



## PRESIDENT'S MESSAGE

Greeting from this years VSPAN board. First I would like to thank each of the Board of Directors for the 2009-2010 year for volunteering your time and talent.

I am Karen Schaeffer and have been elected to serve as this years VSPAN President. I live in Northern Virginia and have been in Nursing for 33 years. I have been in PeriAnesthesia nursing for the past 7 years. Prior to coming to Same Day Surgery I worked for 26 years in the ED. I joined the VSPAN board 2 years ago after working on the conference committee for the conference which was held in Northern Virginia. From there I served as Secretary then last year as Vice President. I look forward to working with all of you in 2010.

In the coming year I would like to continue our review of the VSPAN by-laws, continue the work of "going green" following in the foot steps of ASPAN. Our newsletter the "Vital Times" will continue to be published on-line except for the August issue which will contain the State conference information. If you are not currently on our email list please contact our office at [Virginiaspan@aol.com](mailto:Virginiaspan@aol.com) or call Jennifer Tuck at 540-761-2990. This is our prime way of delivering information.

I would like to continue the practice of tele-communiting for at least 50% of our board meetings. We need to save on gas as well as our board members time. We need to strategize on how we can increase our membership in VSPAN and the board will be

working on that in the coming months.

The following individuals have volunteered to serve on this years Board of Directors:

**Past President:** Deirdre Cronin - Inova Fairfax Hospital

**President:** Karen Schaeffer - Inova Alexandria Hospital

**Vice President:** Barbara Meyer - Inova Alexandria Hospital

**Secretary:** Lisa Stickley - UVA Surgery Center

**Treasurer:** Brenda Gilliam - Carilion Clinic

**Ways & Means:** Julie Jackson and Terry Arnold from Carilion Clinic

**Membership:** Emily Mickelwait - Inova Fair Oaks Hospital

**Publications:** Nancy Bertera - Inova Fair Oaks Hospital

**Public Relations:** Laura Boitnott - Carilion Clinic

**Bylaws:** Brenda Gilliam, Terry Arnold from Carilion Clinic

**Historical:** Patti Shorner - Carilion Clinic

**Governmental Affairs & Education Chair:** Donna Goyer - Carilion Clinic

**Southwestern Region:** Evelyn Brooks - Carilion Clinic

**Northwestern Region:** Sue Brady - UVA Surgery Center

**Northern Region:** Deirdre Cronin and Sally Schermer - Inova

**Southeastern Region:** Carolyn Tucker from Sentara

This years VSPAN conference was held at Stonewall Jackson Hotel and Conference Center in Staunton Virginia. Many thanks go to Sue Brady and Lisa Stickley from UVA for their tireless efforts of being our conference chairs. The pre-conference offering was co-sponsored by ASPAN which was titled "Pediatrics Little Bodies,

Big Differences". Although the attendance was not as high as we had hoped those who attended were very pleased with the lecture and the opportunity to network with other colleagues.

The State conference was well attended with 77 attending on Saturday and 60 attending on Sunday. The raffle baskets were a big success again this year with VSPAN earning \$600 from the proceeds. Thank you to each unit who supplied a basket this year we really appreciate all your time and effort in the assembly of the baskets. We all enjoyed the educational programs as well as the many networking opportunities.

*Karen Schaeffer, RN, CAPA  
President*

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**Feeling Stressed?**

The stress faced by nurses is substantial. For many, it is intrinsic to the job itself, where competing demands and pressures cannot be escaped. The sheer volume of work can also be overwhelming at times, whether one is as an educator, clinician or manager. Anyone in this kind of job knows, either from their own direct experience or from observing colleagues, that stress can have very serious consequences. It can develop into a living nightmare of running faster and faster to stay in the same place, feeling undervalued, feeling unable to say 'no' to any demand but not working productively on anything. The signs of stress can include sleeplessness, aches and pains and sometimes physical symptoms of anxiety about going to work. What is more, people who are chronically stressed are no fun to work with. They may be irritable, miserable, lacking in energy and commitment, self-absorbed. They may find it hard to concentrate on any one task and cannot be relied on to do their share.

And yet, some people seem to have the ability to stay in control of their workload and to handle job frustrations without becoming worn out, irritable or depressed. These people are able to handle stress, having ways of taking the rough with the smooth, keeping a sense of humor and renewing their energy and resources so that working life continues to bring pleasure and reward.

**GENERAL CAUSES OF STRESS AT WORK**

- Organizational problems
- Insufficient back-up
- Long or unsociable hours
- Poor status, pay and promotion prospects
- Unnecessary rituals and procedures
- Uncertainty and insecurity

**SPECIFIC CAUSES OF STRESS AT WORK**

- Unclear role specifications
- Role conflict
- Unrealistically high self-expectations (perfectionism)
- Inability to influence decision making (powerlessness)
- Frequent clashes with superiors
- Isolation from colleagues' support
- Lack of variety
- Poor communication
- Inadequate leadership
- Conflicts with colleagues
- Inability to finish a job
- Fighting unnecessary battles

**TASK-RELATED CAUSES OF STRESS AT WORK**

- Difficult clients or subordinates
- Insufficient training
- Emotional involvement with clients or subordinates
- The responsibilities of the job
- Inability to help or act effectively

**STRESS AT HOME**

- Stress caused by a partner
- Stress caused by children
- Stress caused by domestic arrangements
- Stress caused by environmental pressures upon the home
- Stress caused by financial commitments

**HOW MUCH STRESS IS TOO MUCH?**

It is important to learn how to recognize when your stress level is out of control. The most danger-

ous thing about stress is how easily it can creep up on you. You get used to it. It starts to feel familiar- even normal. You don't know how much it's affecting you, even as it takes a heavy toll on you.

**EFFECTS OF TOO MUCH STRESS**

- Concentration and attention span decrease
- Distractibility increases
- Short- and long-term memory deteriorate
- Response speed becomes unpredictable
- Error rate increases
- Powers of organization and long-term planning deteriorate
- Delusions and thought disorders increase
- Physical and psychological tensions increase
- Hypochondria increases
- Changes take place in personality traits
- Existing personality problems increase
- Moral and emotional constraints weaken
- Depression and helplessness appear
- Self-esteem falls sharply
- Speech problems increase
- Interests and enthusiasms diminish
- Absenteeism increases
- Drug abuse increases
- Energy levels are low
- Sleep patterns are disrupted
- Cynicism about clients and colleagues increases
- New information is ignored
- Responsibilities are shifted onto others
- Problems are 'solved' at an in-

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*Stress, continued from Page 2*

*2009 Conference Review*

creasingly superficial level  
Bizarre behavior patterns appear

Suicide threats may be made  
**TIPS FOR MANAGING STRESS**

Learn and utilize relaxation breathing

Water - inside and out

Learn relaxation programs

Change your diet – eat less fat, more fresh fruits, vegetables and fiber

Give yourself permission to experience your emotions, cry if you want

Begin an exercise program

Learn to control your displaced aggressions; desire to yell at the kids and kick the dog at home because of stress at work.

Build healthy personal relationships, have someone to talk to

Reappraise your life and priorities

Finally, it is important to remember that it is not possible, nor desirable to eliminate all stress. Stress is an important stimulus of human growth and creativity. Most stress is caused from within, not without; take time to smell the flowers and taste the chocolate.

**References and resources:**

Mayo Clinic

[www.mayoclinic.com](http://www.mayoclinic.com)

American Institute of Stress

[www.stress.org](http://www.stress.org)

American Psychiatric Association

[www.apahelpcenter.org](http://www.apahelpcenter.org)

Help Guide.org

[www.helpline.com](http://www.helpline.com)

*Deirdre Cronin, BSN, RN, CPAN  
Past President*

The 2009 annual VSPAN state conference was held at the beautiful Stonewall Jackson Hotel in Staunton, Va. on September 26<sup>th</sup> & 27<sup>th</sup>. We had 77 attendees on Saturday & 60 on Sunday.

Saturday's conference covered: *The Key to Reducing stress in Your Life* by Joseph Jurowski, M. Ed.; *Emerging Issues in the Pediatric Recovery Room* by Terrance A Yemen MD.; *Review of Volatile anesthetics and Neuromuscular Blockers in Clinical practice* by Ashley M. Schilling MD.; *Path to Putting Dollars in Your Pocket Instead of the IRS's* by Jim Long, CPA; *Elements of Preoperative Evaluation: the Basics* by Lynda wells, MD, DABPM; and *Telecommuting: A Journey for the Presurgical Testing Department at Fair Oaks Hospital* by Susanne DeBell RN, BSN, MCIS.

All topics were very interesting, pertinent to today's practices, and were followed by lots of questions & interaction from the attendees.

VSPAN Annual Membership Business Meeting & Induction of Officers was held prior to our delicious lunch. Our new officers are: President- Karen Schaeffer (Inova Alexandria Hospital); Vice President – Barbara Meyer (Inova Alexandria Hospital); Immediate past President/ Nomination chair – Deirdre Cronin ( Inova Fairfax Hospital); Secretary – Alisa Stickley ; Treasurer- Brenda Gilliam (Carilion Clinic).

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*Welcome New Members*

Julie Brown, BS, RN

Margaret Ann Guenther, RN

Lynnita Andrea Montague, BSN, BA

Audrey Robin Roberson, MS, RN, CPAN

Karen M. Walsh, RN, CAPA



Stonewall Jackson Hotel and Conference Center

*The Society exists to promote quality care for patients and their families, by encouraging professional education, development of standards, research, certification, and specialization in all phases of perianesthesia nursing, and by providing a forum for exchange of ideas between health care providers involved in perianesthesia care.*

*Region 5 Update*

Hello Virginia!

Wow, where has the time gone? It has been 6 months since National Conference. Well a lot has happened in my life and I am sure yours as well but let me let you in on what is going on in ASPAN.

Since May there have been 8 ASPAN seminars and 4 ASPAN Hosted seminars

The Summer/Fall ASPAN Seminar brochure was recently released with 24 educational offerings

The Education Approver Committee has been busy approving 3 applications already and with many fall applications in the wings.

The National Conference Strategic Workteam met in June to plan the next get together in New Orleans.

The 2010 National Conference theme has been announce: *Roots of Knowledge, Seeds of Transformation.*

ASPAN was well represented at the British Anesthetic Recovery Nurses Association (BARNA) in June by Lois Schick, Joni Brady and Denise O'Brien.

Terri Clifford attended the National Association of PeriAnesthesia Nurses of Canada Conference in Toronto in May.

Jennie Allen and Myrna Mamaril have continued active participation with the Resourcefully Enhancing Aging in Specialty Nursing (REASN) through the development of a series of eight one-hour modules featuring core geriatric

competency-based learning providing ASPAN's representation.

The Education Approver Manual and Approver Application are currently being revised to meet the new ANCC Operational Requirements that go into effect August 1<sup>st</sup>.

CDI: "Leadership: The Key to Balance" is planned for September 11-13 in Portland, Maine. A total of 11 contact hours will be provided. The slate of topics include an overview of legal issues, recommendations for succession planning and membership recruitment, budget tips, and educational design plans as well as hints to improve ANCC compliance.

On a more personal note our own Chris Price was appointed to lead the Advanced Degree Strategic Work team. In this role she will be responsible for exploration and creation of a work plan for curriculum development associated with a proposed perianesthesia nursing certificated education program.

I thought you might be interested to know that ASPAN's total membership as of July of this year is 13,520. The PANAW theme has been chosen-will keep you posted. The ASPAN website is continuously being updated and revised so keep visiting. Going GREEN continues.

I want to thank you again for the opportunity to work with all of you and I hope that all of you will feel free to contact me with any questions or concerns.

Fondly,  
Tanya Spiering, BSN, RN, CPAN  
Region 5 Director  
[tspiering@aspan.com](mailto:tspiering@aspan.com)

**Conference Review Continued**

Congratulations & welcome to all of our new officers.

Sundays conference topics were: *What We Do and Why: Understanding of Indications and History of Surgery for Breast Cancer by David Brenin, MD; Pain management Procedures- Perioperative Issues for nurses and Staff by Robert B. Goldstein, MD; Pelvic Organ Prolapse: Overview of Causes, Evaluation and Treatment by Elisa Rodriguez Trowbridge, MD.*

Friday's preconference offering by ASPAN was: Pediatrics: Little Bodies, Big Differences by Nancy Strzyzewski, MSN, RN, CAPA, CPAN.

It is wonderful to hear all of the audience participation during all of the sessions. Much is learned from the questions & exchange of how things are done at other facilities through out the state, their similarities & differences.

We thank all of our vendors: Special thanks to: Lisa Stickley and Sue Brady, our conference chairs for the great conference, the venue, speakers & food were all superb! Jennifer Tuck from our management company, for all of her hard work and always being right on top of things!! Thanks go out to Tense Washington for helping with our raffle baskets each year. A special thanks to Carilion Clinic, Silpada Jewelry, "Miche" Bags, Mary Kay, Arizant, and BKT Uniforms.

We have great educational offerings in our annual state conferences. I encourage all of you to try to attend next year.

Laura Boitnott  
Public Relations Chair

*Teaching Professionalism in Nursing*

I recently read an article in the Journal of Anesthesia written by Robert Gaiser, MD, MS Ed., about teaching professionalism during residency. Dr. Gaiser believes that professionalism should be taught as a major curriculum for graduate medical education.

He defines professionalism as “the importance of respect for the patient and for all members of the health care team”... “it also addresses cultural sensitivity, conflict resolution and communication”.

I thought to myself, isn't this what “customer service training” and cultural diversity classes have been presenting to us, nurses, for years now? Does simply giving the training makes us more “professional”. Of course not! We learn from our classes and we learn from real life situations.

Nurses, whether at a facility or a department level need to present “professionalism” in everything we do and say. What impression does it give to a new grad or to a new employee if we don't adhere to the dress code or if we laugh and joke across our patients? Do we portray the role model of the “professional nurse”?

What image are we giving to the public when they see us in the cafeteria or at the grocery store?

It is my opinion that we all have a concept of what “professional” is. It goes back to our basic values, the values that were taught to us by our

parents, our teachers, nursing instructors and our own family physicians and nurses we knew growing up. We model those images and those behaviors, or we chastise ourselves if we “slip” outside the image we set for ourselves.

The actions of nurses in a clinical setting teaches more to others than sitting in a classroom. The Accreditation Council for Graduate Medical Education states “professionalism is respect, compassion, and integrity; being responsive to the needs of patients and society that supercede self interest; working effectively with others as a member or leader of a health care team “

Is this what professionalism is for nursing? How many times have we let the needs of our patients supercede our self interest? I would guess, MANY TIMES! I believe that Peri-Anesthesia nurses are PROFESSIONALS, that we strive to always work effectively with others and focus on the needs of our patients. We teach our student nurses, our new employees, and our visitors by example, each and every day.

Take pride in being a Peri-Anesthesia nurse, BE THE EXAMPLE of professionalism in nursing.

*Evelyn F. Brooks RN, CPAN, BSHS, Clinical Preceptor, RN IV PACU/ASU, Carilion Roanoke Memorial Hospital*

2009—2010  
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## Exploring Hypothermia

The Surgical Care Improvement Project (SCIP) added a new core measure in October 2009, for normothermia during surgical procedures. The measure states that patients with anesthesia times over sixty minutes will be maintained in a normothermic range and/or have documentation of active warming measures. Hospitals that are reporting SCIP data will recognize the challenges this new measure provides. A review of the physiologic issues related to hypothermia will assist the clinician in providing appropriate care to the surgical patient.

Normothermia is defined as a core temperature of 36 – 38 degrees Celsius (C.) or 96.8 – 100.4 degrees Fahrenheit (F.). Normally, our bodies are tightly regulated within a 0.2 degree C range or a cascade of events such as vasoconstriction or vasodilatation will occur to bring the temperature back to normal. The thermoregulation for the body is in the hypothalamus. General anesthetics suppress the body's ability to register and respond to cold. Many other medications patients are taking, such as antihypertensives and antidepressants, can affect temperature regulation during surgery as well.

Heat transfer occurs in the following ways during surgery:

- Radiation – heat loss due to cold ambient environment; OR rooms are traditionally cold.

- Conduction – heat loss due to direct contact with cold objects, such as the OR table

- Convection – Heat loss through currents of air; air exchanges frequently during surgery

Evaporation – heat loss from moisture on body as it changes from liquid to gas state; such as antiseptic solutions or irrigations.

Anesthetics cause a redistribution of heat with a rapid shift of body heat from the core to the periphery during the first hour of surgery, thereby potentially inducing hypothermia. The drop in temperature is 1.6 degrees C (2.7 degrees F.) occurs upon induction. This loss exceeds the body's ability to produce heat for 2 -3 hours of anesthetic time.

The consequences of hypothermia are:

Patient discomfort – shivering leads to pain

Coagulopathy – increased hypothermia impacts the coagulation cascade leading to increased blood loss

Wound infection – inhibits WBCs and leucocytes from reaching wound. Hypothermic patients are twice as likely to develop wound infections.

Delayed wound healing – oxygen and nutrients are delayed in reaching the wound.

Impaired immune response at the cellular level – loss of the cell's ability to fight invasion of bacteria.

Altered drug metabolism – inhibits circulation of drugs and prolongs effects

Delayed discharge from PACU – delayed awakening, increased pain

Prolonged hospitalization due to all of the above.

Warming is more than a comfort measure. Keeping patients warm improves outcomes for our surgical patients.

### Reference:

Pfiedler Enterprises (2009). *Prevent hypothermia before it begins*. Retrieved October 30, 2009, from [www.pfiedlerenterprises.com](http://www.pfiedlerenterprises.com)  
*Emily Mickelwait, RN, BSN, CPAN, CAPA*

### **Newsletter Articles**

#### **Newsletter Articles Due by**

Please e-mail all articles to [VirginiaSPAN@aol.com](mailto:VirginiaSPAN@aol.com).

#### **Submission Guidelines:**

- Articles must be typed.
- The author's name, title, institution, and work phone or e-mail address must be included for verification.
- References should be listed in the order they appear.
- Topics can range from patient assessment, nursing care, pharmacology reviews, case studies, research, management topics or a review of an educational offering.