



INSIDE:

Medication Safety
page 4

National
Conference
Preview
page 5

Coalitions and
Partnerships
page 8

Research
Workshop
page 11

The Hostile Work Environment

Speak Out – Be the Voice

Nurses generally work in a team environment where collegial workplace relationships require civil and effective communication between coworkers. Yet, our work environment is said to contain some questionable nurse-on-nurse behaviors. As nurses, do we see ourselves as positive team players, partners and collaborators – or as competitors?

I have had the opportunity in the last few issues of *Breathline* to ask and encourage you to speak up and advocate for issues that affect patient safety and our professional practice. Advocacy involves not only acknowledging a position of responsibility and heeding the call to action, but also harnessing one's internal power to take action and make a difference.

A Workplace Paradox

Nurses often exhibit great patience and caring behaviors when dealing with healthcare consumers. Our formal scientific education and skill set empowers us to perform as competent professionals. We work hard to deliver excellent care, and feel a sense of pride and accomplishment when we deliver our best effort for our patients. Unfortunately, it is well documented that nurses experience unsupportive and hostile actions from their colleagues.¹

Lateral violence and horizontal hostility are terms assigned to describe behaviors of aggression



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

in the nursing workplace. Such aggression can be physical, verbal, emotional, psychological or sexual and results in the nurse feeling abused, threatened or assaulted in her or his work environment.²

You may recognize these behaviors as non-verbal innuendo, verbal affront, undermining activity, withholding information, sabotage, infighting, scapegoating, broken confidences or actual physical violence.¹ While the definition and manifestation of workplace violence varies, all of these behaviors are detrimental to the health and well being of nurses and the profession.

Many times, and perhaps most times, it is easier for nurses to speak up in defense of patients rather than ourselves. Frequently, as victims or witnesses of non-caring or hostile behaviors perpetrated in the workplace, nurses remain silent and do not speak out in defense of self or a colleague. In fact, many new graduate nurses are leaving the profession soon

after beginning their first job, often because they do not feel supported or accepted by their peers.¹ These phenomena provoke some important questions.

Is your unit environment one that values each individual, or is the climate one of conflict and "eating our young?" Do you feel confident and supported when negative or unpleasant peer behaviors occur in the workplace? Are we nurses continuing to support destructive behaviors and negative patterns from the past that detract from our focus on patient care? Or are we instead committed to work at fostering positive relationships and a healthy, non-hostile work environment?

Nursing Culture

Significant factors are changing the dynamics of our workplace. The growing nursing shortage is real and will influence every aspect of our healthcare system – ultimately impacting the quality of care that nurses can give and patients receive. The aging nurse workforce, with the average age of a nurse now at forty-six, will cause many baby boomers to retire from the profession over the next decade.

As individuals and nursing leaders we must strive to promote healthy work environments that encourage recruitment and retention of a nursing workforce. Just a few years ago, the idea of orienting and training graduate nurses

Celebrate
PeriAnesthesia
Nurse Awareness
Week

February 4-10, 2008

directly into the perianesthesia environment was not accepted. Now, we are seeing creative, innovative programs that foster and support new graduates.

Nurses have the right to a work in a safe environment for themselves and their patients.³ When dealing with the culture of nursing, it is essential that we nurses hold ourselves and our colleagues accountable for the ways in which we communicate and speak out regarding actions that create a hostile work environment. Each nurse must take a stand when witnessing negative, demoralizing and unsafe behavior or conditions. **Do not tolerate it; speak out against it!** We must place an emphasis on teamwork, communication and effective leadership.

Evaluate your unit culture. Does the work team uphold and foster a caring, healing environment where all nurses are valued and supported while emphasizing accountability for individual actions? Our practice focuses on the provision of quality patient care, which is ultimately reliant on collegial relationships built in trust, respect, healthy communication patterns, and personal and professional growth.

Healing Hostility

Healthcare organizations and nurses have a responsibility to recognize, prevent and intervene in cases of workplace hostility. Nurses must break from the acculturated, negative behaviors we sometimes experience when working together. Situations involving disrespect, questionable work ethics, broken rules and lack of support require a strong

voice to hold the responsible individual(s) accountable. Zero tolerance policies should be implemented to support a hostile free work environment.

Nurses also need to increase their knowledge and understanding of the issues surrounding workplace hostility. Just as clinical skills are learned and developed, we must learn and develop conflict management strategies to assist us in the identification, intervention and prevention of workplace negativity and hostility. "Integrating collaborative conflict management strategies into the daily activities of clinical care can improve patient outcomes, improve retention of nursing staff, and create an environment that optimizes scientific advances through enhancement of effective working relationships."⁴ This is the next evolution of healthcare delivery.

It is essential that nurses guide and support each other to change destructive thoughts and behaviors. This requires a proactive stand and a mindset of appreciation and respect for our colleagues and the work that we do. As you return to your workplace in the role of active change agent, speak with your supervisors and colleagues about fostering that positive, supportive work environment. Suggest that classes be given or reading material be provided to address dealing with conflict and creating positive environments.

Every nurse has the power to eradicate hostile work environments. While acknowledging that we all, at times, feel conflicted in some situations, know that constructive methods and behaviors can be adopted to prevent work-

continued on page 3



Breathline

Volume 27, Number 6
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2

Erratum

Wisconsin PeriAnesthesia Nurses (WISPER) was inadvertently omitted from the list of 26th National Conference Component Sponsors presented in the July/August 2007 *Breathline* edition. ASPAN is grateful for WISPER's generous contribution, and apologizes for the error.

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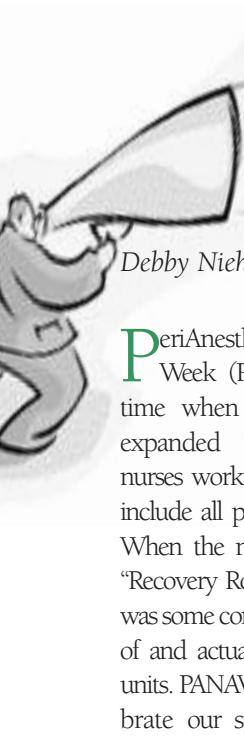
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Give a Shout Out for PeriAnesthesia Nurse Awareness Week

February 4-10, 2008

Debby Niehaus, BSN, RN, CPAN – Membership/Marketing Committee Member

PeriAnesthesia Nurse Awareness Week (PANAW) originated at a time when the scope of practice expanded beyond postanesthesia nurses working in recovery rooms to include all perianesthesia care nurses. When the name was changed from "Recovery Room" to the PACU, there was some confusion about the location of and actual care provided in these units. PANAW was conceived to celebrate our specialty nursing practice and to educate and promote awareness throughout healthcare facilities and in the public arena.

Today, PANAW plays an important part in ASPAN's goal to be recognized worldwide as the voice for perianesthesia nursing. ASPAN encourages all members to celebrate PANAW within their healthcare facility, and then expand this awareness campaign to the community. The overall impact of PANAW begins with every perianesthesia nurse acting as a champion for our practice and professional organization.

Make the Connection

I recently attended a local community event, and spent time in our hospital lobby, asking random individuals some questions in order to gain insight on public awareness of perianesthesia nursing. Many years ago, I did a similar survey and found that less than

10% of respondents knew what perianesthesia nursing entailed - or had even heard the name. My latest survey revealed that 45% of those polled had either heard the perianesthesia nursing name or knew about the specialty practice. These informal survey results indicate that awareness has increased over time, and serve as a reminder that nurses must continue to engage in public education and outreach.

The 2008 PANAW theme builds on a call to action to become advocates for perianesthesia practice, the nursing profession, and the safety and well being of our patients. How will you "Be the Voice" when celebrating PANAW week? In addition to wearing some new PANAW clothing and decorating your unit or facility with PANAW logo items, start planning now for activities that stretch beyond the practice setting.

Inspire future nurses by contacting a local nursing college, attending a high school career day, or perhaps participating in community health screening activities to provide information about perianesthesia nursing. Identify yourself as a perianesthesia nurse or certified perianesthesia nurse, whether at a school PTA or town hall meeting, or as part of a social group. Such actions can facilitate

dialogue and support ASPAN's public advocacy goals.

Promote Success Stories

Raise your voice in support of PANAW. Early planning allows ample time to request and receive proclamations from community leaders or state governors. Use the PANAW platform to become more politically involved by providing expert knowledge to legislators and requesting to serve on state nursing or government healthcare committees. Take action to have your facility's public relations department or local newspaper run a PANAW feature article and pictures, and include the patient advocacy and safety theme to grab and hold public attention.

Our PANAW mission is to increase public knowledge and awareness. As we commemorate the significance of perianesthesia nursing, enjoy your PANAW 2008 celebration and "Be the Voice" that makes ASPAN heard around the world.

For more PANAW information and resources, visit the ASPAN Web site @ www.aspan.org/panaw.htm. To order special PANAW 2008 celebration theme items, please see the brochure included with this edition of *Breathline*. 

President's Message
continued from page 2

place situations from becoming antagonistic. Speak up for positive change! "Be the Voice" for yourself and your colleagues.

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PANAW

Breathline
Volume 27, Number 6
November/December 2007

Promote Medication Safety

Jan Lopez, BSN, RN, CPAN, CAPA – ASPAN Safety Committee Member



Medication safety mandates aim to prevent dangerous errors

Medication errors continue to present a significant problem for patient safety. The United States Pharmacopoeia operates two national medication error databases, the MERP (Medication Errors Reporting Program) and MEDMARX, for collecting, tracking and trending this data.¹ Ideally, through enhanced healthcare safety practices, the error statistics will improve.

Safety Goals

Joint Commission (JC) 2008 National Patient Safety Goal 3 seeks to improve medication safety. This goal provides directives to prevent medication administration errors. Related actions include: identifying and regularly reviewing a list of look-alike/sound-alike (LASA) medications; taking actions to prevent interchange of like medications; and labeling medications on and off the sterile field.²

Requirement 3E was added to lessen the probability of patient harm associated with high risk, complex dosing anticoagulant therapy. JC defined its expectations related to requirement 3E and set a one year phase-in process. Healthcare organizations must: assign oversight responsibility for this process by April 1, 2008; have an implementation plan in place by July 1, 2008; conduct pilot testing on at least one clinical unit by October 1, 2008; and employ the process throughout the organization by January 1, 2009.²

Charting Progress

A recent study reported that the primary predictor of patient safety system implementation is JC hospital accreditation.³ While the requirement to identify LASA drugs and take action to prevent medication mix-ups yielded a 92% compliance rate, drug name-related errors are still occurring. Additional practitioner, patient,

and organizational safety measures to improve this situation have been suggested, and these include:⁴

- Provide regular LASA information updates to staff to sustain awareness
- Identify and list common LASA medication name pairs used in your facility
- Use both the brand and generic name when prescribing/documenting a problem drug name pair
- Improve written prescriptions/orders to include dosage form, strength, complete directions and medication purpose
- Avoid verbal/phone orders - use only when necessary; employ electronic or pre-printed orders
- Change the appearance of LASA names in storage areas and dispensing cabinets, on computer screens and pharmacy labels; use color or bold print font and uppercase letters for differing like-name parts (e.g., hydromorPHONE) on medication documentation forms
- Use separate storage locations for LASA medications
- Educate/counsel patients regarding LASA medications before discharge; instruct on the need to question healthcare providers when medications sound or look different than expected
- Encourage reporting of near miss/actual LASA incidents and develop strategies to prevent similar errors in the future⁴

Optimal Perianesthesia Care

Medication reconciliation in the preanesthesia area is an extremely important safety mechanism for comprehensive treatment throughout the perianesthesia continuum of care. The MEDMARX review of errors identified consistent safety trends in the PACU involving epidurals and PCA pumps.¹ It is

particularly important to perform an independent second person check of medication infusions to verify the correct drug, concentration, dose, and rate. Calculation errors, procedure/protocol not followed, communication, documentation and performance deficits are among the causes for errors reported in the MEDMARX analysis.¹

Patients expect care providers to be highly skilled, knowledgeable, competent, and engaged in a practice that follows policies, procedures and standards of care. The healthcare industry has come under fire for causing many deaths due to medical errors. It is incumbent upon each of us to ask, "Where is the danger?" We must stay ever vigilant when assessing and monitoring patients' conditions and responses to interventions. It is critically important, in a profession that deals with the welfare of others, to check and double check our actions. Nurses must stay on the look out for possible mistakes, report medication errors when they occur, and adopt new and improved safety measures from the lessons learned in our practice.

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The Education is Big in Texas

ASPAN 27th National Conference, May 4-8, 2008

Susan McDonald, RN, CPAN, CAPA - 2008 National Conference Strategic Work Team Coordinator

Nurses are challenged each day to provide quality nursing care in a safe environment. We take our duty to serve as patient advocates seriously. Continuing education and professional networking go a long way to support such nursing ideals. In concert with our ASPAN president, who encourages each of us to be the voice for our patients, our practice and our profession, the National Conference Strategic Work Team (NCSWT) selected "Be the Voice: Advocacy through Education, Research and Legislative Involvement" for this year's Conference theme.

Program Preview

Whether new to the perianesthesia specialty, or an expert nurse, you will find many opportunities to advance your practice and hone your advocacy skills. A popular ASPAN lecturer, Kim Noble, PhD, RN, CPAN, will start the ball rolling with a full day pre-conference session on Saturday. "Perianesthesia Nursing: A Systems Review of Pathophysiology" will provide a systems-based review of normal physiology and the pathophysiological disorders commonly encountered by the perianesthesia nurse. Be sure to register early to reserve your space for this special session.

The opening keynote speaker, Suzanne Gordon, is an award winning journalist and author who has written extensively about healthcare. Ms. Gordon, whose interest in the profession was piqued during the delivery of her first child, is a champion for nurses. She believes that the nation's two million nurses do not receive proper credit for this highly developed, yet undervalued

profession. "From Silence to Voice: Putting Nursing Center Stage" will examine nursing's culture of silence and present strategies to help nurses move from silence to voice.

Tailor Your Experience

Educational breakout sessions, held on Tuesday and Wednesday, offer the ability to choose from concurrent sessions that can take you in many directions. Delve into the world of online documentation to better understand the planning, design, and implementation of healthcare information systems. Or explore topics that include: preoperative assessment, quality assurance, or a presentation passion that focuses on ways to better understand our internal power to become better leaders - both personally and professionally.

Perianesthesia research is showcased beginning on Tuesday. Begin the day by attending the Research Poster Grand Rounds to learn how nurses are influencing practice through evidenced based research. Wednesday features an advocacy track, which includes sessions on governmental affairs, the power of one voice, grassroots advocacy and a hot topics panel discussion addressing workplace violence, staffing, safety and the nursing shortage. Learn one nurse's story of how a needle stick injury resulted in her active engagement as an advocate for legislation to mandate safe needle use.

We are honored to have Dr. Michael Ramsay, creator of the Ramsay Sedation Scale, offer "Sedation and Analgesia: A 2008 Update." Other breakout sessions include: postanesthesia

complications, reactive airway disease, perioperative management of hyperglycemia, hyperbaric oxygen therapy, infection prevention, pain management, new total joint replacement techniques, pediatrics, neurological assessment and complications, patient education, and dealing with difficult physicians. With this incredibly broad spectrum of educational offerings, we believe that you may find it hard to decide which sessions to attend!

Texas Hot

Conference week is filled with sizzling programming, right up until the final offering. Karyn Buxman, MSN, RN, CSP, CPAE, will present the closing address "From Burned Out to Fired Up: A Nurse's Survival Guide." This professional speaker, writer and consultant, whose primary topic is humor as it relates to the healthcare professional, will ignite your spirit with her infectious humor and hilarious nursing career anecdotes.

The post conference session features the vivacious Vivian Biggers, MSN, RN, CS, a dynamic speaker who will present an easy three-step process to 12-Lead ECG interpretation for the perianesthesia nurse.

Your NCSWT has worked hard to create an outstanding program designed to meet the needs of diverse perianesthesia nurses. We invite you to "come on down" to the Lone Star State, luxuriate in the spectacular Gaylord Texan Resort and Convention Center on sparkling Lake Grapevine, enjoy all that the Dallas/Fort Worth area has to offer, and experience a conference as big as Texas! 

Grapevine in 2008

Breathline

Volume 27, Number 6
November/December 2007

Frequently Asked Questions

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

The Clinical Practice Committee researches and responds to many questions submitted via the ASPAN Web site each month. This is one frequently asked question.

Q: Does ASPAN have a statement on sending same day surgery or procedure patients home in a taxi and/or not accompanied by an adult?

A: “Criteria for Initial, Ongoing, and Discharge Assessment and Management” is Resource 4 of the *Standards of Perianesthesia Nursing Practice*. This document addresses planning for safe discharge to home, which begins in the preadmission phase of perianesthesia care. The early stage of discharge planning includes the identification of a responsible adult to assist with home care, and the availability of safe patient transport home.¹

ASPN Standards also recommend assessments and interventions upon readiness for discharge from the Phase II level of care to include: patient and home care provider knowledge of discharge instructions; written discharge instructions given to patient/ accompanying responsible adult; and arrangements for safe transportation from the facility.¹

Home Alone?

ASPN’s position is supported in the Centers for Medicare and Medicaid Services (CMS) and the American Society of Anesthesiologists.^{2,3} CMS writes: “All patients are discharged in the company of a responsible adult, except those exempted by the attending physician.”² The ASA guideline upholds that “patients who receive other than unsupplemented local anesthesia must be discharged with a responsible adult.”³ Accrediting agencies, such as the Joint Com-

mission and the Accreditation Association for Ambulatory Health Care, also indicate that patients who have received general anesthesia, regional anesthesia, or either moderate or deep sedation/analgesia need to be discharged in the company of a responsible adult.⁴

Anesthesia can cause transient psychomotor and cognitive changes, and these changes can lead to harm or injury of the patient or others.⁵ Strong support exists for the need of a responsible adult to accompany the post anesthetic patient upon discharge. Prospective adverse events have been identified related to a lack of responsible caregiver presence. These events include unplanned admissions, increased potential for readmission up to 30 days postoperatively, and an increased possibility of emergency room visits postoperatively.^{5,6}

Discharge Partnerships

Responsibility for safe practice involves each person participating in the care scenario. Patient safety necessitates a healthcare team partnership which requires inclusion and accountability on the part of the patient. After a patient death in Arkansas, it was found that the patient, who initially reported having an available escort, left the facility against medical advice. The court determined that the patient shared responsibility for his safety and that the nurse could not be held liable for this patient’s death.⁷

Many facilities have adopted protocols with requirements for

responsible adult support for home care and transport to home. Suggestions to consider include:

- Review and/or recommend an institutional guideline with escort requirements
- Include input from the division of surgery, anesthesia and other related providers
- Incorporate situations of non-adherence, including possible short stay admission and/or access to alternative community support providers
- Educate patients and community healthcare providers about the guideline
- Conduct quality monitors of guideline adherence and related patient outcomes
- Provide complete documentation of circumstances that do not meet institutional guidelines, including actions taken to promote patient safety

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continued on page 7



Unaccompanied postanesthesia discharge patients are more susceptible to adverse events

Making Findings Portable: Research Dissemination Strategies

Emma Pontenila, MA, RN, CPAN – ASPAN Research Publications Team Member

Research is intimidating to many nurses and most shy away from it until entering graduate school. To nurses with a keen interest in research, the challenge involves actually doing the research and then disseminating the findings. Dissemination is defined as getting the new idea or findings out to the public domain.¹ The importance of dissemination can not be over emphasized. Unless research findings are effectively disseminated, the knowledge may be wasted.

Research Voice

Researchers increasingly pay attention to dissemination of research findings. An initial step is to publish the work in a scholarly journal. Professional organization members have access to their respective journals. Moreover, these organizations encourage their members to publish. The choice of journal is influenced by the level of academic credibility, a need to connect with an appropriate audience, and the estimated turn around time.² Getting published can depend on more than just the quality of the written text; targeting the manuscript to a journal's core purpose is an important consideration for every researcher.

As publication alone will not accomplish the connection of new knowledge with nursing colleagues, other factors for research dissemination must be considered. These include the nature of the evidence, the target audience, and the context in which research results are used.³ This is further explained as four essential elements – the source, the message, the medium, and the target users.¹

Know the Audience

Health professionals give more credibility to research findings when the information source is a member of their own discipline.¹ The message you want to convey is the research finding, but the quality of the message alone is insufficient to ensure utilization. It must be translated into a user friendly, understandable package for your target audience.

The medium employed to deliver the findings can involve several different communication methods and must be compatible with the audience. Some useful methods include: a verbal report to peers; journal clubs; Internet postings and discussion lists; newsletters; conference and poster presentations; staff, departmental or public meetings; and video or audiotapes.¹

Target users should be engaged in developing and delivering the research message. The involvement of target users increases the probability that findings will be effectively disseminated.¹ Involvement may include identifying organizational and user incentives for conducting the research, consulting the users during the design process, enlisting users in the data collection process, and sharing the results after the data is analyzed.¹

Make the Connection

Research dissemination and utilization can be challenging and complex. The challenges of disseminating findings to colleagues and the consumer public require creative approaches,³ such as:

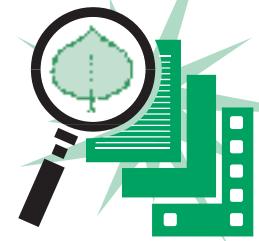
- Ensuring clarity regarding the nature of the evidence and the expected outcome
- Understanding the values, preferences and attitudes of the target audience and

matching the message to these characteristics

- Considering the practice environment circumstances and identifying barriers to application of the research³

Dissemination is a process that involves actively spreading the right message to the appropriate user, with the ultimate goal of ensuring best practices through research utilization.

Research Corner



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continued from page 6

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Breathline

Volume 27, Number 6
November/December 2007

ASPN at the Table

Activism in Coalitions and Partnerships

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

Professional partnership and coalition building brings individuals and organizations together to achieve a common goal. The development of coalitions and partnerships is an important political strategy for influencing healthcare policy at the local, state, and national level. ASPAN engages in a number of coalition partnerships to promote and support important issues affecting perianesthesia nursing.

Designated ASPAN Liaisons are appointed by the president to represent the Society at specified organization meetings and events, and they then maintain an ongoing connection to the organization on ASPAN's behalf. This synopsis will familiarize you with ASPAN's current coalition partnerships and the appointed liaison.

Americans for Nursing Shortage Relief (ANSR)

Gena Near, BSN, RN, CPAN

This alliance comprises forty-five professional nursing organizations that together represent nearly 2.9 million nurses. ANSR's goal is to work with legislators to implement initiatives that increase the nursing workforce, and enhance the flexibility allowed in nursing education and clinical practice.

Anesthesia Patient Safety Foundation (APSF)

Denise O'Brien MSN, APRN, BC, CPAN, CAPA, FAAN

The multidisciplinary APSF (www.apsf.org) fosters investigations that provide a better understanding of preventable anesthetic injuries, encourages programs to reduce the number of anesthetic injuries, and promotes national and international communication of information and ideas about the

causes and prevention of anesthetic morbidity and mortality.

Council on Surgical and Perioperative Safety (CSPS)

Dina Krenzischek, MAS, RN, CPAN

CSPS (www.cspsteam.org) is a multidisciplinary coalition of seven professional organizations whose members are involved in the care of surgical patients. The mission and vision of CSPS is to promote a culture of patient safety in the surgical team working together to provide optimal patient care and a caring perioperative workplace environment.

Federated Ambulatory Surgery Association (FASA)

Donna Quinn, BSN, MBA, RN, CPAN, CAPA

FASA (www.fasa.org) is a national, nonprofit organization representing the interests of ambulatory surgery center administrators, practitioners and consumers. FASA works with regulatory bodies and state and national legislatures to promote ambulatory surgery.

Military/International Liaison

Jennifer Allen, MSQSM, RN, CPAN

Each year, ASPAN hosts a Military and International Reception during the National Conference. This gathering, coordinated by this liaison, offers an intimate venue to recognize, welcome, and network with our military and international nursing colleagues.

National Student Nurses Association (NSNA)

Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE

NSNA (www.nsna.org) is a nonprofit association that mentors the professional development of

future nurses. With over 45,000 members nationwide, NSNA provides educational resources, career guidance and leadership opportunities for nursing students.

Partners for Understanding Pain

Susan Benner, BSN, RN, CPAN

The American Chronic Pain Association (www.theacpa.org) spearheaded Partners for Understanding Pain. This consortium comprises organizations that come into contact with the lives of those experiencing acute, chronic, and cancer pain. The partners have a common interest in the personal, economic, and social impact of pain on our society.

Surgical Care Improvement Project – Infection (SCIP)

Terry Clifford, MSN, RN, CPAN

SCIP is a national quality partnership of organizations interested in improving surgical care by significantly reducing surgical complications. The partners believe that a significant reduction in surgical complication rates is dependent on the entire professional healthcare team working together to make surgical care improvement a priority.

Society of Perioperative Assessment and Quality Improvement (SPAQI)

Ellen Sullivan, BSN, RN, CPAN

SPAQI (www.spaqi.org) formed as a nonprofit international organization with the goal of uniting professionals in various disciplines to work together to influence optimal surgical outcomes. The partnership plans to share best practices, promote research and provide a pathway for communication.

continued on page 11

ASPN Component Development Institute

Be the Voice: Through Leadership, Membership and Advocacy

September 7-9, 2007 ~ Albuquerque, New Mexico

“Action is the catalyst that creates accomplishments. It is the path that takes us from uncrafted hopes to realized dreams.”

- Thomas Huxley

The 2007 Component Development Institute (CDI) combined aspects of team personality analysis and team building, leader development and succession planning, operational requirements for continuing education programs, and personal and professional nursing advocacy. This weekend offered a unique and intimate setting for networking, socializing and gaining new knowledge. The CDI served to mentor and enrich attendees and support every component's success. 

A soaring CDI balloon's aerial view of Albuquerque



Attendees had access to ASPAN storyboards, information and resources made available throughout the weekend



ASPN Regional Directors filled the conference with color, wisdom and fun! Front from left: Kim Kraft-Region 3, Twilla Shroud-Region 2, Nancy O'Malley-Region 1. Back: Maryanne Carollo-Region 4, Chris Price-Region 5



ASPN President Sue Fossum led the 2007 CDI

Region 5 leaders networking during a breakout session

Breathline

Volume 27, Number 6
November/December 2007

Call for 2008 ASPAN Representative Assembly Resolutions

The ASPAN Resolutions Task Force announces the Call for Resolutions for the 2008 Representative Assembly (RA) meeting on May 4, 2008 in Grapevine, Texas.

The RA is ASPAN's voting body. The RA, as the chief policy determining structure for ASPAN, reviews and acts upon resolutions regarding the ASPAN bylaws, policies, position statements and other issues related to perianesthesia nursing. If you, as a member, believe an issue of this nature needs to be brought before the RA, please contact the National Office to obtain a sample resolution form.

The following groups may submit a resolution to the RA:

- The ASPAN Board of Directors
- An ASPAN Committee
- An ASPAN Component
- A group of five or more members (with five signatures on the resolution form)

The Resolutions Task Force reviews all resolution submissions, and will contact the lead author for clarification if any questions arise. At the RA meeting, the resolution's lead author must be prepared to speak to the issue. Resolutions must be received in the ASPAN

National Office no later than the specified deadline dates.

Submission Deadlines

- Resolution forms relating to **bylaws** changes – no later than **January 5, 2008**.
- Resolution forms relating to **position statements, policy matters or other issues** – no later than **February 4, 2008**.

Please contact Kevin Dill at the ASPAN National Office: 877-737-9696 ext. 11 or kdill@aspn.org to obtain a sample resolution form and instruction sheet. 

All that Glitters ... is Gold

It's time for component members to gather up and document all of their component accomplishments – and go for the gold! Gold Leaf Award application packets were mailed to ASPAN component leaders in mid October for the rating period encompassing activities completed from January 1, 2007 to December 31, 2007. Please remember to include all requested validation material when submitting the application packet.

All Gold Leaf Award entries must be postmarked by February 1, 2008. 

27th National Conference Room Sharing

If you're planning to come to Conference and want to share a hotel room, please submit your name for inclusion on the "Willingness to Share a Room" list. The room sharing list will be distributed at the beginning of March 2008. Participants must directly contact others on the list to coordinate room share arrangements, and then make the desired hotel reservation.

To place your name on the room sharing list, please include the following information: name,

complete mailing address, email address, home and work telephone numbers. Please indicate how you would prefer to be contacted, and any information you need a potential roommate to know to determine compatibility.

Please mail/email your request to:
Cindy Hill, BSOE, RN, CPAN, CAPA
6510 22nd Street
Lubbock, TX 79407
Email: chill@teamumc.com

The deadline to request a room share is February 25, 2008.



The National Conference host hotel room reservation deadline is April 1, 2008. Reservations made beyond this deadline are based on a space and rate availability basis only. 

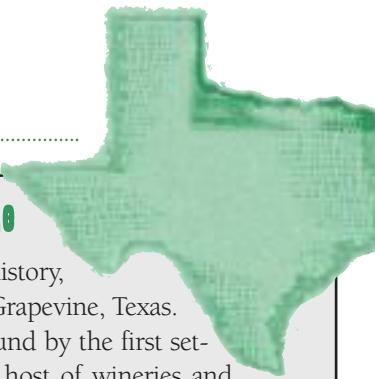
Show PANAW Pride

Make your 2008 PANAW commemoration speak out loudly in support of your colleagues and perianesthesia nursing pride! Check out our awesome theme items, designed to make every PANAW event special.

To order PANAW memorabilia, go to www.panaw.com.

Experience Grapevine

Few cities can match the rich history, diversity and small town flavor of Grapevine, Texas. Named for the wild Mustang grapes found by the first settlers in 1844, Grapevine is home to a host of wineries and tasting rooms. The Main Street Historic District, located downtown, is alive with one-of-a-kind art galleries, gift shops, and antique and specialty shops.



Participate in the Member-Get-A-Member Campaign through March 31, 2008.

Your outreach efforts have recruited over 665 new ASPAN members!

To download a membership brochure, go to www.aspan.org, click on the "Members" tab, then select the "Member-Get-A-Member" option.



National Conference Research Workshop Invitation

From Problem to Research Study: Advancement of Perianesthesia Knowledge

Do you have a clinical issue that requires a research study to answer the problem, but you need some help designing the study? Then our workshop, designed to assist ASPAN members in designing a rigorous research study, is intended for you! The ASPAN Research Committee will conduct this workshop on Wednesday, May 7, 2008, from 2:00 – 5:00 PM.

Potential participants must submit a brief description of their current area of practice, the problem that requires investigation, any possible support personnel, level of research expertise (novice researchers welcome), and any additional resources available to complete the proposed study.

All applicants will be considered for this *invitation only* workshop; space is limited. Proposals will be accepted based on the relationship of the proposed study to perianesthesia nursing and ASPAN research priorities.

Send your completed proposal to:

Jacqueline Ross
ASPA Director for Research
17491 Merry Oaks Trail
Chagrin Falls, OH 44023
Email: jross@aspan.org

The application deadline is February 15, 2008.

Participants will be invited to attend the workshop* no later than **March 15, 2008**.

**All ASPAN National Conference expenses are the responsibility of the participant. There will be no reimbursement provided for workshop attendees.*

ASPA Outreach
continued from page 8

Technology Informatics Guiding Education Reform (TIGER)

Dina A. Krenzischek, MAS, RN, CPAN

The purpose of the TIGER initiative (www.tigersummit.com) is to prepare nurses for practice in an increasingly automated health care environment. TIGER's goal is to create and disseminate local and global action plans that can be duplicated within nursing and multidisciplinary healthcare training and workplace settings.

Breathline

Volume 27, Number 6
November/December 2007



**Nancy O'Malley
Region 1 Director**

Directors' Connection Region 1 Roundup

Nancy O'Malley, MA, RN, CPAN, CAPA –
ASPAAN Regional Director, Region One

We have been challenged to consider our role as advocates for patients, colleagues, and the profession. Advocacy comes in many forms, but ultimately it boils down to the individual who is willing to step forward to become involved. Because each president serves as their component's primary perioperative nurse advocate, I have asked each of them to share some thoughts on assuming this leadership position over this past year. Here is what they said:

*Chartered
in 1982,
AzPANA,
NPANA,
PANAC and
USPAN
celebrate
25 year
anniversaries
this year.*

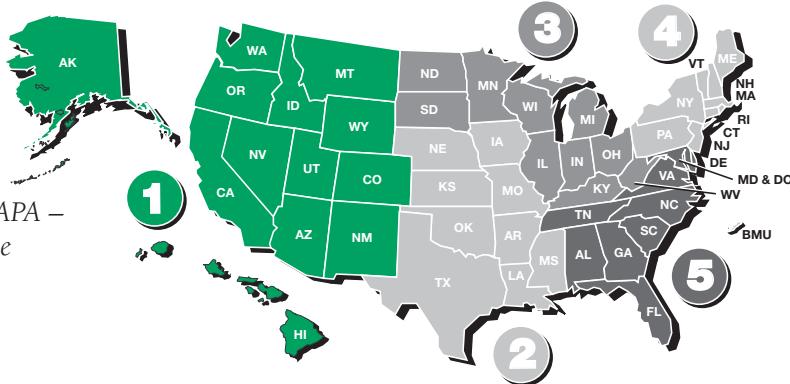
AzPANA – Being the president of AzPANA affords me a terrific opportunity to support our ASPAN President's advocacy platform. Our board of directors is working hard to establish and maintain a liaison program between the component and all Arizona facilities that provide surgical and perianesthesia services. Through our strong network of support, we can truly 'Be the Voice' for ASPAN.

VOICE FOR ASIAN.

~Jeff Landau, RN, CPAN

PANAC – The year has presented both rewards and challenges. It is so great to meet and interact with nurses on the component level, and to hear what the members desire regarding our organization's direction. Meeting with fellow presidents at the national level, and learning from their challenges and solutions, is a true benefit. I have enjoyed this year and plan on staying active within the organization.

~ *Kathy Sim, BSN, RN, CPAN, CNOR*
RMPANA – PACU nursing is my passion, and the rewards that come with serving as a component president have far outweighed the investment of time



Have you recently moved, changed an email address or phone number?

Please email new contact information to update@aspan.org so we can stay in touch with you!

and energy. This professional commitment fostered excellent opportunities to enhance my skills in team leadership, public speaking and publishing. This organization inspires me to achieve knowledge, excellence, and pride that I can pass on to patients, the component leadership team and members.

~ Sharon Sample RN CPAN CAPA

USPAN – I am appreciative of the local support for component sponsored conferences, and our members' patience as USPAN rebuilds. Thank you for the support of Pam Dark and our board members. Most of all, I am impressed by the number of people who wish to certify as a CPAN or CAPA. We have over fifty interested individuals!

~ David Kay, MSN, RN, CAPA

PANANM – I have been a member of PANANM for many years. Yet, each year, I learn something new! This excellent organization helps us to maintain high practice standards. I am proud to tell everyone that I belong to PANANM, and describe the mission for which it stands. This year, when I needed them the most, I witnessed just how much support our nurse members are willing to give.

~ Corinne Flores, BS, RN

NPANA – It is an honor to be selected to represent my peers at the local, regional and national level. I am proud to have a voice in this organization while making a difference, and to set an example to other nurses by promoting, supporting and networking with perioperative nurses.

~ Arlene Kozich, RN, CPAN

NevPANA – My time as president has been both confounding and adventurous! I received many offers of help and have taken them with gusto. My hopes and dreams to reach out, foster a sense of oneness and offer education programs to the entire state continues. My plan is for our component to continue to mature with a strong membership and board of directors in place.

~ Chris Squire, BSN, RN, CAPA

HIPAN - How extraordinarily special it feels to be a part of such a wonderful group of nurses who support each other with a strong sense of camaraderie. I have experienced an awesome level of support during the ASPAN National Conference and from nurse mentors. Component involvement has promoted the recognition and implementation of ASPAN Standards, even in small Hawaiian facilities!

~ Krista Lawson, BSN, RN

Are You a Player?

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

Governmental Affairs

The workings of the political arena remain a mystery to many citizens and nurses. The magnitude of the political process may make one perplexed about where to even begin. **Perhaps the first step is to register to vote.** The democratic right to vote is often taken for granted by Americans. In fact, only 64% of the registered voters participated in the 2000 presidential election.

Nurses are among those who do not take advantage of the right to vote. During the 2007 Component Development Institute held in Albuquerque, a concerned perianesthesia nurse shared her difficulty in getting to the voting booth after working an unexpected 12-hour shift. Because this is a dilemma for many of nurses, I encourage the use of absentee ballots. While the absentee voter process may differ by community, every registered voter can register early, request to participate in this program, and exercise the right to vote.

Politics or Perish

Politics is the process of influencing the division of scarce (and usually financial) resources. Influence can also apply to time, staff or other things. Nurses, who influence patient outcomes every day, should be very involved in the process of influence. And we can best influence outcomes on the larger scale by becoming more informed about governmental affairs.

The path to political activism may proceed in stages.¹ The first stage is apathy. The nurse does not belong to a professional organization, doesn't read the newspaper and is not aware of current legislative activities. The next level involves an increased interest, often related to a particular issue that caught the attention of the nurse. Self-interest follows, and

the nurse joins a professional organization and may use political expertise for personal gain or career advancement. Progression, sophistication and increased activity within the organization occur, culminating in nurse leadership in an elected or appointed position.¹

Get the Facts

In order to gain knowledge, begin by identifying your resources. Read and subscribe to reputable newspapers that provide up-to-date national news. These are an excellent source for information. Electronic news updates distributed by professional nursing organizations, such as the American Nurses Association, are most often free to any interested person and membership is not required.

Is there a burning workplace issue that you face daily? Don't we all have concerns about the projected shortage of nurses? Now that you are informed, take action and contact your legislator to share your professional knowledge and a personal story related to the concern. Nurses remain among the most highly respected professional groups in the country, and there are 2.9 million of us! Think about the incredible impact we can make if nurses unite on a particular issue and call our respective legislators on the same day! While that event is unlikely, the power of one voice should not be underestimated. While elected officials often lack knowledge of healthcare issues, they value input from expert nurses.

Make Contact

While there are many methods of communication, a phone call to your legislator is personal, easy and effective. Identify yourself as a constituent; provide your full



name, address and credentials - you are a registered nurse and a concerned citizen. Identify the issue and ask to be transferred to the legislative assistant assigned to that subject. The assistant is often young, enthusiastic, eager to learn and do a good job, and unlikely to have much knowledge of healthcare or nursing issues.

Speak clearly, respectfully, and in layperson terms; avoid using confusing medical terminology. While the legislator does not expect you to have an immediate solution, it is important to present the facts succinctly and offer a solution if you believe you have one. Our elected officials work hard to meet the needs of their constituents, and our patients need us to share their stories accompanied by our professional perspective.

We offer these tips to help you to find your voice and assist you in communicating with our elected officials. As perianesthesia nurses, we are frontline advocates for the patients and their families who cannot speak or be heard. The same is true for nurse advocates involved in local government or in Washington D.C. We must be empowered to be the voice for our patients, nursing colleagues and important healthcare delivery issues regardless of the venue.

REFERENCE

1. Kelly K. From apathy to political activism. *American Nurse Today*, 2(8), 55-56, 2007.

ASPAN Governmental Affairs Committee members, pictured at the 2007 CDI, progressed to the "final stage" and became leaders within their component organizations


Download a free copy of the 2007 edition of ASPAN's Governmental Affairs: A Primer for Political Action @ www.aspan.org/GovernPrimer.htm
Find and contact representatives @ www.house.gov or www.senate.gov

Breathline

Volume 27, Number 6
November/December 2007



(www.cpancapa.org)

The next certification exams are scheduled for May 4, 2008. Contact ABPANC for Certification Information

ABPANC
475 Riverside Dr.
6th Floor
New York, NY
10115-0089
Phone:
1-800-6ABPANC
Fax:
212-367-4256
www.cpancapa.org

Who is My Nurse: Do Patients and Families Know?

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

Whether experiencing healthcare as an inpatient or outpatient, it is often difficult to know which staff member is the registered nurse (RN). This can be particularly true in a perianesthesia setting where healthcare providers of all levels wear scrub attire and name badges display one's credentials in very small print, if at all. Although nurses should always tell patients and their families that she or he is the nurse, frequently this information is not provided.

Researching Practice

In 2006, the American Board of Nursing Specialties (ABNS), of which ABPANC is a member organization, completed a study to validate nurses' perceptions, values and behaviors related to specialty nursing certification.¹ An online survey sampled 94,768 nurses from varied nursing specialty certifications, and 11,427 responses were obtained yielding a 12.1% return rate. ABPANC invited 2,050 nurses to complete this survey with a 12.6% return rate that included 69% certified and 31% not certified nurses.

One survey question addressed the frequency with which nurses introduce themselves to clients using their first name, last name, RN status, title, and certification status. Table 1 compares the overall responses obtained in the ABNS survey to the ABPANC sample responses.

Table 1. ABNS Survey Results

Greeting	ABNS Sample	ABPANC Sample
First Name	87.8%	93.0%
Last Name	31.9%	20.5%
RN Status	38.6%	40.7%
Title	44.3%	30.6%
Certification Status	4.6%	0.8%

It is interesting to note that most nurses introduce themselves with just a first name. Approximately one-third of nurses surveyed communicate their RN status, and less than half of each sample uses their title. When making an introduction, a very small percentage of RNs include that they are certified.

The Public's Perspective

The results of a Gallup Survey regarding awareness of and attitudes toward board certified physicians reported that patients: trust board certification over the recommendations of family and friends; highly value certification as a quality indicator and would change or select physicians based on certification status; and a majority of the adult public believes that periodic evaluations should be performed after a doctor starts practicing medicine.²

It is unlikely that the public is aware of the value of nursing specialty certification because certified RNs rarely provide this information or explain the value of certification. Furthermore, anecdotal evidence finds that certified nurses struggle to have their credentials noted on workplace name badges beyond the RN designation.

Value of Certification

Recognizing the difficulty nurses face in promoting the value of certification to the public and their employers, ABNS published a position statement in March 2005 on the value of specialty nursing certification.³ Key points include:

- Specialty nursing certification is an objective measure of knowledge which validates that a nurse is qualified to provide specialized nursing care

- Increasingly complex client needs are best met when registered nurses certified in specialty practice provide nursing care
- RNs should seek specialty practice certification, and certified nurses should publicly display credentials and introduce themselves as such
- Healthcare consumers should be knowledgeable about the qualifications and credentials of the RNs caring for them
- Employers should seek certified nurses, support individuals seeking and maintaining certification, inform the public regarding certification status of their workforce, encourage placement of credentials on name badges, and market accomplishments of certified nurses³

Talk it Up

If you have difficulty answering when a patient or a colleague asks what your CPAN® or CAPA® credential means, consider this response: "CPAN or CAPA is a nationally recognized certification credential that signifies I have the specialized knowledge and experience to care for patients like you." Other ideas for conveying certification information can be found on the ABPANC Web site (www.cpancapa.org) by clicking on the left navigation bar's "Marketing Yourself" link.

Wouldn't you always want to know the nurse who is in charge for your care? It is the responsibility of all nurses to tell clients that we have the best qualifications to care for them. Remember, the next time you introduce yourself, tell the whole story – your first and

continued on page 15



When You Leave Work ...

Professional skills, expertise and passion for patient and community are not left behind when your shift ends. There are countless ways that personal involvement enriches and strengthens the lives of others. Perhaps you volunteer in a literacy program, elder care, parish nursing, a food bank or service auxiliary organization. You might participate in voter registration, the school board, a zoning board, or youth sports and enrichment activities. Or maybe you traveled for voluntary mission work or disaster relief services.

Your action and voice makes a difference! The way you speak as a nurse in the community can showcase nursing's contribution to society and create a critical opportunity to educate others on

the value and importance of the nursing profession. ASPAN congratulates and thanks our peri-anesthesia nurse members for going the extra mile. Your community, locally and globally, benefits from that special gift of advocating for others.

We want to draw together our members' advocacy efforts. Please share with ASPAN your story of personal/professional contributions made outside of work. Include complete contact information and send your story to:

Joni M. Brady
HQ USEUCOM
CMR 480, Box 2025
APO, AE 09128
Email: jbrady@aspan.org

We look forward to hearing from you!

National Conference Hosts and Hostesses

ASPAN invites y'all to participate as a host or hostess during the 27th National Conference. Hosts/hostesses are needed for pre-conference preparation, registration, all educational sessions, social events, the silent auction, and the ASPAN Shoppe. Reimbursement is offered for time worked and is sent post-conference. Please contact National Conference Strategic Work Team member, Cindy Hill, for more information or to volunteer:

6510 22nd Street (H) 806-793-1797
Lubbock, TX 79407 Email: chill@teamumc.com

*Certification
continued from page 14*

last name, your RN status and title, and whether you are CPAN® and/or CAPA® certified. If this is not the practice norm in your unit, then raise the bar! It takes just one person to activate a change.

REFERENCES

1. American Board of Nursing Specialties. Specialty Nursing Certification: Nurses' Perceptions, Values and Behaviors. Available at http://www.nursingcertification.org/pdf/value_certification.pdf. Accessed October 1, 2007.

nursingcertification.org/pdf/white_paper_final_12_12_06.pdf. Accessed October 1, 2007.

2. Troyen B, Horwitz R, et al. The role of physician specialty board certification status in the quality movement. *The Journal of the American Medical Association*, 292(9): 1038-1043, September 1, 2004.
3. American Board of Nursing Specialties. A position statement on the value of specialty nursing certification. Available at http://www.nursingcertification.org/pdf/value_certification.pdf. Accessed October 1, 2007.

Dallas has Cowboys - and so much more!

The Southwest's leading business and financial center is just a 30-minute drive from the Gaylord Texan Resort. Dallas Fair Park, home to the State Fair of Texas, is one of the most popular areas to visit with its nine museums, six performance facilities, the Dallas Aquarium and the African American Museum of Life and Culture. You can also enjoy the Dallas Arboretum and Botanical Garden, Dallas Museum of Art, The Sixth Floor Museum at Dealey Plaza, Dallas Theater Center, and shopping at the popular Galleria.



ASPAN Co-Hosted Seminar

November 17, 2007 Safety Begins with Us, hosted by Metro KC PANA. Contact Cindy Ladner @ Cindy.Ladner@shawneemission.org

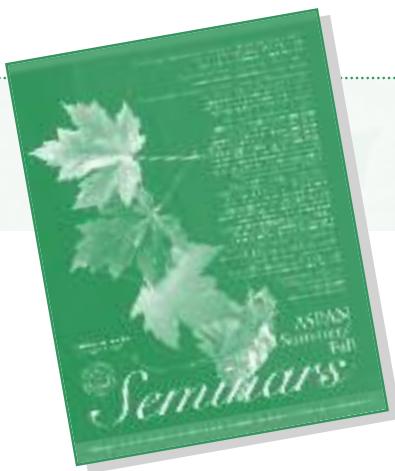
Breathline
Volume 27, Number 6
November/December 2007

Component Education Offerings

November 10-11, 2007 Kentucky Society of PeriAnesthesia Nurses (KSPAN) 25th Anniversary Fall Conference featuring Dolly Ireland, MSN, RN, CAPA, CPN, will be held at the Holiday Inn North Lexington, KY. For information, contact Donna Hagan at donna@alumalok.com

February 2, 2008 PeriAnesthesia Nurses Association of California (PANAC) Winter Seminar at the Crowne Plaza Ventura Beach Hotel. Contact PANAC at 866-321-3582, Debbie Bickford at bickshome@aol.com, or visit www.panac.org 

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



January 19, 2008

Review for Certification: CAPA
Philadelphia, PA

Review for Certification: CPAN
Philadelphia, PA

January 26, 2008

Safety Begins with Us
Kerrville, Texas

Review for Certification: CPAN
Albuquerque, NM

February 9, 2008

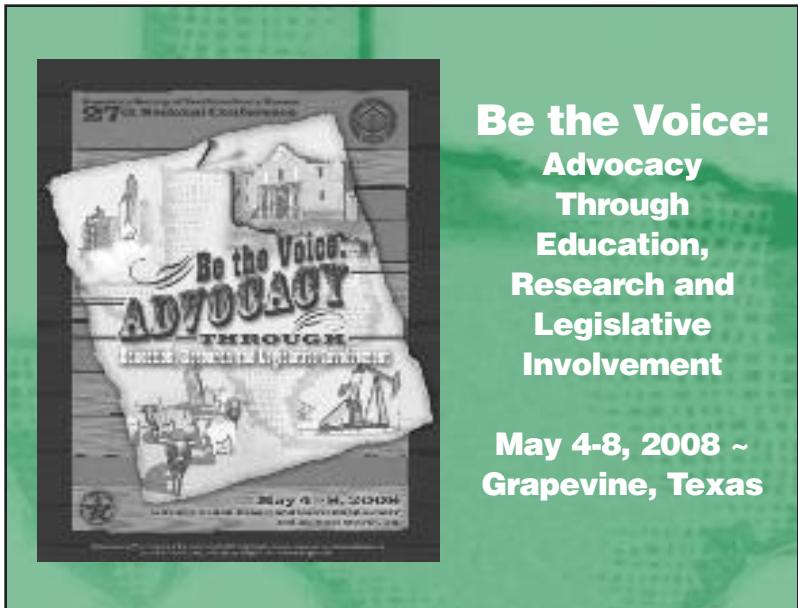
Pediatrics: Little Bodies, Big Differences
Binghamton, NY

Breathline

Volume 27, Number 6
November/December 2007

16

ASPN National Conference



**May 4-8, 2008 ~
Grapevine, Texas**

ASPN Seminars

February 23, 2008

Ambulatory Perianesthesia Practice: Beyond the Basics 2008
Spokane, WA

Safety Begins with Us
Cleveland, OH

March 1, 2008

Perianesthesia Care: Beyond the Basics 2008
Richmond, VA

Ambulatory Perianesthesia Practice: Beyond the Basics 2008
Richmond, VA

Legally Speaking: Just the Facts
Syracuse, NY

Pediatrics: Little Bodies, Big Differences
Evansville, IN

March 8, 2008

Review for Certification: CPAN
Boston, MA

Pediatrics: Little Bodies, Big Differences
Seatac, WA

March 15, 2008

Review for Certification: CPAN
Oakland, CA

Review for Certification: CAPA
Oakland, CA

March 29, 2008

Review for Certification: CPAN
Oak Brook, IL

Review for Certification: CAPA
Oak Brook, IL

Navigating the Regulatory Maze
Charlotte, NC

Ambulatory Perianesthesia Practice: Beyond the Basics 2008
Fredericksburg, TX

Safety Begins with Us
New York, NY 