



## **AAs, APAs, Anesthesiology Assistants - Just What Are We?**

By Ellen Allinger, AA-C

Over the past few years, as I have traveled to different states and talked to various people, I have heard a variety of nomenclatures used in referring to our profession. I was reminded of this variation when in Miami for the recent AAAA meeting, and one of the lectures kept referring to us as "PAs". This made me grind my teeth. As editor of this newsletter, I have the freedom to harp on my pet peeves. This is a big one with me, so I would like to take this opportunity to explore the variation on the term "Anesthesiologist Assistant".

It has caused quite a bit of confusion even within the medical community that AAs have varying nomenclatures. Part of this variety comes from state medical boards. In Georgia, AAs are licensed as one of three types of PAs. Georgia's Physician's Assistant Act lists three general categories of physician's assistants: primary care, critical care, and anesthesiology assistants (Rules of Composite State Board of Medical Examiners, Chapter 360-5). Note that the GA medical board uses the term "anesthesiology assistants". So, in Georgia, AAs work under a physician assistant's license. In Alabama, the Medical Practice Act lists "assistant to physician". There are two providers that fall into this category - physician assistants and "anesthesiology assistants". AAs do practice under their own license in AL, but we are lumped into this assistant's category with PAs. No wonder that anesthesiologists and even AAs refer to our profession as physician assistants. But believe me, we are not physician assistants. Try to apply for a PA license in other states. A usual requirement for a PA license is passage of the NCCPA examination. We cannot take the NCCPA examination because we have not graduated from an approved PA program. Substitution of the NCCAA examination is not allowed because the PA laws are very specific and name the NCCPA as the only examination accepted. Designed to keep foreign medical graduates from becoming PAs in the U.S. without attending a PA school, it also prevents AAs from holding PA licenses in these states. Also, the American Association of Physician Assistants (AAPA) does not recognize AAs as a type of PA. Read their article on their website entitled

"Physician Assistants and Anesthesiologists Assistants: The Distinctions". The article ends by stating, "Despite the parallels between the two professions, anesthesiologists assistants are not physician assistants." This is interesting, because the term Anesthesiology Physician Assistants (APA) arose in 1970 after the Board on Medicine of the National Academy of Sciences defined three types of physician assistants: Types A, B, and C. Type B PAs were defined as, "... while not equipped with general

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Opinions expressed in this newsletter are those of the individual authors and do not necessarily represent AAAA policy.

# The President's Message

By Rob Wagner, AA-C

What seems to be all the uproar lately about AAs? Well, just about everything. Everything good, that is. Lately, it seems that articles containing information about AAs are being written in local newspapers, websites, and in other anesthesia care providers newsletters. The time for AA recognition has arrived.

It is time for AAs and our profession to be recognized. AAs are dedicated to delivering the highest quality and safest anesthetics to patients through the anesthesia care team approach.

Your anesthesiologist(s) may know that you are an AA, but does everyone else in the O.R., ICU, and hospital know? Do the surgeons, nurses, and hospital administrators know? It is our responsibility to educate these and all hospital personnel about our profession. Introduce yourself to all health care professionals as an Anesthesiologist Assistant. We must begin to develop rapports with other professions.

The need for legislative support is growing, and we are going to have to call upon anesthesiologists, surgeons, nurses, and hospital administrators for support. The recent legislative efforts in Florida are prime examples of the support from these groups. It was impressive to see how many different health care providers wrote letters, emailed, and made telephone calls on behalf of the AA profession. Now is the time for us to take all the credit for the quality care that we give to our patients.

In the years ahead, other states will be seeking licensing for AAs. It is essential to be able to call upon these professions to testify our behalf, to write emails and letters, and make phone calls to legislators.

The quality patient care that AAs deliver cannot be surpassed by any other non-physician anesthesia care provider. Our education, pre-medical backgrounds, and extensive clinical training, makes us the role model for the other non-physician anesthesia care providers and their educational programs.

# Health Professions Network

Theresa Green, AA-C, MBA

Kansas City, Missouri was the site of the Spring Meeting of the Health Professions Network (HPN) held April 24 – 27. This meeting, as all HPN meetings, was at once fun and educational, while also providing a wonderful forum for networking and idea sharing between allied health providers, educators and accreditors.

Friday morning speakers focused on health worker shortages nationwide as well as research being collected to quantify this problem. Jean Moore and Michael Dill, both from the Center for Health Workforce Studies at University of Albany, discussed their projects: The 10<sup>th</sup> Report and the Allied Health Workforce Report. This research is federally funded and will summarize collected data and workforce trends for about 20 allied health professions. Mr. Dill is open to including any profession, if adequate data is provided to him. It would be wonderful to collect workforce data for AAs to submit to this project. If anyone is interested in working on this, please contact me.

On Saturday, a leader from the AARP, Norma Collins, spoke about health care issues facing seniors, including prescription drug costs and long term care reform. Fred Donini-Lenhoff discussed initiatives of the AMA to support allied health. Additional speakers included Gail Neilson reporting on developing a culture for reporting safety concerns in health care, and Susan Chapman, who updated HPN on current projects in allied health at the Center for the Health Professions.

There are two important resources available to all of you for keeping up to date on allied health initiatives nationwide. The AMA and the Center for Health Professions both produce an e-newsletter that can be accessed on the web, or you can subscribe to receive the e-news monthly. For the AMA, web address is [www.ama-assn.org](http://www.ama-assn.org) and to subscribe [www.ama-assn.org/go/hpe-letter](http://www.ama-assn.org/go/hpe-letter). For the Center for Health Professions, web address is [www.futurehealth.ucsf.edu](http://www.futurehealth.ucsf.edu), and to subscribe [chpnews@itsa.ucsf.edu](mailto:chpnews@itsa.ucsf.edu)

The HPN Advocacy Team introduced an exciting upcoming allied health initiative called the Allied Health Reinvestment Act. This proposed federal legislation would mandate funds to support the growth of allied health professions, and recruitment and retention programs for allied health education programs. For more information visit [www.asahp.org](http://www.asahp.org).

And don't forget to frequently visit the always-changing HPN website at [www.healthpronet.org](http://www.healthpronet.org). Currently you can view the allied health profession of the month, download a copy of our K-12 initiative brochure and poster, read reports from all the HPN teams, and much, much more! Happy reading!

For additional information on any of these issues, contact Theresa Green by email at [tmgreen123@aol.com](mailto:tmgreen123@aol.com)

## ... "Just What Are We" from cover

knowledge and skills relative to the whole range of medical care, possesses exceptional skill in one clinical specialty or, more commonly in certain procedures within such a specialty." ("New Members of the physician's Health Team: The Physician Assistant") However, since the AAPA does not recognize AAs as Type B PAs, nor do all but two state medical boards allow us to practice under PA licenses, I would proffer that AAs are not embraced by the medical community as PAs.

As new states offer medical licensure and registration to AAs, it is significant that these laws and guidelines are set up as a separate category of medical provider under individual state's medical practice acts. New Mexico, South Carolina, Kentucky, Texas, the District of Columbia, and Ohio all list our profession as some derivation of "anesthesiologist assistant". Again, the name undergoes many derivations, from "anesthesiology assistant" in KY to "anesthesiologist's assistant" in SC. This variation occurs when legislators write the bills or state medical boards write guidelines and place the term that they think is most appropriate. Sometimes this occurs even when the AAAA's model regulations have been used which clear states our profession as "anesthesiologist assistants". We are not possessed by the anesthesiologists, nor are we assistants to the study of anesthesia. We should be very proud of who we are and what we do, and we need to collectively use the term "anesthesiologist assistant" when talking about our profession or our jobs. And don't be afraid to correct those that use the incorrect term. They probably don't realize that there is a difference. You can be the one to educate them. After all, we are members of the American Academy of Anesthesiologist Assistants. We are our own profession.

# Legislative Update

By Pete Kaluszyk, AA-C

The first quarter of this year has been absolutely the busiest in our legislative history. Interest in our profession has certainly grown over recent years as a result of the AAAA's efforts to educate anesthesiologists about AAs and growing acceptance of AAs as a more than acceptable alternative to deal with the increasing workforce needs in anesthesiology. The Legislative Committee also learned that the legislative process can simultaneously be very unpredictable, frustrating, and rewarding. The process usually results in emotional peaks and valleys that can change from day to day, hour to hour.

The first legislative effort that should be mentioned is one that does not deal with new legislation. Rather, it is a modification of existing legislation. New Mexico's Senate Bill 73 was introduced as part of the "sunsetting" legislative process that requires the state's AA Practice Act to be periodically reviewed. This process offers opportunities to modify existing laws involving the State legislature. SB 73 was a step in progressing with our professional evolution in New Mexico. The three key points of the Bill addressed the following: the anesthesiologist supervisory ratio for AAs be expanded from the existing 1:2 to 1:3; AAs be permitted to perform physical examinations on their patients and report these findings to their supervising anesthesiologists; and that any licensed anesthesiologist who is an employee of the University of New Mexico Medical Center who has graduated from a NM Medical board approved medical school can supervise an AA. Under the existing law the anesthesiologist had to be a board-certified anesthesiologist in order to supervise AAs.

The Bill was finally passed and the Governor of New Mexico signed it into law on April 8, 2003. However, the path to success was somewhat tortuous. We were fortunate to have State Senator Steve Komadina as a legislative sponsor. After the Bill was introduced, the political effort on behalf of the Bill stalled and was legislatively stalled. The AAAA was notified by our members in NM as to the political situation, and Sen. Komadina's concerns about the bill becoming moribund and dying in the legislative process. The AAAA felt that we had to keep the process going no matter what and suggested that we testify at the committee hearings and try and kick-start the process. Ellen Allinger traveled to New Mexico to assist NM AAs and Senator Komadina, and to try and rally support for this Bill. Dr. John Wills, Interim Chairman of the U of NM Department of Anesthesiology, attended committee hearings and was helpful in countering NM Association of Nurse Anesthetists' testimony. I would like to thank Stan Agbolus, Greg Parkhurst, Jake Menke, Ellen Allinger, Dr. Wills, and Senator Komadina for making this happen.

While the New Mexico effort was being addressed, the Missouri Society of Anesthesiologists (MSA) introduced SB300/HB390 for the licensure of AAs. The MSA had prepared this legislation well politically and it paid off. HB 390 passed the Missouri House of Representatives by a vote of 145-6. The next step was the Senate where two Missouri State Senators voiced immediate opposition. Additionally, organized nursing in Missouri persuaded the AFL-CIO organization to oppose this Bill. The basis of opposition was that permitting AAs to practice

in Missouri would endanger nursing jobs! This was a fascinating basis for arguing the defeat of the Bill, however, virtually no nurse anesthetists in Missouri are union members, and the State is suffering from a nursing shortage in all specialties.

To make sure that the members of the Senate understood what our profession was all about, the MSA set up an AA Day in Jefferson City allowing Senators to meet with AAs. The AAAA working with the MSA arranged for Gary Jones and Mike Nichols from the AAAA Legislative Committee to meet key Senators. Additionally, Bill Paulsen was invited to discuss the educational overview for AA training. Lesa Seales, who lives in the region and has had legislative experience, also participated in the effort. The Missouri Senate voted 29-2 for passage with two minor amendments on April 30. Because of the Senate amendments the Bill had to go back to the House for a vote of concurrence. In other words, the House had to agree to the amendments. That afternoon the House voted for the amendments by a vote of 131-6. The Bill goes now to the Missouri Governor for signature. Dr. Jim Gibbons, President of the MSA and his leadership team have done a wonderful job in shepherding this bill through the legislative process.

Two Bills were introduced in Vermont, SB144 and HB375, for the state certification of AAs. Certification in this context is similar to being licensed or being registered. This process has been ongoing since 2002 with Dr. Howard Schapiro's continual involvement in the process. Dr. Schapiro's hospital in Burlington, VT has employed AAs for over a decade. Earlier this year, a group of Vermont State legislators called the Southern Caucus based in Bennington, VT, became involved as sponsors. Dr. Michael Tarazi, also from Bennington, has been very involved in this endeavor. The Vermont Association of Nurse Anesthetists (VANA), through their attorney/lobbyist, has publicly stated that they are not opposed to the Bill. Although not opposed to the Bills, VANA didn't hesitate in offering amendments to the Bills that would make AAs virtually useless because of clinical restrictions. VANA's suggestions were successfully deflected in committee hearings in the Senate where the Bill passed. At press time it is in the House in committee hearings.

The AAAA was notified that the U.S. Department of Defense had proposed rules for anesthesiologist assistants being allowed to participate in the armed forces under the TRICARE program. Formerly known as CHAMPUS, TRICARE is the health care program for all members of the armed services, active and retired, and their families. The proposed rules have a period for public commentary. The AAAA has formed a committee to make sure that communications are developed between the AAAA and TRICARE officials. Additionally, we have made contact with the ASA. AAAA members will be sent sample letters and the website will contain additional information to send in letters. These letters will be vital because you can be assured that our opponents will be very much involved in defeating these rules or crippling them so as not to make AAs marketable to the armed forces. The deadline for comments is June 2, 2003. If these rules are adopted, this will be an extremely important step in our professional development.

The situation in Florida has been extremely fluid. Information on the AA licensure legislative battle is contained in a separate article in this newsletter.



## Professional News



### Changes in Ohio

By Greg Menendez, AA-C

A thirty-year history of AAs performing regional techniques and central line

placements in Ohio will soon come to an end. On April 10<sup>th</sup>, the final phase of the rule making process was completed when the Joint Committee on Agency Rules Review voted in favor of the Ohio medical board's proposed rules of AA practice.

The most controversial issue was the definition of assist vs. perform as applied to regional and central line techniques. Ultimately, the leadership of the Ohio Society of Anesthesiologists convinced the board members that assist does not mean perform and the public would be best served by allowing only physicians to perform these procedures. The final version of the rules will be effective by the end of May 2003. These rules will allow AAs to place radial, brachial, and dorsalis pedis arterial lines but prohibit central line, epidural, and spinal placement.

The last three years have drained the OAAA both emotionally and financially. We did not reach this endpoint due to a lack of effort, inconclusive arguments, or patient safety issues. Furthermore, we have maintained our integrity and portrayed our profession as a model for all other allied health care professionals.

Finally, I want extend a sincere thank you to Dr. Cally Hoyt, Dr. Joel Zivot, Joe Rifici, Deb Lawson, and the rest of the OAAA officers and board members. The personal sacrifices made by these people were above and beyond the call of duty. Unfortunately, our time, effort, and commitment will continue to grow in the future as we gear up to find a resolution to this matter.

### Florida Legislation

By Rob Wagner, AA-C

I want to thank the FSA and AAAA membership for all their letters, emails, and phone calls to the Florida legislators. I especially want to thank all the FSA and AAAA members that were able to take time off to go to Tallahassee and speak with the legislators. We ALL made a difference.

The other non-physician anesthesia providers may have won this round, but they have not won the legislative fight. In the end, we will be the successors. The FSA and AAAA will remain committed to the licensing of AAs as long as it may take.

The "regular" session of the Florida legislation ended Friday, May 2, 2003, with a non-favorable outcome. Let me recap the events that led to this outcome.

There were two AA bills introduced. Both bills were exactly the same; one was introduced in the House of Representatives (HB1381) and one was in the Senate (SB2332). This is common practice when introducing bills. In order for the licensing of AAs to occur in Florida, both bills had to pass in each "body" of the legislation.

Senate Bill 2332 made it through the toughest of the Senate committees, the Senate Health Care Committee 10 to 1 in favor of the bill. SB2332 was then inappropriately put into the Finance and Taxation Committee by the Chairman of this committee, Senator "Skip" Campbell. This was a tactic used to "hold" the bill up in this committee so that it would not be able to be voted on by the entire Senate.

House Bill 1381 made it favorably through every committee to which it was assigned. The entire House of Representatives then heard HB1381. Knowing that we had the votes in the House of Representatives, the CRNAs' lobbyists added two amendments in order to hold the bill up in the House. The House would not hear bills the last two days of session that had "controversial" amendments added to the bill. This was due to the enormous amount of bills the House had to hear yet so little time in which to hear them. Knowing that the Senate bill 2332 would not be heard by the Senate, and the lack of time left in the legislative session, HB1381 was not voted on in the House of Representatives.

Even though legislation did not go our way this year in Florida, I want to commend the entire AAAA membership and AAAA legislative committee on their legislative success in New Mexico. Please go to the AAAA website for the pending legislative success in Missouri and Vermont.

# 2003 Annual A

By Michael Nichols, AA-C

I feel that there is only one word to describe 26<sup>th</sup> Annual AAAA Conference in Miami: WOW! The Miami meeting was the best attended in recent history, and a success in all aspects. The weather was wonderful, the academic lectures were extremely educational, and the fun was rampant.

Many of the speakers made a point to complement the attendees on their attentiveness and the high caliber of interactive discussions that ensued. Most of the presenters also expressed a desire to return and speak again at a future AAAA conference.

Thank you, AAAA members, for making this past annual conference as successful and fun as it was. Let's use the momentum from this meeting to have an even better one next year in San Diego.

*“As a whole, I enjoyed the variety of speakers that participated in our conference. A few of them failed to hold my interest, but the topics discussed were good selections. Much improved over previous meetings I attended - very professional in format and punctuality of speakers.”*



Members enjoy a relaxed lunch

*Dr. Wesley Fraiser was given the Distinguished Service by a Physician Award*



2003 Conference Committee



*Dr. Kent Rogers gave an excellent presentation*



# AAAA Conference



Students practice at the Difficult Airways Workshop

*“The speakers that gave pearls/clinically useful info were great, but the speakers that lectured on medical (non-anesthesia) topics also expanded my knowledge base/clinical understanding.”*



Rob Wagner gave the State of the AAAA Address at lunch



The 2002-2003 Board of Directors



The 2002-2003 Executive Committee



Dr. David Lubasky presented on Tuesday



Sandra Mann gave a student presentation

*“Best seminar yet!  
...looking forward to next year.”*



AAAA Staff enjoys some time



# LEGISLATIVE FUND UPDATE

By Michael Nichols, AA-C

At the time of printing for this newsletter, the Legislative Fund has \$18,575.00 in the bank. We are almost 75% of the way to our goal of \$25,000 with half of the year left! This money is what makes legislative success within the AAAA.

As of yet, no funds have been distributed, although the Board of Directors is considering several sources.

## Thank you to all of those contributors listed below.

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## The Student's Page

### CWRU Student Happenings

By Lauren Hojdila, AA-S

This has been a very busy semester at CWRU for both the first and second year students. This past semester, our first year students have been busy in their clinicals three days a week and class the other two. The new second years will soon be starting their rotations in the middle of May and they will have a few new rotation sites: neuroanesthesia at Gunderson Lutheran Hospital-LaCrosse, Wisconsin; trauma anesthesia at the Atlanta Medical Center; and ambulatory anesthesia at Mercy Hospital-Springfield, Ohio.

This past April, fifteen of our students were able to attend the AAAA Annual Meeting in Miami and we all had a great time—we are looking forward to San Diego next April!!

On May 2, we held our Annual Honors Dinner at the Great Lakes Brewery Tasting Room, which was attended by our program directors, staff, clinical instructors, and of course our first and second year students. We were treated to an evening of fine food, drink and laughter. Dr. Joel Zivot and Joe Rifici unexpectedly roasted each of the graduates. We were surprised that our instructors knew so much about us, both good and bad! Each graduate received an engraved watch as a token of remembrance from our program. Awards were presented to the Outstanding Clinical Instructor – Pete Kaluszyk, AA-C (MetroHealth Medical Center); Excellent Clinical Instructor – George Yung, AA-C (University Hospitals of Cleveland); Outstanding Attending – Dr. Don Voltz (University Hospitals of Cleveland); Outstanding Resident – posthumously to Dr. Dale Williams (University Hospitals of Cleveland).

Graduation Day is Sunday, May 18<sup>th</sup> for our ten second year students. After graduation we soon begin work all over the country in such places as Wisconsin, New Mexico, Texas, and Ohio. Much appreciation to all of those who have molded us into future AA-Cs!!

### The Student Committee Update

By Lauren Hojdila, AA-S

The Emory and CSRU students are currently in the process of organizing the new and improved student committee within the AAAA. The student committee will lay the groundwork for the future of the students and the future of the AAAA by trying our hardest to increase the involvement of the students in the organization as well as the involvement of the new graduates in the AAAA. We have constructed the student committee to be comprised of two student representatives from each program and each class, while serving this position through the entire length of their program. The committee chair will be selected from the second year reps to have a seat as a non-voting member of the Board of Directors and will serve a term from AAAA meeting to AAAA meeting. This position will require much hard work to help all of the programs unify and represent the student issues. One second year representative has just graduated from each school will serve an additional year as the alumni representative. The two reps will assist the membership committee in recruiting their classmates to become fellow members of the AAAA as well as serve as advisors to the student committee to ensure the smooth transition between members. A few of the important issues that the student committee is faced with are the involvement and attendance of all of the students at the AAAA annual meeting, legislative issues, newsletter articles and, most importantly, vocalizing the student concerns and issues to the AAAA members and Board of Directors. The student committee is very excited about the increased involvement in the AAAA and the ability to help promote the profession.

### Emory Student Update

By Amie Cotter, AA-S

It's almost that time again at Emory, the merging of the beginning and ending classes of future AAs. Another class begins in June, First year students enter the "transitional summer", second year students approach the infamous board exam, and then thoughts of graduation emerge in those minds. Even with all these events, the talk amongst the soon-to-be graduates seems to center around the future destinations of their new career. Any outsider listening in on these conversations can generate two recurring themes among the students; one of certainty from the students not relocating and one of indecisiveness from those contemplating a change of scenery. The job market continues to move in a positive direction for AAs as does the hopes of expanding into many more states in years to come. As for now, it seems apparent that students are going to chose future employment sites based on experiences gained during their second year rotations. Therefore, the need to expand the list of rotation sites seems like a worthwhile cause for the students and employers to pursue. Unfortunately, the contracts for rotation sites can often get tied up on the paper trail so it is important to start the ball rolling on establishing the site early during a student's first year. However, thinking that far ahead to second year rotations is not on a student's mind when struggling to keep his or her head above water that first summer. This is where a little aid from those already venturing to new areas as an AA or even a new hospital in a popular city could greatly help to expand the opportunities of the students, our profession, and awareness among other health professionals. It would be very advantageous and helpful if an AA that practices in an area not already saturated with AAs could pursue the idea for their facility to be a host for a student rotation. This bit of initiative and making the contact with the two educational programs would certainly help get the ball rolling on establishing the necessary contracts needed for rotations. Not surprisingly, the interest of the students to rotate to different places as a second year would most definitely follow.

Many students are not even aware of current places where AAs practice and gaining qualified professionals in these areas seems worthwhile and critical as other states consider opening to our profession. So, as future destinations are chosen this time every year, I hope that graduates and incoming students can continue to work together to expand our profession and open doors of opportunity. Those choosing less AA populated areas are urged to continue to maintain rotations or aid in establishing ones. First year students are reminded to be persistent and take the initiative to inquire into areas of interest early. You never know whose future employment you can influence. As to my graduating class, best of luck in all your future destinations!

## JobLine Listing

JobLine is a free service provided to potential employers of AAAA members. For more complete information, members can visit JobLine on the AAAA web site at [www.anesthetist.org](http://www.anesthetist.org). Access to JobLine is available to current members only.

Anyone wishing to post a job opportunity should contact Kris Tindol at [kwindol@comcast.net](mailto:kwindol@comcast.net) or Meredith Gerold at [mere0699@yahoo.com](mailto:mere0699@yahoo.com).

### Alabama

The Surgery Center; Huntsville  
contact: Mike Fleming 256-656-9915

### Georgia

Pediatric Anesthesia Specialists, PC; Children's Healthcare of Atlanta @ Scottish Rite

contact: Prissy Sharp 404-250-2008  
fax 404-250-2639

Gainesville

contact: Michelle Taylor 770-534-1312

The Medical Center of Central Georgia; Macon

contact: Teresa Walston 478-633-7191

St. Joseph's Hospital; Atlanta

contact: Dr. John Stephenson 404-851-5638

### Maine (Bangor)/ Missouri

If interested in working in either of these places, contact Pete Kaluszyk at [Pkalus@aol.com](mailto:Pkalus@aol.com)

### Texas

Valley Anesthesia Consultants, PA; Rio Grande Valley fax 956-664-9973 of [vanesthesia@aol.com](mailto:vanesthesia@aol.com)

### Washington, DC

Walter Reed Army Medical Center

contact: [careers@hjf.org](mailto:careers@hjf.org)

Washington Hospital Center

contact: Andre Clay 202-877-0003 or [Andre.Clay@Medstar.net](mailto:Andre.Clay@Medstar.net)

## Opportunities

### Saint Joseph's Hospital of Atlanta

Established, quality anesthesia group seeks newly graduated or experienced AAs. Friendly family atmosphere among team members. Wide spectrum of available experiences from healthy outpatient to complex open heart & vascular. No OB, pediatrics, or trauma. Minimal overnight call. Compensation package competitive with any in Atlanta. Education expense allowance & great pension plan! Generous signing bonus negotiable. See our web site for more information, [www.psa-online.net](http://www.psa-online.net). Come see this great opportunity!

Reply to:  
ATTN: John H. Stephenson, M.D.  
Physician Specialists in Anesthesia, P.C.  
5671 Peachtree Dunwoody Road  
Suite 530  
Atlanta, GA 30342  
404-851-5638  
[recruiting@psa-online.net](mailto:recruiting@psa-online.net)

### Atlanta, Georgia

*Pediatric Anesthesia Specialists, P.C.*

We are adding several anesthetists to our team to help manage our expanded clinical role. Competitive employment package with full benefits including generous pension and profit sharing and 401K, paid time off, CME expense account, health insurance, disability, professional liability, workers' compensation, and cafeteria plan.

FT, PT and PRN positions available.

Email CV to [prissy.sharp@choa.org](mailto:prissy.sharp@choa.org)  
telephone: (404) 250-2008 fax: (404) 250-2639

*Children's Healthcare of Atlanta at Scottish Rite  
Department of Anesthesiology  
1001 Johnson Ferry Road NE, Atlanta, Georgia 30342*

### Anesthesiology Assistant

We are seeking Anesthesiology Assistant to provide patient care in a hospital setting under the direction of a licensed physician. Primary responsibility to coordinate the activities related to the performance of all research projects under the auspices of the Army Regional Anesthesia Initiative through the Walter Reed Army Medical Center Department of Surgery and the Clinical Breast Care Project, its satellites and affiliates. Protocol management, patient scheduling, and area management responsibilities.

**Minimum Education/Training Requirements:** Associates degree in health care science.

**Minimum Experience:** 2 to 4 years experience as an Anesthesiology Assistant; Licensed Anesthesiology Assistant.

The Henry M. Jackson Foundation provides flexible and generous benefit choices as well as a highly competitive salary structure. AA/EEO.

Please send your CV/Resume to [careers@hjf.org](mailto:careers@hjf.org),  
Attn: 1269HS/MNB/.

# Set Your Sights on San Diego!

By Sarah Russell, AA-C

Thank you and congratulations to Mike Nichols and all those that assisted in the planning of the 2003 AAAA meeting in Miami several weeks ago. The meeting was a huge success with an outstanding member turnout, informational speakers, and interesting topics. A wonderful time was had by all! Let's keep that momentum rolling into next year as we head to San Diego's beautiful Catamaran Resort Hotel on Mission Bay ([www.catamaranresort.com](http://www.catamaranresort.com)).

The 2004 AAAA meeting will be held from April 22<sup>nd</sup>-28<sup>th</sup> and promises an interesting meeting agenda with speakers from across the country. Highlight topics range from neuroanesthesia to bariatric surgery and "battlefield" anesthesia. We again hope that holding the bulk of the meeting over the weekend will attract more members interested in a weekend stay, while our presence in California will charge the legislative efforts to bring AAs to California. The California Society of Anesthesiologists has been extremely supportive of AAs thus far, and further publicity with an outstanding meeting will only increase support and awareness of our profession in the California medical community.

The Catamaran Resort Hotel boasts a beautiful ocean view with a wide range of water sports and lovely beaches. Downtown San Diego is minutes away with access to the famous San Diego Zoo, two premier golf courses, and plenty of shopping. Mark your calendars!

**Now Interviewing for  
Three Anesthetist Positions  
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Email: [michellet1@aol.com](mailto:michellet1@aol.com)**

Rio Grande Valley, Texas  
*Valley Anesthesia Consultants, P.A.,  
is currently recruiting 3 AAs to join our  
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- 100% ambulatory surgery
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- zero night or weekend calls
- excellent salary & benefits

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P.O. Box 720550 McAllen, TX 78504  
or fax 956/664-9773  
or [vanesthesia@aol.com](mailto:vanesthesia@aol.com)

## Anesthesiologist Assistant

When you work in one of the world's most dynamic cities, Washington, DC, the only place to enhance your Anesthesia career is Washington Hospital Center. We provide anesthesia services in 36 OR suites and procedure rooms. Annually we perform 24,000 surgical procedures – 8,000 outpatient, 3,600 deliveries, 2,300 open-heart surgeries and 15 transplants.

We are known for our excellence, compassion and leadership. Here you will find supportive management teams, strong collaborative medical teams, Level I Trauma patients, cutting edge therapies and flexible scheduling options such as:

<p><b>Full Time</b></p> <ul style="list-style-type: none"> <li>• Five 8-hour shifts/week (40 hours)</li> <li>• Four 10-hour shifts/week (40 hours)</li> <li>• Three 12-hour shifts/week (36 hours)</li> <li>• Two 16-hour shifts/week (32 hours)</li> </ul>	<p><b>Part Time Eligible (Benefits)</b></p> <ul style="list-style-type: none"> <li>• 20 – 35.9 hours/week</li> <li>• 16 hours/weekend</li> </ul> <p><b>Part Time In-eligible (Benefits)</b></p> <ul style="list-style-type: none"> <li>• Less than 20 hours/week</li> </ul>
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**Pool (No Benefits)**

- Two 8-hour shifts every four weeks (min. requirement)

To secure the career of a lifetime, apply on-line at [www.whcjobs.com](http://www.whcjobs.com) or e-mail: [Andre.Clay@medstar.net](mailto:Andre.Clay@medstar.net). FAX: (202) 877-0004. Washington Hospital Center, 110 Irving Street, NW, Human Resources – EB 1017, Washington, DC 20010. EOE



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# Calendar



If you know of an educational event that would be of interest to AAAA members, please contact the newsletter editor for inclusion in this calendar.

**June 5-8 - Anaheim, CA**  
California Society of Anesthesiologists Annual Meeting and Postgraduate Seminar  
Contact: Cammie Pisani (800) 345-3691 or [cpisani@calsocanes.com](mailto:cpisani@calsocanes.com)

**Aug. 1-3 - St. Simon's Island, GA**  
Georgia Society of Anesthesiologists Summer 2003 Meeting  
Contact: Jet Toney at (404) 249-9178 or [www.gsahq.org](http://www.gsahq.org)

**Aug. 8-10 - Perdido Beach, AL**  
ASA District IX Meeting - Anesthesiology Update  
Contact: Richard Carson, MD at 334/954-2577 or [ASSAexec@aol.com](mailto:ASSAexec@aol.com)

**Sept. 4-7 - San Antonio, TX**  
Texas Society of Anesthesiologists 2003 Annual Meeting  
Contact: TSA at (512) 370-1659 or [info@tsa.org](mailto:info@tsa.org)

**Sept. 12-14 - Asheville, NC**  
North Carolina/South Carolina Societies of Anesthesiologists Biannual Meeting  
Contact: W. N. Hilliard at (919) 787-5859 or [WNHILLIARD@aol.com](mailto:WNHILLIARD@aol.com)

**Sept. 13 - Westbrook, CT**  
Connecticut State Society of Anesthesiologists Annual Meeting  
Contact: Jill Fuggi at 203/931-0166 or [ctanes@comcast.net](mailto:ctanes@comcast.net)

**Sept. 14-15 - Bend, OR**  
Oregon Society of Anesthesiologist Annual Meeting  
Contact: Sondra Gleason at 503/635-6525 or [sgleas1120@aol.com](mailto:sgleas1120@aol.com)

**Sept. 18-19 - Dallas, TX**  
Health Professions Network (HPN) Fall Meeting  
Contact: Virginia Pappas at [vpappas@snm.org](mailto:vpappas@snm.org)

**Oct. 11-15 - San Francisco, CA**  
ASA Annual Meeting  
Contact: (847) 825-5586 or [mtgs@ASAhq.org](mailto:mtgs@ASAhq.org)

**Oct. 19-24 - Kauai, HI**  
California Society of Anesthesiologists Hawaiian Seminar  
Contact: Cammie Pisani at 800/345-3691 or [cpisani@calsocanes.com](mailto:cpisani@calsocanes.com)

**Nov. 2-8 - Allied Health Professions Week**

**American Academy of Anesthesiologist Assistants**  
P.O. Box 13978  
Tallahassee, FL 32317

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