

Nurse Anesthesia Program to Welcome **CLASS OF 2020**

Western Carolina University's Nurse Anesthesia Program has admitted its final Master of Science in Nursing cohort in preparation for the new Doctor of Nursing Practice in Nurse Anesthesia (DNP) program. A committee of students and faculty selected the Class of 2020 in late June following an extensive screening process. The 16 enrollees boast versatile Intensive Care Unit experience, a median 3.66 grade point average and exceptional standardized test scores. Many hail from Western North Carolina; however, WCU is also welcoming Catamounts from Colorado, Massachusetts and Wisconsin.

They will be completing a 28-month graduate course of study accredited by The Council on Accreditation of Nurse Anesthesia Educational Pro-



grams (COA). The curriculum prepares for the national certification examination and requires a minimum of 66 course credits, including courses in nursing fundamentals.

Clinical Site Additions Expand Learning Opportunities

Blue Ridge Regional Hospital in Spruce Pine and McDowell Hospital in Marion could serve as new clinical sites for the CRNA program, pending COA approval. The health care providers would offer distinctive instruction, says Ian Hewer, assistant director of the Nurse Anesthesia program.

Should the COA grant approval, Blue Ridge and McDowell would join a long list of WCU clinical sites, including: Asheville Surgery Center, Frye Regional Medical Center, Harris Regional Hospital, Haywood Regional Medical Center, Mary Black Me-

morial Hospital, Mission Health System, Norton Children's Hospital, Pardee Hospital, Park Ridge Hospital, St. Joseph Hospital and St. Lukes Hospital.

An updated contract with Mission Health System will also improve student learning. According to Hewer, seniors have been approved to be left alone in operating rooms without a supervising CRNA, contingent on the respective case and staff. This change affords increased independence and critical thinking, allowing SRNAs to apply principles taught in the classroom.



WITHOUT BORDERS

Student and faculty trip to Sierra Leone puts domestic health care into perspective.

It has been over a year since Sierra Leone was declared free of Ebola — the virus that left approximately 28,000 dead in West Africa. Still, the devastation continues to haunt health care providers, says Erin Bergey, a WCU SRNA. Bergey knows firsthand. She, professor Ian Hewer and former faculty member Mason McDowell traveled to Freetown’s Waterloo Adventist Hospital in March. There, they observed a fourth-world country changed by disease and political unrest.

But Sierra Leone is much more than its strained history. Working alongside local medical professionals, Bergey and Hewer witnessed incredible resourcefulness. Hewer says their equipment opened his eyes to domestic conveniences. “The

lack of equipment and medication is both a challenge to do more with less, and a shocking indictment of the extravagance of Western medicine,” he continues. After returning home, Hewer and Bergey collaborated with WCU’s community partner, Mission Health System, to source a portable patient monitor for Waterloo Adventist.

Come October, only months after Sierra Leone’s destructive mudslide, Dr. Shawn Collins and student Joseph Popa will visit Freetown to provide education, medical care and continued support. Bergey, whose travels were partially funded by the Nurse Anesthesia Development Fund, reflected on her international experience in the following Q&A.

Q&A: ERIN BERGEY

SRNA reflects on practicing anesthesia abroad.

Q: There were obvious challenges in traveling to Sierra Leone — geopolitical tension, insufficient medical supplies, and a language barrier. What else did you and Professor Hewer encounter?

Ebola continues to be a threat in Sierra Leone. Hoping to avoid another outbreak, the hospital has adopted strict handwashing and glove protocol. It's a change that I wasn't used to.

Q: Did you eventually adapt to the new culture?

By day three, I was reflecting on my thoughts compared to when I first arrived in Sierra Leone. The overall feeling I had was one of comfort. I find it amazing that as humans we can adapt so quickly to our surroundings and an entirely different culture in such a short amount of time.

Q: How did this experience improve your ability to provide patient care back in the States?

Providing patient care in a lesser developed country helped me gain perspective on how much abundance we have in the U.S. It helped me see how much can be accomplished with scarce resources.

Q: Why is it important for students to garner an international perspective on healthcare?

It's important for students to see how healthcare is delivered in other countries if not only to have a

source for comparison. To step out of your comfort zone aids in personal growth, which ultimately helps us all be better providers.

Q: What motivated you to pursue anesthesia?

I had been working in the ICU environment for about five years but I knew I wanted to go on to graduate school. I met a CRNA, who is now a mentor of mine, and he let me shadow him in the operating room. After shadowing, I just knew that I wanted to be at the head of the bed.





Catamounts Defend First-Place Title at State Nurse Anesthesia Quiz Bowl

This October, five students will brush up on their physics, chemistry, physiology and pharmacology knowhow to compete in the State Nurse Anesthesia Quiz Bowl. WCU has crushed counterparts in former competitions, taking home the first-place trophy last year. The 2017 quiz bowl will be held at the North Carolina Association of Nurse Anesthetists Annual Meeting in Myrtle Beach. Students competing include: John Flowe, Jared Gouge, Aaron Krenek, Brian Lupo and Ginny Welchel.

Council on Accreditation Approves New BSN to DNP Program

During its May meeting, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) approved WCU's proposed Bachelor of Science in Nursing to Doctor of Nursing Practice in Nurse Anesthesia (DNP) degree. The 36-month, full-time program will be hosted at Asheville's Biltmore Park instructional site starting in May of 2018.

The curriculum includes coursework in research, physiology, pharmacology, pathophysiology, anesthesia and a scholarly project. The application deadline for the inaugural class is September 15, 2017. This program is distinct from WCU's current post-MSN DNP. Approved by the University of North Carolina Board of Governors in 2013, the post



-MSN DNP is a joint effort between UNC Charlotte and WCU. Though both institutions will continue sharing classes and faculty resources, the DNP in Nurse Anesthesia will operate under the sole ownership of WCU's School of Nursing. It is also important to note that the DNP program will replace the final MSN in Nurse Anesthesia cohort in 2020.



WCU Provides High Fidelity Simulation and Clinical Skills Lab

The Nurse Anesthesia Program's high fidelity simulation and clinical skills lab continues to be an extremely valuable educational resource for anesthesia students. According to Dr. Mark Kossick, anesthesia simulation coordinator, the labs offer students an exceptional state of the art experience.

Two operating rooms provide real-life scenarios for adult and pediatric patients. Both surgical suites use human patient simulators (HPS). These are the most sophisticated simulators available on the market today. Students are also exposed to an eclectic set of anesthesia machines and various monitors to enhance their clinical training. In both operating rooms, the adult HPS and PediaSIM have software that supports anesthesia and medical gases. The software allows for the modeling of cardiovascular, respiratory, neurological and pharmacological parameters. Operating room equipment includes a Philips MP70 monitor, crash cart for cardiovascular resuscitation, Storz flexible intubation fiberoptic and GlideScope. A plethora of arrhythmias can also be generated, along with any hemodynam-

ic parameters imaginable. Strategic to the high fidelity simulation curriculum is the program's use of a simulation specialist and the use of CAE Healthcare's LearningSpace software. LearningSpace incorporates wall and ceiling cameras, which permit audio-visual recordings of simulation experiences. This enhances the debriefing experience.

In the clinical skills lab, students have the opportunity to use one of two ultrasound machines (SonoSite SII Ultrasound machine and GE Venue 40). These machines provide experience in placing central lines under ultrasound guidance, as well as arterial lines. Various airway models give students a broad experience in the fundamentals and advanced techniques of elective and emergent airway management. Regional anesthesia techniques are also practiced on several models, including a recently purchased ultrasound compatible THORAXIS Epidural-Spinal injection simulator. WCU's Nurse Anesthesia high fidelity simulation operating rooms and clinical skills lab have been recognized as being among the best in the country.

Q&A: TONIA BARNES

Student finds small classes, hands-on experience at WCU.

Tonia Barnes has always been attracted to the operating room. As a child, she watched surgeries on television and, in high school, she shadowed OR nurses. After studying nursing at the University of South Carolina Upstate and gaining high-acuity experience at Spartanburg Regional Healthcare System, Barnes wanted more. She is now an SRNA at WCU.

Q: Can you describe your ICU experience?

I worked in the Neuro-Trauma ICU at Spartanburg Regional Healthcare System upon graduating from nursing school. It provided a mixture of critical care experiences including intracerebral hemorrhage, cerebral vascular accidents, trauma, respiratory failure, hypertensive crisis, failed suicides, and whatever the ER diagnosed as “altered mental status.”

Q: Why study anesthesia?

Job outlook and job satisfaction — most CRNAs that I have worked with enjoy what they do and have the skills to work independently in so many different areas of anesthesia. I chose WCU because the faculty truly care about the success of its students as future anesthesia providers. I also believed the program had the tools to provide realistic experiences, like a high-fidelity simulation lab, multiple clinical sites (many of which allow for supervised to

independent practice) and smaller class size.

Q: What networking opportunities were available to you and your peers?

We are required to attend one state and one national anesthesia conference before graduation. Although both are impactful, the national conferences open your eyes to career options, issues, politics and learning opportunities. You also meet other nurse anesthesia providers and students. I attended the Diversity CRNA Black and White Affair at the American Association of Nurse Anesthetists Annual Congress in Washington, D.C. in 2016. The networking opportunities were outstanding. CRNAs with varied experiences, research successes, and trail-blazing accomplishments were all there to engage with other CRNAs and SRNAs.

Q: How have you grown since first enrolling?

I have succeeded through the unique challenges of each new semester, clinically and didactically. Former stumbling blocks have become stepping stones with time. I now hope to find employment within a system that has a great organizational culture, utilizes a teamwork approach and is located within a 3-hour radius of Columbia, S.C.

MAKE AN *IMPACT*, *DONATE.*

Every dollar donated to the Nurse Anesthesia Development Fund directly affects the success of our students. Established in 2012 by alumnae Kylee Baquero and Sallie Porter, the Development Fund supports numerous functions, such as service trips and community lectures.

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