

# WFUBMC Nurse Anesthesia Program

## Creating *Excellence* in Nurse Anesthesia

Fall, 2009 newsletter

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## Director's Message

The class of 2009 completed their year with a bang, with 100% of our August graduates successfully passing their

certification examination on the first attempt. This fall semester as a new class embarks on the exciting study of anesthesia, we see on our horizon many new beginnings. This past year the hospital, medical school, and physician practice merged under the control of a single-CEO as Dr. John McConnell joined us from Texas to take on this important role. This merger opens many doors for our program as we see an increased accessibility to facilities and services throughout the Medical Center. We expanded our use of the human cadaver lab to be incorporated into our airways course, and we are utilizing other valuable assets of the medical school, such as the standard patient assessment lab. With support from the medical school and our organizational development department, we received a grant to implement another phase in our lifespan development program. We have seen student performance recognized, such as in two awards given to Stacy Mitchell for her work on the Council on Public Interest in Anesthesia. Our clinical experience offerings are growing, most no-

tably with a new regional anesthesia and pain management rotation we began this year. We are also beginning to make curricular updates which will be part of our future transition into a doctoral degree program.

This year we bid farewell to Jerry Finley, our Vice President who supported our program well for many years, and we welcomed Mrs. Karen Turner who has come to replace him. It is only with such competent support from our VP as well as our faculty that we have been able to be so successful in so many endeavors. Our faculty continues to set the example we expect of our students in professional advocacy. I have been elected to serve our profession as the secretary/treasurer of the National Board on Certification and Recertification of Nurse Anesthetists and I continue to be involved in the certification exam and innovative item committees of that organization. I also serve on the editorial board of the International Student Journal of Nurse Anesthesia, to which many students submit manuscripts. Paul Welty has been elected to the Self-Examination Committee, and Courtney Brown has served as a reviewer for the SACS accreditation body this past year.

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### Nurse Anesthesia Fund

Please consider supporting the Annual Fund.

Make check payable to:  
 NCBH Nurse Anesthesia Fund

(envelope provided)

## Lifespan Development

Our Lifespan Development initiative continues to grow, as we implement means of fostering career success at all stages of the career span. Recognized for its potential to reduce student attrition and therefore support workforce development, our latest offering, H<sub>3</sub>A: Tri-Development in Anesthesia, was developed and implemented this past summer with a grant from the U.S. Department of Labor. The H<sub>3</sub>A concept is to develop new students in three critical realms: Head (academic), Heart (personal/attitudinal), and Hands (clinical skills). Students entering an anesthesia program in the fall completed the course which provided them with ad-

vanced exposure to critical skills, knowledge, and attitudes to support their success in their anesthesia programs. The majority of our junior class attended the seminar, and we have appreciated an increase in average grades and a reduction in attrition already in their first semester, compared to the past 3 years. The version for incoming students, denoted *Portal*, exposed students to a sampling of academic content, and a variety of hands-on laboratory learning techniques, study and test-taking skills, and professionalism activities. The

highlight of the professionalism segment was the “role model luncheon” where students heard a lecture on the history of our profession from Sandy Ouellette and then had a roundtable lunch with Sandy and other CRNAs of distinction. Next spring we will be offering the next installment of H<sub>3</sub>A, denoted the *Gateway* version. This version will be formulated for ICU nurses who may have an interest in anesthesia and will provide learning applicable to advanced ICU nursing and guidance for those applying or interviewing for SRNA positions. We will welcome program directors to refer new students or interested candidates to sign up for these offerings.



H<sub>3</sub>A participants learn about invasive airway techniques.



Adree Williams, H<sub>3</sub>A course director, lectures on common anesthetic medications.



H<sub>3</sub>A participants observe and perform techniques in the cadaver lab.



## Class of 2009 Graduation

The class of 2009 enjoyed a beautiful graduation ceremony in Wait Chapel on the campus of Wake Forest University. This year's graduation was auspicious in that it marked the 40<sup>th</sup> anniversary of Sandy Ouellette's graduation from the program. Sandy was honored by Dr. Michael Rieker with a crystal trophy in appreciation for her 40 years of continuous dedicated service to our program and our profession. Graduate Ryan Holton and his band provided special music for the ceremony, while Dr. Eileen Kohlenberg

provided the organ processional and recessional. This has been an outstanding class. In May during the MSN graduation ceremony at UNCG, Stacy Mitchell was recognized with both the alumni association award and the Dean's award for excellence for her work on the Council on Public Interest in Anesthesia and her implementation of a substance abuse educational dinner program for students and spouses. Rueben Blancas was awarded the Agatha Hodgins award for academic excellence, while class rep-

resentative Katie Pehan was awarded the Chal Maree award for professional advocacy. Elena Meadows was honored with the program challenge coin for her extensive service learning project in support of anesthesia technician training toward certification. We are very proud of all the academic and professional accomplishment of this class. True to form, 100% of our August graduates have successfully passed their certification examination on the first attempt.

## Media and Recognitions

Our good work and accomplishments have been gaining us recognition in various public forums. The latest edition of the *Nurse Anesthesia* textbook contains three chapters written by our faculty. Dr. Rieker and Courtney Brown have also contributed two chapters to a new pharmacology textbook which will be published in the coming year. We were asked to provide a presentation at the North Carolina Association of Nursing Students' convention, and Dr. Rieker and SRNA Sara Miller (former Secretary of

that organization) attended that conference and presented the topic of nurse anesthesia as a career path. Dr. Rieker accepted an invitation to deliver two lectures at the AANA annual meeting in San Diego on the topic of neuroanesthesia. Courtney Brown spoke to audiences at the National Teaching Institute for ICU nurses on the topic of new technologies to prevent aspiration pneumonitis. We are also looking forward to the Assembly of School Faculty meeting in February, where we will be making three

presentations to the national faculty audience about the innovative educational techniques we employ in simulation-based education and about our unique student orientation programs. Students continue to find educational value in writing manuscripts for the International Student Journal of Nurse Anesthesia, and we have multiple student manuscripts in progress for submission to the ISJNA and the AANA Journal. We also now keep up a Facebook page to keep our friends and potential applicants updated on our activities.

## New Clinical Education Opportunities

We are pleased to welcome two new clinical rotations to our curriculum this year. Students are now rotating to Lexington Memorial Hospital as well as an additional rotation at NCBH. At Baptist Hospital, we initiated a rotation in regional anesthesia and pain management for our junior stu-

dents. In response to increasing attention on the need for pain management in anesthesia curricula, we worked with Dr. J.C. Gerancher to develop an experience for junior students to gain exposure to and understanding of the role local/regional anesthetics play in anesthesia care. Half of the

rotation is spent in our regional block area, and the other half is spent by students rounding with the acute pain service. Student feedback has been positive, as students are gaining a broader understanding of multi-faceted pain therapy throughout the perioperative period.

## Audience Response Technology in Classroom

We received outstanding feedback from participants in the H<sub>3</sub>A course regarding our use of audience response technology as a teaching tool. As a result, we increased our investment in this technology and now have the ability to conduct

audience response activities as baseline measurements of knowledge, test-reviews, and other classroom activities. Students appreciate the opportunity to assess their knowledge against that of their classmates, in an environment that makes individ-

ual responses anonymous and provides instant feedback. We plan to expand our use of this technology to lend efficiency to our method of tabulating interview ratings and eventually to in-class testing.

## Innovations in Didactic Examination

The National Certification Examination introduced alternative item types this year in an effort to make the certification examination more clinically relevant, and to test concepts which are deeply seated in clinical practice, and which do not lend themselves to the standard multiple-choice format. New question types on the board exam include calculation/fill-in-the blank, and multiple correct response

items. In the future, these item types will expand to include “hot-spot” (click on a particular part of a figure), ordering, and matching. Our use of the Blackboard learning platform has facilitated our ability to use alternative question types in our program for a number of years already. This year, we have expanded our capability in this type of testing to include video-linked questions, where students are led to a short

video of a clinical or physiologic scenario, based upon which they answer a question.



Classroom testing is carried out almost exclusively via computer.

## Board Examination Preparation

We recognize that as the body of science expands (hence the movement toward the DNP degree), there is simply more and more the students must know each year as they embark on their careers as nurse anesthetists. Our students are in a complete clinical practicum without any class time over their final

semester, and we were concerned that a student who is less self-motivated may not spend adequate time in certification exam prep during this final semester. This past summer, we enhanced the requirements of the final clinical course to include more structured activities, intended to keep students on an appropriate course

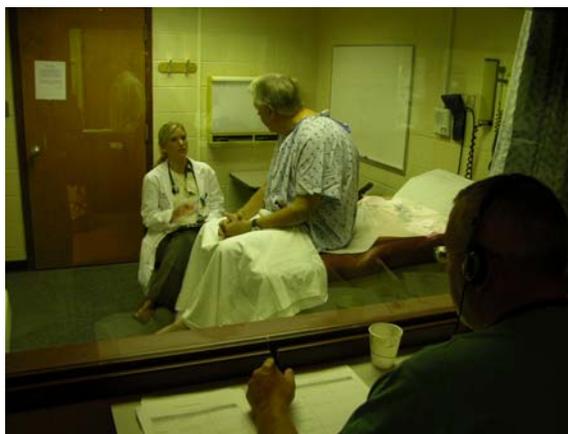
of preparation for their certification exam. We had implemented a comprehensive examination a few years ago, but this year the requirements for passing that exam and the recourse for non-passing became more stringent. Results seem to be favorable, as graduates performed very well on their certification exam.

## Applied Learning Enriches Education

Our use of the patient simulation lab continues to grow, particularly as the Center for Applied Learning has completed construction of the “Mock OR”, a new simulation area which accurately reproduces our operating rooms. The Mock OR was part of a large expansion of the Center for Applied Learning, which also includes new classrooms and debriefing rooms, and a simulation center for general surgeons, where they gain skill with laparoscopic procedures. SRNAs are regular participants in Anesthesia Crew Resource Management (ACRM) training, where a full multidisciplinary team experiences simulation-based training together. We are one of only four centers in the country currently using this training modality, which provides a great value

over traditional simulation training, which focuses on the performance of only one type of practitioner at a time. With ACRM, participants benefit from the real interaction with surgeons, nurses, and other members of the surgical team, while the “clinical” course of the scenario also becomes very dynamic, as the interactions of each component of the team affect each other. We

also continue to enjoy the extremely valuable contribution of the human cadaver lab component of the Center for Applied Learning. This year, in addition to our usual use of the facility for regional anesthesia training, we added a module of lab time to our airways course. Dr. Steve Galyon (former CRNA, board-certified otolaryngologist, now anesthesiologist) taught



A student interviews a patient in the standard patient assessment lab, while a faculty member observes from a concealed location.

students airway anatomy and provided hands-on guidance in the use of various devices including the glide scope, lightwand, retrograde wire, and others. In the standard patient assessment lab, students refine their assessment skills on professional patient actors.



Sandra Ouellette receives an award of recognition on the 40th anniversary of her graduation from our program.

*"...it is nice to hire someone who is willing to be involved and not just come to work without any interest in the department"*

2008 employer feedback commenting on the value of our efforts to "Create Excellence" in graduates, as it relates to his hiring practices.



Class of 2009 Graduation photo

[Check us out on Facebook!](#)

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