



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 24, Number 2

March/April 2004

Circles of Influence: *Carpe Diem*

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As each president before me, I am astonished by how time has flown. Each of us has begun with the vision to make things happen and the determination to meet defined goals for ASPAN. Because of what ASPAN has done for me, first as a nurse and now as a leader, I have remained committed to move the organization forward, keep us at the table and create opportunities to influence nursing practice. As with anything else, the journey cannot be made alone and the end is just the beginning. The beginning must be recognized as steps we have taken along the road to shaping the future of perianesthesia nursing; as the opportunity to move to the next level of accomplishment. We must be prepared to take advantage of the unlimited opportunities available to make the future work for us. Through ASPAN each of us influences how the future of nursing will evolve. The challenges are clearly defined and we have the responsibility to charge ahead and create the ripple that will create the momentum to continue to influence change and the advancement of our specialty.



**Sandra Barnes,
MS, RN, CPAN**
ASPAN President 2003-2004

Carpe Diem, seize the day, make the most of every opportunity. In the movie, *The Dead Poet's Society*, Mr. Keating urged his young students, as I now urge you, to make their lives extraordinary. You have the opportunity to be part of the movement and you have an ability to create the occasions for change. You must recognize the power within yourself to make the difference, to be the difference, to become connected and to stretch your boundaries by accepting challenges to "push the limits and serve nursing to the greatest capacity" (Shelander, 2002). Mr. Keating went on by encouraging the students to lean in closer to the display case housing photographs of long since graduated kinsmen and encouraged them to listen closely to their instruction,

Carpe Diem. Learn from us who have gone before. Your mentors will lead you along new trails to new horizons.

I am not implying that the journey will be easy or that there will be no problems or controversies. Everyday we face difficult issues and I presume we always will. I have found that it is not enough to merely get up every day and go to work. Nursing is exhausting, emotionally draining, and experiencing endless changes. Without a support system a nurse easily and quickly burns out. The support system I suggest includes standards of practice, collegial relationships, continuing education, and specialty certification. For the perianesthesia nurse, ASPAN is our support system. We are fortunate to have the guidance and influence of an extraordinary organization to define and maintain the highest of standards for delivery of safe care.

I ask each of you to reflect on what being a perianesthesia nurse means to you. How did the specialty find you and, better yet, keep you? Once you have identified the passion within, take the next step to involvement, and begin to

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**ASPAN National
Conference**

**Circles of
Influence:
Shaping
Tomorrow's
Definition of
Perianesthesia
Nursing**

**April 18-22, 2004
Philadelphia, PA**

www.aspan.org

Serving nurses practicing in ambulatory surgery, preanesthesia, and postanesthesia care.

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influence. Create the ripple in the lake that eventually affects the ocean, remembering that you may not even be aware that you have created that ripple. *Carpe Diem!*

ASPAN volunteers have carried this organization to

new heights and the vision is to soar higher and higher. The passion and energy all of them have shown, and continue to show, keeps me going and in awe of all that they do. Expand your circle of influence and *seize the day.* 🌿



**Not attending the
National Conference
this year in
Philadelphia?**

You can still keep up with the daily activities and view snapshots from the conference by simply logging on to the ASPAN website (www.aspan.org). Daily updates will be available.



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Deadlines for inclusion in Breathline:

IssueDeadline
JanuaryNovember 1
MarchJanuary 1
MayMarch 1
JulyMay 1
SeptemberJuly 1
NovemberSeptember 1

PANAW Celebrations From Around the Country

We celebrated PANAW by having a “PANAW Seminar and Celebration” on Saturday Feb 7th at Poudre Valley Hospital (PVH) in Fort Collins, CO. There were 46 attendees from the northern Colorado and southern Wyoming areas. The morning was spent with three educational speakers. Lunch was generously provided by PVH and the cake was donated by Schmidts Bakery in Loveland. Rich Feller PhD from Colorado State University, who is an energetic and motivating speaker, kicked off the afternoon’s celebrations. His keynote address was “Honor yourself and others by honoring your true colors.” Last, but certainly not least, RMPANA component president, Nancy O’Malley gave an overview of ASPAN/RMPANA for non-ASPAN members and new members. At the end of the day numerous door prizes were drawn, including a grand prize of a 2004-2005 ASPAN/RMPANA membership! What was the overwhelming response of the day? “Excellent!” 🌿

Becki Hoyle RN, CPAN; RMPANA District IV President 2004

Phase I PACU nurses at Raleigh Community Hospital, Raleigh, NC celebrated PANAW with ASPAN gifts and a pizza party. Members of TAPAN (a local chapter of the North Carolina Association of PeriAnesthesia Nurses), Raleigh, NC celebrated PANAW along with their president, Angela McClendon, at a chapter dinner fund raising event at “Sweet Tomatoes.” 🌿

Teresa Emmons

Our surgicenter celebrated PANAW with a Mardi Gras celebration including decorations & beads for everyone. We had a special luncheon and practically everyone provided a dish from New Orleans including, but not limited to, gumbo, red beans & rice, jambalaya, pralines, and pseudo-beignets. It was a fabulous smorgasbord for all the staff to enjoy. 🌿

Valerie Dethloff; Surgicenter of Greater Milwaukee; WISPAN

The Greater Portland District of the Northwest PeriAnesthesia Nurses Association (NPANA) celebrated the close of PANAW week February 7th with a conference titled : “Health Care for Life.” We served a delicious breakfast for our members at the Historic Kennedy School in Portland, Oregon. We had two great speakers. Dr. John Greve spoke on “Sleep Apnea” and Terese Scollard spoke on “Facts on Fads...Getting Real on Nutrition.” We had 55 members in attendance. 🌿

Kathy Davis RN, CAPA; Secretary, NPANA- Greater Portland District

PACU and Day Surgery were honored with a breakfast to kick off PANAW. All certified nurses in their respected fields were presented with CPAN or CAPA pins. Also each department was honored with a plaque inscribed with the names and dates of those nurses who achieved national certification. Later on in the week, the anesthesia department honored each department with a triple chocolate cake. They know us all too well! It’s great to be a perianesthesia nurse and influence the continuum of care. 🌿

St. Joseph’s Hospital , Savannah, GA

Our PANAW celebration was simple, but made the ambulatory nurses and the Phase 1 nurses feel special, as indeed, they are! I was able to obtain a proclamation signed by Gov. Rendell, stating how unique and important PACU Phase 1 and 2 are. State Rep. Clymer was integral to this mission. We displayed the proclamation for outpatient visitors to see. The nurse anesthetists and the O.R. nurses brought in a room full of treats to snack on for the last day of the PANAW. This secured the feeling of the teamwork that we participate in daily. It was a great week. 🌿

Nancy Phillips; Sellersville, PA

Perianesthesia units throughout Michigan celebrated with special luncheons, special pins given to staff members, many hung balloons in their units to let patients know it was “their day”. As a state component we received a proclamation from the Governor (Jennifer Granholm) proclaiming the week to be PANAW week. When I sent the letter asking her for the proclamation I included generalized information but they obviously did their homework and went online to ASPAN’s site, as well as our Michigan website, because they spoke in the proclamation to the numbers of nurses who are members both nationally and from MAPAN. Our proclamation will be framed and on display at our state conference in March. 🌿

Dolly Ireland, MSN, RN, CAPA; President Michigan Association of PeriAnesthesia Nurses

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Silent Auction: Bidding to Support the ASPAN Mission

The ASPAN Foundation will again host a Silent Auction during the National Conference in Philadelphia in April. The Auction has become a spirited and enjoyable opportunity to donate money and take home a tangible reminder of your generosity.

The purpose of the Silent Auction is to raise money which is applied towards numerous scholarships and awards granted to perianesthesia nurses. ASPAN

research grants are also partially funded by proceeds from the Silent Auction.

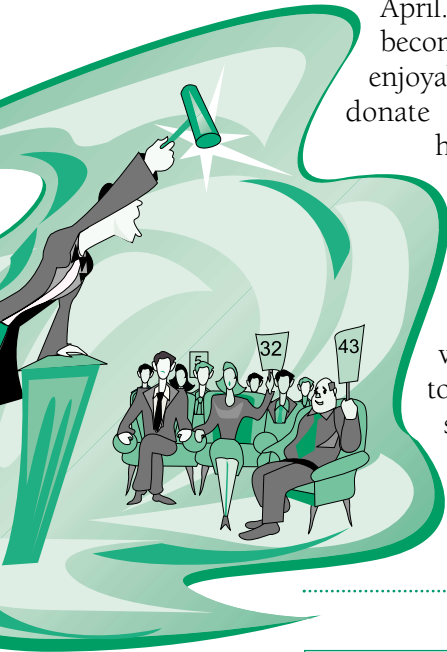
Here's how the Silent Auction works:

- You choose an item that you would like to donate for the auction. (Possibilities are: gift baskets, jewelry, artwork, gift certificates, etc.)
- Donate the item at the beginning of National Conference. You will see your donation displayed in the room where the Silent Auction is to be held (TBA). We will provide a bid sheet for your item. A starting bid will be noted, along with the approximate value of the item.

- Bidding will take place until 5:00 pm Wednesday, April 21, 2004.
- The highest bid at closing is the final bid. The highest bidder pays for the item, and can take the purchase home.

This is an outstanding opportunity to help support the ASPAN Foundation and raise money for scholarships, awards, and research projects.

For further information please contact Dennis Johnson at the National Office by phone: 877-737-9696 x15, or e-mail at djohnson@aspan.org.



The ASPAN Foundation has entered into a partnership with a for-profit organization called Flowers BeCause. Flowers BeCause creates and delivers beautiful fresh-cut flower bouquets, potted plants, and other floral products. A percentage of the payment to Flowers BeCause is donated to ASPAN through the ASPAN Foundation; from 10 to 25% of every purchase is returned to the organization by Flowers BeCause. Every individual purchase makes a difference to the total monies the ASPAN Foundation raises to support ASPAN's initiatives.

So the next time you need to send flowers, or need flowers sent to you, please use Flowers BeCause. You can find Flowers BeCause on the ASPAN website at www.aspan.org.

Nurses Are New Circles Of Influence

Gena Near, BSN, RN, CPAN-ASPAN Governmental Affairs Committee Chair

Nurses again top the annual “ethical” chart in a recent Gallup survey. This is the fourth time in the past five years that nurses have been named by Americans as the most honest and ethical workers. They were topped only once by firefighters in 2001. This survey included other professions such as physicians, police, and religious leaders.

Being ranked as “Number One”, nurses will be sought after and looked to by the public for information regarding the new Medicare program. We need to be knowledgeable in order to be resources for and to help our patients and the public in general. The new drug coverage will not be effective until January 1, 2006; however, there are several preliminary steps to take before then.

President George W. Bush signed into law the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 on December 8, 2003. This legislation provides seniors and people living with disabilities with a prescription drug benefit, more choices, and better benefits under Medicare. This has been the most significant improvement to senior health care in nearly 40 years.

Medicare beneficiaries will be able to enroll in a Medicare-approved discount card program (The Discount Card) starting in the Spring of 2004. This card program will offer discounts on their prescription drugs. This is a temporary program to provide immediate assistance in lowering prescription drug costs for Medicare beneficiaries during 2004 and 2005 and will end when Medicare implements a new, comprehensive prescription drug benefit that will begin January 1, 2006. All Medicare beneficiaries (except for those who have Medicaid outpatient drug coverage) are eligible for The Discount Card. They will be able to use these cards to save about 10-15% on their total drug costs, with savings of up to 25% or more on individual prescriptions. There are also other programs available to help Medicare beneficiaries receive discounts on the price of prescription drugs.

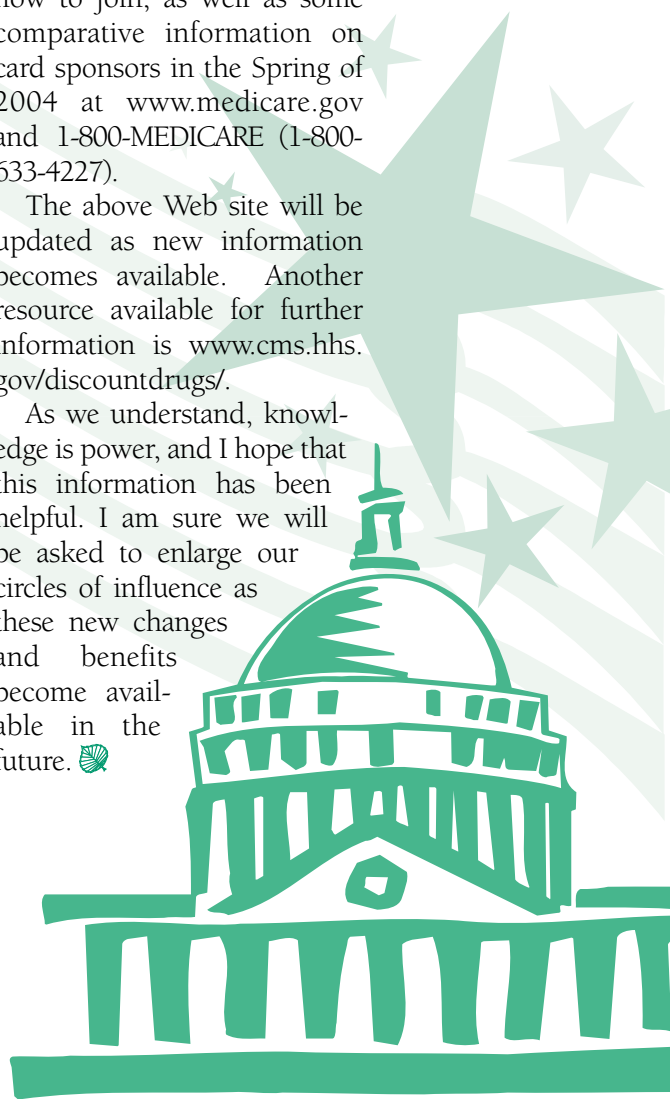
The drug discount card will be administered by the Centers for Medicare and Medicaid Services (CMS), the Health and Human Services (HHS) agency that runs both programs. Beneficiaries will have a choice of at least two Medicare-approved cards, but be allowed to enroll in only

one drug card program at a time. The cost for the enrollment can be no more than \$30 per year.

Beneficiaries will be able to get information about how the discount drug card program operates, who can qualify, and how to join, as well as some comparative information on card sponsors in the Spring of 2004 at www.medicare.gov and 1-800-MEDICARE (1-800-633-4227).

The above Web site will be updated as new information becomes available. Another resource available for further information is www.cms.hhs.gov/discountdrugs/.

As we understand, knowledge is power, and I hope that this information has been helpful. I am sure we will be asked to enlarge our circles of influence as these new changes and benefits become available in the future. 🌱



ASPAN Board Of Directors Meeting

*Mid-Year, November 7-8, 2003
Montreal, Canada*

STANDARDS REVISION: The Standards and Guidelines Committee presented the revisions for the 2004 Standards of Perianesthesia Nursing Practice. A new resource addressing infection control and a position statement on safe medication administration have been developed. The 2004 Standards will be presented to RA in April for approval.

NATIONAL OFFICE and WEBSITE UPDATE: National Office is undergoing an extensive database search for names and addresses of hospitals throughout the country. Members are asked to provide this important information for hospitals and surgery centers in their areas. The ASPAN website now has a Google search engine. Each Board member and Committee Chair will have an ASPAN e-mail address for membership use. Photographs of each Board member, along with their areas of responsibility, will be added to the website. Discussions are ongoing as to restrict some areas of the website to members only.

PATIENT EDUCATION VIDEO: ASPAN, ASA and the Anesthesia Patient Safety Foundation have completed their collaborative patient education video, "Anesthesia and You." This comprehensive

pre-surgical video will educate patients on what to expect during their surgical visit. The video was made possible by a generous educational grant from Baxter Healthcare. For more information, contact your local Baxter representative.

SEMINAR SERIES UPDATED: In our efforts to keep educational offerings current and cutting edge, the Education Provider Committee has begun the task of updating the ASPAN seminar and On-The-Road series and the video library. Eight new seminar topics are being developed. The entire revamped program will be marketed at National Conference and debut in the fall of 2004.

FOUNDATION ACTIVITIES: Initiatives between ASPAN and industry are ongoing. Sponsors have been identified for many National Conference activities. The Foundation Luncheon at National Conference will be a cruise along the Delaware River.

ONLINE BREATHLINE: Very exciting advances are being explored for the distribution of our newsletter, *Breathline*. In order to keep pace with the burgeoning electronic era, this publication is going to be made available online via the ASPAN website. This change will bring the

news to you earlier and provide an online storage of issues. Please let us know what you think of this project by completing the *Breathline* survey online.

NURSE COMPETENCY IN AGING GRANT: ASPAN received a two-year grant for \$13,000.00 from the ANA made possible through their Nurse Competency in Aging Program. The purpose of the program is to increase activities within specialty nursing associations to improve care for the elderly. This year ASPAN will be presenting an Award for Nurse Competence in Geriatrics to an individual who demonstrates interest and dedication to advancing nurse competence in geriatrics.

BYLAWS STRATEGIC WORK TEAM: Four ad hoc work teams completed a comprehensive review of key ASPAN processes. These included the review and revision of the Representative Assembly Standards, and review of the ASPAN electoral process and Board of Director eligibility, and the feasibility of an electronic component. Many processes were identified as working well and will remain unchanged. All recommendations will be presented to the RA for approval at National Conference in 2004. 🌿

Assessing Neurological Changes in the Aging Patient

Myrna Mamaril, MS, RN, CPAN, CAPA-ASPAN Director for Research

Geriatric patients recovering from anesthesia in the post anesthesia care unit (PACU) may present special challenges to the PACU nurse. It is important to understand the normal neurological changes that occur with aging to provide optimum care. As one ages, there may be changes in cognitive ability, memory, and data acquisition, followed by a decrease in cerebral blood flow and a loss of functioning neurons, as well as the velocity of neuronal conduction is slowed. These physiologic changes may be exhibited as concentration difficulties, short-term memory loss, distractibility, slowed reaction time, decreased speed of performance, and difficulty organizing informa-


tion. Thus, the ability of the brain to rapidly process, coordinate and react to stimuli is diminished. This may further compromise the level of consciousness and neurologic status of the geriatric patient, especially if the patient has been medicated for pain.

There is clinical evidence to indicate an aged-related increase in pain threshold, altered pain quality and diminished sensitivity to lower levels of noxious stimulation, but an increased response to higher intensity stimuli and reduced tolerance to strong pain. This, however, does not mean older adults experience less pain when they actually report it. One must remember that the older adult suffers from multiple disease states, increased

frailty, and reduced physiologic reserve so that the elderly may present with confusion, aggression, restlessness or fatigue thereby leading to misdiagnosis and delays in seeking appropriate pain management.

Finally, an aging patient's cognitive ability may be altered from the anesthesia agents he or she received. It is the PACU nurse's responsibility to use astute assessment skills and critical thinking to successfully manage the geriatric patient's care.

REFERENCES

1. Eliopoulos, C. Adjustments in the Aging. In *Gerontologic Nursing*, 4th Ed. Philadelphia, PA, Lippincott, 2001.
2. Tallis R, Fillit H, Brocklehurst LC. *Brocklehurst's Textbook of Geriatric Medicine*. New York, NY. Churchill Livingstone, 1998. 

Cardiac Changes in the Aging Patient

Myrna Mamaril, MS, RN, CPAN, CAPA-ASPAN Director for Research

Perianesthesia nurses need to know how aging affects the cardiovascular system. The aging process not only causes physiologic changes in the heart itself, but also on the vascular system and other organs. Elderly patients in general have higher blood pressures due to decreased arterial elasticity, increased peripheral vascular resistance and cardiac workload. Baroreceptors become less sensitive as well as arterial and cardiac muscles are less responsive to beta-adrenergic stimulation. In addition, there is progressive stiffening of the myocardium, the heart valves become thick and rigid as a


result of sclerosis and fibrosis compounding dysfunction that leads to reduced efficiency.

The decrease in the elasticity of the arteries responsible for vascular changes to the heart, kidneys, and pituitary gland at the same time increasing the rigidity of the vessel walls, and the narrowing of the arterial lumens necessitates a greater force to pump blood through the vessels. Cardiac output and stroke volume decreases with aging as a result of decreased conduction velocity and a decrease in coronary blood flow.

In surgical patients where there is cardiac compromise, early placement of a pul-

monary artery catheter and aggressive management of their hemodynamics have showed to improve surgical outcomes, such as pain management.¹ The importance of a good preoperative health screening in the geriatric patient who has heart or blood pressure problems is imperative. The goal of perianesthesia nursing is to optimize these patients properly before their surgeries to ensure an uneventful perianesthesia/perioperative experience.

REFERENCE

1. Victor K: Properly assessing pain in the elderly. Available at www.rmweb.com. 5: 45-49, 2001. 

Next Exams
will be given
April 18, 2004.

Dates to Remember

- Special test site request postmark deadline – **8/16/04**
- Initial application postmark deadline – **8/30/04**
- Late application deadline (must submit a \$50 late fee) – **9/6/04**

Let Us Come To You! Request a Special Test Site!

Special tests sites may be arranged for a minimum of 10 candidates. Visit our web site at www.cpancapa.org or call 1-800-6ABPANC to find out how to set up a special test site.

News Flash!

The CPAN and CAPA Candidate Handbook and Application is now available on line! Visit www.cpancapa.org to download some or all of the sections you need now! Hard copies are also available by contacting ABPANC.

News Flash!

The ABPANC newsletter, CertificationNOW, is now available on the website only – www.cpancapa.org! Don't wait! Log on now for the latest news!

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The Evolution of CPAN and CAPA Examinations

Have you ever wondered how the CPAN and CAPA examinations evolve? Who writes the examination questions? While examination candidates realize how much hard work goes into studying for a perianesthesia certification examination, they may not know that the development of the examinations also involves a lot of hard work by many, many volunteer CPAN and CAPA certified nurses. The questions that appear on a CPAN and CAPA examination are written by CPAN and CAPA certified nurses from around the country.

The process starts with an Item Writing/Review Workshop that is held in conjunction with the ASPAN National Conference on the Sunday preceding the conference opening. CPAN and CAPA certified nurses, interested in learning how to write quality multiple-choice examination items may

attend this workshop, at no cost. Previous experience with writing questions is NOT required! Besides providing the opportunity to network with colleagues around the country regarding practice issues, this workshop is a lot of fun! You also earn 6.2 contact hours in Direct Care! Call ABPANC at 800-6ABPANC for more information on how to register for this year's workshop. Space is available! This workshop serves as the precursor to serving on the prestigious ABPANC Item Writing/Review Committee!

Shortly after the aforementioned Item Writing/Review Workshop, the ABPANC President appoints five CPAN and five CAPA certified nurses to serve on the Item Writer/Review Committee (IWRC). The IWRC meets in the fall of each year for a three-day meeting where they write items and review items (questions) that

have been submitted for possible use on a CPAN or CAPA certification examination. While a lot of work, the members of the IWRC say they have a great time and the camaraderie that exists when working on such an important task is wonderful!

Another committee – the Exam Construction Committee (ECC) – is appointed each year to review and approve CPAN and CAPA examinations that will be administered. With two examinations administered each year, examination development is a continual work in progress.

If you would like to take part in this process – which is a wonderful chance to make a contribution to the perianesthesia nursing profession – contact ABPANC by calling 800-6ABPANC, or email us at abpanc@proexam.org.

Need CPAN and/or CAPA Practice Exams?

Call 800.6ABPANC to order or visit our website at www.cpancapa.org to receive an order form. There are 4 practice exams available for purchase. While two were designed for each of the exams – CPAN and CAPA – all questions would be helpful study tools.

Congratulations!

During the recent November CPAN and CAPA examination administrations, 331 candidates sat for the CPAN examination and 73% successfully completed it. 236 candidates sat for the CAPA examination and 78% were successful. These statistics are consistent with previously administered examinations. Congratulations to all newly certified CPAN and CAPA nurses!



Be a Champion—Be a Coach

Can you champion the cause of CPAN and CAPA certification to others in your state? Can you coach others you work with as they prepare to take the CPAN and CAPA examinations? If so, contact ABPANC at abpanc@proexam.org to learn more about the Certification Champion and Certification Coach programs!

Do you need a Certification Coach?

Contact ABPANC at 800.6ABPANC to find out if there is a Coach near you!

COMPONENT COMMUNICATION Board Meetings on the Internet

Joyce Hillman-Peek, BSN, RN, CPAN, CAPA-North Carolina Association of PeriAnesthesia Nurses.

Winters in North Carolina can be very unpredictable, particularly in the mountains of the western portion of the state. Unexpected ice storms also show up at inconvenient times. During the past several years we have had to cancel our winter board meetings because of the weather. With the advent of the Internet chat rooms, our board decided to try an online meeting. This has been so successful that we now have online meetings in January and May. Our board meetings in March, August and November are held in a centralized location, and we travel to those.

So how do you establish an Internet chat room? Getting a group together online is fairly simple. Someone must be the manager of the group and an assistant manager is a benefit, just in case someone leaves the board. Groups can be put together through most of the online services. Ours is through MSN.com. Invitations are sent out to each of the board members, and they can then go through the process to join the group. We have not

been required to be a customer of MSN to have this group, although I am not sure that is true of all online services. Another issue is whether the board member has a computer and Internet access. Not all of our board members had access, so several members did “buddy-up” for the chat meetings.

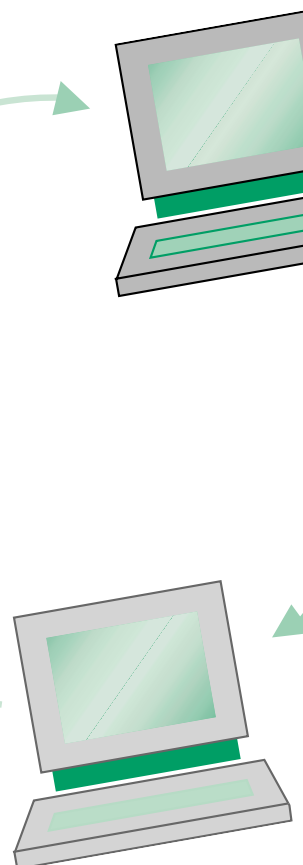
The board meeting is carried on as a “chat.” If you have ever participated in a chat, you know that there are several conversations going on at once and sometimes you cannot follow too easily what is happening. This is one of the drawbacks of this system. It takes the President and the Secretary together to keep things on track and moving along rather than becoming simply “chit-chat.” Most points of information can be covered in this meeting format. Minor discussions are possible, but we have found that there are some issues that must be tabled until a face-to-face meeting just because of the complexity of the issue.

Our most recent meeting was in January, and we had nearly the entire board present

online. We covered what needed to be discussed and did table a few issues until March. At the end of the meeting, several members stayed to chat about other projects they were working on together. For the convenience of the secretary, the chat can be copied and pasted to a word document for verification with her minutes. It is easy to miss something while you are trying to chat and take minutes.

This has been a boost for our component as it allows us to attend the board meeting without the three hours of travel involved. We are in our own homes for the most part and can comfortably communicate across the state. We have also used the chat for committee meetings and for seminar preparation when the committee is spread out across the region. Our component has become stronger because of the improved communication that is possible through the Internet.

For more information, you can reach Joyce Hillman-Peek at jah354@bellsouth.net. 🌐



THE EDUCATION REVOLUTION IS COMING TO ASPAN!!! HEAR YE, HEAR YE, CALLING ALL NURSES

ASPAN is pleased to announce the new beginning of a new “Education Revolution” for perianesthesia nurses everywhere. Come join us in Philadelphia to learn more about this exciting program.

The Education Provider Committee of ASPAN has completed the long process of reviewing and revising the current education offerings. New programs that combine the basics with new and exciting advances in the practice of perianesthesia nursing at all levels will preview this coming fall. Component leaders: These programs can be used as fund raisers for your component by doing co-sponsored programs or to provide educational opportunities for your members by letting ASPAN do the work.

Join us at National Conference as the plans for the “Educational Revolution” are unveiled in Philadelphia, birthplace of our great nation. Further information can be obtained through the National Office and will be posted to our website, www.aspan.org, under education. 🌐

Conducting the Study: Getting Approval to Use Human Subjects

Sally Fowler, BSN, RNC, CAPA- Research Nurse Specialist,
National Institutes of Health Urology Oncology Branch, NCI

You have been working hard, conceptualizing and designing your research study. Now you are ready to begin collecting your information, including the recruitment of research subjects. Since nursing involves interaction with humans, the researcher needs to have a clear understanding of the ethical considerations of selecting and enrolling research participants into the study.

Research involving human subjects mandates their protection from harm. Unfortunately, this has not always been the case. An example of this was a research study conducted in the United States. The famous Tuskegee research studies, which were completed by the Public Health Service in the 1930s, involved males with syphilis. Many participants, uninformed, were not treated with penicillin long after it was discovered to be a cure. There were also documented "research" atrocities committed on Allied prisoners of war by Nazi and Japanese physicians during World War II. Unfortunately, these are just a few examples of past systematic mistreatments of human research subjects.

Because of these abuses and others on human research subjects, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in 1974 issued *The Belmont Report*. This report identified

the ethical standards that must be observed in the conduct of research funded by the federal government. These include:

1. Individuals who might become subjects in a research study have the right to freedom from harm. The researcher is obligated to protect subjects from potential injury, disability, or death because of involvement in the study.
2. Research subjects have the right to privacy and fair treatment. Researchers must guarantee that all identifying factors collected during the study remain confidential. Researchers must also strive to ensure that all study participants are treated fairly, courteously, and sensitively.
3. Study participants have the right to know and choose. Researchers must fully disclose the potential risks and benefits associated with the study and allow the individual free choice in deciding if they want to participate in the study.

When using humans in studies, the researcher needs to go through an Institutional Review Board (IRB). IRBs are the review boards at your research facility that assure research standards are maintained by reviewing your study to assure there are not any potential abuses. This review is also done on an annual basis. Researchers may not start sub-

ject enrollment until the IRB approves the study! Once the study is approved the researcher can begin the process of recruiting subjects for data collection.

Something as easy and non-intrusive as a questionnaire requires IRB approval, even if the patients stated they don't mind completing the questionnaire. Your IRB will review the questionnaire and inquire what you plan to do with your data to see if you need to get formal written consents from your patients. Sometimes agreeing to complete the questionnaire is enough consent, but that will depend on what type of questions you are asking and what you plan to do with your data. Regardless, you need to remember this message:

Any study, regardless of its size, needs to be reviewed by your institution's IRB!

Usually, nurses are studying research questions involving patient care and the subject population will be the patients at your institution. While you may have many potential candidates for the study, it is the researcher's job to explain the study, to inform them of demands it will entail, to explain the potential risks and the benefits of participating in the study. All these issues must be covered extensively in the informed consent, which the researcher must obtain from each subject. Each informed

continued on next page

consent must include:

- General statement of the study purpose.
- Description of study procedures.
- List of potential risks and benefits.
- Assurance of confidentiality.
- A clause allowing for voluntary recruitment and withdrawal without penalty from the study.
- Contact information for the researcher and an offer to answer any and all current or future questions about the study.


If the research subject agrees to participate in the study he/she must sign the consent form; the researcher and a witness must also sign. The original consent is kept on file in a secure file/room with the other study documents. A copy is usually given to the patient and one is often placed in the medical chart.

In the next issue of *Breathline*, we will delve more into informed consent in research. We will also examine vulnerable populations and the special

requirements and consideration for them in research studies.

For more information on the Belmont Report and Protection of Human Research Subjects: <http://ohsr.od.nih.gov/mpa/belmont.php3>

For online Computer Based Training and Federal Regulations information:

Office of Human Research Subjects at National Institutes of Health <http://www.nihtraining.com/ohsr/site/> 

Breathline is now **ONLINE!**

Go to the ASPAN website (www.aspan.org) and start experiencing *Breathline* online. Members will be able to access the issue at the beginning of the month. For example the May/June issue should be online the first week in May.

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Click the link "Breathline Online" under "What's New" on ASPAN's home page. This will take you to the login page. Scroll down the page and enter your ASPAN member number as it appears on your membership card in the box. You are also asked to enter your two-digit state code immediately following the number. Example: 0715####NJ. The state code must be keyed in capital letters. An example is provided at the login as well. *Breathline* will open as a .pdf file, so you will need the Adobe Acrobat Reader software to view it. You'll be able to print a copy, too, if you wish! Since this is a new offering, we would also ask for your feedback. There is a simple, quick survey link ("Take our Survey") located at the top of the Online Documentation Library page. ASPAN asks that you answer honestly since this will allow ASPAN to better meet the needs of its members.

Educational Offerings

March 20, 2004 PAPAN is sponsoring an On the Road Program: CPAN Review. Speaker: Linda Ziolkowski. Location: Grand View Hospital, 700 Lawn Avenue, Sellersville, PA 18560. Cost to members is \$70, Non-members \$75. Call Nancy Phillips for more information at 215-453-4813 or e-mail at bazzynp@earthlink.net .

March 27, 2004 Oklahoma Society of PeriAnesthesia Nurses' annual spring conference will be held in Tulsa, OK. Speakers: Susan Goodwin, MS, RN, CNS, CPAN – CPAN Review; Barbara Hannah, EdD, MSN, RN, CPAN – CAPA Review; Betty Gibson, BSN, RN, CCRN, CPAN – Testing Strategies. For information, contact Susan Goodwin at adelegood@aol.com .

August 7 & 8, 2004 PACNA (PeriAnesthesia Care Nurses of Arkansas) will hold its annual seminar in Little Rock, Arkansas. For further information, please contact Cathy Organ at PO Box 6055, Van Buren, AR 72956, or e-mail: omaha317@aol.com .

October 1-3, 2004 NCAPAN 2004 Annual Conference, Atlantic Beach, NC (Outer Banks). Contact: Gena Near at 336-945-0328 or via e-mail: gnear@wfubmc.edu or genanear@triad.rr.com .

October 2-3, 2004 Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) presents its annual "PeriAnesthesia PRIDE XIII" at the Heritage Hills Golf Resort and Conference Center in York, PA. Contact Karen Dykstra at 717-764-9499 or dykstra@suscom.net .

October 15-16, 2004 PeriAnesthesia Nurses Association of California 25th Anniversary Celebration and Seminar at the Four Points Sheraton Hotel in San Diego, CA. For information, contact: PANAC, PO Box 86, Newcastle, CA 95658 or log on to: www.panac.org .

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A Holistic Model of Care

May 22, 2004

ITHACA, NY

PACU Core Curriculum Part II

June 12, 2004

FISHKILL, NY

Vital Perianesthesia Issues and Complications

For more information, contact Carol Hyman at the

ASPAN National Office: 877-737-9696 ext. 19 or chyman@aspan.org

Journal of PeriAnesthesia Nursing's Cover Contest

Do you have a winning or innovative idea of what your practice looks like on a daily basis? Something you envision as a true "portrait of your practice"? Are you an amateur photographer who has always wanted to see your ideas in print?

If so, the Editors of JoPAN are offering you an exciting photo opportunity! Consider sharing your talent and ideas by submitting your most creative photos that illustrate perianesthesia practice at its best. Your finest efforts will be considered for placement on the cover of JoPAN.

Deadline for submission: March 15, 2004. For complete guidelines contact Chris Price, JoPAN Editorial Advisory Board, 4080 DuPont Pkwy, Townsend, DE 19734, or by e-mail: pricetnp@msn.com.

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