

**EDUCATION – CLINICAL**

**OUR FUTURE**



# SRNA Sedation Sequels



**SUMMER OF 2018,  
Issue 9**

## ADMINISTRATOR SPOTLIGHT – MAIRELYS DE LA GUARDIA, MBA

Coming to the United States from another country is always a challenge for various reasons. Language barriers, economic struggles, and a sense of discomfort are just some of the hurdles that may need to be overcome. However, this did not stop Mairelys De La Guardia, who came from Cuba at a young age of 9 years old.

Mairelys initially began working at Florida International University as a Secretary for the Health Sciences Department in 2005. After only a year, she became the Senior Secretary for the Department of Health Sciences and Health Information Management. By 2008, she became the Program Coordinator for the Nurse Anesthesia Department.

Her journey did not end here, though. Rather, it was just the beginning. Mairelys wanted to broaden her horizon and pursue an education in business because she was driven by her love for administration and ease with numbers. This would also enhance her performance and ability



to execute her responsibilities as the coordinator of a prestigious program. By April of 2009, she received her Bachelor's Degree in Business Administration Finance from none other than her own institution, FIU.

After a few months, Mairelys decided it was time to settle down. On September 19, 2009, she married her best friend who is "the love of her life." Despite the blissful experience that came from her marriage, she was still motivated to achieve her goals and further her education. In August of 2012, she earned her Master's Degree in Business Administration from FIU. Though she may have faced many obstacles when adjusting to a new country, she definitely accomplished

what some would have thought was impossible.

Having worked and received her entire education from FIU, I was curious to ask Mairelys what drove her desire to choose FIU as a workplace for her career. She stated, "I absolutely enjoy working at FIU, especially for the Nicole Wertheim College of Nursing and Health Sciences." In fact, she loves her job so much that she considers it her second home.

She particularly enjoys the people she works with, including all faculty, staff, students, and administrators. She said, "they all inspire and influence me to be a better person each day." Among those co-workers, she speaks highly of Dr. Linda Wunder, who is her supervisor and the program chair. She claims that Dr. Wunder is an "exceptional human being and health professional with a big heart," which has inspired Mairelys to always go the extra mile.

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Considering the recent departure of Dr. Juan Gonzalez from the program, I inquired to Mairelys about the challenges and adjustment that occurs when faculty come and go. She believes that despite some faculty members leaving the program, they [the anesthesia department] have gained new DNAP faculty and have become stronger. Although it is unfortunate to see beloved faculty leave, she believes adjusting is not necessarily difficult because the department’s end goal is to “provide excellence and quality.”

Another challenge that Mairelys has encountered throughout her career at FIU was the adjustment in workload when she returned to her job from maternity leave. However, she was very grateful for her supportive assistants and faculty because they made the transition much smoother, allowing her to carry out her duties successfully.

Based on Mairelys’ experience from working in the nurse anesthesia department, I was intrigued by any recommendations she had to offer for student success. She suggested that students should focus on their destination, rather than where they stand present-day. She also recommends spending time with family and loved ones, even though the

program can be very time consuming and intense. “One of these days, you will either say ‘I wish I had’ or ‘I’m glad I did’,” she detailed.

Outside of work, Mairelys enjoys spending time with her family. She has two beautiful daughters: Emily, who is 5 years old and starting Kindergarten this year, and Melanie, who is 9 months old. She had her first child after receiving her Master’s Degree and she happened to birth Melanie on the same day of her wedding anniversary, which was a very special moment for the happy parents.

Mairelys enjoys everything about being both a wife and a mother. She feels blessed that God chose her to be the mother of her children because they are the treasures of her life. She loves to travel with her family to Disney and watch the smiles grow on their faces. “Their happiness to me is priceless,” she says.

When asked about motivational quotes or phrases, Mairelys stated she lives by the following quotes: “Go the extra mile, it’s never crowded,” and “When it rains, look for rainbows; when it’s dark, look for the stars.”

## POLICY CHANGE: ARNP TO APRN

Effective October 1<sup>st</sup> of 2018, as per the Florida board of nursing, in accordance with the Consensus Model for APRN Regulations: Licensure, Accreditation, Certification & Education (2008) the ARNP (Advanced Registered Nurse Practitioner) certification will be transitioning to APRN (Advanced Practice Registered Nurse) license. The change will impact certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The goal of the Consensus Model was to put in place a regulatory model that would bring education, certification, accreditation, and licensure into alignment, and creating a supportive framework for APRNs to practice to the full extent of their education and licensure.

So, what does this all mean to CRNAs and SRNAs? In present practice, no difference will be experienced; it is business as usual for nurse anesthetists. One of the anticipated positive long-term effects is that the general public will have a single unifying term for all advance practice nurses. In addition, advance practice nurses will have a single, umbrella term, making them easily recognizable according to profession and title.

The American Association of Nurse Anesthetists (AANA) has also graciously accepted the name change and urges the cessation of using terms such as “mid-level practitioner,” “nonphysician,” “physician extender,” “dependent practitioner,” and “allied health practitioner” to refer to CRNAs. These names diminish CRNA

superpowers, are slightly degrading and connote substandard care and abilities. The possibility of this change being the catalyst for an unobstructed and unencumbered independent practice is pretty exciting!

After conducting a semi-real qualitative analysis of the receptivity of the APRN term, among some elite CRNAs and SRNAs (n=7-9; actual count not kept), results demonstrated a unanimous belief that this is a step in the right direction, with no immediately foreseeable impact on practice. Further research on this name change is necessary to determine efficacy. Though the consensus model called for APRN adoption to take place by 2015, several key states, including New York, New Jersey, Colorado and American Samoa (not a state, but mention worthy) have yet to make the transition. A more alarming fact is that Pennsylvania has no defining term for its advance practice nurses; perhaps a topic of discussion in a future edition of Sedation Sequels.

If history is an indicator of success, remember when there was a time when medicine was not a valued and respected profession. It was after decades of collective effort spearheaded by one governing body, the American Medical Association (AMA), that the medical profession obtained its present status of sovereign authority and cohesiveness. This can very well be an exciting time for APRNs and a turning point in nursing history. May this change in nursing vernacular be the pebble initiating a ripple effect and change reaction needed to advance the profession; Florence Nightingale would be proud!

**Irahisa Cabral, SRNA C/O 2020**

## MESSAGE FROM DR. WUNDER



As the new academic year begins, I want all of you to welcome the class of 2020. Soon they will be roaming the halls of NWCNHS, Star Center, and the Clinical Sites.

Remember how exciting it was to learn about anesthesia for the first time. Wondering if you will ever remember what all the meanings of MAC were or what was a Blood-Gas partition coefficient.

Just remember the students of today will be your co-workers of tomorrow and the future nurse anesthetists taking care of you and your family.

Enjoy the rest of the summer.

**Dr. Linda Wunder, PhD, CRNA**



## CLINICAL SPOTLIGHT

### Mount Sinai Medical Center



Ashley Obenour, MSN, CRNA

Ashley has been a registered nurse for 10 years. She graduated with her BSN from FSU in 2008 and took her first job at the Blum Surgical Unit at Mount Sinai Medical Center. She worked for 3 years on the unit before deciding to apply to school to become a Nurse Anesthetist. Ashley's desire to enter the nursing field stemmed from the fact that she wanted to work in a challenging environment with the reward of helping people and being there for them.

Upon working at the bedside for several years she decided it was time for a transition because she wanted to think more critically and provide more individualized care to her patients. Ashley has worked at Miami Beach Anesthesiology Associates for 4 and a half years. While in school, Ashley rotated to several different clinical sites; however, she knew that she wanted to continue to work at Mount Sinai Medical Center and is extremely happy with her choice. She states that "Everyone has your back here." Ashley appreciates the dynamic between the CRNAs and attendings, and believes there is a good team approach.

All students will attest to how easygoing Ashley is as a preceptor. Ashley enjoys precepting students and seeing the progression from the blank stares in first semester to competent providers as seniors. She also appreciates how the students challenge her and keep her on her toes. She advises students to "be humble and understand that you can learn something from each person because everyone has a reason and rationale for the things they do."

Ashley currently holds her Masters in Nurse Anesthesia and has considered returning for her doctoral degree. However, at this time of her life she wants to focus on being a mother to her children. She has two boys, ages 3 and 1. Her advice for future graduates is to keep in touch with your classmates and professors! Ashley's words of encouragement: "hang in there it will get better, and you will eventually see the light at the end of the tunnel."

Benjamin Tabaria, SRNA C/O 2019

## SENIORS' ADVICE FOR DNP PROJECTS



Key points for success with DNP Projects:

- *Start early:*  
Start thinking early about what you want your DNP capstone to focus on. Do a quick search to find out if there's enough research on your proposed topic.
- *Time management:*  
Try to balance clinicals and class work wisely.
- *Communication:*  
Solid and constant communication between yourself, your instructor and your advisor is the key to success.
- *Develop a routine:*  
Create strict plans to get your capstone finished in a timely manner. Dedicate a certain amount of time each semester to working on the project.
- *Stay positive:*  
It's easy to get in a rut and feel overwhelmed with all there is to do. Stay positive and focused.
- *Remain organized:*  
Organization is key to success. It will save you in the long run of deadlines and submission request.

Orphée Cameron and Izaskun Green,  
SRNAs C/O 2018

## JUNIORS' ADVICE FOR CLASS OF 2020

- Be humble!!!
- Make sure you take care of yourself; stress can be extremely detrimental. Learn to balance school life with your personal life.
- Get in touch with an upper-classman, they can offer great advice specific to your program.
- Start organized and stay organized. Don't fall behind, you'll never catch up.
- Realize that you are going to have to let go of some things (e.g., laundry might not get done, the house will not be spotless, and so on). You are not going to be able to do it all and that's okay.
- Set up a study group with your classmates. You'll need their support because they will understand exactly what you are going through.
- Don't ignore your significant other. Make time to hang out at least once a week.
- Come into class ready to focus. Get the outside distractions taken care of as much as possible.
- Come with a positive, open mind. Let go of the judgements, complaints, and negativity; don't buy into the "poor me" attitude. There are no victims in anesthesia school, only volunteers.
- Come prepared to work hard and then work even harder.
- Don't be a clock watcher in clinicals. Seek every opportunity to do the tough, challenging cases as a student.
- Your clinical instructor cannot read your mind. Therefore, if you do not communicate your preparation, plan and thought process, they will assume that you don't know, don't care, or don't acknowledge anything.
- You will have great days and you will have bad days, but do the best you can every day and take everything as a learning opportunity.
- Acknowledge your weaknesses and be open to feedback, rather than waiting for criticism to come to you.
- Understand that these providers are trusting you with things that could kill somebody; the relationship is stressful for them, too. Communicate frequently and openly to stay on the same page regarding your care plan for the patient.
- Be accepting of accumulating debt while in school.
- Prepare your loved ones regarding what you are about to go through. They will be riding along with you through the hurdles of the program.

Oscar Ruque, SRNA C/O 2019

## CLINICAL SPOTLIGHT

### South Miami Hospital



**Emilio Acosta, DNP, CRNA**

Graduation is the epitome of success for most students who have undergone the serious endeavor of CRNA school. Emilio Acosta has recently accomplished the milestone of graduating from FIU in 2017, but he is a cut above the rest. While on rotation at South Miami, I asked other CRNAs about the transition from student to the professional provider, and they pointed to Emilio.

While relatively new at South Miami, the anesthesia practice group challenged him by requesting that he go to surgical centers that are affiliated with Baptist and be a part of the practice. Emilio surpassed expectations and requested to return to the centers.

Emilio has the following to offer to fellow FIU graduates "always have an eagerness to learn, be willing to take a weekend shift to better yourself, and being a hard worker helps." When asked how the transition was, Emilio stated, "you will have a respected opinion in the anesthetic plan of patients; nurses, anesthesiologists, and surgeons will value what you have to say." When asked about board preparation Emilio had very little to say, but it was a profound message: "studying should be priority one, it is easy to forget that."

**Andrew Gonzalez, SRNA C/O 2019**

## DNP PROJECTS SELECTED FOR POSTER PRESENTATION

A special congratulations to the following DNP Projects that were selected to present their topics at the AANA Annual Congress in 2018:

- In pediatric patients ages 2-12, undergoing general anesthesia, is premedication with intranasal dexmedetomidine compared to oral midazolam more effective in decreasing preoperative anxiety associated with parental separation and introduction of a mask during induction of anesthesia?
- In adult (men & women, 18 & over) patients undergoing cardiac surgery with pre-existing comorbidities, such as hypertension, diabetes, and coronary artery disease, how does the implementation of Thromboelastographic (TEG) guided transfusion therapy minimize transfusion needs, compared to use of no additional point of care system during the intra-operative period?
- In obstetric patients presenting for cesarean section under spinal anesthesia, how does administration of prophylactic ondansetron compare to the prophylactic administration of phenylephrine in reducing the incidence of spinal-induced hypotension.
- In obstetric patients presenting for cesarean delivery under neuraxial anesthesia, how do non-pharmacological adjuncts/complementary therapies, compared to antiemetic medications, affect the prevention and treatment of nausea and vomiting during cesarean delivery under neuraxial anesthesia?
- In surgeries around the face, head, or neck, how do interventions provided by the anesthesia provider compared to standard operating room procedures affect the reduction of surgical fires in the operating room?
- In ASA I & II obstetric cesarean section patients, does the use of ondansetron prior to spinal block compared to the use of placebo prior to spinal block assist in the reduction of spinal-induced hypotension, bradycardia, and vasopressor use?
- In adult patients with new onset of post-operative atrial fibrillation, how does the use of early oral anticoagulation compared to not utilizing anticoagulation increase the incidence of hemorrhagic events?
- In parturients aged 18-35 undergoing cesarean section, who receive transverse abdominis plane (TAP) blocks and regional blockade with spinal or epidural report decreased pain, opioid requirements and nausea and vomiting?
- Adult patients who are not on beta blockers after cardiac thoracic surgery compared to prophylactic administration of beta blockers, have a higher incidence of developing postoperative atrial fibrillation (POAF).
- The effectiveness of combined single-shot femoral/sciatic peripheral nerve block versus a single-shot femoral nerve block for postoperative pain management in patients receiving total knee arthroplasty.
- Enhanced recovery after surgery (ERAS): Its role in postoperative outcomes for patients undergoing urinary diversion procedures.
- Perioperative intravenous use of ketamine for adults undergoing total knee arthroplasty and its effect on postoperative opioid consumption.
- In the adult surgical patient, does the administration of intravenous lidocaine and/or magnesium compared to opioid administration in the perioperative period decrease patient pain levels, opioid administration and increase patient satisfaction?
- In adult surgical patients, does administration of 20 mg of intravenous methadone on induction compared with intravenous fentanyl boluses in the intraoperative period result in decreased pain, length of stay, healthcare costs, and increase patient satisfaction in the post-operative period?
- In all surgical patients, does the utilization of point care ultrasound in the preoperative assessment of gastric contents compared with ASA fasting guidelines decrease the risk for aspiration; reduce morbidity, mortality and surgical delays in the intraoperative period?
- Do anesthesia providers who experience production pressure compared to those without at greater risk of committing medical errors?
- Methadone: A perioperative analgesic for use in the opioid-dependent patient PICO: In the opioid-dependent patient population, how does perioperative methadone administration compare to the efficacy of other analgesics for the reduction of surgical pain in the perioperative and postoperative period?
- In parturients with a substance abuse history or current problem with substance abuse, will the use of non-opioid pain adjuncts decrease the need for postpartum narcotics and result in a better maternal outcome?

## DNAP FACULTY PRESENTATIONS

The following FIU DNAP Faculty will be demonstrating their presentations at the AANA Annual Congress in 2018:



**Dr. Ann Miller and Dr. Greg Baez**

PODIUM AND POSTER PRESENTATION:  
Assembly of School Faculty: Clinical Pearls – Mentoring for Clinical Preceptors



**Dr. Valerie Diaz**

POSTER PRESENTATION:  
The Effect on Education Module on the Knowledge Base of Student Registered Nurse Anesthetists Regarding Evidence-Based Prevention for Surgical Site Infection During Advanced Practice Nursing Education



**Dr. Derrick Glymph**

PRESENTATION:  
Writers Workshop: Writing for Professional/Scholarly Publication

## OPIOID-FREE ANESTHESIA



Alternative uses in pharmacological agents during the practice of clinical anesthesia are gaining more interest, as clinicians are veering away from the routine use of opioids with an interest in the administration of ketamine, magnesium, and lidocaine to deliver stable and complementary anesthesia.

Administering ketamine and magnesium together has shown improvements in postoperative pain and has indeed diminished opioid utilization.<sup>1</sup> In a study analyzing eleven randomized controlled trials (RCTs) consisting of 371 patients, results illustrated the pharmacodynamics property of ketamine in reducing variability of blood pressure along with magnesium reducing a variability in heart rate.<sup>1</sup> Therefore, confirming that ketamine administered along with magnesium as an anesthetic alternative to routine opioid use, consistently reduced a patient's hemodynamic variability during the operative period.<sup>1</sup> In addition, both ketamine and magnesium are seen as complementary for analgesia while providing hemodynamically stable anesthesia.<sup>1</sup>

It is true when the practice of anesthesia is referred to as an art and a science, because there exists a plethora of ways to inducing anesthesia. For example, aside from the complementary analgesic and hemodynamically stable properties of magnesium and ketamine, opioid free intraoperative analgesia may also be attained with the administration of

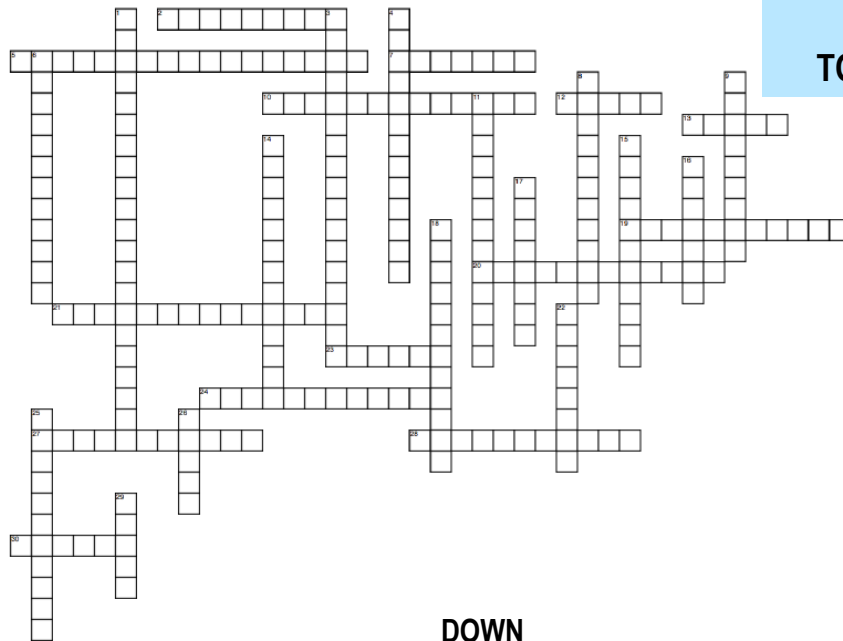
clonidine, dexmedetomidine (Precedex), and continuous intravenous infusion of lidocaine.<sup>2</sup>

In some instances, as in the anesthetic management of a patient with Steinert syndrome which is an autosomal dominant form of dystrophy characterized by a consistent contracture of muscle following a stimulation and a hypersensitivity to opioids, administration of a loading dose of Precedex followed by continuous Precedex infusion has proven effective in adequately managing analgesia in this patient population.<sup>2</sup> The beauty of anesthesia is that there are many methods to ease the pain.

### References:

1. Forget, P, Cata, J. Stable anesthesia with alternative to opioids: Are ketamine and magnesium helpful in stabilizing hemodynamics during surgery? A systematic review and meta-analyses of randomized controlled trials. *Best Practice & Research. Clinical Anaesthesiology*. 2017; 31(4): 523-531.
2. Gaszynski, Tomasz. Opioid-free general anesthesia in patient with Steinert syndrome (myotonic dystrophy): Case report. *Medicine (Baltimore)*. 2016; 95(37): 1-3.

**Ulyses D. Rodriguez-Vara,**  
SRNA C/O 2019

**CROSSWORD –  
TOPIC: PEDIATRICS**
**ACROSS**

2. What cardiac output in neonates and infants is primarily dependent on (2 words)
5. The most common cyanotic congenital heart anomaly (3 words)
7. Sound associated with a supraglottic obstruction
10. A foreign body most commonly lodges into this area of the airway (2 words)
12. The shape of the pediatric epiglottis
13. Type of fat that is the major mechanism for heat production in the pediatric population
19. Septal defect that is considered the most common cardiac anomaly in infants
20. The most common metabolic disturbance in the newborn
21. Hereditary disease of the exocrine glands that causes a thick, sticky buildup of mucus in the lungs, pancreas and other organs (2 words)
23. Septal defect that is caused by an abnormal opening in the atrial septum, most commonly at the site of the fossa ovalis
24. Genetic disorder also known as Trisomy 21 (2 words)
27. Defined as birth before 37 weeks gestation
28. Syndrome that can occur when patients with a long-standing left-to-right cardiac shunt develop pulmonary hypertension
30. Best blade to use for direct laryngoscopy in patients less than 2 years old

**DOWN**

1. A severe reaction to particular medications used during general anesthesia. Believed to occur in 1 in every 15,000 children undergoing anesthesia (2 words)
3. The most common congenital defect of the esophagus (2 words)
4. Birth defect of the abdominal wall in which the abdominal contents are completely exposed outside of the body
6. A potential life-threatening condition that displays a characteristic Thumb sign on a lateral chest X-ray
8. A birth defect in which an infant's abdominal contents are contained in a sac outside of the body
9. Defined as a lateral deviation of the normal vertical line of the spine that is greater than 10 degrees
11. Condition in which there is an accumulation of CSF within the brain, which typically causes increased pressure inside the skull
14. The most commonly used analgesic for pediatric outpatients
15. Local anesthetic that can be used for most peripheral nerve blocks and for caudal and epidural infusion in infants and children
16. Narrowest location of the pediatric airway
17. Drug that should always be available and ready when giving succinylcholine to pediatric patients
18. Electrolyte imbalance that is most commonly found in DiGeorge Syndrome
22. Sound associated with an infraglottic obstruction
25. Birth defect where there is incomplete closing of the backbone and membranes around the spinal cord (2 words)
26. A type of respiratory infection that often has a classic Steeple sign on a lateral chest X-ray
29. The usual cause of croup (laryngotracheobronchitis)



Stephanie Chong, SRNA C/O 2019

**RECIPE: TRES LECHE BREAD PUDDING****INGREDIENTS:**

- One can condense milk
- One cup of whole milk
- One can evaporated milk
- One tablespoon of vanilla extract
- 15 double stuffed Oreos
- ½ a cup of Hershey's peanut butter cups
- ½ a cup of Hershey's white chocolate chips
- 2 eggs (yolk only)
- 1 cup of brown sugar
- One loaf of cinnamon roll bread (or bread of your choice)

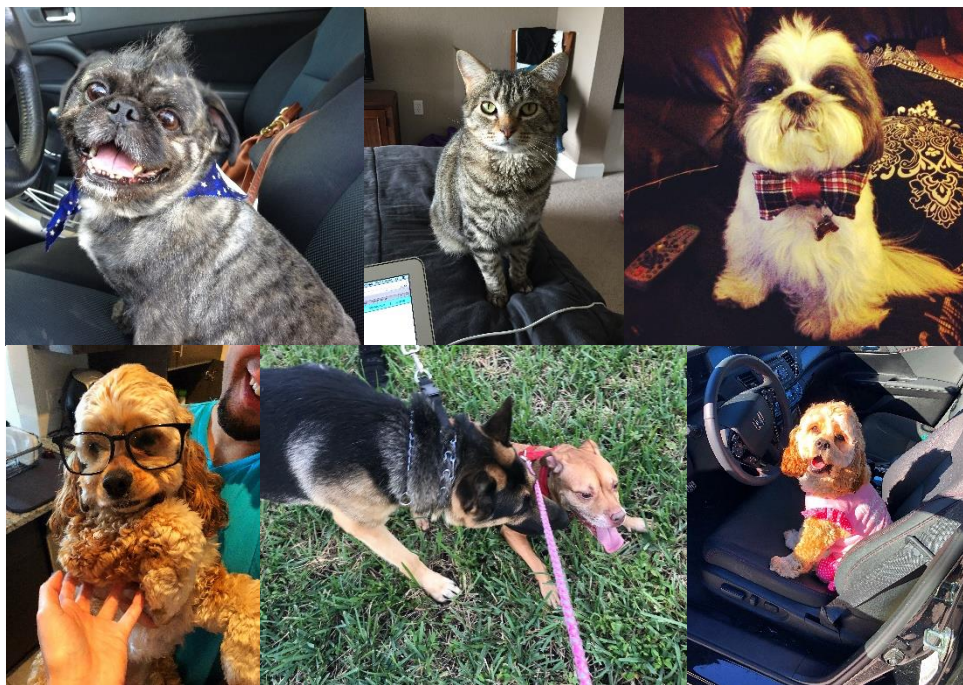
**STEPS:**

1. In a bowl mix the condensed milk, whole milk, evaporated milk, brown sugar, egg yolks, and vanilla extract. Mix until sugar is dissolved in the mixture.
2. Break the bread into small pieces and add it to the mixture. Set aside for 15-20 minutes
3. In a food processor grind up the Oreos and pour them into the mixture along with the peanut butter cups and white chocolate chips. Mix it all together and set aside while you preheat the oven to 350 degrees.
4. Bake for 25-30 minutes.
5. Sit and enjoy with a side of vanilla ice-cream 😊



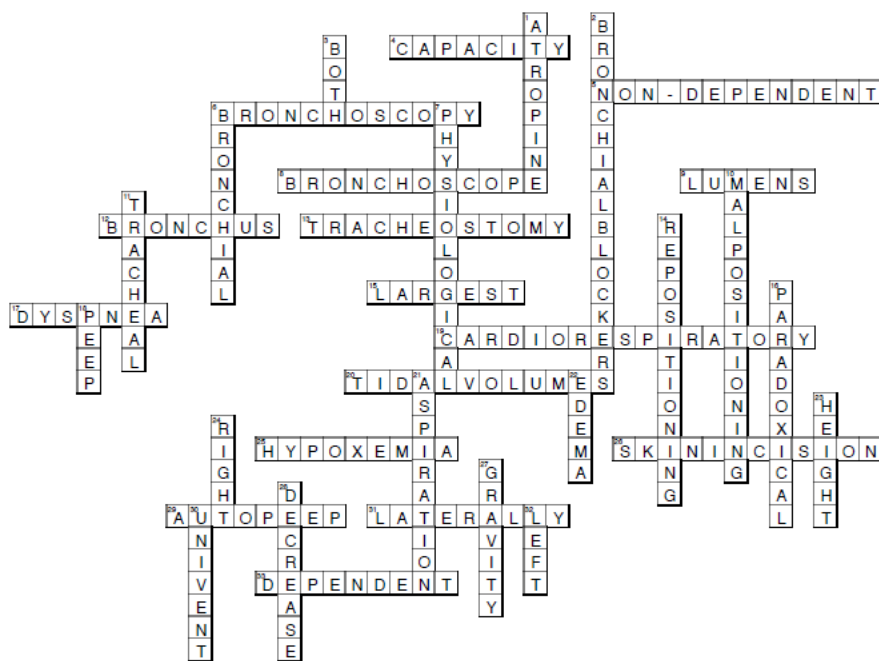
Oscar Ruque, SRNA C/O 2019

#PETSOFANESTHESIA



CROSSWORD FROM PREVIOUS ISSUE

ANSWERS  
Thoracic Anesthesia



UPCOMING EVENTS

**Class of 2020 Orientation**  
Friday, August 17<sup>th</sup>, 2018  
FIU, AHC3-214

**Class of 2020 Welcome Party**  
Saturday, August 18<sup>th</sup>, 2018  
Carolina Ale House

**Upper and Lower Extremity Nerve Block Workshop**  
August 18-19, 2018  
AANA Headquarters, Park Ridge, IL

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

**Fall 2018 Spinal Epidural with Obstetric Essentials Workshop**  
October 11-13, 2018  
AANA Headquarters, Park Ridge, IL

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

**Jack Neary Advanced Pain Management Workshop, Part II**  
November 4-5, 2018  
Rosemont, IL

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

**Class of 2018 Graduation**  
December 15, 2018  
FIU MMC, Miami, FL

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## FROM THE DEAN



*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 21<sup>st</sup> 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 black ink 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](http://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:

University Advancement  
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11200 SW 8<sup>th</sup> Street, 5<sup>th</sup> Floor, Miami, FL 33199