



INSIDE:

PRESIDENT'S MESSAGE:

Fulfilling the Dream with Foresight Vision:

A World of Belonging, Innovation, and Solutions

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

Dear perianesthesia nurses,
I want to start by thanking you for your dedication and hard work in providing safe and efficient care to our patients. You are the backbone of our healthcare system and your role in ensuring patients are comfortable and prepared for surgery is crucial. As we navigate through an uncertain and evolving healthcare landscape, I ask you to continue to draw on your expertise and create solutions to the challenges we face. Innovative thinking and forward-looking approaches will help us to overcome the obstacles and preserve the availability of high-quality care.

I am reminded of the story of Florence Nightingale who is considered the pioneer of modern nursing. Recognized for her innovation, she was able to transform care for patients in the midst of the Crimean War. Her efforts led to the establishment of nursing as a profession and to major reforms in healthcare.¹

Today, we too, are facing unprecedented challenges in healthcare, and it is our responsibility to create solutions to address the needs of our patients. I encourage you to use your collective knowledge and expertise to deliver care that is inno-




Alphonzo Baker, Sr.
DNP, RN, CAPA

vative, compassionate, and goes beyond the expected. Our patients come to us looking for solutions to their health problems. As perianesthesia nurses, you're in a prime position to address their concerns and make a significant impact on their lives. Let us continue to work together, encouraging a spirit of collaboration, compassion, and innovation that has sustained us through challenging times and will continue to benefit our patients.

In conclusion, I want to thank you again for your continued dedication to our patients and for your commitment to finding innovative solutions for the challenges we face. Let us proudly carry on our nursing legacy and create a brighter future for healthcare.

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▲ ASPAN 2023-2024 Board of Directors at Closing Ceremonies in Denver



WILLINGNESS TO SERVE

Influence Your Practice – Teamwork, Collaboration, Commitment

Lori Silva, MSN, RN, CCRN, CPAN – ASPAN Vice President/President-Elect



Lori Silva
MSN, RN, CCRN,
CPAN



SAVE THE DATES

February

5 – 11, 2024

**PeriAnesthesia
Nurse Awareness
Week (PANAW)
2024**

More info to come

Greetings ASPAN colleagues. Conducting the business and work of ASPAN takes a team. ASPAN represents over 60,000 nurses in perianesthesia care, supporting nursing practice with education, clinical inquiry, standards of practice, and governmental affairs. ASPAN members come from diverse clinical settings and roles in perianesthesia nursing. Your skills, knowledge, and experience are needed to advance the unique specialty of perianesthesia nursing. ASPAN has twenty-two committees and strategic work teams collaborating throughout the year. The work and commitment of these teams benefit the members of the organization and our professional practice.

I first became involved in ASPAN as part of the Membership/Marketing Strategic Work Team (SWT). I met and worked on various projects with members from across the country. I developed life-long friendships which I treasure today. Since my first time submitting my Willingness to Serve, I have continued serving on various committees and SWTs, expanding my professional network, mentors, and passion for serving. Serving ASPAN continues to expand my knowledge and passion for my profession. Just like the

excitement I experience coming home from the National Conference, that excitement continues with my volunteer service on committees and SWTs throughout the year.

An article from the American Institute of CPAs discusses reasons to get involved with your professional organization. The article mentions professional development and finding your passion as reasons to get involved.¹ ASPAN provides multiple opportunities for professional development and developing meaningful relationships through volunteering. When choosing a committee or SWT on which you would like to serve, find something about which you are passionate.

Go to the ASPAN website, www.aspan.org, click on About/Organization/2024-2025 Committees and SWTs to get more information. The WTS page will be available online in early October. **The deadline is November 20, 2023.** If you have any questions, contact me at lsilva@aspan.org.

REFERENCE

- 3 reasons to get involved in professional organizations. AICPA. Accessed July 1, 2023. <https://us.aicpa.org/interestareas/youngcpanetwork/resources/career/3reasonstogetinvolvedinprofessionalorganizations>



The Call for Nominations is Open!

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

ASPAN Immediate Past President and Nominating Committee Chair

Are You Ready to Bloom in the ASPAN Garden?

ASPAN is calling for the next slate of candidates to run for the 2024-2025 Board of Directors (BOD). Our society continues to flourish with diverse, innovative ideas in this distinguished ASPAN environment. Each society member brings extraordinary talents and expertise to the advocacy platform for perianesthesia nurses while promoting patient safety.

Marian Moore shares, “The heart that gives, gathers.”¹ Each member has unique tangible assets, qualities, and foresight as an effective voice for nursing transformation. Consider belonging, collaborating, and serving your society by giving back your passions! Fulfill a dream through volunteerism by being an active, caring member for ASPAN’s bright future. Grow in professional development, enhance skill sets, and be rewarded through the boomerang gifts of giving through volunteerism within our specialty organization.

Take the first integral step to be an essential part for society solutions by running as a candidate for the ASPAN 2024-2025 BOD. ASPAN needs you to be involved and invites YOU to consider running for an eligible board position. Be a fearless member, visionary leader and take action to drive ASPAN to higher magnitudes. Ensure our perianesthesia specialty legacy provides unparalleled education, clinical inquiry, practice expertise, standards, and sustainability.



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

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Address changes and administrative correspondence to:
ASPAN

90 Frontage Road
Cherry Hill, NJ 08034-1424
877-737-9696 Fax: 856-616-9601
aspan@aspan.org www.aspan.org
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Editorial Comments and Letters
to the Editor to:
Barbara Godden
9320 Erminedale Drive
Lone Tree, CO 80124
bgodden@aspan.org

CONTRIBUTORS
L. Beagley (IL)
K. Bickerstaff (AZ)
E. Cooper (OH)
K. Godfrey (FL)
D. Niehaus (OH)

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Grow. Cultivate. Develop. Participate. Your time to bloom and inspire your exceptional leadership is now. Be a voice for perianesthesia nurses. Share your foresight and vision to make a lasting difference. ASPAN needs YOU to be the change!

Qualified and eligible candidates are needed for the six 2024-25 ASPAN Board of Directors positions:

- Vice President/ President-Elect (three-year term)
- Secretary (two-year term)
- Director for Clinical Practice (two-year term)
- Director for Education (two-year term)
- Regional Director, Region 2 (two-year term)
- Regional Director, Region 4 (two-year term)

And, Five Nominating Committee members (one-year term)

To run for a leadership position:

- Declare your candidacy as soon as possible via email to Connie Hardy Tabet at chardytabet@aspan.org
- An Intent to Place Name for Nomination Form, Candidate Profile Sheet, Curriculum Vitae (CV), Letter of Recommendation, the appropriate Conflict of Interest Policy/Form to your candidacy, and your photograph must be submitted via email only

- All submissions must be date-stamped no later than October 1, 2023 – no exceptions. Hard copies, faxed copies, or late submissions will not be accepted

For all information, [click here](#) or contact Connie Hardy Tabet at chardytabet@aspan.org. **The deadline to submit all required candidate paperwork is October 1, 2023.**

REFERENCE

1. Marian Moore quotes. Passiton.com. Accessed July 29, 2023. <https://www.passiton.com/inspirational-quotes/7157-the-heart-that-gives-gathers>



PLAN NOW

to Showcase Your Accomplishments with Abstracts and Posters for the 2024 National Conference in Orlando!

Celebrate Successful Perianesthesia Practices abstracts are due **October 15, 2023**. Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, handoff communication and documentation, and unit/environment activities. Click [here](#) for more information.

Clinical Inquiry (Research/EBP/QI) abstracts are also due **October 15, 2023**. Start planning now to showcase your accomplishments! Click [here](#) for more information.

Perianesthesia Development Institute

November 3-4, 2023 | St. Louis, Missouri

Collaboratively, the ASPAN Board of Directors (BOD) has been planning this annual opportunity to share knowledge and grow leaders and state components.

- Plan to **arrive Friday, November 3, at 5:00 pm** for Meet and Greet activities with the ASPAN BOD
- **Saturday, November 4**, will be interactive learning and breakout sessions
- Leave **Sunday, November 5**, to go home

Topics will be diverse on component leadership roles, recruitment, engagement strategies, resource management, financial inquiries, and more. The ASPAN BOD is excited to share valuable information to champion the success of ASPAN components, leadership, and members to develop skills beyond the bedside. Click [here](#) for registration.

Consider Nominating Someone for an ASPAN Award!

Excellence in Clinical Practice

Do you know someone who is a recognized expert in clinical nursing practice, or participates actively in nursing programs, committees or projects resulting in contributions to perianesthesia nursing? If so, consider nominating this colleague for ASPAN's prestigious Excellence in Clinical Practice Award. The deadline to do so is **November 30, 2023**. Click [here](#) to learn more and to access nomination forms.

Award for Outstanding Achievement

Do you know someone whose dedication to excellence has furthered the art and science of perianesthesia nursing? If so, consider nominating this colleague for ASPAN's prestigious Award for Outstanding Achievement. The deadline to do so is **November 30, 2023**. Click [here](#) to learn more and to access nomination forms.

Above and Beyond Service Recognition

The ASPAN Above and Beyond Service Recognition Awards are given to individuals in recognition of exemplary service to ASPAN and/or their component. The deadline to do so is **January 10, 2024**. Click [here](#) to learn more and to access nomination forms.

The Many Benefits of Aromatherapy

ElizaBeth Cooper, RN, CPAN, CAPA – Coordinator, Well-being Strategic Work Team



**ElizaBeth Cooper
RN, CPAN, CAPA**

ASPAN President Dr. Alphonzo Baker, Sr. has asked for a column dedicated to well-being for each issue of *Breathline* during his term. This column will focus on some ways to keep your coping mechanisms in check. I am honored to share some insights that may help you get through your day.

ASPAN uses the aspen tree leaf as its symbol. Aspen trees have a phenomenal root system in that trees are connected to each other underground. This connection is called a rhizomatic root system. Aspen trees are the most widespread trees in North America. This is because their root system supports regrowth.¹

I correlate the concept of this aspen root system into our ASPAN organization. We are dedicated to helping each other be the best perianesthesia nurse possible. Our “root system” spans through the United States in that we identify as components and then regions. The “identical gene” we share is our quest to care. Some of our members excel as bedside nurses, educators, and researchers. We offer educational and networking activities to grow.

Caregivers are notorious for not taking care of themselves. Every time we fly, we get the emergency preparation talk reminding us to put the oxygen mask on ourselves first before helping others. The Golden Rule is: “Do unto others as you would do to yourself.”² Imagine how much more effective we would be if we invested in daily self-care.

One example of self-care is the use of essential oils. The term “aromatherapy” is credited to French botanist Rene-Maurice Gattefosse’ in 1928. He burned himself in an experiment and found the topical use of lavender oil relieved his pain, and he healed without scarring.³

We know smell is one of our five senses. The olfactory nerve is devoted to deciphering airborne chemicals with sensory receptors. The olfactory epithelium is the size of a postage stamp. We inhale odorant molecules that travel to the olfactory epithelium. Sensory neurons have cilia that swim in mucus. Odorant molecules then dissolve in the mucus and bind to receptors on the cilia. Multiple equations occur that the scent crosses into our amygdala. Olfactory nerves extend into the limbic system. Lavender essential oil has elements that cause a calming effect. It has been used in cultures for centuries. The lavender plant name origin is Latin for “to bathe.”⁴

George Washington favored a scent made by Caswell-Massey Company (Fragrance Number Six), still sold today. The original “notes” of the scent are citrus neroli, bergamot and rosemary, blended with rose musk and myrrh. The scent you can purchase present day varies with a few alternates making all the oils used plant based. Legend has it he entertained foreign visitors like General Lafayette, wearing the fragrance to exemplify American innovation.^{5,6}



Certain scents or odors can cause one to recall a pleasant memory. Conversely, some people cannot tolerate some specific odors because they trigger flashback memories of negative experiences. Essential oil blends are popular. Blending of multiple oils makes it hard for differentiation of a single oil. This may defray a potentially harmful memory associated with one particular oil. A single essential oil may also be described as a “neat” oil.

Carrying a roll-on essential oil may be an added “tool” for your personal self-care. There are many companies that sell single note roll-ons as well as blended brands. No one is immune to stress. Connecting with colleagues and sharing is also an excellent intervention.

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6. Kirkpatrick E. George Washington’s favorite cologne still sold by original fragrance company, uses the same formula. November 23, 2019. Accessed July 2, 2023. <https://www.foxnews.com/lifestyle/george-washingtons-cologne-available-caswell-massey>



Linda Beagley
MS, RN, CPAN,
FASPAN

LEGACY FOR LIFE

In 2007, I applied to ASPAN Development for a scholarship to help finance my last year of graduate school. After receiving the scholarship, I have been “paying it forward” by contributing to Legacy for Life since its inception and, even before, supporting *Hail, Honor, Salute!* My membership to ASPAN has provided me with many rewards in my professional career and keeps giving. It is an honor to have reached this milestone to be inducted into Legacy for Life.

Linda Beagley 



Region One Addresses Declining Certification Pass Rates

Ronda Dyer, MSN, BSPA, RN, CPAN, CAPA, CNE
Regional Director, Region One

Declining certification pass rates prompted Region One into action. From spring of 2019 to spring of 2023, nationwide pass rates for Certified Post Anesthesia Nurse (CPAN) have declined from 80% to 63% and Certified Ambulatory PeriAnesthesia Nurse (CAPA) 84% to 58%.¹ This led PANAC leaders, and then Region One leaders, to offer free, virtual certification study groups.

Based on the model developed over 10 years at the kitchen table of Regional Director Region One Director Ronda Dyer, six PeriAnesthesia Nurses Association of California (PANAC) leaders created a virtual plan. In the fall of 2022, PANAC's first session had nine nurses earning 10 certifications. With 11 tests taken, the success rate was 91% - well above the 63% (CPAN) and 65% (CAPA) nationwide rate reported on the American Board of PeriAnesthesia Nursing Certification (ABPANC) website.¹


Inspired by success, a spring session engaged over 50 participants. Two of the newly certified nurses joined our team. Of 50 exams taken, 41 passed. This 82% pass rate favorably compared to 63% (CPAN) and 58% (CAPA) nationally.¹ Unfortunately, we did not track the number of CPAN vs. CAPA tests for our group.

In the fall of 2023, the plan went regional with 14 volunteer leaders from Region One. Currently, 86 nurses are meeting weekly with Wednesday evening or Saturday morning options being offered. The plan includes 12 weeks of study. Using the study group format, members are expected to complete the assigned reading plans and join the weekly discussions. Leaders answer questions, cover difficult topics, share memory tricks, case examples, and mnemonics to help members better understand and remember important concepts.

Requirements to participate in the group were: ASPAN/component membership, a secured test date, and

access to the required materials. Karen Woods from PANAC and Melissa Schmidt from Northwest PeriAnesthesia Nurses Association (NPANA) have been amazing communications coordinators, tracking the registrants, sending links, and providing communication and handouts.

REFERENCE

1. Certification Exam Pass Rates. American Board of PeriAnesthesia Nursing Certification, Inc. Spring 2023. Accessed 8/9/2023. <https://www.cpancapa.org/become-certified/about-exams/> 

Interested in seeing if there are local component education offerings where you are traveling?

You can now visit <https://www.aspan.org/Education-Events/Regional-Events-Calendar>



Ronda Dyer
MSN, BSPA, RN, CPAN,
CAPA, CNE

Who is Responsible for Quality?

Amy Berardinelli, DNP, RN, NE-BC, CPAN, FASPAN
Director for Clinical Inquiry



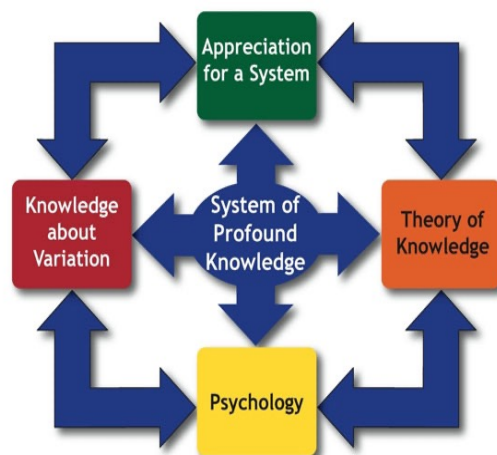
Amy Berardinelli
DNP, RN, NE-BC,
CPAN, FASPAN

Legendary quality management expert W. Edwards Deming declared, “Quality is everyone’s responsibility.”¹ Deming’s improvement theory, System of Profound Knowledge, was implemented by post-WWII Japan, which led to the overhaul of the Japanese automobile industry. When visually inspecting a Japanese car motor versus an American car motor, it was apparent the Japanese motor parts were consistent from car to car with zero variation. The American cars were less standardized, and variation was evident. The Japanese car industry skyrocketed and became the gold standard of the automobile industry due to their reliable, quality cars.¹

Deming’s contributions to statistical thinking and quality control methods include developing a system of Statistical Quality Control (SQC) and championing the importance of quality in production through his philosophies and principles. He asserted organizations that focused on improving quality would automatically reduce costs while those that focused on reducing cost would automatically reduce quality and, as a result, increase costs. Because Deming’s philosophy has been proven over and over, many industries still gain from his work by improving their business models and building cultures focused on continuous improvement. To this day, the United States Census Bureau utilizes his quality management theory in its statistical methodology, customer service, product development, and performance.² It’s that good!

There are four main parts to Deming’s theory:

1. **Appreciation for a system:** If you do not understand the system or, in our case, our healthcare organization, then you cannot improve. This refers to the system as a whole, not just pieces and parts. Leaders must fully understand the system in which they lead
2. **Knowledge about variation:** When there are variations in a product or outcome, the blame lies in the knowledge of the system, such as in the workflow or the training
3. **Theory of knowledge:** This is where knowledge, information, and experience work together. Deming also created the PDSA cycle (Plan, Do, Study, Act). Yes, this man just keeps getting better! The PDSA cycle theory is used for small scale, rapid-testing change, which we do every day in healthcare, eventually leading to a larger scale change and facilitating acceptance and buy-in
4. **Knowledge of psychology:** People are people, not systems, so it is imperative organizational leaders know how to motivate and manage their employees. The premise of the theory is to take the focus off the individual and redirect it to the system where the work is completed²



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Ultimately, subject matter knowledge + knowledge for improvement = sustainable improvement. Learning to combine the subject matter knowledge and the knowledge for improvement is where you will develop the effective changes for improvement. Leaders and the frontline employees must work collaboratively. Teamwork is essential to successful quality improvement.^{1,2} A wise nurse once told me, “When your most engaged employee is silent, you know there is a problem with the culture.” – Toni Zito, MSN, RN, CPAN, FASPAN. Something for sure is out of alignment.

I leave you with this: the cause of poor-quality outcomes is very rarely an individual. Look closely at the system from the inside out. Engage your leader to go to the Gemba,⁴ the actual place where the work is performed, and collect and compile the data to entice buy-in from the providers. Quality improvement is a team sport and quality is everyone’s responsibility!¹²

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What's New in Education?

Felica Selman, MSN, RN, CAPA
ASPAN Director for Education

Save the Date for ASPAN's 43rd National Conference

If you had the opportunity to attend ASPAN's 42nd National Conference in Denver, Colorado, you know what an amazing experience it was! The environment at the Gaylord Rockies Resort and Convention Center in Denver was filled with enthusiasm and a strong energy to learn! We welcomed many first-time attendees, while many of our devoted members, who return year after year, collaborated with other perianesthesia nurses from various components sharing best-practice and innovative ideas. *The Heart and Science of Caring* was an insightful learning experience.

Plan now for ASPAN's 43rd National Conference, April 14 – 18, 2024, in Orlando, Florida! You will not want to miss out on the educational experience ASPAN is preparing for its next National Conference! Be sure to invite your colleagues who have never had the opportunity to attend an ASPAN National Conference. Please do not forget to request the presence of your educator, nurse manager, and directors to attend as well. They will be pleased to know ASPAN provides evidence-based resources for the growth and professional development of all perianesthesia nurses practicing in leadership, education, research, advanced practice, and direct patient care roles.

Our National Conference Strategic Work Team members have begun working extensively for the 2024 conference to be held in Orlando, Florida.

ASPAN's Many Education Platforms

ASPAN's National Conference is one of the many opportunities for perianesthesia nurses to expand their knowledge and expertise. Take time to explore ASPAN's other online education and events platforms on the website. The knowledge gained by perianesthesia nurses has a lasting impact on patient outcomes. With access to a plethora of resources, journal articles, standards, and evidence-based practice guidelines, it will foster a culture of lifelong learning for our perianesthesia nurses to remain updated with the latest advancements and research.

Safety and Civility Education

Implementing the American Nurses Association's (ANA) Civility Best Practices for Nurses provides guardrails for interaction and behavior.¹ As nurses, we are constantly meeting patients and colleagues from different types of backgrounds. It is important for us, as healthcare professionals, to remain open to learning from those who may be different. This type of inclusion creates a much-needed safe space within the healthcare industry, which in turn, can improve patient outcomes and our professional practice. Creating diverse educational practices that are culturally relevant provides the opportunity for all learners

to expand their knowledge of the importance of a better and safer environment for patients, caregivers, and colleagues. ASPAN is dedicated to ensuring everyone has an opportunity to expand their professional knowledge through innovation and inclusion.

If you are a current member of ASPAN, take a moment to visit ASPAN Learn for additional educational opportunities available under 'FREE for ASPAN Members':

- Healthy Workplace Environments:
 - Diversity, Equity, and Inclusion – A Cohesive Work Environment
 - Creating the Culture You Want – Addressing Workplace Social Biases
 - The Science of Safety
 - De-Escalation
 - Addressing Workplace Civility
- Collaborative Advocacy
- Local Anesthetic System Toxicity – Escape Room
- Podcast - Leadership Building Blocks

These are only a few of the many educational opportunities the ASPAN Learn platform provides. Visit the website for a detailed list of free, paid, live, recorded webcasts, on-demand modules, article reviews, seminars, journal club, and past national conference sessions.

If your colleagues are not ASPAN members, be sure to guide them to the website to join and take advantage of the many benefits of ASPAN membership.



Felica Selman
MSN, RN, CAPA

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Indications

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

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

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

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

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

To report SUSPECTED ADVERSE REACTIONS, contact Acacia Pharma at 1-877-357-9237 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information.

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WOW! WHO KNEW?

The Gold Leaf Award and its Beginning

Debby Niehaus, BSN, RN, CPAN (Ret)

In 1980, the American Society of PostAnesthesia Nurses (ASPAN), had nineteen chartered components led by founding directors who believed in the need for specialized continuing education, and communication specific to needs of the recovery room nurses. They wanted a national association “to draw us together for communication, and to speak for our interest to those groups whose actions influence our practice.”¹

ASPAN Growth

By 1990, ASPAN had grown, having 41 components including Manitoba in Winnipeg, Canada, and the Caribbean Association in Puerto Rico. Large and small components shared the same ASPAN mission. West Virginia was added as a new component, but Puerto Rico disbanded around 1993 and Manitoba disbanded in the late 1990s leaving ASPAN with the current forty components.

The ASPAN conference in St. Louis in 1982 was the first national educational endeavor strictly for postanesthesia nurses. Within fifteen years, ASPAN conferences included education in all areas of perianesthesia care and, in 1996, ASPAN expanded the scope and name for specialty practice from postanesthesia to perianesthesia nursing. The organization’s official name was changed to the American Society of PeriAnesthesia Nurses to encompass all areas where members practice.

In June, 1981, the *Breathline* newsletter communication was a conduit for ASPAN to share news with members and component leaders, as well as hear about membership needs. ASPAN’s *Journal of Post Anesthesia Nursing* (later changed to *Journal of PeriAnesthesia Nursing*) (*JoPAN*) and Certified Post Anesthesia Nurse (CPAN) certification started in 1986. Certification preparation was assisted by ASPAN publication of the *Core Curriculum* and *Certification Review*.

Desire to Recognize Successful Components

Successful components increased membership, doing multiple educational offerings, increasing certified nurses, and had members serving in positions nationally. These components had strategic plans and ASPAN wanted to recognize what was working for them and share this with components who were not as successful or who were struggling. ASPAN planned to showcase these components and give an award.

In 1993-1994, the Ad Hoc Component Award Committee was charged with looking at awards given by specialty nursing organizations that align in areas of practice. Jane Ehrhardt, membership chair, had two members on her committee: Jane and myself. I served by contacting and researching awards given by organizations, criteria, and rewards given, e.g., AORN, AANA, AACN, and ENA.

The committee compiled data, produced 31 award criteria, suggested what the award recipient would receive, and sent findings to the ASPAN Board. The 1995 Board reviewed and approved the committee’s proposal for the new award. The Board accepted the name suggestion based on the ASPAN logo having a gold leaf and approved the name ‘ASPAN Gold Leaf Component of the Year Award.’

ASPAN’s Membership Committee sent out the first award invitation for applications to components in an announcement in September 1995 in *Breathline*,² and mailed the invitation to the presidents of the 41 ASPAN components. The announcement stated this would be an annual recognition for an ASPAN component to be deemed the “best” of the year based on excellence in overall achievements, along with work done with public recognition and by peers. Every component was eligible, and the Gold Leaf Component of the Year award winner would receive a \$500 cash award, a trophy, and have recognition in *Breathline* and *JoPAN*.

The Beginning of the Awards

The first Gold Leaf Component of the Year award, for activities of the year 1995, was awarded at the ASPAN National Conference in Phoenix in April 1996. It was awarded to the Florida Society of PostAnesthesia Nurses (FLASPAN) with a write-up in *Breathline* May/June 1996. “The award was designed and recognizes excellence in component member and leadership development, communication, education services and community relations; to encourage component management; recognize with distinction and visibility the efforts and results of meaningful activities that build a strong component; and to benchmark standards by which others are measured.”^{2,3} FLASPAN demonstrated all and received the money, trophy, and other prizes. (A book donated in the component name to a local school of nursing was later changed to a perianesthesia publication of choice given to the component.)

This first trophy had a square wooden base with a large gold ASPAN logo (aspen leaf) sitting on top and inscribed with the Gold Leaf Component of the Year. The winning component name was added in 1996 with FLASPAN engraved and was accepted by Florida President Linda Boyum.

This Gold Leaf standing trophy continued to be awarded yearly until 2001 when it was changed to a beautiful Gold Leaf on a wooden plaque with the winning component’s name engraved. It is awarded yearly at ASPAN’s National Conference Opening Ceremonies.

The Texas Association of PeriAnesthesia Nurses (TAPAN) took home the second Gold Leaf at the



Debby Niehaus
BSN, RN, CPAN (Ret)

ASPAN Conference in Denver, 1997, and scored high on the 31 criteria on the application sent to component leaders for scoring. The objective criteria are established so a component is measured and scored in comparison to other applicants. The highest total score on the applications is the award winner. Pam Windle ran down the aisle to accept this award, the first of their TAPAN wins, for which they now hold the record of five Gold Leaf Component of the Year awards.

Karen Niven from the North Carolina Association of PeriAnesthesia Nurses (NCAPAN) accepted the third award given at the National Conference in Philadelphia in April, 1998. She pledged to be a resource and role model for other components seeking to win the Gold Leaf Award.

In April of 1999, the Arizona PeriAnesthesia Nurses Association (AzPANA) President Jeanne Going came forward and received the check, trophy, certificate for a publication, and, in addition, received a stack of small gold ribbons. These gold ribbons attach on the printed name badge to recognize "Gold Leaf Component of the Year" winners at conference and their component meetings. Ribbons became part of the award.

At the 2000 National Conference, Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) President Dina Krenzischek stepped forward to accept the award for activities of the previous year. When presenting the award, the membership chair stated: "CBSPAN and components are using this award as a guide for goal setting, component activities, and strategic planning development."⁴

The Gold Leaf Award criteria focused on the ASPAN mission of education, research, and clinical standards. At the 2000 Gold Leaf application review, one criterion was added, bringing the total to 32 for components to choose to report their activities.

The PeriAnesthesia Nurses Association of California (PANAC) was the sixth winner of the Gold Leaf Component of the Year award. PANAC would return to the

podium two other times to receive the award, with their most current win by Kristy Thompson and Ronda Dyer at the 2023 Conference in Denver for the activities of 2022. The suspense builds as we wait for the winning component name to be revealed at Opening Ceremonies. There have been 19 different component winners over the 28 years the award has been given, with only five components winning two or more times.

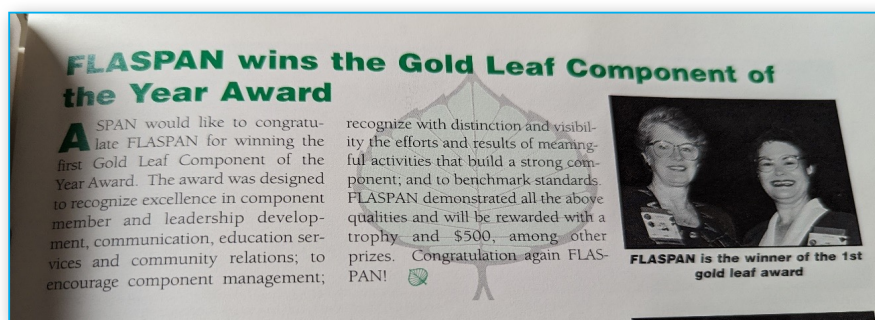
The Award Today

In looking at the application today, the core values are the same as put together in the first application in 1995. Today's Gold Leaf application is still a blueprint for strategic planning for components with criteria submitted in areas of: Governance/Organization, Membership/Customer Service, Financial Health/Stability, Certification/Education, Community/Informed Public, Governmental Affairs, Community Service, Research, Evidenced Based Practice, Quality Improvement, and Successful Practice.

Criteria have been revised with changes in the organization over time, but the purpose and goals from the original Gold Leaf Award 1995 to the present remain the same: ASPAN rewards and recognizes a component's excellence as the Gold Leaf Component of the Year.

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4. Carollo M. 1999 ASPAN Gold Leaf Component of the Year Award – CBSPAN. *Breathline*. 2000;20(3):8. 🌿



◀ From left, Past FLASPAN President Linda Boyum accepting the first Gold Leaf Award from Jane Ehrhardt. *Breathline*. 1996;16(3):9

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On Social Media:



HAIL, HONOR, SALUTE!

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

The Development Strategic Work Team would like to thank all individuals and components who supported our 42nd ASPAN National Conference this past April. Thanks to your support, the Development team exceeded the goals set for our National Conference. I would like to give a special shout out to all individuals who pledged monies through our *Hail, Honor, Salute!* campaign.

The *Hail, Honor, Salute!* program is a unique way to honor a special person and, at the same time, make a charitable gift to ASPAN. In fact, you can honor a friend, family member, or colleague anytime throughout the year. The recipient will receive a certificate that can be framed and signifies THEY are a special person within the perianesthesia nursing community. The certificate is also inscribed with the donor's words indicating why they are being so honored.

Every dollar donated will assist in funding activities such as professional education, evidence-based research, scholarships and awards, advocacy, and more. Both the *Hail, Honor, Salute!* campaign and Legacy for Life program support the future of perianesthesia nursing. All gifts are tax-deductible as allowed by law.

When you support ASPAN, you help bring about many good things: supporting nurses in perianesthesia practice, which in turn helps ensure optimal patient care, assures ASPAN programs continue at the lowest possible

costs, and encourages giving among other prospective donors. Let us continue to support these important programs and advance our specialty of perianesthesia nursing.

For more information, please contact Doug Hanisch, ASPAN's Marketing and Communications Manager at ghanisch@aspan.org.

Thank you. 🌱



Katrina Bickerstaff
BSN, RN, CPAN, CAPA

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Hail, Honor, Salute!



To the right is a
sample *Hail, Honor,
Salute!* certificate



ASPAN

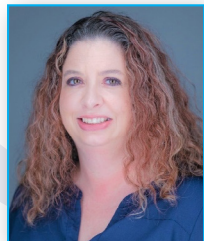
**Tell your colleagues
about ASPAN, earn
rewards for doing so.**



Clinical Practice Hot Topic: *Minimum Staffing Levels*

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: *How many RNs per patient should be staffed in the pre-op holding area?*

A: ASPAN's practice recommendation on staffing discusses the various issues which need to be considered when staffing a preoperative area.¹ Many people have asked if there shouldn't be a minimum number of nurses per patient. But ASPAN has not taken a prescriptive view of this due to the many different ways the preoperative areas function, the types of patients at each facility, and the expectations of what is completed in pre-op.¹

At a minimum, one nurse should be in the preoperative area with a support person. A nurse should not be left alone without help immediately available.¹

In ASPAN's practice recommendation on patient throughput, ASPAN recommends patients are cared for at the level they would be on the receiving unit when they are holding in PACU, and this recommendation should be applied to the staffing in the preoperative area. If the department does bring ICU patients to the pre-op area, the staffing level should be equivalent to the ICU. Many ICUs staff two patients to one nurse.²

If the preoperative area does procedures, including blocks, staffing levels should be appropriate to maintain patient safety.¹

Q: *How many patients should a PAT nurse evaluate each day?*

A: PAT encompasses the period prior to the day of surgery. PAT may stand for many different things: preanesthesia testing, preadmission testing, and various other names. This is the period where patients are educated about what medications to take, clearances needed, and infection control items.

Staffing in a PAT department is dependent on what is expected of the PAT RN. If the clinic is functioning as an optimization clinic or a preoperative surgical home, the RNs may have a lower patient load than in a department where the RNs are making calls with basic education. For example, an RN evaluating a young, healthy population will be able to complete a visit in a shorter amount of time than an RN evaluating a patient who is having cardiac bypass surgery.¹

When determining staffing for PAT departments, it may be helpful to complete a time study. Time studies will identify the amount of time spent prior to patient

interaction, how long a patient visit takes, and the amount of post-interaction follow-up required by the RN. For many managers, this may be an eye-opening experience as the amount of time spent on each patient isn't always easily trackable.

Q: *If we are completing 20 surgeries per day, how many RNs should we have in PACU?*


A: Staffing in the PACU involves more than simply the number of surgeries. ASPAN has very clear practice recommendations on the minimum number of RNs and appropriate patient ratios during all phases of post-anesthesia care.¹

When establishing daily staffing, it is important to look at patient acuity, average PACU time per patient, and the timing of patient arrival to PACU. At an ambulatory surgery center, which has shorter postanesthesia care times, RNs may be expected to care for more patients during their shift than at a level one trauma center. If a facility has pediatric patients or patients requiring a 1:1 ratio, they may need more RNs on any given day. Typically, staffing in a Phase 1 PACU area is one nurse for every two bays. Again, this may change depending on the rate patients are arriving to the PACU and expected acuity of each patient.¹

Conclusion

Staffing in the perianesthesia setting is fluid. The variety of patients and the various ways in which many facilities function make it difficult to prescribe a clear ratio for PAT and preoperative areas. In postanesthesia settings, staffing varies based on acuity and patient volume. Perianesthesia nurses need to use critical thinking to apply the ASPAN staffing recommendations to their individual practice settings.¹

REFERENCES

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2. American Society of PeriAnesthesia Nurses. Practice recommendation: perianesthesia throughput. In: *2023-2024 Peri-anesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2022:89-93. 

REGION FIVE UPDATE

Emphasis on Education and Networking in Region Five

Nickcole Price, MSN-Ed, RN, CPAN, CAPA
Regional Director, Region Five

Warmest greetings from Region Five. I am very humble to be elected and serve as your director. I was very excited to see so many enthusiastic, eager, and energetic nurses attending the National Conference for the first time held this past April in Denver, Colorado. It was a pleasure to meet leaders and members from all the components of Region Five. The networking was a wonderful experience. I cannot emphasize enough the value of networking with colleagues.

In addition, the component leaders of Region Five met virtually this past June. The meeting offered a platform to share best practices, strategic planning, support, guidance, and direction. These leaders have aligned their vision. They share a passion and commitment to provide continuing education contact hours to all their members. Respectively, many of the components host annual state seminars, offer scholarship programs, publish newsletters, partake in community affairs, and support local district seminars. Below are some of the upcoming state conference dates:

ALAPAN

Alabama Association of PeriAnesthesia Nurses
Website: Not active
State: Alabama

CBSPAN | October 7, 2023

Chesapeake Bay Society of PeriAnesthesia Nurses
Website: <https://cbspan.nursingnetwork.com/>
States: Maryland, Delaware, Washington D.C.

FLASPAN | October 14, 2023

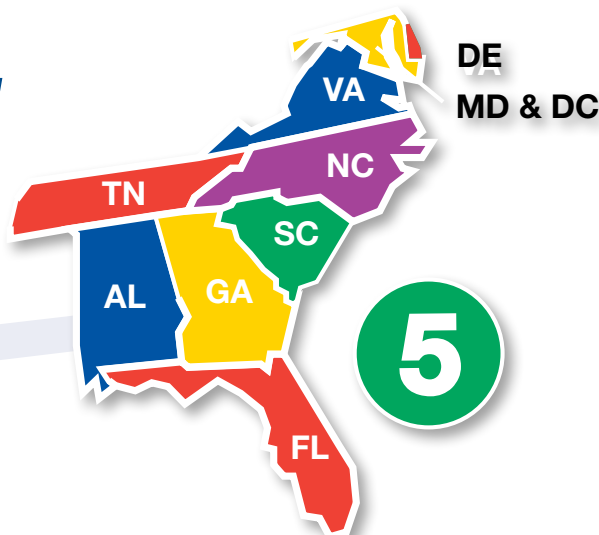
Florida Society of PeriAnesthesia Nurses
Website: <https://flaspan.nursingnetwork.com/>
State: Florida

GAPAN

Georgia Association of PeriAnesthesia Nurses
Website: <https://gapan.nursingnetwork.com/>
State: Georgia

NCAPAN | September 23 and 24, 2023

North Carolina Association of PeriAnesthesia Nurses
Website: <https://ncapan.nursingnetwork.com/>
State: North Carolina



Nickcole Price
MSN-Ed, RN, CPAN,
CAPA



▲ Region Five leaders at the Component Presidents' Luncheon in Denver

SCAPAN

South Carolina Association of PeriAnesthesia Nurses
Website: <https://scapan.nursingnetwork.com/>
State: South Carolina

TSPAN | November 18, 2023

Tennessee Society of PeriAnesthesia Nurses
Website: <https://tspanonline.nursingnetwork.com/>
State: Tennessee

VSPAN | October 7 and 8, 2023

Virginia Society of PeriAnesthesia Nurses
Website: <https://virginiaspn.nursingnetwork.com/>
State: Virginia

In closing, it is my privilege to represent such an amazing group of leaders and members. The commitment and leadership of such advocates models the values and principles of our perianesthesia nursing specialty. 🌱

Come to Orlando for ASPAN's 43rd National Conference!

Laurie Laurino, MSN, RN, CPAN

Updated by: Kim Godfrey, BSN, RN, CPAN

Coordinator, ASPAN National Conference Strategic Work Team 2024



Kim Godfrey
BSN, RN, CPAN

It is my pleasure to invite everyone to join us for ASPAN's 43rd National Conference in Orlando, Florida, at the Marriott Orlando World Center. As we continue to venture out of the COVID epidemic, we hope this will motivate you to attend the national conference and take part in all the abundant educational offerings which will be offered. I imagine for many of you, a visit to sunny Florida is just what the doctor ordered. Shake off the uncertainty of the last few years and open yourselves to the magic of learning new things and meeting perianesthesia nurses from across the country.

Orlando is a magical place and is well known for its hospitality. While the city was built on theme park fame, the number and variety of Orlando attractions has grown to include world-famous restaurants, high-end outlet shopping centers, amazing concert and sporting event venues, not to mention the beaches located just a short drive away!¹

Orlando's Rich History

To hear some people tell it, Orlando's history didn't begin until Walt Disney World Resort opened in 1971. But the fact is, the region's rich past can be traced to the prehistoric era: with indigenous American Indians, Spanish cattle ranchers, citrus growers, and other trailblazers making their marks along the way. Tourism, conventions, and trade shows are the basis of the city's economy, while manufacturing of aerospace and missile systems, high-technology industries, and the citrus industry are important trades for the city.²

Variety of Adventures

There is an incredible mix of fun things to do in Orlando, making this city an ideal destination spot for families, outdoor adventurous types, luxury shoppers and international visitors. Make time in Orlando for great memories! Native Floridians never tire of the land of sunshine. But the humidity varies depending on the time of year. Thus, it's always wise to never leave home without sunscreen and water! There is no limit to the many adventures awaiting you in Orlando, a city inspired by dreams and wonder. What are you waiting for?^{1,2}



▲ **Mango's Tropical Café Orlando**
Photo Courtesy of Mango's Tropical
Café Orlando



Bok Tower Gardens ▶
Photo Courtesy
of Visit Orlando

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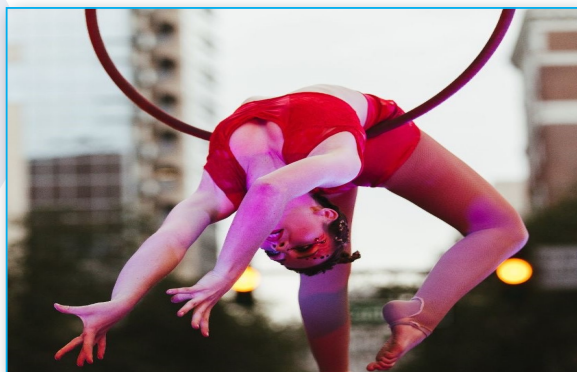
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2. City of Orlando. Orlando history. Orlando.gov website. Accessed July 14, 2023.
<https://www.orlando.gov/Our-Government/History>

▼ **City of Orlando Lake Eola**
Photo Courtesy of Visit Orlando





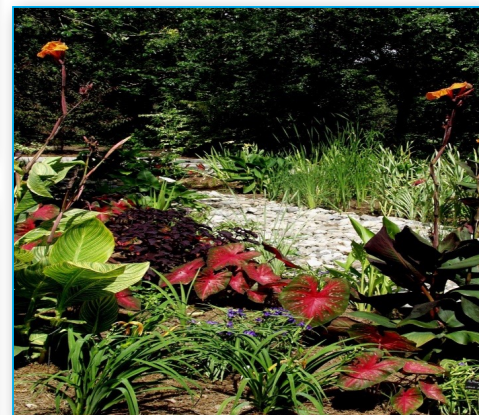
Lakeridge Winery and Vineyards ▲
Photo Courtesy of
Lakeridge Winery and Vineyards



◀ **Orlando Aerial Arts Performance in Downtown Orlando**
Photo Courtesy of
Creative City Project



Gatorland ▶
Photo Courtesy of Gatorland Orlando



▲ **Harry P. Leu Gardens**
Photo Courtesy of Harry P. Leu Gardens



UPDATES FROM ABPANC The American Board of Perianesthesia Nursing Certification, Inc.

Congratulations to our 2023 Fall Scholarship Recipients!

ABPANC is pleased to announce it has awarded 16 scholarships for certification/recertification fees in Fall 2023. Over the past decade, ABPANC has awarded over 180 scholarships to candidates and certified nurses whose employers do not provide reimbursement. [Learn more or apply today.](#)

Recertification Changes Coming January 2024

Changes and challenges within the perianesthesia nursing environment have prompted ABPANC to take proactive steps to enhance our CPAN® and CAPA® recertification requirements.

CERTIFICATION

To read more about these changes and how they may affect your 2024 recertification, please visit the ABPANC website [here](#).

Highlights of the changes include:

- All contact hours must be perianesthesia related
- The number of required contact hours will be reduced from 90 hours to 70 hours
- The direct versus indirect care categories for contact hours will be eliminated
- The recertification reinstatement period will be extended from 15 days to 90 days
- Recertification by exam option will be discontinued by 2027

Please note the new **Recertification Handbook** reflecting these changes will not be available until after the close of the fall 2023 recertification window.

Reminders

- CPAN/CAPA Certification fall registration window: July 1 – October 31
- Fall testing window: September 15 – November 15
- Fall Recertification window: July 1–October 31

Learn more at <https://www.cpancapa.org/>

ABPANC
Address and Contact Information:

1133 Broadway, Suite 544, New York, NY 10010
Phone: 347.708.7975 | Email: abpnc@cpncapa.org
Web site: www.cpancapa.org

Component Education Programs

Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) Retreat in the Rockies will be a one-day event Saturday, October 7, 2023, at Colorado Mountain College, Breckenridge, CO. Hotel accommodations Dillion Inn, 708 E. Anemone Trail, Dillion, CO 970-262-0801. For more information, contact the Nurse Planner Marcia Keiser, BSN, RN, CPAN (Ret), at marciajo@me.com or go to www.rmpana.nursingnetwork.com.

Illinois Society of PeriAnesthesia Nurses (ILSPAN) Fall Conference will be Saturday, October 21, 2023, via live webcast only. Will not be recorded. For more information, contact Alexis Nicpon, MSN, RN, CPAN, at educationchair@ilspan.org or <https://ilspan.nursingnetwork.com> 🌿



LIVE IN-PERSON SEMINARS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

October 28, 2023 SATURDAY

North Little Rock, AR

LIVE WEBCASTS – FULL-DAY

FOUNDATIONS OF PERIANESTHESIA PRACTICE

November 18, 2023 SATURDAY

PERIANESTHESIA CERTIFICATION REVIEW

November 5, 2023 SUNDAY

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

October 11, 2023 WEDNESDAY

October 18, 2023 WEDNESDAY

October 25, 2023 WEDNESDAY

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

October 14, 2023 SATURDAY

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

October 21, 2023 SATURDAY

LIVE WEBCASTS – HALF-DAY

INNOVATIVE CONCEPTS IN PEDIATRIC PERIANESTHESIA CARE

November 12, 2023 SUNDAY

LEADERSHIP STRATEGIES TO SUSTAIN A CULTURE OF SAFETY

November 19, 2023 SUNDAY

LIVE WEBCASTS – TWO-HOUR

HOW TO BECOME A TRANSFORMATIONAL LEADER

October 4, 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

PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

October 5, 2023 THURSDAY