



INSIDE:

PRESIDENT'S MESSAGE: Detecting Greatness: The Proof is in Our Practice

Susan Russell, BSN, RN, JD, CPAN, CAPA – ASPAN President 2017-2018

With the birth of ASPAN in 1980, recovery room nurses took the first step toward forging an identity as a unique and separate specialty. Through ASPAN, perianesthesia nurses defined a purpose and a mission. ASPAN earned national and international recognition for contributions to perianesthesia standards, education, and research. As an organization, we achieved unity with leadership development and a sense of national community. Over the years, ASPAN's contributions to perianesthesia nursing have multiplied. Our publications provide perianesthesia nurses around the globe with current references for bedside care as well as access to perianesthesia research and evidence-based practice. Ambitious projects move us ever closer to our vision: to be recognized as the leading organization for evidence-based perianesthesia perianesthesia practice.



Susan Russell
BSN, RN, JD, CPAN, CAPA
ASSPAN President 2017-2018

Continued Evolution

Perianesthesia nursing continues to evolve. After 36 years, ASPAN is not the same organization as the one founded in 1980, nor should it be. Technology and innovation have advanced not only our bedside practice, but our organizational presence. More telecommunication options allow our teams to work together no matter the geographic challenges. Webinars and *On Demand* modules connect members to education without the need for costly and time-consuming travel. Literature searches conducted by the ASPAN librarian facilitate research, evidence based practice, clinical standards, and practice recommendations. The ASPAN teleconference line and *GoToMeeting* option afford every ASPAN team and every com-

ponent a reliable communication experience and a fiscally responsible option to some face-to-face meetings.

Historical Expectations and Perspectives

Member expectations and needs have changed through the years. For the past year, *Energizing Generations: The Race to Distinction!* was the heart of President Katrina Bickerstaff's message. We examined the impact of four generations co-existing in the workplace. We learned that generational perspectives on work-life balance are filtered by vastly different life experiences and values. Preferences for communication and continuing education often differ. Leadership styles may clash.

However, our basic principles of passion, respect, integrity, diversity and excellence provide a common bond and a means to forge new and stronger relationships. We examined the varied ways each generation contributes to the perianesthesia specialty. We recognized a critical need to attract dynamic leaders who will replace those retiring from the workforce and from leadership roles in our component organizations. We concluded that ASPAN's experienced leaders must find new ways to relate to, mentor and support their replacements.

Going from Good to Great

As we embark on a new ASPAN year, let's shift gears and pay tribute to ASPAN's coming of age. Our 2018 National Conference theme, *Detecting Greatness: The Proof is in Our Practice*, embraces ASPAN's readiness to move from "good to great."¹

Serving nurses practicing in all phases of preanesthesia and postanesthesia care, ambulatory surgery, and pain management.



ASSPAN

American Society of PeriAnesthesia Nurses

In his 2001 book, *Good to Great: Why Some Companies Make the Leap...and Others Don't*, James Collins describes the mindset separating good from great organizations. He says, "Greatness is not a function of circumstance. Greatness...is largely a matter of conscious choice...and discipline."¹

Greatness begins with personal introspection. What traits, qualities, and talents do you possess which enable you to succeed as a leader? What characteristics do the members of your team bring to the table? What can you share with someone taking the initial steps on the leadership journey? ASPAN's committees and strategic work teams continually raise the bar and challenge us to do more as individuals and as an organization. Do we consciously choose to contribute the best of ourselves to every undertaking? Do we have the discipline necessary to overcome personal and organizational challenges?

ASPA Past President Terry Clifford related the natural wonder of the aspen tree's impact on its surroundings when she introduced *Roots of Knowledge, Seeds of Transformation* as her theme for 2009-2010.² She compared ASPAN's growth and evolution to the life cycle of the aspen tree which is known for its ability to regenerate and adapt following adversity. As ASPAN grows and spreads its influence throughout the world, we must adapt to the changing needs of the members and the organization. Complacency is incompatible with greatness. We must not take our members or our organization for granted. We must nurture creativity and innovation. If greatness is our destiny, we must build upon what we do better than any other organization--conduct original perianesthesia research, publish evidence-based perianesthesia practice recommendations and present the latest in perianesthesia education. These are the components of ASPAN's DNA. This is our road from "good to great."

Challenge Yourself

As a manager, I challenged staff to do something that scared them, just a little bit, every day. I encourage all of you, both novice and experienced leaders, to believe in yourselves, to be daring, creative and innovative in problem-solving, to challenge yourselves and your teams, and to take a risk in the limits you set for personal and professional development. Don't be the boulder blocking your own path. I sometimes say that I stumbled into perianesthesia nursing. I did "land" in a recovery room quite by accident and that simple decision shaped my future and my life's work.

Perhaps Robert Frost expressed it best in his poem, *The Road Not Taken*, which concludes:

"TWO ROADS DIVERGED IN A YELLOW
WOOD, AND I —
I TOOK THE ONE LESS TRAVELED BY,
AND THAT HAS MADE ALL THE
DIFFERENCE."³

The time spent travelling the perianesthesia road with ASPAN can be your best professional experience. It is never too late to push at the boundaries or limitations we allow others to put around us. Commit to doing something which scares you just a little bit. Detect the greatness in yourself. You will find proof in your own practice.

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

Leadership Development Committee

Katrina Bickerstaff, BSN, RN, CPAN, CAPA

ASPN Immediate Past President

Leadership
Development

"IF YOUR ACTIONS INSPIRE OTHERS TO DREAM MORE, LEARN MORE,

DO MORE AND BECOME MORE, YOU ARE A LEADER." - JOHN QUINCY ADAMS¹

What is leadership development? According to Wiki: "Leadership development expands the capacity of individuals to perform in leadership roles within organizations. Leadership roles are those that facilitate the execution of a company or organization's strategy, mission and vision through building alignment, winning mindshare and growing the capabilities of others."²

Have You Ever Thought You Could Make a Difference?

Have you ever wanted to become a leader? I would be willing to bet that most of you would say "yes." What is holding you back? Being a leader does not take that much time. Being a leader is not about how much you perform a certain task. Being a leader comes from within. It's finding that little something that says, "I can make a difference." That difference may be small, or large, but by just saying those five simple words, you have already made a difference.

Making that difference is why the Leadership Development Committee is so important to ASPAN. Think about what you could do to make a distinction, to inspire others, and where you could take that energy. Perhaps it is in working within the ASPAN network as a member of one of its national committees, strategic work teams, or at the component level working with the component board of directors, or even at the district level. Think of your leadership role as a being a trailblazer, making that difference and making a path for others to follow. Look within yourself and find what it is that inspires you to love perianesthesia nursing and ASPAN. Be that trailblazer – make that difference not only for yourself, but also for others to follow and grow!

Great Opportunities Await

Take the opportunity to start your leadership journey! I have met many members as I have traveled from state to state during my year as ASPAN president. I have spoken to almost everyone I have met on how I became a leader. ASPAN's leadership committee serves to provide opportunities for members such as you, to grow personally and professionally.

We do not train you to be a leader, for this is not a trainable skill. Rather, we will coach you, mentor you and develop you. To me, the most important leadership skill you can develop is the ability to provide inspiration to others. Each day, as nurses, we do just that, encourage and inspire others, both patients and colleagues. Take the next step, the one you have been dreaming of, and become the leader you are meant to be! Please contact me at kbickerstaff@aspan.org and we can begin your journey together.

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**Katrina Bickerstaff
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Language Barriers and the Surgical Patient

Donna Casey, MSN, RN, CPAN – ASPAN Safety SWT Coordinator



Donna Casey
MSN, RN, CPAN
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SWT Coordinator

Have you ever encountered a patient with whom you had difficulty communicating? The most common barrier faced today may be that they speak another language. A 2013 survey conducted by the Census Bureau shows that over 61.8 million United States residents (native born, legal immigrants, and illegal immigrants) spoke a language other than English at home. This number increased 2.2 million between 2010 and 2013. It has grown by 15 million since 2000 and by nearly 30 million since 1990.¹

Of those people who speak a foreign language at home, over 25 million reported on the survey that they spoke English "not well" or "not at all." Because of the rapidly increasing number of people with limited proficiency in the English language, there is a good chance that you will encounter patients with whom you will have difficulty communicating. Language barriers hamper your ability to give high quality care and may result in an adverse event for the patient during this/her hospital or outpatient visit.

Consequences of Improper Communication

The consequences for failing to appropriately communicate can be severe. In one tragic case, the girlfriend of an unconscious patient told paramedics he was "intoxicado."² They mistakenly assumed that the patient was drunk or had overdosed on drugs. In reality, she was trying to tell them he had been nauseated before collapsing. The patient was treated for an overdose, while the two blood clots in his brain went undiagnosed. The patient became a quadriplegic.

Another case involved a resident's misinterpretation of two Spanish words ("se pego" misinterpreted as a "girl was hit by someone else" instead of "the girl hit herself" when she fell off her tricycle) which resulted in a two-year old girl with a clavicular fracture and her sister being taken into child protective custody for suspected abuse.²

Legal Ramifications

Failure to communicate also holds legal ramifications for the healthcare facility and caregiver. Title VI of the US Civil Rights Act requires a means of communication be provided to patients that speak little or no English, and The Joint Commission and the American Hospital Association have made this a requirement for accreditation.³

Best Practices

There are a variety of ways to bridge language barriers, but they must be effective in order to improve communication. Some best practices include:

- Ask the patient about his/her primary oral language and his/her preferred written language
- Don't assume that a multilingual patient understands what you are saying. Ask if an interpreter is needed
- Use a qualified interpreter. Besides having someone onsite, a hospital can use contract services on the Internet, video or telephone. Be careful when using bilingual staff or family members. He/she may not be skilled in interpreting medical terminology in a different language
- Provide translated written documents in the patient's preferred written language. Post-discharge care instructions and prescription labels written only in English can be deadly if misinterpreted. "Take once a day" may mean take 11 times per day in Spanish³

Clear communication is necessary in order to provide safe, effective care for your patient, and breaking down the language barrier is a key part of this effort.

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Clinical Practice Hot Topic

Is it Standard of Care or Standard of Practice?

Diane Swintek, MSN, RN, CPAN – Director for Clinical Practice

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 month, the questions are about standard of care and standard of practice.

Very often, I am asked if standard of care and standard of practice are used interchangeably. Questions submitted to the clinical practice network use these phrases regularly and interchangeably, as noted below. Is there a difference?

Q. *Is there a ASPAN standard of care on obtaining a baseline EKG strip on the patient in PACU Phase 1?*

1a. Is cardiac monitoring a standard of practice for Phase II patients?

Q. *What is the standard of care for delivering oxygen in Phase1 PACU?*

2a. Is it a standard of practice to use oxygen therapy for 24 hours for all postoperative patients?

Q. *Is there a standard of care for making postoperative phone calls in an outpatient setting?*

Q. *Our best practice committee is attempting to standardize preoperative testing for female patients who are of child-bearing ages; is there a standard of care?*

A. By referencing the *ASPN 2017-2018 Peri-anesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, we view the six Standards of Perianesthesia Nursing Practice and eleven Practice Recommendations as separate entities. A standard is a) *a required or agreed level of quality or attainment*; b) *an idea or thing used as a measure, norm, or model in comparative evaluations*.¹ In day-to-day nursing practice, a standard of care or standard of practice are used interchangeably.

Standard of Care

The standard of care is that which is written out in the policies at your healthcare institution and you are held accountable to those policies. The standard of care is more often legal terminology as in, “Did you meet the standard of care that a competent professional of like experience in a similar situation would?”

Standard of Practice / Scope of Practice

Not to confuse things more, but legally, the scope of practice is found in the laws of your state and in

the nurse practice act from your state's board of nursing. The standards are general in scope to enable the perianesthesia nurse to meet the standard within his/her practice environment with the resources available.

Responses to the Above Questions

1/1a. ASPAN does not mandate that an ECG strip is necessary in Phase 1 PACU. Rather, in “Standard VI: Nursing Process,” it states that the nurse follows the written guidelines for specific components and frequency of assessment from your facility. ASPAN refers to “Practice Recommendation 2: Components of Assessment and Management of the Perianesthesia Patient”² to guide you to necessary elements of data collection and documentation.

2/2a. ASPAN does not state an oxygen requirement or delivery method for Phase 1 PACU. In “Standard II: Environment of Care,” it is stated that routine and emergency equipment must be available to meet patient needs in all levels of perianesthesia care. There, you find a reference to “Practice Recommendation 3: Equipment for Preanesthesia/Day of Surgery Phase/PACU Phase 1, Phase II and Extended Care.” Part of the equipment requirements are various types and sizes of artificial airways, various means of oxygen delivery.³

ASPN's standards of practice are the guidance for nursing practice within the perianesthesia environment. The policies at your institution are the required level of care to which you must adhere.

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Lack of Teamwork and Incivility: Just Another Day at Work?

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

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

 **Z**elda came in for her shift in Central hospital's main holding room a little exhausted from the long day prior. But this was her last shift for the week and then she was off for a glorious four-day weekend. Upon arriving at the nurses' station, Pat, the charge nurse, walked past her without making eye contact or speaking to her. Pat walked to the assignment board to make assignments. Three pre-operative patients were given to each of Zelda's coworkers, one patient for herself, and five for Zelda. Turning, Pat walked past Zelda again avoiding eye contact, calling out to Susan across the holding room, "I am going back to the locker room to get an aspirin, the assignments are on the board!" Susan smiled to Pat and walked past Zelda, appearing to intentionally avoid her. "I will bring your patient back, Pat, to help get him started." Great, thinks Zelda, another day of working alone with Pat in charge. Take some deep breaths, 12 more hours and I go home.

Working Alone

Have you experienced a shift in which your coworkers were not supportive, or a shift in which you felt you might as well have been alone on the unit? What happens to the care of the patient when there is a lack of teamwork? Do hostile environments affect our patients even if they are not directly exposed to the hostilities? If there a lack of communication or mutual respect between the interdisciplinary team members, can that impact patient safety? Surprisingly, yes!

Lack of Communication

Lack of communication among team members can result from a lack of mutual respect or team work. There is mounting evidence that a lack of collaboration and communication negatively impacts patient outcomes.^{1,2} There has been a great deal of research examining how we can improve patient safety, and one common theme is to improve communication.

There is a shared responsibility in communicating: the listener is responsible to understand the message and if there is uncertainty or confusion, the listener needs to ask for clarification. The speaker of the message is responsible to remain engaged with the listener until the message is successfully transmitted and understood by the listener. Hostile work environments and lack of investment in coworkers negatively impact communication and patient safety.

Statistics on Incivility and Bullying

How common is this incivility and nurse bullying? In a recent study, over 72% of new nurses reporting having experienced bullying in the previous month.³ Another study reports 48% of registered nurses admit to being bullied during the past six months, 35% reported that they had experienced it weekly, and 28% reported experiencing bullying on a daily basis.⁴

Bullying Leads to Increased Patient Adverse Events

According to Rosenstein and O'Daniel,⁵ patients experienced more medical errors and other adverse events due to nurse bullying, but also increased mortality. The relationship between nurse bullying and patient mortality was also reported by Aiken et al,⁶ who found poor nurse work environments increase the odds of patient death and failure to rescue. This puts nurse bullying squarely in the "toxic for patients" group.

So, what can be done to decrease nurse bullying? Create a culture of zero tolerance for bullying, educating staff on effective teamwork, communication and a reporting system for disruptive behaviors with management buy-in for resolution of bullying.⁷

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ASPN Scholarship Program: Accepting Applications Now Through July 1, 2017!



The ASPN Scholarship Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia and pain management member nurses aspiring to enhance their abilities to contribute to the perianesthesia nursing community.

Applicants must be current Active Category members of ASPN and a component for the past two full years prior to the application deadline, and currently participating in component or ASPN national activities. Scholarship information is available online only. Specific eligibility requirements for each type of scholarship are detailed in the instructions and required items lists on the Scholarship Program Web page, or from www.aspan.org, select **Members / Scholarship Program**.

Scholarships offered:

- \$1,500 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing
- \$750 for ASPN National Conference Attendance for April 29 to May 3, 2018, Anaheim, CA
- \$1,000 for Humanitarian Missions
- Two \$2,000 scholarships for the 2018 Nurse in Washington Internship (NIWI) program
- \$314 for CPAN or CAPA Certification Exam fee

ASPN's Scholarship Program postmark deadline is **July 1, 2017.***

**ICPAN registration fee scholarship postmark deadline was May 1, 2017.* 

Specialty Practice Groups

Specialty Practice Groups (SPGs) bring together nurses who focus on a specific area within perianesthesia practice. Each group offers a variety of networking and educational opportunities. Current SPGs include:

- Advanced Degree
- Geriatric
- Informatics
- Management
- Pain Management
- Pediatric
- Perianesthesia Nurse Educator
- Preoperative Assessment
- Publications

To learn more about ASPN's Specialty Practice Groups and the benefits of joining, simply click anywhere on this message. 

Leadership Development Institute

Kansas City, Here We Come! September 15 - 17, 2017

WE WANT YOU! Save the date and join us for the 2017 Leadership Development Institute (LDI) in beautiful Kansas City, Missouri. Sample Kansas-style barbecue at Jack Stack's, stroll through the Ewing and Muriel Kauffman Memorial Garden, feast your eyes on the art collection at the Nelson-Atkins Museum of Art or take a Segway tour from Country Club Plaza.¹ Bring your best friends, mentors and developing leaders for a weekend of fellowship, team building and problem-solving.



us. Let's open our eyes, encourage talent when and where we see it, and support individual and group growth. Consider this your personal invitation from the **ASPN Board** to get involved. Meet us in KANSAS CITY with your ideas, your passion and your commitment. SEE YOU THERE!

REFERENCE

1. Kansas City. Available at: www.visitkc.com. Accessed February 18, 2017. 


**KEEP
CALM
AND
RECRUIT
ON**

Annual Membership Campaign

Did you know that over 600 of our nurses helped recruit ASPAN members in 2016? You can participate in ASPAN's annual membership campaign, too, by:

1. Asking the National Office for free promotional materials and membership applications
2. Placing your name as the Recruiting Member on each Membership Application
3. Distributing the materials to your colleagues and encouraging them to join ASPAN

We even have some great awards for those who participate. To see the entire Member-Get-A-Member Web site, [click here](#). Thanks to everyone who participates in this annual campaign! 

ASPN YouTube Video



You know what a perianesthesia nurse does, but do your family and friends? ASPAN recently created a YouTube video, "We Are Perianesthesia Nurses," which provides a concise, appealing snapshot of our vital work. We invite you to [watch the video](#) and then Share it, Post it, and Tweet it to your colleagues, friends, and family to spread the word about our wonderful specialty. 

Looking Under the ASPAN Education Tab

Linda Beagley, MS, BSN, RN, CPAN – ASPAN Director for Education

The 36th ASPAN National Conference in Indianapolis is a wrap, and education preparation for 2018 has started with proposal submission due mid-May. I hope you had an opportunity to attend conference, taking advantage of the wide range of exceptional presentations covering special populations, anesthesia agents, postoperative complications and research/evidence-based practice, to name a few.

ASPA Select is Live!

ASPA Select is now available for chapters, districts, regions and components to provide education during their meetings with minimal planning. These were developed after requests were made at the 2016 National Conference for education for components that is readily available for them to use. This type of education is geared for smaller events like chapter or component regional meetings.

Components registering to use ASPAN Select will receive ten percent of the net income generated. Reimbursement occurs after the seminar and the money is sent to the component president.

A component leader submits a request to the National Office by the scheduled deadline requesting one, two or three presentations from the On-Demand library. ASPAN prepares a flyer to advertise the upcoming event. The more selected, the cheaper each presentation becomes. A small deposit is required for the jump-drive that is sent to the host. The component leader is the "host" for the event securing the location and AV equipment of computer, projector and AV speakers. Advertising is done on the ASPAN Web site along with local distribution of the flyer. Each attendee registers through the ASPAN Web site, and after attending will be required to complete the evaluation on the ASPAN Web site to retrieve the certificate of completion. The day of the event, the host sets up the AV equipment and runs the presentation, distributes the required handout and ships materials back to ASPAN to have the deposit returned.

Certification Review

Are you planning on taking either the CAPA® or CPAN® certification test? One of three review classes are available to meet your learning needs. Both traditional classroom/speaker presentation and staying home to attend a webcast

are available for the summer-fall education series. Look for the brochure in your mailbox due out in June, or check the ASPAN Web site at www.aspan.org under the Education tab. A third option is to purchase the *Perianesthesia Certification Review Bundle*. This option allows the student to have access to each certification review module for 45 days. The Bundle offers a unique opportunity for learners who need to see and hear content more than once.

Team Effort

A huge shout-out and thanks to the Education Provider committee members! There are two main purposes of the committee: develop new material, and ensure current lectures have the latest and most updated material to present. Both are daunting responsibilities. From May 2016-April 2017, this dynamic team developed one new daylong seminar entitled *Advanced Patient Safety: Approaches and Directions* and two new 2-hour webcasts on obstructive sleep apnea and unwanted sedation. We also were able to complete a critical review for the *Pain, Certification Review and Refreshing your Perianesthesia Practice* seminars. Currently, three other seminars are under review. The plan is for these updated seminars to be included in the summer/fall education series. ASPAN is very fortunate to have these fabulous perianesthesia nurses. This team is the backbone for development of perianesthesia education!



Linda Beagley
MS, BSN, RN, CPAN
ASPA Director
for Education

A graphic with a dark background and orange text. It features the words "ONLINE LEARNING" in large orange letters at the top. Below it, "Independent", "Self-Directed", and "Student Centered" are arranged in a triangular shape. At the bottom, "Engaging" and "Anytime Anywhere" are shown. There are small navigation icons at the bottom left.

Attitude is Everything

Veronica Petersen MSN, RN, NE-BC, CNOR



Veronica Petersen
MSN, RN, NE-BC, CNOR

Attitude. Hard to define, but you sure do know it when you see it. It's that tone of voice, those crossed arms, that smirk on the face, the sarcasm, those rolling eyes. It's the blatant avoidance of fellow staff members. We think... "she has a lot on her plate...he's in the middle of a divorce...she had a hard childhood...her husband is out of work...his kids are always in trouble...his parents are sickly...her marriage is rocky."

We, as RNs, are the most respected profession and have been for so many years.^{1,2} Then, why do we allow these "attitudes" to persist in an environment where the patient must be the center of everything? Poor attitudes get in the way of excellent patient care.

For the first five years of my time as a nurse leader, I didn't do the right thing. I would ignore the attitude issue, make excuses for these staff members and even try to talk them through it – as if I was their therapist. These healthcare providers with "attitude issues" sucked the life out of me. When I knew they were working on a specific day, I dreaded going to work. I tried to figure out how to "handle" them so that they did not disrupt the "mo-jo" of the unit, the morale of the staff, and keep them from negatively affecting the staff with which they worked. Basically, I enabled their behavior. I made excuses for them and allowed myself to sorry for them.

Then, I woke up. What was I thinking? We are professionals. We all, in some way, to some degree, bring our personal lives to work. However, it must not and cannot affect our colleagues to the point of making them uncomfortable—to the degree that they are reluctant to approach us, or communicate with us. The focus is then on that staff member and not on the patients and families, where it should be.

And, what about the perception of the patient and his family members? As a family member and a patient, as I am sure many of you have been, you notice everything. As a patient, I have hesitated to ask a RN for assistance, or as a nurse leader, I have hesitated to ask for assistance or a second opinion regarding a patient, because the nurse looked "pre-occupied," "too busy" or "annoyed at something." This was evident in his/her body language—lack of eye contact or rushing around, all of which said to me, "I am too busy for you." I understand that was MY problem, but we cannot doubt that the typical patient picks up on the body language cues of staff and

reacts accordingly. Nothing good comes from dealing with any staff member with a "bad attitude."

So, I ask you to take back your unit, service line, or department! Make it known that professionalism is an expectation; that we must leave the baggage at the door; that we have the distinct honor and privilege of caring for human life at his/her most vulnerable time. Our utmost attention and our continual RN to RN and interdisciplinary communication must always be present to assure the highest level of care. Nothing less must be tolerated. Poor attitudes must be addressed and staff must be held accountable for their behavior at all times.

Let's address the behavior that is not acceptable. Let's get the people who need help, the assistance they need. Let's make it known that there is no room for poor attitudes addressed towards fellow staff members, colleagues, patients and their families.

Sometimes it just takes a 'heads-up' for people to understand his/her behavior is negatively affecting others. If not, follow up, hold staff accountable, and only accept the best treatment of our patients and their families, because this can only improve the quality of care and lead to a decrease in morbidity and mortality.

Attitude is a choice. **Attitude is everything.**

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2. Americans Rate Healthcare Providers High. Available at: <http://www.gallup.com/poll/200057/americans-rate-healthcare-providers-high-honesty-ethics.aspx>. Accessed May 7, 2017.

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Veronica is also an ASPAN member, and presented on this topic at the recent ASPAN National Conference in Indianapolis. 

LETTER TO THE EDITOR

February 20, 2017

To: Barbara Godden, MHS, RN, CPAN, CAPA

Editor, *Breathline*

Email bgodden@aspan.org

The American Society of PeriAnesthesia Nurses offers a wide range of learning and networking opportunities to its members. Yet, there are registered nurses that do not engage in their professional organization. Also, many of our colleagues may not be aware of the advantages and the power of the masses.

Professional associations are a vital part of the registered nurse's identity and practice. Attending local and national conventions allows us to reignite that initial fire that drove us to become part of the nursing profession. An additional benefit of professional association is the fulfillment of a purpose to make a difference. We are able to cultivate this purpose as individuals assembling to build a collective force through our organizations to produce positive outcomes. These optimal outcomes produced through collaboration during regular meetings, build more confident professionals that utilize stronger, evidenced-based practices. Solid evidence-based practice creates ideal patient outcomes. These best outcomes are the framework of making a transformational impact in the direction of a more informed, healthier society.

There are many uncertainties in areas including health literacy, health education, and the healthcare industry. We, as professional nurses acting as advocates in our professional organizations, have the intellect and collective skill to remain progressive change agents. I would like to take this opportunity to invite my colleagues to be more involved to continue to make impactful, positive changes for ourselves...for our patients...for our society.

Respectfully,

Katherine Simpson, MSN, NP, CNRN, CVRN-II, LNC

ASPN Neuroscience Liaison

Deborah Stabell Tran, MS, RN, SCRN, NE-BC

President Dallas Area Chapter of American Association of Neuroscience Nurses (AANN)



THE DIRECTOR'S CONNECTION

Sylvia Baker, MSN, RN, CPAN
ASSPAN Regional Director, Region 3



Sylvia Baker
MSN, RN, CPAN
ASSPAN Regional Director
Region 3

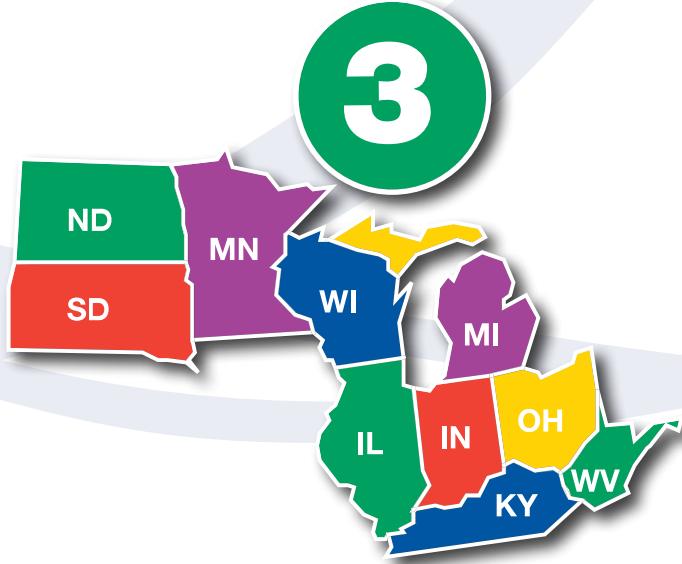
Region Three Highlights

The members of Region 3 components are busy demonstrating ASPAN's Core Values.¹ The eight components: ILSPAN, INSPAN, KSPAN, MAPAN, MNDAKSPAN, OPANA, WISPAN and WVSPAN show their **Passion** for their patients through the applications submitted for Gold Leaf Component of the Year. Four of the components in Region 3 submitted Gold Leaf Applications (KSPAN was ineligible to apply because it was awarded the Gold Leaf Award in 2016). Each component demonstrated its passion when they celebrated PANAW in February. As one example, ILSPAN members received a \$5.00 Starbuck's® gift card from the ILSPAN Board!

Respect for one another, and the practice of perianesthesia nursing, is something that each component shows as they continually consider how to best promote this specialty of nursing. KSPAN, MNDAKSPAN and WISPAN weighed the impact of any changes (or clarification) to their bylaws and policies on their membership.

Integrity: "The quality of being honest and having strong moral principles"² has been alive and well in all of Region 3's components. Each component demonstrates strong moral principles through their support of multiple community outreach programs. Over this past year, collections have been taken to support food pantries and provide needed supplies such as personal hygiene products and clothes for less fortunate individuals who reside within local communities of these components. OPANA and MAPAN, like all components in this region, incorporated drives during their conferences to meet the needs of local organizations.

Diversity has been seen, not only in the physical diversity of the topography of Region 3, but also in the physical diversity of the approximately 2655 members who comprise Region 3. The diverse members of Region 3 also serve a wide diversity of patients with equally diverse needs. Region 3, like the other regions, serve preanesthesia patients with teaching for preparation of their procedures, and serves postanesthesia patients who receive care, monitoring and multiple assessments that impact eventual discharge to recover completely and



safely. Diversity has been demonstrated in the variety of ages of perianesthesia nurses throughout Region 3. All have learned from one another to promote the strength of ASPAN. As another example of diversity, INSPAN promoted diversity during its fall conference with one presentation addressing LGBT lifestyles.

Excellence, the final value for which all perianesthesia nurses strive, is demonstrated on a day-to-day basis in the care delivered to the many patients who have been touched. Each component has demonstrated excellence through communication with membership and striving to promote membership involvement. WVSPAN, as an example, has reached out to previously sparsely populated member areas. Excellent educational sessions are also offered to members throughout the year.

This busy region supports ASPAN Core Values in a multitude of ways. The work and joy of ASPAN carries through from local arenas to the national venue!

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2. Integrity. Available at: <https://en.wikipedia.org/wiki/integrity>. Accessed May 28, 2017. 

2017 NURSE IN WASHINGTON INTERNSHIP (NIWI)

Amy Berardinelli, DNP, RN, NE-BC, CPAN

NIWI

The Nurse in Washington Internship (NIWI) provides an orientation to the legislative process for nurses at all levels of education, students to doctorate level. I had the honor of attending NIWI 2017 to represent nurses from the state of Ohio, as well as my specialty, perioperative nurses. I owe this to my professional organization, the American Society of PeriAnesthesia Nurses (ASPN), for selecting me as one of two scholarship recipients.

The three-day internship included an advocacy breakout session on public policy process, panel sessions with professional nurse advocates, congressional staff panels, state team breakouts in which we role played in preparation for Capitol Hill, and networking with nurses with similar clinical experiences and political "asks." Nurses came from as far as California, including RN students to PhDs who practiced in a number of specialty areas, from pediatrics to the operating room, from Veterans Administration (VA) hospitals, not-for-profit hospital systems and as university professors. The diversity was vast, but the "asks" were the same. As representatives of the Nursing Community, our Congressional requests to promote the health of Americans and increase access to care for 2018 were: \$244 million for the Title VIII Workforce Development Programs, \$160 million for the National Institute of Nursing Research (NINR), and for our congressmen and women to please join the Nursing Caucus.

Title VIII Workforce Development Programs assist registered nurses and advanced practice nurses by placing educational needs at the forefront to ensure a stable workforce, especially in rural communities that are medically underserved. This program has been in effect for over 50 years, helping meet the nation's demand for nurses. In the Academic Year 2014-2015, the Title VIII Advanced Nursing Education Grants supported over 9,000 graduate nursing students and partnered with more than 4,200 clinical training sites with 45% in medically-underserved regions (Health Resources and Services Administration, 2016).¹

The Nursing Institute of Nursing Research (NINR) is one of twenty-seven institutes in the National Institutes of Health (NIH). The NINR is dedicated to improving quality care by funding

nurse-led research to promote health and prevent disease. The NIH is requesting \$2 billion for medical research, in which the NINR request of \$160 million is included in that amount.

The third request, to join the Nursing Caucus, was an easy ask for the Ohio nurses, as Representative David Joyce (R-OH) is a co-chair of this bi-partisan Congressional Caucus. Rep. Joyce's wife has worked as a RN in the northeast Ohio area for over 25 years. The Nursing Caucus discusses the nursing profession helping to develop ideas and solutions to the professions' challenges.

The number one take away from NIWI is that our biggest voice is in our local communities. Get involved at the local level. Join your local nursing specialty chapter. Meet with your district representatives. Run for office! North Carolina General Assembly representative Gale Adcock, MSN, RN, FNP-BC, FAANP, (D-41), is the first advanced practice nurse to be elected to the NC General Assembly, and we had the pleasure and honor to hear her speak. Rep. Adcock began her career in politics serving two four-year terms on the Cary, North Carolina, Town Council. In her second term, she was also the Mayor of Cary, NC, which led to her 2014 election to the NC General Assembly. Rep. Adcock gave us great advice: "Best way to predict the future is to create it," and, "What a great feeling to be nervous. Let your heart pound. Let your palms sweat. This equals personal growth. Guess what? It won't kill you!"

Nurses do more before 10 am than most people do in a day. With that being said, be courageous, be vulnerable and be a nursing advocate! Join ASPAN in establishing guidelines for practice standards. Join the ANA as a voice for healthcare legislation. Get involved!

Thank you to the Nursing Organizations Alliance (NOA), a coalition of nursing organizations that creates strength in numbers, for holding the annual NIWI, promoting and developing nurse's advocacy skills and passions.

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1. Health Resources and Services Administration. *Justification of estimates for appropriations committees*. 2016. Available at: <https://www.hrsa.gov/about/budget/budgetjustification2017.pdf>. Accessed March 21, 2017. 

2017 NIWI Report

Christine Hill, BSN, RN, CPAN, CAPA

You could feel the enthusiasm in the conference room. There were nurses in attendance from many different specialties and many states. There were nurses from Veterans Affairs, healthcare for the homeless, inpatient and outpatient settings. Everyone seemed to have the same goal to improve patient care.

I learned that nurses can be a powerful voice in Washington, D.C. The legislators are very receptive to nurses and trust their input. After listening to all the speakers, I felt confident and prepared to meet with the legislative assistant for U.S. Rep. Niki Tsongas (D-MA). Unfortunately, the weather did not cooperate, the Federal government closed and my meeting was cancelled. I reached out to the district director and met with her in the Lowell, Massachusetts, office and presented the three “asks.”

We learned about the three requests or “asks” that we were to review with our representatives. The first is for Title VIII Workforce Development Programs to ensure we have a continued pipeline of RNs and APRNs. I shared the average age of a PACU nurse and the need to recruit new qualified nurses. The second request is for nursing research. As a bedside PACU nurse, I use evidence-based practice to improve patient care every day. We need the funding to continue valuable nursing research. The third request was to ask the representative to join the healthcare team in Congress.

In preparation for NIWI, I started receiving the newsletter from my representative. This is a great way to see what is happening in Washington, D.C. I am going to use the knowledge that I gained at NIWI to stay involved in healthcare legislation. I appreciate ASPAN giving me the opportunity to attend NIWI! 

Nurse in Washington Internship (NIWI) 2017

Donna Goyer, BS, RN, CPAN, CAPA – Government Affairs SWT Coordinator

As greater than 80 nurses convened in Washington, D.C., for the 2017 NIWI, “climate” was the buzz word. Most anticipated the unsettled political climate with the new administration and party majority changes in Congress. The threat of a major snow storm impacting a majority of the east coast was not as anticipated. Unfortunately for many, the winter climate impacted the Capitol Hill visits. Despite the weather, everyone made the most of this opportunity to learn basic and advanced advocacy skills, gain knowledge from professional nurse advocates and lobbyists, and network with nurses from around the country and various nursing specialties.

The opportunity to attend NIWI for a second time was amazing. The general knowledge shared was similar to the previous experience. However, the featured nurse speaker, Rep. Gale Adcock, North Carolina General Assembly (D-41), was the highlight. Her personal advocacy story highlighted how nursing skills translate into public policy and advocacy. Representative Adcock stressed the primary skill used by all nurses critical to advocacy success is relationship building. She shared her successes and missteps with humor, energy and enthusiasm.

A common message shared during the preparation for Capitol Hill visits was that of nurses having power and credibility for consistently being rated as the most trusted profession based upon Gallup polls. Another point stressed was nurses should acknowledge and share their expertise using evidenced based facts, and share their stories and their impact on patients. Alec Stone, Health Policy Director, Oncology Nursing Society, summarized it with, “Data makes you credible, stories make you memorable.”

The Nurse In Washington Internship experience is an amazing opportunity for gaining skill and confidence in nursing advocacy and sharing the power of the nursing voice. ASPAN offers annual scholarships for NIWI. Amy Berardinelli and Christine Hill attended the 2017 NIWI as scholarship winners. It is my hope these shared messages will inspire other ASPAN members to become more active nursing advocates, and possibly attend NIWI in the future. 

► Amy Berardinelli second from left, State Rep. Gale Adcock (D-41) third from left, along with other NIWI attendees



► From left, Melanie Simpson, ASPAN member, Amy Berardinelli, Donna Goyer, and Susan Russell, ASPAN VP/president-elect



Component Education Programs

FLASPN The Florida Society of PeriAnesthesia Nurses will be holding its fall conference September 29-30, 2017 at the Moffitt Cancer Center, Tampa, FL. For information contact: Flaspan@gmail.com, Kathi Saball at kmsaball51@gmail.com, or Melissa Davidson at melsayers813@gmail.com. Brochure and registration are available at www.flaspan.com.

GAPAN The Northeast District of the Georgia Association of PeriAnesthesia Nurses (GAPAN) is hosting this year's upcoming State Conference in Savannah, Georgia! It will be held September 29 through October 1, 2017 at the Coastal Georgia Center in the Historic District. Contact Linda Brooks at LB30607@aol.com for more information.



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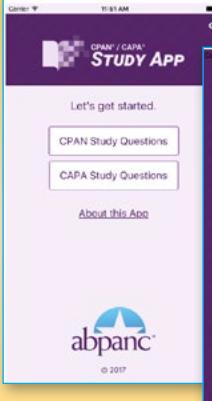
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Study Reference:
American Society of PeriAnesthesia Nurses, Perianesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements 2017 - 2018. ASPAN, Cherry Hill, NJ, 2017. pg 42.

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