



INSIDE:

PRESIDENT'S MESSAGE: Innovation, Fearless Motivation and the Power of Failure

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

Delivery of nursing care is customized for the individual patient and circumstances. The application of the science of nursing in this creative customized way, is the art of nursing. Often, this application may result in an innovation. Innovation is a method or process that utilizes creativity to form solutions for unresolved problems.¹ This process involves small tests and revisions to the innovation, then testing again, with the impact of the innovation measured and resulting in a positive outcome.^{2,3} Magnet has adopted the definition of innovation as "...the application of creativity or problem solving that results in a widely adopted strategy, product, or service that meets the need in a new and different way. Innovations are about improvement in quality, cost effectiveness, or efficacy."⁴

Innovation is happening at the speed of light in response to the COVID-19 pandemic. Tele-health, automobile manufacturing plants refitted to assemble ventilators, virtual meetings, even virtual cocktail hours are reactive innovations and problem-based. They provide solutions to problems or barriers. However, innovation can also be a powerful process within reach of all nurses in the correct climate. There are several methods and processes for supporting and sustaining nursing innovation.

IDEO Method for Nurse Innovation

IDEO is a famous design and development consulting firm located in California. Their method for innovation has been applied successfully around the globe resulting in a multitude of awards for their work.² They developed and perfected a "brainstorming-and-build" rapid cycle testing technique they named the "deep dive."



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2020-2021

The "deep dive" process begins with observation, moves into storytelling, followed by a synthesis of the stories, progressing into the brainstorming followed by the rapid cycle testing and then rolled out into field testing (real world application). This is accomplished in several steps, beginning with observation and ending with field testing of the innovation.

Phases of IDEO

The observation is made of the end-users in real time in their work environment to identify problems or barriers. Next, storytelling uses the understanding gleaned from observations and "field research" to create vignettes. Historically, vignettes provide a descriptive short scene that captures the defining details of an idea or situation. The next step is synthesis of all observations and vignettes into opportunities for innovations. Brainstorming follows, exploring all ideas in a playful manner often revealing unexpected or unexplored ideas or opportunities. The resulting potential solutions are then made into prototypes. This occurs during the rapid prototyping technique resulting in tangible representation of the innovations to spark additional discussion and revision. The final phase is field testing of the most promising innovations by the end-users in real time.

Suggestions and comments from the end-users come back to the group for revising the innovation and then testing again. This is a rich process that has been very successful due to the diversity of the innovation team, and inclusiveness of the end-users who have the best understanding of the environment and practices in which the problem or barrier is occurring.



Transforming Care at the Bedside

The Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement collaborated in creating and founding an innovation method for nurses: Transforming Care at the Bedside (TCAB). This method embraces the principle of end-user-driven innovation, which is a team-based approach that includes the end-user in the innovative process of identifying the problem and new solutions.³ In this circumstance, the end-user is the clinical/bedside nurse.

TCAB uses multiple tools to guide creative thinking and forming ideas, then provides the rapid cycle improvement framework for testing this idea quickly and measuring the outcomes with precision. These cycles are broken into two parts. The first part guides the examination of what barriers or problems are impacting nurses' ability to provide excellent patient care through brainstorming. The second part guides the nurses in a deeper examination of potential solutions to these problems by identifying inefficiencies and design flaws and potential improvements to both, borrowing IDEO's "deep dives."²

Creative Solutions in TCAB

The creative solutions are then ranked by ease of implementation and impact (1 = easy to implement/low impact, 2 = easy to implement/high impact, 3 = difficult to implement/high impact, and 4 = difficult to implement/low impact). This ranking gives clarity to which solution to implement first. The process results in creative ideas and solutions to implement and test pre-post, then revise the solution, implement the revised improved solution and test again. Ambulatory nurses in Pittsburgh used TCAB to improve patient wait times, patient and staff satisfaction, and treatment area flow efficiency through innovations identified and created using TCAB.⁵

The Success of Failures

Success is about more than methods. Successful innovative teams need to be courageous in their approach to the solution for the identified problem/barrier and prepared to be tolerant of failures. These teams practice fearless motivation. Their motivation is

not impacted by the fear of failure. Thomas Edison was fearlessly motivated. He famously revealed he had tried 10,000 times before successfully inventing the light bulb.⁶ He embraced and believed in the eventual success of failures. His work ethic, tenacity and love of learning is what led him through those 10,000 failed experiments to arrive at the final successful one, the only one that mattered and the light bulb! Edison understood and was fearlessly motivated. He once stated "our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time."⁷

There is another interesting famous quote on tolerating failure: "...contentment in the thrill of action, knowing that success was never final and failure never fatal. It was courage that counted."⁷

So, do not view problems as obstacles. They are the opportunity for innovation. Do not fear failures. Instead, embrace failures as part of the creative process. Success is not final, and neither is failure. Beginning again is always the next opportunity to find success. There is no finality!

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The New Innovation Strategic Work Team

Rachel Moses, BSN, RN, CPAN

Innovation Strategic Work Team Co-Coordinator

Innovation is the process of developing new ideas and methods and introducing them into practice in novel ways. Innovation is founded on the principle of "divergent thinking."¹ Divergent thinking can be simply described as thinking "out-of-the-box." Much of our problem-solving today relies on linear thinking, which is premised on the idea most problems have a single likely, reasonable solution.¹ Divergent thinking contrasts this by allowing the flexibility to approach problems as though there are multiple solutions reachable by varied pathways.¹

Nurses Already Practice Innovation

Though much of a nurse's overt training relies on linear thinking, divergent thinking--innovation--is a subconscious driver of much of our practice. Nurses must think on their feet to keep up with the new demands of the practice, finding the paths to maintaining professional relevance to best suit their personal struggles and abilities. The ever-evolving state of nursing has made subconscious innovators of today's nurses, though most would simply call it part of the job.

What is ASPAN's Innovation Strategic Work Team?

This is where ASPAN's new Innovation Strategic Work Team (SWT) comes into play. The Innovation SWT fosters and supports innovation at an individual and an organizational level by recognizing and fostering the innovative solutions of nurses in their everyday practice. To accomplish this, the Innovation SWT's flagship efforts will focus on a few key areas:

- Understanding that opportunities for kinetic or tactile learning have been necessarily limited in our pandemic reality, we aim to create virtual learning experiences to bridge the gap between the hands-on learning many nurses value, and the social distancing required in a pandemic reality

- We hope to connect frontline providers to technology to help their work processes, rather than distract. The marriage of modern medicine to technology has led to varying degrees of disengagement in patient care. A common complaint among nurses is the feeling they spend more time caring for computers than the patients. We want to give nurses the opportunity to help build the technology to solve this problem. To that end, we hope to host a medical hackathon. These hackathons create an opportunity to connect frontline providers with technology specialists and developers. The goal is to make technological solutions attainable by nurses to complement their practice instead of increasing their workload for minimal benefit.

The Ultimate Purpose of the SWT

The Innovation SWT's ultimate purpose is to encourage and support innovative thinking wherever it occurs. We will work with different ASPAN groups to use divergent thinking strategies in their daily work and connect with individuals who hope to innovate in their own institutions. The Innovation SWT is itself an innovative project guided by the principles of divergent thinking, allowing for a scope as broad or narrow as is called for by the ingenuity of our nurses. Just as with innovation, the possibility of what we can accomplish is endless.

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Juli Reynolds
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Reframing Well-being for the Perianesthesia Nurse

Juli Reynolds, BSN, RN, Certified Clinical Aromatherapist

Well-being Strategic Work Team Co-Coordinator

For every article on nurse wellness, there are multiple memes and blog articles that tell the story of the exhausted nurse who works non-stop, caring for others. The nurse then leaves work to care for pets, family, a home, and tries to squeeze out some kind of social life. What story are we telling ourselves about our own well-being in our faster, busier, production pressured holding rooms and PACUs?

The ever-changing, multidimensional aspect of wellness has made it difficult to describe consistently, to measure and to apply to any one set of "things to do."¹ Maybe it is time to consider ourselves as our own patient and learn to think differently about the importance of our own health, our own well-being.

The American Nurses Association reported 68% of the nurses surveyed put the safety, health, and wellness of their patients before their own.² The National Wellness Institute defines wellness as a multidimensional and holistic state of being that is conscious, self-directed, and constantly evolving to achieve one's full potential.³ The ASPAN Well-being SWT has defined well-being as "the state of being comfortable, healthy, or happy."

Autonomy, Mastery, Purpose to Increase Well-being

Clinical nurse autonomy and control over nursing practice have long been associated with increased nurse satisfaction and improved patient outcomes. Both are elements of a healthy work environment.⁴

Nurses do not have to wait for the invitation to make improvements to their environment. This could include creating a healthy menu plan, improving air quality with diffusing essential oils, collaborate with colleagues to offer social support and coordinate time for breaks, hydration plans and setting mindful intentions for managing stress and emotions.

Mastery, when applied to caring for our patients, is not just about skill and competencies. It involves the space to cultivate new ideas, to reach higher, to improve and grow.

Staying connected to purpose is crucial to making progress. In his book, *Drive: The Surprising Truth About What Motivates Us*, Daniel Pink explains connecting to a cause larger than yourself drives the deepest motivation. Purpose gets you out of bed in the morning and into work without groaning and grumbling.⁵ Nurses are, by definition, connected to a cause larger than self. It is imperative we stay connected to that purpose.

Jean Watson's theory of human caring encourages us to think about our own well-being. Watson states we must "treat ourselves with loving-kindness and equanimity, gentleness, and dignity before we can accept, respect, and care for others within a professional caring-healing model."⁶

This is what we bring forward with ASPAN's Well-being SWT. We want to collaborate with perianesthesia nurses to increase our autonomy, mastery and purpose - to increase our sense of well-being. By caring for ourselves first, we have the opportunity to prevent the potential disease states that can arise from chronic stress and burnout. Being intentional about our well-being, we can be the nurses we hope to be, enjoying a state of being comfortable, healthy, and happy.

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CALL FOR RESOLUTIONS

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2021 Representative Assembly (RA) Virtual Meeting on Sunday, April 11, 2021. Due to uncertainty still surrounding COVID-19, ASPAN leaders decided a virtual 2021 RA meeting was the best way in which to conduct the important business of ASPAN. RA dates have been moved two weeks earlier and will not overlap with dates of the national conference in Orlando.

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

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

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

Submission Deadline:

Resolution forms relating to bylaws changes or relating to position statements, policy matters or other issues must be received by the ASPAN National Office no later than January 11, 2021.

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

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

Legacy for Life

When I learned of Legacy for Life, I knew becoming a member would be something I wanted to do. ASPAN has given so much to me throughout the years. I have grown personally and professionally through my involvement in the organization. I know I have a family of perianesthesia nurses I can depend on emotionally and find those to assist in the enhancement of my practice.

The sustainability of ASPAN's future will be greatly enhanced by other perianesthesia nurses who also consider becoming a Legacy for Life member. This will benefit other perianesthesia nurses whose future may benefit from the legacy gift.

This year has changed the way everyone thinks, and normal is not normal anymore. We can never take for granted how much this organization means to all of us. We will get through this and I look forward to a future we will never take for granted again. I am looking forward to hugs with my ASPAN family, and not just the virtual ones. I want to thank ASPAN for giving me the greatest satisfaction of my career by being a Legacy for Life member so I may help the next generation of perianesthesia nurses reach their own personal goals, just as I have found by being an ASPAN and Legacy for Life member.



Twilla Shrout
MBA, BSN, RN, CAPA
ASPAN Past President
2013-2014

**For more information on ASPAN's Legacy for Life program
or to make a gift, visit:**

<https://www.aspnn.org/Portals/6/docs/Members/LegacyForLife.pdf?ver=2016-04-29-145745-560> 

Membership and Marketing

Lori Silva, BSN, RN, CCRN, CPAN – Membership/Marketing Strategic Work Team (SWT) Coordinator

This has been a year of challenges and new ways of doing things. Nurses across the country have adapted to caring for perianesthesia patients a little differently, work environments changing, or working in new areas. This was the first time ASPAN has ever had to cancel its National Conference. Components across the country have had to cancel events or develop new ways of meeting the needs of members, such as having virtual seminars and Zoom meetings.

What About the Gold Leaf Component of the Year Award?

Several component leaders have asked if there will be a Gold Leaf Component of the Year Award for 2020 due to the pandemic and cancellation of the 2020 ASPAN National Conference. The Gold Leaf Component of the Year Award recognizes excellence in component leadership, member development, communication, education services, and community relations. With the COVID-19 pandemic, components have found new, innovative ways of using technology to connect and engage with their members. The applications will be the same, but certain questions such as poster presentations at National Conference, will be non-applicable.

Everyone has faced the same challenges. And, we want to continue the ASPAN tradition of presenting the Gold Leaf Component of the Year Award, along with all the other awards, at the 2021 ASPAN National Conference in Orlando, Florida. 

ASPAR AWARDS

EXCELLENCE IN CLINICAL PRACTICE

Deadline: November 30, 2020

Nominate an ASPAN member who is CPAN and/or CAPA certified, involved in direct care of perianesthesia patients whose clinical practice follows ASPAN's standards and exemplifies a high-level of compassion and specialty expertise. [Click here](#) for more information.

AWARD FOR OUTSTANDING ACHIEVEMENT

Deadline: November 30, 2020

Nominate an ASPAN member who demonstrates outstanding knowledge and expertise in the practice, education, research, and/or management of perianesthesia nursing. This individual has made contributions in perianesthesia nursing in their community, region, or country. [Click here](#) for more information.

GOLD LEAF COMPONENT OF THE YEAR AWARD

Deadline: February 1, 2021

The Gold Leaf Component of the Year Award recognizes excellence in component leadership and member development, communication, education services and community relations. The award reflects the activity of your component from January 1, 2020, to December 31, 2020. The Gold Leaf Application and Scoring Sheet is available for viewing on the ASPAN website. [Click here](#). Members of the Membership and Marketing Strategic Work Team look forward to reviewing the applications from components and announcing the winner at the National Conference in Orlando, Florida.

ABOVE AND BEYOND SERVICE RECOGNITION AWARD

Deadline: January 10, 2021

The ASPAN Above and Beyond Service Recognition Awards are given to individuals in recognition of exemplary service to ASPAN and/or their component. Take a moment to recognize that exceptional nurse you know! [Click here](#) for more information.

PeriAnesthesia Nurse Awareness Week

The Membership/Marketing SWT has selected *Perianesthesia Nurses: Compassionate, Caring, Committed* as its theme for PANAW 2021, which reflects some of the essential attributes for success in our profession. PeriAnesthesia Nurse Awareness Week (PANAW) will be celebrated early next year: **February 1 – 7, 2021.**

This week is a time to celebrate our profession and recognize the great patient care we deliver each day. Plan now to celebrate at work or within your component to mark this special week. The PANAW catalogue is full of great gift ideas to recognize the perianesthesia nurses you know. Official PANAW products can be ordered online at www.panaw.com.

Remember to take photos and share them with your component leadership and *Breathline* Editor Barbara Godden for possible inclusion in a future issue: bgodden@aspn.org.

Clinical Practice Hot Topic: *Informed Consent*

Melissa Davidson, MSN, RN, CPAN – ASPAN Director for Clinical Practice

Q. *What is the ASPAN standard on informed consent? Who should be a witness? Can it be changed after it is signed?*

A. Informed consent is a question topic frequently submitted to the ASPAN Clinical Practice Committee. ASPAN does not address this issue in its standards due to the different requirements for this across the country.

American Medical Association Requirements

Informed consent, at its root, is a communication between the patient and the surgeon or physician in which the patient is given the relevant information about their procedure.¹ The fundamental elements of informed consent are: the patient needs to understand the procedure, any alternatives, and the possible risk.¹ This conversation needs to be documented in the medical record. Some facilities have developed templates for the documentation of this conversation.

Witnessing Consents

Nurses seek clarification around aspects of informed consent, including who can be a witness. States have different rules about who can witness a consent for surgery. Healthcare facilities should have policies in place which define who can serve as a witness. In some facilities, the policy may state the surgeon should not be the witness as it could be a conflict of interest. Some facilities clearly define a registered nurse as a required witness.

It is important to recognize the witness is not “obtaining” consent. They are simply signing they saw the patient sign and the patient states they agree with the document. It may be necessary to have another member of the surgical team speak

with the patient to ensure they fully understand the procedure.²

Making Changes to the Consent

Facility policies should also address the wording in consents and how to make changes. For example, at one facility the policy states there are to be no abbreviations on consents, laterality must be clearly stated, and the consent must match the surgical plan in the history and physical. If a facility has an electronic document process, the means to make changes after a signature has been obtained should be in the policy. For most institutions, a change to a procedure will necessitate a new consent.

The policy should also address the length of time a consent is applicable. This will vary depending on the facility and type of procedures performed. There may be variations due to the different types of informed consent. For example, one facility may have a policy which states blood consent is good for a year, but surgical consents need to be obtained within 30 days of the surgery.

Clear Direction is Needed

Informed consent can be a challenging process to understand. Clearly defined language based on state and other accrediting bodies direction should be included in hospital policy to provide guidance to the staff who are tasked with this responsibility.

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It's Critical to Perform Critical Appraisal!

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Evidence-Based Practice Strategic Work Team Coordinator

likely, most of you have heard of the five steps of evidence-based practice (EBP): 1) identify the problem; 2) access the evidence; 3) critically appraise the evidence; 4) apply the evidence/change to practice; 5) evaluate the change in practice.¹ Workflows for the various types of clinical inquiry activities, as well as additional information concerning the five steps, have been outlined previously.^{2,3} While all of the steps are equally important, the purpose of this article is to focus on the third step of EBP, namely, critical appraisal.

What is Critical Appraisal?

Critical appraisal is the process one uses to carefully evaluate the evidence that has been retrieved. At the time of this writing, I used the following search term in Google: "effective pain management techniques in the immediate postoperative period" and I received 33,900,000 results in 0.68 seconds! Magic! But, unfortunately, not all these sources of evidence are considered "best" evidence, meaning most rigorous and least biased.

In full transparency, I did not fully evaluate all results for this article. But, in skimming the results, I found a mixture of evidence, such as scientific studies published in legitimate scientific journals, pain protocols from hospitals, clinical practice guidelines from a variety of governmental agencies, sponsored advertisements for educational materials related to pain management, and many links to pharmaceutical companies. There were also a number of "home grown" materials, such as YouTube videos created by enthusiastic clinicians aimed at consumers and other clinicians. Just perusing this varied list of evidence shows why a critical read is important in terms of selecting the best evidence to answer your question.

Why is Critical Appraisal Important?

Another reason one needs to perform critical appraisal is not all the evidence that is returned when performing a search is really focusing on the particular aspects you want answered. For example, in the informal search I conducted using Google, I did not specify nursing. So, many articles retrieved were aimed at surgeons, anesthesia providers, physical therapists, researchers, patients, and nurses. Additionally, I did not specify what constitutes the "immediate postoperative period." For some, that could mean Phase I recovery and for others, it could mean within the first 48 hours following surgery. The question asked as the first step of the five steps is what guides which

evidence is relevant. One cannot blame the search engines for imprecise results when the search terms used were less than precise.

Yet, this is the limit to the magic and mystery of computerized searches. There are limits to the precision one can stipulate using search terms. If laser-focused search terms are used, often no results appear. Thus, performing a thorough search (which is the second step of EBP) requires a series of searches using multiple databases, some trial and error, careful notetaking, and a dose of patience and humility! Many of the seasoned researchers work collaboratively with librarians and other information scientists, as the amount of knowledge has exploded and newer, more sophisticated searching strategies are sometimes necessary to find the evidence that answers your question.

Defining the Search for Better Critical Appraisal

Yet, the most vital tasks of critical appraisal belong to you—the clinician who posed the question. You know what "immediate postoperative period" means to you and your question, and you know what counts in terms of the strength of the evidence needed. If you are presenting to your unit leadership what others are doing in terms of pain management in the immediate postoperative period, you may rely heavily on the published protocols from other hospitals similar to yours. However, if you are conducting a quality improvement project, you will likely want to read the published research findings from legitimate journals. If you are simply trying to manage your patient's pain now, you will probably want to lean on the experts in your facility.

This is the beauty and power of EBP and how it is practiced daily by nurses, yet often not acknowledged as a fundamental component of nursing work. Go forth and use those five steps, knowing evidence comes in all forms and flavors, and it is up to you to critically evaluate or appraise which evidence counts for your particular question!

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STRENGTH IN NUMBERS

Katrina Bickerstaff, BSN, RN, CPAN, CAPA
ASSPAN Development SWT Coordinator 2020-2021



Katrina Bickerstaff
BSN, RN, CPAN, CAPA

As we head into the shorter days and longer nights, many of us inevitably reflect on the year 2020. What a year it has been! I don't think I need to bring up all that has occurred; every one of us have lived, and adapted, to it. ASPAN has evolved, too. We have changed the way we communicate, educate, and provide for our members. Collectively, ASPAN remains strong, and we could not have accomplished so much in such a short time frame without the support of our members.

The Strength in Numbers campaign is a perfect example. The campaign was initiated to help make up the financial difference of donations that would have come directly from our National Conference. I am pleased to announce we are close to our financial goal! Your patronage is greatly appreciated. Components and members have reached deep into their pockets to support their professional organization. We need one final push to reach our goal of thirty thousand dollars of total support, and we are within a few thousand dollars of doing so!

November is a time for thanks and contemplation. We celebrate Thanksgiving with the people and friends we love (though maybe virtually this year), and immediately following Thanksgiving is Giving Tuesday on December 1. This is a perfect time to help us achieve our goal by year's end, knowing each dollar you give goes towards ASPAN scholarships, educational programs, humanitarian missions, and more.

Would you please consider making a one-time gift in support of ASPAN and our Strength in Numbers campaign? Your gift will be recognized in a future issue of the *Journal of PeriAnesthesia Nursing* and each gift is also counted toward our prestigious Legacy for Life program. You can make a gift in one of two ways:

1. [Click here](#) to make a gift online.
2. [Click here](#) to obtain a donation form.

As we look to a future which is unknown, please know ASPAN remains here for you. We are planning a big commemoration for our 40th anniversary and National Conference in Orlando, Florida. We will look a bit different, I am sure, but know we will celebrate and meet up again. Thank you for your support and all you do for ASPAN and perianesthesia nursing. 🌱

WINNER OF PRESTIGIOUS NIGHTINGALE AWARD!

Nancy O'Malley

"MY COLORADO NIGHTINGALE AWARD 2020. TWO WONDERFUL "SUPER NURSES" DELIVERED HER TO ME TODAY (SUNDAY, NOVEMBER 8) AT MY HOME – NOT THE USUAL SUPER DRESSY AFFAIR BUT STILL, VERY SPECIAL TO HAVE RECEIVED THIS HONOR. ONLY 12 COLORADO NURSES ARE SELECTED ANNUALLY OUT OF 600 NURSES NOMINATED STATE-WIDE. IN MARCH, 52 LUMINARIES (FINALISTS) WERE SELECTED – I WAS ONE. I WAS REALLY SURPRISED THAT I WON THAT WHEN I HEARD THE STORIES OF THE OTHER NURSES! TO BE ONE OF THE FINAL 12 WAS REALLY A SURPRISE! I AM BLESSED TO BE A PART OF THIS AMAZING PROFESSION." - NANCY O

Nancy won in the category of Clinical Advocacy.



Nancy O'Malley
BSN, MA, RN, CPAN, CAPA, FASPA

COME TO THE SUNSHINE STATE for ASPAN's 40th National Conference!

Laurie Laurino, MSN, RN, CPAN – ASPAN National Conference Strategic Work Team Coordinator



Laurie Laurino
MSN, RN, CPAN

The Sunshine state of Florida warmly welcomes all perianesthesia nurses to participate in ASPAN's 40th National Conference to be held in Orlando, Florida, April 25-29, 2021, at the Orlando World Center Marriott. The Florida Society of Peri-Anesthesia Nurses, FLASPN, is proud to welcome ASPAN to Florida and is thrilled to be the host component!

Abundant Education In-person or Online

In keeping with ASPAN tradition, educational sessions will feature a variety of topics presented by experts in their professional fields. To welcome as many attendees as possible, ASPAN is offering a new option for the 2021 conference: you can attend live in-person – or live online, the virtual option. All attendees, live and online, will be able to see education sessions in real time, view poster presentations, visit the exhibit hall, and network with colleagues. All registrants will also have the opportunity to access practically all education sessions (for the days you register) up to 60 days after the event for greater flexibility and even more contact hours.

Participants will be pleasantly challenged by the education topics, providing opportunities for professional growth as well as self-renewal. With President Elizabeth Card's theme of "Precision Vision: Empowering Innovation and Well-being," the sessions will be focused around discussion of our environment and how to improve our overall well-being and those we care for in our work areas every day.

Relax at the Orlando World Center Marriott

All educational opportunities for in-person attendees are conveniently located within the beautiful Orlando World Center Marriott. We invite you to experience the world of possibilities this venue has to offer. Only minutes from the Disney theme parks, this Lake Buena Vista, Florida, resort provides a convenient shuttle service included in the resort fee.

You can relax and recharge in spacious hotel rooms that feature featherbeds, mini-refrigerators, reading chairs, large desks and wi-fi. The resort offers a challenging 18-hole golf course, a modern gym for workouts, access to outdoor pools, hotel cabanas in which to relax in at the end of a long day. For more excitement, challenge yourself to the thrill ride on one of two 200-foot waterslides. You may decide to rejuvenate before or after a busy day at the conference, in the resort's full-service spa and indulge at one of the exceptional hotel restaurants on site. The



▲ Sea Life Orlando Aquarium
Photo courtesy of Visit Orlando

Orlando property provides 338,000 square feet of event space, which makes it ideal for large scale corporate events and special celebrations.¹

Register Early!

Remember, register early to not only get your first choice of classes, but to reserve an amazing room with views of the nightly light show or the pools. Upgrade to a family-friendly suite for expanded living and dining space. Don't miss out on anything at this conference, especially networking with your ASPAN friends, old and new. Have fun planning to attend the social events. Spend time in the exhibit hall. Meet with ASPAN leaders and your component representatives.



▲ Winter Park Scenic Boat Tour
Photo courtesy of Visit Orlando

First Time Attendees, Come!

Take a chance on having a fabulous time in Florida! If you are a first time National Conference attendee, invite a colleague to share the ASPAN experience. There is a First Timers Orientation for new attendees to help you navigate the conference and experience all there is to offer at this great event. Let's not forget there are also excellent pre-conference and post-conference education choices to round out your week. Don't miss the enjoyable opening and closing ceremonies, as these are always so inspiring. You will leave this conference feeling motivated and so proud to be a perianesthesia nurse! After this incredible week, you will definitely want to return to national conference again next year.

The FLASPN component is ready for you! What are you waiting for?

REFERENCE

1. Orlando World Center Marriott. Accessed August 31, 2020. <https://www.marriott.com/hotels/hotel-deals/mcowc-orlando-world-center-marriott/>



◀ *City of Orlando Fountain Skyline Night*
Photo courtesy of Visit Orlando

Virtual ASPAN National Conference Option!

We are pleased to announce that ASPAN's 40th National Conference will continue as planned, and you have the option to attend online this year, the virtual option. Virtual attendees will watch educational sessions in real time, including preconference and postconference offerings. You will also be able to access education sessions (for the days you register) up to 60 days after the event, to earn even more contact hours. An online exhibit hall, poster presentations, and networking opportunities are also included for virtual attendees.

Component Breakthrough!

Jennifer Kilgore, BSN, RN, CPAN – ASPAN Vice President/President-Elect

My journey as a leader began in my home component of the Mississippi Society of PeriAnesthesia Nurses (MSPAN). While MSPAN has a small membership, its leaders work hard to provide education, stay connected, recruit new leaders, and remain solvent. My experience as a member and leader of MSPAN has been deeply rewarding. But that is not to say we have not struggled. I, along with MSPAN's Board, have firsthand knowledge of what it is like to want your component to grow and flourish, but never quite reach your goals. Now, as part of ASPAN's Board of Directors, I have heard the phrase "struggling" used often, and by many components, to describe how things are going.

The Challenges of Today

Fast forward to today. We are all dealing with challenges from many sources, with one of the greatest being COVID-19. We know many components have a hard time meeting, recruiting new leaders, inspiring developing nurses, providing education, and navigating and hosting an online event. These challenges are all new and strange. A word of encouragement: I believe we will rise stronger and better than ever! But I also

believe now is the time to respond in unique ways, in ways we may not have ever responded before.

Seek Help with the Component Breakthrough Project!

The ASPAN Board of Directors wants to offer help to components. Component Breakthrough is a project designed to swiftly address issues, problems, set goals and come up with some solid and sure solutions. Every component is diverse and faces a variety of challenges at varying degrees. This is an opportunity to have the extra manpower needed. If you are a leader and recognize your component may need extra help, contact jkilgore@aspan.org. This project is one that calls for courage and vulnerability to recognize help is needed and to act on it. Be brave, and let's work together to break through!

More information and resources can be found in the Component Breakthrough Presentation in the Component Leaders Toolbox on the website, open to all members, not just component leaders. [Click here](#) to access the webpage.



Jennifer Kilgore
BSN, RN, CPAN

THE DIRECTOR'S CONNECTION

Region One Update, Planning, Revitalization and Resilience

Connie Hardy Tabet, MSN, RN, CPAN, CAPA, FASPA

The virtual Leadership Development Institute (LDI) aligned with ASPAN members and board of directors in November. This was a fantastic free opportunity for acquiring leadership resources, education and well-being strategies. LDI has always been one of my many favorite activities with ASPAN, as it serves as a means to network, share ideas, educate and advocate for the best approaches to build our component communities. Personal and professional development, certification and education are four aspects that should be promoted throughout our nursing careers.

Recently, ASPAN's Board of Directors pooled our strengths and innovative ideas and created more toolbox resources for component and members as a way of imparting valuable and creative information. Peek at the website under the tab About Us – Components – Component Leadership Toolbox. Of course, your area regional director, board of directors, past leadership, and members are great sources of knowledge and expertise. Don't be timid. Reach out to any of us. We are eager to listen, support or exchange brainstorming thinking and information.

A consistent theme is notable throughout all ASPAN components. There is a desire for promoting succession planning, organizational revitalization and boosting resilience. Unified as an organization, ASPAN needs everyone to be active to transform challenges into opportunities. Pro-activeness can be advanced through future-readiness, enhanced orientation processes, positivity and a mutual commitment for excellence. It starts with budding mentorships and developing three key personal and professional competence attributes: 1. Knowledge 2. Skills and 3. Behavior. All it takes is a willingness to share your smoldering ember, to ignite a spark into a flickering flame and empower our perioperative passions. This in return, fuels a glowing torch for our distinctive specialty. Let's be a flame that attracts new talents, sustains peer mentoring and in exchange promotes component organizational investments.

ASPA members and Region One are more than surviving. We are thriving. This year has been tested by a multitude of things, but not in compromise and resilience. Each component, despite 2020 setbacks from the void of in-person gatherings, excelled in team spirit, partnership,

positivity and allegiance. Region one has quickly adopted technology to build community spaces for congregating and virtual learning.

As the year closes, what will the new year offer? It presents an opportunity to reflect on life's lessons, trials and rewards. The new year signifies new beginnings to invest in yourself and others. In return, the opportunities embrace unlimited propositions. It offers a promise of hope, resolutions for personal well-being or professional achievements. Plus, an inexhaustible roadmap of incredible options to be explored. It is a chance to play a significant part advocating progressive transformations and dynamic connections. These can include roles on committees, spear-heading projects, submitting articles, peer-review, and more. Be the best version of you. Collectively, we can employ our core purpose to empower and advance the unique specialty of perioperative nursing.

While each component is diverse, the professionalism and collaboration used to strengthen the nursing community shines through with compassion, promise and excellence. Thanks for being an important member in our society.

Check out the Region One component websites to learn more about each component and their upcoming educational offerings and activities.

- Arizona PeriAnesthesia Nurses Association (AzPANA): <https://www.azpana.org/>
- Hawaiian Islands PeriAnesthesia Nurses (HIPAN): <https://hipan.nursingnetwork.com/>
- Nevada PeriAnesthesia Nurses Association (NevPANA): <https://nevpana.nursingnetwork.com/>
- Northwest PeriAnesthesia Nurses Association (NPANA): <http://www.npana.org/>
- PeriAnesthesia Nurses Association of California (PANAC): www.panac.org
- PeriAnesthesia Nurses Association of New Mexico (PANANM): www.panam.org
- Rocky Mountain PeriAnesthesia Nurses Association (RMPANA): <https://rmpana.nursingnetwork.com/>
- Utah Society of PeriAnesthesia Nurses (USPAN): <https://uspan.nursingnetwork.com/>



Lynn Nolan, MSN, RN, CPAN, CAPA, NEA-BC

ABPANC Board President Lynn Nolan Honored with 2020 DAISY Award

Lynn Nolan, MSN, RN, CPAN, CAPA, NEA-BC, president of the ABPANC Board of Directors, has been named the 2020 DAISY Award winner for Northwestern Hospital in Lake Forest, IL. The DAISY (Diseases Attacking the Immune System) Award is an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. The DAISY Nurse Leader Award recognizes nurses who are extraordinary in the impact they have on compassionate patient care.

Lynn is the manager of the preanesthesia center, universal care center and PACU. Congratulations to Lynn on this outstanding honor!

Recognize CPAN and CAPA Certification with ABPANC Awards

Are you proud of all the CPAN and CAPA certified nurses in your unit or department? Honor this outstanding achievement with the ABPANC Certification Achievement Award that recognizes at least 75%, or 100%, of all eligible perianesthesia nurses in a specific department have earned CPAN® and/or CAPA® certification in a given year. Entries for the 2020 calendar year are due on January 31. [Complete the application here.](#)

CERTIFICATION

Shining Star Award

ABPANC's Shining Star Award publicly recognizes ASPAN components for supporting and encouraging CPAN® and CAPA® certification at the local level. All components, meeting the determined criteria, will be awarded the Shining Star Award at the annual CPAN/CAPA celebration event, held in conjunction with the ASPAN National Conference. The award, a beautiful silver star, is engraved with the component's name and year of award. [Applications](#) due February 1.

ABPANC Advocacy Award

Do you have a story to tell about how a CPAN and/or CAPA certified nurse advocated above and beyond one's normal role to meet the needs of a perianesthesia patient and/or their family? If so, nominate him or her for the ABPANC Advocacy Award. The purpose of the ABPANC Advocacy Award is to publicly recognize the CPAN® and/or CAPA® certified nurse who exemplifies leadership as a patient advocate. [Nominations](#) for the 2021 award are due February 15, 2021.

REMINDERS:

- Spring examination registration window is **January 1 – March 15**
- Spring recertification application window is **January 1 – April 30**

We've Moved!

Please note ABPANC's new address and contact information:

1133 Broadway, Suite 544, New York, NY 10010

NEW Phone: 347.708.7975 Email: abpanc@cpanca.org

Web site: www.cpanca.org

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LIVE IN-PERSON SEMINARS

PERIANESTHESIA CERTIFICATION REVIEW

March 20, 2021

York, PA

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

June 12, 2021

Waltham, MA

LIVE WEBCASTS HALF-DAY PROGRAMS

ADVANCED CARDIOVASCULAR AND PULMONARY PATHOPHYSIOLOGY

January 31, 2021 SUNDAY

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

February 7, 2021 SUNDAY

PERIANESTHESIA ESSENTIALS I

February 21, 2021 SUNDAY

PERIANESTHESIA ESSENTIALS II

February 28, 2021 SUNDAY

PERIANESTHESIA ESSENTIALS III

March 7, 2021 SUNDAY

PERIANESTHESIA ESSENTIALS IV

March 14, 2021 SUNDAY

PERIANESTHESIA ESSENTIALS V

March 21, 2021 SUNDAY

PERIANESTHESIA FOUNDATION

May 23, 2021 SUNDAY

LIVE WEBCASTS FULL-DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

January 30, 2021

June 13, 2021 SUNDAY

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

February 6, 2021

June 19, 2021

PEDIATRICS: BEYOND THE BASICS

February 13, 2021

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

February 20, 2021

PERIANESTHESIA CERTIFICATION REVIEW

March 27, 2021

May 8, 2021

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

February 17, 2021 WEDNESDAY

February 24, 2021 WEDNESDAY

March 3, 2021 WEDNESDAY

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

March 6, 2021

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

March 13, 2021

REFRESHING YOUR PERIANESTHESIA PRACTICE

March 20, 2021

SAFETY BEGINS WITH US

April 11, 2021 SUNDAY

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGAL ISSUES, STANDARDS AND ADVOCACY

May 22, 2021



2021
WINTER SPRING Webcasts & Seminars

ASPAN

The banner features a background image of a forest with birch trees. The text "2021 WINTER SPRING Webcasts & Seminars" is overlaid in a large, bold, sans-serif font. The ASPAN logo, which includes a stylized green leaf icon, is positioned to the right of the text.

**LIVE WEBCASTS
TWO-HOUR PROGRAMS**

ACUTE AND CHRONIC PAIN MANAGEMENT

March 31, 2021 WEDNESDAY

ANESTHESIA AGENTS AND TECHNIQUES

May 19, 2021 WEDNESDAY

ASPAN PRACTICE RECOMMENDATIONS

February 10, 2021 WEDNESDAY

**COMPLICATIONS AND EMERGENCIES AFTER
ANESTHESIA**

June 2, 2021 WEDNESDAY

EMERGENCY PREPAREDNESS

May 26, 2021 WEDNESDAY

**ERAS: WHAT YOU NEED TO KNOW FOR ENHANCED
RECOVERY AFTER SURGERY**

February 3, 2021 WEDNESDAY

**GASTROINTESTINAL AND ENDOCRINE
PATHOPHYSIOLOGY AND ASSESSMENT**

April 14, 2021 WEDNESDAY

**INFECTION CONTROL CHALLENGES: IMPLICATIONS
FOR THE PERIANESTHESIA NURSE**

June 23, 2021 WEDNESDAY

**LEGAL AND ETHICAL ISSUES IN PERIANESTHESIA
NURSING**

January 20, 2021 WEDNESDAY

**MALIGNANT HYPERTHERMIA AND POSTOPERATIVE
NAUSEA AND VOMITING**

March 10, 2021 WEDNESDAY

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

April 7, 2021 WEDNESDAY

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY

May 12, 2021 WEDNESDAY

**OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT:
PUTTING THE PRACTICE RECOMMENDATION INTO
PRACTICE**

June 9, 2021 WEDNESDAY

PATIENT SAFETY GOALS AND ASPAN STANDARDS

January 27, 2021 WEDNESDAY

**PEDIATRIC ANESTHESIA AND POSTANESTHESIA
COMPLICATIONS**

March 24, 2021 WEDNESDAY

**PREANESTHESIA ASSESSMENT AND PACU ASSESSMENT
AND DISCHARGE CRITERIA**

May 5, 2021 WEDNESDAY

**PREVENTION OF UNWANTED SEDATION: PUTTING
THE PRACTICE RECOMMENDATION INTO PRACTICE**

June 16, 2021 WEDNESDAY