



ASPS NEWS

AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, INC.

MARCH 2009

From the Boardroom...

In Tennessee winter is hanging on, yet I feel sure spring is around the corner. In the spring ASPSN begins to plan educational opportunities for the year for you to bond with your peers and get rid of the winter blues. Be sure to check out some of the upcoming meetings.

The 6th Annual Aesthetic Symposium in Las Vegas will be held in collaboration with ASAPS. The all day nurses meeting will take place on May 5th at the Mandalay Bay Hotel. For further information contact Marcia Spear at marcia.spear@vanderbilt.edu. This meeting is full of aesthetic educational information along with physician-led offerings through ASAPS.

A meeting that always draws a crowd is the Ohio Valley Regional Conference. This year it is held in Indianapolis, IN, May 16-17 at the Marriott Hotel Downtown Indianapolis. At this meeting you will find a variety of topics. For more information contact Diane Horner at dianekhorner@comcast.net.

Moving into late summer the Tennessee/Alabama Chapter will meet August 1st in Huntsville, AL. This will be an all day meeting with awesome speakers and door prizes. You don't want to miss this one. This conference offers aesthetic and reconstructive contact hours. Contact Maryann Enlow at maryann@dyacosmeticsurgery.com for further information.

Heading into the fall is the 35th Annual Scientific Session Convention in Seattle, WA. The dates are October 23-27 beginning with the certification review course. There is a new format for this convention with three distinct educational tracks. The tracks will offer aesthetic, reconstructive, and general plastics. Plan now to attend this jam-packed program. If you haven't been to Seattle, you are in for a treat. This truly is one of my favorite cities, and I guarantee you will never forget your trip to the Pacific Northwest!

So grab your calendar and start planning your continuing education journey for 2009. I hope to see you there!

LuAnn Buchholz, RN, CPSN
ASPSN President

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UPDATE

The annual aesthetic symposium of the American Society of Plastic Surgical Nurses will be held in conjunction with the American Society of Aesthetic Plastic Surgeons (ASAPS) annual meeting the first week of May in Las Vegas, NV. The format of the meeting will be different this year because of the meeting location. There will be workshops held by the ASAPS beginning on Saturday, May 2, and extending through Monday, May 4. The annual aesthetic symposium of ASPSN will be held all day on Tuesday, May 5. For registration, visit ASAPS at www.surgery.org/meeting2009/hotel.

Editorial

Haley Wood, MSN, WHNP

ASPSN Newsletter Editor

“Value-added” services. What are those? A bleak economy needs value added services to entice customers for future patronage. McDonald’s instituted the convenience of adding cream and sweetener to your purchased coffee at no charge, and Southwest Airlines employs happy airline attendants who will sing a cordial farewell song to you as you land smoothly at your destination. In addition, let’s not forget Southwest’s zero charge for checked-in baggage! Hallelujah!

You might be thinking, “what does this have to do with plastic surgery nursing?” Value added services have everything to do with plastic surgery *and* nursing. The 2008 National Plastic Surgery Statistics show a 9% drop in surgical cosmetic procedures versus those done in 2007 and a 3% increase in reconstructive procedures. The data suggest not only a recession but also the need for patients to feel their monetary expenditure is gaining the most value. So where does this value come from? It comes from nursing!

Plastic surgery nurses add value to the surgeon's practice by being passionate patient advocates. Do you sit back down with patients after the initial consult and ask if they have any questions? Do you call them the day after surgery or laser procedure to ask about their pain control? Do you contact a patient at day’s end to see if the phenergan controlled his or her nausea? Do you show them camouflage make up techniques prior to surgery? Do you practice evidence-based nursing care? Do you follow up with every patient who has had Botox or dermal filler within one to two weeks? Last but not least, do you make yourself available to the physician and patients? These questions are actions that add value to your profession, your physician, and your practice. The 2008 statistics show an increase of 7% of patients who returned for another procedure. Nursing is adding value!

A 3% increase in reconstructive procedures in 2008 versus 2007, including a 5% increase in tumor removal and 13% increase in hand surgery, suggests patients need nurses even more to provide excellent continuity of care. Whether it be cosmetic or reconstructive surgery, nurses add value to the overall surgical experience.

Isn’t it nice to be a value added service in your practice? There are always ways to improve; therefore, let the challenge to you be how can you add more value to your practice? Share with us ways you add value. Hats off to you!

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Update on Advanced Practice

Marcia Spear, ACNP-BC, CPSN, CWS
ASPSN Board of Directors

It appears change is eminent for nurse practitioners. In 2003 The Institute of Medicine published a report that stated physicians, nurses, pharmacists, and other health professionals are not being adequately prepared and called for an increase in preparation for healthcare professionals (Ford, 2009). In 2004, the American Association of Colleges of Nursing (AACN) recommended that all nurses seeking to be credentialed as a nurse practitioner earn a Doctorate of Nursing (DNP) (<http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm>). The National Organization of Nurse Practitioner Faculties (NONPF) also endorsed this recommendation. The phase-in date is 2015. This degree requirement has caused much concern, controversy, discussion, and even conflict within the NP community, across healthcare disciplines, and involving the American Medical Association.

The DNP is a clinical degree intended to prepare nurse practitioners for delivering quality health care that matches the needs of today's population. As of January 2009, approximately 80 schools are offering a DNP program with over 200 more preparing to start a program (Ford, 2009). In 2006, the AACN published "The Essentials for Doctoral Education for Advanced Nursing Practice." This document outlines the program requirements which all DNP programs must adhere to in order for their graduates to be eligible for certification (Ford). In addition, "the essentials" aid to ensure that DNP programs provide sufficient clinical content and are consistent across schools (Ford). In the future, nurses will prepare for the NP profession by entering a three-year doctoral program. Each program requires a project for graduation that is focused on system-level healthcare management. The DNP will also be the educational requirement in the three other advanced practice nursing roles: nurse midwife, nurse anesthetist, and clinical nurse specialist (Ford).

The grandfathering in of master's-prepared nurse practitioners will be a challenge and may be determined state by state. Of course, many master's-prepared nurse practitioners may decide to earn a DNP. The impact that this transition will have on health care has yet to be determined. It will be interesting to see this change in landscape and how it will be received in the medical community. More education can and should be considered a good thing.

References

- American Association of Colleges of Nursing. (2004). AACN position statement on the practice doctorate in nursing. Retrieved March 2, 2009, from <http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm>
- Ford, J. (2009). The doctorate of nursing practice. *Advance for Nurse Practitioners*, 17(1), 31-38. Retrieved March 2, 2009, from <http://www.iom.edu/?id=12749>

ASPS Publishes Procedural Statistics Report for 2008

Haley Wood, MSN, WHNP
Newsletter Editor

In 2008, the American Society of Plastic Surgeons (ASPS) reported the following:

↑ 3% in cosmetic procedures (12.1 million) of which cosmetic surgical procedures are ↓ 9% and minimally invasive procedures are ↑ 5%.

↑ 3% in reconstructive procedures of which breast reconstruction is ↑ 39% and birth defect reconstruction is ↑ 16%.

The quick facts report does a nice job of showing which procedures were affected by the economy and which were not.

↑ 203% in pectoral implants, ↑ 13% in dermabrasion, ↑ 15% in laser skin resurfacing, ↑ in Botox procedures were recorded despite a down turned economy.

Procedures most affected by the economy appear to be liposuction ↓ 19%, abdominoplasty ↓ 18%, and breast reduction ↓ 16%.

Cosmetic procedures are ↑ in all ethnicities, except in Caucasians. Hispanics showed the highest increase.

All age groups showed an increase in total cosmetic procedures except the 20-29 year olds.

The region with the most procedures performed is the Pacific/Mountain area, totaling 3.5 million. 2008 shows the smallest percentage year-over-year in cosmetic procedures since 2000: ↑ 3%. And, for the first time in 2004, cosmetic surgical procedures have ↓ 9%.

THE 3 I FLAVORS OF FILLERS: HOW DO WE CHOOSE?

Contact Hours: 1.0*

Presented by: Shannon Quante, BSN, RN
Sponsored by: Medicis

Objectives:

Identify factors contributing to aging and how to assess; list common indications for dermal fillers; identify current fillers available on the market and clinical indications for each.

Please visit the ASPSN website for more information – www.aspsn.org

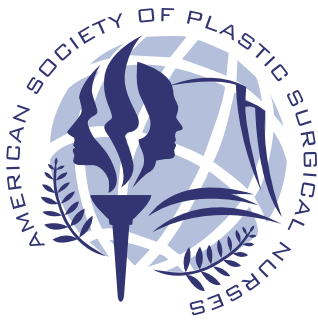
**This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

ASPSN 2009

35th ANNUAL CONVENTION



Grand Hyatt Seattle
Seattle, Washington
October 23–28, 2009



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