

EDUCATION – CLINICAL

OUR FUTURE



SRNA Sedation Sequels



**SPRING OF 2018,
Issue 8**

PROFESSOR SPOTLIGHT – DR. HALLIE EVANS

Dr. Hallie Evans, CRNA, DNP is a Clinical Assistant Professor at Florida International University's (FIU) Nurse Anesthetist Program.

As a small child growing up in South Florida, Dr. Evans aspired to pursue a profession that would enable her to help others. She initially embarked on a career in psychology, but quickly realized that it was not going to satisfy her professional goals.

After shadowing in several areas of medicine, Dr. Evans found that a profession in nursing would be the best fit for her. She then attended Barry University where she received a Bachelor of Science in Nursing.

Upon graduation, Dr. Evans moved to Palo Alto, California where she began her nursing career at Stanford Hospital. She worked in the cardiovascular intensive care unit, which is one of the largest heart failure and organ transplant centers in the nation.



Three years into her nursing career, Dr. Evans visited the operating room for the first time. The surgery that she was able to observe was one that involved a single lung ventilation. She recalls having the process explained in detailed to her by the anesthesia provider on duty: "I remember being so fascinated by the experience. It really opened my eyes to the different types of patient care outside of bedside nursing."

Inspired by the experience, Dr. Evans made the decision to pursue a degree in nurse anesthesia. In 2006, she traveled back to Florida to attend the CRNA program at FIU.

After graduating, Dr. Evans was offered a full-time position at Mount Sinai Medical Center (MSMC), where she has been employed ever since. "Hallie was one of the best students in her class, and it was only natural that we offered her a position to work with our group," says Dr. S. Howard Wittels, chief of Anesthesiology at MSMC.

For Dr. Evans, each day as a CRNA brings its unique set of challenges. Just as no two individuals are alike, no two anesthetic plans are exactly the same. "What works for one person may not work for another," she says. "This keeps things interesting and helps to make me a better practitioner."

Continued on page 2

TABLE OF CONTENTS

Professor Spotlight – Dr. Hallie Evans.....1-2

FANA Conference.....3

Message from Dr. Wunder.....3

Clinical Spotlight – Fatima Ignacio.....4

Online Classroom Experience.....4

Advice for Class of 2021 Interviews.....5

Clinical Spotlight – Mariya Vednikina.....5

Drug Shortage.....6-7

Thoughts from Class of 2020.....7

Student Spotlight – Andrew Gonzalez.....8

Opiate-Free Strategies.....8

Class of 2018 – Senior Pearls.....9

Crossword.....10

Recipe: Chiffon Cake.....11

Stress Reduction Activities.....11

Final Thought.....12

Answers to Previous Crossword Puzzle.....12

Upcoming Events.....12

From the Dean.....13

CONTINUED FROM COVER PAGE



After several years of honing her skills as a CRNA, Dr. Evans was ready for her next professional challenge. Having had the opportunity to work with students in a teaching capacity while working at MSMC, she was offered an educator position at FIU.

Dr. Evans genuinely loves to teach and was thrilled at the possibility of immersing herself further into the academic world. Dr. Evans has found her new role as an educator extremely rewarding. She has especially enjoyed seeing her students grow and succeed. "The thing I enjoy most is seeing my students' skills develop from novice to practitioner. It's wonderful to see the transition from student to colleague."

With her positive attitude and helpful, encouraging demeanor, Dr. Evans has quickly become a popular member of the faculty among both students and colleagues. "You know it's going to be a good day when you're with Dr. Evans. She is smart, caring and always willing to teach," says Timothy Cummings, SRNA Class of 2019. When not teaching or providing her skills as a CRNA, Dr. Evans enjoys yoga, running, and spending time with her husband and twin 6 year-old daughters.

A word of advice from Dr. Evans to all past, present, and future SRNAs: "Each day is a fresh start. Go in with a good attitude and don't feel the need to prove yourself. Just showing up is half the battle."

Stephanie Chong, SRNA C/O 2019

FANA CONFERENCE



First impressions are everything, walking into 5th annual “Sand and Surf” FANA conference was no different. The large banquet hall, mingling with potential employers and future colleagues, you could not help but feel a sense of satisfaction. The first presentation by Dr. Ann Miller DNP, ARNP, CRNA and Greg Baez DNP, CRNA started the conference off with crescendo that did not dissipate until the end of the conference Sunday. “How to Precept the Preceptor” was a masterful presentation on how to integrate teaching application to the clinical setting.

Spear-heading FANA’s stance on opioid addiction and current political crisis of opioid abuse in the United States of America was a member of our own staff Dr. Derrick Glymph DNAP, CRNA. Dr. Glymph addressed the topic in a quintessential fashion, from providers forward. Dr. Glymph navigated the audience through the turmoil of prescriber’s abuse of opioid prescription to the patient population, and the lack of education to said population. As the FANA conference continued on, there was business aspect of CRNA that detailed how contracts are proposed and how they are read. Interesting enough, most of the conference participants had no idea how certain clauses within a contract bind and unfairly payout CRNA’s. As Jan Marrino CRNA, DNP JD, the guest speaker, delivered these details, there were multiple sighs and gasps as the talk progressed.

One of the most profound talks, considering the recent exposure we received as students, was the excellent difficult airway presentation that displayed the difficult airway algorithm. Utilization of the glidescope for intubation as mainstay for all difficult intubations was presented during one of the lectures. The grumbling amongst the older providers suggested that it may hold a future in the field of CRNA, but not in the next five years. Overall, the four days during the FANA conference were filled with impacting practice knowledge that allowed an expanded view of our practice’s future.

The future is bright for the profession of a CRNA as the 5th annual “Sand and Surf” FANA conference has proven. From the presentations regarding airway interventions as in “The Airway Core Modules” by guest speakers Amy Sheppard and Jay Tydlaska which provided greater insight into the challenges of airway management encountered and their interventions, to different approaches in the safety and effectiveness of prescribing controlled substances presented by Dr. Linda Wunder and her colleagues in order to reduce the opioid crisis. Areas of research such as these are a testament to the rigorous, unyielding, and scholarly works of nurse anesthetists in advancing the field of anesthesia and providing the utmost in care for their patients.

Andrew Gonzalez and Ulyses Rodriguez-Vara, SRNA C/O 2019

MESSAGE FROM DR. WUNDER



Spring 2018 has been a challenging and exciting semester. First, I want to congratulate the class of 2018 for successfully passing Principles IV. The introduction of Apex and Apex exams in this course was a necessary challenge to revisit present and past knowledge in order to prepare for the SEE and NCE exams.

The seniors are entering the DNP III course which will finish their DNP projects in preparation for dissemination of their research, which will be an exciting event to show case their work via poster presentations at the AANA Annual Congress and the DNP Fall Symposium.

The juniors are entering their last semester as a junior and then move forward to their specialty rotations. Don’t worry juniors you will be up for this challenge by the end of August.

Finally, we are in the process of interviewing our class of 2021. Wow, where has the time gone. Please join me in congratulating Dr. Juan Gonzalez who has accepted a Professor and Director position at the University of Miami Nurse Anesthetist Program. He has been a mentor, a friend and a brother to all of us in his 15-year journey at FIU. Congratulations Dr. Gonzalez we wish you the very best!

Dr. Linda Wunder, PhD, CRNA

CLINICAL SPOTLIGHT

Mount Sinai Medical Center



Fatima Ignacio

Fatima has been an RN for 38 years. She graduated in the Philippines and practiced there for 2 years before moving to America. Her background includes medical-surgical, surgical-care, PACU, and float pool. Fatima chose the anesthesia profession for the autonomy and to further her nursing career.

Fatima earned her CRNA title after graduating from Barry University in 1996. She has been a part of Miami Beach Anesthesiology Associates for almost 22 years. Her first job was at Baptist Hospital after which she transitioned to Mount Sinai because she had the desire to teach and help the next generation of students.

All students can tell you that Fatima has her own tips and tricks to make life easier and avoid “drama” in the clinical setting. She is a pleasure to work with and always has an easygoing personality that is relatable to everyone. She will always tell you to “work smart, not hard.”

Outside of the hospital, Fatima enjoys a lot of hobbies, including exercising, cooking, meditation, praying, and traveling. The greatest advice that Fatima will give to students in anesthesia school is to be consistent, on time, and humble. Being a team player and flexible will help you be successful in your career. Her words of encouragement: “Enjoy the ride, this is your ticket to see the world!”

Benjamin Tabaria, SRNA C/O 2019

ONLINE CLASSROOM EXPERIENCE



The online classroom experience was a great way to ease into the routine of going back to school. Now that my first semester is officially completed, I can honestly say that my personal experience was amazing.

As a student, you have access to a wealth of information and credible resources from the FIU electronic library that is useful in completing assignments, term papers, discussions and projects. Some of the instructors placed students in randomly selected groups that allowed a more intimate setting for students to directly communicate with fellow classmates outside of the required discussion posts.



A few classes were mixed with students that were seniors and students from other majors. The variety in the classroom allowed the opportunity to get insight and guidance from the upper levels and their personal experience in the program.

The instructors utilize the system to clearly communicate with students and are available to assist with questions and concerns. Most importantly, they were all very prompt about responding to emails within 24-48 hours.

My favorite thing about the online classroom experience is that it provided a way to manage work, life, and school balance. I did choose to continue to work full-time during this time period, the instructors gave students an ample amount of time to complete quizzes, tests, and assignments before its due date.

Overall, I have had a great online classroom experience and look forward to the semesters ahead.

Ashlee Dillon, SRNA C/O 2020

ADVICE FOR CLASS OF 2021 INTERVIEWS



Congratulations! You have made it thus far, to be one of the selected few of the numerous applicants that scored an interview. Just last year, I was in the same position and I remember it like it was yesterday.

Interviews are a nerve-wrecking experience as you just do not know what to expect. Honestly, it is very intimidating to go into an interview as an applicant in this competitive program.

The best advice I can give to you is to just be yourself. The entire panel that will be interviewing you were once in the same position you are in today and they can recall their personal experience during the process.

During my interview, I was extremely nervous. The panel that interviewed me helped me feel comfortable as they smiled and reminded me that this was the easy part.

Never feel the need to impress the panel interviewing you, they know a lot more about anesthesia than you currently do. The questions asked during the interview are scenarios you experience daily as an ICU nurse.

You have made it this far and they see something special in each of you as an applicant. Currently, you have the same chances of getting in as the person beside you. So relax, take a deep breath, and good luck to you all!

Ashlee Dillon, SRNA C/O 2020

CLINICAL SPOTLIGHT

Memorial Regional Hospital



Mariya Vedinikina

Originally from Russia, Mariya came to the US at 21 years of age as a RN. She worked as a RN for 3 years in Dallas, Texas until she moved to Miami, Florida in 2011 to work in the Memorial Healthcare System for another 3 years. In those 6 years, she developed her experience as a RN in a variety of ICUs. However, she wanted to advance her nursing career and always enjoyed a new challenge. After speaking with a friend that was in an anesthesia program, she decided to pursue the path of a nurse anesthetist.

Mariya then graduated in 2016 from FIU with her Master's Degree in anesthesia. She has been working as a CRNA for about a year at several hospitals within the Memorial Healthcare System. She has enjoyed the everyday challenges of working as a CRNA, particularly because her experience has been in a level 1 hospital. On her days off, she enjoys shopping and casually boating with her husband. Her recommendations on being successful during the anesthesia program was to have good time management, ask for help without hesitation, and use extra resources that will assist your learning. "Study, study, study!"

Sandra Amoretti, SRNA C/O 2019



DRUG SHORTAGE

What do hurricanes, Fentanyl, and Puerto Rico all have in common? They are the big time contributors to the nationwide drug shortage. Hurricane Maria caused extreme devastation to the island of Puerto Rico. Unfortunately, this tiny island is responsible for the manufacturing of 10% of the drugs prescribed in the United States.

Puerto Rico is the location for over 90 pharmaceutical manufacturing sites and the FDA Commissioner stated that there were 30 “critical” products made in Puerto Rico, and 14 of them are made exclusively there. The FDA did not release a list of these products.

Damage to the manufacturing sites was particularly detrimental to the production of IV saline.

Baxter International accounts for 43% of the United States’ IV solution market, with the majority of their production in Puerto Rico. Small

bags of IV fluids are ubiquitous in healthcare and are used to administer almost all IV medications. There’s a limited number of manufacturers in the US and Baxter International is one of them.

The federal government has allowed Baxter to import IV fluids from abroad, although serious shortages still persist. In an official FDA statement, FDA Commissioner Scott Gottlieb recommended that companies submit data to extend expiration dates for critical drugs that could be expiring soon.

It’s worth noting that the FDA works to prevent drug shortages from occurring, but they are unable to require a company to make a drug, make more of a drug, or change how much or to whom the drug is distributed.

Drug shortages are nothing new, President Obama stated that their number had tripled between 2005 and 2010. The FDA states, “A high

percentage of drug shortages have been, and continue to be, sterile injectables, including chemotherapy, anesthesia, and other acute drugs.”

A contributing factor to this is the fragile supply chain we have in the United States. Erin Fox, who leads the University of Utah’s drug information service, stated, “We used to have multiple suppliers and now these companies have bought and sold each other and now we only have one or two companies.” This leads us to a dilemma when one of these companies has a manufacturing problem.

In December 2017, PharMEDium Services, LLC recalled certain lots of medications due to lack of sterility assurance. Some drugs they recalled include: Fentanyl, Ropivacaine, Morphine, Bupivacaine, Glycopyrrolate, Midazolam, Hydromorphone, and Labetalol.

Continued on page 7

DRUG SHORTAGE CONTINUED

Patient safety is the ultimate concern when medication substitutions are the norm. The Society of Obstetric Anesthesia and Perinatology recommends the following strategies.

For planned cesarean delivery: a spinal anesthetic with hyperbaric Bupivacaine 0.75% (1.6-2 mL) may be substituted with isobaric Bupivacaine 0.5% at a dose between 12-13 mg (2.5-2.6 mL) if being administered with supplemental opioids.

For epidural labor analgesia, it is recommended to use smaller vials/volumes than the large vials of isobaric Bupivacaine 0.25%. Also, Ropivacaine is an alternative to Bupivacaine, but Ropivacaine is 40% less potent. This information is available to any student that wishes to contact the author.

Lastly, the decline of available Fentanyl has led to the rise of more perioperative morphine and hydromorphone. Morphine has an active, renally-excreted metabolite and the dose should be reduced based on the patient's renal function. Morphine also has a slower onset and longer duration than other injectable opioids and should not be administered every 5 minutes in the PACU.

One of the keys in anesthesia is vigilance; many Morphine and Hydromorphone vials contain different concentrations although the packaging may look similar. To maximize patient safety, always ensure you know the concentration of the drug you are administering.

Steven Winnett, SRNA C/O 2019



THOUGHTS FROM CLASS OF 2020

My experience in FIU's DNP CRNA program has been challenging and rewarding at the same time. I am wrapping up my first semester as we speak but I already feel as though I am part of something amazing. I have been involved in two teams thus far that have come together to produce amazing work. Being an ICU nurse, I am no stranger to teamwork but the fact that we have been able to accomplish this from all parts of the county, via communication only (no face time at all), and while balancing work and school is extraordinary to me. To be honest, I feel as though I am already a part of a family and I eagerly await the moment when I can meet my classmates in person.

I also appreciate the fact that this program is designed to slowly get us accustomed to being in school again. For me it has been many years, and the idea of not being able to work when I have been doing so for the last 13 years is quite overwhelming. I like that during these first two semesters I can slowly re-develop my skills as a productive student while continuing to work and assure that I am financially stable when I begin my residency.

My advice for the class of 2021 is that it is so worth it. Even in moments where you feel like giving up. Foster the relationship between your family and friends as they will serve as your support system; but don't forget your classmates, as they will know exactly what you are going through and will become your family for the next 3 years.

Chrisann Headley, SRNA C/O 2020

STUDENT SPOTLIGHT



Andrew Gonzalez

Andrew Gonzalez graduated from FSU as a nurse about 5 years ago. He pursued nursing because he was fascinated by the human body and its ability to heal, and was inspired by both of his parents since they were both nurses. He worked at Jackson Memorial Hospital for about 4 years, in which he spent 2 and a half years in SICU, and the other year and a half in Ryder Trauma. He was drawn to anesthesia after observing a CRNA's independence and knowledge after bringing a patient to him from the OR. He realized how respected CRNAs were and how involved they were with patient care. It was then he decided to pursue a career in anesthesia.

As a SRNA, Andrew enjoys learning physiology and how anesthesia affects the body, as well as the ability we have to manipulate things in order to assist with pain and healing. After finishing the program, he aims to have more date nights with his wife, spend extra time with his newborn baby, and enjoy some spare time for sports and fishing. He recommends to stay positive and obtain as much information as possible from multiple sources in order to be successful in the anesthesia program. He also added that meeting our colleagues and making quizzes for the class has really shaped his experience throughout this journey.

Sandra Amoretti, SRNA C/O 2019

OPIATE-FREE STRATEGIES



Over the past years, the United States has experienced a concerning increase in opioid misuse leading to addiction and death. Addiction of opioids often starts after patients are prescribed to control postoperative pain.

Even though opioids provide a powerful pain control, they also possess unfavorable side effects, such as nausea, vomiting, and constipation. The newest postoperative pain management is a multi-modal approach, which leads to appropriate pain management, less side effects, and better patient satisfaction.

Multimodal analgesia is the use of multiple medications with different mechanisms of analgesia that may have a synergistic effect in treating acute pain when used in combination. In addition, multimodal analgesia may incorporate regional anesthesia as a promising alternative for adequate pain management control.

Some of the medications that are currently being used as multimodal approach include oral and intravenous acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), anticonvulsants, TRPV1 agonist, NMDA receptors antagonist, alpha-2 agonists, dual acting agent-Tapentadol, and cannabinoids.

The use of some of these agents in combination with neuraxial or peripheral nerve blocks may eliminate the need of opioids. There are many alternatives available to create a safe and adequate perioperative pain control, considering several interventional details, such as the patient's unique medical history and their personal preferences.

References:

- Joshi, G. (2004). Multimodal analgesia techniques and postoperative rehabilitation. *Anesthesiology Clinics of North America*. doi.10.1016/j.atc.2004.11.010
- Ramaswamy, S., Wilson, J., Colvin L. (2013). Non-opioid-based adjuvant analgesia in perioperative care. *Continuing Education in Anaesthesia Critical Care and Pain*, 13(5). doi.10.1093/bjaceaccp/mkt012

Brenda Hatzis, SRNA C/O 2019





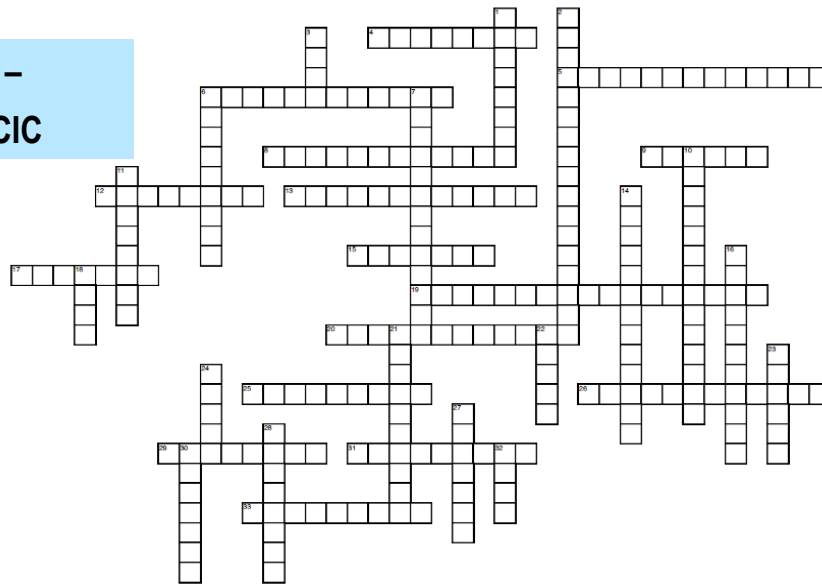
CLASS OF 2018 – SENIOR PEARLS

- Be humble: No matter how long you've been doing what you're doing, you'll never know as much as you think you know. Stay humble.
- Don't complain: You don't want to be known as the person with the bad attitude towards things...it will spread.
- Be flexible to all modes of anesthesia. Everyone does everything differently and you can't satisfy everyone's demands. And that's ok, it's part of the learning process.
- Stay on your toes: It's not "just a lap chole" or "just a MAC." Anything can go wrong at any moment and it's up to you to be astute at all times.
- Ask questions: If you don't understand something, ask your preceptor. If you don't feel comfortable asking your preceptor, ask another CRNA or anesthesiologist.
- There is a light at the end of the tunnel. You will have good, mediocre, and bad days. Continue going to clinicals. It's all part of the learning process.
- Learn from your mistakes: Mistakes will happen. When you learn from them, you minimize future mistakes.
- Anesthesia is a small community: Your attitude, work ethic, and reputation will follow you from the moment you become a student.
- If you have apex or valley Review book use it as a supplement it will make your learning experience easier.
- Be nice to all staff: You will need him or her at one point in your career.



Orphee Cameron and Izaskun Green, SRNA C/O 2018

CROSSWORD – TOPIC: THORACIC



ACROSS

- 4 Diffusion _____ of the lungs test the lungs' ability to allow transport of gas across the alveolar-capillary membrane.
- 5 An anesthetized lateral decubitus patient receives most of the tidal ventilation to ____ - ____ lung?
- 6 Flexible fiberoptic _____ is essential to verify placement of the DLT.
- 8 Bronchial blockers are guided into the appropriate bronchus with the aid of a _____.
- 9 Double lumen tubes consist of a single tube with two _____.
- 12 DLTs are designed for insertion either in the right or the left _____.
- 13 Because the insertion of a DLT is more complicated, bronchial blockers are more useful in patients with a difficult airway or a _____.
- 15 When choosing the appropriate side for a double lumen tube, the _____ tube that will pass atraumatically through the glottis, advance down the trachea, and fit in the bronchus with a small air leak is chosen.
- 17 _____ occurs when the requirement for ventilation is greater than the patient's ability to respond appropriately.
- 19 The focus of the preoperative assessment in patients going for thoracic surgery is on the patient's _____ function.
- 20 Protective lung strategies use lower _____, PEEP, and modest FiO₂ (Two words).
- 25 _____ occurs in 5 to 10% of patients under one-lung ventilation.
- 26 To be most effective antibiotics should be given prior to _____ (Two words).
- 29 During one-lung ventilation most patients develop what? (Two Words)
- 31 For thoracotomy, the patient is normally positioned _____ and the patient must be adequately secured to the operating table.
- 33 An awake lateral decubitus patient receives most of the tidal ventilation to what lung?

DOWN

- 1 The use of _____ may be of some clinical benefit as a bronchodilator but will produce patient discomfort from a dry mouth and may result in delayed recovery in elderly patients.
- 2 _____ consist of catheters with an inflatable balloon that blocks the bronchus of the operative lung (Two words).
- 3 If the double lumen tube is positioned too shallow the bronchial lumen would produce breath sounds to _____ lungs.
- 6 The _____ lumen of a DLT is designed to be inserted into either the left or right lung, and the corresponding port will ventilate that lung.
- 7 If hypoxemia occurs during OLV, the anesthetist should assess for _____ causes or tube malpositioning.
- 10 The most common complication of DLT use is _____ of the tube.
- 11 The proximal connecting limb of a double lumen tube corresponds to the _____ lumen.
- 14 During one-lung ventilation, you should always reassess optimal positioning of any lung isolation device after _____ the patient.
- 16 The deflation of the lung during inspiration and inflation during expiration is called _____ respiration.
- 18 What setting can be added to mechanical ventilation to improve V/Q ratio and restore FRC? (Abbreviation)
- 21 Due to the increased time needed to place and verify the placement of a Double Lumen Tube, patients are at increased risk of?
- 22 The patient undergoing a pulmonary resection, especially a right pneumonectomy, is at risk for postoperative pulmonary _____.
- 23 Sizing of DLTs is determined by the patient's _____?
- 24 Ventilating through the tracheal lumen of a left double lumen tube produces breath sounds on the _____ lung.
- 27 During thoracic surgery perfusion to the dependent lung is greater than the nondependent lung due to the effects of _____?
- 28 When one lung is allowed to deflate, and one lung ventilation is started, any blood flow to the deflated lung becomes shunt flow, causing the PAO₂ to _____.
- 30 A _____ tube is a single lumen tracheal tube with a movable endobronchial blocker.
- 32 Ventilating through the bronchial lumen of a left double lumen tube produces breath sounds on the _____ lung.

RECIPE: CHIFFON CAKE



INGREDIENTS:

- 2 Cake pan (one is for oven baking, one is for egg whisking)
- Egg separator (optional)
- Egg whisking tool
- 120g flour
- 50g sugar
- 4 eggs
- 90g milk
- 90g vegetable oil
- 3g salt
- Handful walnuts or peanuts (optional)

STEPS:

1. Preheat oven 350 F for 10 minutes while preparing the cake.
2. Use egg separator to separate egg white and yolk and place them in different cake pans.
3. Add sugar to egg whites.
4. Use egg whisking tool to whisk egg white until a foam-like strand can form at the tip of whisking tool.
5. Add flour, oil, milk, salt, walnuts to the egg yolk pan. Mix them evenly, avoid big air bubbles.
6. Add egg whites into egg yolk pan evenly.
7. Mix them one more time evenly.
8. Place into oven. Set temperature to 370 F for 25 mins.
9. After 25 mins, leave the cake to cool off for 20 mins in the oven, then take them out.
10. Enjoy!

Vivien Li, SRNA C/O 2018

STRESS REDUCTION ACTIVITIES

"Life always gives us exactly the teacher we need at every moment. This includes every mosquito, every misfortune, every red light, every traffic jam, every obnoxious supervisor (or employee), every illness, every loss, every moment of joy or depression, every addiction, every piece of garbage, every breath.

Every moment is the guru."

~ Charlotte Joko Beck



During what we perceive as one of the most stressful times of our lives, I am reminded of this quote by Charlotte Joko Beck. Every. Moment. Is. The. Guru.

Every late night of studying, every "missed" intubation, every preceptor, every exam, all serve a purpose in both our growth as students and our growth as human beings. As many of you know, I practice yoga. I do yoga postures at home and at a hot yoga studio. The real yoga practice, however, is much deeper than anything we do with our bodies on a yoga mat. The practice of yoga is more than a physical challenge; it offers us the chance to see the divine purpose of every experience. Yoga offers us the opportunity to let go of what was, accept what is, and embrace what will be.

As we continue on this academic journey, let's remind each other that even on our most challenging days; Every. Moment. Is. The. Guru. Please feel free to reach out to me if this message resonates with you!

P.S. Highly recommended:

Listen: Baz Luhrmann: Everybody's Free to Wear Sunscreen

Watch: What the Bleep Do We Know?

Read: Hidden Messages in Water by Masaru Emoto

Ariane Soffron, SRNA C/O 2019

FINAL THOUGHT

After 15 years of service at FIU, I am leaving. I have accepted a position as Professor and Director of the Nurse Anesthesia Program at the University of Miami. The DNAP Program at FIU is in great hands. I have been very fortunate to work with a distinguished group of colleges that will continue to make this Program even better. No doubt. All of you have my number. I will miss FIU but I will only be a phone call away. Good luck in the future and all the best for you and your families.

Sincerely,

**Dr. Juan E. Gonzalez,
PhD, CRNA**



UPCOMING EVENTS

Conferences:

AANA 2018 Annual Congress
September 21-25, 2018
Boston, MA

FANA 2018 Annual Meeting
October 19-21, 2018
Tampa, FL

Fall Leadership Academy
November 9-11, 2018
Rosemont, IL

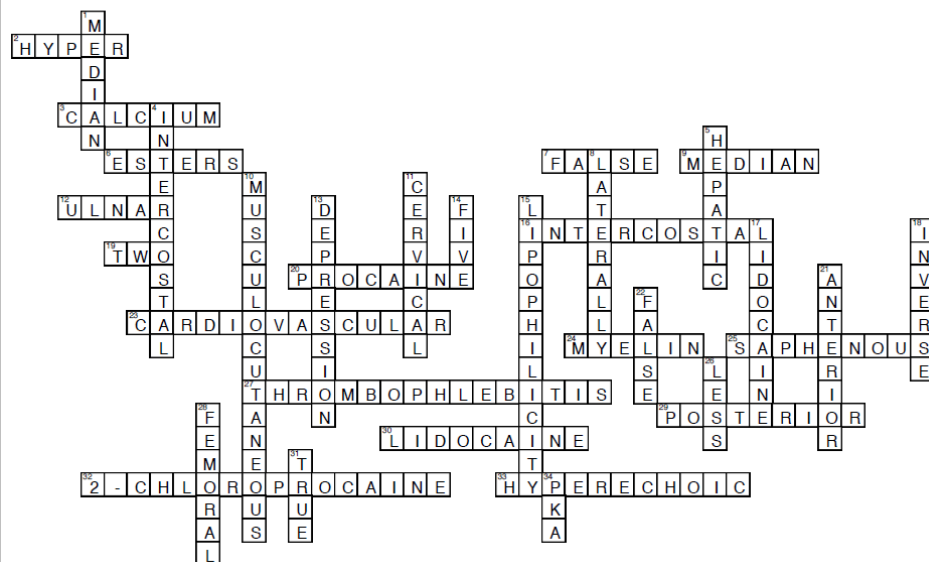
Produced by:

- Sandra Amoretti, Editor
- Orphee Cameron, Editor
- Stephanie Chong
- Ullyses Rodriguez-Vara
- Andrew Gonzalez
- Benjamin Tabaria
- Ashlee Dillon
- Chrisann Headly
- Steven Winnett
- Brenda Hatzis
- Izaskun Green
- Amanda Thorton
- Oscar Ruque
- Vivien Li
- Ariane Soffron
- Linda Wunder, PhD, CRNA
- Hallie Evans, DNAP, CRNA
- Juan E. Gonzalez, PhD, CRNA
- Mairelys DeLaGuardia, MBA
- Derrick Glymph, DNAP, CRNA,
- Founding Faculty and Editor and Chief

CROSSWORD FROM PREVIOUS ISSUE

ANSWERS

Peripheral Nerve Blocks and Local Anesthetics



FROM DEAN STRICKLAND

*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,

A handwritten signature in cursive script that reads "Ora L. Strickland".

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

YOUR GIFT WILL MAKE A DIFFERENCE!

If you would like to support the Nicole Wertheim College of Nursing and Health Sciences and Anesthesiology, you can give one of two ways:

ONLINE: Visit cnhs.fiu.edu > Click on "Give to NWCNHS" at top of page > Click on "Give online" at left side of page > Choose the program > Make your donation!

BY CHECK: Please make your check payable to: **FIU Foundation**. On the memo line note: **NWCNHS** and the program you are donating to. Your check can be mailed to:

Florida International University, University Advancement, 11200 SW 8th Street, 5th Floor, Miami, FL 33199.