



# The AWAKENING

Newsletter of the Wisconsin Society of PeriAnesthesia Nurses

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## President's Message

Stephanie Kassulke MSN, RN, CPAN

Another year is coming to an end, last minute shopping, wrapping, and baking cookies is the focus of the day. In the midst of these activities, I have taken time to reflect over the last year. Change has been a major influence over the last year. Emphasis is on quality. Various organizations set guidelines that we need to follow. Nursing is held accountable to these guidelines and judged. Various organizations have indicator that we need to follow, that we are held accountable and judged. Magnet, CMS, and SCIP are all organizations that evaluate our practice according to their criteria. The time is coming where hospitals will be reimbursed according to these indicators; indicator that we must address since these will be the basis for reimbursement. We need to work efficiently in providing care. Productivity influences many areas that include staffing. Do you feel that the demands at work are sometimes more than you can handle.

Have you ever stopped and wondered what can ASPAN and WISPAN can do for you? Your professional organizations can be of value, here are some ways. ASPAN provides you with the ability to network with others across the nation through their Forum. Questions are posted to elicit feedback. The Clinical Practice Committee is there for you to ask questions, providing feedback, and support from your peers.

Education is the foundation for our organizations making opportunities available at the National and Component levels. The annual ASPAN National Conference provides experts on various topics, meant to improve our practice. This is four days of learning, networking, and fun. The same for the component level. WISPAN provides three seminars a year. Topics are based on membership feedback and the newest information. The provision of quality care is based on knowledge, not necessarily how we have always done it, but care based on best practice. Incorporating knowledge into our practice will provide this basis.

What else do we receive from our organizations? Scholarships are available for off setting costs. Scholarships are available for education, certification fees, mission nursing and continuing education. Interested? Check out the ASPAN and WISPAN websites for more information, such as criteria, applications, and guidelines. You just need to take the time to research and apply.

ASPAN provides the practitioner with evidence based practice recommendations that can be accessed. This data can be used to discuss safe staffing practices such as fatigue,

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# President's Address

continued

minimum staffing, and practice recommendations. ASPAN's Perianesthesia Nursing Standards and Practice Recommendations are there to provide a basis for developing the foundation of your nursing practice. ASPAN and WISPAN are working for you, take the time to check us out. Think about becoming more involved. There are four positions available on the WISPAN Board of Directors. The open positions are listed following in the AWAKENING. Please take time to acquaint yourself with the responsibilities and benefits of serving.

The next WISPAN Board of Director's meeting is prior to the Winter seminar. Meeting time is generally at 1800 at the hotel. Come for all or part of the meeting! If interested please email me and I will provide information on the time, place, and agenda.

Without professional organizations to provide our practice groundwork, nursing could face various degrees of legal issues. Our practice must stay current; ready to face our uncertain future.

Therefore, we need visionaries to guide us in this changing healthcare environment. WISPAN/ASPAN needs individuals with fresh ideas and not afraid to challenge what has always been. Are you one of them?



## ASPAN LOGO CHANGES

ASPAN has been working on developing a new logo. Membership recommendations and feedback were used in the development. Comments included:

- ◆ Strong attachment to the image of an aspen leaf.
- ◆ Wanted to see veins in the leaf, which some associate with the idea of networking and others connect with perianesthesia practice.
- ◆ Identified loving the color dark green, and they also love the color dark blue. But they responded most favorably when the two colors were used together.

- ◆ Members wanted our acronym, ASPAN, to be in capital letters.

But rest assured that the traditional Logo that we are familiar with will not disappear. This logo will be used for historical and critical documents such as awards, certifications, and the president's pin to name a few. Others are being identified. The old logo will be known as Society's Official Seal/Legacy Logo. This change takes affect January 1, 2012, in time to start a new year with a new look.



# ASPAN

American Society of PeriAnesthesia Nurses

# WISPAN BOD MINUTES

WISPAN Meeting October 7, 2011

## Secretary's Report: Patti Miller

- ◆ There was a discussion on the best way to store historical information for the component.
- ◆ ASPAN states that component information needs to be preserved.
- ◆ Electronic storage is the most convenient.
- ◆ More discussion on efficient method to use.

## Treasurer's Report: Paula O'Neal

- ◆ Budget reviewed.
- ◆ Discussion held on increasing membership awareness of WISPAN activities and information that is available electronically such as the Breathline and AWAKENING.
- ◆ Final proposal was to create a new position: Marketing. Mary Raspanti agreed to take on this challenge.
- ◆ Scholarship coordinator will report to the directly to the BOD.

## Government Affairs: Marlene Nahavandi

- ◆ Marlene has emailed her report to all.
- ◆ Nursing Matters is going green and will soon be electronic.

## Membership: Bonnie Holzheimer

- ◆ 323 members! An increase from last year! 29% of members are certified.
- ◆ Personal reminder letters offering the information for renewal
- ◆ Received information for Shining Star application from Deirdre (from ABPANC).
- ◆ We will pursue the application process and find out what the component needs to meet the requirements.
- ◆ ABPANC representative given feedback on new electronic renewing.

- ◆ Still need a location for the Spring seminar.
- ◆ ASPAN is promoting Components get bonding and liability insurance.
- ◆ Tax exempt status has been applied for, waiting for state response.

## President's Report: Stephanie Kassulke

- ◆ Gold Leaf Award, information was received. After preliminary evaluation WISPAN looks good for applying.
- ◆ ASPAN presented a means of having electronic BOD meetings. Could be used for our orientation of new board members. BOD to think about this.

## President Elect Report: Cindi Haddemann

- ◆ Seminar update – current registration is in the 80's – will get final tally tomorrow.

## Immediate Past President: Sue Matheys

Open board positions:

- ◆ Treasurer (Paula is thinking about running again, but would like to see someone new in that position.)
- ◆ Government affairs
- ◆ President elect
- ◆ Webmaster (Carroll is willing to continue, but thinks we would benefit from a new person with new ideas.) Sharon and Marlene have been working with Carroll upgrading the website and that has been beneficial.

- ◆ Feedback should be sent to their national office.

## Standard Operations: Jill Katz

- ◆ Suggested changes for policies were reviewed prior to the meeting and approved by all.
- ◆ Steph proposed that the meal stipend for CDI be reduced to \$50/day. All in favor.
- ◆ Jill will send out final policies with changes for all.

## Education: No report

## Scholarship: Mimi Spence

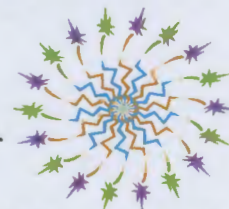
- ◆ People have not been applying for scholarships. Will remind membership where information is available.

## Research: no report

## Web Master: no report

## Awakening Editor: Stephanie Kassulke

- ◆ Should we continue the writer's contest? Voted to continue.



# WISPAN BOD MEETING MINUTES

## Historian: Sharon O'Hara

- ◆ Next year is WISPAN's 30th anniversary. Sharon found the names of a few people who have been members since the beginning. Trying to find out if we have access to person's original join date. Bonnie will talk to National office to see if we can get this information. We will plan to have balloons and a birthday cake at the winter seminar to celebrate.

## Winter Seminar

- ◆ Marlene gave winter conference update. Scheduled for February 4, 2012.

## Dells update:

- ◆ At CDI, there was a talk about evidence-based practice. Kim Noble would be willing to speak at our conference. Bonnie will email her to find out what our cost would be.
- ◆ Brainstorming took place for ideas for speakers.
- ◆ Steph also talked about some sort of collaboration between AORN and us. Waiting to hear from AORN board to see if they are interested. Mary suggested that maybe this collaboration would be a good idea for the half day seminar.
- ◆ Steph also talked about her ideas for a gathering for the Friday evening before the start of the Dells seminar.
- ◆ The Kalahari will provide a link for hotel reservations for conference attendees.

Complete minutes available on WISPAN Website

Minutes respectfully submitted by Sue Matheys RN, CPAN for Pattie Miller, RN, CAPA, WISPAN Secretary.

## Look Whats Up with ASPAN



Time to think once again about National Conference. This is a time to meet new friends, catch up with old, have fun, network, and education. National Conference this year is in Orlando, Florida. April 15-19, 2012.

Don't forget about PeriAnesthesia Nurses Week February 6-12. How are you going to celebrate? A luncheon, gift, banners, or whatever you can creatively develop. WISPAN is having the Winter Seminar February 4, 2012. WISPAN will start off the week with a birthday celebration. Join us.

Did you know that the Anesthesia Patient Safety Foundation (APSF) and the American Society of PeriAnesthesia Nurses (ASPAN) are providing the APSF Newsletter to ASPAN members for free. This is the mechanism used to disseminate new knowledge regarding patient safety. Take the opportunity to check it out on line.

# 4th QTR Report 2011



Marlene Nahavandi RN BSN CAPA

## WNC:

November meeting had a small turn out. Made plans for the annual summit meeting to be held on February 16, 2012 at EPIC. The meeting will be on end of life issues and will include social workers and lawyers. As more information is available I will post on the website.

## 2011 WNA Annual Convention:

It was a great place to network with nurses from other organizations. Dr. McBride spoke on "Leadership and the 21<sup>st</sup> Century Nurse". Her emphasis being the Nurse=Leader. She stated that "Leadership" does not equal administration. Leadership ranges from individual performance and productive teamwork to inspiring higher performance in others and creating enduring excellence. This is what each RN does on a day to day basis. Many other inspiring speakers, networking opportunities, adoption of seven Reference Proposals and Bylaws and getting connected on WNA's new social media website all part of the two day meeting. The final proposed References will be posted on the website soon.

## CONFERENCE'S:

- ◆ 2012 WNA Nurses Day at the Capitol, Tuesday March 6, 2012 at Monona Terrace Convention Center, Madison
- ◆ 2012 Wisconsin Association of School Nurses Spring Conference, Wednesday April 25-27 at Holiday Inn Hotel and Convention Center, Stevens Point
- ◆ 18<sup>th</sup> Annual Jail Health Care Conference, Thursday May 10-Friday May 11, 2012 at Chula Vista Resort, Wisconsin Dells
- ◆ 2012 WNA/WNSA Annual Meeting & Conference, Thursday, October 18-Saturday October 20, 2012 at Holiday Inn and Convention Center, Stevens Point.

Submitted by Marlene Nahavandi RN BSN CAPA



## WISPAN BOD 2010-2011

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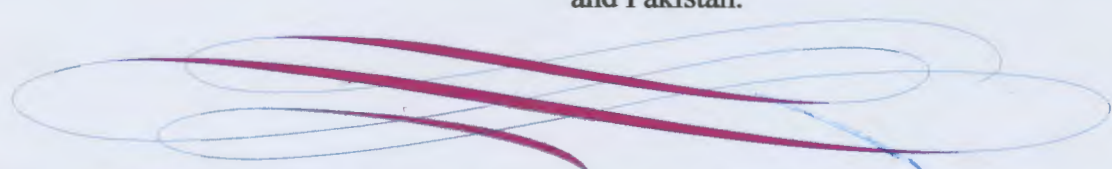
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# International Conference Peri-Anesthesia Nurses

The first Peri-Anesthesia Conference would be held on the North American Continent, my heart leaped, how exciting was this? The conference was to be in Toronto, Canada in October 2011, sponsored by British Anaesthetic & Recovery Nurses Association (BARNA) National Association of Peri-Anaesthesia Nurses, Canada (NAPANc), Irish Anaesthetic & Recovery Nurses Association (IARNA), and the American Association Of Peri-Anesthesia Nurses (ASPAN). I decided I would attend, beginning a yearlong preparation.

The idea for an International Peri-Anesthesia Nursing Conference was hatched in a pub in London, in 2008 by ASPAN's past president and BARNA's chairperson. (So be careful what you agree to over a pint of ale). The theme was to be "Many Practices...Just One World".



Conference organizers adopted the Alps Institute of Medicine Philosophy: "Professional Connections: Globalization encompasses expanding migration patterns and economic structures that increase independence across populations."

Global migration of nurse and patients, worldwide nursing shortage has increased the need for nursing education to support delivery of culturally competent care. The public sector must make a commitment to global health through collaboration across organizations and countries (versus attempting to do this alone) to research, develop, finance, and deliver cost-effective health interventions.

#### **Recommendations for action:**

- ◆ Generate and share knowledge
- ◆ Invest in capacity building with global partners
- ◆ Engage in respectful partnerships 1

Summer came and I registered, starting my journey to Toronto that would consist of a road trip with the final leg into Toronto on the train. The conference was held at the Sheraton Hotel and Conference Center, which sold out of rooms very quickly. 200 participants were expected but conference planners needed to close registration at 450 due to conference room size. It was such a huge success. The area close to the conference center was very walk able with the availability of great Italian style streetcars.

It was wonderful to hear English spoken with every imaginable accent. There participants from 14 countries. The lectures were in English even though the speakers were from Canada, US, Ireland, England, Greece, New Zealand, Denmark, Australia, and Pakistan.

#### **Reasons to collaborate**

- ◆ Our practices have similar challenges
- ◆ Huge growth value in networking
- ◆ Opportunity to partner on a wider level and make a difference in developing countries, the nursing community, and across the world

The panel discussion compared peri-anesthesia nursing in Ireland, United Kingdom, Greece, USA, and Canada. The following countries share similar RN to patients' ratios: USA, Canada, UK, and Ireland. Greece has many barriers that include one RN may have 2-3 patients, including new admissions to PACU. And for out of service emergencies one nurse. They lack many of the things that we take for granted EKG, automated BP machines, oximetry, and staff. CRNAs are mostly

# International Conference Peri-Anesthesia Nurses

in the USA; while other countries experienced RNs are trained by the Anesthetist (anesthesiologist) without a formal education. Many hospitals in Canada, UK, and Ireland cancel or delay surgery until they have a post op bed. The patients are not brought in to the Theater (OR) until they know the Recovery Room will be able to accept the patient post op. This received applause.

## Common Challenges:

- ◆ The current climate of recession causing staffing moratorium within Health service 2009.
- ◆ Financial constraints leading to low levels of staff and untrained/unqualified replacement.
- ◆ Fatigue and stress-low morale.
- ◆ Higher rate of sick leave
- ◆ Skill mix, not enough nurses with the right skills
- ◆ More patients with serious co-morbidities: higher acuity, ventilation, invasive lines, and intense patient care requiring in-depth nursing skills, knowledge and critical thinking.
- ◆ Patient acuity not factored into staffing to patient ratios.
- ◆ High dependency/ICU beds unavailable
- ◆ Lack of inpatient beds
- ◆ Ability to influence, transforms, mobilize, and allocate resources we do this every day

- ◆ Transfer of function from physician (invasive line/epidural removal, discharge) not in the USA
- ◆ Assigned by balancing acuity, bed availability
- ◆ Common strengths: Unity of Voice...Advocacy
- ◆ A process of actions intended to bring about change individuals, groups, and organizations
- ◆ Organized efforts and actions based on "what is" to make "what should be" a reality (ex. Staffing ratios).

## Advocacy Leaders:

- ◆ Informed
- ◆ Create opportunities for debate on difficult issues
- ◆ Confident in knowledge and skill; critical thinkers
- ◆ Know what we do; what we bring to the table (valued expertise)

## The Power Of Your Profession,.

- ◆ Voice in action
- ◆ Nursing professional: caring, compassionate emphasis on partnering with/caring for patients/families unique
- ◆ Collaborate with other healthcare professionals to promote community, national, international efforts.



## Using Our Voices to Advocate with Authority by:

- ◆ Using the best available evidence to support practice-nursing research
- ◆ Demonstrating that skilled nursing care makes a difference to safety and quality patient outcomes.
- ◆ Becoming sufficiently articulate, confident, and feeling to have our voices heard.
- ◆ Assuming ownership over an area of practice/inquiry.

Most lectures were about research projects that improve patient care, decrease time to discharge, identifying patients with increased pain response, etc. Most studies used a common framework for their study:

- ◆ Identified a possible area of improvement
- ◆ Identifying current issues
- ◆ Do literature review
- ◆ Evaluate present practices, "get buy-in" for all involved
- ◆ Identify a sample group
- ◆ Develop the Data Collection method and initiate it.
- ◆ Collate results
- ◆ Make recommendations
- ◆ Actions to implement

The AWAKENING is written by and for  
WISPAN members.

# International Conference Peri-Anesthesia Nurses

I thought that canceling cases if they don't have post-op beds resulting in no holding in PACU sounded great to me, until after lecture. I attended "Surgical Cancellations: Impact on Patients and Practice" by Ross Riggs, RN, Kim Stothart, RN, BScN, Karen Thomas RN, MN, University Health Network, Toronto.

A high number of surgeries were being canceled due to over scheduling, lack of post op beds and emergencies. Patients often were at the hospitals for up to six hours before being told their case was canceled. The patients were pretty much on their own to deal with the cancellation. The hospital was concerned about the quality of patient care; reflected by the level of dissatisfaction.

The nurse's were concerned with Patient Centered Care, patient satisfaction and dissatisfaction, an indicator of quality care; seeking a greater understanding, a desire to improve practice and patient experience and reduce the number of cancellations.

After looking at their present practice and a literature search they decided on using a videotaped interviews with patients whose surgery was canceled. Interviews were done in a private room with safeguard to protect the patient's privacy.

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## The objectives and responses were:

- ◆ To describe the significance of changing expectations: devastation, unsureness, helpless, dishearten, worry, grateful, resignation...for 19% of patients this wasn't the first cancellation.
- ◆ To describe changing relationships in light of having surgery canceled: inconvenience, embarrassment, and mistrust.
- ◆ To describe their hopes in relation to changing: reorganizing preferences, scheduled as first case, communication on day canceled and in the future.

## Implications: Nursing Practice

- ◆ New knowledge guides nurses in the nurse-person process
- ◆ Nurses learn how to be "truly present" to understand how best to care for the patient.

## Communication

- ◆ Surgeon informs the patient if not the POCU informs the patient.
- ◆ A checklist that moves the process along faster, the OR nurse informs the POCU nurse who calls the doctor's office to inform of cancellation, so the office can contact the patient.

- ◆ If possible the surgeon informs the patient if not the POCU informs the patient.
- ◆ Food is offered
- ◆ An apology card and patient relations card are given to the patient.
- ◆ The patient is informed that the doctor's office has been informed and will contact them.

## Environmental Changes

- ◆ Made waiting areas more attractive with private space to talk with patients about cancellation
- ◆ Diverse activities: games, cards, books, etc were provided.

## Developing New Dimensions of Care

- ◆ Cancellation letter given to patients during their preadmission visit.
  - ◆ Helping patients reconcile feelings and identify support
- After the introduction of the checklist with protocols, one POCU nurse stated: "I previously felt fear when approaching the patient regarding cancellations-I now feel more empowered to communicate honestly and better help them at this time"...

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A Patient whose surgery was canceled stated: "I was treated with such compassion, it helped me deal with my disappointment..."

## Unexpected impacts and outcomes:

- ◆ Uncovered meaning for staff, which initiated actions.
- ◆ Inspired further investigations
- ◆ Real time allocations
- ◆ Dedicated Emergency OR
- ◆ Booking policies changes
- ◆ Subsequent studies
- ◆ Practice changes adopted in other areas.

I left the lecture with a new slant on the devastation caused to patients by cancellation of their surgery. So, I will not applause again.

There were two lectures related to NPO status:

"Excessive self imposed fasting regimes- a clinical audit, Stuart Roberts Practitioner Health Lecturer University of Nottingham United Kingdom and "Moving the Liberalized Preoperative Fasting and Thirsting Agenda Forward", Jocelyn Reimer-Kent

So why so we continue this practice since there isn't any strong scientific basis for blanket NPO at midnight practice. Most studies didn't take in the difference between stomach emptying of solid and liquids. The two lecturers focused on the clear liquid portion of the NPO.

## Reasons Not To Change:

- ◆ Convenience (discrepancy and difficulty of estimating OR times)
- ◆ Poor planning, frequent delays and alteration in operating list
- ◆ Lack of knowledge/uncertainty.
- ◆ Fear of changing traditional practice
- ◆ Non-standardized, non-integrated practices
- ◆ Nursing unaware of the importance of changing NPO practices

RN, MN Cardiac Surgery, Clinical Nurse Specialist- Royal Columbian Hospital. Both looked at the effects of extended period of fasting such as dinner eaten at 1700 with fasting and thirsting for up to 20 hours or even more before surgery.

## Literature supported the negative affects of prolonged fasting:

- ◆ Hunger and dehydration
- ◆ increased pre-op discomforts
- ◆ Increased gastric volume
- ◆ increased post-op nausea and vomiting
- ◆ Prolonged post-op recovery
- ◆ Electrolyte imbalance
- ◆ post-op insulin resistance
- ◆ Depressed immune system
- ◆ Decreased muscle strength
- ◆ Irritability, headache, anxiety, discomfort

Being in the fasted state is not the optimal metabolic state to tackle the stress of surgery. Protracted preoperative fasting can have a negative change on your life. Surgery is a major stressor on the body a cellular marathon of sorts. The fasting state would be a very odd way to prepare for any other kind of stress like running a marathon.

- ◆ Poor communication, poor patient instructions'
- ◆ Patients often fast longer than 8 hours.

## One Action Plan Was:

- ◆ Very specific directions to patient instead of saying nothing to eat after midnight
- ◆ For ALL patients, start day before surgery to eat an evening snack (as nutritional prep), then NO solid food after midnight, but may drink clear fluids as wishes.
- ◆ For morning case, start day of surgery to drink 1 to 2 glasses (up to 500mL) of apple or cranberry juice (as a nutritional prep) at 0500 hours- Wake patient if necessary, repeat 1to 2 glasses of apple or cranberry juice at 0800, then NPO fluids after 0800 hours.

Another action was the development of Clinical Practice Guidelines, (2006) by Canadian Anesthesiologists' Society. Surgery can be started 8 hours after a meal, 6 hours after a

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light meal or milk, 4 hours after breast milk, and 2 hours after clear fluids. Except for patients with high risk factors for aspiration, impaired GI motility, enhance gastroesophageal reflux, obstructions or carcinomas of the upper GIT, GERD, and hiatal hernia.

## Areas Of Possible Improvement:

- ◆ Observed the nurses treated prisoners differently and was interested as to why?
- ◆ Common perception that prisoners are treated the same.
- ◆ Interested about the notion of caring in nursing; what does it mean in this context?
- ◆ Does it have any impact on the nurse?

## Literature Search Showed:

- ◆ Caring for and caring about an activity and an attitude
- ◆ Does it take both to be a good nurse? Little mention is made of situations that challenge the will of the nurse to care.
- ◆ There is a “dangerous agenda whereby nurses may begin to feel that unless one cares in a selfless, altruistic way then one is not a nurse (even a good nurse)”<sup>2</sup>
- ◆ Understanding does not occur in a vacuum.
- ◆ It can never be objective.
- ◆ The way we come to understand about something is the result of all of our experiences, our culture and history.<sup>3</sup>



- ◆ Prejudices not false judgments are rather conditions of understanding.
- ◆ They color our perceptions of the world; they are conditions of truth, which were cannot exist without.
- ◆ Identify my prejudices.

## The Study:

- ◆ Identified participant’s prejudices (their verbalizations of their experiences)
- ◆ Horizons (summations about what the participants expressed)
- ◆ Fused Horizons, which are the understandings that conveyed the essence of caring for prisoner-patients from the participants and their unique perspectives.

## Fused Horizons:

- ◆ Registered nurses give prisoner-patients perfunctory care Prisoner-patient care is reactive
- ◆ Caring for prisoner-patients is an emotionally draining experience
- ◆ Knowing or imagining a prisoner-patient crime creates moral dilemmas
- ◆ Expressions of care straddle ideal and real caring perspectives
- ◆ Clearly participants made choices about the level of engagement they embraced with prisoner-patients. However, there was also an aspect of the nurse participant’s interaction that they describe as evoking a tacit and innate response.

## Outcomes:

- ◆ Universal statements that hold the imperative to care as sacrosanct are fraught with problems and ought to be questioned.
- ◆ The benefits of overcoming suspicion and fear, engaging in touch and caring practice with prisoner-patients are in acknowledgement of the patient as a person and connecting with them on a deep level.

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- ◆ For most participants of this study however, seeing the prisoner-patient as a person was rare.
- ◆ It is important to understand your own cultural and social underpinnings, experience, background and attitudes including strengths and weakness.
- ◆ Take time to reflect on who we are and whether we act in accordance with our values and beliefs, own choices, decisions, and emotions.
- ◆ For most participants of this study however, seeing the prisoner-patient as a person was rare.
- ◆ It is important to understand your own cultural and social underpinnings, experience, background, and attitudes including strengths and emotions.<sup>4</sup>

Emotional intelligence is the ability to appraise and reflect on one's emotions and to grow and learn how to channel one's emotions in positive and respectful ways.

This article gives a slight taste of my experience but I feel the real value of attending such a conference is what it does for me personally, the continued growth as nurse and being reminded of why I do Peri-Anesthesia nursing. It is a privilege to be involved with patients at such a critical time in their lives; no article can capture this so I recommend attending if you possibly can. They are planning a second ICPAN for 2013, if it is in London; I am going so please join me.

I will end with a quote by C. Simmons Carlson. "We need to take responsibility to nourish our competency and well-being by learning and growing as a practitioner. By being responsible for yourself, your choices and education, nurses can strive to care for themselves and others."

These principles can be applied to any patient group we have difficulty working with to insure we always give our best.

## The Closing Keynote Speaker

Pat Smedley spoke on "perioperative Nursing Practice in the Time of Florence Nightingale" was a delightful way to end the conference. Ms Smedley came out dressed like a student from the first nurse-training program designed by Florence Nightingale. She made us laugh, be grateful and proud while bringing home some ideas. One idea that Ms. Nightingale strongly advocated was that nurses own and take responsibility for our practice. We have come a long way but still have a ways to go.

Like every ASPAN conference there was an Innovative Poster Display. Forty posters were presented and the first place winner was "Perioperative Management of the Patient with Diabetes". Salk Prairie Hospital nurses in Salk City, WI did the research and prepared the poster. I was very proud to have a hospital (35 beds) from Wisconsin to win this honor.



## References

1. The Alps Institute of Medicine. "The U.S. commitment to global health: Recommendations for the public and private sectors. Retrieved from: [http://www.nap.edu/catalog.php?record\\_id51](http://www.nap.edu/catalog.php?record_id51)
2. Warelow, P. (1996) Is caring the ethical idea? *Journal of Advanced Nursing*. 24(4), 655-661.
3. Brady, M., Kinn, S., Stuart, P., (2003). Preoperative fasting for adults to prevent perioperative complications. Retrieved from [www.ncbi.nlm.nih.gov/pubmed/14584013](http://www.ncbi.nlm.nih.gov/pubmed/14584013).
4. Crampton, R. 2009. The caring dynamic: registered nurses care of prisoners in a post anaesthetic care environment. Retrieved from [http://www.icpan.info/images/stories/Ruth\\_Crampton\\_The\\_caring\\_dynamic%5BI%5D.pdf](http://www.icpan.info/images/stories/Ruth_Crampton_The_caring_dynamic%5BI%5D.pdf)
5. Smedley, P. Perioperative nursing practice in the time of Florence Nightingale. Retrieved from [http://www.icpan.info/images/stories/Pat\\_Smedley\\_Bio.pdf](http://www.icpan.info/images/stories/Pat_Smedley_Bio.pdf)

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# News From the Webmaster

Carroll Peeper, Webmaster

Just a reminder in order to keep getting the AWAKENING and brochures for the upcoming events goes to [www.aspan.org](http://www.aspan.org) log in to update your email and mailing address. When I send out the email notifying that the newest AWAKENING can be viewed on the website I use the most current list from the national office. The same is true when I create the mailing labels I use the most current addresses from the ASPAN national office.

- ◆ January 2012 Deadline for WISPAN Winter Seminar Scholarship
  - ◆ January 2012 Deadline for ASPAN National Conference Scholarship
  - ◆ February 4, 2012 Winter Seminar, Madison
  - ◆ April 15-19, 2012 ASPAN National Conference
  - ◆ Spring Seminar (date and location to be determined)
  - ◆ September 15-16, 2012 WISPAN Fall Seminar Kalahari Resort, WI Dells
- \*See WISPAN website for more information regarding seminars and scholarship deadlines.

# Dells Seminar 2012

WISPAN started offering family centered educational opportunities. These opportunities were offered every two years and held in Door County. This tradition will continue but this time in Wisconsin Dells at the Kalahari Resort, September 15 and 16, 2012. We are planning a weekend of family fun, water rides, and education. Join us for this exciting educational offering.

This seminar will also be the first partnership with AORN Milwaukee Chapter. WISPAN BOD members have been in negotiations with this chapter coming to a mutual agreement. Presentations will be appropriate for all perianesthesia patients from pre-op to surgery to post op. Vendors will be there for you to meet and greet, find out what the latest equipment is available. Educational offerings will be provided Saturday and Sunday mornings, leaving time for your families and fun.

WISPAN is in the planning stages for the 2012 Fall Seminar. Look for the brochure coming your way with more information. Please remember that a strict deadline will be held to for room reservations. A link will be on the WISPAN website to conveniently reserve. Watch the AWAKENING and the website for updates.



# Congratulations

The first Peri Anesthesia Nursing International Conference was held in October 2011 in Toronto, Canada. A call went out for posters regarding nursing practice. A Wisconsin hospital answered the call. The nurses at Salk Prairie Hospital in Salk City, WI did the research and prepared the poster dealing with the surgical patient and diabetes. Their poster titled "Perioperative Management of the Patient with Diabetes" won first place. Congratulations on adding to the body of nursing knowledge!



The WISPAN BOD wants to wish everyone a Happy Holiday!



Editor's  
Corner

Research

Stephanie Kassulke MSN, RN, CPAN Editor

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The AWAKENING contest continues. Are you in school or your hospital have a new procedure or equipment? Have you considered submitting an article? I am always ready to assist you in editing your story. It is inspiring to see your name in print. Take the challenge and stretch your wings, submit an article.

The deadline for the next issue is March 16, 2012. I look forward to hearing from you.

Are you conducting research in your unit? WISPAN is looking for information. ASPAN has the Gold Leaf Award. One criteria deals with research. This has prompted the board to seek data. This data will be used for the award as well as determining if we can assist.

WISPAN has a Research Committee that provides guidance and financial assistance. Let us help you.

Send information to me, electronically:

[steph\\_kass@hotmail.com](mailto:steph_kass@hotmail.com)

# WISPAN Wants You!

WISPAN has four open positions on the BOD. Responsibilities and benefits will be outlined for each position. For a complete review please visit the WISPAN website.

## **President-Elect**

- ◆ 3 year term, President-elect, President, Past President.
- ◆ Acquaints self with Presidential duties
- ◆ Assumes organizational responsibilities in president's absence
- ◆ Attends National Conference as RA representative
- ◆ Participates in projects as directed by the president.
- ◆ Assumes responsibilities July 1.
- ◆ One night's lodging is provided, night of BOD meeting if hotel room is needed.
- ◆ Mileage provided

## **Government Affairs**

- ◆ Two year commitment
- ◆ Active member of the Wisconsin Nurses; Coalition. Attends bi-monthly meetings and Annual Retreat.
- ◆ Attends WNA Conference
- ◆ Links with ASPAN Government Affairs
- ◆ Monitors legislation and provides updates as necessary to BOD
- ◆ Provides an Update quarterly in the AWAKENING
- ◆ One night's lodging is provided, night of BOD meeting if hotel room is needed.
- ◆ Mileage provided

## **Treasurer**

- ◆ Three year term commitment
- ◆ Oversees the economic status of the organization
- ◆ Receives, disburses, and manages the organizational monies
- ◆ Provide quarterly updates to the BOD
- ◆ Coordinates and presents yearly budget
- ◆ One night's lodging is provided, night of BOD meeting if hotel room is needed.
- ◆ Mileage provided

## **WebSite Coordinator**

- ◆ Maintains and update website
- ◆ Open invitation to attend BOD meetings
- ◆ One night's lodging is provided, night of BOD meeting if hotel room is needed.
- ◆ Mileage provided

If interested, please contact Sue Matheys. Her email address is [suematheys@hotmail.com](mailto:suematheys@hotmail.com). Please provide Sue with your name, credentials, where you work, and why you decided to run.



## **W**ISPAN MISSION STATEMENT

**T**he Society is committed to the promotion of PeriAnesthesia nursing as a speciality and enhancing the professional growth of its members.

*Deadline for next AWAKENING is  
March 9, 2012*

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