

# ALANA NEWSBULLETIN SPRING 2017



# PRESIDENT'S MESSAGE



Good Day,

I want to take just a moment to let you know what your ALANA Board of Directors believes is important to you as members. In November of last year, I tasked this board with a number of initiatives, and as a group we decided which ones we felt had the most merit. I am going to list several of these, in no particular order...

- Bring our website up to date
- Increase contributions to the ALANA PAC
- Assess and improve our social media presence (Facebook, Twitter)
- Determine if our current investment strategy is best serving our member's interest
- Develop venues that will allow students from the two programs in Birmingham to interact and get to know one another
- Develop a flow sheet for conducting an intervention, both planned and unplanned, and provide a list of contacts that may be useful for our members
- Closely monitor any regulation or legislation that is brought forth in Montgomery
- Update the welcoming packet for new CRNAs in Alabama, and post it to the website
- Coordinate a student-led project to assess what is the best strategy to maintain new graduate membership in AANA and ALANA
- Put more priority on wellness speakers and wellness issues at our spring and fall meetings
- Plan for a public presence during CRNA week
- Identify, and update key legislative contacts across the state
- Develop a ballot that will reflect representation from across the state
- Improve communication with our members

While I have already alluded to the quality of the board members you have allowed me to work with this year, I continue to be impressed by the enthusiasm and the fresh ideas that are being brought forth. It was just a little over three months ago that we held our board retreat where we laid out these initiatives, yet many of them have already been accomplished. We are continuing to grow our website by posting new content every month. We have made it very simple to donate to the PAC, whether on-line or via mail, and we have been reaching out to previous donors and friends across the state. The PAC committee is quite busy planning for the spring meeting in Destin as well as for a surprise outing later this summer. We have a new system in place by which we can rapidly and effectively communicate with all or just a few of our members. Just this week a simple flowsheet that covers the proper way to manage an intervention has been posted to our website. We are providing a wellness speaker as well as wellness activities such as yoga on the beach at our spring meeting in Destin. The communications committee distributed hundreds of CRNA window stickers for CRNA week, and even had a Facebook contest where CRNAs posted pictures with these stickers. Though it may not be as much fun or as exciting, a small group of us, in conjunction with our attorney and our lobbyist, has been closely following any legislative or regulatory activity in Montgomery that may have an effect on the practice of any CRNA in our state. By the time you read this our board, along with many of our anesthesia students, will have spent the day in Montgomery getting to meet our representatives and sharing with them exactly what we each do as CRNAs in our practices across the state.

I want to encourage you to support both the AANA and the ALANA in any manner that you can. The easiest way is to join the AANA, and to support the ALANA PAC. This will cost you less than one hour of pay a month. In addition, we provide two educational meetings a year, each with at least 20

CEUs. These always include 6 pharmacy CEUs. If you have never attended one of our meetings, the spring meeting in Destin will be held April 21-23, and it is a great place to get your feet wet, so to speak. The San Destin Hilton is a world class venue, and the setting is absolutely magnificent. Registration is open, just visit our website at [www.alabamacrna.org](http://www.alabamacrna.org) to sign up.

I would love to hear from you if you have ideas or concerns related to the practice of nurse anesthesia in Alabama. My contact information is listed in this publication as well as on the website. My personal feeling is that the more input members provide, the better job we can do representing you. I hope to see you in Destin.

Sincerely,  
Brent

***“Seek first to understand, then to be understood.”  
- S.R.Covey***

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# BOARD OF NURSING UPDATE

At the January 2017 meeting, the Board approved a number of proposed changes to the Alabama Nurse Practice Act (NPA) Article 5, which grants the ABN authority to approve and regulate practice for CRNPs, CNMs, CNSs, and CRNAs.

The proposal is largely designed to bring the NPA more closely in line with the Consensus Model, in light of the current CRNP/CNM collaborative practice requirements, which are unlikely to change in the near future.

While the majority of these revisions, such as changing the title “Certified Registered Nurse Practitioner” to “Certified Nurse Practitioner,” are simply aligning the language in Alabama law to national trends, the bill would make two significant policy changes.

The first of these would require the Board to approve graduate programs for advanced practice education, much as we currently approve pre-licensure programs for LPNs and RNs. This requirement is necessary to ensure that every Alabama advanced practice graduate is educated in an accredited program that offers the appropriate level of rigor in clinical experiences/training.

A second significant policy change would allow CNSs the option of entering collaborative practice with physicians, where it is appropriate to their practice settings and functions (ex. wound care or palliative care). The bill does not require collaborative practice for any CNS, as many of these advanced practice nurses work in settings where collaboration would be unnecessary. It is important to note that several states allow CNS collaboration already and/or have grandfathered CNSs into a CRNP role. The ABN seeks to clearly define what the CNS role and practice protocols would be. Once statutory authority is granted, the hard work will begin with an advisory committee and joint rule development with the Alabama Board of Medical Examiners (ABME).

The ABN bill makes clear that even CNSs in collaborative practice will have an established protocol developed by with the ABN and the ABME. The CNS in collaboration will not perform the same functions as nurse practitioners or nurse midwives.

# CRNA WEEK 2017

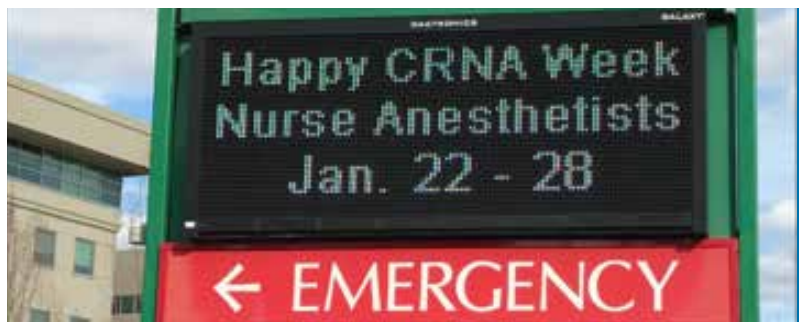
The ALANA kicked off CRNA week by participating in the Red Shoe Run for the Ronald McDonald House. We had a good group of SRNAs and CRNAs even though the event was rained out. We raised our goal amount for the charity.

We also had “Proud CRNA” window decals made and distributed to all interested CRNAs. We asked that they take a selfie with the window decal and post to Facebook during CRNA week with the hashtag #CRNAselfiesweepstakes. The entry with the most likes was by Morgan Reaves and he won a \$100 Amazon gift card. We also drew five entries at random for \$50 Amazon gift cards. The winners were: Brian Brister, LeAnn Andrews, Karen Amdall, Nicole McMorris, and Susan McMullen.

Lastly, our ALANA president-elect, Michael Humber, was on ABC 33/40’s Talk of Alabama to discuss CRNA week and our great profession.

Thanks to everyone that participated in the Red Shoe Run, the #CRNAselfiesweepstakes, and to all that helped to make CRNA week 2017 such a success!

Krista Niedermeier  
ALANA PR Committee Chair



CRNA DAY 2017 -  
**We Were  
Heard**



*ALANA Board members pose with Senator Greg Reed*



*ALANA President Brent Ledford presents 2017 Health Care Leadership Award to Senator Greg Reed*



*ALANA group photo on steps of Archives Building*

# ALA-CRNA PAC

## Please Give Something Back



Dear Members,

The ALANA-PAC is working hard to make sure that your profession-as you know it- is protected and that you are able to do what you do best, i.e. provide low-cost and quality anesthesia to your patients to the full scope of your practice and help patients have a pleasant and healthy surgery experience. Your PAC works hard to educate and inform the members of the Alabama Legislature about CRNA profession and the important role that you play daily in healthcare. We cannot get this done without you; simply put, we need your help!

One of the best ways ALANA-PAC can be successful in taking your message to the legislature is with your monetary support. Please consider being “Buck a Day” donor. Just a dollar a day, can help spotlight your profession, strengthen your reimbursement, and help put a pro-CRNA legislator in office.

Can we count on you?

If yes, it's as easy as clicking on this link:

<http://www.alabamacrna.org/ala-crna-pac>

PAC online donation is now live on ALANA website and takes less then 2 minutes. You can update your old account information, set up “Buck a Day” account, or make a one time donation without writing any checks or waiting for our annual meetings. When this change was made, some of the account information did not pass over to the new system. I request all past donors to please check and update your information online. Please browse through the website and check out this “new and improved” feature for yourself. While you are there, think about making a PAC donation to contribute towards your profession.

Coming up, we have some exciting activities planned for the whole family at Destin Spring Meeting. Please be sure to visit us at the PAC booth and let us inform you about the work that your professional association does for you in Montgomery.

We appreciate your membership and thank you for your commitment to your profession and hope that you are and will be an active ALANA PAC donor.



## Medical Business Management

“CRNA Billing Specialist”

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Dear ALANA Members,

It is hard to believe that I am almost halfway through the first year of my term as your Region 7 Director! With spring almost here, I am excited to be preparing for two of my favorite meetings: the ALANA Spring Meeting and the AANA Mid-Year Assembly. The ALANA Spring Meeting is always a hit and looks to have a wonderful agenda again this year. I hope to see many of you in Sandestin! At the AANA's Mid-Year Assembly (MYA) held in Washington, D.C., CRNAs and SRNAs meet to address legislative and regulatory issues affecting our profession. Attendees at the meeting will have the opportunity to network, develop advocacy skills, and advocate on behalf of the profession. This MYA's dates are April 5-9, which coincides with the beautiful Cherry Blossom Festival! MYA is truly a fantastic meeting, and I highly encourage you to go to one at some point in your career.

Change is on the horizon at the AANA: upcoming elections, CEO retirement, and on-line voting. The new 2017 Election Slate has been announced; you can view the candidates and other election information on the member side of AANA.com. Be on the lookout for your emailed ballot late in the month of April and please vote.

Our CEO, Wanda Wilson, Ph.D., CRNA, has announced her retirement. Dr. Wilson was the AANA President in 2007-2008, joined the AANA as Executive Director in 2009, and has served our profession with distinction throughout. Dr. Wilson will continue to serve as CEO as the AANA Board of Directors implements a succession plan and searches for a new CEO.

This year will be the first time ever members who are unable to travel to the Nurse Anesthesia Annual Congress (NAAC) will be able to take part in the business of the AANA virtually! I personally am very excited to see the members have the opportunity to be involved virtually and hope that you participate. More information will be sent to you as we get closer to the NAAC, held this year in Seattle, September 8-12.

Please consider donating to the AANA Foundation's RISE Above Campaign, focusing on research in safety and effectiveness. The research done will help with opportunities, challenges, and obstacles affecting CRNAs in the current healthcare environment.

Would you like to be involved on an AANA Committee next year? President-Elect Bruce Weiner is asking for all interested to apply! You can find more information on the committee page of the AANA website. Applications are due May 15, 2017.

Thank you all for the incredible work you do on behalf of our profession, providing safe, quality anesthetics to our patients. I am honored to represent our state as the Director of Region 7! Please do not hesitate to contact me if you have any questions, concerns, or comments at [hrankin@aanabod.com](mailto:hrankin@aanabod.com).

Sincerely,  
Heather J. Rankin, DNP, CRNA  
AANA Director Region 7



## AANA REGION 7 REPORT



# ANESTHESIA ABSTRACTS

## Obstetric Anesthesia

### THE EFFECT OF COMBINED SPINAL-EPIDURAL VERSUS EPIDURAL ANALGESIA IN LABORING WOMEN ON NONREASSURING FETAL HEART RATE TRACINGS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Anesth Analg 2016;123:955-64

DOI: 10.1213/ANE.0000000000001412

Hattler J, Klimek M, Rossaint R, Heesen M

Abstract

#### Purpose

This meta-analysis sought to compare the incidence of nonreassuring fetal heart rate tracings (NRFHR) after placement of a combined spinal-epidural (CSE) vs. an epidural alone for labor analgesia. Secondly, the study compared differences in the need for cesarean delivery indicated by NRFHR tracing.

Background Neuraxial analgesia is the gold standard for labor pain relief. Anesthesia providers will initially administer a dilute local anesthetic with or without opioid for an epidural. Alternately, a CSE with or without local anesthetic combined with subarachnoid opioid may be instituted, followed by patient-controlled epidural analgesia or a continuous epidural local anesthetic infusion. Some previous investigators have reported higher rates of NRFHR tracings associated with CSE analgesia compared to epidural analgesia. A 2002 meta-analysis reported a higher rate of fetal bradycardia with subarachnoid opioids; however, no differences in cesarean delivery were found.

It has been hypothesized that CSE analgesia induces more frequent and stronger uterine contractions due indirectly to the rapid onset of analgesia. The rapid onset of analgesia may result in a sudden decrease in epinephrine. Beta agonists, including epinephrine, occupy uterine  $\beta$  receptors and reduce uterine muscle activity. Suddenly removing epinephrine's uterine relaxation effect may result in a temporary increase in uterine tone. This increased uterine tone may increase uterine vascular resistance and reduce fetal oxygenation, leading to NRFHR tracings.

#### Methodology

This was a systematic review and meta-analysis of randomized controlled trials that reported on the incidence of NRFHR tracings in laboring women undergoing CSE or epidural analgesia. Trials were included if a CSE was administered with initial injection of subarachnoid local anesthetic and/or opioid or an epidural alone was administered with local anesthetics and/or opioid. The definition of NRFHR or fetal bradycardia was based on the individual study's definition. The investigators conducted a meta-analysis on studies that did not blind the assessor to FHR tracings and then repeated the analysis excluding studies in which FHR outcome assessors were not blinded to group allocation. Additionally, the investigators conducted a subgroup analysis including only studies that used low-dose epidural bupivacaine regimens ( $\leq 0.125\%$  bupivacaine). The investigators also compared differences in cesarean delivery with group had NRFHR tracings, compared to 5% (32 of 606) in the epidural group (RR = 1.9, P = 0.002). Without assessor blinding of FHR tracing, no difference was found (RR = 2.2, P = 0.06).

A subgroup analysis of the 10 studies using low-dose bupivacaine found no increased risk of NRFHR tracings with the CSE technique (RR = 1.12, P = 0.24). In the six studies that blinded the assessor to FHR tracing, no difference between the two techniques was found (RR = 1.4, P = 0.06). One study reported that 40% (6 of 15) of patients in the CSE group compared to only 20% (2 of 10) in the epidural group required cesarean delivery. This difference was not significantly different (P = NS).

# ANESTHESIA ABSTRACTS<sub>(cont.)</sub>

## Result

There were 17 studies with 3,947 parturients included. Ten of the 17 studies did not provide details on the definition of NRFHR abnormalities. Only 10 of 17 studies blinded the outcome assessor to FHR tracings group assignment. Five of 17 studies used a low-dose bupivacaine solution and had a blinded assessor of the FHR tracing. Study characteristics included:

### CSE SPINAL DOSE

- 8 of 17 studies used a combination of bupivacaine 2.5 mg with fentanyl 20-25 µg
- 3 studies used a combination of bupivacaine 2.5 mg with sufentanil 1.5-5 µg
- 2 studies used 25 µg fentanyl
- 2 studies used 5 µg fentanyl
- 2 studies used 10 µg sufentanil
- 1 study each added 2.5 µg ephedrine, 5 µg epinephrine, or 0.20 mg morphine to the bupivacaine/fentanyl for the spinal injection

### EPIDURAL BOLUS DOSES:

- 7 of 17 studies bolused the epidural with 0.25% bupivacaine with or without opioid
- 10 of 17 used a dilute bupivacaine/opioid bolus solution  $\leq$  0.125%

Three of seventeen studies reported no cases of NRFHR tracings. Analysis of cases with NRFHR tracings after neuraxial dosing showed that CSE analgesia was associated with a higher rate of NRFHR tracings than epidural analgesia alone (RR = 1.3, P = 0.03). Analysis of the six studies that did not blind the assessor to the FHR tracing found a higher rate of NRFHR tracings after CSE placement (RR = 1.6, P = 0.01). Fetal bradycardia was reported in 4 studies; 10% (64 of 610) of patients in the CSE group had NRFHR tracings, compared to 5% (32 of 606) in the epidural group (RR = 1.9, P = 0.002). Without assessor blinding of FHR tracing, no difference was found (RR = 2.2, P = 0.06).

A subgroup analysis of the 10 studies using low-dose bupivacaine found no increased risk of NRFHR tracings with the CSE technique (RR =

1.12, P = 0.24). In the six studies that blinded the assessor to FHR tracing, no difference between the two techniques was found (RR = 1.4, P = 0.06). One study reported that 40% (6 of 15) of patients in the CSE group compared to only 20% (2 of 10) in the epidural group required cesarean delivery. This difference was not significantly different (P = NS).

## Conclusion

Combined-spinal epidural labor analgesia was associated with a higher rate of NRFHR tracings compared to epidural analgesia alone.

## Comment

Before I comment on the results, I must disclose that I am a strong advocate of the CSE technique for labor analgesia. When I teach students about the technique, I always discuss the potential for rare NRFHR tracings and fetal bradycardia after the subarachnoid injection. Older studies found NRFHR tracings/fetal bradycardia were more common when subarachnoid sufentanil was used. Usually the NRFHR/fetal bradycardia tracing is short lived and responds easily to conservative measures. Rarely does it lead to cesarean delivery. In my mind this outcome, the need for cesarean delivery, is the more clinically relevant outcome. This meta-analysis could not determine if CSE techniques increase the risk for cesarean delivery or not. One of the largest studies comparing CSE vs. epidural analgesia<sup>1</sup> (N = 800) found CSE analgesia with 3.125 mg of bupivacaine + 5 µg fentanyl vs. epidural analgesia with 15 mL 0.125% bupivacaine + 2 µg/mL fentanyl did not increase the risk of cesarean delivery.

There are a few weaknesses with this study. Most of the studies did not define NRFHR tracings or have blinded assessors of the tracings. When NRFHR tracings were defined, the timing of evaluation varied between 15-30 minutes. This would bias towards finding NRFHR tracings in the CSE groups because abnormalities would take longer to manifest with epidural techniques. Also

the definition of NRFHR varied across studies that defined it. And finally, there were multiple different subarachnoid drug cocktails, making it difficult to determine if there is a dose- response relationship or if NRFHR tracings are due exclusively to the opioid or the combination of local anesthetic and opioid.

Therefore, I am not that impressed by the study findings, given these limitations and lack of increased need for cesarean delivery with CSE techniques. My recommendation is to monitor the patient closely after initial CSE or epidural placement and be prepared to intervene as needed.

Dennis Spence, PhD, CRNA

1. Gambling D, Berkowitz J, Farrell TR, Pue A, Shay D. A randomized controlled comparison of epidural analgesia and combined spinal-epidural analgesia in a private practice setting: pain scores during first and second stages of labor and at delivery. *Anesth Analg.* 2013;116:636–43.

The views expressed in this article are those of the author and do not reflect official policy or position of the Department of the Navy, the Department of Defense, the Uniformed Services University of the Health Sciences, or the United States Government.

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## CALLING ALL PRESENTERS:

**Have you been working on your DNP or other graduate degrees? Do you have an academic presentation you want to share with your colleagues? The ALANA Professional Development Committee would love to hear from you! Please contact us if you would be willing to present at this year's Fall Meeting.**

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# Samford Update



We are excited to welcome the Class of 2019 who started on January 5. The twenty-five students from Georgia, Tennessee, North Carolina, and throughout Alabama are learning many foundational concepts from anatomy and physiology to physics and the anesthesia machine to neuromuscular blockers and opioids to leadership and collaboration. They bring critical care experience ranging from neonatal to pediatric to neuro to cardiovascular (peds and adult) to surgical to trauma/burn. Their average critical care experience is greater than three years. The Class of 2018 graciously hosted a warm reception on the eve of this journey.

In early January, the Class of 2018 transitioned from their first year of didactics into the clinical portion of their education. Prior to their first day in the OR, Amy Snow, Director of Clinical Services, guided them through an intensive week of preparation, even with the challenges of inclement weather. Thank you to Mary Southworth, CRNA, and Krista Niedermeier, CRNA, for teaching BLS, ACLS, and PALS. Thank you also to John Peeden, CRNA, for reviewing regional skills and leading a simulation experience. The students also had additional simulation practice with simple to complex airway management, induction sequence, sterile technique, central line placement with ultrasound, and anesthesia equipment checkout procedure.



To kick off CRNA Week on January 23, ALANA board member and Samford alumnus Justin Carroll spoke with students from all three classes about the profession, the benefits of AANA membership, and each nurse anesthetist's responsibility of professionalism and excellence. The faculty and staff hosted a chili and soup lunch for the nurse anesthesia students to celebrate.



Senior Michelle Bruggeman recently traveled to Bolivia with Healing the Children Northeast, headed by OMFS surgeon Dr. Steven Roser. She had gone with this group as an RN prior to school. In January, she was able to participate on the anesthesia side. Dr. Lisa Herbinger and Samford alumnus, Bethany Story, just returned from Ambato, Ecuador where they traveled with Medical Mission Ecuador (MME).

Senior Holly Thomas traveled with Lisa Herbinger to Fort Lauderdale, February 22-24, to attend the AANA Assembly of School Faculty. Holly was chosen to participate in the Student Mentoring Program. With an assigned faculty mentor from a program in Kansas City, Holly attended sessions as educators discussed student needs and evolving issues in nurse anesthesia education. Also attending Assembly was Heather Rankin, AANA Region 7 Director and Samford alum.



Our ALANA student representative, Sarah Mallanik, will attend Mid-Year Assembly in Arlington, VA, in April. Sarah will join forces with Amy Neimkin, ALANA board members and GRC committee members in the nation's capital to educate and inform policy makers of the value of nurse anesthetists and advocate for our profession and healthcare. Amy always does a great job preparing and mentoring the student lobbyists.



A large contingent of the Class of 2017 "road-tripped" to North Carolina for review for the National Certification Exam (NCE) in mid-February. Another group will be heading for a review weekend in April. The class is soon to complete a course of review that started in August. It is getting REAL! Graduation is just around the corner on May 5.

Samford alumnus, David Sanford-led Med Aim Education delivered a successful cardiac conference in the College of Health Sciences February 10th and 11th. Lectures, demonstrations, and realistic echo simulations rounded out the activities. CRNAs came from throughout the state and even Florida to get a cardiac update and participate in a rare CRNA coordinated echocardiography program. Look for additional specialty training from David and Med Aim in the coming months. David teaches 12-lead EKG to the junior students each year. The Samford faculty members are excited that David is assuming some additional part time education responsibilities as well.



The application period for the last master's degree cohort and the first DNP cohort is open. The final master's cohort will start class in January 2018 with face to face classes for 12 months followed by 16 months of clinical education to graduate in May 2020. The first BSN to DNP cohort will start classes in May 2018. The first two semesters, summer and fall, will each include two 3- credit hour online courses. In theory, the student might continue to work part time in ICU during this time. Starting in January 2019, face to face courses will follow for the next twelve months with 16 months of clinical education to follow. The first DNP cohort will graduate in May 2021. The AANA and the COA have mandated that all nurse anesthesia educational programs must move to the DNP level by 2022.



It is time again to emphasize the critical value of clinical preceptors to nurse anesthesia education. Our students learn from the best in the business - the community CRNAs in our clinical sites. Both faculty and students are grateful for the preceptors who generously invest their time and energy to mentor students in clinical judgment, technical and nontechnical skills, critical resource management, and professionalism. Although forty-four different preceptors were nominated, we would like to recognize five Outstanding Preceptors chosen by the Class of 2017:

- Justin Carroll - Brookwood Baptist Medical Center**
- Patrick Hubbard - Children's of Alabama**
- Ralph Pugh - Baptist South in Montgomery**
- Annie White - Children's Healthcare of Atlanta**
- Mike White - Shelby Baptist Medical Center**

Congratulations and thank you for your selfless dedication to our profession and its future!

# OUTSTANDING CLINICAL PRECEPTORS



**RALPH PUGH**  
Montgomery Baptist South



**JUSTIN CARROLL**  
Brookwood Baptist



**ANNIE WHITE**  
Children's of Atlanta



**PATRICK HUBBARD**  
Children's of Alabama



**MIKE WHITE**  
Shelby Baptist

# Samford Students Take Service Learning Beyond the Classroom

**Sarah Mallanik, RN, BSN, SRNA**

**Samford University**



Winston Churchill once said, “We make a living by what we get, but we make a life by what we give.” Nurse anesthetists are equipped with professional skills that can make a difference in the lives of many in our Alabama communities and around the world. By introducing students to local service opportunities, and encouraging continued service, the service learning component of Samford University’s nurse anesthesia program fosters a spirit of “giving back” in its graduates. For several students, this goes beyond a simple requirement for graduation and has become an integral part of their lives.

A Samford Lunch-and-Learn in March of 2016 introduced William Gafford and Newton Tinsley to Unless U, an organization that has become near and dear to their hearts. For 3 to 4 hours every Friday throughout their didactic year, they worked with 30 to 35 students with developmental delays, assisting them with activities to improve their social skills and education. Although now in clinical rotations, they continue to take time to stop by Unless U as often as possible. As Newton says, “Seeing these students become more verbal and beginning to flourish socially [...] is why I love to volunteer at Unless U.” The two were asked to serve on

the organization’s Junior Board and plan to stay involved beyond graduation.

Katie Perry was a member of the Junior League of Birmingham long before starting Samford’s program in 2016, and has continued to serve in various ways while in school. During her didactic year, she was able to participate in the Meals on Wheels program, helping to deliver over 500 meals a day to the elderly of Birmingham. She committed to spending extra time with each delivery recipient, recognizing she “might be the only person they see and talk to all day.” The time commitment of her junior year clinical rotations requires volunteering in a different capacity. She now helps with the Mothers’ Milk Bank, doing preliminary phone screenings for women who are potential donors of life-saving breast milk for premature or ill infants. Katie also helps with two large fundraisers throughout the year.

Precious Stallings knew she wanted to volunteer with children, and that desire led her to the Big Brothers Big Sisters of Greater Birmingham organization. At least once every two weeks, Precious spends time with her 8-year-old “little sister.” She states, “Sure, I am busy with Apex [boards review], clinicals, and life, in general. However, we must take time to acknowledge how blessed we are, and realize we are blessed so we can bless others.” Though her graduation is fast-approaching,

Precious plans on maintaining a close relationship with her little sister who has truly become like family.

Derek Hill serves as the president of men for his church congregation. “I have been a lifelong churchgoer,” he says, “but this calling has given me a new perspective on service.” Spending an average of 5 to 10 hours a week, Derek oversees things such as moving members in or out of their homes, offering financial assistance for members and their families, and preparing spiritual lessons for weekly church meetings. “My calling and responsibilities in the church may change throughout my life, but I always plan on being involved and serving in any way that I am asked.”

For these, and other students, the professional skills that they will soon put to use as nurse anesthetists, such as communication, leadership, and mentoring, has enabled them to make a difference in the lives of others in their communities. In the process, it has enriched their life experiences and given them new perspectives on the world around them. Serving others has provided valuable lessons that they will take with them far beyond the classroom.



*Newton Tinsley surrounded by his friends at Unless U.*



*William Gafford and an Unless U student feeling festive at the holidays.*





# UAB UPDATE

The University of Alabama at Birmingham Nurse Anesthesia Program is proud to announce the first time pass rate on the National Certification Examination (NCE) for the UAB Class of 2016 is 93%! The national average for first time NCE attempts for 2016 was 83.3%, and our most recent graduating class proved that UAB students are exceptional. The overall pass rate for the UAB Class of 2016 is 100%, with 100% employment within 90 days of graduation, both meaningful achievements.



*UAB student LTJG John Woods,  
BSN, SRNA, NC, USN – Student  
Advocate AANA Foundation*

Already this year, UAB Nurse Anesthesia Classes of 2017 and 2018 were able to meet with several potential employers, representing anesthesia groups across the United States, during on-campus seminars. The high-level clinical competence and performance that has become expected of UAB Nurse Anesthesia alumni has proven to be the impetus for increased recruitment and employment of UAB graduates, not only in Alabama, but nationwide.

On March 1, 2017, the UAB Nurse Anesthesia Class of 2018 attended ALANA Legislative Day at the State Capitol in Montgomery, Alabama. For many among this cohort of first-year students, this was the first forage into the political landscape. Throughout the day, UAB Nurse Anesthesia students were able to view the legislative process in person and witness the lobbying arm of ALANA in action. Additionally, students benefitted from the opportunity to network with the officers of their state professional organization. Several native Alabamian students even took advantage of the opportunity to speak with their personal state representative regarding their future career as a nurse anesthetist.

On March 18, 2017, the UAB Nurse Anesthesia Program will present the 8th Annual Continuing Education Update. In addition to the opportunity to network with UAB faculty and alums, attendees can earn up to ten continuing education credits (four pharmacology), for only \$140 (early registration). Speakers include UAB faculty and recent alumni. For more information and to register, please visit <http://www.uab.edu/crnaupdate>.

On February 20, 2017, AANA Foundation Student Advocate and UAB SRNA LTJG John Woods, BSN, SRNA, NC, USN addressed the Class of 2018 regarding the importance of the AANA Foundation, as well as his role as AANA Foundation Student Advocate in the representation of student interests at ALANA and AANA meetings. Following his exemplary presentation, several current UAB Nurse Anesthesia students expressed interest in serving at the local, state, and national levels. Through the encouragement of student participation in AANA and ALANA, the UAB Nurse Anesthesia Program fosters student leadership, which breathes life into the future of our professional organization.



*UAB Alumnus and Vice President for CRNA Recruiting and Development for Northstar Anesthesia, Larry Hornsby, CRNA, speaks with UAB Nurse Anesthesia students in February, 2017*

# INTRODUCE YOURSELF: PAULA SIMMONS

## ***What's the most rewarding portion of your job as a CRNA?***

The way I get to make an immediate difference in the lives of my patients. When I come into the room and the patient is nervous, it is so wonderful to see them feel safe with me and the calmness come over them. I love being a nurse and being able to show I care prior to going back to the operating room.

## ***What is the most frustrating part of your job?***

Honestly....I really don't get frustrated with my job. If I HAD to mention something, it would be waking up a pediatric patient.

## ***How do you introduce yourself to your patients?***

My name is Paula and I'm going to be your Nurse Anesthetist today.

## ***What did your path to Nurse Anesthesia look like?***

My first degree was in accounting, but I always desired to be in healthcare. After some significant life related changes, I began nursing school as a single mom in 2004. After working in ICU for several years, I went to anesthesia school and finished in 2010. Although challenging, I'm so thankful I was determined.

## ***What do you enjoy doing outside of anesthesia?***

I love spending time with daughters, taking tennis lessons, traveling, being outside hiking or biking, and I am thrilled to be planning my upcoming wedding. I also have a GREAT passion for the work I get to do with Kenya Relief. Four years ago, I went to Kenya to

be the CRNA on a head and neck team and I didn't know a soul. I was blessed by the opportunity to work closely with Steve James for a few days, was shown the ropes, and led my first team the following week. Ever since then, I've been able to lead a team for 12 days each year and it's so rewarding to use my skills to help others. I've even been able to take my 16 year old daughter and watch her life be forever changed through the experience, too. I love to tell people about Kenya Relief and the great work happening with medicine and orphan care.

## ***Who has been a great mentor or someone you admire during your career as a CRNA?***

There have been so many influential and wonderful people I have worked with. Both as a CRNA and a person, the person I truly admire the most is Jimmy Anderson. The way he gives so much of himself as he serves the Lord astonishes me. He is always a fair, compassionate boss and a great anesthesia provider.

## ***What would you say to encourage someone to pursue a career in Nurse Anesthesia?***

I would tell them that I've never met a CRNA who doesn't love their job. It's so fulfilling and there's not a better career out there.



# ALANA SPRING MEETING 2017

## Thursday, April 20

1700-2000 Early Registration & Exhibitor Set Up  
(Tables First Come, First Served)  
Coral Ballroom Registration Desk

1800-2000 ALANA Board Meeting

1100-1200 2016 CMS Update: What is PQRS, MIPS, & MACRA? Garry Brydges, DNP, ACNP-BC, Executive MBA, CRNA

1200-1215 Box Lunch-Exhibitors Tear Down After Lunch

1215-1315 Pediatrics for the Non-Pediatric Provider, Heather Rankin, DNP, CRNA

1530-1700 ALANA Beach Party & Sandcastle Contest  
-- Must Have Wristband to Attend

## Friday, April 21 – 9 Hours, 3 Pharm

0600-0700 Registration/Continental Breakfast/  
Exhibits Open  
Coral Ballroom Registration Desk

0600-0700 Wellness Presentation, Wearing Masks I

0600-0700 Yoga with Pennie Nichols, CRNA  
Coral Ballroom Foyer

0700-0900 Student Breakout Session with  
Representative Elaine Beech

\*0700-0800 Non-Opioid & Non-Gas Anesthesia  
Technique: Implications, Garry Brydges,  
DNP, ACNP-BC, Executive MBA, CRNA

\*0800-0900 Endoscopy (Non-OR): Risk Versus Reward  
in Anesthesia Practice, Garry Brydges,  
DNP, ACNP-BC, Executive MBA, CRNA

0900-0930 Break/Exhibits Open

\*0930-1030 Personalized Medicine: The Future is Now,  
Garry Brydges, DNP, ACNP-BC, Executive  
MBA, CRNA

1030-1130 Problem-Based Learning (Bleeding Tonsil/  
Asthma, COPD), Suzanne Wright, PhD,  
CRNA

1130-1300 Lunch Buffet & Understanding Legal Tools:  
The Keys to Lawsuit Prevention and Tax  
Reduction, Art McOmber

1300-1400 Making Patient Safety Real, Suzanne  
Wright, PhD, CRNA

1400-1500 DVT/PE, Suzanne Wright, PhD, CRNA

1500-1530 Break/Exhibits Open

1530-1630 AANA Foundation Update, Bryan  
Wilbanks, DNP, PhD, CRNA

1630-1800 Reception on the Deck, Sponsored by the  
Samford & UAB Nurse Anesthesia  
Programs  
Sunset Deck  
Please Wear Nametag for Admittance

## Sunday, April 23 – 6 Hours, 4 Pharm

0600-0700 Registration/Continental Breakfast

0600-0630 Beach Yoga with Pennie Nichols, CRNA

0600-0700 Wellness Presentation III, Making  
Lemonade: One CRNA's Story of  
Addiction and Recovery

\*0700-0800 The Age of New Pharmacology, LTC Peter  
Strube, DNAP(c), MSNA, APNP, ARNP,  
CRNA

\*0800-0900 Illegal Drugs and Anesthesia, LTC Peter  
Strube, DNAP(c), MSNA, APNP, ARNP,  
CRNA

\*0900-1000 Enhanced Recovery After Surgery, Goal  
Directed Care, LTC Peter Strube, DNAP(c),  
MSNA, APNP, ARNP, CRNA

1000-1030 Break & Hotel Checkout

\*1030-1130 Trauma and Fluid, Oh How Has Things  
Changed, LTC Peter Strube, DNAP(c),  
MSNA, APNP, ARNP, CRNA

1130-1230 The Technology of the Future Anesthesia  
Practice, LTC Peter Strube, DNAP(c),  
MSNA, APNP, ARNP, CRNA

1230 Adjournment

*\*Pharm Credit*

## Saturday, April 22 – 6 Hours

0600 Wellness Walk on the Beach

0630 Registration, Coffee & Exhibits Open

0630-0730 Wellness Presentation, Wearing Masks II,  
Ten Years Later

0730-0830 ALANA Update/Business Meeting with Hot  
Breakfast Buffet, Brent Ledford, MS, CRNA  
& Representative Elaine Beech

0830-0930 AANA Update, Cheryl Nimmo, DNP,  
MSHSA, CRNA

0930-1000 Refreshment Break & Exhibits Open

1000-1100 Leadership and Mentoring the Next  
Generation, Cheryl Nimmo, DNP, MSHSA,  
CRNA

# CALENDAR

**ALANA Spring Meeting**  
April 21 – 23, 2017  
Hilton Sandestin Beach Golf Resort & Spa  
Destin, Florida

**ALANA Annual Fall Meeting**  
September 22 - 24, 2017  
Regions Field  
Birmingham, Alabama

**AANA Mid-Year Assembly**  
April 5 – 9, 2017  
Washington, D.C.

**AANA Nurse Anesthesia Annual Congress**  
(FORMERLY AANA ANNUAL MEETING)  
September 8 – 12, 2017  
Seattle, Washington

**Register today for the 2017 ALANA Spring Meeting, to be held in beautiful Destin, Florida, at the Hilton Sandestin Beach Resort & Spa, Friday, April 21 - Sunday, April 23.**

### **FACULTY**

This year's meeting offers an outstanding group of speakers, each selected for their expertise and reputation in providing the absolute best in nurse anesthesia continuing education.

### **CONTINUING EDUCATION CREDITS**

This program has been prior approved by the American Association of Nurse Anesthetists for 21.00 Class A CE credits; AANA Code Number 1034457; Expiration Date 04/23/2017.

### **SPONSOR-A-STUDENT PROGRAM**

This year the ALANA is offering each of you an opportunity to show your support for the future of our profession by sponsoring a student to attend the Spring Meeting. Your contributions will be used to help offset their expenses. A ribbon will be added to your nametag designating you as a Sponsor-A-Student Donor.

### **RESERVATIONS**

Call the Hilton reservation department at 850.267.9500 or go online to [www.sandestinbeachhilton.com/booking](http://www.sandestinbeachhilton.com/booking) to make your reservations. Make sure to request the special ALANA room rate. For those with special needs or questions, contact the ALANA Office at 334.260.7970. You can also register and pay online at [www.AlabamaCRNA.org](http://www.AlabamaCRNA.org).

## *Registration*

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

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

AANA Member:  Yes  No

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

**Full Meeting**

AANA Member \$450/ Non-member \$600

*\$150 of your registration fee will automatically be donated to ALA-CRNA PAC. PAC donations are not tax deductible. Please consult with your tax advisor regarding the deductibility of registration fees as a business expense.*

*Please check this box if you do not wish to donate to the ALA-CRNA PAC, and your entire \$450 will go to the ALANA general fund.*

**Friday only**

AANA Member \$200/ Non-member \$300

**Saturday only**

AANA Member \$175/ Non-member \$275

**Sunday only**

AANA Member \$150/ Non-member \$250

**Student**

In-State \$50/ Out-of-State \$75

**Des-Flo-Run**

\$20

I want to Sponsor-A-Student (\$25 Minimum)

Optional ALA-CRNA PAC contribution

My check to ALANA is enclosed

Charge to my credit card:  MC  VISA  AE

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

Billing Zip Code: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Send completed registration form and method of payment to:

ALANA Office

Post Office Box 240757

Montgomery, AL 36124

Fax 334.272.7128 or Register & Pay online at [AlabamaCRNA.org](http://AlabamaCRNA.org)

Also, for more information and updates, visit our facebook page at

Alabama Association of Nurse Anesthetists

**Questions? Call 334.260.7970**

For those with special needs or questions about the meeting, contact the ALANA Office at 334.260.7970. Refunds on tuition will be honored upon receipt of a written request prior to April 11th, subject to a \$50.00 cancellation fee. Refunds will not be honored after April 11th.