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Vote!

Elections for AAAA Leaders

Student Life

Updates from Student Component

CWRU

Recent Publications

The Newsletter of the American Academy of Anesthesiologist Assistants

Calendar of Events

October

11- 15 – New Orleans, LA
Anesthesiology 2014 (American Society of Anesthesiologists Annual Meeting). Go to <http://www.asahq.org/Annual-Meeting.aspx> for information and updates.

December

12 – 16 – New York City
68th Annual PostGraduate Assembly (PGA) in Anesthesiology. The New York State Society of Anesthesiologists, Inc., designates this live activity for a max of 54.75 AMA PRA Category 1 Credits™. Online registration at www.nyssa-pga.org.

January 2015

25 - 30 - Steamboat Springs, CO
The Department of Anesthesiology, University Of Florida College of Medicine presents: Concepts in Anesthesiology,

January 25 to 30 2015, The Grand Hotel, Steamboat Springs, Colorado.

Course Director: Dr Jay Johansen
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Dr. Carol Diachun
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Could Your Charting Get You In Trouble?

By Cheryl Saidi-Johnson, AA-C

HEALTH CARE SOUTH CAROLINA
38th Annual Conference

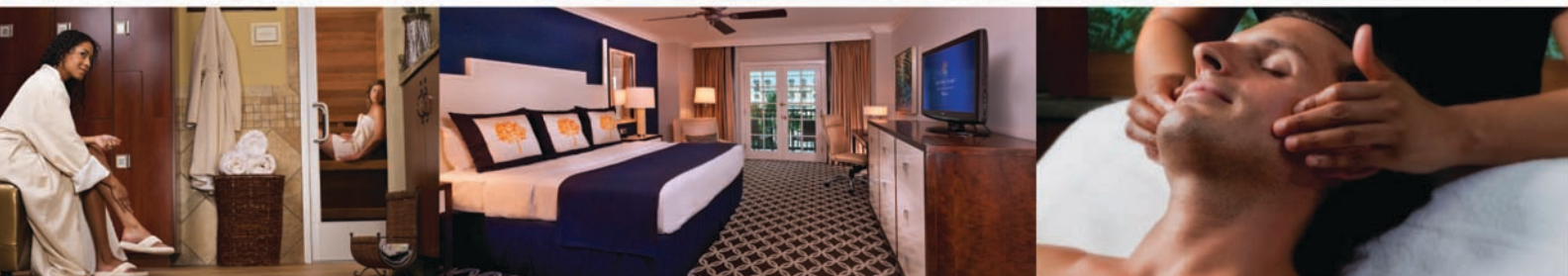
AAA President John A. Benstein MD and AA President
Catherine Mitchell AA-C after the Cravenstein Memorial Lecture

SAVE THE DATE

2015 AAAA Annual Conference

April 10-14, 2015

Gaylord Palms Resort and Conference Center
Orlando, Florida



Danny Mesaros, AA-C | Program Chair
For more information, contact info@anesthetist.org



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July 19, 2014, Lake Oconee, Greensboro, GA -- Dr. Jane Fitch, ASA President, addresses the Georgia Academy of Anesthesiologist Assistants with an ASA Update. More than 30 AA Students and Fellows participated in coordination with the Georgia Society of Anesthesiologists' Summer Meeting.

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Your Vote Shapes the AAAA's Future

By Carie Twichell, AA-C

As the summer draws to a close, the AAAA continues to make "good sense" changes. Many thanks to those who voted on the recent AAAA ByLaws changes. The new ByLaws are another example of how the AAAA is partnering with its management company, Cornerstone Communications Group, to streamline its practice, legislative and educational efforts. ByLaws are the structural guidelines to which an organization adheres and helps reflect the intent of the governing body, in real time and in the future. The ByLaws of the AAAA were revised in an effort to assure more effective investment of time, resources and finances of the organization. The Board recognizes and appreciates that your dues should be spent wisely. As a result of these revisions, the organization will operate more efficiently and perform in a more transparent manner.

Many changes were simple administrative housekeeping while others reflect complex initiatives. The ByLaws revisions were presented to the general membership only after completing an investigation of other organizations' governance structures. Considerations of many opinions were vetted and numerous edits were reviewed before members received the final version. These changes have been nearly two years in the making and the decision to recommend them to the membership was not taken lightly by the entire Board of Directors.

Two changes of special note are the leadership position start dates and the committee restructuring. The newly approved ByLaws establish that elected positions begin January 1st each year where this previously occurred at the AAAA annual conference. This change aligns the budget with how actual business is conducted. Committee chair

service now begins or renews with the new president's term. As the AAAA fiscal year follows the calendar year, it will now be much easier to link progression of projects initiated by leadership with the necessary resources and financial implications. This will improve the process of developing a financially sound budget, monitoring the budget throughout the year and tracking the use of resources year to year for future planning. The several committees have been consolidated into five standing committees: Executive, Finance, Governance, Legislative, Membership and Practice. A stringent evaluation was made of the vital meetings, projects and initiatives necessary to protect and advance the profession. No committee work was eliminated, but many committees were absorbed into parent committees to help members stay focused on the priorities set by the board. By strictly remaining within the budget, committees and leaders are mindful of all expenditures to assure that AAAA is capable of functioning and equipped to meet

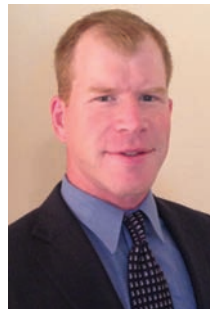
Voting for ByLaws seems like a trivial task, but, as you can see, it shapes our professional organization

its mission.

As with most organizations, the large majority of AAAA work is done within committees. The new ByLaws assure a more direct method of communication between committee members, the Board of Directors and the overall membership. With a more efficient framework in place, quicker decisions are made and enhanced planning is more accurate and focused. Voting for ByLaws seems like a trivial task, but, as you can see, it shapes our professional organization. My sincere thanks go to those who devoted so much time and effort to updating these bylaws and to those who voted. Professional organizations are only as strong as the participation of their members. Keep up the good work!



Online voting and paper balloting for elections for Executive Board and Director positions runs from Friday, September 26th through Tuesday, October 14th.



President-Elect
Tim Goodridge

Receiving a nomination to serve the AAAA as President-Elect is a true honor. I am privileged to give my time and effort back to this great profession. Advocacy is the keystone to the growth of our profession. To be a true advocate we need to recognize the abilities of our allies. When working alongside Physician Anesthesiologists there is the incredible assurance that every patient gets qualified and unquestionably safe anesthesia care. With a strong professional organization working with powerful advocates, I believe every AA can have the opportunity to work with the freedom of secure employment in a safe and qualified environment. Since graduating in 1997, I have benefited from starting my career in a state where AAs were well established. I now work in a state where I have seen the AA profession expand over a thousand percent in a few short years. Throughout this time, I have seen the strength of the AAAA organization and its efforts for the betterment of our profession. From my experience as Treasurer of the Texas

Academy of Anesthesiologist Assistants and current member of the AAAA Board of Directors, I have witnessed firsthand some amazing and hardworking individuals in the AAAA. I am assured that with the foundations they have provided, along with the resources they continue to selflessly offer, the AA profession will continue to spread nationwide. As President-Elect, I will expand upon past and present efforts to ensure our profession continues to be a model of excellence



Director
Joy Rusmisell

My name is Joy Rusmisell, and I am seeking your vote to become a Director on the Board of the American Academy of Anesthesiologist Assistants. It is truly an honor to be nominated for a leadership role within an organization which has been pivotal in growing the profession that I enjoy. During my time as a student, I had the privilege of developing the AAAA Student Component with my colleagues, and it was at

this time that my passion for being involved with the only national organization advocating for the AA profession developed. Currently, I have the privilege of serving as the President of the Georgia Academy of Anesthesiologist Assistants for 2013 thru 2015. Throughout my term, the GAAA has created a membership merger with the Georgia Society of Anesthesiologists which has afforded our members access to quality educational conferences, unique networking opportunities, and the advocacy support of anesthesiologists within Georgia to advance the AA profession and continue the growth of the Anesthesia Care Team model. We executed the first AA Day of Advocacy at the State Capitol. This event was a tremendous success, and raised awareness within Georgia as well as throughout the nation. My experience in leading the GAAA allows me to bring a unique prospective to the AAAA Board of Directors. I will bring the understandings of local issues to a national platform, and believe that State Component Academies can be the building block to an active national organization. As I am elected AAAA Director, I will be a voice for the general membership, and strive to advance the profession through advocacy. I will lead a concerted effort focused on developing the relationships between the State Component Academies and the AAAA. By strengthening the State Component Academies, the AAAA can work more efficiently to address the membership needs. Further, students are the future of our profession, and I believe that a student leadership mentoring program would benefit the consistency of our organization. I look forward to the future of the best profession in healthcare, and believe that it is imperative that AAs recognize their value within the perioperative surgical home, and become educated in the practice management issues pertaining to the 'business' of anesthesia services. I look forward to providing tools which afford the AA an advantage in understanding how to be a profitable member of the Anesthesia Care Team. The opportunity to serve on the Board of the AAAA is a tremendous honor. As in my anesthesia practice, I will serve in this position with vigilance, dignity, and a dedication to provide quality in my work. I appreciate your support by voting to elect me as the newest Director to the Board of the American Academy of Anesthesiologist Assistants.

elected, please feel free to contact me at anytime if you are having issues in your state. I know how hard it is to try and resolve these situations on your own. Working and collaborating together to form a strong presence will help us gain leaps and bounds in the medical arena. Thank you for this opportunity and I appreciate any support.



**Director
Rob Wagner**

It is an honor to have been nominated again to the Board of Directors of our national organization. I have been an AA for 23 years and have been profoundly involved with the AAAA over the last 15 years.

I was the President of the AAAA from 2000-2004, and then again from 2009-2010. I served on the AAAA Board of Directors from 2006-2008 and I have also served on the ARC-AA board of directors. During these times I have represented the AA profession on the local, state, and national levels. I have a deep understanding of the state of our profession as it relates to political, educational, and legislative matters. During my leadership roles with the AAAA I have been able to develop national relationships with anesthesiologists, AAs, legislators, and lobbyists to advance our profession.

Over the decades, I have had the extreme pleasure to surround myself with, and meet many wonderful supporters of the AA profession. The success of the AAAA isn't the result from one individual or the AAAA leadership, it is a collaboration of the entire academy. My vision for our profession will allow us as an academy of AAs to be driven by compassion and guided by science to provide the best and safest patient care, while advancing our profession.

In order for our profession to continue to grow, we all must be ambassadors of our profession, and we must be politically involved in your association. We must continue to be visible and heard. I will promote this vision, and continue to work for the advancement of our profession as I serve you, and the members of the AAAA Board of Directors.

I am asking for your support again, so that I may continue to work with you and leadership of the AAAA.

I encourage you to email me with any of your questions at rwagner@nova.edu.

**Treasurer
Jamie Taff**



**Director
Kristen Dell**



**Director
Koty Price**



STATE of AFFAIRS

UPDATES FROM STATE COMPONENT ACADEMIES OF ANESTHESIOLOGIST ASSISTANTS

GEORGIA

GAAA/GSA RELATIONSHIP CONTINUES TO REAP GREAT BENEFITS

By Kris Tindol, AA-C, Secretary, GAAA



In mid-July, 33 GAAA students and fellows attended the GSA Summer Meeting at Lake Oconee. The CME lectures and workshops provided much opportunity for continued learning, the built-in social time allowed fellows and students alike time to visit and network with their colleagues, and the beautiful setting of the Ritz Carlton Lodge afforded attendees recreational time as well. All this to say it was a great meeting capped off with an unprecedented occurrence: Dr. Jane Fitch, current ASA President, attended our Annual GAAA General Membership meeting!

Dr. Fitch addressed the entire meeting delegation with her ASA Update and was warmly received by all attendees. She then made time in her schedule to visit the open GAAA Board of Directors and General Membership meeting. She was very complimentary of our work as groundbreakers in the AA/MDA partnership and spoke about how mutually beneficial the GAAA/GSA relationship is to both parties. She encouraged us to keep up our leadership in the area of physician relations for state component societies. She continues to believe that we are truly stronger together.

Dr. Fitch then opened the floor for questions and answered all those we had. She spoke about her view of our role in the Perioperative Surgical Home initiative. She feels that AAs have a tremendous role to play in PSH as physician extenders and as the providers spending the most time with the patient during their procedure. She said that allows the MDAs to accomplish their out-of-OR responsibilities knowing that the patient is in our capable hands. She then spoke on the current VA supervision situation and how it needs to act as a wake-up call for all of us on the importance of staying ahead of potential attempts to erode physician-led care. She made

a point to stress that she foresees prolonged and continued physician anesthesiologist and ASA support for the AA profession.

Our Annual GAAA Business Meeting was well-attended by all accounts, having 12 student and 11 fellow members present. We were especially excited at the large student attendance and made the most of the opportunity to ask them what they would like to see from GAAA. Young practitioners remain a valuable element of our membership, and it is vitally important to retain their interest and involvement in the organization. The GAAA welcomed in new Board Members, Student Representatives, and Executive Committee Members. Joy Rusmisell, 2014-2015 GAAA President, spoke about the goals of the GAAA for the upcoming year and requested student and fellow members to contribute by continuing grassroots efforts in membership recruitment and committee involvement.

During her ASA address, Dr. Fitch referenced the old saying that "if you're not at the table, you might wind up on the menu." Her presence at our state component society meeting last month proved that GAAA, along with AAAA, has remained diligent in working to have a seat at the table where important decisions regarding our practice and profession are made.

MICHIGAN

MAAA HOSTS INFORMATION TABLE AT MSA SCIENTIFIC SESSION

By Kent Knight, AA-C



My name is Kent Knight, president of the MAAA. I hope you enjoy this short blurb about what has been happening in Michigan so far this year.

On March 8, 2014, the MAAA was invited to host an information table at the MSA scientific session. It was a great opportunity to answer questions as well as build AA identity in Michigan. We were encouraged by the numerous contacts made and the enthusiastic support we received.

This was followed by our fundraiser for state Sen. Schuitmaker on the March 31, 2014. Sen. Schuitmaker is the sponsor of our bill, SB 439, licensing AAs in Michigan. We partnered with the physician Anesthesiologists to help raise money for the Senator's campaign. The fundraiser was very successful as the AA community and family helped raise a third of the funds generated. The senator graciously thanked us and mentioned our bill specifically.

This is an election year and thus the summer has been quiet legislatively. However, we have been active in using our connections to generate movement in the workers compensation agency. Hopefully, 2015 will bring a rule change allowing AAs to bill for workers comp cases.

Thank you for your work!

TEXAS

TAAA HOSTS FUNDRAISER IN HOUSTON, PLANS UNDERWAY FOR TAAA ANNUAL MEETING IN 2015

By Timothy Goodridge, AA-C

To break up the heat and humidity of the dog days of our Texas summer, the Texas Academy of Anesthesiologist Assistants recently hosted a fundraiser and happy hour event in Houston, TX for TAAA members and students. This event signaled the start of the TAAA constituent education initiative and was a rousing success. In attendance, despite the 95 degree plus heat, were those who represented Texas Heart, UT-Med Center, and CWRU-Houston Educators and Students. Members of the TAAA Board of Directors shared libations, food, good fun, and the TAAA strategic plans for the upcoming year. These plans include member outreach, license legislation, and workforce/practice initiatives.

AAAA President Carie Twichell was in town to join the event. She provided a national presence and answered many questions about the role AAs in the Lone Star State will play on the national scene in the future. The TAAA thanks her for her presence and support.

These events are pivotal for members to present input to the TAAA. We invite any and all AAs, physicians and individuals interested in learning about the TAAA and its purpose. Our future events are planned for the cities of Dallas and Austin and all are welcome. If you can take the heat.

In September, the 2015 TAAA Annual Meeting will be held in conjunction with the Texas Society of Anesthesiologists Annual Meeting. The TAAA will be present to provide TSA members with information and opportunities to expand the AA practice and workforce in Texas. We will continue to work with the TSA and value their constant support.



**Director
Jana McAlister**

My name is Jana McAlister and I am running for the AAAA Board of Directors. I graduated from the Emory program in 2000, and I work at Dallas Children's Medical Center. As an AA from the State of Texas, I am all too familiar with the trials and tribulations we all face as AAs. In Texas, we continue to deal with major billing issues, salary discrepancies, and like most other areas, the fight for licensure. I believe we as AAs must come together and fight for our place in the medical arena. We are highly respected providers, however, we need to get ourselves out there and take our rightful place. I am willing to do the hard work it will take to have equality for us all. We have many other professionals in our corner that have provided numerous legislative testimonials praising our clinical and didactic training. Therefore, there is no reason for us not to be treated equal in any state we so chose to work and live. If I am

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Student News



Student Life

By Brian West, AA-S
2014-2015 Co-President AAAA Student Component
2015 Class President SUAA Program

It's 1:00 a.m. and I have a practical at 7:30 a.m., a meeting with my program coordinator at 9:00 a.m., and an exam at 1:00 p.m. I've been going since 5:00 a.m. this, well, yesterday morning to spend my day loving and caring for my patients and managing their anesthesia until 5:00 p.m. at clinical. I studied until 8:00 p.m. then I had a meeting. I've been studying since.

Fill in any one of these blanks with projects, classes, meetings, studying, presentations, clinicals, PBLDs, workshops, case studies and practicals and know this is an anesthesiologist assistant student. Among all of these activities and obligations, AAs have to balance relationships with their parents, grandparents, boyfriends, girlfriends, and friends. AAs must deal with personal tragedies and losses, preceptor criticism and praise, and everyday stress while trying their best to get a decent meal now and then and get some sleep. This is what leads me to write this article.

Juveria Nayeem from UMKC and I have the great pleasure of being the Co-Presidents of the student component of the AAAA for the 2014-2015 term. Every month, every week and every day, we are humbled by the great amount of time, thought, and effort that the students amongst all the AA programs dedicate to improving their community and their profession. We have the opportunity to hear the report about all of their current endeavors every month during the monthly student teleconference. The passion, dedication,

and drive among them are unbelievable and inspiring. The impact that they are making on the AA profession, the AAAA and in their communities cannot be overstated.

I would like to first congratulate and recognize all the students and student leaders from last year's term. For the legislative efforts towards the AAAA, they raised \$17,676 – much of that coming from their own personal budgets. With 435 members, just in membership dues alone, they contributed around \$87,000. They also raised \$6,321 through golf tournaments, bake sales, badge

Every month, every week and every day, we are humbled by the great amount of time, thought, and effort that the students amongst all the AA programs dedicate to improving their community and their profession.

clips, scrub caps and through encouraging local restaurants to donate a portion of their profits to the Lifebox Foundation. The students of the AA programs are excited to be able to contribute to such a great organization and

the ASA. We believe it paramount to support the ASA, become members, and attend their conferences and support their initiatives. The foundation for this relationship is our deep-seated dedication to the Anesthesia Care Team, working side by side with anesthesiologists and believing that the best patient care comes under the direction of a medical doctor of anesthesiology.

It's amazing that the students and student leaders find time for anything outside of their program course work and clinicals, so it is here that I shed light on the type of individuals that are in the programs. The Student Philanthropy Chairs Jennifer Linzalone, Stephanie Sayward, and Evelyn Zhu are working to exceed last year's Lifebox donations by encouraging every program to donate at least \$1,000. They are assisting the various programs in

developing activities and events that will help the students/programs accomplish their goals. Likewise, they are encouraging the programs to find ways to plug into and serve their communities.

The Student Annual Meeting Chairs Jenny Chekadznova and Emily Bowling are searching for greater funding and activities for the AAAA Conference Student Social. They are helping coordinate new activities to promote student interactions at the AAAA conference like a beach volleyball tournament, student night out, and promoting the 2nd annual AAAA Cup Challenge.

The Student Legislative Fund Chairs Andy Cole and Mike Beeler have created a PowerPoint presentation for the student representatives of the AAAA to present to their

classes and show the importance of donating to and supporting the legislative fund and legislative efforts. They have been working on a brochure to distribute to undergraduate programs to spread awareness of the AA profession and AA programs. They have also been involved in creating a database of graduating AAs in order to encourage their participation in our professional organization.

The Student Membership and Elections Chairs Ladda Chantachote and Bianca Shah are organizing and collecting the contact information for the student body among all the AA programs. They are constructing surveys concerning AAAA membership retention and recruitment. The Student National Affairs Chair Emily Gutschenritter is working on creating a database that includes where students are from, where they completed their undergraduate degrees, and where they would like to work in hopes that this data will help in focusing legislative efforts. The Student



Student Component Co-Presidents Juveria Nayeem and Brian West

International Affairs Chair Ashley Johns is researching potential international clinical rotations. The Student Communications Chair Sam Lee is working to create a central location for potential AA students to go on the

Internet to gain factual information and advice and give them a place that is moderated to ask questions about our profession.

The student component of the AAAA has never been stronger and more driven; and the passionate individuals who have volunteered their service to build our profession have been hard at work developing these ideas and initiatives. The individual programs have been hard at work, too, and I'd like to share some of their stories.

Colorado University collected donations this last fall to make a fiesta taco bar for their local Ronald McDonald House which supports and houses families who have sick children that must stay in nearby hospitals. They have been selling scrub-hats made by hand (I need to make an order!) at local hospitals and their two campuses to raise money for the Lifebox Foundation. Over the last half-year, they have been involved in organizing, packing and shipping vital medical instruments to unindustrialized and developing nations through the organization Project C.U.R.E. Their most recent project is Golf Scramble for Lifebox in which they are hosting a local golf tournament and inviting their anesthesiologists, AAs and community

The students of CU are a true example to all programs, students, anesthesiologist assistants, and their communities.

The students of South University in Savannah, Georgia have also been squeezing in their free time to serve their communities and profession. Last fall, we worked alongside the South University Pharmacy program at the annual community health fair that the city of Savannah hosts.

We helped individuals in the community evaluate their health through blood pressure, BMI and glucose checks and provided valuable resources for low-income families. We developed homeless kits that include hygiene products, canned food, a blanket, some snacks, a Subway gift-card and a list of resources to find health care, mental health care, lodging, and food that fits into little packs that we can distribute to those in need in our community. Our hope is that it helps them find assistance without potentially contributing to their shortcomings.

This past winter, we cooked up a great pancake breakfast for the individuals staying at the local Ronald McDonald House. We organized SUAA day at Maddio's Pizza, where 10% of all profits from purchases by customers who mentioned SUAA went to the Lifebox Foundation. We sold badge clips on campus and at the local hospitals for the same cause. The South University Program this spring participated alongside the South University PA program in Relay for Life, raising over \$4000. That same month we visited a local nursing home to spend a Saturday morning playing cards, playing oboe, violin,



AAAA Student Component table at the 2014 Annual Conference

and guitar for their enjoyment and spending quality time listening to their stories about their lives.

At the beginning of this year, I created the SUAA Student Organization. In the process, I wanted to create a motto that would help establish a deep seated foundation to guide AA students in giving the highest standard of care. I came up with *caritati et operae aegrotis et gravatis*, which translates to "For the Love and Service of the Sick and Burdened."

I believe our program is living up to this standard, and I see it in all of the other programs. The selflessness that AA students exhibit transcends words to a testimony of action that benefits every patient, nurse, surgeon, and anesthesiologist. I, as well as the student body, are extremely excited to make a lasting impact on the world around us. And, I am humbled by their selflessness and willingness to endure the hardships of their programs and still find time to give back to their communities and profession.

I am confident in the future of our profession because of the AAAA student component leadership and the individuals in my program and the others. I hope that we always remember what patient care is about; and, may it always be for the love and service of the sick and burdened.



AA students contributed over \$17,000 to the legislative fund this past year

to not only get to know the AAs of Colorado, but also to help support a great organization.

Meet Laura Knoblauch Secretary, AAAA Student Component

Hello! I am Laura Knoblauch from the University of Colorado. I currently hold the position as secretary for the student component of the AAAA. Additionally, I serve as the student representative from my program with the AAAA, and I have assumed the role of a liaison between the students and the faculty/staff. I am very active within the AAAA and passionate about all of the Academy's philanthropic goals. Currently, I am organizing our First Annual Charity Golf Scramble to be held on September 14, 2014. All proceeds go to the Lifebox Foundation, Inc. (USA) and the Ronald McDonald Charities of Denver. We have invited and received interest from many local hospitals and anesthesia groups of Colorado. This event is a great way to educate anesthesia providers in the state about our profession and the extent of our training. There are numerous companies and organizations donating

items for the goody bags and hole prizes as well as sponsoring holes. Every semester, on top of the normal class and clinical load, I also volunteer with my peers to cook a meal at the Ronald McDonald House or organize medical supplies to be shipped to countries in need through Project C.U.R.E. For my senior project, I am working with our anatomy instructor and the Acute Pain Service at University Hospital to create a lecture series that will integrate regional anesthetic techniques, ultra sounds, simulation lab, pharmacology and anatomy. I will be presenting my project to the incoming class in order to help them begin to "connect the dots" and integrate everything they are learning. I am very excited to be in such a wonderful profession and look forward to what the future holds for me as an anesthesiologist assistant.

Case Western Reserve University Recent Student Publications



Jennifer E. Puin, PhD
Administrative Director, Master of Science in Anesthesia Program,
Case Western Reserve University

The following are academic works recently published by students of the MSA Program:

Filbey, William A. ('15). "Eszopiclone and Dexmedetomidine Depress Ventilation in Obese Rats with Features of Metabolic Syndrome," SLEEP, Vol. 37, No. 5, May 2014.

Jones, Zachary ('16). "Ventral Tegmental Area Neuronal Activity Correlates to Animals' Behavioral Response to Chronic Methylphenidate Recorded from Adolescent SD Male Rats," Journal of

Behavioral and Brain Science, Vol. 4, No. 4, April 2014.

Jones, Zachary ('16). "Acute and chronic dose-response effect of methylphenidate on ventral tegmental area neurons correlated with animal behavior." Journal of Neural Transmission, Vol 121, No. 3, March 2014.

Congratulations on your publications, William and Zach.

Congratulations also to our other students who have over 25 publications among them, ranging from 2005-2013: Jeffrey Bender, Meng Chen, Emily Gutschenritter, Faizan Jafri, Zachary Jones, Lyndsay Joson, Jennifer Nguyen, Priscilla Patel, S. James Saunders, and Bianca Shah.

Welcome New Members

Alabama
Charles Young, AA-C

Colorado
Sarah Drobka, AA-S

Florida
Grace Canon, AA-S
Katelyn Stahl, AA-S

Georgia
Aaron Abramowski, AA-S
Omar Albakri, AA-S
Joel Baker, AA-S
Matthew Blahunka, AA-S
Sabina Chasey, AA-C
Jessica Colker, AA-C
James Davis, AA-S
Luis De Carvalho Leao, AA-S
Joanna Dela Cruz, AA-S
mark fouts, AA-S
Jennifer Gebes, AA-S
Justin Kitson, AA-S
Ashley Koenig, AA-S
Andreja Lacic, AA-S

Scott Loberg, AA-S
Peter McNeely, AA-S
Randi Neubeck, AA-S
Margaret O'Brien, AA-S
Jacob Rasanow, AA-S
Sommer Sanders, AA-S
Angela Simon, AA-S
Alex Steed, AA-C
Nada Tayeh, AA-S
Cassandra Ternes, AA-S
Kara Wahlgren, AA-S
Jane Zaleski, AA-S

Maryland
Ashley Manon, AA-S
Kojo Bempong, AA-S
Taylor Kiley, AA-S
Tia Clements, AA-S
James Conner, AA-S
Robert Deiler, AA-S
Erin Dickman, AA-C
Ryan Diehl, AA-S
Kristen Ducey, AA-S
Leanna Duerst, AA-C
David Grayson, AA-C



Cassie Langhals, AA-S
Peter Le, AA-C
Matt Lyles, AA-S
Emily Nairn, AA-S
Alyssa Orefice, AA-S
Melanie Phillips, AA-S
Sarah Ross, AA-S
Minh Tang, AA-S

Jamie Thornton, AA-S
Emily Tong, AA-S
Alexandra Tosone, AA-S
Luke Wilkins, AA-S
Matthew Noonan, AA-C
Lindsey Diaz, AA-C
Robert Converse, AA-S



Charting & Liability

Common Errors That Can
Get You In Trouble

By Cheryl Saidi-Johnson, AA-C

During my tenure as an anesthesiologist assistant student, I never gave much thought on the importance of charting practices. I filled in all of the necessary blanks that were provided and made sure that everything that needed to be documented was captured accurately. Anesthesiologist attendings would then review my charting and provide input as to what they deemed important to charting: documenting histories, allergies, including intubation notes, and even down to pasting stickers from units of blood on every page of the record. After all, your attendings are also responsible for the care of your patient.

As a practicing AA, I continually encounter situations with patients that require a great deal of care which makes me question what should and should not be documented. Are some of the allergies provided not really allergies? Do I really have to write down ALL of the sixty medications that the patient is on? Which abbreviations are acceptable and which ones are not? In addition to the provision of patient care, this is a lot of thought that must be input. When it comes to documentation, how much is too much and how much is not enough? What kinds of errors or omissions would predispose me to financial responsibility for patient negligence?

Now, with the advent of electronic medical charting, I am more at ease in knowing that if something is missed, there will be an alert to review the missing documentation. However, is this technology providing a false sense of security? With all of this newfound confusion, I decided to confer with two expert attorneys on what they feel are the most commonly made errors in medical charting.

Mark A. Egner, P.A. is currently a solo practice attorney in Miami, Florida. One of his many specialties includes representing those involved in personal injury and medical malpractice claims. He obtained dual Bachelor degrees in Anthropology and Nursing at the University of Florida. He graduated from the University of Miami School of Law where he attended law classes at night while working as a trauma nurse at Ryder Trauma Center in Jackson Memorial Hospital in Miami, Florida. After practicing with a few law firms, he realized that his nursing background would prove invaluable while representing clients in medical malpractice and personal injury cases.

Arthur A. Arciaga, JD, AA-C, AIC is currently a practicing Anesthesiologist Assistant who graduated from the Case Western Reserve University program in 1975. Soon thereafter, he attended law school in the evenings while working as an AA during days. Although anesthesia was his first love, he wanted to challenge himself by learning the law process, about which he knew very little.

Mr. Arciaga worked as a medical malpractice attorney after graduating from law school along with spending some time in risk and claims management. He currently works as a full-time AA at Cleveland Clinic and as a medico-legal consultant part-time. Presently, he gives lectures to the second year AA students in areas of anesthesia liability and risk management.

Both attorneys were asked a series of questions which were generic in nature, yet provided a basic understanding of what is necessary as a baseline for proper medical charting technique.

The first question posed was what they believed were the biggest/most common mistakes that medical professionals make while charting from a legal standpoint. Mr. Egner responded with "Inaccurate history. In some cases, I find that the history(s) have been questionable and less than accurate. I often find myself facing a multitude of discrepancies between the patient's present and past medical histories. In my experiences, red flags often present themselves when a health care provider has to accurately report the details of a procedure (i.e. timing of phone calls and meds etc.). Often times when a crisis occurs in a fast paced medical environment, charting gets put aside to deal with the situation, forcing the providers to chart after the event. This delay causes accuracy issues because most of us don't have an iron clad memory. When crises occur, providers need to make sure someone else is charting as an event happens."

Mr. Arciaga responds to this question by providing an example of a case, "In paper charting, sloppiness, illegible writing and incomplete documentation are some of the common mistakes. Jurors may assume that since the charting was sloppy, your work must have been sloppy. After interviewing the jurors in a case where they found the anesthesia provider free of liability, a clear, accurate, legible chart had a positive impact on the jury's verdict. Again, with regard to incompleteness, if you didn't document it, you did not do it. With regard to electronic charting, incomplete charting (no documentation of new IV placed, or the type of ETT used) is a concern."

I followed up with inquiring if over-charting could be a disadvantage in court.

Mr. Egner believes that "once you get into a lawsuit, information is king and if the healthcare provider takes the time to fully and accurately document what is occurring, then it can really be advantageous because typically no one recalls all the details years later."

On the other hand, Mr. Arciaga asserts, "Providing unnecessary and irrelevant information can be a disadvantage. Documentation should be concise, relevant, objective (facts) and appropriate."

Due to the nature of increasing technology and its integration into the world of medicine, I asked if either of them believed that electronic

"Once you get into a lawsuit, information is king and if the healthcare provider takes the time to fully and accurately document what is occurring, then it can really be advantageous because typically no one recalls all the details years later."

charting protected medical professionals from liability. Mark Egner responded that "in fact, just the opposite - because it's so uniform a lot of times it fails to allow the health care provider to fully explain things or events. So in essence, once you are in litigation and you have a good attorney on the other side you may find yourself in a bad position because you don't have that extra information you need to explain what you did or what occurred because you are looking at the computer generated chart which is subpar in my opinion."

Arciaga maintains that, "The advantage of electronic monitoring in analyzing the record may be with the accuracy and clarity (legibility) of the information."

However, "there is no guarantee the information is accurate, and there is still the possibility of missing information. As with any electronic gadget, it can go wrong at any time. Sometimes, vital signs are not recorded, and mistakes cannot be simply corrected. In a reported incident, the physician entered in the electronic record that the patient was aware of time, date, and place. The patient was only two years old. The electronic record did not protect the physician in that case."

Finally, I asked both attorneys if they could offer some major charting tips that anesthesia professionals should include that would help minimize fallacies that could possibly lead to litigation. Egner suggests, "The best thing is to just be forthright with whatever scenario you are dealing with. Remember it's never the event that leads to issues; it's the cover up. Try to have someone help out when or if there is a problem. Don't be a hero and do it yourself. Be smart about what you do. Look over your charting or have someone else review it to

I can't kill who did what was in chart?

ANESTHESIA RECORD

PATIENT: DOE, JANE F
MR# 1234567
DOB: 01/01/1969

PROCEDURE: L.A.P. CHOLE
Time Entered OR: 1200
Anesthesia Start Time: 1200 Incision Time: 1232 Surgery End Time: 1314 Anesthesia End Time: 1319

ALLERGENIC: LATEX
Date: 09/01/2014

Medications:
Diprivan (MG) 200 mg
Fentanyl 50 mcg
Versed 30 mg
Zemuron 30 mg
Dilaudid 2/0.4 mg
Neostigmine/Robinul 2/0.4 mg
TORADOL (MG) 30 mg
~~VECURONIUM~~ 30 mg

Antibiotics: ANCEF

Vitals:
O2: 10-1-1-10
% SpO2: 4.8-6.1-X
ETCO2: 36-32-39
Temp: 36-36-36

Intubation: Direct, Size 7.5, Cuff 7, BBS (+), HME/Filter, Arm Pads, Eyes Taped, Nerve Stim.

Notes: PT. "DOESN'T LIKE" NARCOTICS
Report provided to PACU RN
VSS ✓; AAO x 3

Signatures: Anesthesiologist: MD: [Signature] CRNA: AA: [Signature]

make sure you have followed up where need be.”

Mr. Arciaga provided some pointers that he usually delivers to his students. “Always have the attending sign the chart as this is evidence that you were supervised. If you amend the chart shortly after the case, label it as such, date, time and sign it. If you fill out an adverse outcome report, do NOT document in the chart that you did so. This is confidential information. Charting should be legible, accurate, concise, objective, and timely. Correct mistakes with a single line across the wrong information (do not obliterate), write in the correct information, date, time and initial it. If you didn’t write it, you did not do it! Fill out the blanks with N/A if appropriate. Attending to the immediate needs of the patient is always a priority, chart later! If you write notes about the case and keep it for your own records, it may not be privileged information and the patient’s lawyer may be entitled to it. Discard patient records in the appropriate place according to HIPAA rules.”

When Arciaga lectures to his students, he hopes that if they are to retain anything, it is this: Be Devious (DVS)! D stands for DOCUMENTATION. Both state and federal laws require documentation of the patient’s anesthesia experience. There are penalties (can lose license) for violating these laws. Sometimes lawsuits don’t occur until years after the case, at which time memories have faded and witnesses are unable to be located. The anesthesia record is the only tool that will allow recollection of the facts and activities of the case. With it, your lawyer may be able to build a defense on your behalf. Once they receive a letter stating they are being sued for malpractice, realize lawyers have already analyzed the anesthetic record, and it would be a very bad mistake to change or make amendments to the anesthesia record at that time. Of course, amendments can be added to the record - sometime very soon after the case. Anything later would cause suspicion of dishonesty. Always properly label any amendments, date, time and sign it. Further more, do not use the record for personal reasons. Do not point fingers or place blame on the record. When making corrections, simply cross out the incorrect information with a single line and write in the correct information, date, time and initial it. Depending on the electronic anesthesia record



used, if you can’t delete it, the only way you can correct misinformation is to add the correct information as an amendment or an additional note.”

“What particular things do lawyers look for in anesthesia records? They look for a failure to diagnose (e.g. an esophageal intubation), misdiagnosis (e.g. the EBL was much more than realized), inconsistencies (times and facts differ compared to other documentation), untimely diagnosis (of an hypoxic episode), failure to act, failure to monitor, any omissions and errors.”

“V stands for VIGILANCE. Lack of vigilance is a huge contributor to adverse outcomes. Opportunities to become distracted in the OR can be blamed on music playing, alarms blasting, chatter, iPhones, pagers, reading books, newspapers. I emphasize to students do not read, or use the iPhone (can be subpoenaed). A case was reported wherein the anesthesia provider was so intent on watching the operation from the foot of the bed that the patient’s hypoxic episode was missed. The patient was brain damaged. Vigilance not only means immediate recognition of the problem, but also to react immediately to correct it. In another incident, the patient became apneic en-route to the PACU and went unnoticed by the anesthesia provider resulting in the patient suffering a cardiac arrest.”

“Finally, the S in DVS stands for STANDARD OF CARE. An anesthetist owes a duty to the patient to possess the degree of learning and skill ordinarily possessed by anesthetists in good standing and to exercise that degree of care ordinarily exercised by other members of the profession acting in the same or similar circumstances. That level of care is known as the standard of care. Documenting that the standard of care was followed (e.g. BSBE, Positive ETCO2 after intubation) is crucial. A breach of standard of care is known as negligence. Realize that jurors might assume that if you did not document it, you did not do it!”

As part of my interview, I presented each of these gentlemen with a sample anesthesia record that I filled out casually. To my surprise, there were deficiencies, which I didn’t even realize were part of the record.

Mr. Egner made annotations in black (See page 12). Mr. Arciaga’s review found the following concerns that should be addressed:

- Ventilation status should be placed within the vital signs grid — the customary place where it is documented. It should include rate, tidal volume, inspiratory pressure, and

type. It should be written every so often. “VC” should be placed in proper box.

- Is the IV in the hand, arm?
- ETCO2 pattern observed after intubation?
- Grade of airway status at intubation?
- Type and size of laryngoscope blade.
- Indicate if cuff inflated at MOV.
- Position of arms and if padded and secured (although indication that patient positioned without pressure or stretch points may suffice)
- Time of CO2 insufflation.
- Extubation time, any complications, suctioned, status after extubation, etc.
- Time of antibiotics given. Was it before incision?

Mr. Arciaga found the following areas that could be improved:

- Organize chart to have special place for allergies, preoperative vital signs, and labs.
- Use only approved abbreviations re: supine or negligible (?)
- Put comment about patient not liking narcotics in preoperative chart.
- Making the correction about the info. Re: 20g/L is okay, but better to avoid.
- Avoid placing only lines in the area of ECG and SaO2. Place the actual numbers at consistent times. Same with Temp. ETCO2 and FiO2. It shows vigilance.

These two informed attorneys not only remind us of the importance of sound charting procedures, but have also outlined the pitfalls and consequences of what many of us take for granted on a daily basis. Many professionals in our field would assume that their charting was solid and impenetrable but fail to recognize the impact that the smallest of details can play in our success. As professionals, we must come to the realization that there will always be more work to be done in order to protect ourselves from preventable liability. Items such as records of patient histories, which not only need to be accurate, but also must correspond with previous ones. Legibility could question credibility. Including untimely events on the chart could preclude or lessen liability more so than excluding them. Vigilance is part of the mantra of our educational and didactic foundation. We must ensure that we are continually vigilant with not only our patient care, but also our recording of that care. Charting should reflect exactly what transpired. Being lax by saving a couple of minutes could cost us time outside of the operating room and a lot of financial output to defend something that was already done.

It should be mentioned that all of the above information is not meant to be legal advice and that laws may differ depending on the state. Legal counsel should be sought in specific circumstances and for specific questions.