AAAA Executive Offices
2209 Dickens Road
Richmond, VA 23230-2005

# Calendar of Events

## October

11 – San Francisco, CA
Society for Ambulatory Anesthesia Mid-Year Meeting. Registration brochure and hotel information available soon at http://www.sambahq.org/professional/upcoming-society-meetings/

12 – 16 – San Francisco, CA
ASA Annual Meeting – Anesthesiology 2013. All information, including registration, hotel and airline discounts, can be found online at http://www.asahq.org/Annual-Meeting.aspx.

26 – 29 – Hilton Head Island, SC
19th Annual Advances in Physiology and Pharmacology in Anesthesia and Critical Care. The Wake Forest School of Medicine designates this live activity for a maximum of 22.75 AMA PRA Category 1 Credits™ , which includes airway and ACLS testing workshops.

## Online CME

UpToDate
An evidence-based, physician-authored clinical knowledge system where clinicians can keep up with the latest medical developments – and earn CME – in over 20 specialties including anesthesiology. UpToDate offers AMA PRA Category 1 Credits™ and certificates of participation. For more information, go online to www.uptodate.com/home.

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

**Video & Audio Programs**
Harvard Anesthesia Update. Intended to provide anesthesia practitioners with a comprehensive review of the most important advances in clinical anesthesiology and each of its major subspecialties. Sponsored by the Harvard Medical School Department of Anesthesia and Continuing Education. A maximum of 27.5 AMA PRA Category 1 Credits™ may be claimed for this enduring material activity. Video, audio, or a combination of both are available starting at $695. Order via website for fastest service at www.cmeinfo.com/HarvardAnesthesia or call 1-800-633-4743. Date of credit termination: April 1, 2015.

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

# The Anesthesia Record

July - September 2013



The Newsletter of the American Academy of Anesthesiologist Assistants


## FROM CALM TO CHAOS

### WHAT CAN BE LEARNED ABOUT SAVING LIVES IN THE OPERATING ROOM FROM AN F5 TORNADO

**Patrick Slatev, MD (above, center) helps rescue and recovery efforts in the aftermath of the Moore, Oklahoma tornado**

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

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**Two Teachers**
Maryam Aminzadeh, AA-C and Lori Desorbo, AA-C , are both clinical preceptors at UF Health in Gainesville, Florida

## Features



## Departments





## President's Message

# The AA Partnership Takes Flight

*By* Saral Patel, AA-C

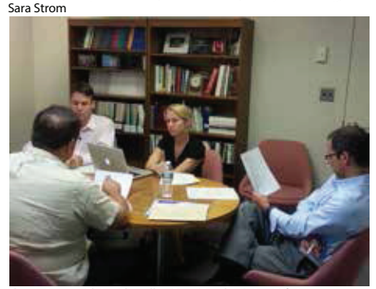
The AAAA has the unique opportunity to participate in the groundbreaking AA Partnership (AAP). The AAP is a collaborative effort of the American Academy of Anesthesiologist Assistants (AAAA), National Commission on the Certification of Anesthesiologist Assistants (NCCAA), and the Accreditation Review Commission for the Anesthesiologist Assistant (ARC-AA). The three are the foundation supporting organizations of the AA profession. The AAP strives to advance and promote the profession in addition to increasing the profession's sustainability and validity. Matured from the Cross Organizational Summit of the last decade, the AAP currently is a multi-organizational forum to discuss issues surrounding the AA profession. The first project of the AAP is the development of the AA Practice Analysis Survey (AAPAS). AAPAS is being funded by the NCCAA primarily with some funding contributed by the ARC-AA and AAAA.

The focus of the survey is to collect data from 2,500 respondents to provide a description of the profession which will aid in identifying the major competencies of the profession and provide evidence to refine the content outline of the NCCAA and drive The Standards revision for CAAHEP and ARC-AA. In turn, it will transform how the NCCAA tests and by consequence, will affect candidates for the exam as well as how the programs prepare students for the exam and for practice. Of the 2,500 surveyed, AAs will make up the majority, however, anesthesiologists who are current employers of AAs will be included along with anesthesiologists or practice managers who may be potential employers of AAs will also be invited to complete the survey.

THE AAP, under the leadership of the NCCAA, has contracted Pro Examination Services, a professional credentialing agency, to provide expert guidance and implementation of the survey. Led by Sandy Greenberg, Pro Exam will direct the development of the survey, in addition to creating the digital survey to distribute and run a digital analysis of responses. Pro Exam will follow up with detailed reporting and assessment over the next year. The initial step of survey development was to create the Steering Committee to oversee the entire project as well as assemble a clinically diverse task force to analyze competencies. Together the Steering Committee and AAPAS Task Force will monitor and give input to question development and survey creation. Members of the Steering Committee are: Sherry Adamic (NCCAA), Joe Rifici (NCCAA), Felicia Kenan Boyles (NCCAA), Dr. Howard Odom (ARC-AA), Shane Angus (ARC-AA), Jennifer Warwick Anderson (ARC-AA), Saral Patel (AAAA), and Claire Chandler (AAAA). The Task Force includes all Steering Committee members plus Dr. Sam Gumbert, William Paulsen, Toyosi Shitta-Bey, Nicolle Strikowski, Ellen Allinger, Dr. Rick Bowen, and Sara Strom. Task Force members were nominated by the three organizations to represent a group of diverse practitioners. Multiple thought leaders were also interviewed to give perspective on the future direction of the profession. Multiple AA programs interviews were also sought.

The AAAA hopes to gain demographic information of practitioners to increase our membership base. The ability to monitor practice trends will serve to better develop continuing education material for the annual meeting curriculum and upcoming newsletter content. The survey will also serve to identify gaps in knowledge or techniques of the profession. The results of the survey can be used to clarify the profession to regulators and state legislators. It is a forward thinking endeavor with input from actual practitioners beyond AAAA members. Above all, the AAAA will be strengthening our relationship with the NCCAA and ARC-AA to provide better services to our members. Engaging in this caliber of survey is in line with the AAAA's strategic goals for the future. The AAAA strives to increase our sphere of influence in the perioperative community. Keep an eye out in your inbox, so you, too, can engage in this revolutionary initiative to push the profession forward.

Claire Chandler, Ellen Allinger, Saral Patel, Howard Odom, Toyosi Shitta-Bey, Jacqueline Siano, Sherri Adamic, Sandy Greenburg, Sara Strom



Shane Angus, Claire Chandler, Sam Gumbert, Joe Rifici

Sherri Adamic, Nicolle Strikowski, Ellen Allinger, Sara Strom, Sandy Greenburg, Bill Paulsen, Toyosi Shitta-Bey, Saral Patel


# YOUR VOICE COUNTS

ONLINE VOTING FOR OFFICERS AND BOARD OF DIRECTORS IS OPEN SEPTEMBER 16TH - OCTOBER 1ST

## President-Elect
### Megan Varellas, AA-C

I believe that promoting, protecting, and growing the AA profession is the most important service AAAA provides our members. A strong professional organization is the foundation for our future and security. Every AA that benefits from our profession should support the work that AAAA does. I volunteer for AAAA because I believe that certified AAs should have the right to practice in every state and be free from slander, prejudice, and challenge to reimbursement.

## Secretary
### Lauren Hojdila, AA-C

My name is Lauren Hojdila and I have been serving as your Secretary of the AAAA for the past year. Currently, I work clinically in the Tampa area with Greater Florida Anesthesiologists. Our profession is my passion. I am very fortunate to have the ability to provide anesthesia in my community and to educate others about our profession in this demanding leadership role.

My goal, if re-elected as the Secretary AAAA, is to continue my hard work and dedication for the success of our organization. I will strive to serve the needs of the membership and to promote our profession in any way possible. I will complete all of the tasks of the office with care and diligence.

I have been involved with the AAAA on many levels over the years since my graduation from Case Western Reserve University, in Cleveland, Ohio, in 2003. My service to the AAAA began as a student representative. Once I graduated I felt the need to stay involved in the AAAA. I became a member of the membership committee and then eventually was asked to become the vice-chair of the committee where we created AA Day to help celebrate all of our accomplishments as a profession. I was asked to expand my role and serve as the Director of Internal Communications for the Office of Communications. Eventually I served this committee as the Director of External Communications and then Director of Communications. I have assisted and led workshops on Spokesperson Training at the AAAA Annual Conferences. I have also volunteered my time with the Education Committee. At present, I am a member of the Annual Meeting Committee and the Bylaws and Ethics Committee. As an Executive Committee member, I have had the opportunity to speak to the students at three of our educational programs on the benefits of AAAA membership and what our organization does on a daily basis to promote our profession and expand our reach in the anesthesia community. In May I spoke to the staff at the ASA Headquarters in Chicago to help increase their knowledge of an AA. While in Chicago, I also spoke to the Executive Directors of 10 state anesthesia societies.

Thank you for allowing me to serve as your Secretary of the AAAA over the last year. I am looking forward to another great term in office to continue to advance the organization and strengthen the anesthesiologist assistant profession. I am asking for your vote to allow me to continue to serve as the Secretary of the AAAA and I thank you for your consideration.



## Secretary
### Joy Rusmisell, AA-C

Upon learning of my nomination to serve as the Secretary for the American Academy of Anesthesiologist Assistants, I was filled with honor and humbled that my colleagues recognize my leadership abilities. I strongly believe that I am privileged to practice in one of the best professions available.

From the first day of my educational program, it has been my desire to give back to the organization that advocates for this profession. Becoming involved as a student within the AAAA, I have been fortunate to be mentored by great advocates and leaders. These individuals have bestowed their knowledge regarding the dynamics of AA educational principles, professional legislative tactics, and strategies for growth of the Anesthesiologist Assistant profession. Accepting this nomination, I hope to contribute to the efforts of the AAAA to ensure the longevity and excellence of the AA profession.

Furthermore, this position would allow for my personal growth within our national organization. Although our industry can be challenging and requires strict vigilance, I find myself rising to the challenge to deliver excellence in care and compassion for my patients. This is the same attitude and determination I will exemplify if chosen to serve as the Secretary of the American Academy of Anesthesiologist Assistants.

## Secretary
### Ty Townsend, AA-C

My name is Ty Townsend and I am seeking your vote for Secretary of the AAAA. Since entering Case Western Reserve University in 1999 I have found myself becoming increasingly involved with the AAAA. Some of my responsibilities to the AAAA and the AA profession are:

- Past Member, Board of Directors
- Past President, Member Board of Directors, founding member Missouri Academy of Anesthesiologist Assistants.
- AAAA Representative, ASA Committee on Occupational Health: tasked with leading the ASA's Wellness initiative.
- AAAA Board of Directors Representative to the AAAA Student Component Society
- Member, By-laws and Ethics Committee.
- Member, National Affairs Committee. Testifying before the Utah Legislative Board of Commerce in 2009 in support of AA licensure.
- Member, Education Committee.
- AAAA representative to the CDC's National Institute of Occupational Safety and Health. Assisted on the Healthcare Workers Survey that evaluated the effects of anesthetic gases and surgical smoke on Operating Room personal.

As AAAA Secretary and member of the Executive Committee, there are three main objectives I would like to see explored or expanded upon:

1. We as a national professional organization must continue to RECRUIT for membership and involvement by targeting individual member strengths to AAAA needs and continue mentoring students to participate in committees and projects.
2. EXPAND our profession by continuing our strong relations with the ASA and building upon relationships with AAAA and ASA state component societies.
3. Provide SUPPPORT for our members at both the national and state political levels to insure their best interest is always on the minds of legislators.

What I bring to the Executive Committee is EXPERIENCE, KNOWLEDGE and LEADERSHIP. During my career as an AA I have worked as an independent contractor in many parts of the country. I am familiar with the regional issues and know first hand the obstacles of entering new institutions.

With 15 years of military experience building cohesive teams and meeting objectives, I also know how to get results. I ask for your vote as Secretary of the AAAA so that together we can keep the successes going.

## Director
### Christian Allen, AA-C

I graduated from the Emory University Anesthesiologist Assistant program in 1996 and have been practicing as an AA at Kennestone Hospital for the past 15 years. I am currently a Director on the Board of the Georgia Academy of Anesthesiologist Assistants (GAAA) and am Chairman of the Membership Committee for the GAAA.

I along with another AA at Kennestone recently recruited 29 new members for the AAAA. We hope to implement our strategy within the AAAA to recruit many more members. Membership is the driving force for an organization and should be a top priority. I know this from my experience on the board of the GAAA and as a businessman in Cartersville.

Professionally, I have spent 17 years as an AA. I have been involved in many business ventures, the experience of which I can bring to the AAAA BOD. My skills running a successful business as well as my experience as an AA will aid the AAAA in its strategic plans.

This opportunity for me to take on a position with the board of directors for the AAAA will allow me to support and protect the profession that has given so much to me. I have many great ideas and a vast network of resources that I am bringing to the AAAA.

My family and I thank you for this opportunity.

Please allow me your vote for Director on the Board of the AAAA. Thank you.

## Director
### Claire Chandler, AA-C

Throughout my tenure as a volunteer member of our professional society, I have made every effort to advocate for our profession and our organization by providing a neutral and conflict free perspective, creating opportunities for leader engagement and continued learning, and promoting a systematic approach to our non-profit operations to improve efficiency and instill

a desire to volunteer.

Over the last few years, we have seen dramatic changes in our membership benefits, our newsletter, our values and organizational plan, and we have increased our visibility as a profession in the perioperative community through publications in external sources and expanded representation to other organizations and committees. As a recent Officer, I am intimately knowledgeable of the ongoing projects and the future initiatives of the Academy and believe I can provide some continuity and historical perspective as a member of the Board of Directors and make valuable contributions to continuing projects.

It has been a pleasure and an honor to serve this organization over the last decade. I appreciate your ongoing support through your vote!

## Director
### David Dunipace, AA-C

## Director
### Timothy Goodridge, AA-C

I have been working in Texas as an AA for the last 15 years. Not only have I seen the number of AAs working here increase a thousand percent, but I have seen the opposition increase their efforts against us a thousand percent.

As a member of TAAA, I have been humbled to see what was once the hopeful legislative efforts of just a few turn into a political force of more than one hundred confident individuals. As a member of the AAAA Board of Directors, I plan to continue the fight to ensure every AA will have the freedom of profuse job opportunities, secure employment, and a safe & qualified job environment.

## Director
### Caleb Hopkins, AA-C

Over the last several years we have seen the AAAA, in cooperation with the ASA, facilitate the expansion of AA practice across the country. I have personally benefited from this expansion as a member of the first graduating class from UMKC. After graduation, I began my career at Cardinal Glennon Children's Medical Center as an employee of Saint Louis University. In 2011, I took over the roles of scheduling the anesthetist staff and coordinating AA student education at our institution. I have grown especially fond of educating our AA students about the unique practice of anesthesia for the pediatric population. Having had the opportunity to teach students in the clinical setting over the last three years, I have discovered a passion for teaching and would love to one day be didactic faculty for one of the AA training programs.

One of my areas of focus is pediatric anesthesia for posterior spinal fusion requiring neuromuscular monitoring. In 2011, a member of the attending staff asked me to revise our posterior spinal fusion TIVA protocol. The resulting protocol, introducing a ketamine infusion, led to my poster presentation at the Society of Pediatric Anesthesia annual meeting. It also inspired me to pursue our ongoing five year retrospective research study under the guidance of Dr. Brenda McClain and Dr. James DeBoard.

I am honored to be nominated for a position on the Board of Directors for the AAAA. As a member of the Board, I would bring the perspective of a graduate from a young yet growing program. This perspective would also help to shed light on the unique challenges facing those seeking practice in regions new to the AA profession. Ultimately, I would like to be involved in leadership to help further the AAAA's pursuit of promotion and support of our profession throughout the country.

## Director
### Paul McHorse, AA-C

In the years since graduating from Emory's AA program, I have experienced the struggle for acceptance and growth of the profession. Initially, advocating for the profession in Texas through expansion for supervision ratios, and now with a legislative initiative for licensure, I have worked closely with the AAAA leadership to coordinate efforts and learn from others.

It is this cooperation and knowledge sharing that will ultimately lead to success in all legislative efforts and the growth of the profession. As a member of the board of directors I will maintain the vision for our future.

## Director
### Michael S. Nichols, AA-C

It is a true honor to once again be considered for elected office and return to the Board of Directors of the American Academy of Anesthesiologist Assistants. I do not use the word "honor" flippantly, as I truly consider service to our national organization a privilege and professional opportunity to parlay my individual skills into collective success for the AA profession.

In all aspects of my professional life, I strongly support the work of the Academy, and actively encourage others to do so as well. With specific regards to the operations of the Academy, I seek increased governance and member engagement, more openness and transparency, and greater diversity and equity amongst the leadership and general membership. I believe in service, communication, teamwork, inclusiveness, and shared responsibility. My motivations and experience enable me to work productively with fellow leadership, our communities of interest, and administrative staff to find solutions, formulate policies, and plan a future that will keep us strong and competitive, better serve our members and patients, and ensure AAAA is a rewarding and worthwhile organization.

As a member of the Board of Directors, I will work with the AAAA to fulfill its mission and responsibilities relative to strategic planning goals and initiatives, in accordance with the mission of the Academy. I believe the AAAA should aggressively seek ways to be more proactive and visible, with broader and timely engagement in actions concerning the profession in terms of public relations, communications, advocacy, member services, organizational and financial stewardship.

I believe that my past involvement in nearly all aspects of the Academy and related organizations uniquely positions me to offer significant benefit to the leadership of the AAAA. I look forward to not only play an active role in the implementation of new initiatives and innovative ideas, but to do so with a perspective grounded in the historical precedents set forth by those leaders before me. I ask for your confidence in me and supportive vote in my candidacy for the Board of Directors. Thank you!



# National Affairs Committee

FEDERAL ISSUES UPDATE

*By*
Michael S. Nichols, AA-C
Chair, National Affairs Committee

**Sustainable Growth Rate (SGR) repeal and/or avoidance of CMS reimbursement cuts**

On July 31, the House Energy and Commerce Committee voted 51-0 to pass H.R. 2810, the "Medicare Patient Access and Quality Improvement Act of 2013," out of committee. The bill would repeal and replace the flawed Medicare Sustainable Growth Rate (SGR) formula. By a voice vote, the Committee also passed an amendment to the bill that made a series of minor changes.

H.R. 2810 is now eligible to be considered by the full House of Representatives. However, the bill does not include any funding mechanism or "pay-fors" to cover the cost of the SGR repeal and the new payment mechanism. ASA previously offered support for a number of key provisions of this bill while expressing concerns about a particular provision that would remove savings from the current pool of physician payment resources through the identification of mis-valued services. Despite broad opposition from the medical community, the full committee retained the onerous provision.

**Rural Pass through legislation**

Under S. 1444 introduced on 8.1.13 by U.S. Senator Johnny Isakson (R-GA), hospitals in rural communities would be empowered to attract anesthesiologists and expand medical care for their patients. U.S. Senator Ron Wyden (D-Oregon) is the bi-partisan co-sponsor. GSA member Dr. Steve Sween began serving as the liaison with Sen. Isakson's office in 2012 at the request of ASA's Washington Office.

S. 1444 is a clarification of the current rural "pass-through" program, which addresses the lack of healthcare access to rural citizens by creating incentives for anesthesia providers in small rural hospitals. Under current Medicare policy, eligible hospitals may use reasonable-costs based Part A funds in lieu of the conventional Part B fee schedule to induce anesthesia providers such as anesthesiologist assistants (a type of physician assistant) and nurse anesthetists to provide anesthesia services in small rural hospitals and critical access facilities. Under the Centers for Medicare and Medicaid Services (CMS) current interpretation of the statute creating the "pass-through" program, eligible rural hospitals are not permitted to use the "pass-through" funds to employ or contract with anesthesiologists.

**Repeal of the Independent Payment Advisory Board**

On 7.24.13, Rep. Andy Harris, M.D., (R-MD) introduced H.R. 2817, the "Protect Patient Access to Quality Health Professionals Act of 2013." This legislation would repeal the non-discrimination provision of the Patient Protection and Affordable Care Act (PPACA), which prohibits health plans from "discriminating" against non-physician health care providers in plan participation.

In a joint letter with six other specialty societies, ASA endorsed Rep. Harris' legislation to repeal this onerous provision of PPACA. The American Medical Association also supports repeal. There are deep concerns that for certain covered services in a number of states, this part of the Public Health Service Act will be interpreted to provide that all health professional groups be considered as if their education, skills and training were equal even if their state-based medical and healthcare professional licenses or certifications are very different. It is felt, that this PPACA provision disrupts state-based licensure and certification, interjecting the federal government into interpreting the limits of scope of practice and procedure.

**Address ongoing drug shortages of anesthesia medications**

On May 24, 2012, by a vote of 96-1, the U.S. Senate passed S. 3187, the "Food and Drug Administration Safety and Innovation Act", which includes provisions to prevent and mitigate national drug shortages. On May 30, 2012, the U.S. House of Representatives, by a vote of 387-5 passed the Food and Drug Administration Reform Act of 2012, H.R. 5651, commonly referred to as the Prescription Drug User Fee Act (PDUFA) Reauthorization, a legislative package of important Food and Drug Administration (FDA) provisions including one to prevent and mitigate national drug shortages. President Obama signed S.3187 into law on July 9th.

**Amendment of Blue Cross & Blue Shield Service Benefit Plan manual to include AAs**

Various AAs in several states have experienced rejection of submitted claims

to Blue Cross & Blue Shield (BCBS). This is effecting employment and adding undue administrative burden to employing anesthesiology groups. The federation of 38 independent BCBS companies and Federal Blue health plan presently do not recognize AAs as anesthesia providers. In response to a correspondence to the Blue Cross & Blue Shield Association pertinent to the exclusion of AAs from the Service Benefit Plan Manual and requests amendment of such to include AAs as a 'covered professional provider', BCBS incorrectly asserts that since AAs '...are not licensed...' that their inclusion in the Federal Employee Program (FEP) is not warranted. A response letter has been drafted and sent, inclusive of reference material to all 13 state licensing statutes.

On April 15th, Representative Clay (MO-1) sent a letter to the BCBS Federal Employee Program Operations Department inquiring to the lack of recognition of AAs in the Federal Employee Program and urging them to amend their Provider Manual. Blue Cross & Blue Shield promptly responded and indicated that they defer to state law on billing practices and that a review of their Provider Manual would be completed by the end of 2013.

**Truth and Transparency legislation**

On January 26, 2011 Rep. John Sullivan (R-OK) and Rep. David Scott (D-GA) introduced H.R. 451, the "Healthcare Truth and Transparency Act of 2011." With the growing national debt and an increased focus by members of both political parties to reduce health care related spending, precious health care dollars are being wasted on poor and uninformed health care choices by consumers. H.R. 451 would have significantly advanced patient empowerment and prudent expenditure of health care dollars by enhancing information flow to patients and addressing the lack of clarity in health care provider advertisements, marketing and self-identification. HR451 died with the end of the 112th Congressional Session and Rep. Sullivan lost in a primary challenge in 2012. Truth & Transparency legislation will need to be introduced.

# Fourth Annual ASA Run For The Warriors®

## JOIN THE AAAA'S TEAM AND SUPPORT FUNDRAISING EFFORTS

*By*

Gary Jones, AA-C
Chair, Education Committee

Commander Rich Bassi, AA-C during his combat training. Bassi, Assistant Program Director for South University, is currently serving in Afghanistan.

THE 4TH ANNUAL ASA RUN FOR THE WARRIORS® is a 5K run that will be held in San Francisco, California on Sunday, October 13th 7 am - 9 am EST. To register, visit www.hopeforthewarriors.org/asarun.

Run For The Warriors® is a unique race dedicated to the men and women wounded in Iraq and Afghanistan, their families, and families of the fallen. It is a celebration of their strength and resolve and a promise to continue restoring self, family, and hope. The Run For The Warriors® race series provides wounded service members encouragement and the opportunity to pursue the sport of running, walking, or cycling to assist in their physical and emotional rehabilitation.

Run For The Warriors® unites military and civilian community members, connecting and educating each on the importance of embracing their neighbors. The goal of each event is to establish a long term understanding and respect for the needs of local military families. Hope for the Warriors is an excellent charity receiving Charity Navigator's highest 4 star rating. Eighty-eight percent of all donations actually go to the families that they intend to help. Only 12% of its total revenue goes towards administrative and fundraising costs.

This unique road race will take place along the Embarcadero in San Francisco and will begin and end at the lovely Rincon Park. The Embarcadero is the eastern waterfront and roadway along the San Francisco Bay and is listed on the National Register of Historic Places.

Hope For The Warriors® and the community will honor wounded service members during the opening ceremony. The race will close with the awards ceremony. Awards will be presented to the top three male and female overall finishers and top three males and females in each age category.

As many of you may know, one of the AAAAs own and our past team Captain, Commander Rich Bassi, has been recently activated and deployed to Afghanistan. As your new team Captain, I am reaching out to all AAAA members to step up and make a donation in support of the AAAA's two deployed AAs, Commander Rich Bassi and Commander David Buzzetti. Never has the AAAA been able to make such a statement with two deployed AAs. My goal is no less than the AAAA being the largest fundraising team participating in this year's Run for the Warriors®.

With the recent push for charitable work by the student component of our organization, please join me in participating in the Run for the Warriors®, and sponsoring the AAAA's 2013 team. Here's how you can help: join the team and make a donation ($30 to participate plus a suggested donation of $70), If you are not going to be in San Francisco for the ASA, make a $100 donation for the AAAA 2013 Team. Please join our team or donate at http://tinyurl.com/TeamAAAA.

# Welcome New Members

**Arizona**
Daniel Price, AA-S
**Washington, D.C.**
James Baker, AA-S
Gill Chacko, AA-S
Camille Dittmar, AA-S
Lindsay Frey, AA-S
Samuel Lee, AA-S
Lonnie Meadows, AA-S
Gabrielle Nunnari, AA-S
Carol Oyuok, AA-S
Angela Solomon, AA-S
Leslie Takacs, AA-S
Tin Za Win, AA-S
Louie Zhou, AA-S
**Florida**
Lena Assaf, AA-S
Jason Birn, AA-S
Tracy Burkett, AA-S
Sean Byrne, AA-S
Brady Cannon, AA-S
Devin Capristo, AA-S
Ladda Chantachote, AA-S
Supatra Chantachote, AA-S
Gary Cheung, AA-S
Sara Church, AA-S
Lucia Ciko, AA-S
Michael Cioffi, AA-S
Kristen Cos, AA-S
Tia LaShay Covington, AA-S
Amanda Dattoli, AA-S
Sara DeMuth, AA-S
Navindra Doobay, AA-S
Joseph Doud, AA-S
Hanh Duong, AA-S
Brianna Elston, AA-S
Miranda Espindola, AA-S
Anthony Flores, AA-S
Jacquelline Hagen, AA-S
Aubrie Ireland, AA-S
Christine Kohlsaat, AA-S
Nga Le, AA-S
Dieu Le, AA-S
Jennifer Lee, AA-S
Danny Lim, AA-S
Jennifer Linzalone, AA-S
Ulviye Menekseoglu, AA-S
Jennifer Milbery, AA-S
Samantha Newell, AA-S
Amy Patel, AA-S
Allison Perry, AA-S
Sydney Pietrykowski, AA-S
Giselle Rivero, AA-S
Zeyla Rivero, AA-S
Ramiro Rodriguez, AA-S
Dawn Romagnoli, AA-S
Garcia Rosanela, AA-S
Logan Schaefer, AA-S
Joseph Shaoul AA-S
Emily Simpson, AA-S
Surminder Singh, AA-S
Chad Toujague, AA-S
Hau Thanh Tram, AA-S
Cuong Tran, AA-S, RRT
Jillian Whitman, AA-S
**Georgia**
Talasha Aubert, AA-S
Clinton Brown, AA-C
Laura Burch, AA-S
Tyler Desper, AA-S
Danielle Duncan, AA-S
Jacob Farris, AA-S
Stephen Feldman, AA-S
Meredith Golay, AA-S
Jennifer Grant, AA-S
Jonathan Hester, AA-S
Melanie Hicks, AA-S
Mary Hilliard, AA-S
Kevin Jackson, AA-S
Wesley Jahansen, AA-S
Lauri Lindberg, AA-S
Tara Marchok, AA-S
Blake Masters, AA-S
Anjali Menon, AA-S
Camellia Reyes, AA-S
Janine Rose, AA-S
Stephanie Sayward, AA-S
Ashley Schade, AA-S
Grace Schmidt, AA-S
Lija Siltumens, AA-S
Shiju Simon, AA-S
Jared Smith, AA-S
Sarah Stephens, AA-S
Virginia Trogdon, AA-S
Karla Vanderley, AA-S
Stephen Whitesides, AA-S
Jennine Wilson, AA-S
**Iowa**
Cayla Schwartz, AA-S
**Indiana**
Anele Novak, AA-S
**Kentucky**
Kelly Lay, AA-S
**Maryland**
William Filbey, II, AA-S
Daryl Jacob, AA-S
Olutosin Okusaga, AA-S
Alison Wright, AA-S
**North Carolina**
Jennifer Pavlish, AA-C
Carolyn Thomas, AA-S
**New Mexico**
Henry Mignardot, AA-S
**Ohio**
Ean Alexander Balyer, AA-S
Michael Borton, AA-S
Emily Bowling, AA-S
Sherry Cucci, AA-S
James Davis, AA-S
Michael Elias, AA-S
Zachary Flury, AA-S
Shelby Fullen, AA-S
Ermin Husic, AA-S
Ashley Johns, AA-S
Rebecca Keating, AA-S
Austin Kubat, AA-S
Chad Lanphear, AA-S
Kriste Nemanis, AA-S
Sean O'Donnell, AA-S
Regina Skinner, AA-S
Michael Steiner, AA-S
Lauren Stoner, AA-S
**Texas**
Alexa Anderson, AA-S, MPH
Whitney Ankrum, AA-S
Fethi Bekri, AA-S
Daniel Chen, AA-S
Michael Delaney, AA-S
Marcel Graf, AA-S
Emily Gutschenritter, AA-S
Michelle Harp, AA-S
Stephen Hunt, AA-S
Ravi Joshi, MD
Thomas Kennelly, AA-S
Jennifer Nguyen, AA-S
Hong Phan, AA-S
Lauren Rocha, AA-S
Rebecca Santillan, AA-S
Stephen Schreiner, AA-S
Courtney Schroeder, AA-S
John Stillings, AA-S
Brooke Straub, AA-S
Joy Tsai, AA-S
Elizabeth Walterscheid, AA-S
Helen Wang, AA-S
Lucy Xu, AA-S
Eric Chen-Hao Yu, AA-S
Xiao Zhu, AA-S
**Virginia**
Bruce Spiess, MD, FAHA



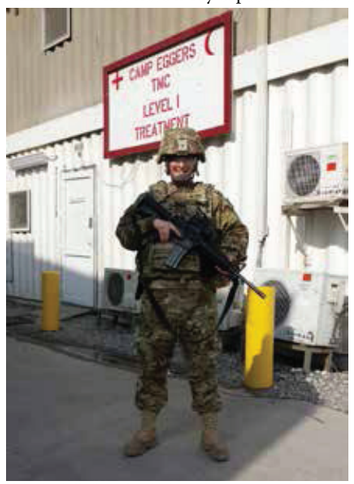
# Student News

## A Different Kind of Operation

*By*

Jamie Kedinger, AA-S

GREETINGS FROM KABUL, AFGHANISTAN! My name is Jamie Kedinger and I am a Major in the U.S. Army National Guard. I am also a third year AA student at Nova Southeastern University Tampa. I took a leave of absence from my senior year to serve an overseas combat tour with the military as a Physician Assistant, my profession before entering the AA program. I loved being a PA in the civilian sector, especially my work as a cardiothoracic surgery PA; however, I didn't much care for the lifestyle. My work in the OR and exposure to anesthesiologists sparked my interest in anesthesia and I made the decision to change civilian careers and become an anesthetist. I will have the best of both worlds, being an AA in my civilian life and a PA in my military life. This is my second combat deployment; the first was a year tour in Iraq in 2009-2010. My mission here in Afghanistan is to operate an on-post clinic which takes care of American uniformed service members, Department of Defense civilians, NATO troops from around the world, and civilian contractors. Along with a physician and a team of 6 medics, my current responsibilities include managing anything that walks in the door from a sprained ankle to a myocardial infarction and everything in between. Military medicine definitely has made me a well-rounded clinician. At our clinic we do not have x-ray capabilities and we have very limited lab so lack of these ancillary services has made me sharpen and rely on my physical exam skills. Although I am not practicing anesthesia in my current role in the military, I am thankful for the experiences I have had and the clinical skills I've developed over the last 16 years which I know will make me a better anesthetist.




Major Jamie Kedinger is a third-year AA student serving a tour of duty in Kabul, Afghanistan

## NSU Tampa Update

*By*

Lena Assaf, AA-S and Joseph Shaoul, AA-S

First-year Nova Southeastern University Tampa students after their White Coat Ceremony

BEING A FIRST YEAR in Nova Southeastern University's Tampa Anesthesiologist Assistant program is exciting, invigorating and in and of itself—overwhelming. This semester has been three months full of getting to know the breathtaking (literally) world of anesthesia. Being showered with an immense amount of knowledge in such a short period of time has been intimidating, but exposure to the endearing nature of our staff has blunted our sympathetic response to "fight or flight". We have gotten to know the welcoming spirit of Professor Wagner, the incredibly vast amount of knowledge of Professor Austin, the witty intelligence of Professor Desorbo, the brilliance of Professor Weirich, along with the other fantastic professors of our program. Nova Southeastern University's Tampa campus proudly announces two additions to the team: Professor Provost and Dr. Saporta. Professor Provost, an NSU alumni and AA working at UF Health, has quickly acclimated to the teaching methods of Tampa campus and has just as quickly won the respect of our class with his wisdom and calm demeanor. Dr. Saporta joined us from USF and graced us with his immense background of anatomy and neuroscience.

Just recently we were visited by the accreditation committee. It was a proud moment for the new students to be able to gloat about what a wonderful program NSU Tampa has developed and the honor of being a part of it all. Another exciting moment of our summer consisted of the announcement that our program is going to continue its growth with Professor Austin representing us as the new Program Director. In addressing the new change, Professor Austin remarks "I am extremely excited about my new role in leading the NSU Tampa AA program, and I am thankful for the opportunity as Program Director of such an amazing group here in Tampa." Professor Wagner will be returning to his original position as Associate Chair of both the Ft. Lauderdale and Tampa AA programs. Lastly, the class of 2014 is preparing to embark on their year of clinical rotations and make the difficult, yet exciting, trek of starting their new life in the world of anesthesia.

Meanwhile, we, the class of 2015, have already developed a new Student Government Association and the committee has held its first meeting. The Student Government Association has begun to plan exciting things for the upcoming year. Some of these plans include taking part in the ASA conference in October and other opportunities to continue to advance NSU's flourishing name out into the anesthesia community. Overall, our class has been impressive with an overriding sense of professionalism and integrity. It is exciting to see what the AA future will hold. With such a high caliber of students graduating from NSU Tampa, we are lucky to call the NSU Tampa campus our school, and quite frankly, our new home.

## CWRU D.C. Update

*By*

Camille Dittmar, AA-S and William Filbey AA-S

WELCOME TO THE SECOND INAUGURAL CLASS of the MSA Program here in Washington DC! We just finished our summer semester and are amazed with how much we have seen and done so far at Washington Hospital Center and Providence Hospital. The stories from our first month in the hospital are incredible. Students have inserted arterial lines, countless IVs and have intubated many patients. Some clinical case highlights include cytoreduction chemotherapy, emergency craniotomies, cardiac ablations and one student even performed CPR his second day at WHC. We also manage a wide variety of comorbidities as WHC provides care for one of the largest populations of end-stage renal disease patients in the country. DC is an attractive city accompanied by an enthusiastic environment with many other young professionals. The class of 2015 has had an eventful first semester and has learned far more than anticipated in these short two months. We eagerly await what this next semester has in store for us and are looking forward to new clinical experiences.

# STATE of AFFAIRS

UPDATES FROM STATE COMPONENT ACADEMIES OF ANESTHESIOLOGIST ASSISTANTS

## FLORIDA

AAAA OFFERS HELP WITH STATEWIDE REIMBURSEMENT ISSUES

*By Lauren Hojdila, AA-C*
*Secretary, AAAA*
*President, FAAA*

Has this ever happened to you? One day you walk into work and the leadership of your group immediately approaches you and states, "We are not getting reimbursement for the AAs from Insurance Company X. When we have a patient that is covered by that company, you must switch out with a CRNA so that we can be reimbursed for our services. Oh and by the way, until this issue is cleared up we are going to have a hiring freeze for AAs so that we don't lose out on any more money."

This recently happened in Florida and I know it has happened elsewhere. So what is your next step to help remedy the situation? The BEST move is to contact the AAAA. The AAAA is the ONLY national organization that promotes and defends the practice of Anesthesiologist Assistants. We have committees that specialize in all aspects of our professional responsibilities that can assist with any issue that you encounter.

When our recent issue developed in Florida, the AAAA, the Florida Academy of Anesthesiologist Assistants (FAAA), and the Florida Society of Anesthesiologists (FSA) worked together to develop a strategy to resolve the situation. The Practice Committee was the lead on this issue from the AAAA, which helps to deal with reimbursement issues among other AA practice matters. The process in our situation took a few months to correct and required both the involvement of AAs and anesthesiologists. The reimbursement contracts with certain payors had to be revised to include AAs as reimbursable anesthesia providers for that group. This is a step that can be overlooked when adding our profession to an existing anesthesia practice. The resolution was accomplished with the help of all three professional organizations and now AAs at this institution are no longer on a hiring freeze and are free to work with all the insurance companies. Insurance reimbursement issues are one of the newer practice issues that we are facing as companies are becoming stricter and stricter in their reimbursement policies. Once educated these companies are able to correct their contracts and restore the reimbursement for AAs.

This occurrence was the first time that I have personally had to deal with this specific type of issue. I want to thank Dave Biel, Chair of the AA Practice Committee, for all of the education that he offered FAAA and the anesthesia group that was affected. I would also like to thank Saral Patel, President of the AAAA, for her help in coordinating the resolution between the three organizations; and Dr. Jay Epstein, President of the Florida Society of Anesthesiologists, for his dedication to correcting the reimbursement issue and continually promoting the AA profession. Dr. Epstein has been a champion of our profession from our beginning steps in Florida over ten years ago. To the AA members of this group, your additional personal contributions to learn about yet another facet of anesthesia profession and assist with the correction of the payment issue is noted as well. This group is an excellent model of how to use the resources of the AAAA and the state component academies.

Once again, if you ever experience any issue with your right to practice to the full extent of your AA abilities, please utilize the resources of the AAAA. The AAAA truly is the only national advocate for AA profession issues and can mobilize all of our resources very quickly to start to implement a plan to correct the situation. The AAAA contact information can be found on our homepage, www.anesthetist.org or by calling the AAAA at 1-888-443-6353. I encourage you to add the AAAA's information to your smart phone contacts. This proactive step will enable you to have the information at your fingertips in your time of need.

## MISSOURI

BUILDING A RELATIONSHIP WITH MSA, CONGRATULATING RECENT UMKC GRADUATES

*By Mary Roberts, AA-C*
*President, MAAA*

Missouri AAs have the privilege of a wonderful relationship with the Missouri Society of Anesthesiologists (MSA). The MSA recently created a new website and has a link to Anesthesiologist Assistant resources under Education. Check it out at http://www.msahq.com/anesthesiologist-assistants. As always, the MSA welcomed AAs at their annual conference and supplied the conference room and equipment for our annual meeting in April. We were thrilled when the ASA First Vice President, Dr. John Abenstein, M.D., addressed our constituents during the MAAA annual meeting and expressed how supportive the ASA is to the success of AAs across the nation.

In other exciting news, the MAAA sponsored its first CME credit during the MSA conference, Ketamine: Teaching an Old Dog New Tricks by Caleb Hopkins AA-C. We had a great AA and physician turn out. Besides offering CME credit to our members, last year the MAAA set the goal to begin MAAA website production. As of August 2013, we are proud to announce the launch of http://www.missouriaaa.com. Meggan McCue AA-C, MAAA Vice President, spearheaded this project and controlled much of the content.

In UMKC MSA news, all 2013 graduates passed the certification exam and in May the MSA program graduated nine students, eight of whom stayed in Missouri and one took a job in Ohio. UMKC will open a Physician Assistant program in the fall of 2013 and faculty and staff from both programs will work to build bridges across learning gaps recognized in each field. For example, AAs will work with PAs to learn a more thorough History and Physical exam and the PAs will take advantage of the AA driven Simulation Laboratory and advanced airway management skills.

UMKC MSA program also recognizes the need for clinical instructor education and development. In February, they hosted the Third annual Faculty Development Day. Topics included proper evaluation technique, better ways to utilize Sim Lab and consistent feedback from the clinical instructors in areas on which students should improve to be better prepared for their critical first semester in the OR.

The MAAA and UMKC MSA program work hand-in-hand to support the MAAA mission statement. Recently, MAAA President, Mary Roberts AA-C, was named to the UMKC MSA Advisory committee.

Thank you to all Missouri AAs who have played a part in a successful 2013.

## TEXAS

CONTINUING EFFORTS FOR GAINING STATEWIDE LICENSURE

*By Tim Goodridge AA-C*
*Paul McHorse AA-C*
*Jana McAlister AA-C*

Since 2007, the Texas Academy of Anesthesiologist Assistants has been politically present in our capital and great city of Austin. The Texas legislature meets every other year for a regular session of only 140 calendar days. A lot has to happen during this time. Oftentimes our efforts have been eclipsed by the hot button political issues of the day, while other times we have been the victims of our opposition providing legislators with misleading and false information, or using "fuzzy logic" (to quote another infamous Texan) to cloud the issue.

In contrast to previous legislative attempts, the TAAA in 2013 extended the proverbial olive branch to our only opposition. Our meetings included some heated moments and it was determined (not surprisingly) that we would never see eye-to-eye. These meetings elucidated the singular, myopic and hostile nature of our opposition yet again. It showed the vast amount of financial and political capital being used specifically against the Anesthesiologist Assistant profession by this group and clearly reinforced the need have a continued legislative presence in Austin.

Despite such opposition, the TAAA continued to lobby for statewide license legislation in 2013. February 11th and 12th were Anesthesia Days in the capital. TAAA members, CWRU Houston students and our lobbyists joined members of the Texas Society of Anesthesiologists in lobbying for AA legislation. While we dedicatedly walked the halls weekly during the session we ultimately did not receive our desired committee hearings.

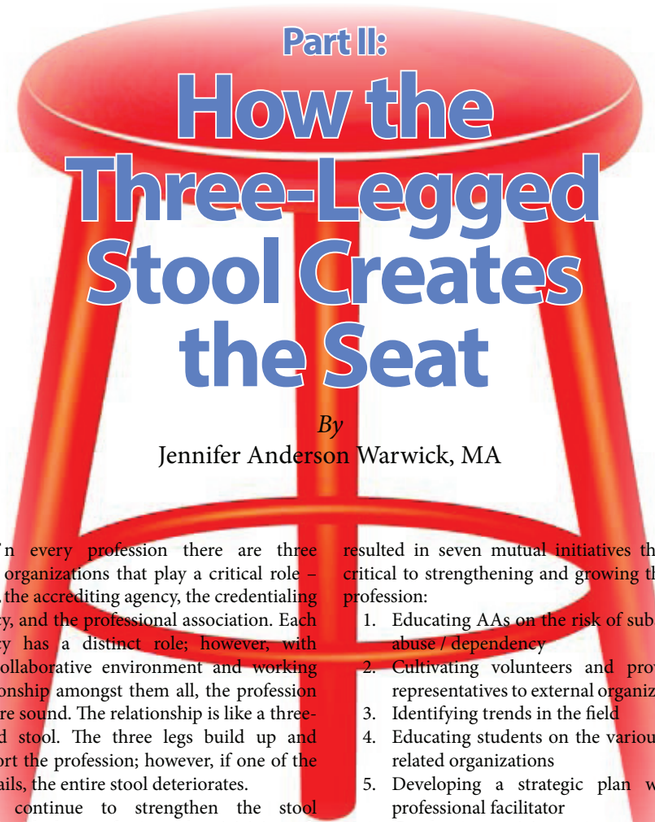
Like Texas, it seems our legislative efforts have been in a devastating drought. However, this spring did provide Texas AAs with a significant silver lining. Working with the State Commission on Health and Human Services and physicians, the TAAA were able to secure provider recognition of Anesthesiologist Assistant services from the Texas Medicaid Program. This was a giant hurdle in our efforts towards recognition by all insurance providers and the proliferation of AA employment opportunities. We are now pursuing individual delinquent private party insurers to add AAs officially for reimbursement.

The TAAA looks to the future to have a strong and consistent presence in Austin. Working hand-in-hand with TSA, we will continue to confront the issues facing our practice. We plan to:

- Increase our membership to more than 100 dedicated individuals
- Be active advocates for those same members
- Continue to work on equality of employment compensation
- Be advocates for safe and protected work environments
- Be a private party reimbursement
- Increase employment opportunity
- Acquire Texas AA license legislation in 2015

As with the nature of our employment, so goes our political efforts. We would be nothing if not for the TSA providing logistical and moral support for our efforts. We look forward to joining them with the TAAA annual meeting coinciding with the TSA annual meeting in early September.

With those principles at heart, the TAAA will always take the high road and fight the good fight. Those of us living and learning here in Texas will continue as members of the TAAA to fight for the privilege of qualified, safe anesthesia care in a secure work environment.



# Part II: How the Three-Legged Stool Creates the Seat

*By*
Jennifer Anderson Warwick, MA

In every profession there are three organizations that play a critical role – the accrediting agency, the credentialing agency, and the professional association. Each agency has a distinct role; however, with the collaborative environment and working relationship amongst them all, the profession is more sound. The relationship is like a three-legged stool. The three legs build up and support the profession; however, if one of the legs fails, the entire stool deteriorates.

To continue to strengthen the stool and build the profession, the AAAA took a milestone leap in 2009 by inviting key stakeholders from the ARC-AA, NCCAA, ASA/American Board of Anesthesiology, and the AAAPD to the table for a one-day summit to discuss issues of concern, find common ground and understanding, and move forward on building a stronger relationship to benefit the profession.

Four years later the original summit has evolved into what has been named the AA Partnership (AAP) with the AAAA, ARC-AA, and NCCAA as its main stakeholders. The purpose of the partnership meeting is to bring together leadership representatives from each organization to address issues of mutual interest that will advance the AA profession. As the topics of mutual interest involve outside entities, such as the ASA or AAAPD, those organizations are invited to participate, too.

The overall goals include identifying common initiatives that pertain to all constituents (AAAA, ARC-AA, and NCCAA) and communicating to keep each other's organizations abreast of issues each is working on that may have a direct or indirect impact on the other agencies.

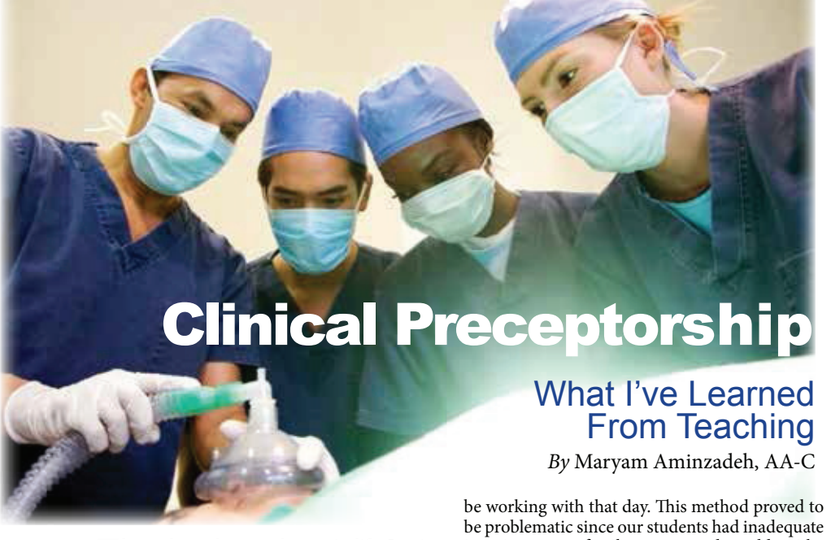
In November 2012, the AAP's meeting resulted in seven mutual initiatives that are critical to strengthening and growing the AA profession:

1. Educating AAs on the risk of substance abuse / dependency
2. Cultivating volunteers and providing representatives to external organizations
3. Identifying trends in the field
4. Educating students on the various AA-related organizations
5. Developing a strategic plan with a professional facilitator
6. Conducting an AA practice survey
7. Revising CAAHEP Standards

Since that fateful day in November, the AAP has met two more times, focusing its energies on the AA practice survey. The AA practice survey, being led by the NCCAA, will be administered to various communities of interest, resulting in the blueprint for the AA certification exam. In addition, the AA practice survey will assist the AAAA in identifying areas needed for continuing education and the ARC-AA in determining the standards for AA programs' curriculum.

Moving forward, the AAP will continue to update AAs across that nation on how it is contributing to the advancement of YOUR profession and how YOUR organizations are benefiting YOU. What can you do to help? Continue your membership with (or become a member of) the AAAA, letting your voice be heard, actively participating on committees, completing the AA practice survey when it comes your way later this year, and advocating for AAs in your workplace.

As each organization provides a leg to the stool and the AAP builds the seat, you are given the foundation to sit high and grow as an individual as well as a profession.



# Clinical Preceptorship

## What I've Learned From Teaching

*By* Maryam Aminzadeh, AA-C

I have always been a planner in life. I write notes and place reminders everywhere, and for the most part, follow through with most of my plans. However, the most important parts of my life were not planned out by me. They were simply a series of doors and windows opening for me at the right place and the right time. One morning, during my first year of practice as an Anesthesiologist Assistant I opened the door to an operating room and found an AA student would be working with me that day. This was my introduction to clinical preceptorship.

No one had prepared me for what was to come as a clinical preceptor, but I gradually came to realize that having a student with me was much more than having someone to set up my room in the morning and do most of my work. My approach to clinical preceptorship has been ever changing since my first day, but we all learn from experience and in the medical field experience is invaluable.

I have been in practice for five years now at University of Florida Health (UF Health). Working at a teaching institution opens your eyes to how much knowledge one lacks given the variety of procedures and illnesses which might come your way. This has helped me keep a humble manner towards medicine because the instant you think you know, medicine will kick back and show you otherwise. There rarely is a day when I do not learn something new from an AA student, anesthesiologist, surgeon, nurse or surgical technician.

Before becoming an AA, I had worked at UF Health. While rotating there as an AA student I was pretty familiar with the facility. I knew all the ins and outs and was comfortable in the environment, but being a large institution, I realized how intimidating this could be to other students who had never set foot inside this hospital. This realization motivated me to become involved in the coordination of this clinical rotation after I was in practice there.

During my first year of practice, I was mostly focused on making it through the day and providing the best care I could at that time. Finding a student in my room one morning threw me for a loop as I was not prepared for this dynamic. At that time, students would look at the operating room schedule in the morning and just decide which AA and room they would be working with that day. This method proved to be problematic since our students had inadequate time to prepare for their cases and would not be able to read about their cases the previous night.

It was evident we needed to add some structure to our rotation. I started making assignments for students which helped very much but students were still disoriented at our hospital. I then invested some time in writing a handout to guide students on their first days. We found this to still be inadequate. I then decided to personally talk to students before starting their rotations and to dedicate their first day at our rotation to orienting them to our facility. There was much trial and error involved with setting up our rotation, but over the past five years we have made changes with regards to our different experiences and our current system works well until we revise our method again. Structuring our clinical rotation has only been a minor part of clinical preceptorship for me. The one-on-one experience I have with students is what has become a passion of mine. I had never planned on becoming an AA since I had no idea what an AA was, thus I never planned on teaching AAs in the clinical setting. It has mostly been a learn-as-you-go experience. You can only become an expert by reflecting on past experiences, and when I look back, all I can do is laugh really hard at myself and how much I have changed. I used to be really rigid and it was mostly from my own inexperience and level of discomfort. Once I became somewhat more comfortable in the operating room, I began to realize what an amazing opportunity it was to be a clinical preceptor. You are given the chance to influence someone's future practice as an AA. I always hope that I can teach each of my students at least one little nugget of information from my experiences.

Being an effective clinical preceptor is mostly about keeping a balance between all the elements involved. The first and most important element is our responsibility to our patients. The second element is our student teacher relationship with the AA student.

As AAs, we are obligated to maintain a balance between teaching and providing quality healthcare to our patients as we have a responsibility to every single one of them. We are responsible for our students' actions, and thus there is a delicate balance between autonomy of the student and a practitioner's professional responsibilities. We must monitor our students in a nonthreatening way. Sometimes, in spite of our desire to maximize our students' learning experience, we have no option but to give our students less autonomy and do more teaching. This might not be evident to our students at that time, but they might realize it later on as they become preceptors themselves. I always try and discuss my behavior and decisions with students so they can understand the rationale for my specific behavior and hopefully be able to apply it to their practice some day. Some students make it easy to teach and provide autonomy to. These students mostly possess qualities such as motivation, competence, professionalism, flexibility, consistency and dependability. When you are with one such student, you can't help but feel proud.

The student-teacher relationship has been ever changing for me over the past five years. I have found the need to continually adapt my teaching methods based on my experiences with teaching, readings, discussions with colleagues and feedback from students. It has been beneficial to establish a positive relationship with students which involves trust and consistency in regards to expectations. I try to provide direction and feedback in regard to responsibilities for patient care and opportunities for procedures. Once students have earned my trust, I delegate greater responsibility which in turn allows the student to progress even further.

Clinical preceptors need to demonstrate a desire to educate and share knowledge, be enthusiastic, warm, respectful, humorous, fair, have a willingness to mentor, be willing to commit time to precepting, have respect for others, and be willing to work with a diverse student population. We live in a diverse world and this translates into the clinical setting. This means we must be willing to work with the beginning student and adapt our teaching styles as needed. Sometimes you connect with a student and understand them well, but other times you don't. You still have to try and pass on what you can. When you don't connect with a student, you just have to step back and remember what it was like to be a student and hope for patience which will allow you to be supportive and encouraging to the students.

I was part of the first graduating class of Nova Southeastern University, Fort Lauderdale campus AA program. By being part of the first class, I have developed a sense of pride for the program. Currently all of the AA students rotating at UF Health are from both campuses of the Nova program and this magnifies my feeling of responsibility for students of this program. I have very high expectations of our students. At times, I find this high expectation makes me rather harsh on students. I hope they find some empathy in their heart to forgive me because this harshness only comes from a place of love and compassion I feel for each and every student who goes through our rotation. I feel responsible for them, just like a parent would and I want every one of them to become the best possible AAs they can be.

Teaching AAs has become a very important part of my life even though I never planned on having this responsibility. I find it to be a privilege and honor and owe all I know to my teachers and clinical preceptors. Thank you Lynn Leonard, Lori Desorbo, students, and all my attendings at UF Health who contribute to my learning experience every day.



# Calm after the storm

**It wasn't long after Patrick Slatev had settled in for a post-call sci-fi flick at the Warren Theater when an F5 tornado touched down outside and destroyed everything in its path.**

*By*
Patrick Slatev, MD

My name is Patrick Slatev. I am a staff anesthesiologist in Oklahoma City at a tertiary care hospital. Except for residency, I've lived here my whole life. Like any place, Oklahoma has its pluses and minuses. Severe weather is certainly one of those negative aspects of living here but like most things, you get used to it. My brother-in-law, Matt, and I have a tradition whenever a blockbuster sci-fi movie comes out. We meet at the Warren Theater in Moore to watch it. Moore is a suburb about 20 minutes south of the city proper. Watching a movie there was always a first class experience including balcony seating where you can order food and drinks and sit in heated and cooled reclining seats. The new Star Trek had just been released and we had planned to see it the afternoon of May 20th.

I was post-call (and fortunately got a full night's sleep) and my brother-in-law was off work. Despite the warnings of severe weather being likely, we took our chances not knowing the killer storm brewing to the southwest. We agreed that my wife would text updates if anything happened. On my way down, I noticed some storm clouds in the distance, but nothing I hadn't seen hundreds of times before.

We sat in the balcony watching the previews and ordering lunch when my wife sent me a text telling me that a tornado was on the ground about 10 miles to the southwest of us and heading our direction. I told Matt what was going on and he informed the manager who said they were watching things closely. He had just sat back down when the manager came in, paused the movie, and said it was bearing down on the theater. I grabbed my lunch (I couldn't waste a gourmet chili-dog) and we headed downstairs to an interior hallway. For a split second, I considered making a run for it but figured the theater walls would fare better than my car in case I drove right into it. The anesthesiologist in me thought that if I needed emergency surgery, I shouldn't eat my lunch, but when faced with death, I'd rather be happy so I kept eating. They turned off the power and went on backup power so the hallways were dimly lit. I learned later that there were over 700 people in the theater that afternoon. A few minutes later, my wife sent me another text "VERY CLOSE TO YOU" and "they just mentioned the theater". I joked with Matt to hide the anxiety. Within a minute of receiving that text my ears started to pop. Everyone else in the hallway who had also been talking and laughing knew what was going on and became quiet. Next, we heard a whooshing sound about like a vacuum cleaner one room away from us. I expected much louder noise but realized later that the walls of the theater had to be well insulated from each other so even the loudest of sounds would be muffled. This went on for about another minute and we just sat there looking at each other and then it was over. The manager gave the all clear signal and we got up unscathed.

When I stood up, I thought they might start the movie back up. That was until I went to the front door. The entrance was a wall of pane glass windows interrupted by revolving

doors. You couldn't see out at all. They were completely caked with mud and debris. I opened the door and walked out to a post-apocalyptic landscape. Everything, and I mean everything, was absolutely covered in debris. Cars looked like someone took tuna salad and covered them in it. When I looked around, I saw the facade of the theater on the ground. It got worse, when I looked to the north--piles of wood, concrete, and insulation lay where buildings once stood. A large hospital was right next to the theater and it was nearly demolished. The tornado had picked up so many cars and piled them up in a corner of the hospital that the stack of them was three stories tall. What was meant to be an enjoyable post-call day watching a movie with Matt was now a total nightmare.

Once I processed my surroundings, I walked to the nearest and hardest hit building to see what I could do. A few people were already standing outside who had managed to escape the rubble. A woman nearby knew there were four people still trapped inside. Soon, police, firemen, and paramedics arrived. Judging by the appearance, I was convinced we weren't going to find any survivors, maybe one. That thought didn't deter me from doing the work of finding them as quickly as possible. As I stood on the collapsed rooftop, I could see in my periphery more ominous looking clouds approaching. This vision coupled with the smell of natural gas did not help the situation. I found myself more nervous now than I did when I was in the theater.

The chain of command quickly established itself. The Oklahoma City fire chief was on site providing instruction. Only first responders, me, and another anesthesiologist from the damaged hospital, were allowed on the structure as it seemed somewhat unstable. Civilian volunteers were on the ground providing tools, water, blankets, etc. To my amazement, the firemen were able to extricate those trapped, one by one. As each person came out, I quickly assessed them to determine whether or not they needed immediate treatment or if they could be loaded into an ambulance. The third victim's arm was pinned beneath a large I-beam and the firemen were unable to free her. It was difficult to determine the rest of her injuries, if any, due to her location and inability to see the rest of her. The fire chief then came to me, put his arm around me and said, "Doc, I got a lady here with her arm pinned and I can't get her out. I don't know her status. If I can't get her out soon, I may need you to cut her arm off so we can get her out of there. Are you comfortable with that?" Gut check. Fortunately, the other anesthesiologist present could run and get some necessary drugs if we needed to perform the amputation. A national guardsman provided a field tourniquet and the paramedics were putting IV fluid together. The next few minutes passed like hours. It was hard to see what the firemen were doing as they were underneath the roof and out of sight. They called for a special tool which was some sort of hydraulic device used to lift the beam a couple of inches off of her arm. They were able to free her without the need for a field amputation. I was relieved but nevertheless prepared to do what was necessary. Her arm was badly injured but she was otherwise stable and transported to the hospital. The fourth person was rescued without incident.

While I helped at the collapsed building, a formal triage area was taking shape outside the Warren Theater. By this time, other physicians, nurses, physician assistants, and paramedics had arrived. A semi trailer had also arrived whose purpose was as a massive disaster medical unit. It had flood lights and a great deal of medical supplies. Tents were set up according to injury severity: minor, intermediate, and severe. Ambulances lined up ready to take victims to the hospital once they were stabilized by the triage teams. The medical providers divided up so that each area had a professional with a specific skill set. Victims arrived by the carload. At one point, a van and truck arrived with about 30 children under the age of 10. Interestingly, we didn't see many serious injuries, just minor cuts and bruises over the time I was there. Once things slowed down, I tracked down my brother-in-law and we decided to head home, unsure if we would even be able to with some of the major highways being shut down. Our cars were trashed but drivable. It took us an hour and a half to go 20 miles but we both made it home safely. After the whole ordeal was over, I realized that much of my anesthesia training came through in my approach to the rescue efforts. My hope is that these experiences can help you in your practice.

When everything gets chaotic or out of control, it is our job to remain calm and level-headed

I came to the conclusion that F5 tornadoes treated people the way they treated structures. The buildings they hit were completely destroyed. If they managed to avoid a direct hit, then they were basically fine. This was also a conclusion I came to about the Warren Theater. I'm sure it is well built but I don't think any structure would've fared as well if it had taken a direct hit from the tornado. The people were the same way--either killed or hurt very little. There seemed to be no in between. I felt very blessed to have made it through an F5 tornado without so much as a scratch. Upon seeing my family that night, I realized just how lucky I was. It took several days to process the events of May 20th, but I learned things applicable to anesthesia assistants and all medical responders. I've always compared anesthesia providers to Patrick Swayze's character in the movie Roadhouse. He was the cooler. When everything gets chaotic or out of control, it is our job to remain calm and level-headed. If we panic, we lose our ability to think critically and problem solve. Panic can reduce smart, educated people to babbling, frozen statues. Think of the most important thing to do and do it, then move on to the next most important thing. Trying to comprehend the scale or worry about other things may cause delay in treatment. For instance, in a code situation, one may stare at ventricular fibrillation trying to figure out why it happened or freeze out of fear. As a minute goes by and you're trying to draw up some epinephrine, you may have forgotten to tell the scrub tech to start chest compressions in the meantime. As I left the theater that day, the scale of the damage was too much to comprehend. I could only be in one place, helping one situation at a time. I made the simple assessment of which structure looked the worst and went there to help. Whether you're in the OR or in a disaster scenario, the same rules apply. Things can change quickly and go from calm to chaotic within seconds.

The team aspect of the operating room where everyone has designated roles is analogous to the search and rescue scene. The OR has anesthesia providers, circulators, scrub techs, and surgeons. Disaster scenes have paramedics, firemen, police, and civilian volunteers. When we work as a team, the patient or victim has a higher chance of survival.

There are also the obvious ways anesthesiologist assistants can help in a disaster situation based on your training. Anesthesia providers are obviously very skilled at securing airways and obtaining IV access. We are also adept at resuscitation of the critically ill or wounded patient. Every day we do critical care medicine in a controlled setting. Trauma scenarios are simply out of the OR and the amount of control largely depends on those managing the scene.

One important thing to remember is that your job is a crucial one. I've often found myself lulled into thinking that what we do isn't rocket science. On a daily basis, things largely go smoothly without excitement (which is what we want). However, if you think about how amazing it is to render someone amnestic and insensate to pain, remove their diseased gallbladder, wake them up, and send them home an hour later, you see how amazing that really is. It's taken centuries to arrive at the point we're at today to be able to deliver such a modality with such safety and efficiency. The service we provide is invaluable. In Oklahoma, the Department of Homeland Security has established an agency where volunteers can participate and train to respond when a disaster strikes. Medical personnel are especially sought after for response teams. Many states have such entities and would love your help.

I'm thankful for the chance to help my fellow Oklahomans through this tragedy. Unfortunately, this won't be the last of its kind and I will stand ready to help when the time comes again.



# Landing That Job Offer

## STANDING OUT FROM THE COMPETITION

*By*

Cheryl Saidi-Johnson, AA-C

Let's face it, the job market is tough. Employers are swamped with applications for a diminishing number of posts, and the field of anesthesiology is no exception.

Around this same time every year, most senior AA students become anxious about landing a job offer before they graduate. In each graduation class, there is a group known as the lucky few. They're the handful of students who have been presented with multiple job offers. I've always been in awe of them and wondered what set them apart. Were they at the top of the class? Did they have flawless clinical skills? Was it their golden personality? I decided it was time to do some digging, so I turned to two anesthesiologists to find out what they're looking for in a new hire.

Dr. Michael Black, MD is the Chief of Anesthesia at Memorial Regional in Miramar, Florida. His group is part of Sheridan Healthcare. He hires many students who rotate through his site. For Dr. Black, a major criterion he looks for in a prospective employee is work ethic. He chooses "someone who is easily moldable to the team… someone who goes out of his or her way to help the department. He or she doesn't necessarily have to be best provider, but must be able to use good clinical judgment and have great outcomes with patients in the recovery room." In addition, Dr. Black looks for someone who is amicable with other staff members and is willing to be flexible without increased antagonism.

Dr. Juri McDowell, MD is the current president of Anesthesia Associates of St. Louis. He currently practices at Christian Hospital Northeast in St. Louis, Missouri as well as Alton Memorial Hospital in Alton, Illinois. When I posed the same question to him about what he's looking for when interviewing, he noted that his group follows a different model, "When we initially started hiring anesthesiologist assistants as part of our anesthesia care team model, we were also in the beginning stages of establishing relationships with their training programs. Now that these relationships have been established, our focus has shifted to a greater emphasis on pinpointing strengths and weaknesses during the student clinical rotations, which, of course, come into play during the hiring process." Dr. McDowell, went on the say, "My suspicion is that there will always be a greater comfort level with hiring a 'known quality', but the quality of the employee requires an investment in continued didactics and clinical skill sets. This commitment must exist in both the medical practice and the newly hired AA. Ultimately, I expect that there will be minimal differences in the clinical quality of AAs hired with or without a previous rotation with this approach."

I asked both experts my other burning question, "If two applicants have the same exact qualifications (GPA, etc.), what is your next qualifier?" Dr. Black states "letters of recommendation from physicians who have worked with them clinically." Dr. Black elaborates more into this issue and states that letters from professors or other professionals do not hold as much weight as those presented by clinical physicians.

Dr. McDowell agrees, "When considering a candidate that has not rotated with our group, my main focus is always on strong letters of recommendation. I personally like to submit my own questions to the references that target some common areas that are commonly hard to pinpoint during the interview process such as work ethic, reliability, flexibility versus rigidity of ideas and ability to function both independently and as part of a team. During the interview, I like to feel as if my practice is being evaluated thoroughly. I want to close the interview feeling like I spent time with a critical thinker and thorough clinician."

Finally, both experts offered up their best words of wisdom for AAs embarking on the interview process. Dr. Black suggests students "be themselves. A phony person is easily picked up upon." Dr. McDowell, advises applicants to simply relax. The AA job market is favorable and the utilization of AAs grows on an annual basis. It is an exciting time for the field of anesthesia and it is yet to be seen how far the care team model will transition with demands for higher quality care, greater efficiencies, and increased patient satisfaction. One certainty is that AAs control their own destiny by maintaining quality-training programs. Let your personality show during the interview. The curriculum vitae and recommendations got you the seat at the table, now be yourself. This may be your practice for the next twenty or more years, so be sure to uncover any weaknesses that may exist within the potential anesthesia practice as best you can while maintaining a degree of humility. Not attempting to evaluate the practice may come back to haunt you."

"Let your personality show during the interview. The curriculum vitae and recommendations got you the seat at the table, now be yourself."

What it boils down to is this: employers are looking for the basics: someone who possesses a solid clinical background, great work ethic, is willing to go above and beyond, and is genuine. There are a number of practices out there, all are different in nature; hence, not every practice will fit every candidate. Students preparing for an interview should perform a background check on the kind of practice the group is, perhaps even speak to current employees of the group prior to the interview to receive insight, and don't wait until the last minute to ask for that awesome letter of recommendation—there are many students who rotate through each clinical site and you may get lost in the shuffle. An important note is to keep in touch with the anesthesiologists who wrote your letters of recommendation. Last, but definitely not least, be yourself.

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