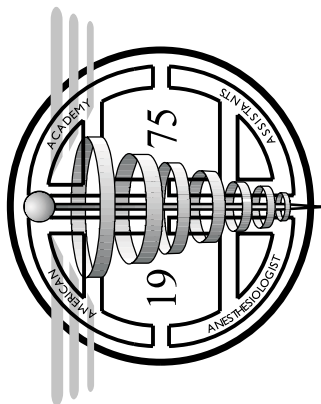


The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants First Quarter 2004



The Editor's Column: Unforgiven?

By Ellen Allinger, AA-C, Editor

The results of the 2003 AAAA Membership Questionnaire have been tallied and can be viewed on the AAAA's website under the "Members Only" section. The AAAA management office did an excellent job of collating all of the information from the returned questionnaires. Most daunting were the four full pages of comments received in response to the question, "What other concerns or comments would you like to make to the leadership of the AAAA that have not been addressed in this questionnaire?" These answers are not printed on the website because some AAs signed their names to their comments. I will tell you that there were a lot of constructive comments, all of which have been sent to the appropriate committees and some of which have already been implemented. This includes increased posting on the website of state AA legislative activity, recent decisions affecting AAs on the state and national levels, posting of the most recent AAAA newsletter, and all of the latest information on the annual meeting.

There are also issues that the AAAA organization and its leaders need to address which were brought up in the questionnaire. There is not enough room here to mention every item, but the universal theme voiced was a feeling that schisms exist within the AAAA. Some see it as a leadership vs. member schism. Lack of communication, lack of support, and lack of information were all mentioned. Members stated within the questionnaire's comments that they wanted to be more involved but don't know how to help the AAAA. Yet, the leadership is continually asking for members to volunteer their help with AAAA committees and activities. In this newsletter there is a repeated request for additional participation with the newsletter as well as a request for a chairman and members to fill the Education Committee. Here are excellent opportunities for those who want to be more involved in the AAAA to fill a need. Since there is only one opportunity a year at the annual meeting to solicit members for help in person, how else does the leadership reach out for help but through written communication? Members have to be willing to reach out as well. Take this opportunity to make good on your interest to become more involved in your professional organization.

The other schism mentioned repeatedly pitted one program's graduates against the other or one state's AAs against another. Several respondents expressed concern and even theorized a conspiracy that the AAAA leadership was too heavily weighted with AAs from Georgia. Let me state some facts here. Of the eight AAs that ran for a director or officer position open for 2004, only two lived outside of Georgia. All candidates were self-nominated. If a more diverse representation of AAs is expected on the AAAA board, then AAs in states other than Georgia must involve themselves in AAAA leadership roles. These AAs then have the needed experience to rise to officer and director positions. Unfortunately, because very few AAs will take on the commitments required of being an

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Advertising and Copy Deadline for
2nd Quarter 2004 Issue: April 30th, 2004

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

Inside AAAA

**2004 Annual Meeting Update...
 Get Your Registrations in ASAP!**

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

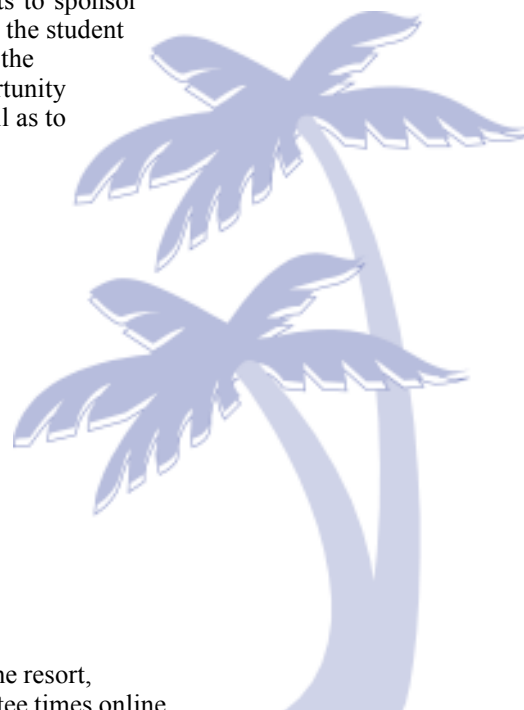
The 2004 Annual Meeting at The Catamaran Resort in beautiful San Diego is closing in on us as we approach April 23-26, 2004. Final preparations are being made for the certification review on Friday, April 23 from 11 a.m. – 6 p.m. The review will include a mock exam as well as basic study tips and pointers for successful preparation for the NCCAA exam in June. Costs for this review are \$125 for members, \$175 for non-members and \$70 for students. Make sure to register for this review in your initial registration packet!!

In addition, an impressive line-up of speakers is in place. Topics include Anesthesia for Battlefield Surgery, Laparoscopic Gastric Bypass Surgery (which will include a simulcast of a gastric bypass surgery), Total Intravenous Anesthesia, Regional Blocks in the Outpatient Setting, Asthma, Medical Conditions Associated with Altitude Extremes, Perioperative Beta Blockade, Anesthesia for Liver Transplants, and the Anesthetic Management of Patients with Cerebrovascular Disease. We tried to take suggestions from previous meetings as to topics, so we hope you will enjoy this wide range of interesting presentations from speakers throughout the country. We also look forward to our student presentations towards the end of the weekend.

In addition, we are planning a job fair for institutions to recruit new employees and for AA students to enhance their job-search process on Sunday, April 25. Please encourage your anesthesia departments to sponsor a booth at this fair. Proceeds will go to the student fund for helping all students to attend the meeting this year. This is a great opportunity to promote your own institution as well as to encourage our students to attend the meeting!

Although we have shortened the meeting this year to 3 full days of speakers/presentations plus a day for the certification review and welcome reception, we are hoping you will enjoy some of the beautiful sites of San Diego. Over 80 golf courses dot the city of San Diego, or take a two-hour trolley or harbor excursion around the city. The amazing San Diego Zoo houses over 4000 animals of 800 different species, including the giant panda and koala bears, and The Catamaran Resort provides a wide array of watersports for hourly, half-day, or full-day rentals. Information will be provided upon your arrival to the resort, but feel free to book tickets or reserve tee times online at reduced prices. Information and tickets are available at www.thecatamaranresort.com or at www.sandiegogolf.com.

The annual meeting committee encourages you to take the time for what promises to be another outstanding AAAA annual meeting. This is the perfect time to celebrate the growth of our profession as we tackle more states and gain AA licensure. Information on airline and car rental discounts will be sent by email as they become available and will be included in the meeting packets. We look forward to seeing you there!



Inside AAAA

Certification Review for the 2004 Annual Meeting

By Dave Zagorski, AA-C

As you read in the previous AAAA newsletter, I have been working with several of our colleagues to put together a review course and mock exam for those taking the certification or recertification exam in June. We are currently putting together a mock exam, which will consist of 100 questions (half of the actual exam). Time constraints do not allow for a full 200-question examination. The question topics for the mock exam will be in the same ratios as the actual NCCAA exam. The mock exam will be given the morning of Friday, April 23rd, followed by lunch, grading of the exam, and a general review and discussion.

Since this is the first time a review of this type has been given for our profession, I have been in contact with other individuals who conduct reviews for their respective professions. Namely, I am in the process of acquiring “keywords” from the ABA (American Board of Anesthesiologists) to assist in the review. A packet of information will be distributed at the review course.

Anyone interested in further information, please contact me at DavenLynn15@earthlink.net. I look forward to seeing you in San Diego!

AAAA Newsletter Undergoes Changes

By Ellen Allinger, AA-C, Editor

Changes to *The Anesthesia Record* are happening to better serve AAAA members. No longer will the quarterly newsletter be denoted by the seasons. The newsletter now has defined deadlines for each issue that occur in three-month cycles. Therefore, the newsletter will be denoted by quarters. Each quarterly newsletter will cover news and events that have occurred from the second month of the previous quarter through the first month of the current quarter.

The biggest change, which will be completed occur mid-year, makes the newsletter available to all AAAA members sooner and will eliminate newsletter production costs for the AAAA. Beginning with the 2004 third quarter edition, the newsletter will no longer appear in hard-copy form. Instead, it will be sent in PDF format to all AAAA members by email. This makes it even more important that any changes in email address, along with any contact information changes, must be sent to Kari Birt, membership coordinator, at kari@anesthetist.org. In addition, the newsletter already appears on the AAAA’s website under the “Members Only” section. It took four weeks for the last newsletter to be delivered to my mailbox from the time it was mailed because of the holiday mail glut. On average, it takes six weeks for the newsletter to reach members’ mailboxes from the time it is finished for printing in PDF format. This delays members from receiving current information on events, legislative activities, and general information. Switching to electronic receipt of this newsletter not only gets information to members faster, it will allow the newsletter to become a source of revenue for the AAAA. Last year, the newsletter sold \$2390.00 worth of advertising. However, it cost the AAAA \$7,079.49 to print and mail the four editions of *The Anesthesia Record*. By eliminating production costs, the newsletter will no longer drain critical funds from the AAAA budget.

Innovative ideas like this are needed from members to make the newsletter a better AAAA membership service. If you would like to know more about the AAAA newsletter, please feel free to contact editor Ellen Allinger by email at moses@cetlink.net.

The President’s Message

Because of the tremendous amount of time and energy that he is putting into the Florida AA medical licensure bill right now, Rob Wagner is unable to write a message for this newsletter. However, he strongly urges all AAs to keep abreast of the Florida bill’s progress by logging in frequently to the AAAA “Members Only” section of the website and actively participating in contacting Florida legislative committee members and other Florida legislators.

... “Editor” (cont’d from page 1)

officer or director, we rarely see this rise within the AAAA leadership roles. This process is one of the ongoing goals of the current leadership.

Also, please remember that the leadership of the AAAA is committed to making decisions that are best for ALL AAs, not just those in certain areas or states. Decisions may not be popular with some AAs, but no decision made by the Board is taken lightly nor are they made without careful and sometimes arduous discussion.

The bottom line is that the members and leaders want the AAAA to evolve into a better organization. The questionnaire was one step in helping to identify those areas that member’s view as needing improvement. Changes are already occurring. But, we all must help to make these improvements happen. It cannot fall upon just the officers and directors to indoctrinate every aspect of advancement in making the AAAA a better organization. Call the management office (866/328-5858) and let them know that you want to help the AAAA. They will direct you to the appropriate person to get you involved!

Inside AAAA

National Affairs Update

By Pete Kaluszyk, AA-C

The holidays are over and a new legislative season has started off with a bang. The committee felt that the 2004 legislative session would start off slow and then build, but this has not proven to be the case. As of January 21, 2004, we have had three state bills introduced for the licensure of anesthesiologist assistants.

The first bill introduced was in the District of Columbia, just days before Christmas — Bill 15-634, “Anesthesiologist Assistant Licensing Act of 2003.” The bill does not have the Senate or House designation because the District of Columbia is a city council and not a bicameral form of government like the majority of State Congresses. Bill 15-634 had its first public hearing in the District of Columbia’s Committee on Human Services. The hearing was well-attended and included the Chairman of the DC Board of Medicine (DCBOM), Acting Administrator of the DC Health Professional Licensing Administration (DCHPLA), DC Board of Pharmacy, Chairperson DC Board of Nursing, President and General Counsel of the DC Association of Nurse Anesthetists, Medical Director of the Georgetown University School of Nurse Anesthesia, Nurse Anesthesia educators, the ASA’s DC District Director, Representative from the ASA headquarters in DC, Anesthesiology Directors and staff anesthesiologists from Washington Hospital Center and Providence Hospital where AAs are employed, Saral Vasudevea AA-C and Ashish Patel AA-C of the District of Columbia; and myself from the AAAA.

The one common agreement was that **ALL** of the above witness for this committee hearing supported passage of this Bill! This unanimous support for the basic idea of the need to license AAs in DC splintered in the details of the bill. The introduced form of the bill was sparse in defining our practice. However, it proposed that AAs must be licensed as general physician assistants first before they can be licensed as AA-Cs. The PA requirement was unanimously supported by organized nursing and unanimously opposed by the DC anesthesiologists and AAs, AAAA, and physicians from the two DC medical regulatory agencies.

The principal argument by nursing for the PA requirement was that AAs lacked prior “medical” experience, “holistic approach” to patient care, and, as a result, implied that AAs were not well trained and therefore unsafe. Organized nursing presented no evidence of any kind to back up these assertions. Counter testimony presented by the DCBOM, DCHPLA, ASA, DC anesthesiologists and AAs, and the AAAA argued strongly against this requirement. Evidence presented cited the successful 33 years of the AA profession in delivering safe anesthetic care; that AA accreditation, training, and certification process obviated the need for a general PA requirement, and

that the recertification process ensured a continuing educational process to address changes in clinical practice due to advances in the science of anesthesia. Saral Vasudevea AA-C and Ashish Patel AA-C gave excellent testimony as did a staff CRNA who testified in recognizing the clinical acumen of AAs and that the PA requirement was unnecessary.

The AAAA and our supporters in DC will propose amendments to the bill that will drop this PA requirement and help define the clinical practice for AAs in DC. The next hearing has not been scheduled on the bill as of writing of this article.

The next bill introduced was in Florida: SB 626 for medical licensing of AAs. The Florida Society of Anesthesiologists continues to strongly support an effort to have AAs licensed in their state. The FSA and the political supporters of SB 626 will be shepherding this bill through several committees. The first hurdle was successfully cleared on January 21st when the Senate Health Committee voted 9-1 in favor of SB 626. We will keep updated information on the AAAA website as to the progress of this bill.

The third bill was introduced by the Michigan legislature and it is SB 924. We have very little information as of press time but the bill was introduced on January 21st. Committee hearings are being scheduled and we will keep AAAA membership apprised of the progress of this bill.

The introduction of these three bills has already made this the busiest legislative season the AAAA has ever had in our profession’s history. In addition to the state legislature activity we have ongoing federal activity concerning the inclusion of anesthesiologist assistants as members of the Veterans Administration (VA) Healthcare system and TRICARE, the Federal insurance program that covers healthcare for the military. The AAAA has been proactive in ensuring a successful end to this process. However, there have been concerns.

Organized nursing has been mounting an effort for the past year to thwart the Veterans Administration from defining AA practice in the VA system. We have been monitoring this nursing activity, which included lobbying members of the US Congress to stop, or delay the VA/TRICARE from including AAs. The usual arguments citing training, experience, inferred safety concerns, and economic issues were presented to the legislators. We have been told that the VA process is on track and will be successful. The Chief patient Care Services Officer of the VA stated that a VA task force has recommended the inclusion of AAs into the VA system. The VA has also developed a Position Description (PD) and will issue a new VA Anesthesia Handbook that will contain PD for anesthesiologist assistants. The ASA sent representatives to the White House to

See “National Affairs,” page 5 . . .

Inside AAAA

Government Affairs Report

Theresa Green, AA-C, MBA

Let me introduce you to the newly organized Government Affairs Committee. We are a small subcommittee of the National Affairs Committee and I am currently the chair, although Mike Nichols is slated to fulfill this role in the near future. This group will focus on federal issues, which are national in scope, such as the Health Professions Network, Veterans Affairs, and the Department of Health and Human Services. Here's a little update on current issues.

First, the VA... As you know there has been a lot of interest from the Veteran's Affairs System leadership about getting AAs into the VA Health System. It appears that this is in fact happening — on two levels. First, AAs have been accepted as qualified authorized providers in the Tricare health insurance system. Although at the time of this printing the final rules of inclusion have not been published in the Federal Register, we are told by Tricare leadership as well as ASA leadership that in fact we have been authorized as providers and the delay is only due to administrative workload. I am always cautious until I see the final print, but this is definitely great news!

Second, the VA system itself has been interested in employing AAs and, despite outspoken and aggressive opposition, it appears that AAs will soon be free to work within the VA! In a letter from the Chief Patient Care Services Officer of the VA the AAAA was told:

. . . **"National Affairs"** (cont'd from page 4)

see if the VA process can be moved along. We have been trying to find out an estimated date as to when these rules would be adopted. There has been no clear answer as of yet, but we will make sure all members are notified.

On the TRICARE front we just received word that the Final Rules regarding AAs were approved. The Assistant Secretary of Defense has signed the document and it was sent to the U.S. Office of Management and Budget (OMB) on January 30. Typically the OMB reviews the process for 60-90 days and will respond to TRICARE's management. The ASA will meet with representatives from the Department of Defense in February to see if the process can be expedited.

The American Society of Anesthesiologists, which supports our inclusion in the VA/TRICARE system, has been **extremely** helpful in this matter. I would like to thank Theresa Green, who chairs the AAAA's Governmental Affairs subcommittee, for tracking this process and for her persistence in getting information to the AAAA. Please read Theresa's article in this newsletter for more specifics on the VA/TRICARE issue.

Another Federal project coming to an end is the Centers for Medicare and Medicaid Services (CMS) development of a separate service provider coding for anesthesiologist assistants. This coding is used on Medicare and Medicaid forms for reimbursement for services. Prior to this, AAs and CRNAs were lumped together and a single numeric code was used for both types of providers. CMS considers AAs and CRNAs to be equivalent providers under their provider rules. The AANA had asked that AAs be separated out and a separate code assigned. The argument was allegedly that inclusion of AAs somehow skewed the data concerning CRNAs. The AAAA supported this move as it clearly recognizes AAs a separate but equal provider. It further validates our profession and the safe care that we have provided for CMS patients. AAs will now be included in the coding taxonomy along with all other types of healthcare providers. Again, I would like to thank Theresa for taking on this project and shepherding it along.

Needless to say we need every AA to become a member of the AAAA in order to us to be involved in these state legislative activities and the VA and TRICARE projects. Additionally, all AAs should become educational members of the ASA and continue to solidify our professional relationship. Success in these areas will smooth the pathway to having new bills introduced in other states and help our profession expand and increase mobility.

"The findings of the task force support the use of AAs in the delivery of VA health care without any compromise in the quality of care and patient safety. Using AAs in the delivery of health care provides management flexibility that is clinically appropriate in order to meet specific market needs. Expanding provider options will better enable VA to provide the timely care that our Nation's veterans deserve."

Since this letter, the VA has completed a prototype Position Description (PD) for the potential hiring of AAs and will issue a new Anesthesia Handbook that contains our PD. Diane Turpin, Associate Director of Governmental Affairs for the ASA in DC communicates that the ASA has been hard at work successfully negating the misinformation and opposing opinions advocated to the VA leadership. Diane and other ASA Governmental Affairs associates are to be commended and the AAAA is extremely grateful for their help.

Health Professions Network remains a priority for the Government Affairs Committee. The next HPN meeting is in Houston on March 11-13. Fifty leaders from allied health organizations nationwide will come together to collaborate on health care issues, set the agenda for promoting allied health for the next 6 months and listen to expert speakers discuss relevant topics. This promises to be another outstanding HPN meeting, and I will report on it in the next newsletter.

Great news on all fronts!! Long live AAs!!

Inside AAAA

Call to Action

By Mike Nichols, AA-C, Legislative Fund Chairman

To Fellow AAs:

The opportunity to see our dreams of nationwide recognition and practice become a reality is more within our reach than ever...unless inattention gets the better of us and we let the chance slip through our fingers! For years the AAAA has steadily grown larger and more influential, yet too many members seem disconnected from the realities our profession is facing.

We can't afford to let that continue!

Newton's First Law of Physics tells us that for every action there is an equal and opposite reaction. Over the past few years, the AAAA's actions have been to promote the profession and expand our practice into new states.

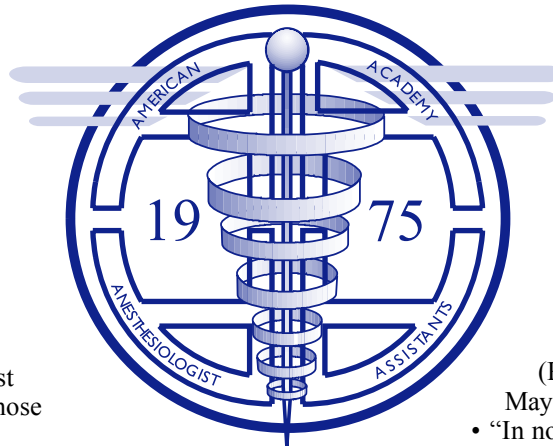
The reaction has been an embracing by anesthesiologists and staunch opposition by the American Association of Nurse Anesthetists (AANA).

The AAAA has consistently avoided confrontational approaches of opposition to the AA profession in the belief that taking the 'high-road' would yield the best results for everyone overall. However, the tactics of the AANA are publicly displayed wherever the AA profession is a subject for consideration, and it is in the best interest of the profession that AAs know what those tactics are.

The AANA has consistently targeted our profession in a smear campaign and an unrelenting attempt to undermine support for our growth. The AANA has spread rumors, lies, and misinformation to local, state, and federal legislators, anesthesiologists, surgeons, military personnel, and the public. However, the worst offense has been to spread these untruths about our profession to their very own members. These are the same CRNAs who will be working side-by-side with AAs in the near future, if they don't already.

The excerpts below are a representative sampling of the statements the AANA has used, but these statements are a mere fraction of what is circulating...

- "Licensure to AAs may actually discourage people from going into nursing..." (Florida Association of Nurse Anesthetists [FANA] website)
- "The vast majority of Americans would not want their anesthesia care to be provided by AAs..." (Press Release, www.aana.org, May 29, 2003)
- "Americans should be alarmed that there is a movement to have AAs recognized in more states..." (Rodney Lester, President AANA, May 29, 2003)
- "...the public is not comfortable with the idea of AAs providing their anesthesia care, for good reason..." (Rodney Lester, President AANA, May 29, 2003)
- "The use of AAs is bad healthcare policy..." (www.aana.org, May 28, 2003)



- "...they [AAs] are not merely as educated or experienced as CRNAs..." (Rodney Lester, President AANA, May 29, 2003)
- "...Anesthesiologist Assistants, who do not have the extensive training of a registered nurse, would be 'an experiment,' using Florida patients as 'unwitting test subjects.'" (John Nawalanic, President FANA, *Orlando Business Journal*, March 17, 2003)
- "To suggest that AAs are the solution to the [anesthesia] provider vacancy situation is ludicrous..." (Rodney Lester, President AANA, May 29, 2003)
 - "A surgical team confronted with a crisis in the OR does not want to peer to the head of the table and find only an 'assistant' administering anesthesia..." (Frank Purcell, Director AANA Federal Governmental Affairs, *AANA News Bulletin*, October 2003)
 - "...the ASA goes out and extols the virtues of the AAs whose safety record has never been studied, and whose educational background pales in comparison to that of anesthesiologists and CRNAs." (Rodney Lester, President AANA, May 29, 2003)
 - "In no way should anesthesia care given to our military families be left to an AA..." (Frank Purcell, Director AANA Federal Governmental Affairs, *AANA News Bulletin*, October 2003)

We cannot allow the public perception of AAs to be defined by someone with these motives. Despite ample public evidence to the contrary, these lies continue to be presented as "information" about AAs.

Consider these facts:

- The AAAA has *never* claimed an AA to be a superior clinical provider to a CRNA, merely that we are at least as equally well-trained and competent to offer the highest level of patient care as a CRNA.
- AAs have been providing exceptional anesthesia care for over 30 years and maintain the support of anesthesia departments, surgeons, and medical institutions with which AAs are associated.
- In numerous clinical outcome studies, the Anesthesia Care Team (ACT) consisting of an anesthesiologist and an anesthetist has proven to be the safest means of delivering anesthesia care to patients.
- The ACT concept is endorsed by both the ASA and the AAAA while the AANA strives continually for independent practice.

See "Call to Action," page 7 . . .

Inside AAAA

Education Committee Update

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

As was mandated by our organization's newly ratified Bylaws, a new standing committee has been created which supports the education of Anesthesiologist Assistants. The objectives of the committee as they exist today are:

- To act on behalf of the American Academy of Anesthesiologist Assistants as an informational conduit on education, training and recruitment of Anesthesiologist Assistant students.
- To act as the primary contact group for all inquiries directed to the AAAA and pertaining to the education, training and recruitment of Anesthesiologist Assistant students.
- To update the organization on requests for information relating to the education, training and recruitment of Anesthesiologist Assistant students.
- To produce documents on behalf of the organization that:
 - Illustrate commonalities and differences between existing and proposed educational programs.
 - Support the quality of education, training and recruitment of Anesthesiologist Assistant students by utilizing statistics and statistical analysis.
 - Explain differences between broad-based, ARC-AA approved Anesthesiologist Assistant education and local practice.

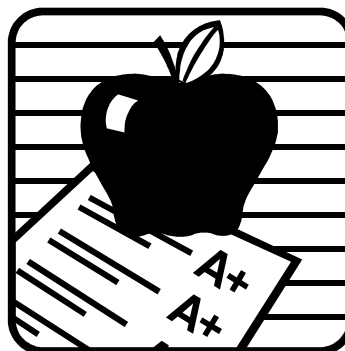
- Detail the history of Anesthesiologist Assistant education.

I was initially named as the chair of this committee, but recently I was forced to resign due to other commitments.

I intend to remain as a working member of this committee as does

Bill Paulsen, AA-C, Ph.D., the former Emory program director and founding father of the new program at South University in Savannah.

Currently, the AAAA Board is actively seeking AAAA members to join this committee and for a motivated person to act as chairperson. New ideas for direction, leadership and vision are welcome. Please contact Rob Wagner through



the AAAA office (866/328-5858) for information on how you might get involved in this very worthwhile endeavor. Bill Paulsen, Rob Wagner and I have all been named to the ASA Task Force on AA education. This AAAA committee will act as the pipeline between our organization and those in the ASA who are truly interested in the proliferation of our profession.

. . . "Call to Action" (cont'd from page 6)

- In a nationwide survey, conducted by the AANA, shows that CRNA students graduate with an average of 1595 clinical hours of training whereas AA students graduate with an average 2300 clinical hours.

The question is this: If any of the propaganda that the AANA releases is true, then why are they worried? Why is the AANA spending hundreds of thousands of dollars making commercials, taking out advertisements, and lobbying so ardently against the AA movement? Why does a profession of ~700 current practitioners represent such a threat to a profession of 30,000?

The answer is obvious: it is a good ole 'turf-war'. In the states where AAs do not practice, anesthesiologists are the only medical specialty that does not have a choice in physician-extenders. The AANA would like to keep it that way. At the same time that the AANA tries to escape the confines of supervision by *any* physician, they attempt to decimate our profession, apparently to preserve the monopoly they hold as anesthesia physician-extenders. The AANA has used the current and future anesthesia provider shortage as fuel for their argument in support of CRNA independent practice. Therefore, they oppose any profession that alleviates that shortage in any way, especially a profession that works in concert with anesthesiologists, and supports the ASA ideal of anesthesiologist oversight.

Everyone reading this letter knows the exceptional level of training and high-quality patient care that an AA offers. Likewise, the American Society of Anesthesiologists (ASA) has recognized and embraced the profession as a premier clinical provider. But being part of such an honorable profession brings with it certain responsibilities; the responsibility to support your national organization, the responsibility to nurture and train new AAs and fresh leaders, and the responsibility to stand up for the profession and take pride in your trade.

Now is the time to do something! It has been said that "...in the absence of true leadership people will listen to whomever steps up to the microphone." Our opponents cannot be the only ones stepping up to the microphone. We can only assure that our voice is heard with the broad and generous support of all AAs.

Winston Churchill is quoted as saying, "Stand up and speak for yourself before someone else does." Take that one step further and stand up and speak for your profession and organization before the AANA does. Get involved, join the committees, donate to the Legislative Fund, support the AAAA, and watch where we go...

Inside AAAA

About Your Management Office

AMR: Who we are and what we do for AAAA

An association's strength can be measured in part by the counterbalance of the practical knowledge of its board and committees and the association management skill of its executive director. Since the advent of the information age, credentials and the benefits of specialization increasingly influence personnel decisions. If you need an electrician you don't hire a plumber. If you need a pediatrician you don't hire a podiatrist. Similarly, when an association needs an executive, hiring someone who already has association management experience seems an obvious choice.

Located in Tallahassee, Florida, AMR brings together the resources of 10 professional association staff who report to an Executive Director. Together your staff has over 45 years of combined association management experience. We work together, as a team with your leadership, to assist AAAA in many areas.

Susan Cabrera is the AAAA Executive Director. AAAA benefits from her broad range of experience. Susan frequently meets with the association's leaders to assist them in identifying goals and plan strategy, designing new projects, creating management solutions, and to offer different perspectives on organizational trends. Susan regularly reviews all activities of the association and maintains daily guidance and control over key issues.

Liz Langston is the center of your association's daily activities. Liz is experienced in every aspect of operating a not-for-profit organization. She works closely with Susan and your association leadership on a daily basis to manage and coordinate all activities and association programs. Liz also facilitates communication among board and committee members, helps implement board policies and directives, and will identify future strategies that can benefit AAAA.

Kari Birt is the Membership Coordinator. She strives to increase membership and ensure that all membership rosters are complete and correct. Kari is always available to answer membership questions. Under the guidance of AMR, 86 new members joined the AAAA between June of 2002 and September of 2003.

Sandy Watts is the Director of Marketing and Development. A successful association must maintain a level of non-dues-related income. In an effort to strengthen the viability of AAAA, AMR works together with your leadership to solicit financial support through newsletter advertisements, exhibitor booths and sponsorships, and other forms of non-dues revenue.

Kim Watson is the Director of Communications. She ensures that AMR can offer the latest computer technology, with

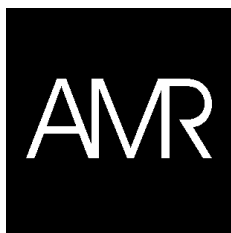
software capabilities for word processing, database management, statistical reporting, spreadsheet projects, desktop publishing, and Internet web management. Kim is experienced in all communication mediums, from newsletters and magazines to fax broadcasts and web sites (and don't forget conference materials!). AMR believes that professional and accurate communication inherently molds a member's — and the public's — perception of an association. Kim designs initial concepts and works with volunteer leaders in finalizing designs and printing to produce eye catching and informative materials for AAAA.

Dianne Lynn is Director of Meetings. An exciting, meaningful meeting is one of the keys to long-term membership retention and growth. This means well-planned programs, proper site selection, enjoyable social events, and educational sessions with substance. Dianne is well prepared to lead AAAA in accomplishing those goals, having organized hundreds of meetings in a wide variety of settings and formats. Program development, promotion, registration, financial management — even badge and program printing are handled in-house, ensuring that all attendees have complete and detailed information.

Julie Walsh and Anita Puente-Brown staff our financial department. Julie handles day-to-day accounting functions, such as payment of bills and bank deposits. Day-to-day bookkeeping and monthly financial reconciliation are provided through computerized accounting software. With this service, we are able to provide informative and accurate financial statements that fairly present your financial position. Anita ensures that AAAA funds are maintained in its own separate account. She maintains all accounting records and supervises the management of investments. Anita and Julie work together to prepare annual budgets for board approval, reconcile accounting records to membership and non-dues revenue databases, and perform fiscal year-end analysis.

Nancy Moreau and Meredith Gerold round out the staff. Nancy and Meredith function as Administrative Assistants for AAAA, assisting all staff members with mailings, filing, and daily operations.

The skills and expertise of AMR's staff are keys to helping AAAA maintain high administrative efficiency as it achieves the goals set by your leadership. We dedicate ourselves to working with you to maximize resources while providing responsive, personalized and professional services. That way, you can achieve your full potential.



Association Management Resources

Professional News

Patron Saint Of Anesthetists

By Mike Nichols, AA-C



Saint Rhenatus (René) Goupil entered the Jesuit novitiate in Paris in the early 17th century. However, his deafness prevented him from joining the order. He studied medicine of the time diligently, and in 1639 volunteered to work as a medic for the Jesuit missionaries in the New World (present day Canada).

St. René worked in a Quebec hospital until 1640, then accompanied Saint Isaac Jogues on his many missionary travels. It was on one of these excursions that Saint René and the rest of the missionary workers were captured by the Iroquois Indians, the

territorial enemies of the Hurons, for making the sign of the cross over a child's head. Enduring months of torture, he was finally killed in late 1642, becoming the first North American martyr. However, prior to his early demise, Father Isaac received René into the Jesuits as a religious brother.

Rhenatus Goupil was canonized on June 29, 1930 by Pope Pius XI. His death by tomahawk in the head has led to his patronage of people who work with, or receive, anesthesia.

Anesthetists Prayer to St. René

St. René, Patron of true Anesthetists, who imitated the Divine Physician in so wondrous a manner, intercede for me engaged in this ministry to the sick. Gain for me proficiency, faith, understanding, love and courage in my vocation: and help me to see Christ in the patients, whom it is my privilege to serve.

Plead for me at the Throne of the Divine Physician, that I may be able to devote my entire energy to the task at hand and be free from distractions, deceit, worldliness, and unworthy emotion. Seek for me the confidence, the self-reliance, and the tact to do that which is right and necessary without any hesitation, despite whatever difficulties may arise during the course of this anesthetic. Obtain for me the moral courage to work always in accordance with God's holy law.

Grant that in my small way I may serve not only to alleviate pain but also to draw myself and others to love of God. Amen.

O, St. René, gracious Patron, hear my prayer. Help me with this anesthetic.

Material gathered from Catholic Online and the Patron Saint Index – Prayer reprinted from Rev. Hugo Koehler.

GSA offers Affiliate Membership to AAs

The Georgia Society of Anesthesiologists (GSA) amended its bylaws in July of 2003 in order to allow Georgia AAs and Georgia AA students membership to this society. The GSA is the first ASA State Component Society to officially change its membership categories to allow AA membership. The requirements for educational affiliate membership are stated thus in the Amended and Restated Bylaws of the Georgia Society of Anesthesiologists, Inc.: "1) He or she is licensed as a Physician Assistant in the category of Anesthesiologist Assistant by the Georgia Composite State Board of Medical Examiners, 2) and is a graduate of a CAAHEP accredited program for the Education of Anesthesiologist Assistants." The cost of this membership is \$100. Educational Affiliate Student Membership is also available to AA students in the state of Georgia for a cost of \$50.

Anyone who qualifies for membership and wants to apply should contact Jenni Ginepri, GSA Membership Manager, Cornerstone Communications Group, 1231 Collier Road, Suite J, Atlanta, GA, 30318, 678/222-4224 (direct) or (404) 249-8831 (fax).

Update on South University AA Program

The AA program in Savannah, GA, has achieved several milestones. The Georgia Nonpublic Post-secondary Education Commission (GNPEC) granted approvals following a site visit in November 2003. Accreditation was granted through the regional accrediting body, The Southern Association of Colleges and Schools (SACS) in December 2003. Also in December, a legal agreement was consummated for a ten-year period between South University, Mercer University and the Mercer University School of Medicine, and Memorial Health University Medical Center. Additional affiliation agreements are forthcoming.

Application forms were sent during the third week this past January to approximately sixty potential applicants without any marketing or official announcement of the new program. The official announcement should occur the first week in February 2004. A secretary has recently been hired and, after interviews, an offer to the Educational Program Coordinator should be made in early February. A contract is being prepared for the program's Director of Clinical Affairs, Stacie Wong, MD. A site visit for the ARC-AA will be scheduled through CAAHEP, possibly in May.

The opening of another AA program heralds what hopes to become a growing trend. Although the AAAA has no direct input into the development of any AA program, the AAAA does support the accreditation process by sponsoring two AAs on the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) of the Commission of Accreditation of Allied Health Education Programs (CAAHEP). For more information on this accreditation process, visit CAAHEP's website at www.caahep.org.

The Student's Page

Loan Me This, Loan Me That

Kate Bell, CWRU MSAS I

I can't decide which day was more exciting, the day I was accepted to the MSA program or my first day as an MSA student. For many of us, joining the program meant a move far from home and familiarity, and for others it was just a hop down the street or over a couple of counties. However, one thing is quite common — the always-present Department of Financial Aid.

No matter where you go, what you do, or what level of education you are working on as a student, much of your time is spent reasoning and planning the financing to pay for tuition and other educational expenses. For some students, it doesn't stop there — many have families and other commitments that have to be taken into account as well. Consequently, financial aid becomes a mainstay in many lives.

Many students, especially MSA students, pay for their education and living expenses with loans. These loans are usually government loans with low interest rates or loans arranged between the financial aid office and a bank. They come with all of the usual paperwork, such as the FAFSA and the school's financial aid application, and must be renewed every year. With all of the paperwork, phone calls, and trips to the aid office to make sure the paperwork is complete and correct, the aid situation can become quite confusing.

The estimated cost of attendance for one year of this program is \$30,000 plus money required for living expenses. The cost is not bad, relative to the ability to pay loans off after graduation. The object is to borrow a minimal amount of money in order to lower the total amount required to repay the loans when all of your schooling is complete. As with any budgeting, this becomes quite a juggling act, especially when you have to decide between things you want and things that you need. Your thought process starts to shift toward questions like, "Do I just really want this Big Mac, or do I need it for nourishment?"

Spending the majority of our time focusing on learning in the OR and in classes, the practicality of having a job now seems far-fetched. The reality of having a high-paying job in another year and a half (and being able to buy as many Big Macs as I like) seems like an awfully long time away. So for right now, the majority of students don't have a steady income, but rather a ration of money every four to five months. Generally, these rations supply us with about \$200-\$250 per week, and are spent on rent, utilities, food, books, gas/parking, car insurance, etc. Fortunately, many of us have roommates to share our expenses with or have found accommodations that are suitable based on our allotted income. Also, some people have support from parents or significant others when funds are a little on the scant side.

When all is said and done with the Financial Aid Office, it is a strange feeling to have an income that is loaned to you, because it means that everything you buy with it is loaned to you as well. However, one thing that you do come to own out of the whole mess is the education and experience that you will carry with you for your entire career. It can seem very overwhelming and intimidating, but for all of the worry about money, the opportunities that are presented to us as students in this program are priceless.

The Torch of Vigilance

Tiffany Lewis-Roberts
CWRU MSAS I

With the new year beginning, we often look back to what we accomplished over the past year and how far we have progressed. New applicants are arriving to interview for both of the MSA programs and we are reminded of the pillars our profession is built upon.

It is important as students to be cognizant of our actions and what we want to stand for as future AAs. It is important to realize that we represent not one person, but a whole community of Anesthesiologist Assistants. Our actions, demeanor, and work ethic reflect upon ourselves as well as the rest of the anesthesia community.

As a community, we must look out for one another, put in our own due diligence, and afford ourselves the ability to accept constructive criticism. By doing this, we make ourselves better professionals and valued colleagues.

As a member of the anesthesia care team, we always have a watchful eye on us. Professionalism and preparedness is key to us as students and future anesthesiologists. Being prompt, friendly, well groomed, respectful, courteous, and prepared will serve us well always. Our main role as anesthesia providers is to bear the torch of vigilance. In our profession, vigilance includes attentiveness towards our patients, but also awareness of our own behavior. As students, we reflect our instructors and as such it is important for them to act in a manner that builds a foundation for us to follow.

With all this in place, we as students have an opportunity to create a strong basis for a long-lasting career in anesthesia. It must not be forgotten that in the end, we are entrusted with patients' lives as well as our own.

The Program

Trent Harris, CWRU, MSAS II

"The Program." Who can forget when they first heard of it? No way! Are you serious? How did I not hear of this before? Getting accepted was another big day we can all relate to — Hooray! Then came the first day of class, a bit daunting to say the least. I am going to spend the next couple years exclusively with these 13 other people. Such a small class, tight quarters, would we get along? An enthusiastic yes, we got along famously.

Starting with the summer crash course on anesthesia and some ill placed IVs, followed by fun times outside of school and

oddly, fun times even in school, we became comrades. We all had similar experiences and difficulties. Homework — bam, clinicals — slam, tests and more tests — wham! There aren't enough hours in the day, help! Just gotta keep plugging away, can't fall behind. We studied together, drank gallons of coffee, and eventually we got the hang of this thing called anesthesia.

Then along came Florida and the AAAA conference, a trip that would segue the most difficult year of our lives with a slightly easier one. Take a breath; you've made it this far, now don't screw it up. Actually I should say that we made it this far — together. There is not a single person in our class that I don't consider being a friend. Thanks — to my fellow classmates and thanks — to "The Program."

Opportunities

JobLine Listing

Locum Tenens:

Work in any state in which currently uses AAs. Contact: Shoshanna French at 866-773-4252 ext. 2

Georgia:

Georgia Anesthesiologists, PC, Wellstar Kennestone Hospital, Marietta;

Contact: Mr. William Worzala at fax 770-794-3108 or bworzala@gasdocs.com

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 of Atlanta

Contact: Dr. John H. Stephenson at 404-851-5638 or recruiting@psa-online.net

Anesthesia Associates of Columbus, PA
Contact: Dr. Siddique at fax 706-324-4052 or najeeds@sidd8.com

Gainesville

Contact: Michelle Taylor at 770-534-1312 or michellet1@bellsouth.net

Phoebe Putney Memorial Hospital, Albany. Contact: Bill Orr at 229-888-7000 or wporr@mchsi.com

Anesthesia Associates of Macon @ Coliseum Medical Center

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

Memorial Health Anesthetist, Inc., Savannah.

Contact: Terry Cline at terrycline@amsol.biz

Regional Anesthesia Associates, Columbus. Contact: Jack Morana at 706-571-1427 or jack.morana@crhs.net

Ohio:

Cleveland Metropolitan Area

Contact: Dr. Abramoff at HRMA@aol.com

Texas:

Beaumont. Contact: Tyler Wilkerson (recruiter) at 800-262-4194 x1459 or twilkerson@alliednet.com

North Houston Anesthesiologists

Contact: Dr. Scott Huie at schuie@kingwoodcable.com

Dallas/Fort Worth, Pinnacle Anesthesia Consultants. Contact: Bob Lovelady at 972-377-0693 or blovelady@pacdoc.com

District of Columbia:

Walter Reed Medical Center

Contact: careers@hjf.org

Washington Hospital Center

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

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

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Reply to:

ATTN: John H. Stephenson, M.D.

Physician Specialists in Anesthesia, P.C.

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Suite 530

Atlanta, GA 30342

404-851-5638

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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.

April 3 – 4 — Lake Buena Vista, FL
ASA Workshop on Transesophageal Echocardiography (Offering 14 hrs in category I AMA PRA credits)
Contact: ASA Executive Office at 847/825-5586 or j.schulz@asahq.org

April 3 – 9 — Cozumel, Mexico
New Horizons in Anesthesiology (Offering 25 hours in category I AMA PRA credits)
Contact: Emory University School of Medicine Continuing Medical Education at 404/727-5695 or 888/727-5695 or cme@emory.edu

April 23 – 27 — San Diego, CA
American Academy of Anesthesiologist Assistants 2004 Annual Meeting (Offering 20 hrs for lectures + 6 hrs for certification review course in category I AMA PRA credits)
Contact: Susan Cabrera at 866/328-5858 or susan@anesthetist.org

April 23 – 24 — Albuquerque, NM
CAAHEP Annual Meeting
Contact: CAAHEP at 312/553-9355

May 3 – 5 — Washington, D.C.
ASA Legislative Conference
Contact: Michelle Omar at 202/289-222 or m.omar@asawash.org

May 15 — Austin, TX
Texas Society of Anesthesiologists Interim Meeting
Contact: TSA at 512/370-1659 or info@tsa.org

May 20 – 23 — San Diego, CA
California Society of Anesthesiologists/ University of California — San Diego Annual Meeting and Anesthesiology Review Course
Contact: Cammie Pisani at 650/345-3020 or cpisani@calsocanes.com

June 10 – 13 — Kiawah Island, SC
Daily Anesthetic Challenges (Offering 15 hrs. in AMA PRA category 1 credits)
Contact: Medical College of GA at 706/721-4642 or register online at <https://secure.csrnet.com/mcgconed/>.

June 17 – 20 — Amelia Island, FL
Carolina Refresher Lectures: Care of the Surgical Patient (Offering 20 hrs. in AMA PRA category 1 credits)
Contact: University of North Carolina at Chapel Hill Office of CME at 919/962-2118

July 31 – Aug. 1 — Perdido Beach, AL
ASA District IX Meeting — Anesthesiology Update
Contact: ASSA at 334/954-2577 or ASSAexec@aol.com

July 31 – Aug. 1 — Vail, CO
Colorado Society of Anesthesiologists Annual Meeting
Contact: CSA at 303/770-6048 or jan@ezlink.com

July 31 – Aug. 1 — Hilton Head Island, SC
Georgia Society of Anesthesiologists Summer 2004 Meeting
Contact: Jet Toney at 404/249-9178 or jet@cstone1.com

Sept. 30 – Oct. 3 — Atlanta, GA
Intraoperative Echocardiography in the 21st Century
Contact: www.emory.edu/CME

Oct. 23 – 27 — Las Vegas, NV
ASA Annual Meeting (Offering 45 hours in AMA PRA category 1 credits)
Contact: ASA Executive Office at 847/825-5586

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