



the AnesthesiaRecord

AAAA[®] American Academy of Anesthesiologist Assistants

Fourth Quarter 2015

Why We Join



Member survey results guide AAAA



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The Anesthesia Record

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Calendar of Events

December 2015

2016 AAAA® membership renewal begins
December 1

NYSSA Post Graduate Assembly
December 11 - 15 | Marriott Marquis, New York, NY

January 2016

ASA Annual Meeting

Quarterly Bank Draft Dues Payment Enrollment Available
January 3

1st Quarter Anesthesia Record Submission deadline
January 22

California Society of Anesthesiologists Winter Conference
January 25 - 29 | The Fairmont Orchid, Kohala Coast, Hawaii

ASA PRACTICE MANAGEMENT 2016
January 29 - 31 | San Diego Hilton Bayfront, San Diego, CA

February 2016

GSA 2016 Winter Forum
February 5 - 7 | Le Méridien Atlanta Perimeter, Atlanta, GA

April 2016

AAAA® Annual Conference
April 2 - 5 | Denver, CO

2nd Quarter Anesthesia Record Submission deadline
April 15

October 2016

ASA ANESTHESIOLOGY 2016 (Annual Meeting)
October 22 - 26 | Chicago, IL

President's year review

Why We Give

New findings in the study of charity reveal that we are more likely to give to a single person in need rather than a large group of people. To this point, AAAA® asks you to renew your membership and donate to the Legislative Fund not simply for the profession but for the individual CAAs who face challenges every day. By helping them, you boost your career. Their outcomes ultimately affect us all.

Consider some of the realities impacting AAAA® members:

- The sole remaining CAA in Oklahoma practices under different practice parameters than his nurse equivalents
- CAAs in Florida HCA systems restricted from performing regionals
- CAAs in New Mexico and North Carolina who have severely limited job opportunities due to statute restrictions or effective nurse opposition
- CAAs in Georgia that can't be relicensed due to new retraining requirements when no local retraining program exists
- CAA students in Connecticut who face rotation scarcity in a region with few CAAs to train them
- CAAs in Wisconsin solving reimbursement denials which is always a threat to CAA employment
- CAAs in Texas dealing with multiple failed licensure efforts
- The CAAs who simply need to relocate for personal reasons, some of those tragic, but find their options severely limited.

These are indicative of the CAA practice conditions AAAA® leaders hear all year. These are the CAAs who put a face on the needs of our members and motivate all of us to advance and protect the profession.

This past year the AAAA® Board of Directors prioritized the need to hire a state affairs director to handle our multiple practice restrictions, reimbursement challenges, and licensure efforts. As payment and practice issues become more complicated and require legal advice, a state affairs director would place us in an offensive position instead of always appearing to be on the defensive. Every year the CAA licensure efforts increase. A state affairs director will engage a comprehensive strategy for licensure expansion and work with multiple state lobbyists at any time. No longer will our members have to rely solely on volunteer anesthetists to work on and solve issues in their free time.

"Help us to help those individual CAAs who need and deserve advocacy and counsel the most."

Now is the time for all CAAs to consider the future of our profession and commit to the fundraising needed to achieve this important goal. We can't do it without greater membership revenue. Professional complacency not only hurts the profession as a whole but also hurts individual CAAs around the country. No one joins AAAA® because of a logo. We join because our big problems are made smaller by uniting forces and sharing both the triumphs and challenges of CAA practice. We participate in professional advocacy because of personal connections and the stories in which we see ourselves reflected. For every day you go to work and collect your pay successfully, there is at least one CAA with the extraordinary burden of making the CAA profession a success in an emerging market. Help us to help those individual CAAs who need and deserve advocacy and counsel the most. I hope you will join me during the 2016 membership campaign to recruit any CAA you know who is not supporting the advocacy work of AAAA®.



Megan Varellas CAA

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Reflecting on our achievements this year I am gratified that AAAA® volunteers have accomplished or made progress on every single goal set forth at the beginning of the year. Most members will never see or be aware of the entirety of our work, yet ASA leaders, ASA staff, and our own executive director often remark on the breadth and depth of our volunteer contributions. My two greatest professional privileges have been taking care of patients and serving the members of AAAA® as chairman of the board and President this past year. I thank each of you for your support but more importantly for what you do everyday to support the CAA profession by being a member of AAAA®. I hope you will take the time to read the new strategic plan and let us know how we can make a positive difference in your professional life. Why do we give? So that we can all look to the future with confidence knowing we have the resilience and resources to meet our challenges. I wish you all the very best for the year ahead.

"We join because our big problems are made smaller by uniting forces and sharing both the triumphs and challenges of CAA practice."

Why We Respond



Christopher Wade, CAA

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What's less appealing than being asked to complete a survey? Perhaps reading an article about surveys? Yet, surveys remain the most effective means for organizations and businesses to gather the critical data that guide improvements in customer satisfaction and product value. The phrase "The customer is always right," as clichéd as it is, drives the design of smarter, high-yield surveys. Companies that grasp this concept early are likely bound for success.

"The AAAA® values the input and potential of every one of its members."

Over the past two years, I have had the privilege of designing AAAA® surveys as a volunteer on the AAAA® Membership and Communication committees. When crafting a survey, I am always mindful of the participant's time while exploring every avenue to maximize the collection of unambiguous, useful data. The measure of survey success is not only in the volume of responses but clarity of content. Eventually, trends may be identified to identify organizational movement and progress.

The AAAA® values the input and potential of every one of its members. It is for this reason that AAAA® offers surveys at least once a year to solicit feedback on topics such as the organization's performance and goals, practice demographics, the job market, and legislative strategy. In addition, all AAAA® committees rely on survey results to gauge the popularity of new initiatives and member services prior to full resource investment. While surveys may only be once or twice a year, the AAAA® observes an open ear policy to all members and promotes greater member participation in the committees. The AAAA® does not only want to hear from its members; it needs your energy and valuable input!

"Much appreciation goes to the AAAA® members who provide thoughtful feedback for the benefit of the organization and our profession."

Membership Survey Results Summary

In keeping with the AAAA®'s values of transparency and communication, we offer the following survey results. Table 1 lists participation numbers and percentages for the past three membership surveys. It is clear that there is much room for improvement as only 10% of members participated in recent AAAA® surveys. Much appreciation goes to the AAAA® members who provide thoughtful feedback for the benefit of the organization and our profession.

Table 1 Comparison of membership participation in the past three AAAA® membership surveys.

	2012	2013	2014
Total Number of Respondents	196	97	144
Fellows Members	?	?	118
Student Members	?	?	26
Number of AAAA Members	975	1,132	1,432
Member Survey Participation	20%	8%	10%

For brevity's sake, only some of the results from the past three annual membership surveys are included in this report. Table 2 compares popular answers to common topics polled each year in order to evaluate consistencies or changes in members' views. From 2013 to 2014, there was an equal decrease in both satisfied and dissatisfied members, resulting in a growing percentage of neutral opinions of membership in the AAAA®. Overall, members report that AAAA® clearly communicates organizational goals, and they disclose a more modest understanding of how membership dues are allocated. The repeated designation of legislative effort success as the primary benefit of AAAA® membership over benefits such as profession security (e.g. reimbursement and practice privilege defense) is notable. Lastly, over the past three years, members have elected California, Tennessee and New York as the priority states to concentrate AAAA® licensure efforts. Focus on California has become more popular among members, rising to a 32% consensus in 2014.

Continued on next page



Respond @ www.surveymonkey.com/r/AAAA2015MembershipSurvey

Table 1 Comparison of membership participation in the past three AAAA membership surveys.

Popular Responses	2012	2013	2014
I am satisfied with my AAAA membership	80%	82%	74%
Opening new practice states as a top AAAA priority	85%	92%	80%
I understand how my dues are spent	-	80%	77%
The AAAA communicates goals clearly	-	95%	93%
Successful legislative efforts as #1 member benefit	-	34%	42%
Professional security as #1 member benefit	-	34%	38%
California as the #1 state to open to CAAs	17%	24%	32%
Tennessee as the #1 state to open to CAAs	10%	12%	10%
New York as the #1 state to open to CAAs	9%	13%	13%

Other noteworthy results relate to topics such as open AA states with limited job opportunities, perceptions of regional job markets, and new member services. In 2013, Florida, North Carolina, South Carolina and Colorado were designated as states requiring improved job opportunities with 14%, 14%, 12%, and 11% of votes, respectively. In 2014, North Carolina, Colorado, Florida, and South Carolina were designated as states requiring improved job opportunities with 26%, 22%, 20%, and 18% of votes, respectively. For some time, the AAAA® has been monitoring and intervening for CAAs in Florida's limited job market. The AAAA® will continue to fight for CAA practice rights and the expansion of job opportunities in these states.

A question polling the perceived difficulty level of one securing employment in another anesthesia group of the same work state was introduced to the membership survey last year. A practitioner experience modifier was applied that separated results into categories of greater-than-five or less-than-five years experience. Of the respondents, 59% had practiced for five or more years, while 41% had less than five years work experience. Interestingly, practice experience had no effect on the perception of the job market. Removing the modifier, response percentages to each answer category were: easy (27%), moderately challenging (42%), difficult (23%), and impossible (8%). Although the majority of respondents consider secondary employment opportunities in their state to be achievable, the limitation of employment in many CAAs' home states remains a top concern of the AAAA®.

In 2014, members were asked whether they would use a quarterly automated payment system (including fees) for membership dues. The AAAA® Executive Committee has approved the rollout of a quarterly automated bank draft payment option in part due to the 32% who said they would use this service. This payment option, offered to Fellow and first-year Fellow members for 2016 membership dues, will be available beginning January 3, 2016.

"The AAAA® Executive Committee has approved the rollout of a quarterly automated bank draft payment option in part due to the 32% who said they would use this service."

The AAAA® is grateful for the work of so many members who invest time and resources into the betterment of our organization. These members understand the importance of investing in a profession that has provided them so much. This holiday season, consider your membership renewal as a gift of support back to your career. I urge you also to please participate in the 2015 AAAA® Membership Survey. Be an active member in the growth of the AAAA® and the anesthesiologist assistant profession!



Research Grant Opportunities for CAAs

The AAAA® Executive Committee recently met with representatives from Merck pharmaceuticals at the ASA Annual Meeting to build a relationship with industry partners. Merck has a program that CAAs are encouraged to participate in called the Merck Investigator Studies Program (MISP). The purpose of MISP is to advance science and improve patient care by supporting high quality research through total or partial funding of research that is initiated, designed, implemented, and sponsored by external investigators. Results of such research will be generated and properly disseminated in peer-reviewed publications.

The MISP is open to all academic and community-based licensed and practicing CAAs, who are interested in conducting their own research. This program consists of committees of medical and scientific staff from different therapeutic areas who meet regularly to review Merck investigator

study proposals. Support is provided based on the scientific merit of the proposal as well as whether it is in alignment with the published areas of interest.

Areas of interest in Anesthesia Neuromuscular Recovery for 2016:

Studies that investigate the incidence and consequences of postoperative residual neuromuscular blockade and muscle weakness due to inadequate reversal. The following parameters should be considered where applicable:

- Different train of four ratios (i.e. TOFR = 0.7)
- Quality of recovery/patient satisfaction
- Post-operative pulmonary complications
- Need for advanced airway management in the PACU
- PACU length of stay
- Hospital length of stay
- Post-operative pain management
- Healthcare resource utilization

Studies that investigate and define predictive patient factors (example: obesity, OSA, etc.) that increases complications stemming from extubation prior to achieving clinically sufficient recovery from NMB.

Studies that investigate the use of objective neuromuscular monitoring on improving neuromuscular blockade management and the quality of patient recovery.

Visit the MISP website and click "Getting Started" tab to view the requirements for Submitting a concept or Full Protocol. Information related to areas of interest and requirements for submission can be found by visiting the MISP website.

<http://engagezone.merck.com/misp.html>

Move to state academies broadens appeal



Carie Twichell, CAA

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There are many exciting updates from the AAAA[®] Governance Committee, in particular, the organizational structure of state CAA groups. At its fourth quarter meeting, the Board of Directors approved a new structure for state academies which is reflected in the updated Policy and Procedure Handbook, specifically pages 21-22, available on the AAAA[®] website under AAAA[®] Resources. The research behind this process began early in the year, was extensively vetted during the state forum at the AAAA[®] annual meeting, discussed further at the board's strategic planning session in August and finalized through a governance committee workgroup, which included two state leaders.

"There are no fees associated with the application for state academy status."

Highlights of the new system include the following:

1. **Consistent Nomenclature:** Significant changes in the Policy & Procedure reflect the intent of the AAAA[®] Board of Directors to better organize and collaborate with our state academies. Revisions eliminate the confusion of state "components" versus state "academies" and "noncomponents" and creates a system of more effective and streamlined information exchange. Going forward, each state CAA group which submits a complete application will be designated a AAAA[®] State Academy. Clarity of definition is very important in that organizationally it unifies all that has come before and prepares the AAAA[®] for the future. Health professions utilize a unity of nomenclature for their state organizations, and this system brings AAAA[®] up to those standards.

2. **Membership Requirements:** The previous policy required a practitioner to be a member of the AAAA[®] in order to join the state group. Over the long term, this did not improve membership numbers or strengthen the working relationship between the AAAA[®] and the states. In fact, the membership requirement proved to be extremely time consuming to police and cumbersome for state leaders who were already working diligently to geographically advance the profession and protect local practice rights. In the new system, the membership requirement has been dropped so that a more inclusive environment of information sharing will free up time for state leaders to collaborate with the AAAA[®] and recognize the many opportunities available to strengthen both national and state level organizations. We all recognize the flux of many health-care professions today, and our membership needs to visualize a strong collaborative partnership between the state academies and the AAAA[®] to encourage mutual accountability and information sharing for a strong future.

3. **Yearly Reporting:** The AAAA[®] Governance Committee is working with AAAA[®] Headquarters to develop an annual reporting system and initial application for state academies. All state academies (including current components) will need to reapply for AAAA[®] state academy status. We have very little information about the existing state components. Academy reports will help AAAA[®] build baseline information about the state organizations that can be easily accessed and properly utilized. This information will be updated on an annual basis by the state academy representatives and used to assess deficiencies and where joint efforts may be most beneficial. Legislative and practice initiatives will benefit from availability of more accurate and real-time data from all of our state practitioners. It is the goal of this initiative that our organization not only improve its ability to self protect our practice rights, but increase our influence and ability to thrive as a profession.

4. **Costs:** There are no fees associated with the application for state academy status. All fees currently in process have been discontinued.

The AAAA[®] Governance Committee continues to work with the board and state academies to facilitate collaboration and transparency. As state leaders engrain themselves in various committees and become familiar with AAAA[®] processes, the governance committee will identify and transition new national leaders.

CU students pay it forward

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In the brisk early morning of August 16th, 2015, golfers warmed up their golf swings in preparation for the 2nd Annual Charity Golf Scramble at Arrowhead Golf Course in Littleton, Colorado. Anesthesiologist assistant students from the University of Colorado (CU AA students) hosted the fundraising event that included CAAs, anesthesiologists, surgeons, nurses and family members among the participants. Advertising of the charity scramble reached many hospitals and private practice anesthesia groups in the Denver area. We are extremely pleased with the outcome of the event.

"Nearly \$5,000 was raised for the Ronald McDonald House Charities of Denver and Lifebox Foundation, Inc. (USA)."

Overall, nearly \$5,000 was raised for the Ronald McDonald House Charities of Denver and Lifebox Foundation, Inc. (USA). Over \$1000 worth of donations were given away in raffles, silent auctions, and door prizes. The event not only raised awareness and funds for two great charities, it also presented an opportunity to advocate the profession to anesthesia groups and hospitals in Colorado. Looking ahead, we are already planning the 3rd annual scramble. In light of the event's success, our 2016 goal is to raise \$7000.

On November 2nd, 2015, CU AA students prepared a meal for 60 residents of the Ronald McDonald House in Aurora, Colorado. Students received food donated from local grocery stores and arranged a spread of chilidogs for the families. The students were able to socialize with the families and provide a nice home-cooked meal that everyone enjoyed. This has been an annual tradition that the students do every fall.

As the CU AA program grows, it strives to expand its presence among the thriving health sciences professions on the Anschutz Medical Campus. In December, the AA students are participating in a campus-wide toy drive for the Colfax Community Network. In tradition with the Skaggs School of Pharmacy, the AA program will be collecting toys and competing to win a bagel breakfast bar served by the losing program. The competition provides gifts to underprivileged children in the surrounding community, while it fosters interdisciplinary ethos on the medical campus.

"The competition provides gifts to underprivileged children in the surrounding community, while it fosters interdisciplinary ethos on the medical campus."

This spring, the CU AA students will assist in providing over 3,000 health-care screenings to rural families during the National Western Stock Show in



Physician anesthesiologists, residents, AAs, surgeons, nurses and AA students at the CU 2nd Annual Charity Golf Scramble.



CU students at the Ronald McDonald House in Aurora, Colorado.

January. Families from all over the Front Range may come to the show for the animals, vendors and carnival food, but there will also be an opportunity to receive free health screenings for many who do not have convenient access to healthcare. Participants may choose to discuss health choices and lifestyle modifications with the students without requiring insurance or a co-pay. The screenings consist of a history and physical focused on the following: blood glucose levels, blood pressure, eye exam, and BMI calculations. People of all ages may not see a physician this year due to location, price or personal choice.

[Continued on page 11](#)

Joining means serving

Volunteers fuel AAAA[®] growth, value



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Volunteerism is the core of the AAAA[®]. The anesthesiologist assistant profession is expanding and, now more than ever, the AAAA[®] is relying on our volunteer representatives to carry the weight of advocacy, internal governance, and state and national practice issues. On behalf of the AAAA[®], I thank all of our AAAA[®] Committee volunteers for 2016!

We are sincerely thankful to all of the individuals who frequently put in arduous hours on behalf of the AAAA[®] and the AA profession. The volunteers that make up the AAAA[®] External Organization representatives, the AAAA[®] Committee Chairs, and the AAAA[®] Committee members are valued for their dedication to furthering our profession and providing leadership for the AAAA[®]. At the most recent ASA annual meeting in San Diego there were CAA volunteers representing the AAAA[®] on 13 different ASA Committees. In 2016, the AAAA[®] will additionally be providing representative CAAs to the ASA Committee on Large Group Practice and the ASA Committee on Professional Diversity. Often investing personal time and finances, these AAAA[®] volunteers provide priceless representation on behalf of our profession on many levels and at numerous venues.

I would like to recognize and thank those members of the AAAA[®] Board of Directors finishing their terms at the end of this year: Carie Twichell, William Paulsen, and Patrick Bolger. Much appreciation goes to outgoing AAAA[®] Membership Committee Chair, William Buntin. I would also like to recognize and thank the AAAA[®] Student Committee. These AAAA[®] volunteers and committees have provided the AAAA[®] with measures in advocacy, representation, and service that not only reflect the AAAA[®] positively today but also on the future of our organization.

The following members have offered their time and efforts in 2016 as AAAA[®] Committee Chairs. Some members are returning and others are newly appointed. All were unanimously approved at the most recent AAAA[®] Board of Directors meeting. Please know these individuals work in service to the organization and are representatives of the AAAA[®]. To volunteer for committee service, notify info@anesthetist.org. Current members should renew at info@anesthetist.org.

For committee descriptives, go to www.anesthetist.org/join-a-committee.

AAAA Committee	2016 Chair
Executive	Timothy Goodridge, AAAA President
Governance	Megan Varellas, AAAA Immediate Past President
Finance	Jamie Taff, AAAA Treasurer
Membership	Laura Knoblauch
Communication Subcommittee	Christopher Wade
Annual Meeting Subcommittee	Samantha Evankovich
Practice	David Biel
Legislative	Michael Nichols
Student	Joseph Borup

Submit comment on VHA Nursing Handbook

Tim Goodridge, CAA

President-Elect, AAAA®

On the heels of public outcry over the lack of veteran access to adequate healthcare, the Veterans Health Administration (VHA) Office of Nursing Services (ONS) has proposed a significant re-write in the policy document termed the VHA Nursing Handbook. In the Veteran Affairs (VA) system, this policy change would allow all Advanced Practice Registered Nurses (APRNs) the ability to practice independently of physicians, regardless of any state laws. The AAAA® opposes this policy change and will continue to support physician-led patient care in the VA system. It should be in every citizen's best interest for our nation's veterans and heroes to be provided the highest level of health care. The highest level of care is unquestionably provided by physicians and physician-led teams.

Impact on CAAs:

Removing physician supervision requirements removes not only physician-led team models of care for VA patients, but also excludes team members that only work with physicians (CAAs). As CAAs and Anesthesia Care Team (ACT) team members, our profession would be unable to practice effectively within the VA system. If government healthcare systems, such as the VA, abandon the Anesthesia Care Team (ACT) model, state and public sector healthcare systems may eventually follow suit. This would place all CAA employment at risk, not just within the VA system. Removing physicians and their team members from providing patient care does not increase access to high quality care.

What you can do:

Please visit the following link to provide your comments supporting physician-led patient care within the VA to keep the highest level of care for our nation's veterans. The entire submission process can be performed in just a couple minutes. As with political issues such as this, the key to getting our voices heard is the number of individuals submitting comments. AAAA® leaders were at the ASA annual meeting in San Diego and registered their comments using the link below. The AAAA® asks all CAAs, AA students, and their families and friends to do the same.



Visit www.safevacare.org

From the ASA:

The Department of Veterans Affairs' (VA) Office of Nursing Services (ONS) continues to advance a new policy document, the "VHA Nursing Handbook," that would mandate "independent" practice for all Advanced Practice Registered Nurses (APRNs), effectively abandoning the VA's proven model of physician-led, team-based anesthesia care.

Without physician involvement, VA would be lowering the standard of care for our Veterans and putting their lives at risk. ASA strongly opposes the inclusion of the surgical/anesthesia setting and nurse anesthetists in the VHA Nursing Handbook. The surgical/anesthesia setting and nurse anesthetist should be eliminated or "carved-out" from the VHA Nursing Handbook.

The leading experts on surgical anesthesia care in the VA, the Chiefs of Anesthesiology, have informed VA leadership that the new policy "would directly compromise patient safety and limit our ability to provide quality care to Veterans." The VA leadership has ignored their concerns.

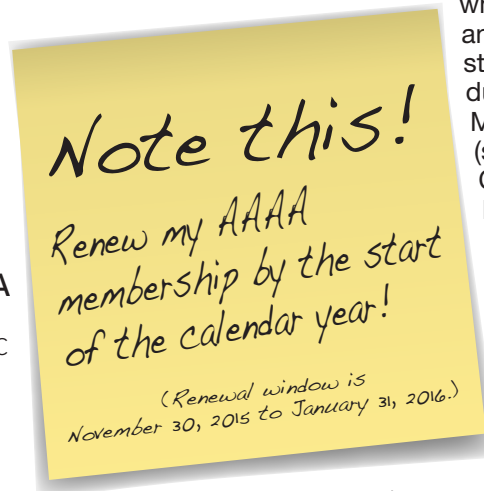
Leading national medical associations, prominent Veterans Service Organizations (VSOs), and bipartisan members of Congress have also challenged the VA on this change.

With 12 to 14 years of education and 14,000 to 16,000 hours of clinical training, physician anesthesiologists serve a critical role in providing safe anesthesia care. For VA patients who have poorer health status, the involvement of a physician anesthesiologist in their care is an imperative.

Why we join, renew



Laura K. Knoblauch, CAA
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I want to introduce myself as the 2016 AAAA® Membership Committee chair. I look forward to working with everyone and am open to any feedback or suggestions you might have. If you are interested in getting involved with the AAAA®, join the membership committee. Several noticeable recent organizational advancements and new member benefits originated in the committee. You can quickly impact your profession and your professional organization by working in this committee environment.

Changes and new options

The AAAA® will offer Fellow and first-year Fellow members the option to make automated quarterly bank draft installments towards their 2016 AAAA® membership dues. Beginning on January 3rd, 2016, the quarterly payment plan option will become available to members completing the online membership renewal form. Members who wish to take advantage of the quarterly dues payment option should wait until that time to renew. Please note that there will be a convenience fee of \$24 added to the total dues amount to cover additional processing costs associated with multiple transactions. Members may still elect to pay membership dues in full by the end of the renewal period.



New unified state and national dues billing

AAAA® is offering a new unified billing service through which members may pay both state academy dues and AAAA® annual dues in the same payment. Once state academy leaders decide to engage the unified dues billing program, they should contact AAAA® Member Services Manager Stephanie Bowen (stephanie.bowen@politics.org) to discuss details. Contact your respective AAAA® state academy leaders for information on its participation in the new unified billing system.

Member benefits!

Remember, AAAA® members receive exclusive discounts. New graduates applying for AAAA® membership as a professional fellow within 60 days of graduation earn a \$100 dues discount. When applying for the CDQ Examination, AAAA® members pay \$742.50 instead of \$1,000. Members also receive an \$85 discount when registering CMEs through the NCCAA.

You also have access to discounted financial advice and medical liability insurance, career center and job postings, advocacy and legislative efforts across 50 states, employment assistance related to legislative issues, quarterly newsletters, E-Record with important news for the AA profession, credentialing assistance, and access to the entire membership directory. These benefits and more can be found on the AAAA® webpage at...

<https://aaa.memberclicks.net/member-benefits-services>.

Other News

Over the next several weeks, an online membership survey polling membership satisfaction, services, and interests is available to all members. I highly encourage you to participate and provide us with feedback so we can continue to improve your AAAA® membership experience! Complete the survey at...

www.surveymonkey.com/r/AAAA2015MembershipSurvey.

Thanks

I offer my appreciation on behalf of all AAAA® members to Bill Buntin who has served impressively as the membership chair. Many of the advances and member options which have manifested over the past two years were created out of Bill's leadership and thoughtful approach to working outside the norm and within the committee structure.



Bill Buntin, CAA

Taking the Pressure

John Ng, CAA

WellStar Medical Group
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A 23-year-old healthy patient with a history of coarctation of the aorta is scheduled to undergo general anesthesia for parathyroidectomy. The coarctation was repaired with the use of a subclavian flap aortoplasty. The least ideal location for placement of a non-invasive blood pressure cuff is:

- A. Right arm
- B. Left arm
- C. Right leg
- D. Left leg

Coarctation is a narrowing or constriction of the descending thoracic aorta. It accounts for 8% to 10% of all congenital heart defects and appears twice as often in males than as in females. It can coexist with other types of congenital heart disease such as ventricular septal defect (48%) and bicuspid aortic valve (85%). It can also occur and feature in other complex congenital defects such as Shone's anomaly. Additionally, patients with Turner's syndrome have a 30% incidence of coarctation.

The area of narrowing most often occurs in the juxtaductal region, which is the portion of the descending aorta just distal to the take off of the left subclavian artery at the insertion of the ductus arteriosus (DA). The degree of mechanical obstruction to systemic blood flow is determined by the severity of stenosis. In symptomatic newborns, a right to left shunt through a patent DA mainly provides systemic blood supply to the lower body. In asymptomatic infants and children, there is antegrade blood flow through the coarctation.



Nonetheless, thoracic-aortic collateral circulation may develop over time. Regardless, the coarctation needs to be relieved by either surgery or interventional radiology (balloon dilation or placement of an arterial stent) once symptoms occur. Symptoms may include respiratory distress, profound systemic acidosis, left ventricular overload, and congestive heart failure. If surgical repair is warranted, a subclavian flap aortoplasty is an option that avoids a circumferential suture line and the use of foreign tissues. With this technique, the left subclavian artery is sacrificed and applied to patch over and expand the coarctation. As a result, blood pressure measurements on the left arm would not be accurate after the procedure.

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Correct Answer: B

Students

Continued from page 7

These screenings can better inform participants of their health statuses, influence better health choices, and lead to physician follow-up care. The CU AA program first took part in the event last year, meeting students from other CU medical programs and enjoying the reward of impactful community service.

As always, the CU AA program continues to spend time collecting and organizing health supplies with Project Cure, an organization that sends medical supplies to third world countries in need. The collecting goes on year round at our program's main clinical sites: University of Colorado Hospital and Children's Hospital Colorado. Once a year, students spend 5 to 10 hours at the Denver headquarters organizing, boxing and shipping supplies around the world.

"The collecting goes on year round at our program's main clinical sites."



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