

# The Anesthesia Record

April - June 2013



**Three-Legged Stool**  
Understanding Accreditation,  
Certification & Association

**Improving the Patient Experience**  
Customer Service in a Clinical Setting

**Legislative Fund Report**  
The Value of Advocacy

The Newsletter of the American Academy of Anesthesiologist Assistants



AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS  
*Annual Conference*  
APRIL 12 - 16, 2013 • CARIBE ROYALE ORLANDO HOTEL • ORLANDO, FL  
**PROGRAM AT A GLANCE**

Day	Time	Registration	Post-Event Registration Fee
FRIDAY, APRIL 12, 2013	2:00-5:00 PM	Registration	
SATURDAY, APRIL 13, 2013	7:00 AM-8:00 PM	Registration	Post-Event Registration Fee Continuing Education \$ 25 Conference Materials \$ 25
	8:00 AM-11:00 AM	Continuing Education with Exhibitors	
	11:00 AM-12:00 PM	Lunch	
	12:00 PM-1:00 PM	Continuing Education	
	1:00 PM-2:00 PM	Continuing Education	
	2:00 PM-3:00 PM	Continuing Education	
	3:00 PM-4:00 PM	Continuing Education	
	4:00 PM-5:00 PM	Continuing Education	
	5:00 PM-6:00 PM	Continuing Education	
	6:00 PM-7:00 PM	Continuing Education	
	7:00 PM-8:00 PM	Continuing Education	
	8:00 PM-9:00 PM	Continuing Education	
	9:00 PM-10:00 PM	Continuing Education	
	10:00 PM-11:00 PM	Continuing Education	
	11:00 PM-12:00 AM	Continuing Education	

**37TH ANNUAL CONFERENCE**  
HIGHLIGHTS FROM THIS YEAR'S MEETING IN ORLANDO

# PASS THE ANESTHESIOLOGIST ASSISTANT CERTIFICATION EXAM



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## Finger on the pulse

Students from all AA programs joined together to create and sell badge holders (pictured here) to raise money for Lifebox, a nonprofit organization that provides pulse oximeters to low-resource countries to improve the safety of surgical care. So far this year, AA students have raised over \$8,000 in support of the cause.

## Contents

### Features

**12** 2013 Annual Conference  
Highlights from this year's Welcome Reception, State Legislative Forum, 5K Fun Run, and Jeopardy!

**24** The Three-Legged Stool for AAs  
In Part one of a two-part series, Jennifer Anderson Warwick, MA, explains the importance of accreditation, certification, and association for AAs

**25** A Prescription for Customer Service in the Healthcare Environment  
William H. Buntin, Jr. M.D. shares his experience in improving the quality of care by treating patients as customers

### Departments

**4** President's Message:  
**On the Cusp of Something Great**  
Saral Patel's inspiring speech from the AAAA's Annual Business Meeting

**6** AAAA News  
Make your difference as a AAAA leader, Renew your Membership, Legislative Fund and Advocacy Report, New York Capitol Day, Bylaws Changes

**19** State of Affairs  
State updates from Ohio and Georgia

**20** Student News  
Students come together for a philanthropic mission, Remembering CWRU Cleveland student Billy Deitmen

**23** For the Record  
Chuck Hufstetler, AA-C's career as a clinician and a politician

# Annual Conference



April 12-15, 2014

The Westin Hilton Head  
Island Resort & Spa  
Hilton Head Island, SC



## American Academy of Anesthesiologist Assistants

### Officers and Directors

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Koty Price, AA-S

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## In Jeopardy

It was Sunday evening in Orlando and I was talking to Megan Varellas in the main conference ballroom of the Caribe Royale. The Jeopardy! competition had just ended and amidst the commotion of the Case Western Ohio win were elated students congratulating each other, and the winning team receiving adulation. Megan remarked that Jeopardy! is one of the best events of the AAAA's Annual Conference, and I agreed. Seeing the passionate, almost brutal fight for bragging rights was exciting and brought us back to the days when we were students ourselves. That epic journey through classes and clinical rotations felt like a sprinting marathon. Studying took precedence over almost everything else and life was stressful. But, relief could be found in knowing all the hard work would pay off in a rewarding career. Plus there was the camaraderie among classmates who were often the only ones who understood what you were experiencing. From watching the game, it was apparent that the bonds were strong between the cheering students and their competing classmates. The students competing in Jeopardy! have so much emotion invested in winning, you'd think there were more at stake. Regardless, the competition was fierce, and I enjoyed watching it.

When you become an anesthesiologist assistant student, you make a large investment, both personally and financially. As a result, for the duration of the twenty-four or twenty-eight months, emotions run high, uncertainty abounds, and more often than not you're tired. In actuality, it's not long before you graduate, get a job, and get some rest. Life begins to feel normal again as you start work and settle in, and it's usually better than when you started. However, when it comes to our profession, our work doesn't end when we graduate. I feel like my work has only begun. That's partly because I volunteered to edit this newsletter, but mostly because as AAs, we can't yet become licensed to work in every state in the country.

Editing the newsletter is a huge undertaking which I'm proud to be a part of. I signed up for this task because I saw great potential to use my skills to help our profession. All throughout my life I've been asked by different organizations to lend my support. In some cases, I do help, in others, I don't. But when it comes to supporting the AAAA, there's no question. I absolutely support the organization that represents and protects my profession.

At work, we protect our patients' lives. When things go wrong, we do everything possible to keep them out of danger. As professionals, it is our responsibility to keep our profession safe and support its expansion. There are many fellows, students, and physicians who are already committed to this effort. As a fellow, your investment in your education has already started to pay its returns. Right now, when you consider what's going on in the legislative arena, we're in a position where there is a lot at stake; the potential for expansion of licensure is greater than ever. Please consider continuing to invest in your profession. Already this year, over 260 members have donated to the Legislative Fund and many volunteers have committed countless hours. There are many ways you can help, and whichever you choose, whether its a donation of time, finances, or lending a special skill, it's important to do something. When one of us doesn't support the AAAA, it puts us all in jeopardy.

I want to thank each one of you who has given me feedback about the new newsletter format. My goal is to continue to make improvements to the newsletter that is written by AAs, for AAs. However, I can't do it alone. If you know about news that would be interesting to AAs, send me your story. I'm always on the lookout for news and welcome contributions. Thank you to all who contributed articles this month to help make this issue a success. Many thanks to Daniel Mesaros, AA-C for his work on the Annual Conference Review, and to guest writers Daniel Bates, AA-C for his special report on the Legislative Fund, Jennifer Anderson Warwick, MA for her first installment of a



two-part series on the ARC-AA, and William Buntin, Jr., M.D. for his article on incorporating customer service into our clinical practice.

Amy Komarin, Editor

Students from Case Western Reserve University in Ohio deliberate over an answer during Jeopardy!

# On the Cusp of Something Great

By Saral Patel

*I'd like to begin by expressing my sincere gratitude to the entire membership for allowing me the amazing opportunity to serve you as the President of the Academy. I thought it fitting to submit my inaugural address from the Annual Business Meeting on April 14th.*

The 37th Annual AAAA Meeting is already a success with over 550 registrants. A 20% increase from last year's may I add. I'd like to thank Carie Twichell and the entire annual meeting committee as well as Ruggles Services Corporation for their steadfast work to insure that our meetings are successful. It is wonderful to see everyone and their families here in Orlando. Being in Orlando, I thought it would be perfect to start off with a quote from Michael Eisner. After Walt Disney died in 1966, shareholders brought in Eisner to strengthen the company. Eisner was known for his success at Paramount Studios and had a reputation as a revitalizer. Since the company barely survived Walt Disney's death without a hostile takeover, it was evident that Disney needed to take a more unconventional approach. Eisner became the Chief Executive Officer of Disney in 1984 and remained in charge until 2005. He is credited with the fame of the development of the "Disney Decade". The Disney Decade was a project to expand Disney's sphere of influence beyond the United States with media investments and park expansion. He is quoted as saying "It may seem easier for our life to remain constant. But change, really is the only constant... We cannot stop it and we cannot escape it". I'm beginning with Michael Eisner first because, here we are in Orlando, home of Walt Disney World, but also his quote and revolutionary ideas speak to me. They make me think of the plight of the AAAA and AAs in general. Eisner may have conceptualized the Disney Decade, but we are in the midst of the Year of the AA. Paradigms are shifting and change is occurring right now in front of our eyes and we cannot escape it.

As I stand before you with the highest honor of serving you as the President of this Academy, I would like to declare this year, 2013, the Year of the AA. This will be the AA Decade. It sounds so simple, but it is true. We are on the cusp of something great. We are in the midst of the most active legislative year yet. All the hard work of our past leaders: the Petes, the Debs, Ellens and Robs, has gotten us to this monumental year. Yes, 2013 will be the Year of the AA. Never before have we had 10 active state licensing or practice authority efforts occurring simultaneously. And honestly, we may never again. Not to mention the potential for westward expansion with Oregon introducing licensure this month. The possibilities could be endless. I'm extremely positive about our current national situation; we have the right to practice in 18 states and hopefully by the end of the year, at least 20. We are so close to seeing a domino effect come into play. I do firmly believe that once we hit the halfway mark, it will be a game changer.

We have entered uncharted territory with the American Society of Anesthesiologists. In 2011, the ASA House of Delegates approved its full support of promoting AA practice. The ASA has stood up and openly embraced AAs by allowing us membership in their organization, committee member seats, invitations to ASA sponsored events and now, clear, irrefutable support of AAs as core members of the Anesthesia Care Team. They are taking a firm stance on supporting the promotion of AA practice by allowing AAs to pen articles



Saral Patel, AA-C, Koty Price, AA-S, Kristen Dell, AA-S, Claire Chandler, AA-C, Zach Johannesen, AA-S, Claire Wainwright, AA-S

in their publications. In the past year, almost every ASA newsletter has carried an AA-focused story. They have pledged monetary resources as well as staff to help promote AA practice nationwide, in essence they are going to bat for us. Can they do more, can they do it better? Of course they can. But that's not the

right question we as AAs should be asking, the real question is, "Can we do better?" We control our own destiny. So can we, the AAAA, as the only national organization representing AAs do better? Absolutely.

So here's what we can do: join the AAAA. I hope everyone in this room is a member. But it can't stop there. We are at a critical point in membership. The nature of our growth is that we have a large percentage of members who are students. Actually I would venture a guess that the majority of this room is probably students. Don't get me wrong, I commend all the students who are present, you are advocating for your profession. The organization cannot and will not survive with the membership rates we currently have. There are over 1500 practicing AAs, yet fewer than 50% are AAAA members. We need to recruit our colleagues and our classmates. We need strong membership numbers to be taken seriously by legislators, potential employers and by perioperative leaders. We need strong membership numbers to retain graduates as fellow members. We see the largest drop in membership from students to fellows and we cannot afford this drop. All of us in this room understand that the nature of our profession forces us to be active and remain active. Our future in healthcare is not a guarantee, but being an AAAA member will help assure our profession's sustainability.

The AAAA needs leaders and volunteers who are willing to dedicate and commit themselves to advancing our profession. The good old times when the select few ran the entire organization is over. It's our turn to strengthen the solid foundation our past leaders have built and take it to the next level. Let us grow and evolve. The AAAA needs fresh, inspiring volunteers to join committees and lead our committees. There are many different options with varying time commitments. You could write a newsletter article. Oh yes, that brings me to the newsletter. Have you all seen our new *The Anesthesia Record*? It's innovative and easy to read, but most of all, it reflects us in a professional manner. I'd like to take a minute to recognize our new Newsletter Editor, Amy Komarin. I met Amy last year at Providence Hospital when she was a second-year Nova student. Let's have a round of applause for Nova. Speaking of icons earlier, Rob Wagner, you are truly an icon in the AAAA and I personally thank you and Nova for your tenacious support of our annual meeting and of the AAAA. Back to Amy. Amy



and I hit it off very well and quickly became friends. Anyways to make a long story short, I saw something in her that made me think that she would be excellent in some capacity for the AAAA. She had an advertising background and an interest in marketing, not to mention her drive. She was motivated to succeed and it was apparent to me from one of the first times I worked with her in the operating room. It was quite a coincidence that it was almost the same time that the Communications Committee was looking for a different direction for the newsletter. Seeing Amy's potential, I pushed for her to be given the chance to take over the newsletter completely. I can't imagine anyone out there who wasn't impressed with our newsletter. The newsletter is a product of Amy having buy-in to this organization and to the profession. My reason to highlight Amy's achievement is not only to thank her, but to show you that there is something everyone can bring to the AAAA. So what else can you do? As AAs we do not have the luxury to rest on our laurels, we need to be advocates for our profession. Join your local component academy. Join the ASA and your local state component society.

However I'd like to bring it back to focus on us, the AAAA and our Annual Meeting. The Annual Meeting serves as the kickoff for our Legislative Fund Drive. The Legislative Fund is a non-restricted financial vehicle used to promote AA practice. The fund allows AAAA and component academy leaders to cultivate relationships with stakeholders, travel to states to testify and anything else needed to expand practice rights for AAs nationwide. Take a minute to look over at the Leadership tables. I can safely assume that almost every single one of them has volunteered their time and money in the past few years in the name of securing practice rights for AAs nationwide. They may have testified at the state level or given a presentation to educate

potential employers. Needless to say, each one of those leaders has donated to the legislative fund. However we cannot be an army of one or two or even 20. Every person in this room either has the earning potential to make over \$100,000 or makes it right now. There's absolutely no reason why we cannot invest in ourselves, in our profession. It's time to own up and make the commitment. DONATE. The national organization for another mid-level anesthesia provider has launched their Coffee Challenge. Their PAC challenged every student to donate \$2.08 a month to their Political Action Committee. That would mean \$25 a year from every student. Here's my challenge: Who here can donate \$25 a quarter for our

Legislative Fund? That's \$100 a year to defend our profession. That's less than 0.1% of your annual salary to help our profession survive. So instead of making a fancy YouTube video or extravagant give aways, I'll be straightforward. I'd like to make my contribution publically in front of everyone. I'd like to donate this year in honor of my mentor, Ellen Allinger. Ellen has been the most amazing friend and mentor to me over the past decade. She is an inspiration to me and I have followed in her footsteps from Bylaws and Ethics Committee Chair to Secretary and now to the Presidency. I hope I am half as professional and effective as she was at

the helm. It is with great adoration and respect that I make a pledge to the Legislative Fund in Ellen's honor. Does anyone else want to step up to the microphone and make a donation in honor of your mentor, friend or colleague? We have time for a few folks to step up. There are also Legislative Fund contribution forms on each table. Please fill out and drop off at the booth outside in the hallway. Now, do any of you know how much it costs to open up a state for AA practice? I had the chance to ask Sara Strom about Wisconsin. The process began for them in 2007 and took until the governor signed off in 2012! Sara estimated over \$100,000 for the effort. In Texas, the TAAA has spent \$25,000 just this year and \$40,000 the year before. They have been fighting for licensure since 1997 when Dr. Zerwas hired the first AA. We all heard Deb Lawson speak at the State Legislative Forum that the Ohio effort cost over a quarter of a million dollars.

Last year we began the year with a Legislative Fund Balance of \$58,949.07. The Fund raised over \$34,000 last year which was record breaking for us. We did spend just over \$33,000 in 2012. Three different states made requests and were allocated \$28,000 for legislative efforts. Colorado was successful, while Kentucky and Texas continue their fight for licensure. As you can, see almost every dollar we raised was expended last year. Now fast forward to 2013 when we are actively pursuing the right to practice in multiple states and it is easy to see that the Legislative Fund is more essential than ever. The end result is that we have severely depleted our Legislative Fund. I'm not saying this as a negative. This is exactly what the money is there for: to be used



Shane Angus, AA-C, Saral Patel, AA-C, Jane Fitch, M.D., Claire Chandler, AA-C, Daniel Mesaros, AA-C

to potentially help gain licensure or practice authority. If you think about it in those simple terms, it is actually a good problem to have. Using the funds actually means that the AA profession is growing. It means that we have 10 legislative efforts going on simultaneously. Bottom line is: we need money. We need volunteers. We need champions who will fight

for our profession. We need new leaders with fresh perspectives. The AAAA has to seek out new ideas, celebrate new knowledge and control our destiny.

We have to remain relevant. This may be controversial. But at some point, the nurses and the doctors will find a compromise and I

hope it's a compromise that we as AAs can live with. The issue will resolve itself and we need to make sure we are part of the end result. We have to market ourselves as the preferred mid-level provider. We are the preferred mid-level provider. Remember that as you practice daily, we are the only guarantee that any anesthesiologist has that the Anesthesia Care Team will be fostered. AAs secure an anesthesiologist led ACT model. This is the single most important fact about AAs. When someone asks you, "what is an AA?" this is what your answer should be: we are skilled, highly qualified mid-level anesthesia providers that guarantee an anesthesiologist-led safe anesthetic. My vision is simple: we need to get our message out. We need to stay true to our vision and rally around a common purpose. We need to present ourselves as the preferred mid-level anesthesia provider. We are at a fork in the road. We can choose to invest in ourselves and in our future, or we can sit back and be compliant. Just like Michael Eisner said, we cannot stop it or escape it. This year, the AAAA made a conscious decision to invest in ourselves. We took a long, hard look at how we run ourselves operationally. We have invested money and time in reassessing how we conduct our daily business. We are still a work in progress, but we are making huge strides to conduct business more strategically and with better outcomes. The Board recognizes that this is the time, there is no escaping it, in order to survive, we must realign our strategic goals to best support our mission and our values.

You need to stay actively engaged in the AAAA for the sake of our profession and more importantly for the sake of your patients. So as I close my inaugural address to you, the general membership of the AAAA, let me reiterate, you are in the presence of greatness. Our profession is great. We are the preferred mid-level provider. I'd like to say thank you for your time, expertise and most of all your trust and I look forward to serving you as President of your Academy.

**"It's our turn to strengthen the solid foundation our past leaders have built and take it to the next level"**

## MAKE YOUR DIFFERENCE

A CALL FOR NOMINATIONS FOR THE FUTURE LEADERS OF THE AAAA

By  
Claire Chandler, AA-C  
Immediate Past President  
Chair, Nominations and Elections Committee

IT IS TIME TO NOMINATE THE FUTURE LEADERS OF THE AAAA to elected office. If you, or someone you know, is interested in getting involved, please submit names through the online Call for Nominations form, found on the right hand side of the home page in the members' section of the Academy website [www.anesthetist.org](http://www.anesthetist.org) by June 30, 2013.

While the responsibilities for AAAA leadership are significant, the rewards are vast. Having a voice at the decision-making table during this period of exponential growth allows an individual to have a profound effect on the future of the organization and the profession.

Please take a moment to reflect and participate in the nomination process and help guide the future of your profession. The following positions are available for nominations: President-Elect, Secretary, Director #4, and Director #5.

### OFFICERS

#### President-Elect

Term of office: Annual Meeting 2014 - Annual Meeting 2015. The President-Elect succeeds the President at the Annual Meeting in 2015.

#### Secretary

Term of office: Annual Meeting 2014 - Annual Meeting 2016. Duties in addition to general officer duties include, but are not limited to:

- Keeping the records of membership, attendance, and minutes of all Executive Committee meetings, Board meetings, and General Business meetings.
- Maintaining a roster of the Directors and their respective terms of office.
- When authorized by the Board or by the President, the Secretary shall affix the Seal of the Association to any instrument requiring it.

### BOARD OF DIRECTORS

#### Director #4

Three year term: Annual Meeting 2014 - Annual Meeting 2017.

#### Director #5

Three year term: Annual Meeting 2014 - Annual Meeting 2017.

Responsibilities of AAAA Board members and officers, as according to the AAAA Bylaws, include but are not limited to:

- Determining the policies and activities of the Academy and approving the annual budget
- Managing the business affairs and the property of the Academy
- Approving all official Academy statements
- Approving all AAAA policies and procedures
- Nominating and voting for AAAA Honor Award Recipients
- Approving all component academy charter applications
- Participating in annual AAAA Strategic Planning
- Presenting at AA training programs
- Approving the President's appointees

The Board has four required meetings a year and special meetings may be called by request based on AAAA Bylaws parameters. Board members are reimbursed for travel expenses incurred during the time immediately surrounding the face-to-face meetings held during the AAAA annual meeting and the ASA annual meeting including up to \$500 for airfare, hotel expenses for one night, and \$50 per diem food allowance.

Qualified candidates must be current members of the AAAA and preferably have experience in any of the following: AAAA leadership, state component academy leadership, AA education program activities, ASA involvement, or hospital and community leadership. While not mandatory, it is strongly encouraged that all candidates be willing and available to attend the ASA annual meeting 2013 prior to their term and an additional January face-to-face Board Orientation session in January 2014 for which reimbursement applies as outlined above.

## Renew Your AAAA Membership

AAAA IS ACCEPTING PAYMENT FOR JULY CYCLE OF MEMBERSHIP NOW  
TALK TO YOUR COLLEAGUES ABOUT SUPPORTING AAAA TODAY

By  
Megan Varellas, AA-C  
Chair, Communications and Membership Committees

THE AAAA IS THE STEWARD OF THE AA PROFESSION and all practicing AAs should support the work of our professional organization. Without a professional organization, AAs become marginalized in the healthcare community and lose a seat at the table that makes decisions about anesthesia care for patients. With a changing healthcare industry and reimbursement challenges abounding for all healthcare providers, even AAs that have relative job security, should have an interest in promoting our profession.

The AAAA is facing a record number of new work state initiatives and we can't be successful without your dues and support from all AA practitioners. Almost 50% of our practitioners don't support AAAA, which means the other 50% are financing all AA legislation, legal services for the AA profession, and AA reimbursement work. One can only guess that nonmembers assume other AAs will do this for them or that not supporting their professional organization has no reflection on their level of professionalism. We take care of patients every day and have tremendous amounts of professional responsibility. Our patients and employers expect us to take our profession seriously and be engaged in issues relevant to our industry.

When I hear people say, "I don't have the money," I wonder if they've thought about what they won't be able to afford if insurers stop

reimbursement for their services. I am surprised when 0.003% of one's salary is too much to spend on increasing their job opportunities and job security.

When I hear someone say, "I forgot this year," I actually hear, "The dog ate my homework." I think about how the AA profession could easily be forgotten if all of our practitioners forgot about AAAA. The AA profession is very small in comparison to other anesthesia providers and without large numbers, we all rely on the organization to make our voices count.

When I hear someone say, "It's too expensive," I think about how other mid-level anesthesia providers pay almost twice what AAs pay in professional dues and why their organization has the money to fight AA practice on many levels.

When someone says, "AAAA doesn't do anything," I actually hear a statement that is as misinformed as the common refrain of, "AAs are not adequately trained."

If you want to see AAs able to work in all 50 states and enjoy solid reimbursement policies from government agencies and insurers, then ask your colleagues to join the 680 Fellows, 406 Students, and 29 Physician affiliates in putting their money where their mouth is.



## Welcome New Members

### Alabama

Anastasia Chasovskikh, AA-S

### Florida

Jesson Bateman, AA-S

Natalie Brecese, AA-S

Elizabeth Carter, AA-S

Jerry Cohen, MD

Lourdes Cortes, AA-S

Lee Daniel, AA-S

Jolina Darby, AA-S

Amanda Diaz, AA-S

Jennifer Dixon, AA-S

Francis Fetto, AA-S

Courtney Gordon, AA-S

Bailey Hocking, AA-S

Patricia Koertner, AA-S

Vincent Masella, AA-S

Sean Mulvaney, AA-S

Fahim Siddiqui, AA-C

Joseph Simon, AA-S

Don Sokolik, MD

Leah Tsagaris, AA-S

Stephanie West, AA-S

### Georgia

Rasadi Adebisi, AA-S

Ramon Alarcon, AA-S

Kimberley Boosales, AA-S

Jason Brinson, AA-S

Bethany Buice, AA-S

Kerry Coomer, AA-S

Seth Ehrlich, AA-C

Laura Goydich, AA-S

Vu Hoang, AA-S

Shawna Joynt, AA-S

Chaitanya Karlapalem, AA-S

Callie Kennedy, AA-S

Diane Kohn, AA-S

Jennifer Miller, AA-S

Roger Pearce, AA-C

Sharla Phipps-McGregor, AA-S

Bradley Wright, AA-S

### Kansas

Kandice Peterson, AA-S

### Maryland

Quentin Fisher, MD, FAAP

### Michigan

John Howes, AA-S

### Minnesota

John Abenstein, MD, MSEE

### Missouri

Jenna Gaughan, AA-S

Abby Gezella, AA-S



Courtney Haanpaa, AA-S

Joseph Kister, AA-S

Thomas McManus, AA-S

Juveria Nayeem, AA-S

Emily Wagner, AA-S

Colin Warnock, AA-S

### New York

Salvatore Vitale, MD

### Ohio

Ronald Harter, MD

Michele Mulligan, AA-C

Matthew Prusinski, AA-S

### Pennsylvania

Hayley Smith, AA-S

Kathleen Starrs, AA-S

Erin Sullivan, MD

### South Carolina

Joseph Maggioncalda, MD

### Texas

Jaideep Mehta, MD, MBA

John Zerwas, MD

### Wisconsin

Sarah Harter, AA-C

James Mesrobian, MD

## Second Quarter Legislative Update

A SUMMARY OF YEAR-TO-DATE LEGISLATIVE EFFORTS

By  
Mike Nichols, AA-C  
Chair, National Affairs Committee

**O**UR 2013 LEGISLATIVE YEAR HAS ONLY JUST BEGUN, AND YET IT HAS PROVEN TO BE THE BUSIEST THE AAAAA HAS SEEN. Gone are the days of only one state level legislative initiatives at a time, as we are actively seeking practice authority expansion in over nine states simultaneously this year.

This year has provided us with some wins, some losses, but many lessons and has strengthened our resolve to aggressively pursue the geographic expansion of the profession. Here is a brief recap of the 2013 legislative sessions pertinent to AA practice:

**California (SB410) – CURRENT** – Adds anesthesiologist assistants to the Business and Divisions Code, relating to healing arts

**Indiana (SB273) – CURRENT** – Provides for anesthesiologist assistants to be licensed and to work under a supervising anesthesiologist

**Kentucky (HB428 / SB126) – FAILED** - Create new sections "...to define terms, including... 'anesthesiologist assistant'"

**New Mexico (HB416) – PASSED** – Revised language restricting supervision of AA students in training

**New Mexico (SB6) – FAILED** – Revises New Mexico statute pertaining to anesthesiologist assistant practice

**New York (S02945 / A06646) – CURRENT** - Provides for the licensing of, and regulates the practice of, anesthesiologist assistants

**Oregon (SB630) – FAILED** – Provides for the licensing and regulation of anesthesiologist assistants

**Texas (SB1787 / HB2397) – CURRENT** - Relating to the licensure of anesthesiologist assistants

**Utah (HB109) – FAILED** - Provides for the licensing and regulation of anesthesiologist assistants

As you can see from the above list, our activity level from a legislative perspective is at an all-time high. At the time of this printing, we are nearing the adjournment of most state legislative sessions, however the Committee has already begun to strategize for the 2014 sessions which are shaping up to be even busier than this year!

Activity at this level brings with it responsibilities of each member—these responsibilities include responding to AAAAA email requests with calls and letters of support for legislation, and most importantly donating to the AAAAA Legislative Fund so that we can continue to actively pursue nationwide AA practice.



Mike Nichols addresses AAAAA members at the Annual Conference's State Legislative Forum

## Bylaws Change

CHARTERING STATE COMPONENT SOCIETIES

By  
Layne Paviol, AA-C  
Director

**I**N JANUARY, ALL FELLOW MEMBERS RECEIVED LETTERS AND EMAILS ENCOURAGING THEM TO VOTE ON A NEW AAAAA BYLAWS CHANGE. Did you vote? If so, did you know what you were voting for?

The AAAAA Bylaws are written rules of conduct for our organization and from time to time, those guidelines may need to be altered to reflect how the AAAAA has evolved. The recent Bylaws change involved our policy on establishing state component academies. As you probably know, the AAAAA is a national organization, and each state can form its own local chapter. However, our Bylaws previously stated that at least half of the members of a state society's members must work in said state. In the past, this was a barrier for those who live in one state and practice in another. Take the Washington, D.C. area, for example. Of all the AAs working in the District of Columbia, many actually reside in Maryland or Virginia. According to our old Bylaws, only a Washington, D.C. chapter was allowed. Due to our recent Bylaws change, passed by the fellow members, AAs can assemble and organize a state component academy in any state where at least half of the members reside or work. This simple language change in the Bylaws makes this possible.

If you've made it this far in the article, congratulations! Learning about the AAAAA Bylaws is probably not as exciting as US Weekly or as fun as Facebook. But keep your eyes peeled for another mailing from the Bylaws & Ethics Committee regarding a new Bylaws change to the membership categories. Please read the letter and take advantage of your right to vote!

## Interested in Global Outreach?

Many anesthesiologist assistants participate in trips to provide anesthesia to under-served populations in countries around the world. If you're interested in learning about upcoming opportunities, send your contact information to Lauren Hojdila, Secretary, at [Lauren.Hojdila@anesthetist.org](mailto:Lauren.Hojdila@anesthetist.org).



By  
Claire Chandler, AA-C  
Immediate Past President

**W**HILE MOST AAAAA MEMBERS WERE RETURNING TO THEIR CLINICAL ACTIVITIES after another successful AAAAA Annual Meeting, key AAAAA leaders were pounding the pavement on behalf of our membership in support of New York Senate Bill S2945-A and Assembly Bill A.6646, which provides for the licensing of anesthesiologist assistants in the state.

Coordinated by AAAAA NY lobbyists Mr. Bob Ried and Ms. Shauneen McNally, on Wednesday April 23, 2013 the New York State Society of Anesthesiologists (NYSSA) hosted a delegation of anesthesiologist

## In a New York Day

By  
Gregg Mastropolo, AA-C  
National Affairs Committee Member

**A**T THE FIRST NEW YORK AA LEGISLATIVE DAY, a delegation of anesthesiologist assistants, including myself, a longtime New York resident, spent the day at the New York State Capitol. The schedule for the day was rigorous but well suited for helping educate many politicians and their staffers about AAs. The discussions centered around the foundations of our profession. Our delegation taught legislators and their staffers about different aspects of AA programs, including our admissions requirements, educational backgrounds and programs, certification, and how we function within the Anesthesia Care Team to deliver safe and efficient, high quality care for patients in every state in which we practice. We emphasized the plight shared by myself and many AAAAA members, such as President Saral Patel and others who have been displaced from New York or have ties to the state. New York is one of the states that AAAAA members have expressed the greatest interest in gaining practice rights.

As a resident of the Sixth district of New York since 2004, one of the most exciting parts of the day for me was when my state Senator, David Carlucci, came off the senate floor to take the time to learn

assistants in Albany, New York for the first New York AA Legislative Day. President Saral Patel, Immediate Past President Claire Chandler, New York resident Gregg Mastropolo, and veteran AA and program director Bill Paulsen, along with key physician supporters from the NYSSA met with various Senators, Assembly representatives, health advisors, and members of the New York State Education Department to provide insight on AA education and practice, and describe how AAs are an important addition to the Anesthesia Care Team to ensure safe and efficient quality care for the patients of New York State.

Important emphasis was placed on the fact that both Saral and Gregg have direct ties to New York and many other AAs would have a significant interest in returning to their state of origin or beginning a new career in the state. In fact, New York is among the highest ranked states of interest for licensure by our membership.

This inaugural event was met with overwhelming positive feedback by all participants and efforts are still underway to arrange additional key meetings before the end of the New York legislative session in June 2013. The only opposition against the bills came from the New York Association of Nurse Anesthetists.

The AAAAA National Affairs Committee representatives again met with the NYSSA at the ASA Legislative Conference at the end of April to discuss the necessary next steps for our 2013 efforts and future endeavors, including but not limited to exploring interest in AA education programs and soliciting support from other local stakeholder groups.

While the likelihood of achieving a successful attempt for AA legislation this year in NY remains uncertain, we still have active legislative in an open session. Your support when called to action will be a key component of a successful effort whether it is now or in years to come in New York or other states. Keep an eye out for more information.

and understand more about AAs and our profession. Soon after, we were joined by Dr. Michael Simon and the two enjoyed an informative discussion. Sitting between these two men and listening to them talk, I heard Senator Carlucci listen, ask pertinent questions and show great interest. I am hopeful that, as a champion of other healthcare related needs as well as Chairperson for the Committee on Special Needs, he will consider our request to become a co-sponsor of the New York AA bill.

I feel each of us can make a difference when it comes to gaining licensure, and with so many legislative fronts on the horizon, I urge you to become involved in the legislative process. If you're even thinking about it, then make your voice heard. There can be no better advocate for our profession than one of our own.



Claire Chandler, AA-C, Bill Paulsen, AA-C, Gregg Mastropolo, AA-C, Senator Carlucci, Michael Simon, M.D., Saral Patel, AA-C



# THE LEGISLATIVE FUNDAMENTALS

By Daniel Bates, AA-C  
Chair, Legislative Fund

As AAAA members, we are all aware of our Legislative Fund to some degree, but unfortunately, for many it is simply a line left blank on the membership dues form, a table walked by at the AAAA Annual Conference or a link passed over on our website. The Legislative Fund holds a vital importance to the AAAA and the AA profession that none of us can afford to go without knowing and understanding.

Surveys of the AAAA membership consistently identify the top priority within our profession to be opening new states to AA practice. The main purpose of the Legislative Fund is to assist in legislative initiatives to open these states, or to modify state legislation that may restrict current AA practice in some manner. The number of these initiatives is increasing every year, which is great for our profession. Unfortunately, the Legislative Fund is not increasing in the same fashion. As this trend continues, it is becoming increasingly difficult, to the point of impossible, for the Legislative Fund to meet the needs of every legislative venture.

The cost of a given legislative endeavor and the degree of assistance needed from the Legislative Fund varies greatly from state to state, and depends on several different factors. Variables include the state anesthesiologist assistant academy (if it exists) and their ability to raise funds on a local scale, financial support from the state society of anesthesiologists, lobbying expenses, and various political contributions. It is not uncommon for a single legislative initiative to cost upwards of \$60,000-\$80,000 per attempt and, as we all know, complete success

is rarely accomplished in the initial attempt. Requests for funds have ranged anywhere from \$5,000 to \$25,000 per attempt, and with the trend growing toward six to eight initiatives a year, this will quickly reduce our Legislative Fund balance to zero if there is not a significant increase in contributions from our membership.

In 2011, the Legislative Fund experienced a devastating net income loss of nearly \$10,000 for the year. Last year also resulted in a net income loss after \$28,000 was dispersed to Kentucky (\$15,000), Colorado (\$8,000), and

Texas (\$5,000). As of May 1st this year, we have already paid out more contributions from the Legislative Fund than we did for all of 2012. There was a \$5,000 contribution to New York, \$5,000 was sent to Texas with another \$5,000 contribution pending, \$8,000 was paid for work in Utah and \$25,000 has been allocated for the initiative in Indiana. For a fund that historically has yearly revenues of around \$30,000, this is simply unsustainable. We are, however, making strides in the right direction.

Last year the Legislative Fund had a record revenue of over \$34,000 and I am pleased to say that we have surpassed that amount already in 2013. The AAAA Annual Conference is typically the time that we collect the vast majority of our contributions for the year, and this year's conference was

no exception. With all of the hard work from those promoting the Legislative Fund, we were able to raise approximately \$21,000. This is a great start to the year, but we cannot slow down. There is a long legislative road ahead of us for 2013 and next year is anticipated to be the biggest yet—bigger than what a fund with a balance of just under \$60,000 can handle.

For those of you who have already donated, we sincerely thank you for your support. Our profession needs a strong Legislative Fund that can be depended on by those trying to advance AA practice. No matter where you work, how long you've been working, or what level of involvement you have, there is no reason why every member of the AAAA cannot contribute, whether it be yearly, quarterly or monthly. No job is safe, no state is safe and there is absolutely no room for complacency within our profession. I ask that we all start by writing a number on the line on our dues form, or stop by that table at the next conference, or go to our website and click that link. Our profession simply cannot afford for you not to. We all know that we only get what we pay for.



Collecting donations for the Legislative Fund at the Annual Conference

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WE ARE SINCERELY GRATEFUL FOR ALL DONATIONS FROM THOSE WHO SUPPORT THE AAAA

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# 37th Annual Conference

Held in beautiful Orlando, Florida, this year's Annual Conference set a record for attendance, featured acclaimed speakers, and brought together students, fellows, and supporters of the AA profession from all over the country

Compiled by Daniel Mesaros, AA-C



## Welcome Reception

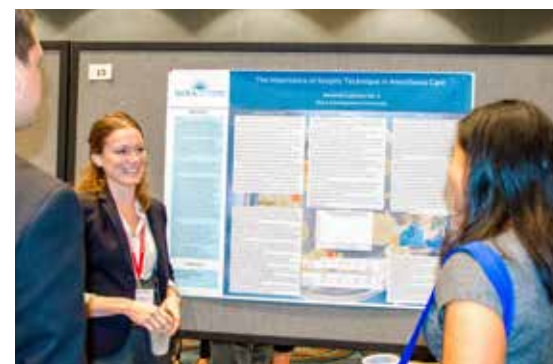
By Quincy You, AA-S



Every year our conference attendance grows in size, and with that growth comes grander accommodations and celebrations. This year was no exception as the Welcome Reception hosted students, fellows, physicians, anesthesia groups and vendors. Everyone who came enjoyed great networking opportunities, food, wine, and company.

One goal for many students while at the conference is to take advantage of the opportunity to look for jobs. Interspersed amongst product booths were anesthesia groups seeking bright-eyed students and state component societies. Just beside the Belmont Instrument table was the ever-expanding Greater Houston Anesthesiology group. The Missouri Society of Anesthesiologists also continued its tradition of hosting a table. The NCCAA held a table to answer questions about certification and next to them was the group from Northside Anesthesiology Consultants from Georgia. With anesthesia groups from Georgia, Texas, and Missouri, students had a variety of networking opportunities.

Amongst the hum of networking and socializing were over twenty students presenting posters from original research projects from all AA programs. Research topics ranged from clinically-focused subjects, such as malignant hyperthermia, to more practical topics, such as workplace fatigue. One poster described a multi-focal approach to postoperative pain associated with total knee arthroplasty. A study on workplace fatigue described how the Federal Aviation Administration has limitations on how many continuous hours pilots are allowed to operate aircraft, but rarely are restrictions placed on anesthetist work hours. Perhaps expectedly, survey responders reported feeling more tired as they approached longer consecutive hours worked. The presentations attracted everyone from attending physicians to practicing anesthetists to inquisitive students and were overall a great success.



Amanda Esposito, AA-S gives a presentation about her research on aseptic technique



A student networks with Northside Anesthesiology Consultants, LLC

## Legislative Forum

By Courtney Degner, AA-S



The first State Legislative Forum was held at the 37th AAAA Annual Conference. The purpose of the forum was to learn about the legislative process and what it takes to gain state licensure. Three states, Oklahoma, Kentucky, and Ohio were chosen to present the stories of legislative issues they have had in the past.

### Oklahoma

Dr. Jane C. K. Fitch, President-Elect of the ASA, and former CRNA from Oklahoma was the first to speak. Anesthesiologists within Oklahoma have a longstanding relationship with legislators, and the Oklahoma Society of Anesthesiologists (OSA) had restructured itself around 2005. At the time, their main focus was on building anesthesiologist membership within the state. They had not yet entertained the idea of having AAs. One member of the OSA, whose son was a state legislator, was attending an anesthesia meeting when he heard about AAs, and thought they would be a good solution to the predicted shortage of anesthesia providers. He expressed his interest in having AAs practice in Oklahoma to his son. Shortly thereafter, a bill was brought to the table to bring AAs into Oklahoma. It was only a matter of weeks from the time the bill surfaced to when it was brought through committee, passed and signed in 2008. This is what Dr. Fitch and many others referred to as the "sneak attack". All states strive to pass AA licensure bills this fast, but that's not always the case.

### Kentucky

Soren Campbell, AA-C works in Cincinnati and spoke of the continuing fight to get Kentucky licensure. Kentucky is a state of delegation. In the mid 1980s, two AAs were accused of practicing without licenses. By spending their own money, they managed to allow themselves to remain in the state and practice and were grandfathered

in through the physician's assistant statute. Anesthesiologists and nurse anesthetists rewrote the statute, but the AAAA and the two AAs working in Kentucky were not involved. The statute was written so that one can practice as an AA as long as he or she is also a physician assistant. Unfortunately, when dealing with statutory language, you have to follow exactly what the statute says. Since the mid 1980s we have been shut out by our own statute. Campbell moved to Kentucky in 2003 and decided he was going to read the statute, find a loophole and get a Kentucky license. The statute says you have to sit for the NCCPA exam or an exam approved by the Board of Medicine. Campbell spent the better part of a year lobbying with members of the medical board to get them to approve his education and exam and grant him a license. Even though they admitted he was right, they wouldn't do it. The only option became to change the statute.

In 2006, an AA friendly Kentucky state senator was approached by one of his constituents, who said Kentucky needed AAs in the state. Unbeknownst to Campbell, a bill was introduced to grant AAs licensure. However, the legislature killed the bill because they wanted more research and spent a year studying the issue. The third-party study, which compared CRNAs to AAs has been cited in every legislative effort since and was one of the best things to have come out of this first



Jane Fitch, M.D. speaks at the Legislative Forum

(Continued on page 22)

## Jeopardy!

By Heidi Ruth, AA-S



Case Western Reserve University-Cleveland Campus was named Jeopardy! champion for the second year in a row at the AAAA's Annual Meeting. This year, a new format was rolled out for the 10th installment of AA Jeopardy. Dr. Zivot presided over the preliminary round on Saturday afternoon while Shawn Duvall acted as host. During the preliminaries, teams were divided at random into two groups. Each preliminary round consisted of a single round of Jeopardy, featuring all anesthesia-related questions. Emory University and Case Western Reserve University, Washington, D.C. won first place in their respective preliminary rounds, advancing them to the finals. Case Western Reserve University, Cleveland and University of Missouri-Kansas City both came in second place with a tied score, so they both advanced to the finals as well.

Another change in AA Jeopardy was the inclusion of pop culture

categories, such as Medical TV Shows and TXTing. All four schools were neck and neck during the first round of the finals. University of Missouri-Kansas City and CWRU Washington, D.C. pulled into the lead during Double Jeopardy. However, as is so often the case, it all came down to the Final Jeopardy question: "Licorice gargle is used to treat this common post-op problem." The answer: "What is sore throat?"

Case Cleveland was the only school to correctly answer, making a comeback from third place to win the title. "We got lucky," said Inga Davis and Emma Shanine, members of CWRU Cleveland team, when asked about their win. "We barely made it out of the preliminary rounds, and UMKC had the right answer. But it feels great to be the champions!" When asked if they had any advice for future teams, the girls laughed and replied, "Make sure all answers are in the form of a question." Indeed, that is good advice and something future teams from UMKC will never forget.



Emory University



University of Missouri-Kansas City



Case Western Reserve University, Washington, D.C.

## 5K Fun Run

By Daniel Mesaros, AA-C



This year's 5K Fun Run in Orlando was a hot 3.2 miles. The fourth annual race was run in honor of the late Case Western Reserve University Cleveland AA student, William "Billy" Deitmen. All of the proceeds from the event were donated to the AAAA Legislative Fund in his name. It was quite fitting that a first year CWRU Cleveland student took first place. Christopher Wade won by a photo finish! The Caribe Royale graciously donated a \$100 gift certificate for the first place prize.



Case Western Reserve University, Cleveland student Christopher Wade holding his prize for first place

Participants gather outside the conference entrance after the 5K run

## State AAAs

By Anish Purohit, AA-S



Three state component societies--Colorado, Washington, D.C., and Florida hosted booths at this year's annual conference. State societies advocate on a local level for the AA profession by generating funds to assist states trying to gain licensure, and by making sure the profession is not compromised when it comes to scope of practice and reimbursement issues.

Lauren Hojdila, AAAA Secretary and President of the Florida Academy of Anesthesiologist Assistants welcomed FAAA guest to the FAAA booth with a gift of oranges. "It was great to see all of you at the AAAA Annual Meeting in Orlando," Said Hojdila, "We had a great time passing out fresh Florida oranges and catching up with all the AAs in attendance. Thanks to all who pinned their place of employment on our Florida map to mark where we are in the state and where we still need to grow. The future is bright in sunny Florida!"

As a first-year student, I felt that the AAAA conference was a spectacular experience, from the informative talks on current trends and pressing issues related to anesthesia, to meeting familiar and new AAs and students. My fellow classmates and I had the unique opportunity and privilege to converse with many of these individuals at our booth comprised of the District of Columbia Anesthesiologist Assistant Association (DCAAA) and the District of Columbia Society of Anesthesiology (DCSA). Being an AA student representing the DC component societies sends an invaluable strong message to other students and AAs, reiterating the importance of advocating for the AA profession. I cannot wait for more exciting news in other states. And as always, it will be nice to catch up with familiar faces and meet new ones next year at Hilton Head, South Carolina!



Colorado Academy of Anesthesiologist Assistants



Washington, D.C. Academy of Anesthesiologist Assistants

## STATE of AFFAIRS

### UPDATES FROM STATE COMPONENT ACADEMIES OF ANESTHESIOLOGIST ASSISTANTS



#### OHIO

##### ANNUAL MEETING, UPDATED WEBSITE, MEMBERSHIP OPPORTUNITY IN OSA FOR OAAA MEMBERS

By Matt Ciotti, AA-C  
President-Elect, OAAA

GREETINGS FROM THE OHIO Academy of Anesthesiologist Assistants! Over the past year we have continued to grow as an academy and have made great strides in an effort to protect and expand AA practice in Ohio.

We held our annual meeting in Cleveland, Ohio on October 6, 2012 and discussed both political and educational topics. Members were able to earn free CMEs in the topics of Anesthesia for Burn Patients, Emergency Airway Management in Trauma and Ultrasound Principles and Usage for Vascular Access. The lectures were provided by anesthesiologists from Metro Health Medical Center and were very well received.

Our academy has also been busy over the past year updating our website (ohioaaa.org) to keep members more informed about current issues and to include online membership dues payments for member convenience. The website also includes many important links to various anesthesia organizations and the AA programs. Also for the first time, the Ohio Society of Anesthesiologists is allowing AAs to

become educational members of their society. This is a great opportunity for all AAs in Ohio and we look forward to working with the OSA in the future.

Finally, we settled a long-standing issue with the Ohio Bureau of Workers' Compensation where they did not recognize AAs as providers. That has now been resolved, and AAs are currently listed as recognized anesthesia providers. As we move forward and continue to grow as a profession here in Ohio, the OAAA is committed to protecting and serving the AAs here in our great state. We will work on increasing membership this year and will focus on practice location expansion as well as taking an initiative with state legislators to educate them about our profession.

#### GEORGIA

##### ALIGNING WITH AAAA AT ANNUAL CONFERENCE, UPCOMING GSA MEETING IN HILTON HEAD

By Joy Rusmisell, AA-C  
President, GAAA

GREETINGS FROM GEORGIA! We are happy to see the spring weather, and are welcoming the warmer summer days. Over the last couple of months the GAAA has been busy networking and representing our

AA constituents in a variety of ways. There was great GAAA participation at the AAAA Annual Conference in Orlando, Florida. It was a wonderful opportunity to meet face-to-face with our new student members, gather with fellow members, and welcome in new GAAA members. Furthermore, this conference allowed for the GAAA leadership to participate in discussions with other state component leaderships in order to share our struggles, successes, and goals for each of our home states. Although we practice in different states, it has always been a goal of the GAAA to align with the AAAA and other state components to learn how to best represent AAs in Georgia.

We are excited about the upcoming GSA meeting in Hilton Head, SC on July 19th-21st. This summer conference is an opportunity for the GAAA to show our support for the GSA, an organization that has provided mentorship and integral actions that encourage the practice of utilizing the Anesthesia Care Team model in Georgia. The GAAA would like to have all Georgia AAs present to share in this alliance, and take part in the wonderful opportunity for CME credits and experience a family friendly beach conference event. The GAAA will be sponsoring the Annual Ice Cream Social on the beach, which is sure to be a great networking event for students and fellow members. The GAAA is excited to have Chuck Hufstetler, AA-C and Georgia Senator, in attendance to meet and greet as well as offer insight into the political landscape as it affects Georgia AAs. If you are a practicing Georgia AA or are looking to end up in Georgia, this is a conference that you don't want to miss—register at [www.gsaq.org/meetings](http://www.gsaq.org/meetings).

The GAAA continues to grow its membership exponentially. We look forward to the continued involvement of student and fellow members in order to encourage the development of the Anesthesia Care Team, and advocate for the AA profession in Georgia. Please support your state component societies. The function and necessity of professional organizations hold a great impact on the growth, success, and sustainability of our profession. Join the GAAA to help continue the support and advancement of AAs in Georgia. Go online to join [www.georgiaaaa.org](http://www.georgiaaaa.org).





## ALL IN

AA STUDENTS DEMONSTRATE THEIR LEADERSHIP SKILLS AT THE 37TH ANNUAL AAAA CONFERENCE AS STUDENT PARTICIPATION REACHES A RECORD HIGH

By  
Claire Wainwright, AA-S,  
2012-2013 AAAA Student Philanthropy Co-Chair

This has been one of the most successful and pioneering years for the AAAA Student Committee! Last April, the 2012-2013 Co-Presidents, Zach Johannesen, and Brian Yeager, welcomed us with a clear message: to set our sights on goals that were achievable within our time as committee chairs and to develop a platform that our successors could build upon in the years to come. Our slogan this year was "All schools proudly working together." This unity was soundly demonstrated by the student leadership in Orlando.

At the 37th Annual AAAA Conference, the student booth was buzzing with activity and sparked countless discussions between students, AAs and anesthesiologists. Students from every school donated their time to help at the student booth which sported a digital presentation highlighting all of the student initiatives over the past year as well as copies of the student-made undergraduate outreach brochure, 5K Fun Run T-Shirts and medicine cap badge clips that were sold in support of Lifebox.

Key talking points during the annual meeting were student philanthropy efforts. Over the past year, AA students were involved in both community volunteer activities as

well as a global outreach initiative that raised \$7,984 for the non-profit organization, Lifebox. Such initiatives could never have come to fruition if it were not for the support and vision of Past Student Co-President, Zach Johannesen who has been our greatest supporter over this past year. He was

responsible for championing the formation of the Student Philanthropy Committee and had this motion passed in his very first committee meeting as co-president. Just look at what we have been able to achieve in our inaugural year!

As student philanthropy co-chairs, Laura Brichler and I founded and mentored two AA program-wide initiatives focused on community and global outreach: the AAAA Student Lifebox Project and AAAA Student Community Service Month. Laura spearheaded our community service initiative this year and got four programs involved in community outreach in February 2013 (South University, Nova Southeastern University Fort Lauderdale, University of Missouri-Kansas City and Case Western Reserve University Houston). Volunteer efforts included cooking breakfast at a Ronald McDonald House, sorting through food donations at a local church, making Valentine's Day goody bags for pediatric patients and supporting Darling Dash by running in their annual 5K. Volunteering in their communities made a lasting impression on the AA students that were involved. Kelli Corless of Nova Southeastern University Fort Lauderdale described her experience, "It was

truly amazing to be a part of the positive energy and attitudes of these families and staff. Even better, our program is going to continue to help out at the church as much as we can!" We hope this is a tradition that Nova Southeastern University and other AA students continue as they extend their reach to help more families in their communities.

Our greatest success over the past year has been with student global outreach efforts. The \$7,984 donation made to Lifebox, from money raised by the 2013 AAAA Student Lifebox Project, earned positive remarks in a number of parent committee meetings, as well as earning closing remarks at the 37th annual conference with Saral Patel. Lifebox is a non-profit organization that is focused on reducing global surgical mortality in low income countries through pulse oximeters, pulse oximetry training and

World Health Organization (WHO) surgical safety checklist training. Of the \$7,984 raised under the 2013 AAAA Lifebox Project, \$3,020 was donated to Lifebox with instructions to use the money to support the Canadian Anesthesiologist's Society International Education Foundation (CASIEF) efforts in Rwanda, where there are pulse oximeters grounded in storage. This money is being used to fill a need in education and distribution, so hopefully these pulse oximeter units, along with WHO surgical safety checklist training, can be available to patients in Rwanda in the near future.

The Lifebox project embodies the vision that co-presidents Zach and Brian challenged us with a year ago. This was the first ever



Students pick out badge holders at the Annual Conference

student-led initiative designed specifically with the purpose of aligning every AA school in one parent project. I mentored every school, and their project leaders, during their fundraising activities. The project began with making and selling badge clips made from caps collected from medicine vials. The badge clips were sold at local hospitals and college campuses to medical professionals and students. Each school generously donated their time and extra badge clips to sell at the student leadership booth in Orlando. At the AAAA meeting alone, we raised an additional \$460 for Lifebox and this money is being used to launch the philanthropy efforts of the new 2013-2014 student philanthropy committee.

For Lifebox project leaders Amanda Kessel, Case Cleveland, and Brandi Groll, Emory, their ideas for fundraising were bigger than badge clips alone. Amanda organized a masquerade evening entitled "Unmasking the issue: Lifebox champions for the advancement of global health" and raised \$1700 for Lifebox through badge clip sales, Chinese auctions, and donations. Case Cleveland students have also been reaching out across America and advocating Lifebox and the AA profession with friends in Florida, Seattle, Arizona and Utah who are sporting their badge clip designs.

In addition to badge clips, Brandi also set her sights on starting the Emory AA Lifebox Classic, an annual fundraising golf tournament.

Brandi and her team negotiated a phenomenal selection of prizes including an HDTV, \$800 cash and a car from Toyota of Newnan for a hole-in-one. Despite the unpredictable Atlanta weather, they had a great turnout for their first tournament and we hope to see all you avid golfers at next year's event.

The AAAA Student Lifebox Project was as much about global outreach as it was about nurturing the next wave of AA student leadership. At the annual meeting, it was wonderful to see that five of the students involved in the AAAA Student Lifebox Project (four of whom were project leaders for their school) have taken chair positions in the 2013-2014 student committee board. In addition, many of the students who donated their time to help at the student booth in Orlando were the Lifebox project leaders for their school and class.

Undoubtedly, the success of the AAAA Student Lifebox Project has been due to the dedication and leadership of every first year AA student involved in the project, especially those in leadership positions. We can all appreciate the intensity of the AA program yet,

despite the limited time in their schedules, these first year students made it their priority to get involved in AAAA and showcase their dedication to community and global outreach. We have never had such wide-reaching student participation in the history of AAAA. Those of you involved in philanthropy this year should be very proud of your achievements and know that your programs, your professional organization, fellow students, AAs, and anesthesiologists are very proud of you also!

Student outreach was also a focus of the AAAA student leadership in 2012-2013. The Student Communications Committee (headed by Chair, Travis Lundell and incoming Co-President, Kristen Dell) launched an Undergraduate Student Outreach Initiative and together, Travis and Kristen designed and developed an undergraduate brochure. This brochure is a valuable resource that we hope AA students and professionals can use to advocate the AA profession and help educate career

guidance counselors and undergraduates on how to pursue a future in allied health as an anesthesiologist assistant. The pilot brochure was available at the student leadership booth in Orlando and was strongly praised at the meeting. The brochure also generated awareness among AAAA members of the importance in helping grow the size of our profession and increase the number of program applications, especially with two new AA programs opening this year. The new student leadership hope to align the undergraduate brochure with parent AAAA communication materials and have the brochure in wide-spread distribution in the near future.

In addition to communication and philanthropy initiatives, AAAA Student leadership over the past year have been involved in advocating our profession and showing our support for the ASA by attending the ASA Annual Meeting in Washington, D.C. Student NAC Chair, Caitlin Burley, Student Membership Committee Chair, Samantha Salman, and Student Philanthropy Co-chair, Laura Brichler, were all present at the meeting along with other first and second year students



Student committee chairs and Lifebox project leaders at AAAA's Annual Conference

and the entire inaugural class from CWRU Washington, D.C.

The 37th Annual meeting was a tremendous success. The student leadership booth was a place of laughter, discussion, networking, and charity fundraising. Past Student Meetings Chair, Quincy You, has been an invaluable member of the student leadership and worked diligently this year coordinating with the meeting site as well as the parent meetings committee. Thanks to Quincy, the student booth was a beautiful demonstration of all of our hard work as a student body over the last year.

We have been blessed with passionate and visionary leaders across the various 2012-2013 AAAA student committees, each of whom were dedicated to passing on a stronger and more engaged committee to the new student leadership.

Final words to the new student leadership for 2013-2014: We hope you will continue on in our footsteps and we challenge you to surpass our contributions to our profession over this past year. Learn from our successes and also learn from our failures. From all of us past chairs and committee members, we offer you our full support in your endeavors over the next year and we hope you continue on as proactive leaders and advocates for the AA profession.

Many thanks to the 2013 AAAA Student Lifebox Project Leaders:

Emory University: Brandi Groll  
CWRU Cleveland: Amanda Kessel  
CWRU Houston: Maggie McCulloch and Nancy Corder  
CWRU Washington, D.C.: Anish Purohit, Scott Plunkett, Kayla Imbrogno, Victoria Roop and Jasleen Kaur  
Nova Southeastern University Fort Lauderdale: Kelli Corless and Justin Auch  
Nova Southeastern University Tampa: Emily Wagner and Vinny Masella  
South University: Avery Edenfield, Melissa Meyer and Kendall Decino  
University of Missouri-Kansas City: Jessirae Frerichs, Spencer Jones and Kyra Gautier



## Remembering Billy Deitmen

October 20, 1988 – October 18, 2012

By Joseph M. Rifici and the Cleveland MSA Class of 2013

This past October, Billy Deitmen, respected classmate, Cleveland CWRU MSA student and eternal friend was snatched away from his family and those who knew him in a tragic, senseless way. The following are some comments and quotes from his classmates at Case Western Reserve University in Cleveland:

“Billy Deitmen was not just

a student and classmate in Case Western Reserve University’s MSA Class of 2013. Rather, he was a brother, friend, role model, mentor, and student chief for his class. Billy truly had a heart of gold, always putting others before himself.”

“With his huge smile, big heart, and ability to talk to anyone, Billy was admired and loved by so many. He had this special touch about him that allowed him to befriend someone within minutes and make lasting life-long impressions on all those who had the opportunity to know him.”

“Young William will never be forgotten, always missed, and never far from thought. He was, and always will be one of the best men I have ever met. Always 22, never forgotten.”

“Billy always had a kind heart, no matter how busy he was, he always made time to help someone.”

“I was lucky enough to shadow Billy before I started the program. He spent the whole day explaining everything to me, showing me around, and even ate lunch with me. He was so giving of his time and I thank him for making me so excited to start the program.”

As so poignantly stated in these heartfelt comments from those who knew him best, it’s clear Billy Deitmen was a special individual who had the innate charisma to deeply touch all who were blessed enough to have known him. He is and will continue to be greatly missed. We reach out to Billy’s family and offer them our most sincere regrets on the passing of their beloved son and we thank them for allowing us the opportunity to have experienced his essence.

The MSA Program cherishes these memories we have of Billy and continue to honor him both in and out of the operating room. Recently, many AA fellows and students participated in a 5K run at the AAAA’s Annual Conference in Orlando, Florida. The funds raised from the event were donated in Billy’s name to the AAAA Legislative Fund. Thank you to all those who participated in the run and helped us honor Billy!



Billy Deitmen, Joe Rifici, and Heidi Ruth at the AAAA’s 2012 Annual Conference in San Antonio

## Legislative Forum

(Continued from page 15)

attempt to pass a bill in Kentucky. Now that a study had been done, it was time to pass the bill. From 2007-2011, the KAAA started attending Kentucky Society of Anesthesiologists meetings and built relationships with anesthesiologists in the state. In 2011, they came up with a bill and attempted the sneak attack that Oklahoma performed. Everything was kept quiet and the bill sailed through committee and to the floor. On the day they were scheduled to vote on the floor, tornadoes hit the area. Two days after the committee, nobody knew what was going on, but the legislature did not meet for the next three days, and when they came back they had memorial services for another three days. By then, the opposition had a week and a half to amp up its grassroots efforts and the bill essentially died. An opponent with a personal connection to legislators had spoken to them during the delay and convinced them to defeat the bill. In 2012, a new bill was drafted and ran concurrently in both the house and senate, but was defeated. Looking back, Campbell reflected on what was done right and what could have been done better. Getting all members engaged in the effort is exactly what was done and what needed to be done, but the state society wasn’t engaged to the level that they needed to be. The state society must not only fully support you, but also carry the flag in support of a bill.

### Ohio

Ohio had its own unique situation. Carie Twichell, who graduated from Case Western Reserve University in 1999, received a call six months after graduation saying she would not be able to work. In 1973, CWRU graduated its first three AAs and for almost 30 years AAs had practiced in Ohio under delegatory authority. In 1983, unbeknownst to AAs, the Ohio State Medical Board underwent restructuring and developed a Statement on Delegation of Medical Tasks. From 1998-1999, a couple of AAs with some forethought started organizing themselves and created the OAAA state society and started looking into licensure. Around the same time, for various reasons, the Ohio State Medical Board started

looking into Delegation of Medical Tasks. They sent investigators to ask questions of anesthesiologists and AAs. After doing so, they said there was no legal basis for AA practice in Ohio. The investigators took this to the Ohio State Medical Board and the attorney general got involved. He was asked to delay the signing of a cease and desist order because a bill for licensure was to be introduced. However, the cease and desist order was accidentally signed and all Ohio AAs were out of a job. This is when Twichell received her phone call. In January, 2000 the first bill was introduced into the Ohio legislative session. In early April, 2000, the cease and desist order went into effect and for eight weeks all AAs (90 in the state) were pulled out of the ORs. Twichell would come into work and for eight hours a day write letters and call legislators to get the bill passed for licensure. In mid May, 2000, the senate voted for the bill and then it was signed by the governor. Once the bill was passed, an advisory committee in the Ohio State Medical Board was made to overlook the day-to-day workings of this legislation. They wanted to prohibit AAs from doing any neuraxial blocks. That meant no spinal, epidurals or central lines. Because of this they decided to sue the Ohio State Medical Board. If they would have let that pass, that precedent would have been set everywhere and they decided it was worth it to sue. The case eventually went to the Ohio Supreme Court and in a seven to zero vote, they won.

What we can learn from these stories is that grassroots efforts are essential, as is contact with state legislators. Also, you have to continually be in contact with your state society, because without the full support and participation of anesthesiologists, a bill is unlikely to pass. You have to continually stay involved. Just because your state has licensure or delegatory authority, doesn’t mean it will always stay that way, as evidenced by what happened in Ohio. Lastly, you need to make that pledge to contribute to the AAAA Legislative Fund. They are the support you will need when you have legislative issues in your state.

## For the Record Chuck Hufstetler, AA-C

### A CLINICIAN AND POLITICIAN

THE FIRST ANESTHESIOLOGIST ASSISTANT TO TAKE OFFICE IN THE GEORGIA SENATE REPRESENTS HEALTHCARE AND THE AA PROFESSION

By Emily Hufstetler, AA-C

With only two months before the election, my uncle, Charles Hufstetler, who goes by “Chuck,” entered the race as a late-comer. One of the candidates had dropped out of the race for business in another state and many encouraged Chuck to take this opportunity to run. As former Floyd County Commissioner (1998-2006), Chuck was no stranger to politics. With the help of his family, who helped him in his short campaign by going door-to-door to talk to voters, he was elected and became the first anesthesiologist assistant to hold a seat in the Georgia State Senate. He was elected as the District 52 Georgia state senator in 2012 and took office January, 2013. District 52 is a new district in Georgia this year and there were three Republicans competing for the senate seat.



Chuck Hufstetler with his family campaigning for a seat in the Georgia State Senate

Although Chuck has been involved in local and state government since 1998, his career didn’t start there. After graduating from the University of Georgia in 1980 with degrees in Psychology and Biology, he spent the next few years working in New York, Texas, and California in the corporate food management industry. Chuck was Vice President and General Manager for Earth Grains of California.

Chuck met his wife Joan on a blind date set up by their friends and were married exactly one year later. Together, they have three children. Caleb, 26, will receive his MBA from Berry College in Rome, Georgia; Schell, 25, is currently working on her PhD from Georgia State University; and Rebeckah, 14, is an accomplished athlete and student at Rome

Middle School. In 1994, the family owned and operated the restaurant until 2012 when they decided to sell. While operating the restaurant, Chuck spent eight years as Floyd County Commissioner.

There are 56 state senators in Georgia. While most are attorneys or insurance executives, the healthcare industry is represented by only a nurse, a pharmacist, an OB-GYN, and an AA. Chuck says he’s glad to be able to help out on issues that many senators aren’t familiar with. Chuck is on several committees, including the Health and Human Services Committee. After becoming a state senator, he says he was surprised by how much legislature affects the healthcare industry. Healthcare and education are the two things state government spends the most on. When asked why there aren’t more healthcare professionals in elected positions, Chuck believes it has to do with scheduling.

The healthcare industry is underrepresented at the Georgia State Capitol and other state capitols because finding time to participate in the legislative session is hard when you work full time. However, people with healthcare experience are definitely needed in government. The Georgia senate has a 40 business day session at the beginning of each year. Chuck was able to attend the session by using vacation days to take time off from his job at Redmond Regional Medical Center in Rome, Georgia.

Chuck has worked at Redmond Regional Medical Center since he graduated from the Emory University AA program in 2008. It was during his time as Floyd County Commissioner that he found out about the AA profession. Chuck was impressed with all the AAs he met because they all really



Chuck Hufstetler, AA-C in the operating room at Redmond Regional Medical Center in Rome, Georgia

enjoyed their jobs. He had wanted to get into healthcare for a number of years but never had the opportunity to do so. When his two oldest children were in college, he decided to apply to the Emory University AA program.

While in office, Chuck has an ambitious agenda. This year, the Georgia State Senate managed to put a \$75 cap on lobbyist spending. Chuck hopes to strengthen this new ethics law. Chuck also wants to get rid of state income tax. He says there is more growth in states with sales tax vs. income tax. Through the Health and Human Services Committee, Chuck hopes to move healthcare upstream. He says many people are using the emergency room as their primary care physician, which is expensive. He wants to improve healthcare access and strengthen preventative care rather than only treating symptoms. Chuck and GAAA president, William Buntin, are currently organizing an AA Day at the Georgia state capitol. They are looking forward to hosting AA students and fellows at the capitol and taking the opportunity to educate senators and representatives about the anesthesiologist assistant profession.



Senator Chuck Hufstetler represents Georgia’s 52nd district

# The Three-Legged Stool for AAs

By  
Jennifer Anderson Warwick, MA

**J**UST LIKE YOU NEED FLOUR, SUGAR, AND BUTTER TO BAKE COOKIES, any medical profession needs accreditation, certification, and an association. With any one ingredient missing, the cookie collapses or the profession weakens. As a colleague of mine from the accreditation world once stated, the relationship between accreditation, certification, and the association is like a three-legged stool. If any one leg breaks, the entire stool collapses.

For the profession of anesthesiologist assistant (AA), the three organizations lifting it up are the:

- Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) / Commission on Accreditation of Allied Health Education Professions (CAAHEP)
- National Commission for Certification of Anesthesiologist Assistants (NCCAA)
- American Academy of Anesthesiologist Assistants (AAAA)

So, what are accreditation, certification, and the association and why should you care? Good questions! Let's start at the beginning.

A person's first step into the profession starts with education—attending an AA program. To work as an AA you as an individual must be certified, and in order to take the certification exam, you must graduate from a CAAHEP-accredited AA program.

## What is Accreditation?

Broadly speaking, accreditation is an effort to assess the quality of institutions, programs and services, measuring them against agreed-upon standards and thereby assuring that they meet those standards.

In the case of post-secondary education and training, there are two kinds of

accreditation: institutional and programmatic (or specialized).

Institutional accreditation helps to assure potential students that a school is a sound institution and has met certain minimum standards in terms of administration, resources, faculty and facilities.

Programmatic (or specialized) accreditation examines specific schools or programs within an educational institution (e.g., the law school, the medical school, the AA program). The standards by which these programs are measured have generally been developed by the professionals involved in each discipline and are intended to reflect what a person needs to know and be able to do to function successfully within that profession.

Accreditation in the health-related disciplines also serves a very important public interest. Along with certification and licensure, accreditation is a tool intended to help assure a well-prepared and qualified workforce providing health care services.

The Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) works under the auspices of the Commission on Accreditation of Allied Health Education Professions (CAAHEP), which accredits more than twenty-three health professions.

Accreditation is a review of a program, institution or service; an individual CANNOT be accredited. Individuals may become certified, licensed or registered.

The ARC-AA/CAAHEP is NOT involved in the certification, licensure or registry of individuals, that is the responsibility of the National Commission for Certification of Anesthesiologist Assistants (NCCAA).

## What is Certification?

A certification program is designed to test the knowledge, skills, and abilities required to perform a particular job, and, upon successfully passing a certification exam, to represent a declaration of a particular individual's professional competence. For the AA profession, certification is the entry point into the profession. Items on the examination are designed to assess the candidate's entry-level knowledge and their skill in applying that knowledge related to the duties of a practicing AA.

The NCCAA's charter includes assuring the public that certified anesthesiologist assistants (AA-Cs) meet basic standards related to fund of knowledge and application of that knowledge to the duties of practicing as an AA.

Eligibility for the certification exam starts with graduating from a CAAHEP-accredited AA program and practicing as, or being eligible to practice as, an AA in at least one of the 50 United States, or being a student in good standing in an accredited program who will be graduated from that program within 180 days of the certifying exam.

Maintaining certification is designed to test the cognitive and deductive skills of practicing AAs who have successfully entered and continue to participate in the certification process for the AAs. Maintaining your certification demonstrates to employers and the public a commitment to professional development, continuing education and ongoing credentialing, which are all hallmarks of professional practice.

The hallmarks of professional development and continuing accreditation are opportunities provided by the professional association. For the AAs, it is the American Academy of Anesthesiologist Assistants (AAAA).

## What is an Association?

There is an association for everything! There is an association for associations! Association management is its own profession, which, too, has its own certification exam. The importance of associations is long standing. Being a member of an association is not mandatory to work in most fields, unlike the requirements of graduating from an accredited

program or achieving certification, but being a part of an association will enhance your career

and will contribute to the advancement of the profession.

The benefits of belonging to the professional association provide opportunities for:

- Advocating for the AA profession to state and national legislators and policymakers
- Supporting the AA profession from a grassroots approach
- Staying informed with regular communiqués, and continuing education opportunities
- Getting involved on committees and task forces
- Connecting and communicating with colleagues and peers who are facing similar challenges
- Contributing your own thoughts and opinions to help grow the resources available to you.

Anytime a professional association lobbies on Capitol Hill or in the State legislature, the same question is asked – how many people are in your profession? How many are part of your professional organization? The latter question represents those who consider themselves true professionals and the association is advocating on behalf of. If the professional association is advocating for all AAs, and if that percentage of members to actual practitioners is low, the lobbying may be more challenging; legislatures will question the support of AAs.

Back to the cookie analogy. By periodically adding chocolate candies or oatmeal to the cookie recipe, the ingredients become tastier and provide more substance. In addition to the three essential organizations to a health profession's field, there are other relationships with organizations that are important, too. For AAs, the crucial relationships are with the anesthesiologists via the American Society of Anesthesiology (ASA), the program directors of AA programs via the Association of Anesthesiologist Assistant Program Directors (AAPD), and the state component societies.

Each organization showcased here is working on YOUR behalf to educate students to become competent AAs, to validate AAs' knowledge and skills, and to advocate for AAs. The organizations are working independently as well as collaboratively. Ultimately, every organization's mission is to advance the AA profession.

For more information on any of the three organizations, please contact:  
AAAA – [anesthetist.org](http://anesthetist.org) | [aaaa@societyhq.com](mailto:aaaa@societyhq.com) | 1-888-443-6353  
ARC-AA – [caahep.org/arc-aa](http://caahep.org/arc-aa) | [jennifer@arc-aa.org](mailto:jennifer@arc-aa.org) | 469-656-1103  
NCCAA – [aa-nccaa.org](http://aa-nccaa.org) | [business.office@aa-nccaa.org](mailto:business.office@aa-nccaa.org) | (919)573-5439

Jennifer Anderson Warwick, MA, is the Executive Director for the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA)



## A PRESCRIPTION FOR CUSTOMER SERVICE IN THE HEALTH CARE ENVIRONMENT

By William H. Buntin, Jr., M.D.

**D**espite all of the changes in the health care system, particularly positioning the patient as a customer, the relationship between healthcare providers and their patients remains fundamental to the delivery of care. Quite often we feel that our expertise, knowledge, and talent should be sufficient to place our patients at ease. However, preparing our patients for surgery mentally, particularly in the short time available to us in the preoperative period, can be a challenge. It is important for us, as care providers to connect with each patient in a way that makes them comfortable and relaxed. A compassionate and positive attitude by the healthcare provider and "practiced" care routine toward the patient has been shown in every study to increase their immune system response, and concomitantly increase the quality of care and outcome.

During my interviews for the position of an anesthesiology resident, I will never forget a comment made by several of my interviewers: "Don't worry about working on a relationship with your patients, they won't remember you anyway." Immediately, I felt a challenge—my patients were going to remember me!

This particular challenge has specific relevance to the title of this article, as customer service in medicine differs markedly from the retail world. The patient cannot return the article or organ to us if they are not satisfied. It is more about developing a comfort zone with our care, about sending our client/customer/patient away satisfied, even happy. And pleased enough that, though they may not be returning to us personally for care, the service that you offered them may have them passing positive feedback to other people.

The process for becoming a professional caregiver is so protracted and arduous, that it is easy to forget the ideals and reasons for our education - which should be patient

oriented-primarily, then disease-oriented, then customer-oriented. As we practice and hone our care skills, the three will tend to blend smoothly.

One of the best techniques is the Erickson Relaxation Technique. It is best used before you start your invasive procedures and has a dramatic calming effect, lowering pulse and blood pressure. This hypnotic technique takes 3-4 minutes and prepares your patient for his or her control of the procedure. (Google: Relaxation Techniques, Milton Erickson). This is particularly valuable for stand-by, local with sedation, or other MAC procedures, but also helps with the patients undergoing general anesthesia. The last thing I say before administering any anesthetic is that the first thing my patient will say to me on awakening is "It was wonderful!" And they do. I have also been known to say, "This will make you feel as good as your first kiss."

Different in comparison to the primary physician or the surgeon, your time with the patient may be limited to the initial interview or even the setup time for surgery. While preparing for the procedure, make that time count, help them relax and explain what you are doing. Knowing your surgeon well enough to quote some of his "witty" sayings may even help!

Whatever approach you choose, you must practice it, learn to adapt it to each patient, and improve it until you feel comfortable. The better you know the staff with whom you are working, the surgeon's talent, techniques, and personality, the more smoothly the goal of patient (customer) satisfaction is achieved. Remember, one day you might be in their spot.



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### June

7 - 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 Dept. 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](http://www.aims.unc.edu).

### July

19 – 21 – Hilton Head Island, SC  
GA Society of Anesthesiologists 2013 Summer Meeting – Advances in Anesthesia: Updates to Improve Patient Care. The ASA designates this live activity for a maximum of eight (8) AMA PRA Category 1 Credits™. Info on agenda, registration fees, and registration are available online at <http://www.gsahq.org/upcoming-meetings>.

### August

1 – 4 – Kiawah Island, SC  
Airway on the Island: A Multidisciplinary Approach to Airway Management. Activity has been approved for AMA PRA Category 1 Credit™. More info online at [www.gru.edu/ce](http://www.gru.edu/ce).

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