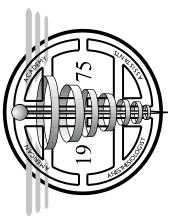
3rd Quarter 2007

The Newsletter of the American Academy of Anesthesiologist Assistants



How Home Depot Can Help the AAAA



Michael S. Nichols, AA-C, AAAA President

Recently I had the pleasure of caring for a patient with a very unique perspective on human interactions and self-motivation. As all of us have undoubtedly experienced, on this particular morning the surgeon performing the procedure was "running late", so I had the opportunity to engage this patient in some light-hearted conversation. After he told me all about his six grandchildren and I performed my fatherly obligation of showing off pictures of my new son, we began to chat about the job from which he had

recently retired. He was a human behavior psycho-analyst, specializing in human response to disaster. Now, just knowing that much, you might presume that was employed by the military, FEMA, the Red Cross, or the like. Believe it or not, he worked for The Home Depot Corporation!

He began to share with me some of the projects in which he participated. He related to me that all Home Depot retail stores are designed and engineered with specifications to withstand the harshest of man-made and natural disasters. Likewise, all of the stores are equipped with massive generators able to provide 100% power to the structure for up to three weeks without stopping. The reason for all of this: research into the human psyche tells us that human nature dictates that we want to help ourselves improve any situation we encounter; likewise, when we can't or don't know how to help ourselves, then that's when problems occur, such as crime, discontent, and aggravation. The Home Depot looks to this research and responds by putting a focus on providing an outlet and mechanism by which, even during disasters, people can obtain the resources to improve their personal situation. This was part of the thinking that led to the company's introduction of their 'tag' line: "...Home Depot: You can do it, we can help..."

To iterate his point, he used the examples of two recent tragic events that our nation has faced: the Hurricane Katrina in New Orleans and the World Trade Center attacks on September 11th, 2001. This gentleman was part of disaster research and federal response teams at both occurrences, so he has first-hand knowledge of the human response to these events. Both were disasters of epic proportions, one caused by Mother Nature and the other as a result of a heinous act of terrorism; both were in large metropolitan cities, both

See "President's Message," continued on page 3

A Busy Summer in Wisconsin6
2007: A Most Eventful Year for
he Emory AA Program7

Advortising and Cony Deadline	
Calendar1	0
JobLine	9
Other News	

Advertising and Copy Deadline for 4th Quarter 2007 Issue:
October 19, 2007

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The Editor's Column

Tiffany Lewis-Roberts, AA-C, co-editor

The Lessons of Labor Day and Ants

Labor Day is often referred to as the "last fling of summer". September 1st reminds us that we only have a few more weeks of a lazy summer to look forward to. For everyone in the workforce we look at it as the last long weekend of the year and give our thanks for the extra day off from work. However, as we celebrate Labor Day with our great family and friends we should be reminded of how the holiday started and how much we as a workforce have evolved. Also, we as an organization should be aware of the lessons learned from the labor movement from which this holiday emerged.

In the late 1800s, the Industrial Revolution resulted in a booming manufactured goods market and a different method of working. New ways in organizing workforces in factories and plants oftentimes led to extreme working environments. It was not uncommon for the average person to work a 12 hour day, 7 days a week, at very low wages. In addition, working environments were often terrible and child labor was very prevalent. However, in order to create a change in their lives and workplace, workers took an unpaid day off to hold a march or parade that we now recognize as Labor Day. These workers only wanted a better way of life and their efforts and battles have benefited the modern day worker.

So, as we all celebrate Labor Day, we should remember to be grateful for our current employment and strive to organize as a collective group to make our working lives better. As AAs, we are all very fortunate to have great wages, be surrounded by awesome co-workers, and be able to practice anesthesia alongside supportive anesthesiologists. However, as the laborers in the 1800s taught us there is always room for change and this is why the AAAA is so important to us. Just like a colony of ants, we need a sense of organization to move mountains, so to speak. Actually, there is a lot to be learned from ants. The efficiency and organization of this insect is unrivaled. But, what is apparent from observation is whether you are a worker ant or the head of all the hundreds of ants, as long as you are contributing to the organization, progress will always be made in a positive direction. So decide what your role is going to be and stick to it. Whether it's contributing money or organizing the masses, it is all immensely productive because we are a collaborative organization just like the ants are.

While we all celebrate Labor Day we should remember to mow the lawn, do all the chores, have a barbeque, and thank all of those that help affect change in our current colony of AAs.

"President's Message," continued from page 1

unprecedented in of their scale of destruction, and both sudden and without provocation. However, the initial human response and ensuing aftermath reveal a stark contrast.

Although a disaster like the World Trade Center attacks had never befallen the city of New York previously (and God-willing never will again), when tragedy struck there was an immediate and coordinated response involving hundreds of different agencies and thousands of volunteers under a strong leadership structure from the federal, state, and local levels. People of the city were directed where to go for help, volunteers were streamlined into the area in which they could affect the most good, and the governmental and emergency response officials provided leadership in the most vocal and public fashions. The result was that people effected by the tragedy knew where to go, to whom to turn, and how to help themselves and those around them.

Now compare the World Trade Center to the events that we watched unfold in New Orleans immediately after the hurricane ripped through the city and caused the breech of the Lake Ponchartrain levees. Although the federal officials were the same as those that so effectively handled the New York events, the widespread destruction and unprecedented scale of disaster in New Orleans rendered the responders completely useless. It was as if Mother Nature had stiff-armed the nation and we were lying on the turf wondering what happened instead of getting up and running after her. In the ensuing four days before a coordinated response could be initiated, human despair of those trapped in the decimated city led to confusion, aggravation, anger, and eventually crime and violence. The result was that people did not know where to go, to whom to turn, and how help those around them.

The corollary for the AAAA is two-fold: what will be our response to 'tragic' events affecting our profession in the future and if we don't help ourselves who will? I preface this comparison by stating that the similarities I draw between the events faced by the AAAA in no way compare to the tragic loss of life and property in New York and New Orleans, but are merely used to show a link between how we handle crisis in our profession. That said, I pose the question to each of you: "Why do we wait for a crisis to occur before we start to respond and then wonder why we weren't prepared?"

Our crises come in the form of challenges to our practice (i.e. Ohio and South Carolina) and misinformation campaigns by those that oppose our profession (eg. AANA). Why did it take cease-and-desist orders from a court before AAs in Ohio and South Carolina came together as a productive unit, forge strong relationship with governmental officials, and affect positive change for the profession? Why are we surprised when the AANA runs an ad defaming our profession or challenging our credentials? The answer is that until one of these crises directly affects us, we lay low and try to fly under the radar...thinking that it will never happen to us. Prior to September 11th, 2001,

this country presumed invincibility against attack and thought terrorism was something that happens half a world away; on August 28th, 2005, the citizens of New Orleans watched as Katrina raced through the Gulf of Mexico, never thinking that the levees would ever fail. We were proved wrong in those incidents, and we will continue to be proven wrong with regards to AAAA if we don't start acting now to prepare for the eventuality of our crises. I ask you to imagine a doomsday scenario in which there is a challenge to the practice rights of AAs in the State of Georgia, and tomorrow morning 300+ AAs wake up to find that they can no longer practice! Would we cower and let what happens happen, or would we come together to once again fight those that oppose us? If the answer is the latter (and I hope it is), then why would we wait for this picture to develop before taking action? Shouldn't we be solidifying our relationships with our ASA state component societies, our local and state legislators, and our hospital administrators such that we incorporate ourselves as an invaluable and integral part of the anesthesia community in our local area?

The difference between the horrific events of August 29th, 2005 and September 11th, 2001 is that we are in the unique situation of being able to look to the horizon and see our attacks or storms coming. We know that every piece of legislation we present is going to be opposed vigorously by the AANA and the state NA societies; we know what tactics they are going to use; and we know that they are going to continue to spew misinformation about ourselves. If we had known that the attacks of World Trade Center were going to occur, would there not have been a public outcry and immediate action taken to prevent them? If we had known that the levee on Lake Ponchartrain was going to fracture, would we not have shored it up immediate to prevent the disaster? We as practicing AAs in this country can take immediate and decisive action to prevent and/or prepare for future crises for our profession. The AAAA, your relationship with the hospital and anesthesia groups you work for, and political involvement in local, state, and national government is your mechanism to do just that.

In light of the two historical disasters that I have used to iterate my point in this article, and for many more I did not touch on, Home Depot has made the strategic decision to be that beacon of light when all else is dim; to be open for business when everything around is abandoned. They do this so that people in the midst of a disaster can find hope in helping themselves and they can do something to improve the situation they're facing. But all Home Depot can do is provide the instrument to effect change, it is up to each individual person to take advantage of this and become the machinery that affects change instead of a victim of the circumstance. So too can the AAAA provide you, the practicing AA, with the mechanism to better your profession for present and future generations, but it is up to each of us to step up and add our strength to make the organization, and the AA better. "You can do it...the AAAA can help..."

Inside AAAA

Elections for 2008 AAAA Board Positions

Ellen Allinger, AA-C, Nominations & Elections Committee Chairman



Elections for all open Board positions to start on January 1, 2008, will be held between September 1st and September 30th. Every fellow member of the AAAA is eligible to vote in this election. Official ballots will be mailed to your last known address that the AAAA office has on record. If you do not receive a printed ballot by September 10th, please contact the AAAA office at 1-866-328-5858.

Four Board positions are up for election. These positions are: President-elect, Secretary, and two Directors (seats #4 & #5). A valid ballot is one that casts no more than one vote each for the

positions of President-elect and Secretary, and no more than two selections for Directors. Any ballot indicating more votes than this for Board positions will be

considered invalid and not included in the election count.

Per our organizational bylaws, the Nominations and Elections Committee is required to select a slate of recommended candidates from all consenting nominees. This slate, in the committee's opinion, reflects those candidates most appropriate for each position and is included in the instructional letter enclosed with the official ballot. This slate serves only as a guide to the fellow membership for voting purposes and in no way dictates who will be elected. Write-in votes are also allowed. However, what often happens is that people's names are written-in who are not eligible for that position because of bylaws requirements or because they already hold a Board position. Also, please realize that some nominees have declined their nomination and therefore do not appear on the ballot.

Please consider carefully the full import of your vote before casting your ballot. As in all elections, your eligibility to vote is a privilege and should be utilized as your voice in determining your AAAA leadership representation.



Inside AAAA

Public Relations Update

Al Rothstein

Having completed our article "How to Hire an AA" we are now distributing it to different state component anesthesiologist societies. The Florida Society of Anesthesiologists has already agreed to publish it. It is also on the AAAA web site at www.anesthetist.org.

We are currently working on an article for the newsletter of Florida's association of peri-anesthesia nurses, FLASPAN, a "getting to know you" article that describes the critical interaction between AAs and perianesthesia nurses. It is our way of reaching out to more of our colleagues, educating them on our high level of training and skills.

We have also shared our spokesperson training tips with the AA Educational Program Booth for the American Society of Anesthesiologist Annual Meeting in San Francisco in October.

Office of Communications Update

Lauren Hojdila, MSA, AA-C, Director of Communications

The Office of Communications is continuing to assist in keeping the membership up-to-date with all AAAA happenings. Some of the upcoming items are:

American Society of Anesthesiologists Annual Meeting held in San Francisco, California, October 13 – 16th, 2007. There will be many AAAA leaders attending this meeting representing the AAAA in ASA events as well as attending the AAAA 4th Quarter Board Meeting. All of the AAAA membership is welcome to attend the ASA meeting which is filled with excellent CME presentations, the largest anesthesia exhibit show, case presentations, and the wonderful city of San Francisco with all of its treasures. If you would like more information about the ASA meeting please log onto www.asahq.org and follow the link to the Annual Meeting page.

There will also be articles that are published in various news outlets across the country that highlight the AA profession. "How to Hire an AA" is just one of a few new articles that have been added to the AAAA website under the Media Resources Room.

It is almost time to start renewing your AAAA membership for 2008! Can you believe that we are 3 months away from the New Year? Don't forget to continue your contributions to President Michael Nichol's and the AAAA's 2.3% Plan for AAs which includes membership in the AAAA and ASA, donations to the AAAA Legislative Fund and the ASA-PAC, and finally attending the AAAA Annual Meeting. Your involvement in the 2.3% Plan ensures that our profession will grow by leaps and bounds!

As always if you are interested in assisting the Office of Communications to help with disseminating the AAAA information to the membership as well as to the public please contact me at communications@anesthetist.org. If there is an idea that you have for our committee please send it to the above email address as well. Have a safe and happy fall.

AAAA Affiliate News

Anesthesiologist Assistant Program at Nova Southeastern University Enters Second Year

Lauren Hojdila, MSA, AA-C Assistant Professor, NSU Anesthesiologist Assistant Program

37 new students joined the NSU AA Program on June 4, 2007. These new "First Years" are the second class that has been admitted to this program. The new class is comprised of students that have all sorts of backgrounds. Some have just graduated from their undergraduate degree, while others have past careers such as a lawyer, pharmaceutical sales rep, researcher, nuclear medicine tech, and anesthesia tech. The students have come to southeast Florida from all over the US. The 1st year class has missed beautiful weather outside while inside they were studying human anatomy, physiology, introduction to clinical anesthesia and principles of airway management.

NSU's 2nd Year class, comprised of 29 students, is currently finishing their internships in an anesthesia related field to assist with the understanding of our profession. Some of the internships that the students are participating in are: anesthesia billing, veterinary anesthesia, anesthesia practice management, cardiac catheterization lab, perfusion services, anesthesiologist assistant program management, sedation dentistry, pharmacy services, and the blood bank. Then, beginning in September, our 2nd Year class heads out to their clinical rotations all over the country to enhance their anesthesia education and to learn all about the subspecialties of anesthesia. Many of our students will also be attending the ASA meeting in San Francisco, California to enrich their anesthesia education.

The Anesthesiologist Assistant Program at Nova Southeastern University has recently been featured in the campus electronic newsletter, SharkBytes, and the Independent Colleges and Universities of Florida Newsletter. There have also been newspaper articles in the Palm Beach Post and the Miami Herald about the program and the increased access to anesthesia care for the Florida residents with the licensing of the AA profession in the state. To enhance the anesthesia education of our students NSU just recently purchased its second MetiMan, which is an anesthesia patient simulator.

A Busy Summer in Wisconsin

Sara Strom, WAAA president

It has been a great summer in Wisconsin, and the Wisconsin Academy of Anesthesiologist Assistants (WAAA) Board has been busy. In May, the WAAA Board met with the Wisconsin Society of Anesthesiologists (WSA) Board and presented information about the WAAA, as well as our goals. The WSA recently invited AAs to attend the WSA Fall Meeting in Door County, which is very exciting! In addition to this invitation, a WSA sub-committee has recently been created for AA issues to be addressed. This is a huge step for future

dialogue and shared endeavors between the WAAA and the WSA.

The WAAA is currently applying to be a component academy of the AAAA. We hope to hear back soon about whether or not our application was approved.

The WAAA currently has fourteen active members. Please visit our website at www.wisconsinaaa.org and let us know what you think. We are constantly updating sections of our website, and we would love to hear from you.

AAAA Affiliate News

2007: A Most Eventful Year for the Emory AA Program

Stephanie Dixon

"New" has been the theme for 2007 at Emory: new home, new graduates, and new faces. In February, after having a presence on campus for over thirty years, the Emory AA Program moved into its new 11,000 square foot home in the Executive Park office community. The facility was designed to accommodate both the growing class sizes, addition of faculty and the technology demands of an interactive learning process. The Emory AA program's new home features a 64-seat auditorium equipped for videoconferencing, a second 40-seat classroom, 24-hour access to two student study rooms, and an OR simulation lab.

In June, Emory University's AA Program hosted an open house officially celebrating the grand opening of the new facility. The program was honored by the presence of Dr. John Steinhaus, who helped conceive of the idea for the Anesthesiologist Assistant profession and the Emory University AA Program. The program dedicated its primary classroom to Dr. Steinhaus. He shared his perspective on the history and evolution of the profession from its infancy. Those in attendance were also delighted by remarks from Dr. Wesley Frazier, who held the position of Program Director of the Anesthesiologist Assistant Program for 26 years. Dr. Frazier conveyed invaluable insight into the political climate through the formative years of the profession. The auspicious occasion was well attended by special guests, university administrators, faculty, students, alumni and the contractors that made the build-out a success.

In August, we said farewell to 29 new graduates at our thirty-seventh annual commencement ceremony. Ellen Allinger, MMSc, delivered this year's commencement address. Mrs. Allinger's speech was a timely assessment of the professional



Students working in the simulation lab



From left to right: Dr. Steinhaus, Dr. Hall and Dr. Hug at the Emory AA Program Open House



The Emory AA Program's new home

climate for AAs, underscoring the recurring theme of change within the profession. Mrs. Allinger was an extraordinary choice for our program's commencement speaker; students were familiar with Mrs. Allinger because she was proactive in involving those students in AAAA and exposing them to the political process of promoting the AA profession.

Also in August, the program welcomed an unprecedented 46 new students into the 2007-2008 academic year. The new students traveled from 10 different states, some coming from distances as great as California and Texas, and their ages range from 22 to 45 years. Their backgrounds are richly diverse, ranging from anesthesia techs and teachers to police officers and real estate agents. The students had organized study sessions and social gatherings long before they matriculated; they are truly eager to begin the program.

As Mrs. Allinger stated in her commencement address, change is inevitable. Change has never been as exciting as it has been for the Emory AA Program this year!

Please note our new address: Master of Medical Science Program in Anesthesiology, Emory University School of Medicine, 57 Executive Park South, Suite 300, Atlanta, GA 30329. Phone: 404.727.5910.

The Students' Page

An Advanced Practice Registered Nurse's Perspective of His AA Education

Brad Oakley, RN, ACNP, AA-S

As I approach the start of my second year as an AA student, I have been reflecting on the differences in my AA and my Advanced Practice Registered Nurse, or APRN, education. Here is a little bit about myself. I was an ICU nurse and then became an acute care nurse practitioner specializing, first, in adult and pediatric liver transplant, and then in cardiothoracic surgery. To date, I feel my AA education has been much more intense than my APRN education, and it has added a great deal to my knowledge base. To me, my APRN education didn't teach me much more than I already knew as an experienced ICU nurse.

When I compare the class names on paper between the two specialties, they do not seem that different. In both specialties I have taken advanced pathophysiology, pharmacology, and numerous classes on managing certain patient populations. I feel that the difference is that I need to know the information much more in-depth for the AA program.

There are some classes I took in the AA program that I feel would have been beneficial for my APRN education, such as a higher level anatomy and physiology and classes going over monitors that we use. My APRN education relied on the fact that I was already an RN and had taken undergraduate anatomy and physiology courses. There was very little education with regards to monitors in the APRN track. Again, it seemed the program relied on previous RN experience and familiarity with such devices as PA catheters, ventilators, and ICP monitors.

There is one class I took as an undergraduate and graduate nursing student that I wish would have been taught in the AA program: physical assessment. Since most people going into the AA profession have little or no medical background, I feel this class is essential to providing quality care. Good physical assessment skills are vital for any advanced practitioner. There have been numerous times in the past that my physical exam did not match with a value the monitor was displaying. The rule I was always taught was to "treat the patient and

not the number." Someone who has inadequate physical assessment skills may tend to rely on and treat numbers only, which can lead to poor outcomes.

Overall, I have been very pleased with my AA education. To me, the information has been taught on a more in-depth level than any undergraduate or graduate nursing course I have taken. Don't misunderstand me – I am not saying my APRN education was easy. I just feel that sometimes nursing relies too much on past work experience rather than teaching the material comprehensively.



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(permanent or locums work), Savannah contact: Sandra Hineline or Glenn

Womack 912-355-7214 or shineline@savannahanesthesia.com

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Waycross and

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jimweeks@taagusa.com

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St. John's Mercy Medical Center, St.

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Texas

Greater Houston Anesthesiology, P.A., Houston

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713-458-4262 or

kchalkley@choosegha.com

About JobLine Listings

JobLine is a free service provided to potential employees of AAAA members. For more complete information, current members can visit JobLine on the AAAA web site at www.anesthetist.org.
Anyone wishing to post a job opportunity should contact Kris Tindol at kwtindol@comcast.net or Kari Glisson at kari@anesthetist.org.

Save the Date!

AAAA 32nd Annual Conference

April 26 - April 50, 2008

Hilton Oceanfront Resort, www.hiltonheadhilton.com

Hilton Head Island, SC

Make your room reservation now by calling 1-843-842-8000 or 1-800-HILTONS.

Don't forget to mention AAAA! Room Block open by July 1, 2007.

Make your reservation by April 4, 2008 to receive the group rate.



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.

2007

Sept. 14 – 16 — Cincinnati, OH

Ohio Society of Anesthesiologists Anesthesia Update 2007.

For more information go online to www.osainc.org.

Sept. 14 – 16 — Houston, TX

The 11th annual Society for Airway Management Scientific Meeting.

Sponsored by The University of Texas M. D. Anderson Cancer Center.

For brochure and information, go to http://samhq.com/meeting.php.

Sept. 28 – 30 — Asheville, NC

North Carolina and South Carolina Societies of Anesthesiologists Fall Session XXVII (Offering up to 10.0 hours of AMA PRA Category 1 Credits). Jointly sponsored by the Wake Forest University School of Medicine and the North Carolina Society of Anesthesiologists. For more information go online to www.ncsoa.com

Oct. 13 – 17 — San Francisco, CA

ASA Annual Meeting Information available at www.asahq.org.

Oct. 28 – 31 — Hilton Head Island, SC

Thirteenth Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care (Offering a maximum of 17 hours of AMA PRA Category 1 Credits) with optional ACLS and Regional Anesthesia workshops Oct. 27 – 28. Sponsored by Wake Forest University School of Medicine.

For brochure call Wake Forest University Health Sciences at 336/716-2712.

Nov. 1 – 4 — Augusta, GA

20th Annual Southern Region Burn Conference.

Hosted by The Joseph M. Still Burn Center at Doctors Hospital.

To register or learn more about the conference, contact the Southern Medical Association at www.sma.org or call 1-800-423-4992.

Nov. 2 — Chicago, IL

Illinois Society of Anesthesiologists Midwest Anesthesiology Conference (MAC). For more information go to www.isanesth.org.

Nov. 2 – 4 — Monterey, CA

The 18th Annual UC Davis Anesthesiology Update (Offering a maximum of 21 AMA PRA Category 1 Credits).

Sponsored by UC Davis Heath System Office of Continuing Medical Education and Department of Anesthesiology and Pain Medicine

Register On-line at http://cme.ucdavis.edu/conferences

Nov. 2 – 6 — Paget, Bermuda

Massachusetts Society of Anesthesiologists Current Issues/Updates/Review. For more information go to www.MSA-Hq.org.

Nov. 10 — Bloomington, MN

Minnesota Society of Anesthesiologists – Fall Conference – An Update on Current Issues. For more information contact rlobeck@mnmed.org.

Nov. 10 - 11 — Phoenix, AZ

ASA's Transesophageal Echocardiography & Vascular Access Workshop (Offering a maximum of 15.25 AMA PRA Category 1 Credits).

Register by October 1st by contacting the ASA Executive Office at 847/825-5586 or by email to m.teister@asahq.org.

Nov. 28 – Dec. 2 — Naples, FL

Survey of Current Issues in Surgical Anesthesia. (Offering a maximum of 32.25 hours of AMA PRA Category 1 Credits). Sponsored by Cleveland Clinic Division of Anesthesiology, Critical Care Medicine, and Comprehensive Pain Management. For further information, go online to www.cl evelandclinicmeded.com/surgames07 or call 1-800-238-6750.

Dec. 7 – 11 — New York, NY

Post-Graduate Assembly in Anesthesiology (Offering up to 40 hrs of AMA PRA Category 1 Credits). Sponsored by the New York Stat Society of Anesthesiologists.

Online Registration available at www.nyssa-pga.org.

2008

Jan. 14 – 19 — Cozumel, Mexico

40th Caribbean Seminar in Anesthesiology. For more information go to www.currentreviews.com

Feb. 3 – 8 — Puerto Vallarta, Mexico

The 11th Annual Practical Updates in Anesthesiology. Sponsored by the University of Michigan Medical School Department of Anesthesiology and approved for AMA PRA Category I Credits.

Visit http://cme.med.umich.edu or call the Office of Continuing Medical Education at 800/800-0666 for more details.

April 26 – 29 — Hilton Head Island, SC

32nd Annual AAAA Annual Conference For information on the meeting site and on Hilton Head Island, go to www.hiltonoceanfron tresort.com. Information on hotel reservations and meeting registration will be forthcoming.

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