

## THREE DUKE CRNAs:

# A 113 YEAR

# *Legacy of Service*

If you were studying to become a Certified Registered Nurse Anesthetist (CRNA) at Duke University School of Nurse Anesthesia in the 1970s, your experience was totally different from the experience that students today are having.

Things like automatically inflating blood pressure cuffs, finger oxygen monitors and simulation labs were not yet readily available, and your cohort of about 16 students would have attended classes in a small building near the VA Hospital since, at the time, Duke North didn't exist.

During clinical training, you would have been one of only a few nurse anesthesia students on the floor. **Cindy Black, '79 CRNA; Russ Giesler, BSN, '77 CRNA; and Janet Goral, BSN '73, CRNA;** know all about that. They received their nurse anesthesia education at Duke in the late 1970s. All three retired over the past year after decades of work at Duke University Hospital.

Goral and Black were in the same graduating class of 1979. Giesler graduated in 1977. "When I was a student, it was an allied

health diploma you received for anesthesia," says Giesler, who retired Dec. 29, 2017, nine days short of 40 years. Now nurse anesthesia students graduate from DUSON, where its anesthesia program is ranked third in the nation, with a Doctor of Nursing Practice (DNP) degree. "It's a whole new ballgame," he says, not just in the classroom, but in practice, too. "It's like night and day with all the new equipment." But while some of the rules may have changed, the rigor and intensity of a nursing career in anesthesia has always required someone who can stand up to that stress.

"Do I miss the people? Absolutely," says Black, who retired Aug. 17, 2017. "Do I miss the excitement? Absolutely. Do I miss the stress? No." There is an ever-present weight that comes with the responsibility of delivering anesthetics to often a very ill patient, whose life may hang in the balance. But the rewards are clear. It's this payoff that has kept all three of these individuals going year after year, decade after decade. "When you have a patient who smiles and says thank you, there's no substitute for that," Black says.

For Goral, who spent her career in pediatrics, the rewards often came in multiples. "You get to know the parents, who appreciate pediatric anesthesia more than anyone on this earth," she says. "My biggest reward is an anesthetic well done and a child or baby doing well."

Giesler came to Duke first, following in the footsteps of his two older brothers, both of whom became CRNAs, the oldest of whom earned his degree from Duke. Growing up in Missouri with a very ill mother, the boys spent lots of time in hospitals and Giesler wanted to give back. He earned his nursing degree from the University of Missouri in Columbia in 1974 and then moved to Durham to take a job at Watts Hospital in 1975, starting the nurse anesthesia program the next year. "I fell in love with the area and never left."

After graduating, Giesler immediately went to work at Duke Hospital, which moved to the Duke North facility in 1980. Giesler says things are very different as a CRNA now than when he was in school. More regulation and advanced equipment make it more complicated in some ways, but it's all geared toward patient safety.

*"When you have a patient who smiles and says thank you, there's no substitute for that." Cindy Black*



**Cindy Black, '79, CRNA**

**Janet Goral, BSN '73, CRNA**

**Russ Giesler, BSN'77, CRNA**

“Drugs have changed in a major way since I started 40 years ago,” says Giesler. And the equipment has advanced with things like fiber optics, ultrasound and laparoscopic and robotic surgeries. “I feel like I’ve grown up. It’s continued learning that Duke promotes within the profession itself.”

Looking back on his time in school, Giesler says classroom learning was also much different than it is now. There were no simulation labs, for instance. “There was nothing like that. It was hands-on; you learned from performing,” he says. While they did have manikins on which to try things like IVs,

there was no way to practice some of the more complicated procedures such as inserting a neck line, or craniotomies during which the patient is awake, (Giesler did several of these procedures during his career). Many things are done by ultrasound now, but in the early days, it was done by touch.

“You felt the artery,” Giesler says. “You learned how to judge what you were feeling by touch and experience. Now you see a picture of what you’re doing and you put the needle in and you see the needle going into the artery using the ultrasound.”

Giesler says one of the best things about working at Duke Hospital has been the people with whom he’s been able to work. “I’ve been very lucky all these years to have been able to experience working with and around the talented individuals who have come through,” he says. “It’s been amazing.”

Black and Goral started the nurse anesthesia program in 1977. Black had received a nursing diploma from Watts Hospital School of Nursing and was working in the ICU at the University of North Carolina at Chapel Hill Hospital when she started to hone in on something. “I was fascinated by the nurse anesthetists,” she says. “They were so knowledgeable.”

**“It was hands-on; you learned from performing.”**

**Russ Giesler**

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Black says she remembers her CRNA education emphasizing pharmacology and physics. Understanding gas laws and how certain drugs moved through the vascular system were critical to mastering anesthesia, Black says. And again, those many years ago, it was hands-on learning, very different than what students experience today. “I went to a simulation lab six or seven years ago,” Black says. “I was like, ‘Wow. Wouldn’t this have been something to get ahold of?’ To see the flow — you knew it in your mind, but to actually practice and see it is a totally different situation.”

Like Giesler and Goral, Black went to work at Duke Hospital immediately after graduating in 1979, then left in April 1982 to spend six years in Greenville, South Carolina, as a nurse anesthetist. She came back to Duke in 1988 and worked there until she retired on Aug. 17, 2017.

Growing up on a farm in Burlington, NC, Black was the first person in her family to go to college. Her father really wanted her to pursue a life outside of farming. She went to a college fair, thinking she wanted to study English at the University of North Carolina at Greensboro (UNCG). “I was going to head to the UNCG booth to talk to them,” she says, and she happened to walk past the booth for Watts Hospital. The enthusiastic hospital recruiter may never know the impact she had. “I started talking to her and I never made it to the UNCG booth,” Black says. “Some things are just meant to be.”

Black says she has loved her career in nursing, but it’s a career that demands a lot, and nurses considering it need to know what

they’re getting into. “Search your soul that you want to commit,” she says. “If you want to be a good nurse anesthetist, you have to be committed to the profession.” Involvement with the national and state associations has been an integral part of Black’s career. And as she looks to the future, she knows there are things CRNAs can do to improve the profession and tackle big problems. “Now the focus is on opioid-free or reduced anesthesia because of the opioid crisis,” Black says. “They are finding all sorts of ways that we can still provide excellent anesthesia with great results but using minimal opioids. We’re trying to be part of the solution.”

Unlike Black, who happened upon the career as a young adult, Goral grew up in Connecticut always wanting to be a nurse. She enrolled in Duke’s nursing program and earned her bachelor’s in 1973, then went straight to work at Duke Hospital in the surgical intensive care unit. After a couple of years, she headed back north and got a job at Massachusetts General Hospital in the post-cardiac unit and started looking into anesthesia. She knew whatever specialty she pursued, she wanted to work with children. Goral moved back to Durham and started nurse anesthesia school in 1978.

Goral remembers that after graduating, some students wanted to head off, out of the academic environment. “There are people who train and really don’t want to work in

those main ORs, however a lot of us did. Cindy did, Russ did. I did. We chose that. The only way to get good at it is to work at it and be there and learn it.” While Black and Geisler remained adult care CRNAs, Goral became the pediatric anesthetics clinical lead, a position she held until 2013.

“It’s a demanding specialty,” she says. “Kids can get very sick very quickly, and they can recover quickly. I did it because I was drawn to children and I wanted to make a difference.”

Goral says she’s happy to see that CRNAs have received much more exposure over the years. “I think CRNAs were never really known about for years and years, and people simply didn’t know what we did,” she says. CRNAs are not assistants, but highly autonomous health care professionals, who care for patients from pre-op to post-op, make dosage decisions, administering anesthesia and monitoring the patient’s physiological status throughout surgery. “We’re a team, is what we are — the anesthesiologist and the nurse anesthetists who are in that room.” It’s a great career, Goral says, but tough.

“Expect to work hard because you will,” Goral says. “It’s a grueling program even when we did it back then, as different as it was. It’s a great field and we truly make a difference in people’s lives, but expect to work hard. It’s a career where you have to be on your toes.” ■

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