



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

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1980-2010: Decades of Transformation

Is it possible that ASPAN is beginning its 30th year? In 1980 gasoline cost an average of \$1.19 per gallon. A first class stamp was only 15 cents. By using the car radio or a compact cassette we listened to the rock group Blondie. We mourned John Lennon. Home computers were in their infancy and many rushed home to find out: "Who shot JR?" Post-it® Notes debuted. Camcorders and fax machines became popular. Ronald Reagan was elected the 40th President of the United States. Memorably, Mt. Saint Helens erupted.¹

Fast forward...today's astronomical increases in cost-of-living require no explanation. The world watches as the first African-American presides as the head of the United States. Children born today will be raised in a post 9/11 society. Over the years, technology and cultural influences have changed the face of daily life. More than one billion personal computers have been sold since the mid 1970s.² Communication is instantly initiated through our fingertips, a whisper, and retinal recognition. Computers now fit in our pockets!

Remember perianesthesia life back in 1980s? Patients having 'routine' tonsillectomies were admitted to the hospital the day before the procedure and likely stayed several days. Pulse oximetry was a luxury to be shared amongst only the neediest of patients. PACUs were 'closed units' and visitors were forbidden. Early laparoscopic procedures often took hours. Fortunately, as perianesthesia nurses, we ride and master the tides of change. Today, the number of outpatient surgery centers nearly equals the number of general hospitals,³ pulse oximetry is a state of common practice, and the PACUs have revolving doors.

Today, ASPAN is no longer managed by outside agencies. Membership has grown to over 13,000. Specialty Practice Groups have multiplied. In the past



Theresa Clifford
MSN, RN, CPAN
ASPAN President 2009-2010

30 years, ASPAN has moved from dependence to independence. This year, we celebrate the purchase of a standalone building, a new home for ASPAN, in which its future business will be conducted by an expanding staff. This is truly a milestone worthy of commemoration!

2010: Looking Back

It is with gratitude that I look back at the past 12 months. I was elected as the primary representative and spokesperson for ASPAN. My goal for the term was simple: to explore and create ways to restore balance to the ASPAN ecosystem. Volunteer members were aligned with personal goals for committee involvement. Liaison appointments were evaluated and new liaison connections created to be nourishment for the growing scope of perianesthesia practice. Select ASPAN members hold appointed memberships in the National Association of Clinical Nurse Specialists, the American Society of Pain Management Nurses, the Association of Radiological and Imaging Nurses, the Association of Women's Health, Obstetric and Neonatal Nurses, and the American Nursing Informatics Association, to name a few.

ASPAN has been able to sustain and generate new shoots for growth through ongoing influence among healthcare partners. Its visibility as the premiere organization for perianesthesia nurses was maintained through attendance at associate organizational meetings including the American College of Surgeons, the American Society of Anesthesiologists, the American Association of Nurse Anesthetists, the Nursing Organizations Alliance, the Council on Surgical and Perioperative Safety, and the American Board of Perianesthesia Nursing Certification. In addition, ASPAN's voice remains at the table for the Surgical Care Improvement Project and the communication committee of the Post Graduate Assembly of the New

ASPN
National
Conference

S
"Roots of
Knowledge,
Seeds of
Transformation"

S
April 18-22, 2010
New Orleans, LA

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Celebrating 30 years of perianesthesia nursing excellence: 1980 - 2010.

In the past 30 years, ASPAN has moved from dependence to independence.



York State Society of Anesthesiologists, and it has strong representation with the Americans for Nursing Shortage Relief Alliance.

ASPAR limbs now branch successfully into international territories. ASPAN was represented by influential leaders at meetings of the British Anaesthetic Recovery Nurses Association, the National Association of PeriAnesthesia Nurses of Canada, and the Irish Anaesthetic and Recovery Nurses Association. The 2009 People to People delegation, a global organization that fosters networking and international goodwill, was led by an ASPAN past president into South Africa. The International Conference Strategic Work Team continues to explore the possibility of an international perianesthesia conference.

ASPAR's three primary mission teams conducted active, productive schedules. Education has provided multiple seminars and amazing National Conference planning. Research continues the process of exploring and identifying the scientific basis for perianesthesia practice. Clinical Practice remains steadfast in the commitment to respond to hundreds of queries each month. Lastly, the components, the basis of our roots and foundation, have been busily supporting ASPAN's initiatives. Since early fall 2009, there have been 32 component-sponsored meetings and nearly every component was represented at the annual Component Development Institute hosted in coastal Maine.

The advances in perianesthesia practice and the accomplishments of ASPAN have been entirely a result of your ongoing commitment to excellence in perianesthesia patient care and your passion for your professional organization. Bravo.

2010: Looking Forward

I wish to pay tribute to each of you for your support, friendship and examples of what it means to share passion and commitment. Thank you for your many notes of appreciation, words of encouragement, sharing of resources and, most importantly, your time. I am certain that ASPAN's future promises bright and energetic leaders. With a healthy and solid organization, ASPAN's core purpose to advance the unique specialty of perianesthesia nursing will be realized.

We have been wise to follow the *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."⁴ Thank you for a fabulous year!

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

Find Your Niche in the Specialty Practice Groups

ASPAN Specialty Practice Groups (SPG) allow peri-anesthesia sub-specialty practice nurses to network and nurture their commitment and desire to provide safe practice, sound clinical practice standards and quality patient care. Any active ASPAN member may join an unlimited number of SPGs with each membership requiring a nominal participation fee. Members belonging to a particular SPG share an interest in peri-anesthesia practice and professional issues associated with its specialty area.

SPGs:

- are member-driven
- provide information in the development of perianesthesia standards, position statements and educational materials
- offer a variety of educational and networking opportunities

SPG membership benefits include:

- two online newsletters per year
- access to a password-protected Web page containing posted information and a dialogue forum
- a scheduled annual meeting at the ASPAN National Conference

Purpose

Advanced Degree To support and foster peri-anesthesia Advanced Practice Nurse (APN) role development and to promote higher education for perianesthesia nurses. Must be master's prepared or in a master's program to join.

Geriatric To improve the quality of healthcare to older adults by enhancing the perianesthesia nurses competence through attitudes, knowledge and skills; to disseminate information on geriatrics as it relates to the perianesthesia continuum of care; to serve as a resource, provide networking opportunities and facilitate research.

Informatics To promote collaboration among perianesthesia nurses involved with informatics and share resources related to perianesthesia informatics; to serve as a resource to ASPAN's Perianesthesia Data Elements group.

Management To enhance collaboration and communication among perianesthesia managers and serve as a management resource; to utilize the group to benefit from specialty education regarding administration and management in the perianesthesia arena.

Pain Management To enhance communication and collaboration appropriate to acute and chronic pain management among perianesthesia nurses; to utilize the group to research resources available for policy recommendations; and, to disseminate information to members of the specialty practice group, the organization and other health care providers.

Pediatric To provide nurses the opportunity to increase their quality of care for children in the ambulatory surgery, preanesthesia and postanesthesia arenas.

Perianesthesia Nurse Educator To promote collaboration among perianesthesia nurse educators and share resources related to perianesthesia orientation to practice, competencies and continuing education.

Preoperative Assessment To bring together nurses working in the preoperative assessment area to share ideas, to provide educational opportunities and to serve as a resource and networking facilitator.

Publications To encourage, support, and promote the writing and publishing process by perianesthesia nurses through resources, education, and networking.

For more information and to contact a SPG Coordinator or Vice-Coordinator, please visit the [SPG Web page](#) 

2010 National Conference SPG Meeting Schedule*

Monday, April 19, 2010 ~ 12:15 PM – 2:00 PM

- Informatics, Perianesthesia Nurse Educator

Tuesday, April 20, 2010 ~ 12:00 PM – 1:45 PM

- Advanced Degree, Geriatric, Pain Management, Publications

Tuesday, April 20, 2010 ~ 5:30 PM – 7:15 PM

- Management, Pediatric, Preoperative Assessment

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



Qualitative Research in a Teacup

Daphne Stannard, PhD, RN, CCRN, CCNS, FCCM - ASPAN Research Committee Member

As research findings are beginning to drive more of our practice and as perianesthesia nurses become savvier in consuming and participating in research endeavors, it is vital to firmly grasp the differences between quantitative and qualitative research methods. This article highlights the salient differences, as a thorough explication would take more space than is allowed - a soup tureen, if you will. This is simply an overview of qualitative research in a smaller format - say, a teacup! With that being said, what is qualitative research? Stated simply, qualitative research seeks to understand everyday concerns, meanings, practices, and processes in their own terms.

Different Measures

Quantitative research emphasizes the measurement and analysis of causal relationships between variables, seeking ultimately to theorize and predict. Qualitative research, on the other hand, pays attention to the phenomena of interest (or that which is being studied) in relation to the context or situation, seeking ultimately to understand. The two methods are different paradigms with different goals. A quantitative study is like a brick: conducting research study after research study adds to the wall of science. With qualitative inquiry, each research study is itself a wall: conducting research study after research study adds new walls of science.

Another significant difference between the methods is that quantitative inquiry is purported to be objective or value-free, whereas qualitative research emphasizes the value laden nature of inquiry. Quantitative research is designed to minimize bias, which increases objectivity. A quantitative researcher does not want her/his emotions biasing or affecting the results of the trial. In contrast, a qualitative researcher, by her/his questions and very presence, is introducing bias into the study. Yet, this "bias" is not taken up as something to prevent or control, rather it is the vehicle for understanding the phenomena of interest. The qualitative researcher is trained to be reflective and take many notes on how the researcher is involved in the situation and may be altering the phenomena of interest. In fact, qualitative researchers do not believe that any research effort (even quantitative) can ever be truly objective, as humans are self-interpreting beings who are

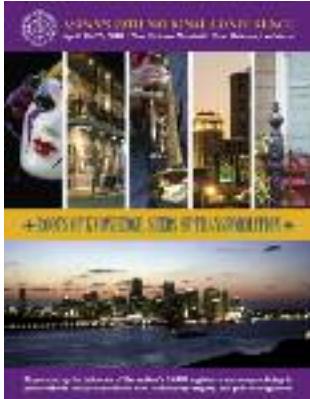
always trying to make sense of things. This is why qualitative researchers do not use the term "subjective". They believe that all research is to varying degrees subjective, but that the qualitative researcher grasps and grapples with this by way of reflective memo writing.

Pouring Over Data

What counts as data is another distinction for these two types of research methods. Quantitative research data is ultimately converted to numbers and is counted and analyzed by the researcher. Qualitative research data may be in the form of interviews, video images, or written text, but all of these data are ultimately converted to words and interpreted by the researcher. If you are planning on embarking on a research journey and you are torn between research methods, consider the research question. The question directs the research method, as a question centering on everyday concerns, meanings, practices, and processes may be better suited for qualitative methodology. Likewise, if the answers to your question can be counted, it might be a better fit for a quantitative research study.

Finally, the two research methods differ greatly by way of evaluation. Quantitative research is evaluated in terms of internal validity, external validity and generalizability, and reliability. A good quantitative research design should have minimized bias (strong internal validity), the results should be generalizable beyond the study sample, and the study should be able to be readily replicated by another research team. Qualitative research is evaluated on its coherence, agreement, and practical implications. A good qualitative study's interpretation should "ring true", be judged by others as a truthful, clear, and comprehensive account, and offer increased understanding of the phenomena of interest.

While the two research paradigms differ greatly with respect to goals, research approach, and evaluation, the two methods also complement one another and contribute to perianesthesia nursing science, either as one wall of science or many walls of science. Putting it all together, it takes a village of walls to understand and fully articulate our practice, our patients and families, and what concerns us as perianesthesia nurses! 



Great Information for First Time Attendees

Sheri Bowell, RN, CAPA – 2010 National Conference Strategic Work Team Member

If this is your first time attending ASPAN's biggest event of the year, WELCOME to National Conference! We are so excited to have you, and ASPAN wants this to be a most enjoyable experience. Please take time to attend the "First Timers Orientation" session to become knowledgeable about the many opportunities awaiting you. Here you will meet the ASPAN Regional Directors (RDs), who share tips on how to experience the many exciting aspects and events comprising National Conference. The RDs also offer some great ideas on how to become more involved in YOUR professional organization.

Please read through the [National Conference brochure](#) to learn more about the program and its fantastic social networking activities offered throughout the week. During the Conference, please remember to pick up the daily *National PArtiCULArS* newsletter highlighting each day's activities.

When you arrive in New Orleans, be sure to stop by the Registration Area to pick up a colorful first-time attendee ribbon. While wearing the ribbon

below your name badge, you will be amazed at how many people reach out to meet and welcome you. But, I'll warn you now ... once you attend Conference you may become obsessed and eagerly return year after year. We sure hope so! Have a wonderful time! 

New Orleans Welcomes ASPAN April 18-22, 2010

When it comes to the city of New Orleans, there's uptown, downtown, lakeside and riverside. It's up to you to decide which direction to take as you explore one of America's most fascinating cities. One thing's for sure: it's bound to be FUN! For information on all that the 2010 National Conference host city has to offer, visit the [New Orleans Visitor's Bureau Web site](#). 

The ASPAN SHOPPE Wants You!

Diane Swintek, BSN, RN, CPAN – ASPAN Membership/Marketing Committee Member

Before you know it, we'll be in New Orleans stocking shelves with many ASPAN logo items and publications for sale. In keeping with the "Go Green" initiative, The Shoppe will again sell reusable logo shopping bags. This bag is large enough to hold many New Orleans purchases, such as ASPAN publications, pins, shirts, or many other items for sale. For the jewelry aficionados, we have fabulous Italian charm bracelets and charms available, so be sure to get a New Orleans charm added this year! We've added some new items including a magnetic calendar with some important ASPAN event dates highlighted. Many of the smaller, lightweight items can easily be

packed in your luggage. These make ideal gifts for coworkers unable to attend Conference this year.

Each time you shop, submit your name for the daily free merchandise drawing. While a shopper does not have to be present to win, she or he must revisit The Shoppe to redeem the prize. Lastly, **WE WANT YOU!** Volunteering in The Shoppe is a great way to create a positive shopping experience for other attendees, enhance National Conference networking time, and make new friends. If you are interested in volunteering, contact Marigrace Clarke at mcrncapa@aol.com or Diane Swintek at dinah613@verizon.net. 



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This article was derived from a Celebrate Successful Practices (CSP) presentation delivered at the 2009 ASPAN National Conference. Julianne Harp was selected to participate in the inaugural CSP oral and PowerPoint Presentation session offered by ASPAN's Clinical Practice Committee at the 2009 Conference.

New Graduate Nurse Internship in a Community Hospital Phase I PACU

Julianne F. Harp, MSN, RN, CPAN

Our Phase I post anesthesia care unit (PACU) had open positions needing to be filled. In the past, this PACU served as a transitional department for many critical care and emergency department nurses looking to improve their scheduled work hours while maintaining advanced clinical skills. Never before did we have difficulty filling positions, but this time recruitment was challenged with no registered nurse (RN) applicants.

The lack of applicants may have been related to the aging workforce and nursing shortage, or possibly meant that nurses were nervous about moving from a secure job to accept another that is dependent upon the number of operations performed each day. Interestingly, our PACU enjoys a generally stable work environment with enough patients and hours of work to sustain scheduled nursing hours. In fact, as a sole community hospital with nearly 300 licensed beds, Washington County Hospital runs a very busy surgical service. In 2008, inpatient surgical cases numbered 4,315 with another 4,466 outpatient surgical procedures performed.

The PACU management team was faced with a tough decision. A staff position was needed, but with no applicants, where could a suitable RN be found? The decision was made to interview and hire a new graduate nurse. Along with this decision came a more difficult question to consider. How would the new hire obtain the information and skill set needed to successfully practice in a perianesthesia specialty unit?

Goal Setting

As the Clinical Educator for PeriAnesthesia Services, I was challenged with how best to teach a new



Photo courtesy of Nikki Mutz, Aurora, CO

Preceptors provide the novice nurse with invaluable shared clinical guidance and expertise

graduate nurse. Since this would her/his first nursing job, it would be preferable for the candidate to have some understanding about nursing care delivery in an acute care hospital. Based on defined needs, I developed a new graduate RN (NGRN) internship program. Four goals formed the basis of the program:

1. Develop theoretical and practical post anesthesia knowledge.
2. Enhance the NGRN's skill level within PACU and surrounding units.
3. Promote a culture of teaching and learning within the PACU.
4. Attract and then retain competent, dedicated nurses.

The primary program goal is to develop theoretical and practical postanesthesia care knowledge. This internship program incorporates American Society of PeriAnesthesia Nurses (ASPN) standards and guidelines. At the time of internship completion, the NGRN will demonstrate a thorough understanding of the *ASPN Standards*.¹ A second goal focuses on building the intern's skill level in the PACU and its surrounding units. The third goal focuses on the intern/preceptor relationship. Preceptors are expert nurses who pledge to expand and improve teaching skills and share knowledge. The novice nurse agrees to continue learning while following a formal education pathway together with a preceptor. Based on the Benner Model,² we believe that promoting a culture of teaching and learning within the PACU will yield tremendous benefits. Our fourth goal aims for a future benefit: the staffing needs are met because the NGRN will ultimately function as a competent practitioner.

Framework and Overview

The internship, based on Dr. Patricia Benner's clinical nursing skill acquisition model,² employs experienced preceptor RNs working together with the clinical educator and novice nurse thereby instructing and guiding the NGRN toward clinical competence. The program, designed to run over six months, is divided into three phases. Throughout the program a weekly meeting is held with the intern, preceptor(s) and clinical educator. In phase one, the intern participates in a three-day hospital-wide orientation program. All mandatory hospital-wide and PACU competencies are completed. The intern is paired with a bedside preceptor and does not count in the department staffing matrix. In phase two, the intern's responsibility level gradually increases as she/he completes all clinical work with the RN preceptor, but remains uncounted in the unit staffing plan.

Phase three accounts for the last four weeks of the program. In this phase, the intern assumes patient assignments and is counted in the department staffing matrix. Some additional protective safety nets are in place when an intern takes on patient assignments. The preceptor floats within the unit to help all staff members while remaining available to the intern as needed.

Also, in the first three months following the internship program's conclusion, a staff buddy system is used. A buddy working on the same shift as the intern, and one working on the shift that follows, are asked to review and address the intern's documentation, patient care strategies and any needed improvements. This system gives the novice nurse a sense of support and belonging, and expands communication with the evening/night nurses to build collegial relationships.³

Clinical Elements

An intern is hired using hospital and PACU staff guidelines and must be a graduate of an associate or bachelor of nursing degree program from a National League of Nursing accredited school. The RN licensing examination must be passed within the first 90 days of employment. The assigned clinical shifts are primarily eight hours long and follow the same schedule as the preceptor. In phase three, the intern works some alternate shifts and weekend hours.

During the first week of employment, the intern must complete all mandatory hospital competencies. We strive to additionally complete all unit-based mandatory competencies at this time, but some require more equipment and manpower and are done later. Mandatory unit competencies (e.g., basic electrocardiogram and conscious sedation courses) must be completed before the conclusion of the six month

internship period.⁴ Within one year, the intern must complete an intravenous therapy class, and Advanced Cardiac Life Support and Pediatric Advanced Life Support provider courses. Because our facility is a Level II trauma center, the intern must also complete eight hours of trauma education within a year. Having completed the PACU internship, the nurse is then enrolled in the next critical care course offered by the hospital.⁵

The intern experiences 24 weeks of supervised clinical hours occurring primarily in PACU with a RN preceptor. Some additional clinical hours happen throughout the hospital and include one day accompanying a certified registered nurse anesthetist and another day shadowing a respiratory therapist. The intern is also given two weeks of critical care training. Preceptors are selected by the management team and must be a RN with a minimum three years of PACU



Photo courtesy of Judith E. Hansen, Rochester, MN
The intern's supervised clinical hours occur primarily in the PACU with a RN preceptor

experience. One year of the required PACU experience must occur within our hospital. One nurse is designated as the intern's primary preceptor and she/he is responsible for all intern skill validations and the corresponding documentation. The intern's progress is assessed throughout the program. Preceptor evaluations are assigned on a regular basis and are based on demonstration of theoretical and practical knowledge. All preceptors must be willing to participate in regular intern assessment meetings which are held together with the PACU clinical manager and clinical educator.

Program Successes

Our unit has had two very good opportunities for hiring a new graduate nurse, and the internship program we developed and implemented worked very well in each case. The first intern had some prior experience working as a nursing assistant in our Phase I PACU during the final two semesters of a four-year

ASPN's Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting - 2009 Edition is available for purchase from the ASPN Web site (www.aspn.org) online store.

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Creating Partnerships with Patients

Dina A. Krenzischek, PhD, MAS, RN, CPAN – ASPAN Safety Committee Chair

When thinking about the safe delivery of care, we often consider the responsibility of physicians, nurses and other healthcare team members. Because everyone involved in care delivery has a role in making that care safer, we must also engage patients as partners in reducing errors. Patient engagement has emerged as an important and effective means to directly and rapidly impact quality and safety outcomes.¹

The Joint Commission founded a Speak Up™ campaign^{2,3} that urges patients to:

- Speak up with any questions and/or concerns. If a lack of understanding exists, ask again.
- Pay attention to the care received and do not assume anything.
- Educate selves about the illness and treatment plan.
- Ask a trusted family member or friend to serve as an advocate/advisor/supporter.
- Know what medicines are being taken and why.
- Use facilities that have been evaluated and have met quality/safety standards.
- Participate in all decisions regarding treatment(s).

Here is an example of a proactive patient in the perianesthesia setting. The patient arrives with an external insulin pump device. He asks if the surgeon or anesthesiologist will continue or discontinue using the device (S). When the provider decides to continue using the device during the short procedure, the patient discusses its use with the provider and pre-

anesthesia nurse and does not assume they are familiar with its functions (P). Prior to the surgery, the patient has a discussion with the primary care physician and anesthesiologist to seek education on pump management while undergoing the procedure and for the postoperative period (E). The patient includes a family member who understands how to operate the device (A). During the preanesthesia screening phase, the patient inquires about medications to be given during the perioperative period and asks how these may interact with his current medication regimen (K). The patient checks out the facility before going in for surgery by asking his primary care physician for an opinion and reading about the hospital (U). Lastly, the patient participates in the care delivery process by checking the insulin device before and after surgery to make sure the device is on, the tubing and catheter are intact, and an adequate amount of medication is in the pump before going back home (P).

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nursing degree program. The PACU staff knew this candidate well and observed her dedication, passion for nursing and initiative in seeking every opportunity to learn. Last year we hired a second NGRN into the program. This time the intern had no clinical experience, but we felt that this person would be an asset to our department because she possessed a positive attitude and strong enthusiasm for nursing. Both interns excelled and became permanent employees.

As the nursing shortage likely continues to affect the recruitment and hiring of experienced staff, and as our community hospital continues to grow, we can use this PACU internship program to attract and retain competent, dedicated staff members. Because the program was written with very specific guidelines, very few adjustments were needed. It is our hope that in the future our community hospital can offer another new graduate nurse the opportunity to become a Phase 1 PACU intern. Ultimately, the decision to try

something new produced a positive return on investment and laid a solid foundation for new graduate nurses to be hired.

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Frequently Asked Questions

Blanket and Fluid Warming Temperatures

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

Clinical Practice



Barbara Godden
Director for
Clinical Practice

Q: At what temperature can we set our blanket and fluid warmers?

A: The Emergency Care Research Institute (ECRI) recently changed its recommendations for cabinet blanket warmers. Cabinet blanket warmers can now be set up to 130°F (54°C). Fluid warming cabinets should continue to be limited to 110°F (43°C).¹

The change in recommendation came from recognition in the healthcare community that blankets and fluids should be warmed separately. The original 2005 ECRI recommendation for setting blanket and fluid warmers to 110°F was based on information that many facilities had been combining blankets and fluids for warming purposes. Consequently, this combined warming practice proved dangerous and resulted in some patients acquiring burns from fluids, which hold a lot more heat and present a greater burn risk. In 2005, and in order to ensure safety for all patients, the ECRI recommended the lower temperature of 110°F for both blankets and fluids.¹

Comfort in Warm Blankets

Further discussions with healthcare facility personnel over the past several years have indicated a growing awareness and recognition of the need for blanket and fluid warming to occur separately. In addition, the ECRI and healthcare facilities recognized a concern regarding patient comfort. Because of this concern, the ECRI changed its recommendations for blanket cabinet warmers to a higher setting of 130°F (54°C).¹

The ECRI recommends separate warming cabinets for blankets and fluids. If the warmer has one cabinet with two compartments, each compartment must have its own temperature control. If a facility chooses to use the same cabinet and compartment for both blankets and fluids, the temperature should be limited to 110°F (43°C).¹

Perioperative normothermia is a critical element in promoting the well being and comfort of all perianesthesia patients. ASPAN recently updated its hypothermia clinical guideline, now entitled “ASPA’s Evidence-Based Clinical Practice Guideline for the Promotion of Perioperative Normothermia”.² This guideline includes new evidence for warming practices and promotion of optimal patient outcomes. The reader is directed to this revised guideline which is published in the October 2009 issue of the *Journal of PeriAnesthesia Nursing*, and is also available on the [ASPA Web site](#). The guideline will also be included in ASPAN’s revised *Standards of Perianesthesia Nursing Practice*, due for publication in fall 2010.

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2. Hooper VD, Chard R, Clifford T, Fetzer S, Fossum S, Godden B, Martinez EA, Noble KA, O’Brien D, Odom-Forren J, Peterson C, Ross J. ASPAN’s Evidence-Based Clinical Practice Guideline for the Promotion of Perioperative Normothermia. *Journal of PeriAnesthesia Nursing*: 24(5), 271-287, 2009.

Member-Get-A-Member

Have you been busy spreading the seeds of importance on why belonging to ASPAN makes a difference in our perianesthesia specialty practice? Will you be the ASPAN Recruiter of the Year?

The “Roots of Knowledge, Seeds of Transformation” Member-Get-A-Member (MGM) Campaign ends **March 31, 2010**. The top recruiter award presentation will be made at the 29th National Conference in New Orleans, where ASPAN will then launch its new membership recruitment campaign. PLEASE NOTE: The 2010 MGM Campaign runs from April 1, 2010 - December, 31 2010.

As ASPAN celebrates 30 years of perianesthesia nursing practice advocacy and excellence, please recruit as many new ASPAN members as possible to expand its reach. Although the date range is changing this year, the campaign rewards remain the same. Go recruit!



Breathline

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**Katrina Bickerstaff
Region 4 Director**

Technology: What Can We Expect?

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – ASPAN Regional Director, Region Four

Technology is just a fancy name for new items coming into the marketplace. In today's world, technology is moving ahead faster than most of us! So, what can members expect from ASPAN and how will its advances in technology affect us? Over the last year, I have seen some of ASPAN's exciting progression in the realm of technology.

Virtual Outreach

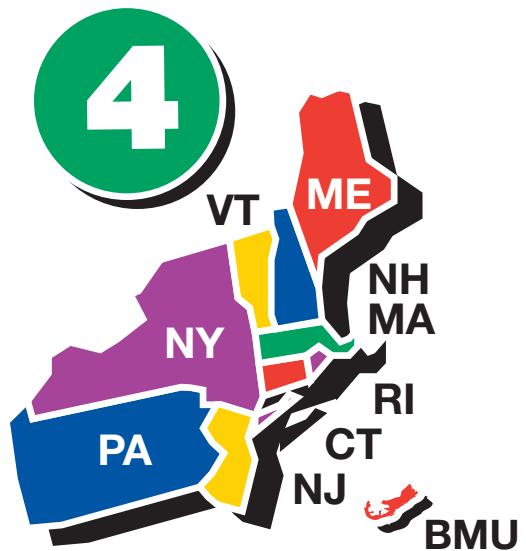
ASPN launched a super Web site (www.aspan.org) in early 2009, offering more information than ever before. The site contains many useful links and helpful tips for perioperative nurses. ASPAN then embraced "going green" with *Breathline*, and you are now reading this message online. ASPAN Seminars and its National Conference make the program outlines available for download to a personal computer, allowing for easy access to course information and letting you choose to save the presentations you want. This process supports less paper waste.

Just like many of you, ASPAN has a [Facebook page](http://www.facebook.com) (www.facebook.com) where you can post messages on its wall, read comments and network with colleagues. You may have received e-mail surveys using [SurveyMonkey technology](http://www.surveymonkey.com) (www.surveymonkey.com). A variety of Web sites permit meetings to be held online. ASPAN uses [GoToMeeting®](http://www.gotomeeting.com) (www.gotomeeting.com), which is easy and very affordable.

Component Advances

Throughout the last 22 months, I have served as Region 4 Director. In this time I have seen an increase in the use of technology among the components. Most now have a Web site, and if not, are working toward establishing a site. Many component newsletters are offered online and/or members receive the file via e-mail. Having a newsletter presented online allows for direct Internet links to be embedded. One can now access an article's reference sources with an easy click on the link. The Massachusetts Society of PeriAnesthesia Nurses (MASPAN) offers those businesses advertising in the component newsletter a direct link to the company Web site, which could bring in a broader customer base.

I have received multiple membership surveys via SurveyMonkey. Most include a request for members' opinions about future component educational offerings. This is a great way to attain component membership ideas and identify educational needs. The New Jersey/Bermuda PeriAnesthesia Nurses



Association (NJBPA) used SurveyMonkey to elicit votes for its board of director positions, thus inviting each member to participate in the future of component leadership. The Maine Society of PeriAnesthesia Nurses (MESPAN), one of the larger geographic states, uses teleconferencing to conduct one board meeting during the year, eliminating the need for members to travel many miles. I believe we will see such changes used more frequently, soon becoming second nature to most members.

The Cutting Edge

Your professional nursing organization is on track to continue moving forward as technology advances. As demand for the use of new technological avenues evolves, ASPAN will be there. Members can expect an increase in e-mail and Web site communication, activity in the Informatics Specialty Practice Group and more ASPAN published materials offered on USB flash drives. In the future we may even use virtual educational sessions and hand held device applications.

Consider that 50 years ago a home computer would have been unbelievable to many, and yet today, computers are found in millions of homes around the world. I envision the future of perioperative education being as close as a click away. While there may be a slight period of uneasiness when new ASPAN technologies are implemented, support and help are just a Web click or phone call away. Based on the present, who knows what fantastic advances in technology that we may see in another 50 years?

Contact Katrina Bickerstaff at kbickerstaff@aspan.org 

Distinguished Co-Editors Earn Doctorates

ASPN is proud to announce that Vallire D. Hooper and Jan Odom-Forren, co-editors of the *Journal of PeriAnesthesia Nursing (JoPAN)*, recently received their PhDs in Nursing. Vallire Hooper, PhD, RN, CPAN, FAAN, received her degree from the Medical College of Georgia in Augusta, GA. Dr. Hooper's dissertation was titled "The Relationship of Type of Healthcare Provider to Clinical Practice Guideline Adoption". Ms. Hooper's work in collaborative evidence-based guideline development has been widely published and cited by various peri-anesthesia practitioner disciplines. She is recognized internationally as a nursing expert in this field.

Jan Odom-Forren, PhD, RN, CPAN, FAAN, earned her PhD from the University of Kentucky in Lexington, KY. Dr. Odom-Forren's dissertation was titled "Post Discharge Nausea and Vomiting: Incidence and Management Strategies". Ms. Odom-Forren is well known for published textbooks and articles in the field of perianesthesia nursing. She is a Past President of ASPAN.



Dr. Vallire Hooper (left) and Dr. Jan Odom-Forren

The co-editors believe that this educational pursuit strengthened their editorial abilities and each looks forward to continued association with *JoPAN*. Both intend to conduct and disseminate further research in the field of perianesthesia nursing. *Congratulations, Jan and Vallire!* 

2010 Scholarship Program Kickoff

The ASPAN Scholarship Program is a member benefit designed to provide financial assistance to pre-anesthesia, postanesthesia, ambulatory surgery and pain management nurses aspiring to further their abilities to contribute to the perianesthesia nursing community. Prior to the application deadline of July 1, 2010, members must hold a current Active Category membership in ASPAN and a component for the past two full years. Beginning this year, the Scholarship Brochure/Application is ONLY available online.

To access ASPAN Scholarship Program information [click here](#) or select "Scholarship Program" from the "Members" dropdown menu at www.aspan.org. More specific eligibility requirements for each type of scholarship are detailed in the [Scholarship Brochure](#).

Available Scholarships

- \$1,000 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing
- \$500 for ASPAN National Conference Attendance
- \$285 for CPAN or CAPA Certification Exam fees
- Two Nurse in Washington Internship program scholarships (registration plus expense funds)
- One \$500 Humanitarian Mission scholarship 

Silent Auction Bids Hello to New Orleans

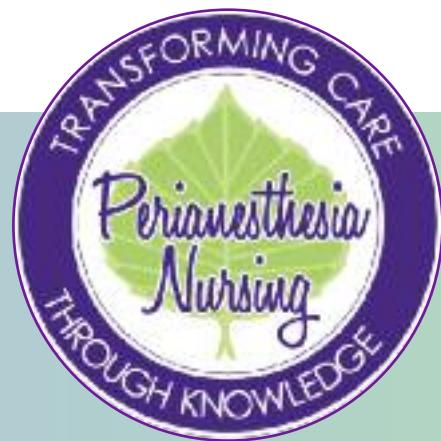


Come to the National Conference Exhibit Hall to experience the unusual, some serious bling, or a piece of must-have memorabilia found at the annual ASPAN Development Silent Auction tables. Item bids are taken up right until the exhibit doors close at 9:00 AM on Wednesday, April 21, 2010.

ASPN components and/or individual members are encouraged to donate Silent Auction items to help raise funds that support Development initiatives and member scholarships awarded each year. **To donate a Silent Auction item, please drop it off at the Hospitality Booth (in care of Evelyn Medycki) when arriving in New Orleans.** 

Colorado

The 2010 PeriAnesthesia Nurse Awareness Week (PANAW) Celebration at the University of Colorado Hospital in Aurora featured an "Evidence Based Practice" presentation by Monica Mendoza, BSN, RN, and "Joy at Work" by guest speaker Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN. A two-day patient/family education event promoted our specialty and was well received by patients, families, and the surgical and anesthesia teams. Throughout the week, lunch was provided to staff courtesy of the anesthesia and nursing department and other caring donors. The staff organized a food drive as a way of giving back to the community. 



University of Colorado Hospital PACU staff members together in celebration

The Pre-OP/PACU staff at Parker Adventist Hospital, located in Parker, CO, enjoyed a marvelous celebration filled with team building and pride. The perianesthesia department featured a home-made PANAW poster. Staff members were treated to breakfast and lunch through mid-week, and drawings for gift certificates to area restaurants and bookstores at the end of the week. 



Renee Blattman and Parker Adventist Hospital's PANAW poster



Parker Adventist Hospital nurses (from left) Mary Griffith, Nancy O'Malley and Ruthe Dahlin

Illinois

Illinois Society of PeriAnesthesia Nurses (ILSPAN) members from the CAM Pre/Post Unit at Barnes-Jewish Hospital in St. Louis, Missouri, celebrated PANAW with a variety of special activities. Our interim manager surprised the whole department with logo sweatshirts. Staff members displayed their nursing diplomas around a PANAW poster. On Friday, everyone wore red as the unit celebrated the "Go Red for Women" campaign to raise heart disease awareness. Classes focused on breast cancer and malignant hyperthermia. We played "The Cake Game" and "Co-worker Trivia", which we all thoroughly enjoyed. On Wednesday morning, the 30 nurses working in our department surprised our Chief Retention Officer with these stats: we share 736 years of experience with 644 of those spent at Barnes-Jewish Hospital!



ILSPAN nurses working across the border celebrated PANAW in Missouri



The staff from CAM Pre/Post Unit at Barnes-Jewish Hospital in St. Louis made PANAW quite special



Iowa/Nebraska

The PACU staff at Jennie Edmundson Hospital in Council Bluffs, Iowa, had a great PANAW commemoration this year! Nurses proudly displayed a PANAW poster received at a recent Nebraska Association of PeriAnesthesia Nurses education program. The poster served to remind hospital colleagues and clients that this was our special week! The managers rewarded staff with a gift card, and the anesthesia group treated staff members to lunch one day. As a group, the PACU nurses began to review ASPAN's *Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting*. They plan to tackle one chapter every two weeks.



Jennie Edmundson Hospital PACU nurses (from left) Faye Hackford, Verna Collins, Susan Bondelid and Phylliss Bolton

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Missouri

The perianesthesia staff from Harry S. Truman Memorial Veterans Administration (VA) Hospital in Columbia, Missouri, shared ASPAN President Terry Clifford's PANAW letter with other units throughout the facility to raise awareness about our

specialty practice. Each Same Day Surgery and PACU staff member signed her/ his name to the letter and the staff distributed the this along with candy to every other hospital unit and the surgery centers. 



Harry S. Truman Memorial VA hospital nurses (from left) Brenda, Stephanie, Sharon, Twilla, Megan and Therese

Thank you PANAW submission contributors:



Phyllis Bolton (IA)

Kathy Harris (IL)

Beverly James (CO)

Mary Rachel Romero (CO)

Twilla Shrout (MO)



Nurses serving America's veterans (from left): Jackie, Jane, Linda, Bonnie, and Stephanie

ASPN President's Reception **Wednesday April 21, 2010** **7:00 PM - 9:30 PM**

National Conference participants and guests are invited to celebrate together as ASPAN embarks on her 30th Anniversary with music, dancing, and spirited fun! Come dressed in your favorite "party attire" and we'll meet you on the dance floor!

Sponsored by Hill-Rom 



ABPANC Web Site Redesigned

Visit www.cpancapa.org for the most up to date information about the CPAN® and CAPA® certification programs. The new site is user friendly, easy to navigate and quite inviting! Many informative features are available and, naming just a few, include:

- The downloadable CPAN/CAPA Certification Handbook and Recertification Handbook
- An online examination application for exam candidates
- An online CPAN and CAPA Recertification Application for those due to recertify in spring 2010
- The electronic file cabinet by which CPANs and CAPAs may update their Continual Learning Activities (contact hours) Log Form

Surf the site today!

Certification



Certification Coaches Wanted

Cheryl Coleman, BSN, RN, CPAN - ABPANC Board Member and Certification Coach Liaison

Can you speak passionately about the value of CPAN and CAPA certification? Do you support and promote CPAN and/or CAPA certification in your facility or ASPAN component? Can you talk with your not-yet-certified colleagues about the benefits of being certified? Would you "coach" and help colleagues to access study resources in preparation for the examination? Can you provide moral support?

If you said yes to my questions, then becoming a Certification Coach is for you!

Due to increased interest in taking the CPAN/CAPA exams since ABPANC implemented computer-based testing, candidates are asking for coaching assistance to help them form study groups and develop study plans. ABPANC is currently seeking coaches in all areas of the country!

ABPANC offers a presentation on its Web site called [Coach the Coaches](#) to assist you in becoming an effective Certification Coach. In addition, if you're attending the 2010 ASPAN National Conference, a "Coaching the Coaches" presentation will be held on Monday, April 19 from 12:15 PM – 1:15 PM. Certification Coaches receive a pin and a packet of information on resources and coaching strategies. After serving as a coach for a minimum of one year, you can receive three Indirect Care contact hours toward recertification, plus recognition in ABPANC's *Certification News* online newsletter.

To learn more about becoming a Certification Coach e-mail ABPANC Program Assistant Zelda Williams at Zelda@proexam.org. If you need a coach, contact Zelda and find the coach nearest to you! 

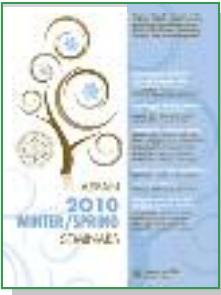
British Anaesthetic and Recovery Nurses Association Annual Conference and Exhibition



For more information visit www.barna.co.uk

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ASPA Seminars

May 22, 2010

Pediatrics: Little Bodies, Big Differences
Springfield, IL

June 5, 2010

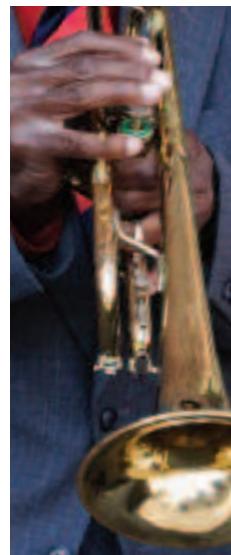
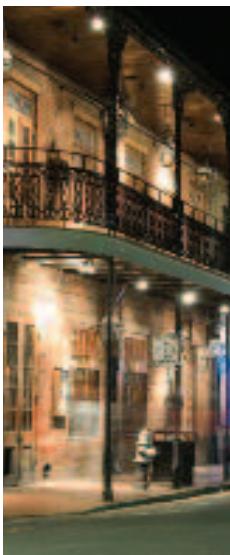
Surrounding Your Practice with Excellence: Legalities,
Standards and Advocacy
Rochester, MN

June 26, 2010

Surrounding Your Practice with Excellence: Legalities,
Standards and Advocacy
San Antonio, TX

DON'T MISS ASPAN'S NATIONAL CONFERENCE!

ASPA National Conference
"Roots of Knowledge, Seeds of Transformation"
April 18-22, 2010 • New Orleans, LA



WE'RE JAZZED YOU'RE COMING!

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