THE ASATT SENSOR

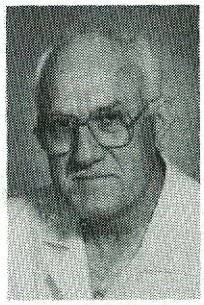
Volume 6, Number 3

July 1996

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

PRESIDENT'S MESSAGE...

CERTIFICATION: WE'VE DONE IT!



by Jerry S. Guttery

Congratulations!!! to the first 316 Certified Anesthesia Technicians (Cer.A.T.) You are to be commended for demonstrating such a high level of competence by successfully passing the first ever certification examination (given this past May 18th). I would like to chronicle some of the test development process.

The certification examination was the result of hard work and sacrifice by many people in ASATT, the medical community, and industry. Working together, many obstacles were overcome and in October of 1994 during our annual meeting in San Francisco, the first meeting of the certification committee convened.

The certification committee was composed of a cross section of Anesthesiology; MD's, CRNA's, PA's, Anesthesia Techs, and Industry. The committee members' first order of business was to determine what tasks an anesthesia technician performed. After compiling an extensive list of those tasks, a task survey was developed. That survey included tasks that were anesthesia specific or anesthesia related. This survey was mailed to all ASATT active members. The return rate for the survey was an incredible 40%. With this information, the certification committee had a good idea of what duties were performed by a majority of anesthesia support personnel throughout the United States.

Next came the actual writing of test questions. Each committee member submitted questions.

These questions were then grouped by subject and a copy of all questions the committee generated were sent to each committee member. Committee members then reviewed the entire question file making comments and corrections or suggestions, then returning

continued on page 18....

Inside your Sensor:

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

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Quarter-Page:	$100 per insertion
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[Camera-ready, mechanicals, one-color process.]

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

Rate: $8/line, 5-line minimum
3½" wide

[Times-Roman type, 12-pt, typeset by editors.]

For further information, contact:

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Dianne Holley, Editor
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(512) 451-7457

or

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Discount for current members: 25%

All funds derived from advertising support the ASATT Certification Program.

(ASATT reserves the right to refuse advertising copy for any reason at any time.)

THE SENSOR: Quarterly Newsletter of the ASATT

The opinions expressed herein are those of individual authors, and do not necessarily reflect the views or opinions of the ASATT.

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Graphics Assistance: Infinity Design, Houston, TX

All submissions pertinent to the objectives of the ASATT will be considered for publication. Preferred format: micro diskette, (PC or Mac), or email text file. Photographs, preferably black-&-white are also welcome and will be returned.

Deadline for the next issue is August 15, 1996

Printed on recycled paper

NANAIMO REGIONAL GENERAL HOSPITAL

Murray John Welte, P.E.M.E.T.
British Columbia, Canada

Nanaimo is a coastal community situated on Vancouver Island, on the Pacific Coast of Canada. Nanaimo is a term that was derived from a Native Indian word meaning "meeting place." To find Nanaimo, you must travel to beautiful British Columbia and arrive at Vancouver the major port city and gateway to the Pacific Rim. From Vancouver, you take a 2-hour ferry ride to Vancouver Island. Our Island is approximately 300 miles long and up to 60 miles wide and is wonderful spotin which to live and work. Vancouver Island is very temperate and has a climate similar to Seattle, our closest large American City. The area's economy is founded on Forestry, Tourism, Fishing and attracts a large retirement population because of its recreational potential and good climate. Mountain biking, skiing, scuba diving, lake and deep sea fishing, golfing, and (my favorite), flying are available virtually all year round. Golfing is a 12-month endeavor here and thus the retired populations have an affinity for our area.

The influx of a lot of people into our area and the universality of the Canadian Medical System provides us with a never ending supply and frequently over-supply of patients. The only hospital in our community, population of approximately 80,000 with a referral area of about 200,000, is Nanaimo Regional General Hospital. This hospital was built in 1963, and today has 226 acute care beds of which 60 beds are surgical and we have an annual Operating Room budget of $4.7 million dollars. Our operating theaters consists of 4 full-size operating theaters, 1 Urology suite, 1 shared Ophthalmology and Dental suite and 1 Case Room O.R. The hospital is now expanding to include a new Ambulatory Day care unit that will add 2 more operating theaters. The physical plant in the operating rooms has not changed significantly since the 1963 installation. The hospital itself has gone through many changes including a large new expansion of Medical Imaging and Emergency, in 1992, and this was considered phase 1 with phase 2 to follow..... new operating theaters and case room areas. We are still awaiting this and hope soon it will begin. Our surgical Staff of 30 surgeons include ENT, Plastics, Urology, General Surgery, Vascular, Orthopedics, Gynecology, Opthalmology, Anaesthesiology, and Oral surgeons. We have no Nurse Anaesthetists, as the Canadian system does not license CRNA'S as anaesthesia providers. Our O.R. theaters are usually staffed with 1 Anesthesiologist, 2 Registered nurses (our hospital does not have scrub technicians), and whatever Surgeon and surgical assistant are doing the procedure. The caseload last year was 10,059 cases, 6287 daycare and 3772 inpatients, and we finished the year with a surgical waiting list of 3000 patients. (Yes I said a waiting list of 3000!)

Healthcare funding in Canada differs a lot from heathcare in the United States. I will try to explain what I perceive as some of our differences. In British Columbia residents pay insurance premiums to the Medical Services Plan Of British Columbia (MSP). This insurance is the only health care insurance available in B.C. It is run by the provincial government and covers all people in British Columbia. The Provincial government is the only provider of heath care in the province and is the only funding agency for Hospitals in our province. It is illegal to have a private hospital that does work paid for by provincial insurance; therefore, there are only a few surgical centers or clinics in the province at this time and they only do cosmetic private surgery and dental surgery. With this system and our large referral area you can see why our waiting lists are long. A typical waiting period for an elective cataract extraction may be up to 8 months, and for a total joint replacement as long as 10 to 12 months.

Our Anaesthesia department consists of 10 Anaesthesiologists and myself, the only Anaesthesia Technician. The hospital does not have an official technician position, but I have assumed this role in various forms both full and part time for the past 18 years. My position and title in our hospital is actually "Precision Equipment Maintenance Engineering Technician," this is a long-winded title, but a represents a very fascinating job. My background is in engineering, I also have an B.C. Electrical Certificate but have for many years been involved with Anesthesia. Over the past years, I have taken many courses, and service all the equipment for both anaesthesia and surgery in our hospital and a couple of other small hospitals in the surrounding area.

At N.R.G.H. we now have 10 Ohmeda Mod II Plus Anesthesia machines: 7 in the Main OR, 1 in the Case Room and 2 more for our new Ambulatory care. Doing all the preventative maintenance and complete biomedical service on these machines constitutes a large part of my duties at N.R.G.H.. The monitoring equipment is very diverse at this time, including older 78XXX series Hewlett Packard ECG monitors, Nellcor N1000, Datascope NIBP, Nellcor 2500, Drager Vitalert 3200 and our new, and soon to be standard Hewlett Packard ACMS monitoring system. This monitoring system will soon become our standard for the O.R. and will include, SpO2, NIBP, ECG, ST segment, Temperature and Invasive pressures , with 8 channels of colour display. These new monitors are very flexible and I would advise any of my colleagues to check out this technology. My job also includes installation maintenance and troubleshooting of these devices. Our hospital's maintenance staff also has 2 very capable Biomedical Technicians and if any problem needs more than my attention our biomeds are ready and willing to help. The operating theaters however remain primarily my responsibility including all the boring but necessary routine safety testing of all the biomedical devices.

Anaesthesia technician/technology is still a part of my job that I look forward to each day. Set up and calibration of 6 or 7 Anaesthesia machines each morning starts my day at 0600 hrs.

continued on page 19....

THE 1996-97 JAMI BLUE AWARD

By Ann Martin, ASATT Region 5 Director

Jami was a dedicated anesthesia technician with a goal to educate technicians in the field of anesthesia technology. Each year we ask you, the membership of ASATT, to nominate an individual who has put forth great effort in continuing education or involvement in the field of anesthesia technology. In memory of this dedicated technician, ASATT has developed "The Jami Blue Lecture Series and Award Presentation." The previous award recipients are:

1992-93 Wilma Frisco, Cleveland, OH

1993-94 Dale Meyers, Galveston, TX

1994-95 Vilma Young, New Haven, KY

1995-96 George Mann, Syracuse, NY

There are individuals who are involved, dedicated, and devoted to the Society, deserving recognition for the work they have put forth.

This is your Society and we are asking you to participate and submit your nominations for the 1996-97 Jami Blue Award by phone or writing a brief article. Please contact Ann Martin at (303) 270-8275 or 2137 S. Balsam Court, Lakewood, CO 80227 no later than September 1, 1996.

ASATT NOTICES

The next opportunity to sit for the ASATT National Certification Exam will be at the ASATT Annual Meeting in New Orleans on October 21.

If State Society Presidents wish to exhibit at the ASATT Annual Meeting in New Orleans, contact Ruth Ochoa.

State Society Presidents and any other interested parties will have the opportunity to meet with the ASATT Board of Directors on October 18, at the Annual Meeting in New Orleans.

OPEN FORUM...

by David G. MastalskI,
ASATT Region 7 Director , SENSOR Associate Editor
VA Medical Center, Portland, Oregon

As ASATT Region 7 Director and Associate Editor of this publication, I have had the opportunity to hear from many ASATT members regarding the National Certification Examination. There have been many comments regarding the exam, which have been forwarded to the ASATT Certification Testing Committee and the Board of Directors.

I would like to take this opportunity to congratulate every ASATT member who took the national certification examination on May 18th. As Mr. Guttery said in last issue's President's address: "You are the pioneers in the development of a new discipline in medicine..."

Please send any comments or questions you may have about the examination to this column. Below is a comment received from the online discussion group, TechTalk (techtalk@anaes.sickkids.on.ca) shortly after the exam, and reprinted here with the author's permission:

Dear OPEN FORUM:

I would like to comment regarding discussion on the ASATT National Certification Examination last month. I felt that the exam was harder than I had originally expected, but certainly not as hard as it might have been.

Anesthesia Technology is a relatively new field. Anesthesia Technicians vary greatly in education levels, job descriptions, and opportunities for growth within their jobs. This first exam could not possibly meet the expectations of all anesthesia technicians. Instead, I think ASATT set their own expectations for the median level of anesthesia technician. In other words, the average anesthesia tech should have had to *study* for this exam, as should anyone else taking any exam.

Many of us have been preparing for this exam for years. Without the luxury of college courses offered in the field, we have been utilizing every available resource, including ASATT and local educational meetings, books and journals, our peers and coworkers, and our own experience. Some have even set up their own educational programs, inviting lecturers as well as other technicians.

I think the exam covered the scope of the *average* anesthesia technician excellently. I have heard more complaints that the scope was too broad and advanced, than that the exam was too limited. The pharmaceutical portion of the exam is a good example. While the technicians at our hospital do not routinely mix or draw drugs, they are sometimes asked to do so in an emergent situation. The calculations on the exam were simple enough that one need not even to know the name of the medication involved to answer the questions correctly.

Even if one is not allowed to perform certain tasks at a certain hospital, showing competency at those tasks is not necessarily beyond the scope of an anesthesia technician, and might even lead to expanding one's job description.

As far as the study guide is concerned, it was not intended to be the sole educational source for the examination. References were given for other resources, and many technicians have been preparing for years—on their own, and with the guidance ASATT and local societies.

LD Holley, AT
Austin, TX

Dear OPEN FORUM:

In the April issue of the SENSOR, Linda Bewley's article: "Infection Potential of Pressure Transducers," has an editors note. I wish to find from which book, journal, article or newsletter you quote the Anesthesia Patient Safety Foundation's recommendation for discarding IV and pressure tubing after 72 hours.

Shane Angus, AT
Oakland, CA

The editor's note to which you are referring (ASATT Sensor Vol 6 #2) was a recommendation taken directly from an APSF poster which was handed out at the ASA convention last year in Atlanta. The poster was adapted from the APSF's *Recommendations for Handling Parenteral Medications Used for Anesthesia or Sedation* brochure dated December 1994. *continued on page 20...*

All OPEN FORUM questions and "Did You Know ..." ideas may be addressed to:

ASATT SENSOR OPEN FORUM
9805 NE 116th Street
Kirkland, WA 98034-4248
FAX (503) 721-7859

Those chosen for publication in this column will receive a free ASATT T-shirt.

RESEARCH: AN OVERVIEW OF THE ROLE OF THE ANESTHESIA TECHNICIAN

by Wayne Griffith Chief Anesthesia Tech and
Beth Carriere-Kingsmill, Anesthesia Technician
Ochsner Medical Institution, New Orleans, LA

Many institutions are allowing the anesthesia technicians to assist more with their research projects. Their involvement may be as simple as moving the required equipment to a more hands-on approach of recording the study data. Considering that accurate unbiased documentation greatly affects the outcome of a scientific study, the technicians' involvement reduces the risk of inappropriate or ineffective, even dangerous, conclusions to the study. Ultimately, the technician enables the anesthesia provider to concentrate more on individual patient care than getting down the facts and figures involved with the research

There are two main types of research studies, laboratory and clinical. The laboratory studies include research with animals. The clinical studies include testing drugs and new devices. With the main concentration on the clinical setting in an Operating Room environment, we will briefly review the steps involved in getting the Food and Drug Administration's (FDA) approval.

Each study must begin with a sponsor. This sponsor initiates and pays for the research and development, but does not actually conduct the investigation. This sponsor may be an individual or a representative from a pharmaceutical company, a government agency, an academic institution, or a private organization. Once the sponsor selects the prospective investigators, a pre-investigation visit is arranged. At this meeting, the investigators familiarize themselves with the regulations and expectations of the study, and the sponsor evaluates the interest and ability of the investigator to conduct the research at the chosen site.

After all parties are satisfied and the requirements are discussed, the primary investigator must develop the necessary protocols, documentation, consent forms, budgets, and choose a site coordinator. The site coordinators are the contact people throughout the study. They organize the visits between the sponsor and investigator, and they are responsible for making sure all the proper requirements are met. The coordinator works long hours to ensure the study progresses with the appropriate people and supplies, and they make sure the paperwork is properly completed. Most importantly, this person monitors the study to make sure it does not interfere with the patient care.

Finally, the investigator must present the protocol and consent forms to the Institutional Review Board (IRB) for approval. The IRB is any board, committee or other group formally designated by an institution to review, to approve the initiation of, and to conduct periodic review of, biomedical research involving human subjects. Thus, the study can now proceed through the different stages of development and testing.

The initial stage is the Preclinical phase. It occurs before the new product can be tested on humans. It consists of the sponsor testing a new substance *in vitro* (outside the human body). Animal studies will be conducted to provide pharmacology and toxicology information. This phase may last many years.

Next, the sponsor will submit all the preclinical data to the FDA for approval to begin testing the investigational drug or device on humans. The information on the drug formulation and manufacturing procedures must be reported at this time. The main question in this stage is, "Can we use this new product on humans?"

Once the question is answered, the Phase 1 of the study can begin. The initial introduction of an investigational drug into humans can last 6 months to 1 year. The drug is administered to patients and /or normal volunteer subjects. It must be closely monitored to determine the metabolism and pharmacologic actions of the drug. The investigator must pay close attention to the side effects associated with increasing or decreasing the doses to possibly gain early evidence of effectiveness or toxicity. The total number of subjects and patients vary, but generally the range is 20 to 80.

The Phase 2 of the study is technically a continuation of the Phase 1, however, it is conducted to further evaluate the effectiveness of the drug for a particular indication or indications in patients with the disease or condition under investigation. Here the investigator can determine the common short-term side effects and risks associated with the drug. This phase is a blinded, well-controlled, closely monitored phase. It usually involves no more than several hundred subjects. It lasts for approximately 2 years.

continued on next page...

Phase 3 of the study is performed after the preliminary effectiveness of the drug has been obtained. The purpose is to gather the additional information on the effectiveness and safety that is needed to evaluate the overall benefit-risk relationship of the drug that helps provide an adequate basis for physician labeling. This phase takes 2 to 3 years and includes several hundred to several thousand subjects.

At this point the sponsor requests the FDA approval to market the investigational drug. The sponsor reports the ongoing preclinical study data to the FDA to support the safety and efficacy. The sponsor includes the information on the drug formulation and drug manufacturing. The final approval can take anywhere from 1 to 4 years to obtain.

In the finishing stage, Phase 4, the investigator will apply the use of the drug in other doses or schedules of administration, and look at prolonged usage of the drug. They will test the drug in other patient populations or other stages of the disease.

It is during Phase 4 of the study that the drug reaches the Operating Room. Thus, the role of the technician becomes more apparent. Through inservices given by the investigator and coordinator, the technician becomes educated on the equipment. The technician gathers supplies, sets up the room, calibrates the equipment ahead of time for the investigator. They are prepared to move the equipment from room to room to ensure it is in the proper place and working correctly. Due to regulations and qualifications, some technicians are not permitted to administer the investigational drugs. However, in past experience the technician has often been extremely valuable when the anesthesia provider can not leave a patient to begin collecting data on another. This assistance is an integral part of the investigation because it allows more than one case to be documented in one day.

As you can see the process is one that involves many years and subjects. The studies can be very detailed, expensive and time consuming. Considering many hospitals are beginning to use the multi-skilled personnel to cut cost, the technicians' role has become an essential aspect in the Operating Room and in turn in the investigational studies. Hospitals have trust in the quality training of their technicians. Ultimately, the Anesthesia technicians are an irreplaceable aspect to the quality of the research programs and general patient care.

PHARMACOLOGICAL CATEGORIES OF COMMON ANESTHESIA-RELATED DRUGS

INHALATION AGENTS
nitrous oxide
enflurane (Ethrane)
halothane (Fluothane)
isoflurane (Forane)
desflurane (Suprane)
sevoflurane (Ultane)

INDUCTION AGENTS
[Fast, deep sedation, ↓BP, ↓RR]
thiopental (Pentothol)
ketamine (Ketalar, Ketaject)
etomidate (Amidate)
propofol (Diprivan)

ANTIEMETICS
droperidol (Inapsine)
metoclopramide (Reglan)
ondansetron (Zofran)

NARCOTICS [analgesic, ↓BP,↓RR]
fentanyl (Sublimaze)
sufentanil (Sufenta)
alfentanyl (Alfenta)
morphine
meperidine (Demerol)

NARCOTIC REVERSAL
naloxone (Narcan)

DIURETICS
furosemide (Lasix)
mannitol

BRONCHODILATORS
albuterol (Proventil, Ventolin)
terbutaline (Brethine)

BENZODIAZEPINES
[anti-anxiety, amnesiac]
midazolam (Versed)
diazepam (Valium)
lorazepam (Ativan)

LOCAL ANESTHETICS
lidocaine (Xylocaine)
bupivicaine (Marcaine, Sensorcaine)
procaine (Novocaine)
chloroprocaine (Nesacaine)
tetracaine (Pontocaine)

ANTICOAGULANTS
heparin
aprotinin (Trasylol)

Protamine

MUSCLE RELAXANTS
[paralyze]
DEPOLARIZING:
succinylcholine (Anectine, Quelicin)
NONDEPOLARIZING (SHORTER):
atracurium (Tracrium)
vecuronium (Norcuron)
rocuronium (Zemuron)
mivacurium (Mivacron)
NONDEPOLARIZING (LONGER):
curare (Tubocurarine)
pancuronium (Pavulon)

RELAXANT REVERSAL AGENTS [Generally given with anticholinergic]
neostigmine (Prostigmine)
edrophonium (Tensilon, Enlon)
pyridostigmine (Regonol)

ANTICHOLINERGICS
[↑HR, ↓oral secretions]
atropine
glycopyrrolate (Robinul)
scopalamine

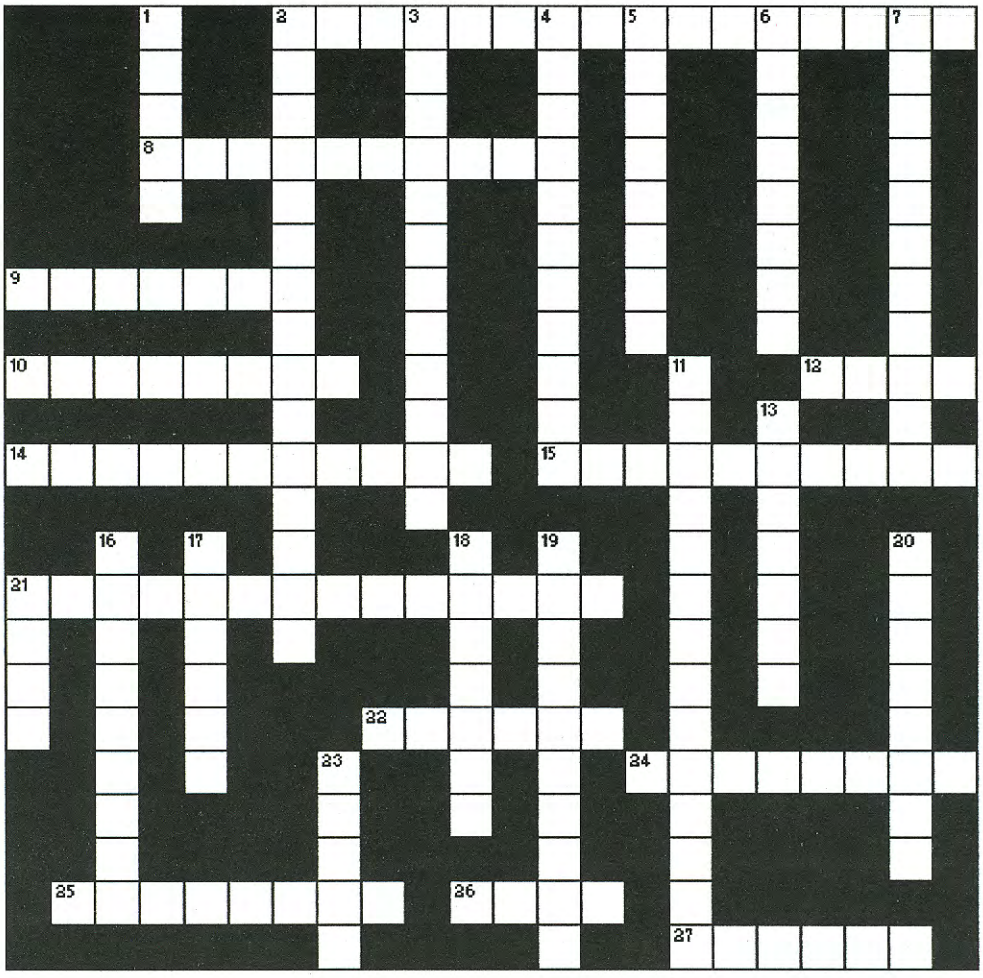
VASOPRESSORS [↑BP, ↑HR, ↑CO]
INCREASE HR:
atropine
INCREASE BP:
ephedrine
phenylephrine (Neosynephrine)
epinephrine (Adrenalin)
norepinephrine (Levophed)
INCREASE CO:
dopamine
dobutamine
amrinone (Inocor)

VASODILATORS [↓BP]
nitroprusside (Nipride)
nitroglycerine

BETA BLOCKERS [↓HR]
propranalol (Inderal)
esmolol (Brevibloc)

ANTIHYPERTENSIVES [↓BP]
labetalol (Trandate)
hydralazine (Apresoline)

TECHNICIAN CROSSWORD



SCIENCE AND TECHNOLOGY POST TEST: Research Studies and Pharmacological Categories

Use this crossword puzzle to test your knowledge on the "Science and Technology ..." articles on pages 6-8. Puzzle answers can be found on page 23 of this issue.

Across

2 Labetalol (Trandate) is a type of __.
8 Ondansetron (Zofran) is a type of __.
9 __ means outside the human body.
10 Furosemide (Lasix) is a __.
12 The __ coordinator is the contact person throughout a drug study.
14 Phenylephrine (Neosynephrine) is a __.
15 __ studies include research with animals.
21 Valium and Versed are types of __.
22 __ relaxants cause paralysis.
24 Type of research study that includes testing new drugs.
25 Ephedrine and epinephrine __ blood pressure.
26 FDA stand for __ and Drug Administration.
27 IRB stands for Institutional __ Board.

Down

1 Lidocaine is a type of __ anesthetic.
2 Glycopyrrolate (Robinul) is a type of __.
3 Conducts the research at the chosen site.
4 Initial stage of a clinical research project.
5 Neostigmine is a __ reversal agent.
6 Fentanyl is a type of __.
7 Nitroprusside (Nipride) is a __.
11 Albuterol (Proventil, Ventolin) is a __.
13 Dopamine and dobutamine increase __ output.
16 Thiopental (Pentothal) and propofol (Diprivan) are types of __ agents.
17 Curare and pancuronium (Pavulon) are types of __-acting nondepolarizing muscle relaxants.
18 The __ initiates and pays for research and development during a drug study.
19 Isoflurane (Forane) is a type of __ agent.
20 Nitroglycerine causes a __ in blood pressure.
21 Propranolol (Inderal) is a __ blocker.
23 __ 4 of a study can take place in an operating room.

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 August 15, 1996 to your ASATT Regional Director or to Dave Mastalski (address and numbers on page 2). Send newsletters, if available, a brief write-up, or call with your info. Photos (captioned) are also welcome, and can be returned.

ASATT Region 1:
For information on future events:
Jacqueline Polak at (718) 283-7188 [W] or (718) 979-8644 [H].

New York
For information on future events:
George Mann at (315) 471-6077.

ASATT Region 2:
For information on future events:
Vicki Carse at (412) 232 5807
Wilma Frisco at (216) 261-0649.

Ohio
For further information:
Wilma Frisco at (216) 261-0649.

Pennsylvania
For further information:
Vicki Carse at (412) 232-5807.

Virginia
For information on future events:
Linda Ferris at (703) 985-8351.

ASATT Region 3:
Beautiful Myrtle Beach, South Carolina will be the location for the ASATT Region 3 Annual Meeting, Saturday, September 21, 1996. The event takes place at the Radisson Resort, Kingston Plantation. For more information, contact meeting co-host, Gayle Walker, President, North Carolina Society at (919) 966-5136[W] or (919) 929-1865[H], or Linda Cotton, Region 3 Director.
For further information:
Linda Cotton (904) 351-7343[W] or (904) 347-8118[H].

Florida
For information on future events:
Linda Cotton at (904) 351-7343[W] or (904) 347-8118[H].

Georgia
For information on future events:
Marc Dickens at (404) 712-7710.

North Carolina
For information on future events:
Gail Walker at (919) 966-5136[W] or (919) 929-1865[H].

Tennessee
For information on future events:
Sharon Baskette at (615) 322-4000[W] or (615) 646-1599[H].

ASATT Region 4:
Dubuque, IA will be the location of the Annual Fall Region 4 educational seminar on Saturday, September 28, 1996. The details are still being formulated.
For further information:
Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

Illinois
ILSAT will hold a summer educational meeting on August 24, 1996 in Springfield, IL at Springfield Memorial Medical Center. The ILSAT annual educational meeting will be held in Oakbrook, IL in November. Watch your mail for details.
For more information:
Pat Zueck (217) 788-3780.

Iowa
Secretary position available to anyone wishing to get more involved in our state society.
For further information:
Sheila White at (319) 589-8665[W] or (319) 556-8234[H].

ASATT Region 5:
For information about future events:
Ann Martin at (303) 270-8275 [W] or (303) 987-3907 [H].

Colorado
For information on future events:
Teresa Chavez at (303) 320-2440.

NCSAT OPENS JOB "HOTLINE"

The North Carolina Society of Anesthesia Technicians has started a nationwide job referral service for anesthesia technicians looking for employment and hospitals with positions to fill.

A technician seeking a change of employment should send his/her name, address, phone numbers, fax number, and the city or state in which one desires employment. Hospitals should send job opening information and the name of a contact person. NCSAT is asking that technicians send in a one-time-only fee of $5 to help defray costs. Hospitals can register at no charge.

Hospitals can fax their job listings to (919) 966-4873, ATTN Gail Walker.

Technicians can mail their applications and a check made out to NCSAT to: Gail Walker, NCSAT President
6 Tamarack Ct.
Chapel Hill, NC 27514

Phone: (919) 966-5136[W] or
(919) 929-1865[H].

Mississippi
The Mississippi State Society Annual Meeting is scheduled for Saturday, August 10, 1996.
For more information:
Earl Coleman at (601) 984-5951, or
Nancy Marret at (601) 973-1656.

ASATT Region 6:
For information on future events:
Dean Rux at (602) 821-3279[W] or (602) 497-9709 [H].

Arizona
For further information:
Jane Fry at (602) 885-5756[H] or (602) 721-3836[W], or
Dean Rux at (602) 821-3279[W] or (602) 497-9709 [H].

California
For information on future events:
Ron Turner at (510) 674-2241.

New Mexico
For further information:
Chris Urso at (505) 286-1168[H] or (505) 272-0383[W]

Texas
Preparations are underway for the Texas Society of Anesthesia Technology Annual Meeting in San Antonio on Saturday, September 7, to coincide with the TSA Annual Meeting. Arrangements will be made for techs to attend the TSA exhibit hall at the Hyatt Regency Texas Hill Country Resort. Dallas/Fort Worth technicians hold their regular meetings on the 2nd Saturday of each month. [Lisa Shelton ((817) 685-4917] For Houston meetings, [Gerardo Trejo at (713) 793-2898]. San Antonio also meets regularly [Raul Sanchez at (210) 675-1564].
For further information:
Dianne Holley at (512) 451-7457.

Utah
For further information:
Jeff Mann at (801) 585-3619.

ASATT Region 7:
Congratulations to all of the Region 7 members who took the National Certification Examination in Honolulu and Portland. Plans are being made for a Super Spring Educational Seminar. (Aloha??)
For further information:
Dave Mastalski at (503) 642-1537[H] or (503) 273-5389[W]

Alaska
Any anesthesia support personnel interested in starting an Alaska State Society ? It's easy!
Contact: Dave Mastalski (503) 642-1537

Hawaii
Plans are being finalized on forming a state society with a meeting planned for July 25th.
Anyone interested, please contact:
Delbert Macanas (808) 547-9872

Idaho
Any anesthesia support personnel interested in starting an Idaho State Society? It's easy!
Contact: Dave Mastalski (503) 642-1537

Montana
Any anesthesia support personnel interested in starting a Montana State Society? It's easy!
Contact: Dave Mastalski (503) 642-1537

Oregon
Linda Bewley has assumed the office of President of OAATT and Richard White is the new Vice Pres/ Treasurer. Barry Wright is the new Secretary. Plans are being made for a late summer educational meeting.
For further information:
Linda Bewley at (503) 291-2151
Richard White (360) 887-4988

Washington
For information about future events:
Nora Tiffany at (360) 427-9562.
Lee Amorin at (206) 731-4189

Wyoming
Any anesthesia support personnel interested in starting a Wyoming State Society? It's easy!
Contact: Dave Mastalski (503) 642-1537

OAATT SECOND ANNUAL EDUCATION SEMINAR

by Barry Wright

The Oregon Association of Anesthesia Technologists and Technicians (OAATT) held their second Annual Education Seminar, *National Certification Prep Course*, on April 20th at the VA Medical Center in Portland. The seminar was well attended by technicians from as far away as British Columbia. Many technicians from the Seattle area also attended. Many thanks to Richard and Jennine White, Linda Bewely, Shannon Krecek and the faculty who volunteered their time and efforts to further our education, and the sponsors who made the program possible: Abbott Laboratories, B. Braun, Spacelabs, AES Inc., CoMedical, and Concord-Portex.

Registration began at 7:00am, and the seminar commenced promptly at 8:00. Opening remarks, information on the certification exam, and an overview of The Role of the Anesthesia Technician were given by state and ASATT officers. Eight educational areas of lecture and open discussion followed. The faculty was very diverse : Anesthesiologists, CRNAs, Anesthesia Technicians, a Pharmacist, an RN, PhD, and a Biomedical Tech. It was brought to our attention that as Certified Anesthesia Technicians, we will be required to possess a broad range of knowledge and skills that will make us a vital part of the operating room team.

During breaks between presentations, we had the opportunity to examine a wide range of product exhibits displayed by our sponsors. An excellent lunch was provided by AES Inc., which was appreciated because of the length and intensity of the program. The day concluded with some helpful tips on how to take an examination, followed by a practice examination and a review of the results. All told, all attendees felt considerably more confident of success due to our participation.

IOWA/REGION 4

by Shiela White, ASATT Director, Region 4

It has been a busy spring for Iowa/Region 4 members. April 13, six technicians attended the Iowa Society of Anesthesiologists meeting in Des Moines. There were a variety of interesting speakers and topics. Several vendors were in attendance displaying products and answering questions. Dr. Randall Busch from Dubuque Anesthesia Services did two great talks for the few techs in attendance, covering difficult airway/airway management, and pressure lines.

On Friday, April 19 through Sunday, the 21st, there were 14 technicians who attended the AIME class in Des Moines. The weekend was very successful, with everyone coming away better prepared for certification testing.

Friday, May 17, several of the technicians taking the certification test the next day, met in Cedar Rapids to get acquainted and have a relaxing evening. There was a lot of shop talk and thoughts about what to expect the next day. All in all, it was a very enjoyable evening as we learned a bit about each other.

To all state and local societies— please don't forget to include your regional director on your mailing list when you are planning meetings. We like to stay abreast of what's happening out in the region and join you at your meetings if at all possible.

Friday October 18 - Monday October 21, 1996: The ASATT 7th Annual Educational Seminar and Meeting will be held in conjunction with the ASA Annual Meeting in New Orleans. THIS INVITATION GOES OUT TO ALL STATE SOCIETIES IN REGION 4. Our region will have a table set up in New Orleans. If you have any pictures of technicians in their work area, literature from your society, your state society logo or banner, or any other items pertaining to the technicians in your state, please get in touch with me so we can make plans to get it there and displayed. Check this issue of the SENSOR for more details.

REGION 7

by David Mastalski, ASATT Director, Region 7

I would like to congratulate the 44 technicians from Region 7 who took the national certification examination in Honolulu and Portland. We can all be proud! You deserve the professional recognition which will come your way.

Mark your calendars for October 19-21, 1996 and make your travel plans now, to attend the ASATT 7th Annual Meeting and Educational Seminar. This year promises to be great! I would like as many members from region 7 attend as possible. We are going to have a display area at the meeting site, and I would love some creative ideas for our regional display. Please call, write or FAX me your ideas. Remember your registration includes admission to the ASA conference and display hall, with hundreds of manufacturers displaying the latest equipment and supplies. For those of you who did not take the certification examination in May, or those who wish to retake the exam, you may do so in New Orleans on Monday, October 21. All registrants attending the entire seminar will also receive CEUs, which is one of the requirements to maintain current certification. See the ad in this issue for more information. I hope to see as many of you there as possible.

Watch your mail for some exciting Spring Regional Meeting Information!!

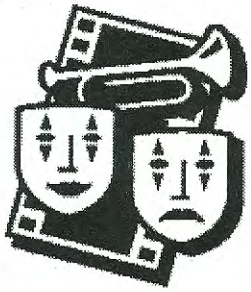
American Society of Anesthesia Technologists and Technicians

1996

The Year of Certification

&

All That Jazz!



7th Annual Meeting and Educational Program

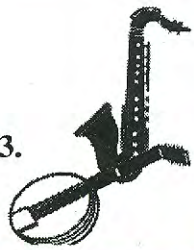
October 19-21, 1996
Saturday thru Monday

Radisson Hotel
1500 Canal Street
New Orleans, Louisiana

OR Task	Christopher Mills, MD
Intravenous and Inhalation Anesthetic Agents	William Henry King, MD
Inotropic Drugs	Donald Harmon, MD
History of BAODA	Frank L. Pyke, FIOT
Resuscitation	J.H.W. Ballance, MD
Acquired Subglottic Stenosis	Jennifer J. Fuller, AT
History & Duties of Anesthesia Technicians	Wayne Birch, AT
Job of the ODA in England from an Anesthesia Point of View	Joy Catling, MD
Workshop on Understanding the Circle Breathing System....	Julian Goldman, MD
Troubleshooting the Anesthesia Machine	W. Clayton Petty, MD, Paul Baumgart, BA, MBA
Blood Components	Lisa K. Fornicoia, BS, MT (ASCP), CerAT
Separation of the Lungs & Management of One-Lung Ventilation	Grace Chien, MD
Ultane/sevoflurane	Abbott Representative
Cost Containment	William Buhrman, MD
Invasive Monitoring	Claude Brunson, MD
Application and Principles of Anesthesia Gas Monitoring	A. William Paulsen, MMSc (Anes), PhD, CCE
Most Abused Component on the Anesthesia Machine	James M. Yoder, BA
Malignant Hyperthermia	Gene Baker, CerAT
The Technician and Safety Precautions	Klaus Becker, RRT

Exhibits: Registration includes admission to the ASA Exhibit Hall, October 20-23.

ASATT Exhibits at the Radisson Hotel, October 19-20



CHRIS PATTERSON AND ANN MARTIN ATTEND THE 11TH WORLD CONGRESS OF ANESTHESIOLOGY IN AUSTRALIA

By Ann Martin, ASATT Director, Region 5

One hundred-fifty years ago, William Morton set the stage, (the practice of Anesthesia developed beyond his wildest dream), with the opportunity for a public demonstration at the Massachusetts General Hospital.

In the 1920's, Dr. Frank McMechan in Cleveland dreamed of an international organization to unite anesthetists world-wide. His dream became a reality when a group met in Paris in 1951. Harold Griffith was the Chairman of that group. In 1953, in Brussels, the foundation was laid for the constitution of an international society and the first Congress, to be held in The Netherlands in 1955.

The second World Congress was held in Toronto in 1960 with 34 countries represented and 2000 anesthetists participating. At the Congress, Harold Griffith was given the honorary title "Founder President," and McMechan's forty-year-old dream had materialized.

Our dream materialized when Chris, myself, and our spouses had the honor to be part of the 6000 plus participants to attend the ASA 11th World Congress and to be treated royally with the Australian friendship and hospitality.

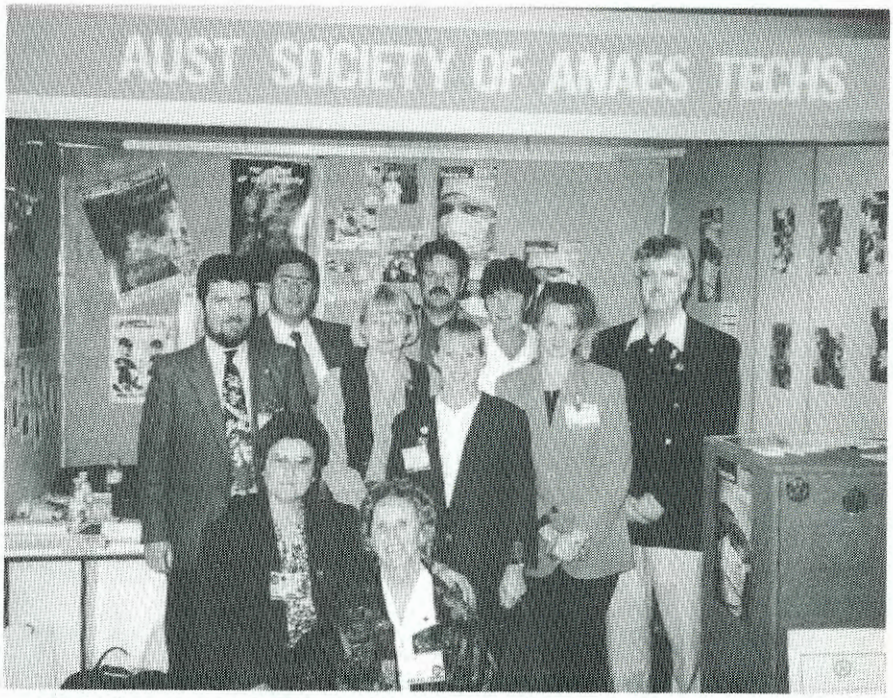
I had the privilege of delivering a photo reproduction of the first World Congress to Dr. Richard Walsh, President of the 11th World Congress. This gift was sent from Mrs. Mildred Virtue, wife of the late Dr. Robert Virtue, and Dr. Charles Gibbs, Chairman of the Anesthesiology Department, University of Colorado Health Science Center. Dr. Robert Virtue was a representative from the United States.

The following day, we were picked up by our Australian colleagues and taken to Darling Harbor Exhibit Hall to set up our portion of what we called the International Exhibit Booth. Four countries were represented at the booth: USA (ASATT), Australia (ASAT), England (BAODA), and New Zealand (NZSAT). What a pleasant surprise to see our friends and colleagues from other countries. Much time was spent reminiscing about good times. We also answered many questions about our certification and exchanged information and ideas about each other's work places. Sounds like we are all experiencing the same problems.

The colorful opening ceremony titled "Living Landscape," was just that, a beautiful and unique opening. Dr. Richard Walsh, President, started the program off with a warm greeting and welcome. The title of his topic was "The Olympics of Anesthesiology," and he stated that "no subject in Anesthesiology would go untouched." There were 500 speakers in the scientific program plus 1500 other presentations. Greg Wotherspoon, MD, President of the Australian Society, presented "A Congress Driven by Enthusiasm." The enthusiasm and effort put forth represented the most successful World Congress. Sir William Deane spoke on the topic of "Insufficient Recognition for Anesthesiology" and Dr. Lem's topic was "A Landmark Congress." The official opening of the exhibit followed the opening ceremony. Sunday and the rest of the week we spent our days at the exhibits, promoting and advertising the ASATT. Many U.S. representatives and physicians were as surprised to see us as we were them. It really is a small world! We made some very good contacts and friends, and found many countries interested in our Society as well as the other Societies. We visited 104 exhibits, seeing supplies and companies we did not know existed.

The lectures we attended were stimulating and educational, covering a wide range of anesthesia topics. It was a well coordinated conference leaving us with enthusiasm and looking forward to the year 2000, when the 12th World Congress will be held in Toronto, Canada.

On behalf of ASATT, Chris and myself, I would like to thank Dr. Richard Walsh, President, 11th Annual World Congress, and Dr. Gregory Wotherspoon, President, Australian Society of Anaesthetists, for making this special event possible for us by providing a complimentary booth for our Societies and their gracious invitation to participate in the 11th World Congress of Anesthesiology. Our hats are off to you and your organization for a job well done.



Chris Patterson, ASATT Immediate Past President, and Ann Martin, ASATT Region 5 Director (both seated) and their colleagues from around the world

CRASH 97 TECHNICIAN PROGRAM

FACULTY

Michael B. Ochs, D.O.
Assistant Professor
CRASH 97 Technician Course Director

Ann Martin, AT
Executive Board Director/ASATT Region 5 Director
CRASH 97 Technician Course Assistant Director

Rita Agarwal, M.D.
Assistant Professor of Anesthesiology

Paul Baumgart
Marketing Manager, Ohmeda

Avninder Dhaliwal, M.D.
Assistant Professor of Anesthesiology

Matthew Flaherty, M.D.
Assistant Professor of Anesthesiology

Jim Hanneford, MA, RRT
Instructor of Anesthesiology

Joy Hawkins, M.D.
Associate Professor of Anesthesiology

Clark Lyda, RPh
Clinical Pharmacist

Howard Miller, M.D.
Assistant Professor of Anesthesiology

W. Clayton Petty, M.D.
Professor & Chief of Anesthesiology
Madigan Army Medical Center

PROGRAM

SATURDAY - MARCH 1, 1997

6:30-7:00	Registration
6:30-7:00	View Exhibits; Continental Breakfast
7:00-7:45	ASATT Update Ann Martin, AT
7:45-8:30	Machine Fundamentals & Troubleshooting - Part I W. Clayton Petty, M.D. Paul Baumgart
8:30-9:15	Machine Fundamentals & Troubleshooting - Part II W. Clayton Petty, M.D. Paul Baumgart
9:15-9:30	Question and Answer Session Ms. Martin, Dr. Petty and Mr. Baumgart
9:30	View Exhibits; Recess
3:30-4:30	View Exhibits; Refreshments
4:30-5:45	WORKSHOPS
	A: Invasive Monitoring Howard Miller, M.D. Jim Hanneford, MA, RRT
	B: IV Admixtures Clark Lyda, RPh Michael Ochs, D.O.
5:45-7:00	Repeat Workshops A and B

SUNDAY - MARCH 2, 1997

6:30-7:00	View Exhibits; Continental Breakfast
7:00-7:45	Pediatric Anesthesia Rita Agarwal, M.D.
7:45-8:30	Obstetric Anesthesia Joy Hawkins, M.D.
8:30-9:15	Trauma Anesthesia Howard Miller, M.D.
9:15-9:30	Question and Answer Session Drs. Agarwal, Hawkins and Miller
9:30	View Exhibits; Recess
3:30-4:30	View Exhibits; Refreshments
4:30-5:45	WORKSHOPS
	A: Fiberoptic Intubation Michael Ochs, D.O. Avninder Dhaliwal, M.D.
	B: Malignant Hyperthermia Drill Rita Agarwal, M.D. Howard Miller, M.D.
5:45-7:00	Repeat Workshops A and B

MONDAY - MARCH 3, 1997

6:30-7:00	View Exhibits; Continental Breakfast
7:00-7:45	ASA Difficult Airway Algorithm Avninder Dhaliwal, M.D.
7:45-9:30	ASATT Sample Questions/Answers Ann Martin, AT Michael Ochs, D.O. Avninder Dhaliwal, M.D. Matthew Flaherty, M.D.
9:30	Adjourn until February 27, 1998

Contact Phyllis Tuller - Course Coordinator - 303-270-4092

....AND WHERE WERE YOU.... ON SATURDAY, MAY 18, 1996

by Wilma F. Frisco, ASATT Secretary and Director, Region 2

As the Indians were preparing to steal bases and hit those fast pitches out of "Jacobs Field," ninety-three (93) ASATT candidates were sitting for the "First National Certification Examination for Anesthesia Technicians," at Cleveland State University in Cleveland, Ohio.

There were nine other test sites for this "historical event;" however, Cleveland hosted candidates from Utah, California, Georgia, Kentucky, New York Canada, Maryland, Washington, D.C., Delaware, Virginia, Michigan, Illinois, Missouri, Indiana, Pennsylvania, and Ohio.

As the director for Region 2, and most of all as a member of ASATT, I commend all of the candidates for their "boldness and bravery," in this, a "flourishing profession."

....easy it is not, but possible it is!!!!!! Thanks to all of you!!!!

1996 ASATT Certification Examination Candidates in Cleveland, Ohio

THANK YOU!
CERTIFICATION EXAMINATION COMMITTEE

The Board of Directors, on behalf of the members of ASATT, would like to publicly acknowledge and thank the members of the Examination Committee, who tirelessly volunteered their time, knowledge, and services– ensuring a fair and plausible certification examination.

The committee members are:

Jerry S. Guttery, AT
President, ASATT
Examination Committee Co-Chair
Gainesville, FL

Wesley Frazier, MD
Anesthesiology Department
Emory University, Atlanta GA

Jim Claffey, CRNA
AANA Representitive
Howell, MI

Don Biggs, MMSc, AAC
Director- Quad A Group
Emory University, Atlanta, GA

William King, MD
ASA Liaison for ASATT
Galveston, TX

Lisa Fornicoia, MT (ASCP)
Haemontics Inc.
Pittsburgh, PA

A. William Paulsen, MMSc(Anes.)PhD,CCE
Professor, West Virginia University
Morgantown, WV

Chris Patterson, AT
ASATT Immediate Past President
Examination Committee Co-Chair
Union City, CA

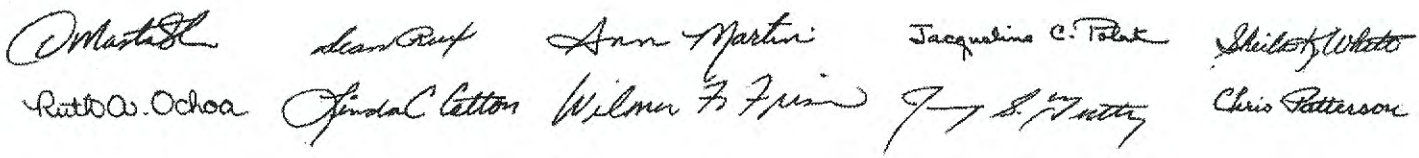
Curt Pudwill, CRNA
AANA Representitive
Rapid City, SD

Nokolaus Gravenstein, MD
Professor, University of Florida
Gainesville, FL

Wilma F. Frisco
Secretary, Regional Dir. ASATT
Euclid, OH

Maretta Grandona, AT
Spring Valley, CA

Howard Odum, MD
Anesthesiology Department
Emory University, Atlanta, GA



ASATT would also like to recognize and thank the following

Study Guide Coordinators:

Wilma Frisco, Sheila White, and Linda Cotton

the files to Applied Measurement Professionals (AMP), the organization that directed the development and administration of the certification examination.

A.M.P. then prepared a new list of questions with all of the changes recommended by committee members. When this phase of writing and reviewing was completed the certification committee then met face to face at A.M.P. headquarters in Lenexa Ks. This was July, 1995. This meeting was an intensive weekend of hard work. Each question in the test file was put through the "mill," it was dissected, crushed, and rewritten until it was accepted as valid. Each question had to have a correct answer and three incorrect ones. It should be noted that writing the incorrect answers for a question is sometimes as difficult as writing the question itself.

With the results of the face-to-face meeting, A.M.P. put the questions in to a formal test. This test was then taken by all the committee members and returned to A.M.P. for grading and evaluation.

The next face-to-face meeting of the certification committee was immediately following our annual meeting in Atlanta this past October. Here the results and evaluations of the test taken by the committee members were presented by A.M.P. At this meeting, each question was reviewed as to relevance and accuracy. Some questions were eliminated and some rewritten as well as new questions being developed.

With the work from the Atlanta meeting, A.M.P. then prepared another test which was reviewed by all committee members. The results of this review was then incorporated into the now nearly completed test. The final form of the test was then reviewed during a conference call of the committee members a few weeks before administration. This conference call concluded the committee's work for the first administration of the examination.

The results of the first examination proved the test to be very valid. Seventy-seven percent (77%) of those taking the examination passed.

The certification committee should be very proud of their exceptional work.

The next certification examination will be administered next October in New Orleans, La. in conjunction with our annual meeting. Remember the ASATT annual meeting will be held at the Radisson Hotel on Canal Street October 21.

THE VIEW FROM.... *(continued from page 3)*

troubleshooting of these devices. Our hospital's maintenance staff also has 2 very capable Biomedical Technicians and if any problem needs more than my attention our biomeds are ready and willing to help. The operating theaters however remain primarily my responsibility including all the boring but necessary routine safety testing of all the biomedical devices.

Anaesthesia technician/technology is still a part of my job that I look forward to each day. Set up and calibration of 6 or 7 Anaesthesia machines each morning starts my day at 0600 hrs. I work hard to ensure that all the mechanical systems are up to spec and running well before surgery begins at 0800. A call for help to set up an arterial line or help with a CVP is always a welcome event. We do our share of difficult airways and our cart contains all the ingredients needed including a Flexible scope and a Bullard Intubating scope. These procedures always help make the day more interesting. Our community also has a large population of Malignant Hyperthermia patients and machines are set for these cases about 5 or 6 times a month. I work very closely with the department of Anaesthesia and take my turn doing academic rounds for our members. This is an interesting and challenging time of learning with the opportunity to teach something new every few months. I really enjoy these sessions. The Anaesthesia Department backs my position thoroughly and has been a great ally in the constant struggle to define what an Anaesthesia Technician/Technologist can and cannot do.

The other areas of duties that the position covers is service and repair of all surgical devices in the operating theater. The nurses call on me to repair any instrument that has failed or is giving trouble. If I cannot repair the instrument in my shop, I log it into my database and sent it out for repair. I am also often called upon to assist the nurses and surgeons with their instrumentation problems or concerns. This is an area for which I receive a great deal of support from the nurses and the surgeons. There are several instruments that have been specially manufactured and created by myself for use in our O.R. and these are a source of pride when you hear someone ask for the " Murray retractor." I see our operating theaters as a great collaboration of the different and varied talents of the Nurses, Technicians, Surgeons and Anaesthesiologists. We strive to make sure that the highest level of care is available to our most precious resource; our patients!

I hope that through these ramblings you will have a better idea of what our system of healthcare is about and an idea of why I arrive at work each morning to face the new challenges of the day.

Murray J Welte
mwelte@mail.island.net

OPEN FORUM.... *(continued from page 5)*

Dear OPEN FORUM:

Regarding the discussion in the April issue of the Sensor (Vol 6 #2) about combining the anesthesia technician, central core tech, and surgical aide positions..... I believe in this day and age with all the healthcare reform going around, many organizations will be forced into these kinds of situations. The companies are all going out for the "more for less" attitude. The person asking the question in the last column said they were trying to keep an open mind about this subject, and I believe that is the attitude one needs to get through some of these changes. Our hospital is going through an "Overhead Project" that will affect many jobs.....our management alone went from 300 positions to 161. Yes, I was one of the unfortunate, but I look at it as an opportunity and am thankful I still have a job. ....I also understand your concern for this being "a step backward for anesthesia technicians".... I agree, though I believe you have to have an open mind ...and think of what is good for the facility as a whole.

Nelson Lee

Honolulu, HI

Dear OPEN FORUM:

RE: the question about dilution of the anesthesia technician position: I am not sure why nurses at the AORN Congress are handing out literature regarding anesthesia technicians. It seems to me with all of the nursing cutbacks in operating rooms and wards across the country, the AORN Congress would have other issues on their hands. Does ASATT have an official response for this?

Buffalo, NY

Dear OPEN FORUM:

I would like to respond to the question regarding combining the Anesthesia Technician, Central Core Tech, and Surgical Aide. I have mixed opinions about this. On one hand, I am totally against combining these positions and especially, what I feel would make light of the roles of anesthesia technicians. But, I also understand the economics of health care in the 1990's. I have been telling the anesthesia technicians at our facility for years to diversify, and learn as much as they can about everything in the operating room suite. It is in all of our best interests to be the best at what we do....make yourself indispensable (or as close as you can get). Make sure that the operating rooms could not function without your talents and/ or services. This may include some tasks or duties which are not normally associated with anesthesia technical positions. But, one must look at the "big picture," and do whatever it takes to survive....

Medford, OR

NEW MEMBERS....

ASATT would like to extend a warm welcome to the following new members who have joined from 3/15/96-6/15/96.

ACTIVE MEMBERS

Nerida J. Acosta
Miami, FL

Yaffa Adelstein
Dallas, TX

Shane Angus
Berkeley, CA

Nola R. Archer
St. Petersburg, FL

John F. Badolato
Little Rock, AR

Antonio E. Bifero
Berwyn, IL

Jeffery J. Blakney
Plainfield, IL

Shawn S. Boyd
Dickinson, TX

Dennis A. Brady
Greenbelt, MD

Macario R. Bulusan, Jr.
Honolulu, HI

Michael T. Callen
Norcross, GA

Stephen E. Carter
Rixeyville, VA

John J. Castrillo
New Orleans, LA

Norma Q. Caton
Cordova, TN

Rubin C. Cedeno
U. S. Navy

Laura Clark
Detroit, MI

Bernice M. Coleman
Staten Island, NY

Earl C. Coleman, Jr.
Jackson, MS

Beverly R. Cumbie
Roanoke, VA

Melvin E. Cution
Jefferson, LA

Mark A. D'Achille
Library, PA

Joseph E. Davis
Glendale, AZ

Joanne L. Dematteo
Ligonier, PA

Steven L. Difonzo
Corvallis, OR

John Diulus
Pittsburgh, PA

Susan M. Dunn
Sedalia, MO

Frank P. Early
Chicago, IL

Barbara J. Escott
Cleveland Heights, OH

Kimberly A. Evans
Mogadore, OH

Vivian L. Farries
Crest Hill, IL

Jacqueline M. Feldkamp
Saline, MI

Monica J. Fisher
Everett, WA

Dawn A. Fleckenstein
Glassboro, NJ

Andrew E. Flores
Tucson, AZ

Thomas R. Flores
Hitchcock, TX

Xavier Flores
Keller, TX

Howard B. Francis
Houston , TX

Tracey Frazier
San Francisco, CA

Joyce M. Freeman
Syracuse, NY

Calvin Freese
Solon, IA

Dawn M. Galloway
Northglenn, CO

Rafael Garcia
Brooklyn, NY

Anthony Gillespie
Leicester, NC

Carla J. Gless
Warren, OH

Mary Ellen Gronelski
Webster, MA

James P. Harden
Bakersfield, CA

Susan M. Hardin
Bellevue, WA

Lisa A. Hayes-Gray
LaPlace, LA

Ricky C. Hespenheide, Sr.
Penn Hills, PA

Joseph A.Jaslo
New Rochelle, NY

Michael D. Keever
Iowa City, IA

Diane M. Kessler
Liverpool, NY

Clarence L. Kinney, Jr.
Pittsburgh, PA

Mary E. Klatt
Mesa, AZ

Mauro R. Larracas
Chicago, IL

Donna J. Lawson
Flatrock, MI

Maria Laykish-Bates
Harwick, PA

NEW MEMBERS... *(continued from page 21)*

ACTIVE MEMBERS, CONTINUED....

Thomas L. Lewis
Pittsburgh, PA

Tammy L. Lloyd
Boyertown, PA

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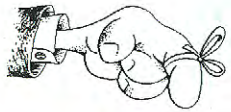

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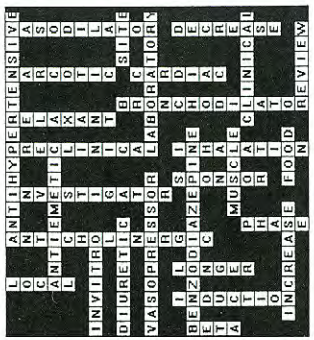

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