Faculty and staff continue to be very busy. The program continues to evolve in order to preparing to move into a doctoral framework. Here are some of the changes that have taken place over the past few months.

Many of our courses are adding some on-line curriculum in order to modernize and improve program delivery. Dr. Elizabeth Peitzman has taken over the Advanced Physiology and Pathophysiology courses. She has developed supplementary on-line content to enhance the traditional lecture/exam format for these courses. Students will now be able to demonstrate their mastery of concepts by completing case studies, participating in on-line discussions, and completing worksheets.

The Professional Aspects (NA630) curricula is being redeveloped. Dawn Buhain and Keith Larson are redeveloping this 3-credit course to include content from NA632 NA Department Management. This new course will replace the need to offer the one credit management course during the students second year.

Portfolio I and II are new courses that are being developed to provide students the opportunity to develop professional skills. The course description states: The professional portfolio is intended to document the student’s preparation to assume the role of a CRNA. Specific documents are assembled over time. The purpose of the portfolio is to provide evidence personal and professional growth, provide opportunities to reflect on achievement in relation to learning needs, critically address contemporary clinical and professional issues, and demonstrate attainment of the program outcome objectives. We are looking for faculty members who are willing to work with smaller groups of students as faculty members. We are excited to offer the ability to mentor students to more members of our community. If you are interested, please contact Merri Moody.

We are very pleased to welcome new academic faculty members Keith Larson and Elizabeth Gerber. We also would like to welcome new clinical faculty members Tom Eilen (Marshfield Clinic District Education Coordinator), Aaron Juliar (Lakeview Medical Center), and Jim Johnson (Marshfield Clinic Minocqua Center). Jill Viergutz will be working with our students at Marshfield Ambulatory Day Surgery Center along with students at St. Joseph’s Hospital. Jill has also become a Marshfield Clinic District Education Coordinator.

After a successful trial focused on incorporating simulated activities into NA780 Clinical Integration, Ann Dryer and Joseph Kraska will continue as faculty while we make simulation a permanent part of this course. The simulation lab has received several upgrades thanks to the generosity of our alumni. The lab is being fitted with video and audio capabilities to allow students and faculty to review performance.

Craig Hall did a great job helping to develop the role of the Academic Director. Unfortunately, Craig has resigned to pursue different opportunities. We are currently interviewing a potential replacement. Our sincere thanks to Craig for the great work he pioneered in this evolving role.
Are Transversus Abdominis Plane Blocks Effective in Reducing Analgesic Requirements Within the First 24-hours Post Cesarean Delivery?

Lindsey DeMesy, RN, BSN and Katie Anderson, RN, BA

**Purpose:** Transversus abdominis plane blocks are utilized in a variety of abdominal procedures as an opioid adjunct for postoperative pain control. These blocks have recently begun to be utilized for women undergoing cesarean deliveries as a means of mitigating postoperative opioid requirements. The purpose of this synthesis paper was to evaluate whether a transversus abdominis plane block would reduce analgesic requirements for parturients in the first 24-hours following cesarean delivery.

**Methods:** The research method for this synthesis paper was a formal literature review. The database utilized was Saint Mary’s SuperSearch. The literature reviewed consisted of meta-analyses, randomized, controlled, double-blinded trials, and case studies. Thirteen articles met the inclusion criteria.

**Results:** The results indicated that transversus abdominis plane blocks decreased opioid requirements during the first 24-hours post-cesarean delivery by up to 33%-74%. Studies demonstrated a statistically significant difference in opioid consumption by patients who received the block compared to the control groups (p <0.0001 to 0.05). Researchers also noted a statistically significant difference in subjects who received transversus abdominis plane blocks when assessing the time interval between completion of the cesarean delivery and the parturient’s first request for an analgesic (p=0.0001, MD 12.3 mg, SD 2.6 mg).

**Conclusion:** Adequate postoperative pain control can be challenging to provide for mothers undergoing cesarean deliveries. Transversus abdominis plane blocks improve postoperative cesarean delivery pain while allowing for minimization of opioid use for analgesia.

Student Synthesis Paper Abstracts

**See all of the abstracts for the 2015 Student Seminar by following this link:**
http://www2.smumn.edu/deptpages/-nap/Abstracts2016.pdf

Does the Use of Acceleromyography Reduce the Incidence of Postoperative Respiratory Complications?

Hanna I. Sanstrom, RN, BA and Elise A. Welke, RN, BSN

**Purpose:** All patients are at risk of experiencing residual paralysis after receiving neuromuscular blocking agents with general anesthesia. The most significant consequences of residual paralysis are adverse respiratory events, which impede postoperative recovery. The purpose of this synthesis paper is to answer the question, does the use of acceleromyography decrease the incidence of postoperative residual paralysis in patients receiving neuromuscular blockade?

**Methods:** The Saint Mary’s University of Minnesota Supersearch database was used to select academic journal articles between the years of 1996 and 2015, and published in English. Results were refined using the inclusion criteria of adult human subjects, using only nondepolarizing neuromuscular blockers, and monitoring of neuromuscular paralysis in the immediate postoperative period.

**Results:** In a majority of the studies reviewed quantitative monitoring significantly decreased the incidence of residual muscle paralysis in the postoperative period. Researchers found a significantly higher incidence of patients with hypoxemia (P<0.0001), and more frequent interventions to maintain airway patency (P=0.002) in the traditional TOF group. In addition, quantitative monitoring has a greater sensitivity and specificity when compared to qualitative clinical tests of neuromuscular blockade.
Are Transversus Abdominis Plane Blocks Effective in Reducing Analgesic Requirements Within the First 24-hours Post Cesarean Delivery?
Lindsey DeMesy, RN, BSN and Katie Anderson, RN, BA

Effectiveness of Alveolar Recruitment Maneuver to Improve Arterial Oxygenation in Morbidly Obese Patients Undergoing Laparoscopic Surgery
Amber Bakke, RN, BSN and Ana Burge, RN, BA

Does the Intraoperative Administration of Methadone Provide More Effective Postoperative Pain Control Than Conventional Opioids?
Jessica Vanderberg, RN, BSN and Megan Shuck, RN, BSN

Does the Use of Preoperative Carbohydrate Solutions Decrease Postoperative Complications Secondary to Insulin Resistance?
Michael R. Pearson, RN, BAN and Thomas V. Tate, RN, BA

Does Cricoid Pressure Prevent Aspiration in Patients Undergoing Rapid Sequence Induction?
Nathan W. Balk, RN, BSN and Randell J. I. Padua, RN, BSN

Does the Administration of Esmolol in Patients Undergoing General Anesthesia Decrease Pain in the Postoperative Period?
Joseph J. Griffith, BSN, RN and Cassondra G. Briggs, BSN, RN

Efficacy of a Defasciculating Dose of Nondepolarizing Muscle Relaxant prior to Succinylcholine Administration in Reducing Postoperative Myalgias
Katelyn L Shultz, RN, BSN and Megan R. Mincheff, RN, BSN

Which is More Effective for One-lung Ventilation? A Comparison of Bronchial Blockers and Double-lumen Endotracheal Tubes
Timothy E. Wilson, RN, BSN and Molly Thibert, RN, BSN

Do Forced-Air Warming Devices Increase Surgical Site Infections?
Cortny A. Ruggles, RN, BSN and Sara M. Brown, RN, BSN

Will a Single Dose of Preoperative Gabapentin Decrease the Incidence of Postoperative Pain?
Erik J. Kraska, RN, BSN and Jenna M. Nielsen, RN, BSN

Prophylactic Blood Pressure Control in Cesarean Section Patients Receiving Spinal Anesthesia
Catherine A. Malmin, RN, BSN and Kathryn Welles, RN, BSN

Tranexamic Acid’s Effect on Total Blood Loss in Total Knee Arthroplasty
Ryan Mathews, RN, BSN and Craig Tangen, RN, BSN

Use of Intravenous Magnesium as an Adjunct to Reduce Postoperative Pain
Deanna Jensen RN, BSN and Kelly Olsen RN, BSN

Does the Use of Acceleromyography Reduce the Incidence of Postoperative Respiratory Complications?
Hanna I. Sanstrom, RN, BA and Elise A. Welke, RN, BSN

Breastfeeding After Anesthesia: What Should the Anesthetist Recommend?
Megan Sarrels, RN, BSN and Joshua Scharback, RN, BSN

Xenon Anesthesia: A Consideration of Xenon as an Anesthetic Agent
John Swenson, RN, BSN

Noise in the Intraoperative Setting
Christian Hunsberger, RN, BSN and Roger Tatarian, RN BSN

Link to abstracts and registration form:
http://www2.smumn.edu/deptpages/~nap/Abstracts2016.pdf
**NEWS**

**Kristy Nielsen, Program Coordinator, M.S. in Nurse Anesthesia and M.A. in Counseling and Psychological Services**

Kristy Nielsen has joined the nurse anesthesia program as our new program coordinator. She takes Elise Riveness’ place. Elise has now works with Student Services.

Kristy has a B.A. in Anthropology from Luther College. She currently volunteers as a teacher in the Adult English as a Second Language program at Open Door Learning Center in Northeast Minneapolis. Additionally, Kristy loves learning about and interacting with people from different cultures and she enjoys singing. Please join us in welcoming Kristy to our community.

**Upcoming Events**

- January 4, 2016 Spring Semester Begins
- March 25-28, Easter Break, Campus Closed
- April 24, Spring Semester Ends
- April 28 and 29, Class of 2018 New Student Orientation
- May 14, The Final Student Seminar

**This Semester’s Classes**

**Juniors**
- Principles of Anesthesia II
- Pharmacology
- Advanced Physiology and Pathophysiology II
- Clinical Practicum I

**Seniors**
- Clinical Practicum IV
- Comprehensive Exams Begin

**Nurse Anesthesia Program Staff**

- **Merri Moody 612-728-5133**  
  *Program Director*
  
  612-238-4544

- **Mary Skelley 612-728-5151**  
  *Clinical Director*

- **Kristy Nielsen 612-728-5132**  
  *Program Coordinator*

[www.smumn.edu/anesthesia](http://www.smumn.edu/anesthesia)

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**VOLUME 11, NUMBER 3**

**JANUARY, 2016**
The nurse anesthesia program has more than 788 GRADUATES since 1953.

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http://www.smumn.edu/undergraduate-home/about-smu/offices-services/registrar/request-transcripts

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In accordance with federal regulation, the student/alumni must give permission for any information to be released by the university. Verifications cannot be done over the phone. Please sign a consent form from your employer or send a request with your signature to:

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2500 Park Avenue
Minneapolis, MN 55404-4403
FAX: 612-728-5121
Questions: tc registrar@smumn.edu

Program Website
www.smumn.edu/anesthesia

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Nurse Anesthesia Program
2500 Park Avenue
Minneapolis, MN 55404
ATTN: Kristy Nielsen

Cost $70 - CRNA’s
$35 - Students
Application for 5 CE credits is in process
Please join us in wishing the graduating class of 2015 the very best. They completed the program and are preparing to take the Certification Examination before they start their new careers as Certified Registered Nurse Anesthetists.

In this issue

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Page 2: Alumni Working in Guam
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Clinical News
Page 3: Tools for Targets, Dr Shannon Spies-Ingersol
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Teaching Fellows Program
Page 5: Information
Clinical News

Mary Skelley APRN, CRNA, MS

The Clinical Practicum Advisory Committee met on August 11 to begin reviewing and revising the student evaluation process. Included is combining the performance criteria into fewer categories and making the short form Clinical Performance Summary Evaluation reflective of the same number of categories as the long form. All clinical faculty are encouraged to share their thoughts and ideas with their site Clinical Coordinator(s) or the NA Program Clinical Director at mskelley@smumn.edu.

We would like to welcome our new Clinical Coordinators since last listed in the Program Newsletter. Gerry Herigges and Tom Wallace at Abbott Northwestern Hospital; Kelle Klocke at Essentia Saint Mary’s Medical Center Duluth; Carol Daniel and Melinda Stone at St. Cloud Hospital; Bonnie Peterson at Northfield Hospital; Jennifer Charbonnet and Greg Erickson at Ridgeview Medical Center Waconia; Shane Volk at Rice Memorial Hospital Willmar; Anthony Mollozzi at Saint Luke’s Hospital Duluth; Clint Bollock at Winona Health System; Matt Vincent at Hayward Area Memorial; Sherree Engen at Lakewood Health System Staples; Michael Wolf at Mile Bluff Medical Center Mauston and John Scharine at Shawano Medical Center.

Thank you to all our clinical coordinators and clinical faculty for their ongoing support and the dedication provided to the education of our students.

VOLUME 11, NUMBER 2, PAGE 2.
AUGUST 2015
Judging by social media, many people walk around continually outraged or offended, even at unintentional slights. However, Corporate Bullying is an increasingly complex issue and is repeated, health-harming mistreatment ranging from verbal abuse and humiliation to threats, sabotage, and worse. As evidenced by the recent lawsuit concerning an Anesthesiologist who insulted her sedated patient, the power of media makes headline news out of events that otherwise only garner interest in the break room or hospital cafeteria.

Many Targets of bullying “self-blame” when in reality they did nothing to provoke the “more than inappropriate” behavior and abuse—it is all the Bully! This can prevent Targets from taking steps to end the Bully’s psychological violence and can spiral into self-destruction. Targets are often individuals who are well liked, highly educated, morally and ethically correct, non-aggressive, and do their job well. Do you know a Target? Can you help? You CAN! You can act as a source of support by being an empathetic and nonjudgmental listener to the Target’s reality. Confirming and validating their story is significant. Educating and encouraging Targets to document what is happening to them, obtaining other co-workers’ experiences, and referring them to outside sources of advice such as a therapist and/or attorney will assist in the healing process.

Are you being bullied? Bullying takes on many forms in the workplace and signs and symptoms vary. All of a “sudden” is your work not good enough? Are you accused of incompetence despite a history of objective excellence? Do you find yourself feeling sick to your stomach the night before work or obsess about work on your days off? If you answered “yes” to any of these questions, you may be in a bullying situation. In healthcare, there is potential for patients to become indirect victims, thus compromising their safety in an already vulnerable state. A bullied employee won’t function at peak physical and mental health and may even be questioning their own ability to perform effectively. It is imperative that you become aware of your surroundings as well as the internal and external resources available to you should you find yourself or another co-worker being a Target of this phenomenon.

When confronted with this epidemic, your health and well-being need to come first! Maintaining health and wellness is of paramount importance. What do you like to do to unwind and relax? What are you grateful for? The answers to these questions will act as a reminder and keep you grounded by providing a sense of comfort. See, you already have your first tool to maintain positivity and prevent and eliminate the self-destruction that bullying creates.

Dominance may impress, but it is humility that inspires – Dr. Amit Sood

For more information, visit the team at BEHAVE Wellness: [http://www.behavewellness.com](http://www.behavewellness.com)
Pictured above right is Pete Strube M’06 working in Afghanistan. This cover for the AANA Journal appeared in June of this year.

**2015-2016 Teaching Fellows Program**

Sponsored by the Saint Mary’s University of Minnesota Center for Excellence in Learning and Teaching

**Program Description:** The Teaching Fellows Program is designed to provide selected adjunct faculty the opportunity to actively develop, invigorate, and expand their teaching repertoire and build community through a series of 6 monthly workshops. Participants will engage in research-based practices, strategies, and tools grounded in the Lasallian tradition of excellence in learner-centered teaching.

Through this series you will:

- Expand your teaching repertoire to promote excellence in teaching and learning.
- Be part of a collaborative community of faculty members from a variety of disciplines.
- Be invited to facilitate future faculty development offerings.
- Receive a stipend for completing the sessions and activities.

Click [HERE](#) to learn more.

**Applications** are being accepted Aug. 24 - Sept. 28.

**News in Brief**

Congratulations to Dr. Don Beissel M’01 on the publication of his manuscript, “Complication Rates for Fluoroscopic Guided Interlaminar Lumbar Epidural Steroid Injections Performed by Certified Registered Nurse Anesthetists in Diverse Practice Settings.” Don’s work appears in the Journal for Healthcare Quality.

Our best wishes to Craig Hall, Academic Coordinator. Craig left to pursue other opportunities. We also say goodbye to Program Coordinator Elise Riveness who transferred to another department. Many thanks to both for their service to our students.

Many thanks to Steris Corporation for donating the OR table to our program. Thanks to Amy Swartz M’03 and Craig Hall M’97 for arranging the acquisition and for transporting the table.

Congratulations Dr. Merri Moody M’88 on receiving her DNP degree from the College of St. Scholastica in May 2015.

**Volume 11, Number 2, Page 4. August 2015**
The nurse anesthesia program has had more than 789 GRADUATES since it started in 1953.

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Program Website
www.smumn.edu/anesthesia

Nurse Anesthesia Program Staff

Merri Moody 612-728-5133
Program Director

Mary Skelley 612-728-5151
Clinical Director

This Semester’s Classes

Juniors
NA615 Principles of Anesthesia I
NA651 Pharmacology for Nurse Anesthetists
NA645 Advanced Physiology and Pathophysiology I

Seniors
NA772 Clinical Practicum III
NA 783 Synthesis Paper
NA632 Professional Aspects: Department Management

Upcoming Events
Sept. 1, Fall Semester begins
Sept. 7, Labor Day
Oct. 2-4, MANA Meeting
Nov. 4, Registration for Spring Semester begins
Nov. 26 and 27, Thanksgiving Break
Dec. 18, last day of the semester
Campus Closed for the Holidays, Dec. 24 to Jan. 3
Jan. 4, Spring Semester begins

Public Group: Saint Mary’s University - Anesthesia

VOLUME 11, NUMBER 2, PAGE 5.
AUGUST 2015

Pictured is the Class of 2015’s group photo taken after the Student Seminar in May 2015.
Welcome Class of 2017

Our future has arrived!

Pictured are most of the 33 members of the Class of 2017. Our new students come to us from Sioux Falls, SD, Cheektowaga, NY, Aurora, CO, Big Sky, MT, Sioux Falls, SD, Dallas, TX, Louisville, KY, Fargo, ND, Eau Claire, Hudson, Madison, and Webster, WI; Northfield, Rochester, Vadnais Heights, Fridley, Minneapolis, Mounds View, North St Paul, Plymouth, Golden Valley, Yankton, Coon Rapids, Esko, Lino Lakes, Saint Cloud, St. Louis Park, and Blaine, MN. PLEASE NOTE: Not all of our new students were available when we took this picture. A few of them are missing.

Applications for the Class Starting in 2016

The process for reviewing applications and selecting the next class began in April. Sixty candidates have been selected and their structured professional goal statements are being reviewed as the final step in the process. Only three candidates will join the class from the wait list.
Student Synthesis Paper Abstracts

See all of the abstracts for the 2015 Student Seminar by following this link:
http://www2.smumn.edu/deptpages/~nap/Abstracts2014W.pdf

Do Transversus Abdominis Plane Blocks Provide Adequate Postoperative Analgesia After Laparoscopic and Open Abdominal Surgical Procedures?

Liliana Rascon, RN, BSN and Jennifer Malmberg, RN, BSN

Inadequate pain control can result in postoperative complications and prolonged hospital length of stay. New regional techniques are being used as an adjunct to opioids for postoperative pain control. The purpose of this literature review was to evaluate the effectiveness of transversus abdominis plane blocks (TAP) in providing adequate postoperative analgesia for patients undergoing abdominal surgery. A systematic review of the literature was conducted using the electronic databases Google Scholar and Saint Mary’s University of Minnesota SuperSearch. Eleven studies were included in this literature review. Seven studies found a decrease in total opioid consumption in patients receiving a TAP block. Seven of the eight studies found a decrease in postoperative pain scores. Only six studies evaluated postoperative nausea, vomiting, and sedation. Of these six studies, three studies found a decrease in the incidence of nausea and vomiting, and in the sedation level in patients receiving TAP blocks. TAP blocks were found to decrease postoperative opioid consumption by providing adequate pain control for patients undergoing open and laparoscopic abdominal procedures. There was no significant decrease in the incidence of opioid adverse effects such as nausea, vomiting, and sedation.

Dexamethasone as an Adjunct to Local Anesthetics for Brachial Plexus Block

Danhua Liu, RN, BA and JoAnn Tran, RN, BSN, CCRN

Single-injection brachial plexus nerve blocks (BPBs) are limited by the local anesthetic’s (LA) pharmacological duration for a comfortable transition to oral analgesics after upper extremity surgery. The purpose of this literature review was to evaluate the effects of dexamethasone as an adjunct to LA for BPBs. Thirteen randomized controlled trials were selected after searching Saint Mary’s University SuperSearch, PubMed, and Google Scholar databases. These trials were published within the last 12 years. The studies compared BPBs performed with LA alone to those performed with LA plus perineural dexamethasone. Twelve studies demonstrated a statistically significant prolonged duration of analgesia with perineural dexamethasone. Five studies found significantly prolonged duration of motor block. Four studies found faster onset of motor/sensory blockade. Seven studies found there was less postoperative pain at three hours, postoperative day one, and postoperative day two. Five studies found less postoperative analgesic consumption. Three studies found that patients were generally satisfied with the BPB, but they did not specify if they were with or without perineural dexamethasone. In conclusion, adding dexamethasone as an adjunct to LA for BPBs can help prolong duration of analgesia, duration of motor block, increase onset of motor and sensory block, and reduce postoperative pain.

Effectiveness of Adductor Canal Blocks versus Femoral Nerve Blocks on Mobility and Pain Control For Total Knee Arthroplasty

Robert Arno, RN, BSN, CCRN and Brent Chiapusio, RN, BSN, CCRN

The femoral nerve block has long been used as an adjuvant treatment for postoperative pain control in patients undergoing total knee arthroplasty (TKA). The adductor canal block (ACB) is a newer approach that is currently being utilized as an alternative method of postoperative pain control. In order to determine the effectiveness of the ACB versus the FNB, a formal literature review was conducted utilizing Saint Mary’s University of Minnesota’s SuperSearch, OVID, MEDLINE, and ScienceDirect databases. A total of eight peer-reviewed research studies were analyzed using postoperative pain scores, opioid consumption, ambulation, and muscle strength as primary outcomes. We found that the use of an ACB resulted in improved ambulation and preserved muscle strength. However, there were no statistically significant differences in opioid consumption and pain scores between the ACB and FNB. Research suggests that the ACB is an efficacious alternative to the FNB for pain management after TKA. In order to further compare the FNB and ACB, further research should be done using larger populations, multiple centers, and a standard anesthetic and surgical protocol.
Is Surgical Infiltration of Depofoam Bupivacaine More Effective Than Bupivacaine Hydrochloride in Decreasing Pain and Opioid Consumption During the Postoperative Period?
Robert Gonzalez Jr. RN, BSN, CCRN and Kemo Marong RN, MAN

Do Single-Use Laryngoscope Blades Provide the Same Clinical Performance as Reusable Laryngoscope Blades for Patient intubation?
Gretchen Drangeid RN, BSN and Keith Maxwell Bull RN, BSN

Do Transversus Abdominis Plane Blocks Provide Adequate Postoperative Analgesia After Laparoscopic and Open Abdominal Surgery?
Jennifer Malmberg RN, BSN, CCRN and Liliana Rascon, RN, BSN, CCRN

Can the Intraoperative Use of Regional Oximetry With Near-Infrared Spectroscopy Help Guide Initiation of Blood Transfusions?
Erin Suntken RN, BSN and Amy Tin, RN, BSN

Evaluation of Pulse Pressure Variation and Stroke Volume Variation to Optimize Fluid Administration in Patients Undergoing Major Abdominal Surgery
Jeremy L. Wilson RN, BSN, CCRN and Fred Nyabicha RN, BSN, CCRN

Is Sugammadex More Effective Than Neostigmine/Glycopyrrolate for Reversing Muscle Relaxation?
Kyle Heffner RN, BSN and Adam Rogers RN, BSN

Does Levosimendan Reduce Morbidity and Mortality for Patients With Low Ejection Fraction Undergoing Cardiac Surgery?
Michael D. Neumann, RN, BSN and Jeremy J. Brookins, RN, BSN

Cancer Metastasis and Anesthetic Technique
Justin Bartos, RN, BSN and Daniel Fuller RN, BSN

Intravenous Local Anesthetic Administration for Treatment Following Lung Aspiration
Jillian Pechacek RN, BSN and Jessica Wittenberg RN, BS

Is Hydroxyethyl Starch safe for Fluid Resuscitation in Trauma Patients?
Boe T. Brink, RN, BSN and Tyson L. Flohr, BS

Localized Elastomeric Pain Pumps as Part of a Postoperative Pain Management Strategy for Cardiothoracic Surgical Patients
Alexa Honstad RN, BSN, CCRN and Rebekah Gramenz RN, BSN, CCRN

Dexamethasone as an Adjunct to Local Anesthetics for Brachial Plexus Block
JoAnn Tran, RN, BSN, CCRN and Danhua Liu, RN, BA

Effectiveness of Adductor Canal Blocks versus Femoral Nerve Blocks on Mobility and Pain Control For Total Knee Arthroplasty
Robert Arno, RN, BSN, CCRN and Brent Chiapusio, RN, BSN, CCRN

Does Perioperative Treatment with Dexamethasone Decrease Postoperative Pain in Pediatric Patients Undergoing Tonsillectomy?
Michael P. Erickson, RN, BSN

Link to abstracts:
http://www2.smumn.edu/deptpages/~nap/Abstracts2014W.pdf
Clinical News

The first meeting of the Clinical Practicum Advisory Committee was held on March 4. This committee has replaced the Evaluations Committee with the purpose of examining all aspects of our clinical curriculum to ensure excellence in the clinical education of students. Members of the committee include our affiliation site clinical coordinators and student members. The clinical director chairs this new committee and the dean and program director serve as ad hoc members. Topics discussed by this committee will include clinical curriculum design, student evaluation and grading, accreditation standards, and identifying the resources needed to continue to provide the best possible education for our students.

NEWS

GNA Fitness

Four of Saint Mary’s SRNAs participated in the Medtronic Twin Cities Marathon Weekend (October, 2014). Elise Welke (’16), Hanna Sandstrom (’16), and Jenna Nielsen (’16) completed the Medtronic Twin Cities 10 Mile race. Jillian Pechacek (’15) and Program Coordinator Elise Riveness finished the Medtronic Twin Cities Marathon. This race is known as “The Most Beautiful Urban Marathon in America.” Pechacek says that, “Exercise helps me stay balanced with school and a family. It is a choice and one that I make continuously in order to stay healthy physically and mentally.” Training partner and friend Jessica Wittenberg (’15) says that balancing school life is exercise. Congratulations to our runners!

Elise R. and Jillian are pictured above. Elise W. and Hanna are pictured right.

Upcoming Events

- May 4, Spring Semester Begins
- May 16, Student Seminar
- May 25, Memorial Day Campus Closed
- June 7, Commencement Ceremony for the Class of 2015 (11:30)
- August 20, Last clinical day for the Class of 2015

CONGRATULATIONS!!!

This Semester’s Classes

New Students
- Chemistry and Physics
- Research Design and Statistical Analysis
- Professional Writing
- Professional Aspects of Nurse Anesthesia

Juniors
- Clinical Integration
- Synthesis Paper Proposal
- Clinical Practicum II

Seniors
- Synthesis Paper Presentation (May 16)
- Clinical Practicum V
- Comprehensive Exams

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Merri Moody 612-728-5133
Program Director

Craig Hall 612-238-4544
Academic Director

Mary Skelley 612-728-5151
Clinical Director

Elise Riveness 612-728-5132
Administrative Assistant

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$35 - Students

Please send application and registration fee to:
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Nurse Anesthesia Program
2500 Park Avenue
Minneapolis, MN 55404
ATTN: Elise Riveness

Program Website
www.smumn.edu/anesthesia

Saint Mary’s University - Anesthesia

GRADUATE SCHOOL OF HEALTH AND HUMAN SERVICES
Graduate Program in Nurse Anesthesia

Volume 11, Number 1
May 2015, P. 5