



Breathline

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INSIDE:

PRESIDENT'S MESSAGE:

Heart and Science of Caring - *Collaborate. Advocacy. Purpose. Excellence.*

Connie Hardy Tabet, MSN, RN, CPAN, CAPA, FASPAN – ASPAN President 2022-2023

Celebrate Nurses Day, Week, and Month

Nurses are fortunate to have a robust legacy of caring pioneers. Each nurse has the shared purpose of providing the ultimate goal of providing excellent patient outcomes. Every nurse is a leader, who collaborates to advocate for well-being and health. Our nation annually celebrates the legacy of nurses each May, beginning May 6, Nurse Appreciation Day, and ending on May 12, Florence Nightingale's birthday. Nurses are honored and inspired to pursue advocacy for patients, colleagues, and themselves. Yearlong tributes of exchanging gratitude brighten through acts of kindness. Perianesthesia nurses positively impact lives and empower practices in meaningful ways when we lift each other upwards.

My decision to become a nurse was spurred by the possibility of a career that would lead to travel. How appealing to explore the world from the perspective of a nurse on the frontline of healthcare! For three years, my nursing program prepared me to be an RN. Unfortunately, few jobs were available for a first-year novice in my native Canada. I leaped at the opportunity to be a travel nurse in the United States. What a wild and enriching ride it has been. It was an honor to be the first nurse in my family. Now 31 years later, other members follow in my footsteps. It is enchanting to see their call to care for others.

Caring Nursing Theorists

In graduate school, I became aware of many distinguished nurse leaders. I hold a greater esteem for iconic nursing champions. Nightingale was an advocate, statistician, researcher, and founder of nursing philosophy without the technological advances or educational resources we hold at our fingertips today. Nightingale focused on



Connie Hardy Tabet
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Environmental Theory,¹ still relevant today despite the lapse of over a hundred years. During Nightingale's service, she mistakenly thought nursing was solely women's work. The field of nursing has advanced to promote diversity, forward-thinking, and inclusivity of all our caring colleagues.

Philosophy and Science of Human Caring

Jean Watson is well known for her Philosophy and Science of Human Caring.¹ Nightingale and Watson were influential visionaries identifying healthy environments and the importance of human caring capabilities applicable to current nursing practices. Another nursing theorist, Patricia Benner, is noted for her Novice to Expert philosophy.¹ She highlighted five levels of nursing experiences. It seems I can have all these extremes in any daily encounter, and this certainly allows me to be a better learner, mentor, and leader myself. If you are a novice nurse or new member with ASPAN, do not fret! There is a bounty of experiences within our organization to advance our unique specialty of perianesthesia nursing. Do not be shy. Each valuable member can guide and inspire our perianesthesia practice and ASPAN experience.

Core, Care and Cure

Lydia E. Hall's theory, the Core, Care and Cure,¹ adapts three individual concepts. Core from a personal level for nurses; care as a delivery role; and cure, as patient illness and wellness interventions given from professional caregivers.¹ Do you have a favorite nursing theorist? Which one speaks the loudest to your caring heart? Luckily, there are so many options to choose from.



Caring: Art and Science

The art and science of caring has impactful elements to the calling in our nursing specialty. The core purpose of exhibiting caring behaviors is central to having a concern for a person's well-being. This includes patients, nurses, and, in general, the welfare and wellness of others. Caring is having the ability to extend compassion, and concern for ourselves. Unfortunately, nurses often care for others before caring for themselves. We need to remind each other our own care is valued and essential to avert burn-out or fatigue.

There have been many influential cheerleaders supporting and caring about my perianesthesia growth and development, especially when I was a new member of the PeriAnesthesia Nurses of New Mexico (PANANM) and ASPAN. I am grateful for vast mentors, numerous lessons learned, challenges met, and friendships discovered along the way. A favorite class I teach is airway simulation. New graduates are wide-eyed, receptive to learning, and eager to start caring for their own patients. I have made it a habit to suggest they find a mentor to help support their career, as one day they will be someone's preceptor or mentor. I often inquire if they belong to a national organization. Sadly, a very low percentage of learners respond yes. By the time I finish sharing my professional path of belonging to a national organization, why it matters, the engaging opportunities I have received through membership and serving on component and national boards, they are nodding their heads and considering the idea is worthy. Lifelong learning experience is essential to our specialty. Let's embrace Benner's varying levels proudly!¹

Nurses on Committees, Boards, and Governance

Nurses have a powerful advocating tool. It is their voice. It is often only shared and interpreted as a whisper. We can be impactful catalysts by turning up the volume and tone of our message. Together, we can create positive changes for our healthy environments, healthcare initiatives and dynamic patient care through collaborative advocacy and kindness.

Nurses are the perfect team members to serve on a board of directors. Nurses

strategize daily at the bedside, advocating for patients' well-being. They know how to effectively set goals, purposefully plan and execute tasks necessary to achieve excellence. There are so many benefits to serving on components or national committees. When nurses volunteer and participate to share their community service, there are mutual advantages; personal and professional gratification combined to improve instructional and organizational outcomes.^{2,3}

I share this same optimism for ASPAN, as our annual National Conference just concluded. New officers were installed. New committee team members are meeting each other, excitedly anticipating the prospects of learning new knowledge, and developing skill sets and ideas to share with the bedside nurses on their home units. Boards of directors at component and national levels, and committees and strategic work teams (SWTs) are planning for the future with inspired purpose, developing their charters and organizational goals. They stretch to reach goals and deliver outcomes. All governance need nurses.

Four Seasons - Seeds for Inspiration

I adore all four seasons, as each offers its own individual climate conditions based on degrees of light, temperature ranges, growth, or dormancy. Each transition allows us to reflect or respond depending upon the flux of weather patterns. Oh, how I adore warmer, longer days, new beginnings: flourishing growth and development, visions for high hopes seeking bright futures, observing purposeful strategizing from prior planting, optimism for cooperative weather and bountiful returns. Credence and patience drive innovation for excellence. Plant seeds for inspiration and success.

New Beginnings

Take this as a cue to embrace your own new beginnings. What do you want to learn? How can you cultivate your growing season? Are you willing to be a novice or advanced beginner and try a new task, project, join or lead a committee? If you identify as competent or proficient, how can you advance to a higher level? As an expert, share your knowledge, processes, and experiences to help other nurses cultivate skills. We need to



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Deadlines for inclusion in *Breathline*:

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JanuaryNovember 1
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MayMarch 1
JulyMay 1
SeptemberJuly 1
NovemberSeptember 1

Now is the Time... Apply for an ASPAN Scholarship!

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – Coordinator, Development Strategic Work Team

Are you looking toward an academic nursing degree, thinking about becoming certified, attending ASPAN National Conference in Denver 2023, traveling on a humanitarian medical mission, or joining nurses around the country at the Nurse in Washington Internship (NIWI)?

Applications are Available Online and Due No Later Than July 1, 2022

The ASPAN Scholarship/Award Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia and pain management nurses aspiring to enhance their abilities to contribute to the perianesthesia nursing community. This scholarship/award granting year is 2023.

The scholarship application is based on a point system reflecting your current participation in component or ASPAN national activities. The points needed are easy and fun to achieve. Points for attending a component local, district, or state level educational session...ASPAN/component virtual conferences count, too. Volunteering for a component project, sitting on a component board of directors, providing a lecture, and even attending the ASPAN National Conferences all count towards scholarship points. The points add up quickly.

Applicants must be current Active Category members of ASPAN and a component for the past two full years prior to the application deadline, and must provide the customary letters of recommendation, statement of financial need, and a personal statement. Scholarship/award information is available online only. Specific eligibility requirements for each type of scholarship/award are detailed in the instructions and required items lists on the [Scholarship Program webpage](#), or from www.aspan.org, select Members > Scholarship/Award Program. 🌱

Scholarship/Award Program (to be awarded in 2023)

\$1,500 tuition scholarships for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing (for degree classes in 2023)

ASPAN NATIONAL CONFERENCE AWARDS

- \$1,000 in-person attendance awards for ASPAN's 2023 National Conference held in Denver, Colorado
- \$410 registration fee awards for viewing electronic educational sessions from ASPAN's 2023 National Conference

\$1,000 for Humanitarian Missions in 2023

Two \$2,000 awards for the 2023 Nurse in Washington Internship (NIWI) program

\$314 for CPAN or CAPA Certification Exam fee in spring 2023 or fall 2023
ASPAN's Scholarship/Award Program postmark deadline is July 1, 2022.
Click [HERE](#) for application information.

Scholarships



Katrina Bickerstaff
BSN, RN, CPAN, CAPA

Legacy for Life



What does being a Legacy For Life member mean to me? To explain it very simply, it is my life! I have been a member of ASPAN for the majority of my professional career. The honor of being ASPAN president (1993-1994) allowed me to reach dreams I had only imagined. It gave me the privilege of meeting and speaking with members all over the country. Belonging to the Legacy for Life family allows me the opportunity to "pay it forward," investing in programs, education, and future members, ensuring that the mission, goals, and life of ASPAN continues to thrive for generations of future perianesthesia nurses. 🌱



Dolly Ireland
MSN, RN, CAPA,
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A High Five From the Well-being SWT!

Juli Reynolds, BSN, RN, Coordinator and Kim Godfrey, BSN, RN, CPAN, Vice-Coordinator, Well-being Strategic Work Team



Juli Reynolds
BSN, RN

Every day in the morning huddle (if there is time for such a thing), a group of nurses are told “great job, hang in there, we know it’s a lot... and one more thing – there is just one more thing...” And yet, we still talk about resilience as something we need, not something we have. If you are reading this, if you are still showing up, having gone through what you have been through - you are resilient.

Psychologists define resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress.”¹ This can come from any area of our lives, not just our work life. Resilience is also much more than just “bouncing back” from difficult experiences. Resilient nurses get stronger and work to bring about change in response to circumstances outside of our control. We can shift our mindset or perspective to move us forward. Times that call for resilience also call for meaningful personal growth. When we lean into our own well-being as a way to not just bounce back or “hang in there,” we become more of who we are meant to be.²

Given the well-documented high level of burnout among nurses, resilience is expected to be a significant predictor of nurse burnout.³ You didn’t become a nurse only to become exhausted, disillusioned, stressed to the point of breaking. You became a nurse because you believed you could make a difference, meet your life goals, and make a living doing something that would be fulfilling. Resilience is a key factor in making that happen.

When nurses don’t take care of themselves or work to create a way to achieve balance between occupational stressors and life’s challenges, the consequences can have a long-lasting effect on our personal health, our family, and patient safety as well. So, we need to give this some intention. Before we do the work to reexamine, redefine, and reprioritize how we take care of ourselves, let’s celebrate how resilient you already are! None of us are in this alone. There are millions of nurses around the globe who are seeking to be their most resilient self.

Barbara Fredrickson, a psychologist, professor and researcher of emotions and positive psychology, discovered that experiencing positive emotions broadens people’s minds and builds their resourcefulness. This expanded resourcefulness allows them to become more resilient to adversity. Positive emotions, therefore, increase the human ability to see new possibilities, to bounce back, to build meaningful connections, and to reach our full potential.⁴

Maybe We All Need to Start Giving Out More “High Fives”

Researchers Michael Kraus, Cassy Huang and Dacher Keltner spent the entire 2008-2009 season examining the impact of three types of nonverbal communications on each team in every NBA game (high fives, hugs, and bumps). They found the most successful teams and individual players made more consistent contact with their teammates.⁵

“Numerous research studies have shown the power of touch to alleviate anxiety and decrease cortisol levels. Touch has the ability to trigger the release of oxytocin which is a hormone that helps create a sense of trust in humans. Trust encourages teammates to take intelligent risks and push the performance envelope.”⁶

It was also noted that the most significant differences were seen in the teams that reached out to the player who had made a negative play. High fives are not just for the “way to go.” Sometimes they are for “you got this, let’s get back up and get going.”

If you are not in a setting where anyone is giving you a high five, go to the mirror and give yourself a high five. Sounds silly, but, according to Mel Robbins, “You’ve got a lifetime of positive associations with giving high fives to other people. When you give somebody a high five, it says, ‘I believe in you,’ ‘Way to go,’ ‘You got this,’ ‘Let’s do this.’ So, when you raise your hand to the mirror, all that positive programming gets fused with your reflection.” Robbins goes on to explain the field of research called Neurobics, the use of mental exercises to create new neural pathways in the brain by employing the senses in unconventional ways, like a high five in the mirror.⁷

There is not a one-size-fits-all approach. There are many things we can do to strengthen our well-being as we focus on these four areas: overall wellness, connection, healthy thinking, and sense of purpose. None of these are new, and adding just one simple practice can make all the difference:

- Engage in mindfulness and spiritual practices
- Practice gratitude
- Intentionally practice positivity and expressing positive emotions
- Have a sense of humor; laugh
- Nurture social relationships and meaningful connections
- Develop stress management rituals
- Build emotional intelligence and flexibility
- Promote both reflective and critical thinking
- Envision and plan for your ideal future



Kim Godfrey
BSN, RN CPAN

Be the nurse you want to be. Keep showing up how you want to show up - at work and at home. High five! You got this! Let's do this!

Stay tuned for more from the Well-being SWT throughout the year. We will be bringing the "high fives" in reminders, education, encouragement, tips, and wellness hacks to keep us all moving forward.

High five!

REFERENCES

1. American Psychological Association. Building your resilience. February 1, 2020. Accessed March 28, 2022. <http://www.apa.org/topics/resilience>
2. Markolf SA, Chester MV, Eisenberg DA, et al. Interdependent infrastructure as linked social, ecological, and technological systems (SETs) to address lock in and enhance resilience. *Earth's Future*. 2018;6(12):1638-1659.
3. Guo YF, Luo YH, Lam L, Cross W, Plummer V, Zhang JP. Burnout and its association with resilience in nurses: a cross sectional study. *J Clin Nurs*. 2018;27(1-2):441-449.

4. Fredrickson BL. The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions. *Am Psychol*. 2001;56:218-226. doi:10.1037/0003-066X.56.3.218
5. Kraus MW, Huang C, Keltner D. Tactile communication, cooperation, and performance: an ethological study of the NBA. *Emotion*. 2010;10(5):745.
6. Dowaliby M. The science behind the high five (and how to make it work at work). Geniuslink.com. April 19, 2018. Accessed March 28, 2022. <https://geniuslink.com/blog/the-science-behind-the-high-five-and-how-to-make-it-work-at-work/>
7. Robbins M. *The High 5 Habit: Take Control of Your Life with One Simple Habit*. Hay House; 2021.

BIBLIOGRAPHY

Enlighten. *Emotions & Essential Oils*. 5th Edition: A Modern Resource for Healing (Kindle Locations 475-479). Kindle Edition; 2016. 🌿

Coming in the July/August issue of *Breathline*:

Photos and full coverage of the National Conference in Philadelphia, April 7-10, 2022!

Liberty Bell
Photo by A. Golod
for PHLCVB ▶



◀ (Far left) Campos Cheesesteaks
Photo by K. Huff for PHLCVB

◀ (Left) City Hall viewed from LOVE Park
Photo by A. Golod for PHLCVB

care about all perianesthesia matters.

To nurture a thriving collaborative organization, it demands a variety-pack from the gardens, flowerbeds, and fields. We all sprout at varying stages, conditions, and environments. Belong, be active in our unique organization. Contribute your time, energy, and involvement **as perianesthesia caring collaborators**. Empower your caring practice through ASPAN!

REFERENCES

1. Current Nursing. Nursing theories. 2020. Accessed February 21, 2022. https://currentnursing.com/nursing_theory/nursing_theorists.html
2. Benson L, Harper KJ. BoardRoom Press. Why your nurses should serve on community health boards. February 2017. Accessed February 21, 2022. <https://www.nursesonboard-scoalition.org/wp-content/uploads/why-your-nurses.pdf>
3. Sundean LJ, Waddell A, Bryant DC, Adams JM. Amplifying nurses' influence through governance: responding to a call to action. *J Nurses Prof Dev*. 2020;36(3):117-120. <https://doi.org/10.1097/NND.0000000000000641> 🌿



2022 Nurse In Washington Internship (NIWI) Report

Tracy Franchuk, BSN, BSHCA, RN, CAPA

The Nurse in Washington Internship (NIWI) “is open to nurses, nursing students, and nurse organization leaders who are interested in an orientation to the legislative process.”¹ This outstanding informational program is sponsored by the Nursing Organizations Alliance (NOA) which “exists to connect elected and staff leaders of professional nursing organizations to inspire, collaborate, and provide a forum for information exchange and the sharing of resources and best practices.”¹

NIWI benefits and objectives are simple with an understated importance. Understanding our governmental process, how to be an informed and an involved advocate for nursing, networking to build and sustain relationships, and so much more.

My Journey to NIWI

After serving on my component state board of WISPAN governmental affairs liaison for the second term, I applied for the ASPAN NIWI scholarship and thought what a wonderful educational experience it would be. Never did I think I would be awarded the opportunity. Well, two years later, here I am, a small-town Wisconsin perianesthesia nurse in Washington, D.C.

NIWI Education

We had a diverse group of nurses from all over the country. The amount of education and experience we had representing nursing was impressive. However, we all have the similar commonality and goals: we are nurses who want together to learn more on our governmental processes and use our skills to make a difference.

Over the course of the internship, I learned so much but wanted to specifically share some simple takeaways I feel would benefit each individual reader. First of all, we are all people. Our government was chosen by us and works for us. If we do not share our nursing expertise and experiences in our storytelling, no one will know. Decisions will be made for us, and not with us. Relationship-building is vital. Become a resource to your governmental servants. Share your nursing expertise that has been built over the years to educate and make positive changes with these elected officials.

Secondly, a particular skill that I am taking away from this internship is the ability to create ‘asks’ in a brief and easy manner. We do this in our daily nursing tasks. However, seeing the simplicity of this in writing and applying it is creating a craft that can be used in many situations: from patients, to physicians, to leadership and with our political leaders.

A cherry on the top was then ASPAN Vice President/President-Elect Connie Hardy Tabet attending as well. Connie and I connected prior to the internship and were able to meet there. What a wonderful time we had, getting to know each other, sharing our nursing stories and passions, and personal lives. Connie brings many gifts to our ASPAN organization, and I was blessed to spend one-on-one time getting to know her personally.

My ‘ASK’ of You

It is important to know what is happening in your local communities and states, especially around healthcare issues. My ask of you: if you do not know who your local, state, and federal representatives are, take 10 minutes and do a little internet research to find out. Take this a step further to check out their websites and sign up for email updates. Send a personal letter to your representative introducing yourself, discuss your knowledge and education, and offer to be a resource for nursing or healthcare issues. It is amazing how small a world it is, and you never know what will happen when you put your nursing intention out to the universe.

We have many challenges as nurses in the years ahead. By facing them as a collective whole, we can convey effective solutions to our elected officials and make a difference! I was honored and humbled to attend the NIWI event, and want to thank ASPAN for this scholarship and opportunity. The enhanced knowledge I have obtained will benefit all of us as I continue my ASPAN and WISPAN governmental affairs roles.

REFERENCE

1. Nursing Organizations Alliance. Accessed March 25, 2022. <https://www.nursing-alliance.org/>



◀ From left, Tracy Franchuk, with Connie Hardy Tabet, at NIWI in March, 2022.

ASPAN Research Redesign SWT: A Cultivated Proposal: From Research to Clinical Inquiry

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

Coordinator, Evidence-Based Practice Strategic Work Team

An ASPAN strategic work team (SWT) enlists subject matter experts to conduct specific projects and tasks for the organization. These experts are often a group of individuals established to work on a single defined task, activity, or problem. The average lifespan of a strategic work team is approximately two years. Together, members of a SWT strategize to cultivate ideas, gather information, review, analyze, and ultimately produce a recommendation to present to a committee.

In 2021, ASPAN President Jennifer Kilgore appointed eleven individuals to be active members of the Research Redesign SWT. This group was charged with brainstorming, gathering information, reviewing, analyzing, and ultimately producing a recommendation to present to the 2022 ASPAN Board of Directors and the 2022 ASPAN Representative Assembly (RA).

The Research Redesign SWT members included:

- Two co-coordinators, Linda Beagley, MS, BSN, RN, CPAN, FASPAN, and
- Amy Dooley, MS, RN, CPAN, CAPA, FASPAN
- One Board of Directors liaison, Peggy McNeill, PhD, RN, APRN-CNS, CCRN-K, CCNS, TCRN, CPAN, NE-BC, NHDP-BC, FCNS, FAAN, FASPAN
- Mary Baird, MSN, RN, CPAN
- Amy Berardinelli, DNP, RN, NE-BC, CPAN, FASPAN
- Theresa Clifford, MSN, RN, CPAN, CAPA, FASPAN
- Jacque Crosson, DNP, RN, CPAN, FASPAN
- Melissa Davidson, MSN, RN, CPAN
- Denise O'Brien, DNP, RN, ACNS-BC, CPAN, CAPA, FAAN, FCNS, FASPAN
- Daphne Stannard, PhD, RN, CNS, NPD-BC, FCCM
- Linda Wilson, PhD, RN, CPAN, CAPA, NPD-BC, CNE, CNEcl, CHSE-A, ANEF, FAAN, FASPAN

The SWT members possess twenty-five varieties of highly esteemed credentials. All members are active registered nurses with board certification in the perianesthesia and/or the critical care specialty. The combined ASPAN dedication, successes, and contributions span over thirty years to include, members of the Nominating Committee, the Research Committee, the Clinical Practice Committee, the EBP SWT, the Standards & Guide-

lines SWT, the Bylaws SWT, the Perianesthesia Fellows SWT, and the Management and the Advanced Degree SPGs, several chairs, coordinators and mission directors, past ASPAN presidents and secretaries, authors, manuscript reviewers, PhDs, DNPs, MSNs, FASPANs, editors, awardees, Mary Hanna Journalism Award reviewer for JoPAN, and ASPAN Joanna Briggs Institute (JBI) grant recipients....to name a few.

So, what was the purpose of this SWT? The Research Redesign SWT was charged with taking an in-depth look into the roles, responsibilities, achievements, outcomes, purpose, history, and goals of the Research Committee, the EBP SWT, and the Innovation SWT. Basically, its purpose was to ensure ASPAN is current in respect to research, EBP, and innovation, in order to best support perianesthesia nurses for optimal patient and family outcomes, and, ultimately to condense and concur as a premier nursing specialty

Clinical Inquiry is All-Encompassing

Clinical Inquiry is the umbrella term that encompasses research, EBP, quality improvement, and innovation. Each of these components begin by asking a question. The question then leads to a literature search. If the literature search results in a lack of substantiated evidence, then a research study evolves. If the literature search provides evidence, then practice should be based on that evidence. The ultimate end result is to disseminate best practice into our day-to-day nursing care.

With this being known, the Research Redesign SWT knew a restructuring was needed, as you see above, there is a Research Committee, an EBP SWT, and an Innovation SWT. After a needs assessment, the SWT members agreed the most appropriate title is "**Clinical Inquiry**." A Clinical Inquiry Committee, which includes EBP and innovation, can work collaboratively with the Clinical Practice Committee and the Standards and Guidelines SWT to ensure ASPAN is providing perianesthesia nurses with the most current research and EBP.

Next Steps for Research Redesign

Next steps were to take the Research Redesign SWT recommendations to the ASPAN mid-year Board of Directors meeting, where then Vice-President Connie Hardy-Tabet reported the



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REGION THREE UPDATE

Budgeting Priorities for Happiness

Deborah Moengen, BSN, RN, CPAN
Regional Director, Region Three



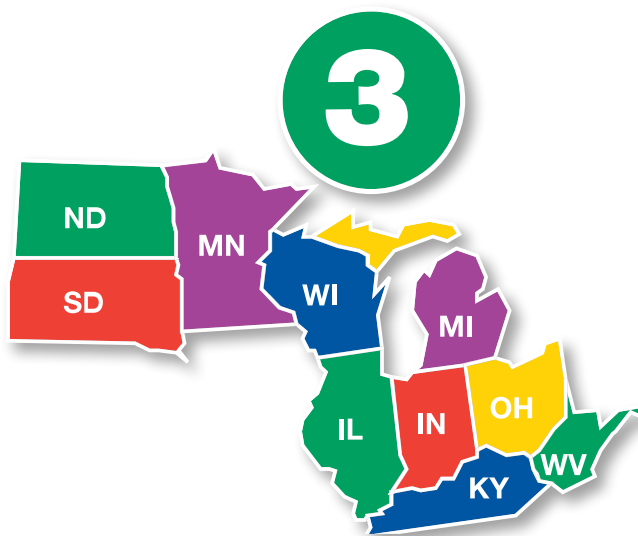
Deborah Moengen
BSN, RN, CPAN

Region Three has been focused on budgeting priorities for happiness. ASPAN's core purpose is to empower and advance the unique specialty of perianesthesia nursing. Intentionally budgeting our priorities for happiness can be empowering and advance our specialty.

Gretchen Rubin reviews questions to ask when setting your priorities to gain happiness in her article, "7 Ways to Prioritize your Time, Energy and Money."¹ Who doesn't want to be happier? Here are a few questions Region Three has been considering:

Time: Is this decision likely to strengthen my relationships with other people? Getting involved in your component, going to conferences, and volunteering for our society provide opportunities to meet people in our specialty. Community and relationships are the key to happiness. Region Three leaders understand this well by coming together in virtual meetings. Building relationships with each other has strengthened us.

Energy: When I consider a particular course of action, do I feel energized or drained? There are many leaders who have been in their roles for many years and are trying to figure out who will take their place. Consecutive terms in leadership roles brings about stability and certainty. However, the burnout is a concern. Being involved in our society should bring us energy and we should not rely on the same people to continue in their role for years. In Region Three, the leaders have




recognized the need to expend some energy for potential new leaders by creating a region intern program. The group combined their expertise to create documents and guidelines for any component to use and share.

Money: Investing in a meet and greet at the National Conference was another action item for our region. We recognized there are many times when nonmembers or new members attend the National Conference. The meet and greet provides a way to get to know them and for us to share about our components and region. Taking the time to invest in those new and old friends brought many smiles.

Empowering and advancing our specialty is my hope. The support I have found in our society has been well worth my personal time, energy, and money. I hope you can budget your priorities and keep your health number one, for your happiness.


REFERENCE

1. Rubin G. 7 ways to prioritize your time, energy and money. Inc.com. Accessed March 20, 2022. 

Research Redesign SWT's recommendation to combine the Research Committee with the EBP SWT, along with a name change for the Research Committee to "***Clinical Inquiry***." Changing the name of the Research Committee requires changing several ASPAN bylaws.

Lastly, Dr. Peggy McNeill, Director for Research, presented at the 2022 ASPAN RA meeting and put the recommended changes to a vote. The RA members overwhelmingly

approved these recommendations. The Research Redesign SWT was given an exciting and incredibly important task – to ensure ASPAN nurses are utilizing evidence-based practice and leading the way. These individuals met bi-monthly contemplating, brainstorming, discussing, laughing, engaging, and building life-long friendships.

Thank you for the last two years of dedication, perseverance, and grit! 

Leadership Support for Clinical Inquiry

Margaret McNeill, PhD, RN, APRN-CNS, CCRN-K, CCNS, TCRN, CPAN, NE-BC, NHDP-BC, FCNS, FASPAN, FAAN
ASPAN Director for Clinical Inquiry

Research, evidence-based practice (EBP), and quality improvement are important strategies for describing, understanding, and validating perianesthesia nursing; they are integral to the advancement of perianesthesia nursing practice. Collectively, these activities can be termed clinical inquiry.

Clinical inquiry begins with a *culture* of inquiry where everyone on the team feels empowered to ask questions:

- Why are we doing that practice in that way?
- What is the best way to solve this problem?
- Why do we have these outcomes?
- What can we do to make this better for our patients?
- What can we do to make this better for our staff?

Leaders must support the culture of inquiry, while actively participating in clinical inquiry is critical for all nurses and interprofessional partners.

Strategies for leaders to achieve success in clinical inquiry include the following:

- Prioritize clinical inquiry projects
- Align clinical inquiry projects with strategic goals
- Facilitate conduction and implementation of projects
- Apply best evidence to make leadership decisions
- Ensure policies and procedures are grounded in best evidence
- Evaluate the clinical inquiry culture in your unit/department/organization
- Discuss clinical inquiry questions, projects, and outcomes in huddles, staff meetings, and evaluations
- Become educated on clinical inquiry and appraisal of evidence
- Support education of others
- Identify and use the resources available in support of projects, from relationships to funds
- Recognize clinical inquiry successes of your team members

One last strategy for leaders at all levels is to role model and support professional organization

involvement. ASPAN is the premier source of par-anesthesia nursing knowledge. From our Standards and Guidelines, to the website, to National Conference, ASPAN membership, involvement, and resources can help in the quest to develop a healthy culture of inquiry.

BIBLIOGRAPHY

Birken S, Clary A, Tabriz AA, et al. Middle managers' role in implementing evidence-based practices in healthcare: a systematic review. *Implement Sci.* 2018;13(1):149. Published 2018 Dec 12. <https://doi.org/10.1097/NNA.0000000000001099>

Caramanica L, Gallagher-Ford L, Idelman L, Mindrila D, Richter S, Thomas BK. Establishment of nurse manager leadership competencies to support clinicians in evidence-based practice. *J Nurs Adm.* 2022;52(1):27-34. <https://doi.org/10.1097/NNA.0000000000001099>

Fisher CA, Sheeron J. Creating a culture of EBP: what's a manager to do? *Nurs Manage.* 2014;45(10):21-23. <https://doi.org/10.1097/01.NUMA.0000453943.62534.03>

Kowalski MO. Strategies to heighten EBP engagement. *Nurs Manage.* 2017;48(2):13-15. <https://doi.org/10.1097/01.NUMA.0000511928.43882.55>

Melnik BM, Hsieh AP, Gallagher-Ford L, et al. Psychometric properties of the short versions of the EBP beliefs scale, the EBP implementation scale, and the EBP organizational culture and readiness scale. *Worldviews Evid Based Nurs.* 2021;18(4):243-250. <https://doi.org/10.1111/wvn.12525>

Melnik BM, Gallagher-Ford L, Long LE, Fineout-Overholt E. The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews Evid Based Nurs.* 2014;11(1):5-15. <https://doi.org/10.1111/wvn.12021>

Shuman CJ, Ehrhart MG, Torres EM, et al. EBP implementation leadership of frontline nurse managers: validation of the implementation leadership scale in acute care. *Worldviews Evid Based Nurs.* 2020;17(1):82-91. <https://doi.org/10.1111/wvn.12402>

Sy V. Igniting the fire of inquiry: strategies to advance hospital nursing research. *Nurs Manage.* 2020;51(6):50-53. <https://doi.org/10.1097/01.NUMA.0000662708.03559.19>

Tucker S, Melnik B. A leader's guide to implementing evidence-based practice. *Am Nurse Today.* 2019;14(6):6-9



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FCNS, FASPAN, FAAN

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Clinical Practice Hot Topic: Video and Audio Recording in the Perianesthesia Environment

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

The Clinical Practice Committee receives many questions from members and non-members each month. To submit a question, please go to the ASPAN home page and look under the Clinical Practice tab.



Melissa Davidson
MSN, RN, CPAN

Q: What does ASPAN say about nurses or patients and audio and video recording at work?

A: It was the call all managers hate. The caller ID said, “Human Resources.” I cautiously answered the phone to be asked, “Does Sally Smith* work for you? She’s in a video on TikTok drawing a patient’s blood and there are a ton of comments.” What happens when a patient voluntarily records something at your facility? How do you handle this? What is the official ASPAN stance on recording?

The facility I work for has a general statement in the consent for treatment. It reads, “Patient and family will refrain from video and audio recording in the facility without the express written consent of the workforce member.” If the staff suspect they have been recorded, the nurse lead will approach the patient and let them know the policy. If the patient admits to recording, they will ask them to delete the recording. The policy then provides a chain of escalation for dealing with refusals.

Video and audio recording is beneficial for some patients. In the preanesthesia testing department, patients frequently ask if they can audio record our instructions. As the COVID-19 pandemic restricted visitation, this was a viable alternative for our patients who needed another person to ask questions and help with recall. There are also options people are more familiar with, including Zoom and other virtual platforms, which allow active participation without the person being physically present. Many facilities utilized video conferencing for family participation when visitation was limited.

In the case of Sally, she completed a blood draw without any issues. When I spoke with her, she remembered the patient. She told me the patient was holding her phone strangely, but she never really thought anything of it. However, the comments on the video were vicious. They attacked her technique, the number of vials she had to draw, and how long she held pressure after the draw. This was made worse because her

badge with her first and last name was clearly visible. This was an example of the recording providing no benefit to the patient, and potentially harming the employee. She was mentally distressed by the comments, although she knew she had done nothing wrong, and she actually receives many compliments each year from patients.

Recording has made national news with cases of medical staff insulting patients while they were under anesthesia. In 2015, a Virginia man audio recorded his colonoscopy procedure and later won a \$500,000 settlement as the anesthesia provider disparaged him throughout the procedure.¹ In many states, it is legal for one party to record another without asking for consent. To establish a policy in your facility, speak with the legal department about what is allowed.

ASPAN speaks to the use of recording devices in Position Statement 9: A Position Statement on Workflow Interruptions, Technology, Social Media and Perianesthesia Practice.² In many states, patients have a right to record their health-care providers. It’s up to the facility and the providers to set clear expectations with their patients. It’s also important to remember everything is recorded, cameras are everywhere, and there is never an excuse for bad behavior. Don’t say anything when a patient is unaware that you wouldn’t say when they are awake. As professionals, we owe it to our patients to be respectful, as they owe it to us to do the same.

*Names have been changed.

REFERENCES

1. Jackman T. Anesthesiologist trashes sedated patient – and it ends up costing her. Fairfax, Virginia. June 23, 2015. Accessed March 21, 2022. www.washingtonpost.com/local/anesthesiologist-trashes-sedated-patient-jury-orders-her-to-pay-500000/2015/06/23/cae05c00-18f3-11e5-ab92-c75ae6ab94b5_story.html
2. American Society of PeriAnesthesia Nurses. Position statement 9: a position statement on workflow interruptions, technology, social media and perianesthesia practice In: *2021-2022 Peri-anesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2020:146-148.

ASPAN Represented at Innovative Design Studios on Multidisciplinary Handoff

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP, FASPAN; Connie Hardy Tabet, MSN, RN, CPAN, CAPA, FASPAN; Alphonzo Baker Sr., MSN, RN, CAPA; LeighAnn Chadwell, MSN, RN, NE-BC

Collaborative Innovation Designs

Design studios are a methodology for collaborative innovation. They are best conducted with a very diverse group of individuals who bring different perspectives and experiences to the think tank. Design studios are used to explore a broad topic, and the group uses inductive and deductive thinking to create synthesized solutions that are truly unique or innovative.

AHRQ, APSF, and HERO

The sponsoring agency was the Agency for Healthcare Research and Quality (AHRQ). The Multidisciplinary Handoff Group is a branch of the Anesthesia Patient Safety Foundation (APSF). The Handoffs Effectiveness Research in the peri-Operative environment (HERO) Design Studio attendees were inclusive of anesthesiologists, CRNAs, nurses, aeronautical engineers, and human factors engineers. They were led by the Vanderbilt University Medical Center Strategy and Innovation Center. To have ASPAN, our perianesthesia voices and perspective, included was an honor and a definite contribution to the group's dynamic thinking. To brainstorm with such a diverse group of disciplines was extremely rewarding and invigorating. We heard back from several of the group leaders, and they were impressed with the engagement and contributions of the four ASPAN attendees.

Improving Perianesthesia and Perioperative Multidisciplinary Handovers

This invitational event took place virtually on February 15 and 16, 2022. The focus was on improving perianesthesia and perioperative multidisciplinary handovers. Over 80 national organizations were represented with 101 attendees. The majority of time took place in small, interactive groups generating and processing assigned challenges aimed at building upon smaller breakout design solutions. Beforehand, they shared an eleven-page research Executive Summary.

Ending the two-day session, 18 teams shared their 90-second group report out: final topic; why it matters; basic concept; and next big steps. ASPAN's team members abbreviated a few of their prototype reports below.

Group One Final Topic: One ASPAN member was the host for the design group focused on including patient and family as members on handover reports. This was a topic brought forward by multiple people the day before and was selected by the entire attendees as an area worthy of additional exploration. Our group explored ways to engage and communicate in new ways, in real-time with patients and families, and how to include them in handover reports. While the draft prototype we created was exciting, there is still much work to be completed, and in-depth discussion of the potential solutions need to remain minimal.

Why it matters: Poor handovers put patients' safety at risk. Including the expert about the patient in select handover and reports could reduce missed data or important past medical history diseases that could impact care today.

Basic concept: Utilization of technology to guide patients and families in the hand-off conversation and improving patient safety by reducing omissions.

Next big steps: The group will continue to create the prototype with a larger group inclusive of computer/EMR programmers and human factors engineers. If the prototype proves feasible, and, if it passes, it will move into beta testing.

Group Two Final Topic: Barriers from culture was another common theme identified from the first day of exploration. Culture change was deemed essential to prioritize handoffs, effective communication for sustainability, and to support psychological safety.

Why it matters: Ultimately, the goal and outcome for every team member is to want to be committed, inspired, and empowered to perform handoffs for improving patient safety.

Basic concept: Bottomline, when there is a healthy, thriving, impactful environment, it will promote effective patient outcomes and communication for everyone.

Next big steps: Enable champions for change through task forces, education, impactful stories, data collection, and real-time feedback. It will be no small feat, will take time and energy to change embedded cultures to care more to gain influential outcomes.



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Membership & Marketing: The Year in Review

Shay Glevy, BSN, RN, CPAN, CAPA – Coordinator, Membership/Marketing Strategic Work Team



Shay Glevy
BSN, RN, CPAN,
CAPA

What is Membership and Marketing All About?

The purpose of the M/M SWT is to coordinate the recruitment, retention, and recognition of our 13,000+ ASPAN members. It serves to expand the image of ASPAN and awareness of all phases and settings of perianesthesia nursing practice. Our committee is 36 members strong, and we work throughout the year on various projects and programs. The SWT had many accomplishments this last year:

- We worked on a theme and products for PeriAnesthesia Nurse Awareness Week (PANAW). The theme, “Together We Stay Strong,” was celebrated in February of this year
- Member-Get-a-Member (MGM) campaign: Membership recruitment, retention, and recognition continue to be a focus for the M/M SWT. The 2021 Member-Get-a-Member campaign had 570 members participating and their work led to the recruitment of 719 new and returning members
- Our Recruiter of the Year was announced at the National Conference and will be featured in the next issue of *Breathline*
- M/M SWT members also serve as component liaisons for component presidents and vice-presidents, connecting with them three times a year and providing information and assistance. Any ASPAN member needing membership materials can contact Doug Hanisch, Marketing and Communications Manager at [dhanisch@aspan.org](mailto:ghanisch@aspan.org)
- The Gold Leaf team is working on proposals for revisions and revamping of the awards program to present to the ASPAN Board of Directors this coming year
- Social media presence: connecting with ASPAN members and expanding the image of ASPAN is a big part of the M/M SWT. ASPAN's social media platforms include Facebook, LinkedIn, Instagram, and Telegram
- ASPAN's Facebook page continues to be the most popular venue and has approximately 7.4 K followers
- The M/M SWT also has a Millennials team
- We held an ASPAN Round Table on Zoom in January and got a lot of great suggestions
- ASPAN Awards Recognition of members is an exciting part of the M/M SWT's work. Teams reviewed the 2021 Gold Leaf Component of the Year Award applications, Above and Beyond Award nominees, and the Award for Outstanding Achievement nominees. These winners were announced at National Conference in April and will be featured in the next issue of *Breathline*

I want to thank the 2021–2022 Membership/Marketing Strategic Work Team members and the ASPAN Board of Directors for their hard work and dedication this past year. It has been a pleasure serving as the M/M SWT coordinator and I look forward in serving in the role for 2022–2023! 🌱

HERO Design Studio

Overall, participating in the HERO Design Studio event was a rewarding experience and was created to facilitate collaborative, interactive discussion regarding handoff challenges through design solutions. Collectively, we agreed this event was extremely engaging and a great opportunity to work with multidisciplinary professionals within the perioperative environment. Representing on behalf of ASPAN and perianesthesia areas, it was essential to encourage inclusivity of nursing and our voices during handoff within preop, post-op,

phase II, and extended recoveries. It was an honor to represent ASPAN and perianesthesia nursing in this event and build new partnerships with multidisciplinary colleagues from across the nation. Each ASPAN member contributed to the dynamic teams, learned, laughed, and designed an excellent prototype related to collaborative teamwork and handoff with our five-year future visions. This is just the start of new avenues for ASPAN to merge dynamic caring at the bedside. 🌱



Invite your colleagues to join ASPAN. You can obtain promotional materials and membership applications by contacting the National Office at 877.737.9696. Be sure to place your name as the recruiting member on each application form you distribute, which makes you eligible to receive prizes.



ASPAN

REWARDS

January 1 – December 31, 2022



These awards are for individuals who recruit 4-9 ASPAN members during the calendar year. They are also given to members who are randomly selected as Recruiter of the Quarter from each ASPAN Region.



ASPAN Member Pin

This distinguished gold-plated lapel pin features ASPAN's Legacy Logo and name on a deep green background with clutch back.



Perianesthesia Nursing Team Tee

This stylish unisex t-shirt is made of 50/50 cotton/polyester in a classic silhouette. Heather royal color. Available in S, M, L, XL and XXL.



\$25 Amazon Gift Card

Receive a \$25 gift card to purchase the item(s) of your choice from Amazon.com.



Member -get-a- Member

REWARDS

January 1 – December 31, 2022

TIER 2

These awards are for individuals who recruit 10 or more ASPAN members during the calendar year. If you are eligible for a Tier 2 award, you may select an item from Tier 1 if you prefer.



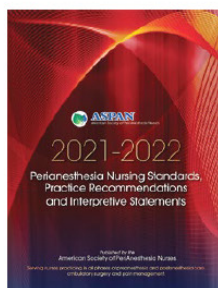
\$50 Amazon Gift Card

Receive a \$50 gift card to purchase the item(s) of your choice from Amazon.com



ASpan Zip Pullover

Made with a breathable, moisture wicking fabric that offers UV protection and resists snagging. Ladies or Men's available; ladies pictured. Available in S, M, L, XL, and XXL.



Perianesthesia Nursing Standards

Receive one copy of the authoritative set of care practices for which perianesthesia nurses are responsible.

TIER 3

Recruiter of the Year

This prestigious award is given to the individual who recruits the most new members during the calendar year. In appreciation for their remarkable work, ASPAN is pleased to award the Recruiter of the Year with the following:

- > **Complimentary basic registration to the next ASPAN National Conference**
- > **Complimentary one-year membership to ASPAN presented at Conference**
- > **A commemorative plaque to be presented at National Conference**



Component Education Program

Illinois Society of PeriAnesthesia Nurses (ILSPAN) Fall Conference October 22, 2022. Half-day via Live webcast. For more information, please contact Kari Vigna, BSN, RN, at districtdirector3@ilspan.org. 

Education



LIVE IN-PERSON SEMINARS

ADVANCED PATIENT SAFETY:
NEW APPROACHES AND DIRECTIONS

October 15, 2022 SATURDAY
Burlington, VT

PERIANESTHESIA CERTIFICATION REVIEW

August 6, 2022 SATURDAY
Sacramento, CA

LIVE WEBCASTS – FULL-DAY

FOUNDATIONS OF PERIANESTHESIA PRACTICE

July 16, 2022 SATURDAY

PAIN MANAGEMENT IN THE PERIANESTHESIA AND
CRITICAL CARE SETTINGS

July 23, 2022 SATURDAY

PEDIATRICS: BEYOND THE BASICS

July 30, 2022 SATURDAY

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

August 6, 2022 SATURDAY

PERIANESTHESIA CERTIFICATION REVIEW

July 10, 2022 SUNDAY

August 20, 2022 SATURDAY

September 24, 2022 SATURDAY

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

October 5, 2022 WEDNESDAY

October 12, 2022 WEDNESDAY

October 19, 2022 WEDNESDAY

PERIANESTHESIA PATHOPHYSIOLOGY AND
ASSESSMENT: A SYSTEMS APPROACH

August 13, 2022 SATURDAY

PERIANESTHESIA STANDARDS AND IMPLICATIONS
FOR PRACTICE

October 22, 2022 SATURDAY

REFRESHING YOUR PERIANESTHESIA PRACTICE

September 17, 2022 SATURDAY

SAFETY BEGINS WITH US

September 10, 2022 SATURDAY

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

October 1, 2022 SATURDAY

LIVE WEBCASTS – HALF-DAY

ADVANCED CARDIOVASCULAR AND PULMONARY
PATHOPHYSIOLOGY

July 17, 2022 SUNDAY

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

July 24, 2022 SUNDAY

INNOVATIVE CONCEPTS IN PEDIATRIC
PERIANESTHESIA CARE **NEW!**

October 2, 2022 SUNDAY

PERIANESTHESIA ESSENTIALS I

August 7, 2022 SUNDAY

PERIANESTHESIA ESSENTIALS II

August 14, 2022 SUNDAY

PERIANESTHESIA ESSENTIALS III

August 21, 2022 SUNDAY



LIVE WEBCASTS – HALF-DAY *contd.*

PERIANESTHESIA ESSENTIALS IV

August 28, 2022 SUNDAY

PERIANESTHESIA ESSENTIALS V

September 11, 2022 SUNDAY

PERIANESTHESIA FOUNDATION

September 18, 2022 SUNDAY

LIVE WEBCASTS – TWO-HOUR

ACUTE AND CHRONIC PAIN MANAGEMENT

July 13, 2022 WEDNESDAY

ANESTHESIA AGENTS AND TECHNIQUES

July 20, 2022 WEDNESDAY

ASPAN PRACTICE RECOMMENDATIONS AND
POSITION STATEMENTS

July 27, 2022 WEDNESDAY

COMPLICATIONS AND EMERGENCIES AFTER
ANESTHESIA

August 10, 2022 WEDNESDAY

CRITICAL CARE COMPETENCIES: NEUROLOGICAL
NEW!

August 3, 2022 WEDNESDAY

EMERGENCY PREPAREDNESS

September 14, 2022 WEDNESDAY

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

November 2, 2022 WEDNESDAY

GASTROINTESTINAL AND ENDOCRINE
PATHOPHYSIOLOGY AND ASSESSMENT

August 17, 2022 WEDNESDAY

INFECTION CONTROL CHALLENGES: IMPLICATIONS
FOR THE PERIANESTHESIA NURSE

October 26, 2022 WEDNESDAY

LEGAL AND ETHICAL ISSUES IN
PERIANESTHESIA NURSING

August 24, 2022 WEDNESDAY

MALIGNANT HYPERTHERMIA AND POSTOPERATIVE
NAUSEA AND VOMITING

August 31, 2022 WEDNESDAY

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

September 21, 2022 WEDNESDAY

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY

September 28, 2022 WEDNESDAY

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

November 9, 2022 WEDNESDAY

PATIENT SAFETY GOALS AND ASPAN STANDARDS

November 16, 2022 WEDNESDAY

PEDIATRIC ANESTHESIA AND POSTANESTHESIA
COMPLICATIONS

September 8, 2022 THURSDAY

PREANESTHESIA ASSESSMENT AND PACU
ASSESSMENT AND DISCHARGE CRITERIA

October 13, 2022 THURSDAY

PREVENTION OF UNWANTED SEDATION: PUTTING
THE PRACTICE RECOMMENDATION INTO PRACTICE

October 20, 2022 THURSDAY