



Breathline

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INSIDE:

PRESIDENT'S MESSAGE:

Perianesthesia Passion: Excellence in Action, Passion in Action

Armi Holcomb, BSN, RN, CPAN – ASPAN President 2015-2016

Coleen "Connie" Myers recently passed away (see her obituary in the September/October issue of *Breathline*). Connie, from Kansas, was one of ASPAN's esteemed founding members. In 1979, she and eighteen other visionary nurses, all leaders of their local "recovery nurses associations" from across the United States, came together in Chicago to bring their passion for 'recovery nursing' into action.¹ These women were determined to have an organization that represented our specialty. In a hotel lobby in Chicago during an annual American Society of Anesthesiologists conference, the first rough draft of organizational bylaws was written.

In the ensuing days, Connie and the other founding directors were already busy organizing resources with other recovery nurses to provide education and networking for interested members. The first official meeting of ASPAN took place in Lake Buena Vista, Florida. ASPAN was born to unite all state organizations into one. As a result of putting passion into action, Connie and her colleagues realized their dream when ASPAN was established in 1981.

During the 2016 National Conference in Philadelphia, ASPAN will be celebrating 35 years of dedicated, passionate work. This is an achievement made possible by the willingness to answer a call for action, a feat made possible by the countless volunteers, leaders, members and supportive national office staff.

Passion Through the Ages

ASPA's history is a story of passion. ASPAN was born in the 1980s as a result of passionate



Armi Holcomb
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ASPA President 2015-2016

nurses, like its founding members, who made sure that perianesthesia nurses had a voice. 'Recovery room' nurses evolved, the practice evolved, and soon we embraced the scope and breadth of our work as peri-anesthesia nurses.

In the 1990s, ASPAN approached the future with a need to reorganize and provide for long-term planning and goal-setting in order to assure a solid future. During this time, ASPAN fell victim to a devastating and stunning embezzlement of its treasury, surviving only by the strength and passion of its leaders. ASPAN's foundation, infrastructure and resources needed to be rebuilt. The passion of ASPAN members and leaders at that time brought the organization through this troubling episode, and ASPAN began to grow again.

The 2000s showed an exponential growth in ASPAN. Volunteer members and leaders continued to carry passion into its education, research and clinical practice arms. ASPAN continued to build strategic relationships with other organizations and created vital liaison appointments. By the middle of the decade, the leadership courageously voted to buy its current national office, located in Cherry Hill, New Jersey.

Passion: Reform of Healthcare

Fast forward to 2015. In 2010, The Institute of Medicine (IOM) published "The Future of Nursing: Leading Change, Advancing Health."² This document inspires us to not only remain passionate for perianesthesia nursing, but for the profession as a whole. It also challenges nurses to become active participants in the changing healthcare system. The

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recent passage of the Affordable Care Act³ is but one piece of legislation that was created to reform the healthcare system to provide greater access to healthcare with enhanced affordability for consumers.

Questions remain. Has the IOM initiative made an impact on our healthcare processes? How? Workshops to evaluate the impact of this initiative were conducted in Washington D.C. recently. A summary report of those workshops, provided by two ASPAN members who attended, reveals consensus that there is still a lot of work to be done (see their report in the September/October issue of *Breathline*). The IOM evaluation validates the notion that **individual** nurses are responsible for their own practice. In addition, **specialty organizations**, like ASPAN, must collaborate with partner organizations to meet the challenges ahead.

The Future of Nursing

The IOM report provisions and recommendations, as well as the Affordable Care Act, are moving slowly, but surely, to remove barriers to the scope of practice. At least 21 states and the District of Columbia have legislation and/or regulations allowing advanced practice nurses to practice independently. The scope of independent practice was a hot topic during the March 2015 Nurse in Washington Internship (NIWI).⁴ Attendees recognized the value of nurse practitioners in helping to meet the needs of veterans in the Veteran's Administration healthcare system.

Barriers to education abound. Funding is constantly in jeopardy. Although reports indicate that there is a decline in Associates Degree Nursing (ADN) programs, there are not enough Bachelor of Science in Nursing (BSN) prepared nurses to join or replace the current nursing workforce. Nationally, there will be a shortfall in the number of nurses by 2025 based on increased demand, despite the

fact that many states will have increased supplies of nurses.⁵ It has been concluded that nurse residency programs are a great addition to the acute settings, but there are not enough to meet our needs.

What We Need to Do Now

Commitment, love and passion for our profession will help us through this decade. It is imperative as individuals and as an organization that we continue to support the recommendations that the IOM has initiated. Nurses need to unite and become one voice for our future and to make the changes a reality. Our founding members had no idea how far their vision and passion would take us. Their passion has lit the way for us; our passion will do the same for those who will follow in our footsteps.

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 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, 2015**. For more information, nomination forms and details regarding this award, [click here](#).

Award for Outstanding Achievement

Do you know someone who should be considered for the Award for Outstanding Achievement? Consider nominating her or him for this prestigious award. The deadline for nomination is **November 30, 2015**. For nomination forms and details regarding this award, [click here](#).

Above and Beyond Service Award

Do you know someone who is always going above and beyond in component and/or national activities? Take a moment to nominate that person for the *Above and Beyond Service Award*.

Visit the ASPAN Web site for more information on how to nominate a deserving colleague for a 2016 *Above and Beyond Service Award*. The deadline to nominate a colleague is **January 10, 2016**. [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 1, 2016**! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1. The award reflects the activity of your component from January 1, 2015 through December 31, 2015. The Membership/Marketing Strategic Work Team is looking forward to reviewing the applications from the components, and announcing the winner at the national conference in Philadelphia. For information, guidelines and the application, [click here](#). 

Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2016 Representative Assembly (RA) meeting on April 10, 2016.

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 11, 2016**.

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@aspans.org to obtain a sample resolution form and instruction sheet. 

Plan to Celebrate
PeriAnesthesia Nurse Awareness Week (PANAW)
February 1 – 7, 2016



PeriAnesthesia Nurse Awareness Week (PANAW) will be celebrated February 1 – 7, 2016! This year's theme is *Perianesthesia Nurses Practice with Excellence*, and there is no better time to celebrate your profession and recognize your colleagues than during PANAW. PANAW is our time to shine and let our colleagues know of the great patient care we deliver each and every day. Maybe you're having a celebration at work or within your component to mark this special week.

Some other ways to celebrate include:

- Placing announcements in employee publications/emails
- Displaying and using PANAW products (at www.panaw.com)
- Offering coffee and cake within your unit/department
- Taking photos of your PANAW celebration

The PANAW catalogue is full of great gift ideas to recognize the perianesthesia nurses you know. Official PANAW products can be ordered online at www.panaw.com. How will you celebrate PANAW this year?

Remember to submit photos of your PANAW celebration to *Breathline* Editor, Barb Godden, for possible use in a future issue: bgodden@aspan.org. (No .pdf files please.) 

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Clinical Practice Hot Topic

Maintaining Critical Care Skills in the PACU

Linda Ziolkowski, MSN, RN, CPAN — Clinical Practice Committee member

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 a frequently asked question related to ensuring PACU nurses maintain specific critical care skills.

Q. *How do you assess initial competency and ensure retention of critical care skills for PACU nurses?*

A. The 2015-2017 ASPAN Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements include recommended competencies and equipment for each level of perianesthesia care.¹

Considerations for Critical Care Competencies

Although the recommended competencies do not include a detailed list of mandatory critical care skills for the PACU nurse, each facility should consider the patient population served. Some free-standing ambulatory sites must manage emergencies which require critical care interventions without the assistance of support staff, such as respiratory therapists and onsite pharmacists.

Perianesthesia orientation should include the critical care skills required to provide safe patient care for all patients accepted to the facility's perianesthesia department. Annual review of infrequently used critical care skills helps ensure retention of those skills. Using nurses who rarely work in PACU to cover call may present additional challenges. In addition, some facilities require perianesthesia nurses to hold ICU patients in PACU for extended periods of time.

Approaches to Ensuring Competency

There are many approaches to evaluate and ensure staff competency. These include:

- Conduct an annual needs assessment with the manager and one with the staff to determine their self-assessed weaknesses or infrequently used skills. The manager may see a trend or know of a high risk/low volume skill that requires review
- Establish a specific time for monthly education updates. This time can be used to introduce new equipment, surgical procedures and changes in policies or procedures. PowerPoint and journal articles can also be used to enhance learning

- Hold a skills fair for hands-on training. Work with other departments, such as ICU and ED, to set up these skills fairs so that you can share resources. Schedule your perianesthesia staff to attend. PACU nurses can cover skill stations which reflect perianesthesia expertise. A skills fair can include everything from accessing ports with Huber needles to setting up for insertion of an arterial line or chest tube
- Conduct Mock Codes and Malignant Hyperthermia drills. Write scenarios and use a simulator if you have one available. Review emergency equipment
- Invite guest speakers/trainers to participate in specific training and equipment review. An example is asking a respiratory therapist to conduct a review of ventilators and CPAP/BiPAP equipment. Another is inviting an ICU nurse or neurosurgeon to review ICP drains. Pharmacists can provide education related to a multitude of topics
- Simulators can be an adjunct to skill demonstration
- Enlist your unit's most skilled nurses to serve as preceptors, and to assist with periodic reviews and check-offs
- Tap into critical care courses for review of hemodynamics, pharmacology, and other specialized education. If your facility offers critical care courses, assign your newly hired nurses to attend the classes. Consider sending staff who need remediation and those who have limited critical care experience to the classes
- Use the online resources available at your facility. Identify applicable courses based on your learning needs assessment

In conclusion, base your critical care skills review on an annual education needs assessment and your unit patient population. Once assessed, seek methods to review and validate skills.

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Donna Casey
MSN, RN, CPAN
Safety SWT Coordinator

Where Does This Tube Go? The Problem of Tubing Misconnection

Donna Casey, MSN, RN, CPAN – Safety Strategic Work Team Coordinator

Nurse, there's something dripping from my nose! My patient was on oxygen and there was definitely fluid coming out of the nasal cannula. What was going on? I had brought an endoscopy patient to her room and the anesthesia provider had used a nasal cannula with a CO₂ monitor attachment during the procedure. On closer inspection, I discovered that the CNA had hooked the cannula up to oxygen and she attached the CO₂ connector to the patient's IV fluids. How in the world could she make that mistake, I thought?

Joint Commission Sentinel Event Alert

Unfortunately, this type of error is not that unusual. According to a Joint Commission Sentinel Event Alert, tubing misconnections cause severe patient injury and death, since tubes with different functions can easily be connected using luer connectors, or connections can be "rigged" (constructed) using adapters, tubing or catheters.¹

International Organization for Standardization

This is why new ISO (International Organization for Standardization) tubing connector standards are being developed for manufacturers. Through an international consensus process, the standards are being tested and approved to assure reliable designs and processes.

Last August, a phased implementation of redesigned tubing connectors began as a result of these new ISO connector standards. Under the new ISO standards, small bore (less than 8.5 mm inner diameter) connectors will be engineered to make it nearly impossible to connect one delivery system to another delivery system that serves a completely different function – for example, accidentally connecting a feeding administration set to a tracheostomy tube, or an IV tube to an epidural site.¹

Other Sentinel Events

The *New York Times* reported on the death of a fetus and expectant mother after a feeding tube was accidentally connected into the mother's bloodstream.² Some other errors listed on the Food and Drug Administration (FDA) Web site include: an anesthetist and a midwife mistakenly connected an epidural set to the patient's IV

tubing, delivered epidural medication through the IV, and the patient died. In an emergency department, a patient with a Heparin lock went to the bathroom and, when she returned, her spouse mistakenly connected the BP cuff tubing to the IV catheter. The patient died from a fatal air embolus.³ These types of stories go on and on.

Actions to Avoid Injury and Events

Some of the actions suggested by The Joint Commission include assessing current risks of injury at your facility. You should work with an interdisciplinary task force to implement the new ISO standards and identify potential misconnection hazards. As the new connectors become available, make an organizational commitment to avoid buying equipment with luer lock connectors for limb cuff inflation, neuraxial, enteral, breathing systems and pressurized gases applications. Luer connectors will continue to be used for IV or hypodermic applications. Once implemented, these connectors will facilitate correct connections and eliminate incompatible tubing misconnections. Until standards are completed and manufacturers design and produce products that can't be misconnected, all interested parties must continue their efforts to keep these dangerous misconnections from happening.¹

According to Peter B. Angood, M.D., Vice President and Chief Safety Officer for The Joint Commission, "Actions must be taken at the patient bedside, within all levels of health care organizations and throughout the channels of regulation, manufacturing and distribution of these devices in order to eradicate the serious problem of tubing misconnections."¹

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Coming Soon... The Kaleidoscope Award of Excellence

Tanya Hofmann, MSN, RN, ACNS-BC, CPAN

Unit Based Award of Excellence Strategic Work Team Coordinator

The Unit Based Award of Excellence Strategic Work Team (SWT) has been working tirelessly designing an award to recognize excellence in perianesthesia nursing. Discussion started several years ago surrounding the idea that the work that perianesthesia nurses do so well should be recognized. To recognize this work, an award should be available to capture the entire unit's commitment to great nursing care.

The name, Kaleidoscope Award of Excellence, was chosen to reflect the ever-changing and multi-faceted world in which we work. One moment we are focused on airway management and hemodynamic stability, and in the next, our focus changes to pain and comfort management, followed by planning for discharge.

Thus far, our team has drafted a blueprint to capture a defined list of criteria including:

- Leadership and Mentorship: cultivating passion in your profession
- Recruitment and Retention: honoring competent and diverse staff members

- Healthy Work Environment: modeling respect
- Knowledge Management (learning & development): upholding excellence in perianesthesia practice
- Evidence Based Practice
- Positive Patient Outcomes: vigilance to safety and standards, comparing your unit's level of excellence to national benchmarks

This award will denote the extraordinary care which results in safe, beneficial patient interactions, and it enables ASPAN to advance the unique specialty of perianesthesia nursing. It is intended to be available to units employing nurses practicing in all phases of preanesthesia and postanesthesia care, ambulatory surgery and pain management. It will ultimately signify exemplary professional practice based on strong core values and a compelling vision that will allow ASPAN to be recognized as the best specialty organization of its kind. 



Tanya Hofmann
MSN, RN, ACNS-BC, CPAN
Unit Based Award of Excellence
SWT Coordinator

Journal Club – What's In It For Me?

Christine Tomes, MSN, RN, CPAN

Evidence Based Practice Strategic Work Team Coordinator

Sir William Osler, M.D., C.M., 1st Baronet, wanted his medical students to learn from patients, and so he began what we now call the medical residency program.¹ He is also well known for creating the first formal journal club at McGill University in Europe in the late 1800s, because he felt that "he who studies medicine without books sails an uncharted sea."¹

Healthcare organizations are expected by The Joint Commission (TJC) to meet safety goals and accreditation standards, and the Institute of Medicine (IOM) says that every patient should receive care based on the best evidence and it should not vary between caregivers or facilities.² Evidence based practice leads to improved patient outcomes, decreased medical errors, mortality rates, healthcare costs, and more.³ Incorporating a journal club into your professional development will assist you in becoming more aware of the most current research, and it will

encourage interaction and dialogue which will help to enhance your learning experience.

What is a Journal Club?

So what is a nursing journal club? Usually, it is an open forum that allows discussion of articles that are selected based on a specific topic. The participants discuss the article and its implications, and critically appraise the research utilized. This dialogue is often taken back to the bedside and shared with other nurses to promote better understanding of the latest research and to encourage utilization of new best practices. It is a great way to promote team building and critical thinking, especially among new graduate nurses. Discussing difficult topics in this type of forum allows the nurse to develop new or broader perspectives, and recognize their own role in promoting evidence. It also generates ideas for further research.



Christine Tomes
MSN, RN, CPAN
Evidence Based Practice
SWT Coordinator

How Very Interesting, But What Does it Mean? Or, How to Read Research Articles

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP – ASPAN Director for Research



Elizabeth Card
MSN, APRN, FNP-BC,
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ASPLAN Director
for Research

Evidence based practice comprises three overlapping key elements: the best available evidence, the expertise of the clinician, and the patient's preference.¹ The "best available evidence" depends upon how much is known, or how much research has been done on a particular phenomenon. The beginning understanding of a phenomenon would be expert opinion, animal research, and case study articles; these are considered the lowest levels of evidence and form the foundation upon which additional research can be built. Sharing research findings through dissemination, such as in publications, or posters or presentations at professional organizations, is essential to the advancement and understanding of a particular phenomenon.

Randomized Control Trials

With this understanding, more rigorous research studies can be designed. Eventually, randomized controlled trials (RCT) are usually completed. RCT are experimentally designed research projects that study the effect of an intervention or therapy using at least two groups: one group that receives the therapy or intervention, and one group that does not. Participants are randomly assigned to a group.

This type of research aids in understanding therapies and prevention of diseases.

Systematic Reviews

Eventually, there are enough publications of randomized controlled trials that a systematic review can be completed. In systematic reviews, all of the publications on a particular subject are reviewed independently by at least two trained reviewers, and then the research findings are usually synthesized into a recommendation of some type. Therefore, the systematic reviews are the highest and strongest level of evidence.

Steps in Reviewing a Research Article

When reading a research article, you should always critically appraise and assess the validity and usefulness of the results or findings. The first step in appraising an article is to identify the strength of the evidence. A method of "leveling the evidence" is to use an evidence tool, or pyramid, to simplify the process. Figure 1 is an evidence pyramid, in which the higher the evidence is on the pyramid, the stronger the evidence. Meta-analysis or systematic reviews are the highest level of evidence.

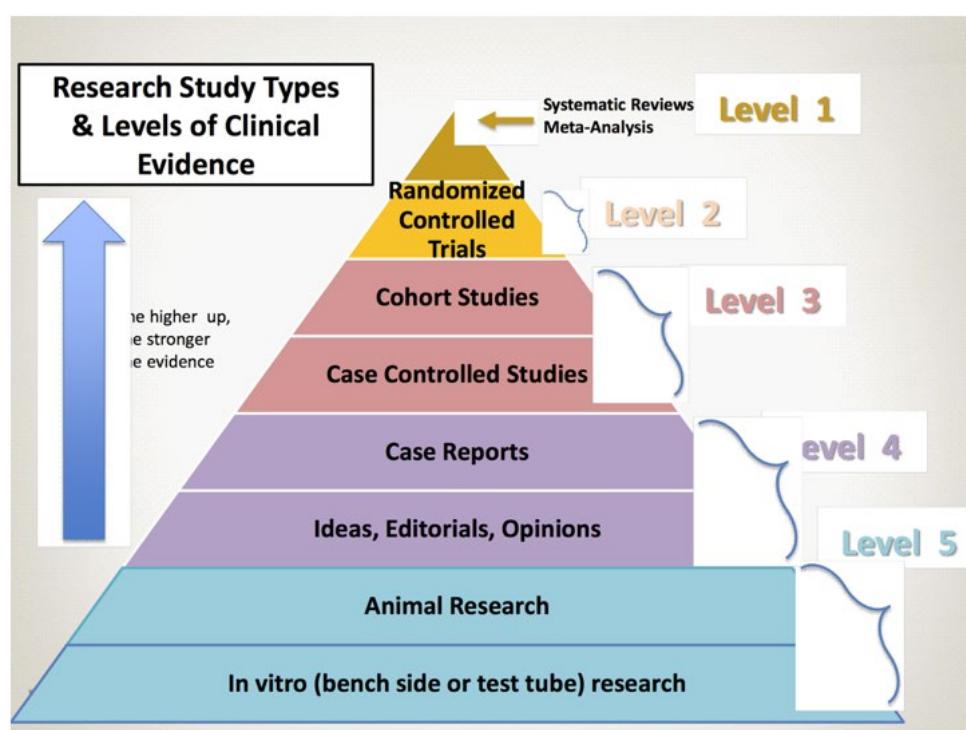


Figure 1. Copyright © Elizabeth Card. Reprinted with permission.

Next Steps in Rating Articles

Sometimes, little is known about a phenomenon, and the best available evidence may very well be expert opinion, or level 5, on the evidence pyramid. Many times it is evident from the title of the article what type of evidence is in the article. However, sometimes, you may have to read the “methods” section to discover exactly what type of evidence is present in the article. The next step in appraising an article is to rate the quality. If the evidence is of poor quality, it raises questions about the believability of the reported research findings, and should be eliminated from consideration of best available evidence.¹

Joanna Briggs Institute

The Joanna Briggs Institute (JBI) Critical Appraisal Tool is useful, and guides critical appraisal of articles. The JBI critical appraisal tools are unique to the type of article (systematic review, descriptive/case study, experimental studies, cohort/case control studies and qualitative research) being evaluated and are available for use on the ASPAN Web site. To use the JBI site,

login to the ASPAN Web site and open the Research tab, click on EBP, then ASPAN Journal Club. By identifying the level of evidence, the article also identifies which JBI tool to have on hand while reading the article, as the tool will prompt review of methodology (sample size, design, variable/instruments, procedures), data analysis (what tests were used in analysis, what were the findings, etc.). The JBI tool also has a custom checklist unique to the type of article, which further guides the critique process. For example, “Were confounding factors identified and strategies to deal with them stated?” Practice using the JBI tools by going to ASPAN’s Journal Club and download a blank tool along with the article. Once completed, you can compare your completed tool to the ones posted by the Evidence Based Practice Strategic Work Team (EBP SWT).

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Getting Started

To get started, you must assess the best platform for your environment. Staff meetings, lunch breaks, virtual models, and most recently social media, have all been utilized for journal clubs. In the beginning, incentives for participation may be needed, such as continuing education credit, snacks, or other motivations. A leader or facilitator (perhaps a nursing educator) will be needed to assist the club with setting up the meetings, finding and sending out articles, assisting with appraisal of the literature, and institutional changes in practice or research if needed.

Assessing the Journal Article

It is best to start a foundation for your club with a discussion of levels of evidence, research design, and how to critique the results of a study. There are a variety of tools available for this, and the ASPAN Web site has the Joanna Briggs Institute’s tools, FAME, for doing this. Set a meeting length of time and frequency, and then begin soliciting ideas for topics. Listen to what the staff are talking about, and look at often heard complaints. Does the research legitimize these? Are the topics pertinent to your area? At your meeting, you will want to encourage and be respectful of differing points of view and allow time for discussion after reviewing the main points of the article. What were the results of the study, and

were they applicable for your environment? If so, how can you apply this to your area? Be sure to discuss what further steps may be needed to make this possible. Last, but most important, is to evaluate your meeting’s processes and outcomes to ensure that you are on the right track.

ASPA’s Director for Research, Elizabeth Card, has often been heard to say that nurses need their own evidence to validate their practice. So, utilize the information that you learn to become more involved in research projects and in reviewing more research articles!

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THE DIRECTOR'S CONNECTION

Regina Hoefner-Notz, MS, RN, CPAN, CPN
ASPN Regional Director, Region 1



Regina Hoefner-Notz
MS, RN, CPAN, CPN
ASPN Regional
Director, Region 1

Region 1 Highlights

Region One covers many different areas with unique spaces and challenges. That being said, its members are just as unique, stretching themselves across miles to share ideas, knowledge and expertise. Some components are robust and consistently active, while others continue to grow, exploring the challenges of geography, but still adhering to the ideas of making a difference in the lives of professional perianesthesia nurses throughout the West and beyond!

Workshops and professional meetings were in abundance this autumn. I had the pleasure of visiting with Arizona, New Mexico, California, and Rocky Mountain. While I will sadly miss this year's workshops for tropical Hawaii and the immense Northwest, I am thrilled they will also present educational opportunities for their members. Watch out, NevPANA and USPAN, you're on my list, too.

The region's overall goals continue to embrace support, growth and reaching out to all perianesthesia nurses.

Arizona PeriAnesthesia Nurses Association (AzPANA)

Mary Kay Avina, AzPANA president, lured us to the enchanting deserts of Arizona with their educational workshop at the Desert Diamond Casino in Tucson. The workshop, "Thinking Outside the Box to Increase Your PeriAnesthesia Knowledge," was a sure bet for your money! Congratulations to AzPANA's nine newly certified CPANs and four newly certified CAPAs. They took a chance on themselves, and it created a big payout! Arizona currently has 236 certified nurses, 17 of those with dual certification.

PeriAnesthesia Nurses Association of California (PANAC)

Tess Mazloomian, PANAC president, had the distinct pleasure of awarding \$25.00 discount education vouchers to 37 newly certified CPANs and 17 newly certified CAPAs from California. What a great way to encourage certification and education! At the October 2015 annual meeting and seminar, Lori Silva was installed as president, along with the new PANAC board, at a luncheon during the conference. PANAC has 11 certification coaches, and sponsors multiple reviews

throughout the year for its 1400 members. PANAC went green in October, with its syllabi, registrations and conference evaluations all online. An additional PANAC goal is to better accommodate poster presentations at component seminar venues.

Hawaiian Islands PeriAnesthesia Nurses (HIPAN)

Suzanne Terrac-Gee has done a great job of arranging education for HIPAN, and had Chris Pesaro fly in to speak with all the HIPAN nurses on November 7. Takako Varney will take over as president in January, and I am looking forward to participating in Skype meetings with the HIPAN board. HIPAN is growing, and I hope you will all join it throughout the islands!

Nevada PeriAnesthesia Nurses Association (NevPANA)

Brent Richmond has worked hard to keep NevPANA intact this past year. Donna Wollman attended LDI in September to assist in developing component leadership. The fall conference was held in Reno on October 17, and Brent says the entire team did a great job putting it all together. So join in, NevPANA members! Help your component grow. Brent and Donna need a few hands to share in board activities and component development. Many hands make for light work!

PeriAnesthesia Nurses Association of New Mexico (PANANM)

I am happy to report that New Mexico recently engaged four young perianesthesia nurses to work with current board members Marsha Deaton, president, Rosalinda Meza, secretary and Louise Kaiser, IPP/treasurer, to continue the work of growing the New Mexico component and keep its legacy alive. Their mini-conference held in October was titled, "Women, Surgery, and Anesthesia: What Makes Us Special?" New Mexico has two certification coaches: Connie Hardy Tabet and Valerie Boatwright. Both women continue to support the component and mentor others. Congratulations to newly certified CPANs Marilyn Bujak, Teri Baughman and Stephanie Chavarria, and CAPA, Sandra Bowling.

Northwest PeriAnesthesia Nurses Association (NPANA)

Ginny Longo, president of the five-state component NPANA, along with her vice-president, Patrice Moffett, offered two educational opportunities in October for NPANA members. The October 17 conference explored great topics such as LAST syndrome, mentoring/coaching and telemedicine, which might be very important to much of its component. Congratulations to the 27 new CPANs and 24 new CAPAs spreading across the amazing states of Washington, Oregon, Idaho, Montana and Alaska!

Rocky Mountain PeriAnesthesia Nurses Association (RMPANA)

Rocky Mountain, RMPANA, continues to have its amazing "Retreat in the Rockies," and this October was no different in the wonderful setting of Estes Park. The majestic Rocky Mountains continue to provide a peaceful backdrop for education, networking, and relaxation. Marcia

Keiser, RMPANA president, has done a wonderful job this past year, and passes the torch to Barbara Watts as the new president. RMPANA's board has approved a new Web site, and we are all excited to see how it develops. On a personal note, I feel so blessed to have been mentored by some amazing ASPAN leaders and members that belong to the mountain component. Thank you for your support and encouragement.

Utah Society of PeriAnesthesia Nurses (USPAN)

Susan Cooper, USPAN president, recently obtained CPAN certification. Congratulations! Susan, and new VP/President-elect Krista Gotberg, have completed arrangements for USPAN's new Web site, as well as offered a September 26 conference at the University of Utah, with a business meeting to follow. USPAN's board of directors is also planning on a March 12, 2016 education day. Great work! 

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ASPN National Conference

April 10-14, 2016

Laura Kling, MSN, RN, CNS, CPAN, CAPA – National Conference Strategic Work Team Coordinator



Laura Kling
MSN, RN, CNS, CPAN,
CAPA
ASPN National
Conference Strategic
Work Team Coordinator

The ASPAN National Conference has always been a unique experience, visiting with old friends and making new friends, all the while engaging in networking, collaborating and education! All of this will be happening in Philadelphia – the City of Brotherly Love and Sisterly Affection. April in Philadelphia is lovely – average daily temperatures range between 44° and 64°, and sunny surprises occur over ten days a month. There will be plenty of great weather enabling you to get outside and enjoy the nearby attractions and events.

Cultural and Tourist Attractions

Cultural connoisseurs may want to visit the Penn Museum, where an exclusive international exhibition of rare artifacts from the Golden Age of King Midas' city of Gordian can be viewed. A traveling exhibition of rare pieces from international collections featuring Picasso: Experimentation, Change and the Great War will make its first stop at the Barnes Foundation. The International Pop exhibit at the Philadelphia Museum of Art chronicles a global phenomenon that generated distinct artistic forms from the

growing cultural, political and social landscapes of the 1950s, and up to the early 1970s. April is also the designated month for the Fairmount Arts Crawl and the Philadelphia Science Festival, (dates to be announced). And, of course, famous Philly food is everywhere – sample colonial cuisine at City Tavern or check out any number of award-winning local choices, including Philly cheesesteaks and pork sandwiches at the nearby Reading Market Terminal...just steps away from the Marriott Hotel. Philadelphia is steeped in numerous historical sites and programs. Look for future events at www.visitphilly.com, the official visitor and travel site to check out special activities happening in and around conference time.

Educational Opportunities Await

The National Conference Strategic Work Team (SWT) has put together a terrific conference filled with new ideas. The sessions will be presented by a variety of speakers, based upon previous conference attendees' suggestions and recommendations. All of the speakers are excited



▲ **Independence Hall**
*Photo by Paul Loftland
for PHLCVB*



▲ **Philadelphia's Italian Market – oldest outdoor market in the United States**
*Photo by Edward Savaria, Jr.
for PHLCVB*



▲ **Philadelphia Museum of Art – with the famous "Rocky" statue**
*Photo by Paul Loftland
for PHLCVB*



▲ Philadelphia skyline from the steps of the Philadelphia Museum of Art

Photo by Paul Loftland for PHLCVB



▲ Reading Terminal Market – historic public market and shopping

Photo by Paul Loftland for PHLCVB



▲ Hard Rock Café Philadelphia

Photo by Paul Loftland for PHLCVB



▲ Franklin Square

Photo by Paul Bencivengo for PHLCVB

to share their knowledge related to research, evidence-based practice, new technology, organizational values, legal, regulatory and safety issues we encounter every day. Most importantly, we will advance our clinical knowledge in order to continue to advance ASPAN as the premier organization for perianesthesia nursing!

Component Night – Get into the Theme!

Of course, we know we work hard every day, and we have great conference educational opportunities, but we also have exciting fun-filled plans afoot! We kick-off activities Sunday night, April 10, with Component Night. The theme: WE LOVE PHILLY – PHILLY WILL LOVE YOU BACK! Share the love! Plan to come to Component Night dressed as a famous Philly personality, or share what you love about music,

dance, politics, theater, movie stars, sports heroes or even food. Were you a “flower child”? Did you ever do the “Twist”? Do you remember Dick Clark and American Bandstand? Does Rocky rock you? Catch a photo op with Ben Franklin... and dance the night away.

Networking Galore!

Plan to enjoy the various receptions planned during the course of the conference. Meet and thank our military and international attendees. On Wednesday night, celebrate the President's Reception with Armi Holcomb, as her year as ASPAN president concludes. Come to Philadelphia, prepared to engage, learn and network, but most of all to meet new friends and enjoy the passion of our profession! See you in April! 🌱

ASPAÑ Leadership Development Institute 2015

At the ASPAN Leadership Development Institute 2015 in Clayton, Missouri, 135 attendees joined in for a weekend of fun and education.

We LOVED it - during an interactive *Jeopardy* game with participants in regional teams of three. Amy Dooley's Region 4 won the final *Jeopardy* question with the correct answer and their not-so-risky last bid.

We LEARNED it - from budget development to planning a seminar, applying for Gold Leaf to learning how to find the evidence using Joanna Briggs tools. We did it all.

We LIVED it - participating in a mock Representative Assembly (RA). We relived the way ASPAN conducts business using parliamentary procedure. Many thanks to David Wharton for explaining the procedural matters that are part and parcel of ASPAN's real RA. And, yes, the agenda item brought forward in the Mock RA was purely fictional, which brought lots of laughter and discussion to the program. 



▲ Region networking



▲ ASPAN Alex Trebek



▲ Lots of opportunities for questions and discussion



▲ ASPAN "Jeopardy" judge



▲ More networking during lunch



► Nominating Committee



▲ Mock Representative Assembly (RA)



► Strategizing for ASPAN "Jeopardy"

Photos courtesy of Terry Clifford

Component Education Program

Education

January 23, 2016 The Arizona PeriAnesthesia Nurses Association (AzPANA) will hold a winter seminar entitled "Cruise on Down to the Dunes and Test Your Perianesthesia Knowledge," a CPAN/CAPA certification review. The event will be at the Yuma Regional Medical Center in Yuma, Arizona. Contact Jacque Crosson at jcrosson@aspn.org for more information.

March 5, 2016 The Illinois Society of PeriAnesthesia Nurses (ILSPAN) will hold its spring conference at the Meridian Banquet & Conference Center in Rolling Meadows, Illinois. Contact Larry Gnat, BSN, RN, CAPA at larry_wg@yahoo.com or 773-620-8663 for more information. 

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

2016 Winter/Spring Webcasts & Seminars

FOUNDATIONS OF PERIANESTHESIA PRACTICE

February 20, 2016
West Columbia, SC

March 5, 2016
Sacramento, CA

PEDIATRICS: BEYOND THE BASICS

June 4, 2016
New Brunswick, NJ

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

February 6, 2016
Richmond, VA

PERIANESTHESIA CERTIFICATION REVIEW UPDATED!

January 23, 2016
Oakland, CA

January 30, 2016
Costa Mesa, CA

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

March 5, 2016
Petoskey, MI

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

February 27, 2016
Fairfax, VA

REFRESHING YOUR PERIANESTHESIA PRACTICE

January 30, 2016
Framingham, MA

SAFETY BEGINS WITH US

February 27, 2016
Coeur d'Alene, ID

March 5, 2016
Charlotte, NC

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY

January 23, 2016
Fort Worth, TX

May 21, 2016
Portland, OR

LIVE WEBCASTS FULL DAY PROGRAMS

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

January 23, 2016

May 14, 2016

PEDIATRICS: BEYOND THE BASICS

June 4, 2016

PERIANESTHESIA CERTIFICATION REVIEW UPDATED!

January 24, 2016 SUNDAY

February 6, 2016

February 20, 2016

June 11, 2016

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

February 27, 2016

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

June 4, 2016

LIVE WEBCASTS HALF DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

January 16, 2016

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

February 28, 2016 SUNDAY

PERIANESTHESIA ESSENTIALS I

February 13, 2016

PERIANESTHESIA ESSENTIALS II

February 13, 2016

PERIANESTHESIA ESSENTIALS III

May 21, 2016

PERIANESTHESIA ESSENTIALS IV

February 21, 2016 SUNDAY

May 21, 2016

PERIANESTHESIA ESSENTIALS V

March 5, 2016

May 22, 2016 SUNDAY

PERIANESTHESIA FOUNDATION

March 6, 2016 SUNDAY