From swine to simulators: the evolution of AA education and what’s to come
American Academy of Anesthesiologist Assistants

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Features

12 School of Thought
A look at the evolution of AA education and what’s to come from two new programs opening this year

16 Wales, In Comparison
A former student recounts his journey to train with physician assistant-anaesthetists in the United Kingdom

18 So You’re Looking for a Job...
Charts of the Practice and Communications Committee team up to offer solid advice for your first, or next, job search

Departments

4 President’s Message:
The Year in Review
Claire Chandler, AA-C highlights significant AAAA accomplishments from the past year

6 AAAA News
Strengthening Relationships with ASA, Previewing this year’s Annual Conference

8 State of Affairs
State updates from New Mexico, Georgia, Colorado, and Minnesota

10 Student News
Sheridan Scholarship Winner, TSA Day, CWRU D.C. Update

15 For the Record
Jane Andraka, AA-C’s inspirational career story and her scientific award-winning son
By Claire Chandler, AA-C

2012 was by far not a dull year for the AAAA. Without countless hours of dedication from our volunteer leadership and your dedicated membership, none of this would have been possible.

It has been an honor and pleasure to serve as your President since last April during a year of significant change, not only on a broad scale with the implementation of the Affordable Care Act, but also within our own organization. In no way are we yet a fully matured organization, in fact, this is perhaps the most advantageous period for growth our profession has ever encountered.

The AAAA membership continued to expand with over 1,300 certified AAs nationwide. There are currently eight AA education programs producing approximately 180 graduates per year and two new programs are in the pipeline. The 2012 AAAA membership totaled 1,097, our largest yet, with 585 fellow members, 489 student members, 16 physician members, three emeritus members, and two honorary members. Legislative fund contributions topped $34,000, and $28,000 from this fund was distributed to directly support various state legislative initiatives. AAs demonstrated strong support for the ASA in 2012 as well, with 733 student and certified members, and a 37.7 percent contribution rate to the ASA Legislative Conference, totaling 1,097, our largest yet, with 585 fellow members, 489 student members, 16 physician members, three emeritus members, and two honorary members. Legislative fund contributions topped $34,000, and $28,000 from this fund was distributed to directly support various state legislative initiatives. AAs demonstrated strong support for the ASA in 2012 as well, with 733 student and certified members, and a 37.7 percent contribution rate to the ASA PAC totaling over $26,000 in donations. Below are some specific accomplishments, changes implemented, and efforts taken by the AAAA leadership staff, physician advocates, and students over the last year to fulfill our obligation to you, our membership, to advance the AA profession and promote excellence in patient care through education, advocacy, and promotion of the care team.

With the primary goal of expanding AA work opportunities, achieving licensure in Colorado and Wisconsin was a significant accomplishment in 2012. We also consulted with the American Antitrust Institute and many states on AA licensure initiatives. AAAA advocates all year long for patient safety as exemplified by submitting an amicus curiae letter with the Supreme Court of California regarding opt out, public comments to CMS against the proposed measure concerning the appropriate monitoring of patients receiving an opioid via an IV PCA device. Throughout the year, AA leaders attended meetings to promote the profession. The ASA Legislative Conference, gave us an opportunity to speak with various State Anesthesiologist and AAs. AA officers meet with ASA officers every year to request representation on many ASA committees and discuss common goals. Our officers represent you every year at the ASA State Executive Officers Conference to discuss anesthesiologist leaders about AAs and introduce the concept of AA membership in their state societies. AAAA enthusiastically sends representatives when an ASA state society requests our presence to promote AAs in their state. For the first time, AAAA was represented at the PostGraduate Assembly Conference in New York, the second largest anesthesiology meeting in the country. We continued to promote AAs at the ASA Practice Management meeting which offers access to a focused audience of anesthesiology department chairs and potential employers while the AAAA Practice Committee worked with the ASA on a task force to address AA practice expansion. We continued our work with NCCAA and ARC-AA to discuss collaborative advancement of the profession. Development of an AA Practice Profile Survey is underway. AAAA leadership is always seeking opportunities to expand our sphere of influence in the medical community. We requested representation on the Council on Surgical and Perioperative Safety and appointed an AA representative to chair an ad-hoc committee on SAMBA PONV consensus guidelines. The past year brought us closer to our goals of effective messaging through our work with a media consultant and strategic planner. Leadership was able to identify priorities and create a roadmap with specific goals to achieve them, including a new student ambassador program and an upcoming website redesign and rebranding campaign. Two thousand twelve brought us back to aprinted newsletter and students from Nova class of 2013 developed an AA Wikipedia page. Within the last 30 days of drafting this article, the page had been viewed 5,586 times. Always on the lookout for misinformation about the profession, we submitted corrections on AA education and practice to the Virtual Careers Network website and to the editor of Anesthesia & Analgesia to correct information about AAs in the workforce. AAs had a regular presence in the ASA newsletter.

The past year brought its usual challenges to reimbursement as well and we successfully navigated these obstacles. We gained recognition for AAs by the Ohio Bureau of Workers’ Compensation and for Affordable Quality Healthcare, which houses the Universal Provider Datasource. The Tricare North reimbursement issues were finally resolved after a lot of hard work by AA volunteers, and many other state and hospital reimbursement issues were addressed. Concerns regarding AA recognition and payment for services within Blue Cross Blue Shield’s federal employee plan continued to be addressed.

Awards and Donations

Several students raised over $1,200 to purchase pulse oximeters for hospitals in Africa via the Lifelong campaign and received the AA council recognition for their efforts. • Students raised over $3,700 for the Warriors through AA participation in the ASA’s Run for the Warriors. A very generous donation from a single AA member allowed the AAAA to be a sponsor of this event. • Additional AA member contributions were given to the B5 My Heart Charity and the South Texas Blood and Tissue Center from the 2012 AAAA annual meeting fundraising events. • In honor of Mr. Ralph Zerwas, AAAA made a donation to the Wounded Warriors Project. • In honor of Mr. Billy Dietman, a Case student and AAAA student leader, AAAA made a donation to the Leukemia and Lymphoma Society. • Dr. Jay Mesrobian will receive the 2013 Meritorious Commitment by a Physician award at the 2013 annual meeting. • Mr. Richard Brouillard will receive the Distinguished Service by an AAAA Member award at the 2013 annual meeting.

In the coming year, AAAA says goodbye to four of our veteran Board of Directors members Mr Ty Townsend, Ms. Katie Monroe, Mr. Dan Hladky, and Mr. Barry Hunt. Their individual and collective contributions to the organization and the AA profession have been outstanding and we wish them the very best in all of their future endeavors. We welcome the incoming 2013-2014 Board of Directors and Officers with enthusiasm. Dr. Bill Paulsen, Ms. Gina Scabro, Mr. Patrick Bolger, Mr. Jeff Smith, Treasurer, and Ms. Carrie Twichell, President-Elect, are the 2013-2014 Directors and Officers with fresh perspectives will provide new insight and tool for the organization over the next three years. As you can see, 2012 was by far not a dull year for the AAAA. Without countless hours of dedication from our volunteer leadership and your dedicated membership, none of this would have been possible. So thank you all for your outstanding efforts and this opportunity to serve during such an interesting time. May we have an even more productive year to come.
Strengthening Relationships with ASA

AAA CONTINUES TO MAKE GREAT STRIDES WITH EDUCATIONAL INITIATIVES

By Caitlin Burley, AA-S

ON FEBRUARY 14TH, AAAA PRESIDENT-ELECT, SARAL PATEL and I met with American Society of Anesthesiologists (ASA) staff in their Washington, D.C. office to thank them for their generous support and continue to build the relationship between the two organizations. With many new faces on staff, the focus of discussion was AA education. Other topics included National Provider Identifier (NPI) numbers, program education and training, certifying and Continued Demonstration of Qualifications (CDQ) examinations, anesthesia care team model, AAAA membership, and state component academies.

Ms. Patel talked about AA practice within the anesthesia care team approach and fielded questions about perioperative involvement in patient care. Supervision ratios, which vary by state based on state law and Board of Medicine guidelines, were also discussed.

As a current student at Nova Southeastern University Ft. Lauderdale, I explained education and training programs for AAs, reviewing requirements for applicants, as well as program didactic and clinical training. Discussions also outlined the certification process for AAs, including the initial Certifying Examination, and the Continuing Medical Education (CME) requirements and Continuous Demonstration of Quality Examinations.

The AAAA staff was interested in learning about our membership and state component academies. Ms. Patel described the high percentage of student participation and membership within the organization, which highlights the rapid growth of our profession. State component academies continue to expand their involvement in the AAAA.

The ASA staff was eager to engage in conversations regarding advocacy and advancement of the AA profession. I am hopeful that this meeting is another small step towards building that relationship within the anesthesia care team.

Welcome

New Fellow Members

Adrienne Adams
Christian Allen
Melanie Andrews
Mary Katherine
Aronson
Jessica Batson
Kirsten Billing
Uyen Minh Bui
Braden Burleson
Michelle Burnette
Thiba Cadet
Emily Caesar
Matthew Carpenter
Gregory Clark
Jonathan Clifton
Kenneth Colodne
Cara Gunney
Heather Hill
Scott Hill
Annie Jackson
Heather Jackson
Paige Jackson
Young Kim
James Kent Knight
Joshua Jay
Matthew Lewis
Lindsay Logan
Andrea Lupinetti-Regan
Nathan Massel
Alissa Minear
Richard Mudd
Kimberly Newton
Megan Nguyen
Landon Nonni
Andrew Nonni
Michael Owers
Mariah Pryor
Catherine Simonsen
Katlin Stubs
Christopher Thomas
Daniel Thon
Shanna Tahan
Jamiy Trout
Amanda Wright

Layne Paviol Appointed AAAA Director

Layne Paviol, AA-C has been appointed to the Board of Directors to fill Carrie Twichell’s vacant seat in April when Carie ascends to President-Elect. Layne has served as the Chair of the Bylaws and Ethics Committee since 2010. She currently practices in Washington, D.C.

Contact

AAA Annual Conference in Orlando

AN EDUCATION IN VACATION LAND

By Carie Twichell, AA-C

SOMETIMES THINGS NEVER CHANGE and some things couldn’t be more different! That’s the feeling I get when I review the upcoming 2013 AAAA annual meeting schedule. The AAAA and its management company, Ruggles Service Corporation, have a longstanding history of hosting annual conferences in family friendly venues with exemplary service and benefits. The beautiful Caribe Royale Resort in Orlando, Florida, backdrop of the 37th Annual Conference on April 13-16th, is full of amenities, including all-suite accommodations, a massive pool with a water slide, spas, on site fine dining and complimentary shuttle service to Disney Theme Parks and nearby shopping. The beautiful setting and amenities are a given for the annual meeting, so what’s different this year? The BLS/ACLS class is offered on Saturday morning to accommodate members who are only able to attend for the weekend. Preregistration is required and can be done online with your meeting registration. Certificates will be available immediately upon completion of the course.

Another change is the timing of social activities so they don’t coincide with CME events. The 6th annual AAAA charity golf outing will be held on Wednesday, April 17th, from 8:00 am-1:00 pm and the 4th annual AAAA charity 5K run will be Monday, April 15th, at 5:30 pm. We encourage everyone to sign up for these fun and important activities which benefit charities and non-profit organizations that rely heavily on fundraising. This year’s golf outing proceeds will be split between the Anesthesia Patient Safety Foundation (APSF) and the AAAA Legislative Fund. The 5K run will sponsor the AAAA Legislative Fund in honor of our late Case-Cleveland student, William “Billy” Detten. Please come sponsor these extremely worthy causes and enjoy the camaraderie.

One thing that hasn’t changed is the high caliber of speakers. The AAAA never fails to showcase speakers who lecture around the world, author books vital to anesthesia practice and teach the next generation of physicians and physician extenders in anesthesiology. The 2013 AAAA annual meeting will host incredible speakers from the United Kingdom to Washington D.C., from Ohio to Texas and everywhere in between. Topics are widespread and include malignant hyperthermia, obesitive sleep apnea, cerebral oximetry, pediatric airway and pain management, perioperative hypothermia, post-cardiopulmonary bypass hemorrhage, neuromuscular blocking agents, and wellness issues such as alcohol and the brain, brain performance and substance abuse within the medical profession and more.

Certain events may come and go at the AAAA annual meeting but one thing is a constant: the high quality of accommodations and endless amenities will always be partnered with improving service while providing the best speakers and the most up-to-date information to our members.

AAs at the Texas State Inaugural Ball

The Texas State Society of Anesthesiologists held its quadrennial "Black Tie & Boots Inaugural Ball" on January 19th at the Gaylord National Resort and Convention Center in Maryland. Representatives from the AAAA were invited to celebrate inaugural festivities, Texas-style, and are pictured here with AAAA President, Dr. Zerwas.

Current AA Bills and Primary Sponsors

Kentucky: HB428 (Santero/Keene) / SB216 (Denton)
Indiana: SB273 (Miller)
Utah: HB109 (Dee)
Oregon: SB630 (Bates)
Texas: HB2397 (Zerwas)
New York: S2945 (Hannon)
STATE OF AFFAIRS

UPDATES FROM STATE COMPONENT ACADEMIES OF ANESTHESIOLOGY ASSISTANTS

NEW MEXICO

IT'S TRUE! You learn more from failure than success, we would call our legislative effort in New Mexico educational. In a state that has a legislative session every two years, the opposition has twice as long to prepare. We used our time to form a state component society, procure a lobbyist, and begin gathering support.

We put our bill in early in the legislative session and focused our effort in the Senate, instead of the House, where we had met opposition two years prior. On paper, our chances looked good. We had garnered an endorsement from the Health and Human Services Committee, and the Chair of the Senate Finance Committee, Senator Carlos Cisneros who had agreed to introduce and sponsor our bill. Our lobbyist, Roman Maes, had been a state senator for 20 years and passed many having worked with us at the University of New Mexico Hospital. He has become a focal point, even though the majority of senators in the committee represented large urban areas. Senator Griggs, who would later vote yes on the bill, offered that the solution was to allow CRNAs to supervise AAs in these rural areas. Holding back a small percentage of the mid-level providers, we had a caseload large enough to warrant hiring mid-level providers. It was also mentioned that anesthesiologists are not eligible for rural pass-through reimbursement, which is a need in rural mid-level providers to work in underserved areas.

The opposition was divided; it became glaringly apparent that senators pictured us as sidekicks in the operating room assisting anesthesiologists in delivering anesthesia and failed to see why two practitioners were needed. This showed a severe lack of understanding of what we do as a profession in general, not to mention the variety of cases we provide anesthesia for and our need of personnel to care for at our University Hospital, which accepts patients from rural hospitals all over the state, particularly those needing advanced care.

One of the biggest issues facing New Mexico is rural access to healthcare. This has been a reality for the CRNA position for years, which argues that for AAs to practice in rural areas, we would need to recruit an anesthesiologist, and then have to caseload large enough to warrant hiring mid-level providers. It was also mentioned that anesthesiologists are not eligible for rural pass-through reimbursement, which is a need in rural mid-level providers to work in underserved areas. The opposition was divided; it became glaringly apparent that senators pictured us as sidekicks in the operating room assisting anesthesiologists in delivering anesthesia

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GEORGIA

GAAA ATTENDS GSA WINTER CONFERENCE, CHUCK HUFSTETLER, AA-C ELECTED TO STATE SENATE

By Joy Rusmisell, AA-C

HAPPY NEW YEAR! The Georgia Academy of Anesthesiology Assistants is excited to welcome Dr. Chuck Hufstetler to the GAAA team. Dr. Hufstetler, Emory AA graduate class of 2008, has recently been elected to the Georgia Senate, and will serve as a representative for the 43rd district. He was gracious enough to have him representing our interests and encouraging advocacy for our profession.

MISSOURI

UMKC WELCOMES DAN HLADKY, AA-C, GEARING UP FOR ANNUAL MEETING

By Mary Roberts, AA-C, President, MAAA

I AM PLEASED to announce the Missouri Academy of Anesthesiology Assistants and the Department of Anesthesia and Pain Management at the University of Missouri-Kansas City (UMKC) is pleased to announce that Dan Hladky, AA-C, has accepted the position of Anesthesiology program welcomed Dan Hladky AA-C as a full time professor. Dan is a 1974 graduate of CRWC-Cleveland and proudly admits his license is number ten!

Two of his primary focuses are anesthesia "boot camp" for new students and simulation curriculum. In January 2013, UMKC welcomed thirteen new students to the class of 2015 who started clinical rotations at the end of February. The UMKC program had wonderful political exposure in February 2013 when three AA students joined members of the Missouri Society of Anesthesiologists in Jefferson City for Anesthesiologists Day at the State Capitol. Also, the program was honored to have Missouri Governor Jay Nixon visit in June 2012. Over the past year we created a Facebook page, solidified our mission statement, and created a membership database. We are busy planning our annual meeting which will be held on April 6th, 2013 in conjunction with the Missouri Society of Anesthesiologist’s conference in Kansas City, Missouri. The MAAA is offering a free CME credit to all AA-C participants and will host a social after our meeting at a local watering hole. Cheers to a new year!

COLORADO

LICENSURE TO GO EFFECTIVE LATER THIS YEAR - STUDENTS ACCEPTING AA APPLICATIONS, NEW AA PROGRAM

By Stephanie Barnard, AA-C

CONTINUED FINANCIAL SUPPORT through CAA membership or legislative donations are still needed and much appreciated. We continue to focus on pushing licensure and pay our lobbyists for representation in the political arena. The Colorado Medical Board meets this month to discuss our licensure rule draft and to hear comments and concerns from interested parties. Licensure is scheduled to be in place by July 1st of this year, and any resistance will become apparent at the upcoming CMB meeting. The CAA will be working with the Colorado Society of Anesthesiologists to educate anesthesia groups throughout the state about the AA profession, and we will be sharing updates and future job openings in our CAA Newsletter that goes out to all active members. To join, please visit our website at www.ColoradoAA.org.

Currently, Children’s Hospital Colorado and University of Colorado Health are accepting applications from AAs interested in practicing in Colorado. The University of Colorado will be opening an AA program later this year, and Nikki Block has been named Program Director.

THE ANESTHESIA RECORD

March 2013

March 2013
Student News

TSA Day

HOW A CORDIAL APPROACH SPEAKS VOLUMES FOR ADVOCACY AT THE TEXAS STATE CAPITOL

By Long Van, AA-S

On February 11th and 12th, the Case Western Reserve University Master of Science in Anesthesia Houston class of 2014 attended the annual 2013 Texas Society of Anesthesiologists (TSA) Day at the state capitol in Austin, Texas. The event presented us with a unique opportunity to advocate for the promise of AAs in Texas. We were able to speak with legislators one-on-one about our profession. Our class had 100 percent turnout and joined TSA members, anesthesiology residents from Memorial Hermann-Texas Medical Center, and fellow AAs. Although AAs have been anesthetizing Texans for over 15 years with currently over 80 AAs practicing here, we still work under delegatory authority of an anesthesiologist, who ultimately remains responsible for caring for the patient and ensuring an AA is qualified to perform given tasks. Licensure is preferred over delegation because it better defines an AA’s role and scope of practice, provides greater accountability for the provider and ultimately increases patient safety.

Our program Director, Gary Jones, AA-C believes students and AAs must advocate for our profession both politically and in professional affiliations such as the American Academy of Anesthesiologist Assistants (AAAA), the American Society of Anesthesiologists (ASA), and the TSA. As a class, we carry this vision with 100 percent participation in each of the professional affiliations. Our class made up one-third of participating members of the TSA Day at the Capitol! During the first day, we met with members of the TSA to discuss current trends in medicine and legislation, including implementation of the Patient Protection and Affordable Care Act, Mediator in action, and the impact of the November 2012 elections. Our class was able to experience many important aspects of legislation that affect AAs which are often overlooked during our education. The objectives we focused on during our visit to the capitol were protecting scope of practice, licensure of anesthesiologist assistants, truth and transparency, and local anesthesia.

In order to get our message heard, we learned how to formally and cordially approach a representative and a senator. By the end of the day we were all properly equipped to carry on conversations regarding issues we wanted to discuss.

The TSA members were divided into nine groups comprised of several anesthesiologists, anesthesiologist residents, practicing AAs, and AA students. Each group had the opportunity to meet and discuss our issues with up to ten representatives and senators. We all took turns explaining the four main TSA legislative objectives and expressing our concerns for increased patient safety.

The day at the capitol was a great demonstration of teamwork between anesthesiologists and AAs working together toward a common goal. It mirrored our everyday teamwork that can be seen in the successful anesthesia care team model.

I believe the hard work we demonstrated as a class sets an example for the AA community to help contribute to the advancement of the profession by excellence in advocacy, promotion of the anesthesia care team model, and improved patient safety and care through education. These efforts will continue to help promote the vision set forth over 50 years ago by founding anesthesiologists Jooscham S. Graevenstein, John E. Steinhaus, and Perry P. Volpino.

A Running Start

By Samantha Yakey, AA-S

It has only been 8 months since our program started. Nine months for seven faculty advisors and eighteen AA preceptors to teach sixteen students how to be AAs. Since starting in the operating room in June, we’ve had a whirlwind experience from seeing patients daily at all hours—it 3:00 pm or 3:00 am—to learning how to calculate fluid management, give a postoperative report and put in central lines. We’ve had an amazing year so far...and it’s not even over!

Being Washington, D.C.’s inaugural class, we’ve had the privilege of teaching a lot of people in the area what AAs are and how we practice. We’ve learned what it means to be part of the anesthesia care team in the operating room and in our classroom. We have all had the opportunity to work with one another in small group discussions to prepare various anesthetic plans and use them in the simulation lab to hone our skills. Besides learning to become AAs, we had the extraordinary opportunity to live in Washington, D.C., during an election year! We experienced first-hand how the federal government works and how we can impact health care legislation. Just last week we had the opportunity to speak with a legislative worker who educated us about what we can do in our growing field. Although we won’t be scheduling meetings to have coffee in the White House any time soon, we can still make our voices heard on Capitol Hill.

In October, we had the pleasure of being the host city to the American Society of Anesthesiologist's Annual Meeting where we were able to meet the best anesthesiologists from all over the country, explain to them what being an AA means, and hear their lectures. It was just as great to run with them in the 5k on Sunday where our class raised money for the Wounded Warrior project. All in nine short months.

We all look forward to seeing you this year at the AAAA’s Annual Meeting, and if you are ever in the D.C. area, we invite you to hop on the Red Line to come and visit!
Anesthesiologist Assistant Education: History and Present Trends

“The practice of anesthesia calls for two virtues and four abilities. The two virtues are compassion towards patients and respect for coworkers, and the four abilities are comprehension of many facts, grasp of complex concepts, manual dexterity, and quick responses. The virtues grow with maturity, but we must endlessly exert ourselves to acquire, maintain, and improve our abilities.”

J.S. Gravenstein, 1983

By Nicola Cushion Strikowski, MS, MPHc, PhD, AA-C

School of Thought

‘two virtues’ and ‘four abilities’

In 1965, the National Institute of General Medical Science of the National Institutes of Health held a conference on “Gravis in Anesthesia Manpower”. Subsequently, in 1970, Drs. Joachim S. Gravenstein, John E. Steinhaus, and Perry P. Volpitt published an article which analyzed the then shortage of anesthesia manpower (anesthesiologists and nurse anesthetists) and found that there was a crucial need to develop an anesthesiologist-supported anesthesia manpower (PAAs). The authors noted that the graduates were capable of managing a broad range of anesthesia procedures, such as open-heart anesthesia and the new PAAs benefited the patients because they possessed “additional technical expertise” and patients “received additional personal care”. In 1970, a pilot anesthesiast program was initiated at Emory University Medical Center in Atlanta, GA. Subsequently, in 1978, Emory University transitioned the program in the mid-1980s to a baccalaureate premed program with an anesthesiology focus. It was designed to allow interested applicants to complete a baccalaureate degree and enter anesthesiology training. All PAAs now have at least one high-fidelity patient simulator (HFPS) which is used to teach clinical techniques and assess the patient. The use of HFPSs for teaching is quite prevalent, especially in the medical school. Anesthesiology residents are now required to complete a minimum of 2,000 clinical hours per year of anesthesia training. The AAs in the program now have a defined lab-simulation curriculum, and many programs now include an intensive care unit rotation. Graduates must complete a minimum of 2,000 clinical hours per year of anesthesia training.

Gravenstein was one of the primary pioneers of anesthesiology residency training. He was instrumental in the development of anesthesiology residency training programs and was among the first to advocate for the use of patient simulators. Gravenstein, along with his colleagues, helped to develop the first anesthesia residency training program. Today, there is a large-body of research that has validated the utility of anesthesia training on recruitment and training of clinical anesthesiology residents. The Commission on Accreditation of Allied Health Professions (CAAHP) has established standards and guidelines for the Accreditation of Educational Programs in Anesthesiology Assistant. 2004. The Commission on Accreditation of Allied Health Professions (CAAP) Accreditation Review Committee for Education for the Anesthesiologist Assistant Program.

References
9. Standards and Guidelines for the Accreditation of Educational Programs in Anesthesiology Assistant. 2004. The Commission on Accreditation of Allied Health Professions (CAHP) Accreditation Review Committee for Education for the Anesthesiologist Assistant Program.
Two New AA Programs to Accept Students in 2013

WELCOME QUINNIPIAK UNIVERSITY AND UNIVERSITY OF COLORADO

Quinnipiac University

By A. William Paulson, MMSc, PhD, CCE, AA-C

Program Director

at checkout or during a case. (You remember the machine failures at 3:00 am while the patient is crashing during a difficult abdominal aortic aneurysm?) The program has taken a different approach to first-year clinical learning. As in many programs, students will begin serious clinical rotations in the second semester. The Quinnipiac program bundles first year clinical rotations at the end of semesters two, three and four. In a traditional 13 week fall semester students will attend classes, observe clinicians, complete pre-exam learning experiences, simulations and skills labs during the first 10.5 weeks. The 4.5 weeks at the end of the semester will be strictly clinical. Students will leave campus and move to the campus located in Connecticut and focus 100 percent on daily clinical activities, much like everyone does in clinical rotations in the last year of the program. This intensive clinical eliminates conflicts for students related to preparing for exams the night before and being in the operating room the day of exams, having to read course material instead of preparing for the next day's clinical assignments, having to create lab presentations and other distractions from the clinical experience. Also, the faculty is provided with uninterrupted time to prepare lectures for the next semester, instead of scrambling to create lecture plans during the first 10.5 weeks. The last first-year clinical assignment occurs in the fourth semester and is 7.5 weeks, half of the fourth semester.

Students will complete BLS certification during the first semester, and ACLS and PALS certification prior to starting the fifth semester. Students will take a comprehensive two day written exam of eight modules, and participate in up to three simulation scenarios intended to demonstrate their level of clinical competency before entering their clinical year in the fifth semester. Students will sit for the Certification Exam in the seventh semester, and upon successful completion of the last year in the program students will graduate in August.

University of Colorado

By Nikki Block, AA-C

Program Director

For the Record

Jane Andraka, AA-C

BECUSE HE WAS ONLY fifteen, it was incredible that he was moments away from fulfilling his childhood dream. He heard “Medicine and Health Sciences” and knew he had won. Jack Andraka sprang from his seat in the packed auditorium, eyes wide, mouth agape, hand to heart, and ran toward the front of the room with such elation he nearly knocked over his own personal assistants. As the audience clapped and fellow AAAs felt a sense of responsibility to continually work to keep the profession viable. Despite their efforts, there was a time when they lost their ability to work in Ohio, a period Jane describes as a “blow to her pride.” Anesthesiologist assistants showed up to perform anesthesia, but instead were relegated to stockeeing shelves. Determined to get their jobs back, they succeeded with letter writing campaigns and congressional testimony. Jane never gave up on what she considers to be the best career choice.

Jane met her husband, Steve, a fellow raft guide on the rivers of West Virginia in 1989. At the time, he lived in Maryland while she worked in Ohio. Before Washington, D.C. allowed AAs to practice, Jane traveled between the two states. A ticket on Southwest Airlines cost $19. She credits her hospitable AA friends for allowing her a place to stay. As a AA she wrote letters, and be a knowledgeable and persistent. There have been, and will be, many ups and downs for AAs, but don’t give up on your career. “Medicine and Health Sciences” and knew he had won. Jack Andraka sprang from his seat in the packed auditorium, eyes wide, mouth agape, hand to heart, and ran toward the front of the room with such elation he nearly knocked over his own personal assistants. As the audience clapped and fellow AAAs felt a sense of responsibility to continually work to keep the profession viable. Despite their efforts, there was a time when they lost their ability to work in Ohio, a period Jane describes as a “blow to her pride.” Anesthesiologist assistants showed up to perform anesthesia, but instead were relegated to stockeeing shelves. Determined to get their jobs back, they succeeded with letter writing campaigns and congressional testimony. Jane never gave up on what she considers to be the best career choice.

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During the summer after winning the Intel ISEF, the soon-to-be high school sophomore gave TED talks, interviewed with Inside Edition, conducted clinical trials, worked on a patent, and still had time for summer camp. Jane continues to promote achievement in her sons and the AA profession. She sees similarities between scientists and AAs, who she believes should both be able to support their decisions with data. Her advice to AAs believe in yourself and the profession and do everything you can to achieve the highest level of professionalism. ‘ ‘Give, back, write letters, and be a knowledgeable and persistent provider. She believes AAs need to be tenacious when it comes to maintaining and expanding licensure. ‘ ‘Chart your own course,’ advises Jane, ‘hold your head high and be persistent. There have been, and will be, many ups and downs for AAs, but don’t give up on your career.’ ‘ ‘Medicine and Health Sciences’ and knew he had won. Jack Andraka sprang from his seat in the packed auditorium, eyes wide, mouth agape, hand to heart, and ran toward the front of the room with such elation he nearly knocked over his own personal assistants. As the audience clapped and fellow AAAs felt a sense of responsibility to continually work to keep the profession viable. Despite their efforts, there was a time when they lost their ability to work in Ohio, a period Jane describes as a “blow to her pride.” Anesthesiologist assistants showed up to perform anesthesia, but instead were relegated to stockeeing shelves. Determined to get their jobs back, they succeeded with letter writing campaigns and congressional testimony. Jane never gave up on what she considers to be the best career choice.

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A 5 I SIPPED MY SECOND CUP OF EARL GREY TEA. I KEPT THINKING ABOUT WHAT I HAD GOTTEN MYSELF INTO. The staff around me wore the same uniforms I had seen last month and I imagine being in an Operating Room. I was sitting in a window seat and watched this beautiful landscape pass by. But this was different. At one instant, chatter ceased and it occurred to me that I didn’t have my mask on and neither did anyone else. I took another sip. “Has time out been called and consent signed?” Dr. Davies asked in a thick Welsh accent. “Yes,” answered the nurse, followed by standard World Health Organization introductions from each person in the room. “Hi, my name is Randy. I’m with anesthesia. Antibiotics are in. I concur with the consent.” Surgery start time 9:32.

It was January 2012, and I was a second-year AA student, rotating at the National Health Service (NHS) Hospital in Carmarthen, Wales. The NHS is the socialized health system for the United Kingdom and Northern Ireland, and I had pioneered the first student AA clinical rotation there. A year prior, I was vacationing in Ireland when it occurred to me this would be a fascinating place for a clinical rotation. I had always felt a strong connection to the UK; both my mother and wife have roots there, and my wife and I were married in Ireland in 2006. I knew clinical rotations would take me around the country so I investigated the possibility of obtaining a rotation in that part of the world. I learned The Royal College of Anaesthetists (RCA) of Ireland doesn’t use mid-level providers in Health Service Executive hospitals, but the UK does, and has for almost eight years. In 2006, The Royal College of Anaesthetists of Great Britain and Ireland incorporated mid-level providers into their practice. They asked the ASA for help, and their suggestion was to implement the anesthesia care team model, which they adopted and use today. With limited knowledge of anesthesia practice in the UK, I was surprised to find that not only does the NHS use mid-level anesthesia providers, called Physician Assistant-Anesthetists (PA-A), but also their training is similar to ours in the U.S. and Canada. I was excited to find an Emory AA model. Currently, there are 120 PA-A’s working throughout the UK.

Without having a contact for a rotation, I searched the internet to learn about anesthesia and found the website for the Association of Physicians’ Assistants (Anesthesia), a professional organization in the UK similar to the American Academy of Anesthesiologist Assistants. I contacted the student coordinator who put me in touch with Mark Eldridge, a PA-A at Glangwili Hospital in Carmarthen, Wales. After a great deal of legwork by Mark and Dr. Gordon Milne, the Director of Anesthesia, a contract was signed and a two-month appointment was set. I would also spend a week in Birmingham, England at the Queen Elizabeth Hospital Birmingham thanks to Mark’s help. I had to find housing and get used to the idea of driving on the wrong side of the road.

I spent Christmas and New Year’s Eve with my wife and 19 month old son Jan 3rd rapidly approached. On the day of my flight, I kissed my wife and son goodbye before heading through security. The flight was long and uneventful and I had the chance to eat, read and sleep in a seat that reclined flat. I landed at London Heathrow Airport around 6:30 am, rented a car, and started my three hour jaunt to Wales, a place in the UK I had never been before. It only took 90 minutes, and another 20 minutes with oncoming traffic to perfect my left-handed shifting from the right-sided driver’s seat. I was on my way. Heading west on the M4 toward the Severn bridge that links Wales to Bristol, the English countryside, even in the heart of a busy day, was familiar and relaxing. Oscar Wilde wrote, “Anybody can be good in the country. There are no temptations there.” Temptation aside, there wasn’t much of anything by the tranquil eight-lane interstate. Once over the Severn Bridge, you’re welcomed to Wales in English and Welsh and it feels as if you’ve been transported back 1100 years to a time when knights battled on horseback and adored their ladies in waiting. I saw a countryside littered with ancient castles and dilapidated castles. Where the M4 ends in Cardiff, the capital of Wales, you pick up local roads. Roundabouts are plentiful and yielding to your right takes some getting used to.

I arrived at the hospital around 3:00 pm and was greeted by Mark. Within no time we were getting used to the field wears a mask. As someone who had worked in the operating room for over eight years as a certified surgical technician and first assistant, I was taken aback—I could never imagine being so relaxed, and not wearing a mask. I presumed the infection rate would be through the roof, but I was informed it’s lower than in the U.S.

Almost immediately after crossing the River Severn it seems as if you’ve been transported back 1100 years. “It seems as if you’ve been transported back 1100 years.”

The author, pictured here at the entrance to The Royal College of Anaesthetists, currently lives in Florida and practices at Lake Wales Medical Center. The anesthesiologist on call for a surgical procedure at the Royal College of Anaesthetists, as well as at St Mary’s Hospital in London and Glangwili Hospital in Wales. My rotation was at the University Hospital of North Staffordshire, in Stoke-on-Trent, UK. I arrived at the hospital around 3:00 pm and was greeted by Mark. Within no time we were getting used to the field wears a mask. As someone who had worked in the operating room for over eight years as a certified surgical technician and first assistant, I was taken aback—I could never imagine being so relaxed, and not wearing a mask. I presumed the infection rate would be through the roof, but I was informed it’s lower than in the U.S.

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Well presented resumes are vital to the job search. A resume is brief and concise and should better present you as a candidate for the job. Always have a resume prepared during your job search. The purpose of a resume is to get an interview.

Education: You should begin a resume with your education. List the name, city, and state of your university, followed by the month and year of your graduation. If you haven't graduated yet, write "expected" before the intended date of your graduation. Specify your degree (i.e. Master of Medical Science). Do not list your GPA.

Experience: As a student, your only relevant experience is your clinical rotations. You should only include previous work experience prior to or during school if it was medically related, in the military, or an extremely impressive position. If employers want to know about experience prior to school, they will ask you about it in an interview. This doesn't mean your experience wasn't valuable but a potential employer is deciding whether or not to hire you as an AA. Work experience entries should be limited to your employment and job title, not duties. New graduates should create a section named "clinical rotations" to outline significant accomplishments and duties. AAs are interested in your practice sometimes gets the wheels turning. Some practices are interested but don't initiate contact due to misinformation or lack of knowledge on how to do so. AAAA has all the resources you need to educate the anesthesia department in the hospital and what the typical pay for an area is. The job search shouldn't be too stressful.
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