

# The Anesthesia Record

Quarter 4 2014



**AAs at the ASA**  
Representing in New Orleans

**Know Your Rights**  
Employment Laws

**Alphabet Soup**  
Acronyms Every AA Should Know

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The Newsletter of the American Academy of Anesthesiologist Assistants

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## Your Questions & Concerns: Answered

AAAA Leaders Respond to Members' Most Common Comments





# 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](mailto:info@anesthetist.org)



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### Recycled Drug Vial Caps Turned into Art

Angela (Nichols) Hovis, AA-C entered her artwork made entirely from recycled drug caps into the art wall at the University of Texas Medical School at Houston which will be on display from November 19th through January 30th. She is an Anesthesiologist Assistant in Houston and has been collecting drug caps since she was a student in the Case Western University - Cleveland AA program. If you would like to see more, check out her art blog at [artbyangelahovis.blogspot.com](http://artbyangelahovis.blogspot.com). She can also be reached by email at [angmarienic@gmail.com](mailto:angmarienic@gmail.com).



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# Stay Tuned for an Enlightening Year to Come!

By Carie Twichell, AA-C

Many people view the Fall and Winter seasons as the ensuing end of the year; a wrap-up of initiatives and the commencement of a dormant period. The opposite holds true for the AAAA. The meetings, representation and sheer magnitude of work produced during the October ASA Annual Meeting was an additional upswing after our own annual meeting in April. With so many active AAs in attendance, it became the ideal opportunity for the Executive Committee to meet with not just the Board of Directors, but many committee chairs, students, physician advocates and external representatives. Reorganization is a difficult process and we have now worked through the initial first quarters of our new committee structure. This meeting provided the much needed time to review positive outcomes and also identify those areas that need attention and improvement. This in-person venue was the ideal launch pad for a busy and productive year to come.

I'm proud to acknowledge the external organizations that help guide and shape the AA profession. These groups work alongside the AAAA to achieve our stated goals and reflect our mission statement. Many volunteers who make these organizations effective attended the ASA meeting. Listed below are just some of the meetings that occurred along with the AA(s) who attended as representatives of the AAAA. To gain a better understanding of each organization and/or their current scope of work, don't hesitate to contact the AA representatives listed here and on our website:

**AAP (AA Partnership):** Saral Patel (current representative); Megan Varellas (incoming representative - January 1st) and Carie Twichell (incoming representative- January 1st).

**AAAPD (Program Directors):** Gina Scarboro (Chair) serves as the formal liaison to the AAAA Board of Directors; Program Directors, Assistant Program Directors and individuals involved in student education attended.

**ARC-AA (Accreditation Review Committee for the Anesthesiologist Assistant):** Shane Angus (chair), Melanie Guthrie, Rich Bassi, Michael Patrick.

**AAAA Executive Committee Meeting:** Carie Twichell, Saral Patel, Megan Varellas, Ty

Townsend, Jeff Smith, Jet Toney, Devon Bacon.

**ASA State Issues:** Organized and facilitated by Jason Hansen, ASA Director of State Affairs; attended by Carie Twichell, Megan Varellas, and Jet Toney.

**Resident and Medical Student Advocacy Forum:** Mike Nichols.

**AAAA Board of Directors Meeting:** I would like to highlight and thank all the AA students in attendance from the various programs who gave valuable input and contagious enthusiasm.

**NCCAA- (National Commission for the Certification of Anesthesiologist Assistants):** Soren Campbell

**ASA/AAAA Joint Leadership Meeting:** Jeff Smith, Carie Twichell, Ty Townsend, Megan Varellas, Jet Toney, ASA representatives Dr. J.P. Abenstein, Dr. Dan Cole, Dr. Gosney, Dr. Plagenhoef, Jason Hansen, and Paul Pomerantz.

**APSF:** Shane Angus.

**Multiple Caucus Meetings:** Texas, Missouri, Ohio, Florida and the Frontier Caucus to name a few

The following ASA Committees have an AA member within its ranks and met in New Orleans:

**Committee on Anesthesia Care Team:** Ellen Allinger, who gave a very comprehensive and concise report to the committee on behalf of the AAAA.

**Communications:** Megan Varellas

**Governmental Affairs:** Claire Chandler and Mike Nichols

**Economics:** Dave Biel

**Practice Management:** Carie Twichell  
Future Models of Anesthesia Practice: Mike Nichols

**Membership:** Bill Buntin

**Uniformed Services and Veterans Affairs:** Rich Bassi

**AA Education and Practice:** Gina Scarboro

**Occupational Health:** Ty Townsend

**ASAPAC Executive Board:** Mike Nichols

In addition to the meetings listed above, the AA Educational Programs collaborated



to host a booth again at the ASA meeting. Many thanks go out to all those individuals from South University, Nova Southeastern University- Tampa and Ft. Lauderdale, Emory University, University of Missouri - Kansas City, and Quinnipiac University Programs for your hard work and efforts to answer questions, not just on educational matters, but political and legislative issues as well.

Speaking of legislative issues, Mike Nichols and Soren Campbell from the AAAA Legislative Committee filled their days with countless meetings from state component representatives interested in AA licensure. While these states vary greatly in levels of preparedness for upcoming action, the level of interaction and information sharing between the AAAA, ASA and state components continues to surpass the year prior. Soren Campbell continues to work closely with the Indiana Society of Anesthesiologists on the Indiana rule-making process and we look forward to the issuing of AA licenses in the near future.

As the AAAA ramps up efforts to improve efficiency and streamline its inner workings, we must get back to the basics while continuing to communicate our efforts on behalf of our members. This is a membership-driven organization and we owe it to you, our members, to better explain what our volunteers are doing to not just improve, but protect, the future of our profession. Stay tuned for an enlightening year to come!

I read a recent article where the Red Cross was being criticized, not for lack of efforts, but for not showcasing their efforts to the media. A spokesperson for the Red Cross said, "we can either spend our time providing people in need with hot meals, or we can spend that time telling the media how we are going to provide those hot meals." The AAAA needs to do both; provide the service and communicate that service effectively to our members. The continued success of our profession and this organization relies on hard work, dedication and the communication and professional relationships between leadership and members.

## AAAA News

### Congratulations New AAAA Officers!

Tim Goodridge has been elected AAAA president-elect and Jamie Taff, treasurer. Joy Rusmisell and Rob Wagner were elected to serve as members of the Board of Directors. AAAA Governance Committee Chair Saral Patel announced the results Sunday, October 12th at the Board of Directors meeting during the ASA Annual Meeting in New Orleans. Congratulations to the new officers, and thank you to all candidates for your participation.



President-Elect  
Tim Goodridge



Treasurer  
Jamie Taff



Director  
Joy Rusmisell



Director  
Rob Wagner

### Anesthesia Patient Safety Foundation Announces the Procedure for Submitting Grant Applications

Deadline to Submit the Letter of Intent (LOI) for an APSF Grant Award to begin January 01, 2016 is: March 2, 2015 (5 PM EST)  
<http://www.apsf.org/grants.php>

LOI will be accepted electronically beginning January 21, 2015. The maximum award is \$150,000 for a study conducted over a maximum of 2 years to begin January 1, 2016. Based on the APSF's Scientific Evaluation Committee's evaluation of these LOIs, a limited number of applicants will be invited to submit a full proposal. Investigators will be notified of the status of their LOI electronically on Thursday, May 15, 2015.

### AAAA offers online CDQ Exam Review

Dedicated to providing top-notch services, the AAAA is excited to announce its newest member benefit. A CDQ exam review in the form of an online quiz is now available under the Members section of the website. The question bank will be updated weekly. Click to begin CDQ exam preparation today! Members have the option to create an account within the exam review system to track progress and access previously completed quizzes.

### Membership has its Privileges

By William Buntin, AA-C

#### NCCAA discount to AAAA members

In keeping with our core competencies on professionalism, NCCAA is offering discounted examination rates to members of the American Academy of Anesthesiologist Assistants (AAAA). The discount is automatically applied when you enter your AAAA membership number during payment. For more information, please contact [business.office@aa-nccaa.org](mailto:business.office@aa-nccaa.org) or go to <http://www.aa-nccaa.org>. You may find your membership number in your profile on the AAAA website: [www.anesthetist.org](http://www.anesthetist.org)

#### Financial advisor

Travis Moore, Ashford Advisors  
Travis specializes in working with Anesthesiologist Assistants and students across the country to help them protect and build wealth, planning for both today and the future.  
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#### Discounted Medical Liability Insurance

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#### Discounted Membership rates:

10% Group membership discount  
\$100 discount for Graduating Seniors and one free year of membership (if membership application is submitted within 60 days of graduation. Free year applies to year immediately following graduation year)

**Quarterly Newsletter:** *The Anesthesia Record*: The Newsletter of the American Academy of Anesthesiologist Assistants

#### Annual CME Conference

39th Annual AAAA Conference April 10-14th  
Gaylord Palms Resort, Orlando, Florida

#### E-News

Provided weekly via email  
Includes up-to-date and timely information pertinent to AA practice

#### Advocacy and Legislative Efforts

AAAA has many ongoing state legislative efforts. Please call or inquire at: Phone: (678) 222-4233, Fax: (404) 249-8831  
[info@anesthetist.org](mailto:info@anesthetist.org)  
State Component Support  
Reimbursement and Pay support  
For information please contact the AAAA at:  
Phone: (678) 222-4233  
Fax: (404) 249-8831  
[info@anesthetist.org](mailto:info@anesthetist.org)

#### Career Center

AA job postings updated regularly  
AA Day!  
Free AAAA promotional items available

#### Acheron AA Certification Review Course

Private vendor affiliation



# AAAA Leaders Respond to Your Questions & Comments

**Comment:**  
In order to grow the professionalism of the AA profession, the AAAA needs to have the ability to utilize and hire non-volunteer individuals whose fortes are the areas where the organization needs help, such as with legislative initiatives. To do this, the organization needs more money. Since the AAAA is so heavily dependent upon membership dues for its annual budget, there needs to be a highly organized and aggressive campaign to recruit anyone who has ever been an AA but is not a AAAA member to rejoin the organization.

**Response:**  
The AAAA leadership volunteers recently hired Cornerstone Communications Group (CCG) to manage the AAAA organization. CCG brings with it over 60 years of professional organization management experience. The principal of which is Jet Toney, a very capable lobbyist and public affairs specialist. The leadership chose this company to take the AAAA to the next level of professionalism and to advance the AA profession into many more states.

And, yes, you are right. We need money to pay for CCG and their services. We need money to achieve our state and national goals. We need money to provide member services. And these days money is short. We pride ourselves on being very fiscally responsible and meeting the budget each year, yet it is very difficult with the demands on us to place AAs in more jobs and spread the profession into more states. We are facing many legislative battles that go into the tens of thousands of dollars to fight, not even mentioning the legislative and reimbursement battles in existing states where AAs are employed.

We are working on several membership

initiatives. First we are stepping up our relations with students, since new grads are currently our largest group of dropped members. We are visiting each class at each school, providing information, talking with the students and getting feedback on what they want and need from the AAAA. We have affiliated with a financial advisor that specializes in assisting AA students with loan repayment advice and graduates with financial tools. We have updated the Career Center with many listings for AA employment and update it regularly. We have worked with the NCCAA to provide a very significant discount to AAAA members looking to certify and recertify. And there is much more.

We are working very hard for all the members. Our members can contribute so much to the profession's success. Go out and recruit. Tell others why they should become members. Get your group to pay for a group membership (10% group discount). Ask your employers to pay for professional memberships. If you need information or someone to talk to your group, please ask. I am available any time.

Bill Buntin, AA-C  
Membership Chair

**Comment:**  
"When Colorado was trying to get licensure, the CAAA sought out to the president (then, Mike Nichols), and pretty sure we got some money, but no email of encouragement or suggestions/recognition from the AAAA. Additionally, we hear all this political news in the AAAA newsletter, but like the survey mentioned, I don't think the average member (not office holding) is aware of where our money goes and what the near future goals are for the academy."

**Response:**

Every state has a unique path to licensure. The AAAA was involved from the beginning of the Colorado licensure effort to safeguard the AAs working in Colorado. AAs in Denver participated in meetings between AAAA, the Colorado Society of Anesthesiologists, and the CoAAA starting with a face-to-face meeting in October of 2011 at the ASA's annual meeting in Chicago, to talk specifically about strategy and mutual involvement in crafting the Colorado AA licensing bill. The president of AAAA refers all legislative business to the Legislative Committee Chair (formerly the National Affairs Chair). Ellen Allinger, National Affairs Committee Chair at the time, advised the Colorado Society of Anesthesiologists and the CoAAA on the AA licensure bill written by the CSA. Ms. Allinger consulted on the specific language for the bill and its introduction while providing document support and testimony. AAAA was involved in every aspect that contributed to the passage of HB 1332, which was announced to membership in the 2012 2nd quarter edition of The Anesthesia Record. Additionally, Ms. Allinger personally secured support from the Colorado Physician Assistant Academy to minimize opposition while the AAAA Board of Directors unanimously approved the release of \$8,000, the amount requested by the CoAAA for lobbyist fees, from the AAAA Legislative Fund. It's always disappointing when a member feels his or her anesthetist colleagues volunteering their time and effort for AAAA aren't working hard enough. Many AA members and non-members are unaware of how AAAA dues get spent or what the academy's goals are. This is a topic discussed at length by leadership during strategic planning and we've created concrete strategies to improve this aspect of member engagement. Keep in touch with us by updating your member profile and we'll keep in touch with you. By 2016, all members should be more informed about what AAAA is doing, why we are doing it, and more importantly, why you need AAAA to be doing what it does. Among other things, you can expect to see more frequent reporting from committees, E-news, social media postings, and greater collaboration with state academies. The member calendar is already online where you can see every meeting that AAAA volunteers conduct and soon there will be an easier portal to sign up and volunteer on a committee. Every AA can help steer the future of the academy and the profession by getting involved.

Megan Varellas, AA-C  
President-Elect

**Comment:**

"As answered in a previous question,

I would like New Mexico to attain full licensure. I feel that it is misleading to place NM in the list of states that currently have licensure without being more specific as to our situation of only being able to work within one institution. When talking with anyone medical or non-medical regarding this issue, their immediate assumption is that this is due to our inadequacies as a profession."

**Response:**

I agree that statewide licensure of AA practice in New Mexico is a goal worth striving toward, and the NMAAA has been actively working toward that end over the past several years. The reality of the situation is that when the enabling legislation was passed years ago, the University of New Mexico anesthesiologists were the ones that actively advocated for the change and in an effort to "open the door" for AA practice in any way within the state, the concession was made to limit AA practice to only the UNM health system. This type of restricted practice authority is unique within the AA profession, but it is not uncommon in state law or unprecedented -- a recent example would be the Colorado 'opt-out' for nurse anesthetists. Although NAs consider Colorado an opt-out state, those provisions are limited in their scope to only a handful of critical access hospitals (facilities doing less than 800 procedural cases per year) and is not statewide.

Michael Nichols, AA-C  
Director

**Comment:**

"The AAAA is doing a good job overall, but there are a few areas that need to be addressed. I have suggested these before, but have not seen any change yet: 1) The job market is becoming saturated. There are WAY too many greedy universities that want to graduate 50 students a year regardless of job placement. It's simple economics, increase supply/decreased demand = lower wages, no raises, pitiful contract formations. At my current employer, they created a new contract for a 'flex' schedule where the AA/CRNA is basically at the mercy of the schedule and is on the hook to work whenever the schedule necessitates. This is not acceptable. There needs to be national pressure from the AAAA on the universities about the number of students it puts out annually until legislation catches up. 2) I think it's a terrible idea to have the NCCAA and the AAAA in bed together offering discounts. The two parties should remain entirely separate entities who DO NOT affiliate with each other. This could raise concern for our accreditation in the future."

**Response:**

The AAAA Board is extremely concerned with the expansion of the profession and job opportunities. This concern is an overarching theme in everything the AAAA does. It is a specific goal in the AAAA's strategic plan "to increase the sphere of influence in the Perioperative community" and "to protect the interests of the AA profession". Opening new states and securing all practice states is an immediate goal of the AAAA's. The road to gain licensure is a long, expensive journey. AAAA has applied many resources, both financial and volunteer time, to open new states. Any potential interest in new states is completely vetted through our Legislative Committee (LC). The LC thoroughly discusses and accesses any query from an AA as well as from physician state components. The AAAA has aggressively been marketing the AAAA profession at the three largest anesthesiology meetings in the United States. The AAAA has secured exposure at these meetings by having exhibition booths, being a part of round table discussions as well as having panels at the ASA Annual Meeting. At every corner, AAAA leaders are working with top-level state component physicians. It doesn't stop there. The AAAA is committed to gaining more practice sites for employment of AAs. AAAA continues to reach out to practice managers and large anesthesia staffing groups. In 2015, the AAAA is planning to exhibit at the 2015 Medical Group Management Association (MGMA) conference for the first time ever.

The AAAA Board has worked tremendously hard to foster relationships within the perioperative community to help gain awareness about the profession as well as increase job availability to AAs. We will continue to communicate our gains to the membership via E-blasts, newsletter articles and emails. Thank you for voicing your opinion, above all, the AAAA is your member organization and your voice is vital.

Saral Patel, AA-C  
Immediate Past President

**Comment:**

"The AAAA pushed to get the NCCAA and the exam yet the AAAA does not really help those of us who are out of school taking the exam. There should be refresher courses for those taking the recertification exam like the AAPA does for their members. There used to be a refresher course attached to the annual conference--perhaps bring that back!"

**Response:**

The AAAA has several strategies in place to support AAs who are looking for additional knowledge base reinforcement in preparation for the recertification exam. The meeting committee for the 2015 AAAA

meeting is considering a refresher course for recertification. Proposals considered would provide members with a cost-effective, high-quality course during our annual meeting. In addition, the meeting committee has adopted a 6-year curriculum of annual meeting topics that covers the content outline of the NCCAA exam. AAs who attend the annual meeting will receive not only up-to-date educational content by field experts, but also be enrolled in lectures that prepare them for their next recertification exam.

Daniel Mesaros, AA-C  
Annual Meeting Chair

**Comment:**

"I would like to receive more updates about legislative efforts for licensure in new states."

**Response:**

The Legislative Committee strives to release information on legislative efforts to the membership as quickly as is possible and appropriate. In an attempt to maximize our likelihood of success in these initiatives, it is oftentimes not possible to release information about what a particular state intends to do with regards to introducing a statutory or regulatory effort, and it would be inadvisable to publicly divulge strategy and tactics for the inner-workings of the legislative process. Also keep in mind that most states' legislative session are only active for 3-4 months out of the year.

Michael Nichols, AA-C

**Comment:**

"I would like more communication regarding the AA licensure legislation efforts that AAAA is focusing on. Promoting our profession to anesthesiology groups and anesthesiologists in several different states needs to increase significantly. A more aggressive approach needs to be taken regarding expanding our practice across the United States"

**Response:**

[See previous answer] The "aggressiveness" of the Legislative Committee with regards promoting AA licensure efforts is limited to, and guided by, the needs of a particular state and willingness of the state component society to introduce enabling legislation language. In the majority of states in which we do not yet have practice authority, there exists no AA constituency -- as such, the AAAA as an organization is hampered from being the sole voice of support, unless we are in lock-step with the state component society to advocate to the legislators and combat our opposition.

Michael Nichols, AA-C

**Comment:**



What is the progress regarding “opening up big influential states: California, New York, etc.”?

Response:

We’re working on it...stay tuned!  
Michael Nichols, AA-C

Comment:

“Open up hospitals in states we have opened already! Why are there parts of Ohio where there are no AAs and the attending anesthesiologists haven’t even heard of AAs 40 years after this profession began in this state? Why have we not hired PR directors and had students going on field trips around the country to advocate for our profession? Start classes a week earlier for every program and give students a week off every year to go to their state legislators.

“The AAAA Board is extremely concerned with the expansion of the profession and job opportunities. This concern is an overarching theme in everything the AAAA does.”

Students are a great resource and we limit their utility by not allowing them opportunities to travel to their home states and advocate. An online mandatory legislation class should be mandatory for all AA students across the country to take the end of their first year. We need to be more educated as a profession and the only time we have that ability to educate everyone is during our education. CRNAs are a perfect example of a well-organized and knowledgeable legislative force and it starts in school. Let’s take this to the next level with a class all AA students must take.”

Response:

AAs of states that have an AA component state society (i.e. OAAA, FAAA) should contact them with specific state issues. The AA state societies know the local and state politics of the AA profession. If there are hospitals in a state that aren’t familiar with AAs, it may only take educating that anesthesia group, or it may take someone with more of a leadership role to address the matter. The AAAA is always there to help state component societies with any additional questions or give support.

The AA educational programs send students all over the U.S. for clinical rotations. These students have been great ambassadors for the AA profession and in many cases may be the first time an anesthesia group has been exposed to the AA profession. The faculties of many of the AA programs are involved with the AAAA and ASA, and do an excellent job educating the students about the AA profession. In fact, students have played an integral role in opening states and anesthesiologist practices to already certified AAs.

Robert Wagner, AA-C

Chair, Department of Anesthesia  
Nova Southeastern University

Comment:

“I would love to change the ratio in South Carolina from 2:1 to 4:1, and am willing to head this project as well”

Response:

The disparate ratio in South Carolina is a problem and I too would like to see it addressed. The main problem is that a very influential legislator is personally tied to an actively opposed nurse anesthetist and said legislator is in a position to effectively and immediately dispose of any legislative language intended to increase the practice ratio. Until that legislator is no longer in the Assembly, the hopes

of increased ratio are non-existent.

Michael Nichols, AA-C

Comment:

“I’ve just graduated and in just 2.5 years I have seen major improvements with the AAAA. Communication is much better and the website looks great! I am an avid promoter of the AAAA and during my 2nd year rotations I would ask my preceptors if they were members and if not, why? I got a few to rejoin the AAAA after years of being nonmembers. It seems that there are many disgruntled AAs out there who have written off the organization. I tried to convince them that changes had been implemented, but they remain bitter. If there were a way you could reach out to non-AAAA members (particularly anesthesiologists in the state of CO) and maybe listen to their concerns, I think it could be really good for the organization. We can’t afford to be divided amongst ourselves. Our profession needs a united front in order to succeed. I think the AAAA is definitely on the right track but it seems some people need help healing their old wounds.”

Response:

The AAAA has made great strides to improve its communication with its members and will continue to do so with the aide of our new management company. The AAAA is partially dependent on its current members to help educate the non-members on how important it is for all AAs to join their national organization. It has been through the efforts of current members that the AAAA has been able to gain more members. However, any past members who feel that the AAAA hasn’t

changed over the years should call the AAAA offices and a leader of the AAAA will call them back to address any questions that they may have. As a true volunteer organization that is dependent on membership dues, the AAAA makes every attempt to address those issues that affect AA practice, but the key is membership!

Robert Wagner, AA-C

Comment:

“I would like to know what progress is being made in licensing AAs in new states.”

Response:

With the addition of Indiana this year (2014), the AA profession can count sixteen states plus the District of Columbia where AAs work. But, is it really fair to AAs, AA students, anesthesiologists, and the public in general to tout this “sixteen states plus D.C.” platform when restrictions to AA practice exist in several of these venues? To get a better idea of what is being discussed, let’s look at the overall picture. The majority of states where AAs work under state statutes (laws) do not place any restriction on locations where AAs may practice and allow a supervision ratio of one anesthesiologist to a maximum of four AAs, which is consistent with the ratio allowed for payment of medically directed anesthesia services for Medicare patients by the federally run Centers for Medicare and Medicaid Services (CMS). Or, if restrictions were initially written into the state statutes, such as initially limiting supervision ratios, there has been great efforts made to also include language that will raise those supervision ratios at a later date to the more common and functional 1:4 ratio. An example of this strategy exists in the Colorado AA Practice Act, passed in 2012, where the current supervision ratio is 1:3 but allows the state medical board to change that ratio by rule to 1:4 on or after July 1, 2016. Provisions like this were not made in AA state statutes when the AAAA was new to the political arena and the thought process was more along the lines that ANY state statute allowing AA practice by licensure, no matter its restrictions, was a “win” for the AA profession. As expressed in the comments of the AAAA member survey, this former tactic has not been as helpful as initially hoped. The previous thought was that the AAAA and state AA academy along with the state anesthesiologist society would revisit those restrictions at a later date and have them changed. The problem, as has been discovered since the very first AA statutes dating back to the 1980s and even those passed in the early 2000s, is that the time, effort and money required to change these AA statutes are just as hard-fought, if not more-so, as the initial AA licensing legislation fights. The

nurse anesthetist opposition is an experienced, focused, and well-funded political machine, and AA legislation that seeks to make changes to existing AA practice laws are attacked with the same vigor as a bill to allow AA licensing in a “new” state. Thus, despite repeated efforts to change restrictions in AA practice in several states such as New Mexico, South Carolina, and Kentucky, whether it is a location restriction, supervision ratio restriction, or educational restriction, these legislative attempts have failed due to the consistent, powerful and persuasive opposition of the nurse anesthetists in those states. Thus, there remain states where AAs can technically practice but the restrictions of that practice make it less than ideal or even impossible for AA employment state-wide.

So, now to the question of whether or not the AAAA should be advertising those states with restrictions on AA practice as states where AAs can work. Legislatively speaking, the answer is “YES”. One doesn’t see other medical or nursing professions categorizing their abilities to work. Physician assistants and nurse practitioners do not categorize their ability to work in states where they have prescriptive authority or not. Nurse anesthetists do not categorize their ability to work in states where they can work independently of physician supervision or where they are allowed to practice pain medicine. Why, then, should the AA profession focus on what we see as the “negative” such as the inability to practice statewide or at a supervision ratio less than 1:4? The nuances of each state AA practice ability is lost to legislators and detracts from the true intent of the maps and information that have been produced to provide information primarily to legislators – that these 16 states plus Washington, D.C., through the legislative process, have allowed the AA profession to practice in that state. For individuals or groups interested in details, it is absolutely correct to be forthright and provide this information. As with any audience, the value of the information lies in how it pertains to them at that time. There is nothing deceitful in this. If the “immediate assumption” is that there are inadequacies in the AA profession, then the presenter should strive to provide the information, either at that time or in the immediate future, to dispel these assumptions. This is what the AAAA leadership and the Legislative Committee specifically are adept at handling. Every AAAA member is encouraged to contact the AAAA directly to involve the organization in any issues or problems as related to the AA profession in general and AA legislation or AA practice specifically so that the AA profession is promoted as a viable profession despite the situation.

Ellen Allinger, AA-C  
Advisor to the Board

## AAAs at the ASA

October 11th-15th, 2014 • New Orleans, Louisiana



Greg Mastropolo (Assistant Professor Quinnipiac University AA Program), Jeff Smith, Jason Hanson, Carie Twitchell, Mike Nichols at the GSA Reception



Carie and Dr. John Neeld at the GSA Reception



Shane Angus (Case Western DC Program Director) and Case Western DC students



Joy Rusmell (AAAA BOD, GAAA President), Tim Goodridge (AAAA BOD, President Elect), Bill Buntin (AAAA BOD, Membership Chair)



A large number of students representing almost every AA program across the country attended the ASA meeting. Many of them attended the AAAA BOD meeting on Sunday.



AAAA Leaders and ASA Leaders at the reception for Dr. John Neeld



(Above) Jason Hanson and Jet Toney (AAAA and GSA Executive Director) at the GSA Reception  
(Left) Dr. Steve Sween (Speaker for the House of Delegates) Honoring Dr. John Neeld



# STATE of AFFAIRS

UPDATES FROM STATE COMPONENT  
ACADEMIES OF ANESTHESIOLOGIST ASSISTANTS

## GEORGIA

GAAA.... LOOKING BACK ON 2014 AND  
LOOKING AHEAD TO OUR BRIGHT  
FUTURE

By Kris Tindol, AA-C, Secretary, GAAA

As the books are closed on 2014, GAAA leaders and members should look back with pride at the tremendous things we accomplished this year. Our relationship with the GSA has provided us with the resources and support to realize several important goals of our organization. In January, we hosted our first Educational Workshop in conjunction with the GSA Winter Forum held in Atlanta. The Workshop focused on cultivating relationships with our elected officials and included an informative panel discussion with several experts in the field of state legislative efforts.

Additionally, our involvement with GSA allowed us positive exposure in several key venues this year. GAAA hosted the very popular ice cream social at the well-attended GSA Summer Meeting at Lake Oconee in July. In addition to highlighting AA involvement in the meeting, we were also honored to have the current ASA President Dr. Jane Fitch attend our GAAA Annual Open Board of Directors meeting. This unprecedented occurrence underscores the great value that ASA Leadership places on our involvement within the Anesthesia Care Team.

The GAAA also co-sponsored the GSA Reception recognizing Dr. Neeld's

service as a past ASA President and as a partner at Northside Anesthesiology Consultants. In his address to the group, Dr. Neeld specifically mentioned AAs and our continuous contributions to the practice of anesthesia. Three members of our current GAAA Board of Directors along with several AAAAA leaders were on hand at the reception to congratulate Dr. Neeld.

Perhaps our most successful accomplishment this year was the first ever AA Day at the State Capitol in Atlanta in February. What an exceptional day we had! Over 100 AA Fellows and Students attended the reading of a special proclamation in the Georgia State Senate and had the opportunity to meet and educate a host of state legislators on AA practice and its importance in Georgia. Plans are well under way for the second AA Day which will take place on February 23, 2015. We hope for an even larger contingency of AAs that day, and we are making plans to spend more quality time with our state representatives that make important decisions regarding healthcare legislation.

As we look forward to 2015, we are planning to host a second Educational Workshop at the GSA Winter Forum in Atlanta on January 11. The topic for our workshop will be Practice Management and AAs. We have found that many of our AA colleagues would be better advocates for themselves and our profession if they acquired a better understanding of how hospitals and physician practices are able to bill for our services.

As a final note, we will continue to focus



GAAA members congratulate Dr. Neeld at the ASA Annual Meeting in October

on student involvement in our organization during 2015. We recognize that students are the true future of our profession. We feel that the students at the two AA programs in Georgia will highly benefit from additional information that we can provide in areas like networking, forming relationships with state elected officials, and becoming well-versed in issues affecting the delivery of anesthesia in the ever-changing healthcare landscape. GAAA President and incoming AAAAA BOD Joy Rusmisell attended the Emory White Coat Ceremony earlier this year as a show of support for our newest colleagues in training. Several GAAA Fellows have met with each current class at Emory and South to speak to them on the importance of joining their professional societies and to answer any questions or concerns they may have. We have also endeavored to include more of a student voice in our newsletter and listen with great interest to our student representatives on our BOD.

**We are confident that the seeds we are planting through our member initiatives, our promotional efforts, and our commitment to securing and expanding AA practice will bear great fruit in the months and years to come**

Georgia Academy of Anesthesiologist Assistants Leadership has had a busy year indeed, and we are confident that the seeds we are planting through our member initiatives, our promotional efforts, and our commitment to securing and expanding AA practice will bear great fruit in the months and years to come. We look forward to keeping you updated on the affairs in Georgia!

# Acronyms of the AA Profession

By Soren Campbell AA-C, JD

With all the organizations involved in the AA profession, it can be confusing at times as to exactly whom is responsible for what. The simultaneous desire to achieve common goals by multiple organizations can further befuddle our understanding of how AA professional organizations affect the profession and ultimately the lives of AAs and their families. This confusion often leads to frustration and at times apathy and resentment of the organizations and unfortunately the people that volunteer within these organizations.

In attending many anesthesia meetings throughout the year and having a multitude of opportunities to engage in conversation with my fellows AAs, it has become obvious to me that many practicing AAs are not well versed regarding the structure, purpose, nomenclature or jurisdiction of the organizations that play a pivotal role in the AA profession. It is a priority for AAs to maintain current knowledge of advances in anesthesia and medicine so that we may treat our patients appropriately. However, for our profession which has been under attack almost since its inception, it is also incumbent upon every AA to have a general understanding of the organizational structure of the AA profession, the purpose of the respective organizations and the jurisdiction or authority of each of the organizations.

American Academy of Anesthesiologist Assistants (AAAA): a membership organization open to Anesthesiologist Assistants, Anesthesiologist Assistant students and anesthesiologists. The purposes of the AAAAA as stated on the AAAAA website include:

Establish and maintain the standards of the profession by fostering and encouraging continuing education and research to all graduate Anesthesiologist Assistants and enrolled students of accredited programs.

Represent the interests of the profession.

Initiate and cultivate relationships with other organizations of health care providers.

Instill confidence in the public by adhering to established ethical norms and legal constraints

The jurisdiction of the AAAAA does not extend beyond the AAAAA. That is, the AAAAA can seek to influence other organizations via education and advocacy, but the AAAAA has no power to control other organizations or educational institutions within the AA profession. An example that I have heard

far too often is that some AAAAA members are frustrated with the AAAAA because "they (the AAAAA) are allowing the AA educational programs to graduate too many students". The AAAAA has no direct control over the enrollment of matriculates in AA programs. Further, marketplace economics would suggest that the saturation of a market with anesthesia providers would most likely result from the more than 2000 CRNAs that graduate each year, rather than the approximately 200 AAs that graduate and enter the work force each year.

Association of Anesthesiologist Assistant Program Directors (AAAPD): The AAAPD is the collaboration of the leadership of the individual AA educational programs and membership is voluntary and open to each AA program. The purpose of the AAAPD is to improve the quality of AA education through the sharing of collective experience among the leaders in AA education. The AAAPD in and of itself has no authority to govern AA education or practice. However the representatives include AA and anesthesiologist program administrators, and educators, and these individuals are in the best position to shape the future of AA education within their individual institutions.

Commission on Accreditation of Allied Health Education Programs (CAAHEP): CAAHEP is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) and carries out its accrediting activities in cooperation with 21 review committees (Committees on Accreditation). CAAHEP currently accredits over 2100 entry level education programs in 26 health science professions. Most current licensing statutes for AAs require graduation from a CAAHEP approved program. CAAHEP is an independent organization. Outside of the appointment of a Commissioner to CAAHEP by each membership organization, which include the AAAAA, CAAHEP is not under the control of any of the other AA related organizations.

Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA): ARC-AA functions as a Committee on Accreditation (CoA) within the Commission on Accreditation of Allied Health Education Programs (CAAHEP) system. Membership consists of four members from each of the collaborating organizations that sponsor the Committee. The collaborating organizations include the American Academy of Anesthesiologist Assistants and the American Society of Anesthesiologists. The Committee reviews educational program applications for accreditation to determine if the programs are in substantial compliance with the established

CAAHEP Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant. The committee reports to CAAHEP and no other AA related organizations.

National Commission for Certification of Anesthesiologist Assistants (NCCAA): The NCCAA is comprised of representatives from several participating organizations: American Academy of Anesthesiologist Assistants (AAAA), Association of Anesthesiologist Assistant Program Directors (AAAPD), American Society of Anesthesiologists (ASA), American Board of Anesthesiology (ABA), Accreditation Review Committee for Anesthesiologist Assistants (ARC-AA), American Medical Association (AMA), Society for Education in Anesthesia (SEA). The NCCAA provides the certification process for anesthesiologist assistants in the United States. The National Commission's charter includes assuring the public that certified anesthesiologist assistants (AA-C) meet basic standards related to fund of knowledge and application of that knowledge to the duties of practicing as an anesthesiologist assistant. The NCCAA is an independent credentialing body. Most state licensing statutes and/or state regulatory rules require that an anesthesiologist assistant achieve and maintain certification to gain and renew licensure to practice.

Anesthesiologist Assistant Partnership (AAP): The AAP is a collaborative effort incorporating the key stakeholders of the AA profession, the American Academy of Anesthesiologist Assistants (AAAA), National Commission for Certification of Anesthesiologist Assistants (NCCAA), and the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). The AAP strives to advance and promote the profession while simultaneously increasing the profession's sustainability and validity within the vastly changing healthcare environment. The jurisdiction of the AAP is limited to governing itself. Each of the aforementioned stakeholder organizations are represented within the AAP, but such membership does not convey authority to the representatives of the individual organizations to make unilateral decisions on behalf of the stakeholder organization represented. Any agreements reached among the organizations must be vetted by the governing body of the member organizations and passed by vote of each individual organization to be binding on the member organization.

The NCCAA continually strives to maintain the cost of certification at the lowest possible rate for practicing AAs. In fact, the NCCAA has been able to maintain a steady pricing structure for several years, despite the increasing cost of exam preparation and



Tim Goodridge, Gina Scarboro, Joy Rusmisell, Shane Angus at the GSA Reception at the ASA Annual Conference in October

Distinguished Service Award at the ASA Meeting in New Orleans in October. GSA held a reception in Dr. Neeld's honor, and the GAAA received terrific promotion and acknowledgement. It was fitting that AAs be there in such a great number to laud Dr. Neeld as he has been one of the true leaders in the AA ACT Model for so many years while



administration. The NCCAA decided several years ago that the examination of practicing AAs for recertification should be more reflective of the information that is pertinent in everyday clinical practice and as such, the recertification exam should be separated from the initial certification exam. To accomplish this task, the NCCAA needed to create, maintain and administer two separate exams through extensive contracts for service with the National Board of Medical Examiners (NBME). The NCCAA has also recently increased the contract with its management company to provide better service to AAs, including a revamped web presence and the ability easily contact the NCCAA by telephone. These improvements among others have increased the expenses incurred by the NCCAA, necessitating a need for fee increases.

Another project the NCCAA has been involved with is the AA practice survey that many AAAA members participated in completing. The results of the survey have helped the NCCAA reestablish and define the core competencies that are synonymous with the basic standards of AA practice in the current healthcare environment. Among the competencies identified by the NCCAA is professionalism. Each of us probably has a gut feeling of what it means to be a professional. Although, many struggle to define it and put it into words as it relates to AA practice. Professionalism is even more difficult to test on a written multiple choice exam. Many novel ideas have been proposed to help maintain and promote the competency of professionalism for AAs. Over the next few years, the NCCAA will ferret out these ideas and changes to the recertification process may be made in the future. In the immediate term, the NCCAA along with many other healthcare related professions including the physician assistants, have identified membership in one's professional organization as a key component to professionalism.

With these two seemingly unrelated events occurring within the NCCAA and the AAP in full swing, the AAAA seized an opportunity to reach out to the NCCAA and offer as much assistance to the NCCAA as the AAAA legal counsel would permit, understanding and appreciating the need for each organization to be independent. After much discussion and deliberation regarding the proposed relationship and consultation with legal counsel as well as comparison of other allied health professions, the NCCAA agreed to maintain the current fees for recertification examination and registration of CMEs for AAAA members and raise the fees for non-members to offset the increased expenses. The basics of the arrangement include that the AAAA will provide its members access

via the AAAA website to the online portal for CME registration. Further, the AAAA will email reminders to AAAA members regarding deadlines for CME submission and CDQ exam registration. Additionally, the AAAA as a service to its members will actively pursue members who have not submitted the appropriate submission within 30 days of the deadline in question. In providing these services, the AAAA will limit late submissions saving the NCCAA valuable time and money. Through this arrangement, the AAAA will be promoting maintenance of certification of AAs, which is a common goal of both organizations. This relationship has the added advantage of providing an outlet for the NCCAA to promote and elevate the importance of professionalism, a core competency of AA practice, in the present while other mechanisms are explored.

The new fee structure for CME submission and CDQ exam are as follows: CME submission for AAAA member (no change): \$190. CME submission for non-member: \$235. CDQ registration for AAAA member (no change): \$742. CDQ registration for non-member: \$1000.

Unlike the American Academy of Physicians Assistants (AAPA) and the American Association of Nurse Anesthetists (AANA), the AAAA does not engage in accrediting CMEs. Both the AAPA and the AANA are the sole provider of a subset of required CMEs for their respective professions. In this case, AAs still have the ability to earn CMEs and maintain certification regardless of the arrangement between the NCCAA and the AAAA. There is no implied or explicit coercion to force an AA to join the AAAA, although it makes sense on many levels. The two organizations are collaborating to promote maintenance of certification and professionalism, a core competency of AA practice.

Relationships among credentialing bodies, professional membership organizations and others within a given medical profession are not just unavoidable, they are essential. Each of the organizations listed above has the prevailing responsibility of supporting the AA profession in a capacity that when combined with the efforts of the other organizations allows the AA profession to survive and continue to grow. Hopefully with a new understanding of the alphabet soup of the AA profession, AAAA members will be encouraged by the efforts of their professional organization. The AAAA and the NCCAA are not "in bed together" as I have heard from disgruntled AAAA members. They, as many other organizations within similar allied health fields, are engaging other stakeholders within the AA community to accomplish a common goal shared with every AA — to maintain and promote exemplary AA practice.

## Discrimination, Antitrust, or Restraint of Trade?

By Megan Varellas, AA-C  
President-Elect

AAA provides a critical service for all anesthesiologist assistants. While certified AA numbers are growing faster than ever before, there are currently only 1684 certified practitioners, compared to approximate 50,000 anesthesiologists and 49,000 nurse anesthetists. AA programs graduate approximate 180 new AAs per year, but we remain a vastly outnumbered anesthesia provider workforce. As a result of our size alone, the AA profession can be disadvantaged when it comes to having our voices heard. Larger groups, such as those of the anesthesiologists and nurse anesthetists have the advantage of membership, financial support and the commensurate ability to sway legislation and public opinion in their favor. All certified anesthesiologist assistants should support our organization; AAAA provides the infrastructure and platform to ensure that our concerns can be heard on both state and national levels.

In spite of the disadvantage due to the size of our profession, there are some advantages that a smaller group provides. By working through AAAA, a greater percentage of our members can have a deeper understanding of the issues relevant to our profession. It can also be easier to develop relationships that allow for collaboration with other organizations necessary to solve problems facing our profession.

### Employment Discrimination Laws

Although certified AAs may be a minority anesthesia provider, that distinction does not grant minority protections. AAAA leadership often hears from members facing individual practice and workplace challenges, and it is not uncommon for those practitioners to reach the conclusion that they have been discriminated against and want to seek justice with the help of AAAA. While the organization is always concerned about these issues, the most important advice AAAA can offer to any practitioner who feels they have a labor dispute is to contact a labor attorney for advice. Labor attorneys can help articulate the talking points in an effort to resolve issues amicably; they are experts on what protections a practitioner may be entitled to by law in his or her state, and can often serve as a great sounding board on how to handle situations professionally and persuasively with the employer. It is important to consult with an attorney early in the process. If an individual's job is at stake as the result of actions by an employer or coworker, specifically against a practitioner as an AA-C,

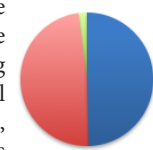
making a call to a labor attorney is the first step to take.

Employment discrimination laws seek to prevent discrimination by employers based upon race, sex (which includes pregnancy and childbirth), religion, national origin, physical disability and age. Discriminatory practices may include bias in hiring, promotion, job assignment, termination, compensation, retaliation and various types of harassment. The 5th and 14th Amendments of the United States Constitution apply to federal and state governments and do not directly constrain

discrimination in the private sector. While the private sector has become subject to a growing body of federal and state statutes, discrimination laws

do not prevent bias based on educational degree or title. For example, if a hospital decides to cease the hiring and employment of all DOs and hire or employ only MDs, it is within the legal right of the hospital to do so regardless

### Anesthesia Work Force



■ Anesthesiologists  
■ Nurse Anesthetists  
■ Anesthesiologist Assistants

of whether this decision is ill-advised or unethical. Unfortunately, there may be a vast difference between legal behavior and ethical behavior; while the refrain of "that's not fair!" may be morally accurate, it may not be legally correct. Fortunately, most employers and institutions with a public image to protect are interested in ethical as well as legal behavior, and have guidelines designed to maintain their position as "fair" employers. So, while it may be legal to discriminate against an AA based upon title and degree, it is rarely acceptable by moral or ethical standards.

With this in mind, what protections may exist against majority rule or even just aggressive rule, by nurses opposed to certified AAs? The answer may lie in the specialized field of antitrust law. Trusts and monopolies are concentrations

of economic power in the hands of the few. Economists believe that such control injures both individuals and the public because it leads to anticompetitive practices in the effort to either obtain or maintain total control of the

industry. Anticompetitive practices can then lead to price controls and diminished individual initiative. This may result in stagnation of markets and may depress economic growth. In 1890, the United States Congress passed the Sherman Antitrust Act in order to reduce market domination by individual corporations and to preserve unfettered competition as the rule of trade. The Sherman Antitrust Act is the foundation for most federal antitrust litigation. Given that Congressional jurisdiction does not reach purely intrastate commerce, many states have adopted laws that parallel the Sherman Antitrust Act in order to avoid having local economies depressed by anticompetitive behavior.

Another economic injury to consider is restraint of trade. Restraint of trade is addressed by the antitrust laws, but the topic covers a wide range of activities. In short, a "restraint of trade" is any activity that hinders another person from doing business in the way that he would normally do it, if there were no restraints. While federal, state and local governments may pass laws and (continued on page 13) regulations that create obstacles for certain

### Member Updates

## AA Nuptials

Daniel Smaltz, AA-C and Angela Capp, AA-C

We recently had two fellow AA members take their vows in Cleveland, Ohio. Daniel Smaltz AA-C was married to Angela Capp AA-C this past September. Dan graduated with honors from the Nova Southeastern University Ft. Lauderdale AA program in August of 2010. He is originally from Youngstown, OH but moved to the Cleveland area in 2002. He attended undergraduate school at Bowling Green State University where he was a President's award recipient obtaining a BS in Biology. After graduation he was hired as a microbiologist by the pharmaceutical company Ben Venue Laboratories. At the time they were one of the largest producers of Propofol in the United States. He was employed there for 6 years steadily moving up the hierarchy of the Microbiology department. In 2008, he decided to seek a new career path. He had always held a penchant for helping those in need and sought to find an occupation where he could fulfill this passion. He did an extensive search for career opportunities in the medical field and came across the distinguished profession of anesthesiologist assistants. It was a perfect fit and he elected to pursue this new and exciting endeavor.

After graduating from NSU as the Dean's Award Recipient for highest scholastic achievement, he made the decision to move back home in order to be closer to family. He was hired by University Hospitals Case Medical Center as a staff anesthetist and MSA clinical instructor. He met his future wife, Angie, in an operating room while working at UHCMC. She earned a BS in Biology from Baldwin Wallace University in 2010 and was immediately accepted into the MSA program at Case Cleveland. Angie excelled in the classroom and her clinical aptitude was exceptional. She graduated from CWRU and also took a position with UH Case Medical Center. She is currently a staff anesthetist and clinical instructor for CWRU predominantly focused on teaching neuroanesthesia. Dan

started working full time at UH Ahuja Medical Center in 2012 with a focus on cardiac anesthesia. The two were engaged in October of 2013 while vacationing in Florida and began the wedding planning process soon thereafter. The date of the wedding was September 13th, 2014 at St Columbkille Catholic Church in Independence, Ohio. The reception took place in the Landerhaven Ballroom located in Beachwood and many of their AA friends graciously attended. Some of Dan's Nova classmates traveled from as far as Atlanta, Fort Lauderdale, and St. Petersburg, FL to be a part of their special day. Angie's CWRU classmate Abby Nichols AA-C was in the wedding party accompanied by her husband Mike Nichols AA-C, who was Dan's didactic instructor at NSU. It was an amazing day and they were extremely appreciative of the love and generosity from their AA family. The newlyweds bought a house in Solon and plan to raise their family there. Who knows, maybe someday they will have children who follow in their footsteps and share their dedication and admiration for the anesthesiologist assistant profession.





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## Student News

### An Update from Emory

By Katie Monroe, MMSc, PhD

We have been bustling here at Emory since our new class matriculated in June. Thirty-nine students with diverse backgrounds and interests entered the Program with enthusiasm and a commitment to their education. Upon completion of their first semester, they participated in our inaugural white coat ceremony and celebrated their rite of passage into the AA profession.

In August, we graduated our 43rd class of anesthesiologist assistants. Chuck Hufstetler, Georgia State Senator and 2008 graduate of Emory's AA Program, was the keynote speaker. Rhea Sumpter, a 1974 graduate and long-time clinical instructor of our students, was the recipient of the Distinguished Alumni Award, while Sherief Eissa, Director of our Human Patient Simulation Lab, was recognized as Academic Instructor



of the Year.

October was busy on several fronts. AAAA fellow and Emory Alumnus Sherman Phillips (Class of 2007) served as a panelist at Emory University School of Medicine's 3rd annual Pre-Health Conference and educated undergraduate science majors about the AA profession. Later in the month, both first- and second-year students traveled to New Orleans, LA for the ASA annual meeting; they represented Emory and the AA profession well as they attended educational seminars, workshops, and committee meetings. It hasn't been "all work and no play," however; we also raised money and participated as a team in Atlanta's AIDS Walk on October 19th.

With so much going on, the winter holidays will be here before we know it, but we won't slow down for long. AA Day at the Georgia State Capitol is scheduled for Monday, February 23, 2015, so we'll return from the break with a bang as we plan our visit to meet our state senators and representatives and advocate for the AA profession.

### FORE!

#### Chipping for Charity

By Laura Knoblauch, AA-S2  
University of Colorado

On a brisk early Colorado Morning, 59 golfers were warming up their golf swings and enjoying the view of the striking flat irons at Arrowhead Golf Course preparing to participate in the 1st Annual Charity Golf Scramble hosted by the University of Colorado Anesthesiologist Assistant Students. Overall, \$3,420.33 was raised for the Ronald McDonald House Charities of Denver and Lifebox Foundation, Inc (USA). Arrowhead Golf Club is 300-million years in the making, nestled in the striking flat irons of Roxborough Park and the foothill views are one-of-a-kind. This venue offers a striking, majestic Colorado backdrop combining golf and nature. The accessible mountain property is surrounded by extreme elevation changes, dramatic vistas and thousands of feet of ancient red sandstone rocks.

The golf event took place September 14, 2014 at Arrowhead Golf Course in Littleton, Colorado. We had 59 participants playing in the event and 10 volunteers. The charity scramble was advertised to multiple hospitals and private practice anesthesia groups around the Denver area. Physicians, surgeons, anesthesiologists, fellows, residents, AAs, CRNAs, RNs and great friends all participated in the event which lead to a spectacular outcome! We hope to see the number of participants continue to increase in the upcoming year.



Nick DeRango AA-S1, Travis Dziubinski AA-S1, Mark Moore AA-S1, Laura Knoblauch AA-S2.

We raised over \$500 in donations for the raffle and as prizes for golfers. The 20/20 Institute was an event sponsor. There were 6 hole sponsors including the American Academy of Anesthesiologist Assistants, Colorado Academy of Anesthesiologist Assistants, American Society of Anesthesiologists, University of Colorado School of Medicine, Jim Hoysick with First Investors and Dixon Golf. Dixon Golf is an eco-friendly golf company based out of Arizona. They also sponsored a hole-in-one challenge where participants got a free golf club and golf ball for simply participating in the challenge. If the player got on the green they got a free sleeve of balls but unfortunately, no one won the hole-in-one with the prize of an all expense paid trip to Las Vegas. We also had 89% participation in the Dixon hole in one challenge.

The University of Colorado Anesthesiologist Assistant Students were extremely pleased with the overall outcome of the event. It allowed us to not only raise money for two great charities but also be able to educate and spread the word about our profession to other anesthesia groups and hospitals in Colorado. We continue to get positive feedback from participants as well as from people who didn't participate this year but are looking forward to next year's event. We have already started planning—our goal is to raise \$5,000 for the same two charities next year.

### Discrimination, Antritrust, or Restraint of Trade?

*continued from page 11*

kinds of businesses, it is generally considered improper for individuals to restrain another's trade in certain ways. One who loses business or suffers another injury may have a cause of action in tort law against the individual whose trade-restraining behavior caused the injury.

Following the enactment of the Sherman Antitrust Act, the Federal Trade Commission Act of 1914 bolstered the terms of the Sherman Act by providing that the Federal Trade Commission could proactively and directly protect consumers, rather than offering only indirect protection afforded by the Sherman Act which provided protection for business competition. Congress granted the Federal Trade Commission the power to fill gaps remaining in the antitrust laws; the Federal Trade Commission has broad power to identify and cope with new threats to the competitive free market. The Federal Trade Commission is already involved in healthcare provider disputes in several states.

Antitrust activity may be cumbersome to prove, time-consuming

and expensive, and no legal challenge is to be taken lightly. To help protect the future of all certified AA practitioners, AAAA has a task force that collects examples of activity which appear to be antitrust related, and works closely with the ASA on this topic. AAAA is always willing to fight for the profession's best interest when there is an opportunity to do so, and it is never beyond an individual's ability to take proactive steps to protect his or her career. Recruiting coworkers to join AAAA is the best way each AA can support the efforts of the AAAA to address these discrepancies. AAAA dues help support legal counsel, initiatives to hire a state affairs director, and working with the ASA. All of these things ensure the longevity of our ability to earn a living as a professional medical care provider. Every anesthesiologist assistant should support the work the AAAA does... It's only fair!





AAAA Executive Offices  
1231-J Collier Rd. NW  
Atlanta, GA 30318

## Calendar of Events

### January 2015

25 - 30 - Steamboat Springs, CO

**The Department of Anesthesiology, University Of Florida College of Medicine**

**presents:**

**Concepts in Anesthesiology,**  
January 25-30, 2015, The Grand Hotel, Steamboat Springs, Colorado.

Course Director: Dr Jay Johansen

Invited Speakers:

Dr. Hernando DeSoto

Dr. Carol Diachun

Dr. Jerrold Levy

Dr. Peter Sebel

Accommodations will be available at the luxurious Steamboat Grand from \$142 per night.

For further information:

[www.conceptsinanesthesiology.com](http://www.conceptsinanesthesiology.com)

Phone 800 871 0326

Fax 770 847 8655

### September 2015

09 - Royal Palms Resort and Spa, Phoenix, AZ

**APSF-Sponsored Conference Implementing and Using Emergency Manuals and Checklists to Improve Patient Safety**

September 9, 2015

There is a need for anesthesia professionals and other members of the perioperative care team to move towards the acceptance of cognitive aids (emergency manuals, checklists) and away from the traditional reliance on memory and the cultural perception of individual perfection. The reality is no one can function as the lone expert recalling every procedure and drug dose from memory. Successful patient care in the perioperative period that has previously been considered to be the exclusive responsibility of an

individual's knowledge and skill is no longer optimal because human memory is limited and fallible, especially under stress.

If you are interested in attending this conference, please contact Dr. Stoelting ([stoelting@apsf.org](mailto:stoelting@apsf.org)) for registration details.

### 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](http://www.uptodate.com/home).