



Breathline

Volume 26, Number 1

January/February 2006

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Remember to cast
your preference for
ASPN Leaders by
Feb. 28, 2006

**ASPN National
Conference**

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

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2006
Orlando, FL**

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Impact of Diversity on Education

The focus of my graduate studies was an education track which gave the opportunity to perform eighty hours of practice teaching at a small, urban Catholic college. This was a wonderful experience that solidified my desire to explore the diversity existing in an academic setting. It was apparent on the first day of class, during introductions, that collegiate student body diversity is alive and well. A broad generational representation was evident from a newly graduated twelfth grader to a second career, sixty-plus individual. One fifth of the students were male and one quarter had experienced recent travels to foreign countries. As the semester progressed, the diverse maturity levels of individual students were visible in their varying ability to clearly articulate and confidently share information with peers. The final assignment for *Nursing 105: Introduction to the Culture and Context of Nursing* included presentations and discussions about cultural phenomena of diverse groups, and specific examples illustrated how nursing care and interventions could safely and holistically accommodate cultural norms. Students' comments revealed that a cookbook approach to care delivery is not believed to be most beneficial. Students learned to appreciate variations within and across cultural groups that must be acknowledged and understood in



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

order to promote wellness behaviors and to alter health seeking attitudes.

Faculty meetings analyzed and discussed diversity in education practice. Professors at all grade levels collaborated on best practice strategies to meet the diverse needs of nursing students preparing to take the NCLEX examination. Suggestions made during brainstorming sessions targeted strategies that would potentially help the visual, auditory, and tactile learner. Fresh ideas articulated by novice instructors became widely accepted by more seasoned nursing educators. The positive outcome achieved from better prepared faculty members is a better prepared student body capable of accessing and utilizing diverse instructional aids. As graduation from my master's program moved to distant memory, and I assumed the ASPAN presidency, my desire to promote a diversity initiative in the educational domain took priority. One of ASPAN's core values is diversity; therefore, a next natural

step was to incorporate diversity initiatives into our strategic plan. During early planning phases for the 2006 National Conference, attention and support for diverse keynote speakers occurred. This was quickly followed by educational offerings targeting novice and advanced perianesthesia practitioners. A call for abstracts on clinical best practice poster presentations emphasizes the need for practitioner representation from diverse practice sites such as office-based practices, radiology suites, and obstetrical units.

The Leadership Development Institute, held last September, was also responsive to the call for diversity. Vital information and diverse, creative strategies provided to current and potential leaders drew upon different perspectives of past and present ASPAN experts and mentors. While offering a safe atmosphere in which to learn, grow, and develop, ASPAN successfully identified varying degrees of tremendous talent existing throughout our organization. No cookie cutter approach existed, and a realization and celebration of diverse interests led to the selection of an "Up and Comers" pilot cohort, representing an ASPAN grassroots initiative to enhance succession planning. The momentum continued with the Diversity Strategic Work Team meeting, which convened in October. Equipped with enthusi-

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asm, knowledge, and commitment, the team brainstormed the format and design for a Diversity Summit to be held in Orlando. Emphasis was placed on various means to educate national conference attendees regarding the importance of this strategic goal. The foundation for our work plan includes lectures, breakout and discussion groups, and a networking forum.

As I reflect on ASPAN's accomplishments regarding diversity in the educational domain, I am quite pleased. Our organization is reaching out and simultaneously meeting needs of colleagues in major medical centers, tiny hospitals, and free-standing surgery centers across the nation. Our varied, updated educational offer-

ings are accessed throughout the country, and diverse learning avenues regularly appear on the ASPAN website with further enhancement planned for the days ahead. As I look forward to the remainder of my term, I am more determined than ever to have all perianesthesia nurses increasingly aware of the diverse educational opportunities we offer. ASPAN is poised and ready to serve you, our members. We care for and respect your varied thoughts and ideas, and want to acknowledge your unique contributions. We desire to bring to fruition the Traditional Chinese words, "Let a hundred flowers bloom, let a hundred schools of thought contend!" 

ASPAR 25th Anniversary Products are now available for purchase

Here are some of the items which can be purchased on the ASPAN website (www.aspan.org) under the ASPAN store link.

- **25th Anniversary Indigo Blue Denim Shirt** with ASPAN's 25th Anniversary logo is embroidered on the upper left chest.
- **25th Anniversary Commemorative Coin** is encased in plastic for protection.
- **25th Anniversary Pen** in a wooden case with 1980-2005 lasered on the pen's barrel.
- **25th Anniversary Memo Holder** is a silver cube with ASPAN's 25th Anniversary logo supporting a vertical clip for notes.
- **25th Anniversary Clock** has a brushed silver abstract design with the 25th Anniversary logo in upper left-hand corner.
- **25th Anniversary ASPAN Throw** is a 4' x 3' cotton throw, with a green background that has the ASPAN 25th Anniversary logo woven in. A great way to keep the cold at bay!!

ASPAR Breathline

Published by the American Society of PeriAnesthesia Nurses

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

Address changes and administrative correspondence to:

ASPAR
10 Melrose Avenue
Suite 110
Cherry Hill, NJ 08003-3696
877-737-9696
Fax - 856-616-9601
aspan@aspan.org
<http://www.aspan.org>

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CONTRIBUTING EDITORS:

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Editorial Comments or

Letters to the Editor to:

Joni Brady

HQ USEUCOM

CMR 480, Box 2025

APO AE 09128-2025

jbjen110@aol.com

Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

ASPN 25th Silver Anniversary Celebration - National Conference 2006

Elizabeth Martin, MSN, RN, CPAN – 2006 National Conference Strategic Work Team Member

NC 2006

Plan now to attend the 2006 ASPAN National Conference, *Perianesthesia Nursing Diversity... Touch the World that Touches You.* ASPAN has definitely touched the lives of perianesthesia nurses in many diverse clinical settings throughout the United States and around the world during the past twenty-five years.

The ASPAN experience has enabled perianesthesia nurses to grow personally, professionally and as care givers to positively impact quality patient care outcomes through research and clinical practice. As you journey to beautiful, warm and sunny Florida, ASPAN invites you to stroll down memory lane and reflect back over the years as we celebrate our Silver Anniversary at the Conference.

Over the past twenty-five years ASPAN has grown from the original 19 charter components to 40. The nineteen components that were awarded a charter at the first National ASPAN Conference held in Saint Louis, Missouri, April 21-25, 1982 at the St. Louis Sheraton Hotel were:

- Alabama Association of Recovery Room Nurses
- Arizona Recovery Room Nurses Association
- Connecticut Association of Recovery Room Nurses
- Florida Association of Recovery Room Nurses
- Georgia Association of Recovery Room Nurses
- Illinois Society of Recovery Room Nurses
- Maine Society of Recovery Room Nurses
- Maryland – D.C. Association of Recovery Room Nurses
- Michigan Association of Recovery Room Nurses
- Minnesota Recovery Room Nurses Association

- New Jersey Society of Recovery Room Nurses
- New York State Recovery Room Nurses Association
- Northwest Recovery Room Nurses Association
- Ohio Recovery Room Nurses Association
- Oklahoma Association of Post Anesthesia Room Nurses
- Recovery Room Nurses Association of California
- Recovery Room Association of Kansas and Missouri
- Texas Association of Post Anesthesia Nurses
- Utah Society of Post Anesthesia Nurses

Prior to the founding of the American Society of PostAnesthesia Nurses (ASPN) in 1980, nurses had already organized regional and state associations/ societies of recovery room nurses. ASPAN became the professional national organization just for recovery room nurses. ASPAN's goals were to address the education and professional interests of postanesthesia nurses. The term "recovery room" however only designated one area of practice. Post Anesthesia Care Unit (PACU) was used until the mid-nineties when the scope of practice expanded beyond the PACU. Nurses in the postanesthesia arena no longer worked exclusively in the PACU. During the first thirteen years of ASPAN, the perianesthesia nursing practice broadened to encompass: Preadmission Testing, Ambulatory Settings, Post Anesthesia Care Units, Special Procedure Areas (Radiology, ECT, Endoscopy, Cardiac Catheterization Labs, Cardioversion, etc.), Dental Offices, Labor and Delivery Suites, Pain Management services, etc. The ASPAN membership

voted by ballot to change our organization's name to the American Society of PeriAnesthesia Nurses. The overall majority of ASPAN membership in 1995 expressed that the term "perianesthesia" was more appropriate and inclusive of the expanding roles of the postanesthesia nursing practice and nurses that ASPAN represented. The components of ASPAN embraced the name change and soon their societies and associations also accepted and reflected the change to "perianesthesia" from "recovery room" nurses.

What year was your component awarded a charter by ASPAN? All components are asked to bring their historical information over the past twenty-five years to display at the National Conference. Scrapbooks, photos and poster boards are ideal ways to display your component history during the Silver Anniversary Celebration at the National Conference. ASPAN would like each component to bring a poster to display their history. Posters **cannot** exceed 2' x 3' and no free-standing posters will be able to be displayed.

Attend the National Conference in Florida, April 30 – May 4, 2006 at the Gaylord Palms Resort and Convention Center and witness the 25th National Conference of ASPAN's Journey to Success. It will be filled with many great educational offerings and also the opportunity enjoy a fun-filled time in the sunshine state as we celebrate our Silver Anniversary.

Please visit the ASPAN website at www.aspan.org to view and order commemorative 25th Anniversary logo items. These Anniversary edition items are in limited supply, so order yours today! 

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Legislative Action at the State Level

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

Legislative action occurs at both the federal and state level, and both arenas potentially shape nursing and health care practice. One goal of the ASPAN Governmental Affairs Committee is providing members with education regarding legislative activities. The Nurse Internship in Washington (NIWI) program offers valuable educational about legislation occurring at the federal level. However, it is equally important that nurses stay informed and knowledgeable about increasing state level legislative activity impacting nursing practice.

While attending NIWI in early 2005, I networked with nurse colleagues from across the country. A fellow attendee from Massachusetts (MA) shared the experience of attending the Citizens Legislative Seminar (CLS), a state-level legislative program, which is quite similar to NIWI. This colleague recommended participation in the program, and I subsequently attended the October 2005 session. Massachusetts is one of few states to offer the CLS, established in 1976 as a joint

effort by the MA State Senate and the University of Massachusetts.

The Massachusetts Legislative Education Office designed and implemented the CLS with a primary goal to provide the unique opportunity to observe and participate in the legislative process. Educational information is distributed to participants prior to the program, enabling attendees to prepare for subject matter discussion. Participants meet at the State House in Boston one morning per week for five weeks. Various senators and representatives speak to attendees about the legislative process in MA, while program coordinators repeatedly stress that lobbying for personal cause is seriously frowned upon.

The CLS agenda varies from session to session and primarily encompasses the state legislative process. This year, after the initial welcome, all program participants attended a ceremony celebrating the 375th anniversary of the General Court of Massachusetts. The governor, senate president, and the speaker of the house come to the CLS to deliver insightful speeches. The second session

addresses the legislative process and budget and fiscal policy. The third session discusses the role of lobbyists in state politics. Subject matter for the remaining sessions addresses public perception of government, and the future of the legislature.

Some states offer programs similar to the CLS, but unfortunately this type of program is not offered in every state. I urge all ASPAN members to investigate local and state level opportunities for citizens to become more informed in the legislative process. Start by locating the website for state government and search for programs offered to citizens. Consider making a vacation tour around the seat of the state government to become familiar with representation affecting citizens. Legislation addressing mandated staffing ratios in California is a perfect example of direct impact of state legislation on nursing practice. As professional nurses and registered voters, we each need to be informed and remain up to date on legislative activities in Washington D.C., and in our state. 

Enjoy the Orlando area while attending ASPAN's 25th National Conference.



Walt Disney World's *Magic Kingdom*

The *Magic Kingdom* invites you to believe in make-believe. You can join Cinderella and dozens of her Disney friends in a fun-filled celebration for kids of all ages. Set off with Donald Duck on a madcap, musical 3-D adventure through classic Disney films. Challenge the famous *Magic Kingdom*® mountain range with a rocket ride through the stars, a twisting runaway train ride, and a wild & watery five-story free-fall into Brer Rabbit's laughin' place. Enjoy the *Magic Kingdom*® where fantasies become reality, fairy tales come to life and everyone discovers the excitement of pure Disney Magic. For more information call (407) 824-4321 or visit www.disneyworld.com.

PANAW FEBRUARY 6-12, 2006

Exceptional People - Touching Your World

Robert Blevins, BSN, RN – Dorothy Byford, RN - Membership/Marketing Committee Member

Passion, teamwork, pride, respect, integrity, and dignity...do any of these qualities occupy a place in your daily career? Many nurses experience some of these concepts in their workplace, but can one profess to experience all six? Perianesthesia nursing is practiced in an ever-changing world. Technology is constantly evolving and nursing shortage staffing issues present persistent challenges. Perianesthesia patients now encounter greater numbers of infirmities, are an aging population, and have an expectation of receiving premier quality healthcare services. Among these challenges lies a wonderful opportunity to positively impact the lives of others through our professional position.

Perianesthesia nurses have a unique opportunity to touch humanity. Perhaps Gandhi said it best, "Be the change you wish to see in the world." Creating positive changes in one's professional life requires a broader understanding of the diverse world in which we practice, and the irreplaceable role occupied by professional peri-

anesthesia nurses. The six qualities mentioned earlier cannot be bought or forced, but can be shared and learned. Taking pride in our work and maintaining passion in the profession creates a positive team environment and enhances the patient and family member experience, while serving to enrich one's professional life.

Perianesthesia nurses have the responsibility and privilege of caring for patients when they are most vulnerable. Teamwork in patient care is essential for successful treatment outcomes. Patients and families most often choose their care, accepting the hands of complete strangers while hoping these professional hands are caring and competent, and that treatment will incorporate the qualities of dignity and respect. Imagine the positive impact we make when clients recognize that we take pride in our work and are passionate about protecting their positive experiences and well-being. Simple actions, such as holding a hand, can be very reassuring. Giving a smile and offering help or simply making time to communicate with waiting family

members is meaningful in a positive experience. A daily opportunity exists to transition a difficult time into a positive experience by providing quality care and by offering small gestures of kindness.

Perianesthesia nurses are exceptional people. As we celebrate PANAW 2006, enjoy our specialty practice and take pride in all that professional perianesthesia nurses do. Enhance human interactions by holding a frightened patient's hand, rocking a crying baby, or giving special comfort to someone who may be experiencing periprocedural care alone. Take the time to share information about our specialty and to explain its unique position in healthcare delivery. Visit the ASPAN website to view and download PANAW proclamations and press releases. Order some great PANAW promotional items from www.aspan.org/panaw.htm. Decorate your unit, plan parties, host open houses, and most importantly – celebrate the passion, teamwork, pride, respect, integrity, and dignity found in our exceptional nursing practice. Happy PeriAnesthesia Nurse Awareness Week! 

PANAW February 6-12, 2006



**PeriAnesthesia
nurses**

EXCEPTIONAL PEOPLE, TOUCHING YOUR WORLD

What is your unit or component doing to celebrate PANAW?

Send your plans to jbjen110@aol.com. Many of the stories of celebration will be shared in the coming issues of *Breathline* and/or on the ASPAN Website.



**PeriAnesthesia
nurses**

exceptional people, touching your world

PANAW

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Unit Based Research Exemplar: Weighing the Evidence: The Evidence-Based PACU Visitation Team

Robin Lewis, BSN, RN, Kimberly Connolly, BSN, RN, Janet Hoover, BSN, RN and Graze Baustista, BSN, RN, CPAN



If you would like to share your unit's research activities, please send your "Research Exemplars" to Myrna Mamaril, ASPAN's Director for Research: mmamaril@aspn.org

Who says research is dull and boring? Not for the perianesthesia staff who work in the "Magnet" Carnegie/ Weinberg Same Day Surgery and Post Anesthesia Care Unit (PACU) units at the Johns Hopkins Hospital in Baltimore, Maryland. Involving perianesthesia staff nurses in evidence-based practice studies provides an opportunity for learning about research and advancing clinical practice at the unit level. Research activities are supported and encouraged at every level of nursing practice. When practice concerns from staff are brought to the nurse manager, she challenges them to find the "evidence" in the scientific literature to answer their questions. Evidence-based practice (EBP) is integrated into their daily work life and is an underpinning of the unit's policies, procedures, and protocols.

When the Department of Surgical Nursing's "Family-Centered Care" program began this past year, the perianesthesia customer service initiatives were reviewed. The PACU Phase I visitation policy that allowed families to visit five minutes every two hours was identified by families as a major dissatisfier. The nurse manager established an EBP team that comprised the team leader, seven staff nurses, the nurse educator, the nurse manager and the nurse researcher who facilitated EBP PACU Visitation study. The following practice question was identified: "For postanesthesia adult patients, does visitation decrease patient anxiety and increase waiting visitor satisfaction?"

Now, one may ask, "Where does the staff find the time to not only review the literature, but to meet and discuss their findings?" The staff willingly volunteered to come in one to two hours before their assigned shift for five weeks to meet because they valued the EBP process, wanted to improve family satisfaction and were committed to advancing nursing practice.

The nurse researcher met with the EBP Team Leader and nurse manager to plan the five meetings, to identify key search terms, to review the appropriateness of the evidence (journal articles), expert opinions and to facilitate the EBP meetings. At the first EBP Team Meeting, the nurse manager shared several patient/family complaints that demonstrated the following frustrations with the present visitation policy:

- "I needed to be with my husband and I was not allowed."
- "It is difficult to wait in the lounge and not know what is going on in the Recovery Room."
- "There is a lack of sensitivity on the part of the nurse."

These comments were unsettling to the EBP Team because they were passionate about providing service excellence to the patients and families. The team was enthusiastic to review the literature. As the staff weighed the evidence (22 articles), they discovered that many of the studies explored not only patient and family satisfaction, but also investigated the nurses' satisfaction. Since there were limited articles

on PACU visitation, critical care visitation was also reviewed and some of the articles were accepted as evidence where it was appropriate. The American Society of PeriAnesthesia Nurses' *Position Statement on PACU Visitation* was also weighed as expert opinion. Throughout the EBP PACU visitation process, the team critically reviewed the patients, families, and PACU nurses perspectives. At the conclusion of the EBP study, the team critically reviewed the perspectives of the patients, families and PACU nurses.

At the end of the EBP study, the staff nurses were surveyed about their PACU visitation EBP experiences. Here are some of their responses:

"I am so grateful to be part of the team. I have enjoyed reviewing the literature and sharing my opinions with the group."

"This process made me more aware of different visitation processes and policies in other hospitals."

"It helped me to become more sensitive to open up my mind to the factors that I have to consider in dealing with my patients and family members in the PACU."

"Having articles already found and ready to review is greatly appreciated."

"It is also extremely valuable for more than one nurse to read the articles."

"It was extremely helpful to have summaries recorded by the research assistant at the end of each meeting and emailed to us. It was helpful reviewing before each new meeting."

What ASPAN Means to Me

Debby Niehaus, BSN, RN, CPAN – ASPAN Past President 1990-1991

Membership

There are so many stories to describe how each ASPAN member became part of this great organization. While a nursing student in 1969, I was drawn to the recovery room by a wonderful nurse named Vi. She took responsibility for starting this hospital unit in 1955, and once told me, "Never believe this unit is only about taking blood pressures, but realize we are the guardian of each patient. It is the recovery nurse who is a life saver, making sure patients wake up safely." Shortly after graduation the Recovery Room became my path leading to ASPAN.

Working in this unit was enjoyable and served to increase my need for and interest in continuing education. I joined the Cincinnati Area Recovery Room Nurses Association as a district officer. Cincinnati, one of the five districts already in existence in Ohio, united in May 1979 to become the Ohio Recovery Room Nurses Association. In October 1979, when the American Society of PostAnesthesia Nurses (ASPN) formation occurred, my employer agreed to partially fund expenses and support attendance at the Florida Recovery Room Nurses meeting. In Florida, ASPAN members commiserated about

practice concerns, such as collaborating with ICUs, on call policies and prevalent legal issues, discovering a great deal of existing commonality. Regardless of geographical location, colleagues shared similar problems and felt affirmed while talking among peers who understood. Jokes and funny-but-true patient stories seemed universal to our group and we could equally relate to the content. The term networking was not used then, but this shared collaboration and understanding is a most valuable asset received from participation in ASPAN.

ASPN is a family, and the family tree continues its growth with branches spreading across the United States and into other countries. Along with changing times, the organization broadened its scope and renamed the Society to include perianesthesia nurses working in all phases of care within hospital-based and free-standing facilities. Clinical and professional practice questions affecting large organizational settings and small rural facilities now depend on ASPAN to provide nationally recognized and accepted perianesthesia standards and resources to guide safe, quality patient care.

Perianesthesia nurse education is a core ASPAN function, and we learned best practices by attending educational offerings at the state and national level, leading to professional specialty certification. Conference educational programs and networking sessions are the best time spent for patients and oneself. Mentoring is another very valuable membership benefit, which I received from the ASPAN leaders before me and in turn shared with other less experienced component and national leaders. Successful leaders derive many accomplishments from the support of mentors.

Two personal joys of ASPAN membership are the special friendships made and the annual National Conference reunions. The first ASPAN Conference I attended was St. Louis in 1982, and Orlando in 2006 is the 25th! Each year my great anticipation prior to National Conference leads to lots of laughter and catching up with cherished friends from around the country. My ability to share with kindred spirits is the best benefit of involvement and is the true essence of "What ASPAN Means to Me."

Research Corner
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"I liked the discovery process and to take part in research projects that have an impact on unit operations."

"I liked sharing the articles with my colleagues and listening to different points of view."

"This was my second time on an EBP Committee and it was much easier. I feel like I have a firm grasp on the EBP process."

Participating in research is exciting and fun. This research exemplar demonstrates how

unit-based research improves practice. Having the opportunity to weigh the "evidence" provides professional growth and ignites one's passion for nursing, and advances the perianesthesia nursing profession.

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Caring for the Older Mexican American Adult

William Gough, MS, CRNP & Myrna Mamaril, MS, APRN, CPAN, CAPA, CNS – ASPAN Geriatric Specialty Practice Group Vice Coordinator

The phrase “cultural uniqueness” is used to describe the emotional, social, psychological, and physical behaviors unique to a particular group. Mexican Americans, unlike European immigrants, have remained resistant to assimilating and adopting the American culture. They maintain their cultural uniqueness through their traditional gender and family roles, and their language. Spanish, now the third most common language in the world, is the primary language of Mexican Americans. Frequently though, depending upon the Indian ancestry of the person, a dialect may be spoken. It is important for perianesthesia nurses to increase their knowledge and understanding when caring for Mexican American geriatric patients.

Many Mexican Americans speak some English. The blending of English and Spanish may complicate communications in this group, a term coined “Spanglish”. The nurse needs to understand that predominate cultural practice that influences health care practices, and they should make every attempt to communicate in the language most comfortable for the patient. The patient will typically be very stressed in the perianesthesia arena and may only be able to express themselves in his/her native tongue. If the nurse is not bilingual, then an interpreter should be sought. Typically though, any effort on the part of the nurse to attempt to converse in Spanish is greatly appreciated by the patient and family.

When initially interacting with a Mexican American, small talk is a very important aspect of the dialogue and ensuing interview.

Engaging in small talk prior to accomplishing the objectives at hand will help engage and make more cooperative the patient.

Eye contact is of special importance to Mexican Americans. Because they are very family-oriented, small children may accompany the Mexican American. A folk illness known as “mal ojo” (the evil eye) occurs when an individual who is thought to possess certain forces injures a child merely by looking at and admiring the youngster. In gazing at the child, the person does not touch the child. The child then begins to cry, becomes febrile, and loses his appetite and vomits. This spell may be both avoided and broken by touching the child (the person who cast the spell must touch the child).

Typically, the mature adult Mexican Americans communicate with diplomacy, tactfulness, and elegance. Direct confrontation is considered rude and disrespectful. Self-disclosure is typically reserved for those whom the individual knows well. Kidding, in an initial contact, may be interpreted as disrespectful by the older adult. Due to the importance of courtesy and not wanting to offend the elderly person to whom they are speaking, the Mexican American may appear agreeable and as though they understand the dialogue, when in reality they may not carry out the agreements or not totally comprehend what is being asked of them.

Touch is an important aspect of the culture and the communication. Female Mexican Americans may initiate more of a tactile communication. However, there is a strong social value that women should not expose their bodies to men or even other

women. Men, too, may be extremely modest and may feel threatened when having a complete physical exam.

Since family is of such importance in the Mexican American culture, family members may help reduce the stress of the patient and, too, may assist with translation. Using family members in this manner also helps establish trust among the patient, the nurse, and the family.

Family values and roles are paramount to the patient’s treatment, education, and recovery. Older Mexican Americans value the physical presence of their family members. It is important for them to see their loved ones face to face, to embrace, to touch one another, and to be in one another’s presence. Intimate family members include not only immediate and extended relatives, but godparents (compadres) and godchildren as well. Involving these other members in the patient’s care will support the patient in meeting their goals.

There frequently is a fatalistic belief that one is at the mercy of the environment and has little control over what happens. This may engender feeling of hopelessness. For example, many believe that disorders in the body are related to phases of the moon. A particular affliction may be perceived as punishment from God for sins they’ve committed; that the disorder is a penance.

Health represents an equilibrium for many older Mexican Americans. Many objects possess a hot or cold quality and in order to achieve homeostasis, a “hot” illness may require a “cold” food for treatment. For instance, “cold”


 Register for exams given April 30, 2006

 Geriatric Corner
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herbs may be indicated for a "hot" headache. The patient may describe feeling hot because he or she is embarrassed.

Folk medicine may play a part in the Mexican American health belief system. *Curanderos* are folk healers who are respected for their knowledge of folk medicine and who treat serious physical and mental illnesses. A *jerbero* is a folk healer who uses combinations of herbs and spices for both curative and preventive health services. *Brujos* are (male) witches (*brujas* are female witches) and utilize several types of magic to solve problems. In summary, perianesthesia nurses need to increase their Mexican America cultural awareness and communicate sensitively to these special older adults. 

REFERENCE

Giger, J. N. & Davidhizar, R. E. *Transcultural Nursing*, 1995, Mosby: St. Louis

Calling All CPANS certified since 1986!!

Did you take the very first CPAN certification examination in 1986? Have you maintained your CPAN certification status since then? If yes, ABPANC would like to celebrate your 20th birthday at the 2006 CPAN/CAPA Celebration Breakfast being held May 1, 2006 in conjunction with the ASPAN National Conference in Orlando, Florida.

We're not going to tell you why just yet, but please send your picture and a brief response to the phrase, What CPAN certification has meant to me, to Bonnie Niebuhr, ABPANC Chief Executive Officer at bonnie@proexam.org.

For questions, call ABPANC at 800-622-7262 and speak with Philip Godlewski, ABPANC's Program Associate.

2006 ABPANC Advocacy Award – Who Can YOU nominate?

Do you have a story to tell about how a CPAN and/or CAPA certified nurse advocated above and beyond to meet the needs of a perianesthesia patient and/or their family? Nominations are due postmarked by February 1st. Look around – identify a colleague who has taken a risk – who has identified strategies to meet patient needs by looking outside the box! The individual who submits the nominee, whose story is selected, will receive a \$100 cash award. The unit in which the award recipient works will receive ABPANC dollars totaling \$350 to be used toward CPAN and CAPA certification-related materials – i.e., exam fees, recertification fees, products, practice exams – and the award recipient receives the beautiful Lladro statue of a nurse and a scholarship for the next recertification fee. Visit the ABPANC website – www.cpancapa.org and click on ABPANC Advocacy Award found on the home page for more information about the Award.

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 April?

NOTE THE CHANGE IN THE POSTMARK DEADLINE!!

Recertification application materials are due postmarked no later than April 1st, 2006, not April 30th.

News Flash!

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

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.

Affected by Hurricanes Katrina, Rita, and/or Wilma?

If you were due to renew your recertification status in November, 2005 or will be due in April, 2006, and have been adversely affected by the recent hurricanes, ABPANC recognizes that you may have lost the paperwork needed to renew your CPAN and/or CAPA certification credential. In addition, we understand that attending to your recertification may not be your first priority!

Please contact the ABPANC national office and speak with Philip Godlewski, ABPANC's Program Associate. He will describe the plan in place for helping you through this difficult period. You may reach Philip by calling 800-622-7262 or emailing him at Philip@proexam.org. 

Need CPAN and/or CAPA Practice Exams?

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

Breathline

Volume 26, Number 1
January/February 2006

AS PAN Candidate Slate

VICE PRESIDENT/PRESIDENT-ELECT



Susan Fossum
BSN RN CPAN



Barbara Struthers
BSN RN CPAN CAPA



Linda Ziolkowski
MSN RN CPAN APRN BC

SECRETARY



Gena Near
BSN RN CPAN



Lynne Wunch
RN CPAN

DIRECTOR FOR CLINICAL PRACTICE



Theresa Clifford
MSN RN CPAN

REGIONAL DIRECTOR, REGION TWO



Twilla Shrout
BSN MBA RN CAPA

REGIONAL DIRECTOR, REGION FOUR



Maryanne Carollo
BSN RN CAPA

DIRECTOR FOR THE FOUNDATION



Dolly Ireland
MSN RN CAPA CPN



Candace Taylor
BSN RN CPAN

2006-2007 Candidate Profiles: Your Input is Requested!

AS PAN's slate of candidates for the 2006-2007 year is impressive, and each candidate brings talent and skills to the role she is seeking to lead ASPAN in the coming year(s). ASPAN is excited once again to be utilizing

Web technology to provide its members with all candidate qualifications and background information as well as what each candidate visualizes as her immediate and long-term goals and strategic priorities for ASPAN

within the next two years.

Go to ASPAN's home page (www.aspan.org) and select the "Members" button on the top navigation bar. Click on "Candidate Profiles". There you will be able to read and/or download the

for 2006 Elections

NOMINATING COMMITTEE (FIVE POSITIONS)



Karen Cannon
MN RN CPAN CAPA



Martha Clark
MSN RN CPAN



Jane Dierenfield
BSN RN CPAN CAPA



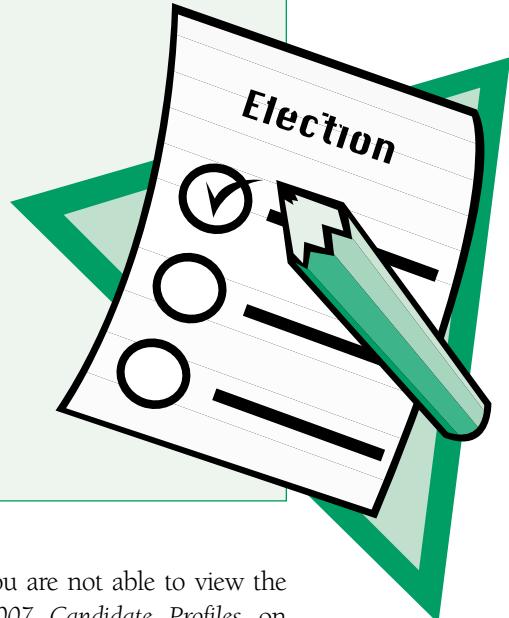
H. Lynn Kane
MSN MBA RN CCRN



Zenaida Rodriguez
BSN RN CPAN



Kathleen Saball
BS RN CPAN CAPA



2006-2007 *Candidate Profiles* and submit feedback to your component.

Your component is looking for your input! Here's what you do:

- Review the 2006-2007 *Candidate Profiles*.
- Scroll to the bottom of the screen and click the box next to the candidate's name of your choice for each position.
- Select your component from

the list of component names, and click it to submit.

- Your input will be forwarded to your component representatives to assist them in casting their votes at the Representative Assembly meeting in Orlando, Florida.
- Only one candidate selection submission per member will be accepted.

If you are not able to view the 2006-2007 *Candidate Profiles* on the Web, you may e-mail aspan@aspan.org and request the information be sent to you as a Word document (via e-mail or snail mail). Instructions on how to submit your candidate selection will accompany the packet.

Your input must be submitted no later than February 28, 2006. Don't delay!

Making Diversity Work for You!

Charles Patrick Garcia to Keynote ASPAN's 25th National Conference Opening Ceremonies

Charles Patrick Garcia will be the opening keynote speaker for ASPAN's 25th National Conference, *Perianesthesia Nursing Diversity...Touch the World that Touches You*, to be held in Orlando, Florida next April 30-May 4, 2006. Mr. Garcia has been characterized by the media as a "Jack of all Trades" for his success across many fields as a highly decorated military officer, community leader, author, philanthropist, attorney and former White House Fellow. His company was named the fastest growing Hispanic-owned business in the country in 2002 and Mr. Garcia has been

named one of the nation's 100 most influential Hispanics. His leadership abilities have earned him a role in the administration of three US Presidents, a Cabinet Secretary, and a former NATO Supreme Allied Commander.

Mr. Garcia is a graduate of the US Air Force Academy and received his master's Degree in public administration from the University of Oklahoma. He earned his law degree from Columbia Law School. In 2003, Florida Governor Jeb Bush appointed him to a four-year term as one of seven members of Florida's State Board of Education. He

has served as Telemundo's behind-the-desk military analyst during the war in Iraq, and CNN, FOX News, *Crossfire*, and more have sought his military analysis.

Don't miss Mr. Garcia's opening address, *Make Diversity Work for You*, on Monday, May 1, 2006, in Orlando. His inspiring and motivating message will assist all attendees in integrating diversity into our culture and making diversity essential to our practice. Come and enjoy Mr. Garcia's passionate and positive message and presentation. 

NCC Closing Keynote

Nursing...The Touch that Heals the World

Beverly Malone, Past President of the American Nurses Association, will be the closing keynote speaker at the ASPAN National Conference

Beverly Malone, PhD, RN, FAAN, will be the closing keynote speaker for ASPAN's 25th National Conference, *Perianesthesia Nursing Diversity...Touch the World that Touches You*, to be held in Orlando, Florida next April 30-May 4, 2006. Dr. Malone has an extensive background in nursing including a master's degree in psychiatric nursing and a doctorate in clinical psychology. She has a career mixed with policy, education, administration, and clinical practice and states her foundation is her clinical background. She has worked as a surgical staff nurse, a psychiatric clinical nurse specialist, an assistant administrator of nursing, a director of nursing, and Dean of the School of Nursing at North Carolina Agri-

cultural and Technical State University. Dr. Malone has served on a number of public bodies, including the North Carolina Governor's Task Force on the Nursing Shortage and President Bill Clinton's Advisory Commission on Consumer Protection and Quality in Health Care. In 1996 she was elected for two terms as President of the American Nurses Association representing 180,000 nurses in the United States. In 1996 and 1998 she was listed as one of *Ebony Magazine's* 100 most influential African-Americans.

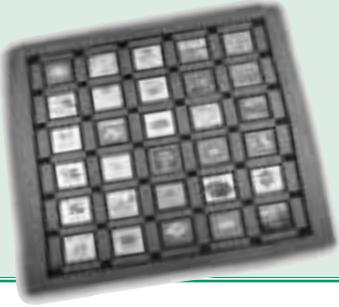
In 2000, Dr. Malone became the deputy assistant secretary for health within the US Department of Health and Human Services, thus holding the highest position a nurse has ever held in the US

government. She has received many honors and awards and is a fellow of the American Academy of Nursing. In 2001, Dr. Malone became the General Secretary of the Royal College of Nursing, the United Kingdom's largest professional association and trade union of nurses, representing over 340,000 registered nurses, student nurses, and trained health care assistants.

Don't miss Dr. Malone's closing address, *Nursing...The Touch that Heals the World*, on Thursday, May 4, 2006, in Orlando. You are sure to find this session moving and inspirational as she describes the power of nursing and its implication for successful outcomes. 

REMINDER—ASPN 25th Anniversary Quilt Raffle Tickets are AVAILABLE

ASPN is raffling off a quilt depicting all 25 National Conference logos. The tickets sell for \$1.00 each. Tickets can be purchased for the raffle by contacting your component president or Lois Schick lschick@aspan.org or schickles@aol.com or home phone: 303-989-2281. The winner will be drawn during the Closing Ceremonies of the 25th ASPN National Conference in Orlando. 



Artist Masterpieces and Silent Auction Items needed for the ASPN Silent Auction

This year ASPN is calling on its members' artistic side to shine. If you have those talents, please share them to benefit perioperative nursing education, practice and research. The Foundation is asking for donations of handmade objects of art to sell in addition to the Silent Auction. Some possible articles that could be donated would be jewelry, paintings, pottery, and needlecraft. These are just examples and donations are not limited to these items. Please sign your pieces for artist recognition.

In addition, if you have other items that you would like to donate to the 'traditional' Silent Auction then please do! Every donation is important.

For further information regarding donations for either the Artist Market or the Silent Auction please contact Dennis Johnson at the ASPN National Office at 877-737-9696 x15 or djohnson@aspan.org. 



PACU RNs
Legacy Health System
Portland, OR

Legacy HealthSystem is a dynamic organization based in the beautiful Pacific Northwest city of Portland - which was named the "Cleanest City in America" by Reader's Digest, July 2005.

Legacy is an integrated system of five tertiary care hospitals, both urban and suburban located in Portland and SW Washington, including a technologically advanced Level 1 Trauma Center, Life Flight Network and the Oregon Burn Center.

Legacy Good Samaritan Hospital - Full-time evening Charge RN position and a part-time RN, 32 hrs/wk, flexible start time shifts position, for a 16 bed IP and 6 bed OP PACU. PACU staff enjoy the opportunity to rotate through these two units to provide a diverse work environment. The PACU staff recover all specialties with the exception of open heart. Busiest services are transplants, ortho/neuro, bariatric, ophthalmology, ENT, Dental and general surgery. Call is every 6-8 weeks for weekends and 2-4 shift per month for week day call.

Legacy Emanuel Hospital - Full-time and part-time opportunities for our 24 bed IP/OP adult and pediatric recovery and IP pre-op holding units and our 4 bed OP Peds Dental recovery unit. Flexible day and evening shift start hours. Call is every 6-8 weeks for weekends and 3-4 shifts per month for week days.

All positions required recent critical care nursing experience. ACLS/PALS certifications are required and may be obtained during orientation period. Team oriented, customer focused, adaptable, flexible, strong interpersonal and communication skills. Oregon RN license or eligibility.

Qualified candidates may apply on-line at www.legacyhealth.org or contact **Barbara Becker, Nurse Recruiter at 503-415-5740**, toll free, 866-888-4428 or email: bbecker@lhs.org.



AAONIE

Finding Your Common Threads Amidst Diversity

David F. Wharton, MPH, RN, CPAN

On the brink of the Diversity Special Work Team meeting, I had dinner with ASPAN President Meg Beturne and her husband, David. As we shared our life experiences, it became apparent that, although I had experienced a diverse background of jobs in my career, there was one common thread that held constant. And for me the constant *common thread* is *SERVICE*.

Life experiences have taken me down various roads. My early career was diverse, ranging from providing care in the back of an ambulance to solving passenger concerns at thirty thousand feet to

working on the ground solving challenges as a travel agent and arranging "trips of a lifetime". Returning to nursing school again diversified my knowledge base and led me from caring for patients needs in preanesthesia and postanesthesia settings to helping staff provide high quality, low risk care, and now case managing care for diabetic patients.

I realized in my sharing with Meg and David that I truly had a wide variety of work experiences. My wonderful wife of over 20 years often jokes that I can't hold a job. Thankfully she is an extremely intelligent nurse that realizes

our diversity makes each of us who we are. Again, for me the common thread that binds each of these professional endeavors is *SERVICE*. It is the fulfillment of service to others that has become my *common thread* and has kept me focused throughout my career.

As ASPAN continues through this year of awareness and celebration of global and professional diversity, I challenge each of you to examine your professional and personal life and find those *common threads*. They truly are your guiding principles to keep you focused and grounded in a very diverse and changing world. 

Diversity in ASPAN

Lois Schick, MN, MBA, RN, CPAN, CAPA – ASPAN Treasurer

Diversity provides variety within our society. However diverse we may be, the enjoyment for shopping for great bargains is probably a common trait. A bargain is defined by Webster as "something bought or sold at a price favorable to the buyer." What bargains have you obtained recently? Are you aware of the bargain your ASPAN membership provides? It costs you from \$ 0.23 to \$ 0.30 a day for your ASPAN and component membership. Your ASPAN membership of \$70.00 (\$0.19 per day) is truly a bargain that we all can enjoy. Membership offers many opportunities for each of us to network with so many other nurses across the continent. Our annual dues provide us with the *Journal of Peri-Anesthesia Nursing* and *Breathline* subscriptions, as well as discounts on attendance at ASPAN educational programs.

ASPAN's current financial position shows a positive net value as of the September 30, 2005 statements. The pie chart shows the general designation where your

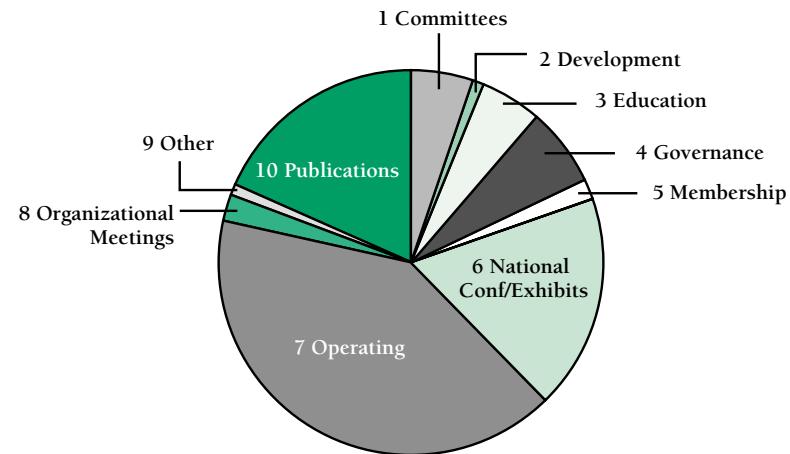
dollars from your membership dues go.

ASPAN 2005 DUES DISTRIBUTION

Committees	\$3.52
Development	\$0.84
Education	\$3.34
Governance	\$4.70
Membership	\$1.15
National Conf/Exhibits	\$12.96
Operating	\$28.54
Organizational Meetings	\$1.50
Other (Scholarship/Awards/ Special Conference)	\$0.63
Publications	\$12.83
TOTAL ASPAN DUES	\$70.00

So, how many bargains have you purchased that allow you to call across the continent and speak with another perianesthesia nurse to discuss your issues and concerns or just to maintain a friendship? As you can tell, ASPAN membership is a bargain. It offers you, the member, the opportunity for timely discussions on perianesthesia nursing with a diverse group of peers. Continue to be a part of the diversity in ASPAN! 

My 2005 ASPAN Dues Dollars



The Cultural Dilemma

Kathleen DeLeskey, MSN, RN, CPAN-ASPAN Director for Education

In her third semester of a four semester nursing program, the student nurse felt comfortable in her role caring for a postpartum client two days after giving birth to her first baby. She always liked to meet her client early to plan for her day's activities. Often, like today, she entered the hospital room to greet her new client prior to report. She found an Asian client holding her new infant close. With the guidance of her instructor, Dulcinea* had planned to spend much of her clinical time teaching her client about infant care. To her dismay, her plan went quickly awry when she discovered that her patient did not speak a word of English.

During morning report Dulcinea was told that this client's family had impressed upon the nursing staff that the patient would eat only rice and specially prepared vegetables. They were assured that family would provide for her nutritional needs. This was a new challenge for a student who was trained to observe dietary intake and teach about proper nutrition when the necessity arose.

No breakfast tray had been provided for her client and she could find no stash of hidden food, so Dulcinea began her duties. She watched as the loving new mom breast fed her tiny infant. Other than occasional passing grimaces on mom's face, all seemed well.

Dulcinea bathed the baby and placed her into the warm bassinette next to her mom's bed. She then began to help her client clean and bathe. Assessment of the fundus and vaginal flow was easy since it had been occurring each day and the patient knew what to expect. Smiles passed between client and student nurse and frequent hand gestures clarified what would happen next in the silent exchange of information.

Although everything proceeded as it should, Dulcinea felt a void between them. Very early in her nursing program, she had learned that good communication between a patient and nurse is critical. During therapeutic conversations, a trusting bond often develops between a nurse and patient. This bond helps the nurse to assess client needs in the physical, emotional and spiritual domains. In this instance, there was no bond, no trust, not even a simple conversation.

As the morning progressed into the afternoon, and again no food was brought to the room Dulcinea became concerned. She knew that breast feeding demanded extra nutrition, yet her client had had nothing to eat that day. She knew the nursing role as patient advocate was an important one, so she contacted patient services and requested an interpreter. She was not discouraged by the lack of Chi-

nese interpreters available and persisted in her request. By mid-afternoon someone had been located who spoke the same dialect as the patient.

When the interpreter arrived, Dulcinea accompanied her to the room. She queried the patient about her needs as a new mom, about her comfort with her new baby, and particularly about her diet. She encouraged the mom to eat in order to provide the proper nutrition for her infant. She listened and spoke in turn as the interpreter translated for her. Finally the translation came: "She has not eaten in two days. She is starving and would like a bagel and cream cheese". After her initial silent shock, Dulcinea assured the patient she would have her requested breakfast shortly.

During clinical conference, the subject of diversity and client needs arose. Student input was at least interesting and at most, profound. Dulcinea finally asked, "Why do we have to put clients into little cultural boxes? Each patient has different needs regardless of their culture. We shouldn't assume that they will have special needs just because they are different than us, we should find out from each individual patient what they want." It seemed to be a consensus among the clinical students. It surely impressed me.

*Names have been changed.

Diversity

CONGRATULATIONS TO THE 2005 ASPAN SCHOLARSHIP WINNERS!

ASPN National Conference

Attendance Scholarship (\$500 each)

For the 2006 National Conference in Orlando, Florida

Clara Boudreaux,
BS, BSN, RN, CAPA
Lafayette, LA

Margaret Fowler, RN, CPAN
Bangor, ME

Joyce Holtkamp,
BSN, RN, CPAN, TNCC
Burlington, IA

Theresa Lacombe, RN, CPAN
Port Barre, LA

Nancy Martin, BSN, RN, CPAN
Kansas City, MO

Susan Pendle,
BS, MS, CCRN, CPAN
Scottsdale, AZ

Emma Pontenila,
MA, RN, CPAN
Tamarac, FL

MSN Scholarship (\$1,000 each)

Diana Ellison, RN, CAPA
Traverse City, MI

Sandra Gardner,
MS, BSN, RN, CPAN
Waterloo, IA

Sabrina Valentine,
BSN, RN, CCRN, CPAN
La Habra Heights, CA

BSN Scholarship (\$1,000 each)

Reginna Campbell, RN, CPAN
Angola, IN

Joann Preece, RN, CAPA
Meriden, CT

Kelly Shanley, RN
Marshfield, MA

Certification Exam Scholarship (\$235) (for CPAN exam)

Lou Ann Madson, RN
Glendale, WI

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Educational Offerings

June 3-4, 2006 Northwest PeriAnesthesia Nurses Association (NPANA) presents its 2006 Spring Conference, "Hot Topics in Perianesthesia Nursing", Embassy Suites Hotel-Portland/Washington Square, Tigard, OR. Contact Carol Manchester at treasurer@npana.org or 503-331-0205/503-413-7156

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

2006 Winter/Spring Seminars



January 28, 2006 • Oakbrook, IL
Ambulatory Perianesthesia Practice: Beyond the Basics

Denise O'Brien

January 28, 2006 • Oakbrook, IL
Perianesthesia Care: Beyond the Basics

Nancy Strzyzewski

January 28, 2006 • Columbia, SC
Legally Speaking: Just the Facts

Dolly Ireland

February 4, 2006 • Charlotte, NC
Ambulatory Perianesthesia Practice: Beyond the Basics

Dolly Ireland

February 4, 2006 • Charlotte, NC
Perianesthesia Care: Beyond the Basics

Linda Ziolkowski

February 4, 2006 • New York City, NY
Pediatrics: Little Bodies, Big Differences

Kathy Deleskey

February 11, 2006 • Harlingen, TX
Perianesthesia Care: Beyond the Basics

Lois Schick

February 11, 2006 • Redmond, WA

Ambulatory Perianesthesia

Practice: Beyond the Basics

Denise O'Brien

February 25, 2006 • Springfield, IL

Ambulatory Perianesthesia

Practice: Beyond the Basics

Denise O'Brien

February 25, 2006 • Springfield, IL

Perianesthesia Care:

Beyond the Basics

Nancy Strzyzewski

February 25, 2006 • Evansville, IN

Ambulatory Perianesthesia

Practice: Beyond the Basics

Linda Wilson

February 25, 2006 • Evansville, IN

Perianesthesia Care:

Beyond the Basics

Linda Ziolkowski

March 4, 2006 • Clarksburg, WV

Legally Speaking: Just the Facts

Dolly Ireland

March 11, 2006 • Oakbrook, IL

Legally Speaking: Just the Facts

Dolly Ireland

March 11, 2006 • Oakbrook, IL

Pediatrics: Little Bodies,

Big Differences

Nancy Strzyzewski

March 18, 2006 • Langhorne, PA

Pediatrics: Little Bodies,

Big Differences

Dolly Ireland

March 18, 2006 • Omaha, NE

Pediatrics: Little Bodies,

Big Differences

Nancy Strzyzewski

May 20, 2006 • Redmond, WA

Educating the Educator:

A Blueprint for Success

Chris Price

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Bellmawr, NJ

Breathline

Volume 26, Number 1
January/February 2006

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ASPN
10 Melrose Ave, Ste 110
Cherry Hill, NJ 08003