



May/June 2023

Volume 43 Number 3

INSIDE:

PRESIDENT'S MESSAGE: Fulfilling the Dream with Foresight Vision

Alphonzo Baker, DNP, RN, CAPA – ASPAN President 2023-2024

*Fulfilling the Dream with Foresight Vision:
A World of Belonging, Innovation, and
Solutions*

Celebrating Nurses Month

Greetings everyone. I am so excited to begin this journey with you all. How excellent it is to begin this journey during the month in which we celebrate nurses. I applaud all of you and celebrate nurses nationwide. Nursing is still the most trusted profession.

In her article entitled, *Nursing Ranked as the Most Trusted Profession for 21st Year in a Row*, Kathleen Gaines states, “The Gallup Honesty and Ethics poll originated back in 1976 and has been conducted every year since 1990. If you’re doing the math, that means that—yup—nurses have ranked as #1 almost the entire time. (The only year they were displaced was after 2001, when firefighters claimed the top spot, understandably.) Only a small percentage of professions have been on the list every year.”¹

Continuing with her article, Gaines says, “The 2022 poll was conducted between November 9 and December 2 among Americans, and the results placed nurses above medical doctors as the most trusted profession. 79% of Americans ranked nurses as trustworthy based on the Gallup poll scale of ‘very high, high, average, low or very low.’ Last year [2021], nurses garnered even more trustworthiness at 81% ranking, but we’ll just say it’s been a tumultuous year, so those high marks are still very impressive.”¹

Gaines goes on to state, “Medical doctors landed in second place, falling behind nurses as the most trustworthy by a full 17 points or only 62% of Americans ranking them.”¹

So, you all should be proud to call yourself a nurse and not “just a nurse,” but a periesthesia nurse.

I completed a dual bachelor’s degree in Biology and Pre-Med in 1996. I then received a diploma in nursing in 1999 and a BSN in 2002. At the time, I wondered if nursing would be the best choice for me. Should I go back and continue in medical school and complete my medical doctor degree or



Alphonzo Baker
DNP, RN, CAPA

just stay as a behavioral therapist? I stopped and knew I had made the best decision. Nursing became my passion and I never looked back. I continued to look forward. I began to dream big with understanding there were people before me that paved the way to make this time in my life possible. We see diversity, equity, and inclusion advancing within our profession and it is because your voices are being heard.

I was so happy to see all my friends and colleagues in Denver and you all made my heart proud. It is truly an honor to be entrusted to carry on with fresh vision for our organization as your 2023-2024 ASPAN president: *Fulfilling the Dream with Foresight Vision*.

Foresight Vision

Nursing foresight is the ability and act of forecasting what will be needed in the future in light of emergent healthcare trends. This forecasting will have consequences for population and planetary health, as well as the profession’s purpose, definition, professional scope, and standards of practice.²

The purpose of the Foresight Leadership initiative is to design and build a transformational leadership capacity ecosystem organized around five design elements: Purpose (why the work is important to the community), Principles (what rules must be obeyed in order to realize purpose), Participants (who must be included to achieve the purpose), Structure (how will organization distributes control), Practice (what is to be done - what and how will offers be to users and clients).²

We understand our purpose for ASPAN is, “To empower and advance the unique specialty of periesthesia nursing.”³ Within the purpose of foresight leadership, the principles are our standards that offer our nurses a road map on evidenced best practices to ensure our patients are continually given quality care. Participants are each and every one of you who deliver that initial assessment call to ensure that patient will be optimized prior to surgery, hold the hand of a patient in preop prior to surgery, comfort a caregiver during surgery,





and safely recover a patient after a procedure postanesthesia. Our structure will be controlled by you, our members' voices and delivered through your Board of Directors. Our practice will offer transparency to our members so they can benefit from their dedication to continued membership within our organization.

Bright Future

For many centuries, we all have had the need to belong. We have empowered our perianesthesia nurses with toolkits on creating healthy workplace environments. We owe it to our colleagues to ensure the workplaces we go to are environments in which we can feel safe. In other words, we want a place to belong as a member of the team. At my facility, Medstar Georgetown University Hospital Perianesthesia Services, we altered PeriAnesthesia Nurse Awareness Week, PANAW, to be inclusive and include it as PATAW, which stood for PeriAnesthesia Team Awareness Week.

These changes were done to include our unlicensed team members who work alongside us to ensure quality patient care. This was a true statement of how our nurses began to establish inclusivity.

Martin Luther King, Jr. stated, "Don't allow anybody to make you feel that you are nobody. Always feel that you count. Always feel that you have worth and always feel that your life has ultimate significance."⁴

Innovation

Nurse innovation has advanced. Our goal is to continue to advance our perianesthesia nurse innovators to build tools that will challenge from the status quo and eliminate "It's always been done that way" and "If it's not broke, don't fix it." We are innovators who have clinical inquiry that will seek to see how we all can benefit from equitable solutions with justice and fairness for all our members. These innovators are our forward future thinkers. They are finding ways to improve our work collaboratively with current trends and solutions for our specialty practice.

Solutions

The time is now for you to make sure your voice is heard. It is my goal to ensure ASPAN has the best year ever to build on what my predecessors have done, and to take it a step further to increase our membership with creative solutions to revitalize components. We want to increase our visibility on advocacy and sit at the table of hospital and ambulatory surgery center boards. We will be the key stakeholders and the agents of change for our profession. Our goal is to offer educational activities and events that are continu-

al and will provide professional growth and development. We have even begun to offer an educational leadership event for our nurse leaders, a conference specifically for nursing leadership to advance their skills.

The late Dr. Martin Luther King, Jr. delivered a speech about his dream for the future. His dream was how he viewed racial injustice and how he saw a nation that worked together regardless of the color of their skin, but by the content of their character.⁵ We, together, will take care of our well-being. We are nurses who are fit for duty who take care of ourselves first, then take care of others. Let us all remember to roll up our sleeves and begin our work as a cohesive team of change agents. I challenge each and every one of you to remember your first day of nursing. If you had foresight vision, would you have thought you would be where you are today? Join me on this journey as we Fulfill your Dream with Foresight Vision!

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Calling All Perianesthesia Leaders: Join Us for the Inaugural Perianesthesia Academy!

Teri Baughman, BSN, RN, CPAN, CAPA, CEN
Coordinator, Perianesthesia Academy Strategic Work Team
ASPN Treasurer
Lynnae Elliotte, MSN, RN, CCRN-K, CPAN
Vice-Coordinator, Perianesthesia Academy Strategic Work Team

Did you know the need for highly skilled nursing leaders with effective leadership abilities is becoming more evident? Also, the connection between nurses' leadership behaviors and organizational operational outcomes has a direct correlation. What better time than now to focus on the development and the well-being of our nursing leaders.

Perianesthesia nurse leaders are fundamental to the leadership and management of clinical excellence, healthcare facility success, and the promotion of a just culture. In order to thrive at the bedside, our clinical nurses need effective leaders. The American Society of PeriAnesthesia Nurses has answered the call to support our perianesthesia leaders to develop and advance their skills. ASPAN presents the Perianesthesia Academy. The Perianesthesia Academy Strategic Work Team has been planning the inaugural event for some time, recruiting leading industry experts to speak. This program will provide the nursing leader with contemporary information and materials to support their success as a transformational perianesthesia leader.

The Perianesthesia Academy will provide opportunities for gaining new knowledge related to leadership strategies with topics including:

- Leadership: What They Didn't Teach You in School, Parts 1 and 2
- Modified APGAR Score for Perianesthesia Clinical Leaders
- Surgical Holds in PACU: A Creative Solution

- Right-sizing Your Staffing
- Implicit Bias
- Cultural Diversity and Disparities in Health Care

The Academy also offers networking with peers, leaders, and experts from diverse geographical and healthcare areas.

Calling all nursing leaders, evolving nursing leaders, and those of you who support nursing leaders: come to the Perianesthesia Academy! The dates are Friday and Saturday, September 8-9, 2023, in beautiful Albuquerque, New Mexico. A networking opportunity will take place on Thursday evening, September 7.

Warren Bennis, former advisory board chair of the Center for Public Leadership at Harvard University, said it well: "The most dangerous leadership myth is that leaders are born - that there is a genetic factor to leadership. That's nonsense; in fact, the opposite is true. Leaders are made rather than born."¹

Each leader who attends will leave this conference more informed and equipped to lead than when they arrived. ASPAN wants to be a part of preparing you to be an exceptional leader. You do not want to miss this inaugural event! Save the date, and we hope to see you in New Mexico in September.

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SAVE THE DATE

ASPN Perianesthesia Academy 2023

September 7-9, 2023 Albuquerque, New Mexico

Plan to attend the inaugural ASPAN Perianesthesia Academy 2023, a symposium designed to meet the needs of perianesthesia nurses serving in various leadership roles in all perianesthesia settings!

American Society of PeriAnesthesia Nurses, (ASPN) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Contact Hours: 12.25 contact hours. SPACE IS LIMITED! Register Early!



Katrina Bickerstaff
BSN, RN, CPAN, CAPA

Time is Running Out! Don't Be Late! Don't Miss Out! Apply for an ASPN Scholarship Today!

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

Are you looking toward an academic nursing degree, thinking about becoming certified, attending ASPN National Conference in Orlando, Florida 2024, traveling on a humanitarian medical mission, or attending AONL's Advocacy Day in Washington, D.C.?

Scholarships/Award Program: Accepting Applications Now Through July 1, 2023!

The ASPN 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 peri-anesthesia 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 ASPN national activities. The points needed are easy and fun to achieve. Points are awarded for attending a component local, district, or state level educational session. ASPN/component virtual conferences count too. Volunteering for a component project, sitting on a component board of directors, providing a lecture, and even attending the ASPN National Conferences all count towards scholarship points. You will see the points add up quickly. Don't be that person who misses out. Apply today!

Applicants must be current Active Category members of ASPN 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 at **Members > Scholarship/Award Program**, or click [here](#).



SCHOLARSHIP/AWARDS OFFERED:

2023 ASPN Scholarship/Award Program (awarded in 2024)

\$1,500 tuition scholarships for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing (for degree classes in 2024)

\$1,000 awards to attend in person ASPN's 2024 National Conference held in Orlando, Florida

Registration fee award for online access to 2024 National Conference education sessions (after conference ends)

\$314 awards for CPAN or CAPA Certification Exams held in spring 2024 or fall 2024

\$1,000 Humanitarian Mission awards (approved expenses for mission trips occurring in 2024)

Advocacy Day 2024 – two \$2,000 awards (registration fee and approved travel expenses) in Washington, D.C. – June 3-4, 2024

Please see instructions and required items lists on the Scholarship/Award Program webpage:

Members > Scholarship/Award Program or [click here](#).

ASPN's Scholarship/Award Program postmark deadline is July 1, 2023.

▼ St. Louis Downtown with Gateway Arch at Twilight



SAVE THE DATE

Perianesthesia Development Institute will be November 3-4, 2023, in St. Louis, Missouri.

The Pain Management Specialty Practice Group Is Very Busy!

Jodi Myers, MSN, RN, ACCNS, CAPA, PMGT-BC
Coordinator, Pain Management Specialty Practice Group (SPG)

Greetings from the Pain Management SPG! Safe and effective pain management is paramount in creating positive outcomes for the perianesthesia patient. The opioid epidemic, ERAS pathways, nontraditional pain management modalities, and nonpharmaceutical therapies can make postoperative pain management complex and complicated. However, Terry Clifford, ASPAN's Nurse Liaison for Special Projects, and also the Pain Management SPG mentor, and I are here to help navigate pain management topics, questions, and concerns. We are very excited to have the privilege of working with experts in perianesthesia pain management and participating in knowledge sharing with ASPAN members.

We started out the year with a survey of the ASPAN Pain Management SPG members. The survey sought to assess our members' pain management questions and to get to know our members better. We had great feedback and the responses have helped us plan subject matter as well as the platform utilized to disseminate the content. Our first virtual meeting was held in early February and included a discussion on how to share our ideas as well as meet the needs expressed by our members. For our first educational session, immediate past Director for Clinical Inquiry Margaret McNeill led an extremely informative and interactive virtual Journal Club where we discussed therapeutic attitudes when caring for patients with opioid use disorder (OUD). Dr. McNeill also helped us to better understand validity and reliability when appraising nursing research.

Later in February, the SPG newsletter was published which contained education regarding methadone and ketamine infusions for pain management for the complex PACU patient. These two medications have seen more use in the PACU setting, and Pain Management SPG members expressed a desire to increase their knowledge of these modalities. Another newsletter or Journal Club is planned for the fall quarter.

ASPA's Pain Management SPG members are also contributing to a publication, *A Competency-Based Orientation for the Registered Nurse and Pain Management in the Perianesthesia Setting*. The need for this resource was identified in an ASPAN Delphi study conducted in

2019. The team, originally led by Dr. Dina Krenzischek, is incorporating methods based on Donna Wright's model for creating and assessing nursing competency.^{1,2}

The team includes perianesthesia pain management experts who are writing or mentoring writers on evidence-based practices for perianesthesia pain management. Chapters will include American Nurses Association Pain Management Standards, physiology of pain, pain assessment, pain management interventions, and so much more. The publication will also include competency checklists and test questions for onboarding new staff as well as annual competency review preparation. This resource is planned for publication in 2024. We are all very excited about this project and look forward to its completion!

We encourage all members to use Telegram, a new platform for sharing and networking, to post questions, ideas, and best nursing practices. Also, members can contact Terry at tclifford@aspan.org or myself at lovebmmom4@sbcglobal.net via email, or on Telegram. We look forward to making this a great year of networking and knowledge sharing regarding all things perianesthesia pain management!

"It must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort."³

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Jodi Myers
MSN, RN, ACCNS,
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**FOLLOW
US!**
On Social Media:





MARKETING CAMPAIGN

Earlier this year, ASPAN launched a new marketing campaign—We Are ASPAN. The campaign features a dozen different ASPAN members who say a few words about their practice and purpose. A couple of ad samples appear here, and readers will find them on our homepage, in publications, social media, as well as other places online. Click on the ad for additional information.

By year's end, these ads will have been displayed hundreds of thousands of times, and thousands of people will have clicked on them wanting to know more about ASPAN and perianesthesia nursing. Component leaders are welcome to use these ads in component media too. To obtain them, simply email Doug Hanisch at the National Office: dhanisch@aspan.org.

We are  **ASPA**

"I promote our practice in order to enhance the quality of patient care."

Lori E.
Perianesthesia Nurse

We are  **ASPA**

"I want to be a caring change agent and together we can make a difference for our patients in any perianesthesia care setting."

Lynette A.
Perianesthesia Nurse

POSTER PRESENTATIONS: A Professional yet Chill Method for Networking and Collaboration

Amy Berardinelli, DNP, RN, NE-BC, CPAN, FASPA – ASPAN Director for Clinical Inquiry

Presenting a poster at the ASPAN National Conference allows you to celebrate your knowledge and dedication to the specialty of perianesthesia nursing to an eager and interested audience. Poster presentations are in a relaxed and informal setting. They allow onlookers to read and interact with the authors in a professional yet casual experience. This is where we can emit our energy and spirit of inquiry as we proudly converse about our poster's content and possibly develop a future collaboration!

If you are relatively new to poster presentations, no worries! Follow these simple steps and know the ASPAN Clinical Inquiry Committee is here to help!

1. PLAN

- What category does your poster content work best in → Research, Evidence-Based Practice, Quality Improvement, or Celebrate Successful Practices?
- Who is your audience? Nurse educators, bedside nurses, leaders, advanced practice, unlicensed personnel?
- Rules and guidelines – know the submission due date. Know the abstract guidelines → word count, titles, number and type of copies. Read these thoroughly, as failing to follow the abstract guidelines can lead to disqualification and denial

2. ABSTRACT (follow the guidelines)

- A short summary that is clear and concise
- Include the most important details
- Title – something catchy or straightforward that describes the abstract's content
- Relevant to the conference's theme
- The abstract should include the following:
 - Context within current evidence-base
 - Method/approach applied appropriately
 - Evaluation/analysis and results
 - Strengths and weaknesses
 - Relevance to practice implication
 - Suggestion for further work
 - Does the topic interest the audience?

3. DESIGN - the fun WOW!

- There are typically guidelines to adhere to such as size, layout, orientation
- Commonly used software: Microsoft PowerPoint, Adobe Express, Canva, etc.
- Smallest font easily read three feet away is 20-point
- Dark letters on light background or vice versa
- Color that draws the eye
- Use diagrams – viewers can quickly process the content. Less text can be more effective
- Viewers typically spend 30 seconds to three minutes per poster
- Proofread. Proofread. Proofread
- The presenter is typically the first author on the poster

4. PRINTING

- Cost of printing – online printing services, organization-supported printing services
- Transport – paper, fabric – are you driving, flying, sending the poster to the conference venue?
- One time or multiple use – will you discard it after the conference?

A poster presentation may provide an ideal opportunity as a steppingstone to podium presentation. You may also receive an award for your poster's content and visual appeal. Journal editors may ask you to publish your work. Presenting a poster is a first step into a networking mecca of opportunities. Please consider sharing your knowledge, projects, evidence-based practice, and research at the ASPAN national conferences. Check out the www.ASPAN.org website, clinical inquiry → call for abstracts. ASPAN typically solicits poster abstracts in the fall prior to the National Conference. We encourage you to submit a poster abstract for the 2024 ASPAN National Conference. If you have questions or need assistance, do not hesitate to reach out to the Director for Clinical Inquiry. See you in Orlando! 🌱

Clinical Inquiry



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

Clinical Practice Hot Topic: Bladder Chemotherapy

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• Are PACU nurses allowed to instill intravesical chemotherapy? What precautions do I need to take?

A• Intravesical chemotherapy is an effective treatment for non-invasive bladder cancers.^{1,2} There are a few agents, with Bacillus Calmette-Guerin (BCG) and mitomycin being the most common.^{1,2} Questions about

this topic are frequently submitted to ASPAN's Clinical Practice Committee. Many of them ask about the competency level of the nursing team, what are the requirements within the competency, what personal protective equipment (PPE) should be used, and what instructions should be given to the patient.

Nurses are allowed to instill intravesical chemotherapy, but as with all nursing care, they need to be compe-

tent in this process. Many facilities do not allow nurses to do this and, instead, require the instillation be completed by a surgeon or other physician. The process may vary slightly based on the surgeon, but most patients will follow this routine³:

- Cystoscopy with or without bladder tumor resection
- Intravesical agent instilled at the end of the surgical procedure, typically 30-60 ml. This may also occur in the PACU
- Catheter may be clamped and removed after an hour of dwell time. When done at a cystoscopy center, the catheter may be removed and the patient instructed to hold their urine for at least one hour
- In the PACU, the patient may be told to spend 20 minutes on each side and 20 on their back
- Unclamp the catheter and drain. Empty urine and chemo into toilet or hopper

PPE should be used following hospital policy. In the PACU, this may include chemotherapy gloves or two pairs of regular gloves, a chemotherapy spill pad for instillation, gown, and eye protection.

Patient education is a very important part of this process. Prior to the initial treatment, the patient's situation needs to be discussed with the doctor. If they live with a person who is immunocompromised or pregnant, the patient will need to have access to their own bathroom.³ Patients need to be instructed to sit when urinating to

avoid splashing.³ Some resources do instruct patients to not flush after urinating, but to first gently dump two cups of bleach into the toilet, leave it for 15 minutes and then flush. Other resources recommend closing the toilet and then flushing twice.³ Patients also need to wash their hands and genital area with soap and water after urinating. These precautions should be followed for the first 24 hours.

There are a number of resources available for patient education. Each facility needs to develop information related to the specific treatment for your patient. If your facility does not complete this procedure frequently, then annual nursing education is imperative. Ensure your team is prepared and feels comfortable caring for patients undergoing this procedure.

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REGION THREE UPDATE *Milestones and Assumptions*

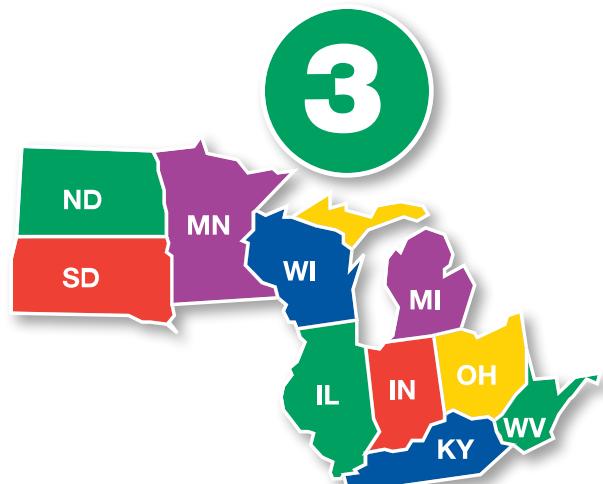
Deborah Moengen, BSN, RN, CPAN
Outgoing Regional Director, Region 3 2019-23



Deborah Moengen
BSN, RN, CPAN

In the healthcare profession, there are research studies to help nurses learn and guide us to make decisions. A common question from ASPAN perianesthesia leaders is: "Why don't nurses want to get involved, join or become a leader in ASPAN?" The conversation typically will then gravitate to the assumptions such as, the younger generation wants to be paid for their time and commitment, or people are too busy and don't want to commit. Perhaps there is truth in some of these assumptions. However, I believe we need to figure out what is true and why membership is down, leader positions are open and conference attendance is decreasing. Assumptions and focusing on the negative points will not gain the traction of the urgency we feel for the future. How can we change and lean on what the research is telling us?

This summer, on my farm, we will be offering a new children's program to teach about gardening. You may say, "What does gardening have to do with perianesthesia nurses?" As I study child development and what children need to grow into healthy adults, I can see there are less



sons that translate into life today for us. In the article in *Healthline: Ages and Stages: How to Monitor Child Development*, it states, "As kids mature, the parenting challenge is to find a balance between keeping them safe, enforcing rules, maintaining family connections, allowing them to make some decisions, and encouraging them to accept increasing responsibility."¹ There are some lessons here to consider for our society to develop a healthy culture.

We can learn from this research as we help our members find a balance between a safe culture and the rules. Connection with each other and being a part of ASPAN is essential. The last item is the ability for those who want to get involved to make decisions and have responsibilities which may look different than the past.

Region Three has been able to bring together the leaders from components to connect and delegate and

Activities of the Membership/Marketing Strategic Work Team

Shay Glevy, BSN, RN, CPAN, CAPA

Coordinator, Membership/Marketing Strategic Work Team

Marcia Keiser, BSN, RN, CPAN

Member, Membership/Marketing Strategic Work Team

The purpose of the Membership/Marketing (M/M) Strategic Work Team (SWT) is to coordinate the recruitment, retention, and recognition of ASPAN's 13,000+ members. The SWT serves to expand the image of ASPAN and awareness of all phases and settings of perianesthesia nursing practice. The M/M SWT is 37 members strong, and we work throughout the year on various projects and programs. The SWT had many accomplishments this last year:

- We developed the theme and came up with products for PeriAnesthesia Nurse Awareness Week (PANAW). The theme, *"Perianesthesia Nurses: Strong, United, Resilient,"* was celebrated February 6-12, 2023
- Member-Get-a-Member (MGM) campaign: Membership recruitment, retention, and recognition continue to be a focus for the M/M SWT. The 2022 Member-Get-a-Member campaign had 642 members participating and their work led to the recruitment of 800 members
- ASPAN's Recruiter of the Year was announced at the National Conference in Denver and will be featured in the July/August issue of *Breathline*
- M/M SWT members 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



Shay Glevy
BSN, RN, CPAN, CAPA



Marcia Keiser
BSN, RN, CPAN

- Social media presence is a big part of the M/M SWT in efforts to connect with ASPAN members and expand the image of ASPAN. ASPAN's social media platforms include Facebook, LinkedIn, Instagram, Twitter, and Telegram
- ASPAN's Facebook page continues to be the most popular platform and has approximately 7,400 followers
- ASPAN Awards recognition of members is an exciting part of the M/M SWT's work. SWT teams reviewed the 2022 Gold Leaf Component of the Year Award applications, Above and Beyond Service Recognition nominees, and the Award for Outstanding Achievement nominees. These winners were announced at National Conference in Denver in April and will be featured in the July/August issue of *Breathline*.

Thank you to the 2022–2023 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 to serve ASPAN! 🌱

discuss how we need to look at things differently. These discussions have been energetic and help us focus on things we CAN do to grow and develop as a society. Just like the children, we are all learning and growing. I hope this article inspires you to frame the conversations on what we can learn, and not on assumptions. Region Three leaders have been doing that and it has been fantastic!

This is my final article in *Breathline*, and with that, I want to express gratitude for the opportunity to

serve the past four years as your Regional Director of Region Three.

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**Juli Reynolds
BSN, RN, CCA, NC-BC**

Flip the Script on “Willpower”

Juli Reynolds, BSN, RN, CCA, NC-BC – Member, Well-being Strategic Work Team

Many people believe if they only had more “will-power,” life would be so different. Eating right, exercising, not over-indulging in television, alcohol, coffee, and chocolate would come easy and we could stop procrastinating, and achieve all sorts of amazing goals.

In a survey commissioned by The American Psychological Association,¹ 27% of respondents reported lack of willpower was the most significant barrier to change. Kelly McGonigal, PhD, explains willpower is basically an internal conflict.² We want to do something we should not and don't want to do something we think we should.

Research has also shown willpower is an exhaustible resource.³ You wake up in the morning with the most you're going to have, and then deplete it over the course of the day. With that in mind, we have two choices: decrease your "to-do" list and limit the options so there's less to spend your willpower on, or, add to your "willpower bank" with some healthy habits.

Eating right and exercise have been shown to maximize energy for building momentum and motivation. We just feel better. In her book, McGonigal also talks about how adequate sleep will affect your prefrontal cortex. She says, “Sleep deprivation (even just getting less than six hours a night) is a kind of chronic stress that impairs how the body and brain use energy. The prefrontal cortex is especially hard hit and it loses control over the regions of the brain that create cravings and the stress response.”² Studies confirm those getting between 6.5 and 7.5 hours on a consistent basis live longer, feel better and are the most productive.⁴

Starting the day with more willpower will increase your motivation, energy levels and emotional bandwidth for that day. If that is the route you will go, remember:

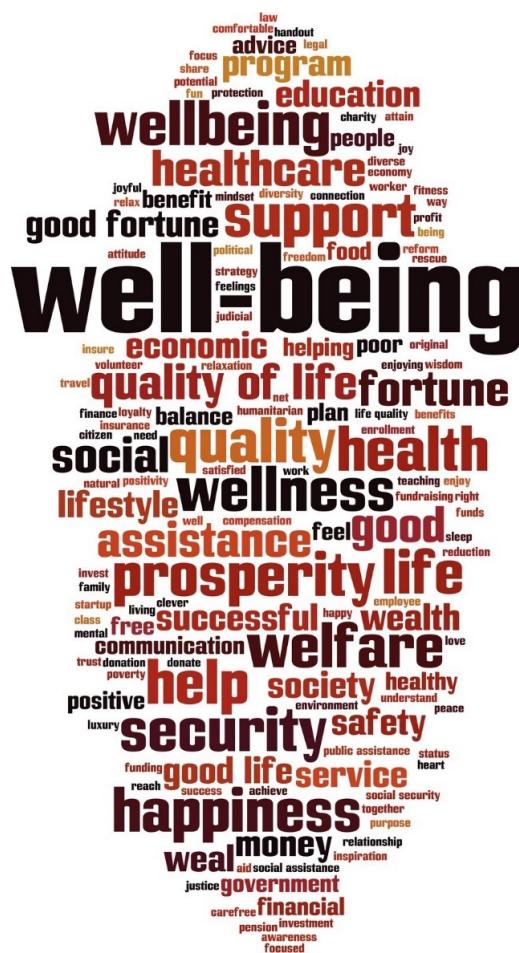
- Start small - set small, achievable, sustainable goals you can easily accomplish. The key is to start small and build up slowly and trick your brain into thinking nothing has really changed, all is well
- Make it fun - find ways to make the habit enjoyable
- Track your progress to enhance motivation and keep you going. This will help you to identify any obstacle that needs to be dealt with

What if we thought about willpower or self-discipline differently, too? Many of us see things we need to do, changes we want to make - you are well aware of what that is for you - as discipline or work - something we “should do” or “have to” do to get to the good stuff. What if we saw all of that as the good stuff?

Self-discipline or willpower all comes back to self-awareness, self-love, self-compassion. **What if we flip the script on willpower? Instead of thinking of self-discipline as what is needed for the dreaded activities of life, we consider it more as an act of love and kindness that ripples out to all those you hope to show up for.**

REFERENCES

1. American Psychological Association. What Americans think of will-power. Accessed March 8, 2023. <https://www.apa.org/topics/stress-willpower.pdf>
2. McGonigal K. *The Willpower Instinct: How Self-Control Works, Why It Matters, and What You Can Do to Get More of It*. Avery; 2013.
3. Andreea-Iuliana A. Success expectations - a possible mediator of will-power beliefs influence on self-control depletion. *Romanian Journal of Experimental Applied Psychology*. 2015;6(3):72-83. Accessed March 8, 2023. <http://proxy.library.vanderbilt.edu/login?url=https://www.proquest.com/scholarly-journals/success-expectations-possible-mediator-willpower/docview/1732134295/se-2> (This article requires a Vanderbilt University sign-on. If the reader would like a .pdf of this article, please contact the editor of *Breathline*)
4. Kripke DF, Langer RD, Elliott JA, Klauber MR, Rex KM. Mortality related to actigraphic long and short sleep. *Sleep Med*. 2011;12(1):28-33. <https://doi.org/10.1016/j.sleep.2010.04.016> 



ASPAN Advocacy Activities in Washington, D.C.

Elizabeth Card, DNP, APRN, FNP-BC, CPAN, CCRP, FAAN, FASPAN

Alphonzo Baker, Sr., DNP, RN, CAPA

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

Specialty nursing organizations exist to create best practice, set evidence-based care guidelines, educate members and the public, complete original research when gaps in the evidence exist, and to advocate for excellent patient care as well as for the nurses within the specialty. ASPAN Collaborative Advocacy SWT Coordinators Leigh Ann Chadwell and Elizabeth Card joined the Alliance of Nurses for a Health Environment virtual meeting with several congressmen. The concern over the air quality in hospitals was discussed as well as the hazards of occupational exposure to waste anesthetic gases (WAGs) and surgical smoke for nurses. They were requesting support for regulations to be put into place.

Recently, the Climate Action Campaign (CAC), an advocacy group comprised of over 150 healthcare, environmental, and public interest organizations who are invested in improving the intersection between health and our environment, hosted National Public Health Week in Washington, D.C.

The CAC contacted then ASPAN President Connie Hardy Tabet seeking interest in partnering for National Public Health Week in Washington, D.C., given recent work and ongoing activities of ASPAN's Action Coalition to Address Waste Anesthetic Gases (WAGs) in this realm. President Hardy Tabet accepted the invitation, sending ASPAN representatives with then Vice President/President-Elect Alphonzo Baker, Sr; Past President Dina Krenzischek, and Past President/Chair of ASPAN Action Coalition to Address WAGs Elizabeth Card. These individuals partnered with CAC in moving the Solutions for Pollution agenda forward through discussions with congressmen and governmental agencies.¹ The conference was held March 22-23, 2023.



▲ Climate Action Campaign members, inclusive of ASPAN, in the White House to speak with the Environmental Protection Agency



▲ From left: ASPAN Representatives Elizabeth Card, Alphonzo Baker, Sr, and Dina Krenzischek at the Climate Action Campaign Orientation

Climate change's impact on human health is evident in the increase in growing and allergy season measured in 85% of 170 cities across the United States, with Reno, Nevada's season increasing 99% in the past decade.² This equates to increased asthma flairs and attacks.² Recently, the American Medical Association named climate change a public health crisis.³ In response, the Biden Administration is mandating healthcare facilities reduce their carbon footprint by 50% by 2030.⁴

All anesthetic gases are greenhouse gases, with nitrous oxide having the longest atmospheric lifetime of 114 years. This means all nitrous oxide ever delivered in patient care is still in our atmosphere.⁵ Some anesthetic gases are also ozone depleters, resulting in Scotland banning use of desflurane.⁶ Add to this the potential negative impact of WAG exposure to perianesthesia nurses' health inclusive of increased likelihood of miscarriages, low birth weights, congenital anomalies, and development of certain cancers, as well as liver and kidney disease.⁵

With these concerns in mind, ASPAN joined the CAC and the American Lung Association in co-hosting the orientation for National Public Health Week Orientation. ASPAN representatives met with a total of 11 congressmen discussing concerns of the unrecognized and unregulated occupational hazard of perianesthesia nurses to WAGs, and the impact of these gases on climate change, sharing ASPANs Position Statement and AIHA & ASPAN White paper on WAGs. The final meeting ASPAN representatives had was with individuals from the Environmental Protection Agency with continued and ongoing discussion.



▲ From left, Elizabeth and Dina outside of Congressman Bill Hagerty's (R-TN) office



▲ From left, Elizabeth, a member of CAC, and Dina outside of Senator Maggie Hassan's (D-NH) office

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2. Climate Central 2023. Allergy season: earlier, longer, and worse. Climate Matters March 7, 2023. Accessed May 3, 2023. <https://www.climatecentral.org/climate-matters/allergy-season-earlier-longer-and-worse-2023>

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CERTIFICATION

Congratulations to ABPANC's 2023 Spring Scholarship Recipients!

ABPANC is pleased to announce it has awarded 15 scholarships for certification fees in the Spring of 2023! Over the past decade, ABPANC has awarded nearly 150 scholarships to candidates and certified nurses whose employers do not provide reimbursement. Scholarship applications are now being accepted for the Fall 2023 certification/recertification windows. [Learn more or apply today.](#)

Exam Registration Windows Extended!

Please note ABPANC's new exam registration windows:

Jan. 1- April 30: Spring exam registration window open; Spring recertification window

March 15- May 15: Spring testing window

July 1- Oct. 31: Fall exam registration window open; Fall recertification window

Sept. 15-Nov. 15: Fall testing window
[Learn more at \[www.cpancapa.org\]\(http://www.cpancapa.org\).](#)

Recertification: Updates to Eligibility Requirements

The past few years have presented significant challenges that may cause concern about meeting ABPANC's recertification requirements. During COVID surges, many nurses were deployed to a variety of practice settings. As a result, ABPANC has updated its recertification attestation statement.

Our new recertification attestation states:

"In the past three years, you have completed a minimum of 900 hours of perianesthesia nursing practice in any role that supports or advances the practice of perianesthesia nursing."

Some of the roles where practice hours may be obtained are:

- Care coordination
- Direct patient care
- Education
- Informatics
- Leadership
- Navigation
- Patient/family liaison
- Quality improvement
- Research

Perianesthesia nursing is not a setting. It is the specialty care you provide. If after reviewing this information you still have questions about your eligibility to recertify, please contact ABPANC at abpanc@cpancapa.org or at 347-708-7975.

ABPANC

Address and Contact Information:

1133 Broadway, Suite 544, New York, NY 10010

Phone: 347.708.7975 | Email: abpanc@cpancapa.org

Web site: www.cpancapa.org

PANAW CELEBRATIONS

Perianesthesia nurses celebrated February 6-12, 2023. Here are some additional photos from various celebrations:



▲ PANAW Perianesthesia Conference at University of Pittsburgh Medical Center St. Margaret, Pittsburgh, PA

Perianesthesia N[♥]RSES

Strong, United, Resilient

▼ University of Pittsburgh Medical Center St. Margaret, Pittsburgh, PA



▲ NEOPANA (Northeast Ohio PeriAnesthesia Nurses Association) celebrating PANAW with dinner and cake



▲ Phase 1 PACU Nurses at Texas Health Huguley, Fort Worth, TX

▼ Outpatient Surgery, Piedmont Columbus Northside, Columbus, GA



PANAW Photo Contributors

Denise Krall (PA)
Toni Milne (TX)
Sally Swartzlander (OH)
Lisa Walsh (GA)

2023 WINTER/SPRING WEBCASTS & SEMINARS

LIVE WEBCASTS - FULL-DAY

REFRESHING YOUR PERIANESTHESIA PRACTICE

June 10, 2023 SATURDAY

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

June 24, 2023 SATURDAY

LIVE WEBCASTS - HALF-DAY

PERIANESTHESIA ESSENTIALS IV

June 11, 2023 SUNDAY

LIVE WEBCASTS - TWO-HOUR

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

June 14, 2023 WEDNESDAY

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY

June 21, 2023 WEDNESDAY

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

June 28, 2023 WEDNESDAY



LIVE IN-PERSON SEMINARS

ADVANCED PATIENT SAFETY:
NEW APPROACHES AND DIRECTIONS

September 23, 2023 SATURDAY
Philadelphia, PA

FOUNDATIONS OF PERIANESTHESIA PRACTICE

October 28, 2023 SATURDAY
North Little Rock, AR

PERIANESTHESIA CERTIFICATION REVIEW

August 5, 2023 SATURDAY

Modesto, CA

August 19, 2023 SATURDAY
Jacksonville, FL

REFRESHING YOUR PERIANESTHESIA PRACTICE

September 30, 2023 SATURDAY

Indianapolis, IN



LIVE WEBCASTS – FULL-DAY

FOUNDATIONS OF PERIANESTHESIA PRACTICE

November 18, 2023 SATURDAY

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

July 15, 2023 SATURDAY

PEDIATRICS: BEYOND THE BASICS

July 22, 2023 SATURDAY

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

July 29, 2023 SATURDAY

PERIANESTHESIA CERTIFICATION REVIEW

September 23, 2023 SATURDAY

November 5, 2023 SUNDAY

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

October 11, 2023 WEDNESDAY

October 18, 2023 WEDNESDAY

October 25, 2023 WEDNESDAY

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

August 5, 2023 SATURDAY

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

October 14, 2023 SATURDAY

REFRESHING YOUR PERIANESTHESIA PRACTICE

August 12, 2023 SATURDAY

SAFETY BEGINS WITH US

August 26, 2023 SATURDAY

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

October 21, 2023 SATURDAY

LIVE WEBCASTS – HALF-DAY

ADVANCED CARDIOVASCULAR AND PULMONARY PATHOPHYSIOLOGY

July 16, 2023 SUNDAY

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

July 30, 2023 SUNDAY

INNOVATIVE CONCEPTS IN PEDIATRIC PERIANESTHESIA CARE

November 12, 2023 SUNDAY

LEADERSHIP STRATEGIES TO SUSTAIN A CULTURE OF SAFETY

November 19, 2023 SUNDAY

PERIANESTHESIA ESSENTIALS I

August 6, 2023 SUNDAY

PERIANESTHESIA ESSENTIALS II

August 13, 2023 SUNDAY

PERIANESTHESIA ESSENTIALS III

August 20, 2023 SUNDAY

PERIANESTHESIA ESSENTIALS IV

August 27, 2023 SUNDAY

PERIANESTHESIA ESSENTIALS V

September 17, 2023 SUNDAY

PERIANESTHESIA FOUNDATION

July 23, 2023 SUNDAY



LIVE WEBCASTS – TWO-HOUR

ACUTE AND CHRONIC PAIN MANAGEMENT

July 19, 2023 WEDNESDAY

ANESTHETIC AGENTS AND TECHNIQUES

July 26, 2023 WEDNESDAY

ASPA PRACTICE RECOMMENDATIONS AND POSITION STATEMENTS

August 2, 2023 WEDNESDAY

COMPLICATIONS AND EMERGENCIES AFTER ANESTHESIA

August 9, 2023 WEDNESDAY

CRITICAL CARE COMPETENCIES: NEUROLOGICAL

August 16, 2023 WEDNESDAY

EMERGENCY PREPAREDNESS

August 23, 2023 WEDNESDAY

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

August 30, 2023 WEDNESDAY

GASTROINTESTINAL AND ENDOCRINE PATHOPHYSIOLOGY AND ASSESSMENT

September 13, 2023 WEDNESDAY

HOW TO BECOME A TRANSFORMATIONAL LEADER

October 4, 2023 WEDNESDAY

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

September 20, 2023 WEDNESDAY

LEGAL AND ETHICAL ISSUES IN PERIANESTHESIA NURSING

September 27, 2023 WEDNESDAY

MALIGNANT HYPERTHERMIA AND POSTOPERATIVE NAUSEA AND VOMITING

November 1, 2023 WEDNESDAY

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

November 8, 2023 WEDNESDAY

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY

November 15, 2023 WEDNESDAY

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

July 20, 2023 THURSDAY

PATIENT SAFETY GOALS AND ASPAN STANDARDS

July 27, 2023 THURSDAY

PEDIATRIC ANESTHESIA AND POSTANESTHESIA COMPLICATIONS

August 3, 2023 THURSDAY

PREANESTHESIA ASSESSMENT AND PACU ASSESSMENT AND DISCHARGE CRITERIA

August 10, 2023 THURSDAY

PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

October 5, 2023 THURSDAY