The Anesthesia Record

January - March 2013

Year in Review
The AAAA's Biggest Accomplishments of 2012

Anesthesia Abroad
An AA's Experience in the UK

New Mexico Legislation
Licensing Update

The Newsletter of the American Academy of Anesthesiologist Assistants

THE TWO HUNDRED THOUSAND DOLLAR MAN

FROM SWINE TO SIMULATORS:

THE EVOLUTION OF AA EDUCATION AND WHAT'S TO COME

AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS

37th Annual Conference

APRIL 13 - 16, 2013
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The Anesthesia Record
Published quarterly by the American Academy of Anesthesiologist Assistants. Please direct all general inquiries to the AAAA's management. Opinions expressed in this newsletter are those of individual authors and do not necessarily represent AAAA policy.

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"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."

THE YEAR IN REVIEW

By Claire Chandler, AA-C

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 AA profession continues 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 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 payment for nurse anesthetists to diagnose and manage chronic pain independently, and public comment to CMS on the proposed quality 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 Society Presidents interested in AAs and teach them about and advocate for the various political issues relevant to both anesthesiologists 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 Society Executive Officers Conference to educate 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.

2012 ASA Legislative Conference. Shane Angus, Gregg Mastropolo, Claire Chandler, Saral Patel, David Biel, Ellen Allinger, Megan Varellas

2012 ASA Legislative Conference ASA/AAAA Officers Meeting. Dr. Howard Odom, Saral Patel, Claire Chandler, Dr. Jerry Cohen, Ellen Allinger, Dr. John Zerwas.

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 a printed 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 a letter 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 by the Council 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 continue to be addressed.

Awards and Donations

South students raised over $1,200 to purchase pulse oximeters for hospitals in Africa via the Lifebox campaign and received both local and international recognition for their efforts.

- AA members raised over $3,700 for Hope 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 It's My Heart Charity and the South Texas Blood and Tissue Center from the 2012 AAAA annual meeting fundraiser events.
- In honor of Mr. Ralph Zerwas, AAAA made a donation to the Wounded Warriors Project.
- In honor of Mr. Billy Deitman, a Case student and AAAA student leader, AAAA made a donation to the Leukemia and Lymphomia 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 Scarboro, Mr. Patrick Bolger, Mr. Jeff Smith, Treasurer, and Ms. Carie Twichell, President-Elect. Their fresh perspectives will provide new insight and opportunities for the organization over the next three years.

2012 ASA Practice Management Meeting. Soren Campbell, Gregg Mastropolo.

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

AAAA CONTINUES TO MAKE GREAT STRIDES WITH EDUCATIONAL INITIATIVES

By Caitlin Burley, AA-S

AAAA members with ASA staff in the Washington, D.C. office. From left to right: Jason Hansen, Director of State Affairs, Manuel Bonilla, Director of Congressional and Political Affairs, Sharon Merrick, Director of Payment and Practice Management, Saral Patel, AAAA President-Elect, Caitlin Burley, Nova Southeastern University Ft. Lauderdale, and Erin Phillips, Governance Unit.

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.

ASA 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 believe a strong relationship between the AAAA and the ASA is essential in the effort to strengthen our profession. I am hopeful that this meeting is another small step towards building that relationship within the anesthesia care team.

Layne Paviol Appointed AAAA Director

Layne Paviol, AA-C has been appointed to the Board of Directors to fill Carie 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.

Welcome New Fellow Members

Adrianne Adams
Christian Allen
Melanie Andrews
Mary Katherine Aronson
Jessica Batson
Kirsten Billing
Uyen Minh Bui
Braden Burleson
Michelle Burnette
Thiha Cadet
Emily Caesar
Matthew Carpenter
Gregory Clark
Jonathan Clifton
Kenneth Colodne
Cara Gurney
Emily Harper
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 Measel
Alissa Minear
Richard Mudd
Kimberly Newton
Margaret Nguyen
Landon Nonni
Andrew Nonni
Michael Owens
Mariah Pryor
Catherine Simonsen
Karin Stubbs
Christopher Thomas
Daniel Thon
Amber Toman
Shanna Trahan
Jamie Trout
Amanda Wright

Congratulations

Jennifer Woods, AA-C!

Winner of AAAA's Early Renewal Sweepstakes

AAAA Annual Conference in Orlando

AN EDUCATION IN VACATION LAND

By Carie Twichell, AA-C

SOME 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" Deitmen. 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, obstructive 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 Washington, D.C. 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 ASA President, Dr. Zerwas.

From the left, Shane Angus, AA-C, Dr. Tiffany Mueller, Dr. John Zerwas, Dr. Joe Mueller, Saral Patel, AA-C, Dr. Katie Daetwyler, Dr. Kelly Arwarhi and Dr. Leslie Sims

Current AA Bills and Primary Sponsors

Kentucky: HB428 (Santoro/Keene) / SB126 (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 ANESTHESIOLOGIST ASSISTANTS

NEW MEXICO

AN ACCOUNT OF WHAT HAPPENED IN THE ONGOING BATTLE FOR STATEWIDE LICENSURE

By Nick Spassil, AA-C
President, NMAAA

IF 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 had agreed to introduce and sponsor our bill. Our lobbyist, Roman Maes, had been a state senator for 20 years and passed many pieces of legislation. However, it was evident from the first committee meeting that the recent election had brought about newly elected politicians trying to familiarize themselves with the process and not end up on the wrong side of the tracks with large lobbying groups and constituencies.

When Justin Sona, Treasurer NMAAA, Adrian Roybal, VP NMAAA, and I arrived in Santa Fe early on the day of the vote to feel out how things would go, it became clear that senators we had been in contact with through email, mail, and phone calls had preconceived notions about the bill. Still, we were reluctantly optimistic. We had letters in support of AAs from surgeons and physicians at the University of New Mexico Hospital. Chairs of departments of Urology, Vascular Surgery, Gynecology, and Oncology, and senior faculty from General Surgery and Orthopedics had all signed letters attesting to our skill in handling the most difficult cases in the state. Numerous anesthesiologists from our institution and from practices throughout the state had written letters and made calls to senators lending their support. Anesthesiologists wrote they were unable to meet the demands of their facility's surgical caseload, and had to routinely hire locum tenens anesthetists or cancel cases. They stated it was difficult to attract CRNAs to the state, and talked about their familiarity with AAs—many having worked with us at the University of New Mexico Hospital before leaving to practice elsewhere.

When the Public Affairs Committee convened after the general session, ours was the first bill to be heard. We had done our best to educate legislators, but layman's knowledge of medicine in general, let alone anesthesia, is severely lacking. Dr. Burrup of the Presbyterian Hospital group in Albuquerque and Dr. Frieder of the private group at Christus St. Vincent's in Santa Fe, offered fantastic testimony in our favor, providing clarification on our training and expertise, as well as concern for the dearth of mid-level providers available for their practices. Dr. Dave Siegel, Chair of the New Mexico Society of Anesthesiologists, responded to the panel's questions.

The opposition offered their standard discourse, claiming we were under trained, expensive, and required anesthesiologist supervision. Our name, again, did us no favors. 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 types of patients we care for at the 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 stronghold of 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 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 offers financial incentives for mid-level providers to work in underserved areas. The argument became a focal point, even though the majority of senators in the committee represented larger population areas. Senator Griggs, who would later vote yes on the bill, offered that perhaps the solution was to allow CRNAs to supervise AAs in these rural areas. Holding back a small breakfast, I rebuked this "offer". The chair of the committee called for a vote. A motion to table was introduced, seconded, and by a vote of 5-3 the bill was sent to political abyss.

> It became glaringly apparent that senators pictured us as sidekicks in the operating room assisting anesthesiologists in delivering anesthesia

I have participated in three efforts for statewide practice in New Mexico, once as a student and twice as a practitioner. Each time I think we are in better shape for getting it passed. I think anyone who doesn't believe we must be politically active in our profession should attend one of these sessions. To be told after three years of practice at the only level-1 trauma and tertiary care center in the state that we are underqualified is a huge affront. Every time I see a transfer note from an outside institution I think about my time in Santa Fe and the legislative outcomes. I think about the amount of time that goes into these efforts, and I think about what we are going to do next.

If you are not involved in local and state politics, I offer that not moving forward is moving backward. With the advent of the doctoral degree for nurse anesthetists, chronic pain reimbursements, federal funding for nursing education, and the like, it is apparent that our opposition is driven, organized, and hungry. We must make the calls and send the emails for all state initiatives. We must meet our legislators so they see faces when they hear the term AAs. There is a game to politics. We need to get off the bench and play or risk being left out completely.

I am incredibly thankful for the support of AAAA members and leadership, NMAAA officers, the NMSA and ASA, Roman Maes, Sen. Carlos Cisneros and Rep. Nora Espinoza our bill sponsors, Drs. Siegel, Burrup, Burstrom, and Frieder for their testimony and support, and all the anesthesia and surgical faculty throughout the state who offered their kind words in support of this initiative. We look forward to the future, and will be continually preparing for our next opportunity.

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 Anesthesiologist Assistants saw dramatic growth in our profession in 2012 and is looking forward to making even larger strides in 2013. We surpassed our goal of "50 AAs in the state by 2012" and continue to find Missouri placements for the high-quality providers graduating from UMKC. This past August, the UMKC Master of Science in Anesthesia program welcomed Dan Hladky AA-C as a new full time professor. Dan is a 1974 graduate of CRWU-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 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!

GEORGIA

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

By Joy Rusmisell, AA-C
President, GAAA

HAPPY NEW YEAR! The Georgia Academy of Anesthesiologist Assistants is excited to enter 2013 in stride. We have been busy recruiting new members and spreading the word about the GAAA, and its involvement in moving the profession forward in Georgia. The GAAA was recently well represented at the Georgia Society of Anesthesiologists Winter Conference in Atlanta where we welcomed GAAA fellows and AA students rotating in the Atlanta area. The fellows had the opportunity to network with physicians supportive of advancing the profession from several notable Georgia hospitals, and students capitalized on the wonderful opportunity to make connections for career openings. The overwhelming support from the GSA has opened doors that the GAAA looks to utilize for AAs practicing within our state, and to open new opportunities for students looking to learn here. We are proud to announce that Chuck Hufstetler, Emory AA graduate class of 2008, has recently been elected to the Georgia Senate, and will serve as a representative for the AA profession. We are honored to have him representing our interests and encouraging advocacy for our profession.

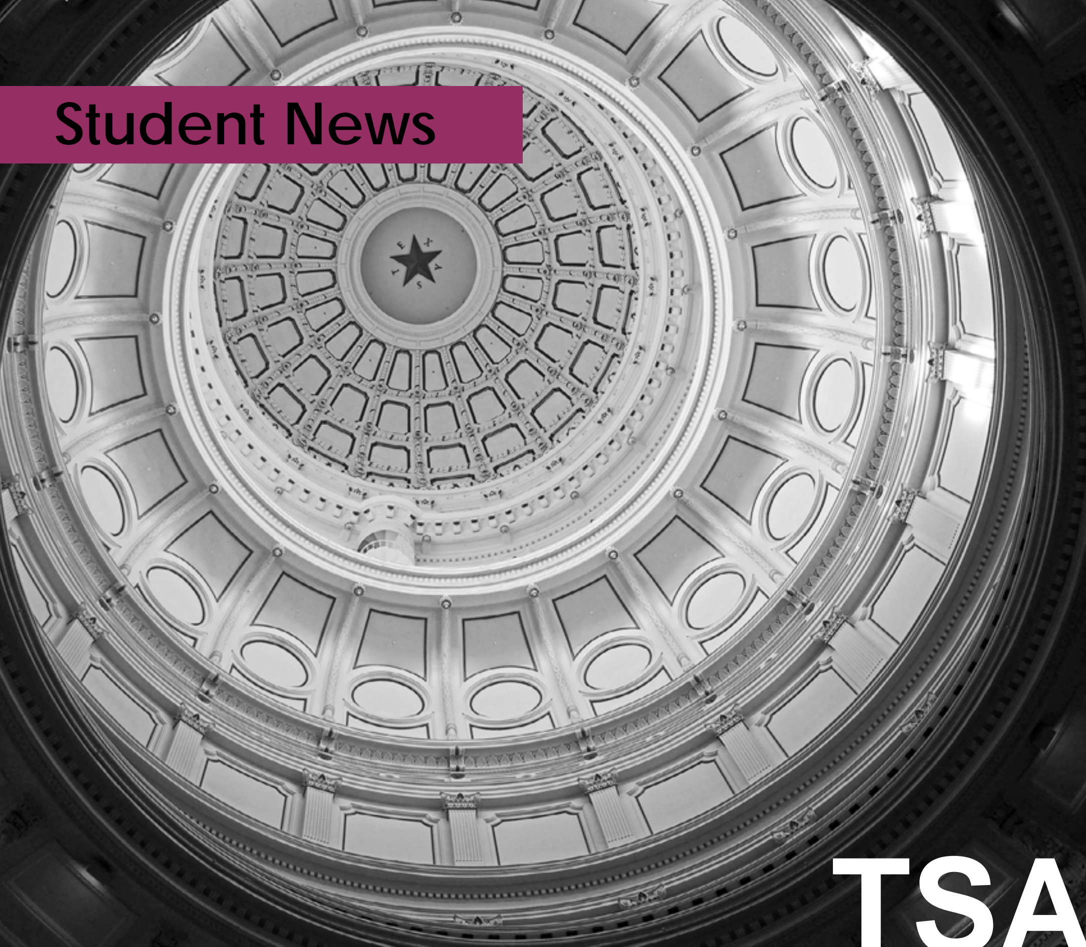
COLORADO

LICENSURE TO GO INTO EFFECT LATER THIS YEAR, HOSPITALS ACCEPTING AA APPLICATIONS, NEW AA PROGRAM

By Stephanie Barnard, AA-C
President, CAAA

CONTINUED FINANCIAL SUPPORT through CAAA membership or legislative donations are still needed and much appreciated as we continue to push toward 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 CAAA 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 CAAA Newsletter that goes out to all active members. To join, please visit our website at www.ColoradoAAA.org.

Currently, Children's Hospital Colorado and University Hospital 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.



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 licensure for 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 over 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, Medicaid expansion, 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, anesthesiology 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 though education. These efforts will continue to help promote the vision set forth over 50 years ago by founding anesthesiologists Joachim S. Gravenstein, John E. Steinhaus, and Perry P. Volpitto.

Case Western Reserve University Houston students and faculty at the Texas State Capitol

The author (right) with Tim Nguyen, M.D. outside of the Texas State Capitol.

Sheridan National Allied Health Scholarship Winner

TRAVIS LUNDELL
UNIVERSITY OF MISSOURI – KANSAS CITY
CLASS OF 2014

Congratulations to Travis Lundell, University of Missouri-Kansas City School of Medicine Master of Science in Anesthesia, Class of 2014, winner of the Sheridan National Allied Health Scholarship for Anesthesiologist Assistant Students.

The scholarship recognizes student AAs for exemplary clinical and leadership skills. Mr. Lundell has proven to be a leader in his AA program as well as a leader outside of the operating room as an elected AAAA Student Representative, appointed AAAA Student Committee Chair of Communications, Boy Scout leader, and active member of his church community.

Each year, one $5,000 scholarship is awarded to an AA student in a nationally accredited anesthesiology program. The award is made possible by the Education Outreach Program (EOP) at Sheridan Healthcare, Inc. Education Outreach Program is a resource designed to assist allied health students, residents and fellows with their transition from training to practice and strives to lend a hand in the pursuit of knowledge, opportunity and personal growth.

The deadline for next year's scholarship is January 15, 2014. For information on scholarship eligibility and to download an application, please visit Education & Scholarships at www.sheridanhealthcare.com.

Above: CWRU Washington, D.C. class with the PAC Cup at the ASA meeting in October. Right: At the ASA meeting in front of Carnegie Library at Mt. Vernon Square.

A Running Start

CWRU D.C.'S INAUGURAL CLASS BREAKS NEW GROUND AND KEEPS UP THE PACE

By Samantha Yakey, AA-S

It has only been nine 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—be 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!

Canada is significant and pride worthy.

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, 1988[1]

By Nicolle Cushion Strikowski, MS, MHSc, PhD, AA-C

J.S. Gravenstein (1925-2009) was a prominent, accomplished anesthesiologist, scientist, inventor, anesthesia patient safety pioneer and advocate, and a founder of the AA profession. Thus undoubtedly his thoughts on what comprises a competent anesthesia provider warrant reflection. As such, the following question may be considered: *How does the AA education system succeed in developing and fostering anesthesia providers with the requisite 'two virtues' and 'four abilities'?*

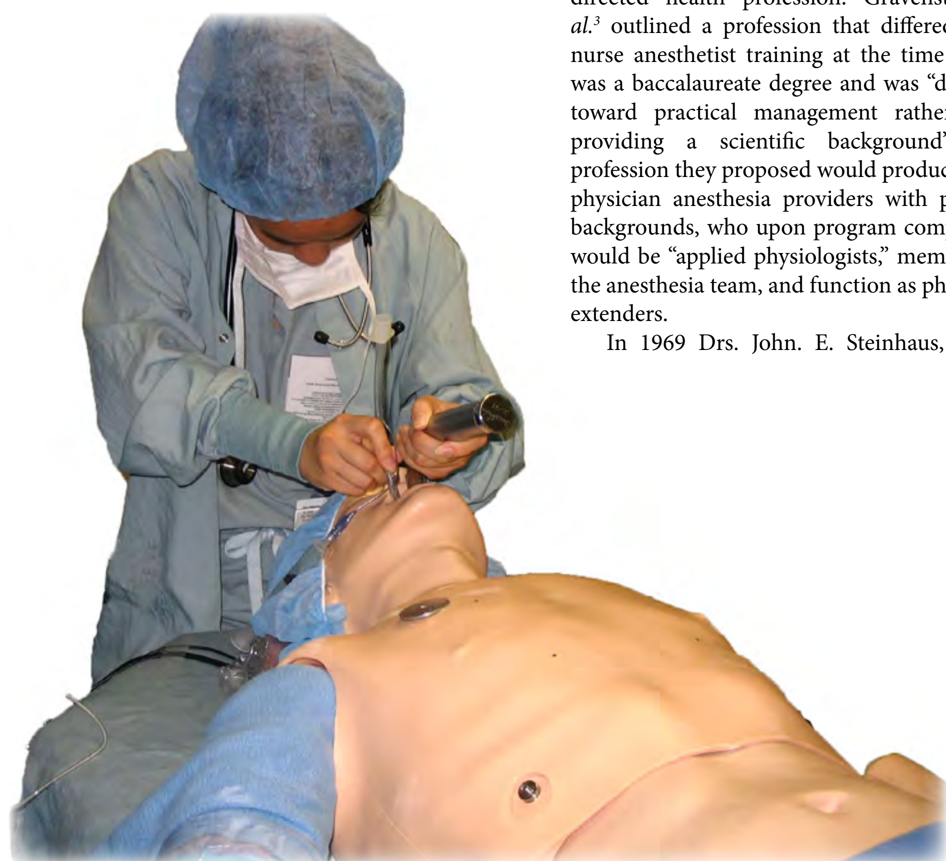


Photo courtesy of Case Western Reserve University, Cleveland, Ohio

In 1965, The National Institute of General Medical Science of the National Institutes of Health held a conference on "Crisis in Anesthesia Manpower"[2]. Subsequently, in 1970, Drs. Joachim S. Gravenstein, John E. Steinhaus, and Perry P. Volpitto published[3] 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-directed health profession. Gravenstein *et al.*[3] outlined a profession that differed from nurse anesthetist training at the time which was a baccalaureate degree and was "directed toward practical management rather than providing a scientific background"[3]. The profession they proposed would produce non-physician anesthesia providers with premed backgrounds, who upon program completion would be "applied physiologists," members of the anesthesia team, and function as physician extenders.

In 1969 Drs. John. E. Steinhaus, James A. Evans, and Wesley T. Frazier piloted an experimental Master's degree program at Emory University School of Medicine to train "Physicians Assistant in Anesthesiology" (PAA)[4]. The didactic and clinical training was developed to graduate a new type of anesthesia physician extender who would be "the most expert non-physician personnel in all aspects of resuscitation and life-support systems". The original three students matriculated with a B.S. degree. The curriculum designed to meet this goal is shown in Figure 1. The program was 21 months (9 months of didactic work, 12 months of clinical training). Similar to today, clinical rotations focused on gaining experience in the various anesthesia subspecialties, but also included a respiratory therapy rotation[4].

At the time of the publication in 1973[4], two classes, of three students each, had graduated and all were employed as PAAs. The authors noted that the graduates were capable of managing "complex 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..."[4].

In 1970, a pilot anesthesia program was initiated at Case Western Reserve University (CWRU) by a group of Cleveland anesthesiologists, including J. S. Gravenstein, who recognized an additional need for an "intermediate category of anesthesia personnel"[5]. The program differed from Emory's in that it was structured as a baccalaureate premed program with an anesthesiology focus. It was designed to allow for employment immediately after completion and/or as a stepping-stone for medical school. The curriculum incorporated requisite premed coursework, along with anesthesia-focused courses and clinical experience, similar to the Emory PAA program. The first eight students graduated from CWRU's program in 1973 and were awarded a Bachelor of Health Science degree with a specialization in Anesthesiology. CWRU transitioned the program in the mid 1980s to a Master level program.

The American Medical Association (AMA) formally recognized the profession of AAs in 1978[6]. Standards for AA education were adopted by the AMA in 1987 and the programs at Emory University and CWRU were accredited in 1988. Subsequently, the National Commission for Certification of Anesthesiologist Assistants (NCCAA) was founded in 1989 and an AA certification process was initiated soon after[6].

Overall AA programs and curriculum have changed very little since the inception of the Emory and CWRU programs (Fig. 1). Currently, all ten AA programs require that applicants have a bachelor degree, complete certain premed coursework, and take the GRE or MCAT. AA programs are 24 - 29 months, depending on the prerequisite coursework required for admittance. Programs are structured so that the first year is primarily didactic (lectures, anesthesia machine training, labs with clinical scenarios with patient simulators) with approximately 300[7]-640[8] hours of hospital/medical center-based clinical learning. The second year of AA education is primarily focused on obtaining hospital-based, preceptored clinical experience. Clinical training focuses on all types of anesthesia including general, trauma, cardiac, obstetrics, and nerve blockade, and many programs now include an intensive care unit rotation. Graduates must complete a minimum of 2,000 clinical hours per accreditation standards[8].

One aspect of AA education that has evolved and advanced is lab-based clinical training. All AA programs now have at least one high-fidelity patient simulator (HFPS) which is used to teach clinical techniques and monitoring, and to simulate clinical scenarios. The use of HFPSs for teaching is quite progressive, especially when compared to the traditional methods whereby mannequins were primarily used. At Emory, prior to HFPS, AA students had to corral pigs, anesthetize, intubate, and manage them during an anesthetic case!

It is not surprising that J. S. Gravenstein was one of the primary pioneers of anesthesiology simulators[1]. There are at least 17 U.S. patents to which he contributed, eight of which are for patient simulators. In a 1988 article he advocated for the use of patient simulators and asserted that they were crucial training devices, vital for honing the "two virtues and four abilities" for anesthesia practice[1]. The use of HFPSs for anesthesia clinical training is analogous to the use of airplane flight simulators, as a simulator can present a student with scenarios that could not be mimicked in a real flight (anesthesia case) without endangering the crew and plane (patients)[1,11]. Today, there is a large-body of research that has validated the utility of anesthesia training with HFPSs. A 2010 study[11] demonstrated that novice anesthesiology residents who underwent HFPS training acquired critical intraoperative event management skills quicker than those who had undergone solely traditional training (i.e. operating room-based). Thus, the importance of the HFPS AA training cannot be understated. Most AA programs have a defined lab-simulation assessment system, and many programs record the simulations, so students can perform self-assessments.

First Year—Didactic					
First quarter		Second quarter		Third quarter	
Course	Hours	Course	Hours	Course	Hours
Biomedical electronics	4	Introduction to clinical anesthesiology	1	Introduction to clinical anesthesiology	1
Introduction to life-support systems	2	Pharmacology of anesthetics	3	Electronics and instrumentation	5
Anesthesiology physics	3	Electronics and instrumentation	3	Mammalian physiology	7
Anesthesiology anatomy	3	Mammalian physiology	3	Pulmonary pathophysiology and pharmacology	2
Biochemistry of respiration and acid-base balance	3	Ventilatory support systems	3		
		Pulmonary pathophysiology and pharmacology	2		
		Second Year—Clinical*			
		Clinical anesthesia	12		
		Technologist's clinical seminar	2		
		Anesthesia case-presentation seminar	1		

*Hours for each quarter.

Figure 1. The original Emory curriculum from Steinhaus et al 1973[4]

To meet the growing demand for AAs, more programs are being established, including those at the University of Colorado (Denver) and Quinnipiac University (Hamden, Connecticut). We must consider and appreciate the well-designed profession and education that J. S. Gravenstein, J. E. Steinhaus, and others helped to develop. The fact that their design has formed not only the basis for U.S. AA education, but also for PA-As in England[12] and Anesthesia Assistants in

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Two New AA Programs to Accept Students in 2013

WELCOME QUINNIPIAC UNIVERSITY AND UNIVERSITY OF COLORADO

Quinnipiac University

By A. William Paulsen, MMSc, PhD, CCE, AA-C
Program Director

QUINNIPIAC HAS BEEN GIVEN permission from the State of Connecticut to begin enrolling students in the AA program. Unfortunately, students are not currently permitted to have clinical rotations in Connecticut, nor are they currently permitted to work in Connecticut upon graduation. The AA program will accept four students for classes that will begin May 20, 2013. The program is 27 months in duration and grants a Master of Health Science degree after students complete 96 semester hours. The facilities include two completely furnished mock operating rooms, two manikins, a recovery room bed, an ICU bed, and an anesthesia learning laboratory. In addition to standard scenarios, students will transport manikins to the Diagnostic Imaging program suite and manage them in the CAT scanner or MRI. Students can also transport manikins from the ICU to the OR and back. The Program has 10 anesthesia delivery systems including the newest machines and monitoring from GE, Draeger, and MindRay. We received a grant to create a fault simulator anesthesia machine to be part of our simulation program. Now, not only will the patient need to be managed, but also the anesthesia delivery system will be capable of simulating standard machine problems either 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 15 week fall semester students will attend classes, laboratories, complete personal 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 a clinical site outside of 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 next semester. The third semester extends the clinical time to 5.5 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

THE UNIVERSITY OF COLORADO will be matriculating its first AA students into our Master's of Medical Science in Anesthesiology Program in August 2013. With a solid, innovative curriculum built around the strong foundation of the University of Colorado School of Medicine, students will be able to enjoy small class sizes with hands-on instruction from experienced faculty members. With only eight students per class, our program will be able to provide the essential one-on-one attention for all students to ensure the development and growth of AAs of the highest caliber.

Our program design is 28 months, with the first year focusing on building a solid foundation of knowledge, while also introducing students to clinical anesthesia practice. Our innovative curriculum includes three semesters of anatomy, covering ultrasound, regional, imaging, and more, as well as weekly simulations in our mock operating room. The second year of our program will primarily focus on clinical anesthesia, including training in subspecialty areas such as trauma, obstetrics, regional, pediatric, pre-op, neurology, cardiothoracic, pain

and ICU settings; however, senior students will also participate in student-led senior seminars, process improvement projects and/or research activities. All of our students' clinical time will be spent at the University of Colorado, except for their pediatric training, which will take place at Children's Hospital Colorado.

To learn more about our exciting progress in developing our program, please visit our website at www.medschool.ucdenver.edu/anes.

For the Record Jane Andraka, AA-C

AFTER SCHOOL SPECIAL

AS A TEENAGER, JANE ANDRAKA WAS INTUBATING MONKEYS; HER SON JACK MAY HAVE JUST REVOLUTIONIZED DIAGNOSTIC MEDICINE

By Amy Komarin, AA-C

Jane, Jack and Luke Andraka at the Intel ISEF

BECAUSE 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 Pittsburgh auditorium, eyes wide, mouth agape, hand to heart, and ran toward the front of the room with such elation he nearly knocked the wind out of himself. An ecstatic stagger up the ramp, to the stage, both arms up —he was the champion of this science marathon! After a bow to presenters in a "we're not worthy" fashion and hugs, he took his trophy. An astonished, accomplished young Jack faced the audience, euphoric. Cue the confetti.

Jack is the son of Jane Andraka, AA-C, and the most recent winner of the first-place, $75,000 prize at the Intel International Science and Engineering Fair (ISEF), the Super Bowl of all science fairs. His winning entry, the creation of a new way to detect early-stage pancreatic cancer using a dip-stick sensor to test blood or urine is almost 100 percent accurate, 168 times faster, and 26,000 times less expensive, than current tests.

Post-acceptance, Jack told interviewers winning the Intel ISEF was a dream he had since he was a child. Behind this dream is Jane, an accomplished anesthesiologist assistant and mother who has helped catapult both her sons, Jack and Luke, to science success. Luke, 17, has won $96,000 at science fairs, and earned a patent for his work on remediation of acid mine drainage. Jane, herself, has always had a passion for science and a powerful work ethic. As a teenager, she interned at the National Institutes of Health where she spent after school hours cleaning monkey cages. It was her stint at the NIH that sparked an interest in anesthesia when she was given the chance to induce, intubate, and place an IV in a monkey. The experience was so salient she decided to pursue a career in the field. After reading a brochure from Case Western Reserve University about the bachelors program in Health Science Anesthesia dozens of times, she was committed.

Career prospects for AAs, like Jane, who graduated in 1978, were not nearly as abundant as they are today. Jane spent her first 31 years in practice in Ohio, first at Mount Sinai Medical Center for 25 years until it closed, and then at Cleveland Clinic for six years. Outside of work, she devoted time to letter writing to help AAs gain licensure. Her motivation came from her enthusiasm for the profession coupled with the realistic possibility that her job could disappear at any time. Jane and fellow AAs 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 stocking 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 imaginable.

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 commuted 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 testament to Jane's perseverance, she continued to work through both her pregnancies, giving birth at Mount Sinai Medical Center and flying home to Maryland with her newborn sons.

Currently, Jane works at Providence Hospital in Washington, D.C. She attributes her sons' scientific abilities to raising them with values she holds in high regard: patience, persistence, and the quest for knowledge. From the time Jack and Luke were young, she taught them to formulate hypotheses and perform research. When Jack wanted to know how long it would take a dinosaur to walk around the block, she helped him find out the size of a dinosaur's foot and draw chalk outlines simulating its path. When he wanted to create a novel paper sensor to test for pancreatic cancer, she encouraged him to seek out professors who could help. Jack sent emails to 200 faculty members at the National Institutes of Health and Johns Hopkins University. As numerous rejection letters came back—197 total—Jack remained resolute. Jane points out that it only takes one person to give you the chance you need. Jack found a professor at Johns Hopkins who let him use lab space, offered a small stipend, and the help of a postdoctoral fellow to teach him Western Blot analysis. After working long days late after school through a stressful period, not without its share of mishaps, Jack's efforts proved worthwhile. The very first trial of his sensor effectively detected pancreatic cancer.

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. Teach, give back, write letters, and be a knowledgeable and pleasant 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."

Jack had hundreds of chances to give up. He didn't take any of them.

I had the pleasure of interviewing Jane Andraka in August 2012. Since then, Jack has formed a company, applied for an international patent and is speaking at national pancreatic and ovarian cancer meetings and the Royal Society of Medicine in London. He's been featured in Morgan Spurlock's Sundance Film Festival film "You don't know Jack" and Linda Peter's award winning documentary "Just Jack". He's spoken at TED Salon in London, TEDxMidAtlantic , TEDx Redmond and TEDx Orange Coast and will be speaking at TED and FutureMed in a few weeks. He's been on ABC World News Tonight with Diane Sawyer and is filming the show 60 minutes. He's still working in the lab and trying to keep up with his homework.

Wales, in Comparison

AS A STUDENT, RANDALL JOHNSON, AA-C KNEW HIS CLINICAL ROTATIONS WOULD TAKE HIM AROUND THE COUNTRY, SO HE DECIDED TO SEE THE WORLD

AS 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 the room was familiar—clean and bright with beeping and buzzing that felt reassuring. But this was different. Almost at once, 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 my clinical rotations would take me to hospitals 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 2003, the Royal College of Anaesthetists of Great Britain and Northern Ireland decided to incorporate mid-level providers into 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-Anaesthetists (PA-As), but also their training is similar to ours in the U.S. and was influenced by the Emory AA model. Currently, there are 120 PA-As working throughout the UK.

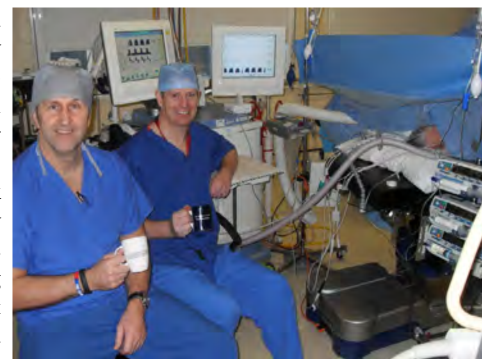
Without having a contact for a rotation, I searched the internet to learn about anesthesia practice in Northern Ireland and found the website for the Association of Physicians' Assistants (Anesthesia), a professional organization in the UK similar to the American Academy of Anesthesiologist Assistants. I contacted the president 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 Anaesthesia, a contract was signed and a two-month rotation in Wales 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. January 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 so I had a chance to eat, read and sleep in a seat that reclined flat. I landed at London Heathrow Airport around 6:30 am local time, loaded the rental car, and started my three hour jaunt to Wales, a place in the UK I had never been.

It only took a few narrowly missed collisions 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 winter, is breathtaking. 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 are welcomed to Wales in English and Welsh and almost immediately it feels as if you've been transported back 1100 years to a time when knights battled on horseback and afoot for the favor of young maidens. I saw a countryside littered with ancient castles and dilapidated citadels. 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 trading quips about differences in our cultures. Mark, a former military nurse, has been a PA-A for 7 years and was the first to work in Birmingham and Wales. It had been a long day and I was hungry. We strolled to the city center for hot food and a pint of Wales' finest at The Rose and Crown, the quintessential neighborhood pub where I would spend many nights watching rugby and the Super Bowl, exchanging life stories and laughs. For now, I was satiated and tomorrow I would start at the hospital. I left for my 17th century converted farmhouse accommodations. Sleep came quickly, as did the alarm that reminded me why I was there.

I was at the hospital by 8:00 am Thursday. From the outside, Glangwili Hospital seemed dated. Upon entering, I was introduced to a delightful staff who sat drinking tea and eating toast—a morning meal I quickly adopted and still enjoy to this day—and were happy to help me with anything I needed. Most spoke Welsh but, as a courtesy, immediately switched to the Queen's English when I approached. As I toured the facility, I noticed the stark contrast between the hospital's old exterior and the new operating rooms, equipped with the latest technology. The start of the work day here is similar to the U.S.: charge nurses instruct staff, charts are reviewed, and schedules are finalized to accommodate add-ons. Each room has a "list" of scheduled surgeries for that day. Glangwili has nine OR theatres and each OR has an anesthesia induction bay attached.



Gareth Harris, ODP and Mark Eldridge, PA-A in the OR theatre

The OR staff consists of a surgeon, assistant surgeon, RN scrub, non-RN circulator, PA-A, operating department practitioner (ODP), and the consultant anaesthetist. The surgeon and assistant surgeon were addressed as Mister, not Doctor, a custom that dates back to the Middle Ages when surgeons served as apprentices and earned diplomas, while physicians embarked on formal university training and earned Doctor of Medicine degrees.

> "Almost immediately after crossing the River Severn it seems as if you've been transported back 1100 years"

All inductions occur in the anesthetic bay off the theatre. The flow was nice and orderly. The patient is brought to the bay and introduced to all surgical participants, intravenous access is obtained, and standard monitors placed. The ODPs, who are similar to anesthesia techs but have advanced training in placing LMAs and ETTs, have the intubation cart ready with drugs and airway devices. After a patient is induced on a stretcher, he is brought to the OR and moved to the operating table. Monitors are plugged in and the circuit is re-connected. Anesthetic management was similar to what I had learned in the states with a few differences, some more drastic than others. Here, LMA use was broader; I would place them for laparoscopic cases without any deleterious effects—ProSeal LMAs and orogastric tube placement ensured this. TIVA was used almost exclusively with great results. Two percent propofol with remifentanil was given for vented patients and two percent propofol and alfentanil was used for those who maintained spontaneous ventilation. As a result of this technique, I often had to remind patients upon awakening they did in fact have surgery because they felt so alert. For reversal of neuromuscular blockade, I gave sugammadex which is a modified γ-cyclodextrin with a lipophilic core and hydrophilic periphery that encapsulates rocuronium and reverses its effects. It was amazing to see spontaneous ventilation return so quickly after its administration only a few minutes after an intubating dose of rocuronium had been given. In the theatre, no one except the surgeon at the field wears a mask. As someone who had worked in the operating room for over eight years as a certified surgical technologist and first assistant, I was taken aback—I could never imagine being in an opened sterile OR 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.

For a week, I traveled to Birmingham, England, to visit the Queen Elizabeth Hospital Birmingham. The hospital is the largest in the UK and houses 1200 beds. Toni Jenkins, PA-A, who helped arrange my visit, made me feel welcomed and I had a wonderful time with her and her family and only wished I had been able to stay longer. I left to return to Wales which now felt familiar. The staff had gotten to know me and I, them; we were one big family. The hours turned to days and days to months and it felt like not much time had passed before I had to leave. The staff had one last get together at The Rose and Crown. I said my goodbyes, returned the car, and boarded the train to London. As I sat in my window seat and watched this beautiful country pass by, I couldn't believe how lucky I had been. I made this experience happen and enjoyed every minute of it. I did miss my family tremendously which was the only unfortunate part. But, I made lifelong friends with Mark and Toni and can't wait to hear both of them speak at the AAAA Annual Conference. I would suggest to any student who wants the a challenge in learning anesthesia abroad to arrange a clinical rotation with Mark or Toni in the UK. I know they would love to have you.

The author, pictured here at the entrance to The Royal College of Anaesthetists, currently lives in Florida and practices at Lake Wales Medical Center.

Image courtesy of Ukside Photographic

So You're Looking for a Job...

ADVICE ON MAKING CONNECTIONS, WRITING RESUMES AND ASKING THE RIGHT QUESTIONS

By Megan Varellas, AA-C and David Biel, AA-C

Most AAs find employment prior to graduation, which is atypical for many healthcare professions. Like general NPs and PAs, many states allow AAs to be hired and work prior to certification. AA students and practitioners frequently ask how they can increase their employability. Below is advice from the AA Practice Committee and Communication Committee on making the most of your job search.

Form a good relationship with your state anesthesiologist's society. Align yourself with the right people, and good things will happen. Ask if AAs can become affiliate members, and offer to contribute to their PAC. The amount doesn't matter; if you show an interest in them, they will show an interest in you. Attend their annual meetings. Set up a booth to hand out information on AAs. Offer to give a short presentation. All AAs should become well versed in talking points to answer questions about the profession accurately, succinctly, and positively.

Join your State Academy! If you don't have one, form one. It's easy. Contact the AAAA to learn how. A strong and active presence of many local AAs will open doors faster than a few doing all the work. The AAAA will help wherever possible, but the local population of AAs will know the atmosphere in their locale better than anyone.

Do a thorough job search online. Besides looking at AA jobs, look at NA jobs. Anywhere you see that the anesthesiologist is 100 percent medically directing NAs is an opportunity for an AA. It doesn't hurt to ask, and knowing AAs are interested in their practice sometimes gets the wheels turning. Some practices are interested but don't initiate the hiring process due to misinformation or lack of knowledge on how to do so. AAAA has all the resources you need to educate a potential employer.

Target MD-only practices. With changes in healthcare, these practices are more interested then ever in physician extenders. Show them that AAs are their best option.

Always have a resume prepared during a clinical rotation and don't be shy about offering it. You should also prepare a curriculum vitae (CV) and know when to use each. The primary difference is the length and what is included. A CV is longer, at least two pages, and more detailed. It includes a summary of your clinical experience, academic background, teaching and research experience, publications, presentations, awards, honors, affiliations, and other details that better present you as a candidate for the job. A resume is brief and concise and should be one page. If it's longer than one page, you are probably including irrelevant information. The purpose of a resume is to get an interview. Resumes are reviewed in less than 30 seconds, during which an employer is looking for three pieces of information: your education, experience, and credentials. Make it easy to find.

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 educational 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 AA school, they will ask 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 employer and job title, not duties. New graduates should create a section named "clinical rotations" to outline significant accomplishments and skills mastered but avoid a list of core competencies. Core competencies are the minimum skill set an employer would expect from any AA and such a list won't make you stand out. Offer objective and quantifiable information about your clinical rotations. You might state the number and type of anesthetics you performed to give your employer a clear picture of your clinical preparation.

Credentials (Licenses and Certifications): You should clearly state your status in the process of obtaining both license and certification. You should include a scheduled test date for certification if you are a new graduate, or a date of expiration if you are currently certified. (i.e. NCCAA Certification test date 6/1/2014 or NCCAA Certification expiration 6/1/2014). If you have not yet received your results, list your status as "pending results". If you have, or are in the process of applying for your state AA license you can list that as "application pending" otherwise list it as "current" with an expiration date and state. Never include your license number on a resume.

Once you have a resume and use it to get an interview, there are other considerations before you start working to think about and discuss with a potential employer.

Credentialing: Know what you need and to whom you need to give it. Write the name and number down because you will likely communicate with this person on a yearly basis and will need to retrieve information from him or her when you re-credential and also if you change jobs.

Liability: Ask your employer specifically what areas of the hospital you cover, what tasks are covered in your credentialing, who your insurance carrier is and whether or not you have an individual policy or practice under an umbrella.

Contract: Will you have one? What is the renewal period? Is there a non-compete clause and how many miles does it cover? What is your obligation for notice of resignation? How long is the probation period before you sign a contract?

Benefits: Know if and what type of retirement plan is offered. Is health insurance included or do you pay a premium? Is family insurance available? Do you receive continuing educational money or time off for meetings/ certifications (ACLS, PALS, NCCAA)? Most annual meetings are the same week every year; know what the policy is regarding who gets the time off and how many staff members may be off. Who pays your state licensing fee? Is disability insurance offered and is it long term, short term, neither or both? Will the employer support or make any consideration for leadership in professional organizations? What is the policy for taking paid leave or unplanned emergency leave?

Fully understand the call obligation and pay for call prior to accepting a position. What is the typical amount of overtime obligation? Will you do shift work? Is there flexibility in your schedule should your needs change?

Items you should consider about a hospital are reputation in the community, compliance with regulations, designated trauma level, size (number of operating rooms and beds), presence of training programs, and specialties represented. Inquire about the reputation of the anesthesia department in the hospital and their relationship with hospital administration.

Scope of practice. Find out what type of cases you will be expected to do both regularly and rarely. Know if you will place invasive lines and/or regional anesthetics.

Be aware of any restriction to AA practice in your state or past or ongoing reimbursement challenges.

All AAs should take stock of the market periodically and get an idea of who is hiring and what the typical pay for an area is. The job market for AAs is always fluctuating. Being an AAAA member is the best way to stay connected to other AAs and remain vigilant about our changing marketplace. Best of luck to all of our future AAs!

Calendar of Events

March

3 – 8 Vail, CO

CRASH 2013 Colorado Review of Anesthesia and Ski Holiday. The University of Colorado School of Medicine designates this live activity for a maximum of 27 AMA PRA Category 1 Credits™. More information online at http://www.cucrash.com/.

7 – 9 Miami Beach, FL

8th Annual Perioperative Medicine Summit 2013. Co-Sponsored with Cleveland Clinic in conjunction with SPAQI. The University of Miami Leonard M. Miller School of Medicine designates this live activity for a maximum of 21.75 AMA PRA Category 1 Credits™. Register online at http://periopmedicine.org/p/how-much-does-this-cost.html.

16 – 20 Walt Disney World® Resort

The 50th Annual New York Anesthesiology Review. Register online at www.newyorkanesthesiologyreview.org for this live activity sponsored by the Mount Sinai School of Medicine's Dept. of Anesthesiology for a maximum of 40.0 AMA PRA Category 1 Credits™.

April

8 – 12 Cozumel, Mexico

Anesthesiology Today. Sponsored by St. Luke's and Roosevelt Hospitals Dept. of Anesthesiology, this live activity is designated for a maximum of 20.0 AMA PRA Category 1 Credits™. Further information at www.chpnet.org/cme.

13 – 16 Orlando, FL

AAAA 37th Annual Conference. More information available online at www.anesthetist.org.

May

4 – 7 San Diego, CA

IARS 2013 Annual Meeting. More information available at www.iars.org/congress.

6 – 10 Boston, MA

2013 Harvard Anesthesia Update: Innovation and Transformation in Anesthesiology. Registration by credit card can be made at www.cme.hms.harvard.edu/courses/haarvardanesthesia. Harvard Medical School designates this live activity for a maximum of 61.25 AMA PRA Category 1 Credits™.

June

7 AA Day

Celebrate AA Day! Posters available. Contact Sandra Peterson at the AAAA office – Sandra@societyhq.com or at 804-565-6328.

10 – 14 Lake Buena Vista, FL

6th Annual Emerging Technologies in the OR and Great Fluid Debate. Presented by the Duke University School of Medicine and The Department of Anesthesiology, this live activity is designated for a maximum of 25 AMA PRA Category 1 Credits™. Course information and registration are available online at http://anesthesiology.duke.edu.

13 – 16 Asheville, NC

20th Annual Carolina Refresher Course: Update in Anesthesiology and Care of the Surgical Patient. This live activity is designated by University of North Carolina for a maximum of 26.0 AMA PRA Category 1 Credits™. Register online at www.aims.unc.edu.

Online CME

Temperature Monitoring and Perioperative Thermoregulation

The Cleveland Clinic Foundation Center for Continuing Education designates this enduring material for a maximum of 2.0 AMA PRA Category 1 Credits™. Access online at http://www.clevelandclinicmeded.com/online/casebased/outcomesresearch/temperature/default.asp. Expires August 27, 2013.

Perioperative Management of OSA Patients. A maximum of 1.5 hours of AMA PRA Category 1 Credits ™ may be claimed for this activity. Access online at http://cme.ucsd.edu/OSAonline. Expires April 25, 2013.

Earn continuing medical education credits online at www.csahq.org.

Are you an ASA member? Find continuing education products and events at reduced rates at www.asahq.org/continuinged.htm. Products include the ASA Refresher Courses in Anesthesiology with current and previous volumes available for ordering at http://journals.lww.com/asa-refresher/pages/default.aspx. Print + online with CME available for $95.00 with $15.00 savings for online only. Earn up to 22 AMA PRA Category 1 Credits™.

Video & Audio Programs

Perioperative Management. Designed for practitioners, including anesthesia providers, to limit patient risk by proper preoperative evaluation, intraoperative management, and postoperative care. Presented by Johns Hopkins University School of Medicine. Practitioners may earn a maximum of 16.25 AMA PRA Category I Credits ™. Program costs start at $695. For fastest service, order through the website at www.cmeinfo.com/775 or call 1-800-284-8433. Date of credit termination: July 31, 2014.

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