

KAISER PERMANENTE® SCHOOL OF ANESTHESIA NEWSLETTER

Spring 2016



The U.S. News and World Report has ranked the Kaiser Permanente School of Anesthesia/CSUF fourth in the country for Nurse Anesthesia programs. Congratulations and thanks to all of you who play a vital role in making this a premiere educational program.

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Important Dates

March 11-16 - CANA Spring Conference (*Sacramento*)

April 2-6 - AANA Mid-Year Assembly (*Washington D.C.*)

May 3rd - KPAT Graduation

May 21st - CSUF Commencement

KPSA News

Active learning has been determined to be an effective method of providing education for the adult learner. Utilizing visual, auditory and kinesthetic sensory input during education improves the learner's ability to comprehend and retain information. A trigger film is a short vignette that can depict a clinical crises, an ethical dilemma or errors related to human factors. We have found these films to be effective when viewed and discussed in a group setting. Participants are able to provide their opinion in a non-threatening and participatory environment. Strategies for improvement are discussed and a consensus is frequently developed by the group.

KPSA is proud to announce the launch of our brand new YouTube channel. Our faculty have developed a number of trigger films to be used as

a learning tool and trigger discussion among learners. Originally, the idea behind the films was to be used in the classroom and clinical settings. The films were so well received by other schools of nurse anesthesia, Kaiser Permanente administration, and representatives from Kaiser and non-Kaiser medical centers, that we wanted to help others improve education and the quality of patient care. We have grown our collection to over 50 videos over the past two years and dramatically refined our film making process. We hope that you will take a moment to visit our channel and view the videos that we are so proud to provide to the world.

You can find our channel at www.YouTube.com/c/KpsanOrg

KPSA Class of 2015



Kaiser SRNAs Educate at CANA

It's never too soon to start giving presentations. The California Association of Nurse Anesthetist's 2015 fall conference included four student speakers, three of which were seniors from the KP School of Anesthesia. Jennifer Lauren, RN, BSN, Jennifer Tagorda, RN, BSN, and Michael Shafer, RN, BSN each took the stage for a 20 minute lecture on a topic of their choice and fielded questions from the audience at the conclusion. The presentations, arranged in a case study format included detailed pathophysiology of disease processes, anesthetic considerations for specific procedures and highlighted current research on the topics.

Jennifer Tagorda discussed updates regarding anesthetic management for ventricular tachycardia ablation in the electrophysiology laboratory. She explained how an aging population with multiple

comorbidities has led to an increase in cardiovascular disease resulting in various dysrhythmias. Because of this, less invasive, out of O.R. ablation procedures have become an increasingly effective treatment and CRNAs should be aware of the related anesthetic considerations. She discussed anesthetic considerations during ablation of ventricular tachycardia including the importance of a thorough preoperative evaluation, an anesthetic technique that does not interfere with the ablation procedure, and management of potential complications.

Michael Shafer presented a case study to highlight the physiologic principles of fluid therapy and to review the latest research on intraoperative fluid management. In his presentation, he discussed how fluid should be administered in the same purposeful manner as all other IV medications--to accomplish a specific goal. Additionally, he explained how anesthesia providers can use hemodynamic monitoring devices and fluid therapy algorithms to improve patient care.

Jennifer Lauren's presentation regarding Disseminated Intravascular Coagulation (DIC) focused primarily on the clinical manifestations and treatment options for the surgical or obstetric patient who is actively hemorrhaging. The presentation involved a cardiac bypass case study

wherein the clinical and laboratory signs of DIC were examined. Emphasis was placed on recognizing the ever-changing dynamics of the DIC patient and the importance of observing both the laboratory and clinical manifestations simultaneously. The presentation concluded with a discussion of various treatment modalities including the benefit of blood products, coagulation factors, co-factors and the anesthetist's vigilance to maintaining hemodynamic stability, normothermia, perfusion, early recognition and prompt treatment of DIC.

The Kaiser Permanente School of Anesthesia is very proud to have been so well represented by these three students. We are grateful to CANA for giving students the opportunity to explore professional speaking during their anesthesia education.



Jennifer Tagorda, Michael Shafer, Jennifer Laurin

Educator Spotlight

KPSA would like to recognize John Dellaripa, CRNA for his continued support and commitment to excellence in clinical education. John is a CRNA at Kaiser Permanente in Riverside as well as the clinical coordinator at California Hospital. The Class of 2015 selected him last August as the Clinical Educator of the Year and he was recently recognized as well by KPNAA as the Clinical Educator of the Year. Congratulations, John.



Q&A with Dr. Stranc

Tell us about your education background.

Danielle Stranc: My education background is quite a story. I attended Cal State Long Beach for as long as they would tolerate me. This turned out to be about 2 years before they kicked me out for my less than stellar GPA. Getting kicked out of college got me to focus real quick! I then attended Cal State Los Angeles where I discovered my passion for science. I graduated with a BS in Biology with an emphasis in Genetic Engineering. Then I was off to medical School at University of Missouri-Columbia. After a transitional year and a year at University of Texas Health Sciences Center I completed my residency at Stanford University.

What made you choose anesthesia?

DS: To be quite honest, I really disliked everything else. I was at a real crossroads where I had to choose a residency, however, had no idea what I wanted to do. Then in my 4th year I did a month rotation in the ICU. I happened to be paired with an anesthesia resident and we talked all month about physiology and pharmacology and I was hooked. I consider myself the luckiest person in the world for hating everything else!

What brought you to Los Angeles Medical Center?

DS: My residency director was best friends with Dr. Marcus, who was the Chief at LAMC at the time. Luckily my director put in a good

word for me and I came to LAMC. I intended to stay for only one year in order to understand what it was like to be an attending and what I wanted to do...and here I am 18 years later and the Chief of the department!

What piece of technology or innovation, in your opinion, has had the biggest impact on the development of anesthesia practice during your time as a provider?

DS: I would have to say video laryngoscopy. Way back when I started, if you could not visualize with direct laryngoscopy, had any doubts about the airway or if there were any cervical spine issues, we went straight for the fiberoptic. I am grateful for so much experience with the fiberoptic as those opportunities are less and less. [It's] almost a dying art.

You've had the opportunity to work with many of our past and current students. Tell me about your teaching philosophy.

DS: I believe that if I can explain it in a way that it makes sense and that someone can think through it rather than memorize it, that person

will remember it forever. Although sometimes necessary, relying on memorization is not a recipe that I recommend.

What kind of things, outside of work, do you enjoy doing?

DS: Outside of work? Am I allowed to leave? I enjoy scuba diving, travel, sailing, cooking, apparently I enjoy home construction and really bad reality TV.

Tell me something that most people may be surprised to know about you.

DS: I became a citizen of the United States in 2008.

If there was one piece of advice you could give to anesthesia students, what would it be?

DS: You will have lots of time to form your own practice. Don't think the first way you learn to do something is the best way. Take every opportunity while you are a student to understand why/how people do what they do and try it. Your practice will be your unique blend of all of the best experiences so the more open and varied you can be the better you will

become. Also, as a student, don't feel bad when you are unable to get a line or place a tube. You are not here for your expertise, you are here to learn what to do when you fail.



Dr. Danielle Stranc is Chief of the Anesthesia Department at Kaiser Permanente LAMC.

Alumni Spotlight - Joseph Velasquez, CRNA, DNP

My DNP Experience

I began thinking about pursuing a doctorate of nursing practice several years ago when following the discussions about this being the minimum education for future advanced practice nursing graduates. Assuming that someday I might consider leaving the clinical arena and transition to an academic or administrative position within my area of expertise, the doctoral degree would put me on par with more recent graduates combined with my many years of experience certainly to be of benefit.

In 2005, I completed the master's degree in nurse anesthesia at CSU, Fullerton, passed boards and had been working as a CRNA at several facilities throughout the Southern San Joaquin Valley. While reading through an Alumni Newsletter, I saw an article featuring the newly formed DNP program that had just launched its first class in 2012. I had been looking into some online programs that were out-of-state but wasn't convinced those programs had what I needed to keep me motivated. Further researching the new program at CSUF revealed it was considered a hybrid program whereas



Photographed left to right: Dana Rutledge, Joseph Velasquez, Edward Waters

it offers a combination of on-campus classroom instruction combined with a moderate amount of online didactics. During the interview process I felt confident the program had what I was looking for and I especially liked the close proximity to home (160 miles from Bakersfield) and the ease of faculty

access which proved to be paramount to successful completion of the program.

My journey began in the Fall of 2013 when I was accepted into the second cohort of students. What I didn't realize at the time was how life changing this program was really going to be... Trying to balance family, work,

and becoming a student again was a transition that took some getting used to but somehow I managed to keep pace and did exactly what the termites who ate Noah's Ark did, took one bite at a time! The expectations at this level of education were obviously higher than anything experienced before but with perseverance and the comradery from fellow classmates, the majority of us pressed-on. Looking back I can definitely say it was a team effort.

Early in the program you're choosing a topic for your capstone project that will become your constant companion for the next 2 years; so it was important to pick something that peaked your interest but also would allow you to elicit a meaningful change to clinical practice at the end of the day. Initially I was excited to think this would be a way for me to implement efficiencies within the department of surgery, specifically in terms of patient throughput, room turn-over-time, and decreased non-productivity. The idea for this endeavor proved to be a dead-end in terms of department support, Titanic sound familiar?

Then I happened upon a case of a patient who was suffering from a Post-Dural Puncture Headache. This condition can be either self-limiting and resolve on its own in time, be treatable with conservative interventions (rest, fluids, caffeine, analgesics), or require an additional invasive procedure known as an autologous epidural blood patch to definitively correct. The decision to employ one or the other of these different treatment approaches is

primarily dependent upon the severity of symptoms and much literature has been published regarding the varying degrees of efficacy. However, the consensus as to a standardized practice-wide approach has been elusive. What I began to question at our particular facility was how were we tracking these fairly infrequent occurrences and when cases were identified, were the proper steps being taken to treat these cases in a timely manner and ensure patients achieved resolution of their symptoms? The aforementioned case was not a simple fix and it prompted an examination of clinical practice management at our facility. This provided the perfect impetus for a clinical project that aligned with the goals of the DNP capstone requirement.

The project brought to light that an integral aspect of the overall care of patients goes beyond the immediate concern of ameliorating pain but also how important an organized methodology centered upon evidence-based practice is. What I also discovered (thankfully not too late) was that by not having a process in-place to address these cases methodologically is a potential invitation for litigation. At the conclusion of my project a marked difference had been made to the overall method our practice now managed these types of cases. While the number of incidents was still low (14 cases identified in 2014), the impact to each patient and the change to staff awareness of PDPH and intervention was huge!

Ultimately I realized my goal of graduating from the DNP program in

May of this year. The changes to practice for PDPH cases continues in 2015 and I believe the trend will survive beyond my years of influence. The de-identified data gathering is largely conducted by the administrative assistants with input from the staff as incidents occur and I only have to periodically review to determine reporting continuity. I found that an important aspect of eliciting meaningful and sustainable practice change is to pursue something that fills a need or bridges gaps in continuity of care and is applicable to other venues. The methodology of my project could easily be replicated at institutions with similar patient concerns.

I would encourage all advanced practice nurses from a variety of backgrounds to further pursue their education level and consider a doctoral degree. Clearly patients benefit from the modifications to practice that occur as a result of the dissemination of information and diverse projects completed. In addition to the support and encouragement from fellow classmates throughout the program, high appreciation goes to faculty support and your project chair for their continual encouragement and guidance. Both Dana Rutledge RN, PhD, and Ed Waters CRNA, DNP were instrumental in assisting me to complete my graduation requirements, as-well-as Dr. Weismuller, the DNP program chair, especially in view of health concerns that arose in the final semester... Many, many thanks to you all!