



**INSIDE:**

**Anesthesia Considerations in Older Adults**  
**page 7**

**Vision In Action: Operationalizing ASPAN's Strategic Plan**  
**page 8**

**2004 RA Approves Change in ASPAN BOD Structure**  
**page 14**

## **Vision in Action: In Search of Excellence through Strategic Planning**

Imagine when you first decided to become a nurse. What came to your mind? You may not have used the words "personal mission or strategic planning," but you knew deep in your heart what a nurse meant to you, and you wished that one day you would be a successful nurse. I am sure you were inspired and had a deep sense of purpose to become a successful nurse, and values like caring brought you to finally register in the School of Nursing. Although we all had different pathways, time frames, and barriers to overcome, we had one goal and that was to acquire a nursing degree. Years later after successfully graduating, nursing became our way of life. If I ask you today why are you still a nurse, I am fairly confident that your response would not significantly deviate from your initial core purpose and values that you were passionate about years ago. This pathway, driven by your core purpose and values, combined with your envisioned future is called strategic planning.

All of the organizations in the Fortune 500 had strategic plans that led them to success. Collins and Porras inspired me with their research outcomes related to organizational vision. They studied the global and multicultural world on how companies and organizations became successful. Their research study was focused



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

on the 17 top companies that were based in the United States. Specifically, they were interested in identifying the underlying characteristics and dynamics common to highly visionary companies and to translating these findings into a useful conceptual framework. The Chief Executive Officers were their targeted population. Overall, their findings showed:

- A sense of aspiration to create something bigger and more lasting than themselves.
- A recognition that the world continues to change in an accelerated pace.
- Simultaneously, their quest for fundamental concepts did not change.
- A recognition that the questions of "What do we stand for?" and "Why do we exist?" were far more important than "How should we change?" In other words, preserve the core and stimulate progress.

- Success does not discriminate in the size and type of the companies / organizations and whether they are well publicized or not.

The basic fundamental facts about these successful companies/organizations were centered in their vision of strategic plans. The two main components of strategic plans are core ideology and envisioned future. The core ideology is the self-identity of the organizations, which remained consistent. It provides the glue that holds the organization together. It is core purpose and core values. Envisioned future is something concrete and real. You can see, touch, and feel it. This is where the big audacious goal and descriptions of the process are clearly defined.

In summary, I would like to share how ASPAN applied these concepts through our Strategic Plans. In March 2004 the ASPAN Strategic Work Team (SWT) developed the long and short terms Strategic Plans, which were endorsed by the ASPAN Board of Directors.

### **CORE IDEOLOGY:**

**Core Purpose:** To advance the unique specialty of perianesthesia nursing.

**Core Values:** Honesty, truthfulness, fair, pride, respect, diversity, ethical, stewardship, mentoring,

*continued on page 2*

passion, and family/community. **Value Discipline:** ASPAN's image, reputation, and identity of excellence must become that of eminent influence. The association will be branded as being the leading advocate and spokesperson for perianesthesia nursing.

### **ENVISIONED FUTURE:**

#### **Big Audacious Goal (BAG):**

ASPAR will be recognized by the health care community worldwide as the leading organization for perianesthesia nursing education, practice, standards, and research.

#### **Goal Descriptions:**

- A.** ASPAN will be its members' indispensable resource for perianesthesia education and knowledge exchange worldwide.
- B.** ASPAN will be the influential force for perianesthesia patient safety, public policy, and practice standards.
- C.** ASPAN will be recognized as the voice and source of perianesthesia information to the public.
- D.** The art and science of perianesthesia nursing will be advanced through ASPAN's evidence-based practice and research activities.

How does this translate to the component? One may ask, "How can I develop something that I cannot be accountable for a certain period of time?" Or you may say, "I will be long past my nursing career before the goals are accomplished." Like all the suc-

cessful companies / organizations that existed as early as the 19th century and continue to exist today, their leaders focused on why their company existed. Although their visionary leaders have come and gone, these successful companies remain years later. The best leaders continued to be inspired and build an enduring great company. So, as components, you can use this conceptual framework as a reference and to re-evaluate your course of action. Re-evaluate your core purpose as a component and answer the question: Why do you exist? Define your own professional values, which must come from within your group and not from outside, and define your component's BAG and descriptions. Be practical and realistic. The core ideology of your component does not change every time there is a change in presidency, regardless of the leadership personalities and styles. As ASPAN leaders, we must have the commitment, responsibility, unity, and passion to build the fundamental structure that will foster growth. We must build the core ideology and envisioned future that will last for the next generations. 

#### REFERENCES:

Collins, J.C. & Porras, J.I., 2002, Built to Last: Successful Habits of Visionary Companies, Harper Business Essentials

ASPAR Strategic Planning 2004

### **Correction:**

Breathline incorrectly listed the co-editors of NYSPANAs *UpToPar* as Peg Banister and Ann Aman. They were past editors. The correct editor of the 2004 People's Choice Award for the Newsletter contest was Michele Rossignol. We apologize for any oversight and want to again congratulate Michele Rossignol and NYSPANAs for an informative, well-designed newsletter, as reflected as the winner of the People's Choice Award of 2004!

### **ASPAR Breathline**

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Deadlines for inclusion in Breathline:

Issue ..... Deadline

January ..... November 1

March ..... January 1

May ..... March 1

July ..... May 1

September ..... July 1

November ..... September 1

# CPAN and CAPA Examinations are Accredited!

In keeping with the ABPANC theme this year – **CPAN/ CAPA Certification – the PLATINUM Standard** – we can say definitively that the CPAN and CAPA examinations reflect the PLATINUM standard!

How do we know? ABPANC is very proud to announce that the CPAN and CAPA examination programs have just received accreditation from the American Board of Nursing Specialties (ABNS)! ABNS is the standard setting body for specialty nursing certification programs and offers a very stringent and comprehensive accreditation process. We use the analogy that ABNS is to nursing certification organizations what JCAHO is to hospitals.

ABNS is one of two nationally recognized organizations to accredit nursing certification programs: NCCA – the National Commission for Certifying Agencies – is the other, but

ABNS is specifically designed to recognize specialty nursing certification programs.

A certification organization, like ABPANC must provide documentation demonstrating that it has met the 18 ABNS standards of quality. The process of pulling together the application to submit both the CPAN and CAPA examination programs for accreditation took many, many months, reams of paper, and hours of writing and rewriting.

What does this mean for those interested in becoming CPAN and CAPA certified or those already certified? It means that a nationally recognized accrediting body has determined that the CPAN/CAPA credentials are based on a valid and reliable testing process and that the structures in place to administer the examinations meet, and even exceed, the standards of the certification

industry from a legal, regulatory and association management perspective. We're on the same playing field as other nursing certification examination programs – for example, the CNOR is accredited by ABNS and NCCA and the CCRN program is NCCA accredited.

Accreditation status is granted for five years. It will probably take us that long to recover from the process – but it is a process that we are pleased to have accomplished - truly achieving the platinum standard for specialty nursing certification!

I guess we can say that ABPANC, which is in the business to give tests, has now passed the ultimate test!

For information about ABNS and the accreditation process, visit our website at [www.nursingcertification.org](http://www.nursingcertification.org).

## Dates to Remember

- Special test site request postmark deadline – **1/31/05**
- Initial application postmark deadline – **2/14/05**
- Late application deadline (must submit a \$50 late fee) – **2/21/05**

## Due to Renew in November 2004?

If renewing through the continual learning program, all contact hours must be accrued by October 31, 2004. The Recertification Application packet must be **postmarked** by November 30, 2004.

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

Special test sites may be arranged for a minimum of 10 candidates. Visit our web site at [www.cpancapa.org](http://www.cpancapa.org) or call 800.6ABPANC to find out how to set up a special site. Postmark deadline to request a special test site is 1/31/05.

## News Flash!

The CPAN and CAPA *Candidate Handbook and Application* is now available online! 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.

## Breathline

Volume 24, Number 5  
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Register for exams given April 17, 2005

## 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.

## 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 new Certification Champion and Certification Coach programs!

## Correction:

Kathy Paskewitz was inadvertently listed as the newly elected Chair of the Exam Construction Committee. Kathy was recently elected as the Chair-Elect.



# **Celebrate Successful Practices**

## **Call For Abstracts For ASPAN 24th National Conference**

### **Chicago, Illinois 2005**

Ellen Sullivan, BSN, RN, CPAN

“Celebrate Successful Practices” is about members sharing with colleagues, solutions to some common day-to-day practice dilemmas. It is always amazing to discover that the challenges occurring in your unit every day are often similar to those that others experience all over the country. This is an opportunity to present successful practices that you have achieved with other ASPAN colleagues. Have you developed a new program to accommodate family visitation in the PACU? Would you consider sharing how you have improved the flow of patients through your busy preadmission unit? Have you found success in a new staffing pattern in your ambulatory surgery area? These are just a few ideas to start you thinking, however, submissions may be derived from any successful practice related to perianesthesia nursing. Please consider submitting your best practices to the Celebrate Successful Practice committee for review. If your abstract meets the criteria listed below, you will be invited to display your practice in a poster at the 24th National Conference in Chicago during a poster session. Active ASPAN members can now begin submitting abstracts.

*If you are interested in presenting a poster display of your successful practice, please submit an abstract for anonymous peer review postmarked by November 15, 2004.*

Abstracts will be accepted based on creativity, applicability, and the impact on perianesthesia health care delivery as it relates to management, education, orientation, and/or patients. Only abstracts that include the content outlined in the format requirements below will be reviewed.

Posters will be on display during National Conference. Poster display sections will be assembled on an assigned 4' by 8' free standing neutral color bulletin board of Velcro friendly material. More specific information regarding the presentation format will be forthcoming.

#### **APPLICATION**

Please submit a copy of your ASPAN membership card and a cover sheet with the title of your successful practice, the developer's name, degree, position, institution/hospital affiliation, address, telephone numbers (work, home, fax, E-mail if available) and setting for successful practice project (pre-admissions, Phase I, II, or III PACU, endoscopy, etc.)

#### **FORMAT FOR THE ABSTRACT**

Submit a brief description of the project not to exceed 200 words. Incomplete abstracts may not be considered. The abstract body will be reviewed for the following content:

- Title of program or project
- List of each of the members of the project team
- Background information related to problem identification
- Objectives of project

- Process of implementation
- Statement of the successful practice
- Statement of the positive outcomes achieved
- Implications for perianesthesia nurses

#### **GUIDELINES FOR ABSTRACT**

Abstracts should be on 8½" x 11" paper, single-spaced, with one inch margins. Only 12-point type should be used. Submit five (5) copies of the abstract. Three copies should be anonymous for peer review purposes. Two copies should have complete identification. Copies of the abstract and the application cover letter should be sent unfolded in a large envelope to ASPAN, Celebrate Successful Practices, 10 Melrose Avenue, Suite 110, Cherry Hill, New Jersey, 08003-3696.

#### **APPLICATION DEADLINE**

Applications must be postmarked by November 15, 2004 to be considered.

#### **NOTIFICATION OF ACCEPTANCE**

December 31, 2004.



# Call For Research Abstracts For ASPAN's 24th National Conference In Chicago, Illinois

Pamela E. Windle, MS, RN, CNA, CPAN, CAPA – ASPAN Research Abstract Coordinator

## **RESEARCH PRESENTATIONS**

The Research Committee is once again pleased to provide active perianesthesia nurses the opportunity to present previously completed, unreported, original research findings from studies pertaining to all phases of perianesthesia nursing at the 24th National Conference. The conference will be held in Chicago, IL on April 17-21, 2005. A choice of oral and/or poster format may be selected for presentations of perianesthesia research.

Oral papers will be presented on Tuesday, April 19th during the afternoon session, "Oral Research Presentations." Poster displays

will be Monday, Tuesday and Wednesday. Poster grand rounds for contact hours are scheduled for Tuesday. Poster presenters are requested to be in attendance on those days. Poster display sections are assembled on an assigned 4' x 8' free-standing poster board of neutral color poster board of Velcro material.

Research abstracts of oral and poster presentations from past conferences are published in the June issue of the *Journal of Peri-Anesthesia Nursing* (JoPAN) and may be helpful in the development of your abstract. Other helpful sources include: "Preparing to vie an Oral Presentation of Research Findings" (Vogelsang,

1993) *Breathline*; "Guidelines for Developing a Research Poster for Presentation" (Vogelsang, 1994) JoPAN; "More informative abstracts revisited" (Hayes RB et al. 1990) *Annals of Internal Medicine*; and "Celebrating Successes through Poster Presentation" (Windle, Oct. 2001) JoPAN.

If you or any of your staff are interested in presenting your research findings at the 24th National Conference in Chicago, IL, please submit an abstract for anonymous peer review. Acceptance of abstracts will be based on scientific merit and adherence to the submission guidelines listed

*continued on page 12*

## **ASPAR's Abstract Poster Presentations: "Should I Submit to Research or Practice?"**

Myrna Mamaril, MS, RN, CPAN, CAPA, CNS-ASPAR Director for Research

Each year ASPAN receives submissions for "Celebrate Successful Practices" and "Research Abstracts" for consideration to be presenters at ASPAN's National Conference's Poster Abstract Grand Rounds. ASPAN Peer Reviewers for Research and Successful Practices discover that authors have submitted their abstracts to the wrong poster presentations. ASPAN's purpose in showcasing our Successful Practices and Research is to expand knowledge, improve outcomes, and inspire perianesthesia nurses to become more involved in ASPAN. Furthermore, through ASPAN's Research and Celebrate Successful Practices Grand Rounds, intellectual exchange and scientific inquiry are disseminated to conference attendees.

***Please refer to the table below to differentiate which abstract  
(research or clinical practice) to submit to ASPAN's 24th National Conference.***

<b>Celebrate Successful Practices Abstract</b>	<b>Research Abstract</b>
Quality or Performance Improvement Project	Scientific Study with Informed Consent
Hospital consultant project for streamlining innovative efficiencies	Scientific Study with IRB Approval
May start from clinician's or manager's previous experiences that are successful	Start with "The significance of the problem to nursing"
Expert opinions operationalized	Hypothesis identification
Objectives of the project	Literature review
Process of implementation	Research design: evidence based practice, meta-analysis, experimental, quasi-experimental, descriptive, etc.
Statement of successful practice	Methods Section/Data Analysis
Statement of positive outcomes achieved	Results/Discussion
Implications for perianesthesia nurses	End with the implications for perianesthesia nurses and future research

## **Nurse In Washington Internship 2004**

Jeannie Mauser, RN, BPS, CPAN



*(L to R) Jackie Ross,  
Kevin Ryan and  
Jeannie Mauser  
represented ASPAN  
at the Nurse in  
Washington Internship.*

February 29th through March 3rd were some of the most exciting days that I have experienced in my professional life. I learned more than I could have imagined about political issues during this short period of time. I am very grateful to the American Society of PeriAnesthesia Nurses and the Florida Society of PeriAnesthesia Nurses for the funding and JFK Medical Center for the paid time off to attend this program. I hope that I can convey a degree of the passion and enthusiasm that I feel.

On Sunday, Feb 29, 2004, I met with a group of 132 nurses from around the USA in our nation's capital. We came from a variety of backgrounds but shared a similar vision. Our primary leader was Kathleen Smith of "The Alliance." Kathleen is an RN who coordinates this program annually.

The many distinguished lecturers spoke on topics such as policymaking, the role of the State Boards of Nursing, the role of the media in influencing health policy, designing the Federal budget in light of competing priorities (a.k.a. who gets the biggest piece of pie), the role of governmental agencies such as OSHA, and nursing research.

In addition to learning through lecture, we spoke to campaign representatives from both the Bush Administration and "Nurses for Kerry". Both sides made very valid and convincing presentations. We can expect a spirited summer and autumn and, hopefully, an open debate of issues.

At the White House, in the annex to the west wing, Denise Geolot, RN, PhD, of the HRSA, gave a Health and Human



*Jeannie Mauser in front of  
the US Capitol Building.*

Services briefing. It was exciting to be involved in the process.

Visiting our Senators and Congressmen on Capitol Hill was the last and most memorable event of the week. I was disappointed that my elected officials were not available, but I was assured that my message would get to them through their staffs. The three Florida voting nurses visited the Senators together. The Hart Building is newer and more modern. Most of our Senators' offices are in this building. Last minute changes in the Florida Senators' schedules caused confusion. As we waited to speak with Senator Nelson, we spent time in the reception area with two WWII veterans. The gentlemen hold our profession in high esteem. They shared stories of how nurses saved their lives and the lives of their friends during the European and Pacific campaigns. We had the opportunity to thank them for their incredible bravery and service to our country. Congressman Aronberg was located in the Rayburn Building. It is very old.

Past events seemed to resonate. I can see how they must feel that they are a part of history as they shape the future.

I wish that I could report that I totally understand the dynamics of politics. I can't. The external forces that influence the decisions made in Washington are ever evolving. This is a volatile time for our country. As much as I would have liked to convince those I spoke with that "my" cause for improved patient and nursing issues should take precedence, I had to appreciate the bigger picture. The issues of terrorism and the situation in Iraq are consuming our resources. That doesn't mean that we should abandon our cause. We need to look for opportunities to push through what we can. It continues to be the responsibility of each nurse to encourage and educate her or his elected officials on issues related to nursing, the nursing shortage and of course, the needs of our patients.

Please make every effort to understand what you can do to influence the decisions made by your elected officials on the local, state and national level. Use the news media to forward your causes. Develop and replicate research to shape health policy. Take a brave stand on an issue that matters to you and find a way to cause change for the best interest of all the residents of your community.

Nurses have an enormous base of knowledge, wisdom, energy and integrity. We need to share this in a new way. This is another method by which we can facilitate improvements for our profession and for the patients who are entrusted to our care.

# Anesthesia Considerations in Older Adults

Kevin McKenney, MD, Staff Anesthesiologist, National Naval Medical Center, Bethesda, MD

**A**t what age should we start calling our patients "geriatric"? The word conjures up certain images when spoken. I am 40 years old now. Do I have only 20 more years before I, too, am a "geriatric" patient? Should a lean and cardiovascular fit 70 year old be considered "old"? Is this same patient at higher risk from surgery and anesthesia than a sedentary 50 year old? We all have an intuitive sense for which older patients just seem "healthy" and which relatively younger patients seem to be higher risks. Let's try to put things in perspective and make some general statements about the older patient population.

What effect does general anesthesia have on the older body? We all know that older patients are more prone to have "rougher" postoperative courses in terms of mental status changes. In fact, some anesthesiologists argue that general anesthesia should be used only as a last resort in this population. There is some argument that there may be long lasting personality changes associated with a surgical hospital course. The exact etiology for this is not entirely clear, but may be related to the known reduction in cerebral cortical neurons in the elderly patient. In fact, by the age of 80, the brain has lost about 20% of its mass and the size of the ventricles has increased.

Patients tend to require less sedation and lesser amounts of induction/maintenance drugs for anesthesia. It is well documented that the amount of inhalational agent required during anesthesia is reduced as one ages. At age 80, the minimum alveolar concentration (MAC) is reduced by about 30% for all of the inhalational agents.

Ischemia is an issue, both myocardial and cerebral. A mean arterial pressure of 55mmHg may be well tolerated in the 30 year old, but catastrophic in the hypertensive 70 year old with vascular disease. Cardiovascular events compromise one of the most common perioperative complications. Elderly patients have a higher potential for dysrhythmias due to fibrosis of their myocardial conduction system. They also have less aortic compliance and tend to become hypotensive upon induction of anesthesia. This reduction in aortic compliance also means a higher systolic blood pressure and a wider pulse pressure.

Renal function is reduced in the elderly. By the age of 80, renal mass is reduced by about 30%. Renal blood flow is reduced by about 50%. The kidneys are more susceptible to insults, both flow- and drug-induced.

Difficult IV access -- need I say more? We are all aware of the fragile skin and veins of our older patients. What looks like a readily accessible vein may turn out to be a tortuous and thin-walled vessel that is easily "blown". Despite an otherwise uneventful hospital experience, the lasting memory such a patient may have is of the multiple bruises on their arms and hands from venipuncture attempts.

The elderly are prone to arthritic related positioning problems. Some may have severe limitations on the range of motion of their extremities and may not tolerate what would be considered the "anatomic" position in the operating room. These arthritic changes may not be limited to the extremities. The cartilaginous structures of the airway may be involved and what appeared as a

routine intubation may become an impossible one.

It is undeniable that older patients present us with challenges in management. Rather than characterizing our older patients solely on the basis of age, one should examine their physical and functional status and use them as a guide in perioperative management.

*This writer's opinion does not necessarily represent the official position of the National Naval Medical Center or the Department of the Navy.*

## ARTICLES OF INTEREST

Assessment and Management of

Pain in the Older Adult,  
Cynthia A. Yonan and  
Stephen T. Wegner,  
*Rehabilitation Psychology Journal*, Vol. 48,  
No 1, 2003: pp 4-13.

Assessing and Managing Acute Pain in Older Adults: A Research Based Guide to Practice,  
Gail Ardery, Keela Herr, Marita Titler, Bernard Sorofman, and Mary Schmitt,  
*Journal of Medsurg Nursing*, Vol 12, No 1 (February), 2003: pp 7-19.



## Breathline

Volume 24, Number 5  
September/October 2004

## **Vision In Action: Operationalizing ASPAN's Strategic Plan**

*Meg Beturne, BSN, RN, CPAN – ASPAN Vice-President/President-Elect*

**A**s ASPAN's VP/PE I accepted the special assignment from our President, Dina Krenzischek, to come up with a process for operationalizing our strategic plan. The leadership team had already answered the two important questions of where we were going as an organization and why we were going there.

Our direction was set at a strategic planning retreat when ASPAN's goals for the next three to five year period were brainstormed, agreed upon and celebrated. Our four goals are realistic and measurable as outcome oriented statements. They speak to being the indispensable resource for perianesthesia education and knowledge exchange

worldwide. Our goals aspire to having ASPAN be the influential force for perianesthesia patient safety, public policy and practice standards. They increase our visibility by acknowledging our desire to be the recognized voice and source of our specialty's information to the public. Finally, they enhance our credibility as we seek to enhance the art and science of perianesthesia nursing

through evidence-based practice and research activities.

The way in which the plan has begun to be communicated and operationalized is a direct reflection of Dina's theme, "Vision in Action." Equipped with PowerPoint presentations, an excited team of ASPAN leaders journeyed to NevPANA on the weekend of June 11-12 of this year. The message we brought with us was clear: "Power Starts With Me." The attendees heard lectures on clinical practice hot topics, how to rebuild the Nevada component and ASPAN resources in the form of a Regional Director, the web site, and National Office staff.

I was pleased to motivate this fledgling group by a concise, but pertinent description of ASPAN's Plan. I emphasized the key point that strategic direction is not about business as usual – it is about "change." I validated the notion that this user-friendly document can assist ASPAN and component leaders alike in making tough decisions. Most importantly, I stressed that our Plan is a working document and, therefore, all the words and actions contained within it should be continually utilized to drive the mission and vision of the component forward. I interested the group by a description of the unique term "branding." It is ASPAN's identity of excellence. I helped them to realize that branding consists of a value equation. It is ASPAN's promise of programs and services of value and the implementation of that promise.

The success of our journey will be measured in how well NevPANA communicates our message to others and gains consensus on component goals, strategies to achieve the goals and milestones to check progress toward accomplishment of them. The knowledge of projected external trends was also imparted in order to help prioritize activities. It was important to grasp the impact of the nursing shortage, aging workforce, competing nursing organizations, technological advances and safety of the work environment.

A memorable moment for me, personally, was when I recited ASPAN's guiding principles, which are the organizational "glue" which binds us together as one powerful force. They include honesty, respect, diversity, pride, stewardship, mentoring, ethics, passion and caring for family and community. They strongly support our core purpose or reason for existing which is, "To advance the unique specialty of perianesthesia nursing."

My presentation would not have been complete without a mention of ASPAN's big, audacious goal, (B.A.G.), which will lead us as a Board of Directors and all the components well into the future. It states, "ASPA will be recognized by the health care community worldwide as the leading association for perianesthesia nursing education, practice, standards and research!"

The take-home message for NevPANA was to continue the

*continued on page 9*



# Call for Nominations: Create the Opportunity to Put Your Personal Vision into Action

Sandra Barnes, MS, RN, CPAN – ASPAN Immediate Past President

## Nominating Call

ASPA<sup>N</sup> is at the “tipping point” as the premier organization for perianesthesia nurses around the world and a major contender within the nursing arena. To continue this incredible journey of growth and development, we need the creativity and motivation of individuals committed to perianesthesia nursing and to our vision of defining the future of our specialty. We are seeking dedicated leaders who will advance our Society and the specialty of perianesthesia nursing by bringing diversity to the Board of Directors through individual expertise and talents.

Following very mindful and positive discussions with the Council of Component Presidents regarding effective representation on the ASPAN Board of Directors, the Representative Assembly has voted to replace the Chair position with an additional Regional Direc-

tor position. This change will enable stronger communication and better facilitate the work of the Society by more clearly defined roles within the leadership.

Qualified candidates are needed for the following positions on the 2005-2006 Board of Directors:

**Vice President/President Elect**  
(3 year term)

**Treasurer**  
(2 year term)

**Director for Education**  
(2 year term)

**Director for Research**  
(2 year term)

**Regional Director Region 1**  
(2 year term)

**Regional Director Region 3**  
(2 year term)

**Regional Director Region 5**  
(2 year term)\*

**Also open are four one-year positions on the Nominating Committee.**

\*Region 5 is comprised of ALAPAN, FLASPAN, GAPAN, VSPAN, NCAPAN, SCAPAN, TSPAN, and CBSPAN. Please see page 15 of this issue for further information on component reorganization by region.

Members who are current and/or past Officers, Directors, Editors, Committee Chairs, Representative Assembly members who have recently been active in ASPAN for a minimum of three years are welcome to accept this challenge of running for office in 2005. Any active or retired ASPAN member may run for the Nominating Committee. For further information or to declare your candidacy, please contact Sandra Barnes at [sbcpn@aol.com](mailto:sbcpn@aol.com) or Jane Certo at the National Office at the toll free number 877-767-9696 extension 13 or [jcerto@aspn.org](mailto:jcerto@aspn.org). All packets must be completed and postmarked no later than **October 31, 2004**.

“A nursing leader must be a role model, a risk taker, a communicator and a visionary.” (Niven, *Breathline* 1999) I encourage you to feel the passion; envision the future; *create your opportunity to translate vision into action.* 

Strategic Planning  
continued from page 8

process of strategic planning that was begun in January and now nudged forward with ASPAN resources. Also, take time to describe and prioritize areas of concentration that meet the following criteria: they are appropriate, necessary, and feasible and offer sufficient opportunities for component impact. Finally, whenever possible, use the models, templates, guidelines, outlines and frameworks that already exist

within the ASPAN family. It is far easier to adapt, modify, add or delete from existing resources than to start from scratch. The individual needs and creativity can be added once the backbone pieces of the Strategic Plan are in place. Above all, celebrate the small successes along the way and reward the dedication and efforts of the pioneers that are alive and well in NevPANA.

There is no telling where our next journey through “Vision in Action” will take us. One thing I know for sure: ASPAN is ready, our Strategic Plan is ready and our goal is clear. Communicate the message to component leaders and grassroots members as well. Empower them to identify problems, seek creative solutions and, at the same time, become passionate about the process! 

## Breathline

Volume 24, Number 5  
September/October 2004

## **Statistical Versus Clinical Significance**

Kathleen DeLeskey, MSN, RN, CPAN

**F**indings from nursing research are becoming increasingly available through a variety of resources including journals and the Internet. Many of the studies are conducted to establish knowledge about the best approaches to provide care. When we consider the findings of any study there are a myriad of evaluations we need to make, including the statistical significance of the findings. Statistical significance refers to data that is not likely to have occurred by chance. It is most often referred to in reports as ( $P < .05$ ), meaning there is a 95% chance that the data reported was due to a real difference in the subjects studied and did not occur coincidentally. The challenge is to uncover value in the findings when a researcher reports "no statistical significance" in the study data.

There is growing recognition that non-statistically significant findings may, in fact, be relevant to our clinical practice settings and may add to our clinical expertise. Findings that can influence our practice, but do not have statistical significance, are referred to as having "clinical significance." The importance of clinical significance should be a motivating

force when we plan a study or interpret results.

We need to use caution in order to avoid overlooking important data based solely on statistics.<sup>1</sup>

According to LeFort<sup>2</sup>, there are three major reasons for the current focus on clinical significance. The first and most important is the poor translation of research findings into the clinical setting. Secondly, the climate of accountability that permeates health care demands data to support what we do. Finally, the shift from illness measurement to wellness and quality of life requires self reported data and, therefore, must be sensitive to smaller variances.

Determining whether a research study reveals clinical significance can be challenging, particularly when no statistical significance is found. Readers of research may have to approach the findings by noting how many of the subjects actually improved following an intervention. If there was improvement for just a few subjects, the intervention was clinically significant for those few. "...assessing individual responses to treatment, and appraising the studies in the context of individual patients are useful in the translation of research to practice."<sup>3</sup> Since it is the responsibility of nurses to evaluate and utilize findings that will make a difference to their patients, we should be receptive to even the smallest positive outcomes revealed in a study.

As clinicians, we often determine the significance of our interventions based on personal experience. Querying patients to identify what they perceive as positive interventions increases

our awareness of clinically significant practices. Patient validation of our nursing care will help us to gain insight into why our interventions may or may not have helped.

Searching for the clinical significance of findings "...involves reading the research with a critical eye and appraising results on several levels. Differences that are important to practice cannot be assumed on the basis of statistical significance."<sup>4</sup>

### **REFERENCES**

1. Greenfield, ML, Kuhn, JE, Wojtys, EM. (1996) P Values: probability and clinical Significance. *American Journal of Sports Medicine*, 24(6), p 863.
2. LeFort, S. (1993). The statistical versus clinical significance debate. Image: *Journal of Nursing Scholarship*, 25(1), p 57.
3. Whitney, JD. (2002) Searching for clinical significance in research results. *Journal of Wound and Ostomy Care Nursing*, 29(5), p 226.
4. Whitney, p. 226.

# **Vision in Action: Call for Nominations for ASPAN Awards**

Kim Kraft, BSN, RN, CPAN – Chair Membership/Marketing Committee

**D**o you know someone who puts vision into action? Someone whose passion and commitment to perianesthesia nursing affects his/her coworkers, patients and families? This is your chance to honor them for their accomplishments. Nominate them for ASPAN's Award for Outstanding Achievement or the Excellence in Clinical Practice Award.

The criteria for the Award for Outstanding Achievement the applicant must:

- Be a current member of ASPAN
- Demonstrate outstanding knowledge and expertise in the practice, education, research, and/or management areas of perianesthesia nursing.
- Have made contributions to or through perianesthesia nursing that have affected the community, region, or country.
- Have influenced perianesthesia nursing in a professional

role nationally (spokesperson to Congress, writer/author, lecturer.)

- Be recognized by peers and others as an expert and leader in the field of perianesthesia nursing as validated by two letters of reference.

The criteria for the Excellence In Clinical Practice the applicant must:

- Be a current member of ASPAN.
- Be a Registered nurse currently involved in the direct care of perianesthesia patients who clinical practice is consistent with the standards of ASPAN.
- Have a minimum of five years direct care experience in perianesthesia nursing.
- Be a practitioner whose practice exemplifies a high level of compassion and specialty experience documented by

peers and/or patients/families as validated by two letters of reference.

- Be a practitioner who is recognized in clinical nursing practice, shown his/her contributions to and support of perianesthesia nursing.

The recipients will be announced at the opening ceremony of the 2005 National Conference in Chicago Illinois. The winners will receive a crystal plaque, complimentary registration to the 2006 National Conference, economy airfare and four nights hotel accommodations, and will be highlighted in *Breathline* and the *Journal of PeriAnesthesia Nursing*.

Packets may be obtained by contacting Jane Certo at the ASPAN National Office at 877-737-9696 extension 13. Nominations packets must be postmarked no later than **November 30, 2004.**

## **ASPN Research Grants are Available!**

**M**aintaining the mission statements of ASPAN, funds are now available to support ASPAN member research programs related to perianesthesia nursing practice. Financial support is available for novice investigators, as well as experienced or expert researchers.

**F**or funds to be awarded at the 2005 ASPAN National Conference, research grant applications must be received in the National Office by January 15, 2005.

**T**o review the ASPAN Nursing Grants Program Application Guidelines, visit the ASPAN Website at [www.aspan.org](http://www.aspan.org) and click on Research opportunities button or you may email your questions to Chris Price (Research Grants Coordinator) at [pricenp@msn.com](mailto:pricenp@msn.com) or Myrna Mamaril at [memamar@aol.com](mailto:memamar@aol.com). Good luck!

below. Abstracts not adhering to these guidelines will not be reviewed. First authors in both formats will receive an honorarium and award certificate.

#### **APPLICATION DEADLINES**

##### **Oral paper Presentation:**

Postmarked by November 1, 2004

##### **Notification from the Reviewers:**

December 6, 2004

##### **Poster Display Presentation:**

Postmarked by November 1, 2004

##### **Notification from the Reviewers:**

December 6, 2004

#### **APPLICATION**

- On a separate paper please submit a copy or your ASPAN membership card
- Title of research presentation
- Presenter name(s) degree(s) and position
- Institution/Hospital affiliation for the research
- Address and telephone (work, home, fax and email)
- Research setting: Pre-operative, Phase I, Phase II, Phase III PACU

- Format Preference: Oral only, Poster only, Oral and Poster
- Research category: education requirement; thesis/project, dissertation, independent nursing research
- Funded by: name, Company or N/A

#### **FORMAT FOR THE ABSTRACT**

- Title for the research presentation
- Presenter name(s) and degree(s)
- Institution/Hospital affiliation for the research
- Body of the abstract: Introduction, Identification of the problem; Purpose of the Study, Methodology, Results, discussion and Conclusion, with implications for peri-anesthesia nurses

#### **GUIDELINES FOR ABSTRACT SUBMISSION**

Please submit one 8½" x 11" page with 1" margins using 12 point type, single spaced, flush left margin. Do not exceed 200

words. Submit 5 original copies of the abstract with full identification (title, presenter(s), and affiliation) for publication exactly as submitted. Submit 6 copies of the abstract with the title only for anonymous peer review. Send unfolded abstracts and application form in a large envelope with cardboard protection for the materials.

Enclose a self-addressed, stamped envelope or postcard for confirmation of receipt. Please mail the abstract and application to:

#### **ASPA**

**ATTN: Research Committee/Research Abstract Submission**  
10 Melrose Avenue, Suite 110  
Cherry Hill, NJ 08003-3696

The Research Committee looks forward to receiving your abstract and thanks you in advance for your interest, participation and support. 

## **New at the ASPAN Website ([www.aspan.org](http://www.aspan.org))**

*There are some new and exciting links at the ASPAN website. We now have a "Members' Corner" which is a password-protected area just for ASPAN members to let other members know what is going on in their lives. If you have earned a promotion, become certified, are getting married, or if there has been a birth or death in your family, or any other news you would like to share, this is the place to do it.*

*The "Medication Errors" link connects to a nationwide program making it possible for health professionals who encounter actual or potential medication errors to report confidentially and anonymously, if preferred, to USP. By sharing these experiences, pharmacists, nurses, physicians, and other health care practitioners contribute to improved patient safety and to the development of valuable educational services for the prevention of future errors.*

*The PeriAnesthesia Core Curriculum text book link to Elsevier Publishing is now available on the website. To best serve the needs of practicing perianesthesia nurses, content from Core Curriculum for PeriAnesthesia Nursing, 4th Edition and Ambulatory Surgical Nursing Core Curriculum were combined into one new core, PeriAnesthesia Nursing Core Curriculum. This new core adds additional key content to provide the most comprehensive reference for perianesthesia practice, from preanesthesia through Postanesthesia Phase 3.*

*And finally there is a "Website Development" link that takes you through the steps that are needed for components to design, develop, and maintain a website. At the present time we have 17 components with websites. It would be great if we could get that number up to 25, then 30, and eventually have all components with a website.*

*As you can see, there is a lot going on at your ASPAN website, so please stop in and visit it often at [www.aspan.org](http://www.aspan.org). You'll be glad you did.*

# ASPAR Salutes the Spirit and Vision of Recruiters

Kim Kraft, RN, BSN, CPAN – Chair, ASPAN Membership/Marketing Committee

## Member Highlight

Many ASPAN members have been busy since National Conference spreading the word about the benefits of membership in their specialty nursing organization and sharing their spirit and vision with their peers. As of June 30th, they recruited over 166 new members to the organization!

Among the top recruiters are Sue Meier from NAPAN, Christine James of AzPANA, and Maryanne Carollo of NYSPANA. The top components are NYS-

PANA, TAPAN, PANAC and FLASPAN. There are several reasons for the recruiters' successes. Nurses joined ASPAN in some components in order to take advantage of the reduced member rate for ASPAN Seminars. Components that hosted a variety of the programs throughout the component garnered new members. Likewise, components that held certification study sessions increased their membership roster.

As more hospitals seek magnet status from ANCC, there will be

an increased interest in attending educational offerings and seeking specialty certification. You and your component can be there to meet the needs of those nurses.

Congratulations to all ASPAN Ambassadors and Recruiters for their efforts in sharing ASPAN's vision with their coworkers and colleagues. To see a complete list of recruiters, visit the ASPAN website at [www.aspan.org](http://www.aspan.org). Watch this column to learn more about those members who are recognized as the spirit and vision of ASPAN. 

## Help Diversity Become Reality: Send in Your Willingness to Serve Form Today

Meg Beturne, BSN, RN, CPAN, CAPA – ASPAN Vice President/President-Elect

Diversity can become reality in many ways with your help! Creative ideas and differing perspectives can lead to the successful implementation of ASPAN's Strategic Plan. Various collaborations and affiliations arising from a broad based representation of our members can positively position us "at the table" with key stakeholders. Expansion of ASPAN's geographical borders can increase membership and enhance our diversity quest. You can become a part of this adventure by completing a "Willingness to Serve" form and submitting it to ASPAN no later than **October 31, 2004**.

Meeting this deadline enables the Vice President/President Elect to strategically prepare for the following year.

Consider putting your knowledge, skills and talents to use on the

national level. Live ASPAN's core purpose to advance the unique specialty of perianesthesia nursing. Promote diversity in action by accepting the challenge to serve your peers and colleagues as well as patients and families utilizing varied educational, clinical and research approaches and strategies.

Your contribution is essential for the future of our specialty. ASPAN needs dedicated committee members, Strategic Work Teams (SWT) and Specialty Practice Groups (SPG). Together we can meet the diversity challenge and offer unique membership opportunities and participate in varied advocacy efforts.

Your willingness to serve on short-term endeavors, as well as long lasting initiatives will be greatly appreciated. Guided by ASPAN's core values of honesty, truthfulness, fair, pride, respect,

diversity, ethical, stewardship, mentoring, passion and family/community, you will make a significant difference! By becoming involved you will also become connected to ASPAN leaders in a common effort to promote our value discipline: ASPAN's image, reputation and identity of excellence must become that of eminent influence.

Make the completion of your "Willingness to Serve" form a priority on your personal and professional agenda. Call the National Office to request a form or access ASPAN's Web site ([www.aspan.org](http://www.aspan.org)) to download the form. You will experience gratification at helping **Diversity Become Reality** for ASPAN into its envisioned future! 

### Be Part of ASPAN's Future

To serve on a committee during 2005-2006, you must submit your Willingness-To-Serve form to the National Office postmarked by October 31, 2004! Don't forget to submit your resume along with this form.

The 2005-2006 WTS form is available in .pdf format from [www.aspan.org](http://www.aspan.org) or by request from the National Office: 800-737-9696.

## Breathline

Volume 24, Number 5  
September/October 2004

## 2004 RA Approves Change in ASPAR Board of Directors Structure

Nancy M. Saufl, MS, RN, CPAN, CAPA – Coordinator, Bylaws Strategic Work Team

The Council of Component Presidents (CCP) is composed of the President of each component organization of ASPAN. The Council works in an advisory nature to the ASPAN Board of Directors (BOD) and the Representative Assembly (RA). In the past, the Council has elected a chairperson to serve a one-year term on the Society's Board of Directors. The role of the Chairperson was to represent component concerns and matters to the Board of Directors and to bring issues forward. Over the past few years the Chair(s) of the CCP realized that there was a significant overlap in the duties of the CCP Chair and the four Regional Directors who also sit on the ASPAN BOD. Last April, during ASPAN's National Conference in Philadelphia, the component presidents met for their annual meeting and luncheon. There was a lively discussion regarding the status and role of the CCP chair. The discussion included a very productive exchange of information and ideas. The general question was whether or not the Society and the Council would both be better served by a fifth Regional Director than by the CCP Chair in its current format. That being said, a proposal came forward from the Council that the CCP Chair be replaced with a fifth Regional Director. It was clearly articulated by the members of the CCP that they would like to have the new position in place in time for

the 2005 ASPAN elections. The sitting CCP Chair and the Coordinator of the Bylaws SWT placed the issue on the agenda for the post conference BOD meeting in Philadelphia. Following a positive response from the members of the BOD, ASPAN President Dina Krenzischek initiated an aggressive plan of action to meet the desires of the CCP.

With feedback from the CCP members and the BOD, the Bylaws SWT members worked with the ASPAN Chief Executive Officer (CEO), Kevin Dill, and the National Office Staff to come up with a proposal to present to the 2004 RA for vote. The proposal was presented electronically to the members of the 2004 RA in early July and the response was outstanding. The proposed bylaws change passed with flying colors. Therefore, in this issue of *Breathline*, you will notice changes in the Call for Nominations (see page 9). There is a call for nominations for the Regional Directors in regions One, Three, and Five, and there is no call for nomination for a CCP Chair.

With the new bylaws change, the BOD will still consist of five officers (President, Vice-President/President-Elect, Immediate Past President, Secretary, and Treasurer), nine directors (one director from each of the five geographical regions of the Society, one Director for Clinical Practice, one Director for Education, one Director for Research, and one

Director for the Foundation), and two ex-officio members (the ASPAN CEO and the President of the American Board of Perianesthesia Nursing Certification). The ex-officio members are non-voting members of the BOD. The five Regional Directors will each serve a two-year term and will reside in the geographical region in which they represent. The Directors from Regions One, Three, and Five will be elected in the odd-numbered years and the Directors from Regions Two and Four will be elected in the even-numbered years. Each Regional Director will be responsible for eight components (see Table I) and will communicate component matters and concerns to the Society and will facilitate the dissemination of Society information to the components.

The Council of Component Presidents will be maintained and will continue to work in an advisory nature. A facilitator for the Council will be determined annually at the CCP annual meeting and luncheon, and the role may rotate among the five Regional Directors. Component organizations and leaders will be able to bring component matters and concerns to the Society via the facilitator and/or their Regional Directors. This includes, but is not limited to, surveys and communications in regard to the needs and desires of ASPAN members.

This bylaws change is very exciting for the Society. It is a win-win situation for the components and

*continued on next page*

the members. Each component should have improved communication with its Regional Director and information flow should be greatly enhanced. The component presidents will still have

the Council for networking and sharing and each ASPAN member will have regional representation on the BOD.

Our current CCP Chair, Chris Price, will maintain her position

until the 2005 National Conference in Chicago when elections will take place for the new Regional Directors. 

**Table I: Component breakdown by Regions:**

Region One	Region Two	Region Three	Region Four	Region Five
NPANA	MO-KAN PANA	ILSPAN	NJBPANA	ALAPAN
AzPANA	PACNA	KSPAN	CSPAN	FLASPA
PANAC	LAPAN	MAPAN	MeSPAN	GAPAN
RMPANA	NAPAN	OPANA	MaSPAN	VSPAN
HIPAN	OSPA	WISPA	VT/NH APAN	NCAPAN
NevPANA	TAPAN	MNDAKSPAN	NYSPANA	SCAPAN
USPA	MSPAN	INSPAN	PAPAN	TSPAN
PANANM	ISPAN	WVSPAN	RIAPAN	CBSPAN

## **START PLANNING FOR 2005 PeriAnesthesia Nurse Awareness Week February 7-13, 2005**

Kim Kraft, BSN, RN, CPAN – Chair, ASPAN Membership/Marketing Committee

With summer behind us and winter fast approaching, it is time to turn our attention to holidays and celebrations. Before getting caught up in the usual festivities, begin making plans at your workplace and with your component to celebrate PeriAnesthesia Nurse Awareness Week (PANAW). The celebration runs February 7 – 13, 2005.

It's not too early to start making plans to celebrate PANAW. Requests for proclamations from

your state and local government officials should be sent three to four months in advance. You may contact the National Office or visit the ASPAN website for sample proclamations. Send a copy of your component proclamation to the National Office; ASPAN received two component proclamations this year. Local newspapers and journals are also a good place to get the word out to the community about perianesthesia nursing. Dennis Johnson, ASPAN's

Marketing and Exhibits Manager, has developed a press release that can be used if you're at a loss for words. Component activities can include educational sessions to kick off or wrap up the week or a local or statewide community project. Start making those plans now. Next year's PANAW theme will be announced in the November *Breathline* along with logo items that can help you get the word out about perianesthesia nursing. 

## Educational Offerings

**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](mailto:gnear@wfubmc.edu) or [genanear@triad.rr.com](mailto:genanear@triad.rr.com).

**October 9, 2004** WISPAN (Wisconsin Society of PeriAnesthesia Nurses) will hold its Fall Seminar in Milwaukee, WI. For details and registration forms go to [www.slingshotrally.com/wispans](http://www.slingshotrally.com/wispans).

**October 16, 2004** NJBPANA's Fall Seminar, "Critical Care Issues", will be held at Morristown Memorial Hospital, Morristown, NJ, from 8a-2p. Featured speaker: Maureen Iacono BSN RN CPAN. Contact Claire Forys for information: [forys-claire@cooperhealth.edu](mailto:forys-claire@cooperhealth.edu) or 856-342-2105.

**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).

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

**October 22-24, 2004** FLASPAN's 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.

**October 23, 2004** MAPAN Annual Fall Conference, Mission Point Resort and Conference Center, Mackinac Island, Michigan. Speaker: Kim Litwack. For more information please contact Dolly Ireland at 248-652-5744 or e-mail [direland@crittenton.com](mailto:direland@crittenton.com).

**October 23, 2004** ISPAN Fall Conference, Allen College, Waterloo, IA. Speaker Barb Bancroft. Contact person Zoe Schaffer 319-234-3464 h.

**October 23-24, 2004** MESPAN Fall Conference "PeriAnesthesia Challenges and Advancements" will be held at the Dana Center located at Maine Medical Center in Portland, ME. Speakers include: Myrna Mamaril MS RN CPAN CAPA, Donna White RN MSN CADAD CARN, and Cherylnn Griffin, PharmD. To request a brochure please email [mespan@maine.rr.com](mailto:mespan@maine.rr.com).

## PACU RN

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We have an excellent opportunity available to work 3-11p, Monday-Friday. Our spacious 17-bed Post Anesthesia Care Unit was recently renovated as part of the Surgical Services expansion. Selected individual must be able to assist with on-call responsibilities (one weekend per month, one day per week).

Relocation assistance is available. Please apply online at: [www.medicalcenterofplano.com](http://www.medicalcenterofplano.com) or forward a resume to: Medical Center of Plano, Attn: Recruitment-PACU, 3901 W. 15th St., Building 1, Suite 406, Plano, TX 75075 or call: 972-519-1432. EOE



## ASPAN 2004 Summer/Fall Seminars

### Perianesthesia Care: Beyond the Basics

October 2, 2004 • Irving TX  
October 9, 2004 • Bridgeton MO  
October 16, 2004 • Phoenix AZ  
October 23, 2004 • Batavia NY

### Legally Speaking: Just the Facts

October 30, 2004 • Minneapolis MN  
November 13, 2004 • St. Louis MO  
December 4, 2004 • Joliet IL

### Ambulatory Perianesthesia Practice: Beyond the Basics

October 2, 2004 • Irving TX  
October 9, 2004 • Bridgeton MO  
October 16, 2004 • Phoenix AZ  
October 23, 2004 • Batavia NY

### Management:

#### Now You're the Boss

October 23, 2004 • W. Islip NY

#### Aging: Everybody's Doing It

November 13, 2004 • Nashville TN