



ROSA LIND FRANKLIN UNIVERSITY

OF MEDICINE AND SCIENCE

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Life in Discovery

For Immediate Release:

The Nurse Anesthesia Program at Rosalind Franklin University: Patient-Centered Professionals



Rosalind Franklin University Nurse Anesthesia faculty member, Jennifer Greenwood, CRNA, MS (right) trains two graduate students in the OR.

NORTH CHICAGO, IL – One of the most respected healthcare professionals is the Certified Registered Nurse Anesthetist (CRNA).

CRNAs like Jennifer Greenwood, CRNA, MS, a clinical coordinator in Rosalind Franklin University of Medicine and Science's Nurse Anesthesia Program, prescribe and administer anesthesia in hospitals, outpatient surgical centers, physician offices and across the front lines of patient care.

Greenwood provides contract anesthesia services at the Capt. James A. Lovell Federal Health Care Facility, formerly the North Chicago Veterans Administration Medical Center, and also in the Army Reserves, carrying on a tradition of anesthesia delivery begun by nurses during the Civil War.

The CRNA is the primary provider of anesthesia for the military and also in rural areas in the U.S. The profession pays very well commensurate with its high level of responsibility and autonomy - the median salary is \$157,000 – and the occupational outlook is bright. As health care institutions look to cut costs and maintain quality, nurse anesthetists will play an increasingly vital role in the delivery of care.

According to the American Association of Nurse Anesthetists (AANA), it takes a minimum of seven years of extensive education and experience to become a CRNA. A person must have a bachelor's of science in nursing (BSN) or other appropriate baccalaureate degree, a current license as a registered nurse, at least one year's experience in an acute care nursing setting and must graduate from an accredited graduate school of nurse anesthesia.

Typically, students have much more nursing experience than the one year requirement. These educational programs range from 24-36 months, depending upon university requirements, and offer a master of science (MS) degree. All programs include clinical training in university-based or large community hospitals. Students must pass a national certification examination following graduation.

More than 40,000 CRNAs safely administer an estimated 32 million anesthetics in the U.S. each year, according to the AANA. However, CRNAs are often confused with anesthesiologists, who have a medical school education and who are medical doctors. A large percentage of CRNAs work with anesthesiologists in a care-team setting.

Anesthesia mortality rates have fallen dramatically in the past 30 years. Technological advances, safer drugs and growth in knowledge have all translated to increased patient safety. Nurse anesthetists may work under the direction of a physician or they may work independently, according to state professional practice laws.

"I go into a patient's room and introduce myself as their nurse anesthetist," Greenwood said. "I say, 'I'll be taking care of you.' When my patients wake up, it's 'Thank you doctor, thank you so much.' But it's important that they know their care is provided in part or in whole by a CRNA."

Rosalind Franklin University graduated its first CRNA cohort of 12 persons in June 2009. The program currently has 36 students plus another cohort of 24 starting in March 2010.

The incoming class is diverse with about 37% minority representation.

The program includes 22 clinical sites in the greater Chicago area as well as Southeast and Central Wisconsin – where students receive hands-on training in an array of surgical and anesthetic cases – and stresses competent, compassionate and ethical care.

"Anesthesia is the living art and science of anatomy, physiology, pharmacology, pathology, and biochemistry," said Nurse Anesthesia Program Director and Acting Department Chair Lenore Litwin, MS, CRNA, MSN.

"CRNAs must take into account a person's medical history, surgical history and what medications they are taking. We also must have a general working understanding of the procedure the patient is undergoing to provide safe care, as we work very closely with our surgeon colleagues. CRNAs have to gain a patient's trust in our preoperative interview, sometimes in the matter of minutes. We're in control of the patient's body while so much is happening to that person. Most times, we take away the ability of patients to breathe for themselves, move, speak, and protect themselves. It's an awesome responsibility, and one that humbles us with every patient we care for."

What type of nurse gravitates to a profession that has been described as one vitally connected to patient care?

"It's usually someone very motivated, who likes pharmacology and physiology," said Susan McMullan, CRNA, MSN, Nurse Anesthesia Assistant Program Director and a nurse anesthetist for 21 years. "Nurses who work in intensive care unit tend to be pretty top notch. They enjoy and thrive on stress and medical challenges."

It was in the ICU where student Jeremy Carter, who grew up in North Carolina, began shadowing the men and women who anesthetize patients, emerge them from anesthesia and keep their post-operative pain at bay.

“I was drawn to their professional autonomy,” said Carter, who will begin his second year of training at Rosalind Franklin University in March 2010. “I liked that as a nurse anesthetist you’re involved with both pre-op and post-op care. In very few professions do you see a patient from one end of the spectrum to the other – in agonizing pain or awaiting diagnosis, and then pain-free and comfortable. You help get them through it.”

Agata Reja, a native of Poland, who will graduate from the 27-month program in June 2010, spends her days rotating between clinical sites. She recently provided anesthesia for a patient who underwent a nephrectomy, or kidney removal, at the 443-bed Resurrection Medical Center in Chicago. The day before, she provided a regional nerve block during a procedure at the 25-bed Berlin Memorial Hospital in Berlin, Wis.

“In school we learn how to provide care and at the clinical sites, we actually do it,” Reja said. “You see the patient the day after surgery. Their pain control is good and they’re smiling. That feels really good.”

Some students participate in a specialized regional anesthetic rotation, practicing the insertion of pain catheters and ultrasound guided techniques for pain control after surgery. Students and faculty use a web-based course management system and train for emergencies on simulated mannequins. They learn to become integral members of a health care team and, because of their previous nursing experience, they are tapped as group leaders for a cultural competency course.

“You have all comers: adults, babies, old people, young people, every ethnicity,” McMullan said. “You have to understand all the medications your patients are taking, develop a care plan, or advanced care plan for their cases, including open heart surgeries, carotid arteries and abdominal aortic aneurism repair.”

Nurse anesthesia students at Rosalind Franklin University take the same gross anatomy course as medical students, dissecting cadavers to learn the structure and function of the human body.

“It’s one of our big strengths,” said instructor Ali Tabatabai, CRNA, MSN. “Our nurses have a strong basic science background.” Tabatabai is co-course director for many classes in the didactic curriculum. He practices at hospitals in Evanston, Glenview and Highland Park.

The CRNA program at Rosalind Franklin University also stresses patient advocacy and communication.

“I like to remind students that just because they’re becoming nurse anesthetists doesn’t mean they’re not nurses anymore,” said Tabatabai. “They’re still nurses and they’re going to use the same nursing skills they’ve been using.”

Tabatabai cites the example of awake fiber optic tracheal intubation, an excruciatingly sensitive procedure in which a breathing tube is inserted while a patient is conscious. “I stress that we are nurses, we talk to patients, we explain to them what’s going on, we advocate for them,” he said. “We promise to do everything to make them comfortable, to safely anesthetize them, and we keep that promise.”

The best nurse anesthetists do more than anesthetize patients, but put them at ease, often at a most difficult and stressful time.

“There’s a whole social and emotional aspect,” McMullan said. “The patient may be there for a routine procedure but you have to think of what they went through to get there – all the preoperative testing, maybe they had to take vacation time off work, or have children who need to be cared for. There’s stress and anxiety

in getting all their ducks in a row before surgery. It's helpful to have a kind and understanding person who recognizes that."

It's no accident that nursing is one of the most trusted professions, said Tabatabai, who thrives on "the feedback and immediacy" of patient care. "When you do something for someone in nursing, you often find out very quickly you've helped them," he said. "That's rewarding and it's something I need in a profession."

The Rosalind Franklin University Nurse Anesthesia Program celebrates its newest faculty member, Jay Tumalak, CRNA, MS. Jay will be lecturing in many of the didactic courses.

To learn more about the Nurse Anesthesia Program at Rosalind Franklin University of Medicine and Science, please call 847-578-8825 or visit <http://www.rosalindfranklin.edu/dnn/chp/home/CHP/NurseAnesthesia/tabid/1460/Default.aspx>.

About Rosalind Franklin University of Medicine and Science

Rosalind Franklin University of Medicine and Science is a national leader in interprofessional medical and healthcare education, comprising the Chicago Medical School, College of Health Professions, Dr. William M. Scholl College of Podiatric Medicine and School of Graduate and Postdoctoral Studies.

There are more than 16,000 RFUMS degreed graduates in the United States and worldwide.