



Breathline

Volume 41, Issue 1
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INSIDE:

PRESIDENT'S MESSAGE:

Do Environments Influence Human Behavior, Actions and Civility?

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

"DON'T DISCOUNT THE POWER OF YOUR WORDS. THE THOUGHT THAT THEY MIGHT CAUSE UNNECESSARY HURT OR DISCOMFORT SHOULD INFORM EVERY CONVERSATION."¹

We are all drawn to healthy environments. There is a reason we visit beautiful places that give us peace and rejuvenation: art galleries, theaters, symphony halls, museums, gardens, places of worship, national or state parks, spas, lakes, beaches or mountains. These environments feed our souls and influence or elevate our mood and behaviors. Nursing is the science and art of caring for others. Nurses are inherently empathetic and thrive in environments that provide opportunities for partnering in collaborative supportive teams, while also creating ability for growth and professional development.

Impact of Nurse Incivility on the Work Environment

Incivility and workplace violence are very powerful influences on the environment. The impact of incivility can decrease worker creativity and job satisfaction, increase perceptions of intent to leave with emotional exhaustion, and additionally negatively impact nurses' health and well-being and the safety of the unit's patients.² Workplace incivility is defined as deviant behavior coupled with an ambiguous intent to harm.³

There is both a human and monetary cost associated with workplace incivility. Estimates suggest up to 98 percent of employees have experienced workplace incivility, and sadly, up to 50 percent report experiencing this behavior at least weekly.² These experiences all contribute to burnout, lack of job satisfaction and decreased perceptions of personal accomplishments. The



Elizabeth Card
MSN, APRN, FNP-BC,
CPAN, CCRP, FASPAN
ASPAN President
2020-2021

monetary cost of workplace incivility is estimated to be as high as \$14,000 annually per employee, measured by delays in project completion and task related distractions.⁴

ASPAN's Role in Addressing Workplace Environments

As an organization, ASPAN is uniquely positioned to explore, create, test and implement strategies that can result in healthier workplace environments and contribute to nurse resiliency. I am happy to share that ASPAN, along with the American Association of Nurse Anesthetists (AANA) and the Association of periOperative Registered Nurses (AORN) Workplace Civility Task Force, has successfully created a draft for a joint statement on workplace civility. It was shared first with the ASPAN Board of Directors and then was sent out to the Representative Assembly for voting. A multiorganizational position statement can provide the foundation to improve civility within our workplaces and improve the work environment. For more information on this upcoming position statement, go to page four of this issue of *Breathline*.

Creating an Environment for Nursing Innovation

Nursing is a science and an art. Nurses use this artistic creativity in the application of the science when customizing patient care to meet special needs or circumstances. A recent example is a Vanderbilt University Medical Center (VUMC) nurse working in the Vanderbilt University Adult Hospital COVID-19 unit and another nurse in a Washington State hospital COVID-19 unit, miles apart. Both came up with an innovative idea of



using FaceTime to connect a dying patient with the patient's family. Both nurses provided much-needed connectivity, comfort, and dignity during a time of vulnerability and isolation for their respective patients. What a beautiful creative application of nursing science!^{5,6}

Nurse Innovation

This creative artistic application of nursing science often happens through an innovation. The concept of innovation has been explored and embedded within the business world for some time now. However, innovation is still fairly new in nursing.

Creative ideas are the sparks to ignite innovation. But these ideas require an environment in which to nurture the new concept into an innovation. There is a process for innovation, and certain environmental factors can improve the process.

Model for Innovative Environment

There are three key components in the literature related to highly innovative environments. When these components are present, innovation emerges/is born (Figure 1).



Figure 1. Model of an innovative environment. Copyright 2020. Elizabeth Card.

Autonomous Practice

The first component of an innovative environment is autonomous practice. An innovative environment includes both intrinsic and extrinsic components. Intrinsic components are brought to the environment by the environment's individuals. These components are beliefs and application of nursing as an autonomous practice, including creative thinking and problem-solving. These

skills can all be learned and honed. A recent research article reported the strong relationship between high levels of perceptions of professional autonomy and innovative behavior within a convenience sample of 322 nurses.⁷ This underlines nurse innovation and can provide value and improvements to both patient care and healthcare systems.⁸ However, individual perception of autonomous practice alone is not effective. It must be a shared value.

Extrinsic components are found within the culture of the environment outside of individuals. These components can be supported and nurtured by leaders, teams, and colleagues. The extrinsic components include a culture that values and supports nursing as an autonomous practice.⁷ Leadership and the team that value autonomous nursing practice inspire innovative behavior.⁷⁻⁸ These nurses then approach barriers to practice differently by thinking critically, creatively problem-solving, and sometimes incorporating design thinking and generating innovative solutions.

Creativity

The second component of innovation is creativity. Work environments that encourage and embrace creative approaches to new solutions fuel nurse innovation.⁹⁻¹¹ There is evidence examining the relationship between a work culture that engages the individual's creative process, and results from the individual's innovative behaviors.⁹⁻¹¹ Nurses are the end-users of the largest aspects within any healthcare system. And yet, nurses are not consistently involved in the design of these systems. Innovation opportunities are visible to those who recognize the gaps or barriers in the system and creatively problem solve. This happens more naturally in creative work environments.⁹⁻¹¹

Culture Tolerant of Failure

The final environmental element for innovation is a culture displaying high levels of risk-taking and acceptance or tolerance of failure.¹²⁻¹⁵ Acceptance or tolerance of failure means interpreting failure differently, as a natural part of the learning process. Innovation is a



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Address changes and administrative correspondence to: ASPAN

90 Frontage Road
Cherry Hill, NJ 08034-1424
877-737-9696 Fax: 856-616-9601
aspan@aspan.org www.aspan.org

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Barbara Godden (CO)

NATIONAL OFFICE
Jane Certo (NJ)

PUBLICATIONS SWT
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CONTRIBUTORS
Katrina Bickerstaff (AZ)
D. Krenzischek (MD)
L. Laurino (FL)
U. Mellinger (PA)
L. Silva (CA)

Editorial Comments and Letters
to the Editor to:
Barbara Godden
9320 Erminedale Drive
Lone Tree, CO 80124
bgodden@aspan.org

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process that includes small tests and revisions, or, stopping the process completely if results are unfavorable. A famous quote on accepting failure: "...contentment in the thrill of action, knowing success was never final and failure never fatal. It was courage that counted. Isn't opportunity in America today greater than it was in the days of our grateful forefathers?"¹⁶

Creating a Healthy Environment for a Nonprofit Organization

Similarly, non-profit organizations also require an environment to delicately balance and maintain authority, responsibilities, accountability, and clear lines of communication. Guiding principles can increase the ability of board members to understand their duties and to create an environment to achieve governance excellence. *The Imperfect Board Member*, a book written by Jim Brown, sums up these duties in several disciplines¹⁷:

Disciplines and Duties of Board Members

- Direct the organization to achieve a high level of performance.¹⁷ Directing is a consistent proactive, future focus, purpose-driven discipline, and includes defining the mission, vision and strategic planning for the organization. ASPAN recently updated its strategic plan with these elements in mind
 - Second, reflect on the organization's result. Understand the operations and the reasons for changes in projections, maintaining a purpose-driven course¹⁷
 - Third, respect members' expectations.¹⁷ ASPAN is a member-driven organization where everyone's voice is heard through the Representative Assembly
 - Fourth, expect great interactions between the board of directors and management or the chief executive officer (CEO).¹⁷ This includes maintaining clear communication and a respectful relationship between the board and the CEO, including confirmation of the CEO's performance
 - The final element in creating a healthy environment is the knowledge and application of fiduciary responsibilities. These include three primary duties¹⁸:
1. Duty of Loyalty¹⁸: This is accomplished with loyalty to the best interest of ASPAN and its members through transparent disclosure of any conflicts of interest, evaluation and compensation-setting of ASPAN's executives, and reviewing financial statements and the tax form 990 prior to filing

2. Duty of Care¹⁸: This means every board member acts with care and diligence in serving ASPAN. This includes preparing and participating in meetings, completing assignments on time and in sharing information or facts relevant to any board decisions
3. Duty of Obedience¹⁸: This is the expectation that all board members are in compliance with the law and with ASPAN's Articles of Incorporation, Bylaws, and other corporate policies. This duty is accomplished through abiding by the Conflict of Interest policy, and, consulting independent expert advice when there are significant doubts regarding course of action

Conclusion

Nurses are the largest discipline in the health-care system. Work cultures that expect and demand civility can improve the care environment for staff and patients. Environments that value autonomous nursing practice, embrace creativity, and are tolerant of failures also nurture nurse innovation. Organizations are healthier when the environment includes leaders who are aware of and understand how to exercise oversight and implement the vision of an organization.

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Introducing ASPAN's Civility Task Force and Upcoming Joint Position Statement

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

Dina Krenzischek, PhD, MAS, RN, CPAN, CFRE, FAAN, FASPAN



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



Dina Krenzischek
PhD, MAS, RN, CPAN,
CFRE, FAAN, FASPAN

Surprise! Bullying and incivility in the workplace environment exist because they can. Soliciting how perianesthesia nurses make a difference, and what's in it for you on the frontlines, are crucial questions to preserve civility and revolutionize a healthy workplace environment. Ask yourself, have you ever dreamed of a kinder world only to find you showed up at your workplace and repeatedly observed disruptive behaviors? Have you been confronted either overtly or covertly by your team members' bullying and uncivil conduct? You are not alone if you experienced a concern of being so astounded and lacked professional empowerment to play an effective role as a change agent.

The report from *American Nurses Association Health Risk Appraisal* between 2013 and 2016 noted "half of the respondents had been bullied in some manner in the workplace."¹ This same report includes nursing proposals needed to incorporate improvements for closing the gap for workplace violence, enhancing well-being and reinforcing patient safety as priorities.¹

The American Society of PeriAnesthesia Nurses (ASPAN) Civility Task Force is addressing the elephant in the room. The time has passed and the moment is now for ASPAN to establish influential transformations in our healthcare teams. Being accountable contributes to promoting perianesthesia professionalism. Confronting disruptive behaviors, in return, supports and values the benefits needed to deliver safer patient care and maintain healthy environments.

ASPAN's Civility Task Force is honored to be one of the three national nursing organizations to unite jointly, harnessing a stronger voice to advocate civility in the perioperative setting. Together, these organizations have spearheaded efforts to address workplace civility and influence reforms through a historical partnership. Through the vision of ASPAN President Elizabeth Card and her mutual connections, the task force team comprises a pivotal union of leadership and appointed members from ASPAN, the Association of periOperative Registered Nurses (AORN), and the American Association of Nurse Anesthetists (AANA).

This past summer, the triple alliances signed a memo of understanding, established deliverables and approved timeline dates. Immediately following the agreements, each organization formed its individual task force teams to work collaboratively as a larger cooperative team, committing

themselves to meeting every two weeks. ASPAN's task force took the initiative to compose the PICOT (Population, Intervention, Comparison, Outcome, Time) question. Then, together, the three organizations performed an extensive literature review and crafted a desirable joint position statement related to workplace civility. Recently, each organization shared this statement with its board of directors and affiliated members to seek a formal approval for the inaugural position statement.

The triple organization approval process provides the foundational steps to formalize the allied civility position statement and put it into practice. The three presidents will share their collective progress and synchronization of civility partnership and commitments to the Nursing Organizations Alliance. Additional actions initiated include finalizing a group effort white paper to be published in all three nursing organizations' journals planned for May 2021, and a panel presentation with five task force members at the 2021 Virtual ASPAN National Conference. Future efforts identified for ASPAN and the task force are to expand the groundwork of the civility position statement. Forging a proactive path aimed at education, research and professional accountability provides a guide for perianesthesia behaviors that influence well-being in the healthy workplace environment.

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ACKNOWLEDGMENT

ASPAN Civility Task Force Members:

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP, FASPAN
Connie Hardy Tabet, MSN, RN, CPAN, CAPA, FASPAN
Kim Godfrey, BSN, RN, CPAN
Dina Krenzischek, PhD, MAS, RN, CPAN, CFRE, FAAN, FASPAN
Deborah Moengen, BSN, RN, CPAN
Angelique Weathersby, MSN, MBA, RN

ASPAN'S 2021-2022 Slate of Candidates

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2021-2022

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BSN, RN, CCRN, CPAN



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BSN, RN, CAPA



Keisha Franks
BSN, RN, CPAN

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Amy Berardinelli
DNP, RN, NE-BC, CPAN



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

Nominating Committee



Deborah Threats
MDiv, BSN, RN, CPAN, CAPA



Suzanne Russell
BSN, RN, CAPA



Marcia Keiser
BSN, RN, CPAN



Robert Haney
BSN, RN, CAPA

CANDIDATE PROFILES: Your Input is Requested!

ASPAN's slate of candidates for the 2021-2022 year is impressive, and all bring talent and skills to the roles they are seeking to lead ASPAN in the coming year(s). Each candidate recognizes the importance of contributing to excellence in perianesthesia practice, leadership and collaboration.

ASPAN utilizes online technology to provide its members with all candidate qualifications and background information as well as what each Board candidate visualizes as individual immediate long-term goals and strategic priorities for ASPAN within the next two years.

Your component is looking for your input! Here's what you do by **February 28, 2021**:

- You must be a current ASPAN **Active** Category or **Retired** Category member
- After reading the instructions, scroll down the page and review the list of candidates' names
- Next to each name is a link entitled "BIO." Click on this link to read about the candidate
- Review all 2021-2022 Candidate Profiles
- Click the box next to the candidate's name of your choice for each position
- Only **ONE** name or abstention may be selected within each position – except Nominating Committee positions. **Five** positions are open on the Nominating Committee; however, only four candidates declared for the Nominating Committee this year
- Find and select your component from the list of component names. This is a **REQUIRED** field since it determines where to forward your submission
- At the page bottom, click "Submit" and your input will be forwarded to your component representatives to assist them in casting their votes as members of the 2021 Representative Assembly
- Once you click "Submit," you will receive a confirmation page stating your submission has been successfully executed
- Only **one** 2021-2022 Candidate Selection submission per qualified ASPAN member will be accepted. Submissions are available online only
- [Click here](#) for 2021-2022 Candidate Profiles

Your feedback must be submitted no later than February 28, 2021. Don't delay! 🍀

2020 ASPAN Scholarship/Award Recipients

ASPAN News

ASPAN National Conference Attendance Award (\$1000 each)

For the 2021 National Conference

Judy Mink BSN RN CPAN
Fort Calhoun, NE

Ruth Novack MSN RN CCRN CPAN
Ham Lake, MN

Kandace Maier BSN RN NP CPAN
Englewood, CO

Sheri Parman BSN RN CAPA
Cedar Rapids, IA

BSN Scholarship (\$1,500)

Karen Woods RN CPAN CAPA
Sonoma, CA

MSN Scholarship (\$1,500)

Krystal Gottsman BSN RN CPAN CAPA CCRN
Pequot Lakes, MN

Amanda Wood BSN RN CAPA
Muncy, PA

Nurse in Washington Internship Award (NIWI) (Up to \$2,000)

Tracy Franchuk BSN BSHCA RN
Eau Claire, WI

Legacy for Life

Pennsylvania Association of PeriAnesthesia Nurses - PAPAN

Ursula Mellinger, BSN, RN, CPAN, CAPA – PAPAN President & PAPAN Education Chair



In 1980, ASPAN became a reality. Components were being formed across the nation and, in 1983, PAPAN received its charter as the 25th component. PAPAN has been on the move ever since, evolving and changing, but always staying true to its mission of supporting perianesthesia nurses through education and the exchange of knowledge. Supporting ASPAN's vision to be the premier source of perianesthesia education, research, and clinical practice has been done without hesitation.

PAPAN contributes to the National Conference yearly (you may have seen the highlighters), as well as annual contributions to Development. Even though PAPAN has reached the milestone of Legacy for Life, we do not stop there! These continued contributions are built into our annual operating expenses, and it has become second nature. We believe strongly in the mission and purpose of ASPAN/PAPAN, and we want to leave this legacy for generations to come who will follow in our footsteps.



Ursula Mellinger
BSN, RN, CPAN, CAPA

Dear Friends and Colleagues,

I want to thank every one of you who generously donated to the **Strength in Numbers** campaign. The goal was to surpass the amount of money raised for the 2019 National Conference. As we forge on, knowing we have incredible support from our members, I am pleased to announce we exceeded the goal for **Strength in Numbers** by approximately \$6,000. We could not have done it without you! To acknowledge your kindness and generosity, ASPAN will soon be publishing the names of every individual and component contributing to the campaign in the *Journal of PeriAnesthesia Nursing (JoPAN)*.

As we enter the winter season, we look forward to spring, bringing light and renewal to each of us. ASPAN, too, remains focused for the future. National Conference, Representative Assembly, new publications, more educational programs, and the celebration of our 40th anniversary, are just some of the events around the corner. We remain committed to you and our specialty of perianesthesia nursing.

I want to personally thank you again for your ongoing support and for all you do for our specialty of perianesthesia nursing. As we enter a new year, we hope for many more causes for celebration in 2021.

Thank you,

Katrina Bickerstaff, BSN, RN, CPAN, CAPA
Development SWT Coordinator



STRENGTH IN NUMBERS

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Membership and Marketing Update 2021

Lori Silva, BSN, RN, CCRN, CPAN

Membership/Marketing Strategic Work Team (SWT) Coordinator



Lori Silva
BSN, RN, CCRN, CPAN

Welcome to 2021! While 2020 is a year many of us will not forget, I am excited to see what this new year will bring for perianesthesia nurses across the country. One of my goals for this coming year is to reach out to perianesthesia nurses in all areas of practice, sharing the many benefits of becoming an ASPAN member. My New Year's resolution is to take time to sit down with each of my fellow nurses where I work and show them the ASPAN membership brochure, highlighting the many benefits of membership. ASPAN has so much to offer in the form of education, publications, scholarships, along with many more resources, such as advocacy and collaboration.

I recently sat down with a co-worker and showed her the ASPAN website and where to find answers to many questions and other resources. I brought out ASPAN's *Perianesthesia Nursing Standards, Practice Recommendations and Interpretative Statements* and shared some of this information. I keep a copy of the *Journal of PeriAnesthesia Nursing (JoPAN)* in the break room. When I am precepting new employees, I share these resources and give information about ASPAN.

If we take the time to connect and tell our co-workers about the benefits of membership, we may eventually reach all perianesthesia nurses.

What an impact we can have in the care our patients receive! Speaking of connecting, ASPAN remains active on social media. You can follow and share ASPAN news and events on Facebook, Twitter, Instagram, and LinkedIn.

Ways to Share ASPAN Member Benefits:

- Share ASPAN membership brochures at staff meetings, break rooms, component events
- Talk with your manager about ASPAN's Group Membership. Some facilities are purchasing membership for their entire units at a discounted price
- Set up a display table for various events like Skills Fair or Certification Day
- Have copies of *JoPAN*, *Breathline*, ASPAN educational seminars/webinars, and other ASPAN publications on display. Include some of your component's newsletters and events

Contact Doug Hanisch at ghanisch@aspan.org for free promotional materials and additional information. 🌱

PeriAnesthesia Nurse Awareness Week CELEBRATIONS

Share your photos by sending to *Breathline* editor Barb Godden at bgodden@aspan.org.

FOLLOW US! On Social Media:





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Come, Virtually, to ASPAN's 40th National Conference!

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



**Laurie Laurino
MSN, RN, CPAN**

The uncertainty of the COVID-19 virus has, unfortunately, led the ASPAN Board of Directors to cancel the live, in-person part of its National Conference. This decision was not made lightly, but only after serious deliberation and analysis of data.

However, the 40th ASPAN National Conference, April 25 – 29, 2021, is proceeding as planned as an ALL-VIRTUAL conference experience! The speakers and topics have been selected for this year's conference. In keeping with ASPAN tradition, educational sessions will feature a variety of topics presented by experts in their professional fields. And, the virtual conference platform provides many innovative options that present a much more professional and expansive experience than a simple Zoom® meeting.

All virtual registrants will be able to attend education sessions in real time, with speakers available for Q&A at the end of their sessions (Eastern Standard Time). Attendees will also be able to 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 120 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 our environment and how to improve our overall well-being and those we care for in our work areas every day.

The National Conference will offer many opportunities for development as a perianesthesia nurse from networking with fellow attendees and learning about the latest practice standards, research, and leadership and how these can be incorporated into your work environment for best patient outcomes.

You will leave this virtual conference feeling motivated and so proud to be a perianesthesia nurse! After this incredible experience, you will definitely want to return to the National Conference again next year, whether live or virtual. We are looking forward to meeting up with you, virtually, in April! 🌿

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In MEMORIAM

In Memoriam

ASPAN lost two of its early influential leaders in January. We pay tribute to these remarkable women. Ina Pipkin was ASPAN's first president, as well as a founding director. Alma Derway was also one of the original founding directors.

Ina Pipkin, BSN, RN

ASPAN President 1980-1982

October 18, 1934 - January 12, 2021



ASPAN joins the family of Ina Pipkin in remembering an amazing nurse who has left an indelible mark on perianesthesia nursing. Born in Kansas in the 1930s, Ina Pipkin discovered the best kept secret in nursing today – the privilege and joy of perianesthesia nursing. As a 'recovery room' nurse in the 1970s, Ina worked in Seattle, Washington. In the early 1980s, from a tiny seed of hope, Ina planted the garden that grew from one lone tree to the forest that ASPAN is today. Working with colleagues from the American Society of Anesthesiologists, Ina created the pathway that soon became ASPAN. She worried that no one would sign up. Forty years later, surviving man-made and natural threats, ASPAN thrives. In Ina's own humble words, she said, *I am very proud and pleased to see how well it has all turned out for PACU nurses.*

Short in stature but mighty in spirit, Ina's belief in the power of nurses and the determination she had to bring specialty nurses together for networking and education are the inheritances that will live on in the Society. It is with gratitude that the members of this society look back at a life of determination, advocacy, and passion. It is with gratitude that we celebrate the strength of our organization and recognize the important legacy that Ina has left us. With sad, but grateful, hearts, we pay honor to the enduring memory of our first president, Ina Pipkin. 🌿



Alma Derway, RN

ASPAN Founding Director

September 15, 1924 – January 2, 2021

Alma Louise Derway, 96, of Columbia CT, passed away January 2, 2021. A graduate of Hartford Hospital School of Nursing RN program, Alma worked as a career nurse at Hartford Hospital for over 42 years. While supervising the post anesthesia care unit at Hartford Hospital, she initiated the Connecticut Society of Post Anesthesia Nurses (CSPAN), an organization which became a component of the American Society of Post Anesthesia Nurses (ASPAN). On October 30, 1980, Alma was one of 19 ASPAN founding directors to sign Articles of Incorporation, and ASPAN became a formal association. After retirement from Hartford Hospital,

Alma continued to work part-time at Windham Hospital in the post anesthesia care unit, and then returned as a volunteer to assist in the hospital gift shop.

Alma's interests were varied and many. She was involved in local theatre, dance, reading, kayaking, painting, and many fundraising activities. At the age of 70, she bicycled 250 miles following the Danube River in Germany. Her hosting of festive gatherings at her lake house in Columbia were enjoyed by many. On retirement, she cared for her garden, learned watercolor painting and avidly attended theater and UConn sporting events. Support of the arts and charitable organizations were important to her.

Alma is survived by her six children. Her children describe her in this way: "Our mother was a gracious, fun-loving woman who possessed a strong intellect with a remarkable strength of character and will be missed always." 🌿



Alphonzo Baker
MSN, RN, CAPA

ASPAN Mid-Year BOD Meeting Highlights

Alphonzo Baker, MSN, RN, CAPA – ASPAN Secretary

Greetings to all ASPAN members. Due to the pandemic, your Board of Directors (BOD) met virtually on November 1, 2020, for the mid-year BOD meeting. The virtual meeting was called to order by President Elizabeth Card and all board members were present. The agenda went as planned with two additions regarding discussion of the Humanitarian Outreach Strategic Work Team charter and the upcoming Joint Position Statement for Workplace Civility.

Policy Revisions and Additions

Revised and new policies include:

- ASPAN Above and Beyond Service Recognition Awards policy revisions
- Component Milestone Recognition policy revisions
- E-Vote policy to protect how we, as an organization, vote on issues within our practice when having an increasing number of virtual meetings
- Correspondence and Information Exchange policy being modified to govern special voting and communication among the board
- Chief Executive Officer job description
- Whistleblower policy
- Document Storage, Retention, and Destruction policy

President's Initiatives and Strategic Plan

President Card shared a detailed president's initiatives report discussing a plethora of work she has completed while in office. Vice President/President-Elect Jennifer Kilgore followed with the executive summary of ASPAN's working Strategic Plan. You will be excited to see the working Strategic Plan updates and how ASPAN is leading as a professional organization. (This information will be shared in an upcoming issue of *Breathline*).

Further Agenda Items

Next, all ASPAN committee, strategic work team, editor, liaison, officer, specialty practice group, and region reports were presented. ABPANC President Lynn Nolan discussed the ABPANC report, which will involve remote proctoring exams.

A treasurer review was conducted to detail ASPAN's profits, losses, and financial stability.

Further discussions were held regarding important changes for ASPAN to stay in compliance with government and regulatory guidelines. The BOD approved a two-year appointment for the ASPAN representative to the Global Advisory Council of the International Collaboration for Peri-Anesthesia Nurses (ICPAN). The BOD approved the IRS form 990 to be filed. Lastly, the new slate of candidates was presented by the immediate past president. It was a very busy agenda, and after all discussions, decisions were made with the members in mind, to protect our organization and continue to be the number one perianesthesia professional organization. 🌱

CERTIFICATION

STAY CONNECTED WITH ABPANC'S RETIREMENT STATUS

ABPANC offers a Retirement program for nurses who have previously held the CAPA and/or CPAN credentials and are currently retired from perianesthesia nursing. This allows CPAN and CAPA nurses who have retired from perianesthesia nursing to remain engaged with ABPANC.

Individuals who meet the eligibility requirements, complete the [Retired Status Application](#) through Learning Builder and have paid the \$100.00 fee will receive the following:

- a congratulatory letter
- a certificate indicating Retired CPAN and/or CAPA status
- a Retired CPAN and/or Retired CAPA ribbon
- invitation to attend the CPAN/CAPA Celebration Luncheon at the annual ASPAN National Conference
- recognition of all retired nurses from the podium during the Celebration Luncheon

ABPANC Scholarships Available

We know that not all employers are able to reimburse nurses for their certification exam fees. That's why ABPANC offers a limited number of scholarships for both certification and recertification. Need some financial assistance to help as you take the next step in your career? Apply for a [scholarship](#)!

REMINDERS:

- CPAN/CAPA certification spring registration window – **January 1 – March 15**
- Spring Recertification window – **January 1 – April 30**
- Certification achievement award nominations due **January 31**
- Advocacy Award nominations due **February 15**
- Shining Star nominations due **February 15**

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@cpancapa.org

Web site: www.cpancapa.org

NOW AVAILABLE

SURGE. PURGE. RESCUE.

**YOU KNOW THAT FACE. YOU KNOW WHAT IT'S
TELLING YOU. AND NOW YOU HAVE A PROVEN OPTION.**

Barhemsys® is the first and only antiemetic approved for rescue treatment of PONV despite prophylaxis. [Learn more at Barhemsys.com](https://www.acacia-pharma.com/barhemsys)



Indications

BARHEMSYS is a selective dopamine-2 (D_2) and dopamine-3 (D_3) receptor antagonist indicated in adults for:

- prevention of postoperative nausea and vomiting (PONV), either alone or in combination with an antiemetic of a different class
- treatment of PONV in patients who have received antiemetic prophylaxis with an agent of a different class or have not received prophylaxis

Select Important Safety Information

Contraindication: BARHEMSYS is contraindicated in patients with known hypersensitivity to amisulpride.

QT Prolongation: BARHEMSYS causes dose- and concentration-dependent prolongation of the QT interval. The recommended dosage is 5 mg or 10 mg as a single intravenous (IV) dose infused over 1 to 2 minutes. Avoid BARHEMSYS in patients with congenital long QT syndrome and in patients taking droperidol. Electrocardiogram (ECG) monitoring is recommended in patients with pre-existing arrhythmias/cardiac conduction disorders, electrolyte abnormalities (e.g., hypokalemia or hypomagnesemia), congestive heart failure, and in patients taking other medicinal products (e.g., ondansetron) or with other medical conditions known to prolong the QT interval.

Adverse Reactions: Common adverse reactions reported in $\geq 2\%$ of adult patients who received BARHEMSYS 5 mg (N=748) and at a higher rate than placebo (N=741) in clinical trials for the prevention of PONV were: chills (4% vs. 3%), hypokalemia (4% vs. 2%), procedural hypotension (3% vs. 2%), and abdominal distention (2% vs. 1%). Serum prolactin concentrations were measured in one prophylaxis study where 5% (9/176) of BARHEMSYS-treated patients had increased blood prolactin reported as an adverse reaction compared with 1% (1/166) of placebo-treated patients. The most common adverse reaction, reported in $\geq 2\%$ of adult patients who received BARHEMSYS 10 mg (N=418) and at a higher rate than placebo (N=416), in clinical trials for the treatment of PONV was infusion site pain (6% vs. 4%).

Please see the Brief Summary of Prescribing Information for Barhemsys on next page.

BARHEMSYS [Prescribing Information], Indianapolis, IN. Acacia Pharma; 2020. Model used for illustrative purposes only.

Barhemsys
(amisulpride) injection 2.5mg/mL
Delivers when it matters most™

acacia pharma

Brief Summary of Prescribing Information for BARHEMSYS® (amisulpride) Injection

See package insert for full Prescribing Information

Indications: BARHEMSYS is a selective dopamine-2 (D₂) and dopamine-3 (D₃) receptor antagonist indicated in adults for:

- prevention of postoperative nausea and vomiting (PONV), either alone or in combination with an antiemetic of a different class
- treatment of PONV in patients who have received antiemetic prophylaxis with an agent of a different class or have not received prophylaxis

Dosage & Administration: The recommended adult dosage of BARHEMSYS:

- Prevention of PONV, either alone or in combination with another antiemetic: 5 mg as a single intravenous dose infused over 1 to 2 minutes at the time of induction of anesthesia.
- Treatment of PONV: 10 mg as a single intravenous dose infused over 1 to 2 minutes in the event of nausea and/or vomiting after a surgical procedure.

Protect from light. BARHEMSYS is subject to photodegradation. Administer BARHEMSYS within 12 hours of removal of the vial from the protective carton. See full prescribing information for preparation and administration instructions.

Dosage Forms and Strength: Injection: 5 mg/2 mL (2.5 mg/mL) or 10 mg/4 mL (2.5 mg/mL) as a clear, colorless sterile solution in a single-dose vial.

Contraindication: BARHEMSYS is contraindicated in patients with known hypersensitivity to amisulpride.

QT Prolongation: BARHEMSYS causes dose- and concentration-dependent prolongation of the QT interval. The recommended dosage is 5 mg or 10 mg as a single intravenous (IV) dose infused over 1 to 2 minutes. Avoid BARHEMSYS in patients with congenital long QT syndrome and in patients taking droperidol. Electrocardiogram (ECG) monitoring is recommended in patients with pre-existing arrhythmias/cardiac conduction disorders, electrolyte abnormalities (e.g., hypokalemia or hypomagnesemia), congestive heart failure, and in patients taking other medicinal products (e.g., ondansetron) or with other medical conditions known to prolong the QT interval.

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Drug Interactions:

- BARHEMSYS causes dose- and concentration-dependent QT prolongation. To avoid potential additive effects, avoid use of BARHEMSYS in patients taking droperidol.
- ECG monitoring is recommended in patients taking other drugs known to prolong the QT interval (e.g., ondansetron).
- Reciprocal antagonism of effects occurs between dopamine agonists (e.g., levodopa) and BARHEMSYS. Avoid using levodopa with BARHEMSYS.

Postmarketing Experience: The following adverse reactions have been identified during postapproval chronic oral use of amisulpride outside of the United States (BARHEMSYS is not approved for oral dosing or chronic use). Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure: *Blood and Lymphatic System Disorders:* agranulocytosis; *Cardiac Disorders:* bradycardia, torsades de pointes, ventricular tachycardia, prolonged QT by electrocardiogram; *General Disorders:* neuroleptic malignant syndrome; *Immune System Disorders:* angioedema, hypersensitivity, urticaria; *Hepatic Disorders:* increased hepatic enzymes; *Nervous System Disorders:* agitation, anxiety, dystonia, extrapyramidal disorder, seizure; *Psychiatric Disorders:* confusional state, insomnia, somnolence; *Vascular Disorders:* hypotension.

Use in Specific Populations: Pregnancy—Risk Summary: Available data with amisulpride use in pregnant women are insufficient to establish a drug associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. In animal reproduction studies, there were no adverse developmental effects observed with oral administration of amisulpride in rats and rabbits during the period of organogenesis at exposures about 43 and 645 times, respectively, the exposure delivered by the highest recommended human dose (see Data). The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk

of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. **Data—Animal Data:** Reproduction studies of amisulpride were conducted in pregnant rats administered oral doses up to 160 mg/kg/day (43 times the exposure based on area under the curve (AUC) at the highest recommended dose of 10 mg) throughout the period of organogenesis. No adverse embryo-fetal developmental effects were observed at any dose level. Maternal animals exhibited a dose-related decrease in overall mean body weight gain. In rabbits administered amisulpride throughout the period of organogenesis, oral doses up to 210 mg/kg/day (645 times the exposure based on AUC at the highest recommended dose of 10 mg) had no adverse developmental effects on the fetus. Maternal animals exhibited reduced mean body weight gain at doses of 100 and 210 mg/kg/day and reduced food intake was observed at 210 mg/kg/day. The pre- and post-natal developmental effects of amisulpride were assessed in rats administered oral doses of 60, 100 or 160 mg/kg/day during the periods of organogenesis and lactation. At 160 mg/kg/day (43 times the exposure based on AUC at the highest recommended dose of 10 mg), maternal animals exhibited a reduction in mean body weight gain and decrease in food intake during lactation. Amisulpride had no effect on maternal pregnancy parameters, litter survival or pup growth, development or maturation at any dose tested. **Lactation—Risk Summary:** Based on case reports in published literature, amisulpride is present in human milk at concentrations that are 11- to 20-fold higher than human plasma in patients taking multiple oral doses of amisulpride (200 to 400 mg/day). The estimated infant daily dose ranged from 5% to 11% of the maternal dose. There are ways to minimize drug exposure to a breastfed infant (see Clinical Considerations). There are no reports of adverse effects on the breastfed child and no information on the effects of amisulpride on milk production. The pharmacological action of amisulpride, a dopamine-2 (D₂) receptor antagonist, may result in an increase in serum prolactin levels, which may lead to a reversible increase in maternal milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for BARHEMSYS and any potential adverse effects on the breastfed child from BARHEMSYS or from the underlying maternal condition. **Clinical Considerations:** A lactating woman may consider interrupting breastfeeding and pumping and discarding breast milk for 48 hours after BARHEMSYS administration to minimize drug exposure to a breastfed infant. **Females and Males of Reproductive Potential—Infertility:** In animal fertility studies, administration of repeated doses of amisulpride over a 10-day period to female rats resulted in infertility that was reversible. **Pediatric Use—**Safety and effectiveness in pediatric patients have not been established. **Geriatric Use—**No overall differences in safety or effectiveness were observed between these patients and younger patients, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **Renal Impairment—**Avoid BARHEMSYS in patients with severe renal impairment (estimated glomerular filtration rate [eGFR] < 30 mL/min/1.73 m²). The pharmacokinetics of amisulpride in patients with severe renal impairment have not been adequately studied in clinical trials. Amisulpride is known to be substantially excreted by the kidneys, and patients with severe renal impairment may have increased systemic exposure and an increased risk of adverse reactions. No dosage adjustment is necessary in patients with mild to moderate renal impairment (eGFR ≥ 30 mL/min/1.73 m²).

Overdosage: Doses of oral amisulpride (BARHEMSYS is not approved for oral dosing) above 1200 mg/day have been associated with adverse reactions related to dopamine-2 (D₂) antagonism, in particular:

- cardiovascular adverse reactions (e.g., prolongation of the QT interval, torsades de pointes, bradycardia and hypotension).
- neuropsychiatric adverse reactions (e.g., sedation, coma, seizures, and dystonic and extrapyramidal reactions).

There is no specific antidote for amisulpride overdose. Management includes cardiac monitoring and treatment of severe extrapyramidal symptoms. Since amisulpride is weakly dialyzed, hemodialysis should not be used to eliminate the drug.

How Supplied/Storage and Handling: BARHEMSYS is supplied as follows:

- NDC 71390-125-20: Package of 10 cartons. Each carton (NDC 71390-125-21) contains one single-dose vial of BARHEMSYS (amisulpride) injection, 5 mg in 2 mL (2.5 mg/mL).
- NDC 71390-125-50: Package of 10 cartons. Each carton (NDC 71390-125-51) contains one single-dose vial of BARHEMSYS (amisulpride) injection, 10 mg in 4 mL (2.5 mg/mL).

Store vials at 20°C to 25°C (68°F to 77°F) [see USP Controlled Room Temperature].

Patient Counseling Information: QT Prolongation—Instruct patients to contact their healthcare provider immediately if they perceive a change in their heart rate, if they feel lightheaded, or if they have a syncopal episode. **Drug Interactions—**Advise patients to report to their healthcare provider if they are taking drugs which prolong the QT interval. **Lactation—**Women may consider reducing infant exposure through pumping and discarding breastmilk for 48 hours after BARHEMSYS administration.

Component Education Programs

Arizona PeriAnesthesia Nurses Association (AzPANA) will hold its "Annual Spring Seminar" June 3, 2021, at St. Joseph's Hospital, Phoenix, AZ. For information contact: Jennifer Nopoulos at jlnopoulos@cox.net.

Illinois Society of PeriAnesthesia Nurses (ILSPAN) will hold its ILSPAN Spring Conference via webcast on Saturday, March 6, 2021. For more general conference information contact: Juby Vallikalam at jubyvallikalam@gmail.com or 312-685-5829.

The Massachusetts Society of PeriAnesthesia Nurses (MASPAN) will be offering a half-day virtual conference "Current Trends in PeriAnesthesia Nursing" on Saturday, March 20, 2021. Please view the website for additional information: <https://maspan.nursingnetwork.com/>.

Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) will hold its Annual Education Conference at the Pittsburgh Marriott North in Cranberry Twp on September 18 and 19, 2021. This is a live, in-person event. For more information, contact Ursula Mellinger or visit <https://papanonline.nursingnetwork.com>.



LIVE IN-PERSON SEMINAR

PERIANESTHESIA CERTIFICATION REVIEW

March 20, 2021

York, PA

LIVE WEBCASTS - HALF-DAY PROGRAMS

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

June 13, 2021 SUNDAY

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

June 19, 2021

PEDIATRICS: BEYOND THE BASICS

February 13, 2021

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

February 20, 2021



LIVE WEBCASTS - FULL-DAY PROGRAMS

Continued

PERIANESTHESIA CERTIFICATION REVIEW March 27, 2021 May 8, 2021	PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE March 13, 2021
PERIANESTHESIA CERTIFICATION REVIEW (3 Parts) February 17, 2021 WEDNESDAY February 24, 2021 WEDNESDAY March 3, 2021 WEDNESDAY	REFRESHING YOUR PERIANESTHESIA PRACTICE March 20, 2021
PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH March 6, 2021	SAFETY BEGINS WITH US April 11, 2021 SUNDAY
	SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGAL ISSUES, STANDARDS AND ADVOCACY May 22, 2021

LIVE WEBCASTS - TWO-HOUR PROGRAMS

ACUTE AND CHRONIC PAIN MANAGEMENT March 31, 2021 WEDNESDAY	NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT April 7, 2021 WEDNESDAY
ANESTHESIA AGENTS AND TECHNIQUES May 19, 2021 WEDNESDAY	OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY May 12, 2021 WEDNESDAY
ASPAN PRACTICE RECOMMENDATIONS February 10, 2021 WEDNESDAY	OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE June 9, 2021 WEDNESDAY
COMPLICATIONS AND EMERGENCIES AFTER ANESTHESIA June 2, 2021 WEDNESDAY	PEDIATRIC ANESTHESIA AND POSTANESTHESIA COMPLICATIONS March 24, 2021 WEDNESDAY
EMERGENCY PREPAREDNESS May 26, 2021 WEDNESDAY	PREANESTHESIA ASSESSMENT AND PACU ASSESSMENT AND DISCHARGE CRITERIA May 5, 2021 WEDNESDAY
GASTROINTESTINAL AND ENDOCRINE PATHOPHYSIOLOGY AND ASSESSMENT April 14, 2021 WEDNESDAY	PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE June 16, 2021 WEDNESDAY
INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE June 23, 2021 WEDNESDAY	
MALIGNANT HYPERTHERMIA AND POSTOPERATIVE NAUSEA AND VOMITING March 10, 2021 WEDNESDAY	