

EDUCATION – CLINICAL

OUR FUTURE



# SRNA Sedation Sequels



SUMMER 2020,  
Issue 15

The Semesterly Newsletter Produced by Florida International  
University's Student Registered Nurse Anesthetists

## Welcome to the Fall Semester 2020

Greetings,

I was recently named Interim Program Chair for the Anesthesiology Nursing Program in the Department of Nurse Anesthetist practice. I have been a nurse for 23 years, a CRNA for 18, and involved in Nurse Anesthesia education for over 10 years. I have held the role of interim program director at University of Miami and recently served as assistant chair at FIU's Nurse Anesthesia program. I am humbled to take the helm, however, I am not alone. Dr. Ann Miller will serve as your Interim Assistant Chair. Dr. Miller has been a CRNA for over 20 years and in education for over 8 years. Drs. Miller, Gonzalez, Evans, Alfonso, Campbell and Diaz are in a league of their own and I am fortunate to work alongside this esteemed faculty. The FIU DNAP family look forward to guiding you in this amazing educational journey.

Our belief is to graduate full service anesthesia providers and we will push you to your limits because we want you to be successful in your dreams to become a CRNA. The CRNA future is bright,



healthcare is evolving, and CRNAs are at the forefront of policy change. Nationwide, CRNAs are at the frontline battling the COVID-19 pandemic and making a difference. I have no doubt you will all join the profession and contribute to improve the state our country's healthcare and graduate as independent full service providers.

We are all part of an incredible, diverse family here at FIU. I want to assure you my door is always open, my phone is always on, and my ear is always ready to listen. My main goal is to get you to the finish line. We want to achieve a 100% first time passing rate for the FIU DNAP program. This can and will be accomplished, but it starts with each of you giving it your all. I promise the faculty and I will strive to inspire you every day and assist you any way we can. We can do this together and change the COVID-laced reputation of 2020.

Looking forward to working with you.

Warmest regards,

Dr. Jorge Valdes

Each year, our Nurse Anesthetist students are charged with completing a DNP project as part of their degree. These projects are very successful and give students the important experiences to produce research and scholarship during their academic career. Many of our students receive opportunities to travel to conferences to present their projects and publish articles in scholarly publications. In addition, these initiatives help increase excellence and rankings of our Nurse Anesthetist Program throughout the country. Currently, the Nurse Anesthetist Program is ranked #88 in the country by U.S. News & World Report. The College seeks philanthropic support to provide these experiences for our students as the university does not cover these costs. Please consider supporting our students with a tax deductible gift to support the Nurse Anesthetist Program.

You can make your tax deductible gift in one of two ways:

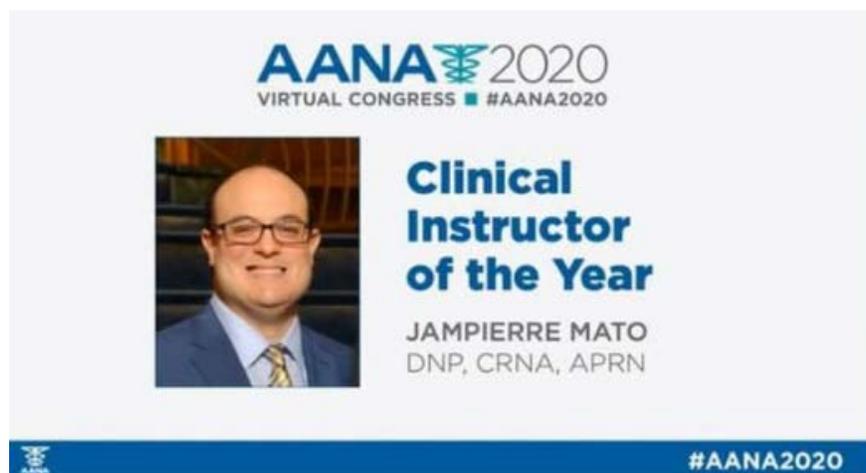
**ONLINE:** Click [DONATE](#) and choose "Anesthesiology"

**BY CHECK:** Please make your check payable to: **FIU Foundation, Inc.**

On the memo line note: **NWCNHS Nurse Anesthetist Program.**

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Florida International University  
MARC Building 5th Floor  
11200 SW 8th Street  
Miami, FL 33199



The faculty and students at FIU Department of Nurse Anesthesia Practice would like to congratulate Jampierre Mato, DNP, CRNA, for being name AANA 2020 Clinical Instructor of Year. It is an honor and a privilege to have you as a clinical instructor. Your dedication to the education and growth of future CRNAs will never be forgotten.

# Professor Highlight: Prof. Mariya Vedenikina

By: Olga Gay, C/O 2021

The assistant chief Nurse Anesthetist at Memorial Hospital West, Professor Mariya Vedenikina, CRNA, MSN, APRN, joined Florida International University's Doctor of Nurse Anesthesia Program (FIU DNAP) as an adjunct faculty member in 2018.

Born and raised in Russia, Prof. Vedenikina has had quite a unique professional and academic journey in pursuing her passion for becoming a nurse anesthetist. Earning her Associate of Science degree in Nursing while still residing in Russia, Mariya moved to the United States at the age of 21 when her family won a green card lottery. Shortly after relocation, Mariya went on to further advance her education by attending the University of Texas in Arlington and received her Bachelor of Science in Nursing in 2002.

Prof. Vedenikina was first exposed to the nurse anesthesia practice while working as a registered nurse in the intensive care unit. Inspired by the degree of autonomy and independence that the profession entailed, Mariya made her decision to pursue a degree in nurse anesthesia. Prof. Vedenikina attended and graduated from FIU with her Master of Science in

Anesthesiology in 2016. Prior to pursuing her degree in the field of anesthesia, Mariya had gained over 14 years of invaluable nursing experience while practicing in various clinical settings. The vast majority of Mariya's critical care experience took place at the surgical/cardiac ICU in Texas and the neuro/trauma ICU at Memorial Regional Hospital for 3 years before entering a CRNA program.

Since earning her Master of Science in Anesthesiology, Prof. Vedenikina has been an integral and highly valuable member of the anesthesia team at Memorial Hospital Miramar where

she is currently practicing as the assistant chief nurse anesthetist. In addition to her leadership duties, Prof. Vedenikina also enjoys her role as a clinical preceptor and educator for the nurse anesthesia students rotating through Memorial Hospital Miramar. Mariya's passion for teaching can be traced back to when she was still a student herself. "When studying for the exams in anesthesia school, my classmates would always ask me to explain certain concepts or topics. They would always say that I explained things very well, in the way that everyone could understand...but of course, I never took that seriously." When approached by Program Director,

Dr. Glymph to join FIU as an adjunct faculty member two years ago, Mariya admits that at first she doubted herself but still decided to give it her best try; she has not regretted her decision.

Mariya's best advice to aspiring SRNAs is to never take things personally. "You will work with different types of personalities during your clinical rotations, some will be more challenging than others. Do not take any comments or remarks personally. Look at it as a constructive criticism that will help you grow. Try to learn from it, and move on."

Outside of work, Prof. Vedenikina enjoys spending some quality time with her husband and family. She says that she especially loves going on boat trips to Key West together with her husband of 20 years. Incidentally, he is obtaining an advanced nursing degree to become a family nurse practitioner and is expected to graduate this year. With her diversified background in critical care, coupled with her remarkable professional accomplishments, Prof. Vedenikina is an invaluable asset to FIU's Department of Nurse Anesthesia Practice.



# FIU DNAP Student Honored With Willie E. Williams Diversity Award

By: Gisela Valencia

*FIU News*

Danielle Sydnor has a passion for serving others—for helping people. It led her to nursing.

The road wasn't always simple. At 17, during her first semester in college, Sydnor gave birth to her daughter. Balancing studies and family life was a challenge, but Sydnor refused to quit. She became a mom *and* a nurse. And, after six years of experience working in ICUs and at trauma centers, Sydnor dedicated herself to earning a Doctor of Nursing Practice in Nurse Anesthesia from FIU.

Sydnor is one of three graduate students who were recently recognized by FIU with the University Graduate School's Willie E. Williams Diversity Award, celebrating their outstanding contributions to diversifying higher education and to increasing diversity in their fields through research, academics or volunteer work.

Sydnor, who is slated to graduate this December, will become the first person in her family to earn a graduate degree. She'll also cement her place as a frontrunner for women of color in the nursing scene.

According to [MinorityNurse.com](http://MinorityNurse.com), only 9.9 percent of registered nurses national identify as Black or African

American. Sydnor adds that there is still underrepresentation of Black nurses at the highest levels of the nursing ranks, particularly as certified registered nurse anesthetists (CRNA).

Besides becoming a CRNA, Sydnor has another goal. "I want to be a mentor for young females. I want to give them the resources they need to fulfill their dreams and aspirations."

One example: She volunteered to speak at a career symposium hosted for Inlet Grove Community High School, where a number of students come from low-income households or diverse cultural backgrounds, including Black and Latino students.

"We showed the students intubation, spinal, obstetrics and CPR," she explains. "They said, 'Wow, this is what you do? I've never heard of this before.' That's the problem. They just haven't heard about it. But they were asking me so many sophisticated questions. They want to learn. They

want to know more, but unfortunately, they are not always given those opportunities. They need to see people that look like them."

That's exactly why Sydnor plans to continue mentoring youth.

The Willie E.

Williams Award is named after a beloved (now retired) FIU professor of mathematical sciences who impacted countless lives through his innovative teaching; his legacy of inclusion and diversity; and his dedication to championing children and tutoring disadvantaged youth.

He was an ardent supporter of human rights and was often called upon by civic and community

leaders to resolve conflicts and assist in developing programs to empower the socially and economically disadvantaged.

The award recognizes students who embody the legacy of this honored professor. Each of the three recipients received \$500.



# Clinical Spotlight:

## Miami Surgical Center- Dr. Guillermo Tablada

By: Irahisa Disla, C/O 2020

The Tablada Effect.

*“Feel the force!” – Yoda*

His impact is greater than his humility would allow him to see. In 2018 Dr. Guillermo Tablada began teaching FIU SRNAs how to perform regional anesthetic techniques. A true master of regional blocks, Dr. T (or just “T” as many students and staff refer to him), provides an environment of mastery. Much like Jedi training, Dr. T magically brings out the best in the day, he patiently stands with whatever block you are doing. rotation is over one feels practice, and abilities.

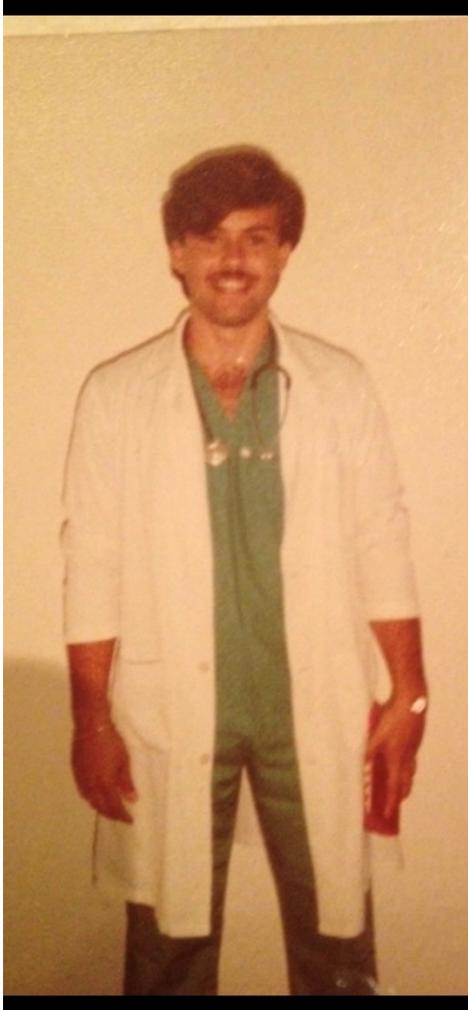
Raised in Hialeah, FL, Dr. with his family by way of Cuba Miami-Dade school system, he Elementary, Henry H. Filer Senior High. Unsure what graduation he went to visit an plastic surgeon and the rest (as



students. Even if it is your first you, breathing belief into By the time the specialty confident in their skills,

T came to the United States, in 1970. A product of the attended James H. Bright Junior High and Miami Springs career path he would take, after uncle in Spain, who was a they say) is history!

*I cannot tell you that I wanted to be a doctor from birth. My father was a lawyer but he always discouraged me from following in his footsteps. My turning point was the summer after high school when I spent the summer with my uncle in Spain. He took me with him to the office and surgery, and that’s when I decided to pursue medicine. I came back to Miami and went into Miami Dade College [MDC] where I spent two years. As MDC is ending and I’m pondering what direction to take, one of my childhood friends tells me he’s going to the Dominican Republic to study medicine. At age twenty you don’t really think things through, so I got on a plane, enrolled, and I graduated in 1985.*



After graduating from medical school, Dr. T came back to Miami and got a job as a surgical assistant while studying for the boards. “During that time”, he said, he had “the great fortune of becoming friends with a lot of great surgeons who taught a lot. I also became close friends with a couple of young anesthesiologists named Virgil Sanchez and Frank Alvarez.” Virgil and Frank took him under their wings and convinced Dr. T anesthesia “was the way.” His residency match would result with an internal medicine internship in Pittsburgh.

I had given up the idea of doing surgery and decided to do anesthesia instead. I was accepted at Case Western Reserve University Hospital in Cleveland, where I did my anesthesia residency. I had a lot of great teachers, among them the program director, a gentleman named Helmut Cascorbi, who was one of the principal researchers in the development of enflurane. I focused my attention on pain management, vascular and cardiac. I had the good fortune of being assigned a fantastic anesthesiologist as my faculty advisor named David Dinniny, from him I learned a great deal on vascular anesthesia and multiple other fields within the specialty.

Upon finishing, Dr. Tablada would come back to Miami where he was hired at Cedars Medical Center (currently University of Miami Hospital). He loved working at Cedars where his work was primarily centered on pain management and cardiac, along with every other type of case imaginable. For those soon-to-be entering the workforce as CRNAs worried about how they will perform once they are licensed, he says, “The first couple of months are hard, as all of a sudden you are totally alone in an OR, but never panic and never let them see you sweat, and that would be my advice to anyone entering this field, you always have back up from colleagues and usually a couple of different ways to get out of trouble, so stay calm.”



The job at Cedars was a partnership track. In 1998, he made partner, and the following year, after a group restructuring, he became Chief of Anesthesia. The group went from an MD solo practice to the addition of twelve CRNAs and SRNAs from Barry University Nurse Anesthesia Program. The group grew and diversified into ambulatory centers and plastic surgery. When Cedars was bought by UM, he settled in at Miami Surgical Center (much to our good fortune!). Humble as always, he says: “We now have the great pleasure of having students from FIU and UM, and we enjoy teaching them what little we know. I hope we are able to broaden their horizons a bit, and I tell them all, 'Go to a place where you feel comfortable. We have very stressful jobs. Try to be surrounded by good people and always remember, success comes from hard work. Show up early. Work your butt off.’”

Dr. Tablada met his wife in medical school and they have been married for 32 years. Together they have raised two beautiful humans, Kristina (29) and William (18). On his off days Dr. T likes to decompress by “tinkering with a couple of old cars, riding my bicycle and hanging out with my son.”

When asked what he knows for sure he says: “I only know for certain that we are here for a purpose and that our time is limited.” Dr Tablada is a masterful instructor. He is Our Yoda. We, on the receiving end of his training, know for sure he is serving his purpose. Upon entering his office, one glances at the block posters on the walls and quickly their attention turns to the Star Wars figurines on his desk (his favorite movie). Surprisingly, his favorite quote is not from Star Wars but from the Godfather, “Leave the gun, take the cannolis.”

“Always two there are, no more, no less. A master and an apprentice.” – Yoda



# COVID-19 Experience

By: Joseph Benson, C/O 2022

Throughout this Covid-19 pandemic, many SRNA's in their first and second semesters of school have still been actively working as bedside ICU nurses. This is one student's experience working with Covid-19 patients during this unprecedented time. ~ *The Editor*

## **Fears**

I work in a large academic hospital in the northeast. I remember getting a call one hour before my shift in early February. It was human resources saying one of my colleagues had tested positive for COVID-19, and I had worked with them earlier that week. At that time, the virus was not fully understood, and they stated I needed to have a two-minute conversation with that person to be possibly infected. That was my first experience with the coronavirus. Hospital employees continued to get infected, totaling over 400 employees that were out of work because they contracted the virus. Protocols and measures were quickly implemented as we realized COVID-19 was growing exponentially in this area. Surgical masks were to be worn to prevent the spread of infection within the hospital. Every time I entered a patient's room, I had the fear; was this the time I get COVID? Will I bring it home with me? Will I infect my family I live with? Will other coworkers get sick? The whole process was an eerie feeling. I did not know what to expect nor how long this would last. Would this be our new normal?

## **Changes in the Hospital**

Several measures were taken to prevent the spread of infection. Before entering the building, we had to fill out a "COVID pass" which was essentially a self-report of any symptoms such as fevers, sore throat, or a cough. If we had any symptoms we had to report to occupational health and were not able to go to work until cleared. Other measures included riding the elevators with only four people at a time, so we had to allocate extra time to go to our units. All elective procedures were canceled, limiting the number of patients that were in the hospital. We closed four different ICUs to care only for COVID patients. They were staffed with nurses from all different ICUs. At the peak, we had 100 patients requiring ICU level care.

The room set up was different as well. The hospital supplied each room with an iPad to FaceTime with patients that were not intubated to limit the frequency we went in the room. Additionally, we used the iPad to communicate with other staff members outside of the rooms. Ventilator monitors were outside of the room so that the respiratory therapist could adjust vent settings without going into the room.

The use of staff changed during this time as well. Hospital staff such as non-licensed personnel, occupational therapist, EP lab technicians, etc., were now in the role of "donners and doffers." Assisting with proper donning and doffing of PPE since we had to reuse masks and face shields.

Additionally, registered nurses from floors and step-down areas were utilized as "extenders" for ICU nurses to complete tasks such as administering medications. This way, ICU nurses were able to increase their patient ratios without sacrificing care. A team of physical therapists worked around the clock in the role of the "prone team" to help nurses place patients in the prone or supine position.

PPE was limited and we had a PPE distribution center where you received your N-95 mask for the day, and face shield for the week. Isolation gowns were on the unit. We were fortunate enough to have enough gowns for every time we entered a room, but masks were recycled and reused. We began using other brands of PPE that were cheaper in quality, but it was what we had.

## **Clinical Experience**

A majority of these patients were critically ill for a very long time, requiring intubation for several weeks. To limit the aerosolization of the virus, these patients were not trached, and we did not use Ambu bags, bipaps, or nebulizers. These were differences that became the new normal. Several of these patients had to be prone for 16 hours or more every day and ended up on CRRT and ECMO. It was essentially “on the job training”, as each day we were learning new techniques on how to treat COVID-19.

## **Outside Support**

With the economy closed, COVID-19 was the focus of the nation during this time. Community members helped any way they could, from supportive parades in their cars, sewing surgical scrub caps and masks, and ordering food/coffee for the medical staff. Without their support, we probably couldn't have been able to do this. I was proud to be a nurse during this time and take care of my community.

## **Afterwards**

As we continue to progress back to normalcy within the hospital, the healthcare system took a huge financial loss. Hiring freezes, retirement contributions, and pay step increases have been stopped for one year at this point to help with the financial losses. Additionally, we received no hazard pay for risking our lives caring for these patients.

## **Concluding Thoughts**

Overall, this was a great experience. Nurses from all over the hospital came together and worked efficiently to overcome this unprecedented time. I always felt supported by my coworkers and it is a time I will never forget in my clinical practice.

# The Mentorship Program

By Leonardo Aguila & Bilal Mohammad, C/O 2022



For millennia, mentors, counselors, even sages have emerged to pave the way for others those that come after them. I have been thinking about this idea since my early days as an anesthesia student at Florida International University, where the knowledge gaps have been narrowing thanks to the consistency of the mentoring program, an essential tool for new SRNAs. The FIU Department of Nurse Anesthesia began a mentorship program in the Spring of 2019 for new SRNA cohorts. In this program upperclassmen are paired up with a student in the cohort below them with the intention of having them guide the new students and be available for answering questions about the program, professors and clinical sites, give guidance, and be cheerleaders for those of us embarking on this 3 year-long SRNA journey.

I can affirm that the mentoring program has been an extraordinary opportunity to manage all those desires, emotions, and expectations one has when one begins new study in any specialty. Feedback is clear and fluid; there are no secrets or half measures. As a student, I have fully felt the benefit of the mentoring program because my mentor immediately became an advisor on topics that, when received with humility and interest, guarantee the success of learning. The opportunity to have a mentor who shares everything he knows and more, generates pleasure and a degree of trust. From my personal experience, I can assure you that having a mentor I can count on for guidance is nothing short of a blessing. I distinctly remember the finals week of my first semester, being overwhelmed and nervously texting my mentor seeking assistance.

He replied to my text and asked if it was okay for him to call me. We spoke on the phone one on one and he calmed my nerves and allayed my fears. He assured me that being overwhelmed is quite usual, and even though the material seemed challenging, I was capable and would do great on my finals. This level of assurance and support is beneficial, especially when one is back in the role of a student after being away from academia for so long.

A classmate of mine, Bilal Mohammad, remarked about how effective the mentor program is for new SRNAs because the mentors can answer our questions, give us tips, and organize our thoughts. This program is very demanding and having someone who has gone through the same struggles we are currently going through can be invaluable.

All the things that the mentor does is a kind of personalized and punctual coaching that dispels any doubts. I think we should avoid believing that a mentor needs to be in our close circle. On the contrary, it seems perfect that they are simply people of recognized dedication who possess the desire to share what they know, generating a relationship of respect and admiration.

For the record, Florida International University's mentoring program is simply unbeatable.

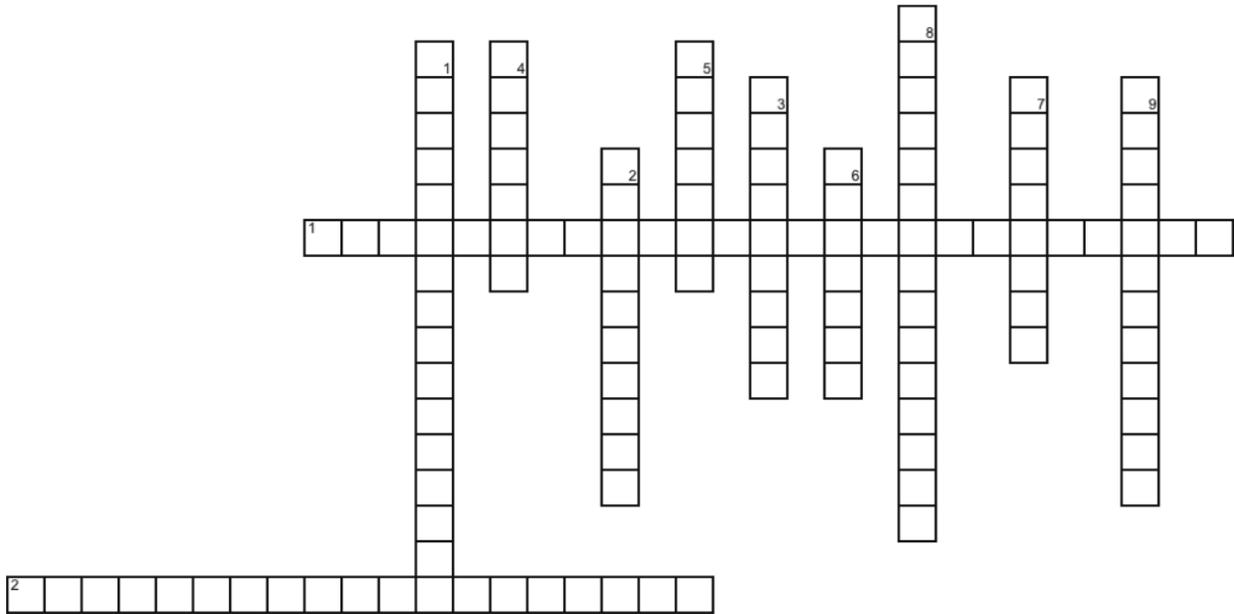


**Congratulations to all the Class of 2020!! They are the first FIU Nurse Anesthesia Cohort to receive a Master of Science in Direct Care Leadership en-route degree.**

# Crossword Puzzle

By Erik Gonzalez, C/O 2021  
(answers at the bottom of this issue)

## Pediatrics



### Across

1. mechanism in neonate to metabolize brown fat for heat production
2. Triad

### Down

1. Connects pulmonary artery with aorta in neonatal circulation
2. Decreases surface tension in alveoli
3. Primary determinant of cardiac output and blood pressure
4. Decreased levels in neonate, leading to increased free fraction of drug
5. Majority of heat loss in neonate
6. Neonates born before 37 week gestation
7. Treatment for apnea of prematurity
8. Predominant autonomic innervation in neonate
9. Short neck, macroglossia, flattened nose, mandibular hypoplasia

## Recipe: Rasta Pasta

Courtesy of Kellyann Robinson, C/O 2021



### Ingredients

- 1 lb. penne pasta
- 3 boneless skinless chicken breasts (about 1 1/2 lb.)
- 2 tbsp. jerk seasoning, divided
- Kosher salt
- 2 tbsp. extra-virgin olive oil, divided
- 1 green bell pepper, sliced
- 1 red bell pepper, sliced
- 1 orange bell pepper, sliced
- 1/3 c. sliced green onions, plus more for garnish
- 3 garlic cloves, minced
- 1/2 c. low-sodium chicken broth
- 3/4 c. heavy cream
- 1/2 c. freshly grated Parmesan, plus more for garnish

### Instructions

1. Cook pasta according to package instructions to al dente. Drain and set aside. Season chicken breasts all over with 1 tablespoon jerk seasoning and salt. In a large skillet over medium heat, heat 1 tablespoon oil. Cook chicken until golden and no longer pink, 8 minutes per side. Remove from pan and set aside to rest.
2. Add remaining oil and cook peppers until mostly tender, 3 to 4 minutes. Add green onions and garlic and cook until fragrant, 1 minute. Season with remaining jerk seasoning.
3. Add chicken broth and heavy cream and let simmer until thickened, 5 minutes. Slice chicken. Add Parmesan and stir until melted, then add pasta and chicken and toss until completely combined.
4. Garnish with green onions and more Parmesan and serve.

# Crossword Puzzle Answers

## Across

1. nonshiveringthermogenesis
2. pierrerobinsyndrome

## Down

1. ductusarteriosus
2. surfactant
3. heartrate
4. albumin
5. radiant
6. preterm
7. caffeine
8. parasympathetic
9. downsyndrome

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