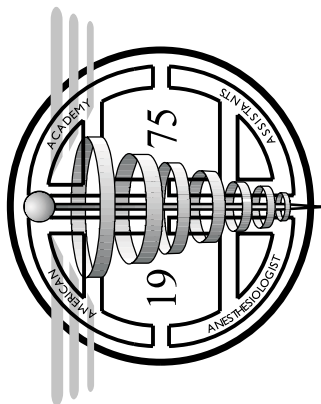


The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants 4th Quarter 2004



The President's Message

By Rob Wagner, AA-C

I have been blessed to have the opportunity to serve you the last four years as your AAAA President. 2004 is rapidly coming to an end, and so is my term as your President. I have gotten up on my "soap box" numerous times over the years to encourage you to join, get involved, and encourage others to join the AAAA. You have answered all of these challenges by making 2004 the most successful year in the AAAA, and it is all because of you. We must continue to know the importance of membership and involvement in an association like ours, without them we will not be able to meet and exceed the goals of our profession in the future.

I have learned so much from you and others "outside" the AA profession that will extend into my life and career as an AA. These past four years have been the most rewarding years as an AA. You have encouraged me and given me my strength over the years to continue to build on what others in the past have worked so hard for today. Our profession is now on the road to nation wide acceptance. There will be some obstacles along the way, but with support from AAs, anesthesiologists, and nurse anesthetists, the AA will continue to be the most respected non-physician anesthesia care provider in the country.

I may be stepping down as your President, but I look forward to continuing my role within the AAAA as the Immediate Past President. I will serve Don Biggs (2005 AAAA President) and the entire AAAA Board of Directors (BOD) in any capacity that they deem fit. The years ahead of us are full of great promises, and the AAAA will always be there for you and your profession.

There are countless people who have been invaluable to me over the years. My deepest appreciation goes out to the entire BOD that I have worked with during my presidency. Their guidance, integrity, and honesty have shaped the future of the AAAA and the AA profession. I will always cherish the endless hours of work and dedication of these individuals. I want to extend my appreciation to the AAAA management company AMR. AMR has acted as a catalyst for the growth of our profession, and I look forward to watching them grow with our profession. I also want to thank all the committee chairpersons and their committee members. The infrastructure of the AAAA begins here, in these committees, and I thank you.

It is hard to believe that the AA profession is over 30 years old. This success can be contributed to the endless volunteer hours of so many that I have not mentioned. Your continued dedication to our profession has, and will continue to shape the future of the AA profession. It is because of everyone that I have come in contact with, that I will always be involved and dedicated to the AA profession.

I want to wish you and your families a safe and happy holiday season.

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**Advertising and Copy Deadline for
1st Quarter 2005 Issue:
Friday, February 5, 2005**

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Published four times a year by the American Academy of Anesthesiologist Assistants. Please direct all general inquiries to the AAAA's management at the below mailing address, fax number or e-mail address. Opinions expressed in this newsletter are those of the individual authors and do not necessarily represent AAAA policy.

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The Editor's Column

Liz Decker, AA-C, Co-Editor

The Right Choice of Words

Last month, I encountered for the first time what it was like to be on the other side of patient care with the delivery of my daughter. I had an extremely positive experience and could not offer a single criticism of the way I was treated by anyone involved in my care. Of course, this could have something to do with the fact that I had worked on the labor and delivery floor as a student and was therefore familiar with the procedural tasks involved.

Additionally, because I ended up being a scheduled induction, I knew that "my" obstetrician would be delivering me, and I also knew (and requested) the day before the AA who actually placed my epidural. Because I knew ahead of time the staff involved in my care, I never gave it much thought. My parents, however, had a different perspective. Having lived in the same place for their entire lives, it was a scary concept that I would be giving birth in a city they weren't familiar with, at a hospital they had never been to, and cared for by doctors and staff they had never met. Both commented on how re-assuring it was for them that every person who entered my room identified themselves and their role. My parent's apprehension contrasted sharply with my lack thereof and made me realize how uneasy many patients and families may feel when they are in the hospital. It also emphasized how something as simple as a proper introduction can set the tone of professionalism that one expects when receiving medical care.

In light of my recent experience, I read with interest the editorial in the October 2004 ASA Newsletter dealing with the issue of professionalism in anesthesia. In his article, Dr. Douglas Bacon cites a letter to the editor in The Anesthesia Patient Safety Foundation Newsletter as "one of the most disconcerting letters to the editor I have read about recent anesthesiology practice and professionalism. In essence three anesthesia providers failed to identify themselves or assess the patient prior to his anesthetic." Going back to read the referenced letter, I found that the patient, who was also a surgeon, wrote: "I have no idea who actually administered my anesthetic, nor what was done...I feel this is an example of bad care and dangerous medicine. If anesthesia providers want to function as simply a machine that performs a task, they should expect to be treated, and reimbursed as such."

Both the surgeon's experience and my own made me stop and think about the impression I first make as a healthcare provider for the hospital and also as an anesthesia provider for my profession. Actually identifying myself to patients has never been an issue. Always wearing an ID badge and always introducing myself to patients as well as attendings, anesthesiologists, nurses, and other hospital staff was an absolute necessity as a student. However, as a new graduate, I have not given much thought as to how I now articulate my role in patient care. I always identify myself as part of anesthesia, but I have communicated that in various ways: I am your anesthesiologist, anesthesiologist assistant, AA, part of the anesthesia care team, or I work with the anesthesiologist (Dr. X). Most of the new state AA laws *require* that AAs identify themselves to the patient, and certainly prohibit us from presenting ourselves as something else. How do you introduce yourself to patients? Do you tell people that you are an AA, or do you simply identify yourself as "the person who is going to put you to sleep?" Though I doubt there are any AAs who identify themselves as something they are not, it is worth stopping to think about your choice of words. We should each make sure that our actions and *our words* leave a positive first impression, accurately convey our role in patient care, and exemplify professionalism.

Inside AAAA

National Affairs Update

By Pete Kaluszyk, AA-C

The report from the American Society of Anesthesiologists' (ASA) Annual meeting is very good. We made some important contacts with some anesthesiologist Component Societies concerning possible legislation for 2005. We were able to clarify the situation as to the final printing of the job description for AAs for the Veteran's Administration system. Additionally, we made an important contact with officials within the TRICARE program which administers the federal insurance program for the military and its dependents.

First, the AAAA made its annual report to the ASA's Anesthesia Care Team (ACT) Committee concerning our organizational activities and concerns concerning the expansion of our profession. I would like to thank Deb Lawson, Vice-chairperson of the AAAA National Affairs Committee, for attending this committee meeting and assisting in the report. The legislation for the past year was summarized and our concerns as related to the Louisiana legislation prohibiting the practice of AAs. We reported to the ACT committee the ongoing attempts by the nurse anesthesia profession, at all levels, to thwart the progress of our profession from expanding. We stated that we were planning of course of action to counter this restraint of trade.

We were able to make a solid contact with officials from the Veteran's Administration (VA). The final version of the anesthesiologist assistant job description has been accepted by the VA and will be printed in the very near future. There had been a delay over the summer because of a procedural issue concerning communications between the regional VA offices and the Washington office concerning this job description. Additionally, the need for manuals for VA hospitals on how to hire and how to write advertisements for AAs contributed to the delay. He cited no specific date as to when the final job description was to be printed, but he felt it would be soon.

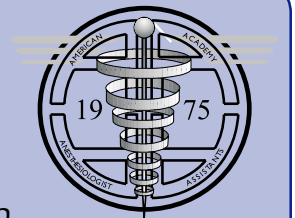
He gave some additional information as to the classification of AAs in the VA system. AA-Cs would be considered "Title V" employees, which is a general VA employee classification. The fact that AAs will be classified as Title V employees made the process for acceptance of AAs into the VA system much quicker. AAs as Title V employees will be in a different classification from other allied health professionals. Most allied health professions are considered Title "XXXVIII" employees. The Title XXXVIII classification was developed to speed along the employment application for health care professionals in a competitive job market. In order to for a profession to obtain Title XXXVIII classification the profession must be formally designated as so by the U. S. Congress. The difference again is in the employment application process. Once AAs are in the VA system the AAAA will work to obtain a Title XXXVIII designation.

The AAAA made an important contact with the Federal military hospital system to expedite introducing AAs into the military hospital system. We were told that there is a formal procedure to obtaining recognition as a provider in the military hospital system. As soon as we receive this information we will pass it along to our membership. Additionally, we will make sure that the military hospital system knows how to advertise for AAs using the AAAA Jobline and the newsletter.

The AAAA/AA Educational Programs booth was heavily visited and we made solid contacts that will help expand our profession. There was a great deal of interest in expansion of AA education and development of new AA training programs. At press time we are still awaiting word on the formation of a standing committee for AA affairs within the ASA. The primary focus of this committee will be educational and if approved by the ASA House of Delegates will be a milestone in the advancement of our profession. I would like to thank all of those who helped in the booth for making this meeting a success for the AAAA.

Again, I would encourage all of our members to join the ASA as educational members in addition continuing their membership in the AAAA. The dual membership is simply a win/win situation for any practicing AA or any student training to become an AA.

AAAA Election Results



The results of the election are final! Thanks to everyone who ran for an office. The newest members of the AAAA board are as follows:

President Elect- Ellen Allinger

Secretary- Claire Chandler

Treasurer- Lance Franklin

Directors- Pete Kalusayk and John Kimbell

Inside AAAA

2005 Annual Meeting Update

By Sandra Madariaga AA-C, MBA

The planning of the 2005 AAAA Annual Meeting in St. Pete Beach, Florida, April 9-12, 2005, at the Tradewinds Island Grand Resort is well on its way! We are in the process of confirming our speakers, sponsors, and vendors. We have had a very positive response from announcing that we will be returning to Florida for our meeting since AAs will soon be practicing in the Sunshine State. We hope you will make every effort to attend this great meeting we are planning! It will be a perfect time to meet and mingle with so many Florida anesthesiologists and fellow AAs.

Our speakers will primarily be from Florida representing several of the major institutions in the state including the University of South Florida (USF) in Tampa, the University of Florida (UF) in Gainesville, the University of Miami (UM), and the H. Lee Moffitt Cancer Center and Research Institute Tampa. The topics will be varied including obstetric and pediatric anesthesia, cardiac anesthesia and transesophageal echo, anesthesia for major vascular surgery, trauma, pain management in the outpatient setting, neuroanesthesia, a history of anesthesia lecture, problem-based learning, an airway workshop as well as a TEE workshop. The re-certification review will once again be offered and we hope to offer 4 CME credits for the course this year. As an aside, for those of you who attended the review course in San Diego, I will be sending you a questionnaire for input on ways to improve the review that was presented now that you have taken the re-certification exam. Would you change or add anything to the course to help those taking the exam next year? What would have helped you feel more prepared?

Among our confirmed speakers, we have Donald Caton, MD, from UF who has served in various capacities in the ASA

and the ASA Wood Library and Museum including librarian and is well-known for his knowledge and presentation of anesthesia trivia. A lecture you truly won't want to miss! Rafael Miguel, MD, will be joining us from USF where he is chairman of the department of anesthesia. He recently served as a member of the Board of Medicine of the State of Florida. David Lubarsky, MD, will once again be joining us from UM where he is also chairman of the department of anesthesia. His colleagues James Halliday and Miguel Cobas will also be speaking. Hector Vila will also be joining us from USF. Kurt Briesacher, fellowship trained at UF, will be joining us from Atlanta where he is section chief of cardiac anesthesia. We are confident that all of our speakers will provide useful information for your daily practice.

The meeting schedule has been planned to maximize the number of attendees at this important meeting. You can fly to Tampa just for the weekend, attend the lectures and an optional workshop or Cert review, and receive 14 CME credits or stay for the entire meeting for a total of 22 CME credits including a workshop. The meeting will begin Saturday morning April 9th. There will be early registration and 5, 10, 15, 20+ year class reunions the night before for those who wish to fly in Friday. Keep the reunions in mind! We are looking for individuals from Emory and Case that are interested in rounding-up their classmates for these class reunions. Contact the AAAA office if you are interested. The meeting will adjourn Tuesday afternoon. There will be plenty of free time to attend social events, play at the beach, enjoy the many hotel amenities, or venture out into the Tampa Bay area.

Mark your calendars! All AAs have a date in Florida April 2005. See you there!

By-laws Changes

By Amie Cotter, AA-C

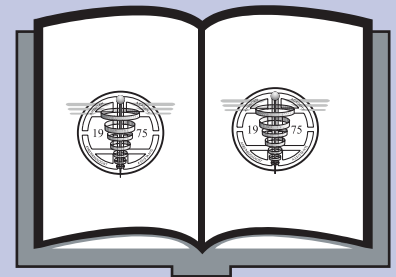
An issue arose this year proposing new changes to the most recent edition of the bylaws. The additions and/or corrections were presented to the Board on April 24th and included in the ballots this year for presentation and approval or disapproval by the members of AAAA.

The following change was approved after this year's elections, concluded on Sept. 30th.

To add the following sentence to the end of Article IV, Section 1: "All directors shall start their term on the first day of each fiscal year following their election."

Previously there was not a statement that clarified when directors' terms began; this addition will define the director's term for the future.

Another issue that arose earlier this year was determined to be upheld by the current bylaws; presenting a question on membership eligibility. No further actions were needed, the bylaws and ethics committee felt the terms of membership eligibility were reasonable and explained well in the current bylaws and a letter was sent to the party questioning the issue.



Inside AAAA

Membership Report

October 1, 2004

2004 Numbers

TOTAL AAAA MEMBERS: 470

Fellows:	356
Students:	73
Graduates:	37
Physician Affiliates:	3
Honorary:	1
Emeritus:	1
Associates:	0
Associate Inquiries:	17

Renewals

- 2005 Renewal invoices will be mailed November 1, 2004
- 2004 First, Second & Third notices and suspension letters have been mailed
- 47 2003 members have not renewed
- 32 members did not renew from 2002 for 2003

Programs

- 332 Members Graduated or are attending Emory University
- 125 Members Graduated or are attending Case Western Reserve University
- Currently Enrolled Students
- Emory University — 49
- Case Western Reserve University — 14
- South University — 6

Statistics

- 81 New Members since 6/1/03
- Breakdown of Members in States (Attached)

ALL 2004 MEMBERS

Includes Fellow, Student, Physician Affiliate, Honorary, and Emeritus Members

State	Number
Alabama	6
California	1
Colorado	2
Connecticut	1
DC	1
Florida	3
Georgia	310
Hawaii	1
Iowa	2
Illinois	1
Indiana	2
Kentucky	3
Massachusetts	1
Maryland	4
Michigan	2
Minnesota	1
North Carolina	2
New Hampshire	1
New Mexico	8
Ohio	94
Pennsylvania	2
South Carolina	3
Tennessee	1
Texas	8
Virginia	1
Vermont	2
Wisconsin	5
Total	470

Notification of Renewal

Well fellow AAs, it's that time again. That's right, time for the 2005 membership drive. Your membership committee has planned to increase membership in the upcoming year, but we can't do it without your help. First, make sure each and every one of you renew, and don't forget to help with the legislative fund. Second, many of you work with AAs who are not members. So far, the membership committee has attempted to contact each of these practicing AAs and discuss membership benefits, but if colleagues that they know and respect approach them with this information as

well, we may have a better chance in achieving our goals. Also, this year we will be focusing on increasing our physician membership as well, so talking to your supervising MDs about membership will be extremely helpful. We've had many legislative successes this past year and there are many more to come in the future, but we can't do it without your help and membership in our growing organization.

Your Membership Committee Chairman,
—Gary Jones, AA-C

Inside AAAA

THANK YOU, ROB...

By Mike Nichols, AA-C

Rudyard Kipling once said that a true leader is "...humble because of knowledge and mighty by sacrifice..." I think you would agree that those words exemplify Rob Wagner. For the past four years as the President of the AAAA, Rob has given himself wholly for the betterment of our profession and its national organization. At the cost of numerous vacation days, uncountable amounts of money and a multi-year headache, Rob has overseen more achievement and growth within the AAAA than any President prior. Among the list of accomplishments that have occurred during his tenure in office are:

- Practice privileges in six more states than when he took office
- Restructuring of the organization's leadership to encourage participation of members
- Updating of the bylaws, which hadn't been done since 1992
- Creation of the first-ever Student Affairs and Educational Programs Committees
- The first financially lucrative annual meeting
- Educational affiliate membership in the ASA
- Website re-design
- New management group
- New legal counsel / lobbyist
- 100+ member increase



Rob Wagner, AA-C

This impressive list of accolades dims in comparison to the morale that he has raised within the organization, the sense of family that he has brought to our membership, and the trust that he has regained in the AAAA leadership from fellow AAs. It is my hope that the leadership values that Rob has exemplified over the past four years, will live on within our organization forever.

In Rob we have found a mentor, a leader, a teacher, and, most importantly...a friend.

As I write this article, I remember a story about one of our nation's greatest Presidents. When Thomas Jefferson arrived to present his credentials to become minister of France, a job previously held by Benjamin Franklin, the French Prime Minister said, "Monsieur Jefferson, have you come to replace Dr. Franklin?" To which Jefferson replied, "No, your Excellency. No one could ever replace Dr. Franklin. I am only succeeding him..." As future leaders ascend into the Presidency, they could never hope to *replace* Rob. Future Presidents will merely use the lessons he has shown and the skills which he has taught to serve you to the best of his or her abilities.

As Rob turns over the reigns of leadership at the end of the year, please join me in showing appreciation for all that he has done, and will continue to do. Thank you, Rob. Your legacy of unmatched leadership will live on within the AAAA forever!

2004 Legislative Fund Update

At press time, there were several outstanding requests for money from the Legislative Fund that the Board of Directors is still considering. Therefore, the legislative fund report will appear in the next edition of *The Anesthesia Record*.

Professional News

From the National Commission

James R. Hall, MD, Secretary

National Commission

To help address manpower needs, as well as address the increasingly complex and technologic practice of anesthesia, the allied health specialty anesthesiologist assistant (AA) was created in 1969. Graduates of anesthesiologist assistants educational programs which are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) are eligible to enter into the certification process administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA).

Under the guidance of John E. Steinhaus, MD, PhD, the National Commission was founded in 1989 for the purpose of establishing a national certification process to provide the basis for eligibility for anesthesiologist assistants to practice in the United States. The National Commission then and now includes both anesthesiologist assistants and anesthesiologists. The National Board of Medical Examiners (NBME) is consultant and contractor for NCCAA's examinations and certification process. NBME also is the contractor for the American Board of Anesthesiology (ABA) and the National Commission for Certification of Physician Assistants (NCCPA).

The entry point into the certification process is the Certifying Examination for Anesthesiologist Assistants, which is a written examination offered annually. Items on the examination are designed to assess each candidate's entry-level knowledge and his/her skill in applying that knowledge related to the duties of a practicing anesthesiologist assistant.

NCCAA contracted with the National Board of Medical Examiners in 1990 to help develop the first Certifying Examination. Initial development of the certification process included surveying practicing anesthesiologist assistants and their physician sponsors, developing a content grid for examination, establishing an item bank, and constructing and administering the first Certifying Examination. The initial survey of practicing anesthesiologist assistants and their physician sponsors was conducted in 1990 to establish the basis of practice for this allied health specialty. A second practice survey was conducted in 1997.

Both surveys were developed by content experts in conjunction with NBME. Development of the content grid for the Certifying Examination has been based on the results of the surveys. A Test Committee has been appointed annually by NCCAA since 1990 to prepare the Certifying Examinations. The Test Committee has been comprised of anesthesiologist assistants, anesthesiologists, and individuals expert in testing and measurement. Item writing, examination construction, standard setting, examination scoring, and reporting are conducted each year in consultation with NBME. NCCAA offered the first Certifying Examination for Anesthesiologist Assistants in 1992.

Based on the results of the 1997 survey, a content grid was formulated for the Examination for Continued Demonstration of Qualifications (CDQ Examination). Item writing assignments were made, and the NCCAA item bank was expanded to accommodate

the CDQ Examination. The first CDQ Examination was administered in 1998. CDQ Examinations are offered annually.

Certification Process

The overall certification process administered by NCCAA is based on a six-year cycle:

NCCAA CERTIFICATION PROCESS			
Year 0	Certifying Examination	Year 4	CME Registration
Year 1		Year 5	
Year 2	CME Registration	Year 6	CME Registration &
Year 3			CDQ Examination

NCCAA awards a time-limited certificate to each candidate who successfully completes the Certifying Examination. Each anesthesiologist assistant is able to maintain current certification by registering requisite CME credits every other year and successfully completing a CDQ examination every six years. Certification permits individuals to use the designation AA-C (Anesthesiologist Assistant-Certified). NCCAA annually publishes a list of Anesthesiologist Assistants-Certified, which is distributed to state medical boards, practice groups, credentialing and payor agencies.

Demographics 2004

Based on compilation of the NCCAA practitioner database in September 2004, there are 610 certified anesthesiologist assistants in 28 states and Washington, DC — 44 of whom successfully completed Certifying Examination 2004. There were 167 candidates for CDQ Examination 2004.

Each year, NCCAA mails to every practitioner in its database a summary of their certification status and other information related to the certification process in the United States. A recurring problem which NCCAA faces is a high return rate on mailings — currently greater than six percent. If you have not received a communication from NCCAA within the last 12 months, please write or fax NCCAA (PO Box 15519, Atlanta, GA 30333-0519 — 404/687-9978) to update or confirm your current mailing address.

Examinations in 2005

The National Commission for Certification of Anesthesiologist Assistants (NCCAA) in conjunction with the National Board of Medical Examiners (NBME) will offer Certifying Examination for Anesthesiologist Assistants 2005 and Examination for Continued Demonstration of Qualifications 2005 on Saturday, 04 June 2005, in Atlanta, Georgia, and in Cleveland, Ohio. The application period for both examinations is 01 November 2004 to 31 January 2005. Complete application and payment of application fee must be received by NCCAA on or before 31 January 2005. Applications may be obtained from NCCAA, PO Box 15519, Atlanta, GA 30333-0519.

The Student's Page

Ergonomics in Anesthesia

—Alyson Finamore, CASE MSAS I

I imagine that each morning when a first year AA student gets out of bed they have a million and one things going through their head. Comfortable positioning and posture is probably not one of them.

“What will be my anesthetic plan for today? Will my patient(s) be cooperative and have good veins? Where do they keep suction tubing here? What will my instructor think of me, what is it they like again? Oh yeah, needles on all syringes, double-gloved intubation, remember when we walk in the room and when incision starts, get the fluid warmer and the Sux ready, and don't forget about the precordial. And please don't place the IV on the same arm they are operating on!!”

Set-up is extremely important in anesthesia. Being conscious about safety goes without saying and finding ways to save time are always beneficial in this profession. However, one piece of advice that I hear all the time from instructors (especially experienced ones) is to have everything set up so you are not bending over backwards. Trust me, at this point, my comfort level is the least of my concerns. Should it be though? We've all heard the term 'ergonomics' and probably think of computer programmers and secretaries typing all day, but I think it is important to relate it to anesthesia. After all, why do you think we get the comfortable chair? We need to form good habits now, or we may end up as the patient having a lumbar discectomy in the future. By definition, ergonomics is “the study of the efficiency of persons in their working environment.” The small things you probably take for granted, such as slouching over when you sit, or not taking breaks between long periods may haunt you in years to come. It's hard to break these habits early because our body does not warn us right away. Some anesthetists I've talked to experience the effects from years of poor posture: neck strain/headaches from looking up at the monitors, back surgery resulting from bending over while masking patients. I just recently found out that the operative interface of the circuit (where the CO₂ absorber, bag, etc. are located) is adjustable. This may be very useful for tall anesthetists. Much of the equipment that we use in the OR is designed with the user in mind. It is important that we become more familiar with our equipment so we can use it the way it best suits us.

We all have that hour to ourselves in the OR where we want everything perfect and ready to go. Of course, we also have to be prepared to receive plenty of criticism, constructive of course, no matter how hard we try. That is the awesome way we learn and how we learn so much everyday. The great thing is, if all these procedures don't stick with us, we learn them over again the next day - until finally they become ingrained in our heads. One of the last things I try to remember is getting everything in a close arms length and height. It is safer for the patient and it is safer for the anesthetist.

“And get your mask up, we're opening!”

More Student Articles Could Go Here!

Students from all AA programs are encouraged to submit articles for every edition of The Anesthesia Record. If you would like to be a regular or even a one-time contributor to this, your special section, of the AAAA's quarterly newsletter, please contact The Students' Page editor Tiffany Lewis-Roberts by email at tiffy131@hotmail.com.

The Role of CASE's Chief Anesthesia Students

—By Roy Haber, CASE MSAS II

The Master of Science in Anesthesiology program at CASE University has experienced a few changes this past year, including the institution of two chief anesthesia student positions last spring. According to election guidelines a proper candidate for the chief position should be “objective, approachable, dependable, and a leader.” Recent graduates Claire Chandler and Jeff Scavelli fit this description and were elected the inaugural chief students by their peers. Along with the program administrators, they formulated responsibilities for the chief position and laid the groundwork for monthly journal club meetings and Morgan and Mikhail review sessions. This year's chief students Michael Patrick and Roy Haber (myself) have continued coordinating those events and have also been involved in other projects such as the creation of the program's new website.

Journal club was established to familiarize MSA students with scientific journals and old, as well as new, practice in anesthesiology. Meetings provide first and second year students a chance to review and discuss current literature with anesthesiologists, residents, and AAs. The monthly meeting typically takes place at an area restaurant and is sponsored by local pharmaceutical company representatives. Mike and I are responsible for contacting a pharmaceutical representative, setting up a date and time, and finding anesthesia professionals to attend. Typically, the student who is in their OB rotation is asked to pick a topic, find three to four related journal articles, and lead the discussion of those articles during the meeting. Topics discussed since its inception include peri-operative beta blockade, PONV prophylaxis, and Cox-2 inhibitors just to name a few. All of the meetings have been a success thus far and have sparked very interesting conversation between students, pharmaceutical representatives, and other health care professionals.

...continued next page

The Student's Page

. . . "The Role of CASE's..." (cont'd from page 8)

Another important addition to the program has been Morgan and Mikhail review sessions. The purpose of these meetings is to keep students familiar with all material that may be presented on the licensing board exam taken in the spring. The meeting occurs once a month and involves an anesthesiologist and all second year MSA students. Those students who are on external rotations are able to participate via teleconferencing. Students are responsible for all the information in the assigned Morgan and Mikhail chapters according to the syllabus. The chief students are responsible for picking and scheduling an anesthesiologist to lead the discussion. The anesthesiologist is chosen based on the particular topic that month and his or her area of expertise. During the meeting we are questioned and presented with pertinent clinical scenarios to solve and manage. Students are also encouraged to bring any questions we may have related to the topic being discussed during that particular session. These monthly review sessions have given us the motivation to keep up with our reading material, while familiarizing us with potential questions and scenarios we may face on the board exam.

Journal club and the Morgan and Mikhail review sessions have been met with enthusiasm from both students and instructors. The laid-back atmosphere of these meetings give students a chance to relax a bit while still in a learning environment We are

also able to see our fellow classmates, which for me has become a rarity in the recent months. These new events could not happen without the chief positions because they provide a means to coordinate these meetings and make sure they are a success. I also consider being elected as one of the chiefs an honor since I was chosen and elected by my fellow classmates. I believe that these additions to the program have made us well-rounded students by expanding our knowledge base and helping us prepare for the certification exam.



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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 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

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 najeeps@sidd8.com

Gainesville

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

Memorial Health Anesthetists, Inc., Savannah

Contact: Debbie Ryan at 912/350-7219

Ohio:

Ohio State University Medical Center, Columbus

contact: Len Boras
len725@columbus.rr.com

University Hospitals, Cleveland

contact: Tricia Gadd, 216/844-4704; fax 216-844-4765

South Carolina

Anesthesia Associates of Rock Hill, P.A.

Contact: Dee Westbrook 803/985-4551 or Rick Richter, MD, at RRichter@aarh.org

Texas:

Greater Houston Anesthesiology

contact: Stephen Jahn 713/620-4000 or Dr. Angel Ham 713/988-8065

District of Columbia:

Washington Hospital Center

www.whcjobs.com; Fax: 202/877-2501

About JobLine Listings

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 Sandy Watts at sandy@anesthetist.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.

“ A Unique Practice Opportunity”

Georgia Anesthesiologists, P.C. (GAPC) is seeking new and experienced, qualified Anesthesiologist Assistants (AAs) to join their rapidly expanding practice in beautiful Marietta, Georgia, just outside of Atlanta. GAPC is a unique practice opportunity for AA's because of our philosophy and incorporation of AAs into our practice. At GAPC AAs are not just employees but are considered a vital part of the department, and treated with the utmost respect and consideration. At GAPC, and Wellstar Kennestone Hospital, you are a full-fledged member of the Medical staff and are treated as such. We provide all Anesthesiology Services for Wellstar Kennestone Hospital, which is a large regional hospital with an expanding service base.

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- 7) Up to \$3,000 CME funding.
- 8) Medical, Dental, Disability, and Life Insurances.
- 9) A New 20 Suite OR with an excellent mix of cases.
- 10) A positive and progressive work environment.

We have some immediate staffing needs so please respond as soon as possible by contacting;

Karin Monaghan, Office Administrator, GAPC
531 Roselane Street, Suite 750, Marietta, Georgia 30060
FAX: 770-794-3108 or email gapc@mindspring.com

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.

Dec. 10 – 14 — New York, NY

New York State Society of Anesthesiologists 58th Annual Postgraduate Assembly in Anesthesiology (Offering up to 40.0 hours of AMA PRA category I credits)
Contact: Kurt Becker at 212/867-7140 or kurt@nyssa-pga.org.

2005

Jan. 22 — Braselton, GA (Chateau Elan)

Georgia Society of Anesthesiologists
“What’s New in Anesthesiology?”
Contact: Teresa Killian at 678/222-4224 or go to www.gsahq.org.

Feb. 13 – 18 — Park City, UT

University of Utah’s 5th Annual Postgraduate Course in Anesthesiology
Contact: University of Utah School of Medicine at 801/581-6393 or <http://anesthesia.med.utah.edu>.

Feb. 6 – 11 — Steamboat Springs, CO

New Horizons in Anesthesiology presented by Emory University School of Medicine (Offering a maximum of 25 hours in AMA PRA category I credits)
Contact: Emory U School of Medicine at 404/727-5695 or www.emory.edu/CME.

March 17 – 20 — San Francisco, CA

Obstetrical Anesthesia 2005 (Offering up to 19.25 hours of AMA PRA category I credits)
Contact: UCSF Office of CME at 415/476-5808 or go to www.cme/ucsf.edu.

April 9 – 12 — St. Petersburg, FL

29th American Academy of Anesthesiologist Assistants Annual Meeting (Offering up to 22.0 hours of AMA PRA category I credits)
Contact: AAAA office at 866/328-6868 or go to www.anesthetist.org

April 22 – 23 — Hilton Head Island, SC

South Carolina Society of Anesthesiologists Annual Meeting
Contact: Robert Morgan, Jr., M.D. at 864/242-4602 or go to www.scanesthesia.com.

June 24 – 26 — Palm Beach, FL

Florida Society of Anesthesiologists Annual Meeting
Contact: Susan Cabrera at 800/400-3211 or go to www.fsahq.org.

Sept. 16 – 18 — Asheville, NC (Grove Park Inn)

North Carolina Society of Anesthesiologists; “Medicine and the Law”
Contact: NCSA at 919/821-6698 or go to www.ncsoa.com.

Sept. 24 – 25 — Sandusky, OH

Ohio Society of Anesthesiologists 66th Annual Meeting
Contact: OSA, Inc. at 614/784-9721 or go to www.osainc.org.

Oct. 22 – 26 — New Orleans, LA

ASA Annual Meeting
Contact: ASA at 847/825-5586 or go to www.asahq.org.

June 04, 2005

The National Commission for the Certification of Anesthesiologist Assistants, in conjunction with the **National Board of Medical Examiners**, will offer Certifying Examination for Anesthesiologist Assistants 2005 and Examination for Continued Demonstration for Qualifications of Anesthesiologist Assistants 2005 on **Saturday, 04 June 2005, in Atlanta, Georgia, and in Cleveland, Ohio**. Complete application, including full payment of fee, must be received on or before 31 January 2005 by NCCAA at PO Box 15519, Atlanta, GA 30333-0519. To obtain an original application and a copy of the Rules and Regulations, write NCCAA at PO Box 15519, Atlanta, GA 30333-0519, or fax your request to NCCAA at 404/ 687-9978. Photocopied applications will not be accepted.