



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 27, Number 3

May/June 2007

INSIDE:

Clinical Practice
page 6

Advocacy
Strategic
Work Team
page 8

Succession
Planning
page 11

ASPN National
Conference

“Be the Voice:
Advocacy Through
Education,
Research
and Legislative
Involvement”

May 4-8, 2008
Dallas/Ft. Worth,
Texas

www.aspan.org

Be the Voice for Our Patients, Our Practice and Our Profession

Advocacy encompasses the involvement of one person or a group of people actively speaking out. This participation may include the defense or support of a cause, deliberate action, or seeking to bring about change. Advocacy is not a new concept in nursing. Nurses have been advocating for patients and the practice of nursing since the days of Florence Nightingale. Her commitment to patient care and subsequent involvement in patient, hospital, and social issues helped to reform and revolutionize healthcare.

As perianesthesia nurses, we are well informed and well educated in our practice, thus allowing us to engage in patient advocacy every day. But, as Florence Nightingale demonstrated, being an advocate requires not only the knowledge and understanding of a topic or issue; advocacy includes giving voice to and speaking out about that issue.

Promoting the Vision

As each new ASPAN president begins his or her term in office, we are given the opportunity to incorporate initiatives into the ASPAN Strategic Plan. These initiatives professionally strengthen and advance our organization's position as a powerful advocate for perianesthesia nursing.

ASPN is recognized as the premier organization for perianesthesia



Susan Fossum, BSN, RN, CPAN
ASPN President 2007-2008

expertise and leadership in clinical practice, education and research. The same skills that comprise perianesthesia nursing expertise also serve us in the role of advocate. One of ASPAN's goals is to be recognized worldwide as the "voice" for perianesthesia nursing. Our advocacy goals center not only on patients entrusted to our care, but on the nursing profession and the general provision of healthcare. As an organization, we must proactively embrace opportunities to plan and create a vision. Over the next year, I will be asking each of you to join me and be the voice and advocate for our patients, practice and profession.

Expert Dialogue Needed

In the complex world of healthcare, nurses work to save lives and improve patient care. Most of us have encountered concerns about patient safety, staffing, environmental and workplace issues, the recruitment and retention of new nurses, and the aging nursing

workforce. Nurses' experience and knowledge make a profound difference in our role as trusted patient care experts.

We need to recognize that much of what nurses experience and carry out on a daily basis is directly influenced by policy, laws, and regulations. Policymakers and elected officials make decisions that have a direct impact on patients, nursing practice, and healthcare. Unfortunately, most legislators have limited substantive knowledge and understanding about healthcare issues or the people affected. If nurses neglect to organize and speak out on important issues surrounding professional practice, then others who are less knowledgeable will direct the practice.

As professional experts we have a responsibility to address issues that affect our patients' well-being, our specialty practice, and the healthcare system in general. Giving a voice to perianesthesia nursing requires strategic thoughts and actions focused on building relationships. To truly "Be the Voice" for perianesthesia nursing, ASPAN members must become proactive advocates.

Power of One

You may be asking, "How can I be the voice for perianesthesia nursing? Can one person actually make

continued on page 2

a difference?" Absolutely! Who can articulate nursing practice and provide relevant, accurate perspectives on nursing better than a nurse? Every nurse can identify barriers to best practices and can, in turn, offer suggestions and solutions for improvements. It is time to raise your voice regarding practice challenges and concerns.

Each of you is a remarkable patient activist who makes a profound difference in the lives of others. I would venture that most of us have little difficulty speaking up to a surgeon or anesthesiologist when we are concerned about a patient's care or condition. Our voices cannot stop at the bedside. We must advocate for and be actively involved in issues that affect our workplace environment, such as safety and staffing issues

If nurses neglect to organize and speak out on important issues surrounding professional practice, then others who are less knowledgeable will direct the practice.

that negatively impact the care we deliver. The practice environment should be one that is respectful of the nursing profession; therefore, we have got to speak out to ensure that nursing practice is supported and valued.

Your voice is powerful and it can be heard when steps toward increased involvement are taken. Make opportunities to gain an understanding of the legislative and political process. Know the "political players" and research how they are voting on issues surrounding nursing and healthcare. Send letters to your elected representatives, visit with key staff members, volunteer on a campaign, give testimony before a legislative com-

mittee, and most importantly, exercise your right to vote.

Call to Action

You, the grassroots member, are ASPAN. Your ongoing professional passion and commitment has created and shaped perianesthesia practice as we know it today. Your organization offers an opportunity to become involved with the Governmental Affairs Committee on a component or national level. ASPAN also provides a scholarship to attend the exciting Nurse in Washington Internship (NIWI) Program every year.

Nurses must transform thoughts and ideas from silence into voice and action to truly influence the future. Embrace your expertise and depth of knowledge. Demonstrate it. Give voice to it. You are in a position to impact vital healthcare transformation. Our voices and actions, individually and collectively, will move ASPAN forward in unity and advocacy.

I appreciate the opportunity you have given me to lead ASPAN, and I am honored to serve as your president. In closing, I would like to share a quote from Florence Nightingale:

...I think one's feelings waste themselves in words, they ought all to be distilled into actions and actions which bring results.

As nursing professionals we are charged to take up the challenges that affect perianesthesia nursing and healthcare. We can embrace the opportunities before us while being visionary leaders in the movement toward improving and advancing our profession. I call you to action and ask that you partner with me in the year ahead to "Be the Voice" for our Patients, our Practice and our Profession.

ASPAⁿ Breathline

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JanuaryNovember 1

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MayMarch 1

JulyMay 1

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NovemberSeptember 1



Mary Ruszovan, ASPAN's first secretary, photographed at the 1982 ASPAN National Conference

In Memoriam Mary E. Ruszovan, ASPAN Founding Director

Mary Ruszovan was born February 13, 1931 in Capefair, Missouri. She attended Trinity Lutheran School of Nursing in St. Louis, Missouri. After becoming a registered nurse she moved to California where she met and married her husband, and subsequently followed his career around the country.

After raising their children and returning with the family to reside in Sacramento, California (CA), Mary pursued her professional career. She served as the Supervisor/Manager of the Post Anesthesia Care Unit (PACU) and the Ambulatory Care Unit for many years, and was later appointed to the Director of Surgical Services position at the former American River Hospital in Carmichael, CA.

Mary began promoting the importance of establishing a Recovery Room nursing organization in 1975. By 1979, the Recovery Room Nurses Association of California (RRNAC) was officially created with Mary participating as one of the founders, and then leading the group as their first president.

During the same year she traveled to Chicago to meet with members of the American Society of Anesthesiologists and a number of nursing representatives from other states who were attempting to form a national Recovery Room nursing organization. As a result of this meeting, the American Society of Post Anesthesia Nurses (ASPN) was formed in 1980 to serve the need for specific education related to perianesthesia nursing practice. The ASPAN Founding Directors elected Mary to serve as ASPAN's first secretary.

In addition to her work with RRNAC and ASPAN, Mary served as a founding member and the first secretary of the American Board of PeriAnesthesia Nursing Certification. She helped develop national standards for accreditation in the PACU field and participated in writing the first role delineation and certification exam. Mary retired from nursing in 1993.

Mary Ruszovan waged a 13-year battle with cancer while maintaining unwavering optimism and a great appreciation for life. She passed away at home in Lincoln, CA, at the age of 76. She is admired as a humble visionary and a dedicated leader. Her professional activism, strength of conviction and foundational efforts in the field of perianesthesia nursing advocacy leave an important and lasting legacy. 

Cloaked in Caring

Mary Ruszovan provides us with a shining example of nursing advocacy. Ms. Ruszovan and the other ASPAN Founding Directors banded together in a time when perianesthesia nurses lacked the structure for, but unquestionably needed, professional support and guidance. As practicing nurses they understood that safe, quality patient care required nurses' clinical education and expertise. This small, organized, committed group accomplished ASPAN's formation with sheer determination and a defined purpose.

Twenty-five years later, nurses face a different kind of challenge. In addition to the nursing shortage, current economic and fiscal impact on healthcare systems is jeopardizing the practice of nursing largely because nurses lack the ability to verbally quantify what nursing work encompasses.¹ Over the past two decades administra-

tors restructured healthcare systems, frequently with little consideration of the impact of professional nursing care and its ability to influence quality patient outcomes. This perspective stemmed from a traditional view of nurses as sentimental, caring professionals and nurses' reliance to argue budget cuts based on the virtue of nursing, rather than the value of nursing care.¹

Healthcare budget cuts that directly impact nurses' delivery of care remain principally unchallenged today because experienced nurses can not specify and detail what nurses actually do. Nursing's muted voice has obscured the complexity of knowledge and skill required to manage multifaceted client relationships.¹ A virtual silence pertaining to nursing's value in the healthcare continuum is truly something about which every nurse should care more.

Nurses are excellent patient advocates. We care about patients for all the right reasons. But do we care enough to mobilize and preserve the future of nursing? In the April edition of the *Journal of PeriAnesthesia Nursing*, Co-editor Jan Odom-Forren, MS, RN, CPAN, FAAN, explores the concepts of caring, expertise and competence in nursing.² I urge you to read Jan's editorial opinion to broaden your perspective on this discussion. We offer several columns in this *Breathline* edition designed to stimulate your ability and comfort to become an audible voice for nursing. It's time for each of us to become excellent nursing advocates. I truly hope you'll care enough to heed the call. 

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

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

Editorial

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1. Nelson S and Gordon S, *The Complexities of Care: Nursing Reconsidered*. Ithaca, NY: Cornell University Press, 2006.
2. Odom-Forren J, Nurses: Angels of mercy or competent professionals. *Journal of PeriAnesthesia Nursing*, 22(2): pp. 81-83, April 2007.

Breathline

Volume 27, Number 3
May/June 2007



Americans for Nursing Shortage Relief

Is this Really the Answer?

Gena Near, BSN, RN, CPAN – ASPAN Secretary; Member, Governmental Affairs Committee

Americans for Nursing Shortage Relief (ANSR) is an alliance formed in 2001, and ASPAN has been a member from the beginning. The organizations comprising ANSR collectively represent nearly all of the nation's 2.9 million nurses. ANSR's first goal was to get Congress to implement initiatives to increase the nursing workforce. Since then, the rewards of a nursing career have been highlighted, more nurses joined the profession, and more opportunities for professional advancement have been provided.

Meeting Congress

ANSR is revising its Consensus Document this year. It has been examining the 110th Congress' disposition in the healthcare and federal budget arena, as well as researching executive branch programs and policies that may present viable options to meet ANSR's goal.

ANSR will host a reception this year for new and returning members of Congress and their health legislative assistants. I had the honor to represent ASPAN two years ago at the first reception. ANSR developed, organized, and conducted a similar event at which an ANSR Public Service Award was given to Senators Susan Collins (R-ME) and Barbara Mikulski (D-MD) for their work in supporting nurses.

Investing in Nursing

After its inception in 2001, the Nurse Reinvestment Act was signed into law by President

George W. Bush on August 1, 2002. The legislation addresses nurse recruitment and nurse retention. Six years later, nurses are still fighting the same recruitment and retention battles, but lawmakers appear to be more receptive to ANSR's mission.

Currently, ANSR is busy writing to members of the House and Senate Budget Committees with a request for \$200 million to support the nursing related programs. The writing campaign is being sent on behalf of the 2.9 million nurses who serve as the backbone of our nation's healthcare system. The budget committees are urged to provide the largest possible funding level for public healthcare programs under the fiscal year 2008 Budget Resolution.

There is great concern within the ANSR because President Bush's budget contains a \$44 million cut to nursing workforce programs, including an elimination of funding for advanced practice nursing programs, as our nation is facing a nursing shortage of unprecedented proportions. ANSR is urging the budget committees to reject the President's proposal and support funding to help address the current shortage with the understanding that the nation and Congress face huge fiscal challenges. The legislators must remain aware that without an adequate supply of nurses to care for patients today and in the future, there is grave concern that our nation's healthcare system will not be sustainable.

Who Has the Answer?

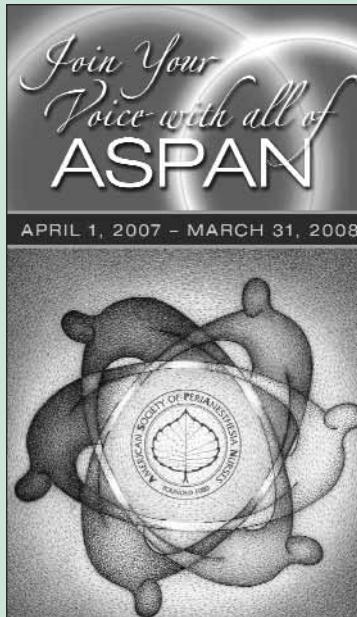
It appears that ANSR is the answer, or may be the answer, but this alliance is only part of the answer. *We 2.9 million nurses are the real answer.* Beverly Malone, PhD, RN, FAAN, Chief Executive Officer of the National League of Nurses, replied to the President's proposed budget by stating, "This isn't a small irritation. It is a large issue for the citizens of this country."¹

When we stand together, there is no question that nurses are a strong and powerful force. But each of us has to realize and embrace this concept, and each of us must do our part to become a factor in promoting the answer to this shortage. I truly believe that members of Congress need to hear from nurses so that they know and understand why we support this funding position. We must provide Congress with the knowledge that nurses are available to them as valuable, informed resources.

In closing, I'll leave you a quote from Florence Nightingale: "Let each and all, realizing the importance of our influence on others, stand shoulder to shoulder and not alone, in good cause." Now you may see why I think that by acting together, WE NURSES are the REAL answer.

REFERENCE

1. AMN Healthcare. Nursing organizations decry proposed 2008 budget. Available at <http://www.amnhealthcare.com/news.aspx?ID=16131>. Accessed April 16, 2007. 



2007-2008 Member-Get-A-Member Campaign Kick-off

Join your voice with all of ASPAN by encouraging every colleague to become an ASPAN member. Together we represent an influential force for perianesthesia patient safety, public policy, and practice standards. Membership applications are available on the ASPAN Web site (www.aspan.org). Click on the "Members" tab, and then select "New Member Application" from the dropdown menu. To obtain copies of the membership brochure, please contact the ASPAN National Office toll free at 877-737-9696 ext. 16. By recruiting new members you will serve as an advocate for our patients, our practice, and our profession! 

2007 Component Development Institute

Mark your calendar now if you plan to attend the 2007 ASPAN Component Development Institute. This year's program is scheduled for September 7-9, 2007 at the Sheraton Albuquerque Uptown Hotel. More information will be included in the next *Breathline* edition. 

Share Your Good News!

We want to recognize our members' accomplishments in *Breathline*. If you have some good news to share related to professional accomplishments or awards, please contact *Breathline* Editor Joni Brady, MSN, RN, CAPA.

Editor contact information is located on page 2. 



ASPN Scholarship Program Deadline Approaching

ASPN scholarships are available for qualified members who may apply for BSN, MSN and Doctorate degrees; National Conference attendance; CPAN or CAPA certification exam fees; or, the Nurse in Washington Internship (NIWI) program.

The 2007 ASPN Scholarship Program brochure/application is accessible on the Web site or is available in hard copy or .pdf file via e-mail request from the National Office. All applicants must submit, by mail, an original plus three copies of the applica-

tion along with supporting documentation for the Selection Committee to review. The scholarship application must be submitted by postal mail.

Easy to Use Fill-In Form

To access the Scholarship Brochure/Application .pdf file online, go to the ASPN Web site (www.aspan.org), click on the "Members" tab, then select the "Scholarship Program" link. The required information can be entered into the form and a copy can then be 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, an instruction page hyperlink is provided on our Web page.

The postmark deadline for application submission is July 2, 2007.

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

Breathline
Volume 27, Number 3
May/June 2007

Terry Clifford, MSN, RN, CPAN – ASPAN Director for Clinical Practice

Many practice related questions are sent to ASPAN via the Web site each month. The Clinical Practice Committee fields these questions, and then committee members research the answer and respond to the query. This is one frequently asked question.

Question: Regarding the standard about when to implement medical-surgical restraints – when does the standard apply?

Answer: From what we understand, if the use of restraint is part of the customary post procedure care, the standard for restraint does not apply. It is advisable to visit The Joint Commission (TJC) Web site (www.jointcommission.org) to review its restraint standards. Type “restraint” into the search box, then select the “Restraint and Seclusion” link, which leads to a frequently asked questions page containing restraint use information.

The Joint Commission lists some exceptions to the applicability of the Behavioral Health Care Restraint and Seclusion Standards. According to TJC, “The standards for restraint and seclusion do not apply to the following: The use of restraint associated with acute medical or surgical care, which is cov-

ered under standards PC.11.10 through PC.11.100.”¹

Surgical Restraint

Regarding the use of restraints for protection of surgical and treatment sites in pediatric and adult patients, TJC indicates the standards do not apply to usual “practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic, or surgical procedures and the related post-procedure care processes.”² Examples of the usual practices include: protection of surgical and treatment sites in pediatric patients; radiotherapy procedures; intravenous arm boards; and surgical positioning.²

Many facilities consider short term use of restraint to protect tubes and lines during the recovery process to be medical immobilization, and in this situation do not implement the Behavioral Health Care and Seclusion Restraints standard and interventions. However, in many peri-

anesthesia settings the staff may try to avoid the application of restraints. This is often accomplished by staying at the bedside, talking with the patient, and offering some pain medication and/or sedation. Once a patient emerges from anesthesia, but continues to need restraint to keep from pulling at lines or tubes, some institutions may require the initiation of restraints protocols.

Special recognition to Clinical Practice Committee member Jan Lopez, BSN, RN, CPAN, CAPA, for her contribution to this response.

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1. The Joint Commission. Revision to the Introduction to the Standards for BHC Restraint and Seclusion. Available at <http://www.jcerinc.com/6653/>. Accessed March 28, 2007.
2. The Joint Commission on Accreditation of Healthcare Organizations. *Accreditation Manual for Critical Access Hospitals*, 2nd ed. Joint Commission Resources: Oakbrook Terrace, IL. PC-22, 2005. 

Safety Alert: Prevention of Fire and Burns in the Procedure Room

Nancy Burden, MS, RN, CPAN, CAPA – Member, ASPAN Safety Committee

Preventing injury to a patient is always a high priority in the perioperative setting. There are innumerable opportunities for anything from a minor skin tear to a major, life altering or life ending event. The time periods before and after a procedure provide ample opportunity for patient injury, but it is in the operating or procedure room where the most danger lurks. Wrong site or

wrong patient surgery, improper positioning, surgical errors, retained foreign objects, falls, injury from wrong medications and sterilization errors are but a few of the potential problems.

The Joint Commission released a Sentinel Event Alert regarding operating room (OR) fires in June 2003, and the danger for patient burns and OR fire has been a topic of great national focus.¹ The

patient outcome can be as minor as skin redness that dissipates within a few hours, or a devastating death subsequent to an airway fire. While the procedural nurse has the key patient safety role for preventing both fire and burns during the procedure, there is an element of responsibility for the perianesthesia nurse as well.

continued on next page



Fire Prevention

A fire requires the presence of the three elements of the fire triangle – an ignition source, oxygen and fuel. Electrosurgical units, lasers and light sources are but a few of the myriad potential ignition sources used during procedures. Fuels include anything flammable – from the linens and paper draping materials to prep solutions, ointments and tubings.²

The goal is to always avoid the ignition of any fuel source in the oxygen enriched atmosphere present in many procedural settings. Even without the occurrence of a fire, patient burns can be manifested topically with pooled prep solutions or from contact with any source of heat, such as surgical light sources and warming pads and blankets.

Eliminate Sources

Nurses caring for patients prior to their procedures can play an important and substantial role in the prevention of patient burns in the OR and other procedural sites. A thorough nursing history

and physical assessment is important for all patients, but a focus on specific factors during the preadmission interview and admission care can help to reduce the patient's potential for burns. This process should include educating the patient on both the "what's" and the "why's" of eliminating risk factors wherever possible, both for safety during the current procedure and to make them aware of factors they can control in the future.

To reduce the potential for patient injury, the preanesthesia nurse is charged with eliminating factors that can be addressed and communicating other patient-specific factors to the procedural nurse during hand off of care (see Box 1). The entire perioperative team is responsible for patient safety, and the perianesthesia nurse is an integral part of that team. The topic of avoiding the devastation of a fire-related injury should be discussed periodically during team meetings and educational events so that all team members, both long-standing and

new, regard this as the high priority it must be.

Box 1

Eliminate Patient Factors that Contribute to Burns and Fire

- Jewelry (check for body piercings)
- Hair pins or bands with metal
- Clothing with metal or flammable fabrics
- Objects held by the patient (facial tissues, handkerchief)

Communicate Factors During Hand Off

- Skin and tissue concerns ("tissue paper" skin, extremes of age, patient history of easy skin damage)
- Presence of prostheses, wigs, jewelry that cannot be/were not removed for some reason
- Skin ointments or lotions that were used near the operative site by the patient
- Hairspray and perfumes
- Head, facial and body hair concerns

REFERENCES

1. The Joint Commission. Sentinel event alert: Preventing surgical fires. Available at http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_29.htm. Accessed March 19, 2007.
2. Cedars-Sinai. OR fire safety. Available at <http://www.csmc.edu/6666.html>. Accessed March 19, 2007. 

Showing You the Money

Lois Schick, MN, MBA, RN, CPAN, CAPA – ASPAN Vice President/President-Elect; ASPAN Treasurer 2003-2007

The following charts depict where ASPAN obtains income and where this income is dispersed. Through your continued support, ASPAN enjoyed a successful year in 2006. ASPAN's mission to provide education, establish evidence based clinical practice standards and guidelines, and conduct research is the main focus of the dollars spent. ASPAN puts 80% of the money brought in back into meeting the needs of membership

and mission, while most organizations apply 60% or less back into organizational programs.

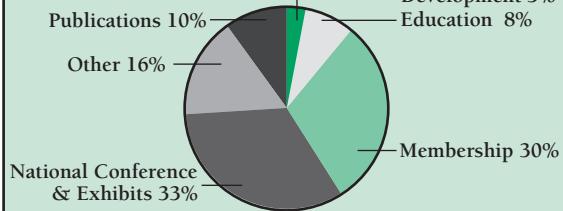
Did You Know?

- Your \$70 ASPAN membership dues cost less than 1 penny per hour per year?
- Your component membership fee of \$15 - \$40 (depending on the component) plus your ASPAN \$70 fee cost you less than \$.013 per hour?

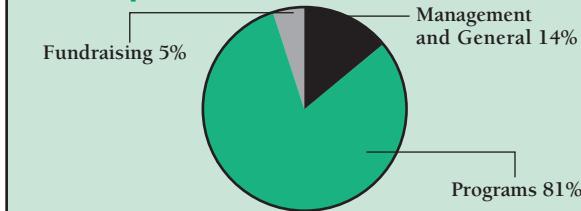
The next time you decide to have an expensive morning cup of coffee or that soothing refreshment of choice in the afternoon, consider that *your* membership to *your* professional organization costs slightly more than a penny an hour. Now that's what I call a good return on an investment!

Support YOUR professional organization through membership renewal and new member recruitment. 

ASPA Income



ASPA Expenses



Clinical Practice

Breathline

Volume 27, Number 3
May/June 2007

Advocacy and Political Action

Susan Benner, BSN, RN, CPAN – Coordinator, Advocacy Strategic Work Team

There are many reasons why we as nurses should become more active in the political process. Patient care does not simply begin and end at the bedside. Regulatory and legislative decisions affect nearly all aspects of the patient care nurses provide every day. We all must participate in advocacy or we risk the erosion of our specialty as a practice of nursing. If we choose not to speak up as individuals and as a profession, the only voices heard will be those of others – and our concerns, priorities and potential solutions will not be considered.

Advocacy is the act or process of sponsoring or supporting a cause or proposal. It is intended to bring about change in the attitudes, behaviors, policies, practices, regulations or laws of individuals, groups, organizations or government. Nurses are credible, knowledgeable spokespersons for our healthcare system. Nurses are trusted by legislators and the public. We have an obligation to use these assets to ensure that decisions made on critical issues are made with safe, quality patient care as the priority.

All Politics is Not Dirty

For many, the word “politics” conjures up images of deals and bribes crafted by political power brokers. However, one can also view political astuteness as practical wisdom. Politics is the process of influencing the allocation of scarce resources in government, the workplace, organizations and community. Policy is shaped by politics and reflects the principles and values of those involved in its’ making. Policy outlines the plans, guidelines or goals for action.¹ Resources are distributed through policy. The primary way to change policy is through political action.

There is nothing underhanded about advocacy and influencing governments through political action. This is a legitimate part of policy process and a legitimate part of decision making in a democracy. Historically, nurses have always been involved in advocacy and politics. Florence Nightingale, the founder of modern nursing, used her contacts to influence powerful leaders in government to obtain needed personnel and supplies for wounded soldiers in the Crimean War. Other nursing leaders, such as Lillian Wald, Margaret Singer, Lavinia Dock and Harriet Tubman were all skilled politicians who made significant contributions to nursing and society.

Have you ever managed complex patient assignments on a busy day with limited resources? Did you ever organize a local committee meeting or PeriAnesthesia Nursing Week event? Have you ever contacted your city or municipal council member about the safety of your neighborhood? If you have performed any of these actions, then you have been involved in the basics of advocacy and political action.

Our elected representatives expect that citizens and organized groups will advance their points of view on issues, so share your expertise with your Congressperson to assist him or her in the decision making process.

Silence is Deadly

Four spheres of political influence in which nurses can effect change have been identified.¹ The first sphere is the workplace. The policy and political environment where nurses work can have an effect on the quality of patient care as well as the safety of nurses. It is important that nurses

become involved in workplace policies to ensure that our opinion is valued and incorporated into final decisions.

The second sphere is government. Political action here is expansive in its role for nursing and healthcare. It defines and regulates nursing practice, sets reimbursement systems for nursing and healthcare, and has the responsibility for providing policy agenda related to healthcare for all its citizens. The legislative process is used to address workplace safety, mandatory overtime, nurse: patient ratios, and the current nursing shortage. Nearly every phase of a nurse’s life is impacted by the actions of government.

The third sphere comprises our professional organizations working to ensure that they are a viable force for identifying issues of concern and bringing them to the attention of public and governmental officials. Professional organizations need the participation and support of nurses through membership. Your membership is the voice of nursing influencing the direction and development of public policy.

Community is the fourth sphere of political involvement. Participate in local community groups and identify yourself as a nurse, and offer your support and expertise to those in the community trying to develop a better place to live.¹

Political Nursing

Whenever entering into advocacy initiatives there are a number of important principles to keep in mind:

- Be patient, do not give up. Policy is not made or changed overnight and influencing policy change takes time

- Understand the environment. Know the existing fiscal, political and social context of the group you wish to influence. Know their issues and challenges
- Know the desired outcome. Understand what is trying to be achieved, whether that is to educate, raise awareness or change laws, policies or behaviors
- Have a strategy. Plan what is going to be done. Stay focused
- Provide productive input. Recognize positive initiatives and bring forward positive proposals
- Be courteous and polite. Do not alienate people from whom cooperation and support is needed
- Be knowledgeable about the workings of government. Understand legislative, budgeting and decision making processes the governments or institutions that need to be influenced
- Know key contacts. Have knowledge of who the individual decision makers are.
- Find "champions" to further your cause. Identify individuals who have influence over the issue and will champion the cause on your behalf
- Speak with many voices. Combine efforts with those who have the same interest
- Make it personal. Whenever possible meet face-to-face with those individuals you are attempting to influence
- Focus on solutions, not problems. Whenever possible present options rather than focusing on the problems
- Be certain of facts. Base your case on accurate information. Promise to follow up if you don't know an answer
- Use many approaches. Don't rely on one tactic to get your message across

- Be persistent. If the approaches being used aren't working then try something different. Don't give up!

Start at the Beginning

In today's ever-changing health-care climate it is essential to understand our role in the political process. Many nurses want to become more involved with legislation, bills and regulations affecting nursing practice, but don't know where to begin. There are many strategies to becoming more involved:

- The most important action you can take is to exercise your right to vote. The potential power of nearly three million nurses is awesome, but this potential won't be realized unless you register and vote
- Volunteer to serve on your component or ASPAN's Governmental Affairs Committee
- Volunteer in a political campaign
- Participate in a Nurse in Washington Internship (NIWI). ASPAN annually sponsors participation for a member to attend (www.aspan.org/scholarshipprogram.htm).
- Contact your legislators. Communicate by writing a letter, sending e-mails or faxes, or by telephone call. All methods are helpful in establishing a relationship with senators, representatives, or staff members. Face-to-face meetings are the most effective
- Become informed about issues and matters of legislation. Regularly visit ASPAN's Governmental Affairs Web site (www.aspan.org/GovernmentalAffairs.htm). Read local and national newspapers, and professional nursing journals and newsletters. Research the Internet legislative resources (Table 1).
- Identify your legislators and track their voting record.

Familiarize yourself with the legislative process

As advocates, individually and collectively, nurses need to be major participants in the development of healthcare policy. Who better than nurses can inform the public and policy makers about nursing? Nurses have the knowledge, experience and power to identify the issues affecting our community, patients and workplace, and nurses can provide solutions. We are the voice directing the future of nursing. Let's be sure we speak up and are heard!

Table 1

United States Senate (www.senate.gov) Provides senators and committee directories, Senate and committee hearing schedules, Senate floor activity, a search for bills, and much more.

U.S. House of Representatives (www.house.gov) This Web site offers information on Representatives and committee directories, hearing schedules, and it allows users to identify and contact the Representative.

Federal Legislation (www.thomas.loc.gov) Presents the opportunity to search federal bills and supplies other federal legislative information.

Congress (www.congress.org) Provides a Congressional directory by state, alphabet, committee and leadership, and Executive/Judicial branches and Governors.

National League for Nursing (www.nln.org) Offers education and workforce information.

The Hill (www.hillnews.com) Gives daily news from Capitol Hill.

National Council of State Boards of Nursing, Inc. (www.ncsi.org) Includes policy and regulations.

Agency for Healthcare Research and Quality (www.ahrq.gov) Imparts evidenced based information on health-care outcomes, quality and cost; use and access.

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Breathline

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Creating a Platform for Research and Evidence Based Practice

Myrna Mamaril, MS, RN, CPAN CAPA – ASPAN Director for Research, 2003-2007

Attaining recognition and credibility from the global nursing and medical communities are essential tenets as the professional nursing organization develops standards and practice guidelines based on sound, rigorous scientific theory. The American Society of PeriAnesthesia Nurses' (ASPN) Journey to Excellence in research continues to move forward while serving to establish a sound voice for perianesthesia nursing practice.

Research is the foundation that provides the best available evidence on which to base perianesthesia nursing practice. However, the greatest impact made by perianesthesia nursing research findings is dissemination of and translation to the bedside nurse through the advancement of practice, and improvements in patient safety and quality of care.

Research Vision

Over the past several years, the ASPAN Research Committee has translated an exciting vision into action. The committee's work is firmly establishing a voice for patients' safety while they undergo anesthesia, sedation or analgesia for surgery and special procedures. Our Evidence Based Practice (EBP) Strategic Work Team (SWT) developed ASPAN's EBP Conceptual Model, which provides the framework for practice and research.

ASPN values the various clinical practice issues and ethical dilemmas that are encountered in our members' practices. Foremost, ASPAN is interested in and responsive to members' questions and concerns. As a result, the Clinical Practice and Research Committees have formed a collaborative relationship to champion vital safety and practice issues.

Safety Speak

The Joint Commission mandates patient safety in its standards, and the Institute of Medicine advocates key safety initiatives to prevent errors and near misses. Dina Krenzischek, MAS, RN, CPAN, and Pamela Windle, MS, RN, CNA, BC, CPAN, CAPA, partnered to develop ASPAN's perianesthesia safety instrument that was pilot tested to assess safe practices and safety risks.

The ASPAN Safety Committee met last summer to review the safety literature, develop strategic safety goals, and identify future priorities for advancing our specialty practice and improving quality care. Through these research findings, ASPAN's first Safety Seminar and *Safety Manual* will be presented and published. ASPAN truly is the voice for perianesthesia patient safety.

Staffing Facts

In June 2006, the ASPAN Safe Staffing SWT was commissioned to examine the best available evidence that explores postanesthesia staffing levels and nurse: patient ratios that promote safe and quality care. After an exhaustive search, this SWT concluded that more research is needed to understand the relevant issues and to identify the nurse sensitive indicators in all phases of perianesthesia nursing practice. Further research is proposed to define nursing assessments and interventions, called nurse sensitive outcomes, which prevent adverse events.

By providing sound, rigorous evidence, ASPAN can validate standards, write practice guidelines, and develop productivity and efficiency workflow tools in order to benchmark and measure safe, quality practice outcomes.

Through our safe staffing research and future EBP standards and guidelines, perianesthesia nurses will speak out and advocate for an improved environment of care.

Nursing Research is a Priority

ASPN is invested in learning more about the issues faced by perianesthesia nurses in their daily practice. Currently, our professional organization is conducting the *ASPN Delphi Study on National Research Priorities for Peri-anesthesia Nurses in the United States*. This study seeks to identify the top practice, education, and management questions that are of importance to our specialty nurses, and those questions of greatest value to the patients we serve. Through the Delphi findings research priorities will be identified, ASPAN grant money will be awarded, and valuable research findings will be generated. Later this year, Ellen Poole, PhD, RN, CCRN, CPAN, and Jackie Ross, MSN, RN, CPAN, will conduct a qualitative study to explore staffing issues and concerns experienced by perianesthesia nurses.

ASPN is passionately committed to being the voice for perianesthesia nursing and advocating for a safe environment of care for our nurses and patients. Perianesthesia nursing research and the next generation of evidence will support ASPAN in advocating for safe care environments and improved nursing practice. ASPAN's research will not only be recognized for significant contributions to safe staffing evidence for the greater global nursing community, but the Society's continued credibility, vision, and voice will be acclaimed as a leader in advancing safety and quality patient outcomes.

ASPN's Advocacy Role in Mentorship and Succession Planning

Meg Beturne, MSN, RN, CPAN, CAPA, and Pamela E. Windle, MS, RN, CNA, BC, CPAN, CAPA – Co-Coordinators, Succession Planning Strategic Work Team



As ASPAN's leadership undergoes its yearly transference of power and the gavel is passed from one president to another, many transformations occur. The organization's activities are driven by a newly elected Board of Directors and emerging leaders in standing committees, strategic work teams, and specialty practice groups at all levels of our Society. It is important to appreciate that this transformation is both beneficial and necessary in moving forward our strategic goals and gaining ASPAN a rightful place with our healthcare partners at the tables of influence.

Equally important is the value that continues to be placed on ASPAN's ability to futuristically prepare and operationalize initiatives that result in effective succession planning. Succession

planning is important to our professional nursing organization because it sets the stage for cultivating and mentoring future leaders in the advocacy role. ASPAN truly walks the talk on mentorship while visibly supporting and engaging in advocacy efforts. As we build on this proactive culture our members become most capable to follow on as leaders.

Up & Coming

In 2005, the idea for the Up & Comers program was conceived and the groundwork was laid for its implementation. The first cohort of Up & Comers was matched with mentors at the 2006 Orlando National Conference. Over the ensuing months, ongoing personal and e-mail communication resulted in the compilation of vital statistics relative to individual strengths and weaknesses, along with the identification of desired areas of growth and focus. This information database is crucial to the strategic planning process that will take place this year.

“One can never consent to creep when one feels an impulse to soar.”

Helen Keller

As the Up & Comers program ends its inaugural year, ASPAN continues to endorse this program as an appropriate course of action for identifying and mentoring our next generation of able and committed leaders. We witnessed firsthand the vital impact that friendly and caring interactions have on strengthening relationships, building self-confidence, and promoting an “I can do it” mentality. This resulted in many Up & Comers actively participating at conferences in the roles of hostess and/or moderator, and encouraged this cohort to choose the opportunity to engage in the enhancement of speaker development skills during National Conference.

Building a Future

The Up & Comers program is our biggest step toward building future leaders in the advocacy role, and the outcome of the program will be ASPAN's succession planning. While serving as current ASPAN leaders, we dream about the positive outcomes expected after this year's mentoring and coaching activities. If our greatest wish is fulfilled there will be a long, diverse slate of candidates filled with plenty of friendly competition in the years to come. Your ASPAN leaders are motivated and ready to coach and mentor aspiring leaders, like you, to fulfill a future advocacy role! 

**Complete coverage of the 2007 ASPAN National Conference
will appear in the next edition of *Breathline*.**

Breathline
Volume 27, Number 3
May/June 2007

Membership Spells... Professional Success!

Sylvia J. Baker, BSN, RN, CPAN – Membership/Marketing Committee Member

ASPN is a vibrant organization, and I am grateful to have the opportunity for involvement as a member. There are so many advantages to becoming a member and maintaining ASPAN membership. While the rewards of professional participation are reflected in the core values of our organization, let me spell for you the reason every perianesthesia nurse should be encouraged to become and then stay an ASPAN member:

A = Anesthesia, the reason our society exists. General anesthesia, and spinal or major regional anesthesia, requires a specialized skill set in which "patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired."¹ The broad spectrum of perianesthesia nursing care and the related competency level required to deliver safe care emphasizes the importance of having a knowledgeable, skillful, and caring nurse at the vulnerable patient's bedside.

S = Standards. The 2006-2008 ASPAN Standards of Perianesthesia Nursing Practice provides an expert resource for the perianesthesia nurse. These standards, developed by practicing perianesthesia nurses serving as ASPAN committee members, "identify and define our practice in order to protect consumers by assuring the delivery of quality service."² Every perianesthesia nursing unit and every perianesthesia nurse will benefit from access to these standards.

P = Promotion. ASPAN promotes evidence-based perianesthesia nursing practice by sup-

porting and conducting scientific research. Research guides and validates care while substantiating safe and efficient nursing care. Our Membership/Marketing Committee promotes nurses' involvement in this specialty via the Member-Get-A-Member Campaign and through PeriAnesthesia Nurse Awareness Week activities.

*ASPN's goal is
to be recognized by the
healthcare community
worldwide as the
leading organization for
perianesthesia nursing
education, practice, stan-
dards and research.*

A = Access to practice specialists. ASPAN committee members and leaders devote their collective energy to the study of perianesthesia practice, research, and professional advocacy. ASPAN provides every member with a resource channel to obtain information from a variety of practice experts through a simple e-mail or phone call. The Clinical Practice Committee's Clinical Practice Network is one frequently used service that respond to members' needs or concerns by providing timely answers to practice related questions.

N = Networking, which serves as an ultimate reward of ASPAN membership. Our organization offers its members the ability to contact and directly interact with other perianesthesia nursing professionals from around country and the globe. The National Conference promotes far-reaching member networking on a yearly basis, while the components organize local programs to provide



more frequent regional education and networking opportunities.

When these letters are put together, ASPAN stands for many member benefits including discounted fees for national and component education offerings and certification exams, clinical research, and professional advocacy, support, and guidance. Every ASPAN member is guaranteed access to the most current anesthesia information and standards that support safe practice, research substantiated *practice* guidance, access to a variety of specialists, and unlimited *networking* opportunities. We invite every perianesthesia nurse to join ASPAN's *Journey to Excellence*. Please spread the word among your colleagues and encourage others to reap the many benefits of membership.

For more information on membership or to download a membership brochure, go to the ASPAN Web site (www.aspan.org), click on the "Members" tab, then select the "Member-Get-A-Member" option.

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1. Kost M, Moderate Sedation/Analgesia. In Quinn DM & Schick L (Eds.): *Periesthesia Nursing Core Curriculum: Preoperative, Phase I and Phase II PACU Nursing*, WB Saunders: St. Louis, p. 432, 2004.
2. The American Society of PeriAnesthesia Nurses, 2006-2008 Standards of Perianesthesia Nursing Practice. ASPAN: Cherry Hill, NJ, p. 1, 2006.

The Directors' Connection

Kim Kraft, BSN, RN, CPAN – ASPAN Regional Director, Region 3

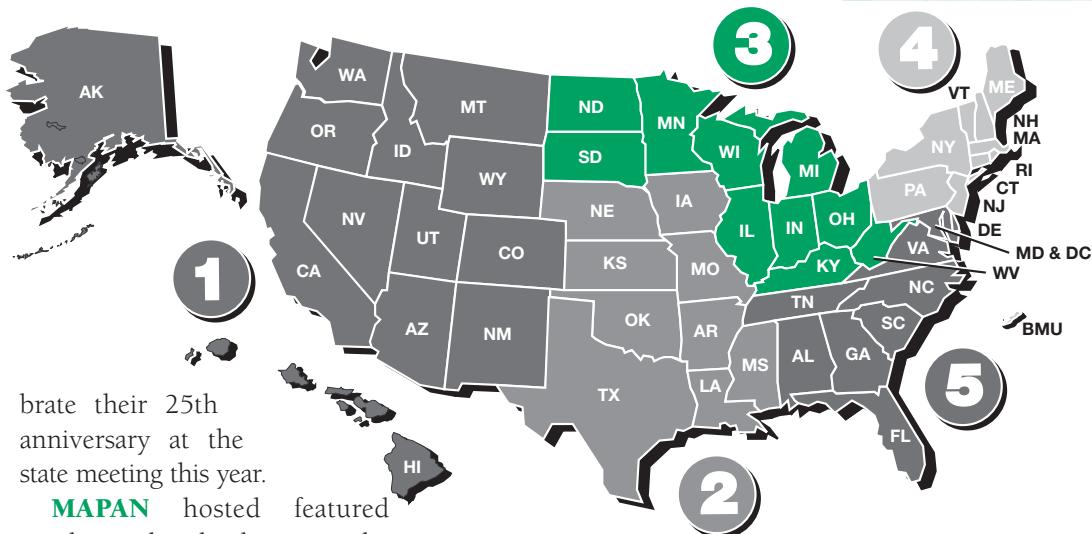
ASPA
Regions

It has been a busy year for components in Region 3. I am very excited about our component leaders' enthusiasm in and commitment to providing continuing education for perianesthesia nurses throughout the region. I've had the opportunity to meet many component members during my visits this past fall and spring. Over the past year, we have recruited almost 250 new ASPAN members while continuing to support ASPAN's core value to advance the unique specialty of perianesthesia nursing. Here are some Region 3 highlights from the past year:

ILSPAN celebrated its 30th anniversary last September during their conference in Springfield, Illinois. Many of the founding members and past presidents were in attendance and shared their thoughts and experiences with the group. They will be holding their fall conference in St. Louis on September 22nd with Deborah Dlugose, BA, BS, RN, CCRN, CRNA, as the featured speaker. Information can be found on the ASPAN Web site.

INSPAN has formed a revitalization committee to get the word out about INSPAN and ASPAN. They also participated in the "Nursing Indiana" program at the Children's Museum to volunteer time to educate children on PACU care. Their Indianapolis district hosted a joint spring workshop with AORN that focused on disaster readiness and included a mock disaster drill.

KSPAN held their state meeting in October and introduced their newest district from the Paducah area. Cecil Drain was the keynote speaker on day one. The component is planning to cele-



brate their 25th anniversary at the state meeting this year.

MAPAN hosted featured speaker, Deborah Dlugose, at the Soaring Eagle in October. The component celebrated their 30th anniversary by giving all MAPAN members a \$30 discount on the conference registration fee, and exceeded their expected attendance!

MNDAKSPAN held a spring seminar at the Royal Cliff Convention Center with Nancy Strzyzewski, BSN, RN, CPAN, CAPA, as their featured speaker. They hosted a food drive in conjunction with the seminar. Member Nancy Meronuck, RN, CPAN, attended the Nurse in Washington program in March.

OPANA brought Barb Bancroft, MSN, RN, PNP, to Akron for their spring seminar and state meeting hosted by NEOPANA, one of OPANA's seven districts. The component had multiple "Celebrate Successful Practices" posters accepted for the 2007 ASPAN National Conference.

WISSPAN is very excited about their upcoming fall seminar being held in Door County on September 22-23, 2007. The educational sessions are half-day, which leaves plenty of time for exploring the area. You can get the latest information on their recently revamped Web site (www.wispan-aspan.org).

WVSPAN is growing under the guidance of President Susan Hardway, RN, with membership increasing by 20% since last fall. The component is planning the first component-sponsored conference, to be held in Morgantown. There is also a renewed interest in certification, so they will be hosting CPAN and CAPA review seminars in October with the hope of hosting a certification testing site in November.

I would like to recognize and thank three component presidents for their leadership as they transition to the role of Immediate Past President and continue to serve their respective components as mentors: Peggy McKillip, BSN, RN (ILSPAN); Pat Gatto, BSN, RN, CPAN, CAPA (MAPAN); and Teri Shine, BA, RN, CAPA (OPANA). Welcome to new component presidents Beth Reiches, BSN, RN (ILSPAN), Diane Toman, RN (MAPAN) and Debra Wolf, BSN, RN, CPAN (OPANA). They join current presidents Melody Benson, RN, CPAN (INSPAN), Donna Hagan, BSN, RN, CPAN (KSPAN), Deb Greenwell-Plafcan, RN, CAPA (MNDAKSPAN), Jill Katz, BSN, RN, CPAN (WISSPAN) and Susan Hardway, RN (WVSPAN).

Twenty-five years ago, **ILSPAN**, **MAPAN**, **MNDAKSPAN** and **OPANA** received their **ASPA Charter** at the first National Conference held in St. Louis, Missouri.

Breathline
Volume 27, Number 3
May/June 2007

Nursing Research: An Essential Component for Magnet Status

Jacqueline Ross, MSN, RN, CPAN – ASPAN Director for Research



Magnet status was designed to award hospitals that met criteria measuring the quality and strength of their nursing staff. Magnet status has been shown to improve nurse satisfaction and patient outcomes. Fostering a practice environment where nursing research and evidence based practice (EBP) are integrated into both the decision-making of administrators and the delivery of patient care is essential for the Magnet award.¹ The challenge is how to encourage nurses to move beyond their comfort zone and incorporate EBP into their daily practice.

Findings indicate that only about 15% of nurses consistently practice within an EBP framework.² A model for the integration of EBP as part of the Magnet process was proposed.¹ The model is a five-step process designed to assist novice-level nurses to ease into the research and EBP process.

Steps to Integrating EBP

- Step one of the process consists of establishing a foundation for EBP, including the involvement of advanced practice nurses (APN), the inclusion of EBP into clinical ladders and performance reviews, securing resources, and forming a nursing research committee.¹ The nursing research committee should include all levels of nurses, from diploma-prepared to PhD prepared. The

APNs serve as vital resources to bedside nurses.

- Step two of the model proceeds with identifying the areas of concern.¹ The inclusion of bedside nurses in this identification is crucial, as these topics will not only classify research topics, but will improve acceptance of the process. This can be accomplished through staff meetings and communication from the nursing research committee.
- Step three involves creating internal expertise, which can be accomplished through learning to do literature searches, educational sessions, and journal clubs.¹ Journal clubs help to involve all nurses into the EBP process and may need to be offered at various times and forms, such as online versus real-time, to meet the needs of nurses.
- Step four is implementing EBP, and this can be accomplished through a variety of methods.¹ Additional education should be provided to improve literature critiquing. Questions should be posed, including whether evidence supports a change in practice. Nurses should be encouraged to present research or EBP findings through presentations and posters at research symposiums.
- Step five is actually contributing to a research study.¹

The APN is an important resource for the bedside nurse as the nurse identifies the problem and research question, and the APN assists to refine it. This step includes writing a research proposal, sending the proposal to the IRB, collecting the data, and disseminating the findings through publication. This last step leads back to step one of establishing a foundation for EBP.

Research Improves Outcomes

Whether your facility is in the process of Magnet application, already achieved it, or is not even considering it, direct care nurses are essential since they interface with and grasp the pertinent issues. However, to address these issues the support and resources of the facility administration is required. Nursing research and EBP improve both nursing and patient outcomes, and this fact alone should encourage all hospitals to promote nursing research and EBP.

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2. Shirey MR, Evidence-based practice: How nurse leaders can facilitate innovation. *Nursing Administration Quarterly*: 30(3), pp. 252-265, 2006.

Item Writing for CPAN® and CAPA® Examinations

Ruth Joy Shiller, MS, BSN, RN, CAPA

I was thrilled to be invited to serve as a member of the Item-Writer/Reviewer Committee for the American Board of Perianesthesia Nursing Certification, Inc. (ABPANC), and immediately accepted. A few weeks later, a notice arrived in the mail requesting the submission of test questions. My mind became preoccupied with writing questions and distractors, and until I submitted my questions, it seemed like I carried perianesthesia nursing textbooks and copies of the *Journal of PeriAnesthesia Nursing* wherever I went!

Full Perianesthesia Spectrum

The committee met as a group comprising six CAPA® and six CPAN® certified nurses. The nurses came from different parts of the United States, had an age span of over thirty years, and represented staff level, management, and educational positions from a variety of rural, specialty, free-standing, military and major medical center work settings.

First, the Professional Examination Service's testing director reviewed methods for writing test questions based on the CPAN® and CAPA® test blueprints. For the next three days we diligently worked together in groups of three, continuously referring to a mound of books and journals to locate supporting references for the answer to each question. Throughout the process every question submitted was evaluated, scrutinized, and rewritten to meet the specified criteria.

A Group Effort

The group members frequently consulted each other regarding questions within a specific area of



Perianesthesia staff nurses, managers and educators gathered in Seattle, WA, to write and review certification examination questions

expertise. Subsequently, each question was categorized and carefully validated by a second group. In conclusion, we were proud to contribute a record number of 130 questions to the item banks!

Despite our varied backgrounds and the cerebral intensity required to fulfill this endeavor, there was cohesiveness and respect for each other's opinions and expertise. It was delightful to work with such a unified group of nurses. After returning home we

exchanged numerous e-mails with words of appreciation and gratitude, and our personal contact from this working weekend continues today.

This experience was a highlight in my 40-year nursing career, and my participation in creating questions for professional certification was a contribution extending beyond the clinical realm.

For information about CPAN® or CAPA® certification, please see the ABPANC Web site.

Contact ABPANC for Certification Information

ABPANC
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Certification



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

November 3, 2007 Certification Exam Dates

• **August 8, 2007**
Special test site request postmark deadline

• **September 4, 2007**
Initial application postmark deadline

• **September 10, 2007**
Late application postmark deadline (\$50 late fee required)

• **September 17, 2007**
Application withdrawal/roll over postmark deadline

• **October 1, 2007**
Test site transfer request postmark deadline

• **November 1, 2007**
Recertification application materials due postmarked no later than November 1st

Breathline

Volume 27, Number 3
May/June 2007

Educational Offerings

September 22, 2007 Vermont/New Hampshire Association of Perianesthesia Nurses' (VT/NH APAN) fall conference "Current Topics in PeriAnesthesia Care" at White River Junction Medical Center, White River Junction, VT. For information, Contact Amy Dooley at dooleyax@comcast.net

September 22, 2007 Illinois Society of PeriAnesthesia Nurses' (ILSPAN) fall conference "Anesthesia Perils: Keeping Your PeriAnesthesia Patient Safe" featuring Deborah Dlugose, RN, CCRN, CRNA, in St. Louis, MO. For information, contact Marigrace Clarke at 314-423-6057 or mcrncapa@aol.com, or visit www.ilspan.org

September 22-23, 2007 Wisconsin Society of PeriAnesthesia Nurses' (WISPA) fall seminar in Door County, WI. For more information, contact Valerie Dethloff at valthern@hotmail.com

September 29, 2007 Utah Society of PeriAnesthesia Nurses' (USPA) fall conference and membership meeting in Provo, UT. For more information, contact David Kay at 801-728-9508, 801-387-2325, or david.kay@comcast.net

September 29, 2007 Tennessee Society of PeriAnesthesia Nurses (TSPAN) Fall Fling will be held from 7:30 AM - 4:30 PM at the historic Chattanooga Choo Choo in Chattanooga, TN. For more information, contact Joann Wood at joann.9@comcast.net

October, 13-14, 2007 New York State PeriAnesthesia Nurses Association's (NYSPAN) annual conference "A New York Moment: Celebrating Perianesthesia Practice" in White Plains, NY. The program includes a variety of hot topics and a malignant hyperthermia simulation. For more information, contact Sandy Barnes at sbcpan@gmail.com or 914-232-5542, or visit www.nyspana.org

November 10-11, 2007 Kentucky Society of PeriAnesthesia Nurses (KSPAN) 25th Anniversary Fall Conference at the Ramada Conference Center in Lexington, KY. For information, contact Donna Hagan at donna@alumalok.com



2007 Spring/Summer ASPAN Seminars

May 19, 2007

Foundations of Perianesthesia Practice
Duluth, MN

Navigating the Regulatory Maze
Austin, TX

August 4, 2007

Review for Certification: CPAN
Harlingen, TX

Legally Speaking: Just the Facts
Grand Junction, CO

Breathline

Volume 27, Number 3
May/June 2007

16

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

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