



Newsletter of the American Society  
of PeriAnesthesia Nurses

# Breathline

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## VISION IN ACTION: A New Journey

Today leaders face critical challenges in health care organizations. Tumultuous change is occurring in a fast phase and affecting all of us in our workplace environment and in our professional activities. These challenges and changes create the necessity for leaders to effect a new direction, to win the commitment of the organizational workforce and members, and to influence others to do what needs to be done to achieve a future vision. Each ASPAN President takes a unique course of direction as they start their term. Their visions and passions drive them to new dimensions and move the organization to the next horizon.

As I start my presidency, I think of the values, wealth of knowledge and expertise among the ASPAN members. I see leaders at the bedside making a difference everyday. I appreciate the leaders expanding their wings to influence others. I see leaders inspiring the direction of our organization. ASPAN has abundant leaders in all levels, driven by their passion, values, and commitment. Together, we have the unlimited positive power to design the course of our journey. I have chosen my presidential theme as **Vision in Action**. Joel Barker inspired me in my theme. He believed that, "Vision is a dream, action is a passing time, but



**Dina A. Krenzischek,  
MAS, RN, CPAN  
ASPAN President 2004-2005**

*vision in action will change the world.*" Vision in action is a way of life among the successful organizations. In reading books about Fortune 500 organizations, the size and volume of organizations did not necessarily define their successes, but it was rather their quality of service available to their customers and the quality of life accessible to their employees. In healthcare organizations, the American Nurses Credentialing Center awards excellence in nursing practice through The Magnet Recognition. Magnet Recognition program is very different from JCAHO approval process, because it strives for excellence in professional practice as evident in documentation of accomplishments and outcomes, actual observations, and interviews among organizational leaders, nurses, patients, family members, and community that they serve. Both the Fortune 500 organizations

and Magnet Recognition Award place a value on employees, service, quality, and outcomes. Like all these companies and hospitals, we have specialty organizations and members to serve and the ASPAN organizational name to protect and respect with the highest standards.

So, we ask ourselves today as we start our journey: What are our professional acts of life? What is our process in becoming the premier organization in perianesthesia nursing practice? Ken Blanchard and Michael O'Connor described very well the trends of the Fortune 500 organizations. Their acts of life are defined in three ways: Achieve, Connect, and Integrate. Achieving is the act of setting goals. Connection is about relationships. Integration is bringing together both acts of achievement and connection. This sounds very simple, and I am sure we can relate by saying, "I do this everyday." My question to each individual ASPAN member is, "How well do we do this as individuals, at the district, component and organizational levels? Do we define or redefine our purpose and values? Do we put these into daily action as we reach other members in ways that are true meaningful to you as an individual, component, and organizational member?" Going back to the Fortune 500 organizations,

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they have two imperatives in their business world. First, four pillars as structure and secondly, a foundation base. The pillars are "CEOs": *customers, employees, owners, and significant*. How do we apply this to ASPAN organization? Perianesthesia nurses are our *customers*, and we need to ask ourselves how well do we provide and communicate quality of service to one another and as an organization? If we have to stay competitive, we must not only satisfy the needs of perianesthesia nurses, but nurses must reach that point of positive power as they brag with pride about ASPAN. This positive power will influence and magnetize others to join our organization and/or actively engage in our mission. *Employees* or ASPAN members must be treated as the most precious resources. As an organization, we must motivate the environment and work on goals that interest the members to increase commitment to the ASPAN mission. *Owners* represent stockholders or leaders in our organization. Leaders' successes are not only measured in terms of profitability, but by our ethical standards. Our integrity as an individual, component, and organization distinguishes us from our other competitors. *Significant* refer to other groups with which we interact, like other multidisciplinary organizations including our competitors. Similar to the Fortune 500 organizations, we must believe in the conscious building of spirit of shared responsibilities and mutual trust between our organization and other organizations and focus on creating alliances to meet the needs of our nurses in order to better serve our patients. Lastly,

the foundation base is the ability to demonstrate "managing by values." It is not enough that we have ASPAN vision and mission; we must put them into action with our ethical values. As Joel Barker said, "Vision is a dream, action is a passing time, but vision in action will change the world." We must review and re-focus ourselves with what ASPAN believes. We must invest in our own and others' lives by sharing our time and talents through our involvement with districts, components, the organization, and others. We must integrate our purpose and relationship to find more meaning in what we do. As we put meaning in our professional lives, we then can influence others towards our common goal of excellence in perianesthesia nursing practice. This year, we will focus our vision in action through our initiatives: a culture of retention and recruitment, safety, practice standards, education, evidence-based practice, and leadership. These initiatives will be described as I address my presidential messages in upcoming issues of *Breathline*. Lastly, we must be united in our passion to gain positive power in propelling ASPAN to be the premier organization in perianesthesia nursing practice.

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## AS PAN Breathline

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Issue ..... Deadline

January ..... November 1

March ..... January 1

May ..... March 1

July ..... May 1

September ..... July 1

November ..... September 1

## Congratulations from ABPANC!

**Congratulations** to all of you who accepted the challenge and sat for a CPAN or CAPA examination in April, 2004 either at the National Conference site in Philadelphia or at other test sites throughout the country. Special kudos to those who organized a special test site!

**Congratulations** to the many Certification Coaches and Champions who assisted CPAN and CAPA candidates in their study process and provided them much needed support and encouragement!

**Congratulations** to those CPAN and CAPA certified nurses who attended the Item Writing Workshop held at the 2004 ASPAN National Conference. You should be proud: that you are not only certified, but that you have contributed your knowledge and by becoming involved in the actual examination development process.

**Congratulations** to two outgoing members of the ABPANC Board of Directors – Shelly Cannon, BSN, RN, CPAN and Martha Clark, MSN, RN, CPAN - for their commitment to certification and the contributions they have made not only to ABPANC but to perianesthesia nursing as well. Shelly completed six years of board service, including serving as Secretary/ Treasurer and President! Martha, having completed three years of board service, has made significant contributions to the examination development process! 

## Stay Tuned...

In the next issue of *Breathline*, ABPANC will announce the 2004 recipients of the Advocacy Award and the Shining Star Award. In addition, inductees into the ABPANC Leadership Circle will be announced! These awards were given at the 2004 CPAN/CAPA Celebration Breakfast held in conjunction with the ASPAN National Conference in Philadelphia.

## Need CPAN and/or CAPA Practice Exams?

Call 800.6ABPANC to order or visit our website at [www.cpancapa.org](http://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.

## 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](http://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](http://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, *CertificatioNOW*, is now available on the website only – [www.cpancapa.org](http://www.cpancapa.org)! Don't wait! Log on now for the latest news!

## Do you need a Certification Coach?

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

## 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](mailto:abpanc@proexam.org) to learn more about the Certification Champion and Certification Coach programs!

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## Transforming ASPAN: The Clinical Practice Committee's Vision into Action

Karen Cannon, MN, RN, CPAN, CAPA – ASPAN Director for Clinical Practice

The charge to the ASPAN Director for Clinical Practice is, "to develop appropriate mechanisms to respond to member practice issues and to communicate *ASPAR Standards of PeriAnesthesia Nursing Practice* through appropriate channels." It sounds simple enough, and I think all would agree; however, the challenges are great. Clinical practice does not stand alone. To support our practice we need education, and to make our practice valid we need research. When one question is submitted to the Clinical Practice Committee, it is not unusual to have a battery of similar questions submitted. This question or questions may spark the curiosity of the Research Committee. Then a project is developed and an investigation begins. Over time evidence is collected to support a specific practice. Education disseminates the findings, and our current practice is supported or change occurs.

My vision is to identify those universal questions and provide the Research Committee with those perplexing questions. The end result can be products like *Clinical Guidelines for the Prevention of Unplanned Perioperative*

*Hypothermia and the ASPAN Pain and Comfort Manual.*

Men have walked on the moon and there is no need for any of us to "reinvent the wheel." Nurses who practice in the perianesthesia setting encounter similar problems. Many have found innovative solutions to those problems. Some of the solutions are shared in the Celebrate Successful Practices (CSP) presented annually at the ASPAN National Conference. We need to discover the others that have had success and encourage them to share that information through the CSP program on the component and national level. We all need to be bold and step out of our comfort zone and share those experiences that can only bring success to all of us for the benefit of our patients. I would challenge component presidents to have a Celebrate Successful Practices at their annual meetings and share the information in their component newsletter.

Clinical expertise comes from support within clinical practice. The *ASPAR Standards of Perianesthesia Nursing Practice* provides that support. The Resources and Position Statements provide direction in meeting the needs of our patients in the perianesthesia

setting by providing the framework for nurses practicing in all phases of perianesthesia care. My vision is to have the standards continue to reflect the changing environment where perianesthesia nursing care is delivered. It is not static. Care is delivered in traditional environments and in ever developing areas that extend beyond the walls of that traditional environment.

We need to envelop the newly graduated nurses or experienced nurses new to the perianesthesia setting with care and share our love for this specialty within nursing. We truly have the future in our hands. Our patients are depending on us to share our knowledge, skill, and compassion. My vision is to provide mentors to the new members of the Clinical Practice Committee, so they may share their knowledge, skill, and compassion to those who seek assistance with troublesome issues. That brings us full circle to the Clinical Practice Committee not standing alone. In reality it is made up of every single perianesthesia nurse, and it is you that makes us what we are and provide me with a vision of the future: ASPAN, a leader within all specialty nursing organizations.

**For updates and pictures from the ASPAN National Conference, log on to the ASPAN website [www.aspan.org](http://www.aspan.org). All of the conference highlights will be featured in the July/August issue of *Breathline*.**

## **Finding Our Way – Finding Our Voice**

*Sue Fossum, BSN, RN, CPAN – ASPAN Governmental Affairs Committee*

When the public thinks of healthcare today and the impact that a group of individuals has on that care, who do they think of? Most likely, it is physicians. Why is this? My belief is that physicians and physician groups account for the vast majority of articles, stories and recommendations that are seen in the news media and in print. But the facts clearly state that U.S. nurses outnumber physicians more than 3 to 1. Why is it that physicians currently “own the image” of healthcare when, in fact, public opinion polls claim that nurses are the number one respected profession? Imagine what the impact would be if nursing, as a group became involved in public discussions and dialogue about patient care issues? Shouldn’t nurses be asked, or offer, their opinions on healthcare and patient safety? Who, other than nurses, can inform the public about nursing care?

Think about what we do on a daily basis in the perioperative settings. We are there supporting our patients and their families at the most critical time – when they are recovering from anesthesia. What we do is significant and has a consequence on patient outcomes. Who better to identify patient care issues and system problems than those of us at the bedside. But unfortunately, as a group, nursing has been mostly silent when it comes to speaking out on patient care issues.

We often hear that ASPAN is the “Voice of Perioperative

Nursing”. What does that mean? ASPAN has highly qualified, expert nurses in our specialty practice that can speak to issues such as clinical practice, education and research. In fact, ASPAN has been in the forefront on several issues such as hypothermia and pain management. As leaders of a specialty organization it is imperative that input be provided on issues that affect our practice and the patients that we care for. But, our “voice” must also reach out to the political and legislative arena as well. That is where decisions and changes that affect our practice occur. It is up to each of us to take steps to be heard.

How do we have a “voice” in the political and legislative arenas? How do you get started? ASPAN has an active governmental affairs committee under the leadership of Gena Near and Sue Benner. Each component also has a governmental liaison that can assist you. Taking that first step in becoming involved can be scary, but the rewards are certainly worth it. Let me provide you an example of how involvement can make a difference.

During my term of office as PANAC President, I had the pleasure of meeting Daniel Cole, MD, who was then the current President of the California Society of Anesthesiologists (CSA). Around this same time, there was a proposal in the California legislature to enact nurse to patient staffing ratios. The California Nurses Association (CNA) was also very active in the process of

lobbying legislators to support this bill. In 1999, AB 394 was carried by Senator Sheila Kuehl. Its adoption created Health and Safety Code Section 1276.4, which was later amended by AB 1760, also carried by Senator Kuehl in 2000. This law required the California Department of Health Services (CDHS) to develop and implement minimum, specific, numerical licensed nurse to patient ratios for specified units of general acute care hospitals that would go into effect January 1, 2004.

PANAC’s Governmental Affairs Committee worked closely with Dr. Cole and the CSA to ensure that we coordinated our efforts and had input into these ratios. PANAC submitted, with the CSA in support, the ASPAN Guidelines for Safe Staffing as well as the ASPAN Standards of Practice to both CNA and the CDHS. Letters were submitted by PANAC and the CSA emphasizing the importance of following these guidelines and standards.

The process for enactment of the staffing ratios has been ongoing for 5 years. The ratios have just gone into effect and it is too early to tell what the final outcome will be. But, by speaking out, becoming involved, enlisting the aid and support of our colleagues and contacting the legislative groups

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## **Transforming ASPAN: The Research Committee's Vision into Action**

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

This year the American Society of Perianesthesia Nurses' (AS PAN) Research Committee is embarking on an exciting vision for our specialty organization's future. I am indeed proud to have our prestigious research work teams transform "the vision" into action. As we lay the foundation for our future years each research member's participation is critical to accomplishing our goals, which ultimately leads to ASPAN's success.

AS PAN Research Committee structure is developed as the "Mentor Model." We matched different team members to work together to provide resources and direction while at the same time creating continuity for future years. We are fortunate to have 50% new research committee members this year. There are lots of opportunities to learn, network, collaborate and accomplish our goals for this year.

### **Evidence Based Practice SWT Our ASPAN**

President, Dina Krenzischek, has appointed an Evidence Based Practice (EBP) Strategic Work Team (SWT). This year, our EBP SWT will continue to explore different evidence based models and then create a framework or template for ASPAN's EBP research conceptual model. ASPAN's Clinical Practice Committee members collaborated with the Research Committee by investigating and completing a

"Survey on Neuroaxial Block Discharge Criteria Among Post Anesthesia Patients." In addition, both committee members are gathering evidence that will be used in weighing the scientific evidence that will help define our evidence based practice guidelines for regional blocks. This groundwork prepares the way for the EBP members to finalize our conceptual framework for EBP at the freestanding meeting that will take place this summer. By completing this strategic goal and testing the conceptual model, ASPAN will begin to validate our National Standards through the evidence based research process.



describe the levels of funding available. This year our ASPAN Research Grants Coordinator is Martha Clark who together with Chris Price have already received potential grants. Our prestigious

Peer Reviewer team adds depth and quality to the peer review process, further advancing our nursing specialty.

### **National Conference Research Abstract/ Peer Review Team**

The National Conference Poster Presentations will again be coordinated this year by Pam Windle. Pam's Abstract/Peer Review Team will be preparing for exciting research presentations next year at the Research Grand Rounds during National Conference. This has been a highlight with climbing attendance each year. Plan to attend and learn about cutting edge perianesthesia research.

### **Research Grants/ Peer Review Team**

Ellen Poole will be coordinating diverse research articles for the *Breathline* Research Corner again this year. She recruited several new Research Committee Members to be authors. We are indeed proud to have our esteemed colleagues authoring scientific theory relating to our specialty of nursing. Be sure to read these diverse and interesting research topics.

### **Performance Improvement Team**

Perianesthesia nurses are experts in our nursing specialty and need to be on the cutting edge in the development of standardized performance improvement (PI) tools for our clinicians to use.

In addition, ASPAN's Research Committee has been investigating various opportunities to create benchmarking tools for our professional nurses to use in their practice. We are really thrilled about the endless possibilities that may evolve from this research initiative. We are using our "Mentor" program in accomplishing this exciting goal. Our goal is to develop a PI monitor tool using the JCAHO model for each of our practice settings: Pre Op Assessment/PreAdmission Testing, Day of Surgery Preanesthesia Setting, PACU Phase I, PACU Phase II, and PACU Phase III. This initiative will continue through next year.

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### ASPA<sup>N</sup> Research Website Team

ASPA<sup>N</sup>'s Research Website is evolving as one of the

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most popular sites on ASPAN's website. Kathy Deleskey is our website coordinator. This year we are planning a more dynamic and interactive website to service our members. Please email Kathy or our Website team with your ideas to create a dynamic research website. Our Research Committee is continually looking for creative members who would like to participate in website activities. Future goals will be putting our research studies on the ASPAN Website.

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**N**urse Competence in Aging Grant ASPAN has been awarded a 2-year implementation grant to develop a Perianesthesia Geriatric Nurse Competence in Aging Research Study. Revisions were made and submitted to the

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involved, a difference was made. In the Final Statement of Reasons, justifying the standards (ratios) adopted by the CDHS in implementing AB 394, the CDHS states:

*"The CSA supports the proposed DHS nurse-to-patient ratio of 1:2 or fewer for patients in the postanesthesia recovery unit. The most critical phase for a patient recovering from anesthesia whether it is general, regional, or intravenous, is the immediate period following surgery and anesthesia, before they are transitioned to an inpatient setting or discharged to a lower level of care. The American Society of PeriAnesthesia Nurses, representing the nurses in that specialty, has set standards of practice. In addition, the Peri-Anesthesia Nurses Association of California concurs that 1:2 is the appropriate ratio, as does the*

*California Society of Anesthesiologists, representing the specialty's physicians. The Department relied upon these documents in developing the proposed regulations."*

By the time this article is published, our National Conference will be over, and sessions would have been conducted that discussed why nurses must advocate for their profession and speak up about what they do. The speaker, Bernice Buresh, has co-authored a book *From Silence to Voice: What Nurses Know and Must Communicate to the Public*. This book has been an inspiration to me and I would highly recommend it.

As nurses, we must advocate not only for our patients, but for ourselves. We need to communicate to the public what we do. We must become involved in issues that affect our specialty practice,

IRB so that this study will begin by National Conference. ASPAN Research Committee has partnered with our ASPAN Geriatric Specialty Practice Group (SPG) to advance the care of the older adult through our research study.

The ASPAN Research Committee Teams are committed to advancing our specialty nursing organization. Our vision is far reaching and promises exciting times. Plan to visit our ASPAN Website. Learn how research is transforming our vision into action and, at the same time, advancing our nursing practice. 

healthcare, the patients that we care for, and, ultimately, how we practice nursing. It is important that we speak out in our own institutions, in our component, and on the national level. I encourage you to work with your governmental affairs committee and liaison to find your "voice."

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A Nationwide Survey of Attitudes Toward Health Care and Nurses, (Peter D. Hart Research Associates, Inc, 1990).

California Department of Health Services Statement of Reasons in adopting 22 CCR 70217. 

## **The Education Committee's Vision into Action**

Linda Ziolkowski MSN, RN, CPAN, APRN, BC – ASPAN Director for Education

The Education Provider committee has been very busy this past year. We continued with our mission to "revolutionize" our seminar and education programs. We reviewed the feedback from our membership and speakers and developed a new line of educational programs. We tried to get to the grass roots of what our perianesthesia nurses needed to be the best in practice. In addition to our basic and advanced PACU and Ambulatory tracks, we have updated our legal and pediatric seminars and added two new topics: "Managing the Perianesthesia Unit" and "Developing the Perianesthesia Educator." These new programs will be unveiled in the Fall of 2005. Our

Education Provider team is working hard to complete their work and present what we feel are some of the best programs to date. Our goal is to have an ASPAN seminar available to the membership in each region or component on a quarterly basis. We want to work with each component and chapter to bring as much new and updated material to you on a continuing basis.

Along with the development of our new programs, we also wanted new and more up-to-date methods of bringing the information to our members. Our membership response to having contact hour programs on paper and video has always been well received, but we really wanted

more. In the past we have utilized videos of seminars and lectures, but the committee felt that we had great opportunities to look forward. We are actively seeking methods of having our programs on CD-ROMs. This would enable us to provide some of the same high quality programs in a new and up-to-date fashion.

Our goal is to be the premier provider of perianesthesia nursing education, not just preparing you for certification, but preparing you for the daily challenge of caring for your patients. Whether you are a manager, staff nurse or educator, our goal is to have something for you and your special interests. 



**ASPA<sup>N</sup> Scholarship Program applications must be postmarked by July 1, 2004 – no exceptions.**

**For information and a downloadable application, please visit the ASPAN website at [www.aspan.org](http://www.aspan.org) or call Jane Certo at the National Office, 877-737-9696 x 13, to have the brochure/application mailed to you. July 1st is coming fast – don't delay!**



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**Medical Mission to  
Romania: An Inward  
and Outward Journey**

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**Author:** Theresa L. Puckett,  
RN, MSN, CPNP

**Publisher:** Trafford Publishing

This book describes the personal experiences of an advanced pediatric nurse practitioner (APNP) serving on a short-term medical mission to Romania. The author shares her concerns and questions about taking on a clinical role in a foreign country. I found the text to be an interesting first-person narrative of a medical caregiver going to a foreign location for the first time. For individuals considering volunteering their time to serve on a medical mission\*, this narrative introduction covers topics from, "How do I locate an opportunity to serve?" to "How do I prepare for this?" to "How do I practice to the best of my abilities under challenging circumstances?"

The book contains chapters defining missions, a partial list of organizations that sponsor missions, current global health issues and specific details about Romania - locale, history, politics,

government, and health care comparisons with the United States.

The author moves through the stages of her journey beginning with an idea about serving the less fortunate that formed in the back of her mind while still in nursing school, an idea that took form and substance in the opportunity of serving in Romania. The reader follows the uncertainty and self-inquiry the author processes as she makes the decision to step outside of her area of comfort, willing to face new and unknown areas of her practice and faith. Once her decision is made, she relates her preparation of self, work, education and family and describes the mission site, clinics and documents some of the clinical situations she practiced in.

I found the suggestions for potential mission participants to research and identify the cultural norms of the local mission site, to learn a small repertoire of words and phrases that will be needed for use in caring for patients and the ideas for working closely with a translator to be especially helpful. The "I packed" list was a useful suggestion for those preparing for a first mission, but may need to be adjusted based on destination

and/or organization specific mission goals.

As the author moves through her experience, she shares insights into the relationships she develops with colleagues and patients. She describes how aspects of spirituality were blended into her care for her patients and in her personal growth. Closing, she reflects on some of the things that she has gained over her ten-day mission; colleagues now turned into friends, her understanding of what healthcare means to another culture and things she would have liked to have included or brought ("a tape recorder").

When asked about the greatest lessons she learned during the mission, "(That) we are one... When patients cried at the clinic, I held and comforted them without words. ...Team members lost their boundaries and functioned selflessly as part of a community... I will never look at people in the same way."

*\*Although the particular mission the author participated in was sponsored by a faith-based organization, most of the suggestions, practical and clinical information can be applied to any foreign mission.*

Reviewed by: Sandra Gardner  
BSN, MS, RN, CPAN 

## **Research Issues: Vulnerable Populations**

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

In the March issue of *Breathline*, we discussed the significance of informed consent and IRB approval when doing clinical research. One consideration we did not yet delve into is vulnerable populations. I want to discuss what potential researchers need to be aware of and note this area may require more work with recruiting. Vulnerable subjects are individuals whose willingness to volunteer in a research study may be unduly influenced or coerced and individuals with limited autonomy. Historically, vulnerable populations have included: prisoners, pregnant women, children, mentally disabled persons or economically or educationally disadvantaged persons. In our specialty area of perianesthesia nursing, we must also include the unconscious patient.

What the IRB and you need to make sure is documented is the need to include these vulnerable population subjects in your study. If the study pertains specifically to

homeless people or pregnant women, then of course it's quite evident why you need that population in your study. But if not, you are obligated to show that the burdens and benefits of the research are fairly distributed. The Health and Human Services (Public Health Dept/ National Institutes of Health) have specific policies, which need to be followed when medical research includes

women, children, and minorities. If the purpose and the nature of the research warrant the inclusion of these vulnerable populations, then the IRB will need to insure that additional safeguards have been included in the study to protect the rights and welfare of these subjects.

Specifically, children cannot give informed consent as they are not legally able their informed consent, therefore, informed consent from the parents or guardians must be obtained. For children over the age of seven, an assent should be obtained. The American Academy of Pediatrics does recommend that any child with the intellectual age of seven or more get an assent. An assent form is a written document used to inform the child of the study using age appropriate language so he/she can determine whether or not to participate in the research. If the child is not yet able to read, procedures may be used to present the information verbally to obtain verbal assent. With younger children simple terms, which are developmentally appropriate should be used to explain the study.

Mentally or emotionally disabled people whose disability makes it impossible to weigh the risks and benefits of participation cannot legally consent to a study. You will need the guardian's consent, but again it is important to assure the research subject's inclusion and wish to be part of the study by explaining the study and seeking their permission. To the

extent it is possible to have a working relationship with the subject, supplemental consent is always a good thing to have.

Institutionalized people, prisoners or hospitalized people need to know their participation is strictly voluntary and that they need to have an opportunity to document that they do not feel pressure into participating. Researchers have to really emphasize the voluntary nature of subject's participation and their ability to stop at any time.

The US Government has strict guidelines concerning the use of pregnant women in research. The regulations are to protect the pregnant woman who could be at increased physiological and psychological risk and to protect the unborn fetus who cannot give informed consent. The Federal Code mandates that pregnant women cannot participate in research studies unless the purpose of the research is to meet the health needs of the pregnant woman and the risks to herself and her baby are minimized.

As a review, here are some simple guidelines which may help in the ethical selection and recruitment of all research subjects:

1. Does the study pose any harm to the subjects? If so what are you doing to prevent it or minimize it?
2. Do the benefits outweigh the risks? Are the benefits worth any discomforts the subjects may experience?



*Research Issues, continued from page 10*

3. Was there any coercion or undue influence used in recruiting subjects? Are vulnerable subjects being used?
4. Were the research subjects deceived in any way? Were they fully aware of participating in the study and did they understand the purpose of the research? Were appropriate informed consent procedures followed?
5. Are you assuring your subjects privacy?
6. Did the IRB approve your study design and population?

Because research has not always been conducted at the highest ethical standards and because of the difficulty of maintaining truly unbiased research studies, rigorous codes of ethics have been developed to guide researchers.

I hope these articles have helped to clarify some of the current issues with human research.

For online computer based training and Federal Regulations check out the Office of Human Research Subjects at National Institutes of Health

<http://www.nihtraining.com/ohsrsite/>

## **2004 Component Leadership Institute: “Vision In Action is in Your Hands”**

**September 10–12, 2004**

Join ASPAN leaders for an exciting weekend where you can share your passion, be empowered with one voice and learn to magnetize other perianesthesia nurses with our values.

Presentations will include the “Nuts and Bolts of Being a Successful Component Leader” and “Transform Your Vision Into Action.”

Be prepared to work, learn, be inspired, and have lots of fun!

Each component receives two complimentary registrations.

Program details and registration brochure will be available early summer. For information, contact Courtney Dachik, ASPAN National Office: 877-737-9696 ext. 17, or [cdachik@aspan.org](mailto:cdachik@aspan.org)

## Educational Offerings

**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 .

**September 25, 2004** Louisiana Association of PeriAnesthesia Nurses (LAPAN) will hold its 21st Annual State Conference, "Perianesthesia Nursing: A Continuum of Care" in Alexandria, LA. Myrna Mamaril and Dolly Ireland are featured speakers. For information, contact Barbara Painter at bpainter1116@cox-internet.com or 318-448-6804.

**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 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](http://www.panac.org) .

**October 22-24, 2004** FLASPANS 35<sup>th</sup> Annual Conference, "Steppin Out. Learning More in 2004." Sheraton World Resort, Orlando Florida. Contact: Linda Boyum at (386) 756-0405 or Ann Kaplan at (850) 668-8262.

For more information, contact Carol Hyman at the ASPAN National Office: 877-737-9696 ext. 19 or [chyma@aspn.org](mailto:chyma@aspn.org)

## 2004 ASPAN Spring Seminars

**May 22, 2004**

ITHACA, NY

PACU Core Curriculum Part II

**June 12, 2004**

FISHKILL, NY

Vital Perianesthesia Issues and Complications

### Breathline is now ONLINE!

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