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**Component**  
**Development**  
**Institute**  
  
**September 5-7,**  
**2008**  
**Salt Lake City,**  
**Utah**

## Transitions and Legacies

May, and the 27th National Conference, generate a transition in ASPAN's leadership. Over the past five years, our organization has embarked upon meaningful paths. Together, with our leadership, we have experienced: circles of influence; vision in action; diversity and cultural competence; a journey to excellence; and the voice of advocacy. We can now look to see how these professional dreams and visions have created, and continue to create, our lasting legacies.

### Developmental Stages

ASPN weathered many adventures throughout the years. Our once small organization has grown into a sizable membership of almost 14,000 nurses. We members, comprising a mixed bag of growth and development stages, continually mature and strengthen the voice for our patients, their families and ourselves. This organization is action oriented, opportunity driven and vision focused. The morale and commitment of our leaders and members is high.

I attended the Nurse in Washington Internship (NIWI) program during a recent visit to Washington D.C. Ten ASPAN members participated in NIWI this year! The power that nursing's voice holds, especially during this national election year, was evident from the NIWI experience. Nurs-



**Lois Schick**  
**MN, MBA, RN, CPAN, CAPA**  
**ASPAN President 2008-2009**

ing advocacy positions can only expand when we work together in greater numbers. As I spoke with our colleagues during the week, it became obvious that we nurses are still in the infancy stage on the growth and development chart, especially in terms of building up research and advocacy programs.

Infancy can be characterized by a strong commitment and purpose. During the organization's infancy stage, we developed policies, procedures and business systems. A judicious use of budgetary resources supports the best and most important aspects of programs and initiatives. ASPAN can be described as an adolescent, characterized by a period of ambiguity and the need for balance and direction.

Our National Office staff members serve a vital role while occupying defined positions that support ASPAN's mission. Their commitment and dedication will guide the organization through

the adolescent stage of development. We thank the entire National Office staff for the creativity and ambition demonstrated as they oversee continued development of our clinical practice, research, education and advocacy initiatives.

### Growth and Change

ASPN must address infrastructure needs to keep pace with a growing membership and changing practice. This marks a next phase of organizational development. During a recent strategic planning meeting facilitated by an expert business consultant, ASPAN leaders discussed the need to restructure and define the scope of our society's future.

Some necessary changes must be made to fortify and further ASPAN's development. Through analysis and fine tuning of policies and procedures, ASPAN will experience some necessary transition over the next few years. Growth and change will lead our organization into its maturity stage.

### Personal Evolution

I am prepared and committed to lead through the transition phase as your 28th ASPAN President. For those who do not know me well, I would like to share a little of my personal side. I am the youngest of twelve children. My parents were farmers in Iowa,

*continued on page 2*

## President's Message

continued from page 1

until my father was diagnosed and treated for a brain tumor when I was two-years-old. His unfortunate early demise left my mother with twelve children under the age of seventeen. It was Mom's desire to raise her children with a Christian and high school education, so my graduation from high school was an honor to her and to me.

*"So many of our dreams at first seem impossible, then they seem improbable, and then, when we summon the will, they soon become inevitable."*

~ Christopher Reeve

Mom always wanted to be a nurse, but this aspiration was interrupted by life circumstances. I was fortunate and privileged to help fulfill the dream by becoming a nurse in her family. I am so glad that I did! For me, nursing

has been the most wonderful profession. I truly look forward to this new adventure in my nursing career, and to leading ASPAN during my presidential year.

My goal is to build on ASPAN's dreams and add to the lasting legacy established by our insightful founders. To do this, I need YOUR help. This vision is not about me, but it is about YOU and ASPAN. I want to hear your thoughts and ideas regarding important issues. Please tell me what ASPAN can do to meet the needs of perianesthesia patients and nurses. What dreams do you believe must be fulfilled to help ASPAN with continued, purposeful growth and development? Tell me YOUR professional dreams, for they can become amazing legacies. Let me hear from you! 

To contact Lois Schick, please e-mail: [lschick@aspan.org](mailto:lschick@aspan.org)



ASPAR President Lois Schick at dinner, in Washington D.C., with fellow ASPAN members who participated in the 2008 NIWI program. Pictured from left: Lois Schick, Sue Benner, Meg Beturne, Gena Near, Sue Fossum, Pam Windle, Joni Brady, and Nancy Meronuck

Thank you to the clinical reviewers for the May/June 2008 *Breathline* edition: Jacque Crosson, MSN, RN, CPAN; Jan Lopez, BSN, RN, CPAN, CAPA; Kandy Maier, BSN, RN, NP, CPAN; Cherie Sloan, BSN, RN, CPAN; and Marie Wiegert, MAN, RN, CPAN, CAPA. 

## ASPAR Breathline

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Issue .....Deadline

January .....November 1

March .....January 1

May .....March 1

July .....May 1

September .....July 1

November .....September 1



# The Circle of Life



We are an amalgamation of our life experiences. As I worked on this edition of *Breathline*, I was struck by a realization that so many of the themes relate to the circle of life. For me, this is a "feel good" edition of our newsletter.

Lois Schick, a charter member of ASPAN, became our 28th president. Becki Hoyle's story of a random act of kindness, and a military connection that unites so many of us, accompanies a tribute to our uniformed services colleagues. Regina Flynn-Roth's clinical article marks continued

advancement toward a goal to increase member involvement in the ASPAN publication process.

Sylvia Baker reminds us of the true benefits of belonging to this professional organization. Kim Kraft represents the enduring voice of the ASPAN Regions. Meg Beturne and Pam Windle take us on an international journey to China, stretching ASPAN's boundaries of diversity and outreach. Terry Clifford, who phenomenally served as the Director for Clinical Practice for the past two years, responds to a frequently asked clinical query. Finally, Immediate Past President Sue Fossum realizes her dream of advocacy through a

Congressional Record statement and together with ASPAN members at the 2008 NIWI program.

This edition leaves the mail room around National Conference week. In the next edition, we reveal newly elected leaders and feature sights and events from Grapevine, Texas. As ASPAN transitions into the future, I encourage you to become more involved with our organization. Such involvement could possibly become your legacy, and will surely widen your circle of influence. 

Joni M. Brady  
*Breathline* Editor

## Angels Among Us

Submitted by Becki Hoyle, RN, CPAN, CAPA - RMPANA President

I attended the ASPAN Component Development Institute (CDI) for the first time in 2006. If you asked me a year ago what the CDI meant to me, I would tell you it was a great opportunity to learn invaluable leadership skills and spend time with people I enjoy and who share my love of perianesthesia nursing. In 2007, the CDI became something much more personal, and it's a story I'd like to share.

With the large number of deployed U.S. soldiers, it's difficult to find anyone who doesn't have a military friend or loved one involved in the war. Our twenty-year-old son, Adam, is serving in the United States Air Force. In June 2007, Adam told my husband and me that he volunteered to serve in Iraq and would be leaving in September. His departure would occur just a few days after I was scheduled to attend the Albuquerque CDI.

Faced with the reality of our son going to war, my husband and I were consumed with fear. As I sat at the CDI, taking copious notes about leadership, succession

planning issues, governmental affairs and nursing advocacy, the thought that Adam leaving in a few days was always at the front of my mind.

In what I believe was divine intervention, I began chatting with Chris Price, MSN, RN, CPAN, CAPA, ASPAN Region 5 Director, during a break on Saturday. Although I've attended Chris' lectures at ASPAN National Conferences, I had never met her personally until this weekend. The topic that my son would soon be leaving for Iraq, and her son-in-law would soon be returning from Iraq, came up fairly quickly. I got teary-eyed as we talked. Chris gently consoled and reassured me. She also gave me great ideas for care packages, similar to those she had mailed to her son-in-law throughout his deployment. I was very touched by her words of kindness.

The next morning, before the final lectures began, Chris found me in the conference room. She said, "I've been thinking about you all night. I have something I want you to have." She proceeded

to take the cross from around her neck and handed it to me. As she did this, she told me the cross was an heirloom from her father. Chris' father had worn the cross in Korea and Viet Nam, and it brought him safely home to his loved ones both times.

The minute my hand reached out to hold that cross, in what would be the first of thousands of times, the fear that seized my heart eased for the first time since my son said he was going to Iraq. I was filled with a sense of peace that comes from my faith and with love. What Chris did was one of the most incredibly selfless acts I've ever experienced.

I can't predict what path my nursing career will take, but be assured that I will forever hold in my heart Chris' loving gesture toward an ASPAN member she didn't even know. I am looking forward to National Conference this year even more than usual. I will find Chris Price, hug her, and return her father's cross to her. My son came home safely. 

## From the Editor



Chris Price,  
ASPA Region 5  
Director



Airman Adam Hoyle  
serving in Iraq

## Breathline

Volume 28, Number 3  
May/June 2008

# Skills Fairs as a Method to Revalidate Competency

Regina Flynn-Roth, MSN, RN, CPAN

Skills validation is critical to ensure the delivery of safe, evidenced based nursing care. Skills fairs have become a well established means to address the challenge of staff nurse competence through skills revalidation and assessment. Many institutions now engage in creative and fun ways to implement skills fairs.<sup>1,2</sup>

Similar to other healthcare organizations, we at The Children's Hospital of Philadelphia (CHOP) complete online modules to fulfill mandatory yearly hospital and nursing education department requirements. In addition to the virtual education model, most CHOP units host annual skills fairs. The fairs are designed to offer hands-on and face-to-face demonstrations for unit specific competencies.

Each unit chooses specific revalidation skills for the year based on needs assessments and known skills associated with high risk, low volume and high risk, and high volume clinical cases. The fairs are planned and administered through the Professional Practice Model's Advancing Practice Education (APE) Councils.

## Planning Basics

The APE council begins planning the PeriAnesthesia Care Unit (PACU) skills fair approximately one year before the date. A suitably sized room with adequate amounts of tables and chairs must be secured. This is a logistical challenge at our facility, necessitating such advanced planning. The APE Council chairs, educational nurse specialist (ENS) and clinical nurse specialist (CNS) provide direction and support throughout the preparation process. These

leaders strongly support the involvement of staff members throughout the planning and execution of the skills fair.

About six months before the skills fair date, the PACU APE council meets to decide which skills to include. Topics presented during the skills fair contain technical skill and critical thinking components. Several skills, mandated for every nurse in the hospital, are directed in a given year by the nursing education department. This year, the competencies included tracheostomy emergencies, central line infection prevention, and pain management. The PACU team selected airway emergencies, medication infusion pumps, arterial line and chest tube management for inclusion in the unit based skills fair.

## Scheduling for Success

Behind the scenes, the scheduling and planning is managed by the ENS and CNS. This is done in collaboration with the Supporting Practice Management Council's scheduling committee and the operations nurses. Schedulers' support is essential to successfully get staff through the skills fair during unit scheduled work time. The scheduling committee agreed to overstaff our units during the skills fair dates.

The PACU holds six skills station sessions. Most of our staff members attend the fair during work hours, thanks to the tremendous efforts of schedulers and the operations and charge nurses. While this plan allows us to minimize the amount of overtime generated, it is not without challenges. Sometimes, plans made on paper do not translate

onto the unit. Factors, such as patient acuity and hospital census, impact the PACU census and staffing needs. Some units opt to pay staff members to attend the skills fair while scheduled off of the unit, or hold the fair at different times over a week-long period to facilitate attendance.

About one month before the skills fair, the fun really begins! This year, we decided to have a holiday theme. Station leaders selected a particular holiday and decorated the skills table accordingly. Our managers offered to budget attendees' food and/or snack expenses, and door prizes were awarded. The participants voted for "the best table" when filling out the skills fair evaluation. This year's winner, "Chest Tubes at Christmas", featured lights, decorations and the movie, *Elf*. The July 4th Central Line table, after serving learners hot dogs and cake, narrowly missed earning the top prize. In addition to enhancing learning with enjoyment, this competition is spirited!

## Manning the Skills Stations

Two staff members volunteer to build and lead each station. These station leaders are charged to develop objectives, and then submit the objectives to the APE council at least three months before the fair. The next step is to contact a CHOP employee who is an identified expert in the particular skill area. This expert colleague reviews recent evidenced based changes in practice with the proposed station objectives to affirm that the station leader can be considered a qualified observer.

For example, the airway simulation station leaders were trained



Hands-on practice is an essential element of the skills fair

to operate software and lead simulation education by an expert simulation lab education coordinator. The pain management station leaders met with a pain service nurse practitioner to review peripheral nerve catheters. The biomedical department loaned an arterial line simulator for use at the arterial line station.



*Qualified observer nurses supervise each skill station*

The step that initially seemed like a necessary chore, to get “signed off” as a qualified observer, evolved into a really enjoyable experience. PACU nurses had the opportunity to disperse throughout the hospital while collaborating with colleagues in other departments. In turn, units that included postanesthesia or post sedation annual skills sought PACU experts to qualify their station leaders as eligible observers. After a skills fair concludes, the station leaders become unit super-users in their respective skill area. This is one great benefit of the qualified observer validation process.

### **Fair Implementation**

While the station leaders decide how to present their skill,

each must observe several guidelines. The specific skills are chosen by the APE council. The station leaders must be trained as qualified observers prior to manning the station. The observers are responsible for signing off the competency on the attendee’s skills revalidation form, which is then placed in the employee’s file. Emphasis is placed on providing each staff member with hands-on training. Learning occurs in varied instructional formats. The training can be evaluated by return demonstration, as in the airway simulation station, or through a post-test or a group question and answer session. One station leader developed a game for participants to play in order to test their knowledge.

Each day of the skills fair, one person is responsible for oversight and troubleshooting of any problems encountered. He or she also serves as the official skills fair photographer. The pictures are later circulated in a slide show. Participants check in at the door and are given necessary paperwork and evaluations for completion. Staff members are assigned a specific time to attend the skills fair. This helps prevent congestion at the skills tables. We have found that limiting participation to four nurses per station facilitates sufficient hands on time for each nurse. The program spans approximately three hours per session.

### **Evaluation and Forecasting**

Evaluations, an essential component to any educational offering, quantify results of the training program. Through the evaluations, we receive positive feedback and are given ideas for improvement. The process is fluid; when one skills fair program ends, the planning for next

year begins. We are exploring a process of centralizing and crossing over to avoid duplication of effort with other unit’s skills fairs. The APE council is collating data at the departmental level, from all units, to help coordinate this effort. We also plan to include our support staff in next year’s skills fair.



*Station leaders become unit super-users for that skill*

Over the years, we at CHOP have found skills fairs to be an effective, and not necessarily costly, means to assure competency. The skills fairs require buy-in from and participation of staff nurses and unit leadership. A tremendous investment of time and energy is needed to plan and execute a skills fair event to be held on units throughout the hospital. Our experience supports the idea that annual competencies can be maintained in a fun and interactive manner.

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*Regina Flynn-Roth is a Clinical Nurse Specialist in the PACU at The Children's Hospital of Philadelphia, in Philadelphia, PA. Please address correspondence to Regina at roth@email.chop.edu.* 

## **Perianesthesia Nurses Honored at Colorado Symposium**



*University of Colorado Hospital perianesthesia nurses Myrna Mamaril, Carolyn Dietrich, and Mary Rachel Romero presented research at a Denver symposium*

The University of Colorado Hospital perianesthesia nursing staff received two significant awards at the Evidence Based Practice Research Symposium held in March in Denver, Colorado. This two-day event was sponsored by the University of Colorado Denver, College of Nursing; Denver Health; Denver Veterans Administration Eastern Healthcare System; and The Children's Hospital of Denver. The symposium featured nursing research performed in a variety of settings and intended to improve nursing care delivery throughout the country.

Mary Rachel Romero, BSN, RN, CPAN, and Carolyn Dietrich, BSN, RN, earned The Participants Award for the poster presentation "PACU Fax Reporting: A Useful Tool for Hands Off Communication." These staff nurses performed a comparative analysis on efficacy of a fax report versus a verbal report in relation to PACU patient flow. PACU and surgical unit nurse fax

report satisfaction surveys were conducted. The data showed beneficial results and indicated that PACU fax reporting use was highly recommended.

PACU manager Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, and perianesthesia clinical educator Barbara Krumbach, MS, RNC, presented the poster "Nursing Satisfaction and Perception of the Perianesthesia Nursing Electronic Record." This study dealt with the introduction of electronic charting in the perianesthesia units, and described salient points for consideration when planning the implementation of an electronic medical record system. Nursing staff satisfaction surveys were measured as an indicator of process effectiveness and the results have significance for healthcare facilities preparing for a conversion to electronic charting.

*Congratulations to Mary, Carolyn, Myrna and Barbara for these professional contributions and awards!*

## **Scholarship Application Deadline Approaching**

Apply today for the 2008 ASPAN Scholarship Program! The brochure/application is accessible on the Web site ([www.aspan.org](http://www.aspan.org)) or is available in hard copy or .pdf file via e-mail request from the National Office. All applicants must submit, **by mail**, an original plus three copies of the 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](mailto:jcerto@aspan.org).

**THE POSTMARK DEADLINE  
FOR SUBMISSION IS  
JULY 1, 2008.**

## **National Conference Reports**

Complete coverage of the 27th ASPAN National Conference will be featured in the July/August 2008 edition of *Breathline*. For a preview of the Conference action in Grapevine, Texas, the daily *National PArtiCULArS* news is available on the ASPAN Web site @ [www.aspan.org](http://www.aspan.org).

# What ASPAN Means to Me

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

Joining ASPAN is a voluntary action. There are many reasons to join a professional nursing organization. Some common reasons include continuing education opportunities, networking opportunities, and to stay current and informed regarding professional issues.<sup>1</sup> On the surface, these are appropriate and useful reasons to join. While new members join, expecting to get a reasonable return on the investment, the reasons to join go much further.

It is important for each of us to understand ASPAN's core purpose: to advance the unique specialty of perianesthesia nursing.<sup>2</sup> This specialty organization supports peri-anesthesia nurses in practice by developing clinical standards, developing and promoting research priorities, and translating research into practice.<sup>3</sup> This vital advocacy is one of the main reasons that ASPAN means so much to me. Our organization leads and supports nurses' daily routines through position statements, educational opportunities and networking. As professionals in this unique specialty practice, we carry a major responsibility to protect those under our care.

## 2008-2009 Campaign Kick-off

April 1, 2008 through  
March 31, 2009

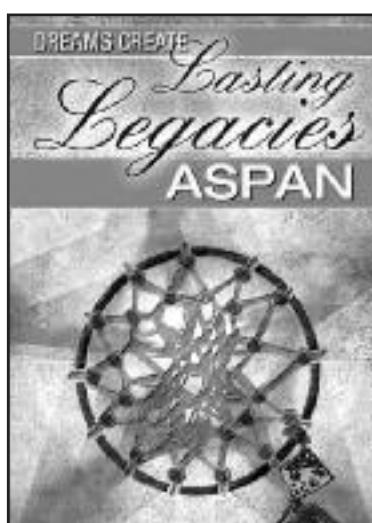
The Member-Get-A-Member Campaign is underway! New member recruitment is truly a gift that keeps on giving. Every member contributes to ASPAN's lasting legacy by encouraging colleagues to join our specialty nursing organization. Membership applications are available online ([www.aspan.org](http://www.aspan.org)) or from the ASPAN National Office at 877-737-9696 ext. 16.

### Every Nurse is a Leader

Becoming a member is an expression of commitment and enthusiasm. It is also a stepping stone to greater involvement. According to Haylock, "Although not explicit in legal or even organizational bylaws and policies, it is essential that organizational leaders convey commitment and passion, expressing that they care deeply about what the organization does."<sup>1</sup> The leaders of this outstanding organization live and breathe such sentiments. Contact anyone of our leaders and you will feel their commitment to ASPAN and you!

The networking opportunities offered through our unique organization enhance professional development and the ability to deliver care. The Clinical Practice Committee actively responds to members' questions and concerns. The Membership/Marketing Committee promotes the pros of membership and educates new members on the benefits of belonging to ASPAN.

I recently needed some guidance on a school project. I contacted the National Office to ask for some feedback. Within one week, I received several excellent



responses from colleagues from across the country. This awesome level of support means so much to me. Please encourage your colleagues to invest in an ASPAN membership. It is often said, "You get what you pay for." With this membership, you get a great deal!

### REFERENCES

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2. American Society of PeriAnesthesia Nurses. Core ideology. 2006-2008 Standards of PeriAnesthesia Nursing Practice. Cherry Hill, NJ: ASPAN, 2, 2006.
3. Kany K. Contemporary issues in nursing organizations. In Mason, Leavitt & Chaffee (Ed.). *Policy & Politics in Nursing and Healthcare* (5th ed.). St. Louis, MO: Saunders/Elsevier, 835-844, 2007.

## Membership

# ASPAR Membership Gives YOU...

### Free Publications Subscriptions

- *The Journal of PeriAnesthesia Nursing* (published bimonthly)
- *Breathline* (bimonthly newsletter)

### Education

- Annual National Conference
- Seminar/Co-Hosted Seminar programs
- Continuing Education DVDs
- Scholarship program
- Research Grants program
- Contact hour articles in the *Journal* and online

### Other Benefits

- Member discounts on ASPAN publications and educational offerings
- Access to clinical practice consultation network
- Legislative awareness
- Opportunity to join Specialty Practice Groups
- Significant discounts for CPAN/CAPA examinations
- Peer recognition awards programs
- Career Center on Web site

## Breathline

Volume 28, Number 3  
May/June 2008

## Selfless Service A Salute to Military Colleagues

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



Landstuhl Regional Medical Center, the sole American tertiary care facility in Europe, is the largest American hospital outside of the U.S. (Photo courtesy of LRMC Public Affairs Office)

(Middle) ►  
Wounded service members arrive at Ramstein Air Base, Germany, via medical transport planes, and are then transferred to the LRMC medical team for further treatment  
(Photo courtesy of LRMC Public Affairs Office)

My personal history with the military began twenty-three years ago when I married a career United States Marine. Prior to this involvement, like many Americans, I knew very little about the lifestyle of a uniformed service member and his or her family. Over the years, my respect and admiration for those who serve our country has deepened. These fellow Americans volunteer to serve, and sacrifice much, in support of our nation and its citizens.

My family has been stationed in Germany for several years. It was my privilege to represent ASPAN for a visit with the peri-anesthesia staff members of Landstuhl Regional Medical Center (LRMC) during a week that marked the Iraq War's fifth anniversary. Driving to Landstuhl, through a gorgeous forest in the German state of Rhineland-Pfalz, I was struck by the irony of a trauma center being located outside of the city and among the trees.

### Special Mission

Inside the hospital, there was no mistaking that this was indeed a tertiary care facility intended to deliver world class care. The hospital, operated by the U.S. military, is accredited by

The Joint Commission. It has played a major role in significant world events over the years. Today, the staff provides care for over 245,000 beneficiaries, and tertiary care, hospitalization and treatment for more than 532,000 American military personnel and their families within the European Command. LRMC is the evacuation and treatment center for all injured U.S. service members, contractors and coalition forces stationed in Iraq and Afghanistan. Since the onset of these conflicts, LRMC has treated approximately 46,285 patients from Iraq and Afghanistan.<sup>1</sup>



Walking through the peri-anesthesia units at LRMC, I witnessed teamwork and camaraderie. The units operate similarly to those found in civilian healthcare facilities, although one may see some camouflage sprinkled among the scrub attire. Major Gemma Smith, the PACU manager, shared stories of her team's dedication and pride in serving as part of the LRMC legacy. When asked how staff members cope with an overseas assignment and the medical mission, Major Smith described several support systems available to the staff. She then echoed



a sentiment matching the words "selfless service" found on Landstuhl's insignia: "We do our best, and we do this for the soldiers."

### Never Forget

In the aftermath of September 11, 2001, Americans frequently heard, or said, "Never forget." While the media coverage of today may include some military medical stories, it does not generally focus on nursing care providers positioned at the center of care delivery. This is an oversight.

In the past five years, many peri-anesthesia nursing colleagues have served at LRMC, and in other military medical facilities and deployed military units around the world. They do not ask for recognition. But these military professionals have most certainly touched the lives of so many others through expert care delivery, compassion, and selfless service. While we can only share pictures of the LRMC staff, ASPAN salutes every military man and woman who has served our nation. It is each of them whom we must never forget.

A special thank you is given to Mr. Chuck Roberts, at the LRMC Public Affairs Office.

### REFERENCE

1. Landstuhl Regional Medical Center. Media information kit. Landstuhl, Germany: LRMC Public Affairs Office, February 21, 2008. 



Air Force Lieutenant Colonel  
Christine Liddle, Landstuhl  
Specialty Care Nursing Supervisor



Air Force Major Darrell Ainsworth,  
PACU Assistant Nurse Manager



Air Force Captain Brian Kraft, CRNA



Navy Corpsman HM2 Martinez (left) and Ms. Nancy Stanton,  
RN, perform a familiar PACU ritual



◀ **Ambulatory Procedure Unit staff members (from left): Army Reserve Captain Clarisa Colohado, Clinical Nurse; Army Reserve Captain Charlene Richardson, Clinical Nurse; Navy HM2 David Glass, Medical Support Technician; and Army SPC Scott Mortensen, Medical Support Technician**



Air Force Major Gemma Smith, PACU  
Nurse Manager



Perianesthesia clinical nurses, Mrs.  
Susan Lee, RN, and Air Force Captain  
Brenda Bryant



PACU clinical nurse staff members, Air Force Captain Julie  
Anderson, and Ms. Nancy Stanton, RN



◀ **Army Captain Ute Poepsel (left), a clinical nurse stationed with the 212th Combat Support Hospital, receives a PACU transfer of care report from Navy Commander Angela Henry, CRNA**

## **The Directors' Connection From the Heartland**

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



**Kim Kraft**  
**ASPA Region 3**  
**Director**

Each year, it is my privilege to take this opportunity to recognize the components and leaders in Region 3. The commitment to this nursing specialty, demonstrated by this group of women and men, never ceases to amaze me. They continue to bring educational opportunities to perianesthesia nurses in the Dakotas, Illinois, Indiana, Kentucky, Michigan, Minnesota, eastern Missouri, Ohio, West Virginia and Wisconsin. They support certification of members and non-members by providing CPAN and CAPA review sessions and certification testing sites. Their recruiting efforts have brought over 200 members to ASPAN since April 2007.

Region 3 leaders met as a group twice over the past year. We held dinner meetings at the National Conference in Anaheim and at the September 2007 Component Development Institute (CDI). This networking time with other component leaders provides an opportunity to explore issues and share solutions. We discussed common components issues, such as strategic planning, succession planning and member involvement.

### **Regional Recap**

**ILSPAN** revamped their conference rotation to assist the incoming district directors during the transition year. In order to meet rising costs in postage and printing, without decreasing the quality of the newsletter, they switched to three issues per year instead of four. Two component members, Linda Beagley and Amy Matthews, are recipients of ASPAN educational scholarships. Last September, ILSPAN was one of nineteen com-

ponents to achieve 25 years as an ASPAN chartered component.

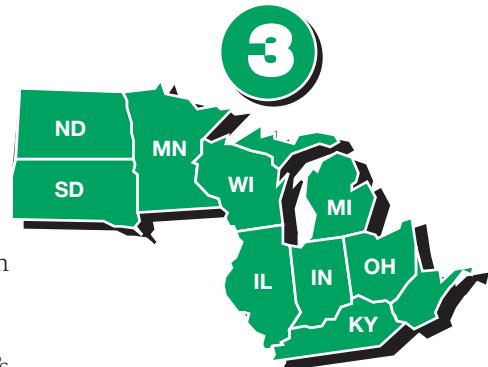
**INSPAN** President Sue Starewicz's focus is on the component's strategic plan and revitalization of the newsletter and e-mail communications. New board member, Brian Scott, recently published *Vital Volumes*, which was e-mailed to members in February.

**KSPAN** has had an exciting year! The KSPAN Web site ([www.kspan.org](http://www.kspan.org)) is now a reality, thanks to Immediate Past President Donna Hagan, and her husband Pete. The *Waking Crew News* is sent to members via e-mail from newsletter editor Martha Clark. The component will celebrate their 25th year as a chartered member of ASPAN this fall. They have also discovered the key to successful fundraising: silent auctions and raffle for a fine piece of jewelry!

**MAPAN** and **MNDAKSPAN** celebrated 25 years as chartered ASPAN components in September and October 2007 respectively.

**OPANA** launched their Web site last fall ([www.ohiopana.org](http://www.ohiopana.org)) with Debby Niehaus as their Web master. There are seven very active districts within the state, and they also celebrated the 25th year as a chartered ASPAN component last fall.

**WISPA** provided three seminars and the CPAN and CAPA Review courses this past year. The component's focus has been on Gold Leaf activities. Their fall



conference was held in Door County. Educational sessions were held on Saturday and Sunday morning. The component also sponsored activities such as sight seeing, trolley rides, shopping and golf in the afternoon.

**WVSPAN**'s number one priority continues to be revitalization. Jean McGuigan and Susan Hardway attended their first National Conference and Representative Assembly in 2007. Jean, joined by Ruth Harvath this year, represented the component in Grapevine. Web master and WVSPAN member, Patrick Murphy, unveiled the Web site ([www.wvspan.org](http://www.wvspan.org)) in March. I would like to give special thanks to Karen Strum, unwavering in her support of the component as treasurer, and Susan Hardway, for agreeing to serve as president and never looking back! WVSPAN continues to grow and serve perianesthesia nurses across the state.

The 2009 ASPAN National Conference marks the completion of my second term as your Region 3 Director. I look forward to packing my bags again this fall to visit the components one last time. Knowing the caliber of leaders that I serve with today, our region will surely be in good hands next year! 

# Our Continuing International Journey

## ASPAN Delegation Visits China

Meg Beturne, MSN, RN, CPAN, CAPA, and Pamela Windle, MS, RN, CNA, BC, CPAN, CAPA – ASPAN Past Presidents

**L**ate in 2007, ASPAN marked the momentous journey of a twenty-five member delegation to China led by Past Presidents Meg Beturne and Pam Windle. Our diverse group was evidenced by members originating from all areas of the United States, and practice settings from small, rural to metropolitan university hospitals. Although different, we united in the common bonds of professional pride and passion for our practice.

### Destination China

Beijing was the first stop on our journey. We were privileged to receive an orientation to the country by Dr. Lui Huaping, the incoming president of the China Nurses' Association. Dr. Lui's presentation provided an overview of Chinese nursing history. This included a discussion on the inadequate supply of nursing schools and challenges to advancing nursing education, collaborative research, the nursing image, and support from other disciplines.

During a visit to the The People's Hospital, Beijing University, we learned about perioperative care in China. We then presented lectures on OR and PACU tracking systems, and physicians/nurse communication and cooperation.

Our visit to a Traditional Chinese Medicine (TCM) hospital allowed us to explore concepts of complementary medicine techniques. The group toured the facility and watched a traditional cupping performed. We presented information on pain management and integration of TCM into the perianesthesia setting.



Delegation members visit with a Chinese hospital nursing staff

### Guilin and Ling Chuan

We proceeded to the rural city of Guilin, and met with professionals at the Affiliated Hospital of Guilin Medical College. This general hospital incorporates medical education and treatment, healthcare services and scientific research. The facility specializes in laparoscopic surgery/anesthesia, pain treatment and postoperative rehabilitation. Our group shared diverse practices regarding PACU visitation and legal issues such as consents, medical insurance and pain management.

In contrast, the next tour of the People's Hospital of Ling Chuan County, a Red Cross Emergency Center, was rich in hospitality but poor in resources and physical amenities. The facility specializes in orthopaedics, pediatrics, obstetrics, gynecology, urologic surgery and first aid. We noted the overall decline in the hospital structure, and were amazed to see a brand new anesthesia machine in the OR amid the chipped paint, rust and broken equipment.

### Shanghai

The final city on our tour, Shanghai, featured a visit to Ren-Ai Hospital. This private facility has 80 inpatient beds, 20 specialties and 280 doctors. The surgical spe-

cialties include cosmetic, dental and ophthalmological cases mostly performed on an outpatient basis.

Our final visit, to the Shanghai Aier Eye Hospital, taught us about the "Aier phenomenon." This concept places a patient at the focus, and not the physician. Aesthetic appearance is considered very important for building patients' confidence to choose the private facility over a standard public hospital. Service excellence and quality of care are paramount to the patient experience. The hospital has a collaborative teaching program, surgical skills training center, and active research program. We gave a presentation on multimodal approaches to pain management.

### 偶然也说 Thank You

After touring each facility, we exchanged gifts and business cards, and presented our colleagues with pins and certificates. This ritual fostered feelings of mutual respect. Although our tour schedule was hectic, we had the opportunity to learn Chinese culture and experience awesome regional foods!

We thank ASPAN and the People to People Organization for this once in a lifetime experience. Most of China has not adopted the PACU concept into practice. This is not due to a limited interest, but rather, from the lack of exposure. ASPAN's delegation of perianesthesia nursing professionals, by willingly and freely sharing expertise, is a shining example of fulfilling our ultimate goal: to be recognized by the healthcare community worldwide as the leading organization for perianesthesia nursing education, practice, standards and research.



Pam Windle and Meg Beturne in China

## Frequently Asked Questions

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

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

**Q** At what temperature should blanket warmers and fluid warmers be maintained?

**A:** The ASPAN Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia<sup>1</sup> emphasizes the importance of warming techniques for surgical patients. A number of options are currently available to promote and maintain normothermia. Common methods of passive insulation include the application of warmed thermal blankets, socks, head coverings, intentional limitation of skin exposure, circulating water mattresses, and the appropriate regulation of ambient room temperature.<sup>1</sup>

A recent trend in clinical practice questions suggests that regulatory surveys, traditionally aimed at patient safety measures, are targeting medical equipment that provides a direct impact on patient care and outcomes. Specifically, the safety of thermal warming units has come into question. The Joint Commission (TJC) environment of care standards (EC 6.10 and 6.20) require that institutions provide written plans concerning the effective, safe and reliable operation of medical equipment. Although TJC does not currently specify required range settings for the temperature of blanket warmers, it does endorse the recommendations of the device manufacturers.<sup>2-3</sup>

### Heat Control

The Emergency Care Research Institute (ECRI) issued a warning in 2006. While some warming cabinets may be designed with a wide range of temperature settings that allow for a variety of temperature settings, patient safety and the prevention of thermal burns should be a primary concern.<sup>4-5</sup> The ECRI report suggests there is evidence of patient injury related to overheated supplies and maintaining fluid and blanket warming cabinets at 110°F will prevent injuries, ultimately promoting patient safety.



Maintaining warming cabinets at 110°F will prevent injuries

Temperatures above 110°F unnecessarily increase the risk of burns while providing no added clinical benefit. Some perianesthesia staff members reported that limiting the temperature setting of blanket warmers also limits the therapeutic benefits of warming blankets and solutions. They subjectively report that items do not feel warm enough to be used to affect patient comfort. The ECRI responded to the concerns of clinical staff with the following recommendations:<sup>4-5</sup>

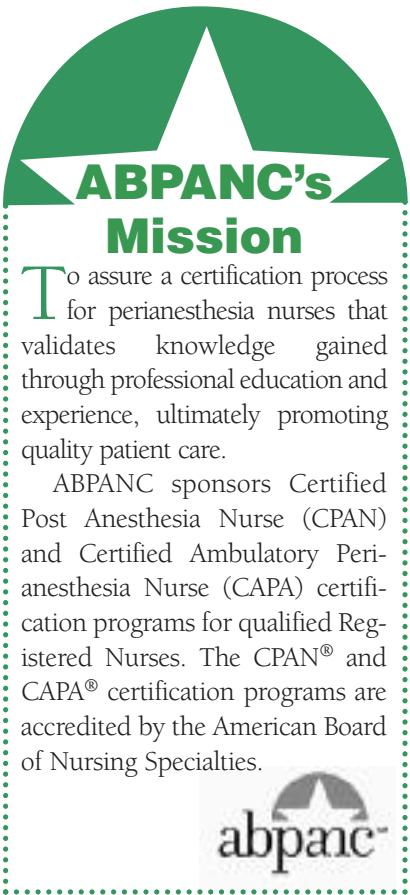
### EDUCATION

- Educate clinical staff in emergency departments, intensive care units, postanesthesia care units, obstetrics units and operating rooms about the dangers of setting warming cabinet temperatures above 110°F; include suggestions for optimizing use
- Label warming cabinets or the individual compartments to identify intended contents (solutions versus blankets) and safe temperature settings
- Ensure that staff members unfold blankets before using them on patients. Placing folded blankets on patients increases the risk of patient burns
  - A single cotton blanket reduces heat loss by 30%. Adding two additional blankets reduces heat loss to 50%<sup>6</sup>

### MAINTENANCE/ MONITORING

- Ensure that warming cabinet temperature settings are limited to 110°F and cannot be increased
  - Consider upgrading warming cabinet to a newer model that provides a mechanism for controlling the maximum temperature and prevents users from easily setting the temperature higher than recommended
- Assign the daily responsibility for setting and monitoring the temperature of blanket and solution warming cabinets; maintain a daily record

*continued on page 13*



To assure a certification process for perioperative nurses that validates knowledge gained through professional education and experience, ultimately promoting quality patient care.

ABPANC sponsors Certified Post Anesthesia Nurse (CPAN) and Certified Ambulatory Perioperative Nurse (CAPA) certification programs for qualified Registered Nurses. The CPAN® and CAPA® certification programs are accredited by the American Board of Nursing Specialties.



Clinical Question  
continued from page 12

- Ensure that the clinical engineering department inventories and inspects warming cabinets on an annual basis
- Assess if the contents warmed appropriately for the set temperature

#### **OPTIMIZING FUNCTION**

- Ensure that cabinet doors remain open for as little time as possible. If an inspection determines that a warming cabinet is in good condition and functioning properly, it is possible that the cabinet door is being inadvertently left open or opened too frequently

- **Do not overstuff the cabinet!**
  - Overstuffed cabinets do not warm efficiently, thereby increasing the temptation to raise the warming temperatures to increase the rate of warming

## **Next Certification Exam Date: November 1, 2008**

CPAN® and CAPA® exams are offered twice each year, at varied locations around the country. Special test sites may be requested and must meet specified requirements. The exams are administered on the first Saturday in November, and on the Sunday prior to the ASPAN National Conference. Online practice exams are available on the ABPANC Web site ([www.cpancapa.org](http://www.cpancapa.org)).

### **Contact ABPANC for Detailed Certification Information**

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

### **Call for Clinical Articles**

*Breathline* is seeking short clinical article submissions. If you are interested, please contact Joni Brady, MSN, RN, CAPA ([jbrady@aspn.org](mailto:jbrady@aspn.org)) to discuss your topic ideas.

- Ensure that warming cabinet capacity meets the daily demand for warmed solutions and blankets by restocking frequently
- Consider purchasing additional units based on usage demands
- The warming cabinets may be located too far away from the patient care area. Unfolded blankets, in particular, cool off quickly. Assess the location of warming cabinets in relation to the patient care area and move cabinets closer if necessary.

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## **Certification**



([www.cpancapa.org](http://www.cpancapa.org))

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## The 2008 NIWI Experience

*The Nursing Organizations Alliance (NOA) sponsors the annual NIWI program to advance nurses' skills in legislative and policy arenas*

**M**y NIWI experience brought new insight and a renewed excitement about advocacy and the legislative process. I feel better prepared to employ techniques to advance legislative issues with an increased understanding of economic forces that drive healthcare policy and delivery. It was exciting to be among 120 nurses from over 30 states throughout the nation, while learning how to be an agent of change for healthcare policy in the workplace, government, professional organizations and in our communities. Going to Capitol Hill, meeting with members of Congress, and having the opportunity to discuss real life healthcare concerns makes one realize that our voice does make a difference.

Sue Benner, BSN, RN, CPAN  
Advocacy Strategic Work Team Coordinator



Sue Fossum and Sue Benner,  
ASPA's united voice of advocacy



Gena Near (left), Past ASPAN Secretary and constituent of Representative Virginia Foxx, accepts a plaque from Ms. Foxx in her Capitol Hill office. The plaque contains the Congressional Record statement made by Congresswoman Foxx to honor peri-anesthesia nurses during PANAW 2008

**H**aving the opportunity to attend NIWI was exceptionally special for me. It reinforced ASPAN's advocacy theme and emphasized the potential power of collective voice to promote issues for our patients and practice. It was truly exciting to have ten ASPAN members representing not only our peri-anesthesia specialty, but the nursing profession in general. Our unification of voice allowed us to effectively communicate with congressional representatives and increase awareness about nursing education, research, and nursing shortage workforce issues. The opportunity to meet with North Carolina Representative Virginia Foxx was a very special time for us. Ms. Foxx presented a message to Congress, during PeriAnesthesia Nurse Awareness Week (PANAW) in honor of peri-anesthesia nurses. This message is a historical event for our Society, and is recorded in the Congressional Record. We must continue to Be the Voice for nursing and the health of all citizens."

Sue Fossum, BSN, RN, CPAN  
ASPA Immediate Past President

**I** am so pleased to fulfill one of my dreams: to go to Washington D.C. and speak about the nursing shortage with congressional representatives. I wrote my Master's degree thesis on the nursing shortage, its impact on healthcare and strategies to retain and recruit nurses. NIWI taught me the legislative process and gave practical applications for exercising nursing's voice. After the lectures and role playing sessions, I felt very prepared to go to Capitol Hill and speak on nursing issues. I was able to meet with my state representative's legislative assistants and two state senators. The experience was excellent. I now understand what it takes to advocate for nursing at a higher level and understand the steps involved in making my voice, and the nursing voice, heard. I enjoyed meeting with ASPAN leaders and other nursing leaders. ASPAN, with a large number of attendees present, gained the attention of colleagues from other nursing specialties. Some said they were unfamiliar with the scope of peri-anesthesia practice, but not anymore! I thank ASPAN for your support in granting me a NIWI Scholarship."

David Kay, MSN, RN, CAPA  
ASPA Governmental Affairs Committee



David Kay, Meg Beturne and  
Lois Schick at the Supreme Court



ASSPAN members at the 2008 NIWI program in Washington D.C. Front row from left: Meg Beturne (MA), Lois Schick (CO), Sue Fossum (CA), Pam Windle (TX). Back row from left: Nancy Meronuck (ND), Gena Near (SC), Sue Benner (OH), Navy Lieutenant Commander Justine Morton (FL), Joni Brady (NY), and David Kay (UT).

**W**hat an awesome experience! ASPAN members were geared up and ready to take on the Hill! The attendees learned a lot about the political arena, and had the chance to make new friends during scheduled networking time with other nurses from our state. I visited two Texas senatorial legislative assistants with my state colleagues, and had the privilege to meet with two wonderful congressmen. Our discussions included the nursing shortage and related workforce concerns, nursing research and nursing education. As the collective voice of ASPAN, we were loud and strong as advocates for our nursing specialty and our patients.

Pamela Windle, MS, RN, CNA, BC, CPAN, CAPA  
Advocacy Strategic Work Team Member



**T**hank you, ASPAN, for selecting me to receive a NIWI Scholarship. This program offered unique insight into the structure and function of our government. I especially enjoyed the talks given by the leaders of the House Nursing Caucus, Representatives Lois Capps (California) and Steven LaTourette (Ohio). Joining together with colleagues from my state, walking the halls of legislative buildings on Capitol Hill, and meeting with legislative representatives who welcomed the nursing knowledge we shared is something more nurses need to do. I was enriched and empowered by this experience.

Joni Brady, MSN, RN, CAPA  
Advocacy Strategic Work Team Member



Congresswoman Virginia Foxx, accepting a plaque recognizing her support of perianesthesia nurses, from ASPAN Immediate Past President Sue Fossum



**Congratulations to Meg Beturne, MSN, RN, CPAN, CAPA, a 2008 Nursing Organizations Alliance (NOA) NIWI scholarship recipient! Meg's experience is highlighted in the "NIWI Scholarship" section of the NOA Web site ([www.nursing-alliance.org](http://www.nursing-alliance.org)).**

**F**or more information on the Nurse in Washington Internship, visit the NOA Web site @ [www.nursing-alliance.org](http://www.nursing-alliance.org) 

## Share Your Good News!

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

*Editor contact information is located on page 2.* 

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# 2008 Component Development Institute



Plan now to attend  
the ASPAN  
Component  
Development  
Institute.

This year's program  
is scheduled for  
September 5-7, 2008  
at the Sheraton  
Salt Lake City,  
in Utah

More information  
to come  
in the next edition  
of *Breathline*.



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

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## Component Education Programs

**July 25-27, 2008** PeriAnesthesia Nurses Association of California (PANAC) 2nd Annual Retreat at Asilomar in Pacific Grove, CA. Earn 6.6 contact hours. For information contact Sheryl Michelson at 408-252-8723 or michelson.clayborn@sbcglobal.net

**October 10-11, 2008** PANAC Annual Meeting and Seminar at the Airport Plaza Marriott Hotel in Long Beach, CA. For information contact Debbie Bickford at bickshome@aol.com or visit [www.panac.org](http://www.panac.org)

**October 11, 2008** The Iowa Society of PeriAnesthesia Nurses (ISPAN) Fall Conference will be held at the Grand River Center, Grand Harbor Resort and Waterpark in Dubuque, IA. For information contact Beth Brown at 563-557-1982 or brownb@Mercyhealth.com

**October 11, 2008** Nebraska Association of PeriAnesthesia Nurses (NAPAN) hosts its 25th State Conference at Fremont Area Medical Center, Fremont, NE. Earn 7 contact hours. For information contact Gayle Kiviniemi at 402-292-3205 or nurse2309@cox.net

## ASPA Co-hosted Seminars

**June 27, 2008** Pediatrics: Little Bodies, Big Differences in Louisville, CO. Hosted by Avista Adventist Hospital. Contact Linda Anderson at 303-673-1158 or [lindaanderson@centura.org](mailto:lindaanderson@centura.org)

**July 19, 2008** Review for Certification (for CAPA & CPAN) in Indianapolis, IN. Hosted by Clarian Health. Contact Katherine Newton at 317-962-5771 or [knewton@clarian.org](mailto:knewton@clarian.org)

**August 2, 2008** Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum (replaces both Beyond the Basics courses) in Little Rock, AR. Hosted by St. Vincent Infirmary Medical Center. Contact Stephanie Parsons at 479-461-4163 or [pars1234@aol.com](mailto:pars1234@aol.com)

**September 14, 2008** Review for Certification: CPAN. Hosted by Cedars Sinai Medical Center, Los Angeles. Contact Carrie Chan at [Carrie.Chan@cshs.org](mailto:Carrie.Chan@cshs.org)

**September 15, 2008** Review for Certification: CAPA. Hosted by Cedars Sinai Medical Center, Los Angeles. Contact Carrie Chan at [Carrie.Chan@cshs.org](mailto:Carrie.Chan@cshs.org)

## ASPA Seminars

**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

**July 26, 2008**

Perianesthesia Nursing:  
Beyond the Basics  
Grand Junction, CO

**August 2, 2008**

Foundations of Perianesthesia Nursing  
Anchorage, AK

**August 3, 2008**

Perianesthesia Nursing:  
A Systems Review of Pathophysiology  
Anchorage, AK

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