



# ASPS NEWS

AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, INC.

OCTOBER 2009

## From the Boardroom...

Well, elections have ended, and the board appreciates those who took the time to go online and vote. Unfortunately, we did not have a big response from our membership. There were only about 6% of members who voted.

I just want to once again reiterate that it is the right to vote that permits you to express your opinion as to the appropriateness of our elected ASPSN board members as well as to the policies and standards we uphold. When you don't vote, you are giving up your right to influence ASPSN's leadership and decisions. When issues are put before the membership that need a vote, I would really encourage you to take that opportunity to influence change and vote!

The board is really looking forward to our meeting in Seattle and hope that each of you can come. I know that times are financially hard for many right now, and that several of you will have to choose which meetings you can attend throughout the year. Please make ASPSN meetings a priority. Our Scientific Planning Committee has spent many hours putting together a wonderful meeting in Seattle that has some great speakers and topics that will meet everyone's needs.

I look forward to meeting you in Seattle. Please come up and introduce yourself to me and to any of the other board members. We would love to meet you and help you in anyway we can. We are anxious to answer any questions or address concerns you might have. See you in Seattle!

**Sharon Fritzsche, MSN, RN, FNP-BC, CPSN**  
ASPSN President-elect

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The ASPSN National Office sends out frequent e-mail communications with information relevant to your practice needs. Do we have your current e-mail address? If we do, you will have received this newsletter by e-mail from the national office. If you did not receive the newsletter through e-mail, please log onto the ASPSN website and update your profile.

## Taking Orders

**Haley Wood, MSN, WHNP**

ASPSN Newsletter Editor • haleyjohnstonwood@me.com

The newsletter is taking orders on tasty tidbits that you would like to see in upcoming issues. We have recently added the fabulous column "Miss Adventures," which fictionalizes scenarios you have seen or may see in your clinical workplaces. Hopefully, if you haven't run into a "misadventure" yourself, you can learn to avoid one in the future. However, articles and submissions like this one add richness to our newsletter. We are very fortunate and blessed to have one of our members contribute, so thank you!

This newsletter is yours. This organization is yours. It is what you make it. If only 6% of members vote during elections and 0% give feedback to the newsletter, you can see where this leads us. Voting and contributing one article or clinical pearl a year are member privileges. We are helping each other grow as nurses, practitioners, and healers. Email me personally with any feedback, suggestions, or contributions. I would love to share with members your thoughts and wisdom!

On a national level, it is our responsibility as U.S. citizens to make our voices heard on healthcare reform. Contact your representative and tell them how you feel. If you don't know who your local representative is, go to [www.house.gov/writerep](http://www.house.gov/writerep)

It's that easy. Don't be reactive, be proactive; not only in ASPSN, but in America!

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## Greater Ohio Chapter of ASPSN

Please join us on October 16, 2009, for an afternoon with Josie Sethi, author of *The Faces Behind Breast Cancer*. Ms. Sethi will speak on surviving breast cancer and undergoing breast reconstruction from a patient's perspective.

**Where:** OSU Eye/Ear Building  
915 Olentangy River Road • Columbus, Ohio 43212  
3rd Floor Conference Room

**When:** October 16, 2009, at 2 p.m.

Following Ms. Sethi's talk, we will have our first chapter meeting. Our goal is to discuss ideas for our chapter as well as election of officers.

The chapter is open to ASPSN members. For questions or directions, please call Susan Lamp at 614-293-8566

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# Connection Between ASPS and ASPSN Goes Beyond the O.R.

**John Canady, MD, ASPS**  
President

**Michael McGuire, MD, ASPS**  
President-elect

The connection between plastic surgeons and plastic surgical nurses extends well beyond the operating room, just as the connection between ASPS and ASPSN extends well beyond our concurrent annual meetings.

For years, ASPS and ASPSN have joined forces as fierce advocates for both our specialty and our patients. Just as plastic surgeons benefit from working alongside highly qualified ASPSN members in the operating room, we also count on our plastic surgical nursing colleagues to bolster our efforts on Capitol Hill as we continue to fight for insurance coverage for children with congenital or developmental deformities (CARES Act) as well as for fair and equitable reimbursement of reconstructive procedures.

On a state and local level, physicians and nurses also form a formidable united front in taking on issues like taxation of medical services and promoting the importance of keeping cosmetic and reconstructive procedures in the hands of those properly trained to perform them.

There's no doubt that the past year has been a challenging one for our specialty. Both ASPS and ASPSN members have felt the impact of a slumping economy and the uncertainty surrounding the future state of health care in the United States. And while such ongoing challenges can become wearisome, it's encouraging to know that we have a strong ally like ASPSN in our corner.

In recent years, through our annual meetings and shared exhibit areas, plastic surgeons and plastic surgical nurses have been able to build closer ties than ever before. Our collaboration allows us to draw on the very best of both of our professions to learn together about new techniques and procedures, patient safety enhancements and the new products that will appeal to our patients and strengthen our practices.

As you celebrate your 35th annual meeting in Seattle this month, we would also like to extend an invitation to all ASPSN members and their guests on behalf of ASPS to join us for Opening Ceremonies of Plastic Surgery 2009 on Friday, Oct. 23. During the event, keynote speaker Atul Gawande, MD, an accomplished writer, economist and physician, will share his unique perspective on the practice of medicine, health care reform, and the human struggle to do better and to improve performance.

The presidents of ASPS, PSEF, and ASMS will also share their thoughts on the state of the specialty as we recognize leaders in plastic surgery from the United States and abroad. Of course, the high point of opening ceremonies is always the *Patients of Courage: Triumph Over Adversity* awards program (supported by Ethicon, Inc., a Johnson & Johnson company), which offers a glimpse into the lives of some of our most inspiring patients and reminds us all of why we chose to be a part of this amazing specialty.

Once the curtain has been drawn on Plastic Surgery 2009, however, we hope to forge even closer relationships with plastic surgical nurses throughout the year as we launch the new ASPS Affiliate Member Program. The aim of this program is to further strengthen the specialty by encouraging greater involvement in ASPS by nurses, physician assistants, and other integral members of the plastic surgery team. Affiliate members of ASPS will be invited to participate in educational programs and other initiatives designed to lead to better-trained, more efficient plastic surgery teams.

By working together to incorporate the skills and ideas of the entire plastic surgery team, we

*(continued on page 4)*

# Aesthetic Lines

**Marilyn Cassetta, RN, BSN, CPSN**

Are your patients inquiring about or do you currently offer mesotherapy? In a desperate search to find a quicker, cheaper, and easier way to non-surgical fat and cellulite reduction than the proven modification of diet and increase in exercise, mesotherapy was born.

Mesotherapy *purports* to be a procedure that will reduce localized fat or cellulite when injected beneath the skin of the chin, neck, underarms, abdomen, buttocks and thighs. This is achieved by "injection lipolysis" a non-surgical procedure that is accomplished by giving a course or series of treatments, utilizing numerous injections of compounded concoctions of various vitamins, drugs, and enzymes into the subcutaneous layers of the areas treated.

The Physicians Coalition for Injectable Safety (an advisory board of seven national and international plastic surgery societies) has recently issued a consumer warning against the use of mesotherapy: "There is no conclusive, authoritative information that exists, such as unbiased, peer-reviewed clinical studies, that meets the standards of an accepted medical journal, measuring both the efficacy and safety of mesotherapy," says the Coalition leader Mark Jewell, MD. "We don't know the safety or efficacy of these compounds, and until there exists credible evidence, consumers are advised not to have these injections."

Dr. Alan Gold of the American Society of Aesthetic Plastic Surgeons, states: "To date, injection lipolysis, LipoDissolve, or any fat-melting injection has not gone through FDA sanctioned clinical trials or the research necessary to document the results claimed or clearly identify the potential underlying complications."

Additionally, the past president of the American Society of Plastic Surgeons Richard D'Amico has said, "Consumers should not ignore the proliferation of blogs and media that are reporting the ineffectiveness and the complications experienced by fat-melting injections."

The experts have spoken. If you currently offer this procedure in your practice, please, do a bit of research and know the science behind (or lack thereof) what is offered to the patients in your practice. As members of ASPSN, we continue to strive to uphold the highest standards of aesthetic plastic surgical nursing. If it sounds too good to be true, it probably is!

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

<http://www.medicalnewstoday.com/articles/159481.php>

[http://plasticsurgery.org/Media/Press\\_Releases/American\\_Society\\_of\\_Plastic\\_Surgeons\\_and\\_American\\_Society\\_for\\_Aesthetic\\_Plastic\\_Surgery\\_Offer\\_Patient\\_Advisory\\_for\\_those\\_Affected\\_by\\_Fig\\_LipoDissolve\\_Closures.html](http://plasticsurgery.org/Media/Press_Releases/American_Society_of_Plastic_Surgeons_and_American_Society_for_Aesthetic_Plastic_Surgery_Offer_Patient_Advisory_for_those_Affected_by_Fig_LipoDissolve_Closures.html)

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## Connection Between ASPS and ASPSN Goes Beyond the O.R. (continued from page 3)

can shape our meetings and educational offerings to ensure that our societies offer a full spectrum of relevant, cutting-edge learning opportunities.

These are historic and challenging times not only for plastic surgery, but for all of medicine. As the future of health care slowly takes shape, we need to continue to work together to promote cost-effective, efficient and safe ways to deliver quality care to our patients – the type of care members of ASPS and ASPSN have been providing all along.

Thank you, ASPSN, for your continued commitment to excellence in all areas of plastic surgery.

We look forward to many more years of working together and to seeing you in Seattle!

# ASPSN 2009

35<sup>th</sup> ANNUAL CONVENTION



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

## 2009 Scientific Sessions Update

**Georgia Elmassian, MA, RN, CPSN, CFLE**

Scientific Sessions Chair

The ASPSN National Convention is just weeks away! With that in mind, we would like to take this opportunity to remind you of all the wonderful activities Seattle has to offer. Scientific Sessions Planning Committee member Amanda Bailey, ACNP has sought out different venues of entertainment and compiled a list of just a few of the local event happenings for you to further explore on your own.

### **5th Avenue Theater – *Joseph and the Amazing Technicolor Dreamcoat***

**Friday Oct. 23, 8pm; Sat. Oct. 24, 8pm; Sun. Oct. 25, 7pm; Tues. Oct. 27, 7:30pm**

<b>Tue/ Sun Evening:</b>					<b>Friday/Saturday* Evening:</b>				
<b>Group Size:</b>	10-20	21-75	76+	Full Price	<b>Group Size:</b>	10-20	21-75	76+	Full Price
<b>Pearl Section</b>	N/A	N/A	N/A	\$88.00	<b>Pearl Section</b>	N/A	N/A	N/A	\$93.00
<b>Orchestra/Grand Tier</b>	\$70.25	\$62.75	\$55.25	\$78.00	<b>Orchestra/Grand Tier</b>	\$74.75	\$66.75	\$58.75	\$83.00
<b>Back Orchestra</b>	\$61.25	\$54.75	\$48.25	\$68.00	<b>Back Orchestra</b>	\$65.75	\$58.75	\$51.75	\$73.00
<b>Middle Balcony</b>	\$61.25	\$54.75	\$48.25	\$68.00	<b>Middle Balcony</b>	\$65.75	\$58.75	\$51.75	\$73.00
<b>Upper Balcony</b>	\$41.50	\$37.25	\$32.75	\$46.00	<b>Upper Balcony</b>	\$45.25	\$40.50	\$35.75	\$50.00
<b>Side Balcony*</b>	\$25.00	\$25.00	\$25.00	\$25.00	<b>Side Balcony*</b>	\$29.00	\$29.00	\$29.00	\$29.00

**Prices include a \$2.50 per ticket facility fee.**

**A single \$10.00 handling fee will be applied to a group order.**

**\*No group discount for Saturday evenings or side balcony.**

**The Duck** – It is a tour of Seattle by land and by sea on an amphibious vehicle. For groups of 10 or more, tickets are \$22.50. The “duck” departs every half hour from the Space Needle from 9am - 5pm, 7 days a week. For more information and hours of operation, visit <http://www.ridetheducksofseattle.com/>

**The Space Needle** – For current information on the restaurant and/or tours, visit <http://www.spaceneedle.com/restaurant/>

**Pike Place Market** - Pike Place Market is a large open air market with many restaurants that offer breakfast, brunch, lunch and dinner. For more information, visit <http://www.pikeplacemarket.org/frameset.asp?flash=true>

**Ghost Tour** - Market Ghost Tours are one hour walking tours through the Pike Place Market and are based on the stories of haunting shared in the community. Tours meet at the Gum Wall next to the Market Theater. Reserve your ghost tour spot by calling Mercedes at 206-322-1218.

Additionally, Lisa Machak, RN of the Western Washington Chapter has put together a list of her chapter’s favorite Seattle restaurants. She has also included a pricing guide for you to familiarize yourself with and make your reservations ahead of time.

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# Learning with Miss Adventures

Dear Miss Adventures,

*I am a nurse in a small cosmetic practice in the Midwest. We don't do a lot of Botox Cosmetic injections, but I am a trained, qualified nurse injector. Shortly after Christmas last year a 54 year old female presented to our practice for Botox treatment to the frown lines between her brows. The treatment was a Christmas gift from her husband. Aside from an antihypertensive medication and one low dose aspirin (81mg) per day, her medical history was benign. I did ice her before injection, even though the aspirin dose was low, and applied pressure after each injection. She had a nice outcome and, in fact, returned for a subsequent treatment in July after her 55th birthday; her birthday gift to herself. She was concerned about the timing of this injection, but we reviewed her medical history and having no stated change in health or lifestyle, we proceeded with the injection. This time, however, in spite of the icing and pressure, she had significant bleeding and post procedure bruising. She returned to the office concerned after several days of pronounced ecchymosis. It was during this visit that she mentioned the use of an herbal remedy for memory loss that began just weeks before her birthday. What did I miss? Could this have been the reason for her bleeding?*

**Perplexed Professional**

Dear Perplexed,

Don't be too hard on yourself. Health professionals rely on full medical disclosure from their patients, and unfortunately, you did not have it! Miss Adventures does advise, however, that questioning patients about their distant, recent and current use of herbal remedies be added to your medical screening process as a matter of routine. It is most likely that your patient added ginko biloba extract (GBE) to her medication routine (since she mentioned her concern for memory loss). Ginko biloba extract is believed to improve cognitive functioning by inhibiting platelet aggregation and increasing circulation. It is also reported to increase bleeding and interfere with anticoagulant medication (notably Aspirin, Coumadin, Plavix and Persantine.) Since the FDA does not regulate the manufacturing of these products, and proof of safety and efficacy are not required before marketing, many of side effects and contraindications of these remedies remain unidentified to both the public and medical communities. There are also variations in potency because of the lack of regulation, as impurities in the formulas contribute to adverse effects. Most herbal remedies are marketed as dietary supplements and are labeled with the effects or roles believed to be enhanced by use of the remedies, for example, "helps relax muscles and promotes restful sleep." Ginko biloba is only one herbal remedy commonly used, and health care professionals should make themselves familiar with as many herbal supplements as possible. Researching herbal remedies and being familiar with the basic rules of thumb will be extremely helpful in determining appropriate candidates for injection. One rule, the "rule of G" applies to this case; "garlic, ginseng and ginko biloba can inhibit platelet aggregation." There are many information bases available for this purpose including the FDA MedWatch program, a website for physician reporting of adverse events related to herbal remedies. Publications promoting alternative therapies and natural product therapies are also reliable resources for information.

Botox itself is a remarkably safe and effective treatment for numerous medical conditions; the effects are directly related to the dosage of Botox injected. The most common and popular use, however, is for treatment of wrinkles, and in particular, the injection of the glabella. Botox is a purified neurotoxin drawn from the same bacteria *Clostridium botulinum* known to be fatal when ingested. The onset of food poisoning (botulism) is rapid; symptoms occur sometimes as early as two hours after ingestion. (It is important to note that it is not the bacteria that is deadly, but the toxins produced by the bacteria.) It is this rapid onset that makes Botox a desirable alternative to more invasive treatments of muscular disorders. Botulinum toxins cause paralysis by inhibiting release of acetylcholine at neuromuscular junctions. Because of the paralyzing effects of the toxin, Botox can be used to relieve muscle spasms, blepharospasms (twitchy eyes), strabismus (crossed eyes), cervical dystonia, and a number of other muscular pathologies. In the case of wrinkles, once the underlying muscles of the face are paralyzed, the skin relaxes and the wrinkles are diminished. The treatment is effective for about four months. It is not recommended that treatments be repeated too often or too soon. Under no circumstances, for treatment of any condition, should the total dosage exceed 200 units over a thirty day period. Frequent injection of Botox can result in antibody formation and treatment failure. It is never advisable to use Botox "off label," that is to inject Botox outside the standards and recommenda-

(continued on page 8)

## 2009 Scientific Sessions Update *(continued from page 6)*

### Seattle Restaurants:

Space Needle \$\$\$\$	Waterfront Seafood Grill \$\$\$\$
El Gaucho \$\$\$\$	Metropolitan Grill \$\$\$\$
Salty's \$\$\$\$	Ray's Boat House \$\$\$
Anthony's Homeport \$\$\$	Elliot's On the Waterfront \$\$\$
Ivar's \$\$\$	Matt's in the Market \$\$
Ponti Seafood Grill \$\$	Purple Café and Wine Bar \$\$
Steelhead Diner \$\$	Pink Door \$\$
Tulio Ristorante \$\$	

This is just a very small sampling of restaurants available in Seattle. Lisa suggests looking up restaurant reviews at [www.seattletimes.com](http://www.seattletimes.com) where the restaurants are sorted by price range, best reviewed, and geographical subsections of the city.

With so many enjoyable activities and cultural choices accessible in the Seattle area, we do hope your entire “emerald city” convention experience will exceed your expectations.

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## *Learning with Miss Adventures* *(continued from page 7)*

tions of the FDA. You were well within the standard of care injecting only your patient's glabella after a seven month interum. The glabella is the only FDA approved injection site for temporary relief of facial wrinkles. Although complications such as headache, focal paralysis, muscle weakness, flu like symptoms and full blown allergic reactions, are not unheard of if used in a cosmetic practice, Botox is considered a safe and effective temporary treatment to reduce signs of aging.

Sincerely,

*Miss Adventures*

### **References and additional information:**

<http://www.botoxcosmetic.com>

<http://www.botox.com>

Food and drug Administration: Early Communication about an Ongoing Safety Review Botox and Botox Cosmetic and Myobloc, March 2008 available through <http://fda.gov>

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/filesbotulism\\_manual/htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/filesbotulism_manual/htm)

<http://www.rxlist.com>

<http://www.aafp.org>

Dietary Supplemental Health and Education Act of 1994. Public Law No. 103-417, 1994

Melanie John Cupp, Herbal Remedies: Adverse Effects and Drug Interactions, American Family Physician, March 1999  
<http://www.nlm.nih.gov/medlineplus/druginformation.html>



# Professionalism in Nursing

## Whose responsibility is it anyway?

Marcia Spear, ACNP-BC, CPSN, CWS

A profession is defined as a calling requiring specialized knowledge and often long and intensive academic preparation; a principal calling, vocation, or employment; the whole body of persons engaged in a calling (<http://www.merriam-webster.com/dictionary/profession>). Professionalism is the conduct, aims, or qualities that characterize or mark a profession or a professional person (<http://www.merriam-webster.com/dictionary/profession>). Can one be part of a profession and not exercise professionalism?

Nursing evolved from Victorian society as a predominantly female occupation when male-oriented definitions of professionalism prevailed (Wynd, 2003). Still, nursing is a predominantly female occupation, and current characteristics and attitudes describing professionalism in nursing today have been identified in the literature. Hall (1967) developed a professional model and identified five attitudinal attributes that characterize most mature professions, such as law and medicine. This model has also been utilized in nursing (Wynd, 2003; Yoder, 1995). The first of the attitudinal attributes is the use of professional organizations as major referent groups and individual support of professional associations by attending professional meetings, serving on professional committees, leading such committees, and reading professional journals as part of the overall socialization into the profession (Hall, 1967). This would imply being active in one's professional organization including voting, writing for the journal, and speaking at conferences. This attribute also implies continuing education. A second attitude is the belief in public service, supporting the idea that the profession is beneficial and indispensable to society (Hall, 1967). A third attribute defined by Hall (1967) is the autonomy that allows professionals to make their own decisions and judgments about the services they provide with minimal pressure from external sources including employers, government legislators and regulators, other professionals and nonprofessionals. Belief in self-regulation is the fourth attribute that endorses control of work and the evaluation of work by colleagues who are fellow professionals (Hall, 1967). The fifth attitude involves a sense of calling representing a commitment to the profession beyond economic incentives (Hall, 1967).

A study conducted by Wynd (2003) from a sample of 774 registered nurses using the five attitudinal attributes identified by Hall (1967), found higher scores for nurses who were members of professional organizations, had more years of experience, earned graduate educational degrees and were certified in nursing specialty areas.

So, in essence, to be a professional one needs to be active in a professional organization and certified in a nursing specialty area. Members of ASPSN need to take every opportunity to become active, voice opinions by voting, become certified in plastic surgical nursing, write for the journal or serve on a committee. Professionalism, after all, is each and every nurse's responsibility.

### References:

Hall, R. (1967). Some organized considerations in the professional-organizational relationship. *Administrative Science Quarterly*, 12, 461-478.

Profession retrieved from <http://www.merriam-webster.com/dictionary/profession>

Wynd, C. (2003). Current factors contributing to professionalism in nursing. *Journal of Professional Nursing*, 19(5), 251 – 261.

Yoder, L. (1995). Staff nurses' career development relationships and self-reports of professionalism, job satisfaction, and intent to stay. *Nursing Research*, 44, 290

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MDOC-03372-01

# Effective Time Management

Sue Kunz, BS, RN, CPSN

Do you pride yourself in your ability to “multitask”? I considered myself to be extremely efficient at multitasking: managing numerous situations simultaneously. Well, I recently read a book by Dave Crenshaw, *The Myth of Multitasking (How “Doing it All” Gets Nothing Done)*. What an eye opening read!

We are not multitasking; we are “switchtasking” according to Mr. Crenshaw. Switchtasking means that you are switching back and forth between tasks. For example, if you are working on a project and you are approached by a colleague who asks a question, because you are focused on your project, you are not really listening to your colleague. SWITCH. You then need to ask the colleague to repeat the question. SWITCH. You answer the question. SWITCH. You return to your project. How much time did that take? Were you really doing two things at once (multitasking)? How much time did you waste, switching from one thought process to another and then back again: 5 minutes, 10 minutes? Based on a 40-hour work week, 2.1 hours is the average estimated lost productivity per person per day due to interruptions. The annual loss to the U.S. economy due to unnecessary interruptions plus recovery time is estimated at \$650 billion. These statistics come from Jonathan B. Spira, CEO and chief analyst of Basex Research. Switching costs result when people must go back and review what they have done before they can resume work on a task. The more complicated the task, the greater the cost, according to Time Management, Harvard Business School.

According to a study done at the University of California Irvine, the longer a worker is distracted by an interruption, the more likely that he or she will continue to be interrupted and not resume the task in that same day.

Interestingly enough, after reading the book and a few days before I decided to write this particular column, there was an article in my local newspaper about multitasking. The column also stressed that we cannot multitask; we switch between tasks. The author goes so far as to suggest eliminating “ability to multitask” on a resume and replace it with “ability to meditate.” He reasons that one who can meditate has learned to tune out distractions and remain focused on one thing.

Wow, and here I thought I was being super-productive as a multitasker. I have decided this small book will be my “business Bible” for a few months until I can break the habit of “multitasking.” Oh, I mean “switchtasking.” I encourage everyone to get a copy of this book and learn how to become more productive with your time. There are exercises and worksheets provided to assist you in the process of eliminating switchtasking.

## References:

Spira, J.B., and Feintuch, J.B. *The Cost of Not Paying Attention: How Interruption Impact Knowledge Worker Productivity*. New York: Basex, 2005

Harvard Business Essentials, *Time Management: Increase Your Personal Productivity and Effectiveness*. Boston: Harvard Business School Press, 2005

Strang, A.L., Gonzalez, V.M., and Mark, G. *Excuse Me: Interrupting Working Spheres*. Irvine: University of California, 2004.

## CPSN Exam Notice

Allergan has graciously offered grants for the CPSN exam again this year. The deadline for grant applications was in August 2009. Allergan covers the cost of the exam. The exam can be taken at the national convention in Seattle with checks presented at the award ceremony. Please check the ASPSN website for more information.

C-NET is also offering the exam October 10, 2009. The deadline for application for that exam was August as well. Check the C-NET website site for exam locations.



**AMERICAN SOCIETY OF PLASTIC  
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