



# the AnesthesiaRecord

AAAA American Academy of Anesthesiologist Assistants

First Quarter 2015



## 2015 AAAA Annual Conference

April 10-14, 2015

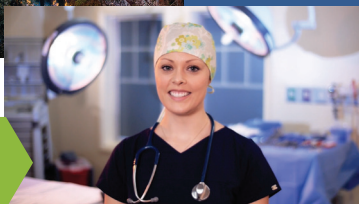
Gaylord Palms Resort and Conference Center  
Orlando, Florida

Daniel Mesaros, AA-C | Program Chair  
Register at [www.anesthetist.org](http://www.anesthetist.org)



Van Wie Associates, Inc.  
Exhibitor and Sponsor Support | [matt@esvw.com](mailto:matt@esvw.com)

In The Media



AAAA to release NEW Promotional Video!





American Academy of Anesthesiologist Assistants

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### The Anesthesia Record

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[www.Anesthetist.org](http://www.Anesthetist.org)

## Upcoming Events



Atlanta, GA -- (February 23, 2015) The Georgia AAA conducted its second annual "AA Day at the Capitol" with more than 100 Fellows and Students walking the halls of the State Capitol. State Sen. Chuck Hufstetler, AA-C, recognized the GAAA and the work of AAs with a Senate Privileged Resolution and introduction of GAAA leaders from the senate podium.

## 2015 Calendar of Events

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### April

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#### AAAA 39th Annual Conference

April 11 - 14, 2015

Gaylord Palms Resort, Orlando FL

#### California Society of Anesthesiologists 2015 Annual Anesthesia Meeting & Workshops

April 16 - 19, 2015

Hyatt Regency Embarcadero, San Francisco, California

#### AA Lobby Day at NY Capitol

Wednesday, April 27, 2015

Albany, New York

#### Medical Group Management Association Anesthesia Conference

April 30 - May 2, 2015

Chicago, IL

### May

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#### 2015 Midwest Anesthesia Residents Conference

May 1 - 3, 2015 Cleveland Renaissance Hotel

Cleveland, Ohio

#### ASA Legislative Conference

May 4 - 6, 2015

Washington, DC

### June

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#### Anesthesiologist Assistants Day

June 6, 2015

# Seize every opportunity

My favorite part of AAAA volunteerism is connecting with members. As a volunteer officer I receive 10-50 emails or texts per day from members all over the country. I am willing to speak with any Certified Anesthesiologist Assistant concerning our profession, but members and other volunteers come first. Items that pertain to AAAA goals take precedence.

"AAAA members are team players that understand you can't watch everyone else harvest the wheat and then expect a slice of bread when you get hungry."

Whether it's my weekly car-to-car speaker call with Carie Twichell (CW-RU-C 1999) complete with greetings in Spanish by her daughter Izzy in the background to mentoring a new graduate volunteer like Chelsea Krombach (South 2014) whom I know only from AAAA annual conferences; or from receiving global outreach advice (and book recommendations) from Nancy Cunningham (Emory 1976) to organizing a North Carolina AA Academy with Lisa Clark (CW-RU-C 1999) whom I will finally meet in person at this year's annual conference, I have realized the incredible opportunities the AAAA can provide to network, share practice updates, problem solve and communicate regarding promotion of our profession.

Recently, I received an email from a certified AA interested in working in my hometown, Asheville, NC. This happens more often than you would expect considering there are only 1685 certified AA practitioners nationwide, but not as often as it might if there were more jobs for CAAs in North Carolina. First, I visited the AAAA website member directory to see if she was a member in good standing. Second, I checked her certification status on the NCCAA website. Just as certification is

the stamp of safety and competence to the public, membership in AAAA is one indicator of an AA's high level of professionalism. It implies that a certified AA understands the issues affecting our profession, supports licensure for CAAs in all states, will support efforts to resolve any payment or practice issues that arise in their state, and can access resources that allow one to represent the profession accurately and positively. The latter is especially important in a state like North Carolina where fewer than 20 CAAs practice and the ability to represent the profession is as important as excellent clinical skills. AAAA members are team players that understand you can't watch everyone else harvest the wheat and then expect a slice of bread when you get hungry.

I didn't finish reading her email or open the attached resume until I confirmed her membership and certification. I also have to admit I didn't call the references on her resume, but asked my network of contacts through AAAA about her professional reputation. It's not unusual in our profession to do so. For example, last month I was contacted by a state leader, where I have neither worked nor trained, about a certified AA but non AAAA member (that I neither worked nor trained with) who was applying for a job somewhere neither of us discussing his application actually worked. But here's the thing: although neither of the two people influencing his application had worked with him, I remembered this AA as a student and I quickly identified two people who had worked with this AA in two different states. The point is: it's just one degree of separation in the AA profession, and the people who can make a difference in your professional success are usually active AAAA members.



**Megan Varellas**

AAAA President  
Park Ridge Health  
Hendersonville, NC  
meganvarellas@gmail.com

You never know when taking professional opportunities will pay off. The telling part of the first story is that I met that AA five years earlier at the AAAA annual conference. I took the opportunity to provide my contact info to someone who was interested in one day living where I live. Jake Menke (Emory 2001) took the opportunity to introduce us, and she took the opportunity to have a conversation with me (Emory 1993). All three of us took the opportunity to attend the annual conference. When you put people together who recognize opportunities and enjoy making things happen for the profession and each other, you end up with a powerful network indeed.

"...the people who can make a difference in your professional success are usually active AAAA members."

Certified AAs may be outnumbered in the anesthesia workforce, but small groups that work quickly and efficiently together can yield big results. I can honestly say that AAAA has been instrumental in my personal success, and I know I would not be where I am today if not for the experience, education, camaraderie, and support afforded me by being an AAAA member, attending the AAAA annual conference, and seizing every opportunity available to me.

## Volunteer for AA Medical Assistance Abroad

### Quentin A. Fisher, MD, FAAP

Uniformed Services University  
of the Health Sciences  
Walter Reed National Military Medical Center  
Bethesda, MD  
Medical Director, Case DC Program

In recent years, there has been growing interest among AAs in humanitarian outreach to low resource areas of the World. Some AAs work with volunteer groups that do short-term surgical trips, but to date there is no centrally organized AA-specific project (many volunteer groups seem not to know what to do with AAs!).

Case D.C. has been asked to assist in the training of non-physician anesthesia providers in Nairobi, Kenya. This is a wonderful natural convergence of interests and needs! Towards that end, we are looking to develop a sustainable partnership of AAs help performance-based teaching of Clinical Officer Anesthetists in Kenya. This would consist of hands-on classroom and bedside teaching of clinical skills and problem solving.

The Registered Clinical Officer Anesthetist (RCOA)\* training program at Kenyatta National Hospital takes approximately 30 students per year. Clinical Officers are primary providers who have completed their college-level training in primary care. On meeting certain qualifications they may elect additional anesthesia training for 18 months. The RCOAs provide almost all of the anesthesia care in Kenya (and most African countries). Recognition of the shortage of all anesthesia providers has propelled additional enrollment into these programs which are strained to provide adequate supervision of their trainees. When COAs have finished training, they are often posted as the only anesthesia providers in regional hospitals, so they must be equipped to handle (manage or transfer) all comers.

The Program director was especially enthusiastic about the idea that AAs could help teach their PA-equivalent providers. Besides valuable teaching, she felt it could be especially encouraging to students to work with well-trained and well-respected non-physician anesthetists. She has asked for AHA-certified BLS and components of ACLS, as well as assistance in bedside supervision and instruction. Topics of particular importance in Kenya are OB anesthesia, Trauma, and Pediatrics.

This could be an engaging beneficial program which AAs (and at a later time, senior AA students) could contribute their efforts and interests. The impact and gratification will reach far beyond the week or two spent there.

We are presently organizing for a first trip in the fall, (tentatively the beginning of October). You would ideally volunteer two weeks, but one week could also work. This first trip will be a combination of project development (organizing goals, and templates for further trips) and hands-on teaching. If you are an experienced AA, enjoy working with others, sharing your skills and insights, and are adaptable to austere circumstances, consider joining us to make a real difference.

\*for description of the CO's, see: [http://en.wikipedia.org/wiki/Clinical\\_officer](http://en.wikipedia.org/wiki/Clinical_officer).

Kenyatta National Hospital is an 1800 bed referral hospital for East Africa. Though resources are more austere than we experience, anesthesia and surgical services include the full range of specialties. Recently, the anesthesia department has introduced US-guided Regional and Pediatric subspecialties.

For further information...  
contact Shane Angus at Case DC ([Shane.Angus@case.edu](mailto:Shane.Angus@case.edu)).

## AAA Chairs and External Reps

Jan 1, 2015 - Dec 31, 2015

### Executive Comm Chair

NCCAA

ARC AA

AAAPD

CAAHEP

APSF BOD

American College of Surgeons

AA partnership

Megan Varellas

Soren Campbell

Jana McAlister

Shane Angus

Michael Patrick

Melanie Guthrie

Rich Bassi

Gina Scarboro

Claire Chandler

Shane Angus

Ty Townsend

Megan Varellas

Carie Twichell

### State Components

Finance Comm Chair

Legislative Fund Subcom Chair

Practice Comm Chair

Payment/Antitrust Subcom Chair

Federal Affairs Subcom Chair

Legislative Comm Chair

Governance Comm Chair

Membership Comm Chair

Communications Subcom Chair

Annual Meeting Subcom Chair

Student Subcom Chair

Tim Goodridge

Jamie Taff

Dan Bates

David Biel

Joy Rusmisell

Rich Bassi

Mike Nichols

Carie Twichell

Bill Buntin

Chris Wade

Daniel Mesaros

Juveria Nayeem

Brian West



# New governance plan serves members



## Carie Twichell, AAC

Immediate Past President  
MetroHealth Medical Center  
Cleveland, Ohio  
ctwiche11@gmail.com

Last fall, the general membership approved AAAA Bylaws amendments. These bylaws established a new organizational structure which designated six standing committees, including Governance. Per the similarly-revised Policy and Procedure Handbook, the members of the Governance committee are to support the Academy's Board of Directors, including but not limited to leadership development, new board member orientation, strategic planning, organization, and communication with membership about AAAA goals and values.

"Good governance is not just fair, it's effective and focused."

In the last 10 years our profession has seen exponential growth. The number of AA programs has increased from two to 10, we matriculate some 400 students per year and more than a dozen state legislative initiatives are worked on at varying degrees of interest and preparation throughout the year. The workload of the AAAA continues to increase and the need to become an organization with efficient intercommunication pathways has never been more necessary.

The Governance Committee also provides a pathway for members to make organizational suggestions; members are encouraged to use Governance as a place to share ideas on professional topics and help identify improvements within AAAA.

### A few of the Governance projects include:

a. Develop an interactive mode of communication for updates between AAAA committee chairs and Board members. This will allow for timely sharing between quarterly Board meetings. A well-informed leadership makes better, more fiscally responsible decisions on behalf of all members. Real time sharing decreases duplicative efforts and focuses attention on projects directly serving AAAA members.



b. Survey and consider the needs of AA state leaders and their local practitioners. Issues and needs vary by location. Governance is committed to supporting state academies to function, grow and work in effective collaboration. This initiative will be a slow process, but a complete analysis of these survey results will help the movement toward Part C below.

c. Implement a more effective relationship between AAAA and its component academies. The drive for AA expansion and resolution of practice issues is constantly in flux. AAAA must more effectively support the state AA leaders whose volunteer efforts are at the cutting edge of state legislative initiatives and regulatory actions. Governance will assure the availability of relevant information and resources that have been created out of need during previous state-level advocacy efforts. Good ideas will be harvested and organized in a clearinghouse for member access.

d. Build a far forward-looking strategic planning process. AAAA's August Board meeting presents an opportunity to explore the many changes in our healthcare system and determine a plan to adapt. At the forefront of our discussions is an analysis of the Perioperative Surgical Home (PSH) and how the AAAA and AAs as professionals can incorporate and play a substantially sustainable role.

## AAAA Strategic Goals

1. Expand the sphere of influence of the AA profession
2. Protect the interest of the profession
3. Provide high quality professional services to members through effective leadership and governance

The Governance Committee has improved communication within the Board so leaders concentrate on making informed decisions that support national and local advocacy efforts. Even so, Governance needs more information from the local and state level.

Why should governance matter to you? Good governance is not just fair, it's effective and focused. It helps keep key players pointed towards goal attainment, ensuring Fellow dues dollars are effectively spent on things that matter.

To join the Governance Committee, contact chair Carie Twichell at ctwiche11@gmail.com.

# Installing 'No Crap' 2.0



**James E. Toney**

Executive Director  
BA Journalism 1978  
University of Georgia  
Henry W. Grady School of Journalism  
and Mass Communication

During the opening session of the 2014 AAAA Annual Conference I was honored to present for the first time to the Academy membership. With some shock and very little awe, I made the infamous “No Crap Guarantee” to the officers, leaders, special guests and members of the Academy.

Neither dignified nor polished, this guarantee is founded on two bedrock principles of 21st century communication:

- We don't have much time
- Our lives are cluttered with messages.

AAAA's dedicated volunteers who are wholesomely fixated on expanded AA practice in more states have little extra time in their work days/weeks. Still, they are giving of themselves to fight dozens of battles across the country. Students who are wholly invested in the completion of their training have little extra time. Fellows in practice and who direct training programs are pulled in many directions on worthwhile endeavors.

HQ staff understands your time is valuable, limited and precious. We will not inundate you with information. We will provide that which is important and directly relevant to the mission of AAAA, the expansion of AA practice and the push toward an even higher level of patient safety and quality outcomes.

We make this guarantee: if HQ disseminates information through social media, the Anesthesia Record, or online, we will assure the content is of value to at least a segment of the membership.

If we send it, please read it. If the information involves an “ask”, please act. If we ask for survey responses, please participate because someone important has asked for AAAA's help.



## NO CRAP GUARANTEE 1.0

AAAA headquarters will not publish a communication to members that is not identifiably relevant to the members' professional development, practice improvement or patient safety.

## NO CRAP GUARANTEE 2.0

AAAA headquarters will publish more information regarding opportunities for professional development, practice improvement, license expansion and patient safety.

As of this writing, HQ staff has been conducting AAAA operations for 17 months. The learning curve has been steep, but we are now easing into an operational rhythm that is more supportive of AA leaders, committee chairs and external representatives and is more responsive to members. Our next phase of the guarantee (2.0) will be to increase the amount of valuable information we provide to members and the broader AA audience.

As an AAAA member, you can help HQ staff greatly by providing timely information and quality photographs to [info@anesthetist.org](mailto:info@anesthetist.org). The only hard rule is that the information must directly relate to advancing the AAAA mission and lifting the profession. The Executive Committee is responsible for coordinating and approving content that is distributed under the AAAA flag.

My co-workers and I value your input and appreciate everything you send us. I look forward to seeing many of you in Orlando.





## For Students: What to expect in Orlando

“This is a great opportunity to learn more about your future profession from those who have built it.”

Spring... it is the time of year when most students feel the need to take a break from the everyday pressures of academic life and seek warm weather, palm trees, and a break from the frigid temperatures of the clinical OR setting. Since you are a dedicated AA student, you may be thinking “wouldn’t it be great if I could learn about anesthesia while I kick back and enjoy a little piece of paradise?”

Thankfully, you’re in luck because the AAAA Annual Meeting offers just that at the beautiful Gaylord Palms Resort and Conference Center in sunny Orlando, Florida. Attending the conference as a student is the best way to network with other members of the AAAA and to have a little fun while you are at it.

Look no further if you are hoping to attend an array of lectures from some of the top physician anesthesiologists and anesthesiologist assistants across the country. The AAAA Annual Meeting Committee has arranged a lineup of faculty lectures that will put any AA student on top of their academic game.



Speaking of game, we will see what school will bring the heat, as we will partake in a friendly game of “Jeopardy®”. This is the 10th anniversary of the AAAA “Jeopardy®” Competition, and there are more schools participating than ever before! The main event will take place Sunday, where the top three qualifying schools, plus one Wildcard Challenge Winner, will compete for the title of the 2015 “Jeopardy®” Champions. School spirit is strongly encouraged, so please join the live audience and support your classmates!

Daytime attire is business casual, but if you are on the prowl for a future employer, consider bringing a suit. Impromptu interviews are always a possibility as the Annual Conference hosts many potential employers who are excited to extend rotation offers to students and possibly hire new graduates. It is appropriate to bring a few copies of your current resume with you to provide to the connections you make.

At the conference, you will have the chance to network with not only other AA students from across the country, but also many practicing AAs and physician anesthesiologists. This is a great opportunity to learn more about your future profession from those who have built it. There will be chances for socializing throughout the weekend, so always look your best, act professional, and be prepared to make a great impression.

Most importantly, if you will be graduating in 2015, you will want to make your transition from a student AAAA member to a fellow AAAA member as smooth as possible. Consider renewing your AAAA membership at the AAAA Membership Committee table in the exhibit hall. By renewing early, you will have one more thing checked off your to-do list and one less task to think about while you prepare for graduation, certification, and your job search. Remind your classmates to renew their membership too; after all, you will want to keep in touch with them following graduation so you can plan your reunion in Colorado at the 2016 meeting. Also, if you are interested in joining a AAAA committee in the future, be sure to talk to a committee member. They will be more than happy to tell you about opportunities for future involvement within the AAAA.

The 2015 AAAA Annual Conference is a great way to learn, network, and have some fun!!! We hope to see you there!

**Laura Knoblauch, AA-S**  
University of Colorado MMHSc 2015  
AAAA Student Committee  
AAAA CU Student Representative  
laura.knoblauch@ucdenver.edu

**Sherry Cucci, AA-S**  
CWRU Cleveland MSA 2015  
AAAA Student Committee  
Class AAAA Co-Representative  
Sherry.Cucci@UHHospitals.org

“look your best,  
act professional, and  
be prepared to make  
a great impression.”



## Danny's Orlando notes:

1. Arrive early
2. Orlando is 80 degrees!
3. Nationally recognized speakers
4. Practical educational topics
5. Extra pool/Disney time Saturday
6. Jeopardy means competition!
7. BLS and ACLS re-cert offered!



**Daniel Mesaros**

Chair, Annual Conference Committee  
Providence Hospital, Washington DC  
Adjunct Instructor  
Case Western Reserve  
University School of Medicine

# 2015 AAAA Annual Conference

April 10-14, 2015 |

Gaylord Palms Resort and Conference Center  
Orlando, Florida

**Target Audience** | Certified anesthesiologist assistants, physician anesthesiologists, physician assistants and students in an accredited anesthesiologist assistant educational program will benefit from attending this meeting. Allied health professionals, with an interest in anesthesia, are also encouraged to attend.

## Overall Conference Objective

This conference is designed to update those caring for patients whose surgery or medical procedure requires the participation of the anesthesia care team. Based on comments from past conference participants and stated needs within the profession, this year's sessions are devoted to various aspects of anesthesia practice including, obstetrics, pediatrics, neuraxial anesthesia, acid-base physiology, perioperative medicine, and the implications of the surgical home concept. Upon completion of this course, the attendee will be able to identify new techniques and analyze data to provide better and safer patient outcomes.

## FACULTY

## VIP GUESTS



Daniel Cole, MD  
ASA President-Elect



Paul Pomerantz  
ASA CEO



Jason Hansen, MS, JD  
ASA Director of State affairs

Shane Angus, AA-C  
Case Western Reserve University School of Medicine  
Washington, DC

Steven J. Barker, PhD, MD  
University of Arizona  
Tucson, AZ

David Biel, AA-C  
University Hospitals Case Medical Center  
Cleveland Heights, OH

John Butterworth, MD  
Virginia Commonwealth University School of Medicine  
Richmond, VA

Daniel J. Cole, MD  
ASA President-Elect  
Ronald Reagan UCLA Medical Center  
Los Angeles, CA



Kayser Enneking, MD  
University of Florida  
Gainesville, FL

McCallum R. Hoyt, MD, MBA  
Cleveland Clinic Foundation  
Mayfield Heights, OH

Rebecca D. Minehart, MD  
Massachusetts General Hospital  
Boston, MA

Katie Monroe, PhD, AA-C  
Emory University School of Medicine  
Atlanta, GA

John Ng, AA-C  
WellStar Medical Group Pediatric  
Anesthesia Division  
Atlanta, GA

Rosetta Rowbottom, MD, AA-C  
University Hospitals Case Medical Center  
Cleveland, OH

Marc A. Rozner, MD, PhD  
University of Texas MD Anderson  
Cancer Center  
Houston, TX

Gina Scarboro, AA-C  
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AAAPD Board of Directors  
South University  
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Lawrence C. Tsen, MD  
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Stacie L. Wong, MD  
South University  
Savannah, GA

Paul B. Yost, MD, FAAP  
CSA President  
St. Joseph's Hospital of Orange  
CHOC Children's Hospital  
Orange, CA

#### Statement of Need

The successful outcome of each surgery or procedure requiring anesthesia is dependent upon the knowledge and teamwork of the anesthesia care team. Ultimately, the purpose of this course is to enhance the care of the patient that requires the services of the anesthesia care team. This program is also designed to enhance the education and professional growth of certified anesthesiologist assistants and anesthesiologist assistant students.

#### Accreditation by the American Academy of Physician Assistants

This program is currently being reviewed for a maximum of 22.0 hours of AAPA Category 1 CME credit™ by the Physician Assistant Review Panel. Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

#### CME Credit for Physicians

Physicians may claim Category 2 credit toward the PRA for such physician directed learning activities as: the teaching of residents, medical students, or other health professionals; online study; reading authoritative medical literature; or attending live activities not designated for AMA PRA Category 1 Credit™. In each case, the physician individually determines the educational value of those AMA PRA category 2 activities in which he or she participates. Accredited providers do not designate activities for AMA PRA Category 2 credit™. Physicians should claim credit for appropriate AMA PRA category 2 activities on the PRA application form. For more information on earning credit for the AMA PRA, visit [www.ama-assn.org](http://www.ama-assn.org).

#### The Gravenstein Memorial Lecture

In recognition of the efforts of Dr. Joachim "Nik" Gravenstein in anesthesia patient safety, the AAAA designates a lecture each year during the Annual Conference program as the Gravenstein Memorial Lecture. This year's Gravenstein Memorial Lecture will be Dr. Daniel J. Cole's ASA Update on Saturday, April 11 at 11:00 am. Dr. Cole currently serves as President Elect of the American Society of Anesthesiologists (ASA) and vice chair for professional and business development at the Ronald Reagan UCLA Medical Center.

#### Hotel Accommodations

For hotel reservations, please contact the Gaylord Palms Resort at (407) 586-0000 and request the American Academy of Anesthesiologist Assistants room block. Please note that the cut-off date to receive the AAAA room rate is March 18, 2015.

#### Student Poster Presentation Submissions

AAAA is now accepting abstract submissions for poster presentations at the 2015 annual meeting. Presentations that are selected will be showcased in the exhibit hall for the duration of the meeting. Presenters will deliver an overview of their work for the conference attendees and be available for a question and answer period. For directions on submitting your abstract and poster presentation guidelines, visit: [www.anesthetist.org/aaaa-annual-meeting-poster-presentation-guidelines](http://www.anesthetist.org/aaaa-annual-meeting-poster-presentation-guidelines).

#### BLS/ACLS certification

The AAAA is excited to announce it will once again be offering BLS/ACLS training at this year's AAAA meeting. All registration fees for this separate educational event will go to the AAAA's Legislative Fund to help with AA licensing and practice issues. The pre-registration fee is \$175.00 and the on-site fee is \$225.00. The goal of the course is to improve outcomes in complex cardiovascular, respiratory and other emergencies by expanding upon core ACLS guidelines and encouraging critical thinking and decision-making strategies. The course will utilize high-fidelity simulation in a relaxed educational atmosphere to enhance the learning experience.

To register, go to [www.anesthetist.org](http://www.anesthetist.org).

For more information, email [info@anesthetist.org](mailto:info@anesthetist.org) or call Devon Bacon at 678-222-4221.

Refund policy: Full refunds applied through April 6, 2015; no refunds after April 6, 2015.  
Refunds will be determined by date received at the AAAA headquarters.

# AAAA goes **HOLLYWOOD**

Orlando, Loganville



## Caitlin Burley, AA-C

Video Producer  
MedStar Washington Hospital Center  
Washington, DC  
caitlin.burley@gmail.com



## William Buntin, AA-C

Video Executive Producer  
AAAA Membership Chair  
Phoebe Putney Hospital - Albany, GA  
wpbuntin@bellsouth.net



Dr. Odom and AA-C Claire Wainwright create a faux induction onset.

The AAAA is a growing organization expanding its marketing and information distribution through a variety of media technology. The goal of Board was to produce a video to target specific markets that are important to our overall strategic plan -- namely state and national anesthesiologist societies and legislators. Through a competitive process, the video project committee awarded Tommy Wood and his team from Atlanta's Stimulus Media production of a 3-5 minute video.

The video content focuses on two primary messages:

- 1. Working relationship and benefits -- highlighting the ACT, the working relationship between AAs and Anesthesiologists and the benefits of licensing AAs.**
- 2. Who and what are AAs: highlighting AA education, practice, and qualifications.**



Dr. Odom and AA-C Eric Heil conduct a preoperative evaluation.

"Caitlyn Burley worked with the AAAA Board oversight to make sure the script and overall video production was accurate, current and representative of our entire membership to help obtain the strategic goals of the organization," Bill Buntin (Executive Producer) said. "She was the leader of this project. She was responsible for the preproduction work (script, actors, and location), the shoot itself, and the post production work of editing and perfecting the video." "We were very fortunate to have excellent volunteer actors to fill the roles.

The video will be available for use in advocacy efforts in state legislatures and anesthesiologist conferences and public policy meetings across the country after the premier at the April annual conference.





Dr. Hawkins consults with AA-C Eric Heil on a patient's needs.

"The video equips AAAA to quickly educate anesthesiologist societies and public officials about AAs via a contemporary media format."

"Pre-production planning began in 2013 at the AAAA Board level. The cast includes more than a dozen AAs and physicians."

"The video will premier at the April 10-14 AAAA Annual Conference in Orlando, FL."

"The video is a dynamic and efficient method for demonstrating AA training and AA contributions to the Anesthesia Care Team."



Leaders determined during the planning process that the video should be cast by actual AAs, student AAs and Anesthesiologists. We could not have succeeded in producing such a quality video without the following volunteer actors:

#### Primary

MD1: Dr. Rickard Hawkins  
MD2: Dr. Howard Odom  
AA1: Claire Wainwright, AA-C  
AA2: Eric Heil, AA-C

#### Students

Morning shoot (8:30 am to 2:00 pm)

Natalie Jenks (played nurse)  
Sarah Miller Ross (played secretary)  
Joanna Dela Cruz (played nurse)  
Penny Nguyen (played patient)  
Trent Clendennin (played dad)

Afternoon shoot (2:00 pm to 7:00 pm)

Laura Burch (played surgeon and patient)  
Grace Schmidt (played OR nurse and patient)  
Jared Smith (played scrub tech and patient)  
KoJo Bempong (played OR patient)  
Shawna Joynt (played nurse)



AA-C Claire Wainwright shoots the opening scene.

"Filming and post-production work was provided by Tommy Wood of Terebinth Tree Media in Atlanta."

"Filming was conducted on Saturday, January 31, 2015 at an undisclosed clinical location in Loganville, GA. "

## AA issues span nation



### Michael S. Nichols, AA-C, PMP

AAAA Board of Directors  
Chair, Legislative Committee  
Physician Specialists in Anesthesia, PC  
Emory St Joseph's Hospital, Atlanta, Georgia  
pledgeaac@yahoo.com

Editor's Note: The following report is current as of February 26.

We are in the midst of an unprecedented level of legislative activity within the organization. Each year reveals more and more interest from states in introducing AA licensure and practice authority to their citizens. As of the writing of this article, the following pieces of proposed statutory language have been introduced into their respective state legislatures:

Arkansas – House bill 1120 (HB1120) was introduced on January 21st under the sponsorship of Representative Stephen Magie (an ophthalmologist and only physician member of the Arkansas legislature). The bill was referred to the House Public Health, Welfare, and Labor Committee and heard on February 17th. Due to inclement weather in the area, several of the legislators were absent from the hearing, and those in attendance were split on the issue. Ultimately, the Committee Chair sided with the 'nea's' and the bill was not released from Committee.

Illinois – House bill 3205 (HB3205) was introduced on February 25th under the sponsorship of Representative Michael Zalewski. The bill has been referred to the Rules Committee as the initial step in the process.

Iowa – House study bill 103 (HSB 103) was submitted on February 3rd. It was immediately referred to the House Human Resources Committee and subsequently assigned to a subcommittee review chaired by Representative Rob Taylor. Due to the political landscape within the Iowa General Assembly this year, the Committee was asked not to introduce any licensure authority bills. As such, HSB 103 was not referred out of subcommittee and will not be considered by the Iowa General Assembly during this session.

Nevada – Senate Bill 181 was introduced on February 20th under the sponsorship of Senator Joseph Hardy, with the strategic co-sponsorship of several other senators and representatives. The bill has been referred to the Committee on Commerce, Labor & Energy and the first public hearing will be March 2nd. This bill culminates several years of close work with Nevada anesthesiologists, in particular Dean Polce, MD who has spearheaded much of the effort and deserves much gratitude for his steadfast dedication.

New Mexico – House Bill 54 to expand AA practice throughout the state was introduced on January 20th under the sponsorship of Representative Nora Espinoza. The bill was referred to, and ultimately passed out of both the House Health Committee and the House Business & Employment Committee – ultimately being heard and passed by the full House by a vote of 38-28 on February 4th. The bill has been referred now to the Senate and has been assigned to both the Senate Public Affairs and the Senate Judiciary Committees.

New York – Senate Bill 2912 was introduced, and subsequently referred to the Senate Higher Education Committee, under the sponsorship of Senator Kemp Hannon. A concurrent bill in the General Assembly (A0 5446) was introduced on February 23rd under the

sponsorship of Assemblyman Robin Schimminger. This bill has also been referred to the Assembly Higher Education Committee.



Oregon – House Bill 2295 was introduced on January 12th and subsequently referred to the House Health Care Committee. The bill was heard in committee on February 25th, but no action was taken at that time. The bill was supported by the OSA, the ASA, the AAAA, and many individual anesthesiologists and AAs. Opposition was from OSANA, the Oregon Nursing Association, and many members of the Oregon Health Sciences University Nurse Anesthetist Program.

South Carolina – House Bill 3451 to expand the current AA supervision ratio from 1:2 to the appropriate 1:4 was introduced on January 28th under the sponsorship of Representative Jackie Hayes. It is anticipated that a concurrent bill will be introduced by Senator Ray Cleary in the South Carolina Senate as well. The House bill has been referred to the House Medical, Military, Public, and Municipal Affairs Committee but no hearing date has yet been sent.

We have yet to reach the filing deadlines in many states, so there could be even more legislative activity! As always, if you have connections to, interest in, or willingness to get involved in a particular state legislative endeavor, please feel free to contact me directly at [pledgeaac@yahoo.com](mailto:pledgeaac@yahoo.com).



# Florida AAA works practice issues



**Nick Davies**  
FAAA President  
Sheridan Healthcare  
Tallahassee, FL

Over the last several months, Florida AA practice has been under heavy pressure from opponents who seek to restrict AA practice. In various areas around the state, some of which have many practicing AAs, facilities have been successfully lobbied to change their AA practice protocols, removing the ability to do things such as arterial lines, central lines, neuraxial and regional anesthesia. Many of these facilities are also redefining “supervision” to be extremely narrow, crippling the way groups are able to use their AAs around the hospital and in outlying locations.

The Florida state component academy, FAAA, along with support from the AAAA and FSA, is fighting these restrictions. We will petition the Florida Board of Medicine to issue a statement about what AAs are qualified and permitted to do as well as what supervision of AAs entails. We hope that a favorable ruling from the BOM will put significant pressure on the facilities to change their rogue interpretations of our statute and allow physicians to utilize AAs as desired.

These problems illustrate an unfortunate truth that many people around the country may not appreciate: licensure is not the panacea to AA practice that many people think it is. Sure, it is nice to gain practice in new states. But fights in states like Florida, which has had licensure for 10 years and has 200 practicing AAs, require ongoing attention. Practicing AAs in Florida cannot turn a blind eye and think that just because they have a job they are safe.

The FAAA needs support from every AA in our state. Please make sure you are a member of the FAAA as well as the AAAA and FSA. These organizations exist to protect your job from the relentless attacks that we will continue to see in the foreseeable future.

“These organizations exist to protect your job.”

# GAAA offers PM and AA utilization workshop



**Kris Tindol, AA-C**  
GAAA Secretary  
Staff Anesthetist  
Memorial University  
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GAAA Fellows and Students enjoyed another valuable aspect of membership at the GSA Winter Forum in Atlanta in January. The educational lectures were extremely worthwhile, the opportunity to network and visit with professional colleagues was abundant, and the occasion to stay apprised of the anesthesia landscape in Georgia was well-taken.

At the GSA General Business Meeting, State Senator Chuck Hufstetler, AA-C, was recognized. He was recently sworn into his second term of office and continues to be an invaluable asset to physician-led anesthesia concerns in our legislature. Additionally, Dr. Howard Odom, longtime AA supporter and Georgia’s ASA Delegate, applauded the fact that over 40 of the meeting attendees were AAs. He recognized our contribution to the meeting activities and lauded our presence and support. He also mentioned that GSA continues to field requests for information and guidance on the successful integration of AAs into state anesthesiologist societies like our own.

Of special interest to AA Education Members of the GSA was the vote to amend the GSA bylaws to include AAs on committees. The affirmative vote allows increased influence and involvement of AAs in GSA affairs. It signifies a large step in cementing our collaborative efforts, and we look forward to serving on committees and increasing our joint ventures.

GAAA was especially proud to provide our second Educational Workshop in conjunction with the meeting. The topic this year was Practice Management and Utilization of AAs for Optimal Operational Performance and Clinical Excellence. The two-hour long workshop featured three very knowledgeable figures in the anesthesia arena. Dr. Steven Sween, a tremendously respected colleague and GSA leader as well as current ASA Speaker of Delegates, graciously lent his expertise in the areas of AA utilization as well as offered his perspective on the future of the Anesthesia Care Team and our place in it.

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# Advocacy finds progress in NM



## Chelsea Krombach AA-C

NMAAA Public Relations Chair  
cmkrombach@gmail.com

The New Mexico Academy of Anesthesiologist Assistants is advocating for House Bill 54 to expand AA practice beyond the current restriction to hospitals at a university with a medical school. Although holding a New Mexico state license, AAs are currently restricted to only practice at the University of New Mexico and its affiliated facilities at a 3:1 supervision ratio.

Because the legislative session is only 60 days (January 19th to March 21, 2015) every other year, it's imperative to seek every opportunity to publicize our profession and lobby our bill. HB 54 represents the fourth legislative effort over eight years to simply strike the 2001 language which limits AAs to only practice at UNM.

This year, NMAAA has been working harder and more diligently than ever before, and it shows. The bill has made it further this year than any prior attempts. The bill passed 8-2 in the Health Committee, 11-2 in Business and Employment Committee, and, most recently, on the House floor in a 38-28 vote.

"NMAAA has been working harder and more diligently than ever before, and it shows."

NMAAA expects House Bill 54 to be heard in the Senate Public Affairs Committee in the next few days. We expect the Public Affairs Committee to be our most formidable challenge. Over the last two weeks we have increased our lobbying efforts, and consequently, the opposition is stronger than ever.



Richard Eeds and Chelsea Krombach, AA-C, discuss the NM AA bill on 101.5 FM, The Voice of Santa Fe.

In an effort to increase awareness of our bill, I contacted a political radio station in Santa Fe. On February 26th, I was able to discuss our bill and the AA profession on the Richard Eeds radio show on 101.5 FM, The Voice of Santa Fe. The interview is available online to stream or download as a podcast (see below).

[http://www.santafe.com/the-voice/podcast/the-richard-eeds-show-pt-1.-february-26-2015#.VPBwgHzF\\_7A](http://www.santafe.com/the-voice/podcast/the-richard-eeds-show-pt-1.-february-26-2015#.VPBwgHzF_7A)

The NMAAA would like to thank the AAAAA for Legislative Fund support of AA efforts and the many AA fellows, students and educational programs who have written letters to NM legislators in support of HB 54.

Link to the interview/podcast, start at minute 54:

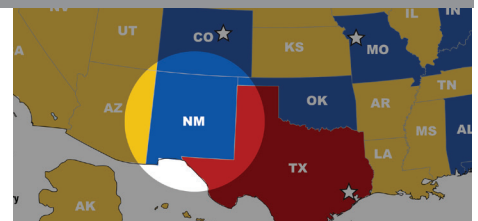
## NMAAA latest AAAA component

The New Mexico Academy has voted to become the 10th state component academy of the AAAAA.

"We welcome NM as a component," AAAAA President Megan Varellas said. "NM AA practitioners now have the entire AAAAA membership behind their efforts to expand AA practice in the state."

"During this time of great interest in the AA profession and multiple legislative efforts every year, all AAs must work together on our common goals. Having our state academies partner with AAAAA dramatically strengthens our advocacy efforts."

"A state academy that joins as a component makes a clear statement of support for AAAAA and the work we do. Likewise, AAAAA can unambiguously support the needs of that state academy," Varellas said.



NMAAA joins the following state component academies: Colorado, District of Columbia, Florida, Kentucky, Maryland, Missouri, Ohio, Texas & Wisconsin.

The component process is uncomplicated: AAAAA members from a state must vote by majority to become a component academy and then provide a copy of their charter to AAAAA. A fee of 100\$/year for ten years or a one-time payment of 1000\$ is the only expense. Among other benefits, component academy state leaders are included in AAAAA leadership meetings, have direct access to AAAAA officers, and can choose to process their dues with AAAAA membership renewals.



## Advocacy in Iowa



Des Moines, IA – January 29, 2015; AAAA Secretary Ty Townsend invests shoe leather and time away from his practice to discuss pending AA licensure legislation with more than a dozen Iowa lawmakers in a single day. Working with Mr. Kevin Kruse, Executive Director of the Iowa Society of Anesthesiologist (far right), Townsend provided the baseline information necessary to begin legislative deliberations on AA licensure. AAAA leaders and committee chairs often invest their personal time in other cities and states to help pave new career pathways for AAs. State Rep. Linda Miller sponsored the legislation.

## WORKSHOP

Continued from page 13

The Anesthesia Care Team concept is growing. Currently, approximately 70% of anesthetics in the U.S. are done under the care team model. He sees this trend as continuing. Dr. Sween reiterated ASA's continued support of AA practice. He believes that our growth must continue; new states and new programs must be opened to meet demand.

We were also pleased to have Mr. John Friedel, Senior Vice President of Anesthesia Services for Apollo MD, speak at our workshop. Mr. Friedel offered his perspective on the business side of anesthesia delivery. He spoke about the growing trend of national companies such as Apollo acquiring and managing anesthesia groups across the country. His frank and honest assessment of the job market and future possibilities as the economics of medicine changes was interesting and informative.

Finally, we were fortunate to have our own GAAA Board of Director Mr. Brad Maxwell, AA-C, speak to us as well. Attendees appreciated his wealth of experience and insight on the history of the profession, the current challenges that we face, and the future. We are indeed lucky to have Brad as an integral AA leader in Georgia. His willingness to share his time and talent to further the endeavors of the AA profession are a testament to the kind of activities we should all be engaging in for the betterment and advancement of our practice opportunities.

## Hafa adai! Guam joins licensure train

By Megan Varellas

One usually hears Guam referenced similar to "Timbuktu", indicating a place inaccessible and very far away. When I received the notice confirming AA licensure in Guam earlier this year, my interest in travel overlapped with my responsibilities to the academy. I needed to learn about Guam quickly and not just the statute that allows AAs to work there. Every time a new work state or practice opens to AAs, the wanderer in me imagines myself working in that place. Guam takes this tendency to a new level, and I knew I couldn't be the only one wondering about this pacific island. What I learned is that Guam is actually the largest (30 miles long) and most southern of the Mariana Islands archipelago in the North Pacific Ocean, about ¾ of the way from Hawaii to the Philippines, very far away indeed. As you might expect, it has a tropical marine climate, volcanic terrain and coral reefs. Out of the 15 US Territories, Guam is one of five that is inhabited and enjoys a 99% literacy rate.

The island has a diverse population of about 161,000 residents and a vibrant local culture of indigenous Chamorro traditions. The languages spoken on Guam are English, Japanese and Chamoru. The island has a US Naval hospital along with a 158-bed public hospital and new private hospital scheduled to open this year. It's exciting to imagine a certified AA learning the requisite anesthesia phrases in Chamoru and living on a Pacific Island. I can't help wondering who that lucky AA will be and I look forward to one day reading about their experience in this very newsletter.



## Definition

Hafa Adai  
(pronounced HALF A DAY)

Hafa Adai is "Hello" in Chamorro, the native language of Guam and the islands of the Northern Marianas. It's basically used the same way as the word "Aloha" in the Hawaiian Islands.

- From Urban Dictionary



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