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VANA needs your help!

Please be sure your email address is up to date with the VANA office. Emails are sent periodically to inform members of important events and happenings.

If you have not received an email recently, chances are we do not have your email address. Simply send an email to office@virginiacrnas.com with your name and email address and we'll be sure your information is updated.

Getting The Word Out On The Best Kept Secret In Healthcare

By Robin Blanchard MSNA, CRNA, Public Relations Chair

Nurse Anesthetists Week 2008 in Virginia was better this year than ever. The Virginia Association of Nurse Anesthetists (VANA) purchased local prime-time TV ads that aired 30 second spots about Nurse Anesthetists four days in a row. The commercial showed CRNAs with patients while printed facts about nurse anesthesia practice scrolled through visually and a voice over described the importance of CRNAs in healthcare. The commercials were broadcast on Fox Channel 35 in Richmond, myTVZ Channel 33 in Norfolk and WSLs Channel 10 in Roanoke, and they ran throughout the day and evening from Saturday to Thursday of Nurse Anesthesia Week. The Ad covered 2/3 of the state from the West Virginia boarder to North Carolina, as far north as Culpeper and as far east as the Chesapeake Bay. If you are in District 1 on the eastern shore, District 2 near the Maryland boarder or in District 3 and 4 in the most southwest of the state, please contact PR@vana.org with the most popular TV stations in your area and we will get the commercial broadcast in your area next year! It's not too late to view this commercial, go to www.vana.org, click on *public relations*, and play the video for yourself. In addition, a radio ad that was aired on a local Roanoke radio station that ran during the morning

commute hours for the entire week of January 20th.

VANA's public relations department also solicited over \$10,000 worth of ads from local businesses to be placed in the Richmond Times Dispatch in support of Nurse Anesthetists Week. The advertorial page was printed Sunday, January 20th and featured articles from Michael Fallacaro, DNS, CRNA; Chuck Biddle, PhD, CRNA; and Commander Brad Harterink, MSN, CRNA. The advertorial was circulated to over 517,000 readers in Central Virginia.

Other efforts across the state involved individuals placing nurse anesthesia information in their hospitals in which they work and a career day, held on the J. Sargeant Reynolds Nursing Campus, where nursing students were provided with pamphlets and information on how to become a CRNA. To all that did something special that week—thanks for all that you do! If you did not get a copy of the advertorial, visit our website at www.vana.org and click on *public relations* to view a pdf copy of the publication.

Interested in getting involved in Public Relations? Do you have any ideas? Contact PR@vana.org today!!

VCU Offers Practice Doctorate for CRNAs

Department of Nurse Anesthesia at Virginia Commonwealth University is pleased to offer a new program, the Doctor of Nurse Anesthesia Practice (DNAP), the first practice doctorate designed specifically for nurse anesthetists.

By Elizabeth Seibert, PhD, CRNA

The Department of Nurse Anesthesia at Virginia Commonwealth University is pleased to offer a new program, the Doctor of Nurse Anesthesia Practice (DNAP), the first practice doctorate designed specifically for nurse anesthetists. The DNAP is an innovative post-master's program designed for CRNAs

who wish to expand their knowledge in the areas of patient safety, evidence-based practice, education, and leadership. A combined-degree track (MSNA-DNAP) is also available for students matriculating in the master's program. The DNAP was approved by the State Council on Higher Education for Virginia in February 2007 and

by the Council on Accreditation of Nurse Anesthesia Educational Programs in May 2007.

The post-master's DNAP includes 33 credit hours of coursework that are grouped into the core areas of patient safety, research, and leadership. The patient safety core focuses on

(continued on page 5)

DEBRA PECKA MALINA, CRNA, MBA, DNSc, APN Candidate for AANA Vice-President DEMONSTRATED LEADERSHIP



*Working with
Members to
Secure our Future
and Advance
our Profession*

DIVERSE EXPERIENCE

Clinician in Anesthesia Care Team and Independent Practice, Educator, Business Owner, AANA Committees, Councils

GUIDING VIEWS

- Drawing on the Collective Wisdom of Members, Elected Leaders and AANA to Direct our Future
- Respecting the Past, Embracing Change, Recognizing 21st Century Necessities
- Financial Stability and Income Generation for AANA
- Supporting our State Associations and Leaders
- Strategic Planning and Predicting
- Mentoring & Team-Building to Establish the Next Generation
- Autonomous Practice Rights
- NEVER Relinquishing our Practice Rights
- Belief in Student Exposure to a Variety of Practice Settings

EDUCATION

M.S. Anesthesiology,
Barry University, Miami Shores, FL
Master of Business Administration
Madison University, Gulfport, MS
Doctorate of Nursing Science
University of Tennessee, Memphis

EMPLOYMENT

Independent Contractor, Memphis, TN

AANA EXPERIENCE

AANA Board of Directors, Region 2 Director
AANA Foundation Research Grant Reviewer
AANA Foundation Research Committee
AANA Leadership Development Taskforce
Council for Public Interest in Anesthesia Chair
CPIA Practitioner Representative
AANA Nominating Committee
AANA Government Relations Committee
AANA Minutes Committee

visit: www.DebbieMalinaAANAVP.com

President's Message

This issue of the Monitor marks roughly the midpoint of my term as President of the VANA. I have found this to be a very rewarding experience. The AANA does a great job of providing us with the big picture items of national interest. They also provide many services that we use on the state level. The process of learning what our members need, and then planning to meet those needs, is what we try to accomplish on the VANA board. One of our great resources this year has been our website. Through the website, many of you have contacted us to start discussions about your concerns. This is why VANA exists. I hope you continue to use this media to access your Board.

Another great resource this year has been our new lobbyist, Michele Satterlund, JD. While we miss our previous lobbyist, Leslie Herdegan, JD, Michele has stepped up and taken on the challenge. Her job is really a collection of roles. She provides us with an education on the legislative process as well as monitors the issues that affect CRNAs in Virginia. Her organizational skills and contacts have allowed VANA to make new political contacts and provide an avenue for interaction with our state legislators as well as other health care organizations.

One of the issues that our members brought to our attention is the need for experienced legal help for CRNAs looking at new styles of employment and new contract issues. Recently, VANA unveiled a new service meeting these needs. You can now get professional legal advice at a reasonable cost as a member of VANA. Details are available on our website www.vana.org or just call the VANA office.

In April, CRNAs will be descending upon Washington, DC, for our spring national lobbying effort at the Mid-year assembly. Details are available on the AANA website. We usually have a great turnout of Virginia CRNAs at this event. I hope to see you there.

Our new Board of Directors will be elected by you, our members, this

summer. I think that we are best served by having a great range of candidates. If you are interested in running for a position or you know another CRNA interested in serving with VANA, please contact us for more information. Our nominating committee is in the process of developing the candidate list now for a number of positions up for re-election.

One more area of concern that keeps coming up is liability insurance. While we hear a lot about health care insurance, many Virginia CRNAs have not reviewed their own insurance. The world of health care has changed, and our needs have changed as well. I urge everyone to read their malpractice liability policy and make sure you understand its limitations. Learn the implications of the consent to settle clause. This past year several CRNAs have been unpleasantly surprised after review of their group owned policy. Also, look at your disability policy. There are many varieties with very different rules. While these policies can be expensive they also could rescue your family and future should you be struck by a sudden disabling illness, as happened to a close friend and coworker recently.

Most of all, I hope you are enjoying your year, the springtime, and your careers. We all work too hard to get stuck in a job we don't like. Virginia offers much in the way of locations and varied work environments. There really is a great job for each of us. At every meeting I speak with CRNAs about their work and I always hear something new. I think it reveals the creativity of nurse anesthetists when I hear of all the different skills and work styles being utilized.

Thanks again for electing me to serve as your president this year. I have enjoyed the wonderful people I have met and the education I have received. I will continue to try and represent you professionally and in a manner likely to achieve your long term goals.

Paul Werbin MSNA, CRNA
2007-2008 VANA President

VANA District 2 Report

On Sunday January 20, 2007, District 2 had the pleasure of hosting a dinner at the Capital Grille in Tyson's Corner. It was a great turnout. We were fortunate enough to have Renee Britton from Pfizer, Bruce Shoop from Organon, and of course, VANA, be our



sponsors. Many of the members were able to meet our President elect Mike Black and his wife Gloria Black (who is standing in as secretary while Jan Setnor is away on military assignment serving our country). Louise Hershkowitz, from the Government Relations Committee, as well as Jan Setnor. It was a great opportunity for all of us to meet other members and talk about topics in our anesthesia community. I encourage anyone who has any input or interest in VANA to please contact any of the board of

directors or committee members. I look forward to keeping you up to date on future events.



Respectfully submitted,
Diane Greene
MSNA, CRNA

VANA District 3/4 Report

VANA District 3 & 4 will have a membership meeting in the fall, around late October or early November. The tentative program will be for 4 CEU's and the topics will include a revisiting of anesthesia history and how it got to where it is now. This will involve having CRNA's who used ether, cyclopropane, Ohio #8 jars, Copper kettles, reusable endotracheal tubes, and very few

monitors. They will share their experiences concerning how anesthesia was safely practiced then and now with all the new technology. Details about this meeting will be coming out in May. I hope that the members throughout District 3 & 4 will make plans to attend and be involved in their district educational endeavors.

I wish all members of the Virginia Association of Nurse Anesthetists an enjoyable summer.

Respectfully submitted,
Gary Hahn, CRNA
District 3/4 Director

VANA District 5 Report

Greetings District 5 CRNAs,

The District 5 Winter Workshop, hosted on February 2nd, was another GREAT success. This year the conference garnered more than 190 attendees! A special thanks goes out to Danny Frasca and the conference committee for all the time and effort they devoted to making this the best conference in Virginia. Great Job!

Up next, in April, is the AANA Mid-Year Assembly. Last year was a wonderful success with a great turnout of both SRNAs and CRNAs.

As your representative, I will be on Capitol Hill spreading the message and discussing the issues important to all CRNAs with our legislators. Issues that affect you more than you think-- issues that affect all CRNAs. I have heard many CRNAs personally express interest in attending this wonderful conference. I encourage you to follow through with your expressed desires and join us on the Hill. You too will then have the opportunity to speak with the very representatives that you voted for-- representatives that are making decisions that affect nurse anesthetists. Frankly, I have never

met a CRNA, who attended this conference, that didn't tell me it was one of the most wonderful experiences they have ever had. Please feel free to contact me at district5@vana.org with any questions you may have and please visit www.vana.org for more information on how you can be a part of this experience. It's easy--I promise, and it's a good time!

Respectfully Submitted,
Stephan Blanchard, MSNA, CRNA
District V Director

Save The Date!

April 12, 2008 Board of Director's Meeting – Washington, DC
 April 13 – 16, 2008 Mid-Year Assembly – Washington, DC
 July 19, 2008 Board of Director's Meeting – TBA
 August 9-13, 2008, AANA Annual Meeting – Minneapolis, MN
 August 31, 2008 – Rock N Roll 1/2 Marathon – Virginia Beach Virginia
 October 25-26, 2008, VANA Fall Conference, Wintergreen Resort, Wintergreen, VA

Michele Satterlund – VANA Lobbyist



In December 2007, Michele Satterlund, an attorney and registered lobbyist with Macaulay & Burtch, P.C., joined VANA as its Virginia state level lobbyist. “It has been great getting to know VANA’s members,” says

Michele, “and I look forward to shadowing and learning more about the practice of CRNAs throughout the coming year.”

Because the 2008 legislative session started soon after she joined VANA, Michele had the opportunity to work closely with VANA’s government relations committee in educating legislators about the role of Virginia’s CRNAs, as well as tracking and lobbying legislation. “CRNAs play a critical role in Virginia’s health care system,” says Michele, “and Virginia’s legislators have been open and receptive to learning more about the daily practice of CRNAs in Virginia.”

Michele will continue working with VANA’s government relations committee as it develops legislative and regulatory plans

for the coming year, and she urges VANA members to share their thoughts regarding barriers that impede the daily practice of CRNAs in Virginia.

As part of her legal practice, Michele specializes in employment law issues and has experience representing health care practitioners on a variety of employment law issues. Michele’s law office is located in downtown Richmond, Virginia, a few blocks from the state capitol buildings, although she considers the Virginia Assembly Building to be her “second office.”

Legislative Coalition of Virginia Nurses (LCVN)

<http://www.virginiannurses.com/coalition>

Legislative update and wrap-up of the 2008 General Assembly.

- Further educated legislators regarding the nursing shortage
- Provided NP’S with a dedicated seat on the BON
- Data analysis as well as collection, including posting on BON website
- Forestalled some bad public safety issues like weakening the helmet law
- Concealed weapons in bars vetoed by Governor, Senate sustained
- Concealed weapons in glove compartments, Governor vetoed, Senate sustained
- Concealed weapons allowed at institutions of higher education failed
- Failed to pass clean indoor air act legislation
- Failed to increase capacity in schools of nursing, either public or private
- Passed many mental health bills
- Emergency responder bill with immunity passed

The necessity for protocols was discussed with and emphasis on getting into Drs. Offices.

LCVN will continue to monitor the Health Reform Commission as it moves forward in addressing barriers to practice as outlined in its 2007 report, “Roadmap for Virginia’s Health.”

The Clinical Nurse Specialists are looking at the possibility of seeking prescriptive authority and asked if we [CRNAs] might be interested in joining them.

The Continued Competence for RNs will stay on agenda of AARP.

This is a summary of the items we have been following and will continue to follow.

The LCVN meets each month on the first Friday, 10am until 12noon, usually at Bon Secours School of Nursing. Any nurse is welcome to join.

Tom Watters, CRNA
Representative, Legislative Coalition of Virginia Nurses
Virginia Association of Nurse Anesthetists

Clinical Corner

Submitted by Robin Blanchard, MSNA, CRNA

Attention: The Datex-Ohmeda S/5 Avance anesthesia machine will provide positive pressure ventilation **WITHOUT** a CO₂ absorber in place. This feature offers the anesthesia provider the ability to change the absorber without interruption in the circuit or ventilator function. **PROBLEM?** If the CO₂ absorber is removed and not replaced, or not replaced correctly e.g. left ajar, you will still be

able to deliver positive pressure ventilator function **BUT** you will **NOT** be eliminating CO₂. These machines have a computer machine check that should be done when the machine is turned on daily (every 24 hrs.) and unfortunately this internal machine check is the only way to identify this type of circuit leak. If you perform a pressure check, without the CO₂ absorber, it will hold--without

a leak. Obviously this can lead to a serious problem if not identified. Consequently, your pressure check between cases will not detect the missing absorber. It is imperative that providers using this machine incorporate a visual check of the CO₂ absorber as part of your routine machine check before each case.



VCU Offers Practice Doctorate for CRNAs (continued)

the basis of human error and introduces a systems approach to error investigation and analysis. The patient safety core includes a 6-credit practicum that consists of an individually designed clinical experience of 100 hours of practice per credit hour (600 hours total). The 12-credit leadership core includes courses in health services delivery systems, ethics, education, and health care politics. A 3-credit biostatistics course and a 6-credit capstone project round out the curriculum.

The DNAP program is offered through a combination of on- and off-campus sessions. During 4 on-campus sessions each year, students spend 2-3 days attending class in Richmond or at the Southwest Higher Education Center in Abingdon, VA. Off-campus sessions are conducted through readings, assignments, and discussion groups on the Blackboard learning platform.

The post-master's DNAP is designed to be completed in 12 months of full-time study or 2-3 years of part-time study. Preference is

given to applicants who desire to attend full-time. The combined-degree MSNA-DNAP track can be completed in 8 semesters of full-time study. The MSNA portion of the MSNA-DNAP is offered only on a full-time basis, but the remaining DNAP courses can be completed on a part-time basis after the MSNA is awarded.

Currently, 7 CRNAs are enrolled in the post-masters track and 11 students are enrolled in the MSNA-DNAP. Students give a variety of reasons for entering the DNAP. Some CRNAs feel that the DNAP will help them improve their practice through the application of best available evidence. Others hope to move into education or leadership roles in the future or are interested in research but have no desire for a research doctorate. Students in the combined degree recognize that CRNAs will be required to have a doctorate by 2025 and want to be prepared for this change.

Applications to the DNAP are reviewed on a continuing basis; however, students are admitted only once a year, in the fall

semester. Because some courses are offered in a 6-month executive semester, classes actually begin in July. CRNAs who wish to apply the DNAP must meet the following admission requirements to be considered for an interview: 1) baccalaureate and master's degrees from regionally-accredited universities, 2) graduation from an accredited nurse anesthesia program, 3) a minimum graduate GPA of 3.0 or higher, 4) certification by the Council on Certification of Nurse Anesthetists, 5) recertification by the Council on Recertification of Nurse Anesthetists, 6) current licensure as a registered nurse, 7) a record of professional competency/success, 8) satisfactory performance on the Graduate Record Examination General Test within 5 years of application, and 9) submission of a written statement that clearly articulates professional goals.

The Doctor of Nurse Anesthesia Practice website gives examples of curriculum plans, course descriptions, and answers frequently asked questions. Specific application procedures are also available. The website is located at: www.sahp.vcu.edu/nrsa.

Lobby Day 2008

By Patti Bright, CRNA, Federal Political Director

On January 23rd, VANA made its presence known in the General Assembly. An impressive group of 30 CRNAs and SRNAs met very early to begin the delivery of boxes of muffins and fruit to each of our state legislators. While delivering a healthy breakfast to each of our delegates, we were also able to educate our state leaders about who we are and how we provide their constituents

safe and high quality anesthesia care. Each year, during National Nurse Anesthetist Week, VANA embarks onto Capitol Hill to personally educate our political leaders. This year, again, was a big success. After many trips up and down the elevators carrying our boxes to legislative offices, we gathered at the House of Representatives and were, as a group, introduced to the

House. This symbolic gesture is always the highlight of our week. We, the Virginia Association of Nurse Anesthetists, hope to see you in Richmond next year. It only takes a few hours of your time but the results of this event have far-reaching effects. We no longer want nor need to be the best kept secret in healthcare.



3RD ANNUAL CRNA'S ROCK!

NURSE ANESTHETISTS RUNNING
TO FEED HUNGRY PEOPLE



Mark Your Calendar for the
2008

Rock 'N' Roll Half Marathon!

Virginia Beach, VA • Sunday, August 31st

Plan to join your fellow CRNA's to
benefit **People In Need (P.I.N.)**



Volunteers and Runners are needed.

Contact person:

Patti Bright

crnaruns@aol.com

757-319-2104 or the

VANA office 804-754-4122



Rock On!

With spring in the air, the warmer days, the longer hours of daylight, what does a CRNAs thoughts turn to? It turns to getting outside, enjoying the warmer weather, and getting back in shape. Most of us have hibernated and now are ready to head outside. And what can a CRNA do that will not only get us back to fit but also help our profession and community? The Rock N Roll Half Marathon that's what. We need to shake off the winter blues, store our coats, and lace up our running shoes.

If you haven't already heard the news, CRNAs from everywhere are heading to Va Beach on labor day weekend. What you say? Let me just fill you in. The VANA feels that as a group we need to reach out into the community to show our humanity. We are all so lucky, we have great careers and unlimited potential. We are also the best kept secret in healthcare. So this is a great opportunity to get out from behind the mask, out of the OR, and show everyone who we are.

We are gathering interested CRNAs and SRNAs who would like to challenge themselves physically and mentally to help raise money to feed the hungry. By committing to train; to walk or run the rock-n-roll half marathon; we will be helping to feed the homeless in Virginia Beach.

VANAs is proud to support CRNAs involved in fundraising efforts, one of which is P.I.N. (people in need), a group who feeds 50 or more people each Sunday evening. This group also provides nursing care and personal hygiene supplies.

Are you interested? Will you rise to the

challenge? This is sure to be one of the most rewarding and physically challenging events in your life. Let me tell you about the plans that have been made to date. We are all going to be raising money. This can be done by soliciting funds from fellow co-workers, neighbors, and friends. The website will have information on tips to make this fundraising a little easier. We are also going to have a very doable training schedule to get you to the finish line feeling great and ready to party.

All CRNAs, SRNAs, spouses, and significant others who are actually doing the race will be wearing the same coolmax shirt with the catchy slogan "CRNAS ROCK" on the front and on the back the statement "Nurse Anesthetists are running to feed hungry people". Think of the possibilities. This will be a great opportunity for PR and it will also show the public that CRNAS do care about their fellow man. The volunteers wear the same slogan on a stylish t-shirt.

This weekend event comes with some perks. The VANA has a great hospitality suite that is open from Friday night through Sunday night. Volunteers, runners, walkers, and family members are welcome to stop in for a cool drink, a snack, or just a good time. On Saturday night we have a traditional pasta dinner which we will host prominent legislators and also the homeless. Last year it was one of the highlights. After the race we all head back to the hospitality suite for a pre-concert party. Then in the evening we go to the rock-n-roll concert. And if you are up to it back to the hospitality suite for more celebrating.

Not interested or unable to walk or run? You can still be a part of our team. We need you to man a water stop, hand out medals, or work one of the medical tents. If you can't be there physically you can still participate by helping to sponsor runners with a tax deductible donation.

Don't miss out on this event! This is the third year that VANA is hosting this event. WE NEED YOU. THIRD TIME IS A CHARM.

The whole labor day weekend in Va. Beach is fun packed. The American Music Festival will have live bands up and down the boardwalk. Lets get ready to rock.

There are nearly 1000 CRNAS in Virginia, just think of the impact we can make if only 25% of us come out for this event.

If you want more information contact Patti Bright at crnaruns@aol.com or 757 319 2104.

Come on CRNAS- step up-ROCK OUT. We are a group on the move. See you on the Beach!

Patti Bright, CRNA



A Personal Account of Rural Anesthesia

A large percentage of anesthesia care services are provided, in rural areas, by Certified Registered Nurse Anesthetists (CRNAs). I, Paul Herger, have filled this role for nearly 20 years. Many rural hospitals provide their services in poor remote areas. It is common to have double-digit unemployment and/or struggling farms and businesses. The people are as fine a group, as there is anywhere.

I started working as a solo CRNA in the early '80s in a 50-bed hospital in upstate New York. The only industry in town was a paper mill, which soon relocated to another state. The hospital barely survived and for long periods, was on a cash only basis with vendors, until Ft. Drum expanded and increased the population of the area by about 50,000. The salary was good and we enjoyed a good life on a little Christmas tree farm. It was a great experience for the family.

The practice was fascinating. We had 2 general surgeons, an obstetrician, a cardiologist and a family practice physician that delivered babies. In the late '70s and early '80s it was rare that CRNAs did regional anesthesia but it soon became necessary at this practice that I learn to do spinal and epidurals. I had learned to do caudal anesthesia while working at a VA

Medical Center and I quickly practiced my skills. Soon we had a labor epidural service up and running. I have also had experience placing central venous and pulmonary artery catheters.

Credentialing to perform these procedures is not a problem in rural areas due to the great need for providers. Whether a CRNA may perform certain procedures is need driven. When the physician felt you were competent he would attest to that fact and you then apply for privileges from the hospital to perform the procedure.

One of the main problems with a solo rural practice is timing. One gets a lot of free time, but usually not when you needed. The rule is if you have something planned, something will come up. Major problems in this department were I missed my daughter's Confirmation to an emergency Cesarean section and I missed my brother's funeral due to lack of coverage. As a solo provider, you learn quickly that there are a lot of people counting on the fact that you will be there and will help them.

Your role at the hospital is a source of great respect in the community as soon as it is known who you are. Soon people will stop you in the supermarket and thank you for helping them or their children. This was a source of great amazement to my children.

There is a feeling of self-confidence that comes with practicing "by yourself" because you learn to be careful and resourceful. You don't want a fool in a place without any angels! Because of the poverty of the area and hospital there are many similarities to working in the third world. Supplies and equipment don't come as easily to a

solo CRNA department as they do when there is a physician saying, "I really need this!" But, clever use of regulations, knowledge of reimbursement paradigms and interpretation of guidelines can be extremely helpful.

Because most small rural hospitals surgery schedules are not sufficient in volume to support the services of an anesthesiologist, anesthesia services are usually provided by a Nurse Anesthetist. CRNAs, are nurse practitioners in this state, and therefore must work under the supervision of a licensed physician or dentist. The physician does not have to be an anesthesiologist, just as other nurse practitioners work under the supervision of physician specialists whose specialty differs from the nurse practitioner.

If the volume of business is sufficient to support an anesthesiologist, the hospital will attempt to acquire one. The care provided by CRNAs and Anesthesiologists is the same because each is held to the same standards of care.

Currently, I am a locum tenens anesthetist providing services in VA, NC, SC, KY and FL. This practice involves a lot of travel and is not a good choice for the inexperienced. Because I do short term relief I usually relieve for vacations, illness or staff vacancy replacement. This presents it's own special challenges. Imagine starting a new job every couple weeks!

Solo practice nurse anesthesia in a rural setting can be a rewarding way to spend your career, but it's not for the timid. If your spouse, children or others are dependent on their "malls, latte and the hustle of urban living," a solo practice in the country may not work for you but, for my family and me, it is just the thing.

Paul Herger, CRNA
Roanoke, Va.



An Education in International Anesthesia

By Ashley Hutchinson

The scrub nurse hands me a folded 4x4 gauze without any hesitation or warning. I asked her, "What is this?" She simply replies, "A bug." The gauze quickly leaves my hands and lands on the operating room floor. I step on it and put it in the trash. This was a first for me, receiving an insect within a surgical 4x4. However, such surgical environments are not necessarily uncommon in the poverty stricken regions of Honduras.

The process of learning anesthesia is hard enough; imagine the experience of learning it within a third-world country. Standard of practice is basically nonexistent in Honduras.

In September 2006, I was lucky enough to participate in a mission trip to San Pedro Sula, Honduras, through the Friends of Barnabas Foundation. This organization has been providing medical and surgical care to the citizens of Honduras for over 10-years. This is one of the most incredible educational opportunities I would receive while in school. Giving to the children of Honduras through anesthesia has given me great personal rewards.

When we arrived at the Leonardo Martinez Hospital, we knew we were in the right place. All the families were at the hospital door awaiting our arrival. Many had traveled and walked for days in order to be in San Pedro Sula for our evaluation. So, we got to work. Over the course of 5 days we operated on 30 children ranging in age from 3 months to 19 years old. The gratitude from the families was overwhelming- nothing I have ever experienced. The working conditions were primitive, but the care provided was truly from the hearts of the mission team and the wonderful Honduran hospital staff.

We washed and reused supplies if possible. We did have all the emergency medications and anesthesia equipment necessary. The anesthesia machine was basically an oxygen conduit allowing the large H oxygen cylinder to provide the only source of oxygen within the hospital.

I was unable to truly take in the experience until I returned home. To appreciate the inequity of health services

people from low-income countries receive is astounding and inconceivable within our notion of healthcare. Also, from a student's perspective, to realize the lack of the monitoring equipment and supplies these practitioners face daily was a true lesson in patient care. It was not until this mission that I was truly able to use the anesthesia breathing bag to assess depth of anesthesia, by recognizing the changes in respiratory patterns. I assessed blood pressure by feeling pulses, monitored temperature by touch, and deciphered oxygen saturations by skin color. These skills are necessary and difficult to learn within our technologically advanced anesthesia environments. It also taught me that I possess the capabilities to care for my patient without modern technology.

It was a life-enhancing trip. I plan to have many more. There is no other place I would rather squash a bug to maintain a sterile field. Maybe next time the scrub nurse will warn me first.



photo by Jan Pasnak, CRNA



Interested in making a change and making a difference? Commonwealth Anesthesia Associates (CAA) may be right for you!! Whether you have recently graduated or are an experienced CRNA, CAA will give you the opportunity to practice and develop your skills that you won't find anywhere else. We provide services in the Richmond, Virginia area at the following locations:
CJW Medical Center: Chippenham and Johnston-Willis campuses
Bon Secours St. Francis Medical Center
The Virginia Eye Institute Surgery Center

Commonwealth Anesthesia Associates CRNAs provide a full spectrum of general and regional anesthesia services to patients having a wide variety of surgical procedures.

We work as a team that respects and values each member's contribution to the delivery of anesthesia. We have a stable, well respected practice in our community and have a clear vision of our future. CAA is looking for motivated CRNAs that are looking for more than a great job----a great life! CAA encourages professional growth with a balance between work and family and we are dedicated to our team members. If you are interested in making a competitive salary with great benefits please give us a call.

Experienced CRNAs \$130K plus call differential (approx. \$14,000) + malpractice + professional development + profit sharing (9.3%) + annual medical allowance + complete 100% individual or family healthcare coverage+ vacation+ long & short term disability = a great opportunity!!! STUDENTS... ask about our incredible student loan package!

If you would like to learn more, please contact one of our staff CRNAs
Robin Blanchard, MSNA, CRNA at RobinBlanchard@verizon.net
Nickie Damico, MSNA, CRNA at damicocrna@verizon.net
Or

Bruce Donald, Group Administrator
bdonald@amsova.com
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Advertising in the *MONITOR* will cost only: Full page \$200, Half page \$100, 1/4 page \$50, 1/8 page \$25.

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GOLD PLAN: Full page ad in the next 4 issues \$700 (12% discount!) paid in advance -- guaranteed!

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The deadline for the next issue is:

January 15, 2008

U.S. News & World Report
Thursday, December 6, 2007

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