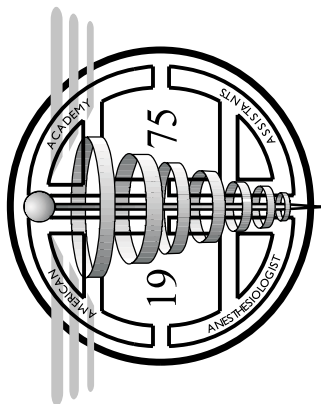


# The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants

3<sup>rd</sup> Quarter 2005



## The President's Message

By Donald Biggs, AA-C

Let me start by congratulating the new graduates of the Case Western and Emory AA programs. We wish them much success in their new careers.

Next year we will be able to celebrate with three graduating classes. This will mark another milestone in our collective history. In the near future we will have four classes to congratulate. YEAH! This is truly a cause for celebration. We continue to work toward opening additional programs throughout the country.

Opening new programs and graduating increasing numbers of AAs will help to solidify our profession, but we must always remain mindful of our continuing vulnerability. The Ohio Medical Board brought this vulnerability to the forefront in the recent Ohio Appellate Court decision that gave authority to the very narrow interpretation of the term "assist" put forth. This ruling prohibits AAs from placing epidurals, spinals, nerve blocks, and central lines. We are waiting to see what, if any, affect this will have on AA practice in Ohio. We are also waiting to see how much political fodder will result from this ruling by those who wish to limit the "competition" we provide in the anesthesia work force.

Along those lines I would like to commend the Ohio Association of Anesthesiologist Assistants (OAAA) for their labors in trying to maintain the nature of their thirty-year practice in Ohio. As a personal aside, I wish to tell you that the OAAA has incurred an immense debt during this legal battle. They need our help! If you are asked to contribute financial aid to the OAAA, please give as much as you can. I have contributed for the past three years and I will continue to contribute. You may not think of this as your battle, but in a real sense it is a battle for all AAs. Bear in mind, the AAs in Ohio were only trying to maintain the type of practice they have had for the past thirty years. I know the OAAA will appreciate any help you can give.

As far as other states go, the NC Bill is still in Committee and therefore still alive. The PR committee of the AAAA has arranged several newspaper interviews and even a TV interview on the AA Bill in NC. We may be asking your help on moving this Bill forward in the near future. Please help in any way you can when asked.

The ASA's annual meeting is coming up in October. The AAAA will again have a booth at the Convention Center and representatives from the AAAA will be at the ASA's Committee on AA Education and Practice meeting. If you can attend the meeting, please drop by the booth. We'd like to see you.

More importantly, the AAAA's annual meeting is set for Hilton Head next year. Please make every effort to attend. You need the CMEs and we need your support.

I'll close by thanking you for your continued Membership and participation as once again ask you to remind those AAs you know that have not joined the AAAA to do so ASAP. We need the support of all AAs in order to be able to continue the work necessary to take the AA profession into the future.

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# The Editor's Column

By Ellen Allinger, AA-C

## Changing Hats

This will be my last editor's column, at least for a while. Instead, you will get to read my words concerning events and issues that affect the AAAA and the AA profession through The President's Message article starting next year. As I look back on the evolution of *The Anesthesia Record* while I have been one of its editors, it seems almost comical to me now how I became editor. I was asked.

I had been secretary of the AAAA for a year and I had submitted a couple of articles to the newsletter during that time chronicling some of my visits to ASA state component society meetings. For no other reason that I could see other than the fact that I was "new blood," I was asked if I would consider taking over as editor so that a rather tired and overworked editor could retire. I didn't even have to think about it. I immediately said, "Yes." I had no experience as a writer or as an editor. I had no idea what it took to put a newsletter edition together. But I was willing to try whether it was a success or a failure.

I see this same attitude in so many aspects of our organization and profession. I see it among my colleagues and among those who believe in us. If I had stopped being an editor when I made my first mistake, then the resulting discontinuance of the AAAA newsletter would have been far worse than any minor personal setback that I may have suffered. If the AAAA board had stopped hiring a management company when our first company failed us in so many ways, then we would not have the current level of professional management that we have today as well as the addition of a legal counsel or of a public relations and media advisor. If anesthesiologists had stopped trying to gain AA licensure in their states when attempts met with resistance, then we would not have gotten AA licensing in Vermont or Washington, D.C., nor would we have expanded into such states as South Carolina, Missouri and Florida. Nor would anesthesia practices or hospitals be reimbursed for Tricare insured patients for which we provide services. All of these events have transpired in just the past five years. What would we lose in the next five years if we stop trying?

This is why we must be vigilant and supportive and resilient when it comes to the setbacks. When the Department of Veteran Affairs delays admittance of AAs into its handbook because of continued debate, or when a state does not allow AAs to practice under any circumstances as in Louisiana, then we must not get discouraged or throw in the towel. We will never get anywhere if we sit down in the middle of the floor and pout like a little kid when we don't get our way. Our strength comes not from numbers. How else do you explain an organization of around 300 members helping to get so much accomplished? It comes in our dedication and our perseverance. It's because of this attitude that I am looking forward to becoming your AAAA president next year. I'll make mistakes and I'll not always be liked, but know that I will always have the best interest of the AAAA and of the AA profession first and foremost in my decisions and actions.

This is my last opportunity to thank two AAs who have been an immense help to me as an editor and who will continue the newsletter legacy. Liz Decker started with the AAAA newsletter as editor of The Students' Page and then became co-editor last year. Starting in 2006, Tiffany Lewis-Roberts will join Liz as co-editor. She, too, was editor of The Students' Page. They will continue to expand and improve the newsletter in order to keep the AAAA membership up-to-date on news and events. Thank you, Liz and Tiffany, for saying "yes" to becoming editors.

## Inside AAAA

# AAAA Renews Contract with Public Relations Firm

**By Mike Nichols, AA-C  
Media & Public Relations Director**

As many of you are aware, at the beginning of this fiscal year, the AAAA contracted with Rothstein Media Services, PC as its first-ever professional public relations firm. After having worked intimately with both the AAAA leadership and Rothstein Media Services, I am happy to report that the relationship has been mutually beneficial, and extremely effective. So much so, that the leadership of this organization has decided to extend the contract through the end of the year, at which time it will once again be reviewed.

Over the past seven months, the Media & Public Relations Division (MPRD) has worked tirelessly to publicize not only the organization, but also the profession as a whole. In particular, Claire Chandler, AA-C and Al Rothstein (President of Rothstein Media Services, PC) deserve a note of gratitude for their constant attention and work on this project.

### A mere sampling of the accomplishments of the MPRD include:

- Formal organization of the Media & Public Relations Division
- Development of the key ‘messages’ for the organization, which can be viewed on the AAAA website
- Creation of the ‘Media Resource Room’ link on the website
- Established relationships with many professional publications relevant to our profession
- Developed a curriculum for a formal training session for

those members interested in becoming AAAA spokespersons

- Creation of a ‘Crisis Communication’ protocol to deal with negative ad campaigns about our profession

### Over the next six months, the MPRD has set forth the following items as its goals:

- Development of a publicity campaign to focus on the AA profession as a future career
- Establish relationships with professional health care media outlets outside of the field of anesthesia
- Further assisting the legislative and membership committees with their need for public relations
- Development of an internal communication structure to immediately relay pertinent information to the AAAA membership
- Improvement in the ‘user-friendliness’ of the Media Resource Room on the AAAA website
- Conduct the first spokesperson training session

In addition to those goals listed above, the Media & Public Relations Division wants to focus on getting more members like you interested and involved.

If you have an interest in promoting the AAAA and the AA profession more than you already do, please contact the Executive Offices today to express your interest.

## North Carolina Bill Stalls

**By Ellen Allinger, AA-C**

Even though North Carolina’s Anesthesia Patient Safety and Access Act (House Bill 503/Senate Bill 394) passed the House Health Committee on July 26<sup>th</sup>, the chairman has yet to release the bill from his committee. At the time this article was written (August 25<sup>th</sup>), Rep. Thomas Wright continues to “pocket” this bill in a parliamentary maneuver that could potentially stall or, worse yet, kill this bill for this biennium session. By not releasing HB 503, precious time is lost when the bill needs to clear the House Finance Committee before the entire House of Representatives can vote upon it.

At this time, the North Carolina Society of Anesthesiologists (NCSA) and the AAAA can only speculate as to why Rep.

Wright has failed to report to the Speaker of the House that this bill has successfully passed his committee. At one point during this committee’s debate on the bill, it was suggested by two committee members that this bill should be further studied. The impact of AA employment on to CRNAs as well as the exact definition of CRNA supervision had been debated at great length in three separate committee meetings. These are issues that may be debated in any committee reviewing HB 503 as well as other discussions, such as establishing a supervision ratio in the bill, which may delay the bill at any point along its journey toward becoming law. Forcing the chairman to release this bill

*See “North Carolina Bill Stalls,” continued on page 4*

## Inside AAAA

# National Affairs Update

By Pete Kaluszyk, AA-C, AAAA Director, National Affairs Chairman

The summer always seems to bring legislative and regulatory activities to a crawl or a halt. This summer is no different as those before it. This will be a fairly short report to bring you up to date on this slow season. The District of Columbia Board of Medicine (DCBOM) is currently developing practice rules for AAs. The DCBOM is charged with forming an AA Advisory Board to the DCBOM by law from the recently enacted law, in March, for the licensing of AAs. The DCBOM had requested input from our organization to review the initial draft of these rules. Ashish Patel AA-C was asked to be the principal reviewer of the document as he practices in the District. Mr. Patel received input from Ellen Allinger AA-C and Deb Lawson AA-C in amending the proposed language. I would like to thank all three for their input into this process.

The original draft contained language that conflicted with the rules set up by the National Commission on Accreditation and Certification for Anesthesiologist Assistants (NCCAA). The amendments submitted to the DCBOM removes these conflicts. The amendment allows the NCCAA or its successor to define standards for the certification, examination, and continuing education. The DCBOM still will require that an AAs certification status be to be reported directly to the DCBOM from the NCCAA. The law also stipulates that AAs be appointed to the DCBOM's AA Advisory Committee have one or two AAs who are residents of the District. Two candidates are being considered and we will pass the information along once the appointment(s) are confirmed.

The latest from Michigan is that the AA licensing bill is languishing in the legislature. The legislature has been wrangling over the budget in that state and has attained a state of political gridlock. The state's budget deficit has focused all of the politicians' attention in dealing with their fiscal crisis. The Ohio

Appellate Court's decision concerning the concept of "assist" as written in the Ohio statutes relating to regionals and invasive vascular procedure is discussed elsewhere in this newsletter by Greg Menendez AA-C, President of the Ohio Academy of Anesthesiologist Assistants. Ellen Allinger, Chair of the North Carolina sub-committee will summarize the North Carolina legislative effort elsewhere in this newsletter.

South Carolina's SB 0142 deals with amending language within the AA Practice Act to make it less confusing. The terms "sponsoring anesthesiologist" and "supervising anesthesiologist" are used interchangeably will be clarified. The Bill will amend the important supervisory ratio of AAs to anesthesiologists from 2:1 to 4:1 that will be in line with Federal supervisory ratios. The next session of the SC legislature will reconvene in January 2006 and will further consider the Bill.

On the Federal front we have received some limited information at press time concerning the inclusion of AAs into the Veterans Administration's Handbook of Anesthesia. The Handbook will define our practice within the VA system and all regional directors of the VA system have to "sign off" on the language of the Handbook in order for the rules to be finalized. The handbook was to have been approved sometime in June 2005; however, some amended language concerning AAs was introduced by one of the regional directors. This has delayed the process because the other regional directors now have to review the document again. We believe that this may a result of strong political pressure from the American Association of Nurse Anesthetists being applied to VA leadership. We have been very recently in contact with the Washington office of the American Society of Anesthesiologists (ASA) to find out specifically what the proposed language is and if it will detrimental to AAs practicing in the VA system.

"North Carolina Bill Stalls," continued from page 3

only serves to seriously damage future relationships with the House Democrats. Therefore, the NCSA and its lobbyists are working very carefully to convince Rep. Wright to release HB 503.

Although the bill will remain active into 2006, the legislative session for NC is much shorter in even numbered years. There will be much less time to get HB 503 through the required committees next year than was allowed this year. This may become a critical factor in getting the bill passed into law.

Progress of this bill may be followed on the NC General Assembly's website at <http://www.ncga.state.nc.us/>.

I wish to thank all of you who have taken the time and made the effort to contact North Carolina legislators in support of HB 503. Contact like this does make a difference in that it provides a counterpoint to the tide of emails and phone calls that come in against AA issues. Please continue to support any and all AA issues brought to your attention in the effort to keep the AA profession a viable one.



## Inside AAAA

# “Yes, I’m Only a Bill. And I’m Sitting Here on Capitol Hill”

By Megan Varellas, AA-C

For many years an ongoing discussion among practicing AAs was exactly how many and which states we could practice in. No one ever seemed to have the definitive answers to these questions. Thanks to the AAAA’s efforts to inform it’s members, more and more AAs know the answers to these questions and are getting involved in our efforts to eliminate the constraints on our profession. That said, many AAs still don’t have a clear understanding of how the issue of licensure can be addressed. Whether you are involved in our legislative efforts or not, it’s important for all AAs to understand regulation and licensure of our profession and do whatever they can to assist the AAAA, if only by being a member.

All medical professionals are regulated by the states in which they practice. AAs are regulated by different statutes depending on the state in which they are practicing. In GA we are licensed as PAs, defined as a specific type of PA with a corresponding job description and practice within the regulations governing PAs. However, newer legislation in other states separates our profession from other allied health professions including PAs so that our profession is more clearly defined, understood, and recognized. Legislation is ultimately the only way for AAs to open up new states for practice.

Can you remember the animated short between Saturday morning cartoons of a bill looking forlorn and singing “I’m just a bill. Yes, I’m only a bill. And I’m sitting here on Capitol Hill”? That cartoon aimed to give us a basic understanding of our government and highlighted the long arduous path an idea takes to become a law. To understand how a law is made, it helps to know how government is designed.

The US Constitution defines a federal and state government. Any power not specifically given to the federal government is the responsibility of the state. The details of a state government’s structure and responsibilities are defined by a state’s constitution. State constitutions differ from state to state, but they are all similar to and do not contradict the US constitution. Like the federal government, the state also has 3 branches. The executive branch is headed by the governor. The governor and advisors are responsible for carrying out the laws passed by the legislative branch. The legislative branch consists of a State House of Representatives and State Senate. They are responsible for making laws that relate to state matters. The judicial branch explains, applies, and settles disagreements about the law.

Why isn’t legislation pending in all the states we can’t work in? The reason is that passing laws takes a lot of time and money. The financial expense of introducing legislation is such

that AAAA can not do this alone. AAAA will work with any party working to promote our profession, usually a state’s anesthesia society. The first step is to write a bill, which is a proposal for a law, and present it to a representative. The representative decides to sponsor and introduce it, beginning the official process. Lobbyists are hired to maneuver the bill as effectively and efficiently as possible. There is a lot of strategy involved in every decision throughout the course a bill takes. Support must be garnered by explaining the bill to legislators and seeking sponsors (legislators willing to put their name on the bill). Lobbyists spend a lot of time securing supportive votes all the while trying to counterbalance the opposition’s efforts and prevent amendments. Committee meetings and subsequent votes are very important because that is where many bills get “buried” or “killed” in a discussion of a bill’s merits. It is worth noting that delay through committee hearings is an effective tactic to detract support for legislation and should be used by AAs as an opportunity to redouble our efforts. If a bill makes it through committee hearings it will get voted on by the general assembly. The progression of AA legislation is made more difficult by the fact that we are a specialized industry introducing legislation with implications difficult for the layperson to grasp upon first consideration. A bill requires vigilance, commitment, and perseverance from it’s supporters to make it through the process.

It’s an unpredictable process but one in which you can make a difference! Your expertise should be acknowledged and accepted in every state. All practicing AAs are affected by the success or failure of pending legislation. AAAA asks you to support it’s efforts and get active! The current legislative effort in NC will be our toughest fight yet, but if each AA wrote just one email to a targeted legislator our voices will be heard collectively. Many thanks to all the AAs and AA students who have written or spoken directly with NC legislators to convince them AA legislation is good policy for the people of NC.

### Upcoming AAAA Elections

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, 2005. 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.

## Professional News

# Health Professions Network – Advocacy and Coordinating Teams

**By Theresa Green, AA-C, MBA**  
**HPN Representative**

The Health Professions Network met in March and will meet again September 22-25, 2005 in Louisville. Work teams continue to communicate during the months between meetings to work on assigned projects.

I am the Team Leader for the Advocacy Team which concentrates on federal issues related to Allied Health. Since the March meeting we have accomplished several goals. I met with the lobbyist for the American Hospital Association (AHA) in Washington, DC to discuss ways in which the AHA can assist HPN in lobbying for allied health professionals rights, funding and representation. Currently HPN and AHA are working with the Health Professions and Nursing Education Coalition (HPNEC) see that federal funding for health professions and nursing is restored. AAAA and HPN are listed on the HPNEC brochure as supporters. The Allied Health Reinvestment Act has been introduced in both the House and the Senate and has been assigned to committees, but as far as I know, no further discussion has taken place this session.

The Advocacy Team is also working on a legislative tool kit including a fact sheet and letters to legislators as well as a grassroots e-networking system for lobbying. AAAA could use this kit and could link to the e-networking system. Also, HPN

recommended me to HRSA (Health Resources and Services Administration) to serve as their representative on an Advisory Committee for Allied Health issues. HRSA has not decided on the representatives yet.

I am also on the Coordinating Team of HPN and as such am involved with the planning of the next meeting. The theme of the Louisville meeting will be “New Initiatives in Allied Health.” We have secured several speakers including leaders from the federal government and industry. The HPN Coordinating Team has initiated an e-news broadcast four times a year to keep HPN members current on allied health issues. The e-news issues will be forwarded to AAAA members.

I continue to review grant funding opportunities for allied health and for the AAAA. We are establishing a grant funding committee to discuss projects that may be appropriate for funding and then will research opportunities and apply.

If you are interested in any of these issues or projects, drop me an email anytime at [tgreen@berriencohlhdept.org](mailto:tgreen@berriencohlhdept.org). Updates from the September HPN meeting will follow in the next AAAA newsletter.

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## Health Professions Network – Data and Media Team

**By Ken Maloney, AA-C**  
**AAAA Director, HPN Representative**

The Data and Media Team of the HPN has been keeping busy on the Allied Health front. Although the work done is not as exciting or cutting-edge as some reports coming from the HPN (Health Professions Network), the Data/Media team serves as an important link in the collection and distribution of information to the public, in facilitating collection of data sets from represented allied health organizations, and maintaining current information on the website: [www.healthpronet.org](http://www.healthpronet.org)

Each month an allied health profession is highlighted on the website under POM (profession of the month). This allows web surfers interested in the “medical field” to view

several options for career paths they may not have envisioned. Organized efforts have been successful in getting this information into the hands of our future health professionals. Several middle school, high school, and college advisors use [healthpronet.org](http://healthpronet.org) to assist students in preparing for their future goals.

As we continue to support our own professional organization, the AAAA, keep in mind that the future of allied health professions relies upon our ability to influence the next generation. Consider participation in a career day at some level in your community.

## Professional News

# APSF Highlights Risks of CO<sub>2</sub> Absorbents

By Deb Lawson, AA-C, AAAA Director, APSF Representative

In Chicago last April, the Anesthesia Patient Safety Foundation brought together clinicians and industry, regulatory, and insurance representatives to study increasing evidence of problems with the use of carbon dioxide absorbents, and make appropriate recommendations to improve patient safety.

Evidence has shown that when desiccated CO<sub>2</sub> absorbent is exposed to volatile agents, the expected chemical reactions for CO<sub>2</sub> extraction may be altered, possibly resulting in the production of excessive heat and such compounds as carbon monoxide, formaldehyde, or methanol. The more widely known compound A, produced with sevoflurane in the presence of Baralyme (moist or desiccated), has been eliminated as a possible patient risk by the removal of Baralyme (also most likely to cause fires in the presence of sevoflurane) from the market.

Consequences of patient exposure are difficult to assess, except in extreme cases such as a canister fire (sevoflurane only). Carbon monoxide (produced with all volatile agents, but most with desflurane) results in nausea and headache that can easily be obscured by post-op symptoms.

The degree of desiccation of CO<sub>2</sub> absorbents is largely unpredictable, as it is affected by such variables as pre-use storage, the degree of exposure to fresh gas flow, and the characteristics of individual machine designs. Possible approaches to minimizing patient risk include:

1. developing adequate circuit monitoring standards,
2. changing practice universally to avoid desiccation,
3. modifying the products so that dangerous conditions are not produced.

The challenges of monitoring every anesthesia machine in use include cost and means. For example, the relatively inexpensive home CO monitors do not function when exposed to volatile agents, and heat normally generated in CO<sub>2</sub> absorption is variable throughout the canister, making meaningful measurement difficult.

Altering clinical practice is not easily accomplished, and universal avoidance of high gas flows is an unlikely development. "Product end-users" (industry-speak for clinicians) would still use high flows at case end, occasionally drying the absorbent. In fact, most recognized instances of patient exposure have been Monday morning's first case, after hours or days of unattended high flows.

Modification of the products offers the ultimate solution, with the removal of the implicated absorbents (those with strong bases, in particular KOH and NaOH) from the market. Alternate absorbent formulations are already available, but more expensive.

Only through joint ventures such as the APSF conference can industry and clinical interests come to a consensus, and give manufacturers the endorsement of the market to remove an economical product that is safe when used properly. However rare, patient risk must be the ultimate impetus to drive the whole process of anesthesia care delivery, right down to the manufacture of CO<sub>2</sub> absorbents used every day without a second thought. The pursuit of safety is the highest calling of any specialty, and the APSF sets the standard. Watch upcoming editions of the APSF newsletter for progress, and support the valuable work the APSF does for the specialty and the public. It's a resource that serves us all.

## Ohio Court of Appeals Decision

By Greg Menendez, AA-C, President, Ohio Academy of Anesthesiologist Assistants

*The following is an excerpt from an email sent to anesthesia providers across the country. Unfortunately, these providers were not AAs or anesthesiologists. This email not only gives a detailed explanation of the lawsuit but also reflects the interest level of the other anesthesia provider in the Ohio lawsuit.*

### FYI...

We have learned that on July 21, 2005, the Ohio Court of Appeals ruled in favor of the State Medical Board of Ohio and against the AA who challenged the medical board's rule prohibiting AAs from performing epidural and spinal anesthetic procedures and central line placements. This decision is especially significant because it was issued by an appellate court in the state with one of the three and one of the oldest AA programs in the country (Case Western Reserve University)...

### Appellate Decision

The Ohio Court of Appeals reviewed the entire context of the Ohio AA Act before reaching its conclusion in favor of the board. It first found that the ordinary meaning of the word "assist" is the definition found in Black's Law Dictionary: "To help; aid; succor; lend countenance or encouragement to; participate in as an auxiliary. To contribute effort in the complete accomplishment of an ultimate purpose intended to be effected by those engaged." The court then stated if the ordinary meaning is to be applied, the word "assist" in the statute indicates that "the legislature intended for [AAs] to perform medically accepted monitoring techniques and epidural and spinal anesthetic procedures only by participating as an auxiliary to anesthesiologists who would principally perform the procedures themselves."

See "Ohio Court of Appeals," continued on page 8

## Professional News

# ASA Legislative Conference, 2005 The Importance of Being Involved

**By John W. Kimbell, MMSc, AA-C**  
**Chief Anesthetist, Northside Anesthesiology Consultants**  
**Director, American Academy of Anesthesiologist Assistants**

The last several years have brought great advancement to the Anesthesiologist Assistant profession. With that growth has come an increasing level of political activity by AAs, not just pertaining to the AA profession per se, but to all of anesthesiology and medicine as well.

I attended the ASA Legislative Conference in Washington, DC, a few months ago. To say that I came away with a new sense of political awareness would be a gross understatement. AAs generally see very little of the business and regulatory side of anesthesia practice since we spend virtually all of our time in the OR with patients. Even those of us who are involved with the AAAA concern ourselves mainly with the promotion and expansion of our profession, and concerns about reimbursement are more along the line of being able to be reimbursed (TriCare for example), not how much. We may hear our anesthesiologist employers talk about SGR's, Pay for Performance, Opt-outs and Pass-through's, but we tend to pay little attention to those discussions, because even if we do have a general idea of what they are, we have little understanding of how these things affect us.

In addition to speeches from senators and congressmen, all of those in attendance received some pointers about how to effectively lobby our legislators. Our last day of the conference was spent meeting face-to-face with congressmen from our home states. We were very tightly scheduled, with three teams from the Georgia delegation meeting with all 15 members of our delegation or their legislative assistants for healthcare policy or both. I was

very impressed with how well all of them understood the issues that were important to us. The ASA is fortunate that their lobbyists are very well known and highly regarded on The Hill, as most of the congressmen and staffers knew them by name. As AAs, we benefit from these contacts as well, because many of the concerns that we have are shared by the ASA and vice versa.

One of the things that struck me the most at this conference was the importance of getting involved. None of this political process happens without people who are willing to take the time to be informed, get involved, and contribute to the cause at hand. More than 400 people traveled to this conference, usually at their own expense and taking time away from their practices, to learn more about the political process. My Congressman, Dr. Tom Price, addressed that issue with the entire conference on Tuesday, putting forth the message that "...if you're interested in [insert issue here], then you're interested in politics..." That message applies to all of us as AAs as well. If you want to practice in a state that doesn't have AAs, you're interested in politics. If you're concerned that your scope of practice is or may be limited by the courts, legislature, or our organized opposition, then you're interested in politics. Although the process and the message may sometimes be sobering, it was impossible to walk away from this conference without a renewed sense of the importance of getting involved in our professional organizations. It all starts with being a dues-paying member, but it certainly doesn't end there.

### "Ohio Court of Appeals," continued from page 7

The court rejected the AA's argument that the term "assist" has a technical meaning in the medical profession, noting that "[a] specialized definition or meaning that was not acknowledged or intended by the legislature should not be applied to achieve absurd results...." Significantly, the Ohio AA Act's definition section does not include a specialized definition of "assist."

The court concluded, "[A]pplying the plain, everyday meaning of the term 'assist' ... gives the only interpretation that is consistent with the balance of the statute." It further stated, "Had the legislature intended for [AAs] to directly perform as principals the contested procedures, a more direct definition of their role would doubtless have been chosen, such as 'perform', 'establish' or 'administer.'" The court held that "there is no evidence that the legislature intended anything other than the plain meaning to be used in the statute" and "the board has not promulgated a rule that is unreasonable or in clear conflict with the enabling statutory enactments covering the same subject matter."

The court therefore remanded the case for a declaratory judgment in favor of the board.

Reportedly, the Ohio regulatory prohibitions on AAs performing epidurals, spinals, and specified invasive monitoring techniques have not been in effect throughout this appeal. Presumably, these provisions will take effect unless there is further judicial action to prevent the medical board from implementing an enforcing these rules. At this early date, it is unknown whether the AA will appeal this decision to the Ohio Supreme Court...

The answer to that question is yes. The Ohio appellate court granted a motion for a stay on August 15, 2005 and the attorneys are currently preparing the case for the Ohio Supreme Court. It may be several more months before the Ohio Supreme Court will consider hearing the case and almost a year before it actually goes before the court. The definition of assist from the Ohio Supreme Court will certainly interest more than just AAs.....Stay Tuned.



## The Student's Page

# Life as a Second Year

By Megan Isbell, MSA-2  
CWRU

My second year starts off with enthusiasm and excitement. Not only are we in the OR everyday but we start to travel to different cities. This is a great opportunity to learn different techniques and see potential places to work.

I had the pleasure of being the first student from my class to travel to Atlanta to experience the South, and boy did I ever. I had an interesting start but overall it was a good experience. It was a little nerve racking to travel to a new city but everyone was very helpful and friendly. Both hospitals that I worked at were different but equally as good. The anesthesiologists, anesthesiologists, and Emory students were very welcoming and made me feel right at home.

My trauma rotation was an excellent experience even though it made me nervous to drive in Atlanta (since the vast majority of my trauma cases were MVA's). Cardiac was a little intimidating at first but the people at Kennestone Hospital make it as stress free as possible. The anesthesia team and surgeons were amazingly patient and taught me a lot. I really enjoy having specific rotations because it helps to reinforce certain principles and techniques. It is amazing to look back at my first week in the OR and think about how far I have come. It is amazing the difference a year makes.

Overall, I think this was a great start to my second year. Time is flying by so fast that the end will be here before I know it. I still have a lot to look forward to.

## "Thanks Ken"

I met Ken Maloney three years ago, as I began preparing to apply for admission to the Emory AA program. To meet my requirements, I approached a resident at Emory to allow me to "shadow" her for a day. Upon arrival in the OR, she introduced me to Ken Maloney. I spent the day with him, and cemented my decision to pursue a career as an Anesthesiologist Assistant. I thought that would be my only experience with Ken. However, he just kept popping up. He was on the admissions committee when I interviewed with Emory, didactic instructor for two anesthesiology courses, and also a clinical preceptor at Emory. Thanks to Ken, I will always have drilled into my brain: the metabolic oxygen demand, the mechanism of Zofran, the words to *Afternoon Delight* by Starland Vocal Band, and when all else fails... "TITRATE TO EFFECT".

Ken Maloney graduated from the Emory Anesthesiology Assistant program in 1994 and has been practicing with Emory Healthcare for the past eleven years. Ken has been a member of the Emory faculty since 2001, and now he and his family are relocating to Huntsville, AL.

I was originally going to pen this "thank you" myself. However, at the Emory AA 2005 graduation, one of the graduates gave such a poignant tribute to Ken Maloney, I decided to use her eloquent address to the Commencement.

"I stand before you, to present the award for best didactic instructor. During our very first lecture with this instructor, his

number one slide was a picture of his beautiful family—his lovely wife and three children (at the time)—that has since increased to four. It was clear that he was a devoted husband and father. I guess in retrospect, one could have made the correlation that any man who exudes such dedication to his family, would do the same for his career. That he did, over and over again during our tenure as AA Medical Masters Students. After a long day at clinic, every now and then, it was refreshing to come to pharmacology class and be treated to pizza, alongside games of anesthesia trivia, Jeopardy, Spelling B, and Family Feud. This is not to say that being in his class was akin to being at a pool party—absolutely not. Pharmacology in anesthesia is a pretty serious business, but his approach made you thirst for knowledge, and made you really want to make sense of the jargon, and use your drugs intelligently. When it came time to make a decision on best didactic instructor, this choice was obvious."

—Nams Nasah, AA-C  
Emory Class of 2005

I thank Nams for graciously allowing me to "borrow" her speech and gain inspiration. We wish the Maloney family all of the best for the future. And will we miss you, Ken? To quote you... then I guess "IT DEPENDS".

—Jennifer Stever, AA-S  
Emory University Class of 2006

## The Student's Page / AA Programs News

### Fifth Quarter Stretch

By Leslie Dean, AA 2<sup>nd</sup> year student  
South University

It is now July. The inaugural class from South University has made it through our first year! We find ourselves in an identity crisis. With one year down, technically, we are "Second Year's." Yet, we have not reached this "status" because we are still attending classes and everyone knows that Second Year students are supposed to be on rotations. Help from the membership for a catchy name to fill these next few months would be much appreciated.

Identifying our limbo status seems like a silly thing to be contemplating when South students have a 5<sup>th</sup> Quarter Exam to worry about. Yes, Dr Paulsen has instituted a comprehensive exam that will determine our eligibility to begin our rotations. I'm confident that he would not word it that way, but to my understanding it will be a clinical exam consisting of multiple modules that will provide us with insight into areas we need to work on. It's true, if we don't do well, we don't go on rotations. So, to all the preceptors out there: quiz away! We would love the practice.

Other news: In June, we welcomed 19 new students into the 2007 class. Yes, that is right, the class size almost doubled. My class has embraced our mentoring duties and has hopefully provided enough insight to make their transition to AA graduate school less of a shock. 2006 students are also spending a couple hours a week facilitating lessons in our mock OR. We cover topics from monitor placement to preoxygenation and checking out the machine. We will even help them learn how to intubate Frank Starling. Frank is our Computer Sim-Man. He has an anatomically correct airway, is capable of producing sounds (groaning, emesis, heart sounds, breath sounds) and can even tell us where it hurts. I hope you all appreciate the humor in his name.

I know I am speaking for most of the members of my class when I say that this last quarter is a real test of our endurance and stamina. Splitting our forty-hour week between the classroom and OR, not to mention study time, is grueling. We are all looking forward to the day when we are officially SECOND YEAR'S.

### Correction

In the last edition of *The Anesthesia Record*, there was an error in an article byline. The student article entitled "The First Class at South" was incorrectly attributed to Mary Bledsoe. The actual author was Kim Morris, AA-S, of South University.

The editors of the AAAA newsletter strive for complete accurateness in every edition. If you spot an error, please bring it to the attention of that edition's editor. Thank you.

## 2005 Is A Year of Road Trips, Welcomes and Farewells for Emory AA Program

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

Emory University's AA program has seen a truly eventful year — one of travel, new faces, farewells, and new technology. Several of Emory's students hit the road, whether it was to attend the AAAA conference in St. Petersburg, Florida or two trips to North Carolina to show their support for House bill 503/Senate bill 394.

The program heartily welcomed the new faces of its 30 matriculants in June. Selected from over 120 applicants, this very promising group ranges in age from 22 to 43, comes from 17 different states, and is comprised of 11 diverse academic backgrounds.

Emory University School of Medicine conferred 31 Master of Medical Science degrees on graduates of the Anesthesiology Assistant program during its 35<sup>th</sup> annual commencement exercises on August 13<sup>th</sup>, 2005. After saying goodbye to their classmates and turning their tassels, the 2005 graduates will begin new careers in the metropolitan Atlanta and Georgia areas, as well as in South Carolina and Texas.

The class was honored to have Mr. Robert Wagner, RRT, MMSc, AA-C give an enlightening and uplifting commence-

See "2005 is a Year" on page 11

## AA Programs News

# South University Anesthesiology Assistant Program Enrollment Doubles

**Program Enters 2<sup>nd</sup> Year As One of Only Three Offered In The United States**

**By Christian Flathman, Director of Communications, South University, Savannah, GA**

Enrollment in South University's Anesthesiologist Assistant Program has doubled since the program was introduced in 2004. Today, the Masters of Medical Science degree, offered at South University's Savannah, Ga. campus, remains one of only three such specialized programs offered in the United States.

The Anesthesiologist Assistant program is a professional graduate educational program in the Department of Anesthesia Sciences in the South University School of Health Professions. Individuals who successfully complete the program are awarded a Master of Medical Science degree and function as anesthesiologists who are integral members of the anesthesia care team led by a qualified anesthesiologist.

"The growth of the program is indicative of the continued demand for trained professionals in the field of Anesthesiology," said Dr. William Paulsen, department chair and program director for academic affairs. "What makes this program so unique is the combination of classroom work, the immediate application of concepts in a learning lab and a fully-equipped mannequin-based student operating room. These tools deliver a very impactful, real-world learning opportunity."

In just its second full year, the Anesthesiology Assistant program has more than doubled in size. Initially launched with 11

students, today the program totals nearly 30 full time masters degree candidates. With only three such programs offered in the United States, interest from both the medical field and from potential students continues to rise with many salaries for new professionals exceeding \$100,000. Besides South University, Emory University and Case Western Reserve University offer Anesthesiology Assistant programs.

"The impact that Dr. Paulsen and his staff have made in just a couple of years is remarkable," said John T. South III, chancellor of South University. "Through their expertise, they have designed and developed this program into one of the country's premier programs with top notch faculty and facilities that enable first-class instruction for our graduate students."

South University is a private academic institution dedicated to providing educational opportunities for the intellectual, social and professional development of a diverse student population. South University offers educational programs at the associate's, baccalaureate, master's and doctoral levels at its campuses in Savannah, Ga, Columbia, S.C., West Palm Beach, Fla. and Montgomery, Ala. Visit South University online at: [www.southuniversity.edu](http://www.southuniversity.edu).

"2005 is a Year," continued from page 10

ment address. Mr. Wagner is a 1991 graduate of Emory's AA program and served as co-chief anesthesiologist at Saint Joseph's Hospital of Atlanta for six of the fourteen years he was employed there. He will now devote his efforts to the new AA program at Nova Southeastern University in Fort Lauderdale, Florida as its first Director and Assistant Professor.

The program's staff and students also bid a heartfelt farewell to highly regarded faculty member Kenneth Maloney (Emory AA Class of 1994) who is leaving Atlanta to pursue an exciting new life with his family in Decatur, Alabama and begin clinical practice in Huntsville, Alabama. During the graduation ceremony, he was presented with a plaque from all of the program's current students expressing their appre-

ciation for his creative and invaluable instruction. Mr. Maloney was also presented with this year's award for "Best Didactic Instructor." Last year's commencement speaker, Mr. Pat Kelly, received the 2005 award for "Best Clinical Instructor."

The past year has brought many improvements to the program — a new prospect/student/graduate information database, recruitment brochures, a telephone-based clinical attendance tracking system, and a new website ([www.emoryaaprogram.org](http://www.emoryaaprogram.org)). Next year's endeavors include an online application, a human simulator program and a palm-pilot based initiative to track clinical cases and clinical performance evaluations.

## Other News

# Kennestone Hospital Opens Heart Program with All-AA Cardiac Anesthesia Team

By Mike Nichols, AA-C

I am proud to announce that Kennestone Hospital, in North Atlanta, has opened its' much-anticipated cardiac surgery program. The first case was completed late last year, and already well over 200 patients have had their heart re-vascularized or their valve replaced at Kennestone. The hospital is projected to do just over 400 cardiac cases in 2005, and well over 700 the following year, which will undoubtedly make it one of the busiest heart centers in the biggest city in the South.

I am even more elated to announce that the anesthesia group at Kennestone Hospital has chosen to fill its cardiac team with AAs and physician anesthesiologists. Currently, the cardiac anesthesia team consists of six AAs and three cardiac anesthesiologists. Four of the AAs were recruited from Atlanta Medical Center, and the other two were brought over from Memorial Medical Center in Savannah, Georgia. The three anesthesiologists are all products of the Emory system. Rounding out the heart program are the cardiovascular surgeons and surgical service staff from the Emory/Crawford Long System, which

immediately brings an astounding level of respect to the Kennestone program.

The need for such a heart program arose as Cobb County, northwest of Atlanta, became one of the fastest growing counties in the state and country. Already the busiest emergency services facility in the southeast United States, Kennestone Hospital has made a name for itself in providing exceptional medical care to the surrounding population. Construction is currently under way at the hospital for a 140-bed, 5-OR cardiac services tower. With completion of this tower, Kennestone Hospital will become the second largest medical center in Georgia, in addition to already being the biggest facility in the Wellstar family.

As I become privy to more and more stories like Kennestone's of AAs elevating to the very pinnacle of anesthesia care, I am overcome by an extreme pride in my profession, which drives me to work even harder to live up to the initials I so humbly carry at the end of my name...AA-C!!!

## Letter to the editor

**Subject: Membership Note**

Dear Fellow AAs,

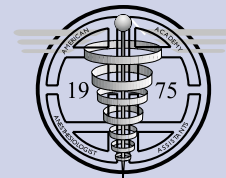
When I graduated 22 years ago, I never imagined that in 2005 AAs would still be limited in our choice of where to live and work. Largely in part through the dedication and stamina of the AAAA officers and supporters (namely the ASA and state societies), there are more geographic opportunities now available to us, but we have a long way to go.

If AAs are going to achieve national recognition and acceptance, we each need to make a personal commitment to support our professional organization. The reality is that it takes lots of hard work and money to get bills introduced and passed. In past legislative actions, we have largely relied on the ASA and state societies to foot the tremendous costs and to provide the manpower required for these battles.

Today however, with the anesthesiologists engaging in state by state struggles to defend their own professional survival, we AAs need to confront responsibility for our own profession by joining, supporting, and actively participating in the AAAA.

The price of the AAAA annual membership is a small token to pay considering the standard of living our profession affords us. Please join the fight and encourage your colleagues to do the same. Your dues and efforts are all that we will have to present a united front as we strive for national recognition and acceptance.

—Maggie O'Neal, AA-C  
Weaverville, NC





## Other News

### My Favorite Excuses Not To Deal With The News Media

By AI Rothstein, Rothstein Media Services, P.C.

As AAAA increases its exposure through more news media coverage, it is important for us to dispel myths about reporters and their jobs. This does not mean that each of us will be spokespersons for AAAA. That will be determined by our leadership based on the standards and training we are developing for spokespersons. But knowing more about the news media will help us understand the value of increased news coverage. Throughout my career as a reporter and now media consultant, I have heard many excuses not to deal with the media. The end result is the same — a lost opportunity. Here are five of the excuses, and some solutions.

**Excuse #1 “The reporter won’t get it right, so why should we talk?”** Many times the reporter doesn’t get it right because we didn’t tell them in a way that the average person could understand. It is important that our messages be clear and to the point.

**Excuse #2 “The reporter is out to get us.”** This attitude may be true about a particular reporter but it does not apply to most.

We would seek other media outlets if you believe one reporter simply refuses to be fair.

**Excuse #3 “The reporter has an agenda. They already know what the story is going to be before they cover it!”** In some cases this is true. In most cases, it is an opportunity for AAAA to educate the reporter on the values of AAs to the health care profession and the public. That will help change their attitudes toward us.

**Excuse #4 “I can’t tell the reporter what I need to say in only a few seconds!”** Yes we can! AAs have logical messages that can be told briefly and are supported by real documentation.

**Excuse #5 “I can’t make time in my schedule to meet with reporters.”** If you don’t make the time: The competition will. Our side will not get told. The reporter will say we “refused to comment.” As our leadership takes time for the media AAs will become a credible resource for reporters, resulting in positive, or at least balanced coverage!

## From the Outside...

Theresa Green, AA-C, MBA

I have gained a new perspective as I have crossed to “the outside.” When my family and I decided to move to Michigan, I realized that my current life as a somewhat secure AA in Ohio was about to end. This was not without planning. Thankfully, I finished my MBA in Health Care Administration while practicing at University Hospitals in Cleveland, and had intended to try other things in health care, if the opportunity presented itself.

Well, opportunity came-a-knockin’! Living in Ohio (and Georgia) you always hear about other AAs — those on ‘the outside’ trying to get jobs in new states, and think ‘boy, am I glad I don’t have to worry about that.’ I challenge you to start worrying! Not just for the sake of stressing out — we all do enough of that — but think about what you would do if legislation changed in your state. What would happen if your family had to move? What would you do if you couldn’t practice anesthesia?

I am lucky! I had been thinking about this for several years now — I’m just a little Type A — and I had a back-up plan. I tried two different AA opportunities in Michigan and neither worked out, so I used that MBA and have a job that I truly love. However, I took that job at 1/3 the salary I would have made in the anesthesiologist position. And guess what? I make more than 90% of the people in my organization.

### I tell this story for several reasons...

1. Be prepared, you never know what life will give you. Learn other skills, explore other options, and don’t become complacent.
2. If you don’t like the sound of #1, SUPPORT THE AAAA and all those who are working to secure your future as an AA. Pay your dues. Write letters to legislators. Get involved.
3. On a personal note... quit complaining about how expensive it is to support your organization, you certification, your accreditation, etc. Believe me, it is a lot easier to come up with professional expenses when you are enjoying an educational fund and a six-figure salary. Those of us ‘on the outside’ do not enjoy such luxury!

Although it is common nature to complain, and wish you had things better, remember that most of the world does not have it as good as most of us. I am in public health now, writing grants for those who are uninsured and those who work, but who still cannot afford luxuries such as health care, those on ‘the outside’ who’s national median household income is \$43,318 (2003). Be thankful for your blessings and work to keep them.

# Opportunities

## JobLine Listing

### Florida:

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

### Georgia:

New London Anesthesia and Pain Consultants, PC, Snellville  
Contact: Judy Chesin 770-979-9996

### Missouri:

Mid-America Heart Institute at St. Luke's Hospital, Kansas City  
Contact: Dr. James Lonergan  
816-932-3679 [jlonergan@saint-lukes.org](mailto:jlonergan@saint-lukes.org)

### Ohio:

Lake Hospital System, Lake County  
Contact: Dr. Jim Donahue  
[jdonahue@adelphia.net](mailto:jdonahue@adelphia.net)

### Texas:

Rio Grande Anesthesia Associates, McAllen  
Contact: Dr. Diego F. Jaramillo 956-664-9771 [DiegoFJ@aol.com](mailto: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](http://www.anesthetist.org). Anyone wishing to post a job opportunity should contact Kris Tindol at [kwtindol@comcast.net](mailto:kwtindol@comcast.net) or Kari Glisson at [kari@anesthetist.org](mailto:kari@anesthetist.org).

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### Reply to:

Attn: Marya Garner, HR Manager  
Physician Specialists in Anesthesia, P.C.  
5671 Peachtree Dunwoody Road  
Suite 530  
Atlanta, GA 30342  
Fax# 404-851-1649  
Email: [recruiting@psa-online.net](mailto:recruiting@psa-online.net)



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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

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

North Carolina Society of Anesthesiologists; "Medicine and the Law" (Offering up to 10.25 hours of AMA PRA category I credits)  
Contact: NCSA at 919/821-6698 or go to [www.ncsoa.com](http://www.ncsoa.com).  
Note: Cost to AAs for this event is \$150.00.

**Sept. 22 – 25 — Louisville, KY**  
Health Professions Network Fall Meeting

**Sept. 24 – 25 — Sandusky, OH**  
Ohio Society of Anesthesiologists 66<sup>th</sup> Annual Meeting  
Contact: OSA, Inc. at 614/784-9721 or go to [www.osainc.org](http://www.osainc.org).

**Oct. 14 – 16 — Lexington, KY**  
Southern Pain Society and Kentucky Pain Society Annual Scientific Meeting: Recent Advances in Evidence Based Pain Management. (Offering 14.25 hours of AMA PRA category I credits)  
Register online at [www.chse.louisville.edu/painsociety05.html](http://www.chse.louisville.edu/painsociety05.html).

**Oct. 21 – 27 — Chattanooga, TN**  
Southeastern Wilderness Medicine (Offering up to 52 hours of AMA PRA category I credits)  
Register online at <http://cme.ucsd.edu> or call toll free 1-888-229-6263.

**Oct. 22 – 26 — Atlanta, GA**  
ASA Annual Meeting  
Contact: [www.asahq.org](http://www.asahq.org).

**Nov. 6 – 9 — Hilton Head Island, SC**  
Advances in Physiology and Pharmacology in Anesthesia and Critical Care (Offering up to 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. 12 — Minneapolis, MN**  
Minnesota Society of Anesthesiology: Fall 2005 Meeting – An Update on Current Issues  
Contact: Janet Golden at 612/326-3737

**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](http://www.theairwaysite.com)

**Dec. 9 – 13 — New York, NY**  
59<sup>th</sup> Annual Postgraduate Assembly in Anesthesiology (Offering up to 40 hours in AMA PRA category I credits)  
Register online at [www.nyssa-pga.org](http://www.nyssa-pga.org).

## 2006

**March 31 - April 1 — Hilton Head Island, SC**  
AAAA 2006 Annual Conference  
Contact: Susan Cabrera/Kari Glisson at 1-866-328-5858

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