

The President's Message

By Ellen Allinger, AA-C

The First Line of AA Defense is YOU!

The AAAA organization is a mouse among elephants. As far as national medical professional societies go, our membership numbers pale in comparison. The American Society of Anesthesiologists has over 41,000 members this year (which includes AAs and AA students as educational members and student educational members, respectively). The American Academy of Physician Assistants has approximately 28,000 members, and the American Association of Nurse Anesthetists claims more than 35,000 members. The AAAA has a total membership this year of just over 460 members. Approximately 400 of those members are fellow members. You can see the great difference in national membership numbers between "us" and "them".

But why is this important? Because with an organization this small and the limited resources that a limited budget can handle, the AAAA does not have the massive staff to deal with monitoring the national, state, and local issues that can and do affect the AA profession. While our management company, public relations and media consultant, and legal advisor all serve the AAAA well, their primary function is not to alert the AAAA leadership to AA issues. When informed of problems and issues that affect the AA profession, the AAAA leadership deals with it immediately and with amazing effectiveness. I say amazing because it is amazing what results are accomplished with what is sometimes a small intervention. But who brings these AA issues to the attention of the leadership? Oftentimes, it is YOU, the members of the AAAA.

I cannot emphasize how important it is that AA issues on all levels are brought to the attention of the AAAA leadership. I will give you a very specific and recent example of this. At the end of May, an AA practicing in Texas, Tim Goodridge, contacted me to find out what information the AAAA had on AAs and AA practice. The reason for this question was that the Texas Department of State Health Services was considering changes to the Texas Hospital Licensing Rules. In this revision, AAs were left out as recognized anesthesia providers in hospitals and surgery centers. By working with Tim, the AAAA was allowed to submit a letter of comment as a stakeholder to the Texas Health Commission concerning the guidelines. At one point, the guidelines were revised to state that AAs could work if there was a "direct line of sight" between the AA and the supervising anesthesiologist in the operating room. Needless to say, this would have been impossible and would have effectively restricted AAs from practicing in Texas. You will find this

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THE ANESTHESIA RECORD

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The Editor's Column

By Tiffany Lewis-Roberts, AA-C

To Legislate or Not, That is the Question!

Here in Texas, the natives proudly consider the Lone Star state its own little country. Seceding from the Union during the Civil War era and flying our flag as high as the national flag makes Texas a state with a sort of renegade mentality. However, the people are friendly with an infectious accent and equally addicting sayings that only somebody from the country could perfect. Texans are quick to point out that everything is bigger in Texas and it's *almost* true. Remembering the Alamo and gaining independence from Mexico makes the folks here proclaim 'Don't mess with Texas' as their creed. But, with an exceedingly small group of AAs working in the big state of Texas, the question remains should we 'mess with Texas.'

For years now, the AAs in this state have worked successfully under physician delegatory authority without many worries. As the years have gone by AAs have moved here, kindled relationships, established lives, and grown accustomed to feeling comfortable and safe in the confines of our fine state. After all, if home is where you hang your hat, we have certainly made a home for ourselves in Texas. So it isn't surprising that when faced with the question of whether or not to pursue legislation, we get a little ruffle in our feathers. Why mess with a good thing, so to speak.

In fact, 'messing with Texas' and seeking out licensure carries many pros and cons. The benefits of having licensing would, of course, be immense. For instance, there would be more job security in knowing our profession was adopted into state law. In the past, AAs have been temporarily forced out of work until the politics and wording of how we practice in a state were dealt with. So in a sense, there is more ground to stand on when a state has legislation passed. The cons have to do with if we are ready and optimally posed to go forward with legislation. The process of obtaining licensing is lengthy and costly. Ensuring all your ducks are in a row is essential before even getting your feet wet. Strengthening our position, sorting out existing problems and unifying our forces will have to occur first in this process.

We all have good intentions for our profession and the future of our careers. To adapt all of the goals for our careers into an easy, black and white picture of how it's supposed to be would be ideal. However, life is oftentimes complicated by the gray matter in between and we are all going to try and do our best to prevail here in Texas.

REMINDER: Please review the bylaws proposal that each of you received via US Mail. Ballots must be returned by September 30th to the AAAA Offices.

Inside AAAA

PR and Media Update

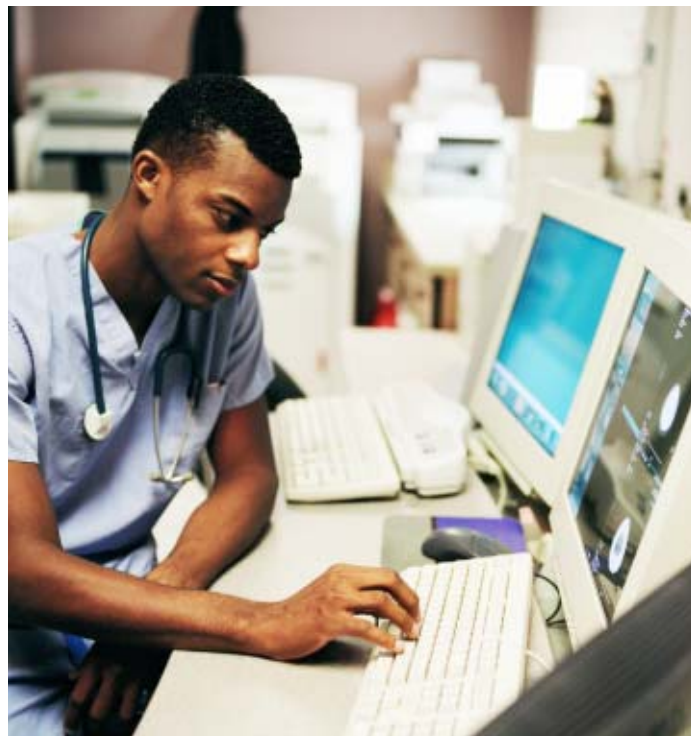
By Al Rothstein

If some of the surgeons you work with seem more familiar with you, it might be the result of our latest public relations efforts. The AAs have a featured article in the latest edition of The Bulletin of the American College of Surgeons.

The article “Anesthesiologist Assistants: Making the operating room more accessible and manageable” is in their hard copy edition and on the web at www.facs.org. It quotes Steven Oweida, MD, FACS, a vascular surgeon at Kennestone Hospital in Marietta, Georgia; Terrence Fullum, MD, FACS, Chairman of the Department of Surgery at Providence Hospital in Washington, DC; Hector Vila, MD, Program Leader, Anesthesiology, Department of Interdisciplinary Oncology, University of South Florida College of Medicine; Rob Wagner, former AAAA President and now Assistant Professor at the new AA program at Nova Southeastern University in Ft. Lauderdale, Florida; and our current President Ellen Allinger, AA-C.

The article focuses on how AAs are allowing operating rooms to thrive, lessening the burden because of a shortage of anesthesia providers, and at the same time, enhance the quality of medicine. This has allowed AAs to increase in number. For example, at Kennestone, there are 22 anesthesiologists, 18 AAs and one CRNA. Allinger points out in the article that the Anesthesia Care Team is the safest surgery method, and that AAs are the only anesthesia professionals trained to work only within that concept.

Surgeons all across the country will be reading about us. Please refer them to the article, just in case they haven't had the opportunity to see what a valuable resource we are.



“President’s Message,” continued from page 1

letter reprinted in this newsletter on page 4 for more details. As a result of the AAAA’s comments and the dedication of Tim in keeping the AAAA updated and appearing at the stakeholders’ meeting, the damaging language was removed from the commission’s draft and the decision was made to leave the decision up to the individual hospitals as to what professions they would credential. Many thanks to Tim for his participation in this very important matter and for providing the AAAA with all of the pertinent information on this Texas AA issue.

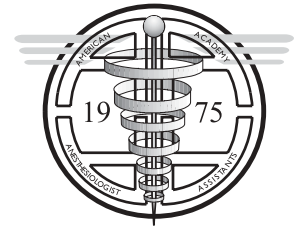
My point here is simple; if not for the notification by an individual AA on a matter that affected AAs in an entire state, the AAAA probably would not have found out about this issue and certainly would not have had the opportunity to make an

impact on the entity making decisions that affect AA practice. Whether or not the outcome would have been the same since the Texas Society of Anesthesiologists also made comments on this and other changes in the hospital licensing rules is not the issue. The only group that is assured of looking out for the best interest of the AA profession is the profession’s national organization, the AAAA. Thus, I am back to my title for this article. You as an AAAA member are the best resource that this organization has in protecting your ability to practice as an AA. Make it as much of a responsibility as you do in making it your responsibility in providing safe and quality anesthesia for your patients. Individual AAs can and do make the difference in their profession every day.

Inside AAAA

June 20, 2006

Ms. Nance Stearman
Medicare Compliance Officer
Texas Department of State Health Services
1100 West 49th Street
Austin, TX 78756



Dear Ms. Stearman,

Thank you for the opportunity for the American Academy of Anesthesiologist Assistants (AAAA) to make comments involving changes to the Texas Hospital Licensing rules that apply to Anesthesiologist Assistants (AAs). At this time, there is no state society of AAs that can comment as a stakeholder in these rules changes. Therefore, on behalf of the AAs that live and work in Texas, the AAAA is pleased to do so for them.

Currently, AAs practice in Texas under physician delegatory authority as stipulated in the statutes of the Texas Medical Practice Act, Section 157.001. Although the Texas State Board of Medical Examiners does not currently license, regulate, or certify AAs, they offer guidelines for delegation to AAs (see <http://tmb.state.tx.us/rules/guideline/uaa.php>). In addition, in order to be reimbursed for anesthesia services provided to Medicare and Medicaid patients, anesthesiologists supervising AAs must meet the criteria for medical direction as stated in the Code of Federal Regulations (see 42CFR415.110). Therefore, appropriate regulatory bodies on both the state and federal level recognize AAs and their ability to provide anesthesia services for patients.

The proposed changes to the Texas Hospital Licensing rules will change the ability of AAs to provide high-quality anesthesia to the people of Texas by altering the manner in which AAs practice and changing the requirements to which anesthesiologists supervising AAs must adhere. Specifically, the requirement for administering general anesthesia that “direct supervision means direct line of sight in the same room” between an anesthesiologist and an AA means that AAs will no longer be able to work in Texas. This requirement would place a burden on anesthesiologists supervising AAs that would be impossible to fulfill. If enacted, several Texas hospitals would face an immediate anesthesia provider crisis that would result in canceled surgical cases and a lack of adequate anesthesia coverage at those facilities.

Instead, the AAAA supports the idea that the governing medical staff body at each hospital and surgical facility should be the responsible body in determining who may provide anesthesia services at that facility and what the scope of practice for those providers entails in accordance with state statutes and the rules, regulations, and guidelines of appropriate state regulating bodies. This is the appropriate governing body to make such a determination and one that will have the knowledge and resources to make decisions concerning anesthesia services provided at their facility.

Again, I thank you for this opportunity to make comments on the proposed changes to the Texas Hospital Licensing rules. Please feel free to contact the AAAA office or me if there are any questions concerning Anesthesiologist Assistants.

Sincerely,

Ellen Allinger, AA-C
President, American Academy of Anesthesiologist Assistants

Inside AAAA

AAAA Fall Meeting Update

By Lance Franklin, AA-C

AAAA Treasurer, Director of communications

September 13th 2006 is an important day in the life of the AAAA. It's not a birthday or an anniversary that may slip our calendar from time to time, but a potential turning point in our growth process as an organization and as a community of healthcare providers. We usually have one spring meeting a year at a vacation type of venue. Some of us can make it some of us cannot. So for those of you who could not make it this past spring we are trying to give you a second chance to interact with your fellow AAs.

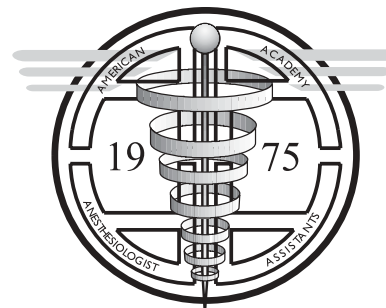
The meeting is offering six AAPA category one CMEs in a one day event that will be held at the Cobb Galleria in Atlanta, Georgia. Each of the six speakers represent a major hospital in Atlanta and are well known within the community as great presenters. We are also looking forward to hosting a variety of sponsors and exhibitors as well as a job fair.

The people in the AAAA right now collectively feel that having a fall meeting would be the right thing to do on many levels. Why? We want to encourage and nurture the community of AAs that exist and reach out to them in a tangible way. How? If they can't come to us we will reach out to them.

Many non-members often ask what is going on in the various states or may wonder what does the AAAA really do for me.

To that, we say, come to the fall meeting and see what we are as well as what we are becoming. During every spring meeting we have a lunch during which we discuss the state of the AAAA.

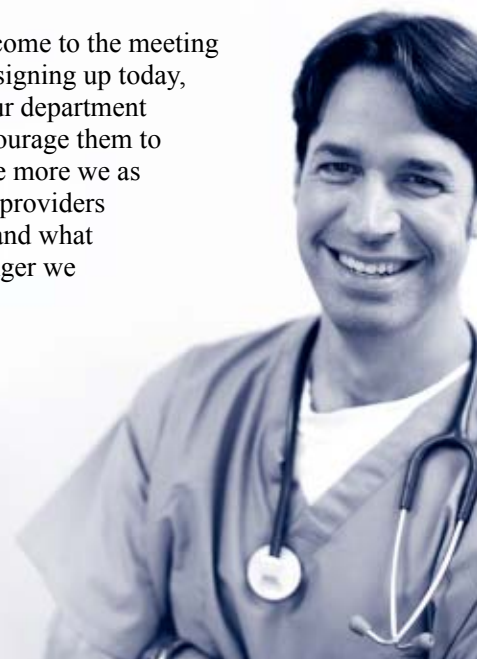
We are going to continue that in the fall meeting as well.



What if I really don't "need" the CMEs? My friend, we ask that you look beyond the need to fulfill your CME requirements and recognize that this organization is the only one in existence that cares about what happens to you and your career. We exist to support you. Please come and support us in this endeavor. Consider it a chance to catch up with old friends or make new ones: a chance to check out the vendors that are signed on to support your profession, or even the job fair.

For a moment consider your career. As a fellow AA I understand that in this profession we run the risk of becoming complacent. We often times never look beyond the cases that are assigned to our operating room. I encourage you to break out and look beyond the daily grind for a moment. A meeting like this is a chance to remember who and what you are. It is a chance to take pride in your accomplishments and the responsibility that your license grants you.

If you can come to the meeting please consider signing up today, tell others in your department about it and encourage them to do the same. The more we as a community of providers remember who and what we are, the stronger we will be.



Inside AAAA

National and Governmental Affairs

By Pete Kaluszyk, AA-C, National Affairs Chairman

There are times in the state legislative process that bring utter frustration and other times some rays of hope of progress in the future. Two examples of this were the Kentucky SB 175 and North Carolina HB 1330 (originally HB 503/SB 394) which were proposed for the licensing of AAs.

The North Carolina (NC) bill was probably the most frustrating of all. Soon after HB 503 was introduced in 2005, it quickly became politically bogged down in the House Health Committee. This was due to the Bill containing both the licensing of AAs provision, and the very controversial reiteration of the NC law that requires physician supervision of nurses providing anesthesia to patients. While the debate raged around HB 503, the NC Supreme Court issued an order, on October 6, 2005, denying the NC Board of Nursing's appeal to review a lower Court's unanimous decision concerning the NC Board of Medicine's (NCBOM) issuance of guidelines for office based surgery. The unanimous decision reaffirmed the NCBOM's authority to issue guidelines concerning physician supervision of anesthesia delivery. As a result of the NC Supreme Court's decision HB 503 essentially became a moot point. Additionally, since SB 394 was never heard in committee, both bills could not be "crossed over" to the 2006 legislative session.

If a bill was to be introduced to license AAs, in 2006, then a Bill had to be found that met the "cross over" criteria. A Bill was found (HB 1330) and it was completely amended to define the licensing process for AAs in NC. This was done with a deft political hand by our supporters in NC. HB 1330 had passed the Senate (42-3) and was then sent to the NC House of Representatives for consideration. The NC Society of Anesthesiologists (NCSA) effort to get this bill had been well managed. The bill seemed to be doing well in the initial hearings and passed the House's Health Committee. The next logical step is the Bill's introduction to the floor of the NC House of Representatives for a vote. However, HB 1330 languished in the House Rules Committee because this committee was never convened and it died in committee. The speaker of the House didn't press for release of the bill from that committee also. What happened? The "logic" of politics came into play even though the bill would be beneficial to the residents of North Carolina and to our profession.

From the information we have received this was a purely political maneuver that really had nothing to do with

the concept of our profession and whether we would positively impact on the NC health care system. It also didn't seem to have much to do with the normal politics involving the AA-CRNA political dipole that is normally seen in these legislative efforts. The votes in the Senate and in the House Health Committee seemed to indicate that the nursing lobby wasn't effective. The political indifference to our bill seemed to revolve around the NC House's senior leadership and politics involving physicians, in general, in that state. We will be working with the NCSA to determine what our next step should be as will the NCSA at their annual meeting in September.

The Kentucky effort was quite different in how it progressed through the legislature. The bill was originally intended to right a legal situation that mandated that in order for an AA to practice in Kentucky, the AA had to be licensed as a physician assistant (PA) first. This created a statutory barrier to AAs applying for positions in Kentucky because an AA would have to maintain continuing medical education/certification for two different professions. The bill would have removed the PA requirement and substituted the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) continuing medical education/certification process.

As mentioned in the previous edition of the AAAA Newsletter, this bill was changed to keep it alive legislatively. As a result SB 175 was rewritten and included language to refer the matter of licensing AAs to the Kentucky Legislative Research Commission (LRC). The bill directs the LRC to "study the certification and scope of practice requirements of anesthesiologist assistants in Kentucky to those requirements in all states that statutorily license or certify anesthesiologist assistants; require the results of the study to be transmitted to the appropriate committees by December 15, 2006." In this form the bill passed easily in both chambers of the Kentucky legislature and the Governor signed the Bill on April 5th, 2006.

The LRC is an interesting legislative entity in that it is used by the Kentucky legislators as a "fact finding and service body" for the Kentucky legislature. It consists of sixteen members of from the Kentucky Senate and House

See "National Affairs," continued on page 7

Inside AAAA

Upcoming AAAA Elections

It's your right and your duty to vote!

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

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

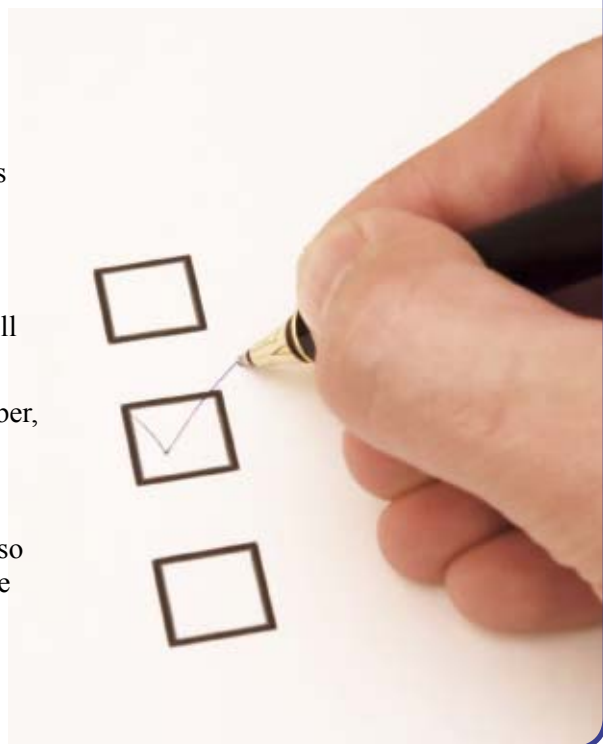
If you have moved this year, please update your current address with the AAAA office so that your ballot will arrive in a timely fashion.

Deadline for receipt of ballots will be September 29th, 2006. Original ballots must be received — no faxed or emailed ballots will be accepted.

Therefore, if you have not received your ballot by mid-September, please contact the AAAA office at 866/328-5858.

Student and affiliate AAAA members are not eligible to vote.

In addition to the election of officers and directors, there will also be an amendment to the current AAAA bylaws to vote on. Please be sure to vote on this bylaws change which will be included with the ballot.



“National Affairs,” continued from page 6

of Representatives and evenly split along party affiliations. The LRC has researchers, fiscal analysts, attorneys, computer specialists, and librarians that collect factual data for the legislature. The LRC requested information from the AAAA about our profession. Ellen Allinger, who is heading up the Kentucky subcommittee for this effort, has submitted the requested information to the LRC as of press time for this article. The LRC will study the data and collate the information and send it to the Kentucky legislators for consideration. Based on this factual data Kentucky legislators may come to a decision as to whether AAs are a good idea for Kentucky. The data will hopefully lead to legislation that can be introduced in 2007 and will be helpful in offsetting erroneous

information that may be introduced from our adversaries.

I would like to give some information out to our members concerning the Veterans' Administration process as it relates to our profession, but as of press time I have not been able to confirm some data we have received to date. Apparently, this very, very glacial process is plodding along. I hope to have more solid information at the time of the ASA's annual meeting in Chicago in October.

The AAAA as we have been doing for the last fourteen years we will be at the ASA with our information booth. We will also be sending out letters to presidents of the various state Societies of Anesthesiologists to meet with us and try and expand our profession.

Inside AAAA

2006 Annual CAAHEP Meeting and May 2006 Meeting Reports

By Jeff Smith, AAAA Commissioner

The CAAHEP Board of Directors has met once face to face (Annual meeting in Kansas City) and via Conference call (May 19, 2006). I have summarized for information and dissemination (as appropriate) for sharing with entire AAAA membership.

Annual Meeting April 2006

No accreditation actions were taken per the "new" schedule of accreditation actions (adopted 2004). Accreditation actions were taken at the April 1005 meeting as Committees on Accreditation (CoAs) adjusted to new schedule.

Standards committee did not meet as there were no open hearings to be held. They are currently working with CoAs representing Diagnostic Medical Sonography and Surgical Assisting on their drafts of Outcomes Standards. All other CAAHEP professions have approved outcomes Standards in place.

The Board has asked that the Standards Committee in cooperation with CAAHEP staff notify CoAs "one year out" from their Standards review deadline that their Standards are "due" for review. Current CAAHEP policy calls for a review (revision if necessary) of the CAAHEP Standards at least once every 5 years.

Policy 4.01 regarding the standards review and revision process was revised to reflect the current practices of the Standards Committee (this policy revision is available on the CAAHEP website at www.caahep.org under publications in the Policy and Procedure Manual).

The Board received and completed their Annual Self-Assessment. These results have been compiled and were shared with the Board at the July meeting in Chicago.

A letter from CAAHEP was sent to all currently accredited athletic training programs officially notifying them of the separation of the JRC-AT from CAAHEP and the transfer for their accreditation status to the new review

committee that the JRD-AT has formed, CAATE.

The Audit Committee met and was going to have draft policies for the Board to review at the July meeting.

CAAHEP has been drafting a format response to the U.S. Secretary of Education's Commission of the Future of Higher Education. The Commission has written a position paper and held several hearings regarding, among other things, the current state of accreditation in the U.S.

May 2006

The Performance Oversight Committee (POC) drafted applications for Policies 2.03 and 2.05 (applying for CAAHEP eligibility of a profession and applying to become a CoA). These applications were finalized prior to the July meeting and brought to the BoD for approval at that time.

The 2006-2007 Budget was approved.

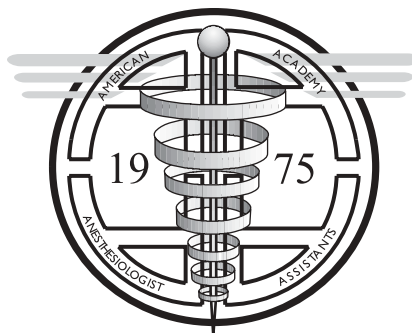
The athletic training withdrawal agreement was sent. The new committee (CAATE) will not be licensing the CAAHEP Standards for any period of time as they had already developed and

approved their own standards.

The letter notifying athletic training programs of the transfer of their accreditation status as of July 1, 2006 was sent.

A DVD is being made for mass distribution that includes "Spotlight on CAAHEP" as well as 3 power point presentations. These power point presentations are: "What is CAAHEP?" "Questions for students;" and "Career and Certification" information. The spotlight on CAAHEP is already on the website, the power points will be available there as well.

The Board reviewed and approved 84 recommendations during conference call.



Professional News

2006 - A Year of Big Changes for the Emory AA Program

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

Emory University's AA program has seen yet another eventful year. Emory's students again participated in legislative efforts in North Carolina; although the AAAA's efforts did not come to fruition this year, it was a great learning experience for our students and a timely reminder that AAs cannot become complacent if they expect their profession to proliferate. Emory University School of Medicine conferred 30 Master of Medical Science degrees on graduates of the Anesthesiology Assistant program during its 36th annual commencement exercises on August 12, 2006. After saying goodbye to their classmates and turning their tassels, the 2006 graduates will begin new careers in the metropolitan Atlanta and Georgia areas, as well as in Wisconsin and Texas.

The class was extremely honored to have Dr. Steven Sween deliver an enlightening and motivating commencement address expressing the dire necessity for graduates to remain politically active in both the AAAA and ASA after graduation. Dr. Sween has been a longtime advocate for the AA profession. A native of rural Minnesota, Dr. Sween graduated cum laude from St. Olaf College in Northfield, Minnesota and received his medical degree from the University of Minnesota, School of Medicine in Minneapolis. He completed a Family Practice residency at the Bethesda Hospital in St. Paul and later served as chief resident during his Anesthesiology residency at the University of Rochester in New York. A Cardiothoracic Anesthesia fellowship at Emory University brought Dr. Sween to the warmer climate of Atlanta in 1986.

We welcome a new staff member, Ms. Eunice Shinn, to the department to fill the role of Administrative Assistant. Eunice comes with great experience and is going to be an asset to the program. From a pool of 217 applicants, we welcome 42 new students for the 2006 – 2007 academic year. This talented, diverse group of students may boast about an average GPA of 3.26, mean verbal GRE scores among the 65th percentile, mean quantitative GRE scores in the 62nd percentile and analytical GRE scores averaging within the 50th percentile. The class consists of 19 females and 18 males, averaging 30 years of age; they come to Emory from 13 states across the country.

Our most exciting news is that after more than 30 years of being located in the Woodruff Memorial Building, the program has plans to move to new space. The program space will increase from 1600 square feet to well over 10,000 square feet. The new space is located approximately three miles from Emory's main campus at Executive Park. The primary classroom seats 56 students, houses state of the art A/V equipment with video conferencing capability and video editing station for lecture production. Other amenities include a wireless environment, a dedicated library, a student break room, and a Learning Resources Center where students may enjoy 24-hour access.



The Students' Page

Life as a Second Year Case Western Student

By Sabena Kachwalla, CWRU, AA-S

No longer are our instructors worried about whether or not we placed all the monitors on the patient, question our ability to correctly identify the vocal cords, and remembering to turn on the ventilator and gases after intubating (although some may disagree). Now, as second year students, we are focusing on managing cases as a whole and fine tuning our skills. Some challenges I face are trying to balance the needs of the patient, guessing what our instructors are thinking as far as how the RIGHT way to manage the case, and trying to look good for your attending so that they will let you do the line placements. Adding to the challenge of being a student, it is difficult to rotate through many different hospitals where they do not know you.

Besides not knowing where all the supplies are kept and trying to remember the route to the PACU (thank goodness we are at the head of the bed pushing and not at the feet steering because we would not end up in the PACU in a timely manner), you are exposed many RIGHT ways of practicing anesthesia. As students you usually conform to how your instructor practices anesthesia for a particular day. Since we work with different instructors everyday, it is beneficial that we are exposed to the many right and safe ways of practicing anesthesia. As a second year student, I have developed a more acute sense of anesthetic management which is tailored to the patient's needs and the type of surgery. There are many right ways to practice anesthesia and I look forward to further developing my own idiosyncrasies, which are mostly mimicked from the many instructors I have had the pleasure to work with.

My Second Year, So Far

By Jared Kutzer, CWRU AA-S

I am Jared Kutzer, a second year student at Case. The second year has officially started and I finally get to spend most of my days in the OR. Granted I have a lot to learn, but it feels great to put my knowledge to the ultimate test. During the majority of my first year I felt nervous and lost at times, but as the year drew to an end things started to come together and the excitement of starting my second year became more of a reality.

After just four rotations I'm thoroughly enjoying the opportunities. I have seen many different hospitals all with their own unique experiences. I have also enjoyed meeting all the AAs and hearing about their experiences going through their respective journeys. I appreciate their time and patience with me and also remind them that we all started with the same experience and knowledge that continues to allow us to learn the many aspects of anesthesia. It's great to work in all these different areas and to learn their views on anesthesia. Where else can you get that experience? All the didactic training cannot prepare you for the in-the-OR experience. It is an absolute must to learn all you can as well as continue to increase your knowledge in the classroom. However, all the work means nothing if you cannot apply it to the OR.

I have many more rotations to go before the dreaded board exam, but look forward to all the new rotations and many new anesthesia teams offering their knowledge. This second year has gone by so quickly yet I cherish the experiences and hope that all my rotations can continue to be good experiences with a quality education.

Getting Involved as a Student

By Brad Falls, CWRU, AA-S

Hello members and friends of the AAAA. As a new second year student at Case, I would like to say thank you to all of the instructors and anesthesia personnel here, and elsewhere, who help to provide the students with a pleasant and challenging learning environment. Also, as a native of North Carolina, I would like to say a special thank you to all of the people who have worked hard this year to support legislation there. The more I see and learn about the anesthesiologist assistant profession, the more faith I have that opportunities for us will continue to grow.

I would like to encourage all of the students to stay informed and involved regarding issues that affect how and where we can practice. One great way to do this is to become a member of the AAAA, and to remain a member after you graduate. This association has a great group of people dedicated to making sure that our profession continues to thrive. The quarterly newsletter is an easy way to keep up with what's happening for us on the local and national levels. Some other nice perks that come with membership are the jobline, the website, and the member directory.

See "Getting Involved," continued on page 11

Educational News

School is in Session

By James P. Lunsford, NSU, AA-S

As the Class President of Nova Southeastern Universities (NSU) inaugural class I would like to take the opportunity to tell everyone who may be interested in the education of Anesthesiologist Assistants (AA) in Florida - School is in session! We successfully began our path to becoming Anesthesiologist Assistant's and part of the Anesthesia Care Team on June 5th.

Our class is very excited about next semester, as we will start going on rotations twice a week in addition to our normal class time. We are excited and admittedly a little anxious about putting to use the skills that we have worked so hard to hone over the last three months.

Our program is the first in the state of Florida and more excitingly the first program to be opened outside of the state of Georgia since Case Western Reserve University accepted its first class over thirty years ago. Our class consists of 34 individuals of whom 56% are from right here in the state of Florida. Students have traveled from states as far as Wisconsin, Michigan, Georgia, North Carolina, Texas, Kentucky, Kansas, and New Jersey, just to name a few. We all come from different backgrounds and are representative of what makes this profession and it's rigorous training so unique. Some of our past professions were in the fields of Nursing, Physician Assistant, Nurse Practitioner, Respiratory Therapy, Paramedic, Laboratory Technicians, Microbiology, and Chemistry. Some members of our class have been associate authors on published papers leading to new advancements in surgery, while others have been responsible for producing and ensuring the quality of diagnostic reagents used in the detection of diseases such as syphilis and whooping cough world-wide. Some of our class-

mates have been volunteers for organizations like Habitat for Humanity, religious organizations, medical missions, served our great country as Medics in the U.S. Army in combat zones like Somalia, and some went on their own to New Orleans to assist the victims of Hurricane Katrina.

While construction delays have slowed the construction of our state-of-the-art anesthesia classroom and mock operating room, to be complete with *Wi-Fi*, medical gases, and multiple anesthesia machines, we have not lacked the resources or space required for instruction and training. Here at Nova Southeastern University all resources belong to the school, not to one particular program. This allows all programs the benefit of these materials and resources. For instance, while awaiting the arrival of our own Meti-man, a \$100,000 life size anesthesia simulator, we were able to practice on Syn-man, which is utilized primarily by the PA and Nursing programs.

We are proud of our previous professions but even more proud of what we are aspiring to become. I speak for my classmates in saying thank you to all of those who have invested their time, money, and efforts to make this program possible. But, more importantly we want to extend a thank you to the families of these pioneers of the AA profession for allowing them to make the sacrifices that they have made to further the advancement of this wonderful profession here in the state of Florida.

I look forward to seeing you all at the AAAA conference in April and to meeting those of you who will be in attendance at the ASA this October.

“Getting Involved,” continued from page 10

Becoming a student representative to the AAAA is another good way to get involved. The process of training an AA must constantly change as programs enroll more students and the equipment and techniques we use are modified. Who better than one of us to keep the rest of the organization informed on issues that are specific to students? Good communication between the student body and the AAAA will be especially important in the future as our options for employment continue to expand and new schools begin to offer this degree. We want those who follow us to have the best training possible to ensure that anesthesiologist assistants continue to be respected as competent and skilled providers by the rest of the anesthesia community.

Last but not least, attending the AAAA conference in April is an excellent way to meet other students and anesthesia providers, stay current on issues related to anesthesia, support an organization that exists solely to support us, get a tan (please Clevelanders!), and have some fun with your peers outside of the hospital.

Thanks for your time, and I hope you all have an enjoyable and productive year.

Opportunities

JobLine Listing

Alabama:

Anesthesia Services, P.C., Infirmery Medical Center, Mobile
Contact: Andy Price 251-432-4497 or fax 251-432-0577

Florida:

Sheridan Healthcare, Tallahassee
Contact: Shane Angus 850-443-8068 or shaneangus@yahoo.com

Optimal Anesthesia, Boca Raton and Pompano Beach

contact: Steven M. Kiffel, M.D., D.D.S.
561-271-6659

Georgia:

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

South Carolina:

Surgery Center in Myrtle Beach
Contact: Dr. Joseph Maggioncalda voice 843-692-1062 or fax 843-497-9303

Washington, D.C.:

Children's National Medical Center, Washington, D.C.

Contact: Dr. Richard Kaplan
202-884-2025 or Rkaplan@cnmc.org

Wisconsin:

University of Wisconsin Madison
Contact: Fern Reilly, 608-263-8106 fax 608-263-8111 freilly@wisc.edu

About JobLine Listings

JobLine is a free service provided to potential employees of AAAA members. For more complete information, current members can visit JobLine on the AAAA web site at www.anesthetist.org.

Anyone wishing to post a job opportunity should contact Kris Tindol at kwindol@comcast.net or Kari Glisson at kari@anesthetist.org.

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

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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

UNIVERSITY OF WISCONSIN – MADISON

The Anesthesiology Department has openings for AAs (certified or eligible) at the UW Hospital. Preoperative evaluations and all types of anesthesia care and monitoring performed by AA staff as part of our Anesthesia Team concept. No OB. Competitive salary and excellent benefits.

Send CV to: Human Resources Director for Anesthesiology
600 Highland Ave, Madison, WI 53792-3272.

Unless confidentiality is requested in writing, information regarding applicants must be released upon request. Finalists cannot be guaranteed confidentiality. The UW-Madison is an EEO & AAE.

Mark Your Calendars!

31st Annual Conference
April 21 - April 24, 2007
The Shores Resort & Spa,
Daytona Beach

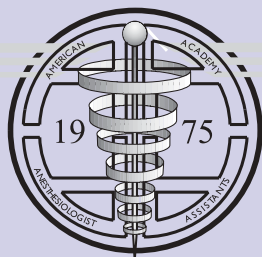
A Noble House Property and
AAA 4-Diamond Resort

Hotel reservation
details and Registration
information to follow!

www.shoresresort.com

REMINDER:

Please review the bylaws proposal that each of you received via US Mail. Ballots must be returned by September 30th to the AAAA Offices.



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.

2006

Sept. 28 – 30 — Phoenix, AZ

HPN Fall Meeting

Visit www.healthpronet.org for more information.

Sept. 28 – Oct. 1 — San Francisco, CA

The Changing Practice of Anesthesia with Anesthesia Simulator Workshop.

(Offering up to 18 hours of AMA PRA category I credits.)

For more information or to register online go to www.cme.ucsf.edu. Or call the Office of Continuing Medical Education at 415-476-4251.

Sept. 29 – Oct. 1 — Myrtle Beach, SC

NCSA Fall Session XXVI Annual Meeting.

“Make My Day: Situations That Complicate Your Job.”

Contact: Rebecca McGhee at 919/821-6698 or rmghee@ncsoa.com or go to www.nscsa.com.

September 30 – Atlanta, GA

(Cobb Galleria)

AAAA Fall Conference (Offering up to 6 hrs of AAPA category I credits)

Register online at www.anesthetist.org

Oct. 13 – Chicago, IL

International Society of Anaesthetic Pharmacology (ASAP) Annual Meeting (Offering up to 8.0 hours of AMA PRA category I credits)

Register online at: www.isaponline.org

October 14 – 18 — Chicago, IL

ASA Annual Meeting

(Offering up to 45 hours of AMA PRA category I credits)

Visit www.asahq.org for more information.

Oct. 30 – Nov. 3 — Kohala Coast, HI

California Society of Anesthesiologists Hawaiian Seminar

(Offering up to 20.0 hours of AMA PRA category I credits)

Contact: Register online at www.csaq.org or call CSA at (800) 345-3691

Nov. 5 – 8 — White Sulphur Springs, WV

Twelfth Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care.

(Offering up to 17 hours of AMA PRA category I credits.) Also offering ACLS Course for a maximum of 10 hours of AMA PRA category I credits.

Call the Wake Forest University School of Medicine Office of Continuing Education at 336/713-7701 for brochure and registration.

Dec. 8 – 12 — New York, NY

Postgraduate Assembly in Anesthesiology. (Offering up to 40.0 hours of AMA PRA category I credits.)

Online registration: www.nyssa-pga.org.

2007

Jan. 22 – 26 — Maui, HI

California Society of Anesthesiologists Hawaiian Seminar. (Offering a maximum of 20 AMA PRA category 1 credits.)

Register online at www.csaq.org or call CSA at 800/345-3691

Feb. 4 – 9 — Puerto Vallarta, Mexico

10th Annual Practical Updates in Anesthesiology (Offering a maximum of 25 AMA PRA category 1 credits.)

Register online at <http://cme.med.umich.edu>.

Note: Beginning January 2007, all US citizens must have a passport to enter Mexico, including children.

Feb 17 – 21 — Rancho Mirage, CA

Loma Linda University's 35th Annual Anesthesia Symposium.

Contact Shirley Jones at 909/558-8173 or go online to www.llu.edu/llumc/anesthesia/conference.html.

Feb 21 – 24 — Scottsdale, AZ

Mayo Clinic Symposium on Anesthesia and Perioperative Medicine.

Registration material online at www.mayo.edu/cme/anesthesiology.html.

Feb. 25 – March 2 — Vail, CO

University of Colorado School of Medicine's Colorado Review of Anesthesia and Ski Holiday (CRASH).

Registration materials available online at www.cucrash.com or call 303/372-6301 for more information.

April 11 – 14 — Kauai, HI

11th Annual Spring Conference on Pediatric Emergencies.

Register online at www.sumposiamedicus.org.

April 21 – 24 — Daytona Beach, FL

31st Annual American Academy of Anesthesiologist Assistants Meeting
More information to come.