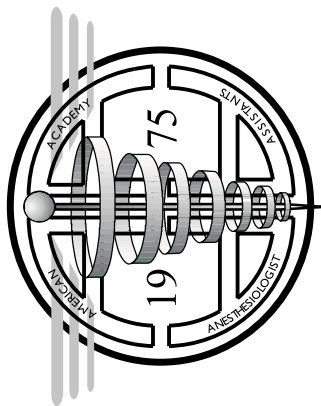


The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants 3rd Quarter 2004



The President's Message

By Rob Wagner, AA-C

I want to congratulate the 2004 graduating classes of Anesthesiologist Assistants from Case Western Reserve University and Emory University. I have had the privilege to meet most of these enthusiastic and well educated anesthesia care providers. They have been trained extensively to work within the anesthesia care team, and to provide the absolutely best patient care. The AAAA and its members wish you the best of health and continued success in your new careers. We are all honored to call you our colleagues.

I had already written this article before attending the Emory Anesthesiologist Assistants' graduation ceremonies for the class of 2004 on August 14. I had to go back and rewrite this article because what I saw, learned, and was reminded of may have been forgotten by many of us.

Patrick Kelly, AA-C (Emory class of 1978), known for his interest and enthusiasm for teaching individual students the art of pain management, was honored as the selected commencement speaker at the graduation of Emory's AA students. Pat captivated the audience by giving an inspirational, informative, and a humorous commencement address (as to be expected). Pat emphasized that the future of our profession is dependant on everyone's "involvement and support". These are the two ingredients required for the success of our profession and they begin by joining the AAAA, ASA, and state societies.

Those of us who know Pat know that he is an extraordinary individual who has accomplished so much and given back to the community twice as much. His love for life, family, and his job was emphasized throughout his commencement address. He told us that the most rewarding times in his life have been helping his patients. Pat reminded us to respect, cherish, and learn from our patients. Taking the time to make every day special for our patients, families, and friends will be the best gift that we could give to all of them.

Another special moment of the ceremony was when I watched as Rhea Sumpter, an AA of almost 30 years, received the "Clinical Educator Achievement Award". This award is given by the AA students to the AA who has had the most educational influence on them during their training.

I listened as Rhea spoke of how important it is for all us to be reminded that we all were students at one time and that we all continue to be students throughout our lives. He also spoke of how pro-active and enthusiastic every practicing AA should be when they have a student in his or her room. We can all still remember our days of anesthesia training. How apprehensive we were when we entered the hospital for a new rotation. Keep those memories in your thoughts when you have an AA student in your room. Remember, the AA that you are training today will be your colleague tomorrow.

The Florida Medical Board (FMB) had planned to meet on August 13, 2004, in Tampa, Florida, to continue their work on writing the rules and regulations for AAs. This meeting had to be canceled because of hurricane Charley and the threat to the Tampa Bay area. The FMB has rescheduled the meeting for early September. I plan once again to attend this meeting along with the AAAA's legal counsel, Mr. Dave Paragus. The FMB has a very good understanding of the AA profession and is dedicated to making sure that the AA rules and regulations in Florida follow our recommendations for AA practice. I will keep you informed over the next few weeks as to the progress of the FMB.

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The Editor's Column

By Ellen Allinger, AA-C, Co-Editor

A big note of "Thanks" needs to go to those AAAA members who inform the AAAA leadership of items that they find which pertain to Anesthesiologist Assistants. Several members have informed the AAAA office and the organization's leaders of issues and news items that could potentially adversely affect our profession. Because of these notifications, the AAAA leadership has been able to take action which has proved beneficial for all AAs.

Most recently, the AAAA leadership was informed of a statement which appeared on Senator John Kerry's presidential campaign website. (This is in no way an endorsement for one presidential candidate over another. This is simply a statement of facts.) The following statement appeared on the Kerry website in February of this year:

"Kerry will raise the outrageously low Medicare reimbursement rate for nurse midwives, removing a barrier that prevents CNMs from caring for disabled women. *He will fight efforts by the Department of Defense and the VA to utilize underqualified anesthesiologist assistants as providers of anesthesia care.*"

Once notified, the AAAA Board, comprised of its directors and officers, discussed this issue and produced a letter to Senator Kerry which outlined the qualifications of AAs and the obvious uninformed nature of this statement. It is also known that several AAs individually wrote letters to Senator Kerry in regard to this statement about their profession. In addition, AAAA President Rob Wagner made efforts to speak with the Kerry campaign when it came to Georgia several months ago. Also, the ASA legal advisors were made aware of this anti-AA statement. As a result, this statement was removed from the Kerry website. To date, the AAAA is still waiting for a reply letter from Senator Kerry or his campaign staff. However, the fact that the statement was removed reveals that it produced enough backlash to warrant action. Good work, everyone!

Other items come in to the AAAA office and to the Board which provide useful information. One AAAA member has been supplying the leadership with a CRNA newsletter which often has suggestions of restraint of trade actions against AAs. The anti-AA ad which appeared in the armed forces publication *Stars and Stripes* by the AANA during the process of TRICARE considering AAs as a recognized anesthesia provider was brought to the attention of the AAAA Board by an individual AA. All of these examples show how much the leadership of the AAAA needs the help of its members.

It is nearly impossible for the volunteer leaders of the AAAA to keep up with the plethora of information that is placed in the public domain which mentions AAs. If you see printed material which contains anti-AA statements or incorrect information regarding the AA profession, please email or send by USPS copies of this material to the AAAA office and notify AAAA leaders. It is this kind of concerted effort which builds a stronger organization and keeps the AA profession moving forward.

. . . "President's Message" (cont'd from page 1)

The ASA annual meeting is the most significant national meeting that the AAAA leadership attends. This year plans to be a very busy year for the AAAA at the ASA meeting. The AAAA will be well represented at the ASA meeting this year in Las Vegas by having a booth for the members of the ASA to ask questions about our profession. If you plan on attending the ASA, please let the AAAA office know. A great way to learn and get involved in your profession is by volunteering to work in the AAAA's booth.

With great enthusiasm I can say that your involvement in the AAAA is at an all time high. We must maintain this pace in order to continue the success of our profession. You will soon have the opportunity to vote for the candidates you feel should be the next leaders of the AAAA. Please take the time vote!

Inside AAAA

29th Annual AAAA Meeting — Building Bridges in Florida

By Sandra Madariaga, AA-C, MBA

We are well underway planning the 2005 Annual AAAA meeting. It is an exciting and dynamic time for us in Florida, so we have decided to return to the sunshine state for our meeting. We will enjoy the Gulf coast beaches in St. Pete Beach, Florida at the family-friendly Tradewinds Island Grand Resort while building bridges between our membership and many Florida anesthesiologists with whom we could be working soon. Although we have held our meetings many times in Florida in the past including Destin and Orlando, this meeting will be different and more important.

It is a great opportunity for us to make a positive first impression as an organization and meet and mingle with so many that have worked so hard and are so excited to have us in their state, namely the Florida Society of Anesthesiologists. It is up to us to have a great showing at this meeting as a unified front. It is our moment to show off our professional organization and shine! Please make every effort to join us in Florida and make this the best and most attended meeting.

We have taken into consideration all the comments and suggestions we received in San Diego. We have made changes to improve the meeting schedule by maximizing the number of CME credits, including optional workshops, and allowing for plenty of free time for everyone to enjoy the surrounding attractions in the Tampa/ St. Pete Beach area. Or, choose to

simply relax on the beach and enjoy the many hotel amenities.

The meeting will begin Saturday morning, April 9th, with education sessions allowing for the members who cannot attend the entire meeting to join us for the weekend only, attend the optional workshops or certification review, and receive up to 14 CME credits. Education sessions will continue through Tuesday, April 12, 2005. We are reserving Friday evening for early registration and something new: class reunions! If you have ideas, and would like to help us round up your friends for this event, please let us know by contacting the AAAA management office. We hope to have 5, 10, 15, 20+ year reunions. The more input we have, the more fun this event will be. Bring your memories, pictures, or slide-shows and stay for a great meeting.

We are working on a balanced mix of topics to reflect our scope of practice. As before, students will have an opportunity to make presentations sponsored by an anesthesiologist. There will be time to visit the exhibit area. There will once again be a job fair and student social. We will be welcoming the first students of the South University AA class, and possibly even have events where the three schools compete and are cheered on by their school's alumni.

We will give you more information as speakers, topics, and the meeting specifics are finalized, but it is not too soon plan on joining us in April 2005. See you in Florida!

What Does John Kerry Have To Do With the AAAA?

Mike Nichols, AA-C

In February of this year, many of you brought to our attention the mention of anesthesiologist assistants on the campaign website of Senator John Kerry. Much to our chagrin, these comments were not flattering to our profession. While proclaiming a broad-based support of advanced practice nursing, Senator Kerry said that he would work tirelessly to prevent "...the use of unqualified and under-trained anesthesia assistants on our veterans and military personnel..."

As we all know, Senator Kerry, and others were unable to prevent our introduction into the TRICARE System, as we were officially included into the Federal Register in May of this year. However, due to the high-profile nature of these negative comments, the AAAA felt that a response was in order. After repeated attempts to contact Senator Kerry's campaign by members of the leadership, Deb Lawson, the Vice Chair of our National Affairs Committee, authored a letter to Senator Kerry. This letter expressed our concern over his comments and attempted to explain the history of Anesthesiologist Assistants and the nature of our profession.

In May, Ms. Lawson received a reply letter from Senator Kerry. Within the text of this letter were many false statistics and untrue statements. Due to the events leading up these comments

(i.e. TRICARE, Florida, Louisiana, etc.), it was felt by the AAAA leadership that Senator Kerry had been the victim of the same smear campaign and anti-AA propaganda by those opposed to our profession that we have seen repeatedly during our legislative efforts. Because of this, the leadership decided that another letter to Senator Kerry was in order.

In June, a second letter of concern was sent to Senator Kerry; this one being authored by myself, with the help of several members of the leadership, the AAAA legal counsel, and the ASA Governmental Affairs Director. This letter pointed out the misinformation, and corrected the untruths with factual statistics and documented literature. At the time of this Newsletter publishing, there has been no attempt by Senator Kerry to contact the AAAA with regards to our concerns.

Due to the highly sensitive nature of these correspondences, and the desire of the AAAA not to influence our members' political inclinations, we have decided not to release any of the actual letters until we have heard a response from Senator Kerry. Should we not receive a response by November, the AAAA will release the letters to all members via email.

Inside AAAA

Governor's Signing Letter Regarding SB 626

Dear Secretary Hood:

I hereby transmit to you, with my signature, Committee Substitute for Senate Bill 626, entitled:

An act relating to anesthesiologist assistants . . .

This bill provides for the licensure of anesthesiologist assistants (AA) and the regulation of these health care professionals by the boards of medicine and osteopathic medicine. The bill also requires anesthesiologists who supervise AAs to file written protocols with the board and limits to two the number of AAs who may be supervised by one anesthesiologist. After July 1, 2008, the boards may increase the number to 8 by rule. The boards are granted rulemaking authority for implementation of the bill requirements.

This bill has been the subject of a vigorous debate for several years. Since passage of the bill, many people have communicated their deeply held convictions on this issue. I have carefully considered their comments.

I believe that government's authority to restrain people's ability to engage in various health occupations should be limited to those instances where public safety is clearly at stake. In health care, the workforce is increasingly specialized; government sanctions are frequently sought and used to establish professional distinctions and erect barriers to competition. In every instance, the blanket of patient safety provides cover for anti-competitive motivations.

Nurses have found themselves in the middle of several such contests and have experienced both wins and losses. The practice of nurse midwifery and the practice of nurse anesthetists offer just two examples. In each case, authority to practice was resisted by the medical profession ostensibly based on insufficient training, limited competencies, and risk to the patients. In both cases, nurses succeeded in broadening their scope of practice. Quality of care endures. Access to care improves.

Despite the strong opposition to SB 626 from the nursing profession, I believe that authorization for anesthesiologist assistants will yield similar positive results. I am satisfied there is adequate protection against incompetent providers through the supervision of anesthesiologists and the oversight of the Board of Medicine and Board of Osteopathic Medicine. I recognize the differences in training between nurse anesthetists and AAs, but the difference does not equate to inferiority. AAs in Florida will be required to graduate from an accredited program and satisfactorily complete a national proficiency exam. The AA curriculum includes intense training in anesthesia and substantial clinical experience.

Although many express concern over the supervisory provision, I am convinced that the written protocols and the close proximity of the anesthesiologist will provide the necessary protections. Ultimately, the anesthesiologist is responsible for the performance of the AA's—a condition that generates considerable incentive for personal attention and careful supervision. Numerous other safeguards, such as credentialing of individual practitioners, accreditation of facilities, and continuous quality improvement programs, offer additional layers of protection for patients.

With these assurances, I believe that anesthesiologist assistants can practice safely and should be permitted to practice in Florida. I also believe that other instances of overly restrictive regulation of health professions, such as the limitations on nurses' ability to prescribe certain medications, should be decided in favor of a broader scope of practice. Therefore, I will look forward to working with the Florida Nurses Association and other nursing organizations that seek legislation to expand the ability of qualified nurses to write prescriptions.

My support for SB 626 is premised on the same grounds as the nurses' proposal for broader prescribing authority. With sufficient attention to patient safety, limitations on the scope of practice by health professionals can and should be lifted. For this reason, and as noted above, I hereby sign Committee Substitute for Senate Bill 626.

Sincerely,

Jeb Bush

Inside AAAA

AAAA National Affairs Update

By Pete Kaluszyk, AA-C

The summer of 2004 is winding down and there are some updates in what has turned out to be a moderately busy transitional legislative season. Some bills have run over into late summer and some have come to legislative conclusions in early summer. This report is will have a good news/bad news character to its content.

The bad news for our profession came from the never dull legislative halls of the State of Louisiana. The Louisiana Association of Nurse Anesthetists (LANA) was successful in its efforts to legally block AAs from being hired in the state of Louisiana with the passage of HB 1290 on June 7th. The Bill contained wording that excluded AAs within the definitions as to who can administer anesthetics in the state. The passage of HB 1290 further aggravates the already existing severe anesthesia manpower shortages in that state. Opposition to HB 1290 seemed to be making some headway in the committees but the timing and politics of the situation led to this unfavorable outcome. Additionally, AA supporters countered with HB 1476, which would license AAs, in an effort to make HB 1290 of no legal consequence to AA practice. Legislators apparently turned a deaf ear to our supporters who presented evidence by state agencies verifying the shortage of nurse anesthetists. HB 1476 simply stalled in this whole process and will not be acted on this year.

The very good news comes from several legislative fronts. Florida Governor Jeb Bush signed the AA licensing Bill in Florida on June 17th. This is a tremendous victory for the anesthesiologist assistant profession. However, there is still a lot of work to do prior to AAs seeking employment in Florida. Once the Bill was signed the Florida State Medical Board has to develop written rules for AA practice in Florida based on the licensing law. AAAA was asked by the Florida Society of Anesthesiologists for input into the process. The AAAA will be involved in the rules writing and will help appoint AAs to the Florida Medical Board's advisory sub-committee on AAs. The process should be completed by late September. AAAA members will be kept informed and notified when the rules are finalized.

In the District of Columbia, DC Bill 15-634 has made some progress since the end of May. The Bill was passed out of DC Health Committee with ease. The next step in the process was the first reading in front of the full DC City Council that happened about a week later. It was hoped that the Bill would have its second reading in July before the summer recess but this did not happen. When the DC Council reconvenes and the Bill read again and voted on, it will then go to the DC mayor for signature if voted upon favorably. The Bill will then go on to the US Congress for approval.

In Michigan, SB 924 has been legislatively quiet. The National Affairs Committee is in the process of supplying

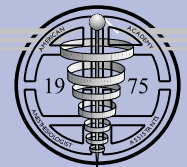
information requested by the state before the Bill can progress further. This request for information should be viewed as a positive development. Although it is hoped that there will be some movement with SB 924 this fall, it seems more likely that there will be more progress early next year. Again, the AAAA will keep you up to date.

The Federal situation brought great news when the Federal TRICARE program recognized AAs as anesthesia providers on May 21st. This was a tremendous move forward for our profession in that it will make it easier to have our profession recognized in every Federal entity that uses anesthesia services. No new news has emerged from the Veterans Administration (VA) on the finalization for acceptance of AAs in that venue. The AAAA will certainly make an announcement the moment we hear anything from the VA.

The AAAA is gearing up for the ASA's annual meeting in Las Vegas. AAAA leaders in attendance will be inviting several ASA Component State Societies to talk with us about starting a legislative process in their states. We have some indications that 2005 may a very busy year also. I strongly urge all practicing AAs and AA students to join the ASA through their educational membership for AAs category. It is a great way to continue the education process and supports their efforts on behalf of our profession.

Upcoming AAAA Elections

It's your right and it's your duty to vote!



Elections for new AAAA officers and directors will take place in September.

Voting will be done by secret ballots which will arrive at each Fellow AAAA member's current mailing address on file with the AAAA office.

If you have moved this year, please update your current address with the AAAA office so that your ballot will arrive and arrive in a timely fashion. Deadline for receipt of ballots will be September 30th, 2004. Original ballots must be received — no faxed or emailed ballots will be accepted. Therefore, if you have not received your ballot by mid-September, please contact the AAAA office at 866/328-5858. Student and affiliate AAAA members are not eligible to vote.

In addition to the election of officers and directors, their will also be an amendment to the current AAAA bylaws to clarify the start of directors' terms. Please be sure to vote on this bylaws change as well which will be included with the election ballot.

Inside AAAA

Past Time To Fight Back

John Kimbell, AA-C

If you haven't taken the time to read about "us" in the various publications and propaganda, of those groups opposed to our growth, you should. If there ever was any question in your mind as to why we're not able to practice in many more states, all you need to do is look at some of these articles and websites. If there were any question in your mind about why you should be a member of the AAAA and contribute to our Legislative Fund, these articles should demonstrate why.

Many of us have sat on the political "sidelines" of our profession for many years. The reasons were numerous, and in some cases well-founded. You didn't like the AAAA; the AAAA didn't do anything for you; you still don't like the NCAAA; etc. Whatever your reasons, the time for those perceptions has long passed. It is vitally important that you become an active member of the AAAA, both from a financial as well as a participation standpoint.

For many years, the more vocal opposition to our profession had died down somewhat, though certainly it had not disappeared altogether. We AA's continued working pretty much as we had been for years. All that changed 3-4 years ago for several reasons:

1) There has been a renewed effort in the last several years to expand AA practice into other states. Each state in which we seek to enter practice provides a new avenue for growth, which brings with it an opportunity for opposition to our profession. Regardless of the state, organizations opposed to us supply massive lobbying assistance and negative propaganda materials to the state legislative and medical bodies, as well as the public. The materials provided are impressive in both scope and amount of data presented — never mind that most of the statements presented as fact are misguided editorial opinions at best and near-libelous in some instances. The sheer volume of negative publicity and expendable funds are extremely effective at warping opinions among legislators and to the general public.

2) The near-loss of the right to practice in Ohio. Despite AA's having practiced in Ohio for over 30 years, and being home to the CWRU program, scope of practice issues are causing much strife among the Ohio AA's. Debates about how the AAAA should handle this issue rage on as we try to seek a balance between what is important to a significant portion of our members and the AA profession as a whole. If you think the CRNA's are sitting on the sidelines and not paying attention to this little tiff, you are sadly mistaken!

3) Newfound support within the ASA as an organization along with the explosive issue of independent practice for CRNA's. More than 20 years after formally withdrawing their support, the ASA has finally, although not unanimously, embraced the AA profession. The timing of this hardly seems coincidental, but is greatly appreciated nonetheless. As CRNA's push for fully independent practice and urge governors across

the country to "opt out" of Medicare/Medicaid requirements for physician supervision, AA's are being touted as the ideal "Anesthesia Care Team" physician extender. As we become more recognized among anesthesiologists, some small pockets of opposition continue to emerge. There will always exist those anesthesiologists whom feel that all anesthetics should be personally administered by an anesthesiologist. This of course is an impossibility well into the foreseeable future. Fortunately for us, anesthesiologists in a number of practices and states have seen the "light." Indeed, practices that were once exclusively MD or MD/CRNA for many years have now become open to AA's. In fact, many of those practices now have more AA's than CRNA's.

HB 1290, which just passed the Louisiana Legislature, is a classic example of how effective and determined our opposition is at getting out their message. This law, signed by the governor in June, actually prohibits AA's from practicing in Louisiana. Never mind that we can't practice there anyway without enabling legislation. However, this bill goes far beyond that. Contained within the language of the bill are numerous statements that denigrate our profession. These statements didn't materialize out of thin air. They were provided to the sponsors of the bill by our opposition.

As the title of this article suggests, it is PAST TIME TO FIGHT BACK. We don't necessarily need to be confrontational in order to do this effectively, although there may be times when that is certainly appropriate. What we do need to do, as individual AA's and as an organization, it to have a set of sound, well thought-out, factually accurate answers and statements to rebut the arguments, fallacies, distortions, and outright lies used against us every day. As much as possible, this should be from a pro-active and offensive perspective, not a reactive and defensive position, using their own materials against them when formatting these responses.

We've certainly heard the same old arguments for years. Explain why the characteristics of OUR practice make us a BETTER option in many cases. We've seen the ridiculous assertions against us made to state legislators, members of congress, hospital administrators, and the general public. An excellent example would be the now infamous *Stars and Stripes* ad. Our opposition attempts to make their case to everyone who might be listening. We need to do the same. IT'S PAST TIME TO FIGHT BACK!

We know their arguments — we need to formulate and publish our statements and responses, and make sure that each and every AA is aware of them. We need to distribute them to all AA's, legislators, and as wide a public audience as possible. It needs to be in information packets used at the ASA and other meetings. No one else is going to stand up for our profession like we do. IT'S PAST TIME TO FIGHT BACK!

Inside AAAA

AAAA Leaders and Members Attend ASA Component Society Meetings

Three ASA Component Society meetings held this summer were attended by AAAA leaders and members. Beyond the act of attending, the AAAA leaders and members made contact with leaders of each component state society. These contacts varied from initiating future relationships to reconfirming strong ties of support between the AAAA and a state society where AAs already work.

The Florida Society of Anesthesiologists annual meeting followed on the heels of the successful passage of Florida SB 626 and Florida Governor Jeb Bush signing the bill into state law. AAAA President Rob Wagner and President-elect Don Biggs attended this meeting at the end of June and were inundated with questions concerning the hiring of AAs and the potential opening of AA schools. Interest by anesthesiologists in AA employment is strong and should provide a target-rich environment for AAs interested in working in Florida in the very near future. Rob Wagner is working with the FSA on its input into the Florida Medical Board's licensing process and scope of practice for AAs.

Over the July 31st to August 1st weekend, the Colorado Society of Anesthesiologists held its meeting in lovely Vail, Colorado. AAAA members, with the help and support of the AAAA leadership, made a presentation on the anesthesiologist assistant profession to the Colorado society's board that was extremely well received. These AAs also availed themselves to

the members of the society to answer questions pertaining to AAs. These AAs are to be commended for their efforts in organizing and delivering a quality presence and presentation to the Colorado Society of Anesthesiologists.

The same weekend, the Georgia Society of Anesthesiologists held its summer meeting on Hilton Head Island. Six AAs preregistered to attend this meeting constituting 6% of all registered attendees. Among those attending was AAAA secretary Ellen Allinger who met with GSA president Jordan Wetstone, MD. The fact that the GSA was the first ASA Component Society to change its bylaws to allow AAs educational membership was duly mentioned to Dr. Wetstone as well as his own support of AAs within his department at Kenneston Hospital. Dr. Wetstone stated that the GSA will continue to support AAs within the society and within the state of Georgia.

Attending these meetings is one way that the AAAA strives to make and keep contacts with leadership in ASA State Component Societies. Through these contacts education and support for AAs within a state can be initiated, nurtured, and sustained. Any eventual legislative efforts within a state, whether offensive or defensive, depend greatly upon the efforts of the individual state society of anesthesiologists. If you attend a state component society meeting, make your presence and support known. Strong friendships build strong allies.

AAAA Thanks Our 2004 Annual Meeting Sponsors

The following is a list of the Exhibitors, Sponsors and Job Fair participants that AAAA wishes to thank for their participation in AAAA's 2004 Annual Meeting:

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Professional News

Emory University Welcomes Its New AA Class and Sends 2004 Graduates Into Careers In Five States

by Stephanie Dixon, Educational Program Coordinator, Emory University AA Program

On August 14th, 2004, Emory University School of Medicine will confer 27 Master of Medical Science degrees on graduates of the Anesthesiology Assistant program. The class has selected Mr. Patrick Kelly as speaker for the 34th annual AA program commencement address. Mr. Kelly is a 1978 graduate of Emory's Master of Medical Science AA program, longtime employee of the Emory University and Emory Healthcare system and was an honored torchbearer for the 1996 Olympic Games in Atlanta, Georgia. The graduating class officers, AA program faculty and department staff will join Mr. Kelly for dinner the evening before graduation. The class held their traditional senior gathering at Maggiano's restaurant to celebrate their successful completion of the program and say farewell to their classmates. The 2004 graduates will begin new careers in the metropolitan Atlanta and Georgia areas, as well as in Wisconsin, Alabama, Texas, and New Mexico.

As Emory University bids a heartfelt goodbye to its seniors, it enthusiastically welcomes the class of 2006. From a pool of 120 applicants, this talented, disciplined group of 31 students boasts a GPA average of 3.37, verbal GRE scores among the 60th percentile, quantitative GRE scores in the 65th percentile, and

analytical GRE scores averaging within the 57th percentile. The class consists of 18 females and 13 males, averaging 26 years of age.

The anesthesiologist assistant program at Emory will put its best face forward with a new program booklet, recruitment brochure, online application, and website (www.emoryaaprogram.org). The program endeavors further into 21st century technology with a system upgrade to link files and data for easier access and a web-based application system.

In October, the Emory AA program will share a booth with the AAAA, South University and Case Western Reserve University at the American Society of Anesthesiologists Annual Meeting in Las Vegas, Nevada. The department has mailed AA program and admissions information to 700 members of the National Association of Advisors for the Health Professions (NAAHP) to bolster interest in the program. In conjunction with South University, the Emory University AA program is mailing program information packets to 10,000 individuals who took the MCAT last spring. Such recruiting efforts are proving effective for Emory's AA program; for this year to date, the program has received 599 requests for information and applications.



AAs at NCCAA Exam

These thirteen AAs gathered together to take the NCCAA's CDQ examination in Atlanta on June 5th. At one time or another, each of these AAs used to work together at the same hospital in Savannah, GA.

AAAA Affiliate News

ASA Task Force on AA Education

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

Last October, at the annual ASA meeting in San Francisco, Dr. Litwiller, the newly elected president of that organization, decided to appoint a Task Force whose charge it was to study ways to proliferate the anesthesiologist assistant profession.

I was privileged enough to be named to that group.

This past spring, the Task Force, under the leadership of Steve Goldfien, MD, of California, set forth at accomplishing the following specific goals:

1. Development of a consensus on what the educational goals of AA training should be.
2. Establishment of guidelines for curriculum development to meet those goals.
3. Design of a process and the requisite tools for measuring the ongoing achievement of educational goals during training.
4. Evaluation of the potential for the development of educational tools specifically designed for AAs such as dedicated textbooks and journals.
5. The creation of self-assessment and continuing education materials for AAs.
6. Work with the Website editorial board as suggested in the Ad Hoc Committee report to post information about AAs, including a section on FAQs and information about the requirements for the opening of new training programs.
7. Develop written materials for the ASA President to use to educate surgical societies as called for in the Ad Hoc Committee report.
8. Consider developing a symposium to which people with a serious interest in opening a new training program could be invited.
9. Help develop and channel ASA support for current efforts to open new programs in Florida and Georgia.
10. Develop an ASA statement that can be used in support of grant applications to get start-up money for prospective programs.
11. Select the most promising of the current possible sites for a new program and consider ASA support for these efforts.
12. Assist the ASA in becoming a CAAHEP sponsor for AAs.

To date, members have met face-to-face once, via conference call another time, and by e-mail too many times to note. The attainment of all goals is important and ongoing. This article will address the most significant movement within the committee.

Concerning goal #7, a letter from Dr. Litwiller to surgical societies and an informational packet has been drafted, but has yet to be sent. The purpose of the packet is to educate our surgical colleagues as to the details and efficacy of AA education and practice.

Goal #8 was addressed with the execution of a symposium held in Kansas City, Missouri, in June. The program was attended by key players in that state who have shown significant interest in the development and implementation of new AA educational programs. Presentations were given by Bill Paulsen, AA-C, Ph.D. and Stacey Wong, MD, of the new South University program, and me. Wes Frazier, MD, was also present and contributed a significant amount of his vast knowledge and expertise.

The event was so well received that ASA has approved another symposium to be held in Orlando on Oct 9. Interest from major players in Florida has been brisk, and we look forward to working with those people in that state who are interested in initiating educational programs.

Goal #6 has been accomplished and represents a significant example of how well committee work can proceed. Input on the purpose and content of *the Frequently Asked Questions* (FAQs) about AAs section on the ASA website came from many people, AAs and anesthesiologists alike. The final version can be found at: <http://www.asahq.org/career/aa.htm>. It represents the

efforts of many concerned and knowledgeable people whose dedication to the success of the AA profession is genuine and tireless. I suggest that you take the time to check out this significant addition to the ASA website.

The charge of this Task Force will end with a final report to the President this fall and at the ASA in Las Vegas. It is our intention to recommend further exploration of ASA involvement in AA affairs to Dr. Litwiller. The possibility of an extended formal relationship may be discussed at the ASA in October.



The Student's Page

1st Year AA Student's Views of the First Semester

It's after 6pm and today has been one of the longest days that I can remember since I took the MCAT last year. The very first semester of Case's AA program culminated with a 6 hour final that my classmates and I have been working toward all summer. Besides the ache in my neck from leaning over a test for so long, I have to say that I am very pleased.

After graduating with a BS degree in Chemistry, I spent the next 3 years working in research and taking the added classes needed to complete my application for Case's AA program. The excitement, relief, and anticipation that followed in the moments after I was told I was accepted cannot be given justice with words. It was like my whole future suddenly made sense for the first time in years...I had a purpose.

The first day of class arrived and within the first hour of our orientation, I realized how challenging this program was going to be. The demands were set high for the twelve of us, the blueprints for success were discussed and lay before us. The twelve of us could not be more different. Different ages, different backgrounds, and VERY different personalities suddenly began to mold together in a sort of team fashion after just a few days of

class. We had a common calling, a common mission, and common feeling of being overwhelmed and anxious for our nearing futures in the OR.

These feelings of being a little nervous (OK, a lot), and of course the anxiety have not left me yet. And I am realizing now, after 6 weeks in the OR at Metro Hospital, I hope they don't leave me any time soon! For they can only make me better. It's my understanding that this profession is not built on routines and careless mechanical acts that so many people use to get through their work day. This is a profession built on passion for helping people, the need for perfection, and a constant drive to become better than you were yesterday.

The program is only 8 weeks under way, but I am so amazed at all I have learned. The greatest lessons I've learned this summer are from watching my instructor's work, interact with patients (and doctors too, for that matter), as well as communicate to me their advice and feedback. This program has been the best experience of my life thus far, and however difficult the road is ahead of me, I have never been so sure that this is exactly where I am supposed to be and exactly what I am supposed to be doing!

— **Jen Rossire**, CWRU, MSAS-I

Dear Fellow AA Students,

First of all let me introduce myself. My name is Chris Caldwell and I am a second-year MSA student at CWRU. In addition, I am succeeding Michael Hickey as the AAAA Student Committee President for this coming school year. There is a lot of work involved, but it is my duty to represent the student committee with issues that directly affect the students at Case Western Reserve, Emory, and now South Universities. The student committee has made great steps in recent years and we need to keep it up to represent our respective programs well. I invite you to speak with your class representatives so that student issues can be brought to the committee's attention and addressed to the best of our ability.

I am also writing to encourage everyone to get involved in the AAAA. One of the many great things about the AAAA is its availability to its members and how the member's voices do get heard. So get involved!! I also wanted to inform everyone that the ASA has recently made available an opportunity for AA students to join the ASA as educational members at a very reduced yearly rate. The American Society of Anesthesiologists has shown great support of AAs as part of the Anesthesia Care Team for many, many years and has even devoted an entire ASA newsletter (March 2003) to AAs that was delivered to over 40,000 members worldwide!! Their "Position Paper on AAs" partially demonstrates these years of continued support very nicely and an excerpt is below:

"The American Association of Nurse Anesthetists claims AAs are not qualified practitioners. The ASA disagrees. In 1987, the ASA House of Delegates approved inclusion of AAs as

participants in the Anesthesia Care Team. In 2000, the ASA House of Delegates approved recommendations to endorse efforts to educate, train, and allow for the practice of AAs in as many states as anesthesiologists request their services. That House of Delegates also approved a recommendation that ASA formally state the recognition of and support of AAs as a member of the Anesthesia Care Team and a resolution that ASA endorse efforts to obtain licensure and reimbursement for AAs. The 2001 House of Delegates approved a category of educational membership for AAs."

As an educational member we receive many benefits including:

- 1 Subscription to ASA's peer-reviewed journal, *Anesthesiology* (monthly)
- 2 Subscription to *ASA NEWSLETTER* (monthly)
- 3 Free registration for the ASA Annual Meeting
- 4 Annual updates on ASA Standards, Guidelines and Statements (online)
- 5 And many others

To become a member of the ASA and show them how grateful we are for all of their support, log on to their website application at: www.asahq.org/studentapplication.pdf

The cost is only \$25 for the year and \$12.50 after June 30!! I know that we are all spending a lot of money right now, but this is a very small price to pay for all the benefits we receive and it is our chance to show support for all the ASA's efforts in advancing our profession.

Sincerely,

— **Chris Caldwell** — MSAS2, AAAA Student Committee Chairman

The Student's Page

What's in a Name?

As an incoming first year student, my biggest challenge was simply explaining my chosen career to my family and friends. The professional title "Anesthesiologist Assistant" conveyed little to no information to people I knew not in the medical field. My family and friends clearly understood that my job would be associated with anesthesia, but the term "Assistant" led them to think of an anesthesia tech or someone analogous to a circulating nurse but for an anesthesiologist. Even one of my friends who was an anesthesiology resident in Virginia did not associate the title with a clinician who directly induces or manages anesthesia. Most people were extremely surprised to learn that it required a Master's degree to be an assistant.

Of course to medical personnel, the name makes sense in terms of a specialty of Physician Assistants. However, from personal experience, I can see how easy it would be to misunderstand the profession. I grew up directly outside of Washington, D.C., but even in such a metropolitan area I never encountered or heard of a PA, let alone an AA. I was unaware of what a PA was until I entered college, and didn't fully recognize their academic abilities until I saw fellow classmates who had done well on the MCAT apply to Physician Assistant programs. My point is that I think a lot of AAs' problems gaining

acceptance may be from lay people making assumptions about our profession. I know I definitely made assumptions about Physician Assistants before I entered the medical field.

Recently a few of our professors went to England to talk to the Royal College of Anaesthetists about creating a mid-level anesthesia practitioner in the UK. The proposed title for this profession would be an "Anesthesia Practitioner." A student in my program pointed out what a "leg-up" the graduates of the English program would have over us in terms of the general public understanding their position. For me, the title "practitioner" instantly conveys a certain level of clinical knowledge and I envision a healthcare worker with direct patient contact.

As a member of the uneducated public, if I had a choice of being under the care of an "Assistant" and a "Practitioner," I would opt for the "Practitioner." Of course in the US we don't have the choice between an "Assistant" and a "Practitioner," but it is easy to see why someone might be anxious over an "Assistant" putting them to sleep versus a nurse. Obviously it will just take time and education to break down these boundaries. Undoubtedly the title "Anesthesiologist Assistant" will continue to define our profession in the future, but hopefully within the next decade lay people will instantly recognize the "Anesthesiologist Assistant" as being a highly educated clinician.

— Brittany Peterson, AA-S

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Georgia:

Georgia Anesthesiology Consultants; Newton General Hospital, Covington

Contact: Dr. Robert Gantt at anesthesia@bellsouth.net or 770-385-4420 or contact Dr. Rhee Miller at rheemd@bellsouth.net or 770-385-4346

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 770-532-1312 or michellet1@bellsouth.net

Memorial Health Anesthetists, Inc., Savannah

Contact: Debbie Ryan at 912-350-7219

Regional Anesthesia Associates, Colum-

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

Ohio:

University Hospitals, Cleveland

Contact: Tricia Gadd, 216-844-4704; fax 216-844-4765

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:

Washington Hospital Center

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

South Carolina

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Anyone wishing to post a job opportunity should contact
Kris Tindol at kwtindol@comcast.net or
Sandy Watts at sandy@anesthetist.org.

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. 9 – 12 — San Antonio, TX

Texas Society of Anesthesiologists 2004 Annual Meeting and Scientific Program
Contact: TSA at 512/370-1659 or info@tsa.org

Sept. 17 – 19 — Myrtle Beach, SC

North Carolina Society of Anesthesiologists Annual Meeting: Innovation in Surgery and Anesthesia.
Contact: Rebecca McGhee at 919/821-6698 or rmcghee@smithlaw.com

Sept. 30 – Oct. 3 — Salt Lake City, UT

Health Professions Network Fall Meeting
Contact: information@healthpronet.org

Sept. 30 – Oct. 3 — Atlanta, GA

Intraoperative Echocardiography in the 21st Century (Offering 22 Category I AMA PRA credits)
Contact: Contact: 404/727-5695 or 888/5695 or www.emory.edu/CME

Oct. 1 – 2 — Columbia, SC

14th Annual Cardiology Symposium (Offering 7.25 Category I AMA PRA credits)
Contact: USC School of Medicine, Office of Continuing Education at 803/434-4211 or Nancy@gw.mp.sc.edu.

Oct. 9 – 13 — Southampton, Bermuda

Massachusetts Society of Anesthesiologists Fall Conference: “Keeping Us Safe in the OR and Beyond”
Contact: Glynne Stanley, M.D. at 781/834-9174 or MSABOX@aol.com

Oct. 10 – 15 — Kohala Coast, HI

California Society of Anesthesiology Hawaiian Seminar
Contact: Cammie Pisani at 650/345-3020 or cpisani@calsocanes.com.

Oct. 23 – 27 — Las Vegas, NV

ASA Annual Meeting (Offering 45 hours in AMA PRA category I credits)
Contact: ASA Executive Office at 847/825-5586

Nov. 6 — Minneapolis, MN

Minnesota Society of Anesthesiologists Fall Meeting
Contact: Linda VanSickle at 507/266-3473 or www.msadoctors.org

Nov. 7 – 10 — The Greenbrier at White Sulphur Springs, WV

Tenth Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care (Offering 17 hours in AMA PRA category I credits/Optional ACLS course for additional fee). Contact: WFU Health Sciences, Office of Continuing Education at 336/716-4450

Nov. 20 – 21 — Oak Brook Hills, IL

Illinois Society of Anesthesiologists Fall Meeting
Contact: Sarah Christensen at 312/263-7150 or www.isanesth.org

Dec. 10 – 14 — New York, NY

New York State Society of Anesthesiologists 58th Annual Postgraduate Assembly in Anesthesiology
Contact: Kurt Becker at 212/867-7140 or kurt@nyssa-pga.org.

2005

Jan. 22 — Braselton, GA

Georgia Society of Anesthesiologists Winter Meeting — “What’s New in Anesthesiology” (Offering 8 hours in AMA PRA category I credits.)
Contact: Jenni Giuepri at 404/249-8833 or jenni@stone1.com or go to www.gsahq.org

April 9 - 12

29th Annual American Academy of Anesthesiologist Assistants Meeting

**TradeWinds Grand Island Resort
St. Petersburg Beach, Florida**

Start the 2005 Annual Meeting off with a bang — more information coming soon about 5, 10 and 15 year class reunions Friday night!

Contact: AAAA office at 866/328-5858 or www.anesthetist.org.