

President-Elect's Message

Are We There Yet?

Pete Kalusyk AA-C

As AAAA's incoming president, I have some time to plan for next year by reflecting on where the organization has been and where it needs to go. I'm reminded about an ad agency campaign from the 1990s that stated that "This is not your dad's Oldsmobile." The point of the ad was to sell this car to a younger demographic and that it was hip to own an Olds model car. But in the ad world, all you have to do is try to sell a message without the substance behind the message. The ad message simply ignored all of the effort that went to the newly redesigned Olds.

Well, I would like to use the general idea of the ad campaign and say that this is not your dad's AAAA and it is professionally hip to be a member. A couple of our members can relate to this message as you are second generation anesthesiologist assistants in your family. I would like you and all anesthesiologist assistants to understand the great transitions this organization has gone through to get to where we are today. In my opinion there have been three main transitional periods for the AAAA.

The first transitional period was in the late 80s and early 90s. The AAAA was faced with recent recognition by the AMA as an allied health profession and the formation of the NCCAA to develop the first national board exam for AAs. The challenges for our organization were that it was all volunteer in its management structure, lacking in organizational skills and knowledge because there was no previous generation to act as mentors, a membership that had not really established its professional identity, a strong regional culture as opposed to a focused national professional culture, and lacking any real professional relationships with other medical professions and the ability to access regulatory agencies. To overcome these deficiencies was a daunting task because up until now, like the character Blanche DuBois in Tennessee Williams' *Streetcar named Desire*, our profession was entirely "dependent on the kindness of strangers."

During this time the AAAA leadership realized that in order to expand AA practice to other states we had to assist in selling the concept of a national board exam developed by the NCCAA to the AAAA membership. We had to urge the membership to look at the profession as a national concept and that this certification exam was the ticket to national mobility. The national regulatory landscape had changed dramatically and the concept of national credentialing/licensure was becoming the gold standard by regulatory agencies. At this time AAs were working in 8 states and were licensed in 3 but in those three states AAs were not licensed principally as AAs but were under PA laws.

Secondly, in order to expand nationally, we also had to develop a professional relationship with the principal physician specialty organization for anesthesia, the American Society of Anesthesiologists (ASA). The AAAA had to overcome the ASA's stance of neutrality on the issue of AAs that was adopted in 1980. The first step in overcoming the ASA's benign indifference was to develop a professional relationship with the ASA. One way to achieve this goal was to partner with the two AA educational programs at that time, by setting up an AA information booth yearly at the ASA's annual meeting. This activity led to the development of a professional relationship with the ASA. The ASA relationship development along with the effort to educate our members in accepting the national credentialing concept were the two principal organizational foci during this time.

The next transition happened in the mid to late 1990s. The AAAA was able to successfully establish

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The Anesthesia Record

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The Editor's Column

AAAs Take Off

By Alyson Finamore AA-C
Co-Editor

I've often heard that the art of anesthesia parallels that of aviation, but it was never more apparent to me until just recently in Hilton Head. As I learned in lecture, thanks to Dr. Furgang, and also first hand, thanks to my friends Dave and Soren, I got to see just how similar they are. As anesthetists, we fully understand the importance of preparation, we know an ounce of prevention is worth a pound of cure. Well, let me just say that even though anesthesia gets safer and safer year after year, we haven't come close to the impeccable safety records of commercial airplanes and pilots. So we should thank the aviation industry for setting such a good example of high safety standards, crisis management, simulation training, etc. in which we base our own practice.

The AAAA too has been cautiously preparing. As we carefully navigate toward opening up more and more schools, passing legislation in more and more states, we are bound for exponential altitude. It is a critical time for our profession and we are responsible for maintaining the standard of providing quality anesthesia care. So I challenge you to be a good pilot for our profession, a great start would be to read this newsletter. You will see that it is full of new information about the happenings within our academy, national events, and where the future of our profession is headed. I am privileged to deliver all the happenings to you and I encourage your feedback always.

So, yes, I survived my plane ride around Hilton Head Island thanks to the expertise of two well-trained pilots. I was ignorant (probably a good thing) to just how tricky the landing would be that day. I'll just say it was very windy and I only screamed once. Way to go Soren!



Alyson Finamore, AA-C

Election Time Is Here!

It is time once again to nominate the future leaders of the AAAA to elected office. As Immediate Past President, I have the honor and privilege of chairing the Nominations & Elections Committee. This committee is charged with soliciting nominations for elected office, evaluating the appropriateness and willingness of nominees, and offering to the membership a top-notch slate of candidates to general vote. If you (or someone you know) is interested in getting involved, please submit names through the online submission form, found in the members' section of the Academy website, www.anesthetist.org.

You will need your member login.

Positions available:

President-Elect
Director #6

Treasurer
Director #7

President-Elect's Message, from page 1

a liaison with the ASA through the ASA's Committee on the Anesthesia Care Team. The liaison plus the continuing acceptance of the national board exam laid the groundwork for a further expanded presence within the ASA and expansion of our profession in the country. Shortly afterward the ASA began offering educational membership to AAs and increased accessibility to their leadership.

The AAAA leadership then began to focus a little more inward to expand membership, improve organizationally, and define the roles of the Board and the executive committee. The AAAA realized that the all volunteer model wasn't working well and we needed help in the basic functions related to all organizations. The exchange of boxes of files between officers from one car trunk to another car trunk at the annual meeting, wasn't cutting it anymore. So we hired a small management company and we had an organizational address in a state where no AAs practiced in a continued effort to instill a nationally-oriented culture into our profession.

The Board took an important step at this time in passing the AAAA's first national organizational policy statement. It was a simple statement recognizing the ASA's concept of the anesthesia care team. It helped to solidify the newly-developed professional relationship between the AAAA and the ASA.

However, all of the AAAA's efforts were about to be challenged and strained to the maximum in the beginning of the new millennium. National events were lining up like planets that caused political tidal forces that could've damaged our organization, our national expansion, and our relationship with the ASA.

The first was the Ohio crisis where the Attorney General issued cease and desist orders to all Ohio AAs to stop practicing immediately, ahead of passage of the recently introduced licensing bill for AAs. The bill was passed quickly making the cease and desist orders legally moot. This crisis was quickly followed by an aftershock when the Ohio Medical Board altered 30 years of AA practice in adopting rules that made AAs less marketable in Ohio. Consequently, these rules potentially set a very dangerous precedent for how AAs would function in other states developing new legislation. The Ohio practice rules led to a lawsuit by an AA that challenged the Ohio Board. The lawsuit would ultimately wind up in the Ohio Supreme Court where the Ohio Medical Board's interpretation was ruled invalid.

The AAAA leadership first had to conceptually understand the national implications of the Ohio lawsuit and how to function with a new AA political entity, The Ohio Academy of Anesthesiologist Assistants (OAAA), the first state AA Academy. The AAAA and the OAAA then teamed up to proactively keep the ASA apprised of the details of the situation. The lawsuit was perceived, on the surface, to be an attack on the ASA's anesthesia care team model by both the ASA and some AAAA leadership. The lawsuit preserved AA ability to compete in the marketplace and actually strengthened our relationship with the ASA. The constant communications with the ASA, increased interorganizational trust, and proved that we were ardent supporters of the ACT.

The second situation was the very bitter AA licensing battle that took place in Louisiana where the AAAA allied with the Louisiana Society of Anesthesiologists against the Louisiana Association of Nurse Anesthetists. At times the legislative process looked like a reenactment of the Battle for New Orleans during the War of 1812. The experience in Louisiana solidified the legislative experience we learned during the

Ohio effort.

The third was the concurrent flurry of bills introduced in New Mexico, Vermont, Missouri, District of Columbia, South Carolina, North Carolina and Florida. These situations proved that the AAAA could work simultaneously on multiple legislative fronts for AA licensure.

The fourth event was our effort working with supporters within the Federal Veterans Administration to have AAs recognized formally as anesthesia providers.

The fifth was the acceptance of AAs as recognized providers in the Federal TRICARE insurance program for military personnel and their families.

The sixth was the materialization of a coordinated opposition, by organized professional nursing and their state associations, to any expansion of AA practice anywhere.

The seventh was the formation of a permanent standing committee within the ASA for AA practice issues and it was a tremendous accomplishment. AAs now sit on two committees within the ASA.

The eighth was that the AAAA came to realize the need for a further organizational expansion and hired a larger management firm. Concurrently and very importantly, we hired our first organizational attorney and lobbyist, Dave Paragas, who was instrumental in the Ohio AA Law and personally pled our case before the Ohio Supreme Court.

The Ninth was the expansion of AA educational programs from 2 to 5. I cannot emphasize how critical these expansions were and are to our profession.

I believe that in the latter stages of 2008 that we are entering a third period in our history, based on the previous seven years' experiences. The foundation of this transition first comes with the decision to hire our third management firm. I welcome the Ruggles group as they will be able to handle the increasing complexity of our organizational needs. They have already proven their ability to rapidly respond to the challenges we had to quickly make at the end of last year. The transition has been amazingly efficient and smooth. Mike Nichols and the selection committee did a great job in finding our new management company. Deb Lawson assumed her Presidency in the middle of a complicated and very difficult transition. Ms. Lawson managed the process with finesse and a steady hand.

I believe the AAAA's experience during this time has caused a further crystallization of our national professional culture. The AAAA has become politically sophisticated, proactive, and more dependent on ourselves; participates in ASA policy development; can develop position papers concerning the general welfare of patients nationally; is organizationally evolving; and is actively training leaders for the future. The current transition will have to focus on continued leadership development because the chronological fact is that the first generation will need to hand over the keys. The AAAA has been road tested, off-road tested on the very rugged legislative landscape, it has been re-engineered, its functions enhanced, and options have been increased for the new millennium. We would like to have the next generation of AAs' input as to what you want in the future. Thus, we can give the younger generation of AAs the keys enabling them to drive their profession and this organization in all 50 states. To paraphrase the ad once again, "this is not your dad's AAAA". Enjoy the ride, and remember a lot of sweat went to get to this year's model.

Inside AAAA

32nd Annual Meeting successful in many ways

By Chris Caldwell AA-C
Annual Meeting Chair

In 1981, Bill Gates said that in terms of computer memory that “640k would be good enough for everyone!” At the time it seemed like a great accomplishment, but obviously that wasn’t quite good enough.

A few years ago, the AAAA was happy with about 100 people attending its annual meeting, but just as Bill Gates strived to surpass his original goal, so did the AAAA. At this year’s annual meeting in Hilton Head, SC, the AAAA entertained over 320 attendees!

This year’s meeting was such a success in so many ways. As always, it was great to see and reconnect with people that many of us haven’t seen in some time. It was also nice to visit with our former students and instructors and to see how everyone has been doing. I would like to thank all of our great speakers, sponsors, and exhibitors, for participating, and to all of you that attended, helping to make the 32nd Annual Meeting our highest attended meeting to date.

I would especially like to thank Dr. Roger Moore, President-Elect of the ASA, for speaking to the attendees about the national state of things involving anesthesia. Also, everyone that participated in the American Red Cross blood drive where we donated over twenty-five units of blood, and the over sixty golfers, and sponsors, that helped to raise a nice donation for the Anesthesia Patient Safety Foundation, deserves a nice round of applause.

I’ll wrap things up with the information for the 33rd AAAA Annual Meeting which will be in Clearwater Beach, FL in 2009. Next year’s meeting will begin on Saturday, April 18th at the Hilton Clearwater Beach Resort so mark your calendars and additional information will be coming soon.



ASA President Roger A. Moore, MD accepts a gift from AAAA Past President, Michael S. Nichols, AA-C, at the 32nd Annual Conference in Hilton Head. For more photos from the meeting, please go to www.anesthetist.org.

AAAA 2008 General Business Meeting Report

Ellen Allinger AA-C
Secretary

The yearly AAAA general business meeting was held Sunday, April 27, 2008, at the Hilton Head Oceanfront Resort on Hilton Head Island, SC.

The meeting was called to order at 12:23 p.m. by president Deb Lawson.

Secretary Ellen Allinger thanked the AAAA members for attending the business meeting and the conference. Attending anesthesiologists and AA program directors were recognized as well as the AAAA officers, directors, and committee chairpersons.

President-elect Pete Kaluszyk spoke on Visions for the Future. Pete gave a synopsis of the AAAA’s history from inception to present day, highlighting transition period and times of setback to the profession.

Treasurer Barry Hunt presented the financial report, which was ac-



Enjoying lunch at the AAAA’s annual Business Meeting.

cepted by the membership.

Secretary Ellen Allinger presented the minutes of the 2007 AAAA general business meeting. The minutes were approved by the membership.

Secretary Ellen Allinger presented the agenda for the meeting. The only business item was approval of AAAA bylaws changes. The agenda was approved for adoption by the membership.

President Lawson recognized the AAAA officers and directors and presented them with gifts.

Annual Meeting Committee Chairman Chris Caldwell recognized the following Student Winners for Graphic Design and presented them with gifts: Aileen Fajardo, 1st year student at Nova Southeast University for 2008 AAAA Annual Meeting T-shirt Design and Kevin Queen, 1st year student at NSU for 2008 AAAA Annual Meeting

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Business Meeting Report, from page 4

Student Forum Flyer Design.

Deb Lawson recognized ProMed Assistance Group for sponsorship of the AAAA general business meeting luncheon. ProMed president Sharon Warren noted the company's nine-year participation in the AAAA annual conference, and Sharon drew the winner for the I-pod giveaway.

Deb Lawson presented the first AAAA component academy charter to the Wisconsin Academy of Anesthesiologist Assistants. WAAA secretary Ben Yoder accepted the charter on behalf of the Academy.

Pete Kaluszyk presented Emeritus Membership certificates to AAAA members Ms. Nancy S. Cunningham, AA-C, and Mr. Robert C. Cooper, AA-C.

The 2008 AAAA Honor Awards were presented by various AAAA leaders. This year's recipients were:

- Meritorious Commitment by a Physician – Dr. Thomas Hill
- Distinguished Service by a Physician – Dr. James Gibbons
- Distinguished Service by an AAAA Member – Ellen Allinger, AA-C
- Excellence in Media Coverage Award – Mr. Joe Sinsheimer

After being introduced by Pete Kaluszyk, president Deb Lawson gave the State of the AAAA Address. Deb focused her speech on the improvement of the perception of the AA profession, primarily with anesthesiologists and the American Society of Anesthesiologists. Now the direction of the AAAA relies upon the contribution and commitment of the newer members in order to maintain the high level of professionalism as the AA profession grows.

The meeting was then closed to non-members so that AAAA bylaws changes could be voted upon. Written ballots were distributed to eligible voting members of the AAAA. The bylaws changes and their voting was as follows:

CHANGE #1

To add to Article IV: Directors, Section 4, the following:

B. The Board shall approve all official academy statements.

Number of approval votes: 57; Number of disapproval votes: 0
The bylaws change passed unanimously.

CHANGE #2

To add to Article IV: Directors, Section 10, the underlined portion of the following:

The duties and responsibilities of all elected officials including and not limited to the Executive Committee shall be set by the Board, which may be revised on a regular basis.

Number of approval votes: 57; Number of disapproval votes: 0
The bylaws change passed unanimously.

CHANGE #3

To add Article IV: Directors, Section 17, which states the following:

The Board shall vote and approve the President-Elect's appointees to other organizations.

Number of approval votes: 57; Number of disapproval votes: 0
The bylaws change passed unanimously.

CHANGE #4

To add to Article X: Meetings, Section 1, the following:

A. The locations and dates of the annual meeting shall be approved by the Board.

B. Registration fees for the annual meeting shall be recommended by the Annual Meeting Committee to the Board for approval.

Number of approval votes: 57; Number of disapproval votes: 0
The bylaws change passed unanimously.

There being no other business brought before the meeting, the motion to adjourn was made by Ellen Allinger and seconded. The voice vote was unanimous and the meeting was adjourned at 2:17 p.m.

Students and practitioners attend Job Fair

Well over two hundred students and currently practicing AAs had the opportunity to meet with a wide variety of potential future employers at this year's AAAA Job Fair. For two hours, Job Fair participants could discuss types of practice, salary, and make contacts with people all over the United States. Anesthesia locations included Atlanta, Houston, Wash-

ington D.C., Missouri, and Cincinnati to name a few. There was also the opportunity to meet with Locum companies, a helpful way to ease into relocating or just pick up work in a new area.

Thanks to the following 2008 Job Fair participants. Just think how lucky we are to have employers that come looking for us.

- AmCare Group, LLC
- Anesthesia Advantage
- ApolloMD
- Children at Dallas Children's Medical Center
- Children's National Medical Center
- Christ Hospital of Cincinnati

- Emory Healthcare
- Greater Houston Anesthesiology
- Lighthouse Medical Agency, LLC
- Missouri Society of Anesthesiologists
- Northside Society of Anesthesiologists

- Nova Southeastern University
- ProMed Assistance Group
- Providence Hospital
- TIVA HealthCare
- Washington Hospital Center

Fostering Community Service: A New AAAA Lifeblood

The AAAA has ventured into a new arena this past year with the formation of a Committee for Community Initiatives. As our profession and organization grows, we are obligated to positively impact our local communities. States, new and old to AA practice, have supported us and it is time to give back.

With this goal in mind, I am happy to report that one of our first projects was a huge success. To get this fledgling up and out of the nest, we chose to do a blood drive at the AAAA Annual Meeting in Hilton Head, SC. On Saturday April 26th we paired up with the American Red Cross (ARC) and hosted a blood drive from the hours of ten o'clock to two o'clock in the hotel parking lot. Yes, that's right a forty-two foot traveling bloodmobile! Members from the Hilton Head community, Hilton Oceanside employees, and AAAA members were invited to donate to save lives.

We had a goal of twenty donors, with the maximum the American Red Cross could do in our allotted time frame being thirty-two donors. We had a strong showing with a total of twenty-five donors. Impressively, student representation was high. We thank all that took the time to donate and apologize for any that were turned away because they were TOO busy. Thank you also to the ARC staff and the Hilton Oceanside employees. Everyone appreciated your efforts!

Finally, I hope that this will be the first of many projects to come. If you are interested in doing local projects of volunteerism or community service, please contact us. We are always looking for fresh ideas and new energy. It could be as easy as gathering a team for such organizations as the Relay for Life or local humane society in the AAAA name. Personalize, find your passion, and gather your friends!



Jamila Meah did her part to get AAAA's community initiatives effort underway by giving blood at an American Red Cross Blood Drive on April 26 at the Annual Conference. The academy exceeded its goal for the drive, with 25 donors participating.

Contact Jen Jackson, Vice-Chair for the Committee of Community Initiatives at jacksonaac@hotmail.com.

Attendees benefit from two-part spokesperson training

By **Al Rothstein**, Media Consultant

Sarah Russell AA-C, Communications Committee Chairperson

Lauren Hojdila AA-C, Communications Committee Vice Chair

Thank you to all who attended the Spokesperson Training at our annual meeting in Hilton Head. We decided to break the session into two parts this year, focusing an intensive media training on our Leadership Council and the National Affairs Committee, while targeting professionalism and "Mastering Your Message" to a larger group of students in the student forum.

For the leadership session, members of our National Affairs Committee, Delegate Assembly, and Council on Leadership Development learned how to respond to realistic scenarios they would face with three groups: legislators, the news media, and fellow medical professionals. Specifically, they learned how to personalize their responses for the particular audiences and how to take a negative question and respond with a positive, factual answer. We took participants through several scenarios, such as facing a hostile work environment caused by a lack of awareness of the training and skills of the Anesthesiologist Assistant. Par-

ticipants not only heard, but formed their own effective responses in an on-camera television interview. We emphasized that the best strategy, whether in a media interview, in a legislative session, or in a work situation, is to stick to the facts and talk about your training, safety record, and experience.

The student session of our program was designed specifically to address the issues of professionalism and business etiquette. All of the five AA programs had students attend this session. During the session we also explored some personal experiences that the students encountered while rotating at clinical sites that were unfamiliar with the AA profession. The students shared how they handled the situations so that we all could learn from their experiences. Thank you to all who participated in this session.

Overall the two sessions were very successful in creating an ongoing dialogue of how to best promote the AA profession to our coworkers, legislators, media, and family. A very special thanks goes out to the members of the Meeting Committee for yet another great meeting in Hilton Head Island, South Carolina. We can't wait to see you all again at the 2009 Meeting!

Inside AAAA

1st Annual AAAA Charity Golf Outing

By Carie Twichell, AA-C

Chair, Committee for Community Initiatives

Excitement at this year's AAAA meeting was within the golfers' stroke. On Monday, April 28th, the AAAA hosted its first annual charity golf outing to benefit the Anesthesia Patient Safety Foundation (APSF). Sixty-four enthusiastic golfers turned out to the George Fazio course at Palmetto Dunes, Hilton Head, South Carolina, to have fun and raise money for a great cause.

Despite the rainy end of the day, I'm proud to report four teams showed true dedication and finished the last five holes drenched and "giddy". I've never seen anything like it. As I provided rides for the last golfers, I was met with giggles, and "kids" wringing out their clothes in the parking lot!

The outing provided ample amounts of good old-fashioned competition even before the real golfing started. The birdie-ball contest was won by Cincinnati's Soren Campbell while the putting contest was a genuine hole-in-one for Matt Ciotti (a second year CASE student). The golf scramble itself was won with a final score of nine under par by the very fashionable foursome of: Barry Hunt, Mike Nichols, Shane Latham, and Brad Oakley.

The event raised well over \$2,000 for the APSF and would not have been the success it was without Stewart Hineckley and the entire staff at Ruggles Service Corp. A special thanks also goes out to Jen Biel, the AAAA spousal rep who donated her vacation time to sit in the inclement weather and collect money at the outing.

This was a terrific start to what will hopefully become a lasting tradition for the AAAA. It is a wonderful opportunity to have a lot of fun while giving back to the communities and organizations that support AAs. I hope to see more people (and more colorful team outfits) at next year's golf outing...stay tuned! If you have any ideas for a charity you would like the AAAA golf outing to sponsor or would like to help with the planning, please email me at the address below.

It is my extreme pleasure to list the sponsors of the first annual AAAA charity golf outing. These organizations and individuals went above and beyond to sponsor prizes, student golfers and the event itself. Thank you again to the sponsors and everyone who participated in the outing.



Barry Hunt, Mike Nichols, Brad Oakley and Shane Latham won the First Annual AAAA Golf Scramble at the Annual Conference. The event was held to benefit the Anesthesia Patient Safety Foundation, and raised \$2,000.

SPONSORS:

Aaron Grabovich; Ellen and Gus Allinger; Dave Biel; Case Western Reserve University; Dr. Jim Gibbons; Dan and Mary Hladky (Anesthesia Advantage); Lauren Hojdila; Pete Kaluszyk; Gholam Meah; Mike Nichols; Bill Orr; ProMed; Joe Rifici; Ruggles Service Corp; Space City Anesthesia, LLC (Houston); Rob Wagner; Thomas Hill, MD; Nova Southeastern University; Physician Specialists in Anesthesia, PC; Chris Caldwell; Melanie Guthrie; Kelly Montieth Apollo, MD

Mark Your Calendars!

June 6, 2008 is AA Day.

Get recognized at your workplace and spread a little AA cheer as we celebrate providing quality anesthesia since 1971!



Data Collection Task Force Update

Joseph M. Rifici AA-C, M.Ed.

Have you ever wondered how many practicing AAs there are in this country? Do you know how many of those AAs are women and how many are men? How many AAs practice in the academic setting vs. the community hospital setting? Has anyone ever published an article on AA practice demographics?

As the AAAA continues to push forth its primary agenda of obtaining practice privileges in all 50 states, these questions and many others are asked of AAAA leadership. Unfortunately, we can never answer these questions and many others with any definitive responses.

Consequently, President Lawson has charged me with the formation of a task force whose charge it is to collect as much data about AA practice and demographics that is feasibly possible. I look for interested individuals who are able to devote the time and effort to see this initiative through.

An initial formative survey has already been sent out to AAAA committee chairs and members. The purpose of this survey was to help chart a course of how it is that we will proceed with the mega data collection effort.

An online survey application, SurveyShare.com, has been and will be used as the survey construction and data collection instrument. We intend to 1) hunt down as many practicing AAs as we possibly can, 2) collect the most up-to-date contact information available, and 3) survey

that population on anything relating to practice and demographics that you can imagine.

Information collected in the first round of surveys will lead to subsequent surveys targeting interested stake holders and others influential in the national practice of AAs. The intended result will be a comprehensive amount of data collected that should help paint a more vivid picture of who, why and how AAs are in America.

So this sounds like a daunting task? Absolutely! But it is long overdue and the process is consistent with how we approach so many other important initiatives within our organization—identify a need, formulate a plan and execute a solution, no matter how formidable the course of action.

I am asking you then to offer your support of this important initiative. At the very least, after you read this article, take the time to send to my personal e-mail address: jmrifici@gmail.com, all of your personal contact information. We need your name, status (student or fellow), address, phone number and most importantly, your accurate, up-to-date e-mail address (the one that you expect to have over the next six months).

If you feel that you are interested in helping us achieve our goal by active participation, please let me know in your e-mail that you desire to do so.

Thanks in advance for your commitment to helping make our organization a more professional one.

AAAA NAC Report: State and National AA Issues

By Ellen Allinger AA-C

National Affairs Committee Chairman

As often occurs in the world of AA affairs, this spring has had ups and downs for the AA profession. This report on events is current through May 3, 2008.

STATE ISSUES

Utah

The AAAA was contacted in mid-February for information concerning the AA profession. Upon further inquiry, it was discovered that the information was to aid the Utah Society of Anesthesiologists (USA) with the possible formation of a Utah AA licensing bill. Attempts to gain further information on this endeavor were not productive until the AAAA leadership discovered on Feb. 26th that an AA licensing bill (HB477) was introduced into the Utah legislation and that only one week remained in the state's legislative session. This scenario doomed the Utah bill to failure and the bill died in committee at the end of the session. The AAAA leadership continues in its attempts to contact the Utah Society of Anesthesiologists to offer our knowledge and advice concerning AA licensing legislation.

Because a report of this bill appeared in the ASA's Newsletter, several AAAA members have inquired as to why the membership was not

notified of this activity. In this instance, lack of time and contact with the USA deemed it prudent to focus on establishing a cooperative effort with the USA rather than sending news of a bill without any direction for lobbying to the AAAA membership. We are often constrained by requests for limited participation or, sometimes, outright secrecy by the supporting organization for these AA legislative efforts. Because the AAAA is not the entity in charge of these state legislative efforts, we must honor these requests. The AAAA membership is always informed of legislative efforts and how you can best participate at the first available opportunity.

Oklahoma

Although equally as unexpected as Utah, the AA licensing bill in Oklahoma (SB1577) has been handled in a different manner and has, to date, moved without stalling through the OK legislation. In early April, the Oklahoma Society of Anesthesiologists (OSA) was informed by junior congressman David Derby that an AA bill had been written and introduced by him and that this bill had favorably passed through the Economic and Financial Services Committee of the House. The OSA immediately contacted the AAAA and a cooperative effort was launched. Information on AA education and safety was supplied to the OSA lead lobbyist, and members of the National Affairs Committee traveled to

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NAC Report, from page 8

meet OK legislators and speak to them personally about the AA profession. The AAAA membership was immediately informed of this AA bill and was involved in the lobbying effort as deemed necessary. As a result, SB 1577 passed the House by a vote of 31 ayes to 14 nays despite a late but forceful anti-AA lobbying effort by the Oklahoma nurse anesthetists. At this time, passage of the bill into law requires the signature of the Governor. Again, the OSA and the AAAA are working together to keep the Governor's office supplied with correct and compelling information on the AA profession. If passage occurs, the process of AA licensing will then pass to the OK medical board for creation of an application process as well as promulgating AA rules and regulations for practice.

Florida

Items that affect the AA profession are not limited to AA licensing bills. The AAAA leadership was contacted by an AAAA member concerning the removal of AAs as reimbursable providers from a Florida Medicaid bill, HB 5085. This was done in an amendment to the bill and was missed by the Florida Society of Anesthesiologists (FSA). Contact to the FSA and their lobbyist has resulted in AAs being reinserted into this Medicaid bill. If this bill had progressed to become law without the inclusion of AAs as reimbursable providers, it would have seriously affected the employability of AAs throughout the state. It is unknown at this time what group or person was behind the introduction of this amendment.

This last item brings up a topic that needs to be paramount to all AAAA members. Neither the National Affairs Committee, nor the AAAA leadership, can effectively monitor all states for all possible activity affecting AA practice. AAs need to involve themselves in monitoring these activities and report them as soon as discovered to the AAAA leadership. As previously stated, potential restriction of AA practice is not limited to AA licensing legislation and it can even extend to outside of the arena of legislation. Other areas of possible restriction of AA practice ability involve hospital licensing, medical boards, or other regulatory entities that promulgates rules and regulations affecting the AA profession. The NAC requests that AAs maintain vigilance in these areas.

NATIONAL ISSUES

Veterans Affairs

In the ongoing effort to assist AAAA members in gaining employment within the VA system, the NAC plans to bring this issue to the attention specifically of VA anesthesiologists. Because the bureaucracy of the VA system is frustratingly inefficient, VA anesthesiologists will hopefully be the best advocates for the posting of AA jobs.

In addition, an explanation of the inclusion of AAs in the VA Handbook as well as information on how to find a posted position within the VA system is provided in a separate article in this newsletter. This information will also be posted under the "members section" of the AAAA's website so that it may be referenced easily and updated regularly.

Congressional Anesthesia Bills

Currently being considered by Congress are four bills that directly impact the field of anesthesiology. You may find out more about these bills and their implications under the Office of Governmental and Legal Affairs on the ASA's website at www.asahq.org. Please look at these bills and contact your Senator and Representative to support or not support each bill as indicated by the ASA. Refer to the AAAA's own Statement on Medical Terminology, found on our website under Practice Statements, when writing in support of the "Healthcare Truth and Transparency Act" bill.

INTERNATIONAL ISSUES

Canada

The March 2008 edition of the journal Canadian Nurse contains an article titled, "A Closer Look at the 'Supervision' and 'Direction' of Certified Registered Nurse Anesthetists". Although the article's main focus is upon creating a profession similar to the U.S.A.'s CRNA profession, the Anesthesiologist Assistant profession is mentioned in the following quote:

"In the U.S., there are two non-physician anesthesia roles: AA and CRNA. An AA is an unregulated worker who has completed a post-baccalaureate course in the provision of anesthesia. She or he need not have prior health-care experience, and is able to practice only under the direction and immediate supervision of an anesthesiologist . . . AAs are currently regulated in only one state, and we were unable to locate any outcome studies on this role."

The AAAA will respond to this as there is misinformation contained within the article about U.S. AAs. In addition, there is misrepresentation of the profession, referring to our master's level education and training as a "post-baccalaureate course" and the reference to someone in the AA profession as an "unregulated worker". This subject of the article is further complicated by the fact that Canada's anesthesia assistant, ranging in education from an informal, hospital-based apprenticeship to post-RN or post-RT certificate programs, are also referenced as "AAs".

This Canadian Nurse article drives home a fact that looms larger every day. The shortage of anesthesia providers is not just a nationwide problem, but it is also a global issue. As other countries look into the practicality of finding relief for their own anesthesia provider shortages, there will be further investigation into the U.S. model of anesthesiologist assistants. We must always strive to be sure that the AA profession maintains the highest level of professionalism, education, and patient safety so that it may be a model to others.

Mission trip to the Middle East

By **Chris Becker Schueckmann AA-C, MMSc**
1990 Emory Graduate

My anesthesia journey took me to the Middle East this past March. I was privileged to accompany my department director of The Christ Hospital, Dr. Deanna Dalia on a mission trip to Palestine. The trip was sponsored by the Palestinian Children's Relief Fund (PCRF). The fund provides free medical care for injured children. Volunteers participate in missions to provide surgical care for children in their local hospitals. The political situation in the Middle East continues to be complicated, causing vast economic disparities. Children are the most vulnerable members of society and with more poverty and war-related injuries there is a humanitarian crisis facing the Arab children.

Of course, I had a few question and concerns before taking on this adventure of a lifetime. First of all, where was Palestine? A large part of the country is Israel today and the rest is the military-occupied territories of Gaza and the West Bank. As we all know this part of the world is constantly in the news, so was it going to be safe? The Department of State travel advisory website advises US citizens against traveling to this part of the world. After Dr. Dalia, a Palestinian American, reassured me of its safety, I was on board for a trip of a lifetime.

My final concern was about the conditions in which we would be administering anesthesia. What would the equipment be like? Would we be dropping ether? We all become accustomed to our daily comfort zone in our practice of anesthesia, so this was a big concern of mine.

Our mission was to assist with pediatric eye surgeries. Coming from a practice whose majority of patients are adults, how hard could this be? I figured atropine and anectine would be my drugs of choice to keep handy. But two weeks prior to our departure, the original surgeon cancelled. The organization was able to obtain a plastic surgeon to fill the spot.

We took four large suitcases full of supplies we thought we would need: LMAs, endotracheal tubes, laryngoscope handles and blades, and a few vials of drugs. We collected stuffed animals to give to the children. On our

departure date wouldn't it figure that Cincinnati would be blind-sided by the biggest snowstorm of the year! We were one of the last flights out that day and arrived in Tel Aviv eleven hours later.

Going through Customs provided great insight on the extensive security of Israel. We were questioned for our reason for visiting. We were then taken to the "back room" for more questioning; they were especially interested in why we had so many laryngoscope blades. We arrived late Saturday night to our destination Jericho, West Bank.

We immediately met with our surgeon, Dr. Randy Smith, a plastic surgeon from Augusta, Georgia. He was familiar with AAs and their training and even had some working at his hospital. Dr. Smith briefed us on the patients we would be taking care of over the next five days. He had screened 130 people and chose the ones that would benefit the most. There were a couple of infants with cleft lips, septoplasties and multiple scar revisions from burns needing skin grafts. Our patients ranged in ages from 6 months to 34 years old and had come from all over the West Bank to have surgery.

We began work on Sunday morning. The hospital was actually better than I had imagined. It was built with funds donated by Japan in 1990. There were two

operating rooms that basically resembled ours in the US. The machines and monitors were also familiar... what a relief! They even had diprivan. Isoflurane and halothane were like old friends and the only monitor missing was the ability to measure end-tidal CO₂ and agent. I felt like I was back in school, so many years ago. The anesthesia technician showed us where everything was and how they used the machine, which included making holes in the breathing bag for a makeshift Mapleson circuit. We quickly realized that we were not in the US and needed to adapt to our environment. No more extensions on the IV tubing (they only had a few) and it was back to using needles again. The circuit was reused without a filter as well as the masks and LMAs; we had to wash in the scrub sink. The same syringes were used all day, because you didn't want to waste the drug or the syringe, for that matter. We turned off the machine



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TELL US ABOUT YOUR JOURNEY.

E-mail your story and a photo to Newsletter Co-Editor
Tiffany Lewis-Roberts at tiffy131@hotmail.com

My Journey, from page 10

between cases so that the oxygen supply didn't run out. They were also short on sheets for the OR beds and stretchers, not to mention pillows which is where the stuffed animals came in handy as pillows in PACU.

It was an exciting and rewarding time in Jericho. We performed approximately 50 surgeries in four and a half days. Everyday more people would show up at the OR doors wanting us to operate on them, even going as far as being NPO for days in hope they would be added on. We helped as many as we could, but I kept thinking we could be here for a month and still not help everyone. Those that we did help were so grateful. They would bring us lunch and drinks in the afternoon. One patient in particular heard us talking about riding a camel and told us to call him because his family owned the equestrian center and he could arrange camel rides for us. For all the happy endings, there were some sad cases. Most of the burns were the result of bombings. One boy around nineteen years old had lost his eye (and his brother) from being shot at by an Israeli soldier four years earlier. Dr. Smith said he couldn't help him because of the extensive damage. Another was a beautiful little girl not quite a year old who had a hemangioma on over half of her face. The hope that I saw in her parents' face was shattered when Dr. Smith said he needed a laser in order to help her.

The staffs in the OR, the hospital administrators, and the other surgeons were all wonderful and very eager to learn. They would stay and work with us no matter how late in the evening we would operate. The anesthesia providers were also eager to learn. They were impressed with flavoring the masks for the kids, zofran, glycopyrolate (they had read about it but had never used it) and using diprivan in small boluses for a MAC. We also showed them that LMAs could be used for many cases, not just as an emergency airway.

I also learned a lot, culturally. The Palestinians are very hospitable,



grateful people; and even though they are imprisoned on their own land, they maintain a positive attitude full of dignity and hope for a better future. In one of the travel books they describe a "Palestine Syndrome"; after visiting the area, you feel bonded with the place forever. Even though at times there was a language barrier, I feel connected to the people of Palestine. If asked to return to the West Bank I would be on a plane tomorrow.

I truly recommend, if ever the opportunity presents itself, to take advantage and go on a medical mission trip. It gives you a sense of appreciation of how truly blessed we are in the United States.

Educational News

Nova Southeastern University Update

Lauren Hojdila AA-C
Assistant Professor

The past few months have been very busy in Fort Lauderdale. Our 29 second year students are currently preparing for the NCCAA Exam on Saturday, June 7 and for graduation to soon follow on Sunday, August 24.

I can't believe how fast time has passed and that we are getting ready to graduate our first class from NSU. Most of our second years have already accepted positions with anesthesia groups all over the country. Our 32 first year students are preparing for their final exams for the semester and getting ready to mentor a new first year class that will start on Sunday, June 1.

NSU had over 50 students attend the AAAA Meeting this year to learn first hand about the AAAA and the AA profession. We also had all of our faculty members and Dean Richard Davis attend the meeting.

We are very proud of our first year Jeopardy team who won this year's AAAA Meeting Jeopardy match that was between all 5 AA programs.

The team members were Jeff Hall, Katie Hunt, and Michael Provost. Great job to all of the participants from all of the programs in the Jeopardy event; it was a fun filled hour of anesthesia review that was hosted by Dr. Joel Zivot.

NSU also had the privilege of having two more students in our first year class have prominent roles at the Meeting. Aileen Fajardo had the winning design for the Annual Meeting T-Shirt Design Contest and Kevin Queen's design won for the Electronic Announcement of the Student Forum. Congratulations to all of our students! NSU was delighted to be a Platinum Sponsor of the Annual Meeting and demonstrate our continued support of the AAAA.

NSU also has one last announcement for this newsletter...We are proud to announce to the AAAA Community that we are opening the sixth AA Program in Tampa, Florida, with our first class to begin in June of 2009.



Educational News

Master of Science in Anesthesia Program Update

Joseph M. Rifici, AA-C, M.Ed.

Program Director

Master of Science in Anesthesia Program

Case Western Reserve University

The Master of Science in Anesthesia Program is one of the clinically-based graduate degree programs at Case Western Reserve University, which is located in Cleveland's University Circle, the 500-acre, park-like home of more than 40 cultural, medical, educational, religious, and social service institutions.

The anesthesiologist assistant program at Case is in its 39th year. We began training anesthesiologist assistants in 1969 and will celebrate our 40th anniversary next year. Today we are engaged in efforts designed to help our program capitalize on its strengths and realize even more of its potential. The demonstration of leadership exhibited by our past and present students is one of our strengths, and we are in a campaign to re-engage our alumni and to increase our program's visibility and impact.

Twenty-three of our 26 students have just returned from the AAAA conference in Hilton Head, looking more engaged, tan and relaxed. Our Class of 2008 graduated on May 18. One of our graduating students will be joining two of our alumni, Melanie Guthrie, Program Director, and

Lance Carter, Assistant Program Director, in Kansas City to serve as a clinical instructor for the students in the newest anesthesiologist assistant program at the University of Missouri at Kansas City.

This year, our student body has honored five clinical instructors and faculty with awards, which were given out at our Honors Dinner the evening before graduation. George Yung, AA-C, DDS, Gina Haber, AA-C, and Joseph Mader, RN, AA-C, received Outstanding Clinical Instructor awards. Peter Adamek, MD, was named Outstanding Attending, and Michael Altose, MD, Outstanding Resident. Our clinical instructors and faculty continue their impressive dedication to teaching. A large portion of credit for our program's progress rests with the instructors and faculty who understand, embrace, and invest in the importance of the MSA Program's work.

We will be welcoming an incoming class of 13 students on June 2. Our new class is very strong academically and brings with them an average combined MCAT score of 27.6. The motivation and enthusiasm of our Class of 2010 is impressive, compelling us once again to affirm our commitment to excellence in education and to graduating compassionate and highly-skilled anesthesiologist assistants.

Building Toward the Future

Pamela S. Bina, AA-S

University of Missouri-Kansas City School of Medicine

The Anesthesiologist Assistant (AA) program at the University of Missouri-Kansas City School of Medicine is now underway with the charter class that began in January 2008.

Our charter class is small, with only four students, but we have all come to know each other very well in the short four months that we have been here. My classmates and I are very excited for the opportunity to not only be the inaugural class for this program, but also to be the first AA program west of the Mississippi.

We are fortunate to have great supporters in the state of Missouri, in addition to many other anesthesiologists and AAs from around the country. From this support, my classmates and I realize how many people are aware of this new program, and we look forward to the responsibility

of representing the AA profession in a positive manner. Although being a charter class has the potential for walking into the unknown, the faculty, as well as the students, are learning along the way. Our experiences thus far have proven to be extremely interesting, and we cannot wait for the exciting challenges that await us in the near future.

In April, my classmates and I attended the Missouri Society of Anesthesiologists conference and the AAAA conference. We are thrilled at the opportunity to be able to attend these conferences, and enjoyed meeting our supporters and fellow AA students from the other four programs. It was an exciting time to learn about the organizations that we, as students, have joined.

As we near the finish of our first semester, my classmates and I look forward to what is to come. We have learned a great deal in our didactic coursework thus far, and are enthusiastic to apply this knowledge as we begin our clinicals this summer.

Shape Yourself in Your Profession

James P. Lunsford PA-C, AA-S

AAAA Student Committee Chair

Representative to the AAAA Board of Directors

NSU Student Executive Committee President

Over the course of the last year I have had the distinct pleasure of serving as the Student Committee Chair and Representative to the

AAAA Board of Directors. This position has allowed me the opportunity represent the AAAA student members during monthly Executive Committee teleconferences, the biannual Board of Director teleconferences, and in person at the biannual Board of Directors conference held in San Francisco and in Hilton Head Island. The Student Committee members had the opportunities to meet with AAAA President Deb Lawson, past

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Other News

VA Handbook 1123 for Anesthesia Services

By Pete Kaluszyk, AA-C

Information current as of March 6, 2008

Provided by the American Academy of Anesthesiologist Assistants

The Veteran's Administration (VA) finally approved and released its Handbook 1123 for Anesthesia Services on March 7, 2007. This Handbook is significant because it defines the practice of anesthesia, its personnel, protocols, and hierarchy within the Federal VA medical system. The significance of this handbook to AAs is that the VA system, for the first time, formally recognizes Anesthesiologist Assistants as a member of the VA anesthesia care team. The significance of the release of this handbook for our profession cannot be understated. It means that ALL VA medical facilities in ALL 50 states, ALL territories, and districts who utilize the anesthesia care team model can now hire AAs. The March 7, 2007 handbook supersedes the 1998 Handbook and takes effect immediately.

In addition to the release of the Handbook, on March 9th, a job description and a letter to ALL VA Human Resources (HR) Departments was sent briefly defining AA practice and informing them of our history, educational background, etc. This means that if an AA applies for an anesthetist position at any VA medical facility, that VA Human Resources department will/should know what an AA is and how we function. This information was sent in triplicate by different communication means to ensure the information was dispersed completely.

Anesthesiologist Assistants will be classified as a Title 5 employee in the VA system. Anesthesiologists, CRNAs, pharmacists, PAs, occupational therapists, etc are classified as a Title 38 classification. The Title 38 classification was a special niche carved out by the U.S. Congress many years ago. In order for AAs to be placed under Title 38, it would

take legislative action by the U.S. Congress. At this time, inclusion of AAs into a Title 38 classification would be a very long, drawn out, arduous and difficult task. The Title 5 classification gets AAs into the VA system using another employment route.

AAs, as VA employees, would then be further classified under what's called a General Schedule (GS) table which is related to many factors including education that includes salary scales. The GS classification table has fifteen levels numbered GS-01 to GS-15 and AAs would start at the GS-09 level. It was explained to us that the GS pay scale is generally below where the current market salaries are in the private sector. In order to compete with the private sector, VA medical centers apparently can use fiscal adjustments, such as, sign-on bonuses, retention bonuses, locality adjustments, etc. to make the pay competitive. This will have to be negotiated with the site you are applying to and will vary from region to region. We were told also that the VA application process and paperwork can be tedious but patience pays off.

In the new Handbook there is language that will not require an AA applying for a position to have national certification (e.g. NCCA certification) or a state license that is current in any state at this time. HOWEVER, this language is a technicality resulting from the way the VA system applies standards for employment using their internal regulations. Basically, for the handbook to require current certification and licensure, a numeric majority of State statutes would have this requirement for AAs. In other words, for these requirements to be included in the Handbook more than 25 states must have language in their statutes requiring current certification and licensure. Since, AAs are licensed in 10 States and the District of Columbia, those 10 states and the District

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Shape Yourself, from page 12

student committee members, and several committee chairs to discuss various ways to improve student involvement and membership retention at this year's AAAA Annual Conference.

"As a young graduate you have to shape yourself in your profession, and the only way to do this is to become active within your group," stated Gholam Meah AA-C, of Case Western Reserve University's first graduating AA class, who attended an in-service for AAAA Student Representatives Saturday evening. There were over 180 AAAA student members registered for this year's conference, exemplifying a strong student presence.

The Commodore Hall, of the Hilton Oceanfront Resort, was nearly standing room only for this year's Anesthesia Jeopardy. Students Katie Hunt, Jeff Hall, and Mike Provost from Nova Southeastern University proudly took home the trophy for 1st Place in Anesthesia Jeopardy this year. I understand that before this year's conference had officially come to a close the Annual Conference Planning Committee has already located a source for an "official" buzzer system for next year's Anesthesia Jeopardy.

This year's Student Forum took on a slightly different format than that of last year's conference. Various students had expressed interest

in becoming more involved with the AAAA while unsure where to begin or how to get involved. This resulted in the inclusion of a Spokesperson Training session focused on the AA student and a Committee Meeting Panel Discussion, designed to detail the purposes and functions of each committee to those students interested in becoming more active.

Earlier this year the AAAA Student Committee held a contest to design the 32nd Annual AAAA Conference t-shirt. Aileen Fajardo, a junior NSU AA student, submitted the winning design. Sales of the t-shirts exceeded expectations allowing the AAAA Student Committee to make a generous donation of \$393 to the Anesthesia Patient Safety Foundation. In the future we hope to exceed this year's contribution.

I would personally like to express great thanks and appreciation to Marshall Herington, Kelly Smith, and Emilie Libson of Emory Univ.; Maryam Aminzadeh, Katie Hunt, and Phuong Luong of Nova Southeastern Univ.; Danny Mesaros and Gudron Henry of South Univ.; Mary Spencer of Case Western Reserve Univ., and Arthur Misquez of UMKC for all of their hard work and diligence in making the 2007-2008 Student Committee a profound success.

Other News

Handbook, from page 13

do not constitute a numeric majority of the 50 states. HOWEVER, the AAAA was informed that the local VA Medical facilities have the authority to require a current license and national certification as a quality requirement for employment. The VA does not foresee any VA facility hiring an AA who is not currently certified or licensed.

The AAAA inquired whether we could have an access to a database defining which VA facilities utilize the anesthesia care team (ACT) model (anesthesiologist medically directs). We were told that no specific VA ACT database exists, per se, but the VA believes that there are only about 10-15 facilities that do not have anesthesiologists medically directing anesthesia services. These facilities are typically very small and very rural.

There is language in the VA documents that encourages AA educational programs. This could take the form of an affiliation for AA clinical training sites or for programs to be principally based at VA medical centers. This language of educational support is very significant to the future expansion of AA training programs allowing for geographic dispersion of our profession.

Unfortunately, there is one requirement we were not able to have included. The basic entry level degree for the VA system will be that of a Master's Degree relating to anesthesia. AAs with Baccalaureate Degrees will not be candidates for hiring. This exclusion of the Baccalaureate AAs was one of the political fallouts from this very long and very difficult approval process. The AAAA fought for the inclusion but was told that in order for this process to succeed it was politically expedient to have an entry level at a Master's Degree level. The VA had the final say in this matter.

The Department of Veteran's Affairs has listed AAs on their website under their National Anesthesia Service page. It can be viewed at www.anaesthesia.va.gov/anesthesia.

anaesthesia.med.va.gov/anesthesia. Once the page comes up you will notice on the left hand column a tab called "Anesthesiologist Assistants." Click on this tab and you can get additional information about job description, etc.

HOW TO FIND A POSTED POSITION

To look for posted AA jobs, you must go to the website www.usajobs.opm.gov, and then hit the tab "Search Jobs." Under the "Info Center" tab you will notice another tab called "Series Search." Hit "Series Search" and you will enter "0601" in the first box labeled "Series Number Search." You must include the leading zero, otherwise the search will fail. Under this "0601" designation, you will notice that AAs are included along with a variety of scientific and support personnel. You will have to search for an anesthesiologist assistant posting among these other professions.

If an AA job is posted, then you must follow all of the instructions exactly and the posting means there is an active hiring process underway. CRNA jobs are not posted under the "0601" designation. If you are aware of a VA facility posting a CRNA job, and you ask if you can apply for the CRNA posting, the VA Human Resources departments WILL NOT entertain your request. An AA or CRNA posting is strictly for that type of provider and cannot be substituted. You can call a particular VA to see if a VA might have an opening planned. The person to call is the Chief of Anesthesia or, if there is no Chief of Anesthesia, try the Chief of Surgery. Trying to call the Human Resources to see if there MIGHT be an AA position will be fruitless. The VA Human Resources Departments only deal in officially posted positions and not possibilities of positions.

Malignant Hyperthermia Conference scheduled for September

(Sherburne, NY) - Although great strides have been made in the recognition and effective management of an Malignant Hyperthermia (MH) event to keep patients safe, the recent unfortunate death of an 18-year-old in South Florida reminds us that our job to continue to educate everyone we can about MH is not yet complete!

One of the ways we will combat this uncommon disorder that has the propensity to destroy lives is through an Annual MH Mini Teaching Conference. This year's location is being coordinated at the Tampa General Hospital in Tampa, FL and is scheduled for September 27th and 28th 2008.

The goal of the Malignant Hyperthermia Association of the United States (MHAUS) is patient safety. The MHAUS Patient Liaison Committee is excited to be providing this informative meeting for all involved with MH. Our speakers this year will be the President of MHAUS, Henry Rosenberg, MD, CPE from Saint Barnabas Medical Center in Livingston, NJ and Deana Steele, a genetic counselor from Magee Womens Hospital Center for

Medical Genetics Pittsburgh, PA.

The Conference will be coordinated onsite with help from Brian Cowin, RN, BSN who is part of Critical Intervention Educators, Inc. in Tampa, which provides MH training and mock MH codes, to various outpatient surgical facilities throughout Florida and Georgia.

Join us for this timely opportunity to get answers to all the various questions you might have about MH and to experience the many simultaneous tasks involved with caring for a patient experiencing MH, including mixing the antidote, Dantrolene Sodium Injection.

The cost to attend is \$25.00 for Medical Professionals and \$15.00 for MH-susceptibles and their families. Registration information, which will be available through the MHAUS website @ www.mhaus.org and via the MHAUS office 607-674-7901. If you have any questions contact Fay Kellogg at MHAUS office or e-mail fay@mhaus.org.



Calendar of Events

June 9 – 11 – Washington, D.C.

ASA Legislative Conference. For more information go online to www.asahq.org.

June 27 – 29 – Palm Beach, FL

Florida Society of Anesthesiologists' 2008 Annual Meeting. For more information visit www.fсахq.org.

July 6 – 10 – Hilton Head Island, SC

11th Annual Duke Cardiothoracic and Regional Anesthesia Update. Sponsored by the Duke University School of Medicine and offering a maximum of 32 AMA PRA Category I credits. Register online at <http://anesthesia.duhs.duke.edu/ctu>

July 25 – 27 – Hilton Head Island, SC

Georgia Society of Anesthesiologists – Lowering Your Handicap, Raising Your Revenue: the Business of Anesthesia. For more information visit www.gsahq.org.

Aug. 22- 24 – Dallas, TX

Oklahoma Society of Anesthesiologists Annual Meeting. Starting in June, register online at www.osahq.org.

Aug. 31 – Sept. 6 – Vail, CO

New Horizons in Anesthesiology. Sponsored by the Emory University School of Medicine's Department of Anesthesiology. Visit the CME website at www.emory.edu/CME.

Sept. 4 – 7 – Lost Pines, TX

Texas Society of Anesthesiologists Annual Meeting. For more information, go to www.tsa.org.

Sept. 8 – 11 – Nashville, TN

The American Academy of Pain Management. Register online at www.aapainmanage.org.

Sept. 13 – Seattle, WA

Washington State Society of Anesthesiologists Annual Fall Scientific Meeting. For more information, go online to www.wa-anesthesiology.org.

Sept. 19 – 21 – Charlotte, NC

North Carolina and South Carolina Societies of Anesthesiologists 2008 Annual Meeting. Visit www.nesoa.com for more information.

Sept. 19 – 21 – Boston, MA

Society for Airway Management's (SAM) 12th Annual Meeting. For more information, go to www.samhq.com.

Oct. 8 – 11 – St. Louis, MO

Health Professions Network Fall Conference. Agenda and registration will be posted in late summer at www.healthpronet.org.

Oct. 18 – 22 – Orlando, FL

ASA Annual Meeting. Free to all AAs who are ASA Educational Members. Visit www.asahq.org for more information.

Nov. 2 – 5 – White Sulphur Springs, WV

Fourteenth Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care. Sponsored by the Wake Forest University School of Medicine, which designates this educational activity for a maximum of 17 AMA PRA Category 1 Credits. Also offered is a 10 CME-hour ACLS course, limited to 40 participants. For more information, go online to www1.wfubmc.edu/anesthesiology.

Dec. 12 – 16 – New York, NY

62nd Annual PostGraduate Assembly in Anesthesiology (PGA). Visit online at <https://nyssa-pga.net>.

Need CMEs fast? Find free CMEs online at www.cliniciansCME.com or at www.CMEZone.com.

Other News

Gaswork.com Supports AAs

By Megan Varellas AA-C

Never let it be said that letter writing doesn't work. As of Feb. 25, 2008, Dr. Paul Martin, founder and president of Gaswork.com had programmers remove Anesthesiologist Assistants from the category of "other", which contained listings for anesthesia technicians and practice administrators.

AAs now rightfully appear on the same page as MDs and CRNAs. In addition, Dr. Martin has started AAWork.com in an effort to help AAs find the best jobs. As a profession, we must recognize and appreciate those who recognize and appreciate us.

I encourage every AA to urge their employer to use www.gaswork.com

for employment advertisement and to verify that their postings are included in both the CRNA and AA listings. I hope you will take the time to write him an email of thanks at support@gaswork.com.

NCCAA Re-Certification Deadline

If you are a NCCAA certified AA, this message is directed to you. The NCCAA no longer sends out notices reminding AAs to submit their CMEs for retention of certification. The NCCAA's website at www.aa-nccaa.org has all the information and downloadable forms and AAs are expected to utilize this resource to keep up with their certification status.

Opportunities

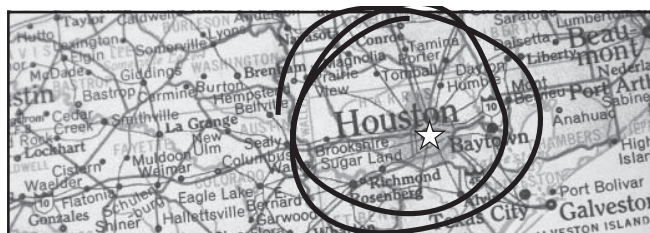
JOBLINE

FLORIDA

Anesthesia Provider Network, Tampa
Contact: David P. Grasso, CRNA 813-728-9334 grasso777@aol.com

GEORGIA

Assistant or Associate Program Director, South University,
Savannah GA
Contact: A William Paulsen, MMSc, PhD, CCE, AAC,
Dean of the School of Health Professions
912 201 8082



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