



ASPN's 25 Years: Our PeriAnesthesia Journey to Success

Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

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Our Journey to Excellence

As ASPAN members journey together in pursuit of excellence, we must take quick, sure, bold steps toward a singular goal. This year, our Big Audacious Goal (BAG) involves promoting excellence in everything ASPAN does. This BAG encompasses ongoing initiatives involving clinical practice, orientation, training, continuing education, clinical competency, research, standards validation, and creating a culture of safety in the practice environment. Excellence occurs when one gives more than is expected. In *Search of Excellence*¹ and *A Passion for Excellence*² provide numerous examples of how a single worker can make a big difference in the workplace. Excellence, demonstrated not by a single, extraordinary act, is manifested in a series of acts creating a consistent pattern of exceeding expectations.

According to the Greek philosopher, Aristotle, excellence is not an act, but a habit. We build on this habit by willingly contributing to and participating in ASPAN's many organizational initiatives. In his book, *Good to Great*,³ Jim Collins published words that shaped my nursing practice. Collins said, "Good is the enemy of great."³ While reflecting on this insight I asked, "Is being good not enough? Should we attempt to achieve far more and to dream bigger than big? Once we dream bigger, how are we going to achieve all that we envision?" The



**Pamela E. Windle,
MS, RN, CNA, BC, CPAN, CAPA
ASPN President 2006-2007**

answers came to me in a flash. We need to be more than a good organization; ASPAN must sustain a great organization! We should never settle for less. If we settle for "good" patient care or management skills, we may never know the complete fulfillment of providing excellent patient care. We must be *better than good* as we promote our BAG to be the very best.

A Succession Planning Strategic Work Team (SWT) will convene this year to assist components with leadership transition and growth. Collins provides a template for achieving greatness by describing five levels of leadership required to guide any organization to the top.³ This leadership vision serves as a hierachal model for our succession planning:

Level 1 Leader – described as the highly capable individual. To me, this represents the entire ASPAN membership.

Level 2 Leader – described as a contributing team member. This encompasses each of us who work and interact with peers.

Level 3 Leader – represents a competent manager.

Level 4 Leader – represents an effective leader.

Level 5 Leader – described as the executive leader. In this highest level of leadership, the individual moves away from his or her personal needs toward the larger goal of building a great organization.

To promote excellence, ASPAN must continually develop model leaders at every level within local districts, components, and on the national level. Let us strive toward the highest level of leadership as we transform our great organization.

Achievement of the BAG, carried on the shoulders of a team, far outpaces the efforts of individuals working alone. As the expert resource for perianesthesia nursing, ASPAN's journey allows members to explore advances in technology and perianesthesia best practice. Please consider joining one of ASPAN's seven diverse Specialty Practice Groups, which offer the benefit of professional networking and collaboration within our ASPAN family. Our Clinical Practice Committee encourages inquiries, identifies practice issues, clarifies thinking, and disseminates practice information. I encourage members to use our Web site (www.aspan.org) to post clinical practice questions and to discuss clinical issues.

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ASPN National Conference

"Soaring on the
Magical Journey
to Excellence"

April 15-19, 2007
Anaheim, CA

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

President's Message

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ASPAN's *Standards of Perianesthesia Nursing Practice* serves as a guide to the perianesthesia nursing profession. This publication documents core ideology, scope of clinical practice, ethical practice, position statements and perianesthesia resources. Some standards will remain current and others will receive validation and as we continue to explore evidence based clinical information. One focus of this year's journey is the establishment of Perianesthesia Data Elements (PDE). As reported in the last edition of *Breathline*, PDE offers standardized and consistent perianesthesia language for nursing diagnoses, assessments, interventions, and care outcomes. Safety is another strategic initiative. Although hospitals and ambulatory centers espouse patient safety, are we truly practicing safely? ASPAN's Safety SWT collected over six hundred surveys from perianesthesia nurses, and based on extensive study results, will prioritize members' needs and develop a manual to guide our constituents in achieving and maintaining a safer and healthier work environment.

The Education Provider Committee is continuously updating and revitalizing ASPAN educational offerings. Our new CPAN and CAPA Review for Certification Seminars, listed on page 12, debut this summer. This committee is a vital part of ASPAN, and committee veterans mentor new members joining the group. The Research and Evidence Based Practice (EBP) Committees are very active on multiple projects that examine hypothermia, PONV and PDNV, voiding, pressure ulcers, and unit staffing. This year, the September Component Development Institute focuses on our "Journey to Excellence through Writing for Publication and Research/EBP."

ASPAN's goal is to continue development of members' skills involving writing, research and EBP. This interactive, fun weekend program guides attendees toward strengthening writing and publishing skills and enhances necessary research skills for EBP.

One of my favorite teamwork stories comes from a sermon entitled "Lessons from Geese."⁴ This spring, one might see geese flying in a "V" formation while heading north for the summer. Geese fly in this configuration to make the destination easier for those who follow, because they benefit from an air current created by the leaders. Groups applying this example of teamwork include competitive bicyclers, racecar drivers, and fighter pilots flying in formation. Bikers and racecar drivers could not race at such high speeds without the help of teammates, and fighter pilots flying in a "V" formation enable them to watch each other's back. The geese story emphasizes several benefits of ASPAN membership and of belonging to an elite nursing organization such as ASPAN. Every perianesthesia nurse can embrace passion for and commitment to this wonderful organization.

Our core ideology reflects members' volunteerism in promoting excellence in perianesthesia nursing. There will never be an end to our journey to excellence. Achieving excellence demands that we remember not all roads to success are smooth. Although the road to excellence may be bumpy, each of us must continue to move forward despite barriers and shifts in the wind by anticipating new challenges and transitional change. Together we will reach our ultimate goal through collective professional actions and an inner fire of commitment fueling our passion for ASPAN to excel.

ASPAN Breathline

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Address changes and administrative correspondence to:

ASPAN
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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Editorial Comments or
Letters to the Editor to:

Joni Brady
HQ USEUCOM
CMR 480, Box 2025
APO AE 09128-2025

jbrady@aspan.org

Deadlines for inclusion in *Breathline*:

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JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

The Right to Write

Joni M. Brady, MSN, RN, CAPA – *Breathline* Editor

Nurse writers and editors are not born, but are made. Our ASPAN publications consistently require skilled nurse writers to create and disseminate important and timely perianesthesia news and information, yet our profession necessitates brevity in clinical documentation. While detailed or technical writing is intimidating to most nurses we possess many capabilities to support development into good writers.

At the 2001 ASPAN Component Development Institute (CDI), geared toward writers and editors, there was a joke of sorts circulating among our nurse newsletter editors. The punch line, delivered by the previous editor to the new editor in the form of “the big box” arriving in the mail, lacked the nuts and bolts of the editorial role and was generally filled with tools of the trade, such as office supplies and past editions of the newsletter. The 2001 CDI provided component editor instruction in a collaborative and supportive environment, and subsequently developed into our ASPAN Publications Specialty Practice Group.

My 1999-2002 California newsletter experience, together

with Karen Machado as co-editor, involved the constant support and guidance of Marie Greatorex (former *Pulseline* and *National PArtiCULArS* Editor). I am among the fortunate to have had a strong mentor and editorial partner to guide and lift me up. This year, one of President Pam Windle's September 2006 ASPAN CDI goals is to support and mentor members aspiring to expand writing and editing skills. We invite and encourage you attend this wonderful weekend education program. You may just be the next new component writer, editor, or *Breathline* and *JoPAN* contributor! More good news: as technology transforms how we do business, my guess is “the box” of the future will reduce in size to a CD-ROM or memory stick filled with .pdf files!

It is an honor to serve as ASPAN's third *Breathline* Editor. I appreciate the confidence of the Editor Selection Team in choosing me to follow Nancy Burden and Jackie Ross in this position. After arrival, I eagerly sifted through the contents of “the *Breathline* box” and am now into production of my second solo edition. My goal is to

Editorial

mentor and cultivate new *Breathline* contributing writers and editors. Please exercise your right to write, contact me, and we can begin the process.

Thank you to Jackie Ross, Jane Certo, Fran Micaletti, Meg Beturne, and Kevin Dill for making this editor transition so welcoming and pleasant, and to Susan Shelander (ASPA's 21st President) for picking up this Coronado Beach starfish and throwing her into the sea. I am proud to be part of this incredible organization and look forward to working with ASPAN and our component membership in the years to come.

The opinions expressed are those of the author. Feedback and Letters to the Editor are encouraged. Editor contact information is located on Page 2.

President's Message
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It is a great honor and privilege to serve as your President. I encourage you to join me in this journey and in our BAG to achieve perianesthesia excellence. YOU will not be alone, for WE journey together while reaffirming our commitment to excellence every step of the way! Together, we will make a profound difference in advancing ASPAN's pursuit of excellence.

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3. Collins J, *Good to Great*. New York: Harper Collins Publisher Inc., 2001.
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2006 ASPAN Component Development Institute “Writing for Publications, Research, and Evidence Based Practice”

September 15-17, 2006
Bloomington, Minnesota

Look for more information regarding
program details and registration in
the next *Breathline*.



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The Nurse in Washington Internship Program

Maureen McLaughlin, BSN, RN, CPAN – Chair, Governmental Affairs Committee

The Nurse in Washington Internship Program (NIWI) is a weeklong educational program sponsored by the Nursing Organization Alliance, an organization comprising over fifty nursing specialty organizations, including ASPAN. The mission of the Alliance is to increase nursing's visibility and impact on health through communication, collaboration and advocacy. Each year, the Alliance sponsors NIWI and a leadership workshop.

The NIWI program is held early in the legislative calendar between January and March. The program provides nurses with an opportunity to explore how to influence health care policy through the legislative and regulatory process. Networking opportunities occur among nurses from other specialty organizations, health policy experts, and in meetings with elected members of the government. The program officially begins on Sunday morning and concludes

the following Wednesday afternoon. Educational offerings occur in the host hotel with the exception of a scheduled visit to the Capitol Building. Contact is made with program attendees prior to the meeting to encourage networking between fellow home state and nursing specialty organization members.

Topics covered in the educational sessions include: the legislative process, how health care policy is implemented through the legislative process, use of the media, effective lobbying, political activism, and coalition building. Nurses learn how an idea becomes a bill, how a bill becomes a law, and how to influence this process. One essential element of NIWI participation is to arrive prepared. While the educational sessions instruct attendees on the political process, participants must perform some prior research on legislative process. It is advisable to arrive in Washington with a working knowledge of pending legislation, hot topics, and issues facing nursing today.

Conference attendees have the opportunity to meet with elected officials to discuss issues pertaining to nursing or health care. When Meg Beturne (2005-2006 ASPAN President) and I attended NIWI in 2005, we met with legislative staff members from our Senators' office. We chose to discuss the nursing shortage and Title VIII funding challenges. Both of our Massachusetts Senators advocate for nurses and health care, so part of our job was made easy. However, legislative aides asked very probing questions and clearly valued our opinions on solutions to the looming nursing shortage. What I found surprising, slightly intimidating, and truly refreshing was that they looked to us for answers.

ASPA offers an annual scholarship to the NIWI program (see page 10 for information on the Scholarship Program). In addition to the basic scholarship application requirements, a narrative statement describing political involvement and how attendance at the NIWI program improves or affects perianesthesia practice is required. Attending NIWI is the opportunity of a professional nursing lifetime. Unfortunately, no NIWI scholarship applicants emerged in 2005; therefore, ASPAN will not be represented at the 2006 program. Please consider completing an application packet for the 2007 program.

For additional information on the Alliance and NIWI, go to www.nursing-alliance.org 

Evaluating Geriatric Nursing Practice

Nursing Competency Assessment Tool

Assesses Skills

ASPN Research Publication Team Update

Clinical
Practice

The aging demographics of our American population present a significant challenge to the health care industry. Elder adults experience longer hospitalizations, more medication complications and falls, and occupy over seventy percent of medical-surgical unit capacity.¹ This data is particularly important to nurses because the majority of practicing nurses lack geriatric educational instruction.¹ Over the past two years, ASPAN participated in the Hartford Geriatric Nursing Initiative as the recipient of a Nurse Competency in Aging Grant while actively promoting perianesthesia nursing knowledge related to the older patient population through a series of informative articles and formation of the Geriatric Specialty Practice Group.²

Competencies provide a measurable method to appraise a nurse's ability to apply professional knowledge, judgment, and skills while demonstrating basic clinical proficiency. The Hartford Institute, as a result of extensive research and testing, just released "The Geriatric Competencies for RNs in Hospitals" assessment instrument. This tool establishes and assesses minimum competencies required when caring for older adults and is invaluable for clinical policy and procedure development, the orientation of new nurses, and in skills review for veteran nurses.¹ These competencies are adaptable to the perianesthesia care environment.

The geriatric competencies are available for review on GeroNurseOnline.org. A quick

link is located on the ASPAN Website (www.aspan.org). Go to the "Resources" drop-down menu, click on "Links" and scroll down the Internet Resources page to the GeroNurseOnline hyperlink. The eight hospital competencies are viewable on the GeroNurse "Resources" link in a .pdf download file. Please take advantage of this valuable tool to assist in the establishment of your organization's geriatric best practice initiatives. 

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2. Mamaril M. The Hartford Geriatric Nursing Initiative, *Breathline* 25(3), p. 7, 2005.

National Council of State Boards of Nursing: ASPAN Represented

Boards of nursing from the fifty states, the District of Columbia, and five United States territories represent membership of the National Council of State Boards of Nursing, Inc. (NCSBN).¹ "The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing."¹ NCSBN selected Candace Taylor, BSN, RN, CPAN, of the Missouri-Kansas PeriAnesthesia

Nurses Association (MO-KAN PANA), as ASPAN's representative.

NCSBN conducted two consecutive meetings with twenty-nine subject matter experts representing a variety of nursing specialties, practice settings, and geographic locations. The purpose of the meetings was to develop a list of nursing activity statements performed by post entry-level RNs throughout a nursing career. During 2006, NCSBN plans to survey registered nurses to describe their continuing practice and to address NCSBN's strategic initiative

related to measuring continuing competence of nurses, while developing an assessment tool to measure continued competence in nursing practice.¹ Congratulations to Candace Taylor for her participation in this important initiative!

For more information about NCSBN visit their Web site @ <http://www.ncsbn.org/>

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1. National Council of State Boards of Nursing, Inc. About NCSBN. Available at: <http://www.ncsbn.org/about/index.asp> Accessed March 3, 2006.

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Views on the “V” The Advantages of Flying in Formation

Pamela E. Windle, MS, RN, CNA, BC, CPAN, CAPA – ASPAN President

I am amazed as I watch geese fly in the “V” formation. Scientists believe as each bird’s wings flap, this action creates uplift for birds that follow. When birds assemble in a “V” formation the flying range is 71% greater than if each bird flew alone. The “V” concept is applicable to principles of leadership and mentorship, and connects to some fundamental truths.

Whenever a goose falls out of formation, it suddenly feels the drag and resistance of flying alone and quickly gets back into formation to take advantage of the lifting power from the bird immediately in front.

Fundamental Truth 1:

People who share common direction and a sense of community arrive at a destination quicker and easier because they are traveling with mutual uplift.

When the lead goose gets tired it rotates back into formation and a new goose flies up to the point position.

Fundamental Truth 2:

Teams need to emphasize various member specialties, work together, and support each other.

The geese flying in formation honk to encourage those up front to keep up speed.

Fundamental Truth 3:

It pays to take turns doing assigned jobs within a group.

When a goose falls out from sickness or injury, two other geese follow out of the formation to help protect the wounded teammate. They remain until there is a recovery or death, and then launch out together or with another formation to catch up with the group.

Fundamental Truth 4:

As leaders and mentors, we must ensure honking is encouraging.

We can apply these fundamental truths to our ASPAN world. I applaud every new member for your commitment in belonging to this elite organization. When joining

ASPN you share the common direction of our journey, our ideas and solutions, and a sense of belonging. I encourage you to assume a position in ASPAN, to advance in leadership as a committee member or chairperson, and to remain focused on advancing our mission and goals through active membership. Responsibility requires effort. At some point, each of us requires down time to rotate back in formation and let other colleagues fly at point to lead. In order to mentor new leaders we must recruit new blood!

Succession planning is the key to excellence, and our Succession Planning Strategic Work Team launches this year to assist every member in achieving his or her potential. As an organization, we need to encourage one another, especially to lift our struggling components to succeed. The ASPAN family exists to provide mentoring for those who aspire to the role of leader. The more encouragement and support we provide, the greater the productivity. It is important for us to move forward. We need to keep our grassroots members motivated, so HONK to your fellow ASPAN members!

The Ultimate Truth

When we adopt the sensibility of geese we can stand by each other in collaboration, taking longer steps toward excellence than ever before!

Members of ASPAN must stand by each other not just in times of success and celebration, but more importantly, in times of need and distress. Strategies to “fly” further are envisioned to sustain uplifting energy throughout the team. We, as a professional organization family, will always be present when a member or a component needs support, resources, sustenance, and relief. Remember, *we are here together, sharing common goals.*

Let the Journey Begin... 2006–2007 Member-Get-A-Member Campaign

Jane Lind, BS, RN – Chair, Membership/Marketing Committee

Get ready to participate in GASPN's Journey to Excellence! The Member-Get-A-Member Campaign, unveiled at the 2006 National Conference Closing Ceremony, runs from April 1, 2006 to March 31, 2007. As an ASPAN member you receive many benefits, such as reduced registration fees for the National Conference, ASPAN Seminars, component education programs, and CPAN and CAPA certification and recertification. Another important benefit is staying informed regarding current research and practice issues through membership subscriptions to ASPAN's *Journal of PeriAnesthesia Nursing* and *Breathline* publications, plus the opportunity to network with colleagues via the Clinical Practice Network and Specialty Practice Groups.

The Member-Get-A-Member Campaign encourages you to share the exciting benefits of ASPAN membership with peri-anesthesia colleagues working in preanesthesia testing centers, pre-anesthesia and postanesthesia care units, ambulatory and freestanding surgery centers, and special procedure units. Recruiting new members allows you to share the ASPAN experience while offering the opportunity to become ASPAN's Recruiter of the Year. Our top recruiter receives an engraved plaque, a complimentary one-year ASPAN membership, and a paid registration to the 2007 National Conference in Anaheim, California. In addition, each new member recruiter's name is entered into a random drawing for a complimentary registration to the 2007

National Conference, and the component yielding the highest recruiting percentage will receive two free registrations to the 2007 National Conference.

We encourage every member to become a recruiter and to facilitate sharing "Our Journey to Excellence." Membership applications are available for download on the ASPAN Web site (www.aspan.org) or by calling the National Office toll free number 877-737-9696, extension 16. Please remember to have recruits include your name and member number on the application in order to receive credit for registering a new member. It would be so exciting if each ASPAN member encouraged at least one colleague to take that first ASPAN membership step! 

Membership

Member-Get-A-Member Campaign Our Journey to *Excellence*

April 1, 2006 - March 31, 2007



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(<http://www.cpancpa.org>)

Certification

Tips for Certification and Recertification

Bonnie Niebuhr, MS, RN, CAE – ABPANC Chief Executive Officer

Planning to challenge the certification exam is a fantastic professional goal. Whether studying alone or in a group, consider some useful strategies for success.

- **Organize a study outline and timetable:** This is the first step to creating a study plan. Begin by carefully reading the ABPANC Candidate Handbook and Application. Use the examination blueprint published in the Handbook to develop an outline of study topics, while first focusing on areas of weakness.
- **Identify a schedule for studying the topics:** Determining a study schedule depends on whether you prefer to take a review approach or instead study each topic in depth. When studying in a group, assign one individual to coordinate each study topic. Most importantly, plot out your schedule and stick to it.
- **Study some material every day:** Making a little progress each day is much more effective than attempting to cram a lot of material all at once.

- **Keep a positive attitude:** Be proud of what you know and make your certification goal a reality!

Recertification

ABPANC has predetermined the number of recertification contact hours awarded to nurses attending life support classes. Regardless of the number of hours involved in the class you take, the number of contact hours awarded in Direct Care are:

- ACLS, PALS, NALS = 10 contact hours
- BLS and ACLS Instructor Courses = 5 contact hours
- BLS = 2 contact hours

You can claim a maximum of 20 contact hours in Direct Care for life support classes, and may only apply one class of each type during a three-year certification period. For example, if you take two ACLS classes during the recertification period you claim only 10 contact hours. If you take an ACLS and PALS course, you will earn a total of 20 contact hours while no other life support credit applies. 

On-line Practice Exams Now Available

ABPANC is pleased to announce our new 100-item CPAN and CAPA practice exams are now available online! Designed to be taken online while preparing to challenge the actual exam, one's score is made immediately available along with feedback regarding performance in each of the four Patient Needs' Domains.

November 2006 Certification Exam Registration Dates

- Special test site request postmark deadline - **8/21/06**
- Initial application postmark deadline - **9/5/06**
- Late application postmark deadline (must submit a \$50 late fee) - **9/11/06**
- Application withdrawal/roll over postmark deadline - **9/18/06**
- Test site transfer request postmark deadline - **10/2/06**

November Recertification Postmark Deadline Change

Recertification application materials require a postmark no later than **November 1**, not **November 30, 2006**.

New Clinical Practice Eligibility Requirement for Initial Certification

All registered April 2007 examination candidates, regardless of practice role (manager, educator, researcher, and staff nurse), must obtain all required clinical hours in direct care of perianesthesia patients. The requirement for 1800 practice hours, accrued during the two years prior to application for CPAN or CAPA initial certification, remains unchanged. If you have questions about this eligibility requirement, please contact Bonnie Niebuhr at bonnie@proexam.org

Online CPAN and CAPA Candidate Handbook and Application

Visit our Web site (www.cpancpa.org) to download some or all of the sections you need, or contact ABPANC for hard copy requests. You must obtain the scannable application form from Professional Examination Service.

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Becoming a Connoisseur of Research: Evaluation of the Evidence

Jacqueline Ross, MSN, RN, CPAN-Chair, Evidence Based Practice Committee

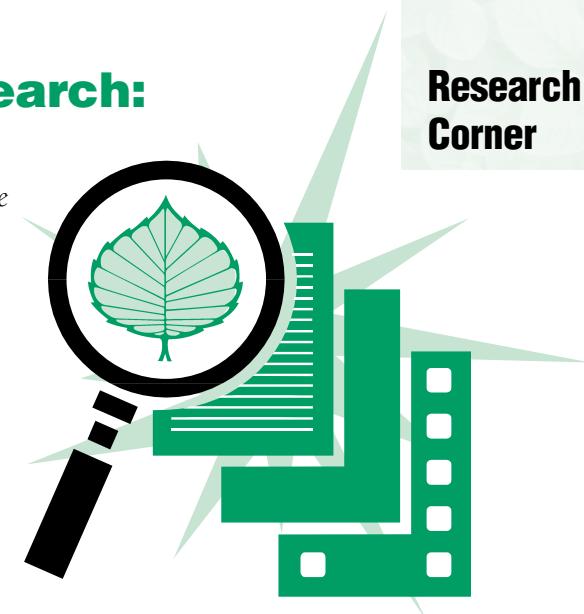
In evidence based practice (EBP), research findings help to make clinical practice recommendations. EBP entails the integration of the best available information, clinical expertise, and the patients' concerns, values and choices.¹ Regardless of your practice role, developing an appreciation for research findings is important since the decision to improve or change practice relies on some of the evidence. Since the focus of nursing practice entails holistic care, it is essential to emphasize that multiple research methods are needed to capture the essence of our practice. Research designs include both quantitative and qualitative approaches. During a literature review each research method asks key questions. This article provides only a sampling of essential critique tips, although there is a wealth of information available to nurses.

In quantitative research designs the critique focuses on the validity, reliability, and applicability of the study.¹ When examining validity you question if a scientifically sound method yielded the results. Two main concerns with validity are confounding variables and bias. Misleading results occur when a relationship between two variables is actually due to a third (confounding variable).¹ Samples that are homogeneous decrease bias, but also limit generalizability. If reviewing an interventional or longitudinal design, the researcher needs to address attrition rate. High attrition rates may introduce bias.

Validity of an instrument refers to measuring what the tool actual-

ly intended to evaluate. For example, an instrument used to measure pain should not be used to measure anxiety. These are two separate concepts. Reliability refers to the precision and size of the effects from the study. Were the results from the study significant? Reliability of an instrument refers to stability over a period of time and is frequently measured by Cronbach's alpha. An alpha level above .70 is preferable, with some researchers preferring a minimum of .80. Another important area to review is how well the findings apply to your patient population. Power, effect, and clinical significance are additional quantitative research components requiring examination, and these will be explained in another issue of *Breathline*.

Qualitative research designs undergo a different evaluation process. You examine credibility, transferability, dependability and confirmability of the findings.² Credibility, often compared with validity, can be determined by documentation, such as data saturation, researcher actions, opinions, purposeful sampling, and accounting for outliers. Transferability, often compared with external validity, refers to the extent findings can be generalized to other settings. This would indicate an analytical or theoretical vs. statistical (seen in quantitative research) generalizability.^{1,2} Dependability, compared to reliability, reflects how thoroughly research conclusion determinations are made, and is sometimes referred to as the audit trail.² Confirmability is the degree to which the findings



can be confirmed by other researchers.² Again, ask how this research applies in your practice.

Research is an important skill for nurses to hone. Quantitative and qualitative research requires a methodical examination when critiquing study findings to assure utilization of the best information in the clinical arena. Nurses who develop this skill become effective change agents in the workplace and provide an educational support system for nurses novice in research analysis and critique.

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2. Denzin N and Lincoln Y. *Handbook of qualitative research*. Sage Publications: Thousand Oaks CA, 2005.

ASPAN 2006 Scholarship Program Deadline Rapidly Approaching!

Scholarship funding provides opportunities for enhanced clinical training and increased knowledge throughout the peri-anesthesia nursing profession. The ASPAN Scholarship Program supports members pursuing a nursing degree, seeking perianesthesia certification, or those participating in continuing education. The 2006 brochure/application provides details on basic eligibility requirements for all candidates and is accessible for download on the Web site (www.aspan.org) or can be obtained in a .pdf file or hard copy format via e-mail request from the National Office.

Use the Handy Fill-In Form

When accessing the Scholarship Brochure/Application .pdf file online, the required information

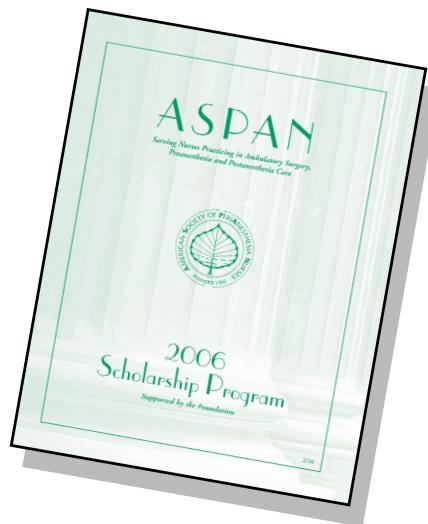
can be entered into the form and then printed to include with the application packet. ASPAN's Fill-In Form uses the features provided with Adobe Acrobat Reader® 5.0 or 6.0 software. For your convenience, our Web page provides an instruction page hyperlink.

All applicants must submit, by mail, an original plus three copies of the application along with supporting documentation for the Selection Committee to review.

The scholarship application cannot be submitted electronically.

The postmark deadline for submission is July 1, 2006.

For questions, or to receive a copy of the brochure/application, please contact Jane Certo at the ASPAN National Office: 877-737-9696 extension 13 or email jcer@aspan.org



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Ending the Paper Chase New Online Resource Debuts

Sara Waldron, BSN, RN, CPAN - Team Leader, Bylaws SWT/Policy & Procedure Ad Hoc Committee

Our personal and professional lives demand the exchange and review of so much data that it can become overwhelming to track everything in an organized, up-to-date manner. For example, have you ever mislaid an important form, instruction sheet or paper? Perhaps you labored on a project only to discover that your hard copy material lacked the most current resource information? ASPAN seeks to end the paper chase by sharing news about a plan to lessen print materials that are saved, filed, or managed.

The ASPAN Board of Directors authorized online access to the Society's bylaws, policies and procedures. Presenting this information on the ASPAN Web site is beneficial for several reasons:

- Important organizational tools are readily accessible to members
- Electronic data revision is quicker and easier than with traditional print materials
- Web-based information updates keep shared resources current
- Elimination of hard copy manuals saves time, money, and trees!

Document Access

Robert's Rules of Order describes bylaws as the "highest body of rules" of a society, which define the basic characteristics, purpose, and organization structure.¹ Because bylaws include privileges and rights of members, it is recommended that every member become familiar with the contents. ASPAN Bylaws are now available on the Web site (www.aspan.org) without restriction. New, current, or prospective ASPAN members can visit the site, review the bylaws, and print a copy if desired.

ASPN policies and procedures are available online for leaders, such as members of the Board of Directors, component presidents, committee chairs, editors, Strategic Work Team members, and ad hoc committee leaders. An important tool for leaders, policies and procedures provide consistent guidelines, promote continuity in planning and decision-making, and explain how the Society operates. Position descriptions, part of ASPAN's policies and procedures, include specific duties and responsibilities, provide invaluable direction for orienting new leaders at the national and compo-

ment level, and provide direction to the member throughout his or her service tenure. Password protection access preserves limited distribution of internal documents used for governance and management purposes.

Documents are available on the ASPAN Web site by clicking on the drop-down menu titled "About Us" and then selecting the "Organization" tab. Items of interest may be viewed, downloaded, saved, or printed. All files are presented in a "read-only" .pdf format to preserve integrity of the original document. As document revisions occur the outdated items will be replaced. This electronic information dissemination strategy benefits our members, our leaders, and our management team. Making the bylaws and policies and procedures available online is one big step toward ending the paper chase. Please explore the Web site and let us know your thoughts. 

REFERENCE:

1. Robert SC, Robert III HM, Evans WJ, Honemann DH, and Balch TJ, *Robert's Rules of Order Newly Revised* (10th ed.). Cambridge, MA: Perseus Publishing, 2000.



**Check the ASPAN
Web site for daily
National PArtICUIArS
updates and pictures
from Orlando.
The July/August
issue of *Breathline*
will present complete
2006 National Conference coverage.**

Participate in the New Journal Club!

ASPN introduces an online journal club featuring articles related to perianesthesia nursing. All ASPAN members are invited to take part in online discussions about current nursing research findings. The Journal Club is convenient to use; you can log-in at anytime, from anywhere! Check the ASPAN website (www.aspan.org) for more information.

Educational Offerings

September 30, 2006 OPANA's Fall State Seminar will be held at The Ohio State University in Columbus, Ohio. For more information or to obtain a conference brochure, contact Teri Shine at teri.shine@lhs.net or 440-953-6160.

October 14, 2006 The Wisconsin PeriAnesthesia Nurses (WISPN) will hold the Annual Fall Seminar in Eau Claire, Wisconsin. For more information check the WISPN Web site at <http://slingshotrally.com/wispan/>

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Summer/Fall ASPAN Seminars

For more information, contact Carol Hyman

at the ASPAN National Office:
877-737-9696 ext.19 or chyma@aspan.org

August 5, 2006

Review for Certification: CPAN
Review for Certification: CAPA
Warwick/Providence, RI

August 12, 2006

Review for Certification: CPAN
Review for Certification: CAPA
San Antonio, TX

August 26, 2006

Review for Certification: CPAN
Columbus, OH

September 9, 2006

Review for Certification: CPAN
Review for Certification: CAPA
Pittsburgh, PA
New York, NY

September 23, 2006

Foundations of Perianesthesia Practice
Duluth, MN

Ambulatory Perianesthesia Practice: Beyond the Basics
Syracuse, NY

Breathline
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September 30, 2006

Review for Certification: CPAN
Review for Certification: CAPA
Charlotte, NC
Rochester, NY

October 7, 2006

Review for Certification: CPAN
Review for Certification: CAPA
Seatac, WA

October 14, 2006

Aging: Everybody is Doing It
Egg Harbor City, NJ

October 20, 2006 (Friday)

Review for Certification: CPAN
Honolulu, HI

October 28, 2006

Pediatrics: Little Bodies,
Big Differences
Boston, MA

Navigating the Regulatory Maze
Creve Coeur, MO

November 4, 2006

Foundations of Perianesthesia Practice
San Antonio, TX

Pediatrics: Little Bodies,
Big Differences
Charleston, WV

November 11, 2006

Navigating the Regulatory Maze
Austin, TX

November 18, 2006

Legally Speaking: Just the Facts
White Plains, NY

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