



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 28, Number 2

March/April 2008

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**ASPN National
Conference**

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

**May 4-8, 2008
Grapevine, TX**

Remain Vigilant: Be The Voice

I began a remarkable journey one year ago. As ASPAN's 27th president, I approached my term like those before me: with a vision and hope for collective accomplishment in the advancement of perioperative nursing. While the year ahead seemed endless last April, I am struck today with the realization of how quickly it has passed! Today, I hold a deep appreciation for the incredible amount of work accomplished through the tireless dedication, commitment and passion of so many talented individuals who contribute to our organization.

Standing Together

Florence Nightingale said: "Let us each and all, realizing the importance of our influence on others, stand shoulder to shoulder, and not alone in good cause." Over the past year, I asked you to stand shoulder to shoulder with me and respond to challenges that affect perioperative nursing and healthcare. I encouraged you to *Be The Voice* and advocate for our patients, practice and profession.

Nurses commonly seek best practices to enhance the provision of safe, quality care. Although perioperative practice settings vary, networking opportunities reveal that nurses share universal practice concerns. My visits to components and attendance at ASPAN committee meetings



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

throughout the year provided many opportunities for open discussions about the challenges affecting perioperative nursing practice. Concerns include appropriate staffing ratios, use of ASPAN clinical standards and guidelines, and patient and workforce safety.

Margretta Madden Styles, PhD, RN, FAAN, past president of American Nurses Association and the International Council of Nurses, so eloquently stated:

"Imagine a world without nurses. Think of a world without persons who know what nurses know; who believe as nurses believe; who do what nurses do; who have the effect that nurses have on the health of individuals, families, and the nation; who enjoy the trust that nurses enjoy from the American people. Imagine a world like that, a world without nurses".¹

ASPN, as the voice for perioperative nursing, promotes perioperative nurse awareness to enhance the public's understanding of our profession. We imagine a world empowered by nurses. ASPAN is reaching across the borders of our organization to secure and nurture collaborative partnerships with other nursing and non-nursing specialty organizations. Our partnerships strengthen the ability to reach, educate and inform policy makers whose decisions affect healthcare practice and the public entrusted to our care.

Remaining Vigilant

The nursing profession is faced with unprecedented challenges, such as the nursing shortage, an aging workforce, generational issues, insufficient numbers of nursing educators, and workplace violence. Today, the average age of a nurse is forty-seven. Many of our colleagues will retire within the next several years. Who will fill the vacancies? Will there be enough educators and mentors to support new nurses' professional development? In addition, our national healthcare crisis is real. Access to quality care, whether preventative or in a time of crisis, is currently unavailable to many American citizens.

Such challenges also bring opportunities. Nurses are strategically

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President's Message

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positioned to make a difference to the profession, and the healthcare delivery system in general! Nurses can, and should, harness the best resources available within ourselves and our profession. We must seize every opportunity to share our specialized knowledge, skills, experience and understanding of the healthcare system to present innovative suggestions for improvement on a variety of healthcare issues.

Nurses have long been comfortable with and willing to advocate for patients. Our influence must now extend beyond old comfort boundaries to support broader issues impacting professional nursing practice and healthcare as a whole. Your involvement in ASPAN enables collegial collaboration that can lead the way in advocating for change. Endless opportunities exist to become or stay involved. Remain vigilant. **Be The Voice!**

Sharing the Mission

An inspirational coach, Vince Lombardi, once said that achievements of an organization result from the combined efforts of each individual. ASPAN's viability and strength is realized through its members and willing volunteers' activities. Our members have extraordinarily heeded a call to advocacy and contributed to the success of ASPAN at the local, component and national level.

You, the member, and your voice represent ASPAN today and into the future. You can feel a deep sense of pride and accomplishment because your collective efforts serve to create, validate and improve safe, compe-

tent care at the bedside. Your incredible talent, passion, commitment to excellence and advocacy for our patients and profession will keep ASPAN positioned as the premier organization for perianesthesia nursing.

"The achievements of an organization are the results of the combined efforts of each individual."

~ Vince Lombardi

It has been an honor and privilege to meet and work with so many people who have lifted their voice and acted in support of ASPAN's mission. You have enriched my life. A special thank you is given to: the ASPAN Board of Directors; committee chairs and members; strategic work teams; liaisons; editors; specialty practice groups; component leaders; and the National Office staff.

Throughout my term, ASPAN members have raised the bar of excellence through unselfish devotion, professionalism, enthusiasm and continued collaboration. You are profoundly contributing to the advancement of our nursing specialty. I thank you for standing shoulder to shoulder with me while sharing your support and exceptional contributions. STAY THE VOICE for perianesthesia nursing!

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1. Madden Styles M. *Nursing speaks for itself: A declaration on the education and work environment of the nurse-force*. American Nurses Association, Silver Springs, MD: Nursebooks.org, p. 5, 2006

ASPA^N Breathline

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Issue	Deadline
January	November 1
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May	March 1
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ASPA^N President's Reception

Wednesday, May 7, 2008 ~ 7:00 – 10:00 PM

All National Conference participants and registered guests are invited to attend. Please come and enjoy the celebration!

ASPA^N gratefully acknowledges Hill-Rom Co., Inc. for generous support of this event.

Perianesthesia Nurses Recognized on Capitol Hill



**North Carolina
Congresswoman
Virginia Foxx**

Mr. Speaker, I rise today to praise and recognize the efforts of the Nation's more than 57,000 perianesthesia nurses. This week is PeriAnesthesia Nurse Awareness Week, a week that is dedicated each year to celebrating the important work that perianesthesia nurses do.

America's perianesthesia nurses practice in all phases of preanesthesia and postanesthesia care, ambulatory surgery, pain management, and special procedure areas.

The theme of this year's awareness week is "Advocacy." The American Society of PeriAnesthesia Nurses has designated advocacy as this year's theme in recognition of how the depth and breadth of perianesthesia nursing meets the varied health care needs of the American population in a broad range of nursing environments.

Gena Near, BSN, RN, CPAN, has a long history of nursing and social advocacy. Gena's activism led to meetings with her representative, Congresswoman Virginia Foxx (R-NC). She used this opportunity to inform her legislator about perianesthesia nurses' healthcare role and scope of practice. In honor of perianesthesia nurses, Ms. Foxx addressed the U.S. House of Representatives on February 7, 2007 with these words:

The American Society of PeriAnesthesia Nurses, which represents the perianesthesia nurses of this country, strives to advance nursing practice through education, research, and standards. The important work of perianesthesia nurses is best exemplified by their commitment to quality health care and the safety of patients in both hospital and ambulatory surgery settings.

Our Nation's demand for perianesthesia nurses will increase in the coming years as the American population ages, as we make new advances in medicine that prolong life, and as we continue to witness the meteoric expansion of home health care services. Perianesthesia nurses play a vital role in the operation and success of our Nation's health care system.

I ask my colleagues and my fellow Americans to join me in honoring the perianesthesia nurses who care so

unselfishly and professionally for us all. The work they do happens every day all year round, and I hope they receive our appreciation on more than just this special week in their honor."



ASPAN Secretary/Advocacy Strategic Work Team member Gena Near (left), meeting with Congresswoman Virginia Foxx

SOURCE:

Foxx V. Recognizing perianesthesia nurse awareness week. The Library of Congress. House of Representatives: Congressional Record, H796, February 7, 2008. 

BIG NEWS from Texas

Stay in Touch with National PArtiCULArS

ASPAN salutes our many members who will be staffing units and caring for patients throughout Conference week. For those unable to attend the 27th National Conference, we invite you to join the action by logging on to the ASPAN Web site each day. *National PArtiCULArS* will deliver cyber-news to you from Grapevine, Texas @ www.aspans.org. Y'all check in now, hear? 

ASPAN 27th National Conference • May 4-8, 2008 • Grapevine, Texas



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Standards and Evidence Based Nursing

Weaving the Fabric of Perianesthesia Practice

Kim Noble, PhD, RN, CPAN – Evidence Based Practice Committee Chair
and Terry Clifford, MSN, RN, CPAN – Director for Clinical Practice

What is the evidence based practice for PACU extubation of patients with a laryngeal mask airway or endotracheal tube? Does the recommended practice for the use of heparinized solutions with arterial lines in adult patients have scientific evidence to support this practice? Does ASPAN have evidence based information regarding NPO guidelines for adults and children scheduled for surgery after noon? Is there any evidence based information on acceptable postoperative temperatures for pediatric patients?

Questions to Answer

These sample questions represent a small fraction of the clinical practice queries addressed on a daily basis by the Clinical Practice (CP) Committee. They also represent the quest to bring clinically relevant research into day-to-day perianesthesia nursing practice. The weaving of ASPAN's clinical practice, research and education missions continues as we actively explore the optimal path to provision of the safest, highest standards of perianesthesia patient care.

One ASPAN strategic long term goal states: "The art and science of the perianesthesia practice will be advanced through research and evidence based activities."¹ As the meeting date for the biennial review of *ASPAR Standards of Perianesthesia Nursing Practice* drew near, the planning phase included a historic merging of the Standards and Guidelines Committee (S&G) with the Evidence Based Practice (EBP) Committee. The meeting took place in Batesville,

Indiana last October. S&G Committee members customarily review the content of the *Standards* publication for accuracy, currency and relevance to present-day clinical practice. In addition, queries posted to the CP Committee are monitored for trends and significance to practice and patient outcomes.

Priority Investigations

While preparing for the meeting, the respective committee chairs chose several topics as the initial threads for examination of scientific evidence to support, change or eliminate the current practice standards. Based on frequency of query and relevance to practice, the committees elected to explore and rate the evidence on Safe Transfer of Care (Resource 10), A Position Statement on On Call/Work Schedule (Position Statement 7) and A Position Statement on Visitation in Phase I Level of Care (Position Statement 11).² This energetic meeting supported the development of the joint initiative and was an excellent learning opportunity for all participants.

ASPAR's EBP Committee identified and clarified a series of four organized steps to follow when employing the use of research to define, support or change clinical practice:

- 1. Identification and clarification of the question.** The first step is frequently the most difficult. This step is largely directed to ASPAN through CP Committee's query monitoring activities. The question guides the second step.
- 2. Identification of relevant published research used to**

provide insight and answers to the question. In nursing, a research based answer to the question may not be available because the research has not yet been conducted or published. In this instance, expert opinion and consensus is used to guide the development and implementation of clinical practice guidelines or standards.

- 3. Conducting a critical review of the research article and findings.** This step takes place when research articles that directly address the question are found. Anticipating the need for support materials, the EBP Committee developed an educational tool and a review template to assist members during this step.

The educational resource document contains a brief description of research design, identifies individual components which ensure scientific research findings and potential pitfalls that may cast doubt on the research findings, and provides a textual description of all necessary components for the research critique. The second tool is a review template designed to guide the reviewer through a systematic process to divide the research article into individual components for critical analysis.

The research reviews are conducted by SQAD (Strategic Query And Discovery) teams. At least two individuals complete the assignment of reviewing each article. This step is the most intimidating



Medication Reconciliation: One Strategy to Ensure Proper Dosing

Ellen E. Sullivan, BSN, RN, CPAN – ASPAN Safety Committee Member

Medication reconciliation is an important safety concern, especially in the ambulatory surgery population. According to The Joint Commission, "Medication errors related to medication reconciliation typically occur at the 'interfaces of care'—when a patient is admitted to, transferred within, or discharged from a health care facility."¹ For example, outpatients frequently have questions about when to resume anti-coagulants after surgery.

At Brigham and Women's Hospital, the Ambulatory Surgery staff recognized that no formal mechanism was in place to instruct patients on when to resume prescribed anti-coagulants

postoperatively. The nurses collaborated, and then developed a simple process involving a colored sticker. The sticker reads, "DOCTOR: Please order when to resume Aspirin, Coumadin, or Plavix." The stickers were preprinted on an adhesive roll for easy removal and use, and are stored at the desk in the preoperative chart area.

When a nurse reviews and discusses a preoperative patient's medication use, and anti-coagulants are included in the list, she/he will place a colored sticker on the pre-printed discharge order form. This serves as an obvious and visual physician reminder to document the appropriate medication instructions for the patient.

This simple process dramatically improved medication reconciliation documentation compliance. It eliminated the need for postoperative calls made to physicians seeking clarification on when to resume anti-coagulant dosing. Finally, the nursing staff can consistently provide specific anti-coagulant medication instructions to postoperative ambulatory patients and their care giver/family member.



REFERENCE

1. The Joint Commission. Using medication reconciliation to prevent errors. Available at http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_35.htm. Accessed February 4, 2008. 

Clinical Practice
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for a novice reviewer. Yet, as experienced by the group assembled for the joint S&G and EBP meeting, it is a skill that develops quickly with practice and questioning. The SQAD work leads to the final step in the process.

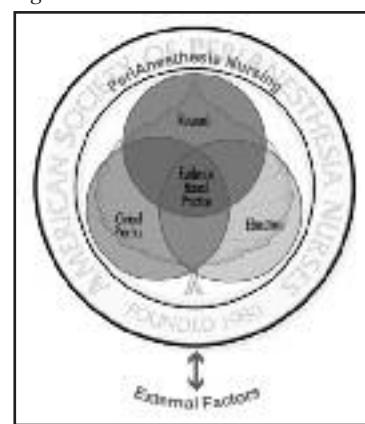
4. The consensus. This is the "fun part" during which lively discussions surround the presentation and discussion of each article. Following the interactive discussions, the group arrives at a consensus. All research results are then summarized and a research based practice recommendation is made.

Connecting Threads

This year, ASPAN took action to incorporate multiple factors impacting perianesthesia practice.

This concept is represented by ASPAN's Evidence Based Practice Model (see **Figure 1**). This collaborative activity will ultimately lead to evidence based practice recommendations being carried out at the bedside.

Figure 1



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The collaborative committee process is a first and very powerful step forward for perianesthesia

nursing. Through CP Committee collation of queries, ASPAN has identified a large repository of clinical questions emerging from perianesthesia nurses working in a variety of settings across the United States. The questions are collapsed into themes and reported to ASPAN's Board of Directors, prioritized, and then sent to the EBP Committee for clarification. The results dovetail with the S&G Committee for the evolution of national practice recommendations and the Research Committee with the identification of new research initiatives.

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1. American Society of Perianesthesia Nurses. *Thinking & Planning Strategically*. Cherry Hill, NJ: 2, 2004.
2. American Society of Perianesthesia Nurses. *2006-2008 Standards of Peri-anesthesia Nursing Practice*. Cherry Hill, NJ: ASPAN, 2006. 

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INTERNAL UNITY: A Foundation for Nursing Advocacy

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



As a member of ASPAN's Advocacy Strategic Work Team, I have spent a good deal of time becoming more active in nursing issues this year. Extensive research on related nursing topics helped me to prepare lectures, publish, and get ready for participation at the 2008 Nurse in Washington Internship. It has also contributed to my views on the internal state of nursing.

I believe the nursing profession is at a crossroads. While optimistic by nature and hopeful for unity in nursing, I am less than encouraged by some professional experiences and literature findings. Nurses should choose to unite and strengthen now, or we will allow ongoing conflict and attitudes to block meaningful progress.

History and Evolution

One can argue that the spectrum of professional nursing is unique. While all registered nurses must be licensed to practice, the basic pathway to licensure can be different. This paradigm, long discussed and unlikely to change any time soon, has been a divisive factor. A very small percentage of nurses go on to pursue graduate or doctoral degrees, subsequently serving in advanced practice roles. While the nursing focus or job duties may differ based on educational preparation, nurses at every level of practice validate and support colleagues' efforts across the practice continuum.

It's time to let go of old biases and misguided egos. Nurses are interdependent in the overall advancement of practice, and in shaping best practices. A responsibility to do no harm, coupled with an opportunity to contribute to the advancement of the profes-

sion, gives equality to all nurses. Unity of purpose and respect for the professional development of colleagues at every level will produce the strongest voice in the creation of safe, evidence based care and nursing advocacy.

“Although the connections are not always obvious, personal change is inseparable from social and political change.”

~ Dr. Harriet Lerner

Perianesthesia nurses comprise care delivery, research, education and advocacy teams. We do not operate alone. Yet, within this care-giving profession exists a well documented phenomenon of nurse-on-nurse violence (NNV). Studies have shown that NNV is prevalent in the culture of nursing across several continents!

NNV behaviors include: nontherapeutic/destructive communication patterns; verbal abuse and open criticism; workplace sabotage; backstabbing, complaining, devaluing, discouraging and scapegoating; sexual harassment; and psychological abuse. It is associated with significant numbers of staff member and new graduate nurse attrition.¹ In a world and workplace facing severe nurse shortages, the damaging effects of NNV are far reaching and of concern to all nurses and the populations served.

Interpersonal rapport shapes group dynamics. It is vitally important to recognize that past experiences serve as a filter which can alter our view of a person or situation. This filter may lead to poor decision making and/or mistaken judgments that fuel conflict.

Our self-view and an inability to objectively appraise situations will contribute to problematic expectations; this creates dissension that can escalate over time.²

One Plus One

We have the power to change the dynamics in nursing, one nurse at a time. I encourage you to perform an honest self assessment regarding your workplace and professional persona. Determine if you trigger problems more than contribute to solutions. Accept that no one is perfect. Embrace the concept that we all have unique talents, strengths, weaknesses and room to grow and improve. Objectivity is the first step toward changing attitudes, adapting behaviors and taking action to enhance and/or heal nurse to nurse relationships.

It is time for nurses to care more for each other. Let's lose the old baggage, exercise restraint over antagonism and promote mutual respect and compassion among colleagues. Without internal unity the nursing profession will be hard pressed to achieve broad scale, meaningful advocacy goals.

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

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1. Brady JM. Nurse heal thyself: The power of one can become exponential. *British Journal of Anaesthetic & Recovery Nursing*, (8)4: 75-78, 2007.
2. Ellis L. *Leading talents, leading teams: Aligning people, passions and positions for maximum performance*. Chicago, IL: Northfield Publishing, 2003.

What Should I Study?

Ellen L. Poole, PhD, RN, CCRN, CPAN – Research Publications Team Coordinator

An initial question for the novice researcher is, "What should I study?" The simple answer is to examine your burning question. This discussion will include 'where to look' and 'who to ask' when determining suitable research topics.

Establish Priorities

The place to begin is within your nursing practice. Whether your focus is clinical, education, management or research, ask, "If I had the evidence, what top three things would I like to change or improve within my practice?" As you develop this list, think, "What aspect does nursing control or impact?" The act of thinking about what nursing controls or impacts assists you in determining what components might belong to medicine or other healthcare providers (and may be a collaborative question).

For example, if your practice involves patient education, you might ask the question, "What is the best method to provide pre-operative education for ambulatory surgery patients?" Clinical practice questions may center on the best method to relieve pain or decrease postoperative nausea and vomiting, or the effects of fast tracking on patient outcomes. A nurse manager could be more concerned with issues of staffing, competencies and retention.

Collaborating with colleagues can also assist in identifying issues within your local environment. If you do not have three questions, someone around you might be thinking there must be a better way, or asking, "Why is ... ?" In



addition to colleagues, consider collaborations with nurse researchers or clinical specialists.

Expand Horizons

Still feeling confused? This is a good time to look to a nursing specialty organization such as ASPAN. Most specialty organizations have a published list of research priorities which can be found on their Web site or within recently published articles. If a list is not readily available, contact the Director of Research to explore some suggestions. Through examination of a research priority list, you can discover that research questions and concerns are universal.

The ASPAN Research Committee recently completed a Delphi study to determine the periesthesia nursing research priorities. Information on the study results will be shared at the 27th National Conference and in a future *Journal of PeriAnesthesia Nursing* article.

Once you've identified the potential area of concern, the next stop is the library. Begin to search the literature with key words related to your area of interest to see what research has already been done. PubMed (www.ncbi.nlm.nih.gov/pubmed) is a public database that

includes citations of scientific journals dating back to 1960. Other databases, such as the Cumulative Index for Nursing and Allied Health (CINAHL), will offer more citations from nursing journals.

Searching the Literature

You may be comfortable conducting an independent search, or you might opt to contact a librarian to assist with the search. Some databases, like CINAHL, require a subscription. If you lack access to specialized databases, a librarian can assist with the search itself and then obtain copies of the abstracts and articles for review.

The literature search will help you identify what research has been conducted in the area of interest and what has not been done. You may find research articles, but perhaps the research is more than ten years old or deals with an inpatient population when your interest is related to ambulatory surgery. You may find no research has been done in your area of concern, yet there are multiple expert opinions. Such search results indicate that a current research study is needed.

While deciding on the research topic can seem overwhelming, it really does start with identifying what your concerns are within your practice area. If the current literature does not provide the answers to your question, then you are in a perfect position to embark on a journey to find the answers. Your research study can answer the question and increase the nursing knowledge base.

Research Corner



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Expanding International Collaboration

ASPN Immediate Past President, Pamela E. Windle, MS, RN, CNA, BC, CPAN, CAPA, attended the 5th National Conference of the Irish Anaesthetics and Recovery Nurses Association (IARNA) held in Cork, Ireland. As ASPN's emissary, Pam visited Cork University Hospital where she "gowned on" to visit the theatres (OR suites), meet the staff and tour the perianesthesia units.

The hospital visit provided an opportunity to share and discuss practice similarities and differences. Pam delivered a lecture on



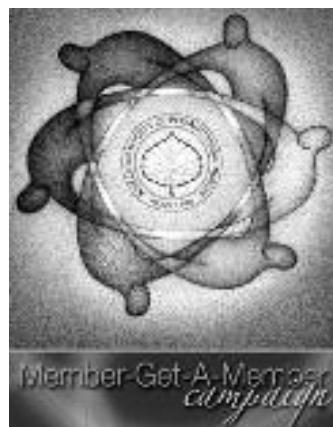
Irish perianesthesia nurse colleagues met with Pam Windle at Cork University Hospital in Ireland

nursing research and evidence based practice at the bedside, and attended a nursing leadership luncheon where common professional nursing concerns were discussed. She also visited

Waterford Regional Hospital to tour the facility and meet with the director of nursing.

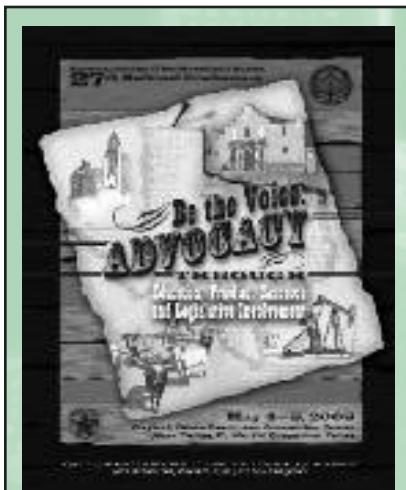
The IARNA conference featured international speakers from New Zealand, England, Australia and the United States. ASPN representation at the IARNA meeting facilitated a tremendous networking experience and highlighted the value of international nursing collaboration. We look forward to continued partnership and information exchange with our colleagues across the Atlantic. 

Member-Get-A-Member



Our members have recruited over 1,170 new ASPN members during this year's campaign! Top individual and component recruiters will be recognized with special awards at the 27th National Conference in Grapevine, Texas.

This year, the Membership/Marketing (M/M) Committee will host an ASPN Booth during Component Night. M/M personnel will be on hand to answer questions and provide ASPN information to prospective members. A raffle, open to all in attendance, will reward the winner with a one year ASPN/component membership. For online registration information, please visit www.aspn.org.



National Conference Speaker Development Presentations

ASPN is offering Conference attendees an opportunity to encourage new presenters while earning extra contact hours. The latest graduates of ASPN's Speaker Development Workshop will offer selected topics on Monday and Tuesday evening from 7:00 - 10:30 PM, and on Wednesday afternoon from 12:00 - 2:00 PM. Attendance is limited to the first forty attendees to arrive and be seated at each session.

The ASPN Shoppe

This year during National Conference, the ASPN Shoppe will be conveniently located near the Registration Desk. Our ever-popular ASPN publications and scrub attire will be available along with super "Brown Bag" specials. An ASPN picnic blanket, perfect for summer outings, is new to the inventory. An embroidered

ASPN logo patch is perfect for use on personal scrubs or lab coats. As always, shoppers can enter daily drawing for a merchandise award.

The hours of operation will be posted outside the ASPN Shoppe and listed in the daily program schedule and National *Particulars* publication.



Apply Now for 2008 Scholarship Program

The 2008 ASPAN Scholarship Program brochure and application is accessible on the Web site (www.aspan.org) or is available in hard copy or .pdf file via e-mail request from the National Office. The postmark deadline for submission is July 1, 2008. All applicants must submit, by mail, an original plus three copies of the application along with supporting documentation for the Selection Committee to review. The scholarship application cannot be submitted electronically.

When accessing the online Scholarship Brochure/Application .pdf file, the required information can be entered into the form and then printed to include with the application packet. For questions, or to receive a hard copy of the brochure/application, please contact Jane Certo at the ASPAN National Office: 877-737-9696 ext. 13 or e-mail jcerto@aspan.org.

Perioperative Care Symposium Focusing on Safety for Optimal Patient Care: Improving Methods, Behaviors and Measures for Transforming Perioperative Care

April 29-30, 2008

Chicago, IL



Purpose

To foster and enhance an interdisciplinary approach to perioperative care leading to improved communication and teamwork among leadership, staff and patients within the perioperative environment (including the preoperative area, the OR and the postoperative care area).

Target audience

All surgeons, anesthesiologists, nurse anesthetists, perianesthesia and perioperative nurses, surgical physicians' assistants, surgical technologists, and pharmacists who provide care and services within the surgical area.

Objectives:

- Describe the current state of perioperative safety and prioritize strategies for improvement
- Analyze methods to enhance the interdisciplinary care model
- Evaluate and apply interdisciplinary approaches designed for specialty patients
- Examine tenets of and advocate for medication safety in the perioperative area
- Investigate causes of surgical/anesthesia misadventures as a means to develop preventive processes

For more information or to register,
please call 877-223-6866 or
visit www.jcrinc.com.

This program is convened by:
The Joint Commission
Joint Commission Resources, Inc.
The Council on Surgical and Perioperative Safety

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Perianesthesia Networking through Specialty Practice Groups



ASPAN Specialty Practice Groups (SPG) offer optional networking and education opportunities designed to meet the needs of members. This year, a new member-driven Educator SPG was created. Every SPG is listed on the ASPAN membership brochure. Participation in each group requires an annual fifteen dollar membership fee.

Advanced Degree

This group provides an information-sharing forum for members possessing or pursuing an advanced degree. Our newsletter features member biographies that demonstrate various opportunities for advanced degree nurses, supplies special certification news and explores relevant member issues. Members have online access to our Yahoo! discussion board, and past newsletters and meeting minutes are posted on the ASPAN Web site. A collaborative effort between ASPAN and an eastern U.S. college for development of a post-Master's level perianesthesia nursing certificate is ongoing. We invite anyone interested in this SPG to join us at our annual meeting during the National Conference in Grapevine.

Educator

The Perianesthesia Nurse Educator SPG is brand new! The petition to form was approved at the mid-year ASPAN Board of Directors meeting, and members began to join in January 2008. Our members include nurses from a variety of settings. Some are full time educators while others serve as staff member resource persons for unit orientation and continuing education activities.

The meeting in Grapevine, Texas will be our first. We are currently

developing strategies to promote networking opportunities among members, share educational resources and advance our professional skills.

Geriatric

This group is focused on improving the quality of healthcare to older adults by enhancing perianesthesia nurses' competence through attitudes, knowledge and skills. It has a four part goal: to disseminate information on geriatrics as it relates to the perianesthesia continuum of care; serve as a resource; provide networking opportunities; and facilitate research. Since January 2006, we have provided related information on the ASPAN Web site. SPG members are invited to attend the annual meeting in Grapevine, TX, which will include a presentation titled, "Special Considerations of the Geriatric Cardiovascular Patient." We look forward to seeing you in May!

Management

Our group has had a wonderful year. Each week, our members e-mail each other with questions, comments, or just to talk! We have shared different approaches for handling preoperative testing, postoperative phone calls and scheduling issues. Our members believe this is a great format for "talking" and sharing. ASPAN Immediate Past President, Pamela Windle, will present an educational offering during the annual meeting at National Conference. We hope to see many members there!

Pain Management

The SPG recently launched a Yahoo! group to enhance group networking opportunities in an

interactive forum. Through the use of this medium, our group can share questions, concerns, policies and helpful links. Members who are not yet connected online may contact the coordinators to request access to the group. Our meeting in Grapevine will offer an educational and networking session. Rob Hutchison, PharmD, will give a presentation titled "Improving Safety with Opioid Administration using Capnography as a Tool." Dr. Hutchison specializes in pain management at Dallas' Presbyterian Hospital. Don't miss this excellent lecture and meeting!

Pediatric

Our SPG continues to grow, and we invite members to become more involved. If you are interested in submitting a newsletter article or would like to give a presentation at an upcoming conference, please contact the coordinators. Plans for our 2008 annual meeting include a presentation by Regina Flynn-Roth, MSN, RN, CPAN, a PACU Clinical Nurse Specialist at The Children's Hospital of Philadelphia. The topic is "Family Centered Care in the Perioperative Setting." We are thrilled to have Regina's expertise, and hope to see many members in attendance!

Preoperative Assessment

This popular SPG has approximately 650 members who network with other preoperative setting colleagues through a very active Yahoo! group. The Web site is used to share ideas, concerns, and to post forms and pictures. Interactions are in real time, so the discussions are lively and the best practice ideas abound. Our

annual survey addresses some key discussion questions posted by members. Survey results will be published in a pre-conference newsletter and reviewed at the May annual meeting. This meeting will feature the educational session, "Electronic Documentation in the Preop Assessment Setting" and an introduction of our new Coordinators, Sarah Gillen and Sandie Bryan. Please come to meet and greet our new leaders.

Publications

This group was created to offer a support system for those who write for publication. Mentoring is available from experienced colleagues, which makes this group valuable to novice writers and editors. This year's annual meeting education offering is: "Are You Dangling your Participle?" We will also perform a mock evaluation using the revised ASPAN Newsletter Contest criteria. Please consider joining us! 

2008 National Conference SPG Meeting Schedule*

Monday, May 5, 2008

12:00 PM – 2:00 PM

- Nurse Educator

Tuesday, May 6, 2008

12:00 PM – 2:00 PM

- Advanced Degree, Geriatrics, Pain Management, Publications

Tuesday, May 6, 2008

5:00 PM – 7:00 PM

- Management, Preoperative Assessment, Pediatrics

** Annual SPG meetings are limited to current SPG members only. Any ASPAN member may join a SPG at the National Conference Registration Desk in order to attend a SPG meeting presentation and receive one contact hour.*

For questions or more information, contact a SPG Coordinator (C) or Vice-Coordinator (VC)

Advanced Degree

C: Ellen Poole, PhD, RN, CCRN, CPAN
(ellenlpooole@cox.net)
VC: Susan Goodwin, MSN, RN, CNS, CPAN
(goodwin.susan@gmail.com)

Educator

C: Sara Waldron, BSN, RN, CPAN
(snwaldron@cox.net)
VC: Nancy Strzyzewski, BSN, RN, CPAN
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Geriatric

C: Jennifer Allen, MSQSM, RN, CPAN
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Management

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Pain Management

C: Karen Melderis, BS, RN, CPAN
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Pediatric

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(ktalbot@ccmckids.org)
VC: Maureen Schnur, MS, RN
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Preoperative Assessment

C: Susan Andrews, BAN, MA, RN, CAPA
(sueandrews@yahoo.com)
VC: Kathleen Donohue, BSN, RN, CAPA
(kdonohue@bwmc.umms.org)

Publications

C: Stephanie Kassulke, BSN, RN, CPAN
(steph_kass@hotmail.com)
VC: Kathleen Menard, BSN, RN, CPAN, CAPA
(kjmenardrn@maspan.org)

ASPN SPG members can log-in to their group's Web page @ www.aspan.org.

Live Large, Think Big

Come to the Lone Star State for our biggest ASPAN conference of the year. The 2008 National Conference brochure and optional tour booklet are available on the ASPAN Web site @ www.aspan.org. In addition to participating in a fabulous peri-anesthesia education program, do plan to have some fun while in Grapevine. Check out the many fantastic local area attractions @ www.grapevinetexasusa.com. We'll see y'all in Texas! 

ASPN 27th National Conference • May 4-8, 2008 • Grapevine, Texas

Breathline

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**Maryanne Carollo
Region 4 Director**

The Directors' Connection

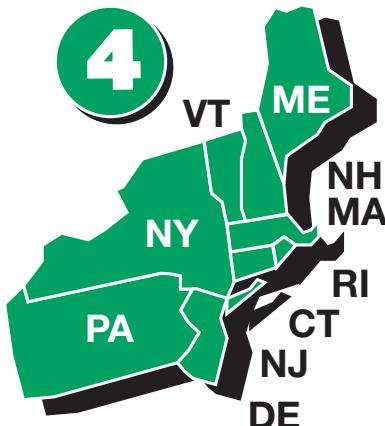
Participation: To Be or Not To Be

Maryanne Carollo, BS, RN, CAPA – Regional Director, Region 4

To Join

It seems like only yesterday when I was offered the opportunity to change my nursing focus to an ambulatory surgery and preadmission testing unit setting. I accepted the challenge. Interested to learn more about this new specialty, I took the initiative to join a professional nursing specialty group then called the American Society of Post Anesthesia Nurses. This action put me on a path of professional growth and experience.

Not only did I join, I chose to participate by attending meetings, seminars and conferences. I began to meet other nurses working in the same specialty; each encounter increased my perianesthesia knowledge and improved my perianesthesia practice.



To Be Active

My interest in my component, and ASPAN, led to a decision to become active in the component district. As a district leader, I helped to keep my district information current with ASPAN. I also provided news, arranged meetings and presentations, planned conferences and networked with colleagues interested in perianesthesia nursing. These

experiences led me to the district president position, and subsequently to membership on the NYSPANA Board of Directors.

To Lead

I continued to work with component members and leaders. As I did, my knowledge of and interest in the component and ASPAN escalated. I accepted an occasion to lead by becoming a component president. I continued the component's journey to excellence for eight years by forwarding new ideas and initiatives, all designed to build on a foundation set by our earlier leaders.

When my term as president came to an end, others assumed the leadership role. I participated on the board as the immediate past president, watching as the new leadership team took the component in new directions. Their leadership skills, ideas and initiatives focused on essential aspects of component development, which sustained the path of component growth and excellence.

To Affect

It is often said that when one door closes, another opens. Should I consider serving in the position of ASPAN Regional Director? I accepted this challenge and was elected! I have since represented ASPAN by meeting with the regional component leaders and members, answering questions, addressing issues of concern, mentoring new leaders and providing perianesthesia education.

I became part of a group with a mission and vision not only for ASPAN, but for nursing and our

perianesthesia specialty. These highly professional nurses shared a purpose and passion to achieve improved patient safety and outcomes through research and development of standards and practices. This affiliation has allowed me to bring my personal understanding, experience, knowledge and ideas to the table.

As my term as ASPAN Region 4 Director and the practice of perianesthesia nursing comes to an end, I look back in awe at those with whom I have had the privilege to meet and work. This experience has been a true highlight of my professional nursing career and one I will never forget.

To Be or Not to Be

The opportunity exists to join and become an influential part of this group of perianesthesia nursing professionals. Please seriously consider this option! Choose to participate and "To Be" an ASPAN leader. My greatest regret surely would have been choosing "Not to Be." I encourage you to get involved. Share your energy, skills and ideas to become an influential force for safe perianesthesia practice and in shaping ASPAN's mission and vision of perianesthesia excellence. 

ASPA Needs Your E-mail Address

Please update your member profile to be sure you receive up-to-the minute ASPAN news and announcements. It's easy! Go to the ASPAN homepage (www.aspan.org), click on the green E-mail address box, and then follow the steps as directed.

Comprehensive Certification Bibliography Now Available

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

ABPANC is a member organization of the American Board of Nursing Specialties (ABNS). The ABNS Research Committee, with support from the Canadian Nurses Association, recently conducted a comprehensive literature review on nursing certification. The ABNS plans to update this bibliographic resource biannually. This professional resource provides the most up-to-date, comprehensive reference on nursing specialty certification. The results are referenced in a bibliography that is now available on the ABNS

Web site (www.nursingcertification.org).

ABPANC is frequently asked for such a reference by individuals writing academic papers or those wanting to provide administrators with certification information. The bibliography includes sources on the value of certification, continued competency, advanced practice certification and certification outcome studies. It provides an important and relevant source of information on nursing certification in the healthcare environment. 

CERTIFICATION ACTIVITIES AT THE 2008 ASPAN NATIONAL CONFERENCE

- Test-Taking Strategies for Certification: Practice Makes Perfect!
- CPAN® /CAPA® Celebration Breakfast
- CPAN®/CAPA® Certification: Where Patients' Needs Come First!

• Recertifying? Here's a Tip!

Stop by the ABPANC booth in the Exhibit Hall for information about certification and recertification. Find out about computer-based testing, scheduled to launch in April 2009!

Please see the ASPAN National Conference brochure for more details. 



(www.cpancapa.org)

Learn to Write Multiple Choice Examination Questions

Item Writing/Review Workshop

Sunday, May 4, 2008 ~ 10:00 AM - 4:30 PM

If you are a CPAN® and/or CAPA® certified nurse and want to learn how to write multiple choice questions for possible use on a certification examination, this workshop is for you! You can make a significant contribution to the perianesthesia nursing specialty while networking with colleagues from around the country. Attendance at this workshop is a

prerequisite for those interested in possible service on the ABPANC Item Writer/Reviewer Committee (IWRC).

ABPANC identifies CPAN® and CAPA® certified nurses who are content experts to serve on the IWRC and Exam Review Committee. Individuals representing the demographics of our certified population are invited to

participate after they have attended an Item Writing/Review Workshop. Come to the workshop and that next committee member might be you!

Pre-register by calling ABPANC Program Associate, Philip Godlewski @ 800-622-7262 ext 1. No fee is required; 5.5 contact hours will be awarded. 

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

REMINDER: 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

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PANAW 2008

Northwest

NPANA members met with elected officials in the Olympia state capitol building. Pictured in the House of Representatives Gallery (left to right) Jil Hauge, Representative Sherry Appleton, Hester Rall, Ginny Matson, Arlene Kozicki, and Sheri Bowell



Photo courtesy of Representative Sherry Appleton, WA 23rd Legislative District

Family



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Proclamation urging all citizens to join her in a special observance. Perianesthesia nurses were also invited to the Capitol to be present during passage of PANAW House Resolution HR 4684 and Senate Resolution SR 8722. Along with the thrill of being honored by House and Senate members, the House members stunned the nurses with a standing ovation. Congratulations NPANA members!

New Jersey

Raritan Bay Medical Center (RBMC) Perth Amboy Division held a special celebration this year which included a commemorative cake, posters, and balloons. All PACU/ SDS staff members proudly wore PANAW logo theme pins. RBMC's perianesthesia nursing staff was widely recognized for excellence in leadership and professional advocacy.



Raritan Bay Medical Center (Perth Amboy Division) nurses raised a collective voice during PANAW

California

Kern Medical Center, a Level II Trauma Center located in Bakersfield, hosted a special celebration with invited guests. PACU Clinical Coordinator Nida Macaranas, BSN, RN, explained a typical day, including challenges the nurse must address to safely prepare a patient for surgery. Field Representative Kirsten Woody, from the Office of the Kern County Board of Supervisors and 5th District Supervisor,

Chairman Michael Rubio presented a certificate to the nursing staff for exemplary public service and civic contributions to Kern County. Perianesthesia Nurses Association of California President Kathy Sim, BSN, RN, CPAN, CNOR, presented a certificate of appreciation for "Being The Voice for Patients." She also awarded a Certificate of Recognition on behalf of Bakersfield Mayor Harvey Hall.



Kern Medical Center perianesthesia nurses celebrated PANAW with beautiful decorations, local celebrities and politicians

continued on page 15

Together

we meet our goals

PANAW 2008: California
continued from page 14

The University of California Davis Medical Center - Same Day Surgery Center PACU staff members gathered for a PANAW celebration. The managerial team sponsored a commemorative breakfast and awarded PANAW logo shirts to the nurses. PANAW pens were given to all PACU and OR staff members in honor of their service and dedication. A special thank you for "Being The Voice" in support of your colleague, ASPAN President Sue Fossum, throughout her term over the past year!



Texas

St. Luke's Episcopal Hospital, Texas Medical Center peri-anesthesia departments started the week-long celebration with a kick-off poster presentation event. Various posters were submitted from Preadmission Testing, Ambulatory Preop/ Recovery, Day Surgery, PACU and the Surgical Observation Unit. Each department's poster offered a unique portrayal of nurses, the



A lively poster contest was held in Houston by ASPAN Immediate Past President Pam Windle

true voice of advocacy. The posters were displayed throughout the hospital to promote peri-anesthesia nursing to colleagues and visitors. The nursing staff celebrated the week while enjoying special lunches provided by the anesthesia department, management team and colleagues.

Perianesthesia nurses celebrated in Sacramento, the California state capitol

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Thank you PANAW submission contributors:

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CPAN CAPA

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ASPA Co-hosted Seminars

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

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ASPA Seminars

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

April 5, 2008

Review for Certification: CPAN
Review for Certification: CAPA
Baltimore, MD

Review for Certification: CAPA
Costa Mesa, CA

Safety Begins with Us
Rochester, NY

April 12, 2008

Perianesthesia Nursing: A Systems Review of Pathophysiology
Erie, PA

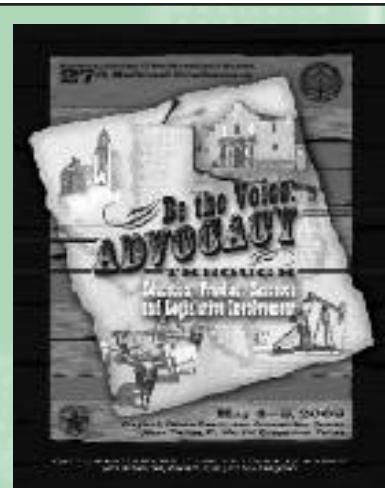
June 7, 2008

Perianesthesia Nursing: A Systems Review of Pathophysiology
White Plains, NY

Legally Speaking: Just the Facts
Phoenix, AZ

June 21, 2008

Perianesthesia Care: Beyond the Basics 2008
Corpus Christi, TX



ASPA 27th National Conference May 4-8, 2008 Grapevine, Texas

Register today! Early Bird registration postmark deadline is March 13, 2008.

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