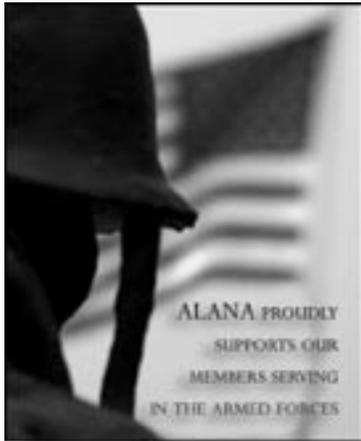




# ALANA News

A Publication of the Alabama Association of Nurse Anesthetists

# Bulletin



Volume 24, Number 2, 2006  
Jim Henderson, Editor

## In This Issue

<i>ALANA President's Address</i>	2
<i>ALANA Executive Director's Report</i>	4
<i>News From UAB</i>	6
<i>News From Samford University</i>	7
<i>ALANA Student Representative's Report</i>	8
<i>ALANA Students at AANA Annual Meeting</i>	9
<i>2006 Student Research Papers</i>	10
<i>Election 2006 Candidate Position Statements</i>	15
<i>Minutes of the ALANA Board of Directors</i>	24
<i>ALANA First Leadership Development Conference</i>	25
<i>ALANA Annual Fall Meeting Information</i>	26

## ALANA 75th Anniversary: The Early Years

A small group of seven nurse anesthetists met in Birmingham on December 19, 1931. The purpose of this meeting was to organize what would become the Alabama State Association of Nurse Anesthetists. The leader of this group and the driving force for this meeting was a CRNA from Mobile named Verna Rice. Miss Rice had been in close communication with the founder of the National Association of Nurse Anesthetists (NANA), Agatha Hodgins, who was encouraging the formation of State Associations to form the infrastructure of what would eventually become the American Association of Nurse Anesthetists. The seven nurse anesthetists present became Charter Members and were as follows: Fannie Bell, St. Vincent's Hospital, Birmingham; Mary Wilbanks, Birmingham Baptist, Birmingham; Lelia Pitser, Birmingham Baptist, Birmingham; Anne Beddow, Norwood Hospital, Birmingham; Elsie D. Long, Medical Arts Building, (Assume Birmingham); Grace Alberts Jackson, Sustaining Hospital, Ensley; and Verna Rice, Providence Hospital, Mobile. Miss Rice presided over the organizational meeting as had been requested by Agatha Hodgins. The Charter officers elected that evening were President, Miss Anne Beddow; Vice President, Mrs. Elsie D. Long; Secretary-Treasurer, Miss Fannie Bell; and Historian, Miss Verna Rice. In a letter dated December 22, 1931 Agatha Hodgins stated to Miss Verna Rice, "I am delighted that you have organized your State Association. I do hope that now that you have your good start, Alabama will come through with flying colors, as I know it will. I think you have been a perfect brick and I am very grateful. If we had a Verna Rice in every state I should have no fear for the success of the movement."

On November 2, 1932, the Alabama State Association of Nurse Anesthetists held its first Annual Meeting in Selma. Miss Clara Michaelis of Birmingham, Miss Gertrude Whetstone of Sylacauga and Mrs. Opal Chapman Spiva of Montgomery all signed the Charter Roll on this day. It was at this meeting that the ASANA adopted the Constitution and By-Laws as recommended by NANA. According to the minutes from the meeting, Miss Rice then moved to accept the resignation of President Anne Beddow, which was seconded by Miss Card. The motion carried. Then Miss Rice moved, seconded by Miss Whetstone "that the Association acknowledge with regrets, Miss Beddows's resignation as President. The motion carried. Miss Whetstone then read a paper on loan from Miss Agatha Hodgins of Cleveland. This paper had been presented before the Pittsburgh group in the early fall by Miss Hodgins and outlined the objectives of the National Association of Nurse Anesthetists and the procedural steps taken in organizing our parent organization. Miss Rice moved to adjourn, seconded by Mrs. Spiva. The motion carried and the minutes were signed by Verna Rice, Acting Secretary, ASANA.

And so began the rich history of the Alabama Association of Nurse Anesthetists! Miss Rice continued her dedication to her profession by also being elected as the very first Treasurer of the National Association of Nurse Anesthetists at the (continued on Page 5)



Publisher  
Alabama Association of Nurse Anesthetists

One Perimeter Park South  
Suite 318 North Tower  
Birmingham, AL 35243  
1-205-977-2200

## Executive Staff

**Executive Director**  
T. Joe Knight, CRNA, JD  
One Perimeter Park South  
Suite 318 North Tower  
Birmingham, AL 35243  
Home: 205-655-4501  
Work: 205-977-2200  
TJoeKnight@aol.com

## Editorial Staff

**Editor**  
Jim Henderson, CRNA  
106 Ember Way  
LaGrange, GA 30240  
706-882-5658

## Board of Directors 2005-2006

**President**  
Brent Ledford  
306 Broad Armstrong Drive  
Brownsboro, AL 35741  
Home: 256-533-0642  
ledfords@comcast.net

**President-Elect**  
Jim Henderson  
106 Ember Way  
LaGrange, GA 30240  
Home: 706-882-5658  
sandman3@charter.net

**Vice-President/Secretary**  
David Neal  
8035 Mitchell Lane  
Birmingham, AL 35216  
Home: 205-982-1900  
dneal1900@charter.net

**Treasurer**  
Joe Williams  
2355 Ridge Trail  
Birmingham, AL 35242  
Home: 205-991-6858  
Williams@uab.edu

**Senior Director**  
Tracy Hall  
5128 8th Court South  
Birmingham, AL 35212  
Home: 205-599-3222  
UABsleeper@aol.com

**Senior Director**  
Ken Langley  
198 Graham Drive  
Boaz, AL 35956  
Home: 256-593-4125  
KenLangley24@charter.net

**Senior Director**  
Shannon Scaturro  
3202 Wynnfield Court  
Mobile, AL 36695  
Home: 251-635-1811  
sscat@comcast.net

**Senior Director**  
Michele Snow  
215 Grand View Lane  
Maylene, AL 35114  
Home: 205-620-5224  
msnowcrna@charter.net

**Director**  
Jeff Brown  
134 Greenbriar Road  
Gadsden, AL 35901  
Home: 256-413-1462  
CRNA1014@aol.com

**Director**  
Cliff Joyner  
107 Boardwalk Place  
Dothan, AL 36303  
Home: 334-702-3320  
joynercj@comcast.net

**Director**  
Laura Wright  
1060 28th Street South  
Birmingham, AL 35205  
Home: 205-939-1629  
wrightel@uab.edu

**Nominating Committee Chair**  
Robert Armstrong  
2308 Farley Place  
Hoover, AL 35226  
Home: 205-979-3773  
RobertCRNA@yahoo.com

**UAB Student Representative**  
Yvette Marsden  
119 Water Elm Drive  
Maylene, AL 35114  
Home: 205-664-2212  
tmarsden@uab.edu

**Samford Student Representative**  
Tara Ray  
72 CR 406  
Iuka, MS 38852  
Home: 662-423-6716  
TWRay@Samford.edu

ALANA NewsBulletin Copyright 2006  
Alabama Association of Nurse Anesthetists, Inc.  
All Rights Reserved.

The ALANA NewsBulletin (USPS 019869) is published quarterly by the Alabama Association of Nurse Anesthetists, Inc., One Perimeter Park South, Suite 318 North Tower, Birmingham, AL 35243. Periodical Postage paid at Birmingham, AL and additional mailing offices.

POSTMASTER: Send address changes to ALANA NewsBulletin, 106 Ember Way, LaGrange, GA 30240



# From the Office of the ALANA President *Brent Ledford, CRNA*

It would be difficult to imagine God crafting a more perfect day for the first annual ALANA "Swing into Spring" Golf Tournament than the Thursday afternoon that enveloped our host of lucky participants. The timing of our tournament could not have been better, as The Raven Course at Sandestin was in pristine condition. Our golfers enjoyed a near PGA experience (if you didn't look at their score), as the PGA TOUR's Champions Tour (the Boeing Championship) was held on this very course the weekend following our Spring Meeting. What a great opportunity to play a Robert Trent Jones Jr. course that was named "Best New Course in Florida" in 2000 and "No 1 Course in Northwest Florida" by Florida Golf News. Golf Digest has awarded this course standing in the "Top 75 Golf Resorts in America" for 2006.

It's great to be able to enjoy a round of golf with some good friends on a world-class golf course, but it's even better when you know that your participation has done something to help other CRNAs overcome a hardship in their lives. Our Region 7 Director Bonnie Mackin, Ronnie Whorton, and I met together during our Fall Meeting last year and were discussing the devastation hurricanes had recently wreaked upon Louisiana and Mississippi. Bonnie shared that Louisiana had to cancel their state meeting, as it was supposed to be held in New Orleans, and Mississippi had to cancel as well, as Biloxi was virtually destroyed. Born out of her concern for our sister Region 7 states was her request that Alabama host a fundraiser to benefit these two state associations. Bruce von Hagle and Ronnie began to research this idea, and then presented a proposal to your BOD, which offered unanimous approval.

Jeff Beutler, the Executive Director of the AANA offered the support of our national organization, and our current president Brian Thorson sent a letter to the presidents of each of the 50 state associations asking for each state to support us in this endeavor. We sold hole sponsorships for \$500, with the goal of getting all 18 holes sponsored. We realized that there are an endless number of really great causes to support, so we thought we would sweeten the pot with some fantastic prizes that Jeff Brown (Program Committee Chair), and Dave Ware (President of the Mississippi Association) secured for us. We offered team prizes for first place (four \$100 Restaurant certificates), second place (four \$75 pro shop certificates), last place (four dozen golf balls), and individual prizes for longest drive (free round of golf at the Raven), and closest to the pin (free round of golf at the Raven). Everyone that played but did not win a prize was given a soft-sided cooler. I was hoping we would be able to give away at least one of the five prizes we offered for a hole in one, but no one stepped up to put it in the hole for these great gifts. These included a Nike Sasquatch driver, a 5 day Las Vegas golf vacation, a five day Acapulco golf vacation, 36 dozen Nike golf balls, and 2 international tickets on Delta.

I want to offer congratulations to the team of students Samford

sponsored. Not only did they take home the first place award, but Kyle Vanderford took the long drive prize as well. It's nice to know that your studies have not gotten in the way of your golf game! Brian Roper took closest to the pin, and last place went to ...well, you figure it out. Congrats to CG, RW, FP, and KI on you new golf balls. Looks like you can use them.

The ALANA raised a total of \$8,225, and Bonnie and I were able to present James Dauzart (President of the Louisiana Association), and Dave Ware (President of the Mississippi Association) each a check for \$4,100 to help offset the costs of lost meeting revenue. James shared with me that their association office was underwater for days, and that their most pressing need was for a laptop and projector to be used at their next state meeting. I hope all of you that participated or helped sponsor this event appreciate the difference you have made in the lives of these CRNAs with whom you share a common bond. If you feel like you missed out on

something special this year, fear not, as your BOD has decided to make the golf tournament an annual event. Maybe next year you can play in the second annual "Swing into Spring" ALA-CRNA PAC Tournament!

I have to say that being so closely involved in this fundraiser has been very gratifying for me, and it has helped me see more clearly how we as CRNAs rely upon each other every day. There may be tens of thousands of us, but we are all connected by our love of our work and our concern for each other. I want to sincerely thank the following state organizations, businesses, and individuals for their sponsorship of this event. It sounds simple, but we could not have done this without your support.

Sincerely,

Brent Ledford, CRNA  
President, ALANA



## Sponsors of the First Annual "Swing Into Spring" Benefit Golf Tournament

State Associations @ \$500 each:

Alabama (2), South Dakota, Wisconsin, North Dakota, Ohio, Tennessee, West Virginia, Texas, Florida & Missouri.

Individuals:

James Dauzart, CRNA \$500, Bonnie Mackin, CRNA \$250, Gloria Spires, CRNA \$250 (with Bonnie), Larry Hornsby, CRNA \$250, Kerry Gossett, CRNA \$250

(with Larry), Brent Ledford, CRNA \$125, Jeff Brown, CRNA \$125 (in prizes), Ferne Cohen, CRNA \$100.

Corporations:

VITAL MED, \$500

Anesthesia Staffing Solutions, David Perkins, CRNA \$500.



## From the Office of the Executive Director *Joe Knight, CRNA, JD*

### THE EXECUTIVE DIRECTOR WHO CRIED WOLF

It was a cool Thanksgiving afternoon and the leaves from the big oak trees were being shredded from their lofty perch by the brisk autumn wind. I was sitting on my grandmother Knight's front porch in Haleyville, Alabama along with cousin Bo and many other cousins, aunts and uncles when I first heard the story of "The Boy Who Cried Wolf." The year was 1962. Uncle Nolan was the best storyteller in our family and his rendition of this tale left an impression on us kids about not sounding false alarms.

I sometimes feel like the boy who cries wolf when I attempt to educate CRNAs about the importance of being attentive members of their association and the importance of supporting their political action committee (PAC) in the legislative arena. I've been accused of being a broken record on more than one occasion.

By the time you get this newsletter, the 2006 November elections will be less than two months away. It is not a presidential election year, however, it is a most important time in the state of Alabama as all of our state senators and state representatives will be facing re-election. The governor's race will heat up some, but I believe Riley is in the driver's seat. He has been a good governor for our state.

The June primaries are done and for the most part, our legislative friends were unchallenged or won their primaries. Almost all of them face opposition in the fall. Two state senators who have been friends of CRNAs in the past unexpectedly were defeated in the primaries.

These two losses were not anticipated and it jars even the politically astute back into the reality that it can happen any time there is an election.

During the primaries, we emailed many of you and advised you of the races in your district. We plan more of this for the November election. We hope you found it helpful.

I have grown weary over the past twelve years preaching to the choir and it is not in my nature to beg people for money, although I do it anyway. Therefore, even though I kind of watch the trends, understand what is about to happen to Medicare re-imbursement for all anesthesia providers and hear about attacks on the practice of nurse anesthesia in other states, I dare not sound the alarms just yet. But, if I was a CRNA who had graduated in the last five years, I would research history and realize that I was born in a land of plenty. I might even immediately send \$100.00 to my state PAC and give deep thought to becoming a monthly supporter because like the two senators, what is today may not be tomorrow.

Is this the voice of an alarmist? Perhaps so, but like Uncle Nolan used to say, I can only tell it to them: I cannot make them understand.

ALA-CRNA PAC

One Perimeter Park South

Suite 318 N

Birmingham, AL 35243

**ALA-CRNA**  
the voice of the profession in Montgomery  
**PAC**

# ALANA 75th Anniversary: The Early Years

*continued from page 1*

organizational meeting on June 17, 1931 and was among the members who signed the original articles of Incorporation on March 12, 1932. She served as 1<sup>st</sup> Vice President of AANA in 1935 and 1936 and received the AANA Award of Appreciation at the Annual Banquet in New York City on August 26, 1959. Miss Rice was then made an Honorary Life Member of AANA by unanimous vote of the members at the business meeting and received the eighth award presented by AANA in recognition of her service to mankind in the field of anesthesia, and for her loyal participation in the affairs of the association. After 32 years of service in anesthesia, Miss Rice retired from Providence Hospital in Mobile in 1957. Miss Rice lived in Mobile until her death on March 27, 1974. Her obituary indicated that she graduated from Sara Leigh Hospital School of Nursing, Norfolk, Virginia in 1910 and received her anesthesia education at Western Reserve University in Cleveland, Ohio in 1925.

Thanks to Verna Rice and the other nurse anesthetists who came together with a vision in December of 1931, the ALANA became one of the first four states to affiliate with what went on to become the AANA. While it is unclear exactly what date the ALANA officially affiliated with AANA, we do know that Pennsylvania organized at the state level in the "fall" of 1931 and affiliated with AANA on September 27, 1935. Ohio organized on December 2, 1931 and affiliated with AANA on May 22, 1935. The AANA archives indicate that ALANA organized December 19, 1931, only 17 days after Ohio but there is no record of the affiliation date with AANA. While this is an important omission to establishing the timeline of our history, it is clear that the Alabama nurse anesthetists were most visionary and extremely dedicated to be among the first to recognize the need for a professional association. We were fortunate to have these early leaders who were dedicated and talented enough to serve their patients and their profession well. Happy 75th birthday ALANA!!!

*submitted by Larry Hornsby*

## ALANA Past Presidents

1931 ... Anne Beddow	1957 ... Anne Beddow	1983 ... Mary Ann Brownwell
1932 ... no info	1958 ... Inez Brock	1984 ... Tom Woosley
1933 ... no info	1959 ... Inez Brock	1985 ... Bill Barnwell
1934 ... Verna Rice	1960 ... George E. Cothren	1986 ... Irene Lee
1935 ... Verna Rice	1961 ... Stella Guier	1987 ... Joe Williams
1936 ... Alma Clyde Foust	1962 ... Stella Guier	1988 ... Wanda Marquardt
1937 ... Alma Clyde Foust	1963 ... Frances Watkins	1989 ... Frances Lamb
1938 ... Mary Bland Parks	1964 ... Elizabeth Manning	1990 ... Karen Tully
1939 ... Mary Bland Parks	1965 ... Elizabeth Manning	1991 ... Larry G. Hornsby
1940 ... Frances Bishop	1966 ... Rosemary Burke	1992 ... John Morris
1941 ... Hattie M. Barnes	1967 ... Roany Lackey	1993 ... Elaine Klein
1942 ... no info	1968 ... Sister Carmilita Alvery	1994 ... Larry G. Hornsby
1943 ... Elsie Owens Long	1969 ... Gene Collier	1995 ... Resa Culpepper
1944 ... Edith B. Allen	1970 ... Celeste O. Anderson	1996 ... Lynn Bailey
1945 ... Thelma Nelson	1971 ... Howard Bailey	1997 ... John Morris
1946 ... Thelma Nelson	1972 ... Howard Bailey	1998 ... Helen Meyn
1947 ... Alberta Boggan	1973 ... Ronnie Edmondson	1999 ... Jay Strickland
1948 ... Bernice Welch Cortney	1974 ... Yvonne Seller	2000 ... Jay Strickland
1949 ... Anne Beddow	1975 ... Irene Lee	2001 ... Ronnie Whorton
1950 ... Anne Beddow	1976 ... Leon Helton	2002 ... Jay Strickland
1951 ... Frances Bishop	1977 ... Thomas Parker	2003 ... Brent Ledford
1952 ... Bernice Welch Cortney	1978 ... Elaine Klein	2004 ... Jim Henderson
1953 ... Alberta Boggan	1979 ... Lucy Brimm	2005 ... Brent Ledford
1954 ... Thomas Parker	1980 ... Bobbie Clark	2006 ... Jim Henderson
1955 ... Mary Bland Parks	1981 ... James Marvin Riley	
1956 ... Mary Bland Parks	1982 ... Howard R. Bailey	



THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

NURSE ANESTHESIA PROGRAM

### **Update on the UAB Nurse Anesthesia Program**

The UAB Nurse Anesthesia Program is undergoing change. Over the past 18 months, the program has hired two new faculty members. The program is very excited about having each of these individuals on the faculty and looks forward to their contribution to the mission of the Program. The addition of the two new faculty brings the total of full-time faculty to five. The program plans to add a sixth faculty over the next year. This number of faculty will allow the program to do enrichment activities for students and other stakeholders that was not possible in the past. The post-professional and continuing education program are examples of these enrichment activities.

### **Description of New Faculty**

#### **Dr. Ingrid Oakley, CRNA, DVM**

Ingrid Oakley accepted a faculty position in January of 2005 as an assistant professor at the UAB School of Nurse Anesthesia. She completed her nurse anesthesia education in 1990 at UAB. She received her Doctor of Veterinary Medicine from Auburn University with a completed externship at Cornell University in 1999. Dr. Oakley is a member of the American and Alabama Association of Nurse Anesthetists. She is also a member of the Jefferson County and American Veterinary Medical Association. Dr. Oakley remains active in the veterinary community in the private and not-for-profit sector.

#### **Phillip Kendrick, CRNA, Ph.D.**

Phillip joined the UAB School of Nurse Anesthesia faculty as an assistant professor June, 2005. All of his academic degrees were obtained from the University of South Alabama. After practicing nurse anesthesia for 25 years, he is excited about preparing the next generation of practitioners. Phillip has served as a board member for the state association and presently reviews manuscripts for the AANA Journal.

### **Continuing Education Meeting for Clinical Faculty**

The UAB Nurse Anesthesia Program hosted its first annual free CE Event for clinical preceptors on May 20<sup>th</sup> in the Learning Resource Center on the campus of UAB. The program received prior approval from the AANA for 6 continuing education credits. This annual event was created to show the program's appreciation to clinical preceptors throughout the state who are dedicated to preparing future nurse anesthetists for clinical practice. The topics presented will provide teaching "pearls" for the program's clinical educators. Future meetings will involve the use of a new simulation lab.

### **Post Professional Master's Degree Program**

The UAB Nurse Anesthesia Program has submitted a request to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) for approval of a Master's of Nurse Anesthesia Completion Degree Program. Pending COA approval, the program could begin as early as the Fall Semester of 2006.



# Nurse Anesthesia

## **Award Recipients**

The annual Ida V. Moffett School of Nursing Awards Day was held April 21, 2006. Three of six graduate student awards were given to nurse anesthesia students. Fred LeJeune received the Lucille Stewart Beeson Nursing Award. Requirements for this award are for a graduate student who demonstrates leadership, service, academic excellence and Christian witness.

Tara Ray received the Samford University Alumni Association Award. This award is given to the student who is committed to continuing education in nursing and who demonstrates academic and clinical excellence.

Brooke Murphy received the Academic Achievement Award for the graduate student in nursing with the highest grade point average (GPA).

Congratulations to them all for their great work.

## **Class of 2008**

The fourth class, the Class of 2008, has been admitted to the program and has attended orientation. They will start classes June 5<sup>th</sup>. More than half of these 24 students are from out of state or from rural Alabama. A goal of the program is to fill the need for CRNAs in underserved areas as well as provide outstanding CRNAs to states without anesthesia programs.

## **Class of 2007**

The Class of 2007 begins clinical rotations in June. One of the biggest strengths of our program is the experience and guidance that our students receive from our clinical preceptors, as well as the facilities that allow us to bring our students to their site. Both the preceptors as well as the facilities are greatly appreciated and only serve to help graduate competent, excellent anesthetists.

## **Department Chairman**

The School of Nursing is accepting applications to fill the position for the Department of Nurse Anesthesia Chairman.

## **Accreditation**

Samford University's Nurse Anesthesia program underwent the site visit from the Council on Accreditation (COA) this month. We would like to extend a heartfelt thank you to everyone who participated over the last few months in this labor-intensive process. Our clinical preceptors, physicians, both classes of anesthesia students, Samford University's basic science professors, and graduate core faculty, all helped to make the site visit successful.



## From the Samford Student Representative

*Tara Ray, SRNA*

### **First Amendment Rights. . . aren't they great!**

We all know our First Amendment Rights ~ the right to freedom of religion, speech, press and peaceable assembly. But there is another First Amendment right that we often forget about ~ the right to petition the government for a redress of grievances. Thanks to the membership, I was privileged to express my first amendment rights as the student representative at the AANA Mid-Year Assembly in Washington, DC. This year's Assembly had the highest attendance yet. The enthusiasm was contagious. It was inspiring to be a part of this group and to know that CRNAs are not only interested in important legislative issues but are also willing to take steps to make changes! The assembly featured excellent speakers who discussed important CRNA advocacy and professional issues. By the time I had completed all the seminars, I felt prepared for our visits with the senators and representatives.



We also met with other state representatives in our region including members from Florida, Louisiana, Mississippi, and Texas. The region breakouts were important brainstorming sessions where states shared helpful information. It was interesting to hear on-going events in these states and how they are being handled.

On Tuesday, we visited "The Hill" to discuss

several issues including nurse education funding, and in specific nurse anesthesia education funding. It was impressive to see our government at work, and to see that our First Amendment rights are actually encouraged by our legislators. They may be sorry they encouraged me! Joe Knight, Shannon Scaturro, David Neal, and Larry Hornsby are wonderful mentors. They went out of their way to teach me the importance of political involvement and supporting the PAC. I am sure this will not be my last trip to "The Hill."

After returning from Washington, I quickly unpacked and re-packed and headed to the beach. What a meeting! We had a great panel of nationally known speakers including Dr. Eger who spoke about inhaled anesthetics and awareness, and our own Dr. Joe William's who concluded the program with talks about vision and hearing loss during anesthesia, wellness, and a review of several interesting articles. The golf tournament benefiting the Mississippi and Louisiana associations was a success. Congratulations to the Samford team for their win. The wind forced the beach party to the deck, but it was still a fun party. It was enjoyable to meet CRNAs from all parts of Alabama, and to see familiar faces. On behalf of the students, thank you all for making this meeting available to us and for all the hard work involved in organizing a meeting of this size!

As you know, on August 5-9, the AANA celebrate it's 75<sup>th</sup> anniversary at the Annual Meeting in Cleveland. As the country's oldest anesthesia provider organization, we have a lot to celebrate! In an effort to encourage student involvement at this historic meeting, the ALANA will match student fundraising up to \$25,000! Students, take advantage of this opportunity to attend a national meeting and let me or Yvette know you would like to attend and participate in fund raising. Our fund raising efforts will start with a raffle. A video iPod has been generously donated by members of the board of directors. Students will be selling raffle tickets \$2 per ticket or \$5 for three tickets. Please support our efforts to have a strong Alabama presence at the national meeting.

In closing, thanks to all the CRNA's who make our clinical experience so beneficial. You are true teachers.

# ALANA CRNAs Assist Alabama Students Attend the AANA Annual Meeting in Cleveland

Ten nurse anesthesia students from Alabama made the journey to Cleveland to witness and take part in an unforgettable and historic event, the AANA Annual Meeting 75th Anniversary Celebration. To raise money for their trip, the students organized a raffle for a Video IPOD. The winner of the raffle is Donna Bundrick, CRNA, Chief Anesthetist at Huntsville Hospital Woman and Childrens Center. Presenting the IPOD is Rhana Hill, SRNA and Brent Ledford, ALANA President. The students received additional financial support from the ALANA and all of the Sponsor-a-Student Donors. The following students were in attendance: Kim Jones, Vicki Cheshire, Mark Stovall, Sonja Langham, Cathy Smiley, Brooke Murphy, Adrienne Sizer, Sonya Holley, Gayla Estes, Rhana Hill, Kimberly Fields, and Maria Bolyard.



In a Thank You note received from the students to the ALANA Leadership, an excerpt is as follows: "The meeting was exciting and not only gave us some great educational opportunities but helped us all to understand the importance of the actions of the ALANA and the AANA in advancing and protecting our future practice." Mission Accomplished!



Alabama Students at 75th Anniversary AANA Annual Meeting  
Cleveland, Ohio, August 8, 2006

# Does Inactivation of B<sub>12</sub> Associated with Nitrous Oxide Alter Clinical Outcomes in Adult Patients?

Tara Ray, Senior Nurse Anesthesia Student  
Samford University, 2006

The fact that nitrous oxide has been in use for over 150 years speaks to the relative safety of this agent. However, weighing the risks and benefits of its use is difficult due to conflicting reports, limited strong randomized human studies, and the lack of clinical outcomes studies.

It is known that nitrous oxide binds to the cobalt in B<sub>12</sub> causing irreversible inactivation. B<sub>12</sub> is necessary in two methylation reactions: 1) The conversion of L-methylmalonyl CoA to succinyl CoA; and 2) the conversion of homocysteine (tHcy) into methionine by N<sup>5</sup>-methyltetrahydrofolate.<sup>1</sup> The resulting N<sup>5</sup>-N<sup>10</sup>-methyltetrahydrofolate is important in DNA formation. Uracil (a RNA pyrimidine base) forms deoxyuridylate (dUMP) which is methylated into the DNA base thymidylate. Interruption of this reaction can cause megaloblastic anemia which is diagnosed with bone marrow or deoxyuridine (dU) suppression test. The amino acid methionine is also important in protein synthesis (especially myelin) and S-adenosyl methionine (SAM) which contributes to the formation of purines and pyrimidines, adrenaline, and arachidonic acid. Succinyl CoA provides the energy to form GDP (a nucleotide) and porphyrins (a heme precursor).

In humans, it is strongly established that nitrous does cause changes such as increased plasma tHcy; decreased plasma methionine synthase; decreased plasma methionine; decreased plasma SAM; dU suppression (bone marrow function); megaloblastic changes; and agranulocytosis. However, the time and amount of exposure resulting in significant cellular changes is not well confirmed.

One study tested the effects of 50% N<sub>2</sub>O on bone marrow in humans at 6, 12, and 24 hour exposures. The patients with 6 hour exposures had no statistically significant changes. Patients in the 12 and 24 hour exposure groups had megaloblastic hematopoiesis and 13% increase in dU suppression. Although both returned to pre-op levels within 12 hours of discontinuation of N<sub>2</sub>O, methionine synthetase suppression has been shown to last 5 days in rat studies.<sup>2</sup> Another study found no change in plasma methionine, SAM, tryptophan, or phenylalanine in surgeries up to 3 hours. This study also found that pre-operative starvation affects the level of amino acid concentrations.<sup>3</sup> Skacel et al. studied the effects folinic acid in three patients exposed to nitrous. The patients received 70% nitrous for 4.5, 7, and 24 hours and had an increased in dU suppression by 12.8%, 20.3%, and 21.4% even with folinic acid treatment.<sup>4</sup>

Because many of the studies on cellular changes

require actual tissue/bone marrow sampling, studies are completed on small human populations or rat experiments. This brings important generalization questions because of sample size and the physiologic differences between rats and humans. Nitrous studies do not typically address clinical outcomes leaving the practitioner to draw conclusions that may be less than accurate. Also, there are few case reports (especially considering 150 years of use) clinically linking nitrous and cellular changes. Most of the case reports that are published document neurologic manifestations in patients with pre-existing B<sub>12</sub> deficiency or long-term nitrous exposure or abuse.

In conclusion, there are not enough randomized blinded human studies or outcomes evidence to constitute elimination of nitrous from the practice of anesthesia related to cellular changes; however, it may be prudent when weighing risks and benefits to consider excluding patients with known or suspected history of B<sub>12</sub> deficiencies, elevated MCV (especially if age >60 years), other hematologic pathologies, neurological disorders, those with cardiovascular disease, or surgeries expected to take 6 hours or more.

1. Berg JM, Tymoczko JL, Stryer L. Biochemistry. 5<sup>th</sup> ed. New York, NY: WH Freeman and Co.; 2002.
2. O'Sullivan H, Jennings F, Ward K, McCann S, Scott JM, Weir DG. Human Bone Marrow Biochemical Function and Megaloblastic Hematopoiesis after Nitrous Oxide Anesthesia. *Anesthesiology*. 1981;55:645-649
3. Nunn JF, Sharer NM, Bottiglier I, Rossiter J. Plasma Methionine Concentrations During Elective Surgery and Nitrous Oxide Anesthesia. *British Journal of Anaesthesia* 1986;57:342 (Nunn, Sharer NW).
4. Skacel PO, Chanarin I, Hewlett A, Nunn JF. Failure to Correct Nitrous Oxide Toxicity with Folinic Acid. *Antesthesiology*. 1982;57:557.

# Is the use of a cuffed endotracheal tube safe for children under the age of eight years old?

Krystal J. Magouirk, Senior Nurse Anesthesia Student  
Samford University, 2006

Traditionally it has been taught that the use of cuffed endotracheal tubes should be reserved for children greater than eight years of age. Recent literature suggests that cuffed endotracheal tubes may provide some advantages over uncuffed endotracheal tubes for children less than eight years old. In a recent clinical setting, the use of a cuffed endotracheal tube in a four year old child was observed. The following question was contemplated, "Is the use of a cuffed endotracheal tube safe for children under the age of eight years old?" A major argument favoring uncuffed endotracheal tubes is that a tube of larger internal diameter lowers resistance to airflow and in turn decreases the patient's work of breathing. A second argument favoring an uncuffed endotracheal tube is that it avoids trauma to the subglottis that may be caused by a cuff. The narrowest part of a pediatric airway is at the cricoid cartilage where a cuffed or uncuffed endotracheal tube would exert the greatest amount of pressure. There have been many advantages cited of using a cuffed endotracheal tube versus an uncuffed tube in children less than eight years of age. Some of the advantages cited by Ho, Aun, & Karmakar 2002, included: reduced gas leak, decreased number of laryngoscopies, decreased aspiration risk, decreased pollution in the operating suite, and decreased use of large uncuffed endotracheal tubes. Khine, Corddry, Kettrick, et. al. 1997, investigated whether or not the choice of a cuffed versus an uncuffed endotracheal tube would have an effect on the following: number of endotracheal tube changes to determine appropriate fit, adequate lung ventilation, ability to use low fresh gas flows, and anesthetic gas concentration in the operating suite. There was a total of 251 patients who received either a cuffed Mallinkrodt-lo-pro oral rae or Sheridan low pressure cuff. Endotracheal tube size was based on a modified formula for cuffed tubes:  $(age/4)+3$ . If resistance was encountered with tube passage, one size smaller was used. Cuffs were inflated with a Shiley pressure relief adapter that limited cuff pressure to 25 mmHg. The uncuffed group consisted of 237 patients intubated with tubes from the same manufacturer. Endotracheal tube size was calculated using Cole's formula  $(age/4)+4$ . When resistance was met a tube 1 size smaller was placed and if a leak occurred at inflation pressures < 10 cmH<sub>2</sub>O the tube was changed to one size larger. They observed operating suite contamination with cuffed versus uncuffed endotracheal tubes. Nitrous oxide concentration was analyzed at 6 and 24 inches from the patients' mouths 10-15 minutes after tracheal intubation with an Ohio Trace

Gas Analyzer. Khine et.al. 1997, found the number of reintubations in the uncuffed group to be 30% in children less than two years old and 18% in children greater than two years old. In the cuffed group, three patients ages 3, 4, and 6 years required placement of a tube one size larger. Higher fresh gas flows were required in the uncuffed group versus the cuffed group. Nitrous oxide concentrations > 25 parts per million were significantly increased in the uncuffed group 37% versus 0% in the cuffed group. There was no significant difference in post-operative croup in either group. The study concluded that the use of cuffed endotracheal tubes in children less than eight years of age provided advantages of decreased reintubation rates, decreased operating suite contamination, and posed no increased risk of post-operative croup.

Though the use of cuffed endotracheal tubes in children under eight years of age poses no greater risk of tracheal damage, the margin of safety is decreased when placed in the short trachea of children. Ho, et. al. 2002, defined the margin of safety as the distance between the most cephalad and caudad tube positions beyond which adverse effects may occur. For uncuffed endotracheal tubes, this is defined as the most cephalad position without excessive leak and the risk of extubation is where the top end of the bevel aligns with the vocal cords. For cuffed endotracheal tubes, the most cephalad position is where the proximal edge of the cuff impinges on the vocal cords. Ho, et. al. 2002, found that uncuffed tubes were associated with a 50% reduction in the margin of safety.

Concluding, when one is considering the choice of a cuffed versus an uncuffed endotracheal tube for a child less than eight years of age a risk/benefit analysis should be considered. Adult mucosal capillary pressure ranges 25-30 mmHg. It is believed that inflating cuffs to 20 cmH<sub>2</sub>O should be sufficient to prevent air leak while minimizing the risk of airway injury in children. When cuffed endotracheal tubes are used for children under eight years old, careful observation of cuff pressure is required.

## References:

Fine, G. F. & Borland, L. M. The future of the cuffed endotracheal tube. *Pediatric Anesthesia*, 2004, 14:38-42.  
Ho, A. M., Aun, C. S. T. & Karmakar. The margin of safety associated with the use of cuffed paediatric tracheal tubes. *Anaesthesia*, 2002, 57, 173-75.  
Khine, H., Corddry, D., Kettrick, R., Martin, T., McCloskey, J., Rose, J., Theroux, M., Zagnoev, M.  
Comparison of cuffed and uncuffed endotracheal tubes in young children during anesthesia.

# The Effectiveness of Diagnostic Tests in Predicting Difficult Intubation

Melissa Fleming, Senior Nurse Anesthesia Student  
Samford University, 2006

Unexpected difficult intubation is a significant source of morbidity and mortality in anesthesia. The author of this article recently participated in the anesthesia care of a 40-year-old male patient undergoing prostatectomy. On preoperative airway examination, the patient was classified as a Mallampati II, thyromental distance 5 cm, mouth opening 4 cm, and full range of motion of neck was present without pain or tingling. The patient reports no history of previous surgeries. Tracheal intubation was unsuccessfully attempted using various types of airway tools, such as MAC and Miller laryngoscope blade, Bougie tube, glide scope, intubating LMA, and a fiberoptic scope. The patient was easily mask ventilated throughout the induction and intubation phase. Eventually, the patient was awakened and intubated utilizing a fiberoptic scope. In this case, the preoperative airway assessment failed to accurately predict the ease of tracheal intubation. The purpose of this presentation is to evaluate the effectiveness of various bedside diagnostic tests commonly used in anesthesia to predict a difficult intubation.

The meta-analysis titled, "Predicting Difficult Intubation in Apparently Normal Patients", aimed to determine the accuracy of various bedside tests for predicting difficult intubation. The authors evaluated the Mallampati classification, thyromental distance, sternomental distance, mouth opening, Wilson risk sum score, and a combination of the Mallampati and thyromental distance. The Mallampati score assesses how far the mouth can open and head and neck mobility and it may also estimate whether the tongue may be easily displaced by the laryngoscope blade according to the size of the tongue in comparison with the oral cavity. However, despite theoretical diagnostic usefulness, the test was shown to have poor sensitivity and moderate specificity. This analysis also indicated the utilization of thyromental distance, sternomental distance, and mouth opening as a single diagnostic test as inadequate predictors of difficult intubation. The authors determined that a combination of the Mallampati test and thyromental distance most accurately predicted difficult intubation. There are several limitations noted in this analysis. Many of the studies defined difficult intubation differently. The laryngoscopy and intubation may have been performed differently and by various levels of skilled anesthesia providers. The diagnostic tools may have also been performed in various manners. In addition, the meta-analysis only included studies on patients with anatomically normal airways. The combination of Mallampati and thyromental distance was

the only combination diagnostic tests mentioned in the meta-analysis. These factors limit the generalizability of the meta-analysis.

Another study, titled "Predictive Performance of Three Multivariate Difficult Tracheal Intubation Models: A Double-Blind, Case-Controlled Study", analyzed the performance of three clinical models (Wilson, Arne, and Naguib) in the prediction of difficult intubation. The Wilson model scores 5 factors: weight, head and neck movement, jaw movement, receding mandible, and buck teeth, where a score of 4 or greater is considered a difficult intubation. The Arne model assesses the patient's history of difficult intubation, diseases associated with difficult intubation, airway pathology, interincisor gap, mandible subluxation, thyromental distance, head and neck movement, and Mallampati score. A score greater than 11 indicates difficult intubation. The Naguib model is based on the formula clinical prediction =  $4.9504 + (\text{thyrosternal distance} \times 1.1003) + (\text{Mallampati score} \times -2.6076) + (\text{thyromental distance} \times 0.9684) + (\text{neck circumference} \times 0.3966)$ . If the number is less than 0, the patient is predicted to have a difficult intubation. The study group consisted of 97 patients in whom an unanticipated difficult intubation occurred. A matched control patient that was easily intubated was selected for each difficult intubation patient. The clinical assessment included the patient's weight, height, age, Mallampati score, interincisor gap, thyromental distance, thyrosternal distance, neck circumference, Wilson risk sum score, history of previous difficult intubation, and diseases associated with difficult laryngoscopy or intubation. The Naguib (81%) model was significantly more sensitive than the Arne (55%) or Wilson (40%) models. A test performed to predict difficult intubation should have high sensitivity so that it will identify most patients in whom intubation will be difficult. Both the Naguib (77%) and Arne (75%) model classified more intubations correctly than the Wilson (67%) model. The specificity of Arne, Wilson, and Naguib model was 95%, 93%, and 72%, respectively. The authors of the research article developed a new model using logistic regression which includes assessment of the thyromental distance, Mallampati score, interincisor gap, and height. This new model was 83% sensitive and 86% specific.

In conclusion, no one test will accurately predict difficult intubation. Combinations of individual tests and risk factors will more accurately predict difficult intubation than when used alone.

References: See next page.

# The Timing of Ondansetron Administration: What are the Benefits?

Brooke Murphy, Senior Nurse Anesthesia Student  
Samford University, 2006

Whether ondansetron should be administered immediately after induction or 30 minutes prior to emergence is a contentious subject among anesthesia providers. Looking towards the research on this topic will help the practitioner gain deeper knowledge to answer the question, "Are there benefits to administering ondansetron 30 minutes before emergence, and if so, what are they?" Tang et al. (1998)<sup>1</sup> performed a study with four groups: a control, split-dose ondansetron (2mg after induction, 2mg 30 minutes before the end of the case), 4mg ondansetron after induction, and 4mg 30 minutes before the end of the case. Some of their findings are as follows. Vomiting was significantly decreased in the group that got ondansetron at the end of the case. The incidence and severity of postoperative nausea and vomiting (PONV) during a 24 hour period was significantly reduced only when ondansetron was given towards the end of surgery. Giving ondansetron at the end of the case reduced the number of nausea and vomiting episodes in the post anesthesia care unit (PACU), although this reduction did not achieve statistical significance. Patient satisfaction scores were higher and patient dissatisfaction scores were lower in the end-of-case-administration group. There were significantly longer times until 25% of patients failed prophylactic antiemetic therapy when comparing the

induction ondansetron group (421 min) to the end-of-case ondansetron group (> 1440 min). There were also fewer patients with more than two episodes of vomiting within 24 hours in the end-of-case administration group. In the end-of-case administration group, more patients could take oral fluids and a solid diet on the day of surgery and this group was associated with the lowest cost for the hospital. Sun et al. (1997)<sup>2</sup> showed in their study that vomiting was reduced by administering ondansetron towards the end of the case, although this reduction was not statistically significant. However, giving ondansetron at the end of the operation significantly reduced the need for rescue antiemetic drugs in the PACU which decreased cost for the hospital.

The answer to the former stated question is yes, administering ondansetron 30 minutes before emergence is beneficial not only to the patient, but also the hospital. Fewer patients will have PONV episodes, consequently increasing patient satisfaction, and less rescue antiemetic therapy will be required, thus decreasing cost for the hospital.

## References

1. Anesthesia Analgesia. 1998;86:274-82
2. Anesthesia Analgesia. 1997. Feb 84(2):331-6.

---

## The Effectiveness of Diagnostic Tests in Predicting Difficult Intubation

### References

1. Shiga T, Wajima Z, Inoue T, Sakamoto A. Predicting difficult intubation in apparently normal patients. *Anesthesiology*, 2005; 103, 429-37.
2. Naguib M, Scamman FL, O'Sullivan C, Aker J, Ross AF, Kosmach S, Ensor J. Predictive performance of three multivariate difficult tracheal intubation models: A double-blind, case-controlled study. *Anesthesia and Analgesia*, 2006; 102, 818-24.

# Are Isopropyl Alcohol Pads Effective as a Short Term Antiemetic?

John McCreless, Senior Nurse Anesthesia Student  
Samford University, 2006

Post operative nausea and vomiting (PONV) remains a major complication after general anesthesia. PONV results in patient dissatisfaction, increased hospital costs, and longer hospital stays. Factors that influence the likelihood of PONV include, but are not limited to, the type and duration of surgery, the operative site, the type of anesthesia received, and patient demographics. Many preventative measures and treatments for PONV exist; however, it still occurs very frequently.

In anesthesia practice, isopropyl alcohol inhalation has been used as a short-term antiemetic until other drugs could be obtained and administered. It frequently seemed to work, but its validity has been questioned. Therefore, the question at hand is this: Are isopropyl alcohol pads an effective short-term antiemetic?

The effectiveness of isopropyl alcohol pads as an antiemetic was investigated in an experiment conducted by Winston, et al in 2003. In this study, 100 healthy ASA I women undergoing routine laparoscopic gynecological surgery were randomly assigned to a group that received Zofran 4 mg or a group that received isopropyl alcohol inhalation for treatment of post operative nausea. Nausea was self-rated by the patient on a scale of 0-10 with 0 being no nausea and 10 being the worst nausea imagined. Nausea was rated on arrival to the PACU, on report of nausea, and every five minutes after initiation of treatment until nausea subsided. After nausea had left the patient, it was then rated every fifteen minutes thereafter. At five, ten, and fifteen minutes post nausea complaint, the mean rating scores for the isopropyl alcohol pad inhalation group was significantly lower than the group that received Zofran. It was interesting to note that there was no difference in complaints of nausea in either group after fifteen minutes. This suggests that isopropyl alcohol had a quicker onset than did Zofran. As a matter of fact, the mean time from the start of therapy until a fifty percent reduction in nausea was significantly lower in the isopropyl alcohol inhalation group.

A limitation to this study was that all participants were ASA I females undergoing gynecological surgery. This raises the question as to whether the results of the study can be generalized to other patient populations. Also, according to Spencer (2004), the benefit from inhalation therapy could have been from controlled breathing instead of the isopropyl alcohol because the above study had no control group.

Numerous other studies have shown isopropyl alcohol to be beneficial as an antiemetic. One study done

by Merritt, et al (2002) addressed the effectiveness of isopropyl alcohol for nausea after many different types of surgeries. They claimed effectiveness in over 50% of the study participants. Another study by Langevin and Brown (1997) claimed that eighty percent of patients treated with alcohol pads showed a significant improvement in their complaints of PONV. Smiler and Srock (1998) claimed antiemetic properties of alcohol pads during patient transport.

Current research has shown some promising benefits of using isopropyl alcohol inhalation for PONV. With a lack of research disputing these benefits, it can be generalized that alcohol pads are beneficial (at least short term) for PONV. Perhaps alcohol pads can be used as a rescue drug to delay nausea and vomiting until other longer acting drugs can be obtained and administered.

## References:

- Langevin, P., & Brown, M. (1997). A simple, innocuous and inexpensive treatment for post-operative nausea and vomiting. *Anesthesia and Analgesia*, 87, S15.
- Merritt, B.A., Okyere, C.P., & Jasinski, D.M. (2002). Isopropyl alcohol inhalation: alternative treatment of postoperative nausea and vomiting. *Nursing research*, 51(2), 125-128.
- Smiler, B., & Srock, M. (1998). Isopropyl alcohol for transport-related nausea (letter). *Anesthesia and Analgesia*, 87(5), 1214.
- Spencer, K.W. (2004). Isopropyl alcohol inhalation as treatment for nausea and vomiting. *Plastic Surgical Nursing*, 24(4), 149-154.
- Winston, A.W., Rinehart, R.S., Riley, G.P., Vacchiano, C.A., & Pellegrini, J.E. (2003). Comparison of inhaled isopropyl alcohol and intravenous ondansetron for treatment of postoperative nausea. *AANA Journal*, 71(2), 127-132.

# ALANA 2006 - 2007

## Nominations and Election

The ALANA Nominating Committee, under the direction of Robert Armstrong, Nominating Committee Chairman, is pleased to announce the candidates for the ALANA 2006-2007 election. The slate of candidates was approved by the membership at the ALANA Annual Spring Business Meeting in Destin, FL. On behalf of the ALANA Board of Directors, our thanks to Mr. Armstrong for the excellent job he has done in assembling this slate of candidates. In addition, our thanks to each of the candidates for their willingness to serve the Alabama Association of Nurse Anesthetists. Service on the Board of Directors is an enjoyable and rewarding way to give back to the profession and to shape the future of nurse anesthesia in Alabama and beyond. Congratulations to each of the candidates and best wishes for success in the coming election. Each candidate was given an opportunity to prepare a brief biographical sketch, a position statement and submit a photo to be included in this issue of the ALANA NewsBulletin. Please read through these position statements carefully as you prepare to vote in the election.

The ballots will be mailed to each active member of the ALANA on record as obtained from the most recent mailing list of active members from the AANA. The ballots will be mailed to the last address of record on September 8, 2006. Head Teller for this year is Tom Nichols, CRNA of Lanett, Alabama. Should you not receive a ballot or need a duplicate ballot, Mr. Nichols can be reached at 334-642-0405. Mr. Nichols will be assisted by Derrick Wilson, CRNA. Ballots must be returned in the enclosed envelope and received by the tellers no later than October 13th, seven days before the beginning of the ALANA Annual Fall Meeting. The results of the election will be announced at the ALANA Annual Fall Business Meeting at the Wynfrey on October 21, 2006 at 12:00 noon. Newly elected members will be inducted at that time. All active members of the ALANA are welcome to attend this business meeting, even if not registered for the educational sessions.

### **President-elect**

Shannon Scaturro  
(unopposed)

### **Treasurer**

(select one)  
Frank Saliba  
Jay Strickland

### **Nominating Committee Chairman**

(select one)  
Chris Campanotta  
David Fort

### **Board of Directors at Large**

(select four)  
Michael Fiedler  
Michael Humber  
Carol Johnson  
Ken Langley  
Tom Mallory  
Amy Sayler  
Michele Snow

## President-elect

### Shannon Scaturro (unopposed)



**Shannon Scaturro, CRNA, MSN**  
**Mobile, Alabama**  
President  
United Anesthesia Resources, Inc.  
Mobile, Alabama

#### Education

University of South Alabama, BSN, 1996  
University of Tennessee, MSN, 2000

#### Service

ALANA Board of Directors, 2004 - 2006  
Chair: Bylaws Committee  
Chair: Government Relations Committee  
Chair: Blue Cross & Blue Shield Ad hoc Committee  
Member: Finance Committee

#### Position Statement

The Alabama Association of Nurse Anesthetists (ALANA) has been fortunate to have talented leadership over the years. Since its founding in 1931, the ALANA has been guided by a dedicated board of directors and officers that have built a solid foundation for future leaders and members in the state. It is in the footsteps of these accomplished individuals that I desire to follow. I firmly believe that leadership is a responsibility to bear, not a hat to wear. As your President-Elect, I will maintain the momentum set by previous leaders of our association, and with the board of directors, navigate its course for our profession.

When I first joined the ALANA board of directors, my mission was purely to serve as an advocate for our profession and represent the interests of all CRNAs throughout the state. I can truly say that this continues to be my goal today. During my term as your board member, I have worked with the board to update and amend our bylaws, met with the Executive Committee of the Alabama Hospital Association regarding Blue Cross, held Blue Cross committee meetings with CRNA leaders from our state, met with state and federal legislators on several occasions to promote and advocate for our profession, participated in PAC drives, and have attended every board meeting. I have and will

continue to stay committed to serving you and our profession as your President-Elect.

We have accomplished a great deal during the past few years. However, our work is never done. Many issues in our state continue to require our attention. Some of these include:

- Resolution of the complex, yet inequitable, reimbursement issues related to Blue Cross Blue Shield of Alabama
- Mentorship of our student nurse anesthetists and CRNA leaders
- Promotion of our profession within our state
- Growth of our presence, influence, and relationships with state legislators and agencies
- Maintenance of open and frank communication with the ASSA
- Cooperation with the ASSA on issues of mutual importance
- Vigilance in preventing attempts to limit our scope of practice
- Promotion of CRNA entrepreneurial endeavors
- Rapid and accurate dissemination of information to our members
- Prudent fiscal control of association resources
- Encouragement of greater membership involvement in the association

The work of the board is directed by the active participation of the membership. As issues constantly change, I encourage each of you to offer your issues, input, and unique perspective. As the AANA celebrates its 75<sup>th</sup> anniversary this year, we too, the ALANA, are celebrating our 75<sup>th</sup> year as a state association. I ask each of you to celebrate the long tradition we hold of promoting our profession and delivering quality anesthesia care to our patients. I thank you for your kind support and ask for your continued help in keeping our association strong for years to come.

## Treasurer

### Frank Saliba and Jay Strickland



**Frank Saliba, CRNA, MBA, JD**  
**Montgomery, Alabama**  
Staff Anesthetist  
Montgomery Anesthesia Associates  
Montgomery, Alabama

#### Education

UAB School of Nursing, BSN  
UAB Nurse Anesthesia Program  
Auburn University at Montgomery, MBA  
Jones School of Law, JD

#### ALANA Positions:

Board of Directors  
Vice President - Secretary, 2003 - 2004  
Finance Committee, 2005 - 2006

#### Position Statement

I am honored to be a candidate for the ALANA position of Treasurer. As your treasurer, I pledge to diligently maintain the financial records of the ALANA in a thorough, precise, open, and easily accessible manner. We should seek to maximize the return of the financial assets of the ALANA in a prudent conservative investment plan that balances risks versus reward using the best financial minds available to us. As many of you know, for the past two years, I have worked very closely with outgoing treasurer, Joe Williams on the finance committee, working to transfer all of the financial accounts of the Association to one institution, which now allows us to have a seamless interaction of all of our financial transactions under one roof. If you choose to elect me as your treasurer, you can be assured that I shall serve this association to protect, preserve, and grow our financial assets in a manner that will be in the best interest of all of the members of the association we are all so proud to call our own. My current work on the finance committee makes me uniquely qualified to provide continuity in the management of our finances and a smooth transition for the upcoming two year term. I greatly appreciate your support of my previous service and look forward to serving the ALANA in the capacity of treasurer.



**Jay Strickland, CRNA**  
**Morris, Alabama**  
Staff Anesthetist  
Medical Center Blount  
Oneonta, Alabama

#### Education

Jefferson State Junior College, ADN  
UAB School of Nursing, BSN  
UAB Nurse Anesthesia Program

Nominating Committee Chairman - 1995-96  
Board of Directors – 1997-99  
President-Elect – 1999-2000, 2001-2002  
President – 2000-2001, 2002-2003

Major – US Army Reserves (Retired)  
Desert Shield/Desert Storm Veteran  
Operation Enduring Freedom Veteran

#### Position Statement

During my two terms as President of the ALANA, I worked very hard to represent CRNA's across the state regardless of their practice setting. I would now like to serve Alabama CRNA's as **ALANA Treasurer**. As President, I worked very closely with the Treasurer to assure accountability of your dollars and to cut expenses as needed to make sure that ALANA maintained a reserve fund/war chest to combat restrictions of our practice. As President in 2001, I saw that this was critical as we fought restrictions to our practice. I also worked closely with the Finance Committee each year in planning a conservative budget that guaranteed representation from Alabama at all national meetings, especially the Mid-Year Assembly on Capital Hill. I also believe it is critical to continue to research avenues of revenue for our two state meetings in view of decreasing vendor support to continue to keep the meetings reasonably priced for participants and continue to provide the high quality meetings that the ALANA has been known for. I believe my experience as President and Director over the past several years qualifies me to be your next ALANA Treasurer.

As I have stated before, direct reimbursement of CRNA's by BCBS is still a high priority to me for the ALANA to address. I formed an ad hoc committee to address this issue as President. I will continue to work toward resolving this issue if I am elected as Treasurer of the ALANA. I would appreciate your vote. God Bless!

**Board of Directors at Large  
(select four)**

**Michael Fiedler, Michael Humber, Carol Johnson, Ken Langley  
Tom Mallory, Amy Saylor, Michele Snow**



**Michael A. Fiedler, PhD, CRNA  
Birmingham, Alabama**  
Employer ... mmm, thinking about this.  
Long time nurse anesthesia educator.

**Education**

Indiana Wesleyan University, BSN  
Baylor College of Medicine Graduate School, MSN  
University of Tennessee Health Science Center, PhD

**Service**

ALANA Board of Directors

**Position Statement**

It has been my pleasure in the past to serve as a member of the ALANA board. Now that my work schedule has changed I have the time to do so again. We are fortunate to have a well organized state organization in Alabama; one that works together both collegially and effectively. I stand ready to work cooperatively with the ALANA board and membership under the leadership of our state president to identify where the energy of our state organization should be applied, set goals, and achieve them.



**Michael W. Humber, CRNA, MNA  
Birmingham, Alabama**  
Assistant Professor  
Director of Clinical Education  
UAB Nurse Anesthesia Program  
Birmingham, Alabama

**Education**

University of Alabama, BSN  
UAB Nurse Anesthesia Program, MNA

**Position Statement**

Nurse Anesthetists can only be as strong as the core group that represents them at both the state and national level. Many important changes are taking place that affect nurse anesthetists, and we need strong, dedicated leadership to make sure these changes benefit us as a group. I have the pleasure of conversing with many of you in clinical sites around the state which allows me to see the problems that are affecting you in your area, not just the problems in my particular area. I believe we should be committed to make the profession of nurse anesthesia as beneficial to future nurse anesthetists as it has been for us. I am excited about the opportunity to make a difference in our profession; therefore, I am ready to work with our state association leaders to make this association truly representative of all the nurse anesthetists throughout the state. If elected, I will be your representative on the Board of Directors for the ALANA.

## Board of Directors at Large

(select four)

**Michael Fiedler, Michael Humber, Carol Johnson, Ken Langley  
Tom Mallory, Amy Saylor, Michele Snow**



**Carol Johnson, CRNA, MSN, MNA**  
**Birmingham, Alabama**  
Children's Hospital  
Senior CRNA,  
Capital Equipment Manager,  
Nurse Anesthesia Resident Manager

### Education

Auburn University, BSN  
Auburn University, Bachelor of Chemical Engineering  
UAB Nurse Anesthesia Program, MNA  
Auburn University, Candidate for MBA (current)

### Position Statement:

For the past two years. I have had the honor to serve as the resident manager for the nurse anesthesia students at Children's Hospital in Birmingham. Perhaps it has been through this opportunity that I have realized that we all have a responsibility to help shape our professional future. I am convinced it is through political involvement that true changes will occur. I am seeking a position on the board of directors to gain a better understanding of the issues that face our profession and to use this knowledge and my experiences to make decisions that will advance our profession locally as well as nationally in both public and professional forums.



**Ken Langley CRNA**  
**Boaz, Alabama**  
Marshall Medical Center South  
Staff Anesthetist

### Education

Southern Union State Junior College. ADN  
Jacksonville State University School of Nursing, BSN  
UAB Nurse Anesthesia Program, MNA

### Service

ALANA Nominating Committee Chairperson 2001-2002  
ALANA Board of Directors 2002-2006

### Position Statement:

Once again I find it an honor to be considered to serve our state association if elected to the Board of Directors. I have been on the Board for the past 2 years and have found the job to be rewarding in that I have served with some of the state's most passionate CRNAs that strive to make our association one of the nations best. I have had the opportunity to serve as the Public Relations Chairperson, which has allowed me to gain a small amount of insight of what goes on with the remaining state organizations. If re-elected, I still believe that there are items on the table that need our attention these to include: 1.)The issue of the "AA" and where they will fall in the staffing of our states surgery departments. 2.)The continuing issue of reimbursement of BC/BS for our states CRNA population. 3.)The issue of "Medical Direction" and making known who actually provides the majority of anesthetics provided each year. 4.) Making myself available to our state's Nurse Anesthesia Programs as I have a strong desire to see well educated CRNAs in our medical facilities as they are the ones that make our association so strong. If re-elected, I will provide my utmost attention to the Board of Directors and provide the best leadership I can.

## Board of Directors at Large

(select four)

**Michael Fiedler, Michael Humber, Carol Johnson, Ken Langley  
Tom Mallory, Amy Saylor, Michele Snow**



**Thomas A. Mallory, CRNA, BSN**  
**Montgomery, Alabama**  
Premier Anesthesia Services at Baptist  
Hospital Systems, Montgomery,  
Alabama

### Education

UAB, BSN

SW Missouri State University School of Anesthesia

### Service

ALANA Board of Directors, 2003-2005

Wellness/Chemical Dependency Chairman, 2003-2005

Programs Committee Chairman, 2004-2005

### Position Statement

I served the CRNAs of our state as a member of the ALANA Board of Directors from 2003-05. It was a position of honor and responsibility bestowed upon me by the membership of our organization. I found the job rewarding both personally and professionally. This position gave me the opportunity to work with the CRNA leadership of this state to help keep the ALANA strong. As a member of the Alabama contingent to Washington D.C. for Mid-Year Assembly in both 2004 and 2005, I feel it is important to establish and maintain a strong relationship with both our state and national representatives. We lobbied on many issues important to CRNAs not only in Alabama but across the nation.

From 2004-2005, I served as Chairman of the ALANA Programs Committee and worked with the program directors to continue to provide quality educational programs for the membership.

As Chairman of the Wellness Committee I worked to provide important information and educational materials to the membership. I worked with the Board of Directors to amend the Bylaws to change the name of this committee from Chemical Dependency to Wellness. I feel this more accurately reflects the multiple issues facing CRNAs today. I look forward to continuing to work with the AANA national initiative on CRNA wellness.

Thank you for the opportunity to serve the membership in the past and I look forward to serving again in this great organization.



**Amy E. Saylor, CRNA, MSN, MNA**  
**Birmingham, AL**  
Anesthesia Resources Management  
Staff Anesthetist

### Education:

University of Alabama, BSN

University of South Alabama, MSN (Acute Care Nurse Practitioner)

UAB Nurse Anesthesia Program, MNA

### Position statement:

I have practiced as a CRNA for almost three years, and now feel that the time has come for me to give back to the profession which has given so much to me. Therefore, I have chosen to run for a position on the Board of Directors. I personally want to feel more connected to our association, and become better educated and informed on the issues which affect our profession. But, I also want the education that I receive to impact the new generation of CRNAs. My goal is to inspire other new CRNAs to become interested in the politics of nurse anesthesia. Furthermore, my hope is that the education and interest that they attain will grow into a desire to take an active role in the anesthesia community. We are the future of the profession. We have to start educating ourselves on the issues now, so we can be good leaders for generations to come.

**Board of Directors at Large  
(select four)**

**Michael Fiedler, Michael Humber, Carol Johnson, Ken Langley  
Tom Mallory, Amy Saylor, Michele Snow**



**Michele Snow, CRNA, MNA**  
**Alabaster, Alabama**  
Anesthesiologists Associated, Inc.  
Trinity Medical Center  
Alabaster, AL

**Education**

University of Alabama, BS Biology  
University of Alabama, BSN  
UAB Nurse Anesthesia Program, MNA

**Position Statement**

In today's fast-paced working world, it's easy to be part of the apathetic majority that sits on the sidelines when asked to participate in anything that requires our most valuable commodity, time. I feel we owe much to the hard work of others who have gone before us and to that end must be prepared to do the things that will allow for the continued growth and awareness of our vocation. Together we can work to embrace change and challenge the thinking of educators, legislators, and others who have interests in learning more about the roles we fulfill in the medical workplace today. I am committed to being a positive force and to doing my part as we continue to work to broaden public awareness while seeking to discover new and better ways to care for the lives we touch. In an effort to give back to the Nurse Anesthetist community, I am interested in contributing my time and talents to being part of the solution, by serving another term on the ALANA Board of Directors. I would appreciate your vote and will strive to give nothing less than my best.

## Nominating Committee Chairman

### Chris Campanotta and David Fort



**Chris Campanotta, CRNA, MA, MSN**  
**Birmingham, AL**  
Anesthesiologists Associated, P.C.  
Trinity Medical Center  
Staff CRNA

#### Education

Auburn University, BSN  
Birmingham Southern, MA, Health Care Management  
Samford University, MSN (Nurse Anesthesia Curriculum)

#### Service

ALANA Student Representative to the Board, 2003-05

#### Position Statement:

I believe that my experience as the student representative from Samford on the Board (2003-2005), gives me a unique advantage in seeking the position of Nominating Committee Chair. While serving two years as one of the student representatives on the Board, I saw firsthand the activities of the Board and its members. I appreciate the time these individuals devote to our profession on our collective behalf. I believe that my experience in this student capacity strengthens my personal and professional qualifications. If selected as your Nominating Committee Chair, I will strive to represent all of our diverse members in fulfilling my obligations to you, the ALANA.



**David Fort, CRNA, MSN**  
**Birmingham, Alabama**  
Anesthesia Services of Birmingham at  
Brookwood Medical Center  
Staff Anesthetist

#### Education

UAB, BSN  
Samford University, MSN (Nurse Anesthesia Curriculum)

#### Position Statement:

I consider it an honor to be a candidate for the position of ALANA Nominating Committee Chairman. I will work diligently to bring you the most professionally competent, geographically diverse group of candidates who are motivated to serve. I am grateful for the opportunity to be a part of this political process and if elected I will serve you well and strive to encourage political action in the state association.

# ALANA NewsBlast E-mail Service Implemented

On August 26, 2006, the ALANA NewsBlast E-mail Service was implemented. An e-mail message was sent to all ALANA Active Members at the last known e-mail address of record. The message included information about the new service. If you did not receive the NewsBlast E-mail message, it is either because the e-mail address we have is not current or you did not provide your e-mail address with your last renewal of your AANA Membership. In any case, it is easy to subscribe to the list. You can visit the ALANA web site at [www.ALA-CRNA.ORG](http://www.ALA-CRNA.ORG) and click on the link to the NewsBlast Service. There you will be asked for your name, e-mail address and AANA Number. To maintain the security and integrity of the list, your AANA number and name will be verified before your subscription is approved. Once approved, you will receive future NewsBlast E-mail Messages. As with all e-mail lists of this type, you are offered the opportunity to "unsubscribe" with each delivery a NewsBlast E-mail message. Also, should you change e-mail addresses, all you need to do is "unsubscribe" then go to the web site to subscribe using your new e-mail address. It is just that simple. The following is an excerpt from the first ALANA NewsBlast E-mail message:

In order to meet member information needs in a more timely and effective manner, the leadership of ALANA is utilizing this new method and format for blast e-mails. These NewsBlast e-mail messages will be sent to provide you, our members, with time-sensitive information that is important to your practice, your profession, or your association. In addition, we will provide periodic reminders of important dates or approaching deadlines, such as license renewal, recertification deadlines, or ALANA Meeting Information.

These blast e-mails are not a replacement for reading your ALANA NewsBulletin or visiting the ALA-CRNA.ORG Website, your primary resources for information about your profession and association.

We hope you will find this ALANA NewsBlast Service a worthwhile feature of your membership in ALANA. Should you ever decide that you no longer want to receive these NewsBlast messages from ALANA, simply click the "unsubscribe" link at the bottom of each message and you will be automatically removed from the e-mail list.

The ALANA Board of Directors vows not to abuse this list by sharing or selling it to any third party. We further vow to keep our use of the list to a minimum ~ using it only to notify you of important developments in the practice of nurse anesthesia. We may use this list to keep you informed on the actions and activities of the ALANA, including updating you on ALANA Educational Meetings, ALANA Political Functions, etc.

Thank you for your interest in the new ALANA NewsBlast E-mail Service. Click the "subscribe now" button to proceed with your subscription.

In addition to our ALANA NewsBlast E-mail Service, we are also establishing a special service for Alabama's Nurse Anesthesia Leaders, the ALANA Key Contact NewsBlast E-mail Service. This special service will allow you, the CRNAs in leadership positions across Alabama, to receive information of special interest to you, your practice, your profession, and your association. On my five year tenure on the ALANA Board of Directors, there have been numerous times when we needed to contact the nurse anesthesia leaders across the state about matters of urgent or pressing concern. This tool will allow us to do just that.

But that's not all. With the ALANA Key Contact NewsBlast E-Mail Service, not only can we contact all of the nurse anesthesia leaders in the state, we can also poll the leadership using the survey tool! The ability to contact all nurse anesthesia leaders across the state AND be able to receive feedback and opinions is unprecedented. Thank you for your role as a leader in nurse anesthesia and thank you for your willingness to participate in this valuable service.

**Alabama Association of Nurse Anesthetists**  
Minutes of Regular Board Meeting  
December 3, 2005

**Call to Order:**

President Brent Ledford called the meeting to order at 0914.

**Roll Call:**

**Members Present:** Brent Ledford, David Neal, Joe Williams, Shannon Scaturro, Joe Knight, Jeff Brown, Laura Wright, Cliff Joyner, and Tara Ray

**Members Absent:** Jim Henderson, Tracy Hall, Michele Snow, Ken Langley, Robert Armstrong, and Yvette Marsden

**Also Present:**

Bruce Von Hagel, Ronnie Whorton, and Frank Saliba

**Approval of Minutes:**

Minutes from the BOD Meetings of October 7<sup>th</sup> and 8<sup>th</sup> of 2005, the ALANA Business Meeting of October 8, 2005 and a revision to the minutes of the April 29<sup>th</sup> BOD Meeting were distributed for review. A motion to approve listed minutes was made by Shannon Scaturro, seconded by Laura Wright, and with no further discussion, the motion was passed unanimously.

**Committee Breakouts:**

The meeting was recessed for committee breakout sessions at 0920 and was reconvened at 1011.

**Fundraiser for MANA/LANA:**

Ronnie Whorton and Bruce Von Hagel presented to the BOD the plans and preparations for a fundraiser for the Mississippi and Louisiana state associations to raise money for state operational funds in the aftermath of Hurricane Katrina. ALANA will be sponsoring a Four-Man Scramble on the Thursday before the Spring Meeting in Destin, FL. The entry fee will be \$125/person or \$500/team. Expenses for the tournament and door prizes will come from the entry fee. The funds raised for the two state associations will come in the form of hole sponsorship from individuals, vendors and state associations. Cutoff date for registration for the event will be one month prior.

**Program Committee:**

Jeff Brown, Ronnie Whorton and Bruce Von Hagel further updated the Board on issues regarding the upcoming Spring Meeting. Discussion was held with regard to the Friday night welcoming reception. Discussion was also held regarding increasing accountability for CE distribution at ALANA educational meetings as mandated by the AANA. Members will receive CE certificates in the mail following the meeting after completing a checklist of the sessions attended at the end of the meeting. Members will be notified of these changes in a future ALANA Newsletter.

**Bylaws Committee:**

Shannon Scaturro reported that the newly amended bylaws from the Fall Business Meeting would be placed on the web site soon.

**Finance Committee:**

Joe Williams reported on the financial status of the ALANA.

**Government Relations Committee:**

Shannon Scaturro reported to the Board on the plans for the ALANA Legislative Day in Montgomery. The event will be held on February 21, 2006. There will be a workshop/orientation at 1000, followed by lunch and visits to the legislators' offices. A reception from 1700-1900 will follow.

Shannon reported that wording changes submitted to the Alabama Board of Public Health by the ALANA regarding AA's ability to practice in ambulatory surgery centers were not adopted.

**Public Relations:**

The Board was reminded of National Nurse Anesthesia Week and that promotional packets could be ordered online from the AANA.

**Archives Committee:**

Brent Ledford reported that the AANA has offered to store ALANA documents in the AANA national archives.

**Thoughtbridge:**

Brent Ledford updated the Board on the status of negotiations between the AANA and the ASA as well as between the ALANA and the ASSA.

**AANA 75<sup>th</sup> Anniversary:**

Discussion was held on ways for students to raise money to attend the AANA Annual Meeting in Cleveland, Ohio in August. The goal of the ALANA is to send 75 students to the meeting.

**Blue Cross Ad Hoc Committee:**

Shannon Scaturro updated the Board on activities by the committee to continue dialogue regarding reimbursement for CRNA's by Blue Cross. Future options and possibilities were discussed as well as implications involved with continuing to pursue this issue.

**Budget Approval:**

Brent Ledford reviewed the budget from previous years and budgetary needs/requests for the upcoming year were discussed. A motion was made by David Neal to adopt the budget as proposed and seconded by Laura Wright. After no further discussion, the motion to adopt the proposed budget was unanimously passed.

**President's Report:**

Brent Ledford reported to the Board on the status of other educational meetings and other events occurring in the state and how they coincide with ALANA meetings.

**Executive Director's Report:**

Joe Knight reported to the Board on various issues that have surfaced that are of interest to the ALANA and will continue to update the Board. Mike Harper, CRNA, JD has been nominated for the Board of Nursing appointment. Joe presented to the Board the proposed contract for the upcoming year for the Executive Director. After discussion of the contract, a motion to approve the contract was made by Shannon Scaturro and seconded by Laura Wright. With no further discussion, the motion passed unanimously.

**Next Board Meeting:**

Tentatively scheduled for January 28, 2006 at 1000 in Birmingham.

**Adjournment:**

A motion to adjourn was made by David Neal and seconded by Brent Ledford and the meeting adjourned at 1244.

# ALANA Annual Fall Meeting Leadership Development Conference

Humorist & Philosopher Jerry Patterson selected as Keynote Speaker

Few CRNAs have formal education or training in leadership and management. Certainly there is no time in nurse anesthesia school to address such topics or develop these skills, yet every CRNA is in a leadership position every day. Whether at the head of the table in the operating room or at the head of the table in the board room, every CRNA is called upon to lead. In recognition of the importance of the role of the CRNA as Leader, the ALANA is convening its first Leadership Development Conference in conjunction with the ALANA Annual Fall Meeting.

This conference was developed to address the learning needs of every CRNA, not just designated CRNA Managers. Our future CRNA Managers will come from today's staff CRNAs, so all are invited and encouraged to participate. We have quite a program developed for you.

The Keynote Speaker is Dr. Jerry Patterson: humorist, philosopher, and shrewd observer of the business of living. Jerry offers practical analyses and hilariously accurate observations that have captivated audiences across the country. He has been described as "lighthearted, richly detailed, highly personal and, at the same time, universally appealing to people of all backgrounds and of all ages." His programs are loaded with clean, down-home family-oriented humor. Jerry stresses values and our ability to obtain desired results from our behavior. His ideas are challenging and provocative; his programs full of laughter and stories; his humor extends beyond cleverness to promote understanding and insight.

Following lunch, the conference will switch gears substantially to examine and address enhancing relationships with anesthesiologists. Cassy Taylor, CRNA is a nationally recognized expert on this topic and has much to share. The leadership Conference will conclude with a Roundtable Discussion with a panel of distinguished leaders from across the state.

Don't miss this opportunity to attend and participate in the First Annual ALANA Leadership Conference. Hopefully this will become a regular feature at the ALANA Annual Fall Meeting! See you at the Wynfrey.

# ALANA FALL MEETING

75th Anniversary Celebration

## INFORMATION

**Y**ou are cordially invited to attend the 75th Anniversary of the ALANA Annual Fall Meeting, held each year in Birmingham at the luxurious Wynfrey Hotel. The ALANA offers the absolute finest in nurse anesthesia continuing education. We've earned this reputation by offering excellent speakers, table seating, complimentary continental breakfast and beverage service, complimentary Saturday Luncheon, and variety of exhibitors ~ all make for a first-class meeting at a very affordable price. The Wynfrey has proven to be the perfect venue, offering comfortable accommodations, excellent meeting rooms, great dining, and convenient shopping within and around the Riverchase Galleria.

Our meeting will officially begin on Friday morning with a Leadership Development Conference. Dr. Jerry Patterson, a nationally-recognized author and accomplished speaker will open the conference. After lunch, Cassy Taylor, CRNA will speak specifically on improving relationships and col-

laboration with anesthesiologists. The Leadership Conference will conclude with an interactive panel discussion. This Special Session is not only intended for those in management positions, but is open to ALL CRNAs. Don't miss this unique opportunity to expand your leadership skills.

Back by popular demand is our ACLS Refresher Course in a Special Friday Night session. This special session has sold out every year and is limited to 50 participants, so early registration is highly recommended.

Once again, ALANA will host the Funderburg Lecture Series, sponsored by the Alumni of the Samford University Nurse Anesthesia Program. Dr. Michael Kremer is our Funderburg Lecturer for 2006. Other distinguished speakers for this meeting include members of the UAB and Samford University faculty and Jim Walker, our new AANA Region Seven Director. See you at the Wynfrey!

## FACULTY

**Paul Castellanos, MD**  
Assistant Professor  
Dept of Otolaryngology  
UAB  
Birmingham, Alabama

**Theresa Culpepper, CRNA, PhD**  
Director, Clinical Anesthesia  
Ida V. Moffett School of Nursing  
Department of Nurse Anesthesia  
Samford University  
Birmingham, Alabama

**Kimberly Fields, BSN**  
Nurse Anesthesia Program  
UAB  
Birmingham, Alabama

**Jim Henderson, CRNA**  
ALANA President-elect  
President, Riverview Anesthesia  
Valley, Alabama

**Scott Karr, MS, NREMT-P**  
Paramedic Program Director  
Bevil State Community College  
Sumiton, Alabama

**Funderburg Lecturer**  
**Michael J. Kremer, CRNA, DNSc, FAAN**  
Chairman, Department of Nurse Anesthesia  
Associate Prof., College of Health Professions  
Rosalind Franklin University  
Chicago, IL

**Brooke Murphy, BSN**  
Ida V. Moffett School of Nursing  
Samford University  
Department of Nurse Anesthesia  
Birmingham, Alabama

**Jerry Patterson, PhD**  
Healthcare Author  
Adjunct Professor and Faculty Fellow  
Birmingham Southern College  
Springville, Alabama

**David Sanford, MSN**  
Ida V. Moffett School of Nursing  
Samford University  
Department of Nurse Anesthesia  
Birmingham, Alabama

**Cassy Taylor, CRNA, MSN**  
Instructor  
CAMC School of Nurse Anesthesia  
Marshall University  
Charleston, West Virginia

**Jim Walker, CRNA, MS**  
AANA Region 7 Director  
Director, Nurse Anesthesia Program  
Baylor College of Medicine  
Chief, Ben Taub General Hospital  
Houston, Texas

**Joe Williams, CRNA, PhD**  
ALANA Treasurer  
Director, Nurse Anesthesia Program  
UAB  
Birmingham, Alabama

**Melissa Wollitz, BSN**  
Nurse Anesthesia Program  
UAB  
Birmingham, Alabama

# THE WYNFREY

Birmingham \* October 20 - 22, 2006

## REGISTRATION

Reservations should be made directly with the Wynfrey Hotel to insure you get the group rate. Rooms blocked for the ALANA are at a discounted group rate of \$138.00 per day. Cut-off date for hotel reservations is September 22, 2006. **Please identify yourself as a member of the ALANA when making reservations at the Wynfrey Hotel.**

1-800-WYNFREY

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_

AANA Number \_\_\_\_\_

Do you plan to stay at the Wynfrey? \_\_\_\_\_

Method of Payment:

- Checks payable to: ALANA
- Credit Card:  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

This year the ALANA will be providing ACLS in a Special Session on Friday. This session will be limited to the first 50 registrants. Last year ACLS was filled to capacity. It is likely that this special session will be full and may not be available for on-site registration. (Sorry but no refunds for ACLS unless the slot can be filled).

A limited supply of ACLS/PALS books will be available for sale at the Registration Desk for \$15.00 each: The Handbook of Emergency Cardiovascular Care for Healthcare Providers.

Pre-Registration Fees (please check)			On-Site
All Sessions, Leadership, & ACLS	<input type="checkbox"/>	\$400.	\$450.
All Regular Sessions (Sat & Sun)	<input type="checkbox"/>	\$250.	\$300.
Leadership Development Confer.	<input type="checkbox"/>	\$100.	\$125.
ACLS	<input type="checkbox"/>	\$75.	\$100.
Leadership & ACLS	<input type="checkbox"/>	\$175.	\$225.
Saturday Only	<input type="checkbox"/>	\$125.	\$150.
Sunday Only	<input type="checkbox"/>	\$125.	\$150.
Total			

Refund Policy: Refunds on tuition will be honored upon receipt of a written request prior to September 15, 2006, subject to a \$50.00 cancellation fee.

Send completed registration form and payment to:

Bruce Von Hagel  
613 Trace Crossings Trail  
Hoover, Alabama 35244

AANA Prior Approval for 24 CE Credits #28987 \* Alabama Board of Nursing 5 Pharmacology Credits  
Check the ALA-CRNA.ORG web site for full agenda, additional details, breaking news and registration form.

# ALANA

## THE WYNFREY BIRMINGHAM

### OCTOBER 20-22

# FALL MEETING



24 CE Credits in One Meeting

5 Pharmacology Credits

ALANA Leadership Development  
Conference

Optional ACLS Refresher

75th Anniversary Celebration



Alabama Association of Nurse Anesthetists, Inc.  
One Perimeter Park Place South  
Suite 318 North Tower  
Birmingham, Alabama 35243

Periodical Postage  
Paid  
Birmingham, Alabama  
and additional mailing  
office