



Newsletter of the American Society  
of PeriAnesthesia Nurses

# Breathline

Volume 29, Number 3

May/June 2009

**INSIDE:**

**Strategic Transformation**  
**page 4**

**Clinical Practice**  
**page 7**

**ASPN Development**  
**page 10**

## Roots of Knowledge, Seeds of Transformation:

## The Ecology of Perianesthesia Practice

Ecology is, broadly, the study of relationships: interactions between organisms and every other thing, living or non-living, in contact with the organism. In a sense, knowledge of such relationships often uncovers the reasons that associations exist and reveals how these connections might be evolving.

This is similar to the process of organizational strategic planning: discovery of why our organization exists and where it is moving as a specialty association, and identification of challenges faced and opportunities available for a healthy and continued existence. The aspen tree, solid yet bendable, tall but touchable, serves as a powerful symbol to represent the ecology of ASPAN and perianesthesia nursing practice.

### Established Roots

Chosen wisely by our founding members, the aspen leaf serves as the perfect image for perianesthesia practice. The natural life cycle of the aspen tree provides a wonderful eco-transformation metaphor for not-for-profit organizations like ASPAN, and explains the ecology of survival. Parallels exist between the nature of aspen trees and the business of ASPAN.

The aspen tree is one of the most widely distributed trees in the world. Large fields of aspen trees cover virtually the entire



**Theresa Clifford**  
**MSN, RN, CPAN**  
**ASPN President 2009-2010**

northern forest. The forests are scattered like perianesthesia nurses across the globe. The woodlands are home to diverse members, some tall, some short, some young, and some old. Many trees have similar characteristics to the aspen tree, but cannot be called an aspen tree without the entire biological profile.

In the same way, many organizations will have characteristics similar to ASPAN, but none can provide the scope of services and products that ASPAN provides. Scanning our countryside and exploring the landscape, ASPAN employs strategies to review and modify ways in which to proactively improve resources for practice, education and research. Such ongoing activities better define the differentiation process that occurs naturally. In other words, ASPAN remains the essential resource for perianesthesia nursing.

The nearly round leaf of the

aspen tree, with a perimeter of tiny irregular rounded teeth, has an unusual ability to twist and bend allowing the leaf to flutter in the lightest wind. This allows the tree to optimize photosynthesis and protects the tree from severe winds by dissipating energy. Similarly, resilient perianesthesia nurses have broadened the scope of our practice and adapted to changing needs of patients and healthcare paradigms. Flexibility is as vital as is remaining attached to the source. A leaf blown from the aspen tree is like a perianesthesia nurse without the fundamental support of colleagues or the ASPAN network.

### Season of Renewal

The aspen tree profusely regenerates after external threats and, in adverse conditions, remains strong by adaptation. There are multiple threats in healthcare that unfavorably impact our day-to-day practice and ASPAN operations. Regardless of external pressures impacting perianesthesia practice, this organization is positioned to provide the essential resources and support to adapt and move forward.

Aspen forests actually benefit from environmental hazards, natural or otherwise. Fires allow the underground seedling to thrive in the sunlight offered by burned horizons. External threats to

*continued on page 2*

**ASPN Component Development Institute**

September 11-13, 2009  
Portland, Maine

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

*Serving nurses practicing in ambulatory surgery, preanesthesia, and postanesthesia care.*

# President's Message

continued from page 1

ASPN serve the same function, allowing seeds of transformation to bloom where planted and replenish the fields of the Society.

The aspen tree grows by developing new shoots that spread

## *Roots of knowledge: To advance the unique specialty of perianesthesia nursing.<sup>1</sup>*

from a parent tree's roots. As the tree ages and dies, its roots survive underground, allowing new shoots to continue the growth process. They stay connected underground, even as the shoots mature. This is the survival strategy of the aspen tree. Our survival as an organization also depends on the ability to grow new shoots that support our foundation and keep our forest strong.

Membership recruitment and retention is a vital survival approach. In ASPAN's past, many nurses served to lead, teach and care for us and our loved ones. They established a legacy of strength. As perianesthesia leaders, mentoring and succession planning must also robustly continue to grow our future.

ASPN is not a lone tree in the forest. ASPAN *is* the forest. In the

shadow of ASPAN, we grow. As our root system, ASPAN keeps us connected. Now is a natural time in its life cycle to assure balance in ASPAN's ecosystem. We can do this by ensuring that its nourishment is healthy and the programs and services ASPAN provides sustain each member. We will carefully generate new shoots, provide the energy needed to grow stronger, and recognize and celebrate firmly planted roots.

We would be most wise to follow *Advice from a Tree*: "Stand tall and proud, sink your roots deeply into the Earth ... seek nourishment from the good things in life, simple pleasures, earth, fresh air, light ... let your limbs sway and dance in the breezes, be flexible, remember your roots."<sup>2</sup>

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Published by the American Society of PeriAnesthesia Nurses

Indexed in the Cumulative Index to Nursing Allied Health Literature (CINAHL)

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Deadlines for inclusion in *Breathline*:

Issue .....Deadline

January .....November 1

March .....January 1

May .....March 1

July .....May 1

September .....July 1

November .....September 1



Photo by Joni Brady

# Breathline

Volume 29, Number 3  
May/June 2009

2

# Member-Get-A-Member Campaign

## April 1, 2009 – March 31, 2010

Membership



ASPA's mission is rooted in knowledge, as well as the provision of exceptional educational opportunities, clinical expertise and practice support, grounded standards of care, and tools for scientific research and evidence based nursing practice. ASPAN membership offers significant resources and networking opportunities designed to improve perianesthesia nurses' ability to respond to the constant, challenging demands of an ever-changing healthcare environment.

Our patients, practice and profession require EVERY MEMBER to foster the roots of knowledge and nourish the seeds of healthcare transformation. To that end, ASPAN members are invited to participate in the Member-Get-A-Member (MGM) Campaign.

Becoming a recruiter has benefits too! An annual **Recruiter of the Year Award**, presented at the ASPAN National Conference, is given to the individual who recruits the most new members during a MGM campaign period. [Click here](#) for MGM Award details.

*Recruit a colleague to join ASPAN today!* 

**C**lick here to download a membership application form, or contact the ASPAN National Office toll free at (877) 737-9696 ext. 16 to request a hard copy of the membership application or MGM brochure.



## What ASPAN Means to Members

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

Inquiries about one's personal affiliations can present challenges to offering concise, yet meaningful, answers. A commitment to membership in ASPAN requires each of us to identify ASPAN's value to our professional beliefs. So, what does ASPAN mean to you?

ASPA membership offers many advantages despite uncertain economic times. We all want to gain the biggest bang for our buck and ASPAN delivers just that! Membership benefits include

discounted educational opportunities, scholarships, and a wealth of shared expertise in the clinical and research perianesthesia nursing realms. Over time, ASPAN has developed a wide communication network. Through its professional networking channels, this cohesive organization provides ongoing perianesthesia best practice support for all members from grassroots to leadership. ASPAN's research activities ultimately identify safe practices and support a

safer environment of care for patients and professionals.

Experiencing the many benefits of ASPAN membership will help you to easily answer my original question: What does ASPAN mean to you? Your best answer lies in the many professional tools and collegial support active membership has to offer. Remain an ASPAN member for life!

[Click here](#) for a complete listing of ASPAN member benefits. 

## Share Your Good News!

ASPA wants to recognize our members' accomplishments. If you have 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.*

**Breathline**

*Volume 29, Number 3  
May/June 2009*



**Kim Kraft**  
**Vice President/  
President-Elect**

## **Redefining ASPAN's Infrastructure to Balance Member Needs with Available Resources**

*Kim Kraft, BSN, RN, CPAN - ASPAN Vice President/President-Elect*

**O**n a cold, wintery weekend last January, the Strategic Plan (SP) Implementation Ad Hoc work group met in Philadelphia to continue its work begun in a Fall 2007 SP meeting. While the 2007 meeting assessed external/internal forces that impact ASPAN and identified necessary and desirable goals to promote continued success of the Society, the implementation meeting focused on the organization's infrastructure and the volunteer work force necessary to support its goals.

### **Member Focus**

It is important to remember that ASPAN exists because of its membership. As members, we own the Society. As owners, we look for value and a return on the investment. Does ASPAN have great products, programs and services? Is ASPAN providing something that cannot be obtained elsewhere? Is ASPAN creating a positive future environment for current and potential members? The implementation group's task is to critically appraise ASPAN's programs and services and then determine the most advantageous ways to improve internal processes and outcomes.

Hurdles to overcome during the transformation process include distribution of resources. For example, is there enough staff at the National Office to provide the level of service members expect, and is that staff appropriately utilized to handle the needs of 14,000 members? Does/will ASPAN have adequate financial resources to continue providing programs, services and products that members want?

ASPA<sup>N</sup> relies on its volunteers to perform perianesthesia research, develop guidelines and standards,

provide educational and informatics programs, and respond to clinical practice questions on a weekly basis. These products and outputs define and brand ASPAN as THE organization for perianesthesia nursing. As the active nursing work force declines due to career retirement in its older demographic, will member volunteers be there to serve on committees, work teams and ad hoc groups?

### **Maximizing Volunteers**

Bud Crouch, MS, the meeting facilitator and principal partner of Tecker Consultants, LLC, described four trends in not-for-profit associations affecting committees and work groups. There is an overall decline in volunteerism; people have less time to give. Associations must seek ways to respect volunteer's personal time and prevent those members from wasting valuable time on committees that don't seem productive. A movement toward smaller, more dynamic volunteer opportunities can gain the maximum benefit from a volunteer's available time. Lastly, clarification regarding appropriate roles and responsibilities of committees and work groups is needed. What does this mean to the ASPAN member?

The current SP serves to guide the ASPAN Board of Directors as it redefines organizational infrastructure and insures more robust opportunities in which members can engage and become involved. The redesigned ASPAN Web site, a first step in the transformation process, is completely database-driven. Members now have extensive access to information such as newsletters, membership rosters and online forums, without third-party involvement from, for example,

the National Office staff. Members can also track purchases, such as publications and seminar registrations, and download handouts.



### **A New Structure**

Over the next 24 to 36 months, a transformation in the committee structure, as we currently know it, will occur. The ad hoc group is analyzing composition and output of each current committee/work group to determine future placement. Expect fewer standing committees, such as advocacy, clinical practice, education, executive, finance, leadership development and research, to administer the work and vision of the organization. In turn, these committees will oversee work groups that accomplish tasks linked to ASPAN's operational and strategic plan.

ASPA<sup>N</sup> seeks to use limited volunteer time wisely and provide more balance in our members' lives and work. Work groups allow more opportunities for involvement by matching time, interests and skills to the tasks at hand, versus asking members to reshape their lives to match the organization's structure. The new structure lets members volunteer for short-term projects rather than signing on for a year-long commitment.

More discussion about the strategic planning process will be shared in future issues of *Breathline*. Ultimately, transformation aims to balance the needs of membership with available resources to keep ASPAN at the forefront of specialty nursing organizations. 

# It's not easy "Getting Green!"

Linda Ziolkowski, MSN, RN, CPAN – ASPAN Director for Education

Kermit the Frog revealed melantholic thoughts on how, "it's not that easy being green."<sup>1</sup> He lamented that he had no other choice, not a possibility to be red or yellow or gold. My laments, as ASPAN's Director for Education, were not so dissimilar to Kermit's. How could the Education Provider and Education Approver Committees be proficient while making the right choices to make life greener for ASPAN and its membership? Save power, save paper? How about generating more efficiency from the resources we already have available to us? Save some resources that could be used later? How can we make this a positive and memorable experience for the member?



We have the technology and resources available, but how can ASPAN use them responsibly and where should we start? Triggered by the work of the Strategic Plan Implementation Ad Hoc, the first steps of our journey began in 2008 with the decision to use the newly revised ASPAN Web site! Here, ASPAN has a resource that is available 24/7 to the membership and perianesthesia community on demand.

### Web Platform

What better place to put educational materials, including seminar and conference materials? ASPAN already offered a number of on-demand education contact

hour programs online. Why not continue that line of availability? What a concept to offer a seminar syllabus and handouts online for download before attending the National Conference, too!

Starting in January 2009, after registering for an ASPAN seminar, participants were directed to a specified Web address to download handouts. This also offered the option to print specific seminar handouts. The key: to print what you need, what you find helpful, and leave the rest. Now, while this approach seemed so easy and workable, we did toss around concerns. Would participants be able to download as instructed? Some handouts were large files even when offered in portable document format (.pdf). What would we do if attendees couldn't download the handout or access the Web site? What if you couldn't access the site? While we prepared for every contingency and were ready for the phone calls for help, to our surprise, things have gone very smoothly!

The National Office staff received a few calls from concerned members and then walked them through the steps to successful downloading. The most important feedback came from seminar participant evaluations. Clearly you agreed with us: this was different, but workable and made sense.

### National Conference

Continuing on, we looked at National Conference. The Board had previously discussed how to "green up" Conference. 2009 was our debut for providing limited National Conference printed mate-

rial, including speaker handouts. In years past, we realized the great waste of printed resources, particularly with the syllabus. Members were telling us it was too much to carry home, often wasted paper on sessions they were not interested in, and left the syllabus behind in their hotel rooms.

To mirror the seminar process, Conference attendees printed only sessions of interest. From April 1 to June 1, 2009, registered participants downloaded the syllabus from the ASPAN Web site with the option to print the session material they chose. While someone may not have attended the session, but found the material was helpful, it could be downloaded without having to carry the three pounds of paper! This has been step one. Step two will be completing evaluations and printing a contact hour certificate when attendees get home! ASPAN will address this issue in the coming months; one less item to print off and one more thing completed on your timeline.

So, we have started with some small steps: making material available online, printing only what we feel we will need and use, looking at some basic technology to make life a bit simpler and efficient. Is this all we will do? No way! This is the beginning of thinking green, or as my friend Kermit said: "I am green and it'll do fine, it's beautiful, and I think it's what I want to be."<sup>1</sup>

### REFERENCES

1. Rapposo J. It's Not Easy Being Green. Available at <http://www.disgalaxy.addr.com/Muppets/kermit.htm>. Accessed April 4, 2009.



**Linda Ziolkowski**  
Director  
for Education



**Jacqueline Ross**  
Director  
for Research

## Using the ASPAN Web Site for Research Information

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

Over the past few years, members and non-members have asked me where to find research information. Most of the inquiries came from novice researchers seeking information to further their understanding of the research process. As many of you are aware, the ASPAN Web site has been updated and revised.

When you go to the [ASPAR home page](#), two pathways exist to enter the research sections. One is located in the left lower quadrant, while the other is on the top

menu bar. Several research section choices exist. These include the Research Committee, Research Information, Research Grants, Research Abstracts, Internet links, and Evidence Based Practice (EBP). Any of the research pages allow you to easily connect to another page.

### Research Primer

For a direct link to the newly published 2009 *Research Primer for Perianesthesia Nurses*, click "Research" on the menu bar and then "Research Information". This is the second edition of ASPAN's *Research Primer*. The first edition, edited by Dr. Susan Fetzer and Dr. Joan Vogelsang, served as the basis for the new edition. Dr. Ellen Poole, a major contributor to the first edition, served as editor for the second edition.

Members will find, within the pages of this publication, assistance for developing a research abstract, research proposal, and methodology. Information on how to participate in research, methods of research dissemination, and references related to nursing research are available.

**This publication is available for FREE to ASPAN members.** As a member-only feature, access to the publication requires the member to register on ASPAN's Web site and then log-in to the site.

### Web Wealth

Several free ASPAN Web site resources are available for anyone needing research information. Click on [Research Information](#) to view several recently updated articles. Topics include: applying

to the Institutional Review Board (IRB), obtaining/writing a consent, writing an abstract, writing a research proposal, creating an effective research poster, and publication tips for research.

Nurses interested in submitting an [ASPAR Research Grant](#) application can request a grant packet from this area as well. As a reminder, ASPAN Research Grants are awarded twice each year and are open to all nurses, including novice nurses. Grants are based on the ASPAN research priority areas. Information on identified priority areas can be obtained by reading the ASPAN Delphi Study findings in the February 2009 issue of the *Journal of PeriAnesthesia Nursing*.

### See EBP in Action

The EBP Committee page connects to the EBP Online Journal Club. This interactive members only activity is educational and offers a chat room discussion board and e-mail mentor support as requested. The EBP interactions should enhance the nurse's ability to review and analyze research findings that can improve nursing practice. Again, input and feedback on this program will be used to improve member offerings, so let us hear from you.

The ASPAN Research Committee is striving to meet the needs of all perianesthesia nurses. We are open to any ideas on what you, the member, would like to see on the Web site. Enjoy the redesigned Web site, and please contact me directly ([jross@aspan.org](mailto:jross@aspan.org)) with ideas for additions or improvements. 

The screenshot shows the ASPAN website homepage. The top navigation bar includes links for About Us, Members, Clinical Practice, and Research. The Research section is highlighted. Below the navigation, there is a banner for "ASPAR Highlights" and a list of available resources: NOW Available 2008-2010 Standards, JOPAN Call for Manuscripts, and ASPAN's 28th National Conference. The main content area is divided into sections: ABOUT ASPAN (with links to Core Ideology, History, Organization, and Governance), MEMBERSHIP (with links to Benefits of Membership, JOIN ASPAN NOW, Online User Renewal, and My Profile), PUBLICATIONS (with links to Breathline, JOPAN, and ASPAN Standards), CLINICAL PRACTICE (with links to Frequently Asked Questions, Submit Questions, Position Statements, Practice Guidelines, and Safety in Practice), RESEARCH (with links to Research Information, Research Grants, Evidence Based Practice), and DEVELOPMENT (with links to About Development, Hall of Honor Salute, Dream Walker Award, and Scholarships Program). The bottom of the page includes contact information: 20 Melrose Avenue - Suite 112 - Cherry Hill, NJ 08002-2606, Toll-Free: 877-737-9898, Telephone: 856-629-9800, Fax: 856-626-3001, and an email address: [ASPAR@ASPAR.org](mailto:ASPAR@ASPAR.org).

## **Frequently Asked Questions**

*Barbara Godden, MHS, RN, CPAN, CAPA – ASPAN Director for Clinical Practice*

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*The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This is one frequently asked question.*

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### **Q: Do all outpatients need to void prior to being discharged?**

**A:** This question has been debated since the advent of ambulatory surgery over 20 years ago. Varying opinions continue on whether patients should void prior to discharge. At this point in time, there is little research and evidence to point one way or the other. If the patient does not void prior to discharge, does this alter the outcome? Or, is requiring the patient to void an unnecessary practice that prolongs hospitalization and adds to their bill?<sup>1</sup>

### **Voiding Factors**

Frequently, postanesthesia patients are not well-hydrated upon arrival in the PACU. This results from NPO status, limited amounts of intravenous fluid and third spacing even in routine, seemingly small procedures. The postoperative patients have not had time to produce adequate urine. In addition, most people void every four to six hours. This amount of time may not yet have passed when a patient is ready for discharge. Couple the time element with potential dehydration and there is not enough urine to stimulate voiding.

On the other hand, certain conditions such as prostatic hypertrophy, may predispose a patient to urinary retention. Some surgical procedures may stun the bladder or the nerves surrounding the bladder. Urological procedures may result in hematuria

with the potential for clots that can obstruct urinary flow. Other at risk procedures for urinary retention include rectal, lower abdominal and pelvic surgery, and inguinal herniorrhaphy. Patients undergoing these procedures often have the urge to void because of manipulation of the nerves surrounding the bladder. Consequently, they may be at higher risk for urinary retention. Therefore, voiding under these conditions is advisable, according to experts.<sup>1,2</sup>

Spinal and epidural anesthesia is another factor to consider when determining if a patient should void prior to discharge. The reverse order of the blockade is motor, sensory, and then sympathetic. The sympathetic nervous system controls bladder function, so the ability to void indicates a total resolution of the block. Prior to block resolution, patients cannot tell if the bladder is distended.<sup>1,2</sup>

### **Discharge Prep**

Today, many Phase I and Phase II postanesthesia units have bladder scanners available as standard equipment. This tool can be used in conjunction with other assessments to evaluate bladder volume and potential urinary retention prior to discharge home.<sup>3</sup> In facilities that do not require a patient to void, patients and designated home care providers should be instructed on symptoms that may indicate a full bladder, the

importance of avoiding overdistention, and the recommended time period to wait before seeking care for a full bladder.<sup>4</sup>

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**Barbara Godden**  
**Director for  
Clinical Practice**



## **Breathline**

*Volume 29, Number 3  
May/June 2009*

## **Don't Miss the Scholarship Application Deadline! Postmark Deadline is July 1, 2009**

The 2009 ASPAN Scholarship Program brochure/application is available on the Web site, and in a hard copy or .pdf file via e-mail request from the National Office. **Beginning in 2009, a new \$500 Humanitarian Mission scholarship is offered.** Please see the brochure for details. All applicants must submit, **by mail**, an original plus three copies of the applica-

tion along with supporting documentation for the Selection Committee to review.

**The scholarship application cannot be submitted electronically.** When accessing the Scholarship Brochure/Application .pdf file online, the required information can be entered into the fill-in form. A copy of the file can then be printed to include with the

application packet. ASPAN's fill-in form uses the features provided with Adobe Reader™ software.

[Click here](#) to access complete ASPAN Scholarship Program information. For questions, or to receive a copy of the brochure/application, please contact Jane Certo at the ASPAN National Office: 877-737-9696 ext. 13 or email [jcerto@aspan.org](mailto:jcerto@aspan.org). 

## **National Conference Reports**



Complete coverage of ASPAN's 28th National Conference will be featured in the July/August 2009 edition of *Breathline*. For a preview of all the Conference action in Washington, D.C., daily *National PArtiCULARS* news is available now on the [ASPA Web site](#). 

## **Help ASPA Go Green**



**A**SPAN needs your correct **E-mail address!** To update your membership profile, please go to [www.aspan.org](http://www.aspan.org) and select the "My ASPAN" menu option located at the top of the homepage. **Don't miss out on important benefits of membership.** Log-in and update/verify your member account information on the ASPAN Web site today! 

## **Specialty Practice Group Newsletters: Now Online Only!**

As part of ASPAN's "Go Green" initiative, all Specialty Practice Group (SPG) newsletters are now **online only** on ASPAN's Web site. Newsletters (new and archived), additional practice information

and a SPG member forum are found on each of ASPAN's SPG Web pages.

If you are a current SPG member, your initial login on ASPAN's Web site will permit you to view

your SPG's Web page. Online newsletters allow timely and current information to be available to the member with the click of a mouse. SPGs are now a vital part of ASPAN's "Go Green" process! 

## **ASPAN Endorses Global Vision Statement on Care of Older Adults**

**A** SPAN was among 28 national nursing organizations to recently endorse the "Specialty Nursing Association Global Vision Statement on Care of Older Adults". Through its affiliation with the Hartford Institute for Geriatric Nursing Resourcefully Enhancing Aging in Specialty Nursing (REASN) initiative, ASPAN is committed to developing programs to address issues impacting perianesthesia

nurses who care for older adults. [Click here](#) to view the Global Vision Statement or visit the Hartford Institute for Geriatric Nursing Web site @ [ConsultGerirN.org](http://ConsultGerirN.org).

**To view ASPAN Geriatric Web Resources, please [click here](#) or select "Geriatric Resources" from the ASPAN Web site "Resources" dropdown menu.** 



## **Member Spotlight**

**C**ongratulations to Colorado's Caroline Dietrich, BSN, RN, who was honored at the 20th Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium sponsored by the University of Colorado Hospital. The March 2009 event presented research and evidence based projects conducted in the Rocky Mountain area and its neighboring states. Ms. Dietrich received the Research Poster Award for the study "Comparison of Esophageal Temperature and Infrared Thermometry in Surgical Patients".

The purpose of this study was to compare esophageal probe temperatures, currently considered the gold standard, to infrared scanner thermometer temperatures in patients undergoing general anesthesia. The femoral artery site was found to have the strongest correlation to esophageal. Although the



*Caroline Dietrich's research efforts were honored at the 2009 Rocky Mountain Evidence Based Research Symposium*

infrared scanning thermometer performed consistently across sites, it overestimated the temperature by 0.5-0.6 degrees compared to the gold standard. The study results may have clinical relevance for patients at extreme

ends of the normothermic range. Therefore, it is important to consider making additional temperature measurements in patients at the higher and lower ends of the normothermic temperature range. 



**Dolly Ireland**  
Director  
for Development

## Transitioning, Once Again!

Dolly Ireland, MSN, RN, CAPA, CPN - Director for Development

In the film *Fiddler on the Roof*,<sup>1</sup> performer Chaim Topol sings "Tradition" in the robust manner with which we should sing, "Transition... TRANSITION!" Transition is a passage from one situation to another. In the strategic planning session described on page 4, transition was looked upon as moving forward, with ASPAN leaders performing as good stewards of available resources, and being fiscally responsible to the ASPAN membership and organization. A detailed, microscopic look was taken at all committees, strategic work teams, and ad hoc committees. This view took into account the functions of each to evaluate where business could be accomplished more proficiently.

### PAST

ASPAR experienced a period of transition once before. Starting with the mid-year board meeting in 1993, and moving through 1995, ASPAN transitioned from a board of directors with over 65 representatives to a more functional board and representative assembly. This move allowed for business to be conducted much more efficiently. The process changes also created a more defined membership representation.

### PRESENT

ASPAR currently has 13 standing committees, 8 strategic work teams, 5 ad hoc committees and some entities, such as Development, that aren't really defined by any of these categories. ASPAN's current system encourages member involvement and welcomes members to fill out a willingness-to-serve (WTS) form. Members are asked to fill out the WTS form annually and are then assigned to these functions.

However, there have been occasions when there is more work for the committee to do than there are

committee members to do it. There have been other occasions when there are more committee members than there is work for the committee to do. Is this productive? How can we create a better balance? Might these valuable member resources be better utilized on specific projects as they become available? Better productivity includes assigning the right resource to the task at hand, rather than thinking up tasks to assign just so people have something to do!

### FUTURE

It is time, once again, for ASPAN to experience transition. In this economic era with huge stressors on socio-cultural factors, *everything* needs to be re-evaluated. One specific area being reviewed is ASPAN Development. Due to tax laws, a name change took place in 2007 and the ASPAN Foundation became known as ASPAN Development. Many members continue to refer to this resource as the Foundation. Development does suffer from a slight identity crisis! Is it a committee? Is it a task force? What are the future goals? What is its purpose and what assignments are members given?

### DEVELOPMENT

According to its strategic plan, these are ASPAN's identified goals:<sup>2</sup>

**Goal A:** ASPAN will be its members' indispensable resource for perianesthesia education and knowledge.

**Goal B:** ASPAN will be the influential advocate for perianesthesia safety, public policy, nursing practice and standards.

**Goal C:** ASPAN will be the recognized source of perianesthesia information for the health care community and the public.

**Goal D:** The art and science of the perianesthesia practice will be advanced through research and evidence-based activities.

The Development objectives, in relation to these goals, include increasing ASPAN revenue through various activities. These activities comprise vendor solicitation, coordination of the annual Dreamwalk, administering the Silent Auction and promoting the *Hail, Honor, Salute!* program. Exhibitor recruitment and retention is accomplished by the Director of Marketing and Development and the National Office staff.

Can this work be combined with another committee for better efficiency? Strategic planning expert, Bud Crouch, advised that a not-for-profit organization should maintain limited numbers of highly functioning standardized committees. One such committee, currently lacking, is a formal Finance Committee. When examining ASPAN Development functions, it is easy to see a strong correlation between finance and development. Revenue generated to support ASPAN goals could be combined into a higher-level finance committee.

### TRANSITION

External forces place pressure on small organizations to adapt. Timelines and priorities may need to change, but ASPAN's mission, core values and vision must be maintained and shared. The goal of Development remains to increase revenue for scholarships, education, research and the promotion of clinical practice. The question of where to best position this work remains a high priority throughout this period of transition.

### REFERENCES

1. Berardinelli J. *Fiddler on the Roof*. Available at <http://wwwreviews.net/movies/fiddler.html>. Accessed April 4, 2009.
2. American Society of PeriAnesthesia Nurses. *Thinking and planning strategically*. Cherry Hill, NJ: ASPAN; 2007. 



## Explore the ASPAN Regions

Complete ASPAN component information is right at your fingertips! The redesigned ASPAN Web site offers easy access to all the information members need to connect with local and national perianesthesia colleagues.

On the Web

Visit [www.aspan.org](http://www.aspan.org) and select "Components" from the "About Us" dropdown menu.



Three linking options become available. Click on the section name to view that Web page:

- [Components Presidents](#)
- [Component Web Sites](#)
- [Regional Portals](#)



An interactive ASPAN Web site map makes it very easy to find your ASPAN regional director and component leaders. Just click on your home state to quickly link to your representatives! 

Breathline

Volume 29, Number 3  
May/June 2009

## Nurse in Washington Internship

Renee Smith, MS, RN, CPAN, CAPA – ASPAN NIWI Scholarship Recipient

Spring in Washington, D.C. was filled with beautiful cherry blossoms and throngs of constituents traversing Capitol Hill to meet with senators and representatives. Starting on Sunday March 29, 2009, and for three subsequent days, participants of the Nurse in Washington Internship (NIWI) were among the crowd.

Sponsored by the Nursing Organizations Alliance (NOA), NIWI is an experiential program for nurses and students. NIWI's purpose is to pool the representation of many nursing specialty practices to promote a strong voice and cohesive action to address nursing community issues of concern. ASPAN was well represented in the group of 105 nurses who came to the nation's capital to learn more about advocacy for patients, nurses, and healthcare.

### Cultivating a Voice

For some, this was the first trip to Washington to meet with

legislators and present requests, or "asks," for adequate appropriations to directly fund national nursing initiatives. This year the "asks" included increasing Fiscal Year 2010 funding (\$215 million) for Title VIII Nurse Workplace and Development programs, and increased financial support for the National Institute of Nursing Research. We also requested that representatives place a statement in the Congressional Record stressing the importance of the nursing profession to our nation's healthcare system.

The educational portion of the NIWI conference was geared toward preparing attendees to meet with legislators and effectively present the "list of asks." Information was also presented on: healthcare reform; ways to be influential as told from the viewpoint of successful nurse advocates and prior congressional staffers; and current staffers' hints related to the peaks and pitfalls of congressional meetings.



Seven ASPAN members were present at the March 2009 NIWI conference: (standing from left) David Kay (UT), Maureen Haislett (DE), Cindy Hill (TX), Beth Markham (MN), Renee Smith (PA); seated: Helen Riedesel (IA), Terry Clifford (ME)

### ASPA members participating in NIWI 2009:

**Theresa Clifford**  
**MSN RN CPAN**

**David Kay**  
**MSN RN CAPA**

**Maureen Haislett**  
**RN PCC CPAN**

**Cindy Hill**  
**BSOE RN CPAN CAPA**

**Beth Markham**  
**RN**

**Helen Riedesel**  
**BSN RN**

**Renee Smith**  
**MS RN CPAN CAPA**

### Constituent Power

The fact that senators and representatives are in Washington to represent us was a repeated theme. As our elected representatives, members are eager to hear from constituents in order to best represent the desires and needs of people from their state or district. Most NIWI participants met with legislative aides and staffers during the Senate meetings, while the majority of meetings with House members took place with the actual representative. At the



Each year NIWI brings nurses to Capitol Hill in numbers

end of the day, when all of the participants returned from the Capitol Hill visits, we reported positive meetings and support for nursing issues.

Participation in NIWI was an honor, but this experience is just the beginning of our work. The internship provided the vital tools for effectively communicating with legislators and influencing policy. Now that we learned some

of the basic tools for successful advocacy, it is our responsibility to continue to hone those skills and teach others.

### Being Heard

As the largest group of health-care providers, nurses need to speak with one voice to become a powerful, driving force in the reformation of all aspects of health-care. Too often in the past, nurses

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

## Advocacy Resources on ASPAN Web Site

Valuable governmental affairs information is offered on [ASPA](http://www.aspan.org)n's Web site. The Advocacy section includes NIWI information, the free publication *Governmental Affairs: A Primer for Political Action*, and much more. Check it out!

neglected to use the great degree of potential we hold to influence change in issues affecting patients and our profession.

Legislative education is the beginning of a new direction and renewed effort for many of the NIWI participants. We ASPAN attendees encourage anyone with even the slightest interest in becoming an agent for change in the political process to get involved by seeking an advocacy mentor, starting with the basics, and continuing to build for the future. We must be united and strong to move from silence to voice in the shaping the future of nursing. Be prepared and be heard! 



Cherry blossoms in full bloom during NIWI week

## Nursing Knowledge and Intuition Produces Favorable Outcome

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



Sharon Thorwald (left) and Alicia Garza, together at work in April 2009, share an incredible life experience

Sharon Thorwald, RN, CAPA, an ASPAN member since the mid 1980s, served in leadership positions for her local Texas Association of Peri-Anesthesia Nurses (TAPAN) district and as a past president of TAPAN. She is employed as the 4th Floor PACU Nursing Supervisor at Arlington Memorial Hospital in Arlington, Texas.

One day, while working in her office, the relief unit secretary came into the office and said that a coworker, Alicia Garza, was on the phone. When Sharon took the call, Alicia said she had the worst headache of her life and felt that if she went to sleep she wouldn't wake up. Alicia's speech was notably slow. Sharon asked questions, trying to determine

whether or not a neighbor could come to check on Alicia. The response was no. Alicia's husband was at work. She was located in an upstairs bedroom and felt that she wouldn't be able to make it down the stairs.

### Making the Right Call

The more Alicia spoke, the more concerned Sharon became. Sharon then instructed Alicia to call 911, but Alicia was afraid that if she ended the call, she wouldn't be able to pick up the phone again. Alicia stated several times during the conversation that she was afraid she wouldn't wake up if she went to sleep.

All of the factors involved multiplied Sharon's concern. She was personally unable to intervene from the hospital location, did not have a home address or know anyone familiar with where Alicia lived, and had no way to contact Alicia's husband. Knowing that a 911 operator would automatically obtain the home address and stay on the line until help arrived, she was left to hope that Alicia could make the call and effectively communicate her situation. Finally, without a better option and after repeated attempts, she convinced Alicia to make the 911 call.

Sharon hung up the phone, waited a moment, and then tried calling back several times. The line was busy each time. Later that day, Sharon was surprised to learn that Alicia had been admitted to the emergency room with a cerebral bleed. She found Alicia intubated and on ventilator support. Since that fateful day, and because of early medical intervention and subsequent rehabilitation, Alicia made significant progress. Today, Alicia Garza is back to working in her original perianesthesia unit secretary position.

Sharon Thorwald describes her feelings about the experience this way: "I am grateful that Alicia had the presence of mind to call into work, that the secretary who answered the phone came to get me, and that Alicia was able to make the call to 911. If all of these things had not happened, the outcome could have been very different. I believe that God was there directing all of us to do what needed to be done that day" (personal communication, April 26, 2009).

A special thank you is given to Megan Brooks, Senior Public Relations Specialist, Texas Health Arlington Memorial Hospital. 

## Breathline Online

Once a member downloads the latest edition of *Breathline* from ASPAN's Web site, the option exists to save a copy of the file or to print all (or just portions) of the newsletter. To save a copy of the newsletter, click on the top left menu bar's second icon and then choose a computer or removable media location in which to save the file.

To print the newsletter, click on the first menu bar icon. A pop-up screen will appear, allowing the user to select exact pages she or he wishes to print. Complete details on Adobe® printing options<sup>1</sup> are available from the [Adobe Reader Help Resource Center](#).

### REFERENCE

1. Adobe Systems Incorporated. Options in the print dialogue box. Available at [http://help.adobe.com/en\\_US/Reader/8.0/help.html?content=WS58a04a822e3e50102bd615109794195ff-7bde.html](http://help.adobe.com/en_US/Reader/8.0/help.html?content=WS58a04a822e3e50102bd615109794195ff-7bde.html). Accessed May 3, 2009.

# Component Education Programs



**July 18, 2009** Florida Society of PeriAnesthesia Nurses (FLASPN) Perianesthesia Review at the Mayo Clinic in Jacksonville, FL. Featured speaker is Lois Schick, MBA, MN, RN, CPAN, CAPA. For information contact Nancy Fishman at 904-956-3101 ([fishman.nancy@mayo.edu](mailto:fishman.nancy@mayo.edu))

**September 12, 2009** Arizona PeriAnesthesia Nurses Association (AZPANA) "Shampoos, Tattoos, and Barbeques and Interpretation of Laboratory Values" at the Hilton El Conquistador in Tucson, AZ. Featured speaker is Barb Bancroft, RN, MSN, PNP. For information contact Sandra Aspacher ([saspacher@caroldelet.org](mailto:saspacher@caroldelet.org))

**September 18-20, 2009** Georgia Association PeriAnesthesia Nurses (GAPAN) State Seminar "PeriAnesthesia Nursing: Embracing the Cutting Edge of Surgical Innovations" in Atlanta, GA. For information contact Keisha Franks ([Keisha.Franks@Wellstar.org](mailto:Keisha.Franks@Wellstar.org))

**September 19, 2009** Tennessee Society of PeriAnesthesia Nurses (TSPAN) Fall Fling Conference at the Music Road Hotel & Convention Center in Pigeon Forge, TN. For information contact Shari Breeden ([sharibreeden@aol.com](mailto:sharibreeden@aol.com)), Kay Fecher ([kfecher@comcast.net](mailto:kfecher@comcast.net)), or visit <http://tspanonline.org>

**September 19-21, 2009** Texas Association of PeriAnesthesia Nurses (TAPAN) 33rd Annual State Conference at the J.W. Marriott in Houston, TX. For information contact Meggie Kwan ([mkwan1@sleh.com](mailto:mkwan1@sleh.com)) or Lillian Bailey ([lbaily@sleh.com](mailto:lbaily@sleh.com)) at 823-355-3270, or visit [www.tapan.org](http://www.tapan.org)

**October 23-25, 2009** FLAS-PAN presents its 40th Annual Conference "The Magic is Still Strong after 40 Years" at the Regal Sun Resort in Lake Buena Vista, FL. Contact Kim Godfrey at 904-622-6322 ([pacurn32068@hotmail.com](mailto:pacurn32068@hotmail.com)) 

## Fall 2009 Exam Registration

The American Board of PeriAnesthesia Nursing Certification (ABPANC) registration window for the Fall 2009 testing period

opens July 27, 2009 and lasts through a final deadline of September 7, 2009. Online registration is highly encouraged.



**Learn everything you ever wanted to know about certification, recertification, and Computer Based Testing at [www.cpancapa.org](http://www.cpancapa.org)**



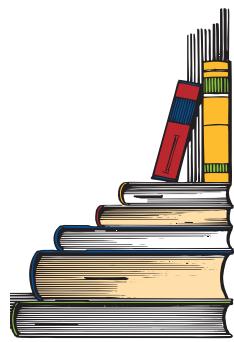
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## Certification



**Breathline**  
Volume 29, Number 3  
May/June 2009



## ASPAN Hosted Seminars

**June 6, 2009** Perianesthesia Certification Review in Greenvale, NY. Hosted by NYSPANA. Contact Elizabeth White at 516-277-4719 or [fitness5@optonline.net](mailto:fitness5@optonline.net)

**July 11, 2009** Perianesthesia Certification Review in Baton Rouge, LA. Hosted by LAPAN. Contact Rachael Ballas at 504-842-2102 or [rballas@ochsner.org](mailto:rballas@ochsner.org)

**July 18, 2009** Perianesthesia Certification Review in Cleveland, OH. Hosted by University Hospitals-Case Medical Center. Contact Kathleen Frato at [Kathleen.Frato@UHhospitals.org](mailto:Kathleen.Frato@UHhospitals.org)

## 2009 Component Development Institute

Plan now to attend the **ASPAN Component Development Institute**.

This year's program is scheduled for September 11-13, 2009 at the Holiday Inn By The Bay Hotel and Convention Center in Portland, Maine.

More information will appear in the next edition of *Breathline*.

## ASPAN Seminars

### May 30, 2009

Perianesthesia Nursing: A Systems Review of Pathophysiology  
Springfield, IL

### June 6, 2009

Pediatrics: Little Bodies, Big Differences  
Allentown, PA

Foundations of Perianesthesia Practice  
Bristol, VA

### June 13, 2009

Perianesthesia Nursing: A Systems Review of Pathophysiology  
San Antonio, TX

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum  
Phoenix, AZ

### July 25, 2009

Perianesthesia Certification Review  
San Antonio, TX

### August 8, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum  
Torrance, CA

### August 15, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum  
Allentown, PA

### August 22, 2009

Perianesthesia Certification Review  
Ontario, CA  
Richmond, VA

### August 29, 2009

Perianesthesia Certification Review  
Columbus, OH

### September 12, 2009

Perianesthesia Certification Review  
Fishkill, NY

### September 18, 2009

Perianesthesia Certification Review  
Atlanta, GA

### September 19, 2009

Perianesthesia Nursing: A Systems Review of Pathophysiology  
Binghamton, NY