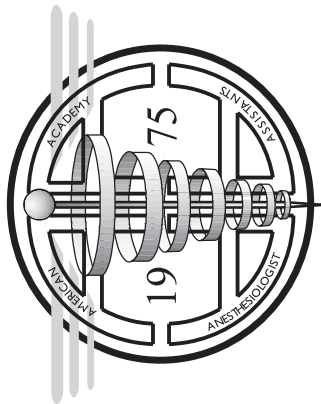


The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants Summer 2003



The President's Message

By Rob Wagner, AA-C, RRT, CRTT

The future of any organization begins with its membership involvement. I must commend the AAAA members on the response that was received regarding the adoption of the new AAAA bylaws. The new bylaws were passed and are effective as of July 11, 2003. The adoptions of the new bylaws are the beginning of the restructuring of the AAAA leadership. They will allow for a "leadership track" for a stronger future. This will ensure that the quality of leadership will continue to exceed and meet the demands of the AA profession and the AAAA members. Thank you very much to all of you that voted and gave your opinions on this very important document.

I have been blessed in my life to have been surrounded by great friends, colleagues, and dear family members. It wasn't until taking the office of President of the AAAA that made me even more conscious of how lucky I have been over the last few years. I have been lucky, because I am part of a unique family, that of the Anesthesiologist Assistants family. My travels over the past few years have confirmed what I had believed ever since I entered the AA profession. The AA family is loyal, well educated, and a dedicated family.

I was visiting the Emory University AA program last month and couldn't help notice a photograph album of the past AA graduating classes. I wondered how many times I had past that album and never noticed it. I anxiously sat down to look at the graduating classes of the past. It gave me a unique perspective on our profession. I realized that families have been started and children raised on the foundation of our education as an AA. I began to think of the years that have gone by and the changes that have occurred in our profession. All the advancements that have occurred in anesthesia and how the AA profession has changed to keep up with the changes. I then realized that when I decide to enter the AA profession, I was really entering a family.

Over the 30 years of the AA profession, we have always been highly praised and now have gained more accepted than the other non-physician anesthesia provider. The family that we have built is one that cannot be criticized, scrutinized against or divided. Despite all the political and legislative disruptions that our profession has encountered from our opposition, there is one aspect of our profession that no one will ever disrupt our bond as a family.

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**Advertising and Copy Deadline for
Fall 2003 Issue: October 31**

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

The Editor's Column

"The Art of Communication"

By Ellen Allinger, AA-C

If you browse Amazon.com, you will find hundreds, nay, thousands of books written on the subject of communication. Excluding books that deal with communicating with other species (aliens included), the books dealing with varying types of human communication alone is staggering. One book that was very popular some years back is entitled, "Men Are From Mars, Women Are From Venus," authored by John Gray. Some of you probably have this book in your home. In it, the two very different styles in which men and women communicate are discussed. Part of this variation stems from the differences in what men and women feel is necessary information to communicate.

I could not help but think about this when a flurry of emails and phone calls inundated the AAAA management office and the AAAA leaders recently. These began when many AAs learned that a lawsuit had been filed in Ohio in regard to the new AA regulations that the State Medical Board of Ohio approved this spring. One such communication that puzzled me was from someone who was "mystified by the lack of information from AAAA regarding the recent litigation . . ." This statement harks to the very purpose of having the leadership of AAAA officers and directors. Hopefully, the AAAA membership has elected AAs which they feel have the knowledge, maturity, and desire to be good leaders as well as the best interest of the organization and the profession in mind.

The AAAA leadership must make decisions and deal with situations that affect this organization and this profession on a weekly basis. Sometimes these issues have been building for years, as with the situation in Ohio. Sometimes it is an immediate situation that must be addressed, such as when someone is fired from an anesthesia department for no good reason other than the fact that this person is the department's only AA. The leadership cannot burden itself with informing or surveying the membership of every issue that arises in our profession.

Nor is the leadership supposed to do this. The by-laws of this organization govern the decision process that occurs. It has a series of checks and balances that precludes any one person from making monumental decisions or taking actions that greatly affects the AAAA. The newly ratified by-laws have expanded the leadership with decision-making privilege from seven to eleven. This allows for an effective board while having more "voices of reason" within the decision making process. Communication of information that greatly affects the AAAA or the AA profession is distributed to the membership by email, the U.S. Postal Service, the quarterly newsletter, and (when it is up to par) the website. This comes after documents have been reviewed and approval has been received. It is not a haphazard business.

To reply to the mystified individual, the AAAA leadership was in the process of issuing a statement concerning the Ohio lawsuit, but the flurry of unchecked discussion circulating on the Internet about this matter forced a change in the document slated for release. The membership must trust that the leadership has thoroughly researched and discussed its decisions (it took us three hours one night to make a decision about just one issue of grave importance). Concurrently, the membership must feel that the leadership is readily accessible for help, for input, and for information. The AAAA management office is a wealth of information and what they cannot answer they will forward to the most appropriate person or people for help.

Also, you will notice that the email addresses and phone numbers for all of the officers and directors are listed within every newsletter and in the yearly AAAA directory. These leaders have been elected by you and are accessible to you. Please make use of them if there is ever a question or problem. I highly doubt that you go to "The National Enquirer" for your news, so please don't rely upon gossip and speculation for your information when it comes to sensitive AA issues. Good communication is a two-way street. Let's not act like we're from Venus and Mars.

Inside AAAA

AAAA Members Ratify New By-laws

By Ellen Allinger, AA-C, Chairman, By-laws and Ethics Committee

At the end of voting on July 11th, the AAAA membership had overwhelmingly voted to ratify the proposed new organization by-laws. Nearly half of the eligible voters responded, a better average than most presidential elections. Those that did not favor ratification offered reasons for their decision, and the By-Laws and Ethics Committee will review these statements. If warranted valid issues, the committee will recommend by-laws revisions to the AAAA Board.

Most of the major changes were explained in the accompanying letter with the proposed by-laws. Of immediate interest, the process of nominations and elections has been changed along with some of the offices and length of terms for board of directors' positions. The new by-laws state that the AAAA office must receive nominations from the membership no later than 60 days before balloting completion on September 30th. This means that the deadline for nominations is July 31st. Self-nominations are allowed. This year, email notification of nomination requests went out to the general membership as soon as the new by-laws were ratified. In the future, nomination forms will most likely be included in the Spring edition of the newsletter or be provided to each member in a mailing. The Nominations and Elections Committee then contacts each nominated member to garner a brief written resume along with a statement of his or her willingness to run. Although nominated, no one is obligated to run for a position. Also, the Nominations

and Elections committee may recruit AAAA members to run for positions. This may occur if no one has been nominated for a position by the membership or if the committee feels that a worthy member for a position was not nominated. Anyone who feels that a certain candidate would be the best person for that position may address a statement in support of that person to the Nominations and Elections Committee regardless of whether or not that person was nominated by the membership. Also, graduating students who will be fellow members of the AAAA by September 30th may run for a position. This year, the offices of Secretary and President-Elect as well as three Board of Director positions are up for election. Questions about this year's nominations and elections process may be directed to the AAAA management office.

An organization's by-laws should never be static. They must change and grow as the organization and times change. Any and all concerns about the AAAA by-laws should be addressed to the By-laws and Ethics Committee. Any AAAA member may make proposed by-laws changes in writing. After review and if deemed appropriate the suggested change(s) are taken to the Board of Directors for approval. If passed by a majority, the by-laws change(s) are then voted upon by the AAAA membership. A two-thirds majority vote by the Fellow membership is required for ratification.

2004 AAAA Meeting Update: A Peek at San Diego...

By Sarah Russell, AA-C, Chairman, Annual Meeting Committee

The 2004 AAAA Meeting Committee is gearing up for another outstanding meeting in San Diego April 22–28, 2004. The Catamaran Resort Hotel on Mission Bay will be our host as we welcome a multitude of interesting topics and dynamic speakers from throughout the country.

Known as one of "America's Finest Cities," San Diego fell under U. S. control in 1848 from Spanish rule with the treaty of Guadalupe-Hidalgo. Seventeen miles of sparkling beaches line the city, which is further illuminated by a diverse culture, a rich history, and a natural beauty unrivaled in this country.

The culture of San Diego provides an eclectic mix of museums, restaurants, and fine art. The world-renowned San Diego Zoo is a highlight, along with the Stephen Birch Aquarium, the San Diego Museum of Fine Art, and the California Surf Museum. Balboa Park is home to various theatres and museums, while missions located throughout the city provide a window into the lovely Spanish architecture of the past. Take a ride north to Temecula for a day in wine country or

south to the border for a peek at Tijuana.

With only 10 inches of rainfall per year, the sunny forecast allows visitors to enjoy a multitude of outdoor activities. Take a bike trip around Mission Bay, hike through lovely Torrey Pines State Reserve or the Cuyamacas, or spend the day surfing on the crystal blue waters of the Pacific Ocean at Tourmaline Surfing Park. For those in the mood for a little pampering, enjoy a spa treatment at the Bellissima, the Oasis, or the Cal-a-Vie.

San Diego dining boasts a taste for everyone with outstanding restaurants throughout the city. Head to the Baleen or The Fishery for seafood, The Eggery for mouth-watering breakfasts, or the Canes Bar and Grill for good old American cuisine. Solana Beach's Belly Up Tavern is the place for live music, while Croce's Restaurant and Jazz Bar provides a more relaxed evening downtown. Whatever your mood may be, San Diego has much to offer and awaits a fabulous AAAA meeting next year. Mark your calendars!

Legislative News

Legislative Sub-Committee Update

By Pete Kaluszyk, AA-C
Chairman, National Affairs Committee

The summer brings with it the usual political doldrums and the associated “dog days.” The summer of 2003 is proving that this may be the exception to the usual political pattern. The Legislative Committee has now been incorporated into the AAAA’s National Affairs Committee that will oversee legislation and regulatory activities at the state and federal level, professional relations with other healthcare professions, and respond to situations that may impact on our profession at a local or national level.

We have added two states to the five that currently license AAs, those states being Vermont and Missouri. Anesthesiologist Assistants have been working in Vermont for over a decade under physician delegatory authority. This legislative process had been ongoing since 2002 and came to fruition with the introduction of SB 144. The bill successfully made its way through the Vermont legislature and the Governor signed it on May 23, 2003 making the law immediately effective. Special thanks go to Dr. Howard Schapiro and Dr. Michael Tarazi for all of their work and time on this effort through submitting information and testifying on our behalf. The AA practice rules are currently being developed with input from the AAAA.

The effort in Missouri began last fall at the ASA annual meeting when the AAAA was asked to meet with the members of the Missouri Society of Anesthesiologists (MSA). In January, the MSA made the commitment to introduce legislation to license AAs and developed a political plan of action. Senate Bill 300 was introduced and quickly made its way through both chambers of the Missouri legislature. The bill was passed by a

wide margin of votes in both chambers and the Governor signed the bill on June 20, 2003, in a special ceremony. The MSA invited Mrs. Patty Wolf and Ty Townsend, AA-C, to attend this bill signing ceremony to represent AAs who were raised in Missouri. Mrs. Wolf is the mother of Tom Wolf, AA-C, currently working in Mobile, Alabama, and Ty Townsend who is currently working in Wisconsin. The bill in Missouri will become law on August 30, 2003.

The Missouri legislative experience was one of the most professional, well-planned and well-executed political efforts we have ever experienced and the credit goes to the MSA. Very special thanks go to Dr. Jim Gibbons, President of the Missouri Society of Anesthesiologists, and the MSA leadership for their commitment to this legislation and their commitment to our profession.

The legislative sub-committee recently met and discussed the legislative strategy for further expansion of our profession for the upcoming 2004 legislative year. We plan to approach the ASA State Component Societies to discuss ways of introducing AAs into the anesthesia care team in states that are targeted. The sub-committee will also deal with issues that have been cropping up concerning insurance reimbursement for AAs caring for Medicare/Medicaid patients. Additionally, we are following developments with the TRICARE program for the U.S. Armed Forces personnel and their dependents. We hope to hear something on the TRICARE program by the end of September and whether or not AAs will be recognized as providers in this program.

The Ohio Legislative Front

By Deb Lawson, AA-C

As many of you have heard, a lawsuit was filed in Ohio on June 10, 2003, in response to the rules promulgated by the Ohio State Medical Board (OSMB) for AAs.

Many are wondering what some AAs are thinking in supporting such a controversial action. Nothing raises eyebrows quite so consistently as news that someone is suing, and in professional matters, such actions often generate a great deal of concern and attention. This can be a good thing, if it broadens discussion and consideration of an important issue. It can also be a bad thing, if constructive deliberation is lost in misinformation and misperceptions.

What is happening: The plaintiff, an Ohio AA, has filed a lawsuit asking for a clarification of the meaning of the language of the Ohio Revised Code defining AA practice. The defendant, the OSMB, has interpreted specific terms of the statute in a manner that many Ohio AAs and anesthesiologists believe is:

- a) inconsistent with the legislature’s intent, and
- b) unlike definitions for other regulated medical care providers in Ohio. A judge will review the arguments for each position and make a decision this fall.

What were the options: The process for the regulation of AA practice has been thoroughly engaged and exhausted, to the point of either accepting rules that single out AAs for different standards than other non-physician providers, or go to court.

Uncontested, the rules would essentially declare that AAs are unworthy of being judged on the strength of their credentials, and that anesthesiologists are unworthy of being allowed to delegate tasks to AAs that other physicians are allowed to delegate to their extenders.

Politically, the situation has raised anxieties that many would argue outweigh the implications of the OSMB rules. But given that a law that undercuts a profession sets a real and dangerous precedent, and that political damages are largely based on perception, surely the diligent effort to address concerns with information that shows logical consideration of the matter will calm those fears.

This is NOT AAs vs. anesthesiologists. AAs are NOT suing the ASA or the OSA. No one is insisting that AAs must

See “Ohio Legislative Front,” page 6 . . .

Dear Editor:

After an admitted long absence from the membership rolls of the AAAA, I am pleased to once again be a member and to reading my own personal copy of *The Anesthesia Record* instead of borrowing a copy from one of my colleagues.

I suppose I had to “grind my teeth” a little at the front-page editorial of the Spring, 2003 issue entitled “AA’s, APA’s, Anesthesiology Assistants—Just What Are We?” For all of the historical perspectives quoted by Ms. Allinger regarding the origin of Physician Assistants and Anesthesiologist Assistants and how other states and the true (?) PA profession views us, she leaves out more facts and history than she includes. In the paragraphs that follow, forgive me for giving more of an “Emory perspective,” since I am far less familiar with the particulars of the Case Western program.

We most certainly were considered a “Type B” PA in the early days of our profession. Early on, we were licensed in Georgia as Physician Assistants, as this seemed to be the most appropriate way of licensing our graduates. Indeed, for that time, and arguably even now, the Physician Assistant laws and regulations of the State of Georgia were a model for the rest of the country. Not only did it recognize the “traditional” PA (Type A), the legislation was set up to recognize the possibility of specialty PA’s. In addition to specific regulations regarding Anesthesia PA’s, it also went on to recognize graduates of the old MIRC Program (Masters in Intensive Respiratory Care) which later became Critical Care Medicine PA’s. It’s interesting to me that taking the “licensed PA” path that Georgia has taken has largely limited our legal challenges to practice over the years, compared to the Ohio model, which is still undergoing further permutations and challenges almost 30 years after the original graduates from Case Western began practicing there.

When I went through the Emory program in 1979-81, it was referred to as course of study to train a “Master Physician Assistant in Anesthesiology” or MPAA. With apologies to the early

Bachelor’s Degree CWRU grads, many of us were more excited about having that master’s degree in hand when very few CRNA’s of that time ever did. If you look back at early documents from the AAAA, you’ll find that it was originally the American Academy of Anesthesia Associates. It was only in the mid to late 1980’s when we received formal approval from the AMA and CAHEA that we became designated Anesthesiologist Assistants.

Am I an Anesthesiologist Assistant? Absolutely. Am I a Physician Assistant? I couldn’t possibly care less what the NCCPA and AAPA think, but according to the license hanging on my wall and in my wallet, yes I am.

I know who I am. I know what I am. If I occasionally refer to myself as an “Anesthesia PA” (hey, six syllables vs. ten) then please forgive me. I am more than happy to educate (not correct) those who are interested in the differences between an Anesthesiologist Assistant and a Physician Assistant, or for that matter, a CRNA and Anesthesiologist as well. In fact, I’m especially happy to delineate the differences in the latter two, whether with other medical professionals or with a group of local high school students at Career Day.

A little education goes a long way, as evidenced by the recent dedication of the March, 2003 issue of the *ASA Newsletter* to several stories about Anesthesiologist Assistants. Obviously we have more education to do, as evidenced by the critical tone of several of the Letters to the Editor that followed in their June, 2003 issue which was just released. Let’s fight the battles that are important, and not worry quite so much about the semantics and the abbreviations and the placement or presence of an apostrophe or the lack thereof.

John W. Kimbell, MMSc, AA-C
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Legislative Update

A synopsis from the ASA Newsletter State Beat section includes recent legislative activity affecting AAs is listed below.

Missouri

The governor signed The AA bill for licensure into law on June 20th, and will go into effect on August 30th. AAs are allowed to obtain the patient’s history, perform relevant physical examinations, pretest and calibrate anesthesia delivery systems, interpret information while in consultation with an anesthesiologist, establish airway intervention, administer vasoactive and other anesthetic drugs, adjust vasoactive infusions and other tasks not prohibited by laws. The law also allows AAs to assist supervising anesthesiologist in formulating and executing an anesthesia care plan. Anesthesiologists are allowed to supervise up to 4 AAs simultaneously. The State Board of Registration for Healing Arts will write regulations for the practice of AAs. Interestingly, this same law changed state law to require nurse anesthetists to practice under the direct supervision of a physician, podiatrist or dentist instead of pursuant to a collaborative practice agreement as was previously required.

Ohio

The State Medical Board of Ohio adopted regulations on May 14th, effective May 30th, to regulate the practice of AAs. The regulations require the direct supervision and immediate

presence by the supervising anesthesiologist. Explicit definition is given for this requirement which also states that the term “direct supervision and in the immediate presence of” shall not be interpreted to require the anesthesiologist to be in the same room as the AA for the duration of anesthetic management, nor does it prohibit the anesthesiologist from performing duties of short duration, administering labor analgesia, or addressing an emergency of short duration. However, the new regulations prohibit AAs from performing epidural and spinal anesthetic procedures and invasive monitoring techniques such as pulmonary artery catheterization, central venous catheterization and all forms of arterial catheterization with the exception of brachial, radial and dorsalis pedis cannulation. The lawsuit brought by an Ohio AA against the medical board challenges the prohibition on epidural and spinal anesthetic procedures and invasive monitoring techniques. The court has granted a temporary restraining order suspending this regulation, and further hearings are scheduled for September 11, 2003.

Vermont

Legislation was signed into law on May 23, 2003 to certify AAs to practice in this state. The AA’s scope of practice is delegated to the AA by the anesthesiologist.

CAAHEP Annual Meeting Report, April 2003

By Jeff Smith, AA-C, AAAA Representative to CAAHEP

Pre-Conference Activities

Wednesday, April 9

1. Board of Directors held open hearings on proposed revisions to Standards & Guidelines for the Health Information Techs, Health Information Administrators, Cardiovascular Technologists, Emergency Medical Services and Respiratory Care.

Thursday, April 10

1. Board of Directors took accreditation actions
2. Work session for committees on accreditation

Friday, April 11

1. Joint work session for Board of Directors and committees on accreditation.

General Session

Friday, April 11

1. Meeting called to order at 2pm
2. Preliminary report of nominating and elections committee and nominations from the floor.
(Note: Jeff Smith from American Academy of Anesthesiologist Assistants was nominated for Board of Directors by Dr. Fred Luchette with the American College of Surgeons.)

Speakers

- **Dr. Edward O'Neil** — **"The Virtues of Partnering in a Dangerous Healthcare World"**
Dr. O'Neil presented on the forecast of healthcare shortage by 2010 with a bleak outlook if the various healthcare professionals (i.e. nurses, physicians, PA's, PT's, NP's) didn't partner with all (allied health) in job description, scope of practice, etc. It was suggested that we all had to stop with "turf protection of specific professionals".
- **Dr. Karen Miller** — **"Lessons from 2002 AHA Commission on Workforce"**
Dr. Miller presented the results of the study American Hospital Association did on workforce forecast. The results were very similar to Dr. O'Neil's consultant group's study with more emphasis on nursing shortage.
- **Michael Dill** — **"An invitation to participate in a study of Allied Health Workforce"**
Michael brought it to CAAHEP's attention that when the government did the same workforce study forecast that they basically only accounted for physicians and nurses in the delivery of medical care. For the most part, very few allied healthcare workers were studied. He said that the problem was the government's Bureau of Labor Statistics simply didn't have info on a lot of us. As a result, every program sign up for study. (Note: Michael wasn't sure if AA's were included as PA's or not. He was going to look into it. Regardless, I signed AA's into study, provided him history, job description and referred him to AAAA website for additional information and statistics.)

Saturday, April 12

Dr. O'Neil — **"Silos great for Corn, damaging for Practice"**

1. Another presentation emphasizing that we need to avoid historical job description. Be open to allowing more healthcare workers in to help with job of aging population care.

Business Agenda

1. Distribution of Ballots for new Board Members.
2. Review and approval of 2002 minutes from Annual Meeting.
3. President's Report
4. Treasurer's Report
5. Executive Director's Report

6. Proposed by law Amendment's (4 separate motions)
 1. Change old AMA language of "recognizing" a profession to "eligible" to participate. *AAAA voted for change, results: passed.*
 2. Change membership (restructure) from 3 classes with 6 subsets to 5 categories of membership. *AAAA voted for change, results: passed*
 3. Change commission structure as a result of change of membership structure and decreasing number of hospital based programs. Total number 26 change to 24. Doesn't effect number of committee on accreditation or sponsoring organization member. *AAAA voted for change, results: passed*
 4. Change number of Board of Directors from 14 to 15 with addition of "other sponsor's of Education Programs" (i.e. Department of Defense, Veterans Affairs, etc.) as an "at large" board position that wasn't voted on by commission but appointed by Board of Directors. *AAAA voted for change, results: passed*
(Note: This was controversial because of increasing number of board members (too many), however, committees on accreditation sponsoring organizations were not going to decrease their numbers ever. Positive side, CAAHEP no longer has disenfranchised members that are asked to pay dues but not part of decision making process or set policy.)

Saturday, April 12

1. Requests for addition of new occupation eligibility
2. Health and Fitness Specialist
3. Clinical Exercise Specialist
4. Polysomnographic Tech
AAAA voted for all, results: passed
5. Approval of Association Membership Applications
6. American College of Sports Medicine
7. Board of Registered Polysomnographic Tech
AAAA voted for all, results: passed
8. Membership of new committee on accreditation for Polysomnographic Tech. *AAAA voted for, results: passed*
9. Conversion from association membership to sponsoring organization for association of polysomnographic tech. *AAAA voted for, results: passed*

Results of election ballot for Board of Directors

1. Jeff Smith with AAAA, new board member, 3 year term or as long as he is commissioner for AAAA.
2. Greg Paulauskis with respiratory care, new board member, 3 year term.

Motion to adjourn

. . . "Ohio Legislative Front" (cont'd from page 4)

perform these procedures. AAs are not trying to usurp the supervising anesthesiologist's authority to determine when, if, and how patient care should be delivered, or how those tasks should be delegated in any case, at any time. In fact, this suit is an attempt to protect the anesthesiologist's authority to make that choice.

Many Ohio anesthesiologists and surgeons who work with AAs are very supportive of this action. They understand that AAs are not being judged fairly, that it will do harm to AAs and the physicians who work with them, and that when all else regrettably fails, filing a lawsuit must be weighed as a legitimate option.

Professional News

AA Students Barred from Clinical Rotations in South Carolina

By Ellen Allinger, AA-C

In May 2003, the South Carolina Board of Medical Examiners (SCBOME) ruled that AA students could no longer obtain clinical training in South Carolina. The decision was made following a question posed by the Program Nurse Consultant of the Department Labor Licensing & Regulation—Board of Nursing. The question was, “May an unlicensed student participating in an anesthesiologist’s assistant educational program or a graduate of such a program, who has not yet achieved licensure as an anesthesiologist’s assistant in this state, practice under the supervision of an anesthesiologist?” The reply opinion, written by Richard P. Wilson, Deputy General Counsel, LLR—Office of General Counsel, concluded that, based upon the lack of wording in the SC AA Practice Act providing for AA students, unlicensed AA students or graduates of AA programs not yet licensed in SC could not practice under the supervision of an anesthesiologist.

As soon as the AAAA learned of this question and opinion, the AAAA’s legal counsel, C. David Paragas, was contacted and a legal opinion covering the training of AA students in SC was rendered. It was noted that nothing in the SC AA Practice Act specifically prohibits AA students from practicing in SC. Along with this, it was noted that there was no rule in SC that discusses or regulates the training of CRNA students or non-certified nurse anesthetists. Two CRNA programs exist in SC and CRNA students do practice in South Carolina hospitals. Following the logic of the General Counsel, they should not be allowed to do such. Also, South Carolina has a very explicit delegation statute that allows a licensed physician to delegate tasks to an unlicensed person if specific guidelines are met. AA students on clinical training rotations in SC met these guidelines. However, it was noted that the SC Physician Assistant Practice Act did contain language with

specific exception allowing students in a physician assistant program to practice. Yet, because delegation guidelines were met, the opinion of the AAAA legal counsel was that there did not appear to be any reason that AA student could not practice in South Carolina.

Dr. Terry Dodge, a member of the medical board’s Anesthesiologist Assistant Committee, presented the opinion of the AAAA’s lawyer to the SCBOME at their May meeting. Despite an excellent presentation of a sound opinion, the medical board voted to uphold the opinion offered by Mr. Wilson thus preventing AA students from continuing their clinical training in SC. The immediate impact was evident, as several second year Emory AA students had to shuffle their clinical rotation sites because of this decision. The long-term effect has several facets. First, no AA student will be able to perform part of their clinical training in SC, which has always been a wonderful recruitment tool for potential employers while allowing the student to get a better look at a practice and its locale. Second, and far worse, this means that there can be no AA program in the state of South Carolina since it would be an impossible task to plan all clinical rotation sites outside of the state. Interestingly, the original bill drafted for AA licensure in SC did contain language specific to AA students. However, as part of the bargaining process with the state’s CRNAs, the language was removed as a concession, viewed by the bill’s proponents as a moot point since CRNA students and medical students practice in the state.

This situation can be rectified if legislation is passed that changes the SC AA Practice Act to specifically allow students to practice under the supervision of an anesthesiologist. Once again, our profession is reminded that legislative language must be complete and all encompassing, for any loophole will be exploited by AA opponents.

Emory AA Graduation Marks the Retirement of Dr. Wes Frazier

By A. William Paulsen, MMSc, Ph.D., CCE, AA-C

Associate Professor of Anesthesiology, Emory University School of Medicine

This year, on August 16, Emory will graduate 29 students in its 33rd year of conferring MMSc degrees to Anesthesiologist Assistants. Commencement will be marked this year by a very special event, the retirement of the “Step Father” of our profession, Dr. Wesley T. Frazier.

Recognizing two individuals with very different visions, Dr. John E. Steinhaus and Dr. JS Gravenstein who conceived the AA profession, we have now become two programs of similar

character and one product. Dr. Steinhaus was serving as Chair of the Department of Anesthesiology at Emory in 1972 when he appointed Dr. Frazier to become the director. This was a very busy year for Anesthesiologist Assistants in Georgia, not only was the entering class to become a handful for the new director (David Bauman, Bob Hollis, Phil Jenkins, Ed Minge, Terry Morris, Bill Paulsen, Paul Tringas, and Rhea Sumpter—recognize

See “Emory AA Graduation,” page 11 . . .

CWRU Update

By Joseph M. Rifici, M.Ed., AA-C

We have had another great year for employment of our graduates. Ten exceptional students graduated on May 18, 2003, during the commencement exercises held on the CWRU campus.

Alisa Grubb, Rocky Lupi and Gina Turchetta have all accepted positions at St. Vincent Charity Hospital in Cleveland with our good friend, Dr. John Bastulli. Lauren Hojdila and Lisa Julian will be employed at Parma Hospital in the Cleveland area. Jen Jackson will join several other CWRU grads at the Medical College of Ohio Hospital in Toledo. And Jen Hyslop will begin her practice at one of our favorite AA employment sites, the Christ Hospital in Cincinnati.

Before the Ohio State Medical Board will issue a Certificate of Registration for practice in the State, potential Ohio practitioners must wait to receive notification from the NCCAA concerning successful attainment of a passing score on the Certifying Exam. Receipt by the Medical Board of that information will then allow practice to commence in mid-August.

Three graduates decided to set up practice outside of Ohio. Sara Strom is currently working at the University of Wisconsin in Madison. Grace Huang accepted a position with the Greater Houston Anesthesiologist Group in Texas, and Ryan Watson began employment at the University of New Mexico in May 2003.



Congratulations to all of our grads! I can't tell you how much I enjoyed working with you over the past two years. We hope that we have left a positive impression on you, because you certainly have brought much joy into our lives. Be well and stay in touch.

A new class (2005 graduates) of twelve students started the CRWU program this past June. Please welcome:

Kate Bell (Akron, OH)
Joel Bodin III (Mobile, AL)
Chris Caldwell (Youngstown, OH)
Vikram Chopra (Cleveland Hts., OH)
Mike Devine (Madison, WI)
Roy Haber (Parma, OH)
Brian Heighington (Boston, MA)
Austin Howard (Winter Haven, FL)
Kevin Jamieson (Kent, OH)
Tiffany Lewis-Roberts (Phoenix, AR)
Chad Marchand (Albuquerque, NM)
Michael Patrick (Lakewood, OH)

All indications are that this is a very strong group of students and we are very eager to nurture them on their pathway to graduation and practice. It always amazes me how much smarter the younger (no offense to us older folks) people seem to be these days. Maybe it is just that I am getting dumber (gingko biloba has not worked its magic on me, yet!) Good luck to all new students at both the Emory and CWRU programs. Remember to remain active with your national organization throughout your educational and practice careers.

We have expanded the clinical rotation sites for our second year students. A one month long rotation will be completed at each site which includes Gunderson Hospital in LaCrosse, WI (neuro), Atlanta Medical Center in Atlanta, GA (trauma), Mercy Hospital in Springfield, OH (ambulatory), and Christ Hospital in Cincinnati, OH (general). Thanks to all of those involved, students and on-site rotation people as well, for fostering the cooperative environment that is needed for success in such educational endeavors.

Federal Affairs

Theresa Green, AA-C, MBA

Some exciting things have been happening on the national level for Anesthesiologist Assistants! First, the U.S. Department of Defense in April 2003 proposed to authorize AAs to provide anesthesia care under the TRICARE health plan for military personnel and dependents. The proposal was posted in the Federal Register April 3 (68FR16247) and comments on the proposal were accepted until June 2. Many comments were received—pro and con—and the proposal is now being reviewed in the higher ranks of the department. When a final decision is made, probably late September, it will be posted in the Federal Register. Let's hope that the proposal is accepted soon, this would add to our status nationwide.

The Veterans Administration is also seriously considering authorizing AAs to provide anesthesia care. This would be a

huge milestone in the history of Anesthesiologist Assistants. Nothing formal yet, but I'll keep you posted.

Lastly, check out an article written about AAs in the CLEAR News, Summer 2003 edition. This article, titled "Licensure of AAs — 'A-Okay' or 'No Way'?" is well written and presents both sides of the licensure issue. CLEAR is the Council on Licensure, Enforcement and Regulations and is composed of members of health care licensing boards nationwide. AAAA will continue an informative relationship with CLEAR so that regulators nationwide hear about AAs from the AAAA before the licensing battle begins in their state.

The next HPN meeting will be in Dallas, Texas, September 18th – 21st. Look for a summary report of the meeting in the next AAAA newsletter. As always, any questions or comments should be directed to me, and if anyone is interested in helping me with follow up on any of these issues, please send an email to tmgreen123@aol.com.

The Students' Page

Student Perspectives

Looking Ahead

As my classmates and I begin our second year as AA students with an eye toward graduation next May, we are excited about the employment prospects that lie ahead. Although the curriculum for second year students includes four mandatory, pre-determined rotation sites out of the Cleveland area and an option for two more external rotations, permanent employment in new cities—down south, out west, up north—is the buzz. Those students who have strong ties to Ohio and want to remain in the area have an obvious interest in the recent developments in the state. Other classmates who are anxious to explore opportunities far from Cleveland have a watchful eye on developments nationwide. At the AAAA Conference, several classmates made contacts regarding possible rotations in Florida and South Carolina during their second year, having gone so far as initiating the paperwork and making tentative plans. Although we are disappointed that South Carolina rotations will not be an option for those graduating in 2004 and that employment in Florida has been pushed a little further down the road, we are still excited by the opportunities which abound. We are also eager to become involved in the national organization and the push to open up more and more states. Though still students for another year, we recognize that progress and developments in individual states will eventually have a national impact on our profession. My class in particular has a number of students wishing to work in cities and states which have had minimal exposure to the profession of an anesthesiologist assistant. We, like practicing AAs, are confident that though expansion of our field will at times be an uphill battle, our ideas, energy and commitment to the profession will help make the road smoother and expedite the inevitable outcome.

—Elizabeth Decker, CWRU, MSAS II

Extended Supervision

As many may know, there is new legislation in progress in Ohio concerning the practice of AAs. Aspects of the new law are still under debate while parts of it are presently in effect. One such aspect is that of extended supervision for new graduates for a period of four years following graduation. This extended supervision requires recent graduates to document their cases and present this data for review by an anesthesiologist every few months. At first glance, this seems to be a tedious and time consuming process, but it could also prove to be a very beneficial necessity. It is important to realize that as new graduates, our performance is constantly scrutinized and evaluated. This is good because it urges us to maintain vigilance and uphold high standards. If we as a collective group consistently have positive reviews, which I hope we all aspire to receive, then this will reflect well upon our profession and support our competence in the operating room. So I urge all of you in Ohio to embrace this idea and make of it what you will. They say, "when life gives you lemons, make lemonade."

—Claire Chandler, CWRU, MSAS II

Emory Update: Class of 2003

By Amie Cotter, AA-S

And they're off... the Emory graduating class of 2003 leaves the student realm and off to embark on their future careers of Anesthesiologist Assistants on Aug. 16. It's been an interesting and challenging two and half years for the 28 students off to start their adventures in the working world. Various Atlanta area hospitals, Albuquerque NM, Columbus, Gainesville, Macon and Savannah GA, and Rock Hill SC, are the future sites of these graduates and the expansion of the AA profession.

Of course, the graduates could not leave the campus of Emory without a few thank-you's long overdue. We would not be completing the program without the tremendous help of the office staff, most of which is probably overlooked as it seems we are constantly changing the test schedule or rotations sites they plan, but we do recognize the large amount they contribute to the backbone of the program and are very grateful! And of course the program directors and clinical instructors all dedicated to producing capable and intelligent anesthesiologists each year and the support and time they give to the profession. A light-hearted thank-you dinner and congratulations party are planned in August to recognize all those involved in the program who have aided us in the past 2 years and send the graduates off on a reassuring note!

Another large thank you from my classmates should go to all the current anesthesiologists and anesthesiologist who are assigned students at our various clinical sites. Even on days where it seems all we manage to do is tangle up lines, we are really grateful for the techniques and clinical pearls of wisdom you can pass on to us by allowing us in your rooms. Constructive criticism is always welcome and words of encouragement very much appreciated from those that have walked in our shoes not that many years ago. We hope those that love to teach continue to do so because the large amount of hands on training the program offers is what continues to produce great anesthesiologists each year.

Best of luck to all the graduates and hopefully they will stay active in the growing of the AA profession and never stop the learning process that makes anesthesia interesting and continues to breed great anesthesiologists.

Optional Rotations

As a full-time student, full-time husband, and full-time father of three, I could compile a long list of complaints about being in the position of a student (notice I only mention student here). I could begin with the reading requirements and exams, then move on to "call" and finish with... well, I'm sure everyone is aware of the difficulties and may even have lists longer than my own. What I do want to discuss is the benefits of being a student. I can, and have, placed central lines, PACs, spinal and epidurals. Many of the hospitals we may eventually work at may not allow us to do some or all of these procedures. As a student, I have two individuals covering my back if things go bad. I also have the opportunity to do external rotations at other hospitals in other cities if I so desire; and the truth is that the rotations also benefit the hospitals where we rotate.

Opportunities

JobLine Listing

JobLine is a free service provided to potential employees of AAAA members. For more complete information, members can visit JobLine on the AAAA web site at www.anesthetist.org. Access to JobLine is available to current members only. Anyone wishing to post a job opportunity should contact Kris Tindol at kwatindol@comcast.net or Kim Watson at kim@anesthetist.org

Alabama:

The Surgery Center, Huntsville

Contact: Mike Fleming at 256/656-9915

Georgia:

Anesthesia Associates of Columbus, Columbus

Contact: Dr. C. Lambert at chris.lambert@bigfoo.com or fax 706/324-4052

Regional Anesthesia Associates, Columbus

Contact: Jack Morana at 706/571-1427 or jack.morana@crhs.net

Gainesville

Contact: Michelle Taylor at 770/534-1312 or michellet1@aol.com

Medical Center of Central Georgia, Macon

Contact: Terry Walston at 478/633-7191

Anesthesia Associates of Macon @ Coliseum Medical Center

Contact: Neil Barker at 478/746-5644 or fax 478/745-4849

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

Contact: Prissy Sharp at 404/250-2008 or fax 404/250-2639

St. Joseph's Hospital, Atlanta

Contact: Dr. John Stephenson at 404/851-5638

Memorial Health Anesthetists, Inc., Savannah

Contact: Mary Ann Greene at 912/350-7219 or Terry Cline at TACline@charter.net

Texas:

Valley Anesthesia Consultants, Rio Grande Valley

Contact: fax 956/664-9773 or vanesthesia@aol.com

Washington, DC:

Walter Reed Medical Center

Contact: careers@hjf.org

Washington Hospital Center

Contact: Andre Clay at fax 202/877-0004 or Andre.Clay@medstar.net

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... “Emory AA Graduation” (cont’d from page 7)

the beginnings of the AAAA), but Dr. Frazier and Dr. Steinhaus were working hard battling assaults from the nurses and working with the Georgia Legislature to achieve [what is now licensure] formal status for AAs with the Georgia Composite State Board of Medical Examiners. Fortunately, legislation had been introduced in 1972 for physician assistants and that provided the vehicle for Anesthesiologist Assistants to become specialist physician assistants under Georgia Law.

When the Class of '72 graduated, all of us had to appear in the offices of the Board of Medicine for a personal interview before being issued our certificates.

Each year, Dr Frazier, with Dr. Steinhaus serving as mentor and consultant, continued to move the profession forward. Dr. Steinhaus, being past president of the ASA, was instrumental in dealing with the evolving anesthesia political climate, while Dr. Frazier worked tirelessly to enhance the curriculum, deal with local and national issues, while being a nearly full-time clinical anesthesiologist. Dr. Frazier single-handedly established reimbursement for AAs with Health and Human Services through a series of telephone calls. The bulk of the wording in those documents was his, including his vision that if not worded precisely, primary care PAs and other may someday end-up being reimbursed for anesthesia services when they were not as qualified as AAs to deliver anesthesia. Dr. Frazier worked

through connections in the Georgia Society of Anesthesiologists to help the concept of AAs spread throughout Georgia. Dr. Frazier’s role in establishing the AA profession within the AMA and CAHEA, as well as program accreditation, is relatively well understood. Dr. Frazier and Dr. Steinhaus can be credited with the formation of the NCCAA that established national certification, realizing that without nationally recognized credentialing process growth outside of Georgia and Ohio would be severely limited. Dr. Frazier began his partial retirement in the fall of 1998, assuming the role of Coordinator for National Liaison Activities within the Emory Program. In this position he has been active in many recent national efforts providing the very unique perspectives of both AAs and Anesthesiologists.

Without fear of contradiction, it can be stated clearly that Dr. Frazier has done more to promote and advocate for the AA profession than anyone else in the history of the programs. He has accomplished more for this profession, at great personal sacrifice, over the past 31 years than can be easily imagined. Unfortunately, most of his contributions will remain obscure until someone writes the unabridged history of the programs and the profession. For this reason, I am proud to announce that the commencement speaker for this 33rd graduation, on the occasion of his retirement, will be Wesley T. Frazier, MD, the Stepfather of the AA profession.

... “Student Perspectives” (cont’d from page 10)

I have a background in engineering and industrial construction, and I know the value of first-hand knowledge of an employee’s capabilities and personality. In most sectors of the working world, a lot of money is spent on hiring the right employees to replace those not qualified or unreliable. Very few businesses actually have the opportunity to look at a potential employee for a month without having to actually hire the individual first. Some professions, such as engineering, have limited internships. As AA students, we have the “optional rotation”. These allow us, as students, to:

- 1) learn in a hospital and with a group we may want be employed by in the near future,
- 2) spend time in a city in which we think we may want to live,
- 3) showcase our skills and incredible personalities,
- 4) broaden our knowledge by working with new people in new settings, and
- 5) develop our own “style” by picking and choosing what we consider the best from the broader perspective we acquire.

I encourage students to make use of these opportunities. For example, a rotation in New Mexico may well be the only chance you will have to learn how to perform retro bulbar blocks and explore the state itself. I also want to encourage practicing AAs to push for hospitals and anesthesia groups to open up to students, especially in settings where AAs are a new or small segment of the anesthesia department. I had hoped to do an external rotation in Charleston, or Greenville, SC, this year, either of which I would like to call home. However, due to recent legislation regarding students in South Carolina, I do not see that happening at this time. That is a subject for another article at another time. For now, I am exploring alternate locations and am looking forward to these new experiences.

—Glenn Soldan, CWRU, MSAS II

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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.

Sept. 4-7 — San Antonio, TX

Texas Society of Anesthesiologists 2003 Annual Meeting
Contact: TSA at 512/370-1659 or info@tsa.org

Sept. 5-7 — Atlanta, GA

Intraoperative Echocardiography in the 21st Century
Contact: Emory U. School of Medicine at 404/727-5695 or cme@emory.edu

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

Sept. 13 — Westbrook, CT

Connecticut State Society of Anesthesiologists Annual Meeting
Contact: Jill Fuggi at 203/931-0166 or 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

Sept. 18-19 — Dallas, TX

Health Professions Network (HPN) Fall Meeting
Contact: Virginia Pappas at vpappas@snm.org

Sept. 20 — Columbia, SC

13th Annual Cardiology Symposium, 2003
Contact: U of SC School of Medicine at 803/434-4211 or Nancy@gw.mp.sc.edu
Note: There is no registration fee for this symposium. Registration deadline is Sept. 12th.

Oct. 11-15 — San Francisco, CA

ASA Annual Meeting
Contact: 847/825-5586 or 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

Nov. 1-2 — Cleveland, OH

ASA Workshop on Challenges in Clinical Anesthesia: A Case-Based Meeting
Contact: Jeff Schulz at 847/825-5586 or j.schulz@asahq.org

Nov. 2-5 — Sea Island, GA

Ninth Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care
Contact: Wake Forest University Health Services at 336/716-4450 or www.wfubmc.edu/anesthesia

Nov. 2-8 — Allied Health Professions Week

Nov. 8 — Oak Brook IL

Illinois Society of Anesthesiologists Fall Meeting
Contact: Rachel Gudmundson at 312/263-7150 or gudmundson@isms.org

Nov. 8 — Roseville, MN

Minnesota Society of Anesthesiologists Fall Meeting
Contact: Linda VanSickle at 507/266-3473 or VanSickle.Linda@Mayo.edu

Dec. 12-16 — New York, NY

New York State Society of Anesthesiologists 57th Postgraduate Assembly in Anesthesiology.
Contact: Kurt Becker at 212/867-7140 or kurt@nyssa-pga.org.

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