

Art Zwerling Fund - Research Agenda

As the philanthropic arm of the AANA, the AANA Foundation's mission is to advance the science of anesthesia through education and research. One of the goals of the AANA Foundation is to support new and seasoned investigators in nurse anesthesia through grants and the CRNA Scholar Program. Programs are designed to develop researchers in nurse anesthesia.

The Art Zwerling Fund is an endowed named fund in Art's memory designated for research or education in wellness, pain management, and peer assistance/substance use disorder. For more information about Art Zwerling, visit www.aana.com/Art.

Research Priorities – Suggested Topics for Study

Members of the AANA Health & Wellness and Peer Assistance Advisors committees along with experts in advanced pain management have developed the following suggested research questions and topics for research studies. Listed below are suggested topics for consideration in the following categories:

- Wellness
- Pain Management
- Peer Assistance/Substance Use Disorder

Wellness:

1. How does stress relate to the coping mechanisms used by graduate nursing students?
2. How do assistive resources, offered to student registered nurse anesthetists after extreme life events, influence their coping mechanisms?
3. Are there regional differences in student and certified registered nurse anesthetist's wellness issues (stress anxiety, bullying, and impairment)?
4. Is there a relationship between post-traumatic stress syndrome (PTSD) and chronic pain in CRNAs?
5. Do military related CRNAs (Active Duty and Veterans) have unique substance use disorder needs?
6. What co-morbidities are related to depression and suicidal ideation in CRNAs? How do these compare with the general population?

Email wellness@aana.com for questions, background, and content expertise from the members of the AANA Health & Wellness Committee.

Pain Management:

1. What are the complication rates of CRNAs providing image guided pain management procedures? Are the complication rates similar to published physician pain practitioner rates? Does the rate vary by formal training: years of experience, or education level?
2. What are the factors in the decision-making process that motivate CRNAs to participate in a pain management practice? (Qualitative)
3. What strategies do CRNAs use to obtain and maintain pain management proficiency with interventional skills? (Qualitative)
4. What is the impact of CRNA non-surgical pain management practice and the reduction on general public opioid consumption? (Quantitative; Causal experimentation)
5. What learning strategies do CRNA educators use to develop fellowship trained pain management practitioners? (Quantitative; Descriptive research)
6. What is the range of CRNAs across the country providing pain management services? (Quantitative; Descriptive research)

Email practice@aana.com for questions, background, or to be connected with a subject matter expert in advanced pain management.

Peer Assistance/Substance Use Disorder:

1. What is your anesthesia department policy for urine drug screens (pre-employment, for-cause, random), drug diversion prevention including securing Propofol, handling substance use disorder suspicions, re-entry to work? Have policy improvements seen a reduction in drug diversion or incidents? (Survey for AANA Membership)
2. What behavior and attitude changes are necessary for successful return to work after substance use disorder treatment? (Matthias-Anderson and Yurkovich. [Work Reentry for RNs After Substance Use Disorder Treatment: Implications for the Nursing Profession](#). *Journal of Nursing Regulations*. 2016; Vol 7, Issue 3.)
3. What are the characteristics of CRNAs with substance use disorder, including their drugs of choice, length of use, ease of access, length of practice, and level of education? (Stocks G. [Abuse of Propofol by Anesthesia Providers: The Case for Re-Classification as a Controlled Substance](#). *Journal of Addictions Nursing*. 2011 Mar; Vol 22, Issue 1-2.)
4. Does exposure to clinical adverse events increase the incidence of substance use disorder in CRNAs and other anesthesia professionals?
5. What are protocols and anesthesia considerations, such as opioid sparing or non-opioid anesthesia techniques, for patients with substance use disorder?

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