



the AnesthesiaRecord

AAAA[®] American Academy of Anesthesiologist Assistants[®]

Summer 2017



Mirror,
Mirror
on
the
wall

who's an advocate for us all?



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The Anesthesia Record

Published quarterly by the American Academy of Anesthesiologist Assistants, Inc. Please direct all general inquiries to AAAA® management. Opinions expressed in this newsletter are those of individual authors and do not necessarily represent AAAA® policy.

AAAA® Executive Offices

1231-J Collier Rd. NW
Atlanta, GA 30318

Phone: 678-222-4233 Fax: 404-249-8831

www.anesthetist.org
info@anesthetist.org

Calendar of Events

July 2017

3rd Quarter AAAA® Board of Directors Meeting
July 16, 4 - 6 pm | Webinar

August 2017

ASA Board of Directors Meeting
August 19 | Loews Chicago O'Hare Hotel, Rosemont, IL

October 2017

Anesthesiology 2017 ASA Annual Meeting
October 21 - 25 | Boston, MA

4th Quarter AAAA Board of Directors Meeting
October 22, 2 - 5 pm | Boston, MA

Here Come the Champions



AUSTIN, TX - (April 1, 2017) Paul Pomerantz, CEO of the American Society of Anesthesiologists, headlines the opening session of the AAAA Annual Meeting. Pomerantz championed ASA's support for AA licensure expansion across the country and welcomed AAs to join the ASA under the new CAA member category.



AUSTIN, TX - (April 2, 2017) Victorious Case Western Reserve University, DC students frame Program Director Shane Angus, CAA, who hoists the Jeopardy® champions trophy. More popular than ever, AAAA's version of the TV gameshow matches competency, nerves, knowledge and competition among the students of America's AA training programs.

President's Message



Gina Scarboro, CAA

President, AAAA®
Program Director, South University
Savannah, GA

A daily dose of advocacy



WASHINGTON, DC (May 17, 2017) - AAAA President Gina Scarboro, CAA, listens as U.S. Sen. Johnny Isakson (GA) describes federal efforts to assure the best healthcare for the nation's veterans. Scarboro visited Senate and Congressional offices during the ASA Legislative Conference May 15-17.

Apathy is a disease. It has the ability to stifle innovation and kill progress. Day in and day out, CAAs work long hours in stressful conditions and try to have a full life in the other hours of the day. It is easy to forget the big picture of the anesthesiologist assistant profession and appreciate the dire need for advocacy from all CAAs in practice. But, if we, as individuals, do nothing and do not care, new states will not open, job opportunities will disappear and payment for CAAs will decrease. What is the treatment for such a horrible illness? Advocacy.

As you will have gathered from this issue's cover, advocacy is the theme of its content. Do not be deterred, this word has many meanings, and what you might first think of—speaking with legislators or raising money for state legal battles—can be daunting but is only one small facet of advocacy and not the entire story.

"Identify Yourself Correctly. No more answering, "I'm with anesthesia."

Advocacy has many definitions and meanings: "the act of pleading for, supporting, or recommending; active espousal"¹ or "the act or process of supporting a cause or proposal"². How does this apply to the AAAA? What cause are we ultimately supporting and for what are we advocating? As outlined in the mission statement, we are a group "dedicated to the ethical advancement of the Certified Anesthesiologist Assistant profession." That translates to actively advocating for many things on behalf of its members: the role of CAAs in the Anesthesia Care Team, appropriate payment, practice rights in each state, and fair competition for employment.

Since it is not everyday that we call a legislator or appear in front of a committee to testify on behalf of the profession, how can CAAs easily and painlessly administer a daily dose of advocacy? Like the small dose of aspirin which reduces the incidence of myocardial infarction³, by sticking to a dedicated treatment regimen for apathy it can be eradicated, curing our profession, and ultimately, fully empowering our defense against opponents who work against us.

The following activities equip CAAs to effectively advocate daily:

1. Identify Yourself Correctly. When saying your name and title include certified anesthesiologist assistant. No more answering, "I'm with anesthesia" or the "anesthetist", or even worse "physician assistant" (something helpful as an analogy but untrue in any state as we are not certified by the NCCPA.) To patients, to providers and to OR team members in "Time Out", we need to say "I am _____, Certified Anesthesiologist Assistant." This is the first step in advocacy. It opens the door for recognition of the CAA profession and CAA skills and training.

2. Speak With Others (tweeting is OK too). When attending social functions, traveling, or even at PTA meetings there are chance encounters when someone is always sure to ask, "What do you do?" The easy answer is "anesthesia," but it is time to speak up and ADVOCATE. Repeat step 1, say, "I am a certified anesthesiologist assistant." Then you can explain how CAAs are educated, how we practice as part of a care team, and what happened to Michael Jackson. Who doesn't get that question?

3. Be a Joiner. If you were fortunate to hear ASA President Dr. Jeff Plagenhoef's stirring speech on professional advocacy at the AAAA Annual Meeting in Austin or at the ASA, then no explanation is needed. Paying membership dues and donating to the AAAA Legislative Fund and ASA PAC in support of local, state and national efforts are practical forms of advocating by financially "supporting the cause" of CAA practice.

Continued on Page 5

The need for everyday advocacy



Paul McHorse, CAA

President, TXAAA
Baylor Scott and White Health
Round Rock, TX
paul.mchorse@bswhealth.org

When I graduated from Emory in 1999, advocacy as a concept was never discussed. With only two programs and less than 500 CAAs in the country, there were plenty of jobs in established “safe” states, so the vast majority of us never gave much thought to advocating for the profession. That was left to the AAAA leaders while the rest of us gladly went about earning good money, blissfully ignorant to potential issues that could arise and affect our ability to practice.

The folly with this lack of involvement manifests when anything detrimental to CAAs and the Anesthesia Care Team model occurs in one’s practice or state. Who speaks up? Who has the knowledge to safeguard a practice in which CAAs have been employed?

When I started working in the emerging market of Texas, I was the fourth CAA to work there. The first two CAAs began working in Texas in 1997. Despite the vulnerability of the profession on this new frontier, none of us entertained the idea of advocating for our profession. We were happy to be in Texas and comfortable with our jobs. Under the spell of complacency, we quickly took for granted our ability to continue with the status quo.

There was an obvious dilemma. Without personally advocating for the CAA profession, how would it grow beyond the one group hiring CAAs at the time? Yes, the physicians in our group could speak for us with their connections on the state level, but they had no apparent stake or desire to expand the practice beyond their own group. How could CAAs expand across the city and state without personal action? Fortunately for me, the group for which I was working had great physician mentors to lead me (despite my reluctance) into being an advocate for the profession.

What I have learned over the ensuing years is simple; there are two parts to advocacy. One should come naturally and the other requires a choice. The first is being a professional ALL of the time. This can also be described as leading by example. Be the anesthetist that shows up early, stays

late, is flexible with your assignments and is an all-around team player. This will show that CAAs are the obvious choice when hiring and will earn respect from other OR staff and physicians that will pay dividends when you need help with a cause. Second, and here is your choice: you must give time and/or money to the organizations that interact with state and national decision makers.

“Under the spell of complacency, we quickly took for granted our ability to continue.”

Ideally, you will give both time and money, but you must do at least one of these. Your money will help hire attorneys and lobbyists to run the campaigns that promote and protect the CAA profession at the local, state and national levels. Giving your time can be accomplished by being active in state academies or AAAA. The time you give is critical to the advancement of CAAs. Whether in a leadership role, assisting with legislative campaigns to develop relationships over time, or taking action to contact lawmakers or other administrators when asked, your valuable time is key. Just as we all work to establish trust and confidence with OR staff, relationships developed with influential decision makers can change the game when circumstances arise that require broad action.

“With these first steps, our momentum will continue.”

In Texas, this was evident last spring when TXAAA leaders and members mobilized their personal contact networks into action to keep CAAs practicing in the hospital system that was first to hire us in 1997. Without the groundwork that established connections and trust, we would have lost a major employment location, potentially establishing a catastrophic cascade statewide.

Continued on Page 5

Prescription for Advocacy Success:

- *Be professional all the time*
- *Lead by example*
- *Show up early, stay late*
- *Be flexible in assignments*
- *Be all-around team player*
- *Be the hiring choice*
- *Invest in advocacy organizations*

Being an advocate for CAAs is not always easy or rewarding, but nothing worthwhile is ever easy. The key component for all advocacy is YOU. You must be involved in your profession. You must be willing to donate to the cause with money and time in order for the profession to continue to grow. We have had great pioneers who have lead us from two programs and five work states in 1999 when I graduated to 12 programs and 17 work states today. None of this would have happened if people had not made the effort to be advocates for the CAA profession. Show appreciation to those pioneers today by being a professional and reaching out to see how your abilities can fill needs in your state academy or the AAAA. With these first steps, our momentum will continue.

Dose of Advocacy - From Page 3

4. Do Something Different. When the AAAA e-Record pops into your email inbox, take a couple of minutes to read it and then a few more to respond with action (advocate). If the message is about a legislative effort, think quickly about who you know in that state (family, former co-worker, friends, etc) and share the legislation news with them. Since you already completed step 2, they will know you are a CAA, and it will be a short conversation!

5. Rinse and Repeat. Keep making these efforts every day and progress will happen. Next, you will want to go to a legislator's fundraiser, join students for a day at the Capitol, and/or serve as a leader in your practice, state component academy or within the AAAA.

In small doses, advocacy is an easy pill to swallow and has amazing benefits for the health of the CAA profession. Be a part of the cure.

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Foundation for optimism



Daniel Mesaros, CAA, MMSc

Director of Didactic Instruction
Master of Science in Anesthesia Program - DC
Case Western Reserve University School of Medicine
AAAA Board, Director

"Our number one legislative effort in 2018 is the licensure of CAAs in the state of Virginia," Dr. Emil Engles, President of the Virginia Society of Anesthesiologist (VSA) said. This is the message the VSA is conveying to its membership. For the last five years VSA leadership has been considering AA practice and waiting for the right time to move forward. That time is now!

Local members of our profession are taking the ground approach to licensure in Virginia. We are spending Saturdays discussing our education and scope of practice with physician anesthesiologists at each of the VSA regional meetings. These regional meetings put a face on our profession throughout the state. Although most of the trips required a drive across

the state, we made connections that are well worth the investment of time. Case Western students have accompanied us at every meeting and exemplify our profession's untapped potential.

The Virginia Board of Health Professions held a public hearing to discuss CAA practice on June 27 in Richmond. Our profession was well represented. For those with a vested interest in Virginia licensure, please contribute to the written comment period June 27 to July 31. Virginia Academy of Anesthesiologist Assistants (VAAA) welcomes all advanced practice providers interested in joining our efforts. Contact us at...
vaaamembership@gmail.com.



WASHINGTON, DC. May 17, 2017 -- VSA and VAAA members at the 2017 ASA Legislative Conference. Front (L to R): Rose Wilson, CAA, Caitlin Burley, CAA; Middle (L to R): Ron Bank, M.D., Layne DiLoreto, CAA, Michael Brennan, MD; Back (L to R): Emil Engles, MD, VSA President, Daniel Mesaros, CAA.

The Faces of Advocacy

AA engagement walks many paths



Layne DiLoreto

Chair, Legislative Committee, AAAAA
MedStar Surgery Center, Washington DC
layne.diloreto@gmail.com



Jeremy Betts

Director of State Affairs
jeremy.betts@politics.org

Advocacy occurs in many forms and can be conducted through a variety of activities. All that is required is a bit of research into the issue, a willingness to engage in political or governmental processes, and a choice to invest personal or professional time. The sincerity of one's point of view is an advocate's most precious and effective tool.

The first step is preparation; the leaders, staff and committee chairs of the American Academy of Anesthesiologist Assistants stand ready, willing and able to assist any member. Understanding the viewpoint of AAs on issues is certainly paramount, but so is knowing how other interest groups believe they are impacted. Anticipating an opponent's moves comes only through appreciation for his/her value system and opinion.

The next step is engaging in advocacy with people who are in positions to adopt, change or repeal public policy – legislative, regulatory and payment. This article, with photos of examples of AAs actively advocating across the country, will describe just a few of the ways to promote the AA profession and help expand practice across America.

Advocacy is a choice and an investment. One must commit to spend the time necessary to communicate with policy makers – the elected, the appointed and the payors. The dividends are almost always worth the investment. More often, the results of consistent and persistent advocacy are life-changing and exhilarating. One rarely, if ever, hears an AA say, "The effort I made testifying on our licensure bill and talking with state legislators was a complete waste of time." The reason one does not hear this complaint is that it is simply not true. Advocacy done in genuineness to assure the best for patients and one's profession is never wasted activity or time.



Amanda Bartok, SAA, and Long Van, SAA, are among the AAs who campaigned for Texas State Representative Tom Oliverson, MD, an anesthesiologist in his first term. AAs helped him with phone banks and a fundraiser in Dallas. Because political campaigns are fueled by money, AAs who invest in the personal campaigns of candidates enjoy a special relationship that endures.



Texas State Rep. Sarah Davis, R-Houston, (seated) with Case Western Houston students at an election campaign block walk. AAs actively engaged in the political process build life-long ties to the public officials they help elect, assuring access when discussion is warranted.



Each year, Georgia CAAs and SAAs rally at the State Capitol to educate state lawmakers about the AA profession. Though many legislators were not in the building during "AA Day at the Capitol," most received personal handwritten notes from SAAs. Staff helped the students identify the lawmakers who represent the cities and towns where SAAs were raised. An elected official doesn't have to listen to people who do not live in the legislator's district but know that when a constituent sends a handwritten message, the constituent is serious about the issue.



Then Emory student AAs Miller Ross and William Watkins visited U.S. Representative David Scott, (D-GA) in 2015 to discuss concerns about the proposed VA Nursing Rule. Ross and Watkins joined physician members of the Georgia Society of Anesthesiologists in the meeting and were a hit with the very interesting and engaging Mr. Scott.



GA-AAA President Ralph Dapaah, CAA, (right of sign) and other officers and volunteers led more than 100 CAAs and SAAs visiting the Georgia Capitol this year. AA "days at the Capitol" raise awareness of the role of AAs in the Anesthesia Care Team. Because AAs practice in locations throughout Georgia, lawmakers should be reminded of the contribution of AAs to safe, quality anesthesia care.



TX-AAA advocates (l-r) Brian Haskins, CAA, Tim Goodridge, CAA, Kayla Bober, CAA, Jana McAlister, CAA, and Paul McHorse, CAA, enjoy a group photo to commemorate participation in a legislative hearing on the AA licensure bill. Legislative testimony preceded by live contact with a senator or representative is THE most direct approach to advocacy. Preparation, study and coordinating testimony with allies is critical to effective communication.



While it might seem unnecessary, advocacy with one's own Anesthesia Care Team members is critical to growing understanding of and appreciation for the skills and knowledge AAs contribute to anesthesia and perioperative services. Marissa Costello, CAA, Clinical Director at NOVA, and other AAAA leaders and program directors in staffing the AAAA exhibit booth in the member resource center at the 2014 American Society of Anesthesiologists Annual Meeting in New Orleans.



TX-AAA and AAAA leader Jana McAlister, CAA, and her friend Dana Hovind enjoy a photo op with Texas Lt. Governor Dan Patrick at the annual Republican party Lincoln Reagan dinner. Jana donated to his campaign and also talked with the LG at the Texas Society of Anesthesiologists legislative dinner. Jana knows that advocacy is amplified when friends and family join in the fight.



Jana McAlister, CAA, is a regular financial supporter of her state Senator, Jane Nelson. Through personal participation in Sen. Nelson's re-elections, Jana enjoys opportunities for quality time conversations. Elected officials rarely forget the face of someone who has "been there for them" when the legislator was in a tough re-election.

Strong start in Montana



David Dunipace, CAA, M.S.

Board of Directors, AAAA
Department of Anesthesiology
University of Colorado School of Medicine

When I took on the role of testifying for HB 235, a bill that would allow CAA licensure in the state of Montana, I knew it was a long shot to see this bill pass or even get out of committee. Not necessarily because of the political landscape, but because that is the nature of the state legislative process. The majority of bills (not just CAA licensure bills) are dead upon arrival. Keeping this perspective when working in the legislative process is key. Most bills that pass require numerous attempts and years of preparation, education, and building relationships through grass roots advocacy. Thus, my goal going into this hearing was not just to get the bill out of committee, but also to build relationships for future efforts and to learn more about the legislative process.

Once the Montana Society of Anesthesiologists introduced the bill, there were only a few short weeks until the time of the hearing. With very little time to prepare, our team of CAAs and the AAAA's Director of State Affairs had to quickly put together a strategy that would facilitate a successful hearing. This time constraint proved to be problematic from the lobbying and educating side of the legislative process. Specifically, the AAAA had very little opportunity to inform legislators about CAAs prior to the hearing. As a result, we were left with the hearing and testimony as our main chance to sway legislators to support the bill, which is never an ideal strategy. Despite this circumstance, I looked forward to representing the profession, and I made the best of my opportunity advocating for this bill. In the end, we were unable to get the bill out of committee.



However, I personally do not view this as a failure as we gained valuable knowledge for future legislative efforts in Montana and other states.

"We gained valuable knowledge for future legislative efforts in Montana and other states."

While we might not have been able to sway enough legislators to support the bill, there was tremendous support in the medical community for the licensure of CAAs. With the full support of the Montana Society of Anesthesiologists, many physicians drove in from all over the state to testify on behalf of the bill. It was uplifting to see the number of physicians who supported our profession stated their belief that CAAs can be an asset to the delivery of high quality anesthesia in Montana. Aside from the physician support, I should mention the substantial assistance from the other medical societies and organizations in Montana. Specifically, there was backing for this bill from the following organizations: Montana Medical Association, Montana Board of Medical Examiners, Montana Academy of Physician Assistants, and numerous administrators from Montana's major hospitals. It is the growth of these relationships and level of commitment from the supporters of HB 235 that gives me hope that a CAA licensure bill will pass in the future.

Upon reflection of our efforts in Montana, I am reminded about a quote from General Colin Powell: "There is no secret to success, it is the result of preparation, hard work, and learning from failure." In the case of CAA licensure bills, this quote couldn't be closer to the truth. So do not be discouraged by legislative disappointments, but be hopeful for the future of our practice as we learn from the past, through the process, and continue planning and preparing for our next move.

"There is no secret to success, it is the result of preparation, hard work, and learning from failure."

- General Colin Powell

Frontline Perspective



Joey Parrish, SAA
NOVA Tampa Program
President, SGA

The first thing that comes to mind when describing the process of trying to pass AA practice legislation in a new state is World War III. The political world of medicine is a battlefield on which almost anything goes and victories and allies are hard-won. One minute there is a society or group that will support you, and the next day they may be in opposition after they received false information about the profession. Success hinges on strategy, ally support and persistence. It is an endless battle to which CAAs must stay vigilant to expand and protect our profession.

“Competition in the anesthesia provider market... benefits patients and healthcare systems.”

When I first spoke at the Nevada legislative session two years ago, I was an incoming student with little idea of what I was getting into. I remember walking into the first senate committee meeting for SB181 (SB210 this year) bright eyed and smiling, ready to speak and advocate for my new profession. I was thinking, “Why wouldn’t a state want anesthesiologist assistants?” I figured it was an easy sell. We would simply showcase our track record as safe, cost-effective and highly trained advanced practitioners within the anesthesia care team, and, presto, our bill would be passed. About 30 minutes later, after listening to a few speeches from the opposition, I was ferociously punched in the face by the reality that we are opposed by staunch, well-trained practitioners that will say, pay and do almost anything to undermine our profession.

Nevada battleground in medical war



CARSON CITY, NV -- (May 1, 2017) NOVA students (l to r) Joey Parrish, SAA, Angely Jimenez, SAA, and Sidney Sanford, SAA, flank Nevada physician leader Dr. Jerry Matsumura (center) with NOVA Director Rob Wagner (right) at the State Capitol. These were among the advocates for legislation establishing licensure of AAs in the state this year.

There is nothing more infuriating than listening to people talk down about your abilities, knowledge and value as a medical professional. Advocacy is more than drawing attention to a particular agenda or cause. A significant and often overlooked aspect of effective advocacy requires defending your cause against misinformation and misperceptions. We need to set the record straight by being prepared to return strong counter arguments and evidence that will silence and expose the false premises of many anti-CAA arguments. That is why, two years later, I am back fighting to expand our practice opportunities.

I encourage everyone, given the chance, to advocate for the AA profession! Competition in the anesthesia provider market and preservation of physician-led anesthesia care not only benefits CAAs, but also our patients and healthcare systems as a whole. You may gain a new perspective and appreciation for what our profession has already achieved when you confront the current and future challenges facing your profession. Take up the baton of advocacy.

“Take up the baton of advocacy.”

Clinical Training

Regional workshop expands Emory student skills



Matthew Lewis, CAA

Member, AAAA
Program Faculty, Emory University AA Program
Senior Anesthetist, Children's Healthcare of Atlanta
Atlanta, Georgia
matt.lewis@emory.edu



First year Emory student Jordan Schmidt, SAA, practices an interscalene block.

This past May, the Emory AA Program hosted an ultrasound-guided regional anesthesia workshop for the first-year class. After receiving didactic lectures on the pertinent anatomy and pharmacology, students were able to get hands on experience and education for a variety of peripheral nerve blocks.

"Students entered the workshop well prepared and ready to apply their academic knowledge."

Instructors for the course included Dr. Heather Samady, Chief of Anesthesiology at Emory's Sports and Spine Ambulatory Surgery Center; Dr. Vipin Bansal, Director of Pediatric Regional Anesthesia at Children's Healthcare of Atlanta; Dr. Richard Brouillard, Program Director Emeritus at Emory University; Kory Sutter, CAA, a staff anesthetist at Atlanta Medical Center and graduate from Emory University in 2006; and Chris Rosen, CAA, another staff anesthetist at Atlanta Medical Center and graduate from Emory University in 1999.

"These types of hands-on experiences better prepare students to utilize regional anesthesia techniques."

Students were divided into small groups and rotated through five stations. Three of the stations featured senior student volunteers who served as models for scanning nerves in the upper extremity, lower extremity, and torso. At the fourth station, students were able to practice placing blocks on the Simulab nerve block simulator. The fifth station allowed students to discuss and demonstrate understanding of the signs, symptoms and treatment of local anesthetic systemic toxicity (LAST).

The workshop was a huge success. Students expressed that they gained a better understanding of regional anesthesia and felt better equipped to begin their senior rotations with the knowledge and skills obtained from the workshop. The students entered the workshop well prepared and ready to apply their academic knowledge. The instructors offered their vast clinical experience to provide students with valuable advice and skills to identify nerves using ultrasound imaging and to discuss appropriate situations for the various blocks.

The Emory AA Program hopes to make the workshop an annual part of the curriculum. With the improvements in ultrasound technology and increasing number of anesthesiologists who are fellowship trained in regional anesthesia, regional anesthetics will likely be performed more frequently in the future. These types of hands-on experiences, combined with classroom and clinical education, better prepare students to utilize regional anesthesia techniques within their anesthesia practices upon graduation..

SICKLE CELL ANEMIA

By John Ng CAA and Caleb Hopkins CAA.

1. Which of the following is not true regarding sickle cell anemia?
 - A. Chronic hemolytic anemia is a common condition
 - B. Myocardial ischemia is increasingly recognized as a feature of SCA in both children and adults⁴
 - C. Acute chest syndrome may result from pulmonary fat embolism
 - D. Erythrocytes have an increased oxygen affinity in patients with SCD
 - E. Children may be more likely to have infectious etiologies for their chest syndrome
2. Hydroxyurea is beneficial to the prognosis of sickle cell disease through the following pathways except
 - A. Induction of fetal hemoglobin synthesis
 - B. Prevention of hemoglobin S production
 - C. Reduction in reticulocyte adhesion to vascular endothelium
 - D. Induction of NO synthesis
 - E. Modulation of inflammatory processes

The term “sickle cell disease” represents a spectrum of congenital hemoglobinopathy that is caused by mutations in the beta globin genes. Phenotypic representations vary, but patients with HbSS and HbS β 0 thalassemia general have more severe courses. Hemoglobin S is less stable and soluble than hemoglobin A found in healthy individuals. The decrease in stability contributes to cell membrane damage and increased cell rigidity, leading to adhesion to endothelial cells and resulting in vascular inflammation. Meanwhile, the decrease in cell solubility leads to cell deformation into a sickled shape when it is deoxygenated. Red blood cells in SCD hemolyze more readily and, thus, have a much shorter lifespan. This makes chronic hemolytic anemia a common condition in SCD. Furthermore, RBCs in SCD have lower oxygen affinity partly due to the increased in intracellular concentration of 2,3 DPG. This decreased in affinity is believed to facilitate oxygen release to tissues and is observed in all forms of anemia.

Acute chest syndrome is a common complication and has led to frequent hospitalizations and premature death. The etiology for ACS is often multifactorial. Children may be more likely to have infectious etiologies, while adults are more likely to have sickle cell-related causes. Fat-laden macrophages have been prospectively found in bronchopulmonary lavage suggesting pulmonary fat embolism as a probable etiology for ACS. It is believed that fat originates from infarction of bone marrow during acute pain episodes. Pathological studies have reported abnormal findings in both coronary vessels and myocardium, including fibrosis and clogging of micro-coronaries by aggregates of sickle cells. It is suggested that chronic recurrent micro-injury placed an additive effect on chronic steady-state functional myocardial impairment.



Hydroxyurea is a USFDA approved drug used in the treatment for SCD. The drug has shown its ability in promoting HbF synthesis in most adults and in children, especially. It also lowers the number of painful vaso-occlusive and ACS episodes possibly through the reduction in reticulocyte adhesion to vascular endothelium, induction of NO synthesis, and modulation of inflammatory processes.

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Correct Answers: 1=D 2=B

2017 Annual Meeting Debriefing

John Ng, CAA

Editor, Clinical Column
WellStar Medical Group
Pediatric Anesthesiology Division
John.Ng@wellstar.org

2017 Conference Poster Session

There were over 40 posters presented in this year's AAAA annual conference. Topic categories included literature review, original academic research, clinically challenging cases, and original scientific research.

We would like to thank all participants for their time and effort. Moreover, we also greatly appreciate the many fruitful discussions and scientific interaction that made our poster session a success. Because of your support, the poster presentation session remains a valuable component in our annual meeting.

PBLDs Popular CME Approach

Did you know that problem based learning discussions (PBLDs) were offered in breakout sessions at the annual meeting in Austin?

Actually, PBLDs were offered at the AAAA annual meetings over the past several years. At the 41st meeting in Austin, Texas, one session was offered and the topic was, "Adult Sickle Cell Patient Scheduled for Cath Lab for Chest Pain and Possible NSTEMI."

Okay, but what are PBLDs and how do they work?

PBLDs are sessions of problem-oriented discussions based on medically challenging cases. The facilitator(s) who author the case report guides the participants through the discussion in a small group where exchange of problem-solving strategies and techniques is encouraged among the limited number of discussants. Registrants will receive case material in advance in order to allow for preparatory time; so all participants can contribute to and benefit from the discussions.

I am going to the annual meeting in St. Pete in 2018, how do I sign up to participate in these PBLDs?

Please look out for future topics either in upcoming issues of the Anesthesia Records or on the AAAA website. Pick one or all of the sessions if you may, then pre-register for these sessions as you sign up to attend the annual meeting.



Can I attend PBLD sessions without pre-registration?

Please be aware that each PBLD session is offered to a limited number of participants, so pre-registration is highly recommended as it may close when all seats are filled. More importantly, pre-registration allows case material to be delivered in advance via email, so that participants can contribute to and benefit from the discussions. Both fellows and students are welcome to participate.

Are CME credits offered for attending PBLDs at the annual meeting?

Yes. Participants earn 0.5 CME credits per each PBLD session.

How much does it cost to attend each PBLD session?

PBLD sessions offered at the AAAA Conference are free to annual meeting attendees.

I want to participate as a moderator next year, how do I do that?

The Annual Meeting Committee will call for PBLD topic submission in the near future. Submissions are restricted to physician anesthesiologists and fellow anesthesiologists. The submission deadline, requirements, and other related details will be announced prior to the 2018 meeting in St. Pete, Florida.

A close-up photograph of a young boy with dark hair, looking intently through the lens of a flashlight. The flashlight is held in his right hand, and its beam is directed towards the camera. The background is dark, making the boy's face and the flashlight's lens the central focus.

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ACT Pre-Con:

Professional Development for Student AAs

Friday, April 20, 2018

(included in SAA annual meeting registration)



Save the Date April 13-16, 2019

2019 AAAA Annual Meeting & Career Expo

JW Marriott Hotel

Indianapolis, Indiana

As officers, directors invest, AAAA averts risk



James E. "Jet" Toney
Executive Director, AAAA®

Members of professional organizations typically have limited knowledge of the work of officers and directors who are charged with setting broad policy on behalf of the members and the profession. This narrow view of organization value is understandable, because member organizations face significant challenges effectively communicating decisions, activities, successes and challenges to members.

In the next few months, AAAA will conduct elections for three officer and two director positions. Candidates offering or nominated for consideration should be aware of the potential exposure to future claims and lawsuits over board action or inaction. This is a warning that should be considered by every volunteer who serves on a non-profit organization board and any for-profit boards. The applicable legal standards of conduct for nonprofit directors and officers are at least as high, and perhaps higher, than the standards applicable to their for-profit counterparts. A variety of corporate constituents are potential claimants against nonprofit directors and officers. Damages recoverable from directors and officers of even a relatively small nonprofit organization can easily exceed the net worth of many individuals.¹

AAAA officers and members of the Board of Directors invest significant personal time and financial resources to conduct the business of the organization. Travel is required several times each year with consecutive overnight stays away from family and work. Beyond this is the intellectual investment volunteers make as contributors to regular and called teleconferences to discuss governance, policy and legislative opportunities.

While some of the out-of-pocket travel expenses are reimbursed, AAAA does not repay the volunteer leader for the loss of family and work time or the lost opportunity to engage in other professional and personal activities.

Rather, AAAA rewards a leader's investment of time and intellect by averting the risk associated with serving on a governing board of a national professional organization. This protection from exposure from lawsuits and claims is accomplished when the Academy purchases directors and officers (D&O) insurance to provide a means to pay for losses that might result despite the nonprofit's attempt to avoid them.

Why is D & O insurance important for the protection of the organization and the officers and directors? Data provides the answer:

- About 1 in 100 nonprofits each year will file a claim under D&O insurance
- Average cost of a settlement in a D&O claim (meaning it didn't go to court): \$28,000
- Average legal costs of defending a claim: \$35,000
- One in every 10 claims costs more than \$100,000 (whether a settlement or court determined)
- The two largest claims to date: \$500,000 and \$1 million (among 10,000 NAIG customers)²

According to the Nonprofits Insurance Alliance Group (NAIG), most D&O claims are employment related; more than 95% of claims filed against D&O policies are related to wrongful termination, harassment, or discrimination, and so forth. And add to that, during economic downturns, there is an increase overall in the number of employment-related disputes as employers downsize and those fired or laid off find it harder to find employment, NAIG reports.

The benefit of coverage for board members includes the following legal areas:

- Protection of personal assets
- Beneficial to include coverage for claims made against the organization itself, even if no directors or officers are named in the claim, protecting organization itself financially.
- Employment practices coverage: protection damages from claims for wrongful termination, sexual harassment, discrimination and unfair hiring/firing practices.
- Common areas of dispute revolve around hiring and firing decisions, employee supervision, the application of nonprofit assets and interpretation of nonprofit charters.
- Common lawsuits: Discrimination (age, race, sex, employment, membership), Harassment, Wrongful termination of employees, Inefficient administration or supervision, Waste of assets, Misleading reports or other misrepresentations, Libel and slander, Failure to deliver services, Acts beyond the granted authority, Breach of contract.
- Legislative protections for volunteers do not exist in all states and do not protect from violations of the Americans with Disabilities Act (ADA), ERISA (Employee Retirement Income Security Act), or civil rights laws.
- Homeowner's insurance usually protects serving on for-profit corporate boards, but excludes volunteer nonprofit board service.³

¹ Andre P. Juneau, "Nonprofits Especially Need Protection Against D&O Liability Risks", Insurance Journal, September 17, 2001

² Susan Bradshaw, Nonprofits Insurance Alliance Group article "Board Insurance: Do you really need it?" Blue Avocado, A Magazine of American Nonprofits, 2011

³ Ibid, Insurance Journal



Third Quarter Newsletter
Content Deadline July 31, 2017

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