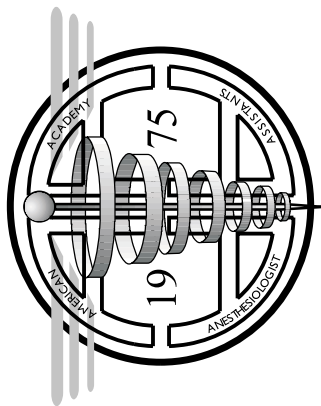


The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants 2nd Quarter 2005



The President's Message

By Donald Biggs, AA-C

As the year progresses we, AAs and the AAAA, continue to see goals attained and ever more goals to be attained. Thus far this year we have seen licensure in Washington, D.C., and the legislative move toward licensure in North Carolina. This year will see the third AA program in the nation advance its first class to senior students. There is also the strong promise of a fourth AA program to be open in June of 2006. This year's annual meeting of the AAAA in St. Petersburg was one of our most successful. Such success provides strong impetus for us to create ever more successful meetings in the future.

This year's annual meeting provided a wealth of opportunities for intellectual and social interactions. Lectures, workshops, the Certification Review, the Job Fair, and even a game of "Jeopardy" filled the days with just enough time left over for a visit to the beach. The Annual Meeting Committee is to be congratulated on their hard work in bringing so many diverse elements together to produce such an excellent event.

Soon after returning from the Annual Meeting, Rob Wagner and I attended the ASA's Legislative Conference in Washington, D.C. This was the first time anyone from the AAAA had attended this annual conference. I hope and expect that we will continue to be invited to the Conference in the future. Most of the speakers at the conference focused on the outdated and financially debilitating reimbursement policies of Medicare/Medicaid toward anesthesia services. Various strategies to balance the reimbursement policy were discussed and several Members of Congress and Senators were met with to increase their awareness of the financial problems affecting all anesthesia services providing care to Medicare/Medicaid patients.

Although these topics are vitally important to anyone receiving even a small slice of the reimbursement pie, Rob and I took every opportunity to interact with as many anesthesiologists and lobbyists as possible about topics specific to AAs. We spoke to and "powwowed" with folks from Alabama, California, North Carolina, Missouri, Florida and other states on such topics as licensure, educational programs, employment, and the AAAA's role in future ASA undertakings.

There is so much activity around the AAAA and AAs in general, one would think we were the "new kid in town". Of course, to many anesthesiologists and legislators we are the "new kid in town," even after thirty years of practice! This speaks to one of the AAAA's primary missions: To further awareness of the practice of AAs throughout the nation and indeed the world. To accomplish this and the many other missions of the AAAA we need the continued support of each and ever AA in the country. Many from our ranks have failed to renew their Membership to the AAAA this year. We must regain the support and participation of these AAs. If you know of anyone that has not renewed their Membership, please remind them that the battle is far from over. Their Membership *is* important, to them and to all AAs. Hopefully they have merely forgotten to join this year. Ask them to rejoin the "cause" in order to insure the furtherance of a secure future for the practice of Anesthesiologist Assistants.

In This Issue . . .

President's Message	1
Editor's Column	2

Inside AAAA

Annual Meeting Recap	3
National Affairs Update	4
Education Committee Report	6
Membership Report	6

Professional News

CAHL Report	10
Case Western Reserve University	10
NC Update	11
South University	11

The Student's Page

Case Western Reserve University	12
South University	12

Other News

JobLine	13
Calendar	14

Advertising and Copy Deadline for 3rd Quarter 2005 Issue:

Advertising — August 19, 2005
Copy — August 19, 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

By Liz Decker, AA-C, Co-editor

Does Anybody Read These?

One of my jobs as co-editor of The Anesthesia Record is coming up with a topic to write about for the editor's column every few months. I usually sit down a day or two before the deadline and start thumbing through my "newsletter folder," which contains past editions of The Anesthesia Record as well as articles from other professional newsletters I found particularly interesting. Having just flipped through that folder, two topics jumped out at me.

The first is that it has now been a year since the newsletter was converted entirely to electronic delivery. Although I was just familiarizing myself with the process at that point last summer, I remember the impetus to be primarily economical — by foregoing paper and postage costs, we could reach just as many, if not more readers in less time. I do not recall any reaction to the changeover when it occurred. However, at the AAAA meeting in St Petersburg, several people commented that they missed the old, paper version of the newsletter. This was news to the editors! First of all, how many members feel this way? How many of you would be willing to pay an additional fee to receive a printed Anesthesia Record? Secondly, are all members receiving the newsletter electronically now? Do you know to expect an email of the current newsletter each quarter and to let our management company (kari@anesthetist.org) know if you have not?

The second related topic involves the evolution of the newsletter. I jotted down ideas of new inclusions when I became co-editor: Clinical section of case presentations and scenarios, and pearls of wisdom, Technology section to highlight an anesthesia tool or technique each edition, AA Faces column with member responses to one question each edition, Memorable Case column detailing different AAs' most memorable patient or case, and of course, Letters to the Editor, which can serve as a catalyst for discussion and action. I noticed that most other professional newsletters include these types of articles.

You have no doubt noticed that a core group of leaders are the regular contributors for the newsletter. Excluding the student section (which has an impressive number of writers), I could count the people who have submitted articles this past year on both hands. Our newsletter does an outstanding job of relaying information and developments specific to AAs in each edition thanks to these members. However, I hope The Anesthesia Record, like most other professional newsletters, can evolve into more than just an information outsource. But in order to do that, we need a little help. The newsletter cannot reach the next level of professionalism with only two people putting it together by asking the same handful of people (who already do *so* much for AAs and the AAAA) to submit articles detailing their recent efforts and meetings. Volunteer to develop one of the aforementioned sections. Contribute an article on a topic of your choice. Write a letter. Send a picture. Express an opinion. Thank the leadership. Offer a suggestion. Voice a concern. Give us a little feedback please. Let us know it is worth the time and money it takes to put the newsletter together. The editors would be thrilled and the regular contributors might get a bit of relief knowing that Ellen and I have something to do besides hound them about upcoming or past deadlines.

Inside AAAA

St. Pete Beach in Review

Sandra Madariaga, AA-C, MBA

Another April has come and gone and with it another successful AAAA national meeting. The 29th annual meeting proved to be unique. The Florida sun, beaches, and sunsets were the perfect backdrop to a fun-filled, educational, and well-attended meeting. Every year the national meeting grows in attendance and quality of speakers. This year was no exception. Our schedule was changed to allow for more free time, optional additional credits, and more weekend only attendees. For the first time, optional workshops in TEE and difficult airway were successfully held together with a concurrent ‘for CME credit’ NCCAA board review and mock exam. Any attendee could choose to attend both workshops or the review for extra credit (4 CME’s) for an additional fee. We hope to have more workshops in different topics available in this format as interest for these increases.

All the speakers were evaluated by the attendees on a scale of 1 to 5- 5 being excellent. All the speakers received a 4.1 or better as did the choice of topics. The favorite of the meeting without a question was our closing speaker on Tuesday, the very dynamic Dr. John Schweiger who spoke on end-stage liver disease, upper GI bleeding and coagulation in the critically ill patient. We hope to invite him to speak again, by popular demand, at a future AAAA meeting. Overall, the speakers were very knowledgeable and brought us their expertise in a diverse group of topics. Two lectures were planned as more thought provoking and engaging than lecture type. We had our own “CSI”-like case presented by Dr. Bob



Kirby from the University of Florida. Dr. Ken Goodman, from the University of Miami, touched on ethics in the OR for the anesthetist. Although no definite “black or white” answers were given, they both presented the complexity of what we all can deal with in the hospital setting.

Dr. Steve Sween, president of the ASA Southern Caucus, which encompasses 13 states, gave us a great reality check on the importance of all AA’s being active members of the AAAA **and** the ASA. He presented the evolution of our profession and the relationship with the ASA. The take home message: **GET INVOLVED!** Become a member of these two great organizations and be part of shaping the future of our profession. It was a rousing lecture and as one evaluation put it “He made me proud to be an AA.” We will try to keep this topic in future meetings as requested.

Our welcome reception and awards ceremony was held beachside at sunset. We honored Dr. Joel Zivot, from Ohio, Dr. Steve Sween, from Georgia and Dr. Hector Vila, from Florida for their continued support and active involvement in the growth of our profession. They are all huge assets to the AA profession. They also gave lectures in their areas of interest at this year’s meeting. Senator Fascano was also honored for his tireless work in Florida. He authored the legislative bill to permit AA’s to be licensed practitioners in the state of Florida. Senator Fascano, during his acceptance of the Frabel award that we presented to him, was thrilled to be the one who in the name of all the state senators and the Governor of Florida, Jeb Bush, finally welcomed us to Florida. Every year, an award is also presented to an AA for outstanding service to the profession. This year, Don Biggs was honored for his



AA students enjoying a social event in St. Pete

See “St. Pete Beach in Review” on page 4

Inside AAAA

“St. Pete Beach in Review,” continued from page 3

countless years of service and dedication to our organization and profession.

As something new this year, students from Case, Emory, and South were faced, head to head, in a game of Jeopardy lead by Dr. Joel Zivot. It was an entertaining hour where graduates were able to cheer their Alma Mater teams on and support the new South University students in the quest for the plaque that remains in the winner’s program for a year. The final jeopardy question was a controversial one: “The father of modern day anesthesia.” The answers Dr. John Snow and Dr. Crawford Long can both be arguably correct if researched. Therefor, the students agreed to toss it up until next year. However, in speaking with Dr. Zivot, it has been decided that Emory will house the plaque in their program for a year since the amount wagered and total points for a correct answer by all the teams would still have put Emory ahead by 100 points. Congratulations Emory! We hope next year will be as exciting and the final

jeopardy question less controversial. We must wait and see who wins next year’s Jeopardy!

I would like to thank all the exhibitors, sponsors, and job fair participants for the support of this year’s meeting in St. Pete Beach. I would also like to thank all the speakers for their time preparing and spent with us. To the AA’s involved this year in this great task, thank-you for your time. To the management office, I thank you for your support in the midst of the occasional craziness. The evaluations were overwhelmingly positive and the schedule well received. As always, the evaluations play an important part in planning future meetings. We will keep in mind all the comments as we did with those from San Diego and improve what needs improvement. Next year’s planning is on the way. We have sent out an email survey to further narrow down our choices for next year and take into consideration our membership’s preferences. Please make an effort to attend. We will post dates and location when they are finalized. Stay tuned!

AAAA Meeting Job Fair

The 2nd Annual AAAA Job Fair was a wonderful success! Twelve employers from around the Eastern US joined us for a lovely evening amid the palm trees and balmy breezes of St. Pete Beach, Florida. Employers, certified AAs, and AA students discussed practice opportunities in several desirable locations while mingling at our evening social function.

Thank You to the Sponsors,
Exhibitors and Job Fair Participants
at the 29th Annual AAAA Meeting!

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Inside AAAA

National Affairs Update

Pete Kaluszyk, AA-C, M.Ed

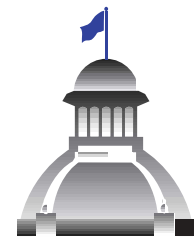
The season of spring always brings forth the promise of a beginning or the bloom of an effort seeded in previous seasons. Spring has come through again for our profession with the arrival of a newly enacted law and the beginnings of legislative process leading to a new law for the licensing of anesthesiologist assistants.

The District of Columbia Bill 15-634 was signed by the Mayor of the District of Columbia on November 1, 2004 and became Act 15-577. This Act was then sent to the U. S. Congress on January 25th of this year for review and approval. The review process ended on March 16th and the Act 15-577 became effective on that date as D.C. Law 15-237 “Anesthesiologist Assistant Licensure Amendment Act of 2004.” The District of Columbia Board of medicine will now begin the process of developing the necessary paperwork and process for AAs obtaining licenses in the District. Special thanks go out to Dr. John Dombrowski who laid the groundwork with the DC Board of Medicine to introduce AAs into the District, testified at various regulatory meetings, and has consistently been there for our profession since 2000. I would like to also thank Dr. Eileen Begin MD and Dr. Charise Petrovich MD and the anesthesia staffs and administration of Washington Medical Center and Providence Hospital for strongly supporting the anesthesiologist assistants who work in the District. We had support of the District of Columbia Society of Anesthesiologists through out the process. Additionally, we received strong support from the DC Board of Medicine and the Medical Society of the District of Columbia. Last but not least, I would like to thank Saral Vasudeva AA-C and Ashish Patel AA-C for their testimony before the DC City Council and their behind the scenes efforts, and our members in DC who have practiced in a safe and professional manner leading to a successful conclusion of this effort.

The other tremendous news this Spring has been the introduction, in North Carolina, of House Bill 503, “North Carolina Patient Safety and Anesthesia Access Bill.” The Bill includes provisions for the licensure of AAs in this state. The Bill had been delayed due to the NC State legislature’s focus on budgetary crisis and a lottery Bill that was introduced as a potential means of balancing the budget. Ellen Allinger, Chair of the National Affairs NC Sub-committee has a more detailed report in this newsletter.

The AAAA is pursuing the establishment of a formal process to introduce AAs into the TRICARE system. The TRICARE system will be a different process than that of dealing with State governmental and regulatory bodies and is unfamiliar territory to our profession. The AAAA has been in contact with the American Society of Anesthesiologists’ standing Committee for Anesthesiologist Assistant Affairs for advice and working together to initiate this process entrance process for AAs with the TRICARE administration. The goals of this will be:

- Learn about the Department of Defense/TRICARE administrative system and establish formal contacts with their administrators.
- Establish contacts/liaisons with the individual Surgeons General of each military medical branch.
- Formalize a job description for AAs in each military branch
- Obtain the necessary application form to receive the Federal identification number in order to bid on anesthetist positions.
- Develop credentialing process for anesthesiologist assistants to include anesthesiologists and AAs.
- Develop a proactive plan within the Federal system to ensure that AAs have equal access to the TRICARE health system.
- Identify military healthcare institutions that have anesthesia services that are medically directed by an anesthesiologist.



We will keep you apprised of any developments and we hope that the TRICARE system will be available to our members this year.

The National Affairs Committee has been recently contacted to assist anesthesiology practice groups dealing with Medicare reimbursement issues for AAs. Reimbursement issues occur from time to time and require educating reimbursement agencies on Federal Regulations covering AA participation in anesthesia services. We have supplied the necessary information and will continue to assist anesthesia groups and regulatory agencies to help insure the economic viability of our profession and those practices that hire AAs.

I strongly urge all AAAA members to encourage fellow AAs to join the AAAA who are not currently members. Membership is the absolute life’s blood of any organization. We must have members of our profession continue to renew their memberships and insure that new graduates become members. Membership allows us to look out for our interests, increase employment mobility for our members, address issues that threaten our economic well-being, establish professional relationships with other professions, economic entities, and regulatory agencies. All professions are subject to potential threats that can unexpectedly arise through legislative or regulatory actions or from actions by business interests. Your membership is an investment in YOUR future and will allow the AAAA to do more for you in the future. Fewer members simply mean fewer opportunities and a limited future. I also encourage AA members who are not members of the ASA to become educational members. An ASA membership enhances our educational opportunities and helps to further expand our horizons.

Inside AAAA

Education Committee

Deb Lawson, AA-C

The near future promises to bring very fruitful developments that will significantly expand the number of AA practitioners. Throughout this period, the Education Committee can facilitate communication so that the educational and practitioner components form an effective alliance, and resources are maximally utilized.

One primary interest lies in minimizing miscommunication related to the rapid establishment of educational opportunities, whether through the expansion of existing programs or the development of new ones, without duplicating or interfering with the well-established AA education-related processes.

Another key opportunity as the committee network welcomes new programs is that a relationship with the AAAA

is established directly, and by logical extension, also to new graduates. This lays a framework to make students aware of the educational and professional benefits of membership and participation in the AAAA.

If one or both of these areas interests you, consider joining and help make the Education Committee an energetic and productive component of the AAAA. The profession is on the steep part of a growth curve, and this committee can help build a solid future.



Membership Update

Gary Jones, AA-C

I have never been more proud to be an AA than right now. We have made great strides in the past few years and are poised to continue building on the successes of the recent past. With that said, as your membership Chairman, coming off of the largest membership numbers in the history of the AAAA, I have seen some worrisome trends. Nineteen recent graduates have not yet renewed their membership, Eighty-three Georgia practitioners have not renewed their membership, and all told, some 96 total members have not yet renewed their membership.

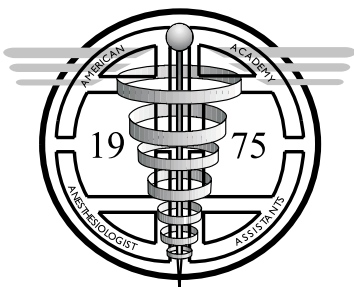
Membership is a fundamentally important issue for all medical organizations and needs continuing attention. Our organization is no different. Let me go over a few statistics: The AANA, reports higher than ninety percent of all practicing NA's as members in their *professional organization*. In Ireland and England, ninety five percent of all Anaesthetists (Anesthesiologists), are members in their *professional*

organization. The ASA has approximately ninety percent of practitioners in their *professional organization*. The AAAA has, at latest count, less than sixty percent of all practicing AA's in our *professional organization*.

I know what you are thinking, not very professional, huh? Now, I understand if you are reading this, you understand the need for membership in our organization, but there are plenty of practicing AA's who do not understand, or at least, seem to not understand. What I am asking of you is to look at the lists on the following pages, non-renewed, and non-members, and if you know any of them please remind them of how important becoming a member is. We are professionals and need to represent ourselves as such, and 60% participation of practitioners is the lowest of all anesthesia providers in the U.S., and quite honestly, a poor reflection on our professionalism as a whole. Later this year, I hope to report to you, that we have renewed everybody on the list, and signed several new and returning members.

Thank you for your continued support.

Gary Jones
Membership Committee Chairman



Inside AAAA

NCAA Certified AA's – Not members of AAAA

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Mishayla Hope Betke Kennesaw, GA	Dale Cuthbertson Bath, OH	William David Green Nashville, TN	Attila Kerner Savannah, GA
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continued

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“NCAA Certified AA’s — Not members of AAAA,” continued from page 7

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Russell Partain Marietta, GA	Alan G. Sims Houston, TX	Eric D. Tucker Atlanta, GA	

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continued

Inside AAAA

“AAAA Members — Not Renewed for 2005,” continued from page 8

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John Gaydos Essex Junction, VT	Brian Lawrence Atlanta, GA	Dan Rankin Westlake, OH	Kristy Thai Alpharetta, GA
Rebecca Geballe Decatur, GA	Heather Machcinski Atlanta, GA	David Ratchford Woodstock, GA	Thang Thai Albuquerque, NM
Carol Gillis Cincinnati, OH	Maggie Magee Atlanta, GA	Andrea Regan Strongsville, OH	Louis Trinh Roswell, GA
DeNa Goss-McKenna Marietta, GA	Jeffrey Mahoney Decatur, GA	Kevin Ryan Suwanee, GA	Ryan Watson Albuquerque, NM
Sara Gray Roswell, GA	Sandra Mann Clarkston, GA	Louis Saez Atlanta, GA	Bob Williams Stone Mountain, GA
Alisa Grubb Atlanta, GA	Jana McAlister Argyle, TX	Nasser SANE Marietta, GA	Brett Witz Decatur, GA
David Guadalupe Atlanta, GA	Scott McAndrew Cincinnati, OH	Gina Scarboro Suwanee, GA	Jen Woessner Marietta, GA
James Hall Trenton, TN	Jill McCall Rock Hill, SC	Chris Schuckmann Lawrenceburg, IN	Thomas Woods, Jr. Valdosta, GA
Caroline Hardin Atlanta, GA	Susan McIntire Decatur, GA	Todd Schulte Marietta, GA	Erin Young Buford, GA
Trent Harris Lakewood, OH	Jake Menke Albuquerque, NM	Brett Scoggins Snellville, GA	Cynthia Young Roswell, GA
Emily Heffinger Kennesaw, GA	Zach Mikronis Atlanta, GA	Yvonne Seaward Fayetteville, GA	Ashley Youngblood Decatur, GA
Jeffery Hess Decatur, GA	Gary Moelich Atlanta, GA	Catherine Simonsen Decatur, GA	
Michael Hickey Dunwoody, GA	Reza Mohammad Atlanta, GA		
Vu Hoang Duluth, GA	Gary Mollica, Sr. Marietta, GA		
Emily Holtz Smyrna, GA	Jennifer Moore Decatur, GA		
Ann-Michael Hoover Atlanta, GA	Michele Mulligan Clevess, OH		
Cybill Hunt Columbus, GA	Stephen Nix Atlanta, GA		
Karen Igneri Colchester, VT	Karen Orlosky Medina, OH		
Lisa Julian N. Royalton, OH	Yaping Pan Dunwoody, GA		

Professional Organization Membership Percentages

ASA >90%

AANA >90%

AAAA <60%

**Encourage your colleagues on
the list to join the AAAA!**

Professional News

Update on the Coalition for Allied Health Leadership Program

Claire Chandler, AA-C

I am sure that almost everyone knows that “Allied Health” is a collective term to represent a variety of many different health professions. To my surprise this term encompasses at least 61 different professions varying from AAs to social workers. The majority of these professions have some sort of interaction, either direct (like an AA and perfusionist) or indirect. Although we may not see many of these professions as part of our “team” it is important to realize that the allied health workforce is facing a shortage as critical as the nursing shortage, and we need to collaborate to educate policy makers and the public on a national scale.

The Coalition for Allied Health Leadership (CAHL) Program is a collaboration between five different allied health organizations... the Association of Schools of Allied Health Professions (ASAHP), the Health Professions Network (HPN), the National Network of Health Career Programs in Two Year Colleges (NN2), the National Society of Allied Health (NSAH), and the American Association of Community Colleges (AACC).

The purpose of CAHL is to develop allied health leaders, foster a collaborative relationship between different allied health disciplines, explore national issues affecting allied health practice and education, and understand the workings of congress and Federal agencies. I was proud to attend as a representative of the AAAA and with the support of HPN.

Thirty participants attended the first four day meeting in Washington DC. Our backgrounds varied from educators and deans to clinicians, lab techs, and dental hygienists. What could we all possibly have in common? Well we were all there to learn how to answer precisely that question. We participated in

leadership exercises (some of which included singing), we toured the Department of Health and Human Services and learned about the breakdown of government agencies, we discussed topics affecting the allied health field which include patient safety and education, cultural competency, workforce and educator shortages, emergency preparedness, and available grants and project funding, and we made connections that will hopefully help everyone in the long run.

CAHL definitely broadened my perspective. I realized that many allied health professions have similar issues as AAs such as licensure in new states and getting members involved with their professional organizations. I was shocked to find out that many of these professions had an 80% membership rate, a number that the AAAA can only dream about this year. But, I was even more surprised to find out that in some cases, we were licensed in more states than the groups with great participation. This made me realize that the AAAA is functioning relatively efficiently and effectively and gives me hope that we can handle the inevitable landslide we are facing and develop a clear plan for the future of our organization.

Throughout this conference the underlying theme was leading by collaboration and cooperation. This is a principle almost required in Washington and one I think will benefit not only the allied health professions but the AAAA as well. As allied health professionals our numbers are impressive as could be our influence. I encourage everyone to get involved of course with the AAAA but on an even higher level as a member of the allied health community.

CWRU Update

Joe Rifici, AA-C, M.Ed

Another academic year has ended at the Case AA educational program. We had our Honors Dinner at the Great Lakes Brewery on May 14. We had several guests from Georgia in attendance. Thanks to Don Biggs of Emory University, Bill Paulsen of South University and Golum Meha from Atlanta Medical Center for joining us for the festivities. Their presence was noted and appreciated.

We honored our outgoing class as they take their place in the workforce as competent anesthesia care providers and hopefully ongoing AAAA members. Kate Bell has taken a position at Scottish Rite Hospital in Atlanta. Joel Bodin will be employed at the Mobile Infirmery in Alabama. Chris Caldwell is going to Christ Hospital in Cincinnati. Mike Devine will go back to his home in Madison and practice at the University of Wisconsin Hospital. Roy Haber stays in Cleveland at Southwest

General Hospital. Brian Heighington and Austin Howard will move to Georgia and teach South University students in Savannah. Tiffany Lewis-Roberts joins our friends in Houston. Chard Marchand goes home to Albuquerque at the University of New Mexico. And lastly, Mike Patrick becomes a colleague of mine as he practices his art at the University Hospitals of Cleveland. Good luck to all. You have been a great class. Stay in touch and keep involved in the AAAA.

Our incoming class starts on June 6. We accepted 15 candidates this year and we are looking forward to this time of expansion. The lucky neophytes are listed below followed by their current residences: Lance Carter, Rexburg, ID; Brad Falls, Gastonia, GA; Maggie Green, Garfield Hts, OH; Sabena Kachwalla, Smyrna, GA; Anthony Koury, Strongsville, OH; Jack

See “CWRU Update,” continued on page 11

Professional News

Slow Progress Occurring with NC's Anesthesia Bill

By Ellen Allinger, AA-C

The biggest AA state legislation currently being debated is North Carolina's Anesthesia Patient Safety and Access Act. If passed, this legislation will do two things. First, it will reiterate that NC law requires physicians to supervise nurses providing anesthesia care to patients. Second, it will establish a licensing process for anesthesiologist assistants in the state.

Proposed by the North Carolina Society of Anesthesiologists (NCSA), the bill has 35 sponsors of the House version (HB 503) and 17 sponsors of the Senate version (SB 394). The NC Medical Society, the NC Respiratory Therapists and the AAAA also support this bill. Despite this support, the opposition from the North Carolina Society of Nurse Anesthetists has been stiff. Up to the time of writing this article (May 18, 2005), HB 503 passed the Joint Legislative Committee on New Licensing Board and has been debated but not yet voted upon in the House Health Committee. Legislators have been provided with multiple documents on AA education, safety, and licensure in other states as well as documenting a need for additional anesthesia providers in North Carolina.

Part of the effort to educate legislators of North Carolina included practicing AAs and AA students from Emory University. On Wednesday, March 2nd, nearly 50 Emory first and second year AA students drove to Raleigh to meet with legislators along with about half a dozen practicing AAs. After meeting with NCSA lobbyists Dana Simpson, Esq., and Marion Suitt, attendees were broken up into groups of four to five people

and given lists of legislators to target. By early afternoon nearly all of the legislators had at least met with AAs and several were added to the list of sponsors for the Anesthesia Act.

A smaller contingency of AAs returned the next Wednesday to target legislators that were missed on the first visit or those who were not supporters of the Act. The long-term effect of these visits was extremely positive. The NCSA lobbyists and leaders were told time and time again by legislators that they were suitably impressed by the professionalism of the AAs. Since then, AAAA members have testified in front of NC legislative committees and will continue to do so at the request of the NCSA.

Because of the misinformation provided to NC legislators by NC nurse anesthetists, and their stance that there is not a CRNA shortage in the state, it is imperative that legislators hear from the AAAA membership of our desire to open NC to AA practice and AA education. Email alerts are being regularly sent to all AAAA members. If you are not receiving these emails, please check with the AAAA office at 866-328-5858 or contact kari@anesthetist.org to be sure that your correct email address is on file.

You will continue to be updated and asked to contact legislators as the bill is hopefully passed through its various committees. It is encouraged that anyone able to attend the public hearings of this bill as a show of support. It is an experience that you will not soon forget.

“CWRU Update,” continued from page 10

Lund, Falcon Hts, MN; Maria Minadeo, Westlake, OH; Steve Radvansky, Cleveland Hts, OH; Jill Remaly, Oakdale, PA; Robert Shonk, Columbus, OH; Aaron Sikowitz, University Hts, OH; Paul Snizek, Germantown, MD; Daphne Tolentino, McDonough, GA; Amy Wang, Cleveland Hts, OH; and Chandra Wozniak, Miami, FL.

Welcome and the best of luck to these fine people. As always, the Case program will enroll and finance memberships in the AAAA and the ASA for all MSA students.

We have expanded our clinical education sites for second year students. This year cardiac will be done at Kennestone Hospital located north of Atlanta. This facility has a significantly expanding cardiac program and the practitioners there have pushed hard to have our students rotate. An acute pain rotation has been added and Jim Gibbons, MD, will host our students in St. Louis, MO. Dr. Gibbons and others were instrumental in passing AA legislation in Missouri several years ago. Thanks to all of those people who promote quality AA education around the country. There is much effort involved in making these educational experiences viable.

South University Update

Bill Paulsen, MMSc, PhD, CCE, AAC

South University has admitted their second class of 19 AA students, the class of 2007, who will be on campus June 10, 2005 for orientation and a welcome party in the evening sponsored by Baxter. Classes start on Monday June 13, 2005 for both cohorts. Unfortunately the class of 2006 did not have a break between quarters, but they are looking forward to having the week of July 4th off.

The Student's Page

"What Happens in St. Pete stays in St. Pete."

Romnii Ross, AA-S, CASE

This was the phrase heard oh so many times during the 29th Annual National Conference of the American Academy of Anesthesiologist Assistants this year in St. Pete Beach, FL. I personally disagree. I think that what happened in St. Pete should be yelled from the rooftops. People need to know who we are and what we do, and that AA's and future AA's are dedicated to their professions. We should tell them that we are interested and informed about anesthesia, and that we continue to improve our skills and gain knowledge of medical conditions affecting the delivery of our anesthetic even once we have finished school. In order to gain public and legislative support we must continue to spread the word about how we complement the anesthesia team and not hoard the knowledge of what AA's and student AA's are striving to achieve among ourselves.

As a student I was exposed to topics previously covered in textbooks, classroom lectures, and conferences so that the information is finally sinking in. As a soon to be professional I

walked away empowered with a sense of what I have to look forward to as a professional anesthetist and even met potential future employers. As a AAAA member I mixed and mingled during social times, participated in my first AAAA general body meeting, and learned more about the purpose and workings of the AAAA and its political endeavors to further advance our profession.

I've noticed that most informed adults have heard of CRNA's and assume that when I say I'm working on a Master's in Anesthesiology that I am going to become a CRNA. I wonder if our low-key attitude is actually hampering our careers. Could it be that if we become more publicly aggressive people will recognize both kinds of anesthetists?

Attention Emory Students!

Want to see your program represented on The Student's Page?

Email the new student editors:

Alyson Finamore alyson715@hotmail.com

Romnii Ross romnii@msn.com

The First Class at South

Mary Bledsoe, AA-S, South University

For eleven students, the past year has been full of excitement, anxiety, and change. From the time we found out about the program until the time we began the program was unbelievable. The "mock OR," the lab, and various classrooms were completed for us to start on schedule.

At first, it was extremely difficult to establish a routine because of the workload (not because the beach was only 15 minutes away). I believe I can speak for all of us when I say we never expected to learn so much about circuits and how they can relate to everything. We did not understand how some concepts would ever relate to what we would be doing in the operating room, but later we figured out why it was important. For instance, we had better know about "fresh gas coupling." The Mock OR has been helpful to all of us. We have been able to practice checking out the machine, intubating, using difficult airway techniques, and applying new knowledge gained to situations prior to our ever being in the operating room.

As much as we are glad this is our last quarter of lab, it has helped us remember important concepts. For example, Dr. Paulsen has come up with unique ideas, such as literally building an electrical fault generator with parts from Radio Shack over the weekend so we could learn about line isolation monitors on Monday morning. This method of teaching ingrains ideas, theories and skills in our heads.

Our clinical rotations in the OR of the two hospitals I have been in have been awesome. The practical application of our

knowledge base helps to pull all the information we learned in class together.

It is amazing how close our class has become in less than a year. Don't get me wrong-we have our differences (especially when fighting for an answer on a test question), but in seeing each other day after day we found a way to encourage and keep one another going. We have been spoiled being the first class, yet at the same time concerned when we don't remember a slide we "have seen for the hundredth time."

The AAAA meeting was extremely helpful (and fun) for us. We were able to talk to second year students and certified AAs from all over the country. It was a relief to find we really were not expected to know everything about anesthesia after the first year. We also enjoyed meeting and spending time with fellow students from Emory and Case Western.

Our first year has been difficult, but we have had creative ways to learn and remember invaluable clinical and practical knowledge. Thanks to the hard work and dedication of Dr. William Paulsen, this program has launched to an exceptional start. We are honored to be included in the South University inaugural class of 2006 and look forward to joining the thriving workforce and family of Anesthesiologist Assistants.

Opportunities

JobLine Listing

Florida:

Anesthesia Unlimited, Inc., Panama City
contact: Dr. Brian Kradel 850-785-3185

Georgia:

Kennestone Wellstar Hospital, Marietta
Contact: Karin Monaghan fax 770-794-3108 or gapc@mindspring.com

Memorial Health Anesthetists, Inc., Savannah

Contact: Debbie Ryan 912-350-7219

Missouri:

Mid-America Heart Institute at St. Luke's Hospital, Kansas City
contact: Dr. James Lonergan
816-932-3679 jlonergan@saint-lukes.org

Ohio:

Lake Hospital System, Lake County
contact: Dr. Jim Donahue
jdonahue@adelphia.net

Medical College of Ohio, Toledo

Contact: Dr. Alan Marco amarco@mco.edu

South Carolina

Capital Anesthesiology, PC, Greenville

contact: Dr. Kathleen Hartney-Velazco 770-968-9978 or bossdoc@bellsouth.net

Spartanburg Regional Healthcare System, Spartanburg

Contact: Kristin Baker 800-288-7762 or kbaker@srhs.com

See "Jobline Listing," continued on page 14

Kansas City, Missouri

Excellent opportunity to join 5 anesthesiologists and 1 CRNA in cardiothoracic/vascular practice. Work with skilled, friendly surgeons in an amiable work environment. Some cath lab work.

Position offers a highly competitive compensation package including generous salary, profit sharing and 401K plans, and 7 weeks of vacation the first year.

No call, weekends, or holidays!

Malpractice and individual health insurance provided.

Send CV to James Lonergan, M.D.

Mid-America Heart Institute at St. Luke's Hospital,
4401 Wornall, Kansas City, MO 64111
jlonergan@saint-lukes.org Phone: 816-932-3679



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Calendar



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

2005

June 16 – 19 — Kiawah Island, SC

University of NC Dept. of Anesthesiology presents “Carolina Refresher Lectures: Care of the Surgical Patient” (Offering up to 20 hours of AMA PRA category I credits)
Contact: UNC CME at 919/962-2118 or go to www.med.unc.edu/cme

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.

June 25 – 28 — Hilton Head Island, SC

8th Annual Cardiothoracic and Regional Update (Offering up to 21 hours of AMA PRA category I credits)
Contact: 919/660-1760 or register online at <http://anesthesia.duhs.duke.edu/ctu>

July 25 – 28 — Hilton Head Island, SC

(Sea Pines Resort)
Anesthesiology Update
Visit www.seapinescme.com

August 5 – 7 — St. Simons Island, GA

Georgia Society of Anesthesiologists meeting - “Anesthesia and Inflammation: The Next Challenge”
Contact: Teresa Killian at 404/249-9178 or at teresa@cstone1.com

Sept. 8 – 11 — San Antonio, TX

Texas Society of Anesthesiologists Society Meeting
Contact: Christina Bacak at 513/370-1659 or go to www.tsa.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. 22 – 25 — Louisville, KY

Health Professions Network Fall Meeting

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.

Oct. 25 — New Orleans, LA

Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA)

Nov. 6 – 9 — Hilton Head Island, SC

Advances in Physiology and Pharmacology in Anesthesia and Critical Care (Offering a maximum of 17 category I credits toward the AMA PRA plus a maximum of 10 category I credits for the ACLS course and a maximum of 3 category I credits for the regional workshop)
Contact: Wake Forest University Health Sciences Office of Continuing Education at 336/713-7755.

Nov. 18 – 20 — Atlanta, GA

The Difficult Airway Course (Offering up to 18.25 hours of AMA PRA category I credits).
Contact: 866/924-7929 or go to www.theairwaysite.com

“JobLine Listing,” continued from page 13

South Carolina, continued

Lancaster Anesthesia and Associates, 25 miles south of Charlotte

Contact: Dr. Peter Mankaus
PJMenkaus@aol.com 803-804-2159

Texas:

Rio Grande Anesthesia Associates, McAllen

contact: Dr. Diego F. Jaramillo 956-664-9771 DiegoFJ@aol.com

Vermont:

Southwestern Vermont Healthcare, Bennington

Contact: Donna Madigan 802-447-5353

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 Kari Glisson at kari@anesthetist.org.