



Breathline

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INSIDE:

PRESIDENT'S MESSAGE: Igniting Professionalism through Networking

Jacque Crosson, MSN, RN, CPAN – ASPAN President 2014-2015

Over 150 nurses from across the United States assembled in Nashville, Tennessee for ASPAN's Leadership Development Institute (LDI). LDI is designed to support ASPAN members in their journey to reach excellence for their components, while networking with colleagues from around the country. Networking is defined as: "the exchange of information or services among individuals, groups, or institutions; specifically: the cultivation of productive relationships for employment or business."¹ The ability to dialogue with peers regarding component challenges, concerns and frustrations allows for successful solutions. More importantly, those new collegial relationships develop into lifelong friendships. The opportunity to create these important networks through your ASPAN membership is one of the biggest benefits of ASPAN membership. How reassuring to know that you can pick up a phone or send an e-mail to have quick resolution for a clinical or practice issue or a component challenge. If it is a problem for you, you can be reassured that it was a problem for someone else, and most likely they came up with a solution!

ASPAN has over 15,000 members. Think of the collective knowledge, experience and education contained in that demographic. As a specialty organization, ASPAN is fortunate to have so many experts at its disposal. Recently, I had a challenge at work regarding physician order entry and non-compliance. How easy it was to reach out to my colleagues in the Preoperative Assessment Specialty Practice Group to see if their physicians were compliant. Within hours, my e-mail inbox was full



Jacque Crosson
MSN, RN, CPAN
ASPAN President 2014-2015

of responses. I was able to take that information, put it into an Excel spreadsheet, and share with my team so that they knew they were not alone in their frustrations.

While in Nashville, I had the opportunity to meet a member from Oregon. She recently changed from oncology to perianesthesia nursing as a manager for preop and PACU. In her desire to learn more about her new specialty, she attended the Leadership Development Institute. My advice to her was to take advantage

of all of the experience in the room and network, network, network. Knowing the right person to call when a challenge occurs is usually half the battle toward resolution.

In another weekend LDI activity, several attendees were able to go on a tour of Vanderbilt University. Through networking, they connected with Elizabeth Card, ASPAN's Evidence Based Practice Strategic Work Team Coordinator, and visit Vanderbilt, where Elizabeth works. Not only did they have a wonderful experience, they were able to see how research is being conducted AND brought to the bedside to enhance and improve patient outcomes!

Recently, a sister of one of my peers required a very extensive surgery in another state. Quickly, I was able to send one e-mail and connect with an ASPAN colleague. Let me report that, not only did I receive an immediate response, but the anesthesia provider, preop and PACU nurse were assigned and in place. How special it was for my peer's sister to be told she was a "VIP" and they were expecting her. The family was extremely grateful



and quite amazed at our ability to network across the country. This is a beautiful example of the advantage of networking through the ASPAN family!

Networking will always be an integral part of the perianesthesia profession. Foster your networking skills. Stay connected with existing relationships, and take advantage of every opportunity to develop new ones. These new relationships will become one of your most valued assets.

REFERENCES

1. Networking. Merriam-Webster, n.d. Web. Available at: <http://www.merriam-webster.com/dictionary/networking>. Accessed September 14, 2014.

Leadership Development Institute 2014

The Leadership Development Institute (LDI) provided many opportunities for networking, education and fun.



◀ Ice Breaker

▶ Lunch Networking at LDI



◀ Lots of Learning



▶ A special treat at LDI was a tour of Vanderbilt, another opportunity to network



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Deadlines for inclusion in *Breathtline*:

Issue	Deadline
January	November 1
March	January 1
May	March 1
July	May 1
September	July 1
November	September 1



CALL FOR ASPAN AWARD NOMINATIONS!

Consider nominating someone you know for one of the following ASPAN Awards. Criteria can be found on the ASPAN Web site.

Excellence in Clinical Practice Award

Consider nominating someone you know for the Excellence in Clinical Practice Award. The deadline for nomination is November 30, 2014. [Click here](#) to go to the Web page for nomination forms and more information.

Award for Outstanding Achievement

Do you know someone who should be considered for the Award for Outstanding Achievement? Consider nominating them for this prestigious award. The deadline for nomination is November 30, 2014. [Click here](#) for nomination forms and for more information about the award.

Above and Beyond Service Recognition

Do you know someone who goes the extra mile for ASPAN or his/her component? Visit the ASPAN Web site for information on how to nom-

inate a deserving colleague for a 2015 Above and Beyond Service Award. The deadline for this nomination is January 10, 2015. [Click here](#) for more information.

Gold Leaf Component of the Year Award

The deadline for the Gold Leaf Component of the Year Award submission is February 2, 2015! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1st. The award reflects the activity of your component from January 1, 2014 through December 31, 2014. The members of Membership/Marketing Strategic Work Team look forward to reviewing the applications from the components, and announcing the winner at National Conference in San Antonio. **For information, guidelines, and the application, [click here](#).**

Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2015 Representative Assembly (RA) meeting on April 26, 2015.

The RA is the voting body and voice of ASPAN. As the chief governance and policy determining structure of ASPAN, the RA reviews and acts upon resolutions regarding ASPAN bylaws, policy matters, position statements, and other issues related to perianesthesia nursing. If you, as an ASPAN member, believe there is an issue of this nature that needs to be brought before the RA, please contact National Office to have a sample resolution sent to you.

Amendments to the ASPAN bylaws or any general resolution not requiring a bylaws change must be proposed by at least five (5) Active category members acting as one group. Examples include, but are not limited to:

- A Component Board of Directors - OR
- The ASPAN Board of Directors - OR
- A standing Committee or Strategic Work Team

Submission Deadline:


Resolution forms relating to **bylaws** changes or relating to **position statement, policy matters or other issues** must be received by the ASPAN National Office no later than **January 26, 2015**.

Upon receipt of a resolution form, the Resolutions Task Force will begin its review and, if questions arise, the lead author will be contacted for clarification. At the RA meeting, the lead author of the resolution needs to be prepared to speak to the issue.

Please contact Kevin Dill at the ASPAN National Office: 877-737-9696, ext 211 or kdill@aspan.org to obtain a sample resolution form and instruction sheet.

ASPAN Education: Breaking the Topic and Time Barrier

Nancy Strzyzewski, MSN, RN, CPAN, CAPA
ASPAN Director for Education

What kind of learner are you? For information related to my practice, I like the traditional seminar. I enjoy interacting with the speaker in a way that allows me to hear people ask questions and actively discuss answers with the audience. I love to hear what other people are doing in their practice. I am continually learning what is new in clinical practice and how other perianesthesia nurses have solved practice challenges we all face. Sometimes I learn as much, if not more, from the audience. But for many of us, finding an additional eight hours in our busy life is a big challenge. Lucky for us, ASPAN now has several program options.

Two years ago, ASPAN added its On-Demand Education library. The ASPAN On-Demand Education library can be accessed on the ASPAN Web site through the education page. Currently, there are 19 different modules available. This program option allows ASPAN to offer short programs on a wide variety of topics by several different speakers. Topics are added based on the feedback you give to ASPAN in the annual needs assessment. ASPAN has also added topics based on clinical practice questions and well received topics at each national conference. So keep checking the library for more new topics coming soon! ASPAN will be adding several topics taped at the 2014 National Conference. In addition, based on the feedback we received from you, look for a change in the pricing of these modules coming soon.

ASPAN has also added another very exciting learning option to its educational programs. In July, one of the ASPAN speakers presented the first official eight hour live webcast of the "Perianesthesia Certification Review" seminar. For the first live webcast, one of the attendees participated from the country of Guam. Because of the time zone change, this participant was watching the live webcast throughout the night in Guam. How exciting it is for the ASPAN programs to be able to reach a live international audience! The live webcasts can be accessed through any computer, tablet, book reader or smart phone.

ASPAN's live seminars continue to be very popular, and ASPAN continues to create new seminars and revise ongoing seminars. As part of the ASPAN "going green" initiative, starting with the summer/fall seminar cycle, all evaluations will be done electronically. Seminar participants will have up to two weeks after the seminar to

complete their evaluation of the seminar online. The evaluations can be done from any Internet access device such as a computer, tablet or smart phone. Once the evaluation has been completed, you will receive your contact hour certificate sent to your email within 30 days from the ASPAN National Office.

What kind of learner are you? ASPAN has several different program options to meet your needs. ASPAN seminars are available to learners who like traditional lecture with the option of interactive audience participation. For those of you with limited time and looking for specific topics, the ASPAN On-Demand Education library offers flexibility in learning. Interested in a traditional seminar but have difficulty finding a location near you? A live webcast brings all the benefits of an ASPAN seminar right to you, at home, at work, at the beach or any location of your choice! 🌱

NURSE IN WASHINGTON INTERNSHIP (NIWI) WASHINGTON, DC March 15-17, 2015

[Click here](#) for more information. 🌱



Show Me the Evidence: A Joanna Briggs Institute Reviewer's View From the Inside

Elizabeth Card, MSN, RN, APRN, FNP-BC, CPAN, CCRP, Dina Krenzischek, PhD, RN, CPAN, FAAN

Kim Noble, PhD, RN, CPAN, Ellen Poole, PhD, RN, CPAN, CNE

The rise of evidence-based practice (EBP) is an effort to close or narrow the gaps between research findings and practice to improve patient safety and outcomes. The “evidence” can come from numerous sources, from research findings to expert opinion. It may be retrieved from a variety of internet resources such as databases (PubMed, CINAHL, ProQuest, etc.), guidelines (e.g., Agency for Healthcare Research and Quality), or comprehensive bundled services (Joanna Briggs Institute, CONNect, Cochrane Library). When examining the evidence, caregivers need to not only level the evidence, but also rate the quality. Leveling the evidence and quality can be easily accomplished by utilizing appropriate tools. Johns Hopkins Nursing Evidence Based Practice Level and Quality Guide (JHU rating tool) is one such tool.¹

Assessing the quality using the JHU rating tool results in assigning one of three ratings: High, Good, or Low quality/major flaws. Quality ratings are accomplished through reading the articles/dissertations/clinical practice guidelines and then applying the tool's quality guides.

Leveling categorizes or rates the strength of the evidence. The lowest level is level V, which is evidence from non-research or expert opinion. Examples include quality improvement programs, case reports or recognized expert opinions based on his/her experiences. Level I is the highest level of evidence coming from systematic reviews of randomized controlled trials (RCT) with or without meta-analysis. Completing a systematic review free from bias and inclusive of all appropriate literature can be a daunting task.

The Joanna Briggs Institute (JBI) was formed in 1996 at the Royal Adelaide Hospital and University of Adelaide in Australia. Its purpose is to improve health by providing a point of access to the evidence through databases, decision support systems, and tools for implementation, evaluation and continuous improvement of utilization of evidence based practice.² The mission of JBI is “to be the leader in producing, disseminating and providing a framework for the use of the best available research evidence to inform health decision making to improve health outcomes globally.”² JBI has centers throughout Australia, Asia, Africa, Europe and the Americas,

with seven in the United States, dedicated to providing not only access to the evidence, but also completion of systematic reviews in an unbiased inclusive format. Recognizing the importance of access to such a valuable resource was evident at ASPAN's Representative Assembly (RA) in 2012, when the RA voted to provide JBI access to all ASPAN members through the ASPAN Web site. Further investment into utilization of JBI resources by ASPAN was completed by awarding education training grants to send four ASPAN leaders to the University of Southern California, San Francisco campus JBI center to complete JBI reviewer training in July 2014. This rigorous training results in the ability to perform systematic reviews. The four ASPAN members honored to receive the educational grant and JBI training were Ellen Poole, Dina Krenzischek, Elizabeth Card and Myrna Mamaril. Additional JBI reviewers in ASPAN include Kim Noble, Terry Clifford and Daphne Stannard. We will be teaming up in pairs to complete systematic reviews that will provide the evidence upon which to build ASPAN's practice recommendations and practice guidelines.

ASPAN research currently includes completing the Fatigue and SafeTy (FaST) in perianesthesia areas study, which examines fatigue among perianesthesia nurses, and the upcoming Prevalence of Burnout (PBS) study, an anonymous electronic survey that captures information related to the phenomena of burnout among perianesthesia healthcare workers. Fatigue and burnout are independent phenomena, although fatigue can be a risk factor for developing burnout, and both can contribute to poor patient outcomes. The findings from both research studies will contribute to the knowledge for the science of nursing. The JBI trainees will assist with evaluating the data from these research studies. This is a very exciting time to be part of ASPAN and a part of perianesthesia nursing!

REFERENCES

1. Newhouse R, Dearholt S, Poe S, Pugh LC, White KM. Evidence-based Practice. A Practical Approach to Implementation. *Journal of Nursing Administration*. 2005; 35(1):35-40.
2. Joanna Briggs Institute. Available at: <http://www.joan-nabriggs.org/index.html>. Accessed August 30, 2014.

ASPAN Member-Get-A-Member Campaign January 1 – December 31, 2014

*I*nvoke your colleagues to join ASPAN today! To thank you for your recruitment work, a **variety of new awards** are available for members who participate.

You can obtain promotional materials and membership applications by contacting ASPAN's National Office toll free at 877-737-9696 or emailing: ghanisch@aspan.org. Request as many copies as you like, and be sure to place your name as the recruiting member on each application you distribute. 🌱

CELEBRATE

PeriAnesthesia Nurse Awareness Week (PANAW) February 2-8, 2015



*A*s you read this, PeriAnesthesia Nurse Awareness Week (PANAW) will be upon us before you know it. For 2015, the theme is "*Perianesthesia Nurses: Dedicated Professionals, Passionate Care*," and there is no better time to recognize your members than during PANAW. Do you have a plan in place? Many components post messages on their Web sites and in component newsletters. Some hold a seminar that has significance for perianesthesia practice, and creates the opportunity for members to obtain contact hours to maintain his/her CPAN/CAPA certification. When all is said and done, it is a time to celebrate all perianesthesia nurses for their dedication and for the passion they exhibit for this specialty. PANAW, which will be celebrated February 2-8, 2015, is a great time to recognize members for service to perianesthesia practice and your component. Official PANAW products can be ordered online at www.panaw.com.

Remember to submit photos of your PANAW recognition/celebration to Barb Godden for use in a future issue of *Breathline* at bgodden@aspan.org. 🌱

Patient Education Ensuring Safety After Discharge

Linda Beagley, MS, RN, CPAN – ASPAN Safety SWT Coordinator

Education plays an integral part in preparing the patient for each phase of the surgical process. Ideally, education is completed face to face after assessing the educational needs of the patient and family. In the perianesthesia setting, some of the education is completed via the telephone, making comprehension harder to evaluate. Our time with the patient is limited due to moving through several phases and the anesthesia agents inhibiting retention of education. Other barriers include but not limited to, are language, culture, literacy and level of education.¹

Scenario

Post-op nurse Anne is preparing Mr. Jones for discharge with a urinary catheter. She enters his cubicle armed with printed instructions on how to care for the urinary catheter and removal the next morning. Anne goes over the instructions with both Mr. and Mrs. Jones. Afterwards, she asks Mr. Jones if he has any questions. He responds, "I have many questions, but I don't know where to begin." How can perianesthesia nurses close the loop on patient education?

Teach-Back

Teach-back method is an education tool that provides the ability to check for understanding. The tool has three steps: present the concept, check the learner's understanding and identify if learning needs were met and re-teach if necessary.² Teach-back is an interactive communication loop in patient education. The perianesthesia nurse explains a new concept to the patient. Prior to going to another point, the nurse assesses patient recall and comprehension. He/she clarifies and tailors explanations to answer questions and correct misunderstandings. Once questions are answered, the perianesthesia nurse reassesses patient recall and comprehension.³

How to Use Teach-Back

Tips on how to use teach-back successfully include: keep it simple by avoiding unnecessary medical jargon. Presenting education using terms that the patient won't understand wastes both your time and his/her time. Start with the main ideas while focusing on important information. Teach-back requires engaging in conversation and listening by asking the right questions

and listening to the responses. Be nonthreatening in your instructions, avoiding talking down or preaching. Focus on what the patient should do rather than what he/she shouldn't do. An important element is to use open-ended questions of what, why, when and how. Closed-ended questions result in yes and no responses and will make it difficult to assess comprehension. View teach-back as an evaluation of the actual teaching.

Benefits of Teach-Back⁴

- Reduce unnecessary hospital readmissions
- Leads to better health outcomes
- Promotes patient safety
- Increases compliance of health treatment plan
- Encourages self-care management
- Improves patient and family satisfaction

Use Phrases Such As:

- Tell me
- Explain to me
- Show me
- Demonstrate

Using our scenario above, how could Anne have been assured of comprehension with Mr. Jones? One positive element Anne had was the presence of Mrs. Jones. Using the printed instructions as a guide of what needs to be covered, explain and demonstrate the care of the urinary catheter directly on Mr. Jones. Break frequently to ask an open-ended question. If comprehension is present, continue with the instructions; if not, clarify instructions. Evaluating along the way ensures understanding of the instructions. In this example, having the family member present to hear the instructions is especially important due to potentially having residual anesthesia agents on board.

As Benjamin Franklin said, "Tell me and I forget. Teach me and I remember. Involve me and I learn."⁵

Frequently Asked Questions

Bypassing Phase I PACU: Is it Ever Appropriate?

Susan Russell, BSN, RN, JD, 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. These are several frequently asked questions related to bypassing Phase I PACU.

Q. *A Joint Commission surveyor told us that endoscopy patients receiving procedural sedation should go to Phase I recovery. We identify their recovery as Phase II. Can you clarify?*

Q. *Does administration of Propofol dictate Phase I? What does ASPAN say?*

Q. *Can patients who are recovering from endoscopy procedures be recovered in the same Phase II area as postoperative ambulatory surgery patients?*

Q. *Our Same Day Admissions area cares for patients pre and post GI, IR and cath lab procedures under moderate sedation. They arrive awake and responsive. Is it appropriate to consider them Phase II patients?*

A. These questions have a similar theme—when can a patient safely bypass Phase I PACU? Anesthesia occurs along a continuum from minimal sedation, or anxiolysis, to general anesthesia. The patient's response to the anesthetic agents administered should be considered when determining which phase of care is most appropriate. ASPAN recommends using written discharge criteria to determine readiness for transfer to a lower level of care. Specific discharge criteria should be developed in collaboration with the department of anesthesia.

Historical Perspective

ASPAN's 2012-2014 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* includes two practice recommendations which help define levels of care appropriate for patients who meet Phase I discharge criteria before leaving the OR/procedure room. "Practice Recommendation 7: The Role of the Registered Nurse in the Management of

Patients Undergoing Sedation for Short-Term Therapeutic, Diagnostic or Surgical Procedures" addresses patients who receive nurse-administered moderate sedation.¹ RNs responsible for recovering these patients must be familiar with the medications the patient received as well as any untoward side effects. They should possess airway management and resuscitation skills. They should also recognize signs and symptoms of procedural complications.¹

"Practice Recommendation 8: Fast Tracking the Ambulatory Surgery Patient" addresses recommended criteria for bypassing Phase I and proceeding to Phase II from the OR/procedure room. This practice recommendation is intended for ambulatory surgery and does not specifically address inpatients.² Fast tracking should be part of the patient's plan of care, and is initiated during his/her preoperative care. Discharge criteria are assessed by the anesthesia provider before the patient leaves the operating/procedure room. It includes:

"AWAKE OR EASILY AROUSABLE
HEMODYNAMICALLY STABLE
PATIENT ON ROOM AIR AND MAINTAINING APPROPRIATE
OXYGEN SATURATIONS
MINIMAL PAIN
MINIMAL NAUSEA
STABILITY OF SURGICAL SITE, E.G., NO ACTIVE BLEEDING"²

Delivering Appropriate Care

Additionally, the patient should not require continuous cardiac monitoring or continuous pulse oximetry. The RN receiving handoff report should verify that the patient meets criteria for admission to Phase II before accepting the patient. Facility policy and procedure should define the admission criteria and any exclusion for Phase I and Phase II recovery. Some facilities have a blended recovery room for both Phase I and Phase II patients. The handoff report from the anesthesia provider should indicate whether the patient meets criteria for a Phase II patient. In facilities where patients are recovered in the specialty procedure room or department, post procedural care should be delivered at the same level as the patient would receive in the

Two ASPAN members recently received notable recognition for their exceptional contributions to nursing and to the perianesthesia specialty. Linda Wilson received two new credentials, that of ANEF and FAAN. Pamela Windle received recognition in her home country of the Philippines, amidst a tragic family death.

Congratulations to both of you for your achievements and recognition!



Linda Wilson

PhD, RN, CPAN, CAPA, BC, CNE, CHSE, CHSE-A, ANEF, FAAN



**David and Pamela Windle
at the OSA ceremony**

What do the Credentials ANEF and FAAN mean?

The credentials ANEF stand for Academy of Nursing Education Fellow. The National League for Nursing (NLN) governs the Academy of Nursing Education Fellows, which was initiated in 2007. Fellows in the NLN Academy of Nursing Education are individuals who have made enduring and substantial contributions to nursing education as teachers, mentors, scholars, public policy advocates, practice partners and administrators. The Fellows provide a visionary leadership and are recognized for their expertise in nursing education. To be selected as a Fellow, candidates must demonstrate sound evidence of enduring and substantial contributions to nursing education, visionary leadership in nursing education, evidence of contributions above and beyond the responsibility of their employment, explain the impact of one's work and how it has influenced nursing education, and disseminated one's work in ways that have influenced and advanced nursing education. There are currently approximately 200 Academy of Nursing Education Fellows in the world. Once a person has been selected and inducted into the academy, they can use the credentials ANEF after their name.

The credentials FAAN stand for Fellow in the American Academy of Nursing. The American Academy of Nursing (AAN) is the governing body for the Fellows in the American Academy of Nursing, which was initiated in 1973. The American Academy of Nursing's fellows are nursing leaders in education, management, practice

and research. Fellows represent association executives, university presidents, chancellors and deans, state and federal political appointees, hospital chief executives and vice presidents for nursing, nurse consultants, and researchers and entrepreneurs. Induction into the academy is an important acknowledgement of outstanding contributions and achievements in nursing, and candidates must demonstrate significant impact and contributions over time. Being inducted as a Fellow in the American Academy of Nursing is the highest honor one can receive in nursing. There are currently approximately 2200 Fellows in the American Academy of Nursing in the world. Once a person has been selected and inducted into the academy, they can use the credentials FAAN after their name.

Unlike certification credentials, once inducted into either of these academies, the nurse will retain these credentials forever. For more information, check out the National League for Nursing Web site at <http://www.nln.org/excellence/academy/> and the American Academy for Nursing Web site at <http://www.aannet.org/fellows>.

Linda is the Assistant Dean for Special Projects, Simulation and CNE Accreditation, and an Associate Clinical Professor, Division of Graduate Nursing, Advanced Role M.S.N. Department at Drexel University in Philadelphia. In addition to her duties at Drexel, within ASPAN, Linda oversees perianesthesia nursing issues related to education, research and clinical practice. She is the

Accreditation (ANCC) Administrator, and can be reached at the ASPAN National Office for these duties. Linda is also a past president of ASPAN. Congratulations, Linda, on your well deserved honors!

Behind Every Cloud There is a Silver Lining

And so it was, the cloud with the silver lining, for ASPAN past president, Pamela Yang Windle, on her recent trip back to the old country. Pamela Windle, MS, RN, NE-BC, CPAN, CAPA, FAAN, recently went home to the Philippines for a trip that no one ever enjoys. She went home to bury her sister, Jane. Despite the circumstances, she found a way to give back to her alma mater. After nine days of mass and prayer for the repose of the soul of Josephine Baguiran-Dugais (Jane), Pam facilitated a four day interdisciplinary research workshop at Silliman University, Dumaguete, Philippines. Pam went on to celebrate the Silliman University Founders' Day, where she was feted as one of the recipients of the 52nd Outstanding Silliman Awards (OSA). Together, with another awardee, she was celebrated with a city parade in her hometown. With luncheons and dinners in her honor, Pam got a well deserved welcome. ASPAN is so proud of you, Pam! 🌿



Two Outstanding Sillimanian Awardees (OSA) with the University President and Board of Trustee Chair welcomed by the ROTC parade (Pam, fourth from left)



Pam, left, receiving the Dean Roble Medallion of Honor College of Nursing award with SUCNA selection committee chairs

REFERENCES

1. Beagley L. Educating patients: Understanding barriers, learning styles and teaching techniques. *J Perianesth Nurs*. 2011; 26(5):331-337.
2. Xu P. Using teach-back for patient education and self-management. *American Nurse Today* 2012; 7(3). Retrieved from: <http://www.americannursetoday.com/using-teach-back-for-patient-education-and-self-management/>. Accessed April 23, 2014.
3. White M, Garbex R, Carroll M, Brinker E, Howie-Esquiv-

- el J. Is "teach-back" associated with knowledge retention and hospital readmission in hospitalized heart failure patients? *J Cardiovasc Nurs*. 2013; 28(2): 137-146.
4. Koch C. Teach-back method: Let's use "teach-back" not teach at. PowerPoint presentation at Swedish Covenant Hospital. April 2014.
5. Benjamin Franklin. Quotes. Retrieved from http://www.goodreads.com/author/quotes/289513.Benjamin_Franklin. Accessed September 1, 2014. 🌿

postanesthesia care unit. Staffing and personnel responsible for delivering that care should reflect the same care as provided in the postanesthesia care unit and should be appropriate to meet the patient's needs.

Summary

Any of the situations described in the questions above could bypass Phase I PACU. Patient selection, assessment and achievement of established discharge criteria are important factors in choosing the postanesthesia phase of care which best meets the needs of the patient.

REFERENCES:

1. American Society of PeriAnesthesia Nurses. Practice Recommendation 7: The Role of the Registered Nurse in the Management of Patients Undergoing Sedation for Short-Term Therapeutic, Diagnostic or Surgical Procedures. In: *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2012: 56-59.
2. American Society of PeriAnesthesia Nurses. Practice Recommendation 8: Fast Tracking the Ambulatory Surgery Patient. In: *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2012: 60-62. 🌿

ASPAN Membership/Marketing Strategic Work Team

“Going for the Gold”

Diane Swintek, BSN, RN, CPAN – ASPAN Membership/Marketing SWT Coordinator



Many components are in the process of gathering information to submit an application for the Gold Leaf Component of the Year Award. The Gold Leaf Award recognizes that component that has excelled in many areas. The Membership/Marketing Strategic Work Team (SWT) judges these applications, and is looking for the activities of the component that ensure it is a thriving organization and advocate of perianesthesia nursing practice. It may help to think of the application process as an opportunity to obtain an independent, objective assessment of the strengths and areas for improvement of your component. Use the application as a blueprint determining the activities of your component. On the application, there are sixteen criteria that require extra documentation. This year, ‘tips’ are included with those criteria to assist you in providing the necessary information. Use the ‘tips’ to give you suggestions for questions to ask and

answer that will provide the required information. The Gold Leaf Award reviewers are evaluating your application for specific documentation that validates the activities of your component. They are looking for specific instructions as to where that information can be found, either on your Web site or an issue of your component newsletter.

Although there can only be one author of the application, that does not negate the opportunity for a group effort. Create an ad hoc committee that is headed by members of your board of directors. Have each member be responsible for obtaining the necessary information for different categories. Establish a timeline for that information to be collected and then forwarded to the author member. The Membership/Marketing SWT hopes that you will accept this chance to go for the Gold!

ASPAN Education Review Strategic Work Team

Sylvia Baker, MSN, RN, CPAN – ASPAN Education Review SWT Coordinator

This year, President Crosson appointed a new strategic work team, the Education Review Strategic Work Team (SWT). This SWT is charged with conducting a needs assessment from previous ASPAN Seminars, creating a survey for ASPAN members and making recommendations to the Director for Education for changes and/or implementation of new educational strategies for ASPAN membership. Another objective is to assess perianesthesia educational offerings from non-ASPAN organizations.

A group of ten members spent the summer reviewing evaluations from the previous two years of ASPAN seminars and the 2014 National Conference. There was a monumental amount of information to sift through and develop categorical trends. As a group, we are interested in finding the best method to provide educational offerings, and also identify topics of highest

interest to ASPAN membership and non-perianesthesia nurses.

Soon, assignments will go out to this SWT to investigate perianesthesia educational offerings offered by non-ASPAN groups. This will be an exciting aspect of the work of this group: Does ASPAN offer similar topics? Is ASPAN cost-comparable to these other organizations? What can ASPAN do to gain or maintain a competitive advantage as the premier perianesthesia organization?

Most recently, we have gained consensus on the various categories and associated trends. A short grouping of questions has been generated for the SWT survey. Be watching for an opportunity to give ASPAN your feedback on ASPAN supported and provided educational offerings!

ASPAN Pediatric Competency Based Orientation Strategic Work Team

Regina Hoefner-Notz, MS, RN, CPAN, CPN
ASPAN Pediatric Competency Based Orientation SWT Coordinator
and Editor, *Pediatric CBO*



Members have asked for it, and very shortly ASPAN will be able to give it to you! Approximately twenty months ago, then President Susan Carter requested the services of various pediatric nurses from across the country to put together a body of knowledge that would support pediatric perianesthesia practice for all ASPAN members. I humbly accepted her request to lead this talented group of pediatric nurses, and we started our journey as a strategic work team to determine what every perianesthesia nurse wants to know about pediatrics, but is afraid to ask. For all of us, this has been a labor of love. We are the holders of children's hearts, and we wouldn't have it any other way. It is hard for any of us within this SWT to understand the fear so many nurses have when their charge nurse says, "it's a kid," but we have heard you and will try to assist you in the best way we can.

As we each spoke about areas of pediatrics with which many people struggle, we created

some great chapters and suggestions. The SWT's approach is to format this book starting with the preoperative experience, traveling through anesthetic concerns and finally coming out the other side into the postoperative care and discharge instructions. We have tackled necessary equipment, developmental needs, pediatric laryngospasm, emergence delirium and discharge education, just to name a few of the chapter topics that will be provided.

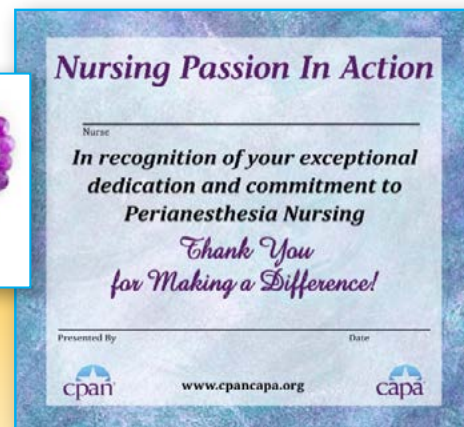
The SWT's goal is to present a working copy of this new educational tool to the ASPAN Board of Directors at the April 2015 National Conference. All ASPAN members will hopefully benefit from this information in the near future. I would like to publicly thank each member of this team that has submitted tremendous work for review. Stay tuned, the best is yet to be. 🌱

CERTIFICATION

CPAN® / CAPA® "Nursing Passion in Action" Award

Any CPAN and CAPA certified nurse who goes beyond his/her normal job responsibilities to provide outstanding patient care is eligible for the monthly Nursing Passion in Action award. Anyone can nominate a perianesthesia nurse, but the recipient must be CPAN or CAPA certified. Each month, ABPANC selects ten winners and gives them a \$25 gift certificate to be used for great merchandise at the CPAN/CAPA online store.

Nominate a colleague when you see his/her "Nursing Passion in Action." The award nomination is easy to fill out, and award posters are available online at: www.cpancapa.org/resources/awards/passion.



CPAN / CAPA Pride

Share your pride or share a gift. Visit the online store at www.cpancapa.org/resources/store.

Contact ABPANC

475 Riverside Drive, 6th Floor, New York, NY 10115-0089
Phone: 800-6ABPANC Fax: 212-367-4256

Email: abpanc@proexam.org

Web site: www.cpancapa.org

THE DIRECTOR'S CONNECTION

Deborah Bickford, BSN, RN, CPAN
ASPAN Regional Director, Region 1

Region Report

Region 1 Highlights

Arizona PeriAnesthesia Nurses Association

AzPANA has a seminar planned for February 21, 2015 and an ASPAN seminar in June, 2015. President Jacque Crosson will be the primary speaker at her home component's seminar in February. AzPANA is encouraging its members to consider board of director positions.

PeriAnesthesia Nurses Association of California

PANAC is busy expanding its educational offerings throughout the state, with many local meetings in addition to the state ones. Its next state seminar will be in Ventura, California on February 21, 2015. In addition to educational programs, PANAC has had community programs in conjunction with its meetings. The Redlands area held a local walk called "I Believe" to raise funds in fighting cancer. Great job!

Hawaiian Islands PeriAnesthesia Nurses

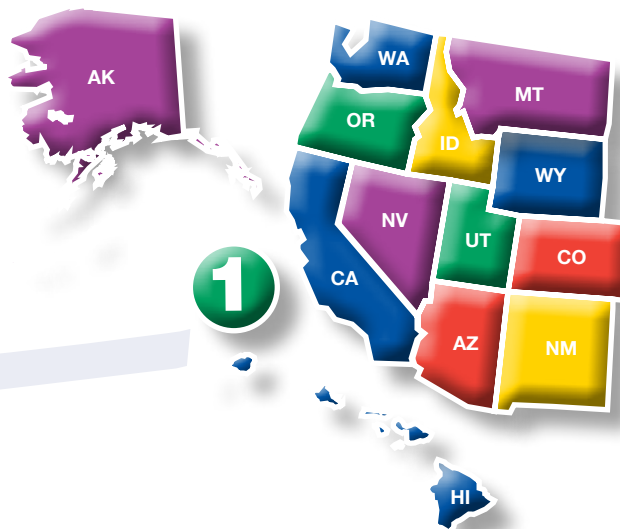
HIPAN has a board of newly elected members. HIPAN is actively pursuing new ways to attract members from all over Oahu and the other islands. Stay tuned!

Nevada PeriAnesthesia Nurses Association

NevPANA has been busy since national conference in Las Vegas. NevPANA has started a new chapter in the Las Vegas area. This district has been working with the local AORN chapter, reaching nurses in both areas and increasing its membership. NevPANA's annual meeting will be March, 2015 in Reno, with another meeting in the later spring in the Las Vegas area. NevPANA has recently revised the scholarship program to assist in funding for national conference.

PeriAnesthesia Nurses Association of New Mexico

PANANM NEEDS YOU! Louise Kaiser is alone on the board, and would like interested members to step-up and assist her in developing programs within the state. PANANM held a state meeting on November 8, 2014 and invited TAPAN members in the northwest part of Texas to join them. PANANM has an ASPAN seminar planned for February 28, 2015 in Albuquerque.



Northwest PeriAnesthesia Nurses Association

NPANA had a fun luncheon in Las Vegas, and now they have more members energized to start local meetings. NPANA had a good seminar in Boise. This component comprises five states and a lot of territory. The state meeting might not be in your home state, but there are local meetings to attend, where you may gather information and network. Try to challenge NPANA member Judy Evans, who regularly wins ASPAN's Dream Walker Award, and see if you can raise more money for ASPAN Resource Development programs!

Rocky Mountain PeriAnesthesia Nurses Association

RMPANA had its annual educational retreat in October. This component, like NPANA, comprises more than one state, and has district and local meetings for its members. Congratulations go out to Regina Hoefner-Notz, who has been selected as editor for the upcoming *Pediatric Competency Based Orientation and Credentialing Program*.

Utah Society of PeriAnesthesia Nurses

USPAN would like to expand its meetings, but needs ideas and commitments from its members. If you are interested in developing a chapter or holding a meeting, contact Robbyn Perry at robbyn.perry@imail.org or Deb Bickford dbickford@aspan.org to see how it can be done. USPAN was able to have a state meeting in October. 🌱

2015 ASPAN NATIONAL CONFERENCE

In the Hill Country, San Antonio, Texas

April 26 – 30, 2015

Cynthia Hill, BSOE, RN, CPAN, CAPA – ASPAN 2015 National Conference Strategic Work Team Coordinator

There's just something special about gathering together to revisit old friends, make new friends, and learn something new all at the same time. Blend it with a visit to a beautiful city in a great state, and it has the makings of a barrel of fun. Enjoy a walk along the Riverwalk, visit historical sites that are guaranteed to bring a sense of peace to our overworked minds and bodies, and enjoy the theme parks that are a part of San Antonio. You may want to arrive a bit early to take part in the annual Fiesta San Antonio, which will be held April 16 – 26, 2015. Savor the cuisine in this incredibly diverse region, where you will find the most delicious meal in a small "hole-in-the-wall" café, or look for a more refined dining experience in the upscale restaurants that flourish in the city. Enjoy the open friendliness that has been known to define Texas and Texans!

The National Conference Strategic Work Team has put together a terrific conference filled with new ideas presented by a variety of speakers. These speakers are willing to share their knowledge related to research, evidence-based practice, new technology, and problems that we all see on a daily basis, but maybe with a new spin or solution.

Fun will be built in during Component Night on Sunday. The theme for Component Night is "Boogie Back to Texas: Celebrate Texas, Its History and Its People." Start planning your outfit as you join ASPAN for fun at Component Night. Don't forget your boots and hats, but if you do, I'm willing to bet that they will be easy to find in a city as diverse as San Antonio. Texas has a rich history of events and people. We invite your component to explore both, and to come dressed as your favorite find! Try and stump the Texans. Maybe your component can teach Texans something about Texas history! Join us for dancing, fun, and reconnecting with ASPAN colleagues. Better yet, we'll all get to meet new people. We're fixin' to have a real good time.

Plan to enjoy the President's Reception and celebrate with Jacque Crosson as her year as ASPAN president comes to a close. Come prepared to fill your hearts, minds, and souls with the wonderful fellowship of other perianesthesia nurses. Come to San Antonio. I don't think you will be disappointed! 🌵



▲ Mariachi Serenade and
Tex-Mex Dining

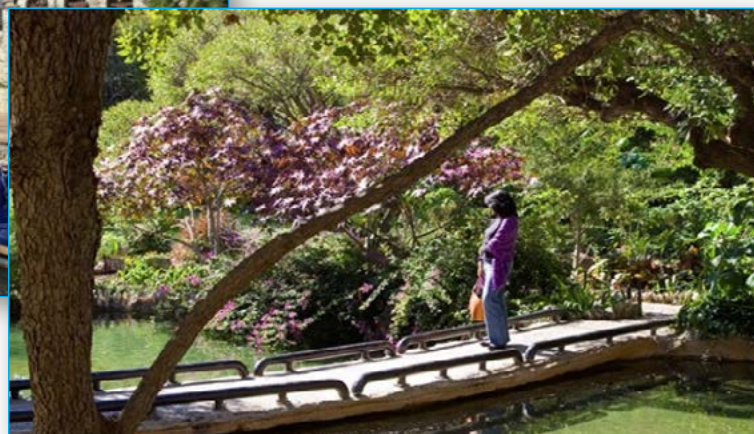
▼ Southtown Dining





▲ Arneson River Theatre

▼ Japanese Tea Garden



Photos courtesy of: San Antonio Convention and Visitors Bureau – www.visitsanantonio.com

Component Education Program

February 21, 2015 The PeriAnesthesia Nurses Association of California (PANAC) will hold its annual Winter Seminar at the Ventura Marriott Hotel, Ventura, California. For more information, contact Laurel Baker at laurelb@panac.org or the PANAC Web site www.panac.org.



FOUNDATIONS OF PERIANESTHESIA PRACTICE

February 28, 2015
Coeur d'Alene, ID

June 13, 2015
Lafayette, LA

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS - NEW!

February 28, 2015
Las Vegas, NV

PEDIATRICS: BEYOND THE BASICS

June 6, 2015
Cleveland, OH

PERIANESTHESIA CERTIFICATION REVIEW

January 24, 2015
Kansas City, MO

February 7, 2015
Fairfax, VA

February 21, 2015
Petoskey, MI
Cleveland, OH
Philadelphia, PA

March 7, 2015
Kenner, LA
Raleigh, NC

ASPAN 2015

AMERICAN SOCIETY OF



Winter/Spring seminars & webcasts

PERIANESTHESIA NURSES

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

February 28, 2015

Omaha, NE

May 30, 2015

Fishkill, NY

June 27, 2015

Waltham, MA

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE - NEW!

May 30, 2015

Oakland, CA

REFRESHING YOUR PERIANESTHESIA PRACTICE

January 17, 2015

Edwards, CO

March 7, 2015

Rockville, MD

Berlin, VT

May 30, 2015

Fairfax, VA

SAFETY BEGINS WITH US

May 23, 2015

Raleigh, NC

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY

February 28, 2015

Warwick, RI

June 6, 2015

Tucson, AZ

NEW! LIVE WEBCASTS – FULL DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA

PRACTICE

June 27, 2015

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

February 28, 2015

PERIANESTHESIA CERTIFICATION REVIEW

January 17, 2015

February 14, 2015

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

January 24, 2015

March 7, 2015

REFRESHING YOUR PERIANESTHESIA PRACTICE

June 13, 2015

NEW! LIVE WEBCASTS - HALF DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

June 6, 2015

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

March 14, 2015

PERIANESTHESIA ESSENTIALS I

January 31, 2015

PERIANESTHESIA ESSENTIALS II

January 10, 2015

June 20, 2015

PERIANESTHESIA ESSENTIALS III

January 10, 2015

February 21, 2015