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President's Message

A Growing Scope of Practice

Over the past several months, I've continued to see nurse anesthetists push beyond the traditional boundaries of our profession and elevating patient care in a wide variety of settings on the frontlines of the pandemic.

We're learning that the advanced skills CRNAs possess position us to be called upon to serve in critical situations that have been outside traditional daily practice. This has been particularly evident in the CRNA-only and more rural practices. Some of these demands have been created by the pandemic;





“Ultrasound allows us to see the structures of the heart, the size, whether the heart valve is working efficiently, among other assessments,” Shields said. “We can look at different pathologies of the heart, such as the direction of blood flow, or whether there’s a septal defect. It’s used mainly for cardiopulmonary instability, blood pressure problems, and trouble with oxygenation and saturation.”

Shields points to the fact that TEE has become the standard of care for cardiac surgery, helping to guide the surgeon’s interventions. “CRNAs that practice in cardiac don’t necessarily do TEE because the skill set hasn’t been needed. But we’re leading the way with this state-of-the-art training to expand our scope of practice where it can be utilized. We believe that if you’re not practicing with ultrasound in the next five years, you’ll be way behind. With this training, you’ll be ahead of the curve,” he said.

“Other training programs will do hands-on ultrasound on human models, but you don’t have the ability to assess real pathologies. With a simulator you can. You have every possible pathology that you’re going to find in a real patient, and that’s one of the biggest differentiators of our TEE workshops at MTSA,” Shields added.

Each participant in the workshop will be enrolled in a free 12-chapter TEE course offered by HeartWorks eLearn prior to attending. Online videos and materials will also be made available immediately prior to the workshop.

“It can be intimidating at first, but these workshops are for any CRNA at any experience level – even if they’ve never touched an ultrasound before. The first hour covers the basics, the second hour is application

delivery. They brought the class together via video conferencing and played portions of the video, pausing occasionally to ask the students for their assessment and how to handle the unique scenarios. Miller said 19 MTSA students participated during the virtual case scenarios, with 25 midwife students from Vanderbilt.

In a separate online simulation, the groups engaged in dialogue regarding quick assessments during an epidural procedure. The collaboration included live online sessions in which one student explained the role of a CRNA, another was a scribe who watched the scene and assessed what the students could do better and what type of communication worked well, and another educated

Facing the challenges posed by the pandemic, Ginger Miller, DNP, CRNA, Director of MTSA's Center for Clinical Simulation, pivoted to new instructional methods for students in her obstetrics class (pictured below), which had previously been an in-person collaboration with midwife students from Vanderbilt University. This year, Miller and her colleagues facilitated virtual simulations using video and online discussion.

the DNP midwife on pertinent patient information to report before the CRNA places the epidural. Miller received great feedback from the students," Miller said. "I plan to formalize the experience by writing a case study to be published in an anesthesia education journal, and we already have IRB approval to do

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"In past years we would do a combined in-person simulation only in a hemorrhage during delivery. Not only does it allow the midwife to help Cele o wiespeTJ 0 Tc T*tility toen to SRNAs students to learn the skills of how to handle a hemorrhage, but it also provides them guidance on when to ask for help and bring in an anesthesia provider," Miller said.

She pointed out that typically neither the midwives nor the SRNAs have a depth of knowledge about each other's scope of practice, including the fact that nurse anesthetists can handle the patient's vital signs, drawing blood, etc. As a result of the class collaboration, the students learn that there are additional resources to help during delivery and that good communication is key.

During this year's virtual collaborations, Miller and the Vanderbilt team spliced together video segments to provide a simulated storyline of different problems that can occur with a patient during



"I've been in a multitude of settings, including ambulatory surgery centers and Level I and II trauma centers," Smith said. "I've always had a strong interest in regional anesthesia, but there weren't many clinical sites for CRNAs to do regional techniques. So it was my own personal endeavor to dive into the study of regional anesthesia and gain as much exposure and knowledge as I could. That led to researching chronic pain management and some of the interventions for patients that suffer long-term pain conditions."

Smith completed the year-long Advanced Academic Fellowship for Chronic Pain Management at the University of South Florida in 2019. It included a clinical practicum covering some assessment maneuvers, interventions at a cadaver lab, and a simulation experience. After that, he entered MTSA's Fellowship.

"The biggest thing I learned by doing both programs is that pain management, and even painful conditions, are part of a continuum. Transitioning from acute pain to chronic pain can happen rapidly for different patients. The chronic pain program provided interventions to combat pain once it sets in. It was beneficial to have that background knowledge coming into MTSA's acute pain program, which focuses on surgical approaches, trauma approaches for broken bones, T0 ()7ock that, hues. So i wmpleal anesthesia, but then pmedn perioo regadesear, b

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