



## INSIDE:

## PRESIDENT'S MESSAGE: Leading with Knowledge – Serving with Heart

Regina Hoefner-Notz, MS, RN, CPAN, CPN, FASPN – ASPAN President 2018-2019

Last time in *Breathline*, I described why I am drawn to servant leadership. For me, it is understanding the idea of intent. I like to believe that each person's intent is good. I like to believe that most people do not intend to hurt me. Maybe this is naive, but it is where I want to live my life.

There have been times when I would really get caught up in the drama of my unit. It's so easy to do, isn't it? Yet, if we are servant leaders, our role becomes being the person who reminds others about good intent. Show empathy and start the healing in that moment.

### Empathy in Servant Leadership

The next two tenets of servant leadership are empathy and healing. Regarding empathy, Greenleaf states, "Servant-leaders strive to understand and empathize with others. They accept and recognize others for their unique gifts and spirits. One assumes the good intentions of a coworker and does not reject them as people."<sup>1</sup> The definition of empathy according to Merriam-Webster is "the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner."<sup>2</sup> Simply stated, empathy is the ability to have that notion of walking in another's shoes. It is the capacity to understand the feelings someone must be experiencing as that person travels through certain challenges.



Regina Hoefner-Notz  
MS, RN, CPAN, CPN, FASPN  
ASPN President 2018-2019

As nurses, we are called to be empathetic. I believe we are empathetic with our patients. But now the real challenge: are we empathetic to co-workers or component members? There have been times in my life when I have not acted with good intent, such as when I gossiped about a co-worker or let jealousy lead me astray. But I am older and wiser, and those tendencies make me pause and reflect now before I share some information. I try to think of empathy before I say something less than caring.

### Conversations with Empathy

I believe there is good intent when I come across uncomfortable situations. In the book, *Crucial Conversations: Tools for Talking When Stakes are High*, the authors suggest stopping before each conversation to remind yourself to "Start with Heart."<sup>3</sup> Is this conversation going to be helpful and meaningful, or will it hurt and possibly demean the other person? Now, if I am angry or riled up, I do not start a conversation. I give myself time to think about what my truest intent is for that person. Is my heart in the right place and will I show empathy? If there is any doubt, I am not ready for that conversation to happen. Again, I am a work in progress.

Think good intent and empathy the next time you see a co-worker being shunned by a group because someone louder, or with a personal agenda, tries to direct your actions. Imagine the difference one person can make. Be empathetic.





# CALL FOR NOMINATIONS!

Susan Russell, BSN, RN, JD, CPAN, CAPA, FASPA

ASPA Immediate Past President and Nominating Committee Chair

ASPA News

**T**ake the opportunity to become more involved in ASPA! ASPA is seeking visionary leaders ready to collaborate with colleagues in advancing the unique specialty of perianesthesia nursing practice. Be the one to show the way and demonstrate your excellence in practice and leadership.

Qualified and eligible candidates are needed for the 2019-2020 ASPA Board of Directors positions:

- Vice President/President-Elect (three-year term)
- Treasurer (two-year term)
- Director for Education (two-year term)
- Director for Research (two-year term)
- Regional Director, Region 1 (two-year term)
- Regional Director, Region 3 (two-year term)
- Regional Director, Region 5 (two-year term)
- Nominating Committee (one-year term) (five members)

To be considered for a leadership position:

- Declare your candidacy as soon as possible via email to [srussell@aspan.org](mailto:srussell@aspan.org)
- An *Intent to Place Name in Nomination Form and Conflict of Interest Form* must be signed electronically and emailed with a date stamp no later than October 1, 2018. Late submissions will not be accepted
- An *ASPA Candidate Profile Sheet and Curriculum Vitae* must be submitted electronically with a date stamp no later than October 1, 2018. HARD COPIES and FAXES will NOT be accepted

For more information visit the ASPA Web site, or, contact Susan Russell at [srussell@aspan.org](mailto:srussell@aspan.org).

The deadline to submit all required candidacy forms is October 1, 2018. 

## CORRECTION FROM JULY/AUGUST BREATHLINE

In the last issue of *Breathline*, we incorrectly listed the credentials of one of the newsletter editor winners on page 11.

The editor for Ohio PeriAnesthesia Nurses Association (OPANA)

*Snooze News*, winner of one of the newsletter categories, should be correctly listed as

Tina Harvey,  
BSN, RN, CAPA,  
CPAN.

We apologize for this oversight.

## Willingness to Participate

Amy Dooley, MS, RN, CPAN, CAPA

ASPA Vice President/President-Elect 2018-2019

**G**reetings, colleagues! It has been several months now since the close of ASPA's 37th National Conference. Hopefully, your practice has changed for the better because of what you brought back from ASPA's conference. In my travels and through networking, I hear many of you ask the question, "How do I get involved?"

Perhaps witnessing the excitement of the attendees, the work accomplished by the committees or even the obvious friendships between attendees has piqued your interest. Here is your opportunity to get involved. The *Willingness to Participate* (WTP) form is the vehicle ASPA uses to create membership on its various committees and strategic work teams (SWTs). If you are interested, PLEASE go to [www.aspan.org](http://www.aspan.org) / About Us / Organization / Willingness To Participate. There it is, easy to do, easy to get involved!

There are over 15 committees and/or SWTs on which you may volunteer to serve. Take a look, see what suits your fancy and take the leap. I started on the Membership/Marketing SWT and have never looked back. By signing up today, you are requesting to be put on a committee/SWT that begins AFTER the next national conference in 2019. You will hear the good news in spring of 2019 about the committee or SWT to which you have been appointed for the year 2019-2020.

I have nothing but good things to say. ASPA NEEDS your expertise and experience. You have much to offer. Fill out the WTP today and get involved! The deadline is October 31, 2018. 

## Start Planning to Showcase Your Accomplishments with Abstracts and Posters for the 2019 National Conference in Nashville!

**C**elebrate Successful Practices abstracts are due by **October 31, 2018**. Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, handoff communication and documentation, and unit/environment activities. Visit [www.aspan.org](http://www.aspan.org) / Clinical Practice / Call for CSP Abstracts.

Research abstracts are also due **October 31, 2018**. Start planning now to showcase your accomplishments! Visit [www.aspan.org](http://www.aspan.org) / Research / Call for Research Abstracts.

Volume 38, Issue 5  
September/October 2018

# **Current Trends and Challenges Addressed in the New Standards**

**Jacque Crosson, MSN, RN, CPAN, FASPN  
Coordinator, Standards & Guidelines Strategic Work Team (SWT)**



**Jacque Crosson  
MSN, RN, CPAN, FASPN  
Coordinator, Standards  
& Guidelines Strategic  
Work Team (SWT)**

**O**n Sunday, April 28, 2018, in Anaheim, California, the proposed *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* draft was approved by ASPAN's Representative Assembly. In each new edition, the Standards and Guidelines SWT is divided into work teams, with each section reviewed for content, practice changes, clinical trends and references. This year, there were many changes and improvements made to the Standards.

Besides providing a framework for perianesthesia practice, ASPAN also has the responsibility of addressing current trends or challenges that impact perianesthesia clinical practice. This year, there were four new position statements that will be added to the next edition of the Standards. They are as follows:

- Position Statement on Opioid Stewardship in Perianesthesia Practice
- Position Statement on Gender Diversity
- Position Statement on CPAN® and CAPA® Perianesthesia Nursing Certification
- Position Statement on Medicinal Marijuana

ASPN also collaborates with other professional groups to advance the quality of care provided to perianesthesia patients. One of these interprofessional relationships is with the Council on Surgical and Perioperative Safety (CSPS). Seven organizations make up the CSPS Board:

- American Association of Nurse Anesthetists (AANA)
- American Association of Surgical Physician Assistants (AASPA)
- American College of Surgeons (ACS)
- American Society of Anesthesiologists (ASA)
- American Society of PeriAnesthesia Nurses (ASPN)
- Association of periOperative Registered Nurses (AORN)
- Association of Surgical Technologists (AST)

The mission of CSPS is to bring all members of the surgical team together to promote excellence in patient safety during their perioperative experience. Dr. Dina Krenzischek and Dr. Pamela Windle represent ASPAN. An excellent example of the importance of this collaboration occurred recently when our Standards & Guidelines SWT was seeking support for ASPAN's position statement on patients with do-not-resuscitate (DNR) advance directives that require surgical intervention.

Basically, any patient with an active DNR, do-not-attempt resuscitation (DNAR), do-not-intubate (DNI) or allow natural death (AND) advanced directive must re-clarify his or her wishes regarding resuscitation during his or her perioperative/perianesthesia episode. While each member organization of CSPS had similar position statements, they would not all support ASPAN's position statement. AANA and AORN were the only two organizations that offered support, which was included in the *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*.<sup>1</sup>

However, Drs. Krenzischek and Windle persevered and placed this issue on the CSPS agenda every month until approval was received. The end result is a DNR/DNAR/DNI Checklist developed by CSPS (based on ASPAN's position statement). It is now available at: <http://www.cspsteam.org>.<sup>2</sup>

Additionally, if you go to [www.cspsteam.org](http://www.cspsteam.org), click on the About Us tab and select Board of Directors, you will see Dr. Krenzischek and Dr. Windle along with a link to ASPAN. This is an excellent example of the impact ASPAN has nationally on perianesthesia patient safety and practice. Developing and maintaining collaborative interprofessional relationships ensures that perianesthesia nursing is represented and our practice trends and clinical practice challenges are understood.

To find out more about CSPS and download the checklist, please visit <http://www.cspsteam.org>. ASPAN's *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* will be available for purchase on [www.aspan.org](http://www.aspan.org) by December 2018.

## **REFERENCES**

1. American Society of PeriAnesthesia Nurses. *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2016.
2. Council on Surgical and Perioperative Safety. DNR/DNAR/DNI: How can your organization help you? Available at: <http://www.cspsteam.org>. Accessed July 29, 2018. 



# Competency Based Orientation Manual for the Adult Patient — 2019 Edition!

Jennifer Allen, MSQSM, RN, CPAN; Staci Orbell, MSN, RN, CPAN: Editors

CBO Update

We are happy to announce that the 2019 edition of *ASPAN's Competency Based Orientation for the Registered Nurse Caring for the Adult Patient in the Perianesthesia Setting* is currently underway. We would like to share some exciting updates planned for this manual. All chapter authors have been confirmed, with a mix of previous and new authors joining forces. The content of each chapter is now in the initial review and updating phase.

## New Content

A few changes are planned to the content, including a new chapter on safety, and an adult-only focus for this manual, as ASPAN also publishes *A Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting*. In addition to the safety chapter, we are planning to enhance the manual's resources for best practices throughout the chapters, with easily identifiable best practice sections.

## Authorship and Peer Review

We are fortunate to have very seasoned perianesthesia nursing professionals reviewing and updating chapter content for this upcoming edition. In a true spirit of life-long learning and collegiality, some of the authors from the previous edition have agreed to mentor new authors as they review and update chapter content.

This edition is also undergoing a new process – peer review! Perianesthesia nurse peer reviewers will be anonymously reviewing the updated content from the chapter authors. The peer review process is designed to ensure the content of the manual is of value to today's perianesthesia nurse, contains up-to-date resources and is easy to use/understand. We have been contacted by many nurses in the ASPAN network who have graciously volunteered for the peer review process. At this time, we plan to utilize 15 peer reviewers for the project. We are grateful for the overwhelming response and are looking forward to working with these individuals in this capacity.

We are excited for all the updates coming with this new edition and hope you are, too! The manual will tentatively be available for release in mid- to late 2019. 



Jennifer Allen  
MSQSM, RN, CPAN



Staci Orbell  
MSN, RN, CPAN

FREE 1.5 Contact Hours

## Recognizing Residual Paralysis Improving Patient Outcomes in Patients Receiving Neuromuscular Blocking Agents

An On-Demand Webcast

- Case illustrations
- New and practical information

### FACULTY

**Terry Clifford, MSN, RN, CPAN, CAPA, FASPA**  
Manager of Perioperative Services  
Mercy Hospital  
Portland, Maine

**Scott Groudine, MD**  
Professor of Anesthesiology & Surgery  
Albany Medical Center  
Albany, New York

Visit [www.ASPAN.org/Education/ASPAN-Modules-On-Demand](http://www.ASPAN.org/Education/ASPAN-Modules-On-Demand) to learn and earn free CE.

Provided by American Society of PeriAnesthesia Nurses and  
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# Membership/Marketing News

Lori Silva, RN, CCRN, CPAN

Coordinator, Membership/Marketing Strategic Work Team (SWT)



Lori Silva  
RN, CCRN, CPAN  
ASPN Membership/  
Marketing SWT  
Coordinator

**J**am honored and excited to serve as the new coordinator for the Membership/Marketing SWT. I have been a member of the M/M SWT for the last five years. It's wonderful to work with a great group of colleagues across the country who are dedicated to sharing ideas to strengthen our organization's membership and better serve our members.

The PeriAnesthesia Nurses Association of California (PANAC) is my home component. I have served in various leadership roles, currently serving as the immediate past president of PANAC and the 2018 ASPAN National Conference SWT coordinator. The one thing I have enjoyed the most in my years as a member and volunteer of ASPAN is meeting and learning from so many perianesthesia nurses from across the country. It is my passion to share this organization and the value of membership with those who have never heard of ASPAN.

The Membership/Marketing SWT has been busy reaching out to component leaders promoting membership, recruitment and reminders of ASPAN's upcoming awards nomination deadlines.

## Consider Nominating Someone for an ASPAN Award!

**N**ominations are now open for ASPAN's 2019 Awards Program. Here is a brief description of each award. Winners for the awards will be announced at the 2019 ASPAN National Conference in Nashville, Tennessee.

### Excellence in Clinical Practice

Do you know someone who is a recognized expert in clinical nursing practice, or participates actively in nursing programs, committees or projects resulting in contributions to perianesthesia nursing? If so, consider nominating this colleague for ASPAN's prestigious *Excellence in Clinical Practice Award*. The deadline to do so is **November 30, 2018**. Visit [www.aspan.org](http://www.aspan.org) / Members / Awards/ Excellence in Clinical Practice to learn more and to access nomination forms.

### Award for Outstanding Achievement

Do you know someone whose dedication to excellence has furthered the art and science of perianesthesia nursing? If so, consider nominating this colleague for ASPAN's prestigious *Award for Outstanding Achievement*. The deadline to do so is **November 30, 2018**. Visit [www.aspan.org](http://www.aspan.org) / Members / Awards/ Award for Outstanding Achievement to learn more and to access nomination forms.

### Above and Beyond Service Recognition

The ASPAN *Above and Beyond Service Recognition Awards* are given to individuals in recognition of exemplary service to ASPAN and/or their component. Visit [www.aspan.org](http://www.aspan.org) / Members / Awards/ Above and Beyond to learn more and to access nomination forms. The deadline to do so is **January 10, 2019**.

## Start Working on Your Gold Leaf Application Now!

### Gold Leaf Component of the Year Award

The deadline for the *Gold Leaf Component of the Year Award* submission is **February 1, 2019**! Components competing for the *Gold Leaf Award* must submit their applications to the ASPAN National Office by February 1. The Gold Leaf Award recognizes excellence in component leadership and member development, communication, education services and community service. The award reflects the activity of your component from January 1, 2018 through December 31, 2018. This year there are revisions to the Gold Leaf application, including maximum points and scoring information.

The Membership/Marketing SWT is looking forward to reviewing the applications from components and announcing the winner at the national conference in Nashville. For information, guidelines and the application, including maximum points, visit [www.aspan.org](http://www.aspan.org) / Members / Awards / Gold Leaf Award.

## SAVE THE DATE

PeriAnesthesia  
Nurse Awareness  
Week

February 4-10,  
2019

The theme is  
*Leading with  
Knowledge -  
Serving with Heart.*  
Start planning now!  
Watch for more  
information in the  
next edition of  
*Breathline*.

# What is New with ASPAN Resource Development?

Armi Holcomb, BSN, RN, CPAN – Coordinator, Resource Development Strategic Work Team (SWT)

Resource Development

We had such a successful year as the Resource Development SWT focused on fundraising, which culminated at the ASPAN National Conference in Anaheim, California, in May, 2018. Last year, I reached out and challenged you to be more involved in development activities. You did not disappoint. We raised more monies for our scholarships, and our Development Breakfast had the most attendance in years. So, THANK YOU!

It is the goal of this strategic work team to ensure the continuity of ASPAN scholarship activities. Would you like to be more involved and support us in our mission? Would you like to encourage others to give generously as you have done? You can do these things through ASPAN's *Hail, Honor Salute!* and the *Legacy for Life* programs. Both programs are tax deductible as allowed by law. Last year, we asked for high-ticket items to be donated to the silent auction. We had planned to have bids on these items long before the National Conference. Although we did not receive as many large ticket items, the quality of items donated meant we still raised more monies for scholarships! I would encourage you all to think about donating again, big or small, for the 2019 silent auction in Nashville, Tennessee.

When you register to attend a Development activity, the money goes to fund ASPAN scholarships. Together with Doug Hanisch, ASPAN Marketing Manager, and the Resource Development team, we are excited to make ASPAN's Development activities for the 2019 National Conference even more successful and raise more funds for ASPAN scholarships. Our scholarship program means our members can attend an ASPAN national conference, pursue higher education, attend Nurse in Washington Internship (NIWI), take the CPAN or CAPA certification exam or participate in a humanitarian mission.

Please contact Doug Hanisch at [dhanisch@aspan.org](mailto:dhanisch@aspan.org) if you can help with a donation to the silent auction. We will gladly accept high-ticket items (\$500 or more) to showcase. 



Armi Holcomb  
BSN, RN, CPAN  
Coordinator, Resource Development Strategic Work Team (SWT)

## MEMBER-GET-A-MEMBER CAMPAIGN

Invite your colleagues to join ASPAN, and, as a thank you for your recruitment work, a variety of awards are available for members who participate. The recruitment program runs from January 1, 2018 to December 31, 2018. You can obtain promotional materials and membership applications from the National Office. Remember to place your name as the recruiting member. For more information go to [www.aspan.org](http://www.aspan.org) / Members / Membership Campaign.

### Benefits of membership include:

- Discounts on Education – \$110 off CPAN and CAPA examination fees, up to \$220 off National Conference registration fees, free continuing education articles each year, major discounts on additional education such as Education On-Demand, Webcasts, Seminars, ASPAN Select seminars, BSN, MSN, and doctoral scholarships
- Discounts on Publications – Free subscription to the *Journal of PeriAnesthesia Nursing* (\$177 value), free subscription of *Breathline* newsletter, major discount on *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* (\$95 off), and major discounts off other publications
- Collaboration – state membership and related benefits, networking, Clinical Practice Network, Specialty Practice Groups, committees and strategic work teams
- Advocacy – Governmental Affairs, Membership/Marketing, PeriAnesthesia Nurse Awareness Week, and professional partnerships
- Other Benefits – Scholarships, research grants, personal and professional advancement, free online access to the Joanna Briggs Institute's medical databases, peer recognition and member rewards program, and access to personal liability insurance at competitive rates

### Recruiter of the Year Award

This prestigious award goes to the individual who recruits the most new members during the calendar year. In appreciation for his/her remarkable work, ASPAN is pleased to award the Recruiter of the Year with complimentary basic registration to the next ASPAN national conference, complimentary one-year membership to ASPAN, and a commemorative plaque presented at National Conference. 

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## Time for a Tennessee Journey!

Jamye Gilliard, BSN, RN, CPAN – National Conference Strategic Work Team Member at Large



**Jamye Gilliard  
BSN, RN, CPAN  
NCSWT Member at Large**

**O**ur journey for the 2019 ASPAN National Conference May 6 -9, 2019, begins in Nashville, Tennessee – a great southern city full of music, sports, history and culture. Join us, and bring a quest for adventure and fun. The Gaylord Opryland Hotel and Resort will be the starting point for our journey. Be prepared to explore all of Nashville, Tennessee's great landmarks.

### Home Base is the Gaylord Opryland Hotel and Resort

The Gaylord Opryland Hotel and Resort serves as an exceptional beginning location. The resort offers a variety of restaurants, entertainment opportunities, a spa and golf. Outside of the resort, there are many ways to explore the city with taxies, shuttle buses, uber or several tour options. The "Nash-Trash" Tour is a hilarious way to see where the stars live, while catching up on all the "dirt" of what they are doing!

The Gaylord Opryland Hotel and Resort is only a few steps from the Grand Old Opry House. Select a show and enjoy the great country music. If shopping is your bag, Opry Mills Mall is only a few steps away, full of great shopping and dining adventures. Take a ride down the Cumberland River on the General Jackson Showboat. This is a terrific experience.<sup>1,2</sup>



**▲ Gaylord Opryland  
Photo courtesy of Nashville CVC**

**▼ General Jackson Showboat  
Photo courtesy of Nashville CVC**

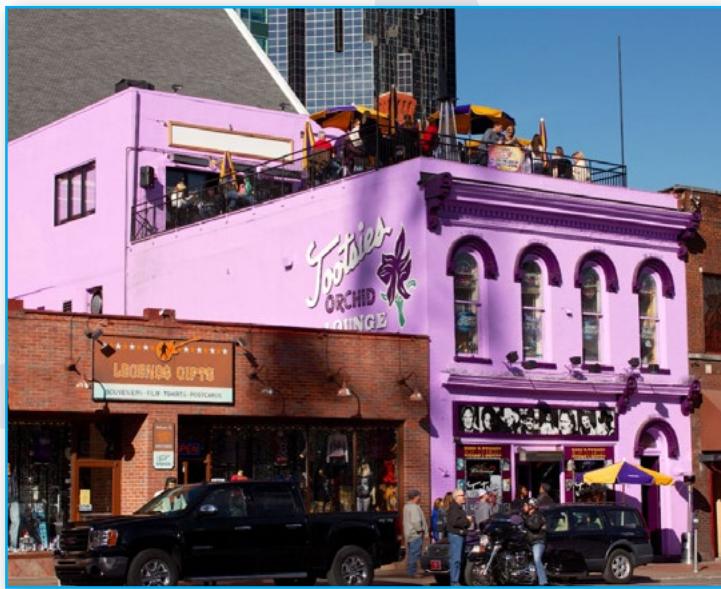


**► Hattie B's Nashville  
Hot Chicken  
Photo courtesy of  
Nashville CVC**

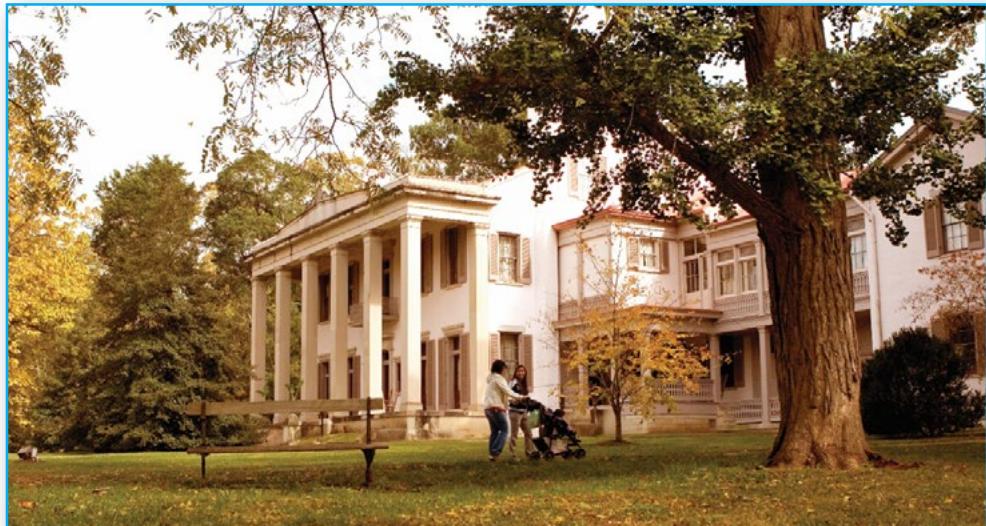


### Activities Off the Property

For those of you who want to venture off the resort property, there is an assortment of traditional restaurants across the road. Try one of the area's unique restaurants, Cock of the Walk, for family style dining, or Hattie B's famous Nashville Hot Chicken. The Bluebird Café is legendary for promoting new talent and is an ideal place for discovering up and coming stars. Don't forget to visit Lower Broadway downtown known as the "Honky Tonk Highway" for exciting nightlife. Here, you will find Tootsies Orchid Lounge, The Stage, Legends Corner, and the Second Fiddle, a few of many venues.<sup>1,2</sup>



▲ Nashville's Famed Honky Tonk Highway  
Photo courtesy of Nashville CVC

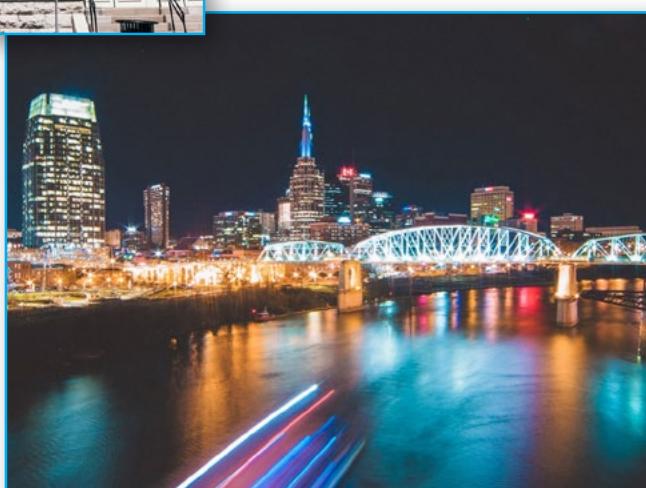


► Belle Meade Plantation  
Photo courtesy of Nashville CVC

▼ Ryman Auditorium  
Photo courtesy of Nashville CVC



► Nashville Skyline at Night  
Photo courtesy of Nashville CVC



### What About the History of Nashville?

History is all over Nashville and Tennessee. Nashville was founded on Christmas Eve, 1779, on the banks of the Cumberland River. Visit Fort Nashborough to see Nashville's first settlement. The Hermitage is the historic home of the seventh president of the United States – Andrew Jackson. Another great southern home is the Belle Meade Mansion/Plantation, noted for several horses famous in American equestrian history. Other great historical sites include the Parthenon in Centennial Park, Tennessee State Capitol Museum, Frist Center for the Visual Arts, Vanderbilt University and Belmont University.

Let us not forget the rich music history of Nashville. "The Mother Church of Country Music," the Ryman Auditorium, was home to the Grand Old Opry for 30 years. Experience Nashville's rich music history from Music Row and the Country Music Walk of Fame and Museum, to the Historical RCA Studio B where many stars made their mark on country music.<sup>3</sup>

Join us in Nashville May 5-9, 2019, for ASPAN's 38th National Conference. Come early or stay late. Just make sure you take a few extra days to relax and enjoy all that Nashville has to offer!

### REFERENCES

1. Nashville Tourism and Visitors Guide. Available at: <https://www.visit-musiccity.com/>. Accessed August 18, 2018.
2. Nashville Official Guide. Available at: <https://www.nashville.com/>. Accessed August 18, 2018.
3. Nashville History. Available at: [https://en.wikipedia.org/wiki/Nashville,\\_Tennessee](https://en.wikipedia.org/wiki/Nashville,_Tennessee). Accessed August 18, 2018.

## Research Is a Team Sport

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP

ASPN Director for Research

Margaret McNeill, PhD, RN, APRN-CNS, CCRN-K, CCNS, TCRN, CPAN, NE-BC, NHDP-BC, FAAN

Coordinator, ASPN Evidence Based Practice Strategic Work Team (SWT)



Just as patient care is not practiced in a vacuum, research requires collaboration across many disciplines with intentional team building. There are common roles within every research project.

### Principal Investigator

The principal investigator (PI) is the originator of the research project. The PI is the one completing the project at his/her organization, and is responsible for leading the project and ensuring compliance with good clinical practice and/or research ethics principles, to include:

- The rights, safety and well-being of human subjects are protected
- Clinical trials/research studies are conducted in accordance with approved plans with rigor and integrity
- Data derived from clinical trials is reliable and source documents are available<sup>1,2,3</sup>

The PI has completed ample training to assist them in understanding and adhering to these principles. The PI role is not synonymous with MD; often the PI is a nurse.

### Co-Investigators

Co-investigators are persons with expertise in the area in which the research is occurring. They have also completed training in good clinical practice and ethics, as well as research study-specific training, to ensure they can reliably support the PI in completing the project. Co-investigators may consent patients, complete study-related procedures, evaluate for adverse events and assist in reporting these to the Institutional Review Board. The co-investigators may be from a variety of healthcare fields, that could include, for example, physicians, nurses, pharmacists, physical therapists or dentists. The common denominator is that the co-investigators have expertise related to the population, disease and/or organizations in which the research study occurs.<sup>1,2,3</sup>

### Statisticians

Statisticians, while not directly involved in the hands-on conduct of the research, are key to the success of any research team. Involving a statistician in the planning phase of the research project is critical in ensuring the right data is collected from enough participants, and the planned statistics are appropriate to allow for

statistical significance. This does not guarantee one will find statistical significance, but it definitely stacks the deck in the researcher's favor so that if the intervention is effective, this will be shown in the statistical results.<sup>1,2,3</sup>

### Institutional Review Board

The Institutional Review Board (IRB) – but may also be known as the Ethics Committee or Human Subjects Protection Program – is comprised of multiple members of varied clinical backgrounds and disciplines, with specialized training in protecting the rights and welfare of human subjects participating in clinical research. The committee will also have at least one “lay” or a non-medical person. The IRB can be based at the organization it serves or can be a private freestanding IRB that smaller organizations may hire as needed for ethical oversight.

Every research study that is conducted must be reviewed and approved by the local IRB prior to enrolling any participants or collecting any data. Occasionally, the IRB may deem a project submitted by the PI as a quality improvement (QI) project that is not required to have IRB approval. However, this practice varies from institution to institution. The IRB must follow federal regulations, and their responsibilities include, but are not limited to:

- Assures the organization and its policies and procedures are effectively applied in compliance with state and federal laws and regulations
- Provides interpretation and application of federal regulations
- Develops, implements, and interprets Human Subjects Research Protection Program policies and procedures
- Provides education on research ethics
- Most importantly, the IRB ensures that the rights and welfare of human subjects participating in research are protected<sup>1,2,3</sup>

### Study Coordinator

The study coordinator is the expert in operationalization of the research project. This team member is trained in good clinical practice and ethics in the conduction of the specific study. The study coordinator is often the puzzle solver. Where will they find the patients to participate? What clinics or unit staff do they need to include in the research team? Are there additional col-



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ASPN Evidence Based  
Practice SWT Coordinator

laborators (clinical nurses, respiratory therapists, advance practice nurses, etc.) who are experts with the patient population or disease that could be trained and formally added to the research team?

The study coordinator communicates and collaborates with the PI, co-investigator and the IRB to ensure that all staff affected by the project are aware of the project and its team members. Inclusion of clinical nurses can add a depth of understanding to the patient's journey that, many times, the research staff did not anticipate. Some data collected may be from a retrospective chart review. This often includes the patient documentation from clinical nurses and other disciplines, such as social workers, therapists or consulted physicians.

Many times, the clinical nurses are never aware they have contributed to a research project with this type of research design. Anything documented by a clinician has the potential to be research data. Therefore, clinical nurses can participate in research formally as team members, or informally as care providers.<sup>1,2,3</sup>

## Research Subjects

Research subjects or participants are the individuals who consent to participate in research studies. They are the most important team members. Many times, these volunteers are very altru-

istic or interested in the research question. They are literally donating their bodies and/or thoughts to answer the research question. These research participants are the unsung heroes in the scientific literature.

There may be additional research team members, but these members discussed are the essential personnel. There are communication channels between all research team members as checks, balances and oversight keep the study on track.

The final work of the research team is to disseminate the information found in the study. The team writes the results of their research project into an article and submits the manuscript to a journal for publication. This journey to publication may be a long process, but it is essential to share research findings.<sup>1,2,3</sup>

## REFERENCES

1. Good Clinical Practice Training. National Institutes of Health. Available at: <https://grants.nih.gov/policy/clinical-trials/good-clinical-training.htm>. Accessed August 1, 2018.
2. US Department of Health and Human Services, US Food & Drug (FDA). Available at: <https://www.fda.gov/science-research/special-topics/running-clinical-trials/ucm155713.htm>. Accessed August 1, 2018.
3. Sigma Theta Tau. Research Resources. Available at: <https://www.sigmanursing.org/advance-elevate/research/research-resources>. Accessed August 1, 2018. 

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### GET INVOLVED

ABPANC is accepting nominations for several RN director positions for the 2019-2021 term of office. If you share our passion for certification, have a willingness to serve, and are ready for a true challenge, learn more about the opportunities at [www.cpancapa.org/nominations](http://www.cpancapa.org/nominations). Deadline is **October 31, 2018.** 

## Contact ABPANC

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# Clinical Practice Hot Topic

## Preoperative Skin Assessment

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

## Clinical Practice



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

*The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This month, the questions are about preoperative skin assessment.*

**Q.** *What are the standards, requirements, best practices for preoperative skin assessment in outpatient or ambulatory patients?*

**A.** Preoperative skin assessment during preadmission testing and on the day of surgery is an essential first measure of the overall health of the patient scheduled for surgery. In the *ASPN 2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, Practice Recommendation 2, “Components of Assessment and Management for the Perianesthesia Patient,”<sup>1</sup> includes this first measure.

### Preoperative

Practice Recommendation 2 further discusses recommended assessments for preadmission testing and on the day of surgery related to skin integrity and multi-drug resistant organisms (MDROs).<sup>1</sup> MDROs may be present on the skin, in the nose or other moist areas of the body. During the preadmission testing visit, the nurse should question the patient regarding recent infections and falls, and exam the skin and skin folds. These skin assessments and any significant findings alert the perioperative team members to skin integrity issues and potential for infection.<sup>2,3</sup>

On the day of surgery, assessment of skin integrity is of prime importance. However, a break in skin integrity is not the sole irregularity to document. In the assessment, also include uneven coloring of the skin, pallor, blemishes or poor continence. These findings may be indicators of other co-morbidities that effect skin integrity. Any redness, bruising or discoloration of any type should be documented prior to surgery. The patient may be discharging to home after his procedure, but that procedure may have him immobile in one position for a prolonged period of time that could lead to a pressure injury.<sup>1,2,3</sup>

### Skin Integrity

What about the texture of the skin? Some patients take medications that further give rise to thin friable skin, which is easily compromised. Most pressure injuries occur over bony prominences, but the manifestation of that injury or the extensiveness of that injury may not be immediately seen for hours or even days. Prolonged pressure in the

operating room (OR) leads to ischemia, which then leads to a pressure ulcer. Nurses in Phase I PACU receive report from the OR nurse regarding positioning. However, it is the skin assessment from the preoperative nurse that discriminates new findings from existing findings.<sup>1,2,3</sup>

### Government Regulations

Since 2012, the Centers for Medicare and Medicaid (CMS) have initiated a financial penalty system for hospital acquired conditions (HAC), one of which is pressure ulcers.<sup>4</sup> My home state of Maryland is a test site for CMS regulations and payments. In 2012, pressure ulcers was fourth on the list of CMS HAC measures, and in 2015, pressure ulcer reduction became of primary interest when looking at surgical complications.<sup>5</sup>

It matters not if the patient is scheduled as an outpatient or ambulatory patient. Skin assessment is an essential part of the physical assessment completed by the preoperative nurse.

### REFERENCES

1. American Society of PeriAnesthesia Nurses. Practice Recommendation 2 Components of Assessment and Management for the Perianesthesia Patient. In: *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2016: 38-40.
2. Andrews S, Cartwright S. Preoperative evaluation. In: Schick L, Windle PE, eds. *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing*. 3rd ed. St. Louis, MO: Saunders; 2016: 76.
3. Malina DP. The integumentary system. In Odom-Forren J., ed. *Drain's Perianesthesia Nursing, A Critical Care Approach*. 7th ed. St. Louis, MO: Elsevier; 2017: 228.
4. Cross-Setting Pressure Ulcer Measurement & Quality Improvement. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/Cross-Setting-Pressure-Ulcer-Measurement-and-Quality-Improvement.html>. Accessed July 11, 2018.
5. Final Recommendation for Modifying the Maryland Hospital Acquired Conditions Programs for FY 2016. Available at: <http://www.hscrc.state.md.us/Documents/commission-meeting/2014/04-09/post/Final-Recommendation-for-Modifying-the-Maryland-Hospital-Acquired-Conditions-Programs-for-FY-2016-FINAL-Approved.pdf>. Accessed July 11, 2018. .



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# THE DIRECTOR'S CONNECTION

Kimberly Godfrey, BSN, RN, CPAN  
ASPN Regional Director, Region 5

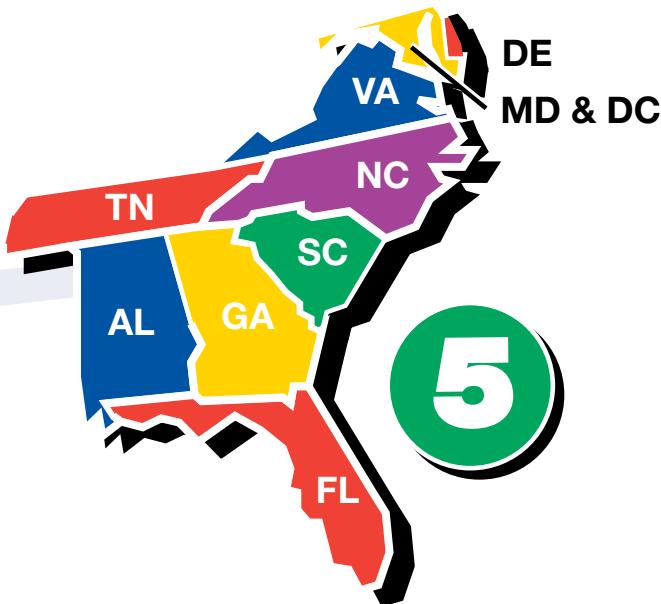
## REGION 5 UPDATE

**G**t seems like we just finished national conference. Then, we had a very hot summer in the eastern United States and now we are into the fall months and, hopefully, cooler weather. National conference was a great time of networking and meeting with Region 5 members in Anaheim. Region 5 once again had many first-timers in attendance, which was great.

### Component Conferences

Tennessee had its annual conference in Memphis, Tennessee, in August at St. Jude's Children's Research Hospital. This is a remarkable facility and they provide tours for the attendees. Georgia will have its state conference in September in beautiful Helen, Georgia, better known for its German heritage in the area. Virginia will also hold its conference in September in Virginia Beach, Virginia. Fall at the beach is always fun, and Florida's annual conference is also near the beach in September in Ft. Lauderdale, Florida.

October conferences include South Carolina meeting in Greenville, Chesapeake Bay meeting in Wilmington, Delaware, and North Carolina will have its state conference in Concord, North Carolina. Alabama will have its annual meeting and conference in February of 2019 in Mobile, Alabama.



**Kimberly Godfrey**  
BSN, RN, CPAN  
Regional Director,  
Region Five

### Mid-Year Board of Directors Meeting

The mid-year meeting of the ASPAN Board of Directors will be held November 2-4, 2018, in Phoenix, Arizona. Please e-mail me at [kgodfrey@aspan.org](mailto:kgodfrey@aspan.org) for any items or requests from the components that need to be brought before the Board.



▲ Region 5 leaders gather during national conference in Anaheim

# Component Education Programs

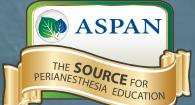
**September 28-29, 2018** **Florida Society of PeriAnesthesia Nurses (FLASPN)** is holding its 49th annual conference in Ft. Lauderdale, Florida at Holy Cross Hospital. More information is available at [flaspan.nursingnetwork.com](http://flaspan.nursingnetwork.com) or email [melsayers813@gmail.com](mailto:melsayers813@gmail.com).

**October 5-7, 2018** **Rocky Mountain PeriAnesthesia Nurses Association (RMPANA)** will hold its 20th annual Retreat in the Rockies. It will be held at the YMCA of the Rockies in Estes Park, Colorado. For more information, visit the RMPANA Web site at [www.rmpana.org](http://www.rmpana.org).

**October 6-7, 2018** **Pennsylvania Association of PeriAnesthesia Nurses (PAPAN)** will hold its annual PRIDE conference at the Hershey Lodge and Conference Center in Hershey, PA. Attendees have the option of registering for either day or both days. Visit PAPAN's Web site at [www.papanonline.org](http://www.papanonline.org) or contact PAPAN President Rebecca Hartley at [rdhartle@comcast.net](mailto:rdhartle@comcast.net).

2018

Summer/Fall WEBCASTS & SEMINARS



**LIVE IN-PERSON SEMINARS**

**FOUNDATIONS OF PERIANESTHESIA PRACTICE**  
November 10, 2018  
Westford, MA

**PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES**  
September 29, 2018  
Little Rock, AR

**LIVE WEBCASTS - FULL-DAY PROGRAMS**

**PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS**  
October 20, 2018

**PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES**  
November 3, 2018

**PERIANESTHESIA CERTIFICATION REVIEW**  
September 29, 2018

**PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)**  
October 3, 10 and 17, 2018 WEDNESDAYS

**PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH**  
September 22, 2018

**PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE**  
October 27, 2018

**REFRESHING YOUR PERIANESTHESIA PRACTICE**  
October 13, 2018

**SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGAL ISSUES, STANDARDS AND ADVOCACY**  
November 10, 2018

**LIVE WEBCASTS - HALF-DAY PROGRAMS**

**FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE**  
September 23, 2018 SUNDAY

**PERIANESTHESIA ESSENTIALS III**  
October 6, 2018

**PERIANESTHESIA ESSENTIALS IV**  
October 21, 2018 SUNDAY

**PERIANESTHESIA ESSENTIALS V**  
November 4, 2018 SUNDAY

**PERIANESTHESIA FOUNDATION**  
October 14, 2018 SUNDAY

**LIVE WEBCASTS - TWO-HOUR PROGRAMS**

**ERAS: WHAT YOU NEED TO KNOW FOR ENHANCED RECOVERY AFTER SURGERY**  
October 28, 2018 SUNDAY

**OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE**  
September 30, 2018 SUNDAY

**PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE**  
November 11, 2018 SUNDAY