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ASPN National Conference

BE THE VOICE:
Advocacy Through Education, Practice, Research and Legislative Involvement

May 4-8, 2008
Grapevine, TX

Building a Voice for the Future **Strategic and Succession Planning**

Establishing a strategy or plan is necessary, in virtually all that we do as human beings, to accomplish goals and become successful. In the absence of thinking and strategizing a plan you may get somewhere, but it may not be where you want to go!

Strategic planning is a process that helps us to evaluate the present, and then envision goals for the future. Such planning can take various forms, but in simple terms, it involves setting goals, objectives and strategies that will accomplish a mission. Just as an architect relies on an overall vision and the supporting blueprints to ensure success, ASPAN must have a vision and plan for the organization's future.

Sound Structure

ASPN's strategic plan is a living document that blazes new trails, opens new doors and keeps the focus on our patients, practice and profession. Just as a master builder constantly assesses structural progress and compares this to the blueprints, ASPAN must do the same. As leaders, we should ask questions and get answers in order to evaluate the present and build for the future. Key issues must be addressed, choices made, and challenges met and overcome to best serve our members, fulfill goals and successfully move into the future.

How has ASPAN evolved over time? How does it determine,



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

achieve and maintain strategic goals? Where, and how, is the organization positioned to succeed? Such examinations illuminate the organizational processes followed and the progress made, while exploring new possibilities for enhancing the future.

While change is inevitable, change for the better requires critical thinking and priority setting to establish a realistic and attainable envisioned future. ASPAN embraces strategic planning at all levels. We understand the importance of educating our members about this planning process, which can be applied at the individual, district, component and national level. Each of you has valuable skills that can contribute to our organization's success.

Goals, strategies, and objectives or milestones are the building blocks of strategic planning. A goal is a specific accomplishment necessary to achieve a result. Goals need to be important,

appropriate and feasible. Objectives, or milestones, are measurable accomplishments. Strategies are the necessary methods or processes adopted to achieve set goals. Strategies must take into account the use and allotment of resources, such as: manpower, materials, technology, and funding (to include committees, work groups, collaboration with other organizations, or techniques and forms of communication and information gathering that help the organization reach its intended goals). Tracking progress is very important because this allows for ongoing review and feedback regarding whether a set goal is truly attainable.

ASPN's Blueprint

ASPN, the leading association and voice for periesthesia nursing, advances nursing practice and patient care by providing education, supporting research, utilizing practice standards and advocating for improved periesthesia related public policy. This year, our focus involves approaches to further ASPAN's ability to optimally perform as a premier organization dedicated to improving patient care - now and into the future.

In November 2007, the ASPAN Board of Directors met with Bud Crouch. He is a nationally recognized leader and con-

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sultant who specializes in helping organizations reach the next level of success by developing key paths to excellence. During this strategic planning session, Mr. Crouch led discussions centering on ASPAN's current efforts, identified needs and business practices. He recommended that these issues should be evaluated, and perhaps changed, to sustain future success.

While change is inevitable, change for the better requires critical thinking and priority setting to establish a realistic and attainable envisioned future.

The purpose of this meeting was to assist ASPAN leadership in establishing a clear direction that supports a focus on and alignment with our organizational mission, and guide the allocation of available resources. Outcomes from this strategic planning session include suggestions for goal planning and implementation, and an ongoing process for thinking and planning strategically.

Securing the Future

Succession planning is an important element of strategic planning. Succession planning, or leader development, is the bricks and mortar of any organization. For ASPAN to continue its mission and realize its vision, new

members must be recruited and nurtured to perform important work team positions and occupy leadership roles.

ASPAN is already taking steps to cultivate and prepare those future leaders. Our national and component leaders identify active members who show an interest and desire to become more involved, and these members are assigned a mentor. Other members have taken the initiative to become more active on a local, state or national level, and they independently stepped forward asking to be mentored.

If you have not yet done so, I encourage you to become more active in your professional organization. You can become an apprentice, working side by side with and learning from ASPAN's expert builders. Our leaders are willing and ready to provide guidance, encouragement, acknowledgement and motivation so that all ASPAN members can achieve new professional goals and accomplishments.

I can report that ASPAN's foundation is strong. Our structure is as diverse as the members and patients that we serve, and it is built on commitment, dedication, passion and pride. Our building will last forever because it was well thought out, goal directed, continually evaluated and maintained, and embraced and supported by each one of you. ASPAN will withstand the test of time as the unified voice and influential force for perianesthesia patient safety, education, practice standards and public policy. 

Breathline

Volume 28, Number 1
January/February 2008

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Thank you to the clinical reviewers for the January/February 2008 edition of *Breathline*: Jacque Crosson, MSN, RN, CPAN; Teresa Gore, MSN, RN, CPAN; Armi Holcomb, BSN, RN, CPAN; Stephanie Kassulke, BSN, RN, CPAN; Jan Lopez, BSN, RN, CPAN, CAPA; and Arlene Phillips, RN, CPAN.

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

Register Now for National Conference

27th National Conference, May 4-8, 2008

Grapevine
in 2008

ASPN invites you to the Lone Star State for our biggest conference of the year! The registration brochure you received in the mail offers complete details on all education sessions and social activities, and it includes an optional tour booklet. Here is a glimpse of some Grapevine area attractions and a few of the exciting Conference events taking place in grand Texas fashion.



Component Night—Rhinestone Cowboys

Howdy, ya'll! Dressing up, down Texas way, means putting on your best pair of jeans and a cowboy hat. But don't forget the glitz and glitter, 'cause this year we're donning boots and bling! There'll be a "Best Texas Hair" and best costume contest. Component members can enjoy Texans' two favorite forms of entertainment: eatin' and dancin'. Whether you're a pro or have two left boots, line dancing instructors will be on hand to help every Rhinestone Cowboy dance the night away. Component

Night is a great time to make new friends, catch up with old friends, let your hair down and open the National Conference with a Texas style bang!

Grand Ole Grapevine

Grapevine and the surrounding area offer something for everyone. First settled in 1844 and named for the wild mustang grapes that grew in the area, Grapevine is Tarrant County's oldest city. Today, Grapevine produces some of Texas' best wine and hosts a plethora of restaurants, specialty shops, antique shops and art galleries. If you want to get away for a spell, then head east to "Big D" ... Dallas! Try strolling through the historical West End district, shopping at the original Neiman Marcus, or experience the beauty of the Dallas Arboretum. These magnificent gardens are filled with truly breathtaking colors, so don't forget the camera! If you prefer the Old West, then climb aboard the historic Tarantula Train for a unique ride along the historic Cotton Belt Route. The train's Victorian style coaches travel between Grapevine and the Fort Worth Stockyards. In Fort Worth, you can explore the famous Stockyards, enjoy a performance at world renowned Bass Performance Hall, and visit the famous Kimball Art Museum or many other wonderful local galleries.

ASPN Development

It'll be "kick up your heels" time in Texas, so dust off those cowboy boots and get ready for a good ol' party! The Development team welcomes you to participate in the 13th annual ASPAN Dream Walk, 2008 Silent Auction, and the ASPAN Development Luncheon.

ASPN Dream Walk takes place on the beautiful Gaylord property at 6:30 am on Sunday, May 4. Before hitting the Texas trail, we will limber up and learn the Texas Two Step! Compete for the component prizes for most participating walkers and most dollars pledged. The Dream Walker Award is given to the member who earns the most individual pledges. Register early and start collecting those pledges NOW!

ASPN Development Luncheon is held on Wednesday, May 7th from 12:00-2:00 pm. Kristen Swanson, PhD, RN, FAAN, will present "Caring, Safety, and Leadership: Making a Difference in Healthcare." This wonderful event is enjoyable and it provides a special opportunity to "Hail, Honor, Salute!" those who have supported your nursing journey. Pledge forms will be available at the luncheon. Space is limited; please be sure to register early.

2008 Silent Auction takes place in the Exhibit Hall. Bidding on donated items occurs throughout the exhibit hours and then whirls to a finish when the Exhibit Hall closes on Wednesday morning. Silent Auction items can be donated at the Registration Desk on Sunday and Monday during registration hours. Don't miss this chance to bid on something wonderful to take home from Conference!

The 2008 National Conference brochure and optional tour booklet are available on the ASPAN Web site (www.aspan.org). 

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2008-2009 Slate of Candidates

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Jacque Crosson
MSN, RN, CPAN



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Kathleen Saball
BS, RN, CPAN, CAPA

2008-2009 Candidate Profiles: Your Input is Requested

ASPA's slate of candidates for the 2008-2009 year presents diverse candidates seeking leadership positions in the coming year(s). ASPAN will use Web technology to provide our members with every candidate's qualifications and background information, including her immediate and long-term goals and strategic priorities for ASPAN within the next two years.

Your component is asking for members' election input. Please go to ASPAN's home page (www.aspan.org) and select the "Members" button on the top navigation bar. Click on "Candidate Pro-

files" to read and/or download the 2008-2009 *Candidate Profiles* and submit feedback to your component. Here's what you do:

- Review the 2008-2009 *Candidate Profiles*
- Scroll to the bottom of the screen and click the box next to the candidate's name of your choice for each position
- Select your component from the list of component names and click it to submit
- Your input will be forwarded to your component representatives to assist them in casting their votes at the Representative Assembly meeting in

Grapevine, Texas

- Only one candidate selection submission per member will be accepted

If you are unable to view the 2008-2009 *Candidate Profiles* on the Web, you can e-mail (aspan@aspan.org) a request for a Word® document via e-mail, or ask for the information to be sent to you via postal mail. Instructions on how to submit your candidate selection will accompany the information packet.

Don't delay! Your input must be submitted no later than February 29, 2008. 

Board of Directors' Mid Year Meeting Highlights

November 2-3, 2007

Gena Near, BSN, RN, CPAN – ASPAN Secretary



COMMITTEE/STRATEGIC WORK TEAM UPDATES

A SPAN Development: Seventeen scholarships were awarded in 2007.

Clinical Practice: The 2007 edition of *A Competency Based Orientation and Credentialing Program for the Unlicensed Assistive Personnel in the Perianesthesia Setting* was published, and is now available for purchase on the ASPAN Web site (www.aspan.org).

Education Provider: All seminar programs are undergoing a review and revision process; new seminars are being developed. An ASPAN Web site public education resource is in development and is slated for completion in April 2008. Several speaker development workshop presentations will be offered at the 2008 National Conference.

Evidence Based Practice (EBP): An ASPAN evidence based practice process was presented and reviewed. The committee is evaluating the evidence to support a discharge criteria guideline.

Governmental Affairs/ Advocacy: The *Governmental Affairs: A Primer for Political Action* publication was revised; a free copy is available for download on the ASPAN Web site (www.aspan.org/GovernPrimer.htm). Partnership continues with Americans for Nursing Shortage Relief and the American Nurses Association. Nurse advocacy and political action education sessions will be presented at the 2008 National Conference.

Perianesthesia Data Elements (PDE): The committee is designing an online survey to explore

end-users' problems with adequacy and integration of current computerized documentation systems. An "Informatics Boot Camp" presentation will be given at the 2008 National Conference.

Research: A Web based Delphi Study was conducted to identify top perianesthesia nursing research priorities; the findings will be disseminated at the 2008 National Conference. The research grant application packet was revised and posted on the ASPAN Web site.

Safety: ASPAN is participating in a Council of Surgical and Patient Safety (CSPS) task force that is developing CSPS Guiding Principles and a Violence in the Workplace Position Statement. An outline for a new safety resource manual was completed.

Staffing: The committee searched and then critically evaluated evidence and expert opinions on nurse fatigue and patient care outcomes. A "Fatigue Awareness Checklist" was developed and piloted during the 2007 Component Development Institute.

Standards and Guidelines (S&G): The ASPAN Standards of Perianesthesia Nursing Practice publication was reviewed; the new edition will be published pending approval by the Representative Assembly in late 2008. S&G and EBP Committee members collaborated on a Visitation Position Statement; Resource 3: Staffing; and Resource 10: Safe Transfer of Care.

Succession Planning: Member and mentor participation continues in the "Up and Comers" program.

Policies/Procedures/Job Descriptions:

Multiple ASPAN policies/procedures and job descriptions were reviewed, updated and revised.

Publications: The committee is revising the criteria and scoring system for the Component Newsletter Contest.

Web site Redesign: Construction and testing of the new site is ongoing. The team's goal is to launch the site prior to the 2008 National Conference.

BOARD ACTIVITIES

Component Milestone Recognition: A new policy was established to recognize those ASPAN Chartered components achieving milestone years (e.g., 15, 20, 25).

Position Statements: An Advocacy Position Statement and Geriatric Patient Position Statement were endorsed. These statements will be presented to the Representative Assembly for approval in May.

Specialty Practice Groups (SPG): The board approved the formation of a new Perianesthesia Nurse Educator SPG. The Geriatric SPG launched a new ASPAN Web site Geriatric Resource; SPG members were interviewed for the article "Specialty Association Accomplishments: Exemplars of Activities and Products" to be published by the Hartford Institute for Geriatric Nursing.

Strategic Planning Session: Bud Crouch, an organizational consultant, conducted a planning strategy session with board members and staff. 

Mamaril Honored by Academy

The American Academy of Nursing (AAN) inducted Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, as a Fellow during its 34th Annual Conference held in Washington, D.C. University of Colorado Hospital Vice President of Patient Services and Chief Nursing Officer, Colleen Goode, PhD, RN, FAAN, sponsored Myrna's nomination to this most prestigious organization. AAN fellowship recognizes an individual's professional accomplishments and provides an opportunity to work with other nursing leaders to focus on national and international trends in healthcare.

Myrna has a long history of nurse advocacy, including leadership in ASPAN, the Navy Nurse Corps and positively influencing

healthcare policy. In June 2007, Myrna was promoted to the rank of Captain in the United States Navy - Reserve Component. She was commended for widely enhancing preoperative screening and ambulatory care delivery for uniformed service members.

Myrna's perianesthesia nursing colleagues and dear friends, Dina Krenzischek and Maureen Iacono, and nurse leaders from the University of Colorado Hospital were proud to witness and celebrate her induction. She joins current ASPAN members of AAN: Kay Ball, MSA, RN, CNOR, FAAN; Cecil Drain, PhD, CRNA, FAAN; Jan Odom-Forren, MS, RN, CPAN, FAAN; Kim Litwack, PhD, RN, FAAN, CFNP, CPAN, CAPA;



Myrna Mamaril holds her Academy induction certificate and a congratulatory floral bouquet from ASPAN colleagues

Denise O'Brien, MSN, APRN, BC, CPAN, CAPA, FAAN; and Vallire Hooper, MSN, RN, CPAN, FAAN. **Congratulations, Myrna!** 

ASPN Scholarship Winners

ASPN Development is proud to acknowledge the 2007 scholarship winners. Each year, members are encouraged to apply for ASPN scholarship dollars to help support professional enrichment activities. Congratulations to our ASPN scholarship winners!

ASPN 2008 National Conference Attendance Scholarship (\$500 each)

Ruth DeSoto, RN, CPAN, CAPA
West Peabody, MA

Karen Ewing, RN, CPAN
Edgewater, FL

Anne Federico, RN, C, APRN-BC, CPAN
Forest Hills, NY

Sharon Gallagher, RN, CAPA
Mason, OH

Barbara Watts, RN, CPAN
Loveland, CO

NIWI Scholarship (\$1,000 each)

Joni Brady, MSN, RN, CAPA
Stuttgart, Germany

David Kay, MSN, RN, CAPA
Roy, UT

Perianesthesia Certification Exam Scholarship (\$260 each)

Etta McDonald, RN
Eau Claire, WI

Amy Shinneman, BSN, RN
Marion, IA

BSN Scholarship (\$1,000)

Amy Matthews, RN, CAPA
Champaign, IL



MSN Scholarship (\$1,000 each)

Linda Beagley, BSN, RN, CPAN
Bloomingdale, IL

Mary Braun, BSN, RN, CPAN, CAPA
Gig Harbor, WA

Donna Dolezal, BSN, RN, CPAN
Iowa City, IA

Mary Kasavich, BSN, RN, CPAN
Chagrin Falls, OH

Patricia Koper, BSN, RN, CPAN
Cherry Hill, NJ

Jan Thomas, RN, CCRN, CPAN
Leland, NC

Doctorate Scholarship (\$1,000)

Jane Baltimore, MSN, RN, CCRN, CS, CPAN
Mountlake Terrace, WA 

Breathline

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Complementary and Alternative Therapies: Consider New Applications in the Perianesthesia Setting

Jane C. Dierenfield, BSN, RN, CPAN, CAPA

Complementary therapies combine the healing arts from Eastern and Western approaches to medicine. The Eastern philosophy is based on balance and harmony, while the Western philosophy centers on biology and pathology. The successful combination of the two philosophies is called integrated medicine.

Over the past 15 years, the use of some form of complementary or alternative therapy has increased by 25% in the United States.¹ As more patients demand alternative approaches in medical care, healthcare facilities and practitioners will need to respond by increasing access to Eastern medicinal techniques.

Holistic Connections

In response to patients' requests and studies supporting the efficacy and benefits of selected complementary therapies, several states now allow nurses to incorporate relaxation techniques, therapeutic touch, massage, music therapy, aromatherapy, dietary supplements, naturopathy, chiropractic and acupuncture. Relaxation techniques include: focused breathing; guided imagery, a powerful form of relaxation employing audio tapes; meditation; yoga and exercise.²

Some acute care hospitals embraced the holistic movement, incorporated wellness based concepts, and now offer complementary practice modalities and techniques. These include: relaxation exercises; therapeutic touch; massage; music therapy; aromatherapy; dietary supplements; naturopathy; chiropractic; prayer blanket, a blanket that is gifted upon admission and used throughout the hospital stay, addresses a supreme being or higher power and the implied relationship between the individual and the higher power; pet therapy; heart math, a heart to brain connection tied to stress management; and acupuncture.³

Naturopathy involves the use of natural substances and the body's intrinsic healing forces. These forces restore health through, but are not limited to, nutrition, exercise, homeopathy, herbal medicine, massage, pharmacology and acupuncture. Naturopathy surfaced in America in the late nineteenth century. Supplements or dietary supports include botanical products, vitamins, minerals and amino acids, which can reduce inflammation and healing time in surgical patients.²

Along with the benefits, considerable risks can be associated with some complementary therapies. For example, use of dietary supplements and herbal preparations can pose a significant risk to the perianesthesia patient due to potential interactions that can lead to cardiovascular instability, coagulopathy, over sedation, adverse immunological effects and dangerous drug interactions. Such risks have led healthcare providers to institute preoperative restriction policies on selected dietary, herbal and vitamin supplements before any surgical procedure requiring anesthesia.⁴ It is imperative that perianesthesia

nurses know and follow facility specific guidelines, and perform appropriate patient education related to herbal preparations and nutritional supplements.

Integrated Perianesthesia Care

Nurses are well positioned to assess patient needs and adopt complementary and alternative therapy modalities into practice to best achieve the goals of nursing.⁵ Several complementary techniques have been used in the perianesthesia setting with varying degrees of efficacy:

- The use of essential oil therapy, more commonly called aromatherapy, has been explored. Pure plant extracts possess associated therapeutic actions and their scents can trigger a learned memory in the patient. Peppermint and ginger have been used to treat postoperative nausea and vomiting. Lavender, rose, lemongrass and chamomile have been used to treat pain.² A simple method of administration involves placing the essential oil(s) of choice on a cotton ball, which is then offered to the patient for inhalation of the scent.
- Music therapy uses sound and melody to impact emotions, physiology and behavior. Ambient music has been associated with an energy release in the body that promotes healing, relaxation, decreased anxiety, distraction and higher pain tolerance.²

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"Every
patient
carries
her or his
own doctor
inside."

~ Albert Schweitzer

- Therapeutic touch, based on the ancient technique of laying-on of hands, has been demonstrated to improve some perianesthesia patient outcomes. The therapist applies his or her healing force to an energy field above the patient's body to positively affect the recovery process. Therapeutic touch can increase feelings of well being, and can reduce heart rate, blood pressure, stress, anxiety, restlessness and pain.²
- Relaxation therapy techniques, previously listed, elicit a relaxation response that produces a decrease in respiratory rate, heart rate, blood pressure, muscle tension and oxygen consumption. Surgical patients practicing such techniques have experienced fewer post-operative complications, faster recovery rates, lower pain medication use and a decrease in blood pressure.²

Conclusion

While many forms of complementary and alternative therapies

are being used by patients in the United States, the application of these modalities within the Western medicine culture and its surgical and procedural setting is in the infancy stage. More randomized, placebo controlled double-blind trials are needed to substantiate the efficacy of complementary and alternative therapies in perianesthesia care delivery.²

The need to establish safe, effective complementary and alternative care practice standards is essential because increasing numbers of patients are demanding that healthcare workers provide these services. Nurses, as concerned, knowledgeable, compassionate and caring professionals can explore and expand everyday use of complementary care modalities within the perianesthesia patient population and perform the related research needed to establish evidence based integrated practice.

 The National Center for Complementary and Alternative Medicine, National Institutes of Health (www.nccam.nih.gov) provides excellent resources and information on the complementary therapies.

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Music therapy and guided relaxation exercises may help decrease a patient's pain and anxiety

Jane Dierenfield, BSN, RN, CPAN, CAPA, is a perioperative staff and performance improvement nurse at Kona Community Hospital in Kealakekua, HI. Please address correspondence to Jane Dierenfield at jdierenfield@hhsc.org. 

FREE PANAW CONTACT HOURS

ASPAN members may complete any CE article in *JoPAN* or from the ASPAN Web site during PeriAnesthesia Nurse Awareness Week (PANAW), February 4 -10, 2008, and ASPAN will pay the usual contact hour fee!

To earn free contact hours:

- You must be a current member of ASPAN
- No more than four articles per member may be submitted
- **Submissions by mail must be postmarked no later than February 10, 2008**
- **Online submissions must be time-stamped no later than February 10, 2008**
- All mailed submissions MUST be received by ASPAN in the SAME envelope: DO NOT mail separate submissions
- If sending by mail, DO NOT DUPLICATE the same submission online; conversely, do not duplicate online submissions by mail
- Non-member submissions will be accepted when an ASPAN membership application and dues payment are included in the envelope

Notification will occur from six to eight weeks after the deadline.

ASPAR wishes you a Happy PANAW! 

Breathline

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Twilla Shrout
Region 2
Director

The Directors' Connection All Around Region 2

Twilla Shrout, MBA, BSN, RN, CAPA - Regional Director, Region 2

Region 2 has been full of activity since my last *Breathline* report. This year, ideas for a Region 2 strategic plan were compiled and charted. The strategic plan was drafted to guide development of and cohesiveness within the region. After being finalized, this plan was shared with the leaders of each component and included in a mid year report submitted to the ASPAN Board of Directors. We now look forward to operationalizing our plans!

Mentoring Growth

Our first Region 2 meeting was held last April at the ASPAN National Conference in Anaheim, California. The components were well represented and those in attendance used the time to network and discuss component issues such as membership, recruitment, seminars and communication.

This collaborative momentum carried into the 2007 ASPAN Component Development Institute (CDI), which brought together participating members from every Region 2 component. The CDI program provided time to meet and discuss the possibility of hosting future joint component

meetings in central locations around Region 2. This initiative can lead to greater opportunities for communication and team building among components.

ASPN's Nucleus

Membership recruitment and retention is a common concern voiced by component leaders. There are many opportunities to recruit and support membership through individual actions and outreach, whether at component meetings or in the workplace. John Maxwell, who discusses the concept of Leader's Math,¹ offers a window into building and retaining membership and organizational strength.

Maxwell asserts that leaders who build followers grow an organization one person at a time, while leaders who develop leaders multiply that growth because, for every new leader cultivated, the organization will then receive all of his or her followers.¹ Whether serving as a component leader or member, each one of us can spread enthusiasm about the value of belonging to this professional nursing specialty organization.

You, the core members, provide the catalyst for bringing new ideas to the forefront. Please con-



tinue to let your important voice be heard! Members' feedback and actions stimulate ASPAN to develop new programs and initiatives, leading to enhanced customer service and cohesiveness throughout the organization.

Honoring Components

Each year, many ASPAN components submit an application to compete for the Gold Leaf Award. We were so proud to witness the Oklahoma Society of PeriAnesthesia Nurses (OSPN) receive the 2007 award at National Conference. OSPN joined its esteemed Region 2 past Gold Leaf Award winners, the Nebraska Association of PeriAnesthesia Nurses and Texas Association of PeriAnesthesia Nurses.

I have been fortunate to visit each component and interact with many Region 2 members during this term. I am amazed by the unique strategies used by component leaders to encourage participation and succession planning, and applaud your ongoing dedication, commitment and efforts. It has been an honor and a pleasure to work together with the members of Region 2.



Region 2 leaders gathered at the ASPAN CDI last fall. Sitting (left to right): Paula Clark, MSPAN; Helen Riedesel, ISPAN; Rachael Ballas, LAPAN; Susan Fossum, ASPAN President; Twilla Shrout, MOKANPANA; Jan Lopez, MOKANPANA. Standing: Jo Baggs, OSPAN; Michelle Honeywell, OSPAN; Karla Lucas, LAPAN; Jenny Kilgore, MSPAN; Marsha Sabotta, ISPAN; Cindy Ladner, MOKANPANA; Jenifer Thornbrugh, PACNA; Julie Baker, MOKANPANA; Cathy Organ, PACNA; Sue Meier, NAPAN; Linda Allyn, TAPAN; Kristy Iwansky, NAPAN; Susan Russell, TAPAN; Pam Windle, TAPAN

REFERENCE

1. Maxwell J. *The 21 Irrefutable Laws of Leadership*. Nashville, TN: Thomas Nelson, 208-224, 1998.

Be The Voice

The Nursing and Nurse Faculty Shortage

Gena Near, BSN, RN, CPAN – Advocacy Strategic Work Team Member

ASPAN's participation in the Americans for Nursing Shortage Relief (ANSR) Alliance positions the organization at the core of nursing and nurse faculty shortage advocacy initiatives. The ASPAN Advocacy Strategic Work Team (SWT) and Governmental Affairs Committee have been actively monitoring and forwarding important nursing and healthcare legislation information throughout the membership.

Climbing a Steep Hill

Recent legislative activity related to Title VIII-Nursing Workforce Development Programs (NWDP) highlights the extreme importance of nurses' activism. In October 2007, ANSR delivered letters to House and Senate members addressing concerns about federal funding tied to nurse education, practice and retention programs.¹

Last fall, Senator Allard (R-CO) offered an amendment to the Labor, Health and Human Services (HHS) and Education Appropriations bill to cut funding for Title VIII - NWDP. Nursing's voice was heard and this amendment was defeated. Subsequently, President Bush vetoed the Fiscal Year 2008 Labor-HHS Appropriations because the proposed \$18 million increase in funding for Nursing Workforce Development Programs exceeded his budget request. A veto override failed on November 15, 2007 by a vote of 277 to 141, when the required two-thirds majority was not attained.²

Know the Facts

Legislation and federal funding related to nursing have profound implications for nursing practice. ANSR presented testimony to the

U.S. House of Representatives Subcommittee on Labor, HHS, Education and Related Agencies of the Appropriations Committee that contains basic facts on the nursing shortage and nurse faculty shortage.³ Consider the importance of the data presented in this testimony:

- The nursing workforce is aging
 - 8% of RNs are under the age of 30 today
 - the average age of a nurse is 46 years
 - the average age of new RN graduates is approximately 30 years
 - within the next 10-15 years, almost half of the RN workforce is expected to reach retirement age³
- RN employment is expected to grow much faster than the average for all occupations through 2014³
- Nearly 1,800 faculty members per year leave their positions with fewer than 400 faculty candidates receiving doctoral degrees each year³
- Approximately 40,000 full time nurse faculty members are required fill the gap³

Nurse Reinvestment Act legislation includes federal initiatives for loan forgiveness, scholarships, career ladder opportunities and public service announcements to promote nursing as a career. Although enacted, the Health Resources and Services Administration (HRSA) did not have the necessary resources to meet current and growing demands. For example, 2003 applications for the Nurse Education Loan Repayment Program outpaced the available funds, resulting in only 7% of the requests supported. HRSA was able to fund only 2% of the Nursing

Scholarship Program applications in 2003.³

Impact on the Public

The nursing workforce, comprising the greater part of healthcare employees, directly impacts patient care. Nursing tenure is decreasing, while turnover in the profession is on the rise.⁴ One study identified significant healthcare service issues related to nursing shortages:

- Emergency Department (ED) overcrowding
- ED patient diversions
- Decreased numbers of staffed beds
- Increased wait times for surgery
- Reduced service hours and discontinued patient care programs
- Delayed discharges
- Surgery cancellations⁴

Recent natural disasters have shown that the nursing supply directly influences emergency preparedness. Nurses play a critical role as frontline, first responders. In a time of war, with high numbers of wounded troops, the armed services are struggling to meet active service nurse recruitment goals. The nursing shortage is stressing military healthcare delivery systems and impacting millions of veterans who require care through Veterans Administration healthcare facilities.³



Your Nursing Voice

There is no denying that a desperate need exists for more nurses and nurse faculty. Today, many Americans are attracted to a career in nursing because of job security, salary levels, and the opportunity to deliver expert care to others. Yet, prospective nursing students face extended waiting periods before matriculating into



Advancing the cause of nursing can be viewed as a "nurse-fulfilling prophecy"

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Creating Effective Research Posters

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

Why conduct a research study? For nursing professionals, an obvious answer is that you encountered a clinical concern which required an answer. Now that the study is completed, you want to share the scientific findings. One of the most effective sharing mechanisms is displaying the findings on a professional meeting poster presentation. Each year, at the ASPAN National Conference, perianesthesia research findings are disseminated through the presentation of research posters.

Poster Guidelines

Poster presentations differ from scholarly papers. An effective poster is a visual communication of research findings. Therefore, the poster must be visually appealing, informative and well-organized. Unlike a research paper, a poster should show, and not tell, about the research project through graphs and images. Additional details can be provided by the researcher during the oral poster presentation.

The first step in developing your poster is to consult the submission guidelines and determine the poster size requirements. Different requirements for research

posters may be mandated, depending on where the poster will be displayed. The poster should be developed in an organized fashion, so that the sequence of your research is evident. Consider which information to include. Know your main point and be sure to highlight that point.

Due to space limitations, focus on the key findings of your research. Ask yourself: Can I present this finding with a figure rather than text? Figures tend to save space and, more importantly, attract the attention of viewers. The American Psychological Association states that the title, introduction, methods, results and conclusions should be included.¹ One common poster mistake is to include too much information on the research method when, unless there is a new method involved, the focus is on the results.¹

The Art of the Poster

The poster text should be displayed in a large sans serif font, typically 48-point for the title and at least a 20-point font for the individual sections.¹ The title and author(s), along with their professional affiliation, are located on the

top portion of the poster. Only those who intellectually contributed to the project should be listed as authors. People who assisted with the project in other ways can be acknowledged at the end of the poster. For any funded study, the funding agency will likely require a specific acknowledgement on all posters and papers, so be sure to include this information.

The application of color is important. It's best to use only two to three colors on the poster, and the use of primary colors creates good contrast. Black ink is a better choice for text; however, using colored font is a good way to draw attention to key words. Empty white space boosts the effect of colored parts of the poster.¹ Please see Figure 1 for a sample poster format.

Enjoy the Moment

On the day of your poster presentation, relax! Bring business cards and copies of the abstract to share with the audience. Many people appreciate a 'walk through' of your findings, which should take no more than three to five minutes. Anticipate questions, and if you are unsure of an answer, get that person's number and follow up with a response. You may get helpful suggestions on improving your study. This is a normal part of the research process, so use it as a chance to grow as a researcher. Enjoy disseminating your findings; you can be proud that you are contributing to the scientific knowledge base of nursing.

REFERENCE

1. Nicol A, Pexman P. *Displaying your findings: A practical guide for creating figures, posters, and presentations*. American Psychological Association: Washington, D.C., 2003.

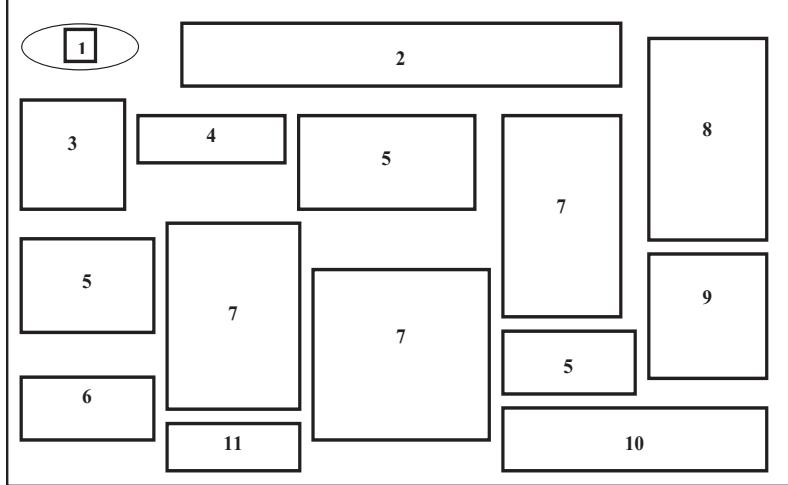
Diagram Key

1. Organization logo (optional)
2. Title of presentation
3. List presenter(s), affiliation
4. Background
5. Demographic data
6. Pictures illustrating project
7. Purpose
8. Data charts (e.g., pie charts, bar graphs)
9. Methods
10. Results
11. Conclusion
12. Acknowledgements: funding, etc.

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Figure 1. Sample Research Poster Layout



Enhanced Communication Protects Patients

Lila Martin, MSN, RN, CPAN – ASPAN Safety Committee Member

Communication is crucial to ensuring patient safety. Since 1995, The Joint Commission (JC) has analyzed over 3,000 sentinel events which were voluntarily reported to the organization. According to JC, communication is the most frequently cited cause of sentinel events and communication problems played an integral part in medication errors, wrong-site surgeries and delays in treatment.¹

Root causes of anesthesia related events occurring in 2005 include: communication (by far the most frequent cause); patient assessment; training/orientation; care planning; procedural compliance; competency/credentialing; leadership; environment safety/security; continuum of care; and organizational culture.¹

Safety Goal

JC made improving the effectiveness of healthcare provider communication a National Patient Safety Goal in 2003. Some important components of this goal are:

- Reading back of verbal or telephone orders
- Limiting the use of abbreviations and symbols
- Timely reporting of critical test results

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nursing programs due to insufficient numbers of faculty, and the ongoing nursing shortage increases nurse dissatisfaction and burnout.

Advancing the cause of nursing can, in effect, be seen as a “nurse-fulfilling prophecy.” Legislators need to know why support of nursing programs, which are funded through legislation, is so critical to the health and welfare of all citizens. We nursing practice experts can mobilize.

- Using a standardized handoff communication

The handoff component, which has received much attention recently, was added in 2006. However, communication regarding patients is an ongoing process. Changes in a patient's condition and questions regarding orders are very common opportunities for communication or miscommunication. Patient information exchanges should follow a standardized approach to ensure each care provider approaches the situation from the same perspective, and all relevant and essential information is communicated. The same standardized approach should be used for all communication interactions, be it nurse to nurse, physician to physician, or nurse to physician.

Commit to Transmit

The Situation-Background-Assessment-Recommendation (SBAR) communication technique has been adopted by many healthcare organizations as a preferred means of provider-to-provider information transfer. But there are a variety of standardized communication approaches that can be successfully employed. Most

We must use our first hand professional knowledge and experience to educate legislators and the public about the seriousness of nurse and nurse faculty shortages.

REFERENCES

1. Ream K. Personal communication. October 17, 2007.
2. American Nurses Association. Federal issues. Available at <http://nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal/Issues.aspx>. Accessed November 28, 2007.

importantly, every organization should select or create a standardized method to fit its specific needs and culture, and then implement that process across the organization to be used by all disciplines.

Each of us plays a role in improving effective communication within our organization and on our units. Whatever the approach, communication should occur in an open, honest manner without fear of confrontation or hostility. There should be sufficient time to ask questions and clarify care delivery at all points of care.

The statistics make it very clear that communication is crucial in all efforts to promote patient safety. If your facility hasn't yet done so, make a suggestion to your organization's leaders to adopt and implement a standardized communication technique. Stay vigilant about recognizing and reporting unsafe practices or processes, and be willing to seek solutions to unsafe practices or processes.

REFERENCE

1. The Joint Commission. Sentinel event statistics. Available at <http://www.jointcommission.org/SentinelEvents/Statistics>. Accessed November 27, 2007.
2. Americans for Nursing Shortage Relief. Testimony of ANSR Alliance Regarding Fiscal Year 2007 Appropriations for Nursing Workforce Development Programs. Available at <https://www.ncsbn.org/pdfs/432006HouseTestimonyFINAL.pdf>. Accessed November 28, 2007.
3. First Consulting Group. The healthcare workforce shortage and its implications for America's hospitals. Available at <http://www.aha.org/aha/content/2001/pdf/FcgWorkforceReport.pdf>. Accessed November 28, 2007.
4. Breathline

Safety Alert



Web Safety Resources

Agency for Healthcare Research and Quality:
Medical Errors & Patient Safety
(<http://www.ahrq.gov/qual/errorsix.htm#online>)

Institute for Healthcare Improvement: Patient Safety
(<http://www.ihii.org/IHI/Topics/PatientSafety/SafetyGeneral>)

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(www.cpancapa.org)

Computer Based CPAN and CAPA Examination Testing

Online Testing Begins in 2009

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

After years of planning and preparation, the ABPANC Board of Directors announces the launch of Computer Based Testing (CBT) for the delivery of the CPAN and CAPA examinations, beginning in 2009! In addition, for those perianesthesia nurses already CPAN and CAPA certified, the recertification process will also be available online.

Advantages of CBT

The online testing offers many advantages to nurses seeking certification:

- Rather than being able to sit for the CPAN or CAPA examinations just two days a year, applicants can choose from

60 possible days per year to test

- Candidates may schedule an exam for the location, time and date most convenient for them during two - six-week testing windows offered each year
- You will have access to hundreds of testing centers nationwide and overseas five days a week. Some centers are open six days a week
- You can apply for the examination online
- Preliminary scores will be available at the test site
- No prior computer experience is necessary. At the beginning of the examination, each can-

didate will receive a brief introductory tutorial on how to use the computer to answer questions and to review responses. A test center staff member is always available to answer questions 



Register Now for May 4, 2008 Exams

Special test site request postmark deadline – 2/18/08

Initial application postmark deadline – 3/4/08

Late application postmark deadline (\$50 late fee required) – 3/11/08

Application withdrawal/roll over postmark deadline – 3/18/08

Test site transfer request postmark deadline – 4/1/08

April 2008 Recertification

Recertification application materials are due postmarked no later than April 1, 2008.

Contact ABPANC for Certification Information

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

Tell ABPANC What You Think

As ABPANC moves forward, we need your input to inform some of our decisions! Please take a moment to visit our Web site (www.cpancapa.org) and take the "On-Line Survey Regarding CBT." More information about CBT will be provided in *Breathline* and on the ABPANC Web site in the near future. 



2008 PANAW Buzz

ASPA invites you to share stories and pictures of this year's component or facility PANAW commemoration, to be featured in the next issue of *Breathline*. Please e-mail this information to jbrady@aspan.org. The submission deadline is February 17, 2008.



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Component Education Offerings

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

February 2, 2008 Wisconsin PeriAnesthesia Nurses' Winter Seminar at the Promega Center in Madison, WI. For more information visit www.wispan-aspan.org or contact Carroll Peeper at 608-837-8212 or carroll_peeper@msn.com

From Problem to Research Study National Conference Research Workshop Invitation

If you have identified a clinical issue that requires a research study to answer the problem, but need some help designing the study, then this workshop is intended for you. Several ASPAN Research Committee members will support ASPAN members' efforts to design a rigorous research study during a National Conference workshop being held on Wednesday, May 7, 2008, from 2:00 – 5:00 PM.

Please must submit a brief description of your current practice area, 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. Proposals will be accepted based

on the relationship of the proposed study to perianesthesia nursing and ASPAN research priorities.

The application deadline for this *invitation only* workshop is February 15, 2008. Participants will be invited to attend the workshop* no later than March 15, 2008.

Send your completed proposal to:
**Jacqueline Ross,
ASPA^N Director for Research
17491 Merry Oaks Trail
Chagrin Falls, OH 44023
E-mail: jross@aspan.org**

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

National Conference Hosts and Hostesses

Hosts/hostesses are needed during the 27th National Conference 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
Lubbock, TX 79407
(H) 806-793-1797
Email: chill@teamumc.com**



2008 Speaker Development Presentations

We are offering an exciting opportunity to support new speakers and earn extra contact hours at the 2008 ASPAN National Conference. The first graduates of ASPAN's Speaker Development Workshop will present selected topics on Monday and Tuesday evening from 7:00–10:30 pm, and on Wednesday afternoon from 12:00–2:00 pm. Sessions are limited to 40 attendees on a first come, first seated basis.

National Conference Room Sharing Reminder

If you want to share a hotel room at Conference, please submit your name for inclusion on the "Willingness to Share a Room" list. To place your name on the list, please include the following information: name, complete mailing address, e-mail address, home and work telephone numbers. Indicate your preferred contact method and any compatibility information a potential roommate should know. The deadline to request a room share is February 25, 2008.

Please mail/e-mail your request to:
**Cindy Hill
6510 22nd Street
Lubbock, TX 79407
E-mail: chill@teamumc.com**

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.

ASPAR Co-hosted Seminars

January 26, 2008 Ambulatory Perianesthesia Practice: Beyond the Basics 2008 in Charleston, SC. Hosted by SCAPAN. Contact Samantha Hanna @ 843-873-1343 or scswete@hotmail.com

February 2, 2008 Perianesthesia Nursing: A Systems Review of Pathophysiology in Knoxville, TN. Hosted by TSPAN. Contact Debra Wiles-Martens @ 615-459-2340 or themartensare@comcast.net

February 9, 2008 Review for Certification: CAPA in Columbus, IN. Hosted by Columbus Regional Hospital. Contact Susie Goetz @ 812-376-5209 or sgoetz@crh.org

February 10, 2008 Review for Certification: CPAN in Columbus, IN. Hosted by Columbus Regional Hospital. Contact Susie Goetz @ 812-376-5209 or sgoetz@crh.org

February 16, 2008 Review for Certification: CPAN in Christiana, DE. Hosted by ChristianaCare. Contact Susan Volk @ (302) 654-2433 or svolk@christianacare.org

March 29, 2008 Review for Certification: CAPA in Edgewood, KY. Hosted by St. Elizabeth Medical Center. Contact Jacquie Knapp @ 859-301-5626 or jknapp@stelizabeth.com

April 10, 2008 Review for Certification: CPAN in Portsmouth, OH. Hosted by Southern Ohio Medical Center. Contact Lois Dunham @ 740-356-8526 or dunham1@somc.org

April 10, 2008 Review for Certification: CPAN in St. Cloud, MN. Hosted by St. Cloud Hospital. Contact Vickie Ruegemer @ 320-251-2700 Ext. 54685 or ruegemerv@centracare.com

April 11, 2008 Review for Certification: CAPA in St. Cloud, MN. Hosted by St. Cloud Hospital. Contact Vickie Ruegemer @ 320-251-2700 Ext. 54685 or ruegemerv@centracare.com 

ASPAR Seminars

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

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

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Bellmawr, NJ



For more information,
contact Carol Hyman at the
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877-737-9696 ext. 19 or
chyman@aspar.org

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