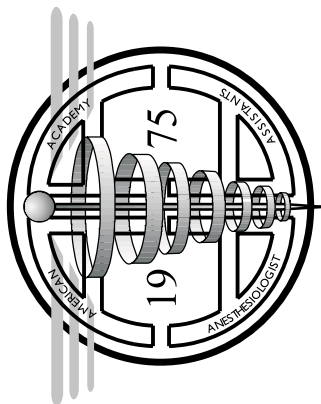


# The Anesthesia Record

The Newsletter of the American Academy of Anesthesiologist Assistants

4<sup>th</sup> Quarter 2005



## The President's Message

By Donald Biggs, AA-C

Since this is my last message as President, I want to take this opportunity to thank all the members of the AAAA and the Board of Directors for the support and help you have offered over the past year. I look forward to serving as Immediate Past President in the new year.

It was a busy and successful year for the AAAA. We continue to work on legislative and licensure issues in several States. The delay in getting the licensure bill passed in North Carolina only underscores the importance of our participation in the ongoing battle for increased recognition throughout the Nation. Leaders in other states have made inquiries to the leadership of the AAAA seeking our help in the legislative arena when they decide it is time to "go public" with their planned licensure bills. For obvious reasons we cannot disclose the nature of these overtures or the states they involve! But rest assured that interest from anesthesiologists throughout the country comes to the attention of the AAAA leadership on a weekly basis.

Such interest was highlighted by the strong attendance at the ASA's Committee on AA Affairs and Education meeting during the ASA's annual meeting in Atlanta. Although the ASA had officially canceled all committee meetings during this meeting, it was felt by members of the AA Committee that a meeting was too important to forgo. During the meeting, very strong feelings were expressed about the urgency of getting AAs licensed and practicing in more states. Plans for starting new programs for AA education were also broadly discussed. All in all it was a very positive meeting from the AA standpoint.

At the ASA meeting, the AA booth was expanded to two booths this year! The AAAA shared responsibility for the booths with four educational programs, including the new program at Nova Southeastern University. The attendance at the booth from interested anesthesiologists was very impressive. The most common question asked of those of us manning the booths was, "How can we get AAs at our hospital?" In order to answer this question effectively we must get AAs licensed in more states, and we must produce more AAs. To that end, if you are asked to support a legislative effort or asked to assist in helping to get a new AA program started, please respond with all the enthusiasm you have shown in the past.

During the ASA's annual meeting, the AAAA held a Board of Directors Meeting and a Strategic Planning Meeting for the leadership of the AAAA. A great deal of emphasis was placed on communication at the Planning Meeting. Increased communication among the

*See "President's Message," continued on page 2*

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# The Editor's Column

Elizabeth Decker, AA-C

## A Few Changes

I have just returned from Hilton Head where I attended my first anesthesia conference as an AA-C. The lectures were educational, the speakers dynamic, the weather wonderful, and it was paid for out of my annual education fund. What more could you ask for?

Well, I would change just a few things. I would definitely pass on the stomach bug that kept me holed up in my hotel room the first day of the conference and prompted me to pass on anything edible besides saltines, sprite, and turkey sandwiches the entire week. I would probably add a box on the registration form for AAs, so that anyone who is not an MD or a student be listed by default as a CRNA.

But mostly, I would add at least 100 more people who besides being interested in anesthesia, were also interested in proliferating the AA profession, people I knew on a personal or professional level, whom I went to school with or worked with, who wanted to go out to dinner (you can get a turkey sandwich almost anywhere) after the lectures, who wanted to talk about the latest developments in the AA world, to conjure up ways to get more colleagues to join the AAAA, to find more volunteers to contribute even the smallest amount of their time, talents, or money to help ensure that our profession continues to grow.

So if I take all of the very positive aspects of the recent meeting, subtract those few negatives which were beyond their control, and add my few changes, I come up with the AAAA annual meeting April 1<sup>st</sup> through 4<sup>th</sup> in Hilton Head. More details follow in Sandra Madariaga's article. Send in your registration early. Better yet, mail it in with your dues. That way, we'll have lots of participants who check the AA-C, *member* box on the registration form. Hope to see you in Hilton Head.

“President's Message,” continued from page 1

leadership, with the membership, and with the public will continue to be stressed. Look for improvements on our website as well as changes in the format of the newsletter. Our PR Committee has been very successful in getting insightful and positive press releases accomplished on our behalf. We look forward to their continued success in this regard.

In closing, I want to thank everyone, once again, for their help and support during my tenure as President of the AAAA. I ask your continued support of the efforts of the AAAA on your behalf. The upcoming year will be as full of challenge and promise as have been the past years. We are fortunate to have Ellen Allinger as the incoming President. She has been a steady and hardworking supporter of the AAAA and of AA causes in general for many years. Please give her your full support in her continuing efforts to take the AAAA and the AA profession into a more secure future.

Thanks for everything,  
Don Biggs

## Inside AAAA

# National Affairs Update

**Pete Kaluszyk, M.Ed., AA-C**

The goal of the National Affairs Committee this Fall was to resolve as much as possible some issues that have lingered from earlier in the year. The American Society of Anesthesiologists (ASA) annual meeting usually presents a great opportunity to accomplish some of these goals. The opportunity was almost lost due to Hurricane Katrina's extensive damage to New Orleans where the ASA was to hold their annual meeting and their Centennial. Fortunately, the meeting was rescheduled for Atlanta although overall attendance was diminished and many committee meetings were canceled. The AAAA was still able to make the most of the situation that was presented to us.

First, we strove to obtain assistance from the ASA in defining how AAs can gain access to the Department of Defense's (DoD) TRICARE system.

TRICARE is the military health insurance program that covers the military and its dependents. The opportunity available for our profession within this system is that AAs could now work as anesthesiologists in military hospitals and health care facilities as civilian contractors. The military health care facilities available to AAs for employment will be those utilizing the anesthesia care team model.

Accessing this system has been a frustrating process for the National Affairs Committee. The DoD is a vast bureaucracy and finding the front door has been difficult. The AAAA formally has asked the ASA to assist us with contacts within the DoD because of the ASA's stature and expertise in accessing Federal agencies. Correspondence citing our goals within the DoD system was sent to the ASA just at press time. We will keep you posted on any developments in defining this process.

The second Federal program that members of our profession will soon have access to is the Veterans Administration (VA) System. The VA is in the process of approving its Handbook of Anesthesia Services which was to include AAs. This approval process has lingered for much longer than seems reasonable. The problem is that the Handbook has to be approved by each regional director of the VA. If any amendments are suggested to the Handbook, then the circuitous approval process begins anew until there is a unanimous consensus. We were told that a suggested amendment, or change in wording, was made by a Midwest regional director concerning AAs and CRNAs this summer. The amendment(s) have to now go through the process again. Opponents to our inclusion in the Handbook have apparently been involved in much of the delay related to the amendment proposals. We have formally asked the ASA to look into this matter and see what can be done to expedite this

process and to keep us informed. We will also explore how we can have a direct input into matters involving our profession and the Federal system in the future.

The AAAA has assigned two members to be directly involved in following the TRICARE and VA issues. They are Claire Chandler AA-C and Saral Patel AA-C who both have been active in legislative endeavors in the past and who live in the proximity to the headquarter offices of the DoD, VA, and the Washington, D.C. offices of the ASA. The physical proximity to Federal offices makes it easier to follow-up on issues and to develop professional relationships with these organizations.

We are getting some good news out of Michigan concerning

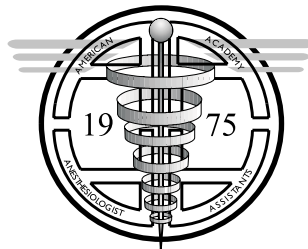
AAs and insurance reimbursement. Currently, AAs practice in Michigan under delegatory authority and have for many years. As a result, some employers in Michigan have had trouble receiving payment for cases involving AAs as anesthesia care providers. Some insurance companies felt that anesthesia providers had to be licensed even though the State of Michigan, Michigan Board of Medicine and the Federal Medicare program did not require licensure for AAs. Additionally, we

have been informed that the Michigan Medicaid program will recognize AAs as providers in the very near future. This news means that the elimination of these important economic barriers to AAs will open up the market to a greater extent in Michigan.

In North Carolina, the news is good in that the licensing Bill for AAs will be heard in the Finance Committee during the North Carolina Congress' short legislative session starting May 9<sup>th</sup> of 2006. The North Carolina Society of Anesthesiologists is preparing well ahead of the start of next year's session.

In the District of Columbia, the proposed practice regulations for AAs have been sent to the District of Columbia Board of Medicine (DCBOM). The proposal includes separate language that further defines the word "assist" used in relation to regional anesthetic techniques. The word "assist" in the District will mean that an AA can perform these procedures when medically directed by a licensed anesthesiologist. This is in response to the situation in Ohio where the Ohio Medical Board interpreted the word "assist" to mean not to perform regional anesthetic techniques even when directed by an anesthesiologist.

We would like to wish all of our members a happy holiday season. Please remember to renew your membership to the AAAA. If we can increase membership, we can so much more for our members and our profession. We also strongly encourage our members to also become educational members of the ASA.



## Inside AAAA

# 30<sup>th</sup> Annual Meeting — Visiting South Carolina

Sandra Madariaga, AA-C, MBA

It is that time again! All AA's should mark their calendars and plan to attend the 2006 Annual AAAA meeting to be held April 1-4, 2006 at the Hilton Head Marriott and Golf Resort in Palmetto Dunes of Hilton Head Island. Due to the positive response to last year's meeting, we are once again planning this meeting keeping all the evaluations in mind. We will be maximizing the number of CME credits by offering an optional difficult airway workshop and, at the request of our membership-new this year, a regional workshop. Once again, we will offer a "for credit" certification/re-cert. review course with a mock exam. The optional workshops and review course will provide an additional 4 CME credits on Saturday at an additional cost.

It will be a fun-filled, educational weekend with plenty of free time to play the area's three championship golf courses, visit the award-winning tennis center with clay, hard and lighted courts, relax along the 12 miles of beaches, jog the many trails, or take advantage of the hotel's amenities. Onsite there are many eatery

options, a 24-hour fitness center, indoor and outdoor heated pools, saunas, whirlpool, and massage therapy. The resort also has many children's programs. For more information on the hotel you can visit: [www.HiltonHeadMarriott.com](http://www.HiltonHeadMarriott.com)

The schedule will be similar to last year's meeting. The meeting will begin Saturday morning April 1<sup>st</sup> with education sessions allowing for the members who cannot attend the entire meeting to join us for the weekend only, attend the optional workshops or review course and receive up to 14 CME credit hours. Education sessions will continue through Tuesday April 4, 2006. We are reserving Friday evening only for early registration and your travel so that the meeting can begin promptly Saturday morning. The entire meeting will offer up to 22 CME credit hours including a workshop.

We are working on a balanced mix of topics to reflect our scope of practice. Our speakers will primarily be from South Carolina and North Carolina representing several teaching institutions in the area including the Medical University of South Carolina (MUSC), Wake Forest, and Duke University. Topics will include: obstetric and pediatric anesthesia, cardiac anesthesia and critical care, updates on acid-base, anesthesia for major vascular surgery, neuroanesthesia and awareness, regional anesthesia, problem-based learning, and updates on the treatment of PONV. Remember you can attend both workshops when you register for an optional workshop.

The welcome reception and awards ceremony will be held Saturday evening. We will be honoring physicians and AA's for their continued support and active involvement in the growth of our profession. Our exhibitors and sponsors will be available throughout the meeting. The student social and job fair will be on Monday evening. Once again, students from Case, Emory, and South will face-off at the 2nd Annual Jeopardy competition lead by Dr. Joel Zivot. Who will take home the plaque this year? Emory will be defending last year's controversial win. Come cheer the students on Sunday evening.

We hope you will make every effort to join us in Hilton Head, South Carolina next April. This will be a great opportunity for our organization to meet and mingle with many North and South Carolina anesthesiologists who are working very hard and support our profession. It will also be an opportunity to catch up with AA's that are already working in South Carolina. If you've missed the last few meetings, come see what great changes we've made. Our organization is growing and we need **you** in Hilton Head in April.

**See you there!**

**30th Annual AAAA Meeting**

**April 1-4, 2006**

**Hilton Head Marriott  
and Golf Resort**

**Hilton Head Island, SC**



## Inside AAAA

# Find Your Region And Your Delegate

**Mike Nichols, AA-C**

Recognizing a need for an improved structure to ensure accurate and timely flow of information and ideas to and from the leadership and the membership, the AAAA has created Delegate Assembly.

The Delegate Assembly, which will fall under the prevue of the Office of Communications, was created with the intention of dividing the nation into geographical regions and appointing Delegates to each, with the express role to act as an information conduit between AAAA members in those regions and organization's leadership.

The Delegate Assembly will conduct conferences with the Executive Committee on a quarterly basis, and, in turn, the Delegates will be charged with communicating the information gathered from those meetings with their respective regional members. Likewise, the Regional Delegates will be expected to communicate frequently with their regional membership about issues important to that area. In addition, all of the committees within the AAAA will rely on the Regional Delegates to aid in other organizational activities, including membership recruitment, fundraising initiatives, and legislative issues, and media relations, for example.

Currently, for the purposes of the this Delegate Assembly, the nation has been divided into the following districts/regions:

Region 1: Greater Midwest (IL, IN, MI, MN, ND, SD, WI)

Region 2: Heartland (AR, IA, KS, MO, NE, OK, TX)

Region 3: Mid Atlantic (CT, NJ, NY, DE, DC, MD, VA)

Region 4: Northeast (MA, ME, NH, RI, VT)

Region 5: Ohio Valley (OH, KY, WV, PA)

Region 6: Western States (AZ, AK, CO, ID, MT, NM, OR, WA, WY, HI, CA, NV, UT)

Region 7: Southeast (AL, FL, GA, LA, MS, TN, SC, NC)

Region 8: Case Western Reserve University Students

Region 9: Emory University Students

Region 10: Nova Southeastern University Students

Region 11: South University Students

Expect to be contacted within the next couple of weeks from your Regional Delegate, and also expect to have regular updates about the Delegate Assembly as its formation progresses. If you have any questions, or would like to become involved with this new and innovative program, please contact the Speaker of the Assembly, David Biel, AA-C at [bielster@yahoo.com](mailto:bielster@yahoo.com).

## Nominations and Election Committee: Election results

**Robert Wagner, AA-C,**  
**Chair, Nominations and Election Committee, Immediate Past President, AAAA**

Here are the results of the AAAA 2005 election. The Nominations and Elections Committee want to thank you very much for the overwhelming participation in securing the future of the AAAA leadership.

These individuals will take their positions on the board starting on January 1, 2006.

**Ellen Allinger** will take over the role as AAAA President at this time as well.

I want to take this opportunity to thank Gary Jones, AA-C, AAAA Board Member, for all his hard work and dedication over the years. Gary did not re-run for his AAAA board seat this year. His term on the AAAA Board will expire on December 31, 2005. We all owe Gary so much for his tireless efforts to promote the AAAA and the AA profession. We look forward to having Gary back on the AAAA board in the near future.

### President - Elect

**Mike Nichols**

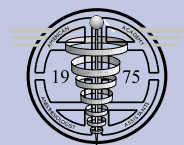
### Secretary

**Claire Chandler**

### Directors

**Deb Lawson**

**Rob Wagner**



## Inside AAAA

# Education Committee Is Taking Shape

Deb Lawson, AA-C

For quite some time, the AAAA has focused its resources on legislative efforts in numerous states. This process has brought awareness of AAs to a much wider population than ever before. Success, measured in terms of interest in hiring AAs, has made it obvious that available openings vastly exceed supply. The AAAA needs to redirect its focus to facilitation of the process of training more AAs to meet the rapidly increasing demand.

To respond to that need, the AA Education Committee is gradually taking shape. The goal of the committee is not to duplicate work being done by those directly involved in AA education, but to provide an interface between the academic and practitioner components of the profession, and to combine their energies. AA educators are responding to huge demands for their expertise. The AAAA can draw on the practitioner resource to augment their work.

When a new state opens to AA employment, there is a need for generating AAs interested in that area of the country. For the

long-term solution, the Education Committee is studying ways to facilitate the marketing of AA education to potential applicants with ties to targeted regions. For short-term needs, ideas for creative solutions to supply manpower on a more immediate basis are being considered, perhaps drawing on those whose situation would allow them to pool with others to rotate in on a traveling employment model. In addition, there is a growing demand for AA clinical instructors to match the great success students have had in expanding exposure to AAs through their far-flung clinical rotation sites.

Overall, such problems as these are long overdue and are proof of our success. Now is the time for us all to find ways to take advantage of the opportunities ahead, both for the profession, the anesthesiologists who have worked so diligently to “get us in” so many new areas, and for ourselves, in newly available practice and employment options.



# Big News From The Media & Public Relations Committee

Mike Nichols, AA-C

The big news from the Media & Public Relations Committee is that *it no longer exists!* I am elated to report that the duties previously charged to this committee have been rolled into the newly-created Office of Communications.

As enacted by the Executive Committee and Board of Directors of the AAAA, the Office of Communications will be charged with the responsibility of improving the overall communications of the organizations, both internally and externally. The initial structure of this Office is divided into two sub-offices for internal and external communications. The Office of Communications will be led by a Director, who will oversee two Deputy Directors, a Press Secretary and a Delegate Assembly of regional representatives.

The Deputy Director for External Communications will focus on working the media and promoting the AA profession to other health care professionals, legislators, patients, educators, and the public. The Deputy Director for Internal Communications, on the other hand, will oversee an aggressive plan to increase and improve level of communications to and from the leadership of the AAAA, and its general membership.

*Initially, the Office of Communications will be working on a five-point plan to improve overall communications:*

1. Monthly release of electronic updates to the membership concerning activities within the AAAA. These updates will be in addition to the quarterly Newsletter.

2. Creation of a Delegate Assembly (to be explained in detail later in this publication).
3. Creation of promotional media packets targeting health care educators, college advisors, and other health care professions.
4. Creation of a direct email mailbox to be utilized by membership to contact members of the AAAA leadership.
5. Initiation of ‘Spokesperson Training’ to be completed by those wishing to serve as representatives of the organization.

More details will follow as the Office of Communications gets up and running. If you have any further questions, or if you might wish to get involved with the Office, please contact one of the following people via the Executive Office:

Director of Communications:

Lance Franklin, AA-C

Deputy Director for External Communications:

Claire Chandler, AA-C

Deputy Director for Internal Communications:

Lauren Hojdila, AA-C

Speaker of the Assembly:

David Biel, AA-C

Public Relations Consultant:

Al Rothstein

## Professional News

# ASA Atlanta – A Meeting of Opportunity

By Ellen Allinger, AA-C

Because of the devastation cause by hurricane Katrina to New Orleans, the ASA's annual meeting was quickly moved to Atlanta, Georgia for October 22<sup>nd</sup> through 26<sup>th</sup>. For the AAAA and for the AAs in the Atlanta area, this change of venue provided an opportunity of increased presence and contact with AAs and AA students that would not have been afforded in New Orleans. That opportunity was seized and widely capitalized.

The AAAA leadership met twice during the ASA conference. Not only did the AAAA board have a quarterly meeting, but the leadership also had its second strategic planning meeting that set the leadership goals for the next year. There are ongoing, year-to-year goals that were enacted three years ago by the AAAA leadership during the first strategic planning meeting that were reviewed and updated at this year's session. In addition, communication and membership were targeted as the focus of the next 12 months for improvement within the AAAA. You will be hearing much more on this as the year unfolds.

The AAAA is not the only organization that uses the ASA meeting timeframe to also hold its meetings. The Accreditation Review Committee for the Anesthesiologist Assistants (ARC-AA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) met on Friday, October 21<sup>st</sup>. Chaired by Brad Maxwell, AA-C, the meeting was also attended by AAAA representatives Don Biggs, Katie Swint, and Rob Wagner. Don Biggs summarized that meeting in his President's Message. As one of the currently three organizations that sponsor this committee, it is an excellent opportunity for AAAA members to take an active role in developing and updating the standard and guidelines that govern the accreditation of current and future AA programs.



Romnii Ross, AA-S, Deb Lawson, AA-C and Sarah Davies, AA-S share some time at the AA booth at the ASA 2005 Annual Meeting.

Usually, the ASA concurrently holds the meeting of all of its organization's committees along with the educational portion of its conference. Because of the change in venue, it was left to the individual committees to decide whether or not to meet in Atlanta. The Committee on Anesthesia Care Team, of which Pete Kaluszyk, AA-C, is a member, did not meet. However, the Committee on Anesthesiologist Assistant Education and Practice did meet and included an expanded number of interested persons. Besides those AAs on the committee (Don Biggs, Rob Wagner, Bill Paulsen, and Joe Rifici), AAAA officers, officer-elects, and directors Deb Lawson, Ellen Allinger, Mike Nichols, and Claire Chandler attended as well as Rick Brouillard, educational program director of Emory University's AA program.

Not only did this expanded group discuss current issues that affect AA education and practice but there was also a lively exchange of information and ideas to assist those who are facing particular problems. Particularly exciting was the interest of opening new AA programs in several states. The survival of the AA profession is closely linked with the ability of there being AAs to help decrease the shortage of anesthesia mid-level providers that exists in states that have opened up to the profession within the past few years. The meeting of this group provided a unique opportunity to share ideas and to enact plans for the growth of the AA profession.

As in years past, the AAAA sponsored an exhibit booth at the ASA meeting along with all four existing AA programs: South University, Case Western Reserve University, Emory University, and Nova Southeastern University. Several AA students from



Pete Kaluszyk, AA-C, speaks with a visitor to the AA booth at the ASA 2005 Annual Meeting.

See "ASA Atlanta," continued on page 8

## Professional News

“ASAAtlanta,” continued from page 7

both Emory and CWRU used the opportunity to be at the booth to learn more about the AAAA while educating interested people about the education and practice of the AA profession.

The main venue of questions asked particularly by anesthesiologists that stopped at the booth has transformed from years past. Initially, the main question was, “What are AAs?” Then, it became, “How can AAs come and work in my state?” This year, the majority of questions were along the lines of, “We would like for our state to open to AAs. How can we work together to make this happen?” This is a wonderful progression in the awareness and acceptance of the AA profession. Also, it shows that the

AAAA organization is being looked to as the resource of information about AA legislation, AA education, and AA practice. Here is one of our best opportunities to promote ourselves to our biggest supporters, the anesthesiologists.

Opportunities. We can never get too many of them. At the recent ASA meeting the leadership was offered opportunities that we are seizing for the benefit of this organization and for the AA profession. You have an opportunity to take part in this. As an AAAA member, you will be updated as plans are made and participation is needed. Please join us in the chance to be a greater profession.

## NCCAA Certifying Exam

The National Commission for Certification of Anesthesiologist Assistants, in conjunction with the National Board of Medical Examiners, will offer the Certifying Examination for Anesthesiologist Assistants 2006 and Examination for Continued Demonstration of

Qualifications of Anesthesiologist Assistants 2006 on Saturday, 03 June 2006, in Atlanta, Georgia, and in Cleveland, Ohio. Complete application, including full payment of fee, must be received on or before 31 January 2006 by NCCAA at PO Box 15519, Atlanta, GA, 30333-0519.

Eligible individuals can obtain an application and a copy of the Rules and Regulations by writing, faxing, or emailing NCCAA and providing their name, complete mailing address, and year of graduation from an accredited anesthesiologist assistant educational program:

US mail:  
**NCCAA**  
 PO Box 15519  
 Atlanta, GA 30333-0519  
 Facsimile: 404 687 9978  
 Email: [business.office@aa-nccaa.org](mailto:business.office@aa-nccaa.org)

## Case AA Educational Program at ASA Meeting

As a co-sponsor of the Anesthesiologist Assistants Programs Exhibit Booth, the Case AA educational program was well represented this year at the American Society of Anesthesiologists' 2005 Annual Meeting. **Joe Rifici**, Academic Program Director and clinical faculty members **Deborah Lawson**, **Pete Kaluszyk** and **Joe Hoffman** were on hand to answer questions about the Anesthesiologist Assistant profession, and the national outlook for education and employment.

MSA-2 students currently on clinical rotation in Atlanta, **Romnii Ross** at Kennestone Hospital and **Sarah Davies** at Atlanta Medical Center, along with **Alyson Finamore**, the student representative to the AAAA, actively participated in discussions with many of the physicians who visited the booth. Program graduates **Lauren Hojdila** and **Claire Chandler** completed the group.



## The Student's Page

# A Chinese Fortune Cookie

Sarah Davies, CASE AA-S

A month before I entered Case's Master of Science for Anesthesia program, I was having lunch with a friend at Hunan's on Conventry. We were having a delightful lunch of orange beef and cashew chicken in a garlic sauce. As the meal drew to a close the obligatory fortune cookie arrived with the bill. Call it a childlike fascination but this is always my favorite part of a Chinese dinner. I love everything about the cookie, the individual wrapping, the sweetness of the cookie itself, the satisfaction of the crisp crunch when one breaks it for the fortune, and then the best part of the cookie, the fortune. It is the satisfaction of breaking open the shell to find a message that was anonymous two seconds ago on the table that now becomes your personal fortune. The message that day was particularly portentous, reading "Nothing is insurmountable when taken in small steps."

I was feeling nervous about the upcoming changes in my life, hinging on going back to school full time. I was leaving a job I enjoyed and people that I had grown to think of as a family. I was giving up an apartment where I had lived alone for five years to move in with my aunt and uncle and a multitude of their children. I was buying a car and forcing myself to drive in the city, something I managed to avoid for seven years after moving to Cleveland from Montana. All of these lifestyle changes were causing me anxiety, but the greatest fear I had was that of the unknown. I had gone to school before and driven a car, lived with my aunt when I first moved to Cleveland, and even had a master's degree under my belt, but I had never undertaken a goal such as the one that the MSA program presented.

As a genuinely shy person, the thought of giving up my protected niche caused me concern. I was going to be leaving the shelter of academia of which I felt I was finally figuring out the inner workings and entering a clinical environment in which I had limited experience. Add to that the stress of graduate course work, meeting and interacting with a new group of people, the fear of not meeting the mark and failing, and I was a jittery mess.

Reading that fortune in a Chinese restaurant, surrounded by people talking too loudly into their cell phones, bad figurine art and the odor and clang of the kitchen in the background, I had an epiphany. It truly was a twelve step's moment. If I just addressed each challenge as an individual step and did not allow myself to be overwhelmed by the enormity of the challenges I faced, I would be able to conquer my fears and meet my goals. I took that fortune home and pinned it to my bulletin board on which I make an attempt to organize my life by listing important phone numbers, bills and the like.

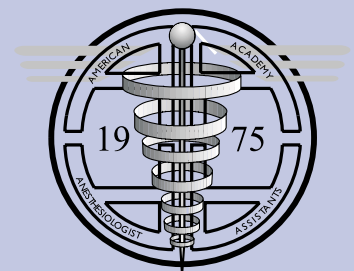
A month later I entered the AA program at Case with my new approach to life in mind. I was ready to embrace a new group of people, information and lifestyle. I feel that I was terribly lucky to be placed into the class of 2006. My classmates are open, fun, bright and hardworking. I have made new friends with ten other people who all have the same mindset of teamwork and working towards a common goal. In addition the overall design of the program allowed a fairly painless approach to clinical medicine. The hardest transition was that of being in an operating room by six in the morning, something that initially required two alarm clocks and too much caffeine to accomplish. Working in hospitals throughout the greater Cleveland area, southern Ohio and Atlanta has been an enjoyable experience and every anesthesiologist with whom I work has offered insight and guidance towards becoming a competent anesthesia provider when I graduate. I am thankful for all their patience, guidance and expertise over the last eighteen months.

I have to admit that sometimes I have had to utilize my new plan with a minute to minute and even second to second approach. I am still overwhelmed at times and need to reorganize my thoughts and prioritize my steps, but each day working in the operating room brings me closer to my goals. I am conquering that fear of the unfamiliar by addressing each day as a small step towards the future and by doing so the unknown is becoming the known.

### Electronic Newsletters

Since converting to electronic delivery, we have received multiple inquiries as to the possibility of offering the printed newsletter to members willing to pay for it. The cost of printing and mailing 20 issues of the newsletter would be approximately \$24.50 an issue per person, or \$98 for a year's subscription per person.

Although the cost per issue decreases as the quantity printed increases, it cost the AAAA approximately \$4,200.00 in 2004 to publish the newsletter. As you can see, printing and mailing the newsletter is a huge expense, which was the impetus for moving to an electronic format. Sorry readers, but things will remain as they are for now.



## AAAA Affiliate News

# Health Professions Network Meeting, Take 1

**Ken Maloney, AA-C**

About fifty-five participants from all over the country converged on Louisville, Kentucky, the 16<sup>th</sup> largest city in the United States, for the Fall 2005 HPN meeting. Hosted by the Greater Louisville Convention Bureau and housed on the Ohio River at the Galt House, our group of allied health representatives was treated to fine Kentucky hospitality. Again over half-a-million allied health workers were represented as issues concerning medical education and health care in America today were discussed.

Upon our arrival Kathy Lock, Deputy Mayor of Louisville, greeted us. Ms. Lock spoke to us of the growing city of Louisville, and several medical firsts which occurred in her home town—such as the first successful hand transplant, use of nerve stimulators, and the Avia Core artificial heart implantation. With over forty-five thousand allied health care workers in the metro area, we were right at home during our visit. The Deputy mayor concluded her remarks by declaring September 23, 2005 as Health Professions Network Day in Louisville, and she presented an Official Declaration from the Mayor.

The keynote address given by Richard Lewis, Director of Operations at Florida Radiology Imaging, focused on the organizational behavior of the Generation X and Generation Y healthcare workers. This touched on management approaches for senior managers identifying with the “new age” employees and students coming into the healthcare field. In the workforce today, we have several age groups represented. Richard helped us understand how work ethic, priorities and loyalties have changed, and why it is important to understand these differences.

A panel discussing federal agencies progress in workforce development followed this interesting presentation. Young Song, representing the Human Resources and Services Administration (HRSA), and Gina King, representing the Department of Labor, presented initiatives for educational and business development in Allied Health fields. There is funding for education and underdeveloped workforce areas, and there are existing programs to tap for resources. Because many of these monies are for underserved areas the AAAA will not qualify for several programs. Understand that Theresa Green is hard at work trying to find a way into the federal treasure chest for funding education and workforce development. We recognize enrollment is down in allied health training programs; we understand that there are more jobs than people; we see the need for recruitment and retention initiatives in order to keep people in the allied health workforce. By uniting the concepts of education, employment and economic development we grow our workforce by creating a demand-driven employee. Career centers throughout the U.S. are available to help develop workers for high demand, rapidly

growing fields to help downsized or undereducated employees. These centers are often funded by local industry with funding assistance by the government.

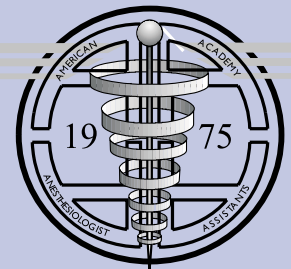
Hazel Hacker from the Edison Imaging Center in New Jersey facilitated a discussion about how to retain employees in this rapidly changing workforce. Hazel was able to identify significant future shortages in competent employees. She led the discussion as to what each of our employers and, what we as employees, are doing to help make the work place a more reasonable place to be.

Several of the team leaders met with representatives from Bernard Hodes, an advertising agency. We have been in contact with their representatives about trying to build an awareness campaign on the scale of the Johnson and Johnson nursing venture. Several ideas were discussed, and a mock campaign and slogan were offered by the Bernard Hodes group in order to gain our interest. We meet as a small sample next week to pursue this potential marketing boon for allied health, and consider the implications of using Bernard Hodes to help us accomplish this monumental task.

We ended the busy meeting days with a fast tour of the city. A farewell breakfast awaited us early the next morning before our departures back to reality. Each of us is tasked with different goals to accomplish during this next six months. We meet again in Atlanta in March 2006.

## Plans Underway for New E-Zine

The AAAA and its leaders spend countless hours each month working to secure and expand the AA profession. Plans are underway to keep the membership informed of monthly developments through an E-zine. This electronic magazine will be accessible through the AAAA website beginning in 2006. Look for details in future emails and newsletters.



## AAAA Affiliate News

# Health Professions Network, Take 2

Theresa Green, AA-C, MBA

The HPN celebrated its 10th anniversary in fine style in Louisville, Kentucky, September 22-25. Between visits to the Louisville Slugger factory and Churchill Downs, site of the Kentucky Derby, the Louisville Convention and Visitors Bureau allowed HPN attendees to network about allied health issues while thoroughly enjoying the city.

### Actions Taken At Meeting:

The focus for the Fall HPN meeting was “New Initiatives in Allied Health.” Speakers included Richard Lewis “Organizational Behavior Meets Gen X and Y: A practical approach for recruiting students and workers”; Gina King, Department of Labor and Young Song, Department of Health Resources and Services Administration on “Federal Initiatives Regarding Health Care Workforce Development”; Pat Munzer on “Are we Graduating Enough Health Care Providers to Meet Current and Future Needs?”; Hazel Hacker on “Employee/Student Retention: Got Them? Keep Them”; and Ann Peton on “How GIS Mapping Can Support Allied Health Professionals.” Presentations from those speakers kind enough to provide them electronically will be available on the HPN website [www.healthpronet.org](http://www.healthpronet.org).

### **Status of Goals and Objectives/Important HPN Initiatives from Team Work**

- HPN now has a history document and a quarterly e-newsletter (see website, then click newsletter)

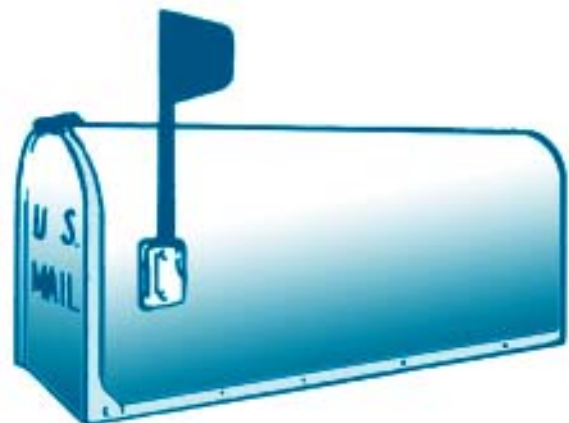
- Advocacy Team (me) will meet with Gina King from Dept of Labor to brainstorm potential avenues for cooperation — including linking with BLS to fix the health professions definitions listed in SOC. Currently, many allied health professions, including Anesthesiologist Assistants, have been omitted or ill-defined. We will try to fix this.
- Advocacy Team will develop a grass roots network to promote Allied Health Reinvestment Act HARD in Jan-Mar 2006.
- Consumer Marketing Team will be adding several missing allied health professions to the NIH and DOL websites. (AAs are currently missing, and hopefully will be added)
- Check out the HODES website for cool health professions t-shirts at only \$7 each. [www.hodes.com/nursing/tshirts/view.htm](http://www.hodes.com/nursing/tshirts/view.htm) and check option F.
- Allied Health Professions Week was November 6-12, 2005. Make plans to promote this exciting event at your institution for next year.

As always, please contact me with any questions or comments regarding Health Professions Network and its activities. Thanks! Theresa 269.927.5624 or [tgreen@berriencohlthdept.org](mailto:tgreen@berriencohlthdept.org).

## Renewal Information in the Mail

### **Watch your mailbox for your 2006 membership dues renewal information.**

Renewing Fellow members may take advantage of a 5% discount if they renew by 12/31/05! Also new this year is our "Bill Me!" feature for those who wish to renew but would like to be billed again after the new year.



## Editorial

# Letter to the Editor

**Rebecca Barrow**

I have to make a confession, a plea and an apology in this letter. I also have a regret.

First, my confession and apology. When I applied to Emory's AA program I was ignorant. I had worked as a Registered Nurse for ten years. My specialty was in critical care, and aside from in-hospital work, I held positions as a pace-maker sales rep, an IABP clinical specialist, and I even dared to be with the first company in America to market the cell saver (at that time (and perhaps even now) surgeons refused to admit that they lost enough blood to warrant reprocessing). Needless to say, I have had my share of being the proverbial fish out of water and thrive in an atmosphere where proving myself is the challenge of the day.

Despite all the exposure, I never was introduced to the practice of the Anesthesia Care Team. That is my confession. I was ignorant. But I studied...and I informed myself.... and I learned. I learned. I learned that as a Registered Nurse that I had two options when I decided to pursue a career in anesthesia. I could take the traditional route and earn my CRNA at one of the hundreds of programs throughout the US where most anyone with critical care experience and the ability to pay tuition was accepted, or I could continue at Emory University (where I had obtained my BS RN) and earn my MMSc. I could take courses on the history of nursing, conflict resolution and how to write a nursing care plan, or I could dissect cadavers, learn alongside anesthesia residents and fellows at top-ranked training programs, and I could pat myself on the back when I finally could master the intricacies of circuit and waveform analysis (thanks Don Biggs!) History tells that I conquered my ignorance, and I chose the Emory AA program.

I worked hard, I studied hard, and I learned the art of becoming a team member. I learned to respect my staff Anesthesiologist. I learned to take pride in the fact that I could put a client and their family at ease in the holding area; and I continued my education through discussions with co-workers, reading journals, and attending continuing education seminars (even though I might not get reimbursed); and I started keeping my own informal data with input from the OR and PACU staff, hospital administration, the surgeons and most importantly, through follow-up with patients. I learned that there is so much more to learn and that the most efficient, safest and productive means toward anesthesia practice involves a team. I learned that there is more to learn. And I will strive always to improve my practice and myself.

I came to practice in Texas (a "non-AA state") in the mid 90s. Nothing really drove me to apply for the position other than it was a small beach community where I could perfect my surfing skills, buy some beachfront property at a reasonable price and work in an academic setting that allowed flexible scheduling and challenging cases. At the time, there was really no network for

AAs, and I had no clue how ignorant I was (again!). I was venturing forth into virgin territory.

My first days in Texas held a great surprise. I got lost trying to find my parking space (never mind the right deck!). I confused the surgeon with the scrub tech. I learned. I enthusiastically introduced myself to the nursing staff, the medical staff, the environmental services staff, and of course, the anesthesia staff. What wasn't a mistake was "towing the line" and doing what was required. I came to work early every day. I was excited about the challenge of working in a very large, regional hospital. My mistake was thinking that I would be judged on my merit rather than my title of AA.

My first days, months, even years were a struggle. Many days patients of mine actually told me that, "Some other anesthesia people told me that I should ask to have someone else give me my sleep medicine." Other days I received hate mail on my university sponsored e-mail account. On two occasions, my locker was Super-Glued shut. Although it bothered me, I was ok. I knew I was succeeding, and most importantly, I was doing challenging cases and doing what I loved. The anesthesia staff and the surgeons were seeing excellent outcomes and most importantly, I was learning.

It has been years since I came to Texas, and I have since worked for three anesthesia groups. Two have valued me as an AA and have acknowledged the proven contributions I have demonstrated. Although we have yet to gain licensure in our state, I feel secure in my status here. I feel secure yet I know that on a daily basis there will be challenges and opposition to my credentials, my practice and me. Just today, I was told by a CRNA when I came to relieve her to go home that she "could not allow herself to turn over her case to an AA." I brush off the insult and know that it is the CRNA's expression of insecurity. Instead, I relieved in another case.

Now I must return to my plea. We need AAs to join and support the ASA and the AAAA and their efforts to solidify the concept of the anesthesia care team. Everyone who contributes to this newsletter and to the proliferation of the anesthesia care team should feel responsible for recruiting other members. In my opinion, everyone who has an interest in the future of our profession should become involved. I've had to take a razor blade to my locker in order to get inside my locker and gain access my checkbook...do I have to take one to your wallet to get you to contribute? Currently I work with four AAs who are not AAAA members. When I ask my fellow AAs why they don't support their own professional organization I get either hostility or ambivalence. Are they simply lazy and content to ride on other's coat tails or ... are they just ashamed of their past neglect? It doesn't matter what the reason... I challenge all AAs. If I pledge to get AT LEAST two Texas AAs to join, can you all pledge the same?

## Editorial

# Letter to the Editor

## Anonymous

Have you ever considered why you work where you do? Or why others are there? I would think that each of us has done just that. Recently I had the opportunity to engage in a discussion with others from many varied healthcare occupations about recruitment and retention of employees. As we shared experiences of our own employment histories, our focus group learned that money is not the top reason why workers choose their place of employment or why they choose to stay where they are employed.

Though this may not be an earth shattering epiphany, we are often in the position of asking to raise salaries or sign-on bonuses in order to recruit or retain anesthetists. It may surprise many of us that we can, in fact, be a significant factor in helping to recruit “good” coworkers and retain those we currently have. Our attitude toward students with whom we work, newly hired anesthetists, and our supervising physicians has a huge impact on job satisfaction — for ourselves as well as those we are seeking to hire.

Let us be mindful of our own attitudes as we consider with whom we will switch schedules, who we will want to relieve us at the end of the day and how we speak to the students whether they are in our charge for the day or merely passing by in the hallway. Let us be proactive in seeking benefits from our employers that will create satisfied, and therefore productive, anesthetists.

Money will get us so far in life, but what of other compensation that may be helpful in recruitment and retention of anesthetists? Possibilities range from the simple (milk, juice and crackers in the lounge) to the intricate (productivity-based comp time). There is no limit to the possibilities and no idea should be scoffed without consideration. As anesthetists we may also think about generating our own benefits within our groups. Flexible scheduling, family leave pools that can be shared, periodic luncheons, events scheduled outside of work, and other ideas can be considered and brought to our employers to be implemented at little cost to them with great rewards for us. How will you contribute to the positive work environment that will help keep the coworkers you want on the schedule?

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## Opportunities

### JobLine Listing

#### Georgia:

**St. Joseph's Hospital, Atlanta**  
Contact: Marya Garner  
recruiting@psa-online.net

**New London Anesthesia and Pain Consultants, PC, Snellville**

Contact: Judy Chesin 770-979-9996

#### Missouri:

**Cardinal Glennon Memorial Hospital for Children, St. Louis**  
Contact: Dr. James Deboard 314-577-5622  
or deboardj@slucare1.sluh.edu

#### Vermont:

**Southwestern Vermont Healthcare, Bennington**  
Contact: Donna Madigan 802-447-5353

#### Washington, D.C.:

**Children's National Medical Center, Washington, D.C.**  
Contact: Richard Kaplan  
Rkaplan@cnmc.org

#### 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).

#### Saint Joseph's Hospital of Atlanta

Established, quality anesthesia group seeks newly graduated or experienced AA's. Friendly family atmosphere among team members.

Wide spectrum of available experiences from healthy outpatient to complex open heart & vascular. No OB, pediatrics, or trauma. No required overnight call.

Compensation package competitive with any in Atlanta. Great retirement plan & education expense allowance! Generous signing bonus negotiable.

See our web site for more information at [www.psa-online.net](http://www.psa-online.net). Come see this great opportunity!

**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)

## SouthUniversity<sup>SM</sup> Assistant Program Director, Anesthesiologist Assistant Program

South University invites applications for the position of Assistant Program Director, Anesthesiologist Assistant Program based at its main campus in Historic Savannah, Georgia.

Send Curriculum Vitae and Letter of Interest to:

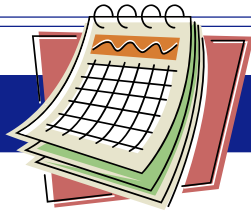
South University  
Attn: Dr. Bill Paulsen  
Dean, School of Health Professions  
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Savannah, GA 31406

-Full-Time Faculty Position  
-Clinical Practice Option  
-Starting Salary \$100-120K

[www.southuniversity.edu](http://www.southuniversity.edu)

South University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS), 1866 Southern Lane, Decatur, GA 30033-4097; 1.404.679.4501 to award doctoral, master's, bachelor's, and associate's degrees. The Anesthesiologist Assistant program is accredited by CAAHP.





# 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

**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

**Feb. 5 – 10 —**

### **Steamboat Springs, CO**

New Horizons in Anesthesiology

(Offering up to 25 hours of AMA PRA category I credits)

Contact: Emory University Medical School CME at 404/727-5695

or toll free at 888/727-5667

or go online to [www.emory.edu/CME](http://www.emory.edu/CME).

**Feb. 22 – 25 —**

### **Fort Lauderdale, FL**

16<sup>th</sup> Annual Current Topics in Anesthesia – Symposium on Anesthesia and Perioperative Medicine

(Offering up to 20.5 hours of AMA PRA category I credits)

Contact: Mayo Clinic College of Medicine at 800/462-9633 or email [cme-jax@mayo.edu](mailto:cme-jax@mayo.edu) or go online to [www.mayo.edu/cme/](http://www.mayo.edu/cme/).

**Feb. 25 – March 3 —**

### **Snowmass Village, CO**

Winter Anesthesiology Conference 2006.

(Offering up to 27 hours in AMA PRA category I credits)

Contact: University of Florida Dept. of Anesthesiology at 352/265-0463

**March 16 – 19 —**

### **Atlanta, GA**

Health Professions Network (HPN) Spring Meeting

Contact: HPN at 703/708-9000

**March 11 —**

### **Troy, MI**

Michigan Society of Anesthesiologists Annual Scientific Session

Contact: Theresa Lark at [lark.t@gcsionline.com](mailto:lark.t@gcsionline.com) or 517/346-5088

or go to [www.mianesthesiologist.org](http://www.mianesthesiologist.org).

**April 1 – 4 —**

### **Hilton Head Island, SC**

AAAA 2006 Annual Conference

Contact: Susan Cabrera/Kari Glisson at 866/328-5858

**April 7 – 8 —**

### **St. Louis, MO**

Missouri Society of Anesthesiologists Annual Meeting

Contact: Fred Brown at [fbrown@msma.org](mailto:fbrown@msma.org) or 573/636-6905

**April 21 – 22 —**

### **Kansas City, MO**

Commission on Accreditation of Allied Health Programs (CAAHEP) Annual Meeting

Contact: CAAHEP at 727/212-2350

**April 27 – 30 —**

### **Hollywood, FL**

38<sup>th</sup> Annual Meeting of the Society for Obstetric Anesthesia and Perinatology (SOAP)

(SOAP is offering a special registration fee of \$265 for registration)

Contact: 216/447-7863 or [soaphq@soap.org](mailto:soaphq@soap.org)

or go online to [www.soap.org](http://www.soap.org)

**April 28 —**

### **Hilton Head Island, SC**

South Carolina Society of Anesthesiologists Annual Meeting

Contact: Dr. Gary Haynes at

[haynesg@musc.edu](mailto:haynesg@musc.edu) or 843/792-2322

**May 1 – 3 —**

### **Washington, D.C.**

ASA Legislative Conference

Contact: Michelle Allen at

[M.Allen@ASAWash.org](mailto:M.Allen@ASAWash.org) or 202/289-2222