

EDUCATION - CLINICAL - OUR FUTURE



SRNA Sedation Sequels



SPRING OF 2016,
ISSUE 2

EFFECT OF A NONTECHNICAL SKILLS INTERVENTION ON FIRST-YEAR STUDENT REGISTERED NURSE ANESTHETISTS' SKILLS DURING CRISIS SIMULATION.

Simulation-based education provides a safe place for student registered nurse anesthetists to practice non-technical skills before entering the clinical arena. An anesthetist's lack of nontechnical skills contributes to adverse patient outcomes. The purpose of this study was to determine whether an educational intervention on nontechnical skills could improve the performance of nontechnical skills during anesthesia crisis simulation with a group of first-year student registered nurse anesthetists. Thirty-two first-year students volunteered for this quasi-experimental study. Each subject was videotaped and rated as he or she performed 6 simulated crisis scenarios: 3 scenarios before the intervention and 3 after the intervention. Findings revealed that the nontechnical skills mean posttest score

was greater than pretest scores: $t (df = 31) = 1.99, P = .028$. The mean gain in scores for standardized nontechnical skills were significantly greater than those for standardized technical skills: $t (df = 30) = 1.81, P = .04$.



In conclusion, a 3-hour educational intervention on nontechnical skills resulted in significant improvement. Nontechnical skills therefore are not acquired through experience, but rather through instruction. An educational intervention using the Anesthetists' Non-Technical Skills system is a valuable tool in the measurement of nontechnical skills assessment of first-year student registered nurse anesthetists.

Keywords: Educational intervention, nontechnical skills, simulation-based education.

Wunder, Linda L., and ARNP CRNA. *AANA Journal* 84, No. 1 (2016): 46-51.

Inside Issue:

- Student News
- Clinical spotlights
- Anesthesia meetings attended
- Future events





AANA Topics for the DC Mid-Year Assembly

Critical lobby points:

- Access to high quality care for veterans through full-practice authority for all ARNP's.
- Medicare funding for anesthesia care in rural hospitals.
- Title 8 funding and nurse anesthetist workforce development.

This was my first year attending the AANA Mid-Year Assembly. I came to the meeting with a narrow view of what the AANA and FANA do for our profession. However, I left inspired to advocate for the future development of our practice. Our profession is encumbered with challenges and hurdles that need to be crossed, but I now have a better understanding of the intricacies that make the AANA an influential organization.

There were three main areas of focus for this year's visit to Capitol Hill: veteran's access to high quality care, anesthesia funding in rural hospitals, and Title 8 funding for nursing education. Currently, U.S. Veterans are waiting 2-3 years for surgical services, based on the existing team models. Studies have proven that CRNA's provide safe, high-quality, and cost-effective care. In 17 states CRNA' are allowed to practice to our full authority. Full practice authority allows an all hands on deck approach to care. Labor can be

distributed appropriately and more patients can be cared for. Full practice authority is not a challenge to authority, rather an evidence-based improvement to a broken system of care, which needs our help ever so desperately. In the state of Florida, there are many rural hospitals that need available on-call CRNA services. Presently, Medicare Part A funds on-call services so the hospitals can continue to provide round the clock treatment to all types of acute care patients. The new "Medicare Access to Rural Anesthesiology Act" will adversely increase the cost of care by as much as three times. This proposed bill gives anesthesiologists access to positions that are generally held by a more cost effective provider, CRNA's. Title 8 funding is critical to the access and development of future CRNA students. Title 8 funding is distributed to schools and students for educational development. Title 8 funding has decreased each year since 2010. That means every year our 9 CRNA schools in Florida compete for a dwindling slice of a shrinking pie.

Why does the AANA matter and how does it affect our profession? The AANA protects our mission and future. Remember, *"If you don't have a seat at the table, you're probably on the menu."* Elizabeth Warren.

Clifford Burdick, SRNA Class 2017

Infection Associated With Single-Dose Dexamethasone for Prevention of Postoperative Nausea and Vomiting: A Literature Review

Postoperative nausea and vomiting (PONV) is one of the most common complications affecting surgical patients. The glucocorticoid dexamethasone is often used for the prevention of postoperative nausea and vomiting. This literature review seeks to summarize research related to the use of a single perioperative dose of dexamethasone for prophylactic treatment of postoperative nausea and vomiting and its impact on surgical healing. Although the majority of the literature reviewed found no association between single-dose intraoperative dexamethasone and an increase in surgical site infections, the need for a large-scale randomized controlled trial is consistently mentioned. Prudent clinicians should always use the most current evidence with their best clinical judgment when making medication decisions for their patients.

Assante, J., Collins, S., & Hewer, I. (2015). Infection Associated With Single-Dose Dexamethasone for Prevention of Postoperative Nausea and Vomiting: A Literature Review. *AANA journal*, 83(4).

Additional Readings:

Khan, S. A., McDonagh, D. L., & Gan, T. J. (2013). Wound complications with dexamethasone for postoperative nausea and vomiting prophylaxis: a moot point. *Anesthesia & Analgesia*, 116(5), 966-968.

Richardson, A. B., Bala, A., Wellman, S. S., Attarian, D. E., Bolognesi, M. P., & Grant, S. A. (2016). Perioperative Dexamethasone Administration Does Not Increase the Incidence of Postoperative Infection in Total Hip and Knee Arthroplasty: A Retrospective Analysis. *The Journal of Arthroplasty*.

David Hernandez, Class of 2017

OPERATING ROOM FIRES

Dr. Davila gave a presentation on fire safety in the OR during my clinical day. Fires in the operating can be catastrophic for the anesthesia provider, staff, surgeon and patient. OR fires can permanently disfigure patients and be costly to litigate. Dr. Davila described case scenarios and situational management, founded on evidence-based outcomes. He discussed the three important components of the fire triangle: the oxidizer, ignition source, and fuel. The oxidizer can be either nitrous oxide or oxygen. The ignition source can be an electrosurgical device,



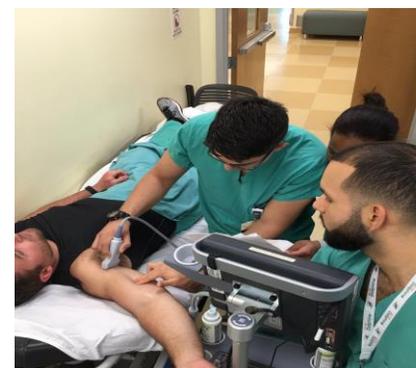
laser units, or fiber-optic scope. The fuel can be the endotracheal tube, drapes, alcohol containing solution, sponges and/or nasal cannulas. When any of these products are present, the chances of a fire occurring become extremely high; therefore safety measures should be taken. Understanding fire safety policy and procedure, the patient's history, and the patient's baseline health will help increase fire safety during the case. Communication is paramount between all staff and providers in the OR. All parties must establish closed-loop communication during surgery and when actions should be taken by anesthesia provider; such as lowering of FiO₂ or turning it off.

The fire safety score is established by using a simple scoring system that gives one point or zero depending on categories present in the surgical procedure. These categories include an open source of oxygen or nitrous,

available ignition source (i.e., electrosurgery unit, laser or fiberoptic light source), and if the incision is above the xiphoid. This example equates to a score of 3. In the case a fire were to erupt, certain measures would need to be taken immediately. These measures include: removal of the endotracheal tube by the anesthesia provider and dousing the airway with saline/sterile water, the circulating nurse call for help and alert of a fire in the operating room, the surgical technician remove all drapes/items ignited and extinguish with saline water, and the surgeon would work to maintain hemostasis at the surgical site. Yielding a quick inspection and assuring there is no longer any signs of fire in the airway, the patient would then need to be re-intubated and placed on 100% FiO₂. This should all be performed in a concerted and organized effort. As time goes on the patient should be followed up with rigid bronchoscopies to assess for damage to the airway.

In conclusion, this is a very serious issue. As anesthesia providers we must be the ones to advocate for our patient and be at constantly vigilance of each individual patient situation and the surrounding field. Fires in the operating room are 100% preventable, but we have to make sure we follow all guidelines and safety practices to keep those statistics in our favor.

Richard Luis, SRNA Class of 2017



Clinical Spotlight

Memorial Regional Hospital



Lisa Mills is the Assistant Chief CRNA and clinical coordinator at Memorial Regional Hospital. The majority of her bedside nursing was CVICU. "I enjoyed bedside care, but wanted to progress my career into something fast paced and autonomous". During school, Lisa was mentored by an upper classman and she stressed the importance of key relationships, as they relate to the success of the student. After graduating from Barry in 2004, she began her career at MRH. "I enjoy all of anesthesia, but my favorite cases are pediatric cardiac and OB anesthesia". Lisa has used her position in management to support a strong voice for her colleagues, encourage relevant knowledge in practice, and maintained a cohesive and respected environment. She loves teaching students and seeing them progress from novices to confident, competent providers.

"The advice I would offer to someone who wants to become a CRNA is that you must have a genuine passion for this type of career. You must truly want to care for people without the expectation of anything in return. Often your hard work will go unrecognized. You need to have a desire for constant learning, as the profession of Nurse Anesthesia is a dynamic ever-changing one and you will need to stay current with new advancements at all times."

Clifford Burdick, SRNA Class of 2017



STUDENT NEWS

Recently, the Florida Legislature approved a measure that would expand the drug-prescribing powers of CRNA's to include controlled substances. This is an encouraging sign for the progression of our profession. Strong leadership and lobbying is progressing our practice to a more independent sole providership. Much resistance has been met, such as the recent events in October. The Houston Press published an article "Going Under: What Can Happen if Your Anesthesiologist Leaves the Room During an Operation". This article sheds an untruth on the safety of anesthesia and the safety practices of CRNA's. The president of the AANA, Juan Quintana, responded "CRNAs contribute to the safety record of anesthesia by safely providing approximately 40 million anesthetics to patients each year – a whopping 85 percent of the anesthetics given annually in the U.S. And CRNAs deliver anesthesia in exactly the same ways, for the same types of procedures and just as safely as anesthesiologists. In examining millions of cases, the IOM, Cochrane Collaboration, peer-reviewed research published in Health Affairs and other scientific findings agree: anesthesia care is equally safe whether it is provided by a CRNA, an anesthesiologist or both working together."



As you embark on your final semester, as a junior SRNA, the journey will bring more autonomous care and a greater comfort with your own skill set. The 3rd semester is exciting as you drift away from a didactic curriculum to a more clinical based experience. This is a perfect time to start applying what you learned over the first two semesters to your patient's plan of care, while still under the guidance and safety net of your CRNA. Keep applying what you have studied and use the techniques you have learned from clinical and evidence based practice. Fortunately, the school has purchased the Prodigy software to help us all continue with a focus-based innovative for board preparation. Boards might be a ways away, but it is a good instrument to precipitate and reinforce a model of continual learning. Keep your heads up and keep pushing forward!

Maikel Davalos, SRNA Class of 2016

FANA Sand & Surf

The Third Annual FANA Sand & Surf Symposium held at the Marco Island Marriot Resort and Spa, in Marco Island, Florida set the scene for a diverse group of individuals, all which possessed a variety of incredibly honorable qualities. As an organized educational conference, the standards of professionalism were upheld undoubtedly. The agenda provided for a daily complimentary breakfast with plenty of time to network with individuals working in various fields as Certified Registered Nurse Anesthetists (CRNAs). A multitude of educational sessions were available to the attendees in the form of poster presentations, formal lectures, individualized stations,



and the incorporation of a hands-on Transesophageal Echocardiogram (TEE) workshop. The speakers of the lectures were clearly hand selected for their incredible knowledge and contribution to the field of Nurse Anesthesiology. The concepts addressed covered a broad array of Anesthesia topics stretching from vital business considerations to direct clinical application across varying pathological processes and patient populations (i.e. neonatal and pediatric-related care, trauma implications, and specifics for refining anesthesia care to satisfy the physiological needs of the patient presenting with cardiovascular alterations).

Emilio Acosta, SRNA Class of 2017

Clinical Spotlight

Mt Sinai Hospital



Corey Schueneman first became interested in becoming a CRNA while working at Miami Children's in the PICU. After six years of employment with various roles including Clinical Coordinator and Certified Pediatric Nurse, she began her journey through CRNA School. Corey graduated at Florida International University in 2013. She then gained her first employment as an anesthetist with Brevard Physician Associates. In 2014 she accepted an employment opportunity at Mt. Sinai and took on the role as a preceptor to FIU students. Corey has enjoyed her role as a preceptor at Mt. Sinai because it has allowed her to impart knowledge on others while continuing learning through teaching. For students to get the most out of learning experiences Corey suggests being proactive and prepared. She recommends not simply completing a care plan, but delving into the process further and truly making sure you understand the anesthetic implications. Corey remains current with best practice standards through resources provided by her AANA membership. As far as future plans, Corey hopes to one day pursue her DNP degree.

Frida Iturriaga, SRNA Class of 2017

SRNA Tips for 1st Semester Transitioning Online:

Take a deep breath, you have already made it this far, and you should be very proud of yourself. Do not forget that every great journey begins with a single step. Being a successful SRNA requires the adoption of various healthy habits. Staying organized will ensure you submit all of your assignments in a timely fashion. Buying a planner is an efficient method to keep track of your classes, upcoming exams, and clinical rotations. Although you might feel overwhelmed, take one task at a time. Do not strive for perfection; just do your best. Striving for the unattainable can be frustrating. Be flexible and keep an open mind. Stay motivated and always remember that the finish line, as far as it seems, is in fact near. Nurse anesthesia school will consume much of your time, but it is important not to lose yourself in the process. Lastly, work together with your peers, you will probably see more of them than your friends and family. Teamwork is invaluable, and chances are your classmates are sharing the same feelings you are. Having support not only makes the journey easier, but more enjoyable as well.

Lorelein Valladares, SRNA Class of 2018

CRNA Day

Certified Registered Nurse Anesthetist (CRNA) day in Tallahassee committed to the strive to represent and lobby for Advanced Practice Nurse Practitioners (ARNPs) in the state of Florida. CRNAs and Student Registered Nurse Anesthetists (SRNAs) from vast points of the state of Florida gathered to join the effort to meet with representatives and commit to the practice of ARNPs to their highest level and potential.

The topic at hand was the independent



prescriptive power of ARNPs and controlled substances. Florida is the only state that does not allow it; all other 49 states support it. A study was included in the lobbying material that compared 249,000,000 prescriptions made by ARNPs and how the rate of controlled substances had diminished instead of increasing. With a plethora of committed professionals whom are determined to support and distinguish

the profession, it was an extremely rewarding experience for all the students who had the opportunity to attend.

Taking part in CRNA Day was a great opportunity and an experience we recommend all SRNAs take part in. We were a part of the current state of our profession and all the battles, as well as successes, we have encountered over the years. As junior students in this program, this was a great primer to our upcoming Health Policy class and lobbying experience in general. We are excited to learn how we can make a difference in Nurse Anesthesia and we are thankful for those who continue to advocate for this profession.

Update:

HB 423 became law April 14, 2016 PAs and ARNPs can prescribe controlled substances listed in Schedule, II, III & IV beginning January 1, 2017



CRNA Day 2016 SRNA Participants: Gregory Baez, Julie Brooks, Andrene Reid, Lisandra Seijo, Jessica Soloway, Mathew Stern, & Yuri Yakubov



Upcoming Events:

School Schedule

Spring 2016 semester ends May 6, 2016

Summer 2016 semester starts May 16, 2016

Class of 2018 Interviews May 31-June 4, 2016

Summer Semester holidays

Memorial Day – Monday, May 30, 2016

4th of July – Monday, July 4, 2016

Conferences

AANA

Nurse Anesthesia Annual Congress

Date: September 9-13, 2016

Washington, D.C.

FANA

FANA 2016 Annual Meeting/ Annual College Bowl

Date: October 14-16, 2016 Location:

Renaissance Orlando at SeaWorld,
Orlando, Florida

Produced by:

Clifford Burdick Editor

Frida Iturriaga

Kristen Schmidt

Richard Luis

Faculty Advisor:

Derrick Glymph, DNAP, CRNA

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Faculty Tips for Student Success:

Another semester is almost under your belt and you are getting closer and closer to the big day: graduation. Just think about where you were a year ago and the quantum leap you have taken in just 12 months. As you become more experienced there will be many "opportunities" to get sensory-overloaded. Remember to start with the basics and prioritize well as the "big picture" continues to emerge in front of your very own eyes day by day. If I had to choose just one recommendation it would be this one: Become an expert communicator so that there can be a clear understanding between you and your preceptor/educators. We tend to focus on technical skills and forget the "nontechnical skills" (e.g., close-loop communication) sometimes. Make sure that you keep a healthy balance between these two distinct categories of skills. We are fortunate to have our very own "resident expert" in nontechnical skills: Dr. Linda Wunder. If you have any questions there, feel free to approach her or anyone of us.

Juan E. Gonzalez, PhD, CRNA

Associate Professor and Vice-Chair

Department of Nurse Anesthetist Practice