

MONITOR



One Voice: Guiding, Protecting, & Serving Our Patients & Our Profession

SUMMER 2021

MESSAGE FROM VANA PRESIDENT JEAN SNYDER, DNAP, CRNA

Many years ago, a good CRNA friend would call or email me every year and ask if I wanted to go on a mission trip and every year I would reply “no”. There was no judgment, no begging, no recriminations. But every year, like clockwork, the same kind and polite inquiry would come. And every year I had an excuse: I don’t have the money, I don’t have the time, my kids need me home. My excuses were legitimate and honest. (Thank you, Tom Radel- you changed my life!)

About 10 years ago, I got the same email – did I want to go on a mission trip? And this time, for some reason I cannot explain, I quickly replied yes and clicked send. Then I sat back in my chair and thought “I think I should have talked to my husband before I replied”. What happened on that first mission trip was life changing and it was simply this: I thought I was going to give of myself and my talents but what I got in return was so much more than I gave.

This is what an active participation in your professional association will do. VANA will ask again and again for you to help us. You may tell us year after year that you can’t; the kids need me, I am too busy with work, I cannot spare the time. And we will ask year after year without judgment or begging. I am hoping you take the leap of faith I took so many years ago with my mission trips because you will get so much in return.

VANA and CRNAs across this country are at a critical point in our profession. Many states are facing AA legislation. Last week, AAs were admitted into practice in Kansas through medical delegated authority, the 19th state to allow AAs to practice. The ASA is using delegated authority to force AAs into all states. You may think this is inevitable in Virginia or that it doesn’t matter but at some point, it will impact your ability to get a job and/or your salary.

It is also important to realize that many states are working toward allowing CRNAs to practice to the full extent of

their education and training. This allows hospital systems, ambulatory surgery centers and facilities to choose the option that works best for them. If your facility is happy with the cost and quality of anesthesia care they receive, your model will continue as is. If your facility is not, this affords them the opportunity to find a product that meets their needs.

How does the individual Virginia CRNA figure into the current state-of-affairs? First, say yes to becoming involved. I have reached out to several of your colleagues to be guest columnists for this issue of the Monitor. We are calling it CRNAStrong: APRN update from Becky Compton, NP, CRNA education from Crystal O’Guin at Georgetown, diversity from Cissy Edwards, non-traditional healthcare advocacy from Holly Price, rural anesthesia from Brian Brown, military CRNAs from Reggie Middlebrooks, and building coalitions from Meredith Joyner. Please take the time to read these columns and let me know how you like them.

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Secondly, say yes if we reach out to you. If we don't reach out to you, reach out to us and say yes, you are ready to get involved. We will find a place to use your time and talents. Third, please go online to VirginiaCRNA.org and donate to our PAC with a monthly "set it and forget it" donation.

Lastly, keep your eyes and ears open for our up-and-coming PR campaign. We are embarking to a PR campaign that targets our CRNA colleagues, legislators, and the public that the evidence and economics points to CRNA anesthesia care. Share our message on your social media. We are the best kept secret in medicine. We know the value of the care we give, now it is time for the public to know.

My year as your president as flown by so quickly and I hope you feel I have served you well. Thank you to the board that has worked so hard and accomplished so much. I am in awe of the dedication, hard work and tenacity of the VANA leadership. A special thank you to Daniel, our association manager, as well as Michele Satterlund and Kassie Schroth, our lobbyists. They have provided an extraordinary level of service to VANA and I am grateful. Thank you to Howie Goodwin, my business partner, who has been gracious and kind in giving me time, support and advice at 4 am when I wake up and am thinking about all things VANA. My biggest thank you is for my husband of 40 years, Tom. He has patiently endured interrupted and distracted conversations, a cell phone in my right hand and my unending VANA to do list. He understood how important this past year was to me and supported me with grace and forbearance. Lastly, as many of you know, my heart was forever stolen by my two little loves, Charlotte and Paul. Get ready! Grandma has more time to come and smooch you!!

RESULTS OF VANA ELECTION

The 2021-2022 ballot went live on June 9 and closed on July 1. Thank you to the membership for taking the time to make your voice heard by voting in the election. Below please find the outcome of the election:

- President-Elect: **Meredith Joyner**
- Vice President: **Maria Hirsch**
- Treasurer: **Selim Kahveci**
- District 2 Director: **Kristopher Bosque**
- Districts 3 & 4 Director: **Susan Hammond**
- District 1 Leadership Development Committee: **Bobby-Jo Lutner**
- District 5 Leadership Development Committee: **Anna Vest**

Adrienne Hartgerink, who has served as President-Elect for the 2020-2021 term, will assume the role as President effective August 1, at which point **Jean Snyder** will assume the role as Immediate Past President.

Continuing their terms on the VANA board are **Kelli Kessler** serving as District 1 Director, **Nicole Damico** serving as District 5 Director, **Rita Gonzalez** serving as District 2 Leadership Development Committee, and **Joel Buhyoff** serving as Districts 3 & 4 Leadership Development Committee.

Congratulations to the new VANA Board of Directors and your commitment to be servant leaders. Thank you to all the candidates for your willingness to serve. Your support of VANA is vital to the success of our professional association. Your participation in the election process is greatly appreciated, as we will be seeking to fill committee positions to support the mission of VANA.

We would also like to express our gratitude to the 2020-2021 VANA board of directors. Thank you for your service to VANA.



We are a family

We're a community of caring and independently thinking people with the same high ideals that we've had for more than 80 years.

We cultivate innovation

We listen. We encourage initiative and celebrate diversity of thought. We believe our company's strength comes from inside every one of us.

We are excited about what we do

Our work is important to us. Every day, we change lives by being committed to research and a valued partner to healthcare professionals and the patients they serve.

And we always aspire to do more

We are continuously committed to increasing the support and service we provide to these communities of patients and caregivers by developing innovative medical solutions in specialized therapeutic areas.

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People and Ideas for Innovation in healthcare

CONGRATULATIONS TO THE VANA MEMBERS ELECTED TO AANA LEADERSHIP POSITIONS

In May, the results of the AANA 2021 election were announced. VANA is proudly represented in AANA leadership positions, including the following:

- **Myra Branch**, Resolutions Committee
- **Meredith Joyner**, Resolutions Committee

Continuing their terms in AANA leadership positions are **Janet Setnor**, Director – Region 2, and **Howard Goodwin**, Leadership Identification Committee.

Congratulations to these VANA members who will dutifully serve on the AANA's FY2022 Board of Directors and Nominating and Resolutions Committees.



Featured CRNA Position Spotsylvania Regional Medical Center

Fredericksburg, VA

[SEE OPPORTUNITY](#)

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HEALTHCARE

CRNASTRONG COLUMNS

Military Perspective

By CDR Reginald Middlebrooks

CDR Reginald Middlebrooks is an active duty CRNA currently serving as the Head of Operative Support Services at Navy Medicine and Readiness Training Center Portsmouth, Virginia.

In March of 2020, I had 10 days to prepare to be deployed on the USNS COMFORT for its mission to aid the overwhelmed hospitals in New York City during the coronavirus outbreak. When I reported to the ship to meet my colleagues and to get acquainted with the nearly 900 foot converted oil tanker, I was informed by the director of surgery that I would be the head of the anesthesia department. During normal circumstances, I'd like to think that I would have taken the announcement in stride but at that time, my mind immediately started racing and the responsibility of leading a department of 20 people who would undoubtedly be putting themselves at risk hit me like a ton of bricks. The professionalism, teamwork, and resilience of the people in the anesthesia department was remarkable. Although the beginning of the COVID pandemic seems like a lifetime ago, I often reflect on this mission and the people I shared those first few weeks with. Below is the letter I wrote to the department at the end of our mission.



28 APR 2020

Shipmates,

What a wild ride this has been.

I wanted to take a few moments to acknowledge the work we did and to thank each of you for your part in supporting this mission. It was truly a team effort that allowed us to care for the sick patients of New York.

With extremely short notice, some of us notified only a few days before departure, the USNS Comfort activated hundreds of sailors to embark the ship in Norfolk, VA to set sail to New York. This mission was unique because it was directed by the POTUS and carried out by USNORTHCOM. Though the message was clear that we were to deploy and help the people of New York, determining how best to do that proved difficult. I'm not sure how many courses of action (COAs) we eventually ended with, but I am thankful that you all had the patience to tolerate the ambiguity, the conflicted plans, and oftentimes lack of clear direction.

As a department we quickly got to work. We set up operating rooms, identified roles and responsibilities, created schedules – oh so many schedules, policies, practices, etc. The organization that we were able to achieve in such a short amount of time was impressive. I saw a tremendous amount of initiative during this mission. You organized medication trays and code bags. You provided so much training to the crew. You researched information to guide our practices. You created anesthesia packets to make doing cases easier. You took ownership of your piece of this complicated puzzle. These are just a few examples of how you all were able to see a problem or opportunity and take care of it.

Semper Gumbi. You all were an extremely flexible group. I'm not just talking about the yoga workouts you had in OR1. We were asked to help out many undermanned departments on this ship. We were asked to support the transport of critically ill patients on the ship, we were asked to support the treatment of injured patients in CASREC, respond to all code blues, provide ICU coverage and provide 24/7 coverage of at least 2 operating rooms. Our anesthesiologists did admirable work in the ICU. CAPT Yun made a special visit during our morning muster on April 26th to say how much he appreciated the help he received from the DSS, especially from the anesthesia department. I know, without a doubt, that there would have been some very bad outcomes if you all were not there to help that very busy and overwhelmed ICU get through some incredibly bad days and nights.

This mission was short and the headlines were not flattering. But that doesn't mean we didn't help people and save lives. The anesthesia department had more than 125 patient encounters during this mission. We performed 21 surgeries in the operating room, 9 cases in IR/CT, 8 bronchoscopies/tracheostomies, performed nearly 40 intubations or ETT exchanges in the ICU, placed at least 23 central lines and 7 arterial lines. We did all this without one person becoming symptomatic or testing positive of COVID. This is not insignificant work. Please be proud of this work.

It wasn't all work though. It may not have helped that there wasn't a lot of places to hang-out on this ship. But I think even if there were, I'm not sure I would have picked any other place than the anesthesia office to hang out in. Cards, sea-stories, snacks, coffee (so much freaking coffee!) and good conversation were plentiful in that office. The collegiality and comradery is what makes deployments like this memorable.

On several occasions I received feedback such as, "...this is the best anesthesia department I've seen in a while..." and "...you all are the steady hand in all of this...". These words made me proud because I was glad that people recognized you all as the professionals you are. The anesthesia department is what gives many other departments the confidence they need to do their work. They know that if shit hits the fan, you will be there. New York may have called on the Comfort for help but many departments on the Comfort called on Anesthesia and you answered.

Thank you all for the work you did on this mission. Thank you for being good officers and shipmates. Hopefully our paths will cross again.

Take care.

Reggie Middlebrooks



Rural Perspective

By Brian Brown, MSNA, CRNA

What comes to mind when we hear the term “rural anesthesia”? Well what used to come to my mind is probably similar to most providers out there. I thought of small hospitals with old equipment in little towns that no one wants to live in. I thought about slow work schedules, a lack of challenging cases, and how all the people who work these jobs must give up so much to be there.

Well after five years of “big city” anesthesia, I decided it was time for a change. I didn’t know what I was looking for but I knew I needed something different. At this point all I knew was heavy care team anesthesia at a major medical center and thought well if I’m going to jump I might as well leap. So I decided that my number one want was for independence in my next endeavor. What I found was that if this was my main criteria then “rural anesthesia” was going to have to be on the table. So that’s exactly what I did. My family and I packed up from south Louisiana and headed to southside Virginia.

Now as I talked about above, I had all these preconceived notions of what rural anesthesia was going to be like. Don’t get me wrong, it was a huge adjustment. However, what I found was not at all what I had expected. I found a small town full of people who were so happy I was there, hospital administration that respected me as a provider and included me in medical staff meetings as well as hospital decision making. In the operating room I work with pro CRNA surgeons and am truly in charge of my anesthesia. There was no light schedule and no lack of challenges. Instead I had all knew challenges such as regional anesthesia, managing patients post operatively, and assisting with ER and ICU emergencies.

So what did I find “rural anesthesia” was in truth? First and foremost, rural anesthesia for me wasn’t giving up anything, instead it was gaining everything. It was realizing your patients are no longer strangers you take care of in the hospital. Instead they are your neighbors, friends, and coworkers. They are people you run into at the grocery store who thank you for caring for their children, parents, grandparents, and friends. These are small communities full of an aging population or in my case a beautiful area where people come to retire and these people deserve access to quality medical care and CRNAs are stepping up to provide it in the majority of these areas across the country.

Etiquette for How to Address People with Disabilities

By Holly Price

During our undergraduate education, graduate training, and clinical experiences, many healthcare providers do not discuss how to address people with disabilities. Words and phrases used in the past without much concern for the individual are dehumanizing and archaic (moron, imbecil, idiot, etc.). The modern verbiage and descriptors currently used characterize these individuals in a positive manner with respect and is unbiased as well as objective. People with disabilities, their families and their caretakers, prefer recognition for the individual as a person, not a label (i.e., the paraplegic, the autistic kid, etc...).

In 1990, **The Americans with Disabilities Act (ADA)** became law; this law prohibits discrimination against individuals with disabilities in all areas of public life, with the intent of the law to ensure that people with disabilities have the same rights and opportunities as everyone else. It is a guarantee that equal opportunity for individuals with disabilities will be available in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA is supported by a National Network that provides guidance regarding the implementation of the law and has recently released updated recommendations.

1. Use language that emphasizes what people can do rather than what they can’t. For example, the patient uses a wheelchair, rather than the patient is wheelchair-bound. Understandably, it is preferable to refer to the person first and the disability second (first person). To illustrate, it is commonplace to hear “special education student” and yet “student receiving special education services” describes the individual first, with the descriptor secondary.
2. Asking the individual how they would prefer to be addressed is also appropriate.

In 2013, the Social Security Administration removed the term “mental retardation” and replaced it with “intellectual disability” in the Federal Registrar. The change in nomenclature was reflective of the widespread use of the latter term by Congress, governmental agencies, including public and private organizations. Advocates asserted that the previous term had negative connotations and is offensive. Misunderstanding about the nature of the disorder and the individuals often occurred. In the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the APA replaced “mental retardation” with “intellectual disability” (intellectual developmental disorder) to indicate that the diagnosed deficits in cognitive capacity began in the developmental period. This brought the current terminology into alignment with the World Health Organization (WHO) International Classification of Diseases and other professional disciplines.

In our current healthcare arena, whether in a hospital, surgery center or office setting, it is important to address the patient and others present in a respectful manner. The behavior, diagnosis or condition does not define the person. CRNAs are excellent patient advocates and are in an optimal position to educate others.

References:

<https://adata.org/factsheet/ADANN-writing>

<https://www.cerebralpalsy.org/information/disability/etiquette>

<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

<https://www.federalregister.gov/documents/2013/08/01/2013-18552/change-in-terminology-mental-retardation-to-intellectual-disability>

Diversity

By Sherita (Cissy) Edwards, MSNA, CRNA, MSHI, SREB Doctoral Scholar

As we endured the past 15 months of this tragic pandemic, many areas of our current healthcare system were stressed to its limits. Barriers to access as well as healthcare inequality and disparities became a focus as certain communities were ravaged by the virus. The Covid-19 pandemic also highlighted the dedication and innovation of the CRNA community. I am so proud to be a member of such a dynamic and diverse population of anesthesia providers. As the celebration of Pride Month comes to a close, I am delighted to contribute some reflections on diversity, specifically within the Virginia Nurse Anesthesia community.

As the demographics in our country continue to shift to a more diverse population, more attention is being given to issues involving healthcare equity and diversity. Diversity discussions are not only centered around race but also “...refer to the richness of human differences in socioeconomic status, ethnicity, language, nationality, sexual orientation, gender identity, religion, geography, abilities, age, personality, learning styles, and life experience,” (Marcus et al, 2016, p. 6). Research shows that a workforce that is diverse and inclusive increases the quality of healthcare and is more able to identify inequalities in care (Smedly et al 2002). Diversity among healthcare providers “actually accelerates our pace to delivering excellent quality care for all people” (Marcus et al 2016, p.7). It is not enough to be aware of these differences, but we as an anesthesia community should foster an environment that values inclusion. To that end, the richness of diversity that embodies our Virginia CRNA community should also be reflected in leadership, university faculty, and the highest levels of nurse anesthesiology.

Our country has come a long way in terms of equitable treatment of its citizens but despite these advancements, research shows that nationally our healthcare system lags behind in terms of health care equity. In an effort to mitigate this trend, some federal and state programs have mandated the collection of racial, ethnic and language data from the electronic health records to quantify health disparities in real time (Cruz & Smith, 2021). The AANA has been proactive in funding research in helping to meet the needs of our growing diverse population. Our colleague Wallena Gould, EdD, CRNA, FAAN as established the Diversity in Nurse Anesthesia Mentorship Program (DNAMP), “whose mission is “to inform, empower, and mentor underserved diverse populations with information to prepare them for a successful career in nurse anesthesia.” (Ciaramella, 2021, para.9). Our Virginia nurse anesthesia community has long been associated with excellence but continued excellence cannot be maintained without continued reflection and steps to increase the diversity of our members.

References

- Ciaramella, J. (2021). Diversity in Nurse Anesthesia Mentorship Program Makes an Impact. <https://www.aana.com/news/hot-topics/news-detail/2021/07/01/diversity-in-nurse-anesthesia-mentorship-program-makes-an-impact>
- Cruz, T. M. & Smith, S. A. (2021). Health Equity Beyond Data. *Medical Care*, 59 (5), 379-385.
- Martin, Marcus L. et al. (2016) *Diversity and Inclusion in Quality Patient Care*. 1st ed. 2016. Cham: Springer International Publishing
- Smedley, Brian D, Adrienne Y Stith, and Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, (2002). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Vol. 94. Washington: National Academies Press.

Let's Build a Coalition

By Meredith Joyner, CRNA, VANA President-Elect

CRNAs, once known as the best-kept secret in healthcare, should remind others in the industry and inform the public of our valuable position in the healthcare landscape. The CRNA's initial high-level training and required education to maintain our license allow us to provide cost-effective quality care that improves access throughout the state of Virginia. All Virginia CRNAs should be sharing this message with everyone they encounter. We no longer want to be the best-kept secret; We should be overtly proud of our profession.

One way of dispersing the importance of CRNAs in Virginia residents' care is by building a coalition. A coalition is defined as an alliance for combined action, or a group formed by people, factions, and states who agree to work together to achieve a common goal. The goal of the VANA is to advocate for the practice of nurse anesthesia in Virginia. CRNAs share the common healthcare goal of cost-effective quality care that improves access. In 2020, the United States spent 18% of its GDP on healthcare, with the unfortunate worldwide ranking of 7th on health system performance measures. The performance measures were quality, efficiency, access to care, equity, and the ability to lead long, healthy, productive lives. (www.commonwealthfund.org, 2021) The US stands out as not getting good value for its healthcare dollar; every aspect of healthcare should be working towards the common goal of cost-effective quality care that improves access, including nurse anesthesia. We should not be kept a secret. So, how do we form alliances, and where should we be directing our efforts?

There are three aspects to building a successful coalition; defining similar goals, focusing on the benefit of combined efforts towards a common goal, and explaining the benefits are greater than the cost of not aligning. The first step is persuading the other party that your interests and goals are similar or at least compatible. Within healthcare, most would say the common goal is accessible, cost-effective, quality care. We, as CRNAs, know we are the answer to this common goal; but have we adequately shared our value with other stakeholders within healthcare? The next step is explaining to the other party that an alliance will elevate the common goal. Working together will enhance the ability to reach the goal. In other words, there will be more strength with more voices leading to a greater reach of the message. Lastly, to build a successful coalition, one must demonstrate the benefit is greater than the cost. The US GDP spending and low ranking on quality indicate that a greater focus on cost-effective quality care is crucial in the US healthcare system.

CRNAs should be focusing an effort to form coalitions with the healthcare stakeholders. We should be aiming towards stakeholders who share our common goal like the public, other healthcare providers, healthcare management administrators, and nurse anesthesia educational programs. Healthcare costs dominate public and personal discussions about healthcare. We, as individual CRNAs should be joining this conversation; but there are special interest groups like the AARP and Americans for Prosperity who lead the public's voice. The AARP aims to make life better for today's 50 plus population by helping people navigate ageless realities like financial well-being and health. (www.aarp.org, n.d.) Americans for Prosperity's focus is promoting greater access to better health care. (www.americansforprosperity.org, n.d.) There are other providers such as the surgeon physicians, dentists, and podiatrists who can attest for the quality care we provide. Have we, as individual CRNAs and as an entity, asked them to vocalize their satisfaction with our expertise? Other healthcare providers with high levels of training like CRNAs are not utilized to maximize access and cost-effectiveness. A pharmacist is a frontline health care team member and often sees patients more than any other provider. Yet, the pharmacist's reimbursement is limited by rules defined

by Medicare Part B. Patients are denied the full benefit of the pharmacist's expertise in maximizing the effectiveness of their care. (Carter, 2016). Advanced Practice Registered Nurses are uniquely qualified to address the limited access to healthcare, particularly in rural areas. These two provider groups share our common goal of increasing healthcare access. The healthcare administrators' responsibilities include managing the finances and improving efficiencies and quality. CRNAs unequivocally need to align with healthcare administrators; it is our job to educate them on the value we bring to the system. Lastly, CRNAs should return to their alma maters, the schools that sent us out into society with the confidence and skills to provide quality care, and join forces to promote and advance the profession of nurse anesthesia.

The VANA has self-tasked to form coalitions to promote our profession and the challenge is for all Virginia CRNAs to join the charge. After all, we are stronger when we band together.

References:

www.aarp.org. (n.d.). Retrieved from AARP: <https://www.aarp.org/>

www.americansforprosperity.org (n.d.). Retrieved from www.americansforprosperity.org: <https://americansforprosperity.org/>

Carter, E. “. (2016, May 02). The Most Overtrained and under utilized profession in America. Retrieved from www.thehill.com: <https://thehill.com/blogs/ballot-box/278414-the-most-overtrained-and-under-utilized-profession-in-america>

www.commonwealthfund.org. (2021, January). Retrieved from The Commonwealth Fund: <https://www.commonwealthfund.org/publications/newsletter-article/us-ranks-last-among-seven-countries-health-system-performance>

Caring for Our Healthcare Heroes as They Transition to the SRNA Role

By Crystal O'Guin

In academia, as we transition back to the traditional academic setting and begin working with a new cohort of SRNAs, it is important to remember that we are now training highly skilled ICU nurses who may have experienced significant trauma from the impact of caring for our most vulnerable patients during the pandemic.

It seems inevitable that we will encounter some pre-existing burnout and possibly some symptoms of post traumatic stress from the taxing environment they are emerging from where they had limited resources, significant futility in the interventions they were performing, and lack of certainty about the trajectory of their safety or careers.

Personally, I think that we should be very intentional about balancing the learning environment to take these factors into consideration as we plan for the transition to a new type of stress that these students will inevitably encounter as they begin the task of becoming anesthesia experts. As educators, we must brainstorm to come up with innovative strategies for teaching, not only the art and science of anesthesia, but also the delicate balance of self care. Although we cannot reduce the burden of high quality didactic and clinical education, it is helpful to incorporate some strategies for coping with pre-existing burnout and allowing for the opportunity provide some structured activities to de-stress built into our curriculum.

At Georgetown, Dr. Eshkevari kicked off our Introduction to Nurse Anesthesia course with a lecture on the stress response and provided some strategies for mindfulness that can be incorporated into daily practice. Additionally, in our Health Policy course, we have encouraged our DNAP students to research and strategize on legislative efforts to improve working conditions for front line workers, thereby, taking a proactive approach to some of the issues they encountered at the bedside. We have also, as a faculty, encouraged students to talk about their experiences during the height of the pandemic with us and their classmates and have ensured all new students are aware of the free mental health and wellness resources Georgetown has to offer. Lastly, our students are encouraged to seek out opportunities to de-stress with physical activity, and I have an open invitation for a group run with our first year students on a weekly basis.

On a positive note, these highly trained critical care nurses have learned valuable skills and are coming to our programs with a new level of adaptability and independence from working through the public health crisis. We can use these positive attributes of their experience to foster success during their academic progression. I am very proud to work directly with these heroes from the pandemic, and I look forward to collaborating with my fellow educators about ways that we can support this group of talented SRNAs. I am sure there are many other strategies we can employ and we should prioritize these efforts.

2021 VANA ANNUAL CONFERENCE

We are thrilled to join the path back to normalcy and offer in-person meetings again. We hope you will join us for the annual VANA Fall Conference at the elegant Hilton Norfolk The Main. The Main is located downtown and is home to three of Norfolk's favorite eateries. The hotel is walking distance to cultural attractions, museums, shopping, local entertainment and dining, as well as the Elizabeth River. We are very excited to bring national speakers to Virginia for our area CRNAs. This year we are hosting AANA President Elect, Angie Mund; AANA's Region 2 Director, Jan Setnor; VANA President, Adrienne Hartgerink; VANA Past Presidents Jean Snyder and Howard Goodwin; Columbia University's Nurse Anesthesia Program Director, Maribeth Massie; Director of Intensive Care, Sentara Albemarle, Dr. Dan Mulcrone; business owner Christopher Critzer; CDR Suszan; Lt CDR Kidde; Tim Honeycutt; and business owner and SOFA consultant, John Craig.

See the full program agenda [here](#). This year, we are offering a variety of lecture topics including: *Opioid Free Anesthesia, Substance Use Disorder in Nurse Anesthesia, Angioedema, Alternative Anesthesia Businesses, Pediatric ERAS, Long-term Effects of Covid-19, New Pharmacology for OB patients, Compassion Fatigue and Second Victim, and CRNA Aesthetics-lecture and demonstration*. We will also have updates from AANA and VANA, as well as a VANA Business Meeting. Our PAC event is Saturday evening; we encourage members to join us for cocktails, live music and catching up with friends old and new. Lastly, we have a wellness activity planned to help get you moving Sunday morning.



SAVE THE DATE: FEBRUARY 5, 2022 VANA WINTER WORKSHOP

If the fall conference does not fit into your schedule, or you need more CEUs, the VANA Winter Workshop is just around the corner. This conference is scheduled February 5, 2022 at the beautiful Westin on Broad Street in the heart of the West End of Richmond close to quality shopping and eclectic dining. This year's Winter Workshop also hosts an exciting line up of speakers and clinical topics designed for CRNAs. Back by popular demand is Christian Falyar. We are also thrilled to add APEX Anesthesia faculty and VCU Nurse Anesthesia Program Director, Nickie Damico to the speaker list. Some of the lectures include POCUS, Complications of Laparoscopic Surgeries, CPC topics, Legislative Updates and student DNP projects. Keep an eye out for the finalized agenda and registration. Looking forward to seeing you at these VANA events.

NEW AND IMPROVED VANA WEBSITE

VANA is pleased to present its newly designed website! Explore important resources for CRNAs and students, find out how you can support and advocate for the nurse anesthesia practice, join us for educational events, get to know leadership, discover wellness tips, and so much more! Take a tour of the site here: <https://virginiacrna.org/>

Did you know there is a Members-Only section on the VANA website? Visit <http://virginiacrna.org/membersonly/>
Forgot the password? Email VANA at info@virginiacrna.org.

DISTRICT NEWS ROUND-UP



Director – District 1: Kelli Kessler
skroberts13@gmail.com

Hello from District 1! I hope that everyone has had a safe and enjoyable summer as we inch back to a new normal. Please be on the lookout in the coming weeks for a District 1 Social event to be held at Top Golf, details coming soon. We would love to see you and reunite after almost eighteen months of separation. As always, if you have any ideas for future events (social, community service, or wellness) in our district, or are just looking for ways to be involved, please reach out to me. Happy Summer! Stay safe!



Director – District 2: Carolyn Connelly
district2@virginiacrna.org

District 2 hosted a successful Triple Recertification for CRNAS and hopes to continue that semiannually. It has been my honor to serve as the D2D for the past 4 years. Congratulations to our newly elected District 2 Director, Kristopher Bosque! I am excited to see the great things he will do in this role. As we slowly return to normal, I hope to assist Kris as he restarts some of the D2 events: Mixers, Chief CRNA luncheon, and Spring Cherry Blossom Meeting.



Director – Districts 3 & 4: Jessica Ray
rayjc1@yahoo.com

I would like to thank all of the Districts 3 & 4 CRNA's for the opportunity to represent and serve our district over the past four years. Please continue to support Susan Hammond as the new director, she will do a fantastic job!



Director – District 5: Nicole Damico
district5@virginiacrna.org

I am so excited to begin with some celebratory news from District 5. In May, six CRNAs graduated from the VCU post-master's Doctor of Nurse Anesthesia Practice (DNAP) program: Sam Baron, Robin Blanchard, Jodi Carlsen, Gabriel Restrepo, Marleah Rivers, and Anna Scherbakova. Each graduate completed a rigorous, 33-credit hour course of study over 1-2 years, that included a doctoral project. Perhaps most amazing of all, they did this while maintaining full-time clinical practice (during a pandemic, no less)! These exceptional CRNA leaders are already doing great things within and outside of Virginia. Sending a huge congratulations to the VCU Class of 2021 DNAP grads!

Continuing with a focus on the positive....widespread availability of the COVID-19 vaccine and all of our hard work to get this pandemic better under control has now enabled us begin to enjoy many of the activities we've missed so much over the past 15 months. Many businesses are beginning to resume their pre-COVID operations. And, perhaps best of all, we've all been able to gather and spend time with dear family members and friends again. Now that venues are reopening too, I am working on plans for 1-2 summertime social events in District 5, so stay tuned for dates and details soon! If you have any ideas for events you'd like to see on our calendars, or might be able to assist in any way with planning such events, please reach out to me at district5@virginiacrna.org.

Finally, mark your calendars for an upcoming educational event. On August 18 from 5-7 pm, VANA and VCU will co-host a doctoral project presentation seminar during which 2021 post-master's and entry-to-practice DNAP students will showcase their work. The event will be held at the College of Health Professions building, in Richmond, VA. We will submit an application for CE credits for this event.

UPDATE FROM A NURSE PRACTITIONER

By Becky Compton, DNP, RN, FNP-BC

My name is Becky Compton and I am the current President for the Virginia Council of Nurse Practitioners. Thank you for allowing me the opportunity to share some of the updates for the nurse practitioners. Over this past year, the leaders of the various APP groups (PAs, NPs, CRNAs, AANP regional rep, CNSs, and CNMs) have been meeting on a monthly basis. These meetings have provided an opportunity for us to connect and support each other as we navigate various opportunities across the state and nationally. We are able to share challenges and learn from each other and through this we become stronger together! I am so appreciative of these regular meetings as it allows for us to collaborate together rather than work in silos.

This past January, the nurse practitioners were able to pass HB 1737 which allowed NPs with at least 2 years of full-time practice experience to apply for autonomous practice. This was a change from the previous bill that provided the same but with 5 years of full-time practice experience. We are raising awareness of this change among our membership and encouraging anyone eligible to apply, even if it may not impact their current practice. We continue to see an increase in applications as we promote the advantages of autonomous practice. This bill does have a sunset clause, in that it will be reevaluated next year to determine the sustainability of this change. The prior bill that was passed in Jan 2018 carried with it an evaluative process that is taking place and led by the VDH and Board of Nursing (BON) this fall. Evaluating these results will impact the decision on longevity of the HB 1737 for next year. We are currently working directly with the BON as they collect the data. We continue to evaluate ways to reduce practice barriers across the state for NPs and this has become a consistent theme among our APP leadership group meetings. I look forward to continuing this partnership.

MARK YOUR CALENDAR

August 7, 2021: VANA Leadership Transition Meeting, Virtually

August 13-18, 2021: AANA Annual Congress, Austin, Texas

October 2-3, 2021: VANA Annual Fall Conference, Norfolk, Va.

November 12-15, 2021: AANA Leadership Summit, Fort Lauderdale, Fla.

February 5, 2022: VANA Winter Workshop Presented by District 5, Richmond, Va.



IN MEMORIAM: ELIZABETH CARLIN KOOP

VANA Member Elizabeth Carlin Koop, of Arlington, Va., passed away on May 19, 2021. Born on Long Island, NY, Elizabeth graduated from Georgetown University, BSN, in 1982, Sigma Theta Tau. She continued her education at New York University in Health Services Management and went on to receive a Master of Science, Nurse Anesthesia, in 1996 from St Joseph's University in Philadelphia receiving the Agatha Hodgson Award for Clinical Excellence. Upon receiving her certification as a Registered Nurse Anesthetist, Betsy continued her professional career with several anesthesia practices throughout Northern and Central Virginia. Read her obituary [here](#).