



Spring, 2014

In This Issue

• Director's Update	2
• Guest Editorial: Program in transition	3
• New Affiliation	4
• Interprofessional Education	
• New Team Members	5
• Creative Curriculum	
• Alumni Achievement	6
• Service Learning	
• Leading from the Front	7
• Graduates Certified	

Contact Us

Ph: (336) 716-1411
Fax: (336) 716-1412
Email: napinfo@wakehealth.edu
Web: www.wakehealth.edu/Nurse-Anesthesia-Program

Support Your Nurse Anesthesia Program

www.wakehealth.edu/OnlineGift

NAP is On The Move....

To the Innovation Quarter

While students took a holiday break, the program administrators were hard at work on a new project upgrading our program's physical facilities. The opportunity to upgrade our facilities is one of the most exciting aspects of our degree transition to Wake Forest. Our current location in the Progressive Care Building is considered "historic", since we are in one of the original buildings of the medical center campus. However, our space in the building is also built around a very traditional teaching environment, which makes it challenging for us to conduct interactive and group learning activities. Modern educational environments are designed to be modular and adaptable. Most importantly, they are designed to facilitate many types of student interaction, both within and across disciplines. One potential new home for us lies in the Wake Forest Innovation Quarter. This mixed-use hub for innovation in biomedical science and information technology is transforming the historic R. J. Reynolds Tobacco factories into modern industrial-designed centers for education and research, with some significant components of the Wake Forest School of Medicine already slated for the move. Plans for our new facility include two modernized classrooms, an expanded skills lab, small group rooms for problem-based learning, and a dedicated nurse anesthesia simulation laboratory.



Michael Rieker and Robin Geisel review building plans in one of the new educational buildings in downtown Winston-Salem.

Director's Update:

Growing Leaders and Adapting to Change

We send out this newsletter as we are embarking on a new year, but the nurse anesthesia program is really embarking on a new era. In our last newsletter, I wrote that changing certification requirements, growing financial hurdles, and other challenges around us would require new curricula, teaching methods, and relationships in order to be the best that a program can be. Our program has never been one that is driven primarily to produce huge numbers of graduates, nor have we been obligated to contribute a major tuition share to the medical center. Rather, we have been a program that produces leaders. Part of the medical center's strategic plan calls for "developing *leaders* in medicine and biomedical sciences," and I take this charge to heart. It is one of the reasons that I took the position of program director, and one of the reasons that I believe my job is the very best one in nurse anesthesia education is because I have the privilege to interact with and to help develop people of outstanding character. Our program has been very successful in this vein. Notably, two of the AANA presidents between 2012 and 2015 represent Wake Forest Baptist Health as graduates. To be on the leading edge, however, any business needs to be adaptable to changing environments. Two favorite quotes come to

mind; Will Rogers once said that even if you are on the right track, you will get run over if you are not moving. This reminds me that it is not enough to achieve a great program, but that program needs to constantly demonstrate leadership.

ship by bringing on new improvements. Another favorite statement was by Charles Darwin, who said that it is not the strongest nor the most intelligent who survive, but rather the one most adaptable to change. With such drastic changes going on in health reform, CRNA education, CRNA certification, and the changing characteristics of new generations of students, an educational program that is not prepared to change and adapt will become obsolete quickly. In this issue you will read about some incredible changes that are happening in the nurse anesthesia program. The greatest of them represents the most significant change in the way we do business in the past 25

years. Much of human nature opposes change. There is a natural comfort in predictability and a sense of assured outcomes. However, your

nurse anesthesia program is progressive, adaptable, and eager to continually demonstrate leadership and quality for the benefit of



our students, alumni, and colleagues. I have been blessed to work with an outstanding team of educators and administrators, and with their help, our nurse anesthesia program is in the midst of an epic evolution. We will be positioning the program for long-term success in a way that will benefit our students and make our alumni proud to say they graduated from Wake Forest Baptist Health. I have been very honored to lead such an outstanding program, and I am very excited to know that our best is yet to come.

Michael Rieker, CRNA, DNP, FAAN
Director, Nurse Anesthesia
Program

Alumni Association

Gary Ray, Elena Meadows, Jennifer Osborne, Denise Clark, Kristin Henderson, Cathy Briggs, and Kelly Holt serve as your alumni association board. Be on the lookout for notifications from the alumni board regarding the biennial alumni meeting next spring! Please consider if you would be interested in serving on the alumni board.

On the 71st Anniversary: A Program in Transition

Guest Editorial

Sandra Ouellette, CRNA, Med, FAAN

1989 AANA President, 2004-2010 President International Federation of Nurse Anesthetists, 1982-2005 Nurse Anesthesia Program Director



In 2014, the Nurse Anesthesia Program at North Carolina Baptist Hospital will begin a new educational journey. The degree awarding entity for the program will transition from UNCG where it was located in 1988 to Wake Forest University Medical Center. For the class that enrolls in 2014 and beyond, the graduate degree will be awarded by Wake Forest University. Change, regardless of how large or small, generates questions. I would like to address the historical agreement with UNCG, and the reasons for bringing the program back to our home base in 2014. From 1942 until 1988, all graduates of the program were awarded a diploma upon successful completion of academic and clinical requirements. Professional progress nationally in the 1980s saw a dream in which all graduates would earn a master's degree by 1994. While this goal was not achieved until 1998, program directors, many who were diploma prepared, begin to upgrade credentials knowing the goal would and should be reached. Once the faculty was prepared it was time to relocate diploma programs into the graduate academic environment.

In 1986, President Reagan signed a bill into law which included direct reimbursement from Part B Medicare for CRNAs. In 1989, the year I served as AANA president, the CRNA fee schedule was finalized by the Health Care Financing Administration or HCFA. Every action is followed by a reaction, sometimes positive and sometimes negative. We did not note a positive reaction from organized medicine regarding our long, hard-fought reimbursement battle, nor was it expected. Between 1982 and 1989, sixty nurse anesthesia programs closed in the US. The number of programs dropped from 142 to 82, graduating less than 600 students annually. In 1988 enrollment in our program was mandated to drop from 12 to 8 students annually to increase case availability for the residency program that had expanded from 3 to 4 years. During these critical

times, area programs such as Duke University, Watts Hospital, and Mission Memorial closed. The environment we found ourselves in, along with a goal of the National Council of State Boards of Nursing that all advanced practice nurses would be prepared at the graduate level, made UNCG a very attractive partner for us. A new dean had just arrived at UNCG School of Nursing and she was receptive to our plan for the collaborative agreement when most universities felt they could not afford such an expensive program.

Discussions began in 1986, and the first class of 8 students associated with UNCG was admitted in 1988. Clinical sites were developed outside the medical center and enrollment increased. The Raleigh School of Nurse Anesthesia joined the concentration at UNCG in 1990 and now there are about 120 students enrolled representing over 40% of the graduate program at UNCG. In the early days, expense was a concern of universities since nurse anesthesia education with its clinical requirements is expensive. Since North Carolina Baptist Hospital was receiving federal pass through dollars for clinical instruction, money was not the primary motivator at home. As a result, the financial agreement allowed UNCG to keep most tuition money, while teaching only three core courses. Faculty at NCBH taught all the rest and clinical was offered by the medical center and multiple clinical sites. After 25 years of a successful collaboration, the environment in 2014 is very different with many challenges ahead. To survive, leaders of nurse anesthesia educational programs must be proactive, and that has led us to where the program is today.

The general economy in the U.S., along with beginning implementation of the Affordable Health Care Act has created a tight financial environment for hospitals and academic medical centers. Cut-backs in federal funding along with projections for the future lead health care facilities to take drastic steps. Positions are not filled, employees are being laid off, and most administrative leaders are expected to run at the very least budget-neutral programs. The survival of the program in 2014 and beyond will rest with a financial model that allows all tuition generated to support the program and administrative services necessary for the program. This is possible at Wake Forest Baptist Health. (continued on p.7)

University Affiliation Evolves

Sandra Ouellette's editorial in this issue outlines the history of our long-standing collaboration with UNCG. Over those years, UNCG has been an excellent partner, providing us with outstanding student services, academic support, and other benefits. We adapted to hurdles of operating a program divided between two campuses 30 miles apart, and we have always worked hard to reduce redundancies in application requirements between the two institutions. However, as our hospital, medical school, and physician practice merged under the umbrella and leadership of Wake Forest Baptist Health in 2009, new potentials for maximizing the program potential were spawned. This merger opens the door to more interprofessional education with other students in biomedical sciences and to become a full partner in and constituent of medical school student services. The opportunity to participate in the innovative curriculum development and translational science work that is going on at Wake Forest holds great promise for us to grow our program into one that will remain in a position of leadership among nurse anesthesia programs. Importantly for students, by consolidating program administration on a single campus, under a single registrar, financial aid office,

and so on, will greatly improve our financial efficiency, which in turn will bring more resources for students. One of the most important benefits we will maintain for students is to continue to administer a master's degree after the first 24 months of the program, even when we implement a clinical doctoral degree in the near future. Many other programs are eliminating the master's degree as they implement a DNP, so that students must complete three full years of their educational program before becoming certified to work. Considering the earning potential of a CRNA, maintaining the certification potential after two years of education can equate to well over a \$100,000 financial advantage over 3- year DNP programs. This is just one of the ways in which we are moving the program forward with consideration to the benefit to our students, and the value which we offer. It is the type of thinking that will keep us in a top position among programs, nationwide. We will keep our alumni and constituents informed as this exciting process unfolds over the coming years.



Interprofessional Education Program Paves Way To Future Success

Interprofessional education is a growing interest in our country, as a result of the recognition that having health professionals learn together is effective in improving safety. Wake Forest has been a leader in this realm, having used multidisciplinary simulation education for over five years now. In these simulation sessions, SRNAs, surgical residents, and surgical nurses all manage intraoperative scenarios as a team. Last year, our program implemented a new interprofessional learning endeavor by holding a lumbar puncture lab for students in our physician assistant program. Our nurse anesthesia faculty and students provided teaching and proctoring of the PA students in the lumbar puncture procedure. Capitalizing on anesthetists' competence with spinal anesthetic procedures, our students benefited from expanding their own education into the implications of diagnostic punctures, while the PA students learned the intricacies of the procedure from well-experienced hands. Members of the nurse anesthesia faculty also participated in a faculty development workshop in partnership with the PA program this past summer, as we seek new opportunities for improving the quality of education and for implementing more interprofessional educational opportunities.



SRNA Miranda Lawrence guiding a PA student in the performance of the lumbar puncture technique.

New Team Arrivals

One of the greatest benefits of our Wake Forest transition is that we will eliminate dilution of our tuition revenue so that our tuition dollars can more directly benefit our own program and students. This means that among other things, we can upgrade our facility and expand our faculty and staff. The



**Cheryl Johnson,
CRNA, MSN**

education. Cheryl has an incredibly diverse clinical background, spanning the globe as an Air Force CRNA and including every type of practice setting from academic medical centers to a small department she formed in the remote Alaskan bush. Cheryl has

first new arrival was Cheryl Johnson, MSN, CRNA, who joined us in November as the associate director for didactic

been on our radar for some time, as she proved her incredible innovative ability as an educator when she formerly served as the nurse anesthesia program director at Western Carolina University. As Western started its program in 2007, Cheryl brought the program into the 21st century, restructuring the curriculum, implementing electronic evaluations, and launching a distance-delivered curriculum.

Cheryl will be completing her DNP degree in the coming year, and we are very excited to have her play a lead role in modernizing our curriculum, implementing distance education capability for our doctoral program, and capitalizing on the innovative curriculum development by the school of medicine for the benefit of nurse anesthesia students.

The next new addition to our staff is Ms. Allison Hays. Allison formerly served as a volunteer in our department. As a volunteer, Allison helped develop social media, perform marketing research, and carry out a variety of special pro-

jects. Allison will be working part-time as our program assistant. We will also hire an educational pro-



Ms. Allison Hays

gram specialist who will assume responsibility for some of the administrative work in the department.

The program specialist will work on stu-

dent support during the program (registrar function, grant support) while Robin Geisel, our administrative coordinator, will be able to focus more on "before and after" services, such as recruiting, admissions, interviews, onboarding, alumni services, and educational programs such as H₃A. We will look forward to also expanding our core faculty with an additional full-time educator this spring. The newly formed didactic instructor position will provide classroom and laboratory instruction as well as helping us to innovate our next steps.

Creative Curriculum

One of the most exciting aspects of administering our program within Wake Forest, is that we have gained the freedom to make curricular changes more nimbly than when some of our courses were shared with other nursing students. This means that we can not only lay out the curriculum progression in a way that will work best for our students, but we can also formulate course objectives

and activities in a way that will be specific to nurse anesthesia. As an example, one of Cheryl Johnson's current projects is to reformulate our nursing theory course. Historically, this course (which has been shared with all MSN students at UNCG) is rated lower than the anesthesia-specific courses by students on end-of-course evaluations. One of our goals for the coming year is to reformulate the

course into an anesthesia-specific course that will address the variety of theoretical knowledge and thought processes that underpin daily nurse anesthesia practice. With so many concerns about cost vs. value, ethical dilemmas, and patient safety, we are looking forward to providing a course that will help students understand the complexities of nurse anesthesia practice.

Alumni Achievement

In typical fashion for our program, a number of alumni and faculty members have assumed leadership positions in our profession. In the most notable example, Janice Izlar ('76) finished her presidency of the AANA last August, and Sharon Pearce ('92) transitioned from Vice President to the position of President-Elect of the AANA. We will be looking forward to the AANA Annual Congress this year when Sharon begins her year as president. On the state level, Bobby Jones ('11) is in his second year as District 2 director of the NCANA while a number of alumni were on the ballot for leadership positions this year. The following program associates were elected

by the NCANA membership to serve in 2013-2014: Jennifer Ferguson ('08) as Vice President, Amanda Auston ('05) as Secretary, Instructor Luci New as District 3 director and nominating committee member, Corey Wall ('09) to the District 2 nominating committee, and instructor Paul Packard to the District 4 nominating committee. The NCANA meeting was also dominated by a number of program associates serving as faculty. Speakers representing Wake Forest included Jennifer Ferguson, SRNAs Darren Aiken, Jennifer Link, and John Winn, and anesthesiologists Dr. Quinn McCutchen, and Dr. John Reynolds. Dr. Rieker served as a judge for the poster

presentation, which included a poster by Darin Blanton, Lindsay Devers, Keara Cox, and Travis Lukasik of the class of 2013. At the national level, Michael Rieker is in the final year of his term on the NBCRNA board of directors, Mark Haffey ('01) is helping to conceptualize the future recertification examination by serving on the exam subcommittee of the NBCRNA, Keith Torgerson ('92) serves as a director on the Council on Accreditation of Nurse Anesthesia Educational Programs, and faculty member Courtney Brown ('07) is a member of the national certification examination committee.

Service Learning *Changing Lives, Creating Opportunities*

Students continue to find professional growth and learning opportunities in our service-learning project (SLP). Establishing connections with some external agencies not only helps us build capacity for our future DNP capstone projects, but it gives students the opportunity to develop competencies beyond traditional clinical anesthesia. Some of the more ambitious service learning projects have provided graduates with business opportunities and some of them have become permanent establishments in our program, such as our innovative "Surviving the Bubble" orientation program. Previous alumni surveys indicate that 38% of graduates are utilizing skills they developed from their SLPs in their current job. In keeping with our vision of Creating Ex-

cellence, our graduates are bringing value-added competencies to their employers, beyond their abilities as excellent clinicians.



Members of the Class of 2014 serving families at the Ronald McDonald House

Noted local examples of program projects which have been carried on are: Adree Williams, who parlayed her capstone research into development of our H3A courses, Jennifer Ferguson, whose Surviving the Bubble orientation is now

offered to other nurse anesthesia programs through her company, Jigsaw Team Building, and Elena Meadows and Kristin Henderson, who used their capstone work on multidisciplinary simulation to become leading simulation instructors for us. Members of the class of 2014 have distinguished themselves as outstanding leaders in the area of service projects. The class has a great natural synergy, and they enjoy spending time together and giving of themselves in service to others. In the past year, student groups have volunteered four times to serve fresh cooked meals at the Ronald McDonald House and the SECU house (both organizations which provide lodging and meals for family members of hospitalized patients).

Leading From the Front

Setting the Example-Challenging Students

Program Director Dr. Michael Rieker is a strong believer in leading by example. In as much as he pushes students to reach for excellence in their academic and professional activities, he has also never shied away from working hard. While students are encouraged to participate in international learning, Dr. Rieker has been intimately involved with the Kybele mission in Ghana and helped to start a nurse anesthesia program there. While our students are encouraged to submit professional publications, Dr. Rieker serves on the editorial board of the International Student Journal of Nurse Anesthesia. While he pushes students to involve themselves in professional advocacy activities, Dr. Rieker has been a member of the NBCRNA board of directors

for 5 years. This year, Dr. Rieker's accomplishments and contribution



to the nursing profession were recognized with two awards of distinction. First, he was inducted as a fellow in the American Academy of Nursing. The Academy describes its 2,200 fellows as "nursing's most accomplished leaders in education management, practice and research. Fellows include associa-

tion executives, university presidents, chancellors, and deans, state and federal political appointees, hospital chief executives and vice presidents for nursing; nurse consultants, researchers, and entrepreneurs. Fellows have been recognized for their extraordinary nursing careers and are among the nation's most highly-educated citizens." Just one month after his induction into the Academy, Dr. Rieker was also honored by being named the outstanding scholar alumnus for 2013 by Penn State University's Schreyer Honors College. This award recognizes graduates of the University Scholars Program who demonstrate exemplary leadership skills, professional achievement, and a passion for lifelong learning.

Class of 2013 Certification

Our students continue to work hard and take in all the benefits of our outstanding clinical and academic program. The class of 2013 upheld the tradition of high achievement on the national certification examination, with all graduates passing the exam successfully on the first attempt. The first graduate to pass did so within one week of graduation, and all students attained their certification within one month following graduation. Graduate performance on the exam was exceptional, with a class average score of 525, far exceeding the required passing score of 450.



A Program in Transition (continued from p.3)

The future of health care in my opinion will dictate that all providers work more closely as teams in a collaborative, cooperative manner. In other words, for the best and most affordable care today, we must all learn to "play in the sand box" together in a respectful, cohesive manner. This leads me

to believe that nurse anesthesia programs today are not an "endangered species" politically as they were in the 1980's and this new arrangement at Wake Forest should work well. I want to thank Dr. Michael Rieker, Dr. Joe Tobin, and hospital administrators for allowing me to participate in the

planning for this transition. I believe this change is necessary and good for the program and wish all the greatest success in maintaining a program that remains a leader in nurse anesthesia education in the US and globally.

-Sandra Ouellette



Students show their multiple talents during a Habitat for Humanity construction project.



Congratulations to faculty member Courtney Brown, who earned her Ph.D!



On the campaign trail for AANA Student Representative



Sarah Turner pays close attention to her earpiece during a mission trip in the Dominican Republic

Nurse Anesthesia Program
Wake Forest Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157

Non-Profit Org.
U.S. Postage PAID
Permit No. 154
Winston-Salem, NC

 **Wake Forest**TM
Baptist Health



Expect to see the new Wake Forest "W" logo replacing our traditional alumni association logo in many program publications.