



Breathline

Volume 31, Number 1

January/February 2011

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ASPN
National
Conference
“Reinvest in
Your Potential”
April 3-7, 2011
Seattle, WA

www.aspn.org

Nursing Accountability to Society

Over the past six months, we have looked at the relationship between professional potential and professional accountability by exploring key provisions of the American Nurses Association's *Code of Ethics* and ASPAN's *Perianesthesia Standards for Ethical Practice*. Provision 9 of the Code states, "The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy."¹

Professional associations such as ASPAN continue to develop methods to spell out nursing's accountability to society and maintain the specialty organization's integrity. ASPAN's perianesthesia nursing standards, ethical standards, specialty certification and the development of perianesthesia nursing knowledge through education, research and clinical practice serve as a "contract" with the public domain. Our patients and their families expect nurses to provide the best care possible and act as patient advocates. Standards for ethical practice call on nurses to "promote the welfare, health and safety of the patients we serve, and to advocate on the patient's behalf whenever necessary."²

Change Agent Nurses

We can work as individuals or groups to create change within our community, state, or at the national level. The September/October 2010 *Breathline* edition shared a story about the success of one ASPAN component in bringing about a needed change in the Illinois Department of Public Health ruling on Phase I PACU visitation for adult patients. The initial work began following a 2003 ASPAN Representative Assembly vote to approve a Phase I PACU visitation position statement. After realizing that Illinois was the only state in the union upholding a ruling in opposition to ASPAN's position, members of the Illinois Society of PeriAnesthesia Nurses (ILSPAN) Board of Directors began discussing steps to have the rule changed. They



Kim Kraft, BSN, RN, CPAN
ASPN President 2010-2011

then took action. An informal survey of component members indicated that although visitation of adult patients was prohibited, many facilities allowed it, thus jeopardizing the necessary license to operate. Some roadblocks were encountered along the way, but through perseverance and the collective work of previous and current ILSPAN Board members, nurses met and educated the right people in the right places and change was accomplished!

At the national level, ASPAN is one of 55 organizations comprising the Nursing Community, a forum for nursing and healthcare-related organizations committed to improving the nation's healthcare. The Nursing Community's goal is to assist the government with transformation of the healthcare system "into a patient-centered environment in which all individuals have access to high-quality, cost-effective care."³

Nurses represent the nation's largest group of healthcare providers;⁴ therefore, nursing's collective voice should speak up about healthcare policy, its effect on vulnerable individuals, and the impact policy will have on nurses. Nursing roles and responsibilities may change appreciably resulting from an increased demand for care created by the Patient Protection and Affordable Care Act (H.R. 3590). The national health system has not seen such far-reaching changes since the creation of the Medicare and Medicaid programs in 1965.

Shaping the Future

I am struck by the timeliness of a discussion about nursing's accountability to society after the latest consensus report published by the Institute of Medicine and Robert Wood Johnson Foundation. *The Future of Nursing: Leading Change, Advancing Health*⁴ describes four key messages and offers recommendations that serve as a blueprint for change. The first key message is that a nurse should be allowed to practice to the full extent of his/her education and training. This could be

accomplished by eliminating scope-of-practice barriers and focusing on nurse residency programs to ease the transition from school to practice for new graduates who are currently fleeing the profession in large numbers.

The second key message stresses that the nursing education system should be improved to better support nurses attaining higher levels of education and training. Nursing is unique in that multiple educational pathways lead to entry-level positions. A seamless progression should exist from a licensed practical nursing program through master's and doctoral degree levels. The group recommends an 80 percent increase in baccalaureate prepared nurses and doubling of the PhD/DNP nurses by 2020. It also calls on nurses to engage in lifelong learning. This reinforces Florence Nightingale's assertion that no endpoint exists in the potential for everyday learning. She believed that nurses were perpetual learners and responsible for teaching themselves.⁵

Thirdly, in order to realize the vision of a transformed healthcare system, nurses should be full partners with other health professionals in the redesign and policy formation process. This requires a personal responsibility to develop strong nursing leadership skills and competencies. The report calls for expanded opportunities to prepare and enable nurses to lead change and disseminate collaborative improvement efforts. The final key message holds that effective workforce planning and policy-making require better data collection and an improved information infrastructure. This can be achieved by building an infrastructure that can collect and analyze healthcare workforce data along with coordination among state licensing boards to develop a

standardized data set to determine healthcare worker numbers, skill mix and geographic location to ascertain regional needs.⁴

Will You Invest?

Nursing is on the cusp of major changes to the traditional image of the profession. It is our duty to our patients and the profession to practice at the highest possible level and work toward achieving professional potential, not only at the bedside but within society. Nurses must have a voice in decision-making and health policy. We can choose to see this situation as something to be influenced, rather than something that happens to us. Power exists in the collective voice of nursing. The ways in which nurses respond to healthcare reform challenges over the next 10-20 twenty years has great potential to show the public that nurses are valuable change agents.

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

Register for National Conference Today!

30th National Conference, April 3-7, 2011

Seattle
in 2011

ASPN invites you to the Pacific Northwest for an incredible conference that is packed with various educational offerings intended to enrich and develop perianesthesia nursing knowledge. ASPN members received a registration brochure in the mail. The brochure, also posted on the ASPN Web site (www.aspan.org), offers complete details on all education sessions and social activities held during Conference week.

Come to the Emerald City

Sheri Bowell, RN, CAPA – National Conference SWT Coordinator

Seattle has so much to offer. This year's host hotel, The Sheraton Seattle, and the convention center are conveniently located to so many wonderful city attractions. The Pike Place Market is famous for fresh flowers, seafood, fruits and vegetables, restaurants, art galleries, and many local vendors. The Space Needle, home of the 1962 World's Fair, is a truly spectacular symbol of the city. The Monorail provides a fun ride while climbing to the Needle's revolving restaurant and observation deck which provides a view of the city from 520 feet above ground! For fans of America's pastime, Safeco Field, the home of the Seattle Mariners baseball team, is open during your stay. Opening day is April 8, so stay longer to take in a game.

Of the approximately 600 restaurants in Seattle, 200 of those are within walking distance of the hotel. Whether you crave surf, turf, ethnic or vegan cuisine, you'll have plenty of choices in Seattle. For the shoppers, shopping centers with many major department stores are within walking distance. Please stop by the Hospitality Booth when you arrive at Conference to gain some local knowledge and visitor tips. We welcome you to follow that yellow brick road to "Reinvest in Your Potential" in the Emerald City!

Component Night Follow the Yellow Brick Road

There is no better way to kick-off Conference week than an evening filled with lighthearted fun and frivolity. This year's "The Wizard of Oz" theme gives component members a chance to embody a character from that classic movie. Prizes will be awarded for the most creative, the funniest, and most authentic costume. Even if we aren't in Kansas anymore, this Emerald City is sure to provide great company, good friends, yummy food and some jammin' tunes.

Sponsored by Arizant Healthcare

The 2011 National Conference brochure is available on the **ASPN Web site**.
Convenient online registration is also available!



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ASPA^N's 2011 - 2012 SLATE OF CANDIDATES

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2011-2012 Candidate Profiles: Your Input is Requested

ASPAN's slate of candidates for the 2011-2012 year is impressive, and each candidate brings talent and skills to the role he/she is seeking to lead ASPAN in the coming year. ASPAN will be utilizing Web technology to provide its members with all candidate qualifications and background information as well as what each Board candidate visualizes as his/her long-term goals and strategic priorities for ASPAN within the next two years.

Your component is looking for your input! Here's what you do by February 28, 2011:

Go to ASPAN's home page (www.aspans.org) and select the "About Us" button on the top

navigation bar. Click on "Governance" and then select "2011-2012 Candidate Profiles". There you will be able to read the 2011-2012 *Candidate Profiles* and submit your candidate recommendations to your component.

- You must be a current ASPAN member to review the 2011-2012 *Candidate Profiles* page
- Click the PROFILE link next to each photo to read about the candidate
- On the Candidate Selection Feedback Form page, click the box next to the candidate's name of your choice for each position
- Complete the form and click "Send". You must select one

candidate for each Board position and five candidates for the Nominating Committee for your submission to process

- This input will be forwarded to your component representatives to assist them in casting their votes at the 2011 Representative Assembly meeting in Seattle, Washington
- Only one 2011-2012 Candidate Selection Feedback Form submission per ASPAN member will be accepted. Submissions are accepted online only



Don't delay! Your feedback must be submitted no later than February 28, 2011.

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Barbara Godden
Director for
Clinical Practice

Frequently Asked Questions Oral Pain Medications

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

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.

Q: Can I give oral pain medications in Phase I PACU?

A: The simple answer to this question is, “Yes.” The belief that oral pain medications are reserved for administration in Phase II PACU, or for when the patient reaches the postoperative nursing unit, is one of those sacred cows often found in PACUs.

Many years ago when anesthetic agents had a longer duration, and the inhalation agents used were stronger and more often caused nausea and vomiting in the postanesthesia patient, oral pain medications were avoided for those reasons. Patients were generally not awake enough, nor did they feel well enough to take oral medications while in Phase I PACU. The postanesthesia unit nurses avoided giving oral medications and oral fluids in order to prevent postoperative nausea and vomiting (PONV).

That was Then

With the advent of propofol and newer inhalation agents such as Sevoflurane and Desflurane, patients awaken more quickly, often have little or no nausea, and are ready to ingest oral fluids and medications in Phase I. In addition, due to increasing awareness of best practices related to treating PONV, many patients are pre-treated with antiemetics.¹ Patients can be given ice chips, juice or soda when awake enough and these interventions are also helpful in hydrating the patient sooner.

Another advantage of oral pain medication administration in Phase I is that it enables the nurse to evaluate a patient that will be discharged to home. By giving the oral pain medication in Phase I (usually the same medication prescribed for discharge) along with some crackers or other light food, the nurse can evaluate whether the oral pain medication is effective. This also gives time to assess whether the patient has an adverse reaction to the medication if they have not previously ingested this drug. Timing the administration of an oral medication shortly after the last dose of an intravenous (IV) opioid allows time for the oral medication to start taking effect before the IV dose wears off completely. The patient can then be transferred to the Phase II level of care for further observation, treatment, and discharge education and preparation.

Oral medications do have a place in the Phase I PACU. Each patient should be evaluated for this intervention as it can prove to be an effective method to transition the patient to the next level of care.

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Call for Clinical Articles

Our goal is to offer ASPAN members the opportunity to publish peer reviewed clinical topics in *Breathline*. Please consider writing and submitting a short article related to your perianesthesia practice. Contact *Breathline* Editor Joni Brady, MSN, RN, CAPA, CLC, to discuss your ideas or to submit a manuscript. Editor contact information is located on page 2. 

Vision Over Visibility: Nursing Advocacy at Center Stage

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

Editorial

While the nation mourned the deaths of fellow citizens caused by senseless violence that took place in Arizona just after the New Year, it also witnessed the power of advanced medical and surgical practices used to treat traumatic injuries. Like many Americans I sought daily progress updates on the wounded and, with some disappointment, noted that the role of the nursing profession was not represented by a nurse in any statements made to the media. This is not to say that physicians giving the daily briefings overlooked crediting the healthcare team, for they did. But in those many briefings, played repeatedly throughout the 24-hour news cycle, the lay public could not gain an appreciation for the significant ways in which nurses participated in the care.

As practicing nurses we understand that managing various levels of care requires the completion of extensive education, training and credentialing in order to become part of a healthcare team. Yet, despite massive media coverage involving the acute care of those critically injured in Arizona, nurses were virtually unseen by the public. The unfortunate reality is that, in most cases, nurses shy away from the spotlight, do not reply to journalists' queries, and neglect the chance to be heard.¹

Focus on Vision

The title of this editorial borrows the phrase 'vision over visibility' from the U2 song, "Moment of Surrender." Penned by the band's lyricist, Bono, the saying represents the instant when you see a place but can't yet distinguish how to get there - and then choose to grasp the resolve to look beyond what is seen to move toward what could be.² This concept can be applied to many aspects of life and, in my mind, to advocacy in the nursing profession.

My vision has nursing prominently positioned at the center stage of healthcare because our work is essential and impactful in the lives of countless others. Nurses are primarily responsible to inform others about the value of our profession. Can any nurse dispute that quality healthcare delivery happens because specially trained nurses are at the point of care, while supported by nurse colleagues who manage, research and educate? I salute our colleagues in Arizona who undoubtedly provided expert holistic care to the wounded and their family members in

the days surrounding the tragedy in Tucson. I also encourage every perioperative nurse to reflect on how we can make opportunities to engage the media and educate the public about the important outcomes professional nursing care brings to the lives of others.

Out of the Shadows

Dr. Martin Luther King, Jr. said, "Everything that we see is a shadow cast by that which we do not see."³ The time to eradicate professional invisibility and move into the public spotlight as recognized professional nursing experts and change agents is long overdue. Without a concerted effort to be seen and heard, nurses miss the opportunity to become properly recognized for the central role we occupy in quality patient care and fail to influence legislative and healthcare business decisions.¹ Please stay informed about the state of the nursing profession by becoming an ongoing observer and activist regarding legislative healthcare agendas and industry trends impacting our profession. **Let's get loud!**

As we celebrate another PeriAnesthesia Nurse Awareness Week, I urge you to consider ways in which nurses can seize opportunities to educate healthcare partners, lawmakers and the public about our important work - and then embark on that mission. I've written an informative letter to my elected representatives and local newspaper editor. I hope you will too. Let's choose to move beyond what only we know and actively advocate for nursing's greater visibility. My vision of "what could be" is ... nursing's impact is realized by the masses and we occupy a rightful place at the healthcare decision table.

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

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Joni Brady
Breathline Editor

2010 ASPAN SCHOLARSHIP AWARDS

ASPAN members are eligible to apply for annual scholarship funds allocated to support professional enrichment. ASPAN Development proudly acknowledges the 2010 scholarship winners. Congratulations to all!

ASPAN 2011 National Conference Attendance Scholarship (\$500 each)

Rebecca Brancati, RN, CPAN
Columbia, SC

Kathleen Cramer, RN, CAPA
Rio Rancho, NM

Michael Guillory, BSN, RN, CPAN, CAPA
Marksville, LA

Gloria Nipper, RN, CAPA
Rockford, TN

Emma Pontenila, MA, RN, CPAN
Tamarac, FL

Norma Vachon, RN
E. Longmeadow, MA

Cidalia Vital, MS, RN, CPAN
Ludlow, MA

BSN Scholarship (\$1,000 each)

Charlotte West, RN, CPAN
Sheridan, IN

NIWI Scholarship (\$1,250 each)

Rose Tselentis, BSN, RN
Omaha, NE

MSN Scholarship (\$1,000 each)

Kristie Alvey, BSN, RN, CPAN, CCRN-R
Lugoff, SC

Becki Hoyle, RN, CPAN, CAPA
Ft. Collins, CO

Nancy McGushin, BSN, RN, CPAN
Lancaster, OH

Carolyn Trimberger, BSN, RN, CPAN
Burlington, WI

Cheryl Tveit, BSN, RN, CAPA
Maplewood, MN

Humanitarian Mission Scholarship (\$500 each)

Tamra Orlando, BSN, RN
Springfield, OR

Certification Exam Scholarship (\$285 each)

Yalandra Comeaux, MJ, BA, RN
Lynwood, IL

Michelle Karsten, ADN, RN
Galveston, TX

ASPAN members may complete up to four (4) CE articles **ONLINE** on ASPAN's Web site during PeriAnesthesia Nurse Awareness Week (PANAW), February 7-13, 2011, and ASPAN will waive the usual contact hour fee! Only online submissions will be accepted.

**For detailed submission information, visit www.aspans.org.
Please allow eight to ten weeks for processing test results. Happy PANAW!**



"Reinvest In Your Potential" National Conference Opportunities



Hosts and Hostesses Wanted

ASPAN NEEDS YOU to play an essential role in making our Conference a success! Please consider helping ASPAN throughout National Conference week, April 3-7, 2011. Hosts and Hostesses can participate at National Conference, earn contact hours, and be paid a small stipend to help reimburse Conference expenses. The duties of a Host\Hostess include providing directions within the conference area, staffing the registration booth, facilitating session seating, collecting event tickets, distributing hand-outs, and assisting with Provider Directed Learner Paced Study sessions.

This is an unbelievable chance to meet colleagues while supporting your professional organization. To sign up for the Host\Hostess program, or to obtain more information, please email Arlene Kozicki at arlenekozicki@comcast.net. Your response is requested by February 27, 2011.

Room Sharing

Forget about the rain! Come to beautiful Seattle to enjoy the bluest skies you've ever seen while attending the 2011 ASPAN Conference. Seattle has many fun and exciting things to see and do. So have you thought about sharing this experience? While a room sharing opportunity allows you to share the cost of attendance, it may also enhance your visit to the city. If you've never shared a room before, think about it! This is a chance to make new friends, compare perioperative practice problems and ideas, and learn about other areas of our vast country.

Those interested in sharing a hotel room can simply submit your name to be included on the "Willingness to Share a Room" list. Please include your full name, home address, e-mail address, contact phone number(s), preferred means of notification, and any particular information you'd like a potential roommate to know.

- The deadline to request room sharing is February 25, 2011
- A room sharing list will be distributed in mid February to those who asked to be included
- Participants must directly contact others on the list to coordinate room sharing arrangements and reservations

E-MAIL WILLINGNESS TO SHARE A ROOM REQUESTS TO:

Bill Swarens, BSN, RN, CPAN
Email: bill5356@msn.com or bill5356@clear.net
You may also contact Bill by phone @
253-847-6117 or 253-297-2884
with any questions.

The Sheraton Seattle Hotel room reservation deadline is February 28, 2011.

Reservations made beyond this date are based upon a space and rate availability basis only. 



Call for PANAW Stories

ASPAN invites members to share pictures and activities from this year's facility or component PANAW celebration. Submissions may be featured in the next issue of *Breathline* and/or on the ASPAN Web site. Please e-mail your information to jbrady@aspn.org.

The *Breathline* submission deadline is February 24, 2011.

Board of Directors Mid-Year Meeting Highlights November 5 & 6, 2010 ~ Miami, FL

Jacque A. Crosson, MSN, RN, CPAN – ASPAN Secretary



**Jacque Crosson
Secretary**

Board, Committee and SWT Activities

While tropical storm Tomas was upgraded to hurricane status in the Atlantic Ocean, ASPAN's Board of Directors convened in Miami, Florida. The weekend included a review, critical evaluation and update of the Strategic Plan followed by a Board Meeting. Wind gusts, rain and cold weather could not disrupt ASPAN's mission to continue the transformation of our Society. President Kim Kraft's aggressive agenda embodied her vision to reinvest ASPAN's potential. Her summary of activities and initiatives demonstrated a commitment to the Society's core purpose, core values, and compelling vision.

The **Education Approver Committee** has been busy. Thirty-eight seminar applications were approved since the National Conference in New Orleans. The debuts a new pediatric offering in January. Additionally, the **International Conference Strategic Work Team** put out a call for speaker abstracts, created a logo and launched the International Conference for Perianesthesia Nurses (ICPN) Web site www.icpan.info.

The **Nominating Committee**, busy under the direction of Immediate Past President Terry Clifford, presented a full slate of candidates for the 2011-2012 Board of Directors. A complete list of candidates is found in this issue. Terry also provided an update on the many activities she engaged in since the 2010 National Conference, to include trips to represent ASPAN at the annual conferences of our British and Irish perianesthesia colleagues.

ABPANC President Kathy Paskewitz reported that there are 9,083 CPAN and CAPA certified nurses, and results of fall testing would be available before the end of the year. She shared information about ABPANC's new Public Member, Ms. Paulette Corbin, and together with Kim Kraft, presented

results from the Environmental Scan Survey sent to ASPAN members in spring 2010. The survey identified perianesthesia nursing, ASPAN and ABPANC trends and will be utilized by each organization to revise strategic plans.

Chief Executive Officer Kevin Dill provided an update on the **National Office**. With the completion of additional storage areas, all ASPAN storage is now located onsite. An official shipping and storage area created a better workspace for staging shipments of ASPAN products. With the completion of necessary office space and a roof update, the building has been officially transformed to provide the Society its roots for the future.

Director for Clinical Practice Barbara Godden reported that ASPAN's *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012* and *Redi-Re f* are published and now available through National Office. The **Clinical Practice Committee** continues to field questions from members and non-members from the U.S. and abroad and they are exploring options for a repository that would provide articles, resources and responses to frequently asked questions.

The Board voted to approve changes to ASPAN's Recruiter of the Year (ROY) Award and Service Recognition Award (SRA). The ROY program will provide monthly recognition to recruiters with more prizes awarded. Changes to the SRA program include a name change to ASPAN's Above & Beyond Award (formerly the ASPAN Star Award) and a more structured review of nominations. Other approved voting items included the 2011 budget and a revised organizational chart. Both will be presented to the Representative Assembly in April 2011 at the National Conference in Seattle. 

Member Spotlight

We want to recognize our members' accomplishments in *Breathline*. If you have some good news to share related to professional accomplishments or awards, please contact *Breathline* Editor Joni Brady, MSN, RN, CAPA, CLC. Editor contact information is located on page 2. 

The Transformation Continues

Terry Clifford, MSN, RN, CPAN – ASPAN Immediate Past President, Strategic Plan Implementation SWT Team Leader

In the May/June 2009 *Breathline* issue, then ASPAN Vice President/President-Elect Kim Kraft, and then ASPAN Director for Development Dolly Ireland, offered columns that introduced key concepts related to ASPAN's evolving organizational transition.^{1,2} In November 2010, prior to the annual mid-year Board meeting, the Strategic Plan Implementation Strategic Work Team (SWT) members met in Miami Beach to continue the work of mapping and preparing for ASPAN's future.

Background

ASPN's leadership uses a fluid, flexible strategic plan to keep products and services for members of the organization in balance with operational, financial and volunteer resources available.³ While working with strategic planning consultants, the Board has been directed to assess the changing environment of healthcare and its impact on nonprofit organizations. There are a number of trends influencing the not-for-profit association world which include economic, political and social concerns.

The Questions

There were difficult questions facing ASPAN as a member-driven, nonprofit, healthcare-related entity. How do ASPAN members perceive their 'return on investment' related to publications, programs and services? Does ASPAN have the resource capacity to produce quantity versus great quality programs and services? What must ASPAN do to create a more positive environment for the volunteer workforce? What external forces are creating competition for ASPAN's members and volunteers? What differentiates ASPAN from other like-organizations? What steps must be taken now to ensure a bright horizon for ASPAN's future?

The Solutions

ASPN's strategic planning consultant facilitated the development of a structured pathway for organizational transformation to support ASPAN's secure future. This transformation started in April 2010 when the Representative Assembly voted to approve changes in ASPAN bylaws which broadened the focus of the bylaws, rather than restrict them. This allowed for subsequent decisions by the Board to shuffle the official organizational chart for ASPAN to become better aligned with a new strategic direction. During the recent mid-year board meeting, the Board moved to approve the recommended changes to the organizational chart, but only after long and deliberate discussions regarding the impact, pro and con, of those

changes. The following changes were unanimously supported by the 2010-2011 Board:

- In terms of lines of communication, activities relevant to the work and job descriptions of National Office staff will now report to appropriate National Office contacts. This includes any publication editors, membership/marketing, and bylaws/ policy related work.
- The total number of working committees has been adjusted to the following: Executive, Finance, Advocacy, Leadership Development, Nominating, Education Approver, Education Provider, Clinical Practice and Research.
- All other committees and ad hocs were renamed or restructured as Strategic Work Teams. This will basically include, but not be limited to, the following: Publications, Governmental Affairs, Safety, Strategic Plan Implementation, Evidence Based Practice, Standards and Guidelines, Perianesthesia Data Elements, and Resource Development. Existing SWTs did not change – these included the Succession Planning, National Conference, Advanced Degree, and Orientation.

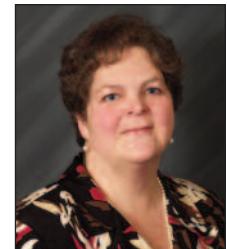
The Future

Along with these changes comes some very detail-oriented work to address changes in existing policies and procedures to reflect the above transformation. SWTs, by definition, exist to carry out specifically defined goals. Some goals are evolving, others beget new goals, while others come to completion and can be removed from the strategic plan. Moving forward, the SWTs will operate from charters which will define their scope and objectives based on the operational plan of ASPAN. These charters will basically form the day-to-day working plan for members and volunteers. Newly formed committees will also need attention to defining their purpose and structure for supporting the organization.

What will all this transformation mean to you? As President Kraft noted, "Each of us has the capability to stretch our boundaries and to make a difference. We ARE potential!"⁴

REFERENCES

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3. American Society of PeriAnesthesia Nurses. *Thinking and planning strategically*. Cherry Hill, NJ: ASPAN; 2007.
4. Kraft K. Reinvest in Your Potential; *Breathline*, 30(3): 1-2, 2010. 



**Terry Clifford
Immediate
Past President**

2011 ASPAN Member-Get-A-Member Campaign

January 1 – December 31, 2011

Jane Lind, BS, RN – ASPAN Membership/Marketing Committee Chair



The 2011 ASPAN Member-Get-A-Member (MGM) Campaign began on January 1, 2011. This year brings along with it some exciting changes to the campaign's format and awards.

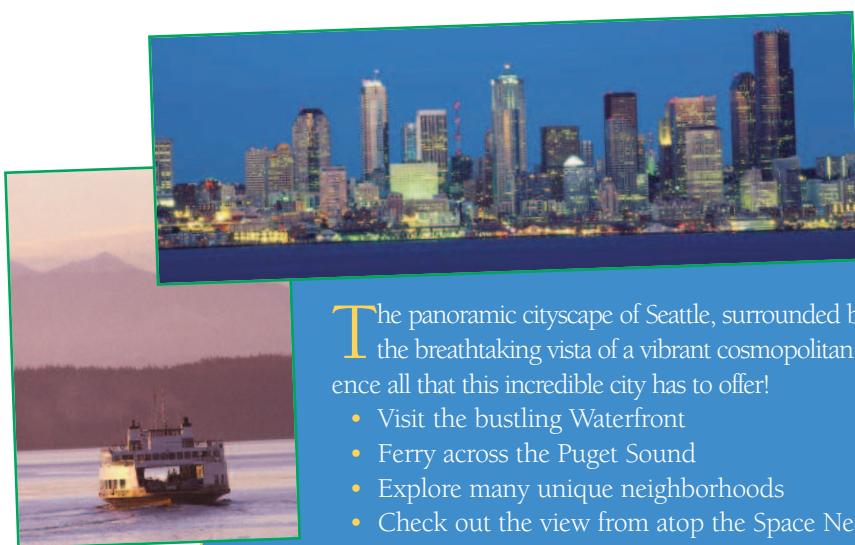
Recruiting new members has its rewards:

- The Recruiter of the Year receives a free one-year ASPAN membership, complimentary National Conference registration and a commemorative plaque
- The component with the highest percentage of its members serving as recruiters receives two complimentary National Conference registrations

- Ten names will be randomly drawn from all participating recruiters at National Conference. Winners of the drawing receive a \$75 ASPAN gift certificate
- There will be a monthly drawing from all recruiters. Winner will receive an ASPAN Redi-Ref
- Recruit 4-9 new ASPAN members and receive a \$5 ASPAN gift certificate
- Recruit 10 or more new ASPAN members and receive a \$10 ASPAN gift certificate

The 2010 MGM Awards will be presented at the National Conference in Seattle. Beyond the prizes and accolades, so many more rewards are gained through ASPAN membership. New members serve to grow ASPAN's network, ultimately strengthening and advancing the perianesthesia nursing profession. Encourage a colleague to join today!

Membership/MGM applications are available on the Web site www.aspan.org. 



The panoramic cityscape of Seattle, surrounded by the Olympic and Cascade mountain ranges, offers the breathtaking vista of a vibrant cosmopolitan city juxtaposed with natural pristine beauty. Experience all that this incredible city has to offer!

- Visit the bustling Waterfront
- Ferry across the Puget Sound
- Explore many unique neighborhoods
- Check out the view from atop the Space Needle

**See You in
Seattle**

Don't miss your chance to "Go Metronatural...". Come to Seattle for National Conference.

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Understanding Some Basic Statistical Terms in Research Studies

Jacqueline Ross, MSN, RN, CPAN - ASPAN Director for Research 2009-2011



Research Corner



Jackie Ross
Director for Research

Why should nurses care about research? Nursing research, either from generating or consuming the findings, is a way we can advance nursing knowledge. Studies often focus on the effects of nursing interventions, patient and families' needs or how to better coordinate and deliver care. The findings from studies offer support to interventions which work, and those that may not, and can also provide information on the most cost-effective way to provide patient care. Additionally studies can investigate nurses, such as how the work environment influences the satisfaction of the nurse or his/her intent to leave the job. All of these examples can impact patient care, directly or indirectly.

Research helps nurses understand the solutions to problems encountered in practice. While most nurses are not nurse researchers, most nurses need to be consumers of nursing research. However, when reading through journal articles, many clinical nurses may be unfamiliar with the research jargon. Over the past few years, many nurses have asked for some clarification on various statistical research terms. This very short article can provide you with some guidance.

Describe or Predict

In studies, there are two main categories for statistics: *descriptive* and *inferential*. *Descriptive statistics* are used to characterize (describe) the data. Descriptive statistics are often seen in summary tables with means and standard deviations, percentages and charts. Descriptive statistics are used to portray the sample of the study. Readers should be able to easily determine if the sample reflects their practice. In studies involving groups, descriptive statistics present the ability to assure the groups are comparable, such as in age, gender, etc. *Inferential statistics* are those statistical techniques that are used to provide predictions.

Correlation is used in examining possible relationships. The Pearson product moment correlation coefficient (*r*) is indicated as a *p* level significance level (often .05 or .01 level). Within research articles the table typically includes the indication (*) of significant finding. Examine this table closely. Correlations range from -1.0 to 1.0. Higher significant correlation coefficients indicate a stronger relationship. Correlation can be positive or negative. Correlation coefficients

0.50 - 0.69 (positive or negative) are considered moderate strength in relationships, while those correlation coefficients of 0.00 - 0.25 indicate a small, if any, relationship. Nurses must understand that correlation does not imply causation, it simply signifies a relationship is present. Many variables may be influencing these relationships. Large samples can influence significance testing.

Post hoc analyses are used when there are more than two groups involved in the study. For example, analysis of variance (ANOVA) or chi-squared analyses are methods to determine if there are differences between groups. With both of these techniques, if a statistical difference is shown among the groups, the researcher is not certain which groups differ; therefore, a post hoc test is required. Nurses could not determine what intervention was more beneficial than another without this added information.

The Right Type

Both *Type I* and *Type II* errors can influence nursing care. *Type I* errors would have a more immediate impact than *Type II* errors. A *Type I* error indicates that a significant finding was found, but there actually was no difference. In this situation, a nursing intervention would be started, but the intervention would have no impact or even possibly negatively affect patient care. Significance levels (0.05, 0.01) indicate the level of risk for a *Type I* error. On the other hand, a *Type II* error reflects that no significance was found, but in reality a difference was present. Perhaps an intervention was not implemented, and then improvement in patient care is hindered. The risk of a *Type II* error is determined with a power analysis.

Expanding the knowledge base for perianesthesia nursing requires gleaning questions from current research and developing a basis for future studies. Many other terms and explanations are in nursing research texts and articles. Hopefully this quick review will permit a closer examination of research study findings. Please let us know where you would like to see more explanation.

Contact Jackie Ross at jross@aspan.org

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Armi Holcomb
Region 2 Director

The Director's Connection

Armi Holcomb, BSN, RN, CPAN – Regional Director, Region 2

Journeying through my first year serving as Region 2 Director, I realized just how busy the annual component meeting season can be! Most components' fall conferences fall (forgive the pun) virtually on top of each other, from September through October. This year's experience revealed that I'll need to do some creative planning to attend the majority of the 2011 meetings. The wonderful world of technology allowed me to keep in contact with component leaders when unable to physically participate in conferences.

Reflecting on the last several months, I also realize what a truly great venue that the ASPAN Component Development Institute (CDI) is a for mentoring component leaders. We had a wonderful experience together in Louisville, Kentucky. The topics presented were welcomed with enthusiasm by all the attendees, including me!

Please allow me to share some activity updates provided by the component presidents:

Arkansas-PACNA The component provides updates and announcements via its Web site www.pacna.org and the annual distribution of the Airways newsletter.

Iowa-ISPAN A well-attended October 2010 Fall Conference was held in Cedar Rapids and the 2011-2012 officers were elected to serve with incoming President Deb Mueller. The component also participated in the Younker's Community Day as a non-profit organization and raised funds to help support a homeless shelter. A great job and great way to promote ISPAN and ASPAN in the community!



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Region 2 Representatives together at the 2010 CDI in Louisville



Louisiana-LAPAN The annual conference was held in October 2010. It was a great conference and took place in the great city of New Orleans! LAPAN officers are busy working to create a component Web site.

Mississippi-MSPAN The component sponsored an ASPAN certification review seminar featuring speaker Denise O' Brien. This seminar provided a wonderful review, even for the well-seasoned PACU nurse. The Board and President Jenny Kilgore invited Denise and me to attend a dinner and board meeting. The work being done, and the planned upcoming projects discussed, is most impressive.

Missouri-Kansas-MOKAN PANA St. Joseph Medical Center was host to the well-attended annual conference in October 2010. ASPAN Past President Pam Windle was the guest speaker. ABPANC Representative Cheryl Coleman was on hand to answer certification questions. The component, while transitioning to greener business practices, gave attendees the opportunity to download the speakers' handouts, if requested.

Nebraska-NAPAN Lincoln was the host city for the October 2010 state conference. President Phylliss Bolton reported that the education committee presented four well-received speakers who delivered a variety of perianesthesia topics designed to meet the attendees' needs. The closing speaker presented, "The Magic of Endorphins" and this proved to be a fun and relaxing way to end the conference.

Oklahoma-OSPA is preparing for its spring seminar to be held in Tulsa on April 16, 2011. President Betty Gibson and Education Coordinator Jo Baggs-Alexander have worked hard to put together an informative conference with many interesting

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1st International Conference for PeriAnesthesia Nurses

"Many Practices ... Just One World"

OCTOBER 2 - 5, 2011

Toronto, Ontario ~ Canada

CALL FOR POSTERS:

Innovative Practice, Research and Evidence Based Practice

For more information visit our Web site www.icpan.info



International Conference
for
PeriAnesthesia
Nurses



TORONTO, CANADA ~ 2011

Component Education Program

February 26, 2011 PeriAnesthesia Nurses Association of California (PANAC) Winter Seminar at the Marriott Ventura Beach in Ventura, CA. For information visit www.panac.org 

ASPAN Regions
continued from page 14

clinical topics included. For more information visit www.ospan.org.

Texas-TAPAN In September 2010, TAPAN celebrated its 34th Annual Conference in Grapevine with approximately 170 nurses in attendance. ASPAN President Kim Kraft was among the guest speakers. The TAPAN leaders' goal to re-draw district lines in order to better serve the organization and its members was accomplished by dividing the state map into five regions.

Over the past eight months, I have grown as a leader while being supported and mentored by my "Board buddies." I feel that I can meet the needs of my components and am very honored and excited to continue my work with our component members.

Contact Armi Holcomb at aholcomb@aspan.org 



Certification

Spring 2011 Certification Exams: Important Dates

Registration Window – Online	January 10 – March 7
Registration Deadline – Online	March 7 by 11:59 p.m. EST
Time Period for Scheduling Examination Appointment with Prometric	Upon receipt of your Authorization to Test (ATT) letter through May 12
Examination Administration Window	April 4 – May 14
Deadline for Cancelling Appointment	3 business days before scheduled test date
Postmark deadline for requesting withdrawal, refund or rollover from Professional Examination Service (PES)	On or before last day of examination administration window

Visit the ABPANC Web site
www.cpancapa.org

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ASPAN Hosted Seminars

February 19, 2011 Perianesthesia Certification Review in Stuart, FL. Hosted by Martin Memorial Health System. Contact Joan V. Ruby at 772-223-5945 ext. 3205 or vruby@mmhs-fla.org

March 12, 2011 Perianesthesia Certification Review in Baltimore, MD. Hosted by Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN). Contact Diane Swintek at dinah613@verizon.net or Ruth Lee at 410-550-1030.

March 19, 2011 Perianesthesia Certification Review in Saratoga Springs, NY. Hosted by The Saratoga Hospital. Contact Katherine Riley at 518-580-2881 or kriley@saratogacare.org

April 23, 2011 Perianesthesia Certification Review in Geneva, IL. Hosted by Delnor Hospital. Contact Carolyn Sinclair-Shaw at 630-208-4043 or Carolyn.sinclair-shaw@delnor.com 

ASPAN Seminars

February 19, 2011

Surrounding Your Practice with Excellence:
Legalities, Standards and Advocacy
Albuquerque, NM
Rockford, IL

February 26, 2011

Surrounding Your Practice with Excellence:
Legalities, Standards and Advocacy
Warwick, RI

March 5, 2011

Pediatrics: Beyond the Basics
San Francisco, CA
Perianesthesia Certification Review
San Antonio, TX

March 12, 2011

Perianesthesia Certification Review
Winston-Salem, NC
Surrounding Your Practice with Excellence:
Legalities, Standards and Advocacy
Sacramento, CA

May 7, 2011

Perianesthesia Certification Review
Minneapolis, MN

May 21, 2011

Complexities and Challenges of Perianesthesia
Nursing: Across the Ambulatory and Perianesthesia
Continuum
San Diego, CA

June 4, 2011

Safety Begins With Us
San Antonio, TX
Surrounding Your Practice with Excellence:
Legalities, Standards and Advocacy
White Plains, NY 



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