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ASPN National Conference

"Perianesthesia Nursing Diversity ...Touch the World that Touches You"

**April 30–May 4, 2006
Orlando, FL**

www.aspan.org

Diversity Intelligence Quotient

The time has come for peri-anesthesia nurses practicing in diverse settings to respond candidly to the following questions. Do you have a staff that is a representative mix of racial and ethnic groups, genders, religions, and abilities? Do you realize that diversity is gaining widespread attention on many fronts? Do you recognize the need to encourage, support, and embrace diversity? Do you agree that there is a need to break old patterns of knowing and doing that inhibit or preclude the contributions of a diverse work team? Are you aware that knowledge and acceptance of diverse colleagues and clients can positively impact the delivery of culturally competent care? What do you really know about diversity: fact versus fiction? In other words, what is your diversity intelligence quotient?

Once answered, these questions quickly give voice to another. Wouldn't it be interesting to measure and evaluate the individual diversity intelligence quotient (IQ) of ourselves and others? A practical way to proceed in this endeavor is to follow the reliable nursing process.

At the start, an assessment of cultural awareness is important. Staff can be given a self-assessment form which can function like a pretest in determining what misinformation, misconceptions,



Meg Beturne
MSN, RN, CPAN, CAPA
ASSPAN President 2005-2006

and knowledge deficits exist relative to diversity. A core group of interested staff who have attended "train the trainer" classes can act as facilitators in this beginning step; helping to formulate the pretest, compiling the data, and offering education. Behaviors, values, attitudes, and beliefs become part of the self-assessment, as well as the awareness factor. Awareness is enhanced by knowledge of early cultural experiences which either positively or negatively impact current knowledge and view of diversity. A trained diversity facilitator can also be utilized in this beginning step and may add increased credibility to the process.

The planning part of the process includes a brainstorming session at which numerous strategies are developed to move the diversity project forward and increase the diversity IQ of the peri-anesthesia team. Key values that drive the plan include empathy, sensitivity, and genuine commitment. Major principles include:

getting out of the comfort zone, learning to communicate more effectively, respecting individual differences, refraining from making judgments until sufficient information has been obtained, accentuating the positive and keeping everyone accountable for a harmonic environment.¹

The actual implementation phase includes acquisition of cultural competence knowledge and skills through cross-cultural encounters, as well as formal in-services and informal meetings with diverse community groups. Adding written resources in the form of books, periodicals, and reference materials to the unit's "library" is a positive strategy. Accessing relevant cultural information via the Internet and sharing it with peers enhances understanding of differences. Making diversity an integral part of the peri-anesthesia orientation program will go a long way to raising the bar of cultural competence. Increased understanding of diversity ultimately leads to care interventions that are culturally appropriate, meaningful, and effective.

Evaluation of the plan is accomplished through an in-depth analysis of outcomes. Now is the time to reflect on the initiatives that moved the process forward. Review the patient satisfaction surveys. Look at the comments that are obtained from patient postoperative phone

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President's Message

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calls. Assess the staff satisfaction with diversity. Determine if staff communicates better and functions more effectively as a team. Are they motivated to share their knowledge and skills with students and ancillary staff? How do they score now on a cultural awareness posttest? Observe patients of diverse cultures progress through the perianesthesia continuum. Are their needs being met with sensitivity? Do they feel welcome and accepted? Are the barriers to communication being addressed? Is access to care equal, available, and affordable?

The evaluation step is ongoing and, with each new discovery, a change is made to the diversity plan. It is, therefore, beneficial at the end of each day to ask the following question posed by nursing leader and cultural bridge builder Lorraine Steefel, "What have I done today to foster diversity and inclusiveness and to honor differ-

ences?"² To be successful, all cultures will need to learn to communicate with each other and celebrate differences. An excellent way to start is with a smile and a kind word.

Predictably, the diversity IQ will continue to rise as perianesthesia nurses everywhere accept the challenge to think globally; to acknowledge that a shrinking world needs strong, supportive connections. Bridging the gaps with minority nursing organizations and building alliances with organizations that shape international agendas will give us a voice to fashion culturally competent care for all! 

REFERENCES

1. Iacono, M, Diversity in the Workplace (1995)
2. Steefel, L, Diversity Key to Global Nursing, *Nursing Spectrum* (6):p 9.(2002)

For more information, contact Carol Hyman at the ASPAN National Office: 877-737-9696 ext. 19 or chyman@aspn.org

2005 Fall Seminars



Aging: Everyone is Doing It
September 17 Mystic CT

Ambulatory Perianesthesia Practice: Beyond the Basics
September 17 Detroit MI
September 23 Madison WI
October 8 Bloomington MN
October 22 Fishkill NY

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Breathline
Volume 25, Number 5
September/October 2005

ASPA Breathline

Published by the American Society of PeriAnesthesia Nurses

Indexed in the Cumulative Index to Nursing Allied Health Literature (CINAHL)

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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

Advocating Cultural Sensitivity in Older Adults

Myrna Mamaril, MS, APRN, CPAN, CAPA, CNS – Vice Coordinator, ASPAN Geriatric SPG

**Geriatric
Corner**

Perianesthesia nurses need to be sensitive when caring for culturally diverse older adults. Practicing perianesthesia nurses in America quickly recognize the unique differences and special needs of these elderly patients. According to Leininger, the goal of transcultural nursing is to provide culturally congruent and competent care to diverse patients through discovery, practices, and theories.¹ Older adults may view their medical condition or surgery in a different context from the perianesthesia nurses' perspective. Recognizing biases or personal differences of the nurse is essential to prevent barriers in the professional nurse-patient relationship. Understanding the elderly patient's culture, ethnicity, and religious values will help the perianesthesia nurses' approach

to care during the assessment, intervention, and ultimate outcome of care. Illnesses and life event stressors, such as surgery, place the geriatric patient in a vulnerable situation. Extending kindness and caring communicates to the elderly respect and reverence.

It is important to understand the culturally diverse patient's experiential view of the world. Education in cultural, ethnic and religious views promotes a better appreciation and increases awareness of each patient's differences. Eastern and western cultures have different theories of wellness and health. Examples of eastern and western cultures may be seen when caring for the Chinese. They believe that health is a balance of harmony in the flow of Ch'I (vitality) and hold that yin and yang represent a duality of

unity of the universe and Tao. Tao is a way of life, virtue, heaven and death.¹ They believe in balance of yin and yang. Native Americans link their state of health to good and evil and strive to live in balance with nature. Both the Chinese and Native Americans have close family bonds that are recognized as they both value and highly respect their elders. Showing respect through the nursing care we provide these special geriatric patients and their families reveals true caring and warmth. This establishes open communication and mutual respect during the perianesthesia continuum of care. 

REFERENCES

1. Leininger M and McFarland M. (2002) *Transcultural Nursing: Concepts, Theories, Research, and Practices* (3rd Ed.). Philadelphia: McGraw-Hill.

Call for Abstracts Reminder:

Research Oral and Poster Abstracts must be postmarked before November 1, 2005.

Celebrate Success Practice Abstracts must be postmarked before November 15, 2005.

For a complete list of requirements for submission, please refer to the July/August issue of *Breathline* or check the ASPAN website at www.aspan.org.

Special Note: National Conference abstracts/posters are displayed in two categories with different requirements for each (Celebrate Successful Practice Category and Research Category). Both have very specific guidelines and requirements. ***It is the responsibility of the member to correctly select the appropriate category and meet the appropriate calendar deadlines for submission.***



Breathline
Volume 25, Number 5
September/October 2005

Wanted: Leaders for the Next Millennium Join the Journey to Perianesthesia Excellence

Pamela E. Windle, MS, RN, CNA, CPAN, CAPA – ASPAN President-Elect/Vice President

It's a great time to be a peri-anesthesia nurse.

Unlock your potential! Think back to when you became a peri-anesthesia nurse, then joined your nursing specialty organization, ASPAN. It is through involved members that our organization is able to continue to be one of the best specialty organizations. ASPAN needs members that can assist our organization on ASPAN's journey to excellence to become more influential than ever!

As a past recipient of ASPAN's Recruiter of the Year awards, I am always excited to meet a peri-anesthesia nurse, to talk about our nursing organization and the benefits of what this 25 year-old society has accomplished, becoming one of the most prestigious nursing specialty organizations today.

Next year ASPAN's journey to excellence will focus on safety, a healthier work environment, staffing, evidence-based practices, research priorities, and partnerships and collaboration with other organizations and industries. This is your society, and together we need to move our organization forward, as well as continuing to implement ASPAN's strategic plans. WE need YOU to make this happen! As members, you are our voice, and we need

your active participation. You are the experts and with your creativity, wisdom and dedication to ASPAN, you can make a difference by voicing your expertise and knowledge.

So, do you want to join us as we chart our course? Join me by completing a "Willingness to Serve" (WTS) form indicating your areas of interest, and submit to the ASPAN National Office no later than October 31, 2005. Submit your resume or Curriculum Vitae (CV) and a snapshot photo (to match names with pictures) together with your WTS form. It may seem early to sign up, but this deadline will allow me to strategically prepare for the committees and strategic work teams (SWTs) that I envision will help us chart our course. Committee members will be selected in November-December, and prior to the National Conference all committee chairs will be informed of their potential members. Get involved. ASPAN needs YOU now!

If you want to learn more about a particular committee, please feel free to call me or email me (pwindle@aspan.org) or the ASPAN National Office, and a member of that particular committee will contact you to provide

more information. We have so many members who are currently dedicated to ASPAN and have actively participated in many ways in mentoring, guiding, and providing support to new members. Any fresh idea is welcome! Please take time and make this request a priority and decide which committee best fits you. If you know of someone who is committed, articulate, dedicated, creative, and wanting an experience of a lifetime in this journey, ask them to join our journey to excellence! Be part of the ASPAN Team for 2006-2007.

Again, it is a great time to be a peri-anesthesia nurse!



Be Part of ASPA^N's Future

To serve on a committee during 2006-2007, you must submit your Willingness-To-Serve form to the National Office postmarked by October 31,

2005! Don't forget to submit your resume and a photo along with this form.

The 2006-2007 WTS form is available in .pdf format from www.aspan.org or by request from the National Office: 877-737-9696.

Breathline

Volume 25, Number 5
September/October 2005

So, How Many Do I Need?

Ellen L. Poole, DNSc(c), RN, CCRN, CPAN – ASPAN Research Committee member

Research Corner

One of the many decisions made in research is to determine exactly how many people need to participate in a study for the findings to be meaningful. Studying the entire population is not feasible, so a sampling of the population is done. Once the researcher has determined the population of interest, it is time to decide how many are needed.

Factors that determine the number necessary for a meaningful study vary according to the type of study: quantitative, qualitative, or meta-analysis. So, how does the researcher decide exactly how many people need to be in each study?

For quantitative studies the researcher (or the statistician) does a power analysis. The power analysis is a mathematical computation that determines how many subjects are needed in the study for the results to be meaningful; in other words, that the findings are more likely to be considered significant rather than by chance. Three numbers are necessary to determine the power analysis: the appropriate effect size (small, medium or large), the number of variables in the anticipated study, and the power desired.

The effect size is determined by what previous research has

indicated is appropriate, such as a .4 medium effect size. These numbers are placed in an equation and compared to a table to determine how many subjects to use. This assists the researcher in having enough: not too many and not too few. Predetermining the number needed allows the researcher to have enough people for meaningful interpretation and assists in keeping costs down.

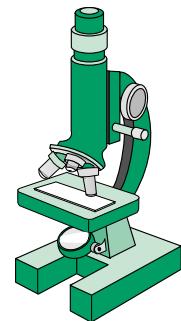
A different method is used for qualitative research. Within this modality, the researcher is dealing with the context. Plans are made for an approximate number, but as data analysis is concurrent, data saturation is the key element. If the first five participants all say the same thing, data saturation is achieved and the researcher doesn't necessarily ask the next three people this specific question.

Kells¹ wished to determine how blind people were able to avoid running into objects. Initial plans were for more than 10 participants; however, the first five participants all expressed the same ideas, which was reinforced by three more participants. Data saturation was reached, so there was no need to recruit more participants in this specific study. Other qualitative studies with more questions require more participants and the researcher

carefully describes this in the research protocol.

With today's emphasis on evidence-based practice, meta-analysis, a method to combine the results of multiple quantitative studies, has gained increased prominence to determine effective treatments. As in quantitative and qualitative studies, a certain number of studies need to be examined to rely on the findings. The researcher determines the Fail-safe N, the number of studies needed to overcome the results of the analysis and compares this to the tolerance level $k(5)+10$; k is the number of studies analyzed. In Fetzer² study on the use of eutectic mixture of local anesthetic she calculated a Fail-safe N of 354, which was above the 55 (studies in her study).

Fortunately, there are statistical software programs to assist with calculations necessary for both the power analysis and the Fail-safe N.



REFERENCES:

1. Kells K. (2001). Ability of blind people to detect obstacles in unfamiliar environments. *Journal of Nursing Scholarship*, 33, p. 153-157.
2. Fetzer S.J. (2002) Reducing venipuncture and intravenous insertion pain with eutectic mixture of local anesthetic. *Nursing Research* 5, p. 119-124.

ASPAR AWARDS

Reminder: Be sure to nominate a worthy peer for an ASPAN Award: the Excellence in Clinical Practice Award and the Award for Outstanding Achievement. Guidelines for each award can be found on the ASPAN website (www.aspan.org) under the members key, then click on the awards button. You can also contact the National Office to request a packet. Deadline for submission is November 30, 2005.



Breathline

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Nurses Can Influence Policy: One Nurse's Story

Maureen F. McLaughlin, BSN, RN, CPAN – Chair, ASPAN Governmental Affairs Committee

Many years ago, one emergency department nurse turned a tragedy into a national organization focused on injury prevention. The event that started her long journey occurred on a Thanksgiving night many years ago. Her patient was 17 year-old who had been airlifted to her emergency room, the victim of an alcohol-related motor vehicle crash who was not wearing a safety belt. The injuries were extensive, and it was uncertain whether he would survive. As the family was not present, the nurse called them at home. When her phone call was answered, the man at the other end of the line refused to allow her to speak with either the victim's father or mother, as they had just suffered an enormous loss and could not come to the phone. Their 18-year-old son had just died in a motor vehicle crash, along with his cousin. *The same accident as her patient.* The family did not even know that their other son, her patient, had even been in the car. She was the one to inform them. In the end, both brothers died, but Barbara, the nurse, was able to turn this tragedy into a national organization called EN CARE, Emergency Nurse Cancel Alcohol Related Emergencies. EN CARE is now the Injury Prevention Institute of the Emergency Nurses Association.

Initially, Barbara and a colleague started by talking to 15 area high schools about the dangers of drinking and driving and not wearing a safety belt by presenting a graphic slide show highlighting the harm from decisions teens were making. They needed the facts. In 1984, their number of presentations increased to 100 and, before too long, they were educating fellow nurses in surrounding states, so that they too could offer education to prevent these injuries in their communities. Soon their endeavors consumed much time and resources; funding was needed. They approached the Massachusetts Governor's Highway Safety Bureau. "What do you need?" was the reply. Five thousand dollars was the start, used to pay for copying, postage, and a first training session. Soon thereafter a state representative, who was also the chair of the House Ways and Means Committee, approached them after seeing their presentation. "What do you need from the state government?" A legislative bill was presented in front of the state legislature, and \$75,000 was appropriated for three years. Barbara opened an office, employed a small staff, and EN CARE became incorporated. Insurance companies even offered funding, as she had informed them that her efforts to educate teenagers about

the dangers of drinking and driving actually reduced their insurance costs. Before too long, Barbara spoke before the National Highway Traffic Safety Administration. "What can we do for you?" they asked. \$25,000 was appropriated for EN CARE. Barbara, after 10 years of running EN CARE on her own, affiliated with ENA and opened an ENA satellite office in Washington, D.C. which housed EN CARE and governmental affairs.

The story above details one nurse's effort to address an alarming incidence of alcohol related teenage deaths. She was vocal in her message, and the state, and subsequently the federal government listened.

I first heard the story of Barbara Foley* and EN CARE at NIWI, the Nurse In Washington Institute. ASPAN provided funding for both Meg Beturne, our ASPAN President, and myself, to attend this informative session last February. I learned that one in forty-four voters is a nurse, and one in one hundred adults is a nurse. There are an estimated 2.7 million nurses in the United States. Imagine what we could accomplish if we all had a little of Barbara in us? A small, stylized illustration of a heart, rendered in a green and white color scheme.

***Barbara Foley is now a peri-anesthesia nurse and a member of ASPAN.**

BRAND NEW!

Clinical Practice FAQs now on ASPAN's Website...read the answers to some of the most frequently asked clinical practice questions received by ASPAN's CP Committee from nurses around the globe. New Qs & As will be added periodically. To access, go to ASPAN's home page: www.aspan.org, click "Clinical Practice", then select "Frequently Asked Questions" from the drop-down box.

Survey Says...

In an article found in the May 2005 issue of *Nursing Management* describing the results of a survey conducted by the American Board of Nursing Specialties at the 2002 Nursing Management Congress, the following perceptions of nurse managers were identified regarding specialty nursing certification:

86% of respondents indicated they would hire a certified nurse over a noncertified nurse if everything else were equal. The top five reasons why were:

- Has a proven knowledge base in a given specialty
- Demonstrates a greater professional commitment to lifelong learning
- Has documented experience in a given specialty
- Is a role model and mentor for others
- Demonstrates increased confidence

(MF Stromborg, et al. *Specialty Certification. More Than A Title.* Nursing Management, p 36 – 46, May, 2005.)

Need CPAN and/or CAPA Practice Exams?

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

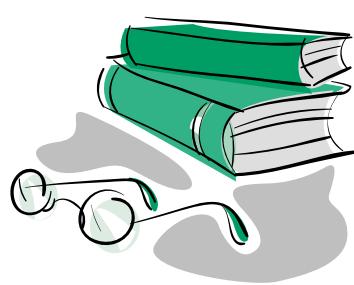
Further Research Activities...

ABPANC is pleased to be a part of a national research coalition sponsored by the American Board of Nursing Specialties to study the Perceived Value of Specialty Nursing Certification. Twenty one member organizations of ABNS provided the names of certified, noncertified and nurse managers who were ran-

domly selected to participate in an internet based survey. More than 11,000 individuals completed the on-line survey! Preliminary study results will be presented to the ABNS membership in October, 2005. ABPANC would like to thank those CPAN and CAPA certified nurses and ASPAN members who participated! ☺

Studying for November 2005 CPAN and CAPA Examinations? Here's A Tip (or Two!)

- Start with a positive attitude – be proud of what you know!
- Study some every day. A little each day is much better than a lot all at once.
- Avoid cramming.
- Spend more time on subjects that are your greatest weakness.
- Pick a time to study when you are most alert. Research indicates that morning and early evening are the most productive times to study.
- Identify a study schedule and stick to it!
- Tape record important key items from references and listen to tapes to and from work or other travels.
- Read aloud. ☺



Examination Fees to Increase

Effective with those registering for the November 5, 2005 CPAN and CAPA examinations, the examination fees will be increased by \$25.00. The total payment for ASPAN members will be \$260.00; Non-ASPA member \$360.00.

For a list of special test sites established for 10 candidates or more for the November 2005 CPAN/CAPA examination administration, please go to the ABPANC website - www.cpancapa.org/certification/where_is_exam_given_and_when. If a special test site has been established that is more convenient for you, you may sit at that site. You may also transfer to that site if you have already registered for another but you must transfer by the postmark deadline noted in the Certification Handbook and Application.

Recertifying in November?

Recertification application materials due **postmarked** November 1st, 2005.

Register for exams given April 30, 2006

Dates to Remember

- Special test site request postmark deadline – **2/13/06**
- Initial application postmark deadline – **2/27/06**
- Late application deadline (must submit a \$50 late fee) – **3/6/06**
- Test site transfer request postmark deadline – **3/27/06**

Recertifying in November?

NOTE THE CHANGE IN THE POSTMARK DEADLINE!!

Recertification application materials are due **postmarked no later than November 1st, 2005**. In the past, the postmark deadline was November 30th. Those due to renew in April must submit materials postmarked by April 1st, not April 30th.

News Flash!

The CPAN and CAPA *Candidate Handbook and Application* is available on line! Visit www.cpancapa.org to download some or all of the sections you need now! Hard copies are also available by contacting ABPANC. You will still need to obtain the scannable application form from Professional Examination Service.

Breathline

Volume 25, Number 5
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Experience the Gaylord Palms™ in Orlando!

Lois Roberts, RN – 2006 National Conference Strategic Work Team Member

The site of the 2006 ASPAN National Conference, *Peri-anesthesia Nursing Diversity... Touch the World that Touches You*, is the extraordinary Gaylord Palms™ Resort and Convention Center. Whether you drive to Central Florida or fly into the beautiful Orlando International Airport, once you reach Gaylord Palms™ you will begin a wonderful conference week. The venue brings to life the excitement of a grand tour through the Sunshine State and includes the historical charm of St. Augustine, the free-spiritedness of Key West, the intrigue of the Florida Everglades, and the opulence of Emerald Bay—all under the Gaylord Palms™ signature glass dome.

You will find the hotel breathtaking with the exotic gardens, casual and fine dining, entertainment, shops, and numerous other resort activities, all under one roof. With over 1,400 “state of the art” rooms, each reflecting the individual style of the locale, you will even find a “Consider it Done” button to ensure that your every need is tended to promptly.

Each guestroom includes the I-Connect system, a revolutionary communication system that pro-



vides each guest with touch-of-a-button connectivity to hotel services and more. All guests can even surf the Web at no additional cost right from their own guestroom. For those of you with children, there are many special kids activities available, including La Petite Academy, Kids Station. The resort also includes the legendary Canyon Ranch SpaClub™ featuring a state-of-the-art fitness center and full-service salon.

The Convention Center and meeting rooms are directly connected by a bridge to all of the conference activities. The atmosphere, with the lavish gardens, makes it a pleasure just going from one location to another

within the hotel. The ample meeting space and accommodations will offer many opportunities for networking and exciting educational opportunities.

You may never want to leave this beautiful resort, but should you choose to explore Orlando and Kissimmee, the Gaylord Palms™ property is well located and in close proximity to all the attractions, such as the Disney World, Universal Studios, and Sea World. Premium outlet malls and world-class shopping malls are close by as well. There is so much to see and do that, if possible, you may want to plan a few extra days at the beginning or end of the conference.

The weather will be sunny and warm, with average temperatures in the low 80s. Resort casual is the order of dress, but always remember meeting rooms can be chilly so prepare accordingly.

Plan now to attend ASPAN's 25th National Conference in beautiful Central Florida and enjoy the unique Gaylord Palms™ Resort and Convention Center. Visit the web site at www.gaylordhotels.com and take a virtual tour of the facility. We hope to see you there! 

Are you looking for someone to share a room at National Conference?

.....
If you would like to have your name on a “Willingness to Share a Room” list, then mail or email your name to:

Karen Ewing, RN, CPAN, 3011 Mango Tree Drive, Edgewater, Florida 32141, 386-423-2761
aspanroommate@hotmail.com

Please indicate where you prefer being notified (home or work) and preference for a smoking or nonsmoking room. The deadline to request to share a room is February 1, 2006. The “Willingness to Share a Room” list will be mailed from Edgewater, Florida on March 1, 2006. Your name, address, and phone number will be circulated to others on the list, and **it will be your responsibility to directly contact others on the list and make arrangements to share a room with them.**

Won't You Stay a While in Florida?

Nancy Burden, MS, RN, CPAN, CAPA – 2006 National Conference Strategic Work Team Member

National Conference

Sunny skies. Temperatures between 66° and 88° F. Luxurious white sand and lapping waves. Sky scrapers and thatch covered huts. Manatees and panthers. Salvador Dali and Spongeorama. Thomas Edison's home and Dinosaur World. Key lime pie and fresh grouper. Mickey's home and baseball parks. These are just a few of the pleasures that beckon visitors to Florida. (www.visitflorida.com)

If you are planning to attend the 2006 National Conference in Orlando you need to.... Oops, first let me say, if you are NOT planning to attend the Orlando conference, WHY NOT? This is a wonderful opportunity to network, meet new people and old friends, and increase your professional knowledge.

Okay, back to the big picture idea. May is one of the most delightful months in Florida: temperate, sunny and not as crowded as winter or summer seasons. It is an ideal time to plan a before or after conference vacation with friends or family, and now is the time to plan. You can make reservations at deluxe hotels or casual back-woods campgrounds. Florida boasts three national parks and over 140 state parks. (www.floridastateparks.org). There are museums, orchestras, art galleries, sports adventures, and much more. Any type of activity – or “non-activity” that you can imagine is available within a half-day drive of Orlando.

First, for the person who wants to do nothing on vacation but relax, Florida offers more beaches, pools and picnic areas than you could visit in a year. From the Panhandle to Key West, and Clearwater to Miami Beach you can find any type of spa, hotel,

campground, or bed and breakfast that suits your fancy.

Some of these “favorite places” might entice you.

- St. Augustine offers a laid back Bed and Breakfast atmosphere with winding roads of shops, the historic fort (Castillo de San Marcos), Ripley's Believe It or Not Museum and, for the really brave, nightly ghost tours. (www.oldcity.com) Stately Flagler College is a beautiful campus that draws thousands of students each year and a place to enjoy beautiful architecture.
- Daytona Beach is known for its world-famous beach, the International Speedway and the heart-throbbing *Richard Petty Driving Experience*. (www.daytonabeach.com)
- Also on the east coast is the fabulous Kennedy Space Center. This is a not-to-miss experience that will amaze both young and old with an unforgettable and inspirational journey through space and time. (<http://www.nasa.gov/centers/kennedy/home/index.html>)
- Key West, the southernmost city in the US, is the quintessential place to relax, chill out, and watch the crowds. You might even spot Jimmy Buffett in one of his favorite spots! The Ernest Hemmingway house provides a glimpse into years gone by and is still inhabited by the famous “Hemingway cats” that will warm your heart. (www.flakeys.com). Of course, the Keys offer other locales such as Key Largo, Islamorada, and

Marathon, all great places to fish, boat and enjoy the surrounding water sports.

- Miami is a hot spot for the young and old. South Beach is a unique experience. Coconut Grove offers a cosmopolitan village setting with distinguished art galleries and cutting edge bars and nightclubs. And don't forget a trip to the Miami Zoo, Parrot Jungle, Everglades's airboat rides, and much more. (www.ci.miami.fl.us/pages)
- The West Coast offers the incredible Clearwater Beach along with the Tarpon Springs Sponge Docks, fabulous St. Armand's Circle in Sarasota, (www.sarasotafl.org) and the natural beauty of Sanibel and Captiva Islands.
- Of course you could spend weeks and never leave Orlando with its fantastic main attractions of Universal Studios, Sea World, and Disney World. But there are also great outlet and upscale shopping malls, golf courses, lakes, and the amazing performers at La Nouba – Cirque du Soleil. (www.orlandoinfo.com)

All in all, this is a chance for you and your family to enjoy a state full of joyful adventures. Make your plans now for an extended stay in the land of sunshine, orange juice, and sports! 

ORLANDO 2006!

Breathline

Volume 25, Number 5
September/October 2005

Building a Lasting Organization through International Partnership

Myrna Mamaril, MS, APRN, CPAN, CAPA, CNS; Dina A. Krenzischek, MAS, RN, CPAN

The British Anaesthetic and Recovery Nurses Association (BARNA) was founded in 1986 and now has over 800 members throughout the United Kingdom. BARNA promotes education and research to improve standards of clinical practice and encourages collaborative nursing opportunities with other associations within the critical care domain. This year BARNA held their Annual Conference on June 23-24 in Brighton, England. Over 180 delegates from all over the United Kingdom attended. Representation included English, Irish, and Scottish nurses who worked in the following areas: preoperative assessment, theater (operating room), anesthetic and the recovery room. The American Society of PeriAnesthesia Nurses' (ASPAN) is very interested in strengthening our international perianesthesia professional nursing relationship with BARNA. ASPAN's goal is to share professional perianesthesia nursing practice, education, and research.

In 2004, Dina Krenzischek, ASPAN's President, was invited to be the keynote and closing speaker at the BARNA Annual Conference in Brighton, England. The BARNA Conference Planning Committee also requested specific presentation



Dina Krenzischek with an ambulatory surgery nurse at Brighton Same Day Surgery Center

topics related to malignant hyperthermia, geriatrics, sedation, and critical thinking in emergency situations. Myrna Mamaril, ASPAN's Director for Research, was chosen as the ASPAN Ambassador to present the requested topics as approved by the ASPAN Board of Directors. The strategic goal for the BARNA Conference was two-fold. The first initiative was to operationalize ASPAN's Big Audacious Goal (BAG): *"ASPAN seeks to be recognized by the healthcare community worldwide as the leading organization for perianesthesia nursing education, practice, standards and research."*

The first goal was to strengthen our international professional nursing relationship with the British perianesthesia nurses. The second goal was to share perianesthesia educational opportunities and to investigate the feasibility of collaborative international research.

On June 22, 2005, Dina and Myrna arrived in London very early in the morning. Later that afternoon,

they were met by BARNA Committee Member, Natalie Quine and another ASPAN colleague, Denise O'Brien, who was personally invited to speak by the BARNA Conference Planning Committee. Desiring to learn more about the British health system, the three ASPAN nurses toured St. Thomas Hospital and the Nightingale Museum with Miss Quine. St. Thomas Hospital was the first hospital and the site of the first hospital school of nursing that was established by Florence Nightingale in England. St. Thomas is over 1,000 beds and is a prestigious teaching hospital.

The next morning they traveled to the site of the BARNA Conference in Brighton, England which is about 70 miles southeast of London. Brighton is a popular English seaside resort. Dina and Myrna then toured Brighton Same Day Surgery Center. They found that English and American ambulatory surgery and perianesthesia nurses had many of the same practice concerns. Although the language and nursing terms may differ, the basic nursing practice is very similar. They learned that "sister" is a term for supervisor or nurse manager; "trolley" is another name for stretcher; and "overspill" is another name for overflow. The preoperative assessment that nurses perform is similar to our preoperative assessment or preadmission testing nurses. The theater nurses are equivalent to our operating room nurses.

The anaesthetic nurses assist the anesthesiologist during the administration of anesthesia. The recovery room nurses are like are postanesthesia care unit nurses (PACU) who work in Phase I, II, and III. Although the Phase III



BARNA Board and the ASPAN Representatives

The Role of the Mentor in ASPAN Membership

Susan Carter, RN, CPAN, CAPA – ASPAN Membership/Marketing Committee Member

Membership

Have you ever considered whether or not you are a "mentor"? When asked that question, does your mind automatically jump to the clinical practice in your work setting? Or did you perhaps stop and think of all of the various opportunities you have to be a mentor for another person?

Ulysses, the hero of the *Odyssey*, appointed Mentor, his loyal friend, to guard his home, and tutor his son while he was away on his journeys. Thus the word mentor has come to mean guardian and tutor. According to Webster's New World Dictionary (1984), a mentor is a wise loyal advisor; a teacher, or a coach. Practically speaking then, a mentor is an experienced counselor who extends to another person advice, teaching guidance and assistance towards a goal in a chosen profession.

The question I pose to you now, with that background information, is this: Are you a mentor for new members in your professional nursing association – namely your component and ASPAN? Think about this for a moment. Being a "mentor" is a simple task, one that takes only a sharing of a belief you already

possess. This entails that there is value in being a member of a larger group that is focused on the same goals, objectives, and values that are important to you and the patients that are entrusted to your care.

Being a "member mentor" simply means that you serve as a conduit for others to learn about your component and ASPAN. You lead by example; you guide. You attend educational offerings held by your state organization and/ or ASPAN and then share the pearls of wisdom you learn with your colleagues when you return to work. You might start a "journal club" for your team meetings and share an article you read in the *JoPAN* that has implications towards your practice at work. You make sure that educational offerings and copies of *Breathline* are posted in your unit to share with others who are not members, with your hope that the information will spark an interest in others to join ASPAN. You have membership applications available for others, or you encourage colleagues to access the ASPAN website at www.aspan.org so they can become a member online. You are a role model for others. You are a motivator and a cheer-

leader. You stimulate curiosity and you provide opportunities for others. Being a "member mentor" means inviting a colleague to join you at a local meeting, or reminding others that membership renewals are due and offering to be the one to mail them all in. It means seeking out first time attendees at an educational seminar, introducing yourself, and making that person feel like a welcome part of the proceedings.

Being a mentor involves sharing a part of yourself and sometimes taking a few simple risks. Share your knowledge with those who are not members. In addition to the time honored concept that a mentor is a teacher, I challenge you to accept that a mentor can make learning about anything, an exhilarating experience for the neophyte, non-member, protégé, whatever term you choose to use. A mentor can pave constructive avenues for creative energy even in the area of membership in a professional nursing organization. Find ways to become a "member mentor", share yourself with others who haven't yet discovered the value of belonging to ASPAN. Both of you will be enriched by the efforts you put forth by being a mentor. 

Research grants will be awarded twice a year.

Applications for grants awarded at the annual ASPAN National Conference must be received by the ASPAN National office by January 15, 2006.

Applications for grants awarded in October must be received by the ASPAN National Office by July 1, 2006.

Proposals received after these dates will not be reviewed.

Please check the ASPAN website (www.aspan.org) for additional information or call the National Office for a packet.

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Racial and Cultural Considerations in Pain and Comfort Management

Dina A. Krenzischek, MAS, RN, CPAN – ASPAN Immediate Past President 2004-2005

The United States embraces a racial and multicultural diverged population and we see an increasing number of patients in the perianesthesia settings. As clinicians, we have the responsibility to educate and increase our sensitivity to improve care among our patients. One of the barriers in pain and comfort management starts with our misconceptions. These barriers can become our background knowledge that may influence the management of our patients. Here are some examples: gender, age, race and culture, lifestyle, and personal experience.

Evidence-based practice is imperative and must be part of our education and practice. Research findings showed that men who had back pain, chest pain, and headache were found to be significantly more in pain than women, but men were medicated less compared to women.^{1,2,3} Women with cancer pain aggravated with postoperative pain received less pain management than men.^{1,2,3} However, gender biases are not always predictable as shown in one study.⁴ Age bias is another factor and study showed that young patients received more pain medications compared to older patients.⁴ 77% of newborns undergoing surgical ligation of patent ductus arteriosus received no analgesia, but were given muscle relaxants and anesthetic gas.⁵ More likely the young and older patients received more pain medications than the infants.⁵ Race and culture are other factors to consider. Non-

Hispanic, minorities or blacks received inadequate doses of pain medications compared to Hispanic population.⁶ Personal experience is another factor. One study showed that nurses who had experienced intense pain inferred higher level of pain in patients than nurses who had not had experienced intense pain.⁷ Irresponsible lifestyle is another factor. Patients with alcohol and drug abuse or unemployed may have their pain managed differently from patients without these problems.⁸ Nurses revealed that they did not want personal values to interfere in their management.^{9,10} However, findings showed that patients having problems with irresponsible lifestyles interfered with their pain and discomfort management.^{9,10} Lastly, patients from other countries may be treated differently with their pain.^{9,10} Although, the value is to relieve pain, multifactor issues can influence the way we treat our patients.

McCaffery and Pasero stated that, "There is little doubt that different ethnic groups express pain and suffering differently. The same can be said of people in general."⁸ They both believed that the pain assessment tools in the United States can be used successfully in other countries if they are translated into appropriate languages.⁸ Therefore, a clinician must be particularly mindful of the fact that the more differences there are between the patient and the clinician, the more difficult it is for the clinician to assess and treat the patient. Research findings showed

that if a patient and a clinician spoke the same language or came from the same culture, the patient's pain rating was revealed to be similar compared to when cultures are different between the nurse and the patient.¹⁰ McCaffery and Pasero emphasized this responsibility and encouraged clinicians to seek information about their specific culture background of their patients through comprehensive assessment, evaluation of evidence-based practice, and sharing expertise during workshops, seminars and national conferences.¹ Beyond the racial and cultural diversity of our perianesthesia patients, ASPAN's mission statement includes **all** of our patients, "ASPAAN is committed to ensuring the patients' rights to pain relief and comfort management, through education, research based standards, measurable outcomes and promotion of patient advocacy." Therefore, as nurses, we have a very important role in the pain relief and comfort of our patients. Through our increased knowledge and sensitivity to racial and cultural diversity, we can make a significant impact in the patients' clinical outcomes. 

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Embracing the Diversity in Perianesthesia Clinical Practice

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

Diversity

Diversity. What a peculiar word. It measures how many different things or even ideas that exist at any given time. How to measure diversity is a cause of arguments that are often difficult to settle.

If we think about the diversity of cells, it can send us on an endless journey of discovery. In the beginning, we all start as a small cluster of cells that, through division, create a multitude of very diverse cells that make us humans. We are different from each other and every other creature on the earth. We come from diverse environments. It can be a rural or urban setting, it can be a cold or warm climate, and it can be a desert or a beach. But once again, we are all humans. So, you ask, what does this have to do with ASPAN and Clinical Practice? We, as perianesthesia nurses, are a diverse group of humans that come with a diverse set of experiences to care for a very

diverse population that changes every minute of our working day.

Perianesthesia nurses do not have to travel to faraway places to encounter differences. We have different educational backgrounds. Graduates of diploma programs, community colleges, and colleges and universities represent us. Our ranks are rapidly growing with doctoral prepared nurses. We work in diverse environments. We work in hospital-based settings, freestanding centers, and office-based practices. We work with patients who span the age spectrum. We work with patients of many nationalities as we ourselves represent many nationalities and ethnic origins.

With all of the "diversity" we, as perianesthesia nurses, need to be open to the challenges that face us. We need to understand the world we live in, avoiding stereotyping and accepting those with ideas and practices that might conflict with our own personal

beliefs. Our patient's perception of a disease and its causes is affected by the experiences and culture of the patient. We cannot change that, but we can accept it and provide care that supports this diversity.

As we welcome new graduates and nurses with diverse experiences outside of the perianesthesia setting, we need to embrace them. They are the future of our specialty. As they are guided through the basics of perianesthesia nursing and become critical thinkers in the new environment, we need to be open to their insights into our practices. They are contributing and perhaps developing new models of care for the diverse settings in which we practice and the diverse population for which we care.

Diversity is a celebration of life and connects all of us to the world. 

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**Start planning
now for
PANAW 2006
February 6-12**



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Volume 25, Number 5
September/October 2005

Leading Diversity among ASPAN Members

Pamela E. Windle, MS, RN, CNA, CPAN, CAPA – ASPAN Vice President/President-Elect 2005-2006

Diversity: **T**ouch the world **t**hat **t**ouches you! This is ASPAN President Meg Beturne's theme for the year. Diversity is so powerful in any successful organization. This is an ideal time for ASPAN to re-focus on the importance of this message. Diversity is not limited to race, gender, age, religion, sexual orientation, and educational background. ASPAN strives to create a strong and diverse organization, and each member has unique interests and needs. Diversity within ASPAN will make our strategic plan become a reality and our ASPAN leaders will capitalize on diversity to build a successful organization.

In today's changing and challenging environment, leaders are required to engage "diversity" in our day to day transactions at work and personally. To help us understand the importance of diversity, leaders must assess their own inner selves by asking these questions: **Who** am I? **How** do I really feel about those who hold beliefs that are different from mine? **What** kind of leader am I? Am I really honest with myself? **What** moral and ethical values impact my decisions or judgment? **Where** do I begin to change myself and my way of thinking? **When** can I change myself? **How** am I perceived by those I lead?

Leading diversity starts with good leadership traits. First, and foremost, is self-awareness of what leaders should be. The most important trait here is to examine our own ethical beliefs, values, and past experiences that help us understand how we view our patients, coworkers, and colleagues. It is common for anyone to feel prejudice or bias whenever we interact with someone either in our personal or professional lives.

True as it may be, we are human, vulnerable, and may feel different from others, but are we willing to admit our weaknesses and learn how to manage diversity?

Another trait of a good leader in this diverse world is how we communicate with others. Employees and ASPAN peers respect a diverse leader who is honest, candid, truthful, and open to listening to comments, ideas, and/or suggestions. It is important to connect with our peers or members who feel uncertain or unsure, and share information, speak the truth, acknowledge how we feel, and provide support. As leaders, feeling what your colleagues feel is an example of being compassionate and empathetic toward them. Eventually, the leader gains respect, dedication, and loyalty from their followers when one is attuned to other people's emotions, fears, and anxiety.

The integration of diverse viewpoints or opinions was successfully accomplished by leaders, such as Martin Luther King, Jr., Mahatma Ghandi, John F. Kennedy, Mother Theresa, and Pope John Paul II. They recognized and incorporated their followers' needs and viewpoints. These respected leaders have shown that each follower has his or her own needs and by understanding each unique talent, the outcome will always be remembered. These distinguished people also proved that diverse leadership is essential to the continued vitality and success of any organization.

We, as ASPAN leaders and members, have the responsibility to show respect to each other. Showing respect is mostly measured by how we interact or behave. It should not be reflected

only with words, but through our actions and behaviors in how we deal with each other. *"Walk the talk"* is the famous phrase that we need to be preaching daily, but it is not easy for leaders to say the right words. It is harder still to live the espoused values everyday and ensure that everybody in the organization is also *"walking the talk"*. Sometimes, leaders need to sacrifice to do the right thing, when it is not the popular thing to do. We, as ASPAN leaders, need to play this greatest role by unifying our members in our daily interactions or committee work, and by embodying these diversity traits to be ASPAN's best! Our own members need to utilize these traits in their daily practices in the care to their patients, families, physicians and other colleagues.

Are we ready to embrace this year's theme of diversity? Of course, we are committed! Diverse ASPAN leaders are filled with character that will make our organization's vision come to life, and we will assure that we always act unselfishly for the good of the organization. There will be many more opportunities for each of us to contribute to this enriched theme. No longer is the new millennium leader looking for a mirror image of him/herself. Instead, our leaders are seeking an opposite image - someone with fresh new creative ideas. So, let diversity lead ASPAN! Let diversity become a reality for ASPAN through our clinical practice, education, research, and recruitment/retention initiatives. As our ASPAN President Meg Beturne reminded us, diversity will reach out and touch the world around us. So, let's support our president in achieving this goal. 

Call for Nominations: ASPA needs you to share your “Diversity”.

Dina A. Krenzischek, MAS, RN, CPAN – ASPAN Immediate Past President

ASPA is at the cutting edge and is recognized as the premier organization for perianesthesia nurses around the world. Multidisciplinary organizations, legislators, companies, regulators, international colleagues, etc. continue to seek our expertise. We continue to strive towards excellence. ASPAN needs you to join our journey of diversity in our organization. As leaders, you make a difference as you engage in our ASPAN strategic plans. We need the creativity and motivation of individuals committed to perianesthesia nursing. Reach beyond your comfort zone and join the ASPAN leaders in shaping our specialty nursing practice of the future.

Qualified candidates are needed for the following positions on the 2006-2007 Board of Directors:

Vice President/President-Elect

(3 year term)

Secretary

(2 year term)

Director for Clinical Practice

(2 year term)

Director for Foundation

(2 year term)

Regional Director, Region 2

(2 year term)

Regional Director, Region 4

(2 year term)

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

Members who are current and/or past Officers, Directors, Editors, Committee Chairs, Representative Assembly members who have been active in ASPAN for a minimum of two years are welcome to accept this

challenge of running for office in 2006. Any active or retired ASPAN member may run for the Nominating Committee. For further information or to declare your candidacy, please contact Dina Krenzischek at dinaak@verizon.net / dkrenzischek@aspan.org or Jane Certo at the National Office at the toll free number 877-767-9696 extension 13 or jcerto@aspan.org. All packets must be completed and postmarked no later than October 31, 2005.

“The passion within each of us is our own driving force. We must use this internal force with our unified values to guide us as we reach a stage of excellence in our perianesthesia practice. Each one of us is unique with energy, intelligence, and drive to make exceptional contributions to our great specialty organization worldwide.”

Krenzischek 2005

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PACU nurses in Britain are just beginning to define this level of care, the Phase I and II level of care is widely recognized and practiced in the United Kingdom. It was indeed one of the highlights of the BARNA trip to visit the Brighton Same Day Surgery Unit and share perianesthesia practice ideas concerns.

The BARNA Conference presented diverse perianesthesia nursing topics. Dina's opening keynote speech was "Sharing Research Passion" and focused on the three types of perianesthesia research: the conduct of research, the utilization of research and finally evidence-based research. She gave inspiring examples of how these three types of research change practice and make a difference in the lives of our patients and our nurses. Dina challenged the BARNA audience to partner with

ASPA in collaborative international research. By the end of the Conference, the BARNA leadership accepted the **challenge** to review the feasibility of entering in the collaborative ASPAN study, "A Survey of Perianesthesia Safety Culture."

The BARNA Conference proved very informative. It was interesting to note that the British nurses have problems with "ICU Overspill" that reflects the critical care patients admitted to the recovery room and are unable to transfer the patient to the critical care unit because of unavailability of ICU beds. The Intensivist Resident follows all patients that were originally scheduled for ICU – whether these patients are in the PACU or inpatient unit. The BARNA nurses rotate through preop, theater, and recovery room and are very versatile in their practice.

It was interesting to note that the BARNA President had been an

anesthesiologist since the conception. However, this year they inaugurated their first president who is a perianesthesia nurse who possesses a broader scope of practice. The BARNA Board meeting is not presided by the President, but instead the Chair of the Committee. There is no Board of Directors – only the committee and a chair that serve in all functions. BARNA publishes their Standards and a journal four times per year.

Dina's closing presentation "Build a Lasting Organization" emphasized the importance of a strategic direction to guide professional nursing organizations. Through the use of nursing exemplars, Dina shared her nursing stories. The BARNA nurses thanked the ASPAN delegation for sharing their perianesthesia nursing expertise. ASPAN's journey to England is now building a lasting nursing organization through international partnership. 

Call for Nominations

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Educational Offerings

September 16, 17, & 18, 2005
TAPAN Annual Conference, Austin, TX. For more information contact Linda Allyn, conference chair, lallyn@flash.net. More information will be posted on the TAPAN Web page at www.tapan.org as it becomes available.

September 17-18, 2005
Alabama Association of PeriAnesthesia Nurses (ALAPAN) will hold its annual meeting, "Make Space for the Future" at Huntsville Hospital Corporate University in Huntsville, AL. For information, contact Eugenia Evans at eevans45@bellsouth.net.

September 23, 24, 25, 2005
GAPAN's 28th ANNUAL SEMNAR The Road to Recovery and Beyond: A Patient's Journey, Atlanta Perimeter Center Marriott, Atlanta, GA. Contact Linda Bolton; 1247 Woodcliff Court, Lilburn, GA. 30047 Linda_Bolton@bellsouth.net

September 23-25, 2005
RMPANA's 7th Annual Retreat in the Rockies at Snow Mountain Ranch, Winter Park, CO. Speakers include Lois Schick, MN MBA RN CPAN CAPA, Barbara Bancroft, MSN RN PNP, Meg Beturne, MSN RN CPAN CAPA, ASPAN President. For information, contact Lynda Marks at lyndamarks@qwest.net or our web site: www.RMPANA.org.

September 24-25, 2005
PAPAN's Annual Fall Conference, Perianesthesia PRIDE XIV, Ramada Inn, Altoona, PA, Altoona Railroad Weekend. For more information contact Theresa Lingafelt, 814-742-7923, TAL47@atlanticbb.net or Nancy Glass, 814-239-2121, Castle2016@aol.com

September 30th-October 2, 2005 VSPAN State Conference the Sheraton Hotel, Virginia Beach, Virginia. For information, contact Carolyn Tucker, Conference Chairperson, at CWTucker@sentara.com.

October 1, 2005 NJBPANA Fall Seminar. Speaker Myrna Mamaril MS, APRN, CPAN, CAPA, CNS. Location: Morristown Memorial Hospital, Morristown, New Jersey. Sponsored by: New Jersey Bermuda Perianesthesia Nurses Association (NJB-PANA). For information contact Claire Forys at Forys-Claire@CooperHealth.edu or 856-342-2105.

October 1, 2005 TSPAN State Conference at the Opryland Hotel, Nashville, TN. Meg Beturne, MSN, RN, CPAN, CAPA, featured speaker. Contact Gloria Nipper at gnipper@bhset.org

October 15, 2005 MNDAKSPAN (Minnesota/Dakotas Perianesthesia Nurses Association) Fall 2005 Conference: Best Western Hotel, Duluth, Minnesota. Topics range from pain management, bloodless surgery to malignant hyperthermia. Contact Mary Starkman at mstarkman@smdc.org.

October 21-22, 2005 PeriAnesthesia Nurses Association of California (PANAC) presents its 26th Annual Meeting and Seminar at the Horizon Hotel & Casino in Lake Tahoe. For information, write: PANAC, PO Box 86, Newcastle, CA 95658 or log on to www.panac.org. In California, call toll-free: 866 321-3582. 

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Breathline

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