

EDUCATION - CLINICAL - OUR FUTURE



SRNA Sedation Sequels



FALL OF 2017,
Issue 7

WELCOME DR. VALERIE DIAZ!

The relentless challenge that necessitates the use of critical thinking skills drove Dr. Valerie Diaz to pursue a career in anesthesia. She knew she wanted to specialize in this practice early enough that she had actually incorporated that goal as part of her mission statement when she applied for nursing school. She ultimately accomplished that dream when she graduated CRNA school with her MSN in 2003. Dr. Diaz went on to advance her education in 2013 by earning her DNP degree at FIU.

Dr. Diaz has been a CRNA for the past 14 years. Since becoming a CRNA, Dr. Diaz has worked at several hospitals in the military as a U.S. Navy officer. In the Navy, she provided anesthesia overseas on naval ships and in Germany. She has also worked at other organizations, such as Jackson Memorial Hospital, South Miami Hospital, Memorial Regional Hospital, and ambulatory care centers.

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Prior to becoming a CRNA, Dr. Diaz received most of her experience as a critical care nurse in the SICU at Jackson Memorial Hospital over the course of 8 to 9 years. Dr. Diaz was involved in several liver transplants and surgeries at JM. She also developed her practice in units, including medical-surgical, oncology, and ER.

Dr. Diaz has been an educator for many years, which began with clinical preceptorship during her RN career. As a doctoral-prepared CRNA, she has been a professor at FIU for the past 5 years. Her motivation and enthusiasm for becoming an educator derives from the consequential interaction with new evidence-based

information and the large exposure to implemented technological advancements at several institutions.

Of the many positive aspects of the CRNA career, Dr. Diaz enjoys the autonomy of her role the most, along with the associated critical thinking skills that are required on a day-to-day basis. When she's not busy providing anesthesia care, she enjoys to binge on TV shows, partake in spinning classes, and spend the night out at the movies or a nice restaurant. Her advice for being successful in CRNA school is to remain open-minded and flexible, avoid getting stuck in a rigid routine, and collaborate with all of your colleagues.

Sandra Amoretti, SRNA C/O 2019



DNP SYMPOSIUM



November 18th, 2017 marked a monumental day for the Nicole Wertheim College of Nursing and Health Sciences department at Florida International University (FIU). It was the date of the inaugural Doctor of Nursing Practice (DNP) Scholarly Projects Symposium. Dean Strickland was in attendance and congratulated each of the Class of 2017 DNP candidates from the FIU College of Nursing. At this conference, the Class of 2017 DNP candidates from the College of Nursing had the opportunity to present their doctoral projects to classmates, colleagues, and professors. One of the requirements of the DNP is to translate evidence into practice via a scholarly project to improve patient outcomes. Disseminating the DNP scholarly project is the final step in the candidates' graduate education.

Anesthesia-related DNP topics at the symposium ranged from ultrasound-guided gastric assessment to apneic oxygenation. One project that grabbed everyone's attention focused on quality improvement and the need to

develop a formal certified registered nurse anesthetist (CRNA) preceptor-training program. A question and answer session was also held at the end of each presentation, allowing the audience to get more involved and provided an interactive element. In addition, the candidates who had already presented their projects had the opportunity to display their project posters again during a poster session held during the symposium's intermission.

The wide variety of topics discussed kept the audience intrigued and up to date on the most current research in anesthesia. Dr. Derrick Glymph helped to orchestrate the scholarly conference. When asked about his contribution to the event, Dr. Glymph stated, "The inaugural DNP Symposium was extremely successful from the opening session to the closing session where students received a certificate from Dean Strickland and their faculty mentors. The collaboration between Graduate Nursing and Nurse Anesthesia was truly worlds ahead. The poster and oral presentations allowed our students to disseminate their quality improvement DNP Projects. We are looking forward to next year's DNP Symposium with the class of 2018. Truly the best is yet to come!" Overall, the event had a great turn out and will be held again next year. We look forward to learning about all the new and innovative research the next class of DNP candidates has been working on!

Elise Fajardo, SRNA C/O 2018
Amanda Thornton, SRNA C/O 2018



MESSAGE FROM DR. WUNDER



What an exciting year for FIU DNAP. We made some positive changes in the curriculum to enhance first-time NCE pass rates. We are all so proud of our class of 2017 graduates which includes our first DNP cohort. Another first was the initiation of the S. Howard Wittels Founder's Award for academic excellence, scholarship, and service given to the amazing Dr. Gabriella Castro at the graduation party on December 8, 2017. Dedication emanated by the scholarly work of the SRNAs and faculty on the DNP projects. Their work was disseminated with poster presentations at the: AANA Annual Congress in Seattle, FNA Conference in Orlando to the very successful DNP Symposium at FIU in November. We are looking forward for the same success with the class of 2018.

Happy Holidays and Happy New Year,

Dr. Wunder



Clinical Spotlight

Mount Sinai Medical Center



Paula Schultz graduated from Barry University in 1996 with her nurse anesthesia degree and has worked at Mount Sinai for 21 years. Before becoming a CRNA, she worked for 14 years as a nurse in the OR, PACU, and ED. Her love for the OR is what led her to make the career choice of becoming a CRNA. Paula loves being a CRNA and even says going to work is a hobby! Paula also enjoys bicycling and traveling.

Paula specializes in OB anesthesia and feels it is such a rewarding specialty due to the instant gratification that she receives when she provides analgesia for labor. In 2016, Mount Sinai had over 2500 deliveries with 45% of those being c-sections.¹ She believes Mount Sinai is a great learning environment and provides a multitude of opportunities. Paula loves being a clinical preceptor and states that the greatest qualities SRNAs can possess are preparedness and enthusiasm. From a student standpoint, Paula is a pleasure to learn from and is full of energy. FIU SRNAs are lucky to have her, and she looks forward to working with the students all in the future!

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Amanda Thornton, SRNA C/O 2018

NMB AND CARDIAC SURGERY



Residual neuromuscular blockage (RNMB) in the post-operative surgical patient poses numerous deleterious effects on the recovery and outcome of this select group. Many studies have been conducted on RNMB tailored specifically towards non-cardiac surgical patients, but yet, a gap exists in the literature. Belcher et al. designed a retrospective study in the post-anesthesia care unit (PACU) at a tertiary care hospital spanning across the years 2005-2017. The results on their primary outcome, the incidence of any major complication, were comprised from the data of 128,886 patients with a 95% confidence interval and published in the *Journal of Clinical Anesthesia*.¹ It was documented by Belcher et al. that the incidence of major complications such as re-intubation and admission to the intensive care unit (ICU) was about 2.1%.¹ While studies such as this one justified the use of neuromuscular block (NMB) reversal, they still failed to include cardiac surgical patients.

Due to the fact that cardiac surgical patients are at a high risk of developing pulmonary complications and are most often suffering from concomitant comorbidities, Dr. Gerlach and her colleagues, at a hospital in Orlando, FL took an interest in gauging

patients' outcomes and surgical tolerability in the presence and absence of NMBs during cardiac surgery.² Commonly, induced hypothermia, frequent NMB re-dosing, and impaired metabolism of these pharmacological agents will pose a threat to the critical patient.² To date, the ongoing trial consists of 43 patients undergoing elective cardiac surgery for coronary artery bypass grafting (CABG) or valvular repair.² The primary outcomes of the study focused on the immediate 72-hour post-operative period.² Although tailoring care for a critical patient without the use of neuromuscular blockade can be a bit more challenging, the findings thus far support benefits such as early detection of inadequate depth of anesthesia and patient awareness.²

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2. Gerlach R M. Time to Ditch Neuromuscular Blockade in Cardiac Surgery? *Anesthesiology News*. <http://www.anesthesiologynews.com/Clinical-Anesthesiology/Article/07-16/Time-to-Ditch-Neuromuscular-Blockade-in-Cardiac-Surgery-/44772>. Published October 24, 2017.

Emilio Acosta, SRNA C/O 2017

Clinical Spotlight

South Miami Hospital



Rossi Ramkissoon, a new CRNA working at South Miami Hospital, graduated with an MSN degree in 2016. He was born in Trinidad with ethnic roots originating from India and moved to Miami when he was 8 years old. He describes himself as laid-back and detail-oriented. Rossi's nursing background consists of 7 years in SICU at Jackson Memorial Hospital where he was exposed to a variety of cases from open heart transplants to trauma patients. His transition from ICU to anesthesia school was due to being "in a perfect situation at a perfect time in my life, so I took advantage of the opportunity, and here I am." He has worked at SMH since April of 2017 and believes the best thing about being a CRNA is the ability to have someone else's life in your hands and assist them through a stressful life experience without them even remembering it.

For Rossi, the hardest thing during CRNA school was managing both the similarities and differences between learning anesthesia in the classroom with learning it in the clinical setting. After CRNA school, Rossi found boards most challenging. "I didn't give myself a lot of time to study, so start studying early!" Rossi's additional tips for SRNA's are to focus on time management as well as making friends with other SRNAs to make the journey easier. His tip for new CRNAs is to enjoy the freedom!

Orphée Cameron, SRNA C/O 2018

AANA POSTER SESSIONS

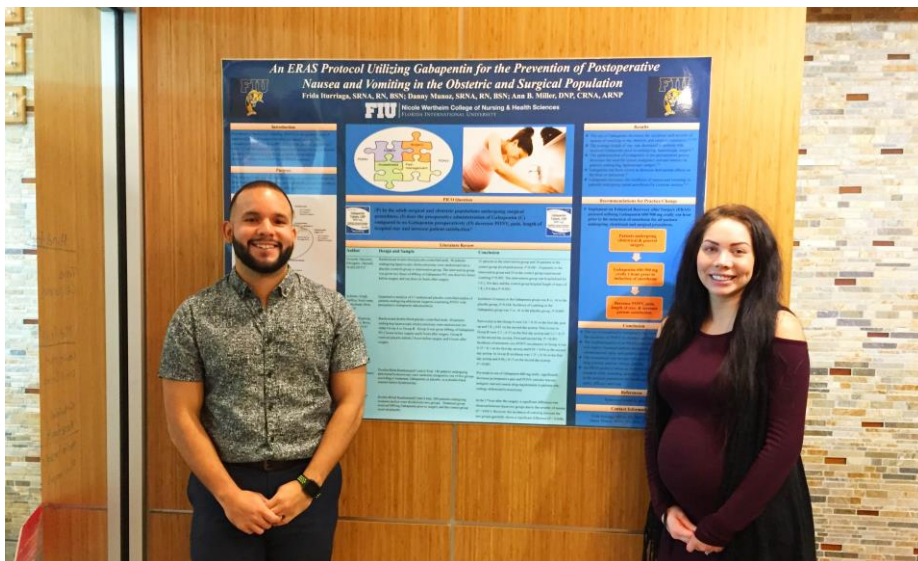


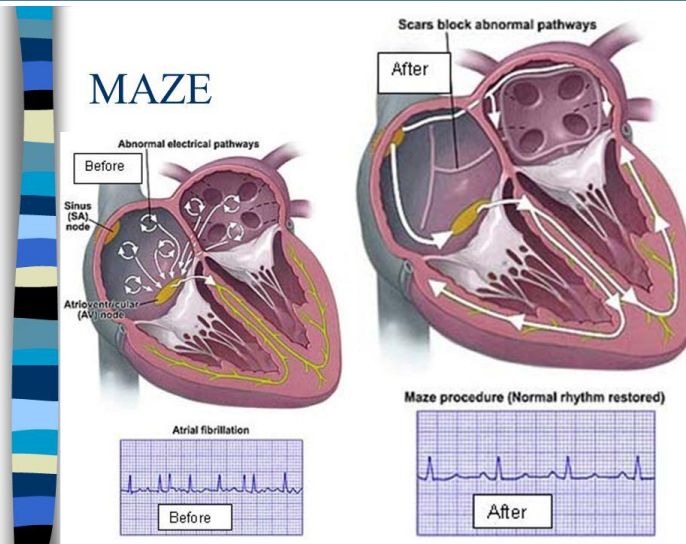
Each year, the American Association of Nurse Anesthetists (AANA) foundation hosts a state of the science general poster session. During this session, CRNAs and SRNAs present research in a visual and summary form to attendees. To be selected for this process, individuals must submit an abstract of their research and be approved by the AANA months prior. Participants may also choose to submit their work for participation in the poster tours or poster competition. For the poster tours, individuals will be asked to present a live 15-minute explanation of their research findings.

There is also an opportunity for presenters in the general poster session to be considered for the poster competition.

If participants are interested, they indicate so on their application, and then their abstract is scored. The top scoring abstracts in different research categories are invited to compete in a private session. As a previous finalist, alongside Danny Munoz, I can say that the opportunity is invaluable. You will be asked to share your findings in a separate closed room session to several judges. Although the experience can be nerve-racking, it will not only allow you to share all your doctoral work with others, but it will provide you with feedback from an unbiased audience that can help you further your research.

Frida Iturriaga SRNA C/O 2017





MAZE PROCEDURE

Atrial fibrillation (AF) is the most common sustained arrhythmia seen in clinical practice.¹ This arrhythmia accounts for approximately one-third of hospitalizations for cardiac rhythm disturbances.¹ AF causes significant morbidity and mortality, particularly in elderly patients and patients with significant valvular disease.

The increasing prevalence of AF, coupled with the limited efficacy and safety profile of current antiarrhythmic medications, has encouraged the continued development of non-pharmacologic procedures like surgical ablation.¹ In 1987, Dr. James Cox, MD and his associates at Duke University created an alternative procedure to deal with the ongoing issue.² They developed the “Maze” or “Cox Maze” procedure, an open-heart cardiac surgery procedure intended to eliminate AF.² The intention was to eliminate AF by using incisional scars to block abnormal electrical circuits (atrial macroentry) that initiate and perpetuate the abnormal electrical waves of AF.² This required an extensive series of full-thickness incisions through the walls of both atria, a median sternotomy (vertical incision through the sternum), and cardiopulmonary bypass (heart-lung machine; extracorporeal circulation).²

After the introduction of the initial procedure, a series of improvements were made, culminating in 1992 in the Cox-Maze III procedure, which is now considered to be the gold standard for effective surgical cure of AF.²

Although the Cox-Maze III procedure is recognized as the standard for the surgical treatment of medically refractory AF, the traditional cut-and sew Maze has been increasingly supplanted by modified procedures designed to minimize technical complexity and invasiveness, decrease cardiopulmonary bypass times, and reduce the risk of surgical complications while maintaining procedural efficacy.¹ These modifications include simpler lesion sets such as ablation that’s limited to the left atrium, epicardial rather than endocardial lesion applications, and replacement of the cut-and-sew lesions with radiofrequency, microwave, and cryotherapy tissue ablation.¹

At Mount Sinai Medical Center, Dr. Angelo La Pietra in 2009 was the first to perform the Maze procedure as a minimally invasive technique in the South Florida region. He performed the procedure in the cardiac catheterization lab and required general anesthesia to

maintain the patient adequately sedated. He explained that during the procedure, there isn’t any specific requirement from the anesthetic provider in regards to administering anesthesia. It’s a general anesthetic cardiac case where the anesthesiologist monitors all aspects of hemodynamic activity and treats as needed to maintain adequate perfusion. Since then, he has added monument research to the Maze procedure field and has trained over 200 residents on how to perform the procedure in a minimally invasive fashion without cardiac bypass in the cardiac catheterization lab. Born and raised in New York City, Dr. La Pietra started his career as an electrical engineer but his passion for medicine led him to the Albert Einstein College of Medicine, where he obtained his medical degree. The rest is history.

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STUDENT SPOTLIGHT - BRIANA GOLDBERGER



Although bedside nursing was gratifying and rewarding, Briana Goldberger wanted something more and decided to pursue a career in nurse anesthesia. The challenge that nurse anesthesia presented was appealing to her, especially the autonomous nature of the profession. Briana obtained her BSN from the University of Central Florida and worked at Northwest Medical Center in Margate, FL as an ICU nurse prior to starting FIU.

Briana's advice on handling the most difficult clinical days is "to not lament over negative comments that are not a form of constructive criticism. It always helps to speak to other classmates because they are most likely experiencing the same difficulties." Briana's most memorable days during her experience at FIU was attending the AANA conference in Seattle, WA, her last day of clinical, and her class graduation party. Her plans after graduation is to make up for lost time by traveling for next couple of months prior to starting her new career at Baptist.

Carmen Chan, SRNA C/O 2018

SCHEDULED DRUGS



Health care providers are at the forefront of ensuring high quality and effective health services to their patients. Patient safety takes priority in provision of care and clinicians must be prudent in prescribing or administering controlled drugs or medications that have been classified in terms of federal scheduling. This is especially important if patients are discharged and continue to self-administer controlled medications at home, which places them at risk for abusing such prescriptions. A federal schedule of controlled drugs consists of five schedules or classifications ranking medications in order of abuse potential as an inverse relationship to their clinical indication.¹ Drugs that may be found in Schedule I are identified to have the highest potential for abuse or dependence and their clinical use is limited to research and therefore, not frequently encountered.¹ Examples of Schedule I drugs include, but are not limited to, heroin, marijuana, and methamphetamines.¹ Schedule II drugs have a high abuse potential as well, but are currently accepted for medical use as narcotics and depressants. Examples of these drugs include hydromorphone (Dilaudid), sufentanil, and oxycodone (Percodan), with the latter frequently prescribed at home for pain management.¹

Controlled drugs pertaining to Schedule III classification are perceived as being open to abuse potential, but

less likely than Schedule I and Schedule II drugs.² Schedule III medications consist of barbiturates and others, which are indeed accepted and prescribed for medical use.^{1,2} Schedule IV drugs have a low abuse potential as compared to Schedule III medications and these drugs are accepted for medical use. Schedule IV drugs include midazolam (Versed), as well as, androgenic steroids like testosterone.² Schedule V drugs, including antitussives and antidiarrheal, have a low abuse potential and may even be available over-the-counter in certain states.¹ It is imperative for the clinician to vigilantly attain and apply their knowledge of federally scheduled and controlled medications for the prevention of drug abuse.

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Ulyses Rodriguez, SRNA C/O 2019



STUDENT SPOTLIGHT – PAUL VEGA

As we enter the home stretch into our last year as student nurse anesthetists, there are few students who want it more than Paul Vega. Nurse anesthesia school is hard enough on its own merit, but Paul has managed to remain as one of the top of his class while raising a toddler and having a newborn halfway through the program. Paul has perhaps the best time management skills of any individual. After a long clinical day, he often spends 2-3 hours in the library before heading home to a house full of playful energy; demanding his full attention to play, feed, and put the kids to bed.

When asked how he remains motivated, Paul states, "I do what I have to do out of necessity and take it all day by day. Everything I do is for my wife and kids. Also, having a close

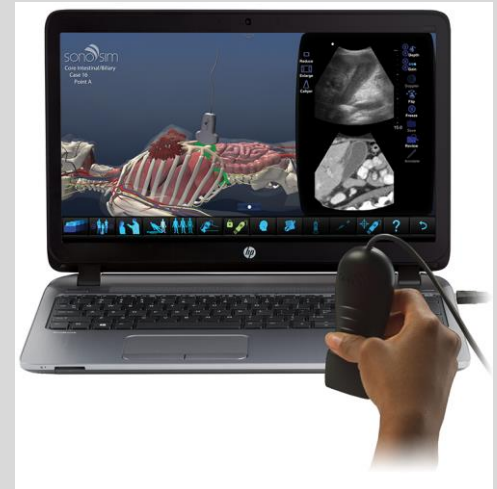
group of friends, who constantly push each other to be better, is paramount. that we except no excuses." We all hold each other accountable and motivate each other to study every single weekend. Our group motto comes from the great Ric Flair a.k.a. "The Nature Boy", WoooOOOOooo!!! Let's(explicit language).... Gooooo. It's our reminder

The last year of the nurse anesthesia residency is the most challenging stretch of the program as we delve into specialty rotations, continue with didactic work, prepare the doctoral or masters dissertation, and study for boards. The class of 2018 can find motivation in Paul's wise words. "Give no excuses, motivate one another, and work hard as the 'finish line' is now within view."

Michael Barrios, SRNA C/O 2018



SONOSIM

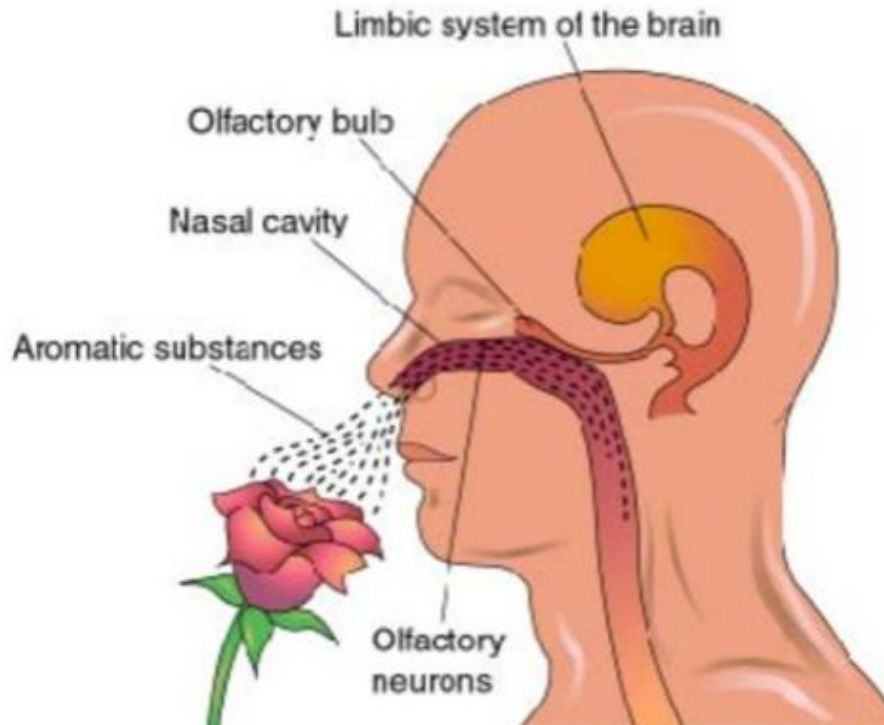


The class of 2019 was fortunate to receive \$500 worth of technology called SonoSim. The SonoSim Ultrasound Training Solution is the most comprehensive and easy-to-use ultrasound training solution available. SonoSim features over 1,000 actual patient cases with real pathologies to provide a hands-on training experience. SonoSim is a combination of computer software and hardware, consisting of a USB SonoSim ultrasound probe.

The SonoSim Ultrasound Training Solution contains didactic material, post-tests, and hands-on cases. Previous testimonials from various healthcare providers suggested that SonoSim was a wonderful tool that prepared them for the clinical setting. SonoSim has been shown to develop hand-eye coordination skills and development of muscle memory with the use of an ultrasound probe. Each member of the class of 2019 currently has a SonoSim in their possession with the ability to go into the modules and perform the various case studies. In the spring of 2018, it will be incorporated into the FIU curriculum.

Steven Winnett, SRNA C/O 2019

AROMATHERAPY



Aromatherapy, the use of aromatic plant oils to improve psychological or physical health, has a history that dates back to Chinese, India, Egyptian, Greek and Roman ancient civilizations. The mechanism of action of aromatherapy begins with the absorption of volatile molecules through the nasal mucosa. Olfactory receptors transform the information into a chemical signal which are then carried to the limbic system, where emotion is controlled.¹ Current research has attempted to utilize the health benefits of aromatherapy which include reduction of anxiety, pain and post-operative nausea and vomiting (PONV) and quicker recovery times. The two most common plant oils researched for medical purposes are bergamont and lavender.

The bergamont orange (*Citrus bergamia*) has been studied frequently in relation to its effects on reduction of preoperative anxiety. A 2013 study based out of Taipei Medical University in Taiwan followed 109 surgical patients:

53 were exposed to bergamont essential oil and 56 were exposed to water vapor (control).² Results indicated a significant decrease in self-reported anxiety and vital signs as compared to control patients.²

Lavender oil (*Lavandula angustifolia*) has been linked to reduction of anxiety and stress in breast surgery patients and patients undergoing coronary artery bypass graft (CABG) surgery. In animal studies, linalool, a major component of lavender, has been found to increase gamma-Aminobutyric acid (GABA), the major inhibitory neurotransmitter of the central nervous system. A 2016 study followed 60 patients undergoing CABG surgery exposed to lavender. Results showed a statistically significant decrease in heart rate and anxiety level.³

There is a plethora of essential oils that have and continue to be researched. It is with great hope that the anesthesia community can utilize this form of alternative medicine to benefit our patients.

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Orphée Cameron, SRNA C/O 2018

2017 ANNUAL FANA MEETING: A STUDENT'S PERSPECTIVE



On October 27-29, the Annual FANA Meeting was hosted in the beautiful Tampa Marriot Waterside Hotel. CRNAs and SRNAs statewide and from around the country were in attendance. This was the most comprehensive multi-modal pain conference for CRNAs, featuring a State-of-the-Art ultrasound/cadaver workshop at the center for Advanced Medical learning (CAMLs).

Day one of the conference kicked off with a course on the neurophysiology of pain transmission and the pharmacology of pain management.

I personally attended the ultrasound and cadaver experience which was available to conference participants for an additional fee. The CAMLS didactic sessions was lectured by Jonathan Kline, MSN, CRNA, who was a dynamic speaker. The basics of ultrasound, upper and lower extremity blocks as well as common infiltration blocks (TAPS, PECS) were discussed. He also introduced a systematic approach for selecting the right local anesthetic for your patient and situation. It was a comprehensive review of the regional anesthesia offered here at FIU. The ultrasound workshop was reminiscent of our very own simulation lab here at the FIU STAR center. One of the instructors was our very own Dr. Jorge Valdes, DNP, CRNA. I had the opportunity to put to practice and identify

landmarks introduced in the didactic session. The cadaver experience was the most interesting. Participants were able to visualize and touch the brachial plexus as well as the anatomy of the upper body and parts of the lower body.

The 2nd Annual College bowl was an enjoyable experience, it took place at the end of day two. It was a fun and relaxed atmosphere, which gave SRNAs an opportunity to mingle and network. All Florida anesthesia schools were represented and were visible in their school colors. The college bowl is a competition to test your anesthesia knowledge. Each school had two teams who battled head to head, with the final round against a team of anesthesia professors. The winners of this year college bowl, by sheer luck, was Barry University. Overall, it was a fun experience with tacos, music, and an open bar. I encourage all FIU SRNAs to attend in the future.

Jodi-Ann Elliston, SRNA C/O 2018



AANA AND CLASS B CREDITS

Nurse anesthesia practice is rapidly changing and the complexity among different patient populations demands practitioners to be continuously updating their knowledge and skills. Continuous education (CE) is recognized as a reliable way for healthcare providers to maintain professional competence and quality in the delivery of care.

On August 1st 2016, the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) launched the new Continued Professional Certification (CPC) program. This is an eight-year program comprised of two 4-years CPC cycles. The four major components of this new program include: Class A credits, Class B credits, completion of 4 core modules consisting of knowledge domains of airway, physiology & pathophysiology, applied clinical pharmacology, and science & technology; and a CPC examination taken once every 8 years with the first examination.

Class B requirements are the newest addition to this program, which are recognized as professional development requirements. The

sixteenth edition of the AANA Continuing Education Program describe Class B requirements are those “activities that enhance a nurse anesthetist’s foundational knowledge of nurse anesthesia practice, support patient safety, or foster the nurse anesthetist’s understanding of the broader healthcare environment.”

The CPC Class B requirements can be fulfilled through diverse educational alternatives. Certified registered nurse anesthetists (CRNAs) are required to earn 40 Class B credits during every four-year CPC cycle. Opposed to Class A credits, Class B requirements do not demand pre-approval and are not assessed. Class B requirements can be satisfied through various learning activities, including but not limited to: imparting anesthesia knowledge, fostering patient safety, or heightening awareness of healthcare environment. The completion of core modules account toward either Class A credits or Class B requirements. The completion of all four modules is elective in the first four-year CPC cycle and required every four years thereafter.

Another way of fulfilling Class B

requirements is through the validation of excess Class A credits acquired during the same cycle. Moreover, CRNAs have the option to solely use Class A credits to satisfy their Class B requirement. Class B credits must be tracked on or after the date you recertify for the next recertification cycle. CRNAs certified prior to January 1, 2016 may begin fulfilling Class B requirements after they are approved for their last two-year recertification cycle, either on July 31, 2016 or July 31, 2017. Members of the AANA are provided with a CE tracking service, which facilitates the recording of all Class B credits earned at no additional charge. This same service will be provided to nonmember CRNAs who purchase the AANA’s tracking

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Larisse Greenwell, SRNA C/O 2018
Nathalie Felipe, SRNA C/O 2018



AANA CONFERENCE



The American Association of Nurse Anesthetists (AANA) held their Annual Congress in beautiful Seattle, Washington this year. This is the world's largest professional, educational, and social event for CRNAs.¹ This program took place over five days in various locations for educational sessions and for social events.

Many opportunities were present for SRNAs and CRNAs to network and connect with one another. There was a welcome reception, fundraiser, luncheon, college bowl, wellness fun run, and annual banquet. Attendees were able to earn continuing education credits in a variety of clinical skill workshops for an additional cost. There were also sessions that covered business and entrepreneur topics of anesthesia that provided tips and advice for CRNAs whom ran their own practice or those whom were interested in starting their own practice.

Lecture and novice sessions were held at two different locations that was about two city-blocks apart. Attendees planned out their day by picking which sessions they wanted to attend since there were multiple sessions that took place during the same time-frame. There were many topics that covered the latest advancements in nurse anesthesia,

the most up-to-date research, and solutions for problems that nurse anesthetists face today.

FIU's Dr. Linda Wunder collaborated with three other CRNAs to present the topic of the opioid crisis that currently exists. They identified the problem, multimodal approaches, and the current theories that surround this topic. The most interesting segment of the presentation were all the alternative approaches for pain management that are supported by the latest research.

FIU's SRNAs, Frida Iturriaga and Danny Munoz, presented their capstone project as one of the conference's proud finalists this year's poster competition. They presented their poster on utilizing gabapentin to prevent post-operative nausea and vomiting. Several other SRNAs from FIU presented their posters and projects at this event's poster tours.

Reference

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Carmen Chan, SRNA C/O 2018



CONGRATULATIONS C/O 2017!

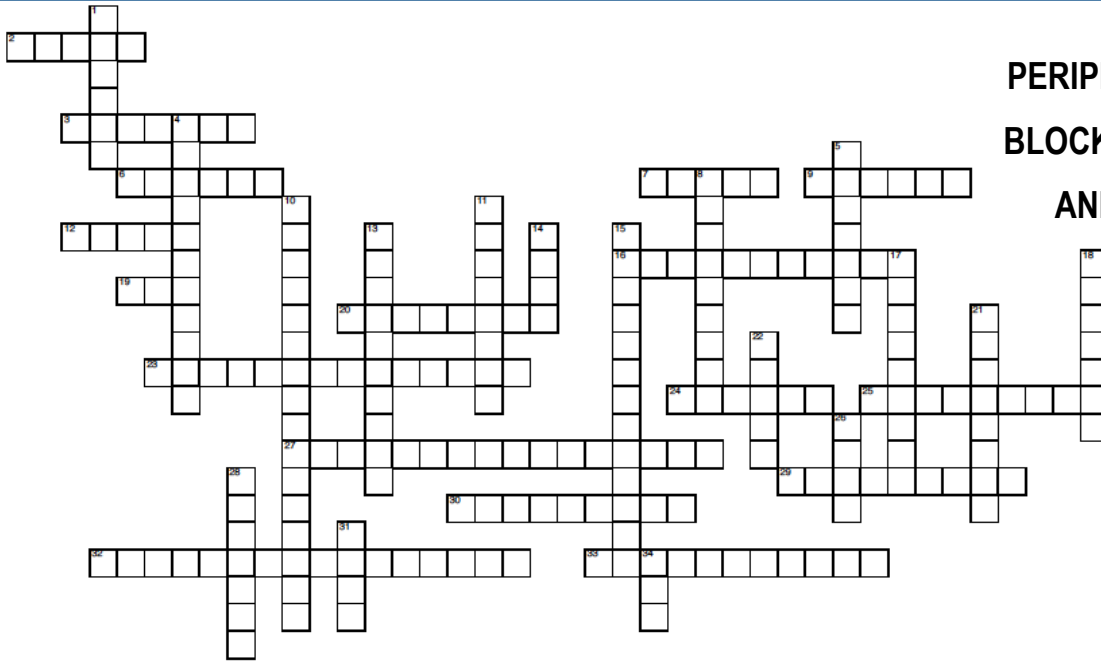


SUPER SENIOR PEARLS – CLASS OF 2017

- “Ask for the letters of recommendation as the CRNAs/MDs offer them. It’s a pain harassing people for them at the end of the program.”
- “Acknowledge your weaknesses and be open to feedback rather than waiting for criticism to come to you.”
- “Remind yourself that 90% of the battle is just showing up the next day.”
- “Even if you have perfect performance, some MDs or other CRNAs may treat you poorly or call you out on something you don’t know. React professionally and let it go.”
- “Take initiative. If you aren’t assigned to any cases, find an interesting one to observe or help a provider with pre-op interviews.”
- “Stay humble! Please and thank you go a long way. Leave your attitude at the door.”
- “Don’t get frustrated. You will feel like a fish out of water during the first week of each rotation.”
- “Learn from each provider. Knowing how to arrive at the same outcome in seven different ways is better than knowing only one way on how to do things.”
- “When you feel down and out, remind yourself of what got you here and how far you have come.”
- “Don’t take anything personal! Your preceptors and MDs are there to support your learning. They want to teach you the right way in the event that you have to take care of them one day.”
- “As for your DNP, do something you have a passion about or that interests you. Start early so you can focus on studying for boards!”

David Hernandez, SRNA C/O 2017

**PERIPHERAL NERVE
BLOCKS AND LOCAL
ANESTHETICS**



ACROSS

- 2 High-impedence structure appears ____ echoic
- 3 Generation of an action potential is primarily the result of voltage-gated ____ channels
- 6 Local anesthetics that are metabolized by plasma cholinesterases are ____
- 7 Regarding the axillary approach, the musculocutaneous nerve is anesthetized. True or false
- 9 The ____ nerve supplies sensory innervation to the thumb, index finger, middle finger, and lateral ring finger
- 12 Damage to what nerve causes an inability to adduct the thumb?
- 16 ____ blockade would be useful for reducing pain from chest tube
- 19 Regarding IV regional anesthesia, Bier block, the tourniquet should be inflated to 300 mmHg or ____ times the pt.'s systolic BP.
- 20. Which ester local anesthetic is most often used for infiltration anesthesia?
- 23 Bupivacaine's first sign of local anesthetic toxicity involves which system? Cardiovascular or central nervous system?
- 24 The presence of ____ accelerates conduction velocity by increased electrical isolation of nerve fibers and by salutatory conduction
- 25 Which is the terminal branch of the femoral nerve?
- 27 Chloroprocaine is avoided when doing a Bier block due to what complication?
- 29 The ____ cord of the brachial plexus gives rise to the axillary and radial nerves
- 30 An increased risk of Transient Neurological Symptoms after spinal anesthesia occurs with which local anesthetic?
- 32 Which local anesthetic appears to decrease the effectiveness of epidural opioids?
- 33 What is the term for brighter (white) regions in the ultrasound image?

DOWN

- 1 Which nerve is damaged by an IV needle in the antecubital space?
- 4 ____ site generally absorbs the injection of local anesthetics the fastest
- 5 Amide local anesthetic clearance is dependent on ____ metabolism
- 8 The anterior sciatic nerve block is ideal for patients who can't be positioned ____
- 10 Which nerve is least likely to be blocked by an axillary block?
- 11 Carotid endarterectomy may be performed under ____ plexus block
- 13 CNS ____ is a sign of high-dose local anesthetic toxicity
- 14 How many nerves must be blocked to do an ankle block?
- 15 ____ influences the potency concerning local anesthetics
- 17 Which local anesthetic given IV is an effective analgesic used to treat patients with postop and chronic neuropathic pain?
- 18 Ultrasound frequency and depth of tissue penetration have a(n) ____ relationship
- 21 The saphenous nerve innervates the ____ surface of the foot
- 22 Increasing the pKa of a local anesthetic increases the lipid-soluble form. True or false?
- 26 In comparing u/s imaging w/ neurostimulation for peripheral nerve blocks, is it associated w/ more or less complications?
- 28 Which PNB will provide adequate anesthesia and analgesia for surgical procedures on the anterior thigh and knee?
- 31 Even when performed properly, cervical plexus blockade may result in a recurrent laryngeal nerve blockade. True or false?
- 34 ____ determines the onset of action concerning local anesthetics

Homemade Barbecue

Ingredients:

1. Potatoes
2. Carrots
3. Asparagus
4. King mushrooms
5. Italian sausages
6. Garlic
7. Scallion
8. Salt
9. Black pepper
10. Chili pepper
11. White sesame
12. Cumin powder
13. Olive oil



Cooking:

1. Wash and chop all vegetables and sausages into medium chunks
2. Pour some olive oil onto oven pan and spread evenly
3. Blend all ingredients, seasonings, and olive oil together in oven pan
4. Pre-heat oven to 360 degrees
5. Place pan into oven for 35 minutes
6. Enjoy!

Vivien Li, SRNA C/O 2018



Upcoming Events:

Congratulations C/O 2017!

Graduation – Dec. 16, 2017

Conferences

AANA Mid-Year Assembly

Scottsdale, AZ
Feb. 15-17, 2018

FANA Annual Symposium

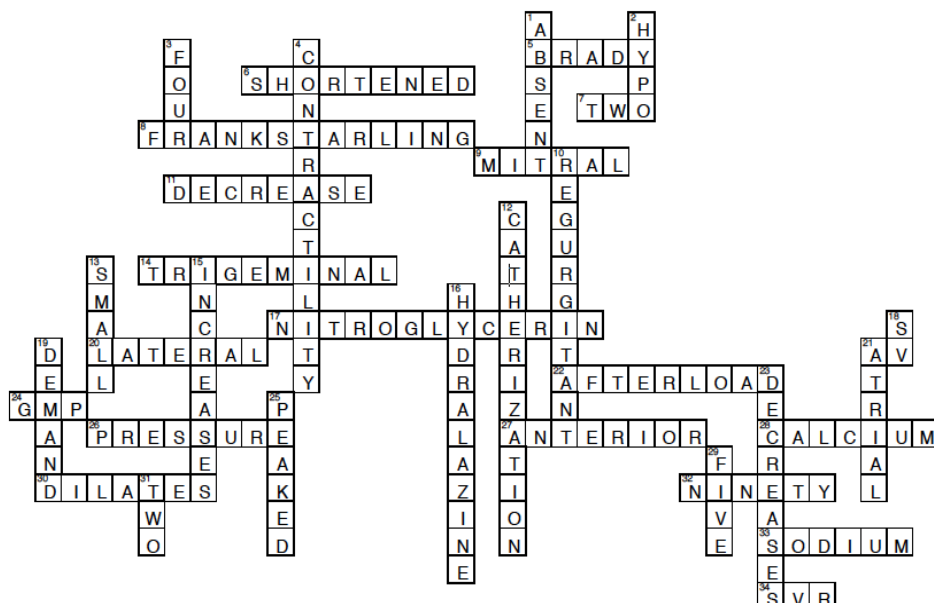
Fort Lauderdale, FL
March 8-11, 2018

Produced by:

Carmen Chan, Editor
Frida Iturriaga
David Hernandez
Emilio Acosta
Clifford Burdick
Elise Fajardo
Jodi-Ann Elliston
Izaskun Green
Larisse Greenwell
Michael Barrios
Amanda Thornton
Nathalie Felipe
Orphee Cameron
Vivien Li
Ullyses Rodriguez-Vara
Oscar Ruque
Steven Winnett
Sandra Amoretti
Linda Wunder, PhD, CRNA
Mairelys De La Guardia, MBA
Derrick Glymph, DNAP, CRNA

Answers for the Previous Edition

Basics of Cardiac Anesthesia



FINAL THOUGHT

I would like to say thank you to all students and staff of the SRNA Sedation Sequel that have helped to make this SSS newspaper a reality and a success. It was a pleasure to work with all of you. A personal thank you goes to Dr. Glymph for selecting me to help start the SSS and the mentorship that he has provided for me. He came to us with a vision and he allowed the paper to become a student run reality. As a team, we all put together ideas that created a platform for communication amongst all of FIU Classes. This is something that I am will always be very proud of. I am look forward to viewing many more years of SRNA Sedation Sequels. The best is yet to come!

Clifford Burdick, SRNA C/O 2017



*Fueled by intellect and driven by innovation and caring, the Nicole Wertheim College of Nursing and Health Sciences (NWCNHS) prepares culturally competent and compassionate health care professionals to serve multicultural communities throughout our region and beyond. Our **Graduate Nursing** Department offers many advanced-level education programs designed to elevate the competencies of nursing professionals as they go on to become leaders in nursing practice and management, advocates and writers of health care policy, and valued researchers seeking to improve the health and well-being of entire populations. Our Nurse Anesthetist Program is a clinical specialty track within the Doctor of Nursing Practice (DNP) program of the Graduate Nursing Department and was inaugurated in 2001 as the first nurse anesthetist program in the State of Florida University System. Completion of this program will allow graduates to take their place among the ranks of the highly respected CRNAs who mold the health care history of our next century. Despite the economic needs of students, FIU is only able to provide partial financial aid to approximately 60% of students who apply for assistance. As a result, many talented and highly motivated students with limited resources are forced to attend part-time or postpone their education altogether. Your financial gift to the Nicole Wertheim College of Nursing and Health Sciences will help us as we strive to meet the needs of our students through our scholarship program. In addition to scholarships for our students, a gift to the college may support faculty development and research programs, as well as our world-class facilities. Your gift will also enable the NWCNHS to meet the critical demand for culturally competent health care professionals to tackle the complex health care challenges of the 21st century. On behalf of the students and faculty who will continue to benefit from your generosity, I extend my sincere gratitude for your support. Please contact our Director of Development, Maia McGill at 305-348-1336 should you have questions or if you would like a tour of our college.*

Sincerely,



Ora L. Strickland, Ph.D., DSc (Hon), RN, FAAN
Dean and Professor

YOUR GIFT WILL MAKE A DIFFERENCE!

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