

THE ASA M SENSOR

Volume 4, Number 4

October 1994

THE QUARTERLY NEWSLETTER OF THE
AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS & TECHNICIANS

PRESIDENT'S MESSAGE...

by Lee Amorin

As the length of the days and year grow shorter, so does the term of my office as your president. Looking back over the past year I feel the Society has made steady progress in several areas. The 'Self-Evaluation Exam' was distributed to our members and the results tabulated, providing us with a good look at our strengths and those areas which are weak. The establishment of Regional Society Seminars has provided the Board of Directors with the opportunity to meet two of our primary goals: training and networking with our members. And finally, the establishment and commencement of a process which will lead to a certification exam for anesthesia technical support personnel. These achievements show that we are a strong and progressive group. They also show the concern and commitment of the members of the Board of Directors. These achievements are not mine alone, they are the result of the hard work by the Board and I would like to take this opportunity to thank them for their support and dedication during the recent months.

One can hardly review the past without taking a look at what lies ahead. While this issue of the *Sensor* goes to press, the final preparations for this year's Annual Meeting and Seminar are in progress. It is shaping up to be our best yet and I am sure those of you attending will find it an enlightening experience. The credit for this goes entirely to Chris Patterson who has worked on it tirelessly throughout this past year. Also on the horizon is the Job Survey which will

be sent to all active members after the Annual Meeting. The results of this survey play a vital role in the development of a test for certification and I cannot impress upon our members enough how important their participation is. If you don't do anything else as a member, please fill in the survey and return it.

1995 will bring a continuation of our efforts to provide training and education to our members. We will expand the content of our Regional Seminars and work with local anesthesia technical groups in support of their efforts. Also, the continuing work on certification, which I address in a separate article in this issue of the *Sensor*, will be taking place. Taking the Board's commitment to provide education a step further, we will concentrate on working with vocational and community colleges in the development of curriculum which will provide standardized training of technicians. Other areas which need to be addressed include actively monitoring state and federal legislation which affects the ability of health-care professionals to function, and increasing our financial support base to enable us to meet our goals.

In closing, I would again thank the Board for their efforts in helping make this a successful year for the Society and praise those many unnamed individuals whose contributions go unannounced but without whose support the Board's functioning would be possible.

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Open Forum...

Any questions?

Election Results...

and the winners are...

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All submissions pertinent to the objectives of the ASATT will be considered for publication. Photographs, preferably black-&-white, are also welcome and will be returned.

Deadline for the next issue is November 15, 1994

Printed on recycled paper 

THE VIEW FROM...

OCHSNER MEDICAL INSTITUTIONS NEW ORLEANS, LOUISIANA

by *Wayne Griffith, Chief Anesthesia Technician*

Ochsner Medical Institutions are composed of the Ochsner Clinic, founded in 1942, and the Ochsner Medical Foundation (which includes Ochsner Hospital), founded in 1944. All are located in New Orleans, Louisiana (home of Mardi Gras, the largest free party in the world). The Ochsner Medical Institutions have been international leaders in responding to human needs through their unique multidisciplinary approach to complex problems.



Ochsner Medical Institutions

The Ochsner Clinic is the senior institution of the Ochsner complex. The Clinic, which serves over 700,000 patients annually, provides a broad range of diagnostic and treatment capabilities in one location. Ochsner Clinic has established a reputation for quality care using state-of-the-art technologies and the latest treatment modalities.

The Ochsner Clinic is a medical group practice of 375 physicians and surgeons who practice in over 64 specialties and subspecialties. The members of its professional staff maintain offices in the Ochsner Clinic as well as in the eight neighborhood clinics located throughout the metropolitan New Orleans area. They also serve as the attending medical staff of the 532-bed Ochsner Foundation Hospital.

The Alton Ochsner Medical Foundation was established by Ochsner Clinic to carry out patient care, medical education, and clinical research activities. The Foundation's patient care activities are delivered in the Ochsner Foundation Hospital, a tertiary care hospital that admits some 12,000 patients each year and treats more than 25,000 emergency cases. The Alton Ochsner Medical Foundation conducts a graduate medical education program for over 250 physicians in training. It also maintains the Ochsner School of Allied Health Sciences.



New Orleans, Louisiana

Ochsner has traditionally been at the forefront of medical and technological research to enhance the quality of patient care to provide the latest in treatment modalities. Specialists in a wide range of medical disciplines participate in ongoing research to support our patients' recuperative efforts. The Ochsner research activities seek more effective techniques of treatment and new avenues of hope for Ochsner patients. Current areas of research emphasis include cellular immunology, molecular biology, monoclonal antibodies, vascular surgery, anesthesia, and organ transplantation.

The anesthesia services are provided by a group of 17 staff anesthesiologists, 20 residents (who rotate monthly through different services), and 32 CRNA's. The hospital employs one chief anesthesia technician, 4 technicians, and 5 anesthesia aides. Teamwork plays a key role in providing care to our patients. Anesthesia technical services are routinely provided 24 hrs a day, Monday through Friday, and from 0600 to 1430 on weekends. We also have one technician on standby call to cover liver transplantations 24 hrs a day, seven days a week.

The hospital has 19 operating rooms. In addition, we cover other areas outside the main operating area. These include three OR's in labor and delivery, two OR's in Plastic Surgery, two Cysto rooms, Cath Lab, E.P. Lab, Out-patient Pain Clinic, Radiology Therapy, MRI, and a mobile Lithotripsy truck.

As technicians, our roles are multifaceted. We do the standard stocking of carts, supplies, and drugs. We are also very active with assisting the anesthesia staff with line placements such as arterial lines, CVP catheters, and pulmonary artery catheters. We become another set of eyes to watch for irregular heart beats and another set of hands to pass items to the staff members using sterile technique. We have a very aggressive cardiovascular practice that enables us to assist on a large variety of cases. Recently, we assisted with an explantation of a LVAD for a patient that received a successful heart transplant. We have an active transplant program that includes kidney, liver, heart, and lungs. This includes adult and pediatric patients.

Since we are a teaching hospital, our exposure to the latest in anesthesia equipment is very beneficial. We use a large

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OPEN FORUM...

by David G. Mastalski
V.A. Medical Center
Portland, OR

This section of the Sensor is new and geared toward all anesthesia technicians, aides, assistants, technologists, etc.... It is an open forum section to be used for whatever you, as members of ASATT and readers of this newsletter, would like to hear about. With nearly 1,000 members nationwide, we are a diverse group of professionals striving for our identity and a defined role within the medical community. It is our responsibility, as a group and as individuals, to strive for improvement and excellence through training and education. This new section of your newsletter will be an opportunity for all members to ask questions or voice your opinions on issues regarding anesthesia technology.

All questions and pertinent comments of letters may be addressed to:

ASATT SENSOR OPEN FORUM, 9805 N.E. 116th St. - #A183, Kirkland, WA 98034-4248 or FAX (503) 721-7859

Dear Open Forum,

I work as an "OR aide" in a small rural hospital and find myself doing more work for the anesthesiologist than I do for the nursing staff or surgeons. I enjoy the anesthesia care duties. What steps should I take to become an anesthesia tech?

Rome, Georgia

Open Forum:

First of all, you sound like you have taken the first step to becoming an anesthesia technician by asserting yourself and taking an interest in finding out more about anesthesia technology. You will find that the majority of what you want to learn about anesthesia technology will be "on the job training." And that is an excellent place to start. Some of your best and most accessible resources will be equipment manuals, journals, textbooks, and trade publications such as THE SENSOR. Contact equipment and supply vendors and tell them you are interested in additional training and inservicing on their product(s). Most manufacturers have established inservice training and are very willing to provide it to interested parties at little or no cost. It is vitally important to document any inservices or training classes which you attend or participate in.

Once you have some knowledge of anesthesia technology and you are ready for more, align yourself with the staff anesthesiologists by expressing your interest in becoming an anesthesia technician. It is your job to convince the anesthesiologist that you can be a vital part of the patient care team. Tell him/her what you could do for them and their patients. Point out the fact that you can save the Anesthesiology Department and the hospital money by maintaining the anesthesia equipment and monitors and by decreasing

O.R. time by expediting room turnovers. Sell yourself. This is the key to establishing yourself and others as anesthesia technicians. If you do not have the physicians on your side, you will not be successful. Don't get discouraged if you don't win your first time around. Hospitals (including small, rural hospitals) and physicians are faced with many changes and uncertainties over the next few years with pending health care reform. Use this to your advantage. Take the opportunity to examine the needs of the anesthesiologists and focus on how you can contribute to the anesthesia care team.

Once you have convinced the anesthesiologists that you can be an integral part of the anesthesia care team, let them "go to bat" for you with the O.R. supervisor and hospital administrator. Make sure you have a job description which reflects your proposed duties and talents. In order to achieve "anesthesia technician" designation, it is very important that your position gets reclassified and that the Anesthesiology Department takes you under their wing.

Once the reclassification is in place, your next step is to start networking. Contact the ASATT and ask for the name and telephone number of your regional director and contact them. Join the ASATT and your state anesthesia technical organization. Become active in the community of health care providers, and attend your state and regional meetings whenever possible. Ask your ASATT regional director to provide you with the "Self Examination for Technicians" and have it scored. This will give you an idea of your level of training and education in anesthesia technology. Follow up on any and all training and informational resources that are available to you. Network with other hospitals and technicians in the region. Call other Anesthesiology Departments in your area. Let others know of your interest in learning more.

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This is by no means an all-inclusive list of what it takes to pursue becoming an anesthesia technician. If you follow these suggestions, however, you will find yourself closer to your goal of establishing yourself as an anesthesia technician.

Dear Open Forum,

The Bio-Medical Engineering Department at our hospital disclosed that we are paying a contractor to sample and analyze anesthetic waste gas pollution in the O.R. Is this something we, as anesthesia techs, can do? How do I go about this? What do the rules and regulations say?

Reno, Nevada

Open Forum:

Many anesthesia technicians around the country are responsible for monitoring anesthetic waste gas pollution in the O.R. atmosphere at their respective hospitals. This is one of the areas where anesthesia techs can step up and show your diversity. Consult with your Anesthesia and Engineering Departments and express an interest in doing this, stressing that it will be cost effective to not have to pay an outside contractor. Regular analysis of the level of anesthetic pollution is necessary in order to document the existence of safe working conditions in the O.R. suite. It will also uncover occult leaks from unexpected sites, and will document compliance with the National Institute for Occupational Safety and Health (NIOSH) recommendations for maximum levels of anesthetic pollution.

Monitoring of anesthetic pollution and personal exposure is a fairly simple process. The levels of both nitrous oxide and halogenated agents in the O.R. atmosphere can be determined with an infrared analyzer. Use of the portable infrared analyzer, which is capable of continuous sampling, is the best method for monitoring the O.R. atmosphere. Because this device offers a continuous readout, it can be used for detection of leaks, demonstration of errors in anesthetic technique, and determination of trace gas levels. These devices can range in price from \$6000 to \$19,000. The Foxboro Company of Bridgewater, Massachusetts manufactures the MIRAN, in various models, which is a widely used instrument. A relatively new approach to monitoring personal exposure is the passive diffusion monitor. The Nitrox Dosimeter, manufactured by the R.S. Landauer Company of Glenwood, Illinois, is an example. In concept the device is similar to the radiation badges worn by personnel in X-Ray Departments to monitor their exposure to radiation.

The methods used in sampling vary by the timing and the location of the sample. Monitoring personal exposure by sampling the atmosphere in the face mask area of exposed personnel is not required by the NIOSH recommended standard, although perhaps this method offers the most pertinent information on personal exposure. Sampling in the immediate work area of the anesthesiologist is recommended. Recent studies have shown that measuring nitrous oxide at the level of the anesthesia machine's shelf correlates well with personal sampling when levels of nitrous oxide are below 35ppm. Shelf-level measurement is certainly more practical than personal sampling. The frequency of monitoring, according to the NIOSH recommendations, requires repetitive sampling quarterly in locations in which mixed inhalation anesthetic agents are used and whenever ventilation, anesthetic equipment, or scavenging techniques are modified.

To date, the jury is still out on whether trace concentrations of anesthetics in the O.R. atmosphere are the cause of health hazards among O.R. personnel. There have been numerous studies done in the last few years, with none providing conclusive determinations. However, the possibility of a hazard still exists. Therefore, most agencies recommend further studies to determine whether anesthetics are pollutants, and whether trace atmospheric levels are health hazards. The American Hospital Association (AHA), The Joint Commission on Accreditation of Health Organizations (JCAHO), the American Society of Anesthesiologists (ASA), and NIOSH all agree that quarterly testing should be done and documented. These are not requirements, but recommendations

For further information refer to:

Criteria for Recommended Standard; occupational exposure to waste anesthetic gases and vapors. Cincinnati, U.S. Department of HEW, Public Health Service, Center for Disease Control, National Institute for Occupational Safety and Health, Publication No. 77-140, 1977.

Occupational Health and Safety Act of 1970, Public Law. OSHA publication 2056, 1982.

Anesthesia Equipment Principles and Applications; Ehrenwerth, Eisenkraft et. all. Waste Anesthesia Gas Spillage and Scavenging Systems, Mosby 1993.

All About OSHA (revised) U.S. Department of Labor, OSHA Publication 2056, 1982.

CURRENT TECHNOLOGY...

OHMEDA RGM RESPIRATORY GAS MONITOR

by Wayne Griffith, Chief Anesthesia Technician
Ochsner Medical Institutions
New Orleans, Louisiana

The Ohmeda 5250 Respiratory Gas Monitor (RGM) provides in one compact package a total respiratory monitoring solution for the operating room or intensive care unit.

The RGM uses microprocessing technology to measure the CO₂, O₂, N₂O, and airway pressure. Airway flow, anesthetic agent, SpO₂, and patient circuit O₂ are monitoring options. All of these parameters are displayed on a 10x20cm (4x8in) flat electroluminescent screen and are integrated with an alarm management system. (Figure 1.) The monitor is operated by touching the screen. The screen is removable for easy access and viewing. Always handle the RGM and accessories with care to prevent physical damage to the equipment and to prevent inaccurate operation.

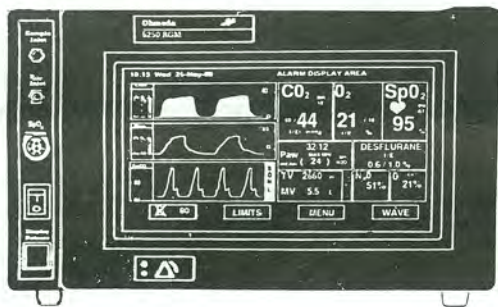


Figure 1.

A kit included with the monitor contains a pressure sensing tee, patient sample lines, airway adapters, a sample chamber cleaning kit (5250 RGM's without Agent), and calibration gas. Optional accessories allow the monitoring of patient circuit O₂ and airway flow. The SpO₂ and anesthetic agent monitoring options can be either factory installed or added later by an Ohmeda service representative.

The computer program cartridges are accessible through the rear panel of the main unit and through the side panel of the display, which makes software upgrades and future options simple to install by any user.

RGM 5250 features include auto zeroing and an easy calibration procedure. An RS-232 interface provides communication to a printer, computer, blood pressure monitor, or to an Ohmeda 78xx ventilator. (The "xx" in the 78xx represents a variable, because there are 7800 and 7810 ventilators

in use.) Seven analog channels are available on the rear panel for connection to a strip chart recorder.

The sample inlet connects the patient circuit to the RGM by way of a small diameter sampling tube. The connector accepts a male Luer lock fitting. It is suggested that you use only the Ohmeda's 8-foot sample tube assembly supplied with the monitor. Other sample tubes can change the operating characteristics (specifications) of the monitor, such as degrade the response time.

The display release button allows you to slide the display to the right and permit observation of the water trap or to remove the display from the chassis. The display screen is removable for easy access and viewing. The RGM screen has an 8-foot extension cord attached. This will allow you to place the display closer for easy viewing.

To remove the display from the RGM, press the Display Release button and slide the display to the right. Located in the top area and on the upper right side are alignment marks. Gently lift the display straight up and pull the bottom away from the chassis.

To attach the display to the RGM, first coil the cord in the cord storage box, insert the top of the display, position the alignment marks at the top, and gently push the bottom towards the chassis. Slide the display to the left until the latch clicks.

This unit is very easy to calibrate. (Figure 2.) It comes with a can of calibration gas. Ohmeda recommends that you calibrate the RGM 5250 at least once every 2 weeks. You may have to do this more often if you use it on a daily basis. If you encounter a drift in your CO₂ readings this may indicate that you need a calibration.

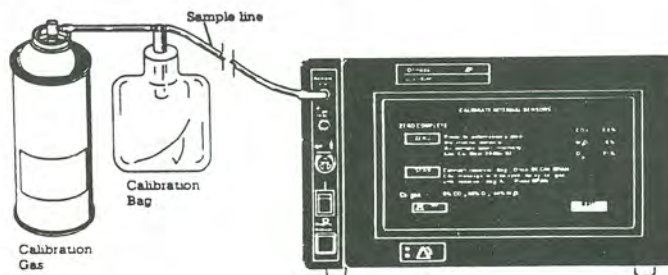


Figure 2.

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To calibrate, you must perform a zero and span calibration procedure. First do the Internal Zero. Switch on the monitor and allow it to warm up for ten minutes. Connect a sample tube to the sample inlet. Check that all connections are properly made and secure. Select MENU from the display screen, select SETUP, then select CALIBRATE. Select INTERNALS from the menu. Select ZERO from the Calibrate Screen. The word ZEROING appears on the screen. After approximately 55 seconds, the message ZERO COMPLETE appears.

Next you must do a Span Calibration. Connect the required Ohmeda calibration gas to the sample inlet. To do this, connect the free end of the sample tube to the female end of the Luer connector of the calibration reservoir bag. Next connect the tubing from the other end of the reservoir to the can of calibration gas. You will then hear one high tone and one low tone alarm and the message BEGIN SPAN CALIBRATION. Press down on the valve stem of the cal gas canister until the reservoir bag fills but is not pressurized, then touch SPAN on the Calibration Screen. After about 20 seconds, when the SPAN COMPLETE appears, the process is complete. Disconnect the calibration gas from the sample inlet. Select EXIT from the Calibration Screen to return to the display screen.

By keeping your water trap and filters clean you will find this is a very low maintenance unit. Pay special attention to your sample tube. This may kink and will cause incorrect readings. Most kinks will be found next to the patient's tube.

The RGM 5250 monitor does **NOT** have the ability to identify anesthetic agents. It has the capability to recognize agents in general, however, **YOU** must select the agent that you will be using (on the screen) in order to "tell" the monitor which agent is in use. You may also monitor your CO₂ and SpO₂ which are now standards of care. You can see these in either a digital or wave display. There seems to be a trend to have agent monitoring in the future. This monitor will fulfill your needs as upgrades can be made very easily.

Presidents message's... continued from page 1.

Finally I would like to issue to each and everyone of you a challenge to help make the next year even better. It is only through unity and support of one another that we will assure our position as competent members of the Anesthesia Patient-Care Team.



TWO-DAY SEMINAR FOR ANESTHESIA SUPPORT PERSONNEL

Spectrum Anesthesia Services, Inc. announces the following remaining schedule for the Basic Seminar for Anesthesia Technicians.

SEPTEMBER 9 & 10 — ST. LOUIS, MO
(Contact Bell Medical for Reservations — 1-314-772-5600)

SEPTEMBER 23 & 24 — LOUISVILLE, KY
(Spectrum's Conference Center)

NOVEMBER 18 & 19 — LOUISVILLE, KY
(Spectrum's Conference Center)

The above course has been approved by the Kentucky Nurses Association for 14 contact hours.

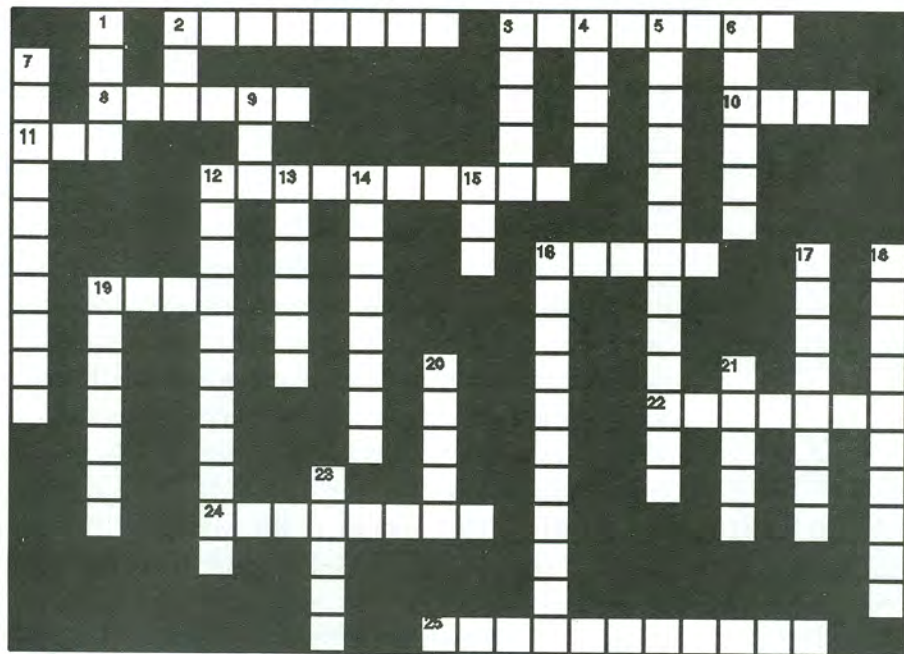
AGENDA CONSISTS OF

- Introduction to the Anesthesia Machine
- F.D.A. Requirements
- The Position of the Anesthesia Technician
- Ventilator Systems
- Monitoring Components
- Sterilization Procedures
- Basic Physiology

Participants will be required to assemble and disassemble machines to determine malfunction of equipment. Course covers both Ohmeda and North American Drager anesthesia machines.

REGISTRATION FEE: \$300.00 (Includes Meals and Certification)

CONTACT: EDUCATION COORDINATOR
SPECTRUM ANESTHESIA SERVICES, INC.
LOUISVILLE, KENTUCKY
1-800-626-2516



MONITORING II: ECG, Pressure and SpO2

by Abel Borromeo

ACROSS:

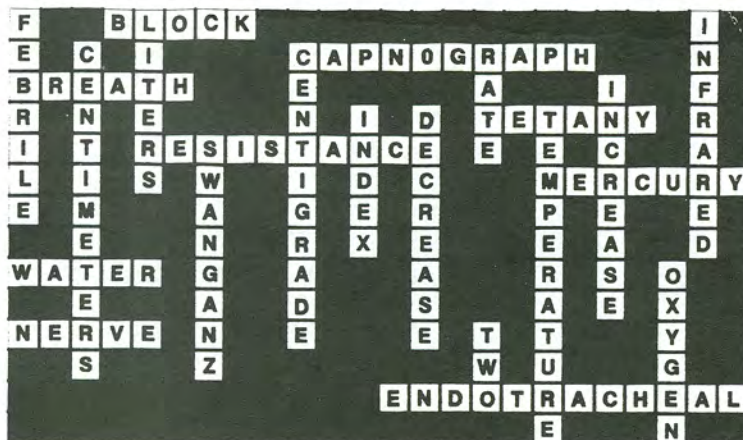
2. ECG lead II detects the signal between left leg and _____.
3. The tip of the CVP catheter is located in the superior _____.
8. The most common artery for arterial cannulation.
10. The pulmonary artery catheter is used to monitor the function of the _____ heart.
11. ECG lead _____ is most commonly used because the P wave is higher than other leads.
12. A _____ converts mechanical fluid motion in tubing into an electrical signal.
16. Color of the left arm ECG electrode.
19. Applying too small a cuff may cause blood pressure readings be too _____.
22. Pulse oximeters measure oxygenated blood as a _____.
24. Pulse oximeter use _____ light to detect oxygenated blood as a _____.
25. The device in 12 above should be kept at the _____ line for accurate readings.

9. An invasive pressure line should not have any _____ bubbles.
12. A heart rate that is abnormally fast.
13. NIBP monitors sense pulsations in an _____.
14. Pulmonary artery line placement requires a _____ catheter.
15. Common term for pressure of venous return to the right heart.
16. A heart rate that is abnormally slow.
17. Blood pressure is determined by cardiac out put and _____ vascular resistance.
18. ECG is useful in monitoring the _____ activity of the heart.
19. Anticoagulant commonly added to saline for invasive monitoring setups.
20. Pulmonary artery catheters can also be used to measure pulmonary capillary _____ pressure.
21. Color of the right leg ECG electrode.
23. Color of the chest ECG electrode.

DOWN:

1. In invasive monitoring, the pressure is set to _____ at room air.
2. Color of the left leg ECG electrodes.
3. ECG lead often used to monitor a patient with known cardiac disease.
4. Pulse oximeter sensors are made to be applied to the finger, ear lobe, or the _____.
5. Heart measurement obtained by the use of a thermodilution catheter.
6. CVP lines enable the clinician to assess _____ replacement
7. PA line placement requires a percutaneous _____ kit.

ANSWERS TO PREVIOUS PUZZLE:



THE PROCESS BEGINS

by Lee Amorin
ASATT President

The next seventeen months will be a most interesting, and important, time for the staff and members of the Society. With the help of Applied Measurement Professionals, Inc. (AMP) of Lenexa, Kansas, we will be undertaking the development of a national voluntary certification program for anesthesia technical support personnel which will be available beginning in early 1996.

The first step in the process (estimated to take about seven months) is to complete a job analysis to identify the critical and important tasks performed by the technologist and technician. These task statements, a specific written format that describes an identifiable work activity, will be written by a Certification Advisory Committee consisting of subject matter experts, educators, and practitioners from throughout the United States. They will be summarized into major job content categories and mailed as a questionnaire to a national sample of approximately 800 job incumbents. They will rate each of the tasks on frequency and criticality and complete important biographic and demographic questions. AMP will collect and analyze these data and develop a job-related test content outline that will serve as the basis for the question development. It is absolutely critical that every member who receives this questionnaire complete it in a timely and accurate manner. This study (and the documentation of these steps) will be the foundation for the validity and defensibility of the finished test.

The next major step is the actual development of the items that go into the test. An Item Writing Committee of subject matter experts from our field will be trained by AMP in the art and science of writing test questions. If you have an interest in being considered for this committee, you should contact the Society. In addition to content, the items will be edited for format, style, grammar, and absence of potentially inflammatory or biased language. The items will next be assembled into a test form that is consistent with the content outline developed from the job analysis. After the test form is constructed, the committee will go through a process to determine an appropriate passing point. The item development, test form assembly and passing processes is estimated to take approximately ten months, beginning in March of 1995 and completed by the end of the year. Although all details have not been finalized, the current plan is to offer the certification tests at each of the seven Regional Semi-

nars held annually. This will enable membership to seek certification without the added expense of travel or time, and keep the fee for testing down.

This short article is intended to provide you with a very brief overview of the process, and there are clearly many steps which have not been described. The Society has a commitment to keeping the membership both informed and involved in the entire process. There will be feature articles throughout the process and we encourage your participation and support.

The view from... continued from page 3.

variety of different manufacturers that keeps us on the cutting edge of the newest technology. We are very aware of cost containment that is needed to run an efficient anesthesia department in the 90's. I am developing an anesthesia technician training program that will coincide with the ASATT guidelines. We have weekly inservices to keep informed with the latest news. We have the full support of our anesthesia department and see a bright future for anesthesia technicians here at Ochsner Medical Foundation.

Communication with ASATT membership

The biggest expenses for the society are postage and telephone calls. You, as a member, can help reduce these charges by informing the National Office of any changes in your address or phone number. If you change your place of work, you should also inform the office of this fact. When we get mail returned to us we send it back out to the work address we have for you. If we get it back from sending it to your last known work address we file your mail in your membership folder and wait to hear from you. Often times we have members pay their yearly dues, then move, and we have no way of communicating with them, other than making an extra mailing to their work place. Without being able to communicate with the members they are deprived of membership benefits such as receiving all the notices of current events, society functions and the newsletter. They are also unable to vote in our yearly elections.

Please remember ASATT when you move or change employers. You can notify our office in writing or by calling the membership office, 1 800-352-3575

Thank you from the management.....

REGIONAL SOCIETY ACTIVITIES...

Let us announce what's happening in your area. Send a brief report of recent or future activities for the next issue by November 30, 1994 to Dianne Holley. Send newsletters, if possible, or give your information on my answering machine if I'm not home. (Photos captioned) are also welcome.

ASATT Region 1:

The 2nd Annual ASATT Region 1 Meeting is tentatively scheduled for April '95 in conjunction with CRNA's and other health care professionals.

For further information:

Jacqueline Polack at (718) 283-7188 [work] or (718) 979-8644 [home].

New York

March 30 is New York State's official Anesthesia Tech Day. Congratulations to the **New York State Anesthesia Technology Association** members and other techs on your day of recognition. The annual PGA meeting is scheduled for December at the New York Hilton.

For further information:

John Armstrong at NYSATA, P.O. Box 23073, Rochester, NY 14692-3073.

ASATT Region 2:

For information on future events:

Wilma Frisco at (216) 541-5710.

Maryland/DC

For information on future events:

Robert Bowling at (410) 225-8176.

Michigan

For information on future events:

Louise Martin at (313) 593-7696 or Jim McEvoy at (313) 343-4766.

Ohio

A Southeast regional meeting and one-day workshop for the **Ohio Society of Anesthesia Technologists and Technicians** is slated for October 1 in Zanesville. No meetings are scheduled for November and December due to the holidays. A statewide meeting is planned for spring '95 with educational topics: Latex Allergy, and Cell Saver and Blood Recovery.

For further information:

Wilma Frisco at (216) 541-5710.

Pennsylvania

The **Pennsylvania Society of Anesthesia Technicians and Technologists** has set a tentative date of spring '95 for its next statewide meeting.

For further information:

Vicki Carse at (412) 232-5807.

Virginia

For information on future events:

Linda Ferris at (703) 985-8351.

ASATT Region 3:

For information on future events:

Jerry Guttery at (904) 374-6051 [work] or (904) 472-3925 [home].

Florida

The **Florida Society of Anesthesia Technologists and Technicians** held their annual seminar in Gainesville at the University Center Hotel on September 24-25. This meeting was co-sponsored by the University of Florida College of Medicine, Department of Anesthesiology and featured a hands-on demonstration of the state-of-the-art Anesthesia Simulator from Shands Teaching Hospital.

For further information:

Jerry Guttery at (904) 374-6051 [work] or (904) 472-3925 [home].

Georgia

A one-day seminar was held by the **Georgia Society of Anesthesia Technologists and Technicians** on August 20 in Atlanta.

For further information:

Alfred Yin at (404) 248-4031.

North Carolina

Myrtle Beach, South Carolina was the location of the **North Carolina Society of Anesthesia Technologists and Technicians** first annual meeting on October 1.

For further information:

Kathline Leahan at (919) 681-5228.

Tennessee

For information on future events:

Sharon Baskette at (615) 322-4000 [work] or (615) 646-1599 [home], or Tammie Carr at (615) 322-4000.

ASATT Region 4:

ASATT Region 4 will co-host a regional meeting with the **Illinois Society of Anesthesia Technicians** in Oakbrook, Illinois on November 6.

For further information:

Jim Underwood at (309) 968-6998.

Illinois

See "ASATT Region 4" (above).

For further information:

Tim Keys at (309) 655-2306.

Iowa

For information on future events:

Sheila White at (319) 589-8665 [work] or (319) 556-8234 [home].

Wisconsin

For information on future events:

Noreen Soeller at (715) 387-7179 [work] or (715) 387-4792 [home].

ASATT Region 5:

See "News from Region 5..." on page 12.

For further information:

Ann Martin at (303) 270-8275 [work] or (303) 987-3907 [home].

continued...

REGIONAL ACTIVITIES... continued...

Colorado

The ASATT was the topic of the **Colorado Society of Anesthesia Technicians** meeting on September 26 at the University of Colorado Health Science Center. Start planning now for the CRASH '95 Anesthesia Tech Meeting and Ski Vacation. Dates are March 3-6, 1995 and location is Vale, Colorado. More CRASH info available from Phyllis Tuller, course coordinator, or Judy Russell at (303) 270-4092.

For further information:

Teresa Chavez at (303) 320-2121, or

Ann Martin at (303) 270-8275.

Mississippi

The newly formed **Mississippi Society of Anesthesia Technologists and Technicians** met on September 24 at Forrest General Hospital in Hattiesburg for educational lectures on topics including arterial line set-up, and drugs used in the OR.

For further information:

Earl Coleman at (601) 984-5900, or

Nancy Marrit at (601) 968-6132.

ASATT Region 6:

See "News from Region 6..." on page 12.

For further information:

Dean Rux at (602) 821-3315 [work] or (602) 497-9709 [home].

California

Get ready for the **11th Annual** meeting and seminar of the **California Society of Anesthesia Technologists and Technicians** next May in Monterey.

For further information:

Ron Turner at (510) 674-2241.

Texas

Wilford Hall USAF Medical Center in San Antonio was the location of the **Texas Society of Anesthesia Technology** business and educational meeting on September 10. Topics included pressure monitoring, anesthetic emergencies, and agent monitors, as well as a trip



Fredia Francis & Paul Sanchez. TSAT participants receive certificates of attendance.

to the TSA exhibit hall. Another educational meeting is tentatively scheduled for late February in Dallas. Educational meetings are regularly held in San Antonio [Raul Sanchez at (210) 675-1564], Dallas [Kyle Logsdon at (214) 820-2165], Austin [Dianne Holley], Houston [Freida Francis (713) 397-0206], and El Paso [Estella Ramirez at (915) 544-0606]. For further informa-

tion, call Dianne Holley at (512) 451-7457.

ASATT Region 7

Vancouver, Washington is the location of the next annual regional meeting being planned for March 4, 1995. For further information please contact Ruch A. Ochoa at (503) 370-5200 pager 225 [work] or (503) 390-0736 [home].

Oregon

The **Oregon Society of Anesthesia Technologists & Technicians** held a one-day educational meeting and luncheon on September 24. Their next meeting is scheduled for November 12 at the V.A. Hospital in Portland. For further information contact;

Dave Mastalski at (503) 642-1537, or

Guy Buckman at (503) 370-5200 pgr 227.

Washington

The **Northwest Society of Anesthesia Technology** met on Saturday, September 10 at Valley Medical Center. Topics were rapid sequence intubation and the use of muscle relaxants.

For further information:

Don Millbauer at (206) 228-3450.

1994 - 1995 Election of Officers

The following are the results of the elections for the positions of Vice President/President Elect and Regional Directors for Regions 2, 4, and 6. The newly elected officers will take office at the ASATT Annual Meeting that takes place in San Francisco, California on October 15 - 17, 1994.

Vice President/President Elect

Jerry S. Guttery

Region 1. - *Jacqueline Polack, not up for re-election until 1995.*

Region 2. - *There were no candidates for this position. An interim Director will be appointed by the Board of Directors.*

Region 3. - *Elections will be held to replace Jerry S Guttery who has vacated this position to become Vice President.*

Region 4. - *There were no candidates for this position. An interim Director will be appointed by the Board of Directors.*

Region 5. - *Ann Martin, not up for re-election until 1995.*

Region 6. - *Dean Rux, has been elected to fill this position until 1996.*

Region 7. - *Ruth A .Ochoa, not up for re-election until 1995.*

REGIONAL EDUCATIONAL MEETINGS

News from Region 5...

REGION 5 SEMINAR by Ann Martin, Regional Director Denver, Colorado

Nineteen anesthesia technologists and technicians from nine Colorado hospitals attended the ASATT Region 5 one-day seminar held on July 16, 1994 at the University of Colorado Health Science Center. The day consisted of lectures given by anesthesiologists, CRNA's, and bio-medical staff from the University and Rose Medical Center. Lectures focused on the clinical and administrative skills needed to keep up with the constant innovations in the field of anesthesiology. Some time was spent answering questions about ASATT and the upcoming ASATT annual meeting that will be held in San Francisco in October.

I would like to thank the companies and individuals for their contributions and support to help make our continuing education possible.

News from Region 6...

ARIZONA HOSTS ITS FIRST SEMINAR by Chris Patterson Vice President, ASATT

Saturday, August 6, 1994 was the date of ASATT's Region 6 Seminar--held for first time in the state of Arizona.

Acknowledgments and appreciation are in order for the administrative and medical staff of the Chandler Regional Hospital, Chandler, Arizona who made the Seminar possible. In attendance were thirty or more professional health care workers in the field of anesthesia/OR.

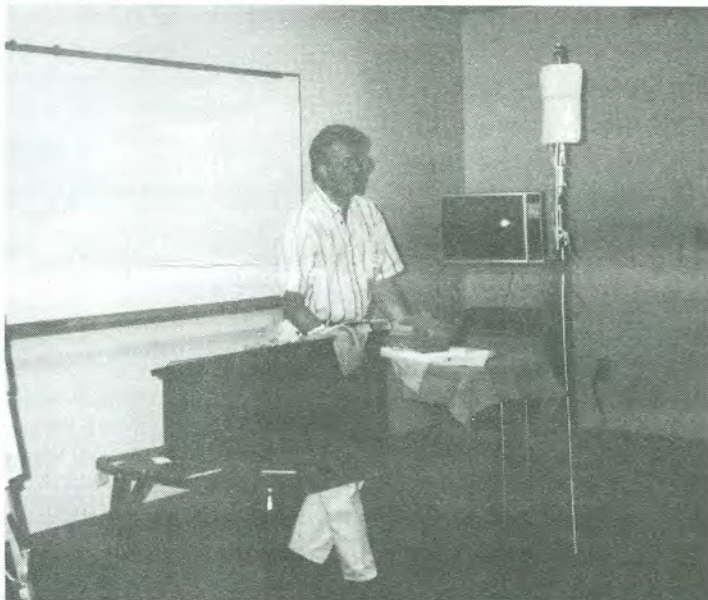


Carol Olson, RN, M.S.N. speaking at Arizona First Annual Region 6 ASATT Seminar.

Hospital, along with the able assistance of Mark Done, AT, also of Chandler Hospital, deserve a round of applause for presenting a quality program. Mark's wife, Lu Ann Done, pitched right in and handled the registrations and paperwork, - thanks Lu Ann.

Ms. Carol Olson, RN and VP of Patient Care Services, gave a warm welcome to all attendees and presented a realistic outlook on the future of health care service and the role of the anesthesia technician.

Terry Ambus, MD, Anesthesiologist; John Mulligan, MD, Anesthesiologist; and Ronald Price, MD, Chief of Anesthesiology, all from Chandler Hospital, presented outstanding lectures on "Swan Ganz--Set-up and Insertion", "Basics of Peripheral Nerve Blocks", and "Commonly Used Anesthetic Drugs in Practice", respectively--all topics of extreme importance for technicians.



Dean Rux sets up Swan Ganz equipment for presentation.

Leah Wilson, RN, MS, CIC, the Infection Control Practitioner at Phoenix Baptist Hospital, lectured on "Infection Connection in Anesthesia". Again, another great lecture.

LSSI's Sales Consultant, Dave Branka, delivered a fine talk on "Tech's Function on Anesthesia Machine between P.M. Service", and "CO₂ Monitoring". Thanks Dave, it was good information!

The next ASATT Region 6 Seminar is being scheduled so that it coincides with the Annual Congress of the Arizona Society of Anesthesiologists during February 1995 in Phoenix, Arizona. For detailed information, please contact Dean Rux at (602) 494-9709. Fliers and other announcements will be mailed to ASATT members later. Arizona is especially beautiful during February and the temperatures are ideal. **MARK YOUR CALENDARS, ANOTHER FINE SEMINAR IS IN THE MAKING!!!**

ASATT's Region 6 Director, Dean Rux, Chief AT, Chandler

PUTTING OUR BEST FOOT FORWARD

by *Chris Patterson*
ASATT Vice President

ASATT put its best foot forward at the American Association of Nurse Anesthetists' 61st Annual Congress held in Washington, D.C. at the Sheraton Hotel during Aug. 1994.

This is the third consecutive year for ASATT to take part in AANA conventions. Our appreciation to AANA President, Ms. Linda Callahan, for the invitation. Thanks also to Ms. Rita Rupp, AANA Director of Public Affairs; Mr. Glen Ramborg, Director of Programs; and congratulations to incoming President, Ms. Mary DePaolis-Lutzo.

ASATT attends AANA's 61st Annual Congress

ASATT Vice President, Chris Patterson, was designated by the President of ASATT and Board of Directors to attend the Convention and represent our society. Our display booth at the Scientific Exhibition was extremely successful and

generated a large amount of interest.

SPECIAL THANKS and appreciation is in order for three of our members who offered a great amount of assistance to visitors at our booth:

SPECIAL THANKS TO:

Mr. Winfred L. Hoover
Mr. James Dadisman
Ms. Jeanette Steward

Mr. Winfred Hoover, 31-year veteran AT from the Washington Hospital Center, Washington, D.C.; Mr. James Dadisman, 16-year veteran AT, from Greater S.E. Community Hospital, Washington, D.C.; and Ms. Jeanette Steward, AT, at the Holley Cross Hospital, Washington, D.C.

Thanks to you three for a job well done.



THE BOC GROUP

Essentials of Anesthesia Equipment

for anesthesia equipment support personnel and end users

The Ohmeda Technical Training Center is a CEU User member of the International Association for Continuing Education and Training.

Upon successful completion of the course, students will receive 2.0 continuing education credits.

Course Objectives

After attending the Essentials of Anesthesia Equipment class, the attendees should gain:

- A better understanding of theory, pneumatics, design, operation of anesthesia machines, ventilators, and associated monitors.
- Hands-on experience performing preoperative checkout procedures to FDA recommendations.
- Familiarity with and understanding of technical terms for anesthesia equipment, troubleshooting, and applications.
- First level troubleshooting knowledge and skills through theory and hands-on experience.
- Knowledge of manufacturer recommendations for anesthesia equipment cleaning and sterilizing.

Benefits

- Small class size allows for individualized instruction.
- Increase your effectiveness as a communication link between the clinician and the service provider.
- A reduction in service calls to the maintenance provider saves the clinician time and the institution money.
- The attendee should gain a comprehensive understanding of the anesthesia delivery system through theory and hands-on experience.
- Reduction in equipment downtime.

1994-1995 CLASS SCHEDULE

Nov 1-3, 1994 -	Boston, MA
Nov 8-10, 1994 -	Boston, MA
Nov 15-17, 1994 -	New York, NY
Nov 29-Dec 1, 1994 -	New York, NY
Dec 6-8, 1994 -	Philadelphia, PA
Jan 10-12, 1995 -	Washington, DC
Jan 17-19, 1995 -	Washington, DC
Jan 24-26, 1995 -	Raleigh, NC
Jan 31-Feb 2, 1995 -	Charleston, SC
Feb 7-9, 1995 -	Atlanta, GA
Feb 14-17, 1995 -	Atlanta, GA
Feb 28-Mar 2, 1995	Orlando, FL
March 14-16, 1995	Birmingham, AL
March 21-23, 1995 -	Jackson, MS
March 28-30, 1995 -	New Orleans, LA
April 4-6, 1995 -	New Orleans, LA
April 18-20, 1995 -	Houston, TX
April 25-27, 1995 -	Houston, TX
May 2-4, 1995 -	San Antonio, TX
May 16-18, 1995 -	Dallas, TX
May 23-25, 1995 -	Dallas, TX
June 6-8, 1995 -	Albuquerque, NM
June 13-15, 1995 -	Tucson, AZ
June 20-22, 1995 -	San Bernardino, CA
June 27-29, 1995 -	San Francisco, CA

If you have questions or need additional course information please call Tessa Gillham, Ohmeda Inc, Technical Training Center at 1-800-345-2700.

Advertising Rates for The Sensor

Effective 1 August 1993

Display Ads: Announcements of products, services, or educational programs relevant to the theory, maintenance, of application of anesthesia technology.

Rates: Display Advertising (camera - ready, mechanicals, one - color process):

Half-Page Horizontal	7 1/2" wide x 4 3/4" deep:	\$200 per insertion
Half-Page Vertical	3 1/2" wide x 9 1/2" deep:	\$200 per insertion
Quarter Page	3 1/2" wide x 4 3/4" deep:	\$100 per insertion

Corporate Member Discount: 25%

Classified Ads: Individuals seeking employment, or employers seeking candidates
- in anesthesia technical support.

Width: 3 1/2", CG Times or Times New Roman type, 12-point. Typeset by editors.

Rate: \$8/line, 5-line minimum. *Active Member Discount: 25%*

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