr. Lucy Kalanithi shared that the book tour and speaking about the experience has helped her to deal with her loss. “Paul would have been amazed to see what his book has done for others.”



“SLEEP IS THE
GOLDEN CHAIN
THAT BINDS HEALTH
AND OUR BODIES
TOGETHER.”

-Thomas Dekker

ARE YOU GETTING ENOUGH SLEEP?

Katherine Duncan, BA, RN, CRN
2017 ARIN President

Recently I attended “One Day University” which was a series of lectures by great professors.

The class I looked forward to the most was The Science of Sleep by Dr. Jessica Payne from Notre Dame.

Here are some notes on sleep/stress/emotion:

1. Get 20 minute extra sleep each day - maybe power nap after lunch.
2. Sleep proxies - This can also be a time of meditation, music, prayer.
3. If you aren't getting enough sleep - try to add an extra 20 minutes each day - start bedtime earlier.
4. At night, minimize distractions - bedroom only for sleeping.
5. If you need book on tape, music, TV, etc. to get to sleep, set a timer to turn it off. Avoid blue light.
6. Don't drink alcohol or caffeine before bed.
7. Don't exercise before bed.
8. Try lavender spray on pillow. (Take a little spritzer to hotel if you travel)

There is no perfect amount of sleep, but the average is 8 hours as people generally need between 4 - 12 hours of sleep - enhance the 8 hour average. It's okay if you only need 6.5 hours or if you need 10 hours. To relieve stress - exercise, sleep, social support, optimism, relaxation training.

I thought the optimism was important and think you should go to sleep thinking of something positive.

I'm going to work on adopting these things and continue to encourage my patients to use relaxation techniques such as focused breathing or meditation. There are YouTube videos on how to do 3 minutes stress relief. <https://www.youtube.com/watch?v=0behLh1PY3Y>



WHAT'S IN A GENERIC NAME?

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

As radiology nurses, we all perform medication reconciliation on all patients coming to Radiology for procedures or contrasted exams. Every day we encounter both generic and proprietary names of our patient's medications. Radiology professionals know that a drug's generic name can often indicate similar therapeutic drugs by distinguishing the drug name stems, a collection of short name fragments, that have been implanted in the generic drug names.

Pharmaceutical companies are required by law to identify a generic name before marketing a new drug. Because drugs in the same therapeutic class work in a similar manner in the body and have similar effects and side effects, the generic name can help you to understand how the drug might be used for your patient. It can alert you to possible adverse drug effects. With the ever-expanding list of prescription and over the counter (OTC) drugs, it is important to realize that generic drug names provide important information for use in your clinical care.

USAN Naming Process

The United States Adopted Names (USAN) is a five-member council which is responsible for selecting informative, and unique generic (nonproprietary) drug names. The members of the USAN Council currently include the American Medical Association (AMA), United States Pharmacopeia (USP), American Pharmacists Association (APhA), US Food and Drug Administration (FDA), and a member at large. Since 1961, these names have been based on pharmacologic and/or chemical relationships (American Medical Association, 2017a; American Medical Association, 2017b). The Institute of Safe Medication Practices (ISMP) provides an important function for USAN by identifying medication errors that have been tied to generic drug names (ISMP, 2017). The ISMP site is an important source of information and free contact hours for medication administration and can be found at www.ismp.org/.

Overlooked clues in generic drug names

At the core of the USAN generic naming procedure is a standardized collection of prefixes, suffixes, and infixes (collectively called stems) identifying the pharmacologic property and/or chemical structure of the medication. Understanding the clues found in generic drug names is much like learning English vocabulary by studying Greek and Latin roots. By learning what the stem means and you will have clues to help

understand what the drug does and how it affects the body (Drahl, 2012). Not all Radiology professionals have been taught to recognize drug name stems. Generic names may be confusing and not associated with potential ADE. Some Radiology Nurses received extensive drug education during nursing school and clinicals regarding medications but the generic drug naming system and importance of stems may not have been emphasized.

Despite this, it is more than likely that nurses in Radiology have learned that drugs with generic name ending in -cillin are antibiotics in the penicillin family. Drugs with names ending in -pressin are vasoconstrictors while drugs with names that end in -prazole are proton pump inhibitors to prevent ulcers. Medications with names that end in -parin are heparin derivatives.

An example of the stem position providing clues to a drug is found in the interventional suite. For example, we know from ACLS classes and practice that drugs ending in the stem -olol belong to the class of drugs known as beta blockers. Examples of beta blockers obtainable in the US include atenolol, bisoprolol, esmolol, metoprolol, and propranolol. While this class of drugs is be used to treat an assortment of conditions, a drug with an -olol stem in its generic name is most often used to treat heart failure, cardiac arrhythmias, and hypertension. Common side effects include bradycardia and hypotension.

Another example is from the antidepressant drug group with the stem -oxetine (FLUoxetine type). Examples of this name stem include vortioxetine (TRINTELLIX), FLUoxetine (PROZAC), and PARoxetine (PAXIL). These drugs are selective serotonin reuptake inhibitors (SSRI). The mechanism of action is by increasing levels of the neurotransmitter serotonin in the brain by blocking their reabsorption or reuptake. This drug group is used to treat various psychiatric disorders such as depression, anxiety, and obsessive-compulsive disorder and share many of the same side effects.

Once the generic names are constructed using the stem and other naming conventions, the pharmaceutical company may supply a syllable or two that is meaningful to the drug. For example, the multiple myeloma drug carfilzomib (KYPROLIS) includes the stem -zomib reserved for proteasome inhibitors and is also named after molecular biologist Philip Whitcome and his wife, Carla, who both died from cancer ("fil"



instead of “phil” was used for Phillip to make the drug name globally compatible) (Drahl, 2012). Dasatinib (SPRYCEL) includes the stem -tinib reserved for tyrosine kinase inhibitors and is also named after research fellow Jagabandhu Das (Drahl, 2012).

With all rules, there are some exceptions. For example, the medication ARIPiprazole has the -prazole drug stem, which would indicate a proton pump inhibitor drug as previously mentioned. , ARIPiprazole is actually an antipsychotic medication.

Worldwide generic drug names

The USAN Council coordinates generic drug names with the World Health Organization (WHO) International Nonproprietary Names (INN) Program. This provides a single worldwide generic name. The single generic name facilitates communication in global professional journals and research. The INN system began in 1950, when the first list of INNS for pharmaceutical substances was published (World Health Organization, 2017). It is important to note that generic drug names used in the US are the same as those outside the US.

Where do we go from here?

There are hundreds of drug name stems and subgroups of these stems used by USAN and INN. For example, the general stem -cept refers to receptor molecules, and the subgroups define the targets (e.g., -farcept for interferon receptors, -vircept for antiviral receptors). New stems are constantly being created for novel pharmacologic categories of medications (American Medical Association, 2017). Exhaustive lists of the stems for healthcare professionals may not be helpful, nor are lists that describe the meaning of drug name stems in terms that may not be understandable to all healthcare professionals without extensive training

in pharmacotherapy (e.g., phosphodiesterase-5 enzyme inhibitors for -afil [e.g., tadalafil]).

Radiology professionals should be provided with information about the stems associated with the most common drugs prescribed or administered, along with the stems for drugs used to treat common chronic conditions. Short educational programs covering a few stems at a time related to a specific class of medications are recommended. This should be accompanied by information regarding the clinical effects and common or dangerous adverse effects found within each class of drugs.

Radiology nurses who have not been explicitly taught to recognize the stems in generic names may find it difficult to classify drugs into categories so that the general mechanism of action, intended indication, and ADE can be recognized from the drug name. Even though drug stems may give important clues about a drug, it is imperative to look up and review the drug information on any medications you are not familiar with before administering it to patients.

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WHEN BULLIES RULE!

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

“Kids aren’t born to be bullies, they’re taught to be bullies.”

– Matt Bomer

The American Nurses Association (ANA) defines lateral violence as acts that occur between colleagues (distinguished from acts perpetrated by those in a position of authority). It includes withholding information, scapegoating, and gossiping. Lateral violence continues despite attempts by ANA and state nursing organizations to address this issue and encourage zero tolerance in workplaces. Lateral violence is so prevalent in the nursing profession that it may be appropriate to call it an epidemic. It can jeopardize patient care and substantially contribute to loss of bedside nurses and nurses working in other roles. We must address this issue as if it were an infectious disease because it has infiltrated our profession at every level and threatens the health of our colleagues (Germann, 2017).

Self-doubt, diminished confidence in oneself and abilities, is a virtue. This can seem like an oxymoron. When it is recognized and managed, self-doubt can motivate planning, facilitate humility, stimulate thinking, and serve to encourage others. Self-doubt, “must always precede self-confidence” (Gaddis, 2004). Unfortunately, whether the bullying occurs in the workplace, in social settings, in political arenas, or in the classroom, self-doubt can overtake rational thought. In such situations, self-doubt serves to reinforce what the victim believes about themselves: “You are not good enough” (D’Cruz & Noronha, 2010).

Laura Dzurec in her book, “You are not good enough” is exactly the message bullies send as they confront their targets. Working to the bully’s advantage are realities of history and physiology acting simultaneously in the background to fortify his or her skill in aggression and the victim’s propensity to crumble (Dzurec, Kennison, & Gillen, In press).

To address the forces of bullying, Radiology managers need to be proactive. The behind-the-scenes work involves introducing processes that clarify and support efforts to manage and reduce bullying. While the objective may seem discouraging, it’s important to remember that “rules make provisions for everything, especially on occasions when one doesn’t know what to do” (Zafón, 2004).

Bullying in perspective

According to evolutionary psychology theory, bullying provides an edge—sexual, physical, and mental—for the perpetrator. However

not everyone targeted by workplace bullying submits. The “victims” are those who believe themselves injured by these affronts, whether leveled with intent or reckless disregard (Parzefall & Salin, 2010). Due to individual differences in physiology, history, and lived experience (Dzurec, Kennison, & Gillen, in press), victims find themselves made handicapped and vulnerable by a bully’s powerful and confusing communication.

For each of us, the interpretations of our world are fixed in physiology and reinforced by day-to-day interactions. Those who are vulnerable to bullies have a history of self-doubt that renders them hesitant to speak up or speak out. Voiceless, they are overlooked in workplace conversations. Seldom participating in either social activities or the decisions and actions that affect the operations of the workplace, they miss opportunities available to everyone else (Dzurec, 2017).

Bullies are physically wired and socially reinforced to behave as they do. Each time a bully’s offensive and demeaning actions are effective, their sense of how to secure social status and material resources is strengthened. Bullies are “bistrategic controllers,” exercising social skills that attract others, even as they use their aggressive, coercive, and hurtful actions. Because they dominate with simultaneous, planned demonstrations of social strength and personal alliance, bullies exude authenticity and empathy even though any concern is fabricated. Through the persona bullies project, others are drawn to them (Dzurec, 2017).

Self-assured??

Bullies feeling self-assured, they are certain of their social status. At the same time, however, they perceive as threatening those who are not like them. Race, gender, disability status, and age differences challenge a bully’s sense of self. Those who demonstrate skill or competence in an area of interest to the bully, those who appear nice or those who seem weak, invite a bully’s attacks.

No matter the venue, bullying acts aren’t “one and done.” They are long-term interactions that require a relational commitment between the bullies and their victims. In some cases, bullies and victims flip roles. Those who feel victimized and want to speak out can play the poor, pitiful me card to intimidate and thereby counter-victimize peers, administrators, and organizational-level managers. For anyone who becomes a victim of bullying, the effect is all-consuming (Dzurec, Kennison, & Gillen, in press). Incapacitated by historically generated self-doubt and present circumstance, victims of bullying cannot let go of

the injury that bullying inflicts. As one participant in a qualitative study noted: "No, I will never forget it [the bullying], never ever. There is still a large scar left inside me. I always have to carry this scar with me" (Dzurec, Kennison, & Gillen, in press).

The workplace provides the time and venue for bullying. It is the stage on which long-established beliefs and confidences are acted out. Not only victims but others in the workplace are readily taken in by bullies. Once bullying is an expected and sanctioned behavior, it will continue and toxify the environment while both employee health and productivity will suffer.

Workplace bullying yields personal loss and organizational dysfunction (Hoel, Sheehan, Cooper, & Einarsen, 2011). Workers caught up in the whirlwind of bully-victim conflict through instigation, manipulation, collaboration, or abdication cement its acceptance in the workplace. Anxious about their own welfare, bystanders seldom intervene. Workplace bullying involves everyone, and welds a discriminating impact.

The responsibility of managers is to stop bullying. Bob Dylan once noted, "I accept chaos, I'm not sure whether it accepts me." Likewise, managers in radiology need to recognize the chaos from bullying and become empowered to remove it. Several approaches to ending this toxic situation are below.

Overcoming the bullying

Workplace bullies are like drunken drivers. They control the environment as they disrupt it. In 2010, Ethan Coen described drunken drivers in a poem. The similarity to bullies is remarkable.

The loudest have the final say,

The wanton win, the rash hold sway,

The realist's rules of order say

The drunken driver has the right of way.

In the workplace, it's the loathsome bully who "has the right of way."

From a practical viewpoint, it's logical for bullying victims to just say "no", but this is not a skill of those bullied. Victims of bullying are not noted for resiliency but rather defeat. The actions of bullies are not always straightforward, but often clandestine and intentionally hard to interpret.

Unless their actions are addressed, the rash behavior of bullies does not stop. In a bully culture, "the worse you behave, the more you seem to be rewarded" As bystanders anticipate "stigma through association," sometimes participating personally in bullying behavior.

For workplace management, dealing with a bully demands a level of leadership acumen that stands cognitively and ethically above the chaos the bully incites. Because many healthcare and higher education institutions are characterized by work that is highly stressful and activities that are highly interpersonal, they tend to foster the growth of bullying and blame.

Blame is viable in complex cultures because they are hierarchical and compliance-based. Vague evaluation processes characterize these cultures. Blame is furthered when leaders exercise benign neglect of day-to-day operations, applauding "stars," isolating workers, and ignoring the workplace anxiety that accompanies bullying. A neglectful leader simply fans the flames of bullying's assaults.

Shift of culture needed

A key for effectively addressing workplace bullying is to shift from a blame culture to a learning culture (Senge, 2006). The latter focuses on ways to strengthen the professional development and wisdom of each person. With an eye toward inclusive excellence administrators who challenge workplace bullying will engage in performance-based, not personality-based, employee assessment. They will work to match the strengths of employees with broader organizational needs. They will seek to provide psychological support and enhanced communication.

Following the recommendation of Virginia Henderson (1964), administrators who are committed to workplace bullying will assist every individual in the workplace to perform in ways "he would perform unaided if he had the necessary strength, will, or knowledge". Effective leaders will commit themselves to learning about bullies' clandestine and chaotic nature and they will not accept the shame and fear the bully brings.

Reflection, consideration, and facilitation of voice; helping others discover the "OASIS in the Overwhelm" (Grenough, 2012) is essential to leadership acumen. As empowered leaders establish and maintain standards of excellence, they will help ensure the well-being of the organization and the employees. Following this path may require dismissal of people who, through acts of omission or commission, are perpetrators of bullying.

The threat of bullying decreases when everyone in the workplace is empowered, encouraged to learn from mistakes, and held to a standard of performance that assures excellence. Strong leaders will provide functional and psychological supports that facilitate these results. This will regenerate the virtues of self-doubt and contribute to actions that motivate planning, facilitate humility, stimulate thinking, and encouragement.

Given the variety of expression that lateral violence exhibits, nurses and managers must have appropriate resources and take steps to prevent and address this behavior. To combat lateral violence, nursing organizations have begun to create toolboxes containing resources to implement at the unit level. These resources provide nurses in hospitals and academic settings with the tools they need to become informed on lateral violence and how to reduce it.

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WHERE DO I GET RADIOLOGY NURSING CONTACT HOURS?

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

This is a frequent question I frequently hear from nurses searching for hours to maintain licensures, certifications or set for certifications. Most times this question is accompanied by the need for a hours specific to a discipline. Having been raised with the parental admonishment “Money doesn’t grow on trees” and an avid coupon clipper, I have sought out some of the budget neutral (FREE) avenues on the internet to share with colleagues to get these hours.

Individuals looking for hours must be clear on the type of hours they need. It is common misconception for the Certified Radiology Nurses (CRN) credential that the hours must be specific to Radiology to sit for the exam or recertify. I could clarify this several years ago when I was ARIN president with the president of Radiology Nursing Certification Board (RNCB). The hours must be from a reputable provider such as the American Nurses Association, American Nurses Credentialing Center (ANCC), or your professional organization and be applicable to radiology. RNCB does check all hours and should be consulted if you have a question if a Continuing education (CE) hour is applicable.

In my personal favorites list of sites for free Continuing Education (not in any order) is from Guerbert, the contrast company, at <http://www.guerbet-us-ce.com/guerbet/default.aspx>. Individuals can set up a free account, and take up to twelve radiology specific courses. Upon successful completion certificates can be printed. From personal experience, I have found the courses to be very informative and the site easy to use.

My second favorite site for continuing education hours is Nurse.com at <http://ce.nurse.com/FreeCE.aspx>. This site contains paid and free CE. The offerings on the site are a mix of webinar, power point, and audio. They cover a wide variety of topics and include offerings from hospitals and nursing schools looking to recruit. After your free account is set up, your completed classes and certificates are kept in your file for referral.

My third site that is very friendly for members is right here on your ARIN website; <http://www.arinursing.org/education/>. Several years ago, the ARIN Board made webinars, and journal readings free for members. Our educational site also tracks your educational offerings for use during CRN application or renewal.

The above list is not inclusive of all the free opportunities available. Many companies give free CE during Technology week or Nurses week or give periodic webinars for credit (e.g. Saxe Communications). Local ARIN chapters also offer hours during Spring and Fall events.

There are many opportunities available to get free CE. I encourage you to investigate and share with other members.

ALL ARIN PAST PRESIDENTS

... Several ARIN past presidents are discussing the benefits of forming an ARIN Past Presidents Council. Our plan is to move forward with this group. If you are one of our esteemed Past Presidents and are interested in joining us, please contact Karen Green (2009 – 2010), ARIN Past President at klgreen725@aol.com and include the phrase Past Presidents Council on the subject line. We look forward to hearing from you!!

MEMBERS IN THE NEWS

Kathleen Gross presented a poster on *Writing for Publication: What the Novice Needs to Know* at the District 2 Maryland Nurses Association: 2017 Nursing Education Summit entitled “Bridging the Practice-Education Gap” on April 29, 2017, in Linthicum Heights, Md. The program was attended by Nurse faculty, hospital nursing educators and nursing students.

Cathy Brown BScN RN CRN, ARIN Secretary, was recently honored in the Royal Alexandra Hospital newsletter. The newsletter highlighted her recent election to the ARIN board and stated “ARIN represents radiologic, imaging and procedural nurses in the United States, Canada, Australia, New Zealand, Brazil and numerous other countries. Imaging nursing is a well-established specialty in the United States, but is just emerging in the rest of the world. As such, ARIN is the only organization providing radiology specific information to imaging nurses. The association defines standards of care for radiology patients through publications, position statements, clinical practice guidelines and training courses.”

Beth Hackett, MSN, APRN, NP, CRN, past ARIN president, recently completed the requirements for Doctor of Nursing Practice. Dr. Hackett was awarded her DNP parchment in a ceremony on May 13, 2017.

2018 ARIN ANNUAL CONVENTION CALL FOR ABSTRACTS

Abstracts are Due by August 1, 2017

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

- Abstracts should be limited to 250 word
- Clarity and description of content, and presentation methods
- Importance, depth, focus, and 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)

The Association for Radiologic & Imaging Nursing (ARIN) functions to provide evidence-based information related to radiologic and imaging nursing. Material presented at the annual convention, available on the website, or provided in any printed materials must be of professional quality, evidence-based, and demonstrate an absence of proprietary or prejudicial/ biased commentary.

- Anecdotal observations should be limited in their scope and not presented as proven fact.
- It is inappropriate to endorse or imply endorsement of any specific product or service.
- One speaker per accepted abstract will receive a complimentary, single-day registration.

Presentations, both podium and poster, are being sought on topics listed below and should have an interdisciplinary focus whenever possible. We are considering topics along a tract of interest and spectrum of experience from novice to expert. Topics of great interest include the following:

- Interventional Oncology
- Technology:
 - Electronic Health Record
- Balancing use of technology when caring for patients
- Successes
- Challenges
- Rollouts
- Stabilization
- Upgrades
- Lessons Learned
- Use of social media in supporting communication and networking in professional education
- Pharmacotherapeutics:
 - Anticoagulants
 - Glucose Management Agents and methods of delivery
- Subcutaneous Insulins and Oral Agents
- Pens, Pumps and IV Insulin Protocols
 - Cardiac Medications
 - Suboxone
 - Medical Marijuana
 - High-dose Opioids
 - Antibiotics
- Advanced Practice Roles: Nursing Leadership, Management, Clinical Nurse Specialist, Nurse Practitioner, Educator
- Clinical Considerations for Transgender Patients
- Multiple Modality Imaging,
- Pediatrics: Scanning and Sedation Issues
- Radiology management topics,

- Quality measures
- Assessment of patients needing access for dialysis, level of urgency and device choice issues
- Cath lab/IR/OR hybrid lab conversions
- Clinical trials in radiology and nursing research in Imaging
- Case studies in any modality of Imaging
- Throughput in Radiology including staffing issues and room turnaround
- Scanning of pacemaker patients in MRI, how did your organization roll out the new MR conditional Pacemakers
- Comprehensive stroke center, cases, experiences
- Tracking quality indicators in Radiology
- Team building
- Special situations for the outpatient imaging nurse, how do you bridge the issues?
- Capnography
- Evidence-based practice in Radiology
- Patient education in Radiology
- Managing complications
- Anatomy of cases, unusual cases
- Medication management
- Safety considerations related to:
 - radiation
 - patient handling
 - transport
 - chemoembolizations
 - needles, etc.
- Issues in fluoroscopy department
- Leadership topics
- Multi-disciplinary projects with a team presentation
- New technologies/treatments in imaging
- Nursing competencies and orientation elements
- Patient positioning
- Patient satisfaction projects in radiology
- New Pet CT considerations
- Risk management in radiology or risk abatement
- Nursing quality indicators in Radiology
- Magnet considerations for Radiology
- Unit based councils in Radiology
- Moderate sedation case studies
- Contrast issues, reactions, infiltration vs extravasation

We are also considering smaller workshop style presentations with these topics in mind:

- How to develop a poster presentation
- How to do a podium presentation
- Hands on work with ultrasound, vascular access, IO, etc.
- Simulation of code situations

See the ARIN web site for further information on abstract submission.



Abstracts are Due by August 1, 2017

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