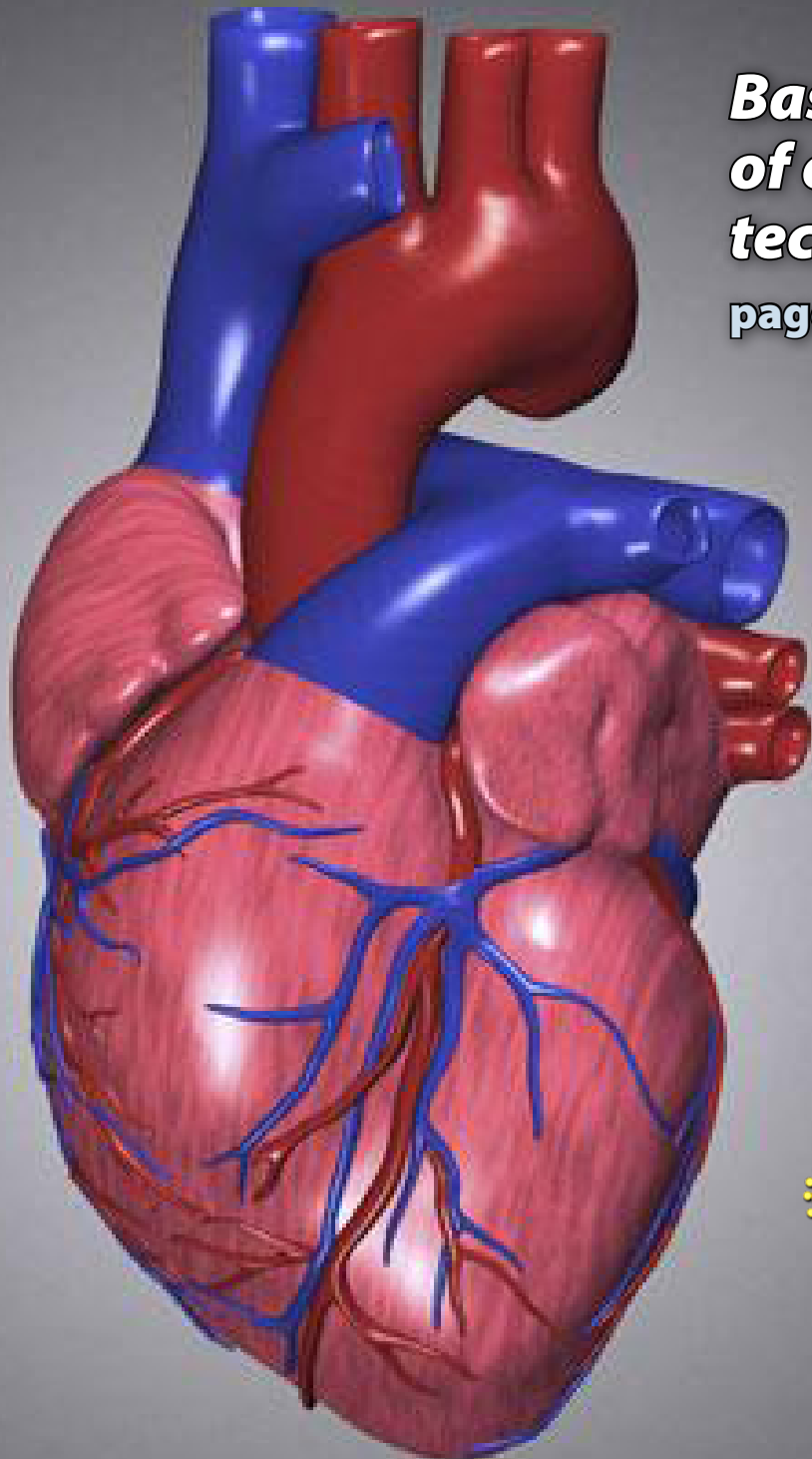




# SENSOR ONLINE

THE OFFICIAL PUBLICATION OF THE AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

VOLUME XXIII / SPRING 2013



## *Basic concepts of cardiac surgery technology*

page 6

2013 Education Conference

Aug. 8-10



*Hope to see you there!*



WELCOME

TO *Fabulous*

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TM

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August 8-10, 2013

*Hope to see you there!*

# SENSOR

is the quarterly publication of  
the American Society of Anesthesia  
Technologists and Technicians

7044 South 13th Street  
Oak Creek, WI 53154-1429

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## SENSOR

provides its readers with information on  
anesthesia-related topics, and with a forum  
for learning and discussion. *The views  
expressed herein are those of individual  
authors, and do not necessarily reflect  
the views or opinions of ASATT.*

All submissions pertinent to the objectives of  
ASATT will be considered for publication.

Preferred media: CD or via email.

Photos in TIF or JPG formats preferred.

Photographic prints can be returned.

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*Interim*

# PRESIDENT'S Message

VICKI CARSE, CER.A.T.

**H**ELLO, fellow members of  
ASATT!

As we change from the chilly, snowy winter to the rebirth and lovely spring season, a change has also taken place with the leadership of the ASATT Board of Directors. Due to unforeseen circumstances, Joey Herrera is unable to fulfill the commitment of serving as the current ASATT President. To complete the term of the President of ASATT, I have been appointed by the BOD to fill the vacant position on an interim provision. In the past, I have served as the Region 2 Director, Vice President-President Elect as well as the treasurer for the ASATT BOD. I was very humbled by the ASATT BOD when asked to fill the President vacancy — and I hope to uphold and meet the expectations of the elected officials as well as each of you ... the valued members of our Society. As I move into this position, I will continue supporting the many exciting strides that have been

made by the current officials of the ASATT BOD and will look for new and informative measures that will perpetuate the ongoing growth of our Society. The online quarterly issue of *The Sensor* will communicate all of the pertinent information regarding ASATT — change in the ASATT leadership, the Regional Meetings, and the upcoming ASATT elections. In addition, information pertaining to the exciting decision that ASATT shall partner this year's Annual Education Conference with the AANA will be available. I look forward to serving the ASATT once again.



—Vicki Carse, Cer.A.T.  
Interim President

# West Coast Anesthesia

## Anesthesia Technology Education Program and Review

**Sunday, August 11, 2013**

**Immediately following the ASATT General Meeting!**

**Web-based sign-up to attend class is at [www.SMVInc.biz](http://www.SMVInc.biz)**

This will be a one-day workshop employing best practices from experienced instructors that will provide current updates for practice\* and exam review.

***We look forward to meeting you in Las Vegas!***

\*Up to 8 CEs will be offered

Cost for Attendance: \$160

SENSOR ONLINE



## Treasurer's Report

Dear Members:

As you are all aware, the ability to move forward during this pivotal time of growth in our profession is contingent upon many key factors. At the root of this progression lies education, competence, and fiscal responsibility.

While monetary fluctuations are inherent to any business or organization, financial stability remains an imperative facet of successful operation. In order to maintain such stability, the fine line between necessary and excessive expenditure needs to be not only closely monitored, but also successfully anticipated. Despite our best efforts to maintain this crucial balance, we experienced a financial deficit at the conclusion of the 2011 fiscal year. While this had short-term negative impact on the Society, it provided the opportunity to reanalyze our pecuniary obligations.

As your elected officials, we remain committed to procuring new and innovative methodologies that promote professional growth within the confines of a sound budget. Exploration of cost-effective measures as related to our Annual Conference are actively being sought in conjunction with both the AANA and ASA. Such analysis led to the decision of having our 2013 conference coincide with that of the AANA in Las Vegas. With our finances being returned to the black at the end of 2012, such adjustments will prove to be efficacious for long-term sustainability. As always, thank you for your continued involvement and support. We all look forward to seeing you in August!

Sincerely,

David Foster, Treasurer & the ASATT BOD

# REGIONAL EDUCATION AWARDS

**T**HE ANNUAL AWARDS WILL BE PRESENTED to recipients in each of the ASATT Regions during the business meeting held on Saturday, August 10, 2013. The award recognizes the continued dedication in sponsoring, promoting and furthering education programs, thus advancing professionalism among the anesthesia technicians and technologists within each of the ASATT Regions. It also acknowledges continued support of the American Society of Anesthesia Technologists and Technicians.

As a member of the Society, you may nominate a person, facility or company who in your judgment has sponsored, promoted or furthered Continuing Education Programs thus advancing the professionalism among the anesthesia technologists and technicians within your ASATT Region.

◆ This award is given in recognition of continued dedication in sponsoring, promoting and furthering education for anesthesia technicians.

◆ Seven awards will be presented each year at the Annual Business Meeting — one award for each Region.

◆ Recipients will be nominated in each Region by the membership.

◆ Nominations will be sent to each Regional Director.

◆ The final selection in each Region will be made by the Regional Director and the President and/or the President-Elect.

◆ Recipients will be acknowledged at the Annual Business Meeting of the Membership.

## CRITERIA FOR NOMINATIONS

◆ Nominees must live and work in the Region in which they are nominated.

◆ Nominees must sponsor, promote or further education for anesthesia technicians in their Region.

◆ Nominations can be for an individual, a facility or a company.

## REGIONAL EDUCATION AWARD NOMINATION FORM for 2013

I would like to nominate the following person, facility or company located within my ASATT Region:

Name \_\_\_\_\_ Region No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please explain why you feel the above person, facility or company is qualified for this award. Qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name \_\_\_\_\_ ASATT Member Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Nomination forms must be received at ASATT Headquarters no later than Monday, July 1, 2013.**

**Send your nomination to ASATT Headquarters and it will be forwarded to the Regional Director.**

**ASATT ~ 7044 South 13th Street ~ Oak Creek, WI 53154-1429**



## Basic concepts of cardiac surgery technology



**Otoniel Castillo, Cer.A.T.T.**

Didactic/Clinical Instructor

**Kaiser Permanente Anesthesia Technology Program**

Perhaps one of the most challenging and rewarding areas where a certified anesthesia technologist or technician can have the privilege to work in is the cardiac operating theater. It is a very dynamic, exciting and intensive area. It requires a high level of knowledge and expertise to be effective in the cardiac operating room. The objectives of this article are:

- a basic understanding of cardiac and pulmonary circulation
- to gain understanding of the setup and supplies required for cardiac surgery
- to become familiar with the

basic duties and expectations of providers

- to gain understanding of basic concepts of perfusion and circulation
- to gain knowledge regarding the functions of advanced monitoring and TEE during cardiac surgery

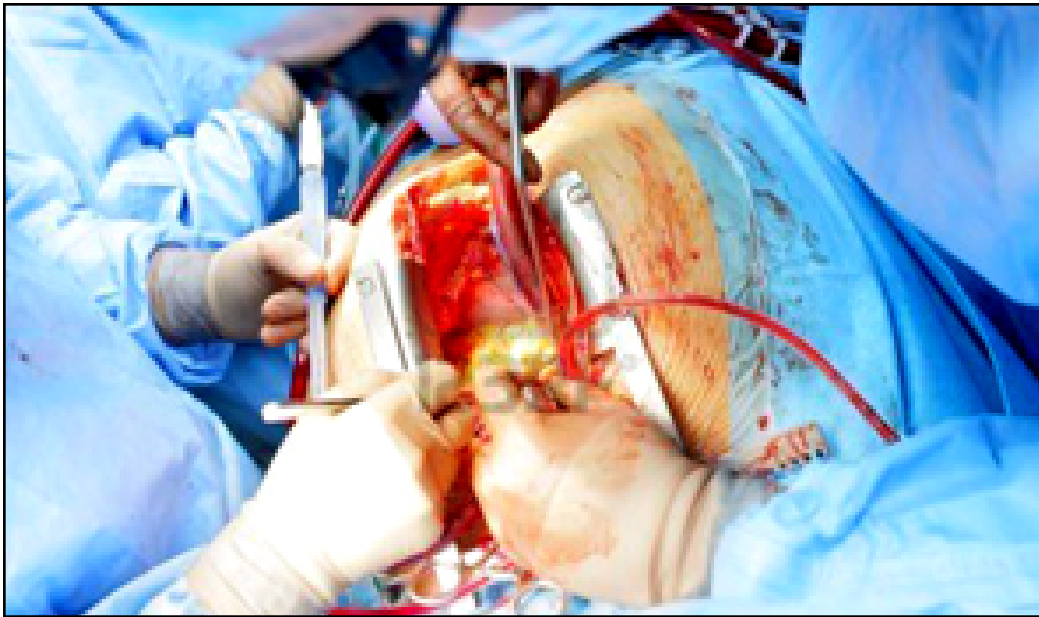
The primary area of basic cardiac knowledge is blood flow through the heart and lungs. In fact, the heart has four chambers and it pumps blood in order to sustain life. However, this is not what I mean by basic. Basic, in this case, is the knowledge that there is an exact and expected path for blood to flow through the heart into

the lungs back to the heart and out to the body and that this flow of blood is critical for oxygenation and feeding of tissues and organs. Furthermore, it is important to understand that blood flow is good but more importantly the delivery of oxygen by red blood cells to tissues is the crux of this process. A heart may be beating and fluid may be flowing but if it is not carrying oxygen then the end is quite predictable.

“Blood represents about 7% of the body mass or about 4.5 kg (volume ~ 4.4 liters) in a 64 kg (141 lb) person.” Cameron, John R.; James G. Skofronick & Roderick M. Grant. *Physics of the Body. Second Edition.* Madison, WI: Medical Physics Publishing, 1999: 182.

As the blood returns to the heart, once the blood has released its nutrients and oxygen to tissues and organs, it enters the right atrium at the junction of the superior and inferior vena cava. The blood flows from here through the *tricuspid valve* into the right ventricle. When the right ventricle contracts the blood flows through the *pulmonary valve* into the *pulmonary artery* out to the pulmonary capillary circulation for re-oxygenation by the *alveoli*. The scope of this article cannot tackle what happens in the alveoli in the given space or time. However, it would suffice to say that it is a complex and interesting





continued from page 6

topic and I would recommend some reading on the subject.

Once the blood has been oxygenated and it circulates back to the left atrium via the pulmonary veins, the blood

must pass through the mitral valve into the left ventricle. The left ventricle is the largest chamber of your heart and also the most muscular. From this chamber the blood is squeezed through the aortic valve into the ascending aorta. This oxygen-rich blood is ejected through the circulatory system to all organs and tissues, then the cycle begins again. This simple cycle will repeat 2.5 billion times in the body of an average human over a 70-year lifespan.

By the way, if you did not catch it, blood circulation in the lungs is a bit different. Veins carry oxygenated blood while

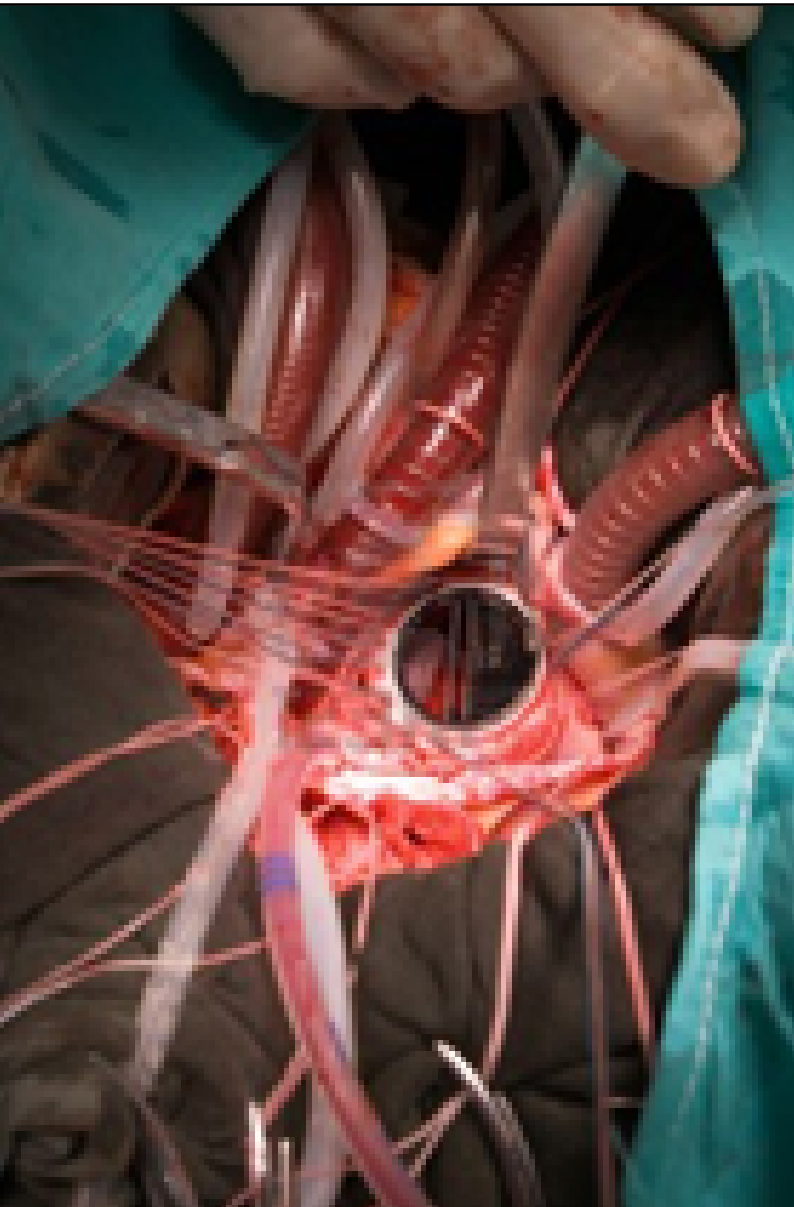
arteries carry un-oxygenated blood. This seems counter-intuitive; many have been led to believe that veins are blue (deoxygenated) and arteries are red (oxygenated). The best way to remember is that veins carry blood to the heart and arteries carry blood away from the heart.

All right, enough of the basics; now let's dive into the deeper end of the pool. The heart muscle when healthy will carry this task without much problem for a lifetime. However, our society has adopted very unhealthy lifestyle choices. Combine that with genetic predispositions and you have a perfect scenario for poor health among the population. Some of these are obesity, diabetes, hypertension, hyperlipidemia (high cholesterol) and heart disease. Choose any combination of the above mentioned risk factors and the risk of heart attack or stroke almost doubles. This is why we have patients coming into our operating rooms. As many of you are aware, many of our patients come to us nowadays much sicker and their management in the operating room is therefore more complex.

Thanks to the advent of angiography and electrophysiology labs (EP labs) most of the "easier" procedures are now taken care of by interventional cardiology catheter laboratories (Cath lab). This is great for patients as their recovery times are greatly reduced. Convalescence is almost nonexistent for these patients and minimal discomfort is experienced. This technology has advanced greatly in the past decade. At present day not only coronary stents are placed but also replacement valves can be deployed through a femoral cannulation.

Most of the procedures seen in cardiac operating rooms today are patients who are rejected by interventional cardiologists. As a result our patients are prone to being sicker and altogether in a more precarious condition. This in turn makes our setups more intricate and the use of more equipment necessary.

When considering setup for either coronary bypass grafting or valvular replacement for adult patients it is of high importance to communicate with the anesthesia care



provider. They have assessed the patient and have decided on a care plan for the patient. However, if no communication occurs between you and the provider, you may be left to guess rather than deliberate in your setup with minimal waste of supplies and equipment. The sequence of a generalized cardiopulmonary bypass surgery will include:

- induction of anesthesia
- placement of invasive access lines
- sternal splitting and exposure
- cardiac arrest
- circulatory bypass
- surgical repair
- closure
- emergence
- postop transport

Okay, now what? Well, you can go ahead and setup. However, now you have a road map from your provider as to how many transducers to set up. You also will know if a pulmonary artery catheter will be used and what drips to have available. You will also know at this point to set up the transesophageal echocardiogram (TEE) or not. I have seen anywhere from three transducers all the way up to six used depending on the exact procedure and surgeon preference. In general all the transducer and monitors are relaying information to the anesthesia care provider. The information is relayed not only to anesthesia personnel



but also the surgeon, perfusionist, and OR personnel. The data expressed in the pressures, pulse oximeter saturation, end tidal CO<sub>2</sub>, ECG waveforms, cardiac output and TEE all point to tissue perfusion. How well this tissue perfusion is maintained and achieved will predict patient outcome.

It is a good time to say that there are no absolute setups or magic formulas to cardiac setups. It varies according to facilities, providers, surgeon's preference, patient acuity and complexity of the case. Some basic rules for setup include:

- 
- 1-
- Good intravenous access via a central line usually a single lumen sheath of 8.5 fr or larger
- 
- 2-
- At least three transducers setup (with the ability to add more if needed)
- 
- 3-
- A specific cart or drug tray with cardiac specific drugs
- 
- 4-
- Three to six infusion pumps for drips
- 
- 5-
- Fluid warmers (a Belmont or other type of rapid infuser if available would be ideal)
- 
- 6-
- Laboratory specimen tubes of all sorts (primarily CBC type and electrolyte panel)
- 
- 7-
- Plenty of crystalloid and colloid available IN the room
- 
- 8-
- Pulmonary artery catheter on standby
- 

This is just a basic list. In fact, at some cardiac centers this is just the beginning of a complete setup. However, not all medical centers have access to TEE or the latest in continuous cardiac output pulmonary artery catheters (CCO cath). As part of the anesthesia care team, our approach should be proactive in helping our CRNAs and MDs to have as smooth and uneventful perioperative period as possible.

The setup for cardiac anesthesia involves some of the most cutting edge devices. The anesthesia providers depend on a knowledgeable technical staff to help implement and use this equipment. As we speak, new technologies are emerging that require more technical knowledge and time to set up. As mentioned, TEE is close to a standard of care for cardiac procedures. Older Swan-Ganz (PA) catheters are being replaced with CCO catheters. In fact, pulmonary artery catheter technology is, in some institutions, being replaced with less invasive monitoring for some procedures. Technologies such as Flowtrac (Edwards Lifescience), LidCO (Covidien) and ccNexFin (BMEYE) are rapidly gaining some traction among providers. It is



beyond the scope of this article to discuss the benefits and disadvantages of each of these mentioned monitors. However, be proactive find out more about these monitors. This leads to the next point which is that these monitors all assess perfusion and circulation.

ECG, non-invasive blood pressure, ETCO<sub>2</sub> and pulse oximeter are all perfusion monitors. The reason they all fall under this category is that if organs and tissues are not receiving an adequate amount of oxygenation the values will change to the negative. The concept is easy to understand. If your blood pressure is low, then not enough oxygen is delivered. If ECG indicates a low heart rate, then tissues are not receiving oxygen since cardiac output is proportional to heart rate in most adults. If tissues are not getting oxygen then the pulse oximeter will read low. Have you ever noticed that during a code in the OR the CO<sub>2</sub> waveform disappears? Well, it is because without proper perfusion, not only is oxygen being delivered to the tissue but carbon dioxide is not being eliminated. It is a key concept in anesthesia. All these vital signs are linked. Furthermore, during cardiac cases the necessity for more precise and accurate measure of cardiac output (CO) is necessary. To understand CO it is of importance to know what determines it.

Cardiac output is equal to heart rate times stroke volume divided by 1000.

$$CO = \frac{HR * SV}{1000}$$

Well, heart rate is easy. It is how many time the heart beats in a minute. Stroke volume is defined as the amount of blood ejected from the left ventricle through the aorta in a single beat in milliliters. The average healthy human ejects between 60 mL and 100 mL with each beat. The division by one thousand is because SV is milliliters and CO is expressed in liters per minute. The average CO is between 4.0 and 8.0 L/min according to [Edwards Lifesciences LLC > Normal Hemodynamic Parameters – Adult 2009](#). There are two other determinants that affect CO. These terms are preload and afterload. Some people have written entire chapters and books on these two terms. I will try to summarize as best I can.

Preload pertains to venous return to the heart. By definition preload is the stretch the ventricle walls experience immediately before contracting. It relates to a specific volume of blood. Think of a rubber balloon. The more you fill the balloon with fluid the tauter it will feel depending on the fluid. The ventricle is the rubber balloon being stretched. The fluid that fills the balloon is blood. However one more variable is the viscosity of the fluid. Imagine filling the balloon with molasses instead of water. The better the stretch of the ventricle the higher the preload will be.

Afterload, on the other hand, has to do with residual pressures on the ventricles. Afterload is determined by



left ventricular function and peripheral vasculature tone. It is the pressure against which the ventricles must push to eject blood out to the body. This resistance is known as systemic (or total) vascular resistance (SVR). It is not difficult to calculate by hand. However, most modern monitors or cardiac output computers can do it automatically. The variables that are required to compute SVR are the mean arterial pressure (MAP), right atrial pressure (RAP or CVP), and cardiac output (CO). The equation is as follows:

$$SVR = \frac{[80 * (MAP - RAP)]}{CO}$$

The constant 80 is used to express SVR in absolute resistance units. The unit value is expressed in dynes-sec/cm<sup>5</sup>.

The idea of a freeway network system works best in understanding circulation. As everyone knows, the greater Los Angeles area is plagued by perennial congestion and traffic delays not unlike many metropolitan areas. At times this ebb and flow has periods of free flow and others of little to no flow. Sometimes repairs are under way and at other times it is expansion that may cause impaired circulation of vehicles. In the same manner, red blood cells are forced through 50,000 to 60,000 miles of capillaries single file. Imagine that nightmare, yet our red blood cells take this trip several times in their approximate four month lifespan.

Most of these vital signs are displayed and produced by arterial lines, PA catheters, central lines and the standard ASA monitors. The job of the anesthesia care provider is to raise, lower and control these numbers to the benefit of the patient and the course of the procedure. However, there is one monitor that can evaluate most of these variables without being majorly invasive.

TEE can measure most of these variables and also provide a picture of the actual flow of blood through the

heart. A TEE can provide much information very quickly. The downside is that it requires a highly trained provider and the availability of expensive equipment. A TEE probe can cost upwards of \$70,000 dollars for a 2D probe and upwards of \$100,000 for a 3D probe.

Let's bring these concepts home! When we consider what is being done to our patients during cardiac surgery, it should now be easy to see why providers need to evaluate, monitor and treat the numbers that are generated by the machines surrounding them. It is our duty as part of the anesthesia care team to make sure that these vital signs are of the highest quality and definition. It can be understood that if our setups are faulty or incorrectly calibrated the patient may be harmed, or receive less than optimal care. It is vital that the anesthesia technologist or technician understand our mandate is to be knowledgeable and competent regarding the technology that surrounds our patients. The advent of minimally invasive procedures and angiographic interventions has increased the level of technology. Going forward, this trend will only increase further. Remembering, discerning and understanding basic concepts will allow for a better understanding as anesthesia technology steps into this new century. **S**



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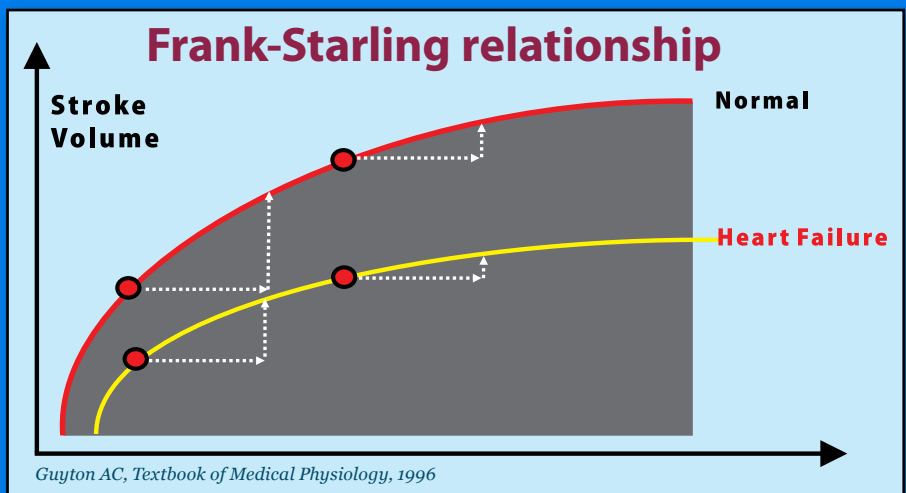
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## Factoids about Surgical Complications and Perfusion

- 240+ million anesthesia procedures in the world each year
- High risk surgery is approximately 10% of that total (24 Million)
  - However these high risk surgeries account for 80% of overall mortality peri-operatively.
- Moderate risk surgery is about 40% (96 Million)
  - "Minor" complications account for 40% in moderate risk surgeries.
  - These minor complications increase the cost of surgery.

**Most of these complications are related to inadequate resuscitation and tissue hypo-perfusion.**

**Bennet-Guerrero et al. Anesthesia and Analgesia 1999.**



### PRELOAD

"...the degree of tension of the cardiac muscle when it begins to contract ... is the preload."

### AFTERLOAD

"...the load against which the muscle exerts its contractile force ... is called the afterload."

# 2013 ASATT BOARD OF DIRECTORS NOMINATION FOR ELECTION FORM

***Please nominate a Director from your Region only:***

Region 1 Director (CT, ME, MA, NH, NJ, NY, RI, VT).....

Region 3 Director (AL, FL, GA, KY, NC, SC, TN).....

Region 5 Director (AR, CO, KS, LA, MS, NE, OK, TX).....

Region 7 Director (AK, HI, ID, MT, OR, WA, WY).....

President-Elect.....

*The nominee for President-Elect must be a current or past ASATT Board member.*

~ ~ ~ ~ ~

YOUR Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Region Number \_\_\_\_\_ Membership Number \_\_\_\_\_

***To be valid, nomination forms must be received by June 15, 2013. You must have the approval of the person you are nominating prior to submitting that person's name to the Nomination Committee.***

***Mail this form to:  
ASATT  
7044 South 13th Street  
Oak Creek, WI 53154-1429***



## ***IT'S ELECTION TIME!***

Once the nominations have been received and eligibility to run for office verified and accepted by the nominee, an electronic ballot will be posted the Members-only section of the ASATT website. You must be an active member and your membership current in order to cast your vote. You will need to know your password to access the site and you will only be allowed to cast your ballot one time. The ballot will be available on July 8, 2013, and the voting process will be available until end of business on August 15, 2013. Members will receive an email informing them when the site has been activated. Be sure that your email address is current; if it is not, log into the member site and update your information before it is too late. Further information will be posted in the summer issue of *The Sensor* and at [www.asatt.org](http://www.asatt.org).

# POSITION DESCRIPTIONS FOR ASATT Board of Directors

**H**AVE YOU EVER WONDERED exactly what the responsibilities are of the individual Board members? Here is a simple overview of the “position descriptions” of the Board of Directors.

## **Regional Directors — Two-year term**

- Responsible for organizing at least one yearly meeting and in some situations, two. This includes obtaining speakers, selecting locations and obtaining sponsors. The Regional Director is financially accountable for operating within the budgeted funds for the regional meeting. They are also responsible for providing an outline of the meeting to ASATT for distribution and sending ASATT a final list of attendees to facilitate awarding of CEs.
- Responsible for promoting the Annual Educational Meeting within the Region with both vendors and members.
- Responsible for attending the Annual Educational Meeting.
- Assisting with registration, sales, etc., during the Annual Meeting.
- Assist with the ASA booth, if needed.

- Responsible for participating in all Board activities, to include:
  - Attending all Board meetings.
  - Participating in all Board conference calls. (Usually every other month on a Saturday morning.)
  - Responding to all e-mails when questions/opinions are solicited.
  - Submitting monthly, quarterly and yearly reports for your Region and/or committees to the President.
  - Submitting **Sensor** and Website updates by the date requested.
  - Participate in the yearly budget process for the Region’s activities.

## **President-Elect — Three-year term**


- Communicating directly with the ASATT President.
- Assuming the responsibilities of the President when necessary.
- Being familiar with the Bylaws, Policy and Procedure manual and the working of all committees.
- Succeeding the President at the end of his/her term.
- Co-chairing the Annual Educational Meeting, to include taking care of the ASA booth (set-up, staffing and break-down).
  - Chairing the Communications Committee.

## **President**

- Handles daily Society business as required.
- Presides at all Society membership, Board of Directors and Executive Committee meetings.
- Responsible for co-signing all negotiated contracts on behalf of the Society.
- Fiscally responsible for operating the Society’s business within the approved budget.
- Prepares agendas for Board business.
- Co-Chairs the Annual Educational Meeting, to include taking care of the ASA booth (set-up, staffing and break-down).
- Responsible for set-up, staffing and break-down of ASATT booth at the AANA National Meeting.

## **Immediate Past-President — One-year term**

- The Immediate Past-President shall serve as a member of the Board and Chairperson of the Nominations Committee.
- The Immediate Past-President shall fulfill various other duties for the Society at the pleasure of the President by mutual agreement of both parties.
- Assist with set-up, staffing and break-down of ASATT booth at the AANA National Meeting.
- Participates in conference calls and Board meetings.

No Board members or Officers of ASATT are paid for their time; these positions are voluntary! 

# IT'S ELECTION TIME!

**W**ANT TO MAKE A DIFFERENCE? Come join the Board of Directors of ASATT.

First: Make sure your email address is up to date at ASATT headquarters.

## Qualifications

You must be a certified member of ASATT in good standing, and willing to make a difference.

There are now TWO WAYS to nominate an individual:

1. You may now nominate yourself. In order to do so you must:

a. Complete the Nomination Form and submit it to ASATT headquarters.

i. Attach your professional résumé to be included in the election process.

ii. These must be *received* at ASATT Headquarters by June 15, 2013.

iii. A Nomination Form will be available on ASATT Website under the MEMBERS-ONLY link.

b. You may submit your information via regular mail, fax or email. If you are submitting your nomination by email:

i. Attach your résumé and the Nomination Form (scan into a pdf file).

ii. In the Subject line, please insert the phrase: **2013 Completed Nomination Form.**

iii. Address the email to [a.llanas@asatt.org](mailto:a.llanas@asatt.org).

c. If the information is incomplete, your nomination will be discounted.

2. If you would like to nominate someone else:

a. Obtain their approval before submitting their name.

b. Candidates who have been nominated by someone other than themselves will be contacted by the chairperson of the Nomination Committee, Delbert Macanas.

c. If the candidate accepts the nomination:

i. The nominee is required to submit a letter of acceptance.

ii. A professional résumé must be submitted to ASATT Headquarters by June 30, 2013 (fax copies are accepted) in order for a name to appear on the ballot.

3. If you would like to FAX your nomination, print the Nomination Form from the MEMBERS-ONLY link and FAX it to ASATT Headquarters — (414) 768-



8001, "Attention: Alex Llanas." It must be received no later than June 15, 2013.

4. If you would like to mail in your nomination, print a Nomination Form from the MEMBERS-ONLY link and mail to ASATT Headquarters — 7044 South 13th Street, Oak Creek, WI 53154. It must be received no later than June 15, 2013.

**Regardless of which process is used, completed nomination forms must be received by the ASATT Headquarters by June 15, 2013.**

This year, Regions 1, 3, 5, and 7 are up for elections for Regional Directors. You must live in the Region to be able to be on the ballot for that Region. Regional Directors serve a two-year term. If you have served on the Board of Directors in the past, you can nominate yourself for President-Elect, which is a three-year term.

The positions require individuals who are willing to volunteer their time to their Region and to the National Society. Elected officials are required to sign a confidentiality form, Conflict of Interest Disclosure and Code of Ethics form. Each position carries certain requirements (see position descriptions for a detailed listing) and each individual is expected to fulfill those obligations.

The current Board is hoping for more involvement from membership. You can be involved by putting your name on the ballot or as simple as voting once the election process is underway. Voting will take place between the 8th of July and 15th of August. Watch the website and your email for further information. We look forward to having a new group of dedicated individuals to help guide us into the future. Please think about getting involved in your organization. Please contact me with any questions or concerns. (Please put "Election" in the subject line.)

**Delbert Macanas, Cer.A.T.**  
Immediate Past President  
Nomination Committee Chair

# TECHNICIANS PASSING THEIR CERTIFICATION EXAMS

## FEBRUARY

Julius Brown III, Cer.A.T. ....	Region 2
Michael Caretti, Cer.A.T. ....	Region 2
Raymond Casabal, Cer.A.T. ....	Region 1
Robin Cudworth, Cer.A.T. ....	Region 7
Shannon Drake, Cer.A.T. ....	Region 3
Kenny Ellis, Cer.A.T. ....	Region 5
Peter Gallagher, Cer.A.T. ....	Region 1
Steven Garbowski, Cer.A.T. ....	Region 1
Jason Goddard, Cer.A.T. ....	Region 1
Tonya Hammond, Cer.A.T. ....	Region 3
Russell Hyde, Cer.A.T. ....	Region 6
Craig Jensen, Cer.A.T. ....	Region 5
Francine Joseph, Cer.A.T. ....	Region 1
Ronda Kastle, Cer.A.T. ....	Region 2
Sarah Lee, Cer.A.T. ....	Region 1
Erika Lovato, Cer.A.T. ....	Region 6
Christina Marino, Cer.A.T. ....	Region 1
Charmonie Matthieu, Cer.A.T. ....	Region 1
Richard McGaw, Cer.A.T. ....	Region 1
Latoya Moody, Cer.A.T. ....	Region 1
Peter Oaxaca, Cer.A.T. ....	Region 6
Lucy Pena, Cer.A.T. ....	Region 1
Michael Reese, Cer.A.T. ....	Region 2
Sigita Rutkauskaite, Cer.A.T. ....	Region 4
Nicholas Scott, Cer.A.T. ....	Region 2
Alicia Sicoli, Cer.A.T. ....	Region 1
Phil Smith, Cer.A.T. ....	Region 3
Alexander Vega, Cer.A.T. ....	Region 5

Jennifer Ward, Cer.A.T. ....	Region 6
Britney Wood, Cer.A.T. ....	Region 1
Magdalena Zayas, Cer.A.T. ....	Region 1

## MARCH

Chelsey Aeschbacher, Cer.A.T. ....	Region 7
Douglas Arnold, Cer.A.T. ....	Region 2
Ammar Babiker, Cer.A.T. ....	Region 6
Jonathan Bustamante, Cer.A.T. ....	Region 1
Shaun Callahan, Cer.A.T. ....	Region 6
Felicia Clinton, Cer.A.T. ....	Region 3
Rodney Foster, Cer.A.T. ....	Region 6
Kevin Johnson, Cer.A.T. ....	Region 4
Rita Kellagher, Cer.A.T. ....	Region 5
Michael Kelly, Cer.A.T. ....	Region 3
Abdul Raouf Maki, Cer.A.T. ....	UAB
John Mixer, Cer.A.T. ....	Region 4
Nasthasia Pacheco, Cer.A.T. ....	Region 1
Jon Proulx, Cer.A.T. ....	Region 7
Mary Ridenour, Cer.A.T. ....	Region 2
Junior Rigby, Cer.A.T. ....	Region 1
Julian Ruiz, Jr., Cer.A.T. ....	Region 6
Dana Scott, Cer.A.T. ....	Region 6
Victoria Torres, Cer.A.T. ....	Region 5
Dillon Wier, Cer.A.T. ....	Region 7
Kyle Cox, Cer.A.T.T. ....	Region 6



*ASATT would like to thank Nathan Billington and Charlene Koch for their submission of this year's Anesthesia Technician Day Poster (above). Both Nathan and Charlene will receive a complimentary 2013/2014 membership to ASATT.*

# Changes at ASATT HQ!

There have been some changes within TEI, our management company. Below is an updated contact list for your reference. If you have a specific question regarding recertification, continuing educa-

tion or education program approvals, please contact the Chair of the specific committee. In the event that you leave a message for our staff at HQ or any member of the Board of Directors, please

be sure to clearly state your name, phone number (with area code), brief reason for your call, and the best time to reach you (along with the specific time zone in which you reside).



**President**  
**Mike McManus**  
Ext. 119  
[m.mcmanus@asatt.org](mailto:m.mcmanus@asatt.org)

Mike McManus is now the President of Technical Enterprises Inc. (TEI), affectionately called "Headquarters."



**Association Manager**  
**Alex Llanas**  
Ext. 123  
[a.llanas@asatt.org](mailto:a.llanas@asatt.org)

Alex Llanas has been promoted to Association Manager for ASATT. He is just about everyone's "go-to guy" and we really appreciate all he does.



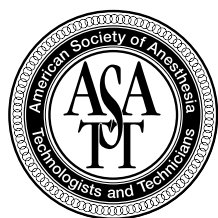
**Membership Manager**  
**Nicole Cheever**  
Ext. 116  
[n.cheever@asatt.org](mailto:n.cheever@asatt.org)

Nicole Cheever is the Membership Manager. Call her if you have any issues concerning your membership.



**Customer Care Manager**  
**Bonnie Kuchinski**  
Ext. 105  
[customercare@asatt.org](mailto:customercare@asatt.org)

Bonnie Kuchinski is the Manager for Customer Care. Call her if you have any questions about paperwork filed with HQ, computer access or general information. If she can't help you, she knows who to refer you to.



## ASATT HEADQUARTERS

7044 South 13th Street | Oak Creek, WI 53154

Phone: 414/908-4942 | Fax: 414/768-8001

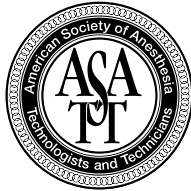
Office Hours: Monday–Thursday: 8:00 am – 4:30 pm CST

Friday: 8:00 am – 3:00 pm CST



# Judy Tomlinson Memorial Award

To honor and celebrate the life of Judy Tomlinson, a committed advocate for the advancement of the profession of Anesthesia Technician and Technologist,



are pleased to announce the 2013 Judy Tomlinson Memorial Award.

The awards will be given to two student-members of ASATT, who will both receive complimentary registration for the ASATT certification exam – a \$275 value.

Program Directors at ASATT-approved programs are asked to submit the names of student candidates with recommendations.

## Nomination Form

I would like to nominate the following student for a complimentary registration for the ASATT Certification Exam.

Name of student \_\_\_\_\_ School \_\_\_\_\_

*Please explain why you feel the above student is qualified for this award:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nomination must be received at ASATT HQ no later than Monday July 1, 2013. Send your nominations to ASATT HQ – 7044 South 13th Street – Oak Creek, WI 53154 – Attn: Alex . . . or send email to [a.llanas@asatt.org](mailto:a.llanas@asatt.org)



# Recertification Issues

**MISCONCEPTION** I can submit my packet in increments **or** I don't understand why my packet is not being reviewed.

**CLARIFICATION** **Your packet will not be reviewed unless it is complete when the committee members receive it.** If the required documentation and fees are not submitted in one packet, your application will not be reviewed. It is not up to the Chair of the committee to contact you for additional information nor is it up to ASATT HQ to contact you for payment or missing documents. The individual is responsible for ensuring that they understand and meet the requirements. It is a mistake to rely on your employer or supervisor to complete and/or submit this information for you. A complete recertification packet consists of:

- Completed recertification application
- Proof of 20 or 30 CEs meeting ASATT requirements (appropriate late fees where applicable)
- Members of ASATT need to submit a copy of their certification database regardless of whether they have CEs listed or not.
- Appropriate fees
- Appropriate late fees
- Submission by the required dates

**MISCONCEPTION** Automatic renewal with no proof of continuing education credits or automatic renewal if I have the needed CEs on the ASATT database.

**CLARIFICATION** Certification is not automatic; as the guidelines state, you must earn 20 CEs of continuing education pertinent to anesthesia technology for a certified technician and 30 CEs for a certified technologist. Even if you have the required number of CEs on the ASATT database, an application for recertification must be submitted along with the appropriate fees.

**FURTHER CLARIFICATION** Recertification is a process that was designed to validate the technician's continued education in anesthesia technology through

participation in a learning process that enhances and augments the individual's current knowledge in the field of anesthesia technology. Recertification of the anesthesia technician allows the individual to demonstrate their ongoing commitment to enhancing their knowledge in the field of anesthesia technology. It also demonstrates to the public and CAAHEP, that the nationally certified anesthesia technician or technologist is committed to ASATT's Standard of Practice and Code of Ethics.

Note: In-service education for activities that fulfill assigned general responsibilities specific to the expectations of employers **are not approved** for ASATT continuing education hours. Examples of these activities include sessions covering general institutional policies and procedures, orientation to the facility, ACLS, PALS and annual competency verification.

**MISCONCEPTION** Any topic can be used towards recertification if it is an AORN, AANA, ASA or other accredited program.

**CLARIFICATION** While it is true that the ASATT recertification guidelines (page 4 of the recertification application) state that: "In general, programs that are approved by the following societies' educational guidelines will be accepted: ASA, AANA, AORN, American Red Cross, AAMI, EMT and other similar societies." **It also states: "Other programs offering certificates of attendance will be reviewed for relevancy to the Anesthesia Content Outline and that Prior approval of acceptance is recommended."**

**FURTHER CLARIFICATION** Topics accepted for recertification must be relevant to anesthesia technology and they must meet our guidelines. Other allied health organizations CEs and categories are not configured the same. Examples:

- The Royal College of Physicians and Surgeons award three CEs for every hour of continuing education credit — that contradicts the ASATT recertification guidelines

## Recertification update for the cycle ending December 31, 2012

Total number of individuals due to recertify .....	509	Number of denials based on appeal .....	2
Number of individuals who submitted recertification packets .....	402	Number of appeals pending .....	1
<i>(technicians, 389 / technologists, 13)</i>		Number of individuals opting to retest rather than appeal .....	2
Number of individuals denied on original submission .....	25	Number of technicians forfeiting their certification .....	111
Number of denials reversed on appeal .....	16		

of awarding one CE for every 50-60 minutes of lecture. CEs obtained from this website are not accepted.

Individuals holding a licensure and or dual certifications — organizations differ in the type of CEs they will accept. Example:

- Nursing organizations may accept ASATT CEs towards renewing licensures. However, ASATT will not accept many of the CEs nurses use towards renewing their licensure. Examples:
  - > Teaching tomorrow's nurses; what's happening in the classroom.
  - > RN's have what it takes to be effective leaders
  - > Update on Ohio state nursing licensure
  - > Breasts: advanced physical assessment
  - > Correct placement of a foley catheter

**\*Note that these topics are geared towards a specific profession. ASATT does not credential other allied health professions; they only credential anesthesia technicians.**

**MISCONCEPTION** Membership and Recertification are one and the same.

**CLARIFICATION** Membership and Recertification are **not** the same. Membership affords individuals:

- Reduced rates for the access to *The Sensor* and *Sensor* quizzes
- Reduced rates for ASATT sponsored events (regional meetings, annual meeting)
- Automatic tracking of CEs on the certification database for ASATT sponsored events only
- Reduced pricing for certification exams and
- Reduced pricing for recertification.

Recertification fees are applied to maintain the verification database for members and non-members alike; notifications of renewals, processing of applications and cost of printing and mailing of recertification cards.

**MISCONCEPTION** Proof of registration for a meeting is the same as a certificate of CEs earned or certificate of attendance is the same as a certificate of continuing education credits earned.

**CLARIFICATION** Submitting a receipt for registration to a meeting is not the same thing as submitting a certificate of proof for CEs earned. You can register for as many meetings as you like, but that is not proof that you attended **and** met the criteria to earn the continuing education credits. A certificate of attendance differs from a certificate of continuing education due to the fact

that generally the course offered did not meet criteria to be used for continuing education credits. Many of these certificates of attendance will also use terminology such as: typical course length: one hour. Certificates of this nature will not be accepted for use towards recertification. **The certificate must specifically state the number of CEs earned in order to be considered for use towards recertification.**

**MISCONCEPTION** Programs **approved** by ASATT are automatically credited to the individuals ASATT certification database.

**CLARIFICATION** Programs that are approved by ASATT for use of their CEs towards recertification must comply with the established ASATT's requirements for prior approval in order to be approved for use towards recertification. The program provider is charged with the responsibility of complying with ASATT's requirements. One of those requirements is that program offering the continuing education submits a sample copy of the certificate that each individual is awarded. All information must be typed: title of program; program provider; attendees name; date of course offering; number of CEs earned; the ASATT approval code, and signatures of representatives of the program provider who will be able to verify authenticity of certificate and attendance. Programs offering cumulative continuing education programs may opt to provide a transcript rather than issue a separate certificate for each course offered. The program provider must be sure that the transcript has all of the afore mentioned criteria as well as add the expiration date of the individual programs. **Additionally, it is up the technician/technologist to ensure that they receive the certificate after completion of the course.** Programs who do not comply with the established guidelines will not be considered for future prior approval.

**MISCONCEPTION** CEs can be accumulated using quarter- and half-hour increments.

**CLARIFICATION** ASATT requires that CEs earned are 50-60 minutes in length for programs in which the attendees will be physically present. Actual lecture should run 50 minutes and allow 10 minutes for questions and answers as well as require each attendee to submit an evaluation form. Online programs offering CEs must verify that the course runs 60 minutes and that a post test of 10 questions is administered to attest that the participant actually participated in the course. A post-test must be administered containing 10 questions and the participant must score 80% or greater in order to be awarded the CE. Taking a pre-test that allows the individual to bypass completion of the entire course will not be accepted.

**FURTHER CLARIFICATION** There are literally hundreds of CME sites currently available on the internet.

In the past, ASATT did not dictate which sites could be used and felt that individuals would be on the “honor system” to be sure they were in compliance with the ASATT requirements. Due to the recent misuse of the honor system, it has been discovered that many of the sites are non-compliant and technicians/technologists are taking short cuts. To that end, unless the site specifically states they have ASATT approval, the individual must apply to the ASATT Continuing Education Committee for prior approval. The forms and associated fees for these programs are located on the ASATT Education web page. All required documentation that the site complies with the online programs must be submitted. Failure to submit all documentation will result in denial and the fees are non-refundable. **This process is effective 01/31/2013.**

**MISCONCEPTION** I was not notified by ASATT that I needed to renew my certification therefore I am exempt from any penalties incurred.

**CLARIFICATION** Each individual is responsible for knowing when they are due to recertify. The ASATT will notify the individual in November of their expiration year that their certification is about to expire via:

- A reminder sent to their email address on file at HQ
- A postcard mailed to their address on file

Other means of verifying expiration dates:

- Active members of ASATT may verify their expiration date by logging into their member profile. Directly underneath their contact information, a date pertaining to their certification/recertification renewal dates is listed, as well as the number of ASATT sponsored CEs earned.
- Active members and non-members alike may also access the certification/recertification renewal date via The Employer verification site.

\*Note: It is the individual’s responsibility to ensure that ASATT has the correct information on file: **ASATT is not responsible for incorrect information.** Members may update their information by logging into the member website: clicking on member profile, correct their information and then click save changes. Members are routinely sent emails requesting that their member profile is updated. Members that do not have computer access and non-members must contact HQ at 414-908-4942 extension 123 or extension 450.

\*\*Note: ASATT is not responsible for ensuring that individuals who use their employers address will receive pertinent information.

**MISCONCEPTION** Taking the advice of a supervisor or colleague that the course will fulfill the recertification requirements and will exempt them from any penalties

incurred for not meeting the ASATT recertification guidelines (meaning losing their certification designation).

**CLARIFICATION** Each individual is responsible for maintaining and fulfilling the requirements of their certification designation.

**FURTHER CLARIFICATION** ASATT HQ personnel have the ability to answer generic questions regarding recertification. Examples of those questions are: will credit cards be accepted towards recertification? Where do I find a copy of my ASATT transcript? I attended a regional meeting and my CEs are not displaying on my transcript, how can that be rectified? Where do I find the recertification forms? ASATT HQ personnel are limited to the type of questions that can be answered and are further restricted from offering guidance on what will and will not be accepted. The most advice they can give is:

- a copy of the CPR card is worth two CEs.
- ACLS & PALS are not accepted for use towards recertification.
- Additional CEs can be obtained by submitting **Sensor** quizzes in accordance with the expiration dates listed on the **Sensor** quizzes. Archived issues of the **Sensor** quizzes do not qualify.

Note: specific questions regarding recertification must be directed to the current Chair of the Certification/Recertification Committee. If an extension is needed for recertification, the Chair of the committee is the only individual authorized to grant the extension.

**MISCONCEPTION** BCLS, ACLS or PALS instructors claiming CEs for courses taught may be used towards recertification under Category III.

**CLARIFICATION** BCLS, ACLS and PALS instructors must follow the criteria established by the AHA or American Red Cross for teaching these classes. Instructors did not develop the course content, so therefore these courses do not qualify for use towards recertification. Additionally, instructors cannot claim CEs for courses taught; the AHA or American Red Cross establishes the requirements that instructors must meet in order to maintain their instructor status.

**MISCONCEPTION** You attended a BCLS class that lasted four hours. You submitted only a copy of the card yet claimed four CEs.

**CLARIFICATION** Submission of your BCLS card will be awarded two CEs. If you are claiming more than the two CEs, you must submit proof by means of one of three ways: a certificate showing that the amount you are claiming is indeed the amount earned; a copy of the instructors sign in sheet showing the begin and end times, instructors name and affiliated program, date of class and your signature or a letter from the instructor containing the previously

mentioned criteria along with their contact information. Many employers are switching to a computer based simulation program for CPR renewal. Terminology that states: “typical course time for completion is xx hours” **will not** be accepted unless the individual is capable of printing out the exact time spent on completion of the online course.

## Changes effective 01/01/2013

Past practice for many individuals throughout the year has been to ask the Recertification or Continuing Education committee(s) to “unofficially” review certain programs to determine if they could possibly be used towards recertification. Effective 1/1/2013, ASATT will no longer approve of this practice and requests of this nature must now apply for prior ASATT approval by submitting the appropriate paperwork and fees to the continuing education committee. The schedule of fees along with the required forms is listed on the ASATT education page.

Grand Rounds will no longer be accepted unless proper documentation is submitted and topics are relevant to anesthesia technology. Submission of a letter from the department containing the number of CEs earned is not accepted.

Hospital based programs must also apply for ASATT prior approval and documentation submitted must meet ASATT standards.

## Category III of the Recertification Guidelines Clarifications

Serving on an official ASATT Committee or Board member of ASATT – this means that you have been an active participant on an official ASATT Committee. You responded to emails, participated in conference calls, etc. Chairs of the committee verify participation at time of recertification. You must be an active Board member in order to claim CEs. Individuals submitting CEs under this heading are allowed to submit a maximum of three each year. Societies that filed for “chapter status” qualify to use this category while individual state societies do not qualify. Individuals sitting on ASA or APSF committees may claim CEs for participation, as they are serving as representatives for the National Society.

Note: No CEs are awarded for participating on employer/hospital based committees nor are there any CEs awarded for community based services.

Presenting a lecture – the individual must submit proof; a generic letter inviting you to speak or a generic letter thanking you for speaking does not constitute proof. Proof is considered a copy of the program listing you as an official speaker. Other documentation accepted—a copy of the certificate of CEs issued to the participant listing you as a speaker. One CE **per topic** is awarded; not matter how many times it is presented.

Preparing a lecture – individuals need to submit a copy of their presentation (either a power point or a Word document of the entire lecture). Submitting an outline does not qualify nor does submitting photocopies of someone else’s work (in fact that’s plagiarism). Individuals who speak on the FDA machine check out- you will not receive any credit for preparing unless you create your own power point. Copying the recommendations as handouts does not qualify as “preparing”; the FDA guideline or manufacturer’s recommendations for a machine check out was established by the authority of the respective publisher.

Individuals who submit a poster presentation at the ASATT Annual meeting or wrote a Science and Technology article that **was published in *The Sensor*** may claim three CEs for each article published or each poster presented.

Individuals who participated as a contributing author for “*The Anesthesia Technician & Technologists Manual*” by Woodworth, Sayers-Rana & Kirsch may submit for three CEs for each chapter they contributed. Contributions will be verified from the actual printed contributors list in the book. CEs may be claimed for the 2012 and 2013 recertification cycle only. Reprinting of the book does not qualify, unless an updated version is released.

Precepting or participating in an internship program –does not qualify for use for CEs under Category III.

**Program Director’s** teaching classes in anesthesia technology:

- May claim CEs for presenting a lecture but must show proof that they lectured. Program directors may also claim CEs for preparing a lecture, but they must submit a copy of their material. A total of five CEs may be claimed from this category, the remaining 15 or 25 CEs must be earned from Category I. Instructors must show that they are also continuing their education in the field of technology as well as remaining abreast of current practices.

With the exception of service to the ASATT, individuals may claim a maximum of five CEs per year from Category III. The remaining CEs must be submitted from Category I topics.

## Calling for submissions for Poster Presentations at the 2013 ASATT Annual Meeting

Individuals who wish to display poster presentations at the ASATT Annual Meeting are asked to contact ASATT by July 10 so that arrangements for display may be confirmed. We suggest that you send the email

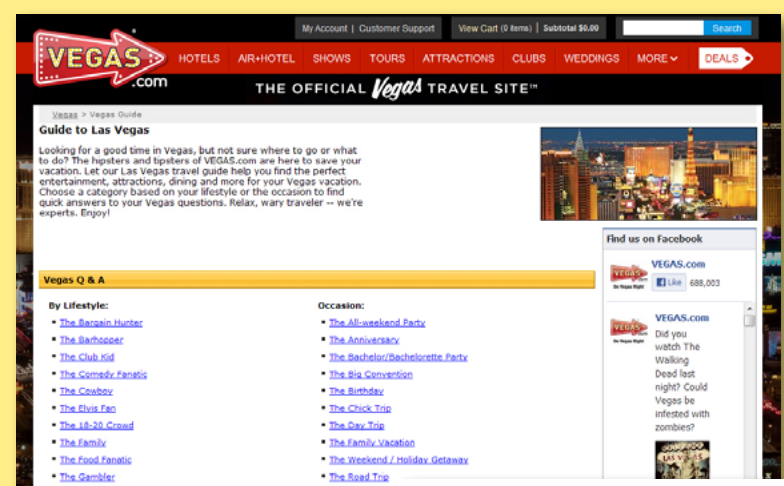
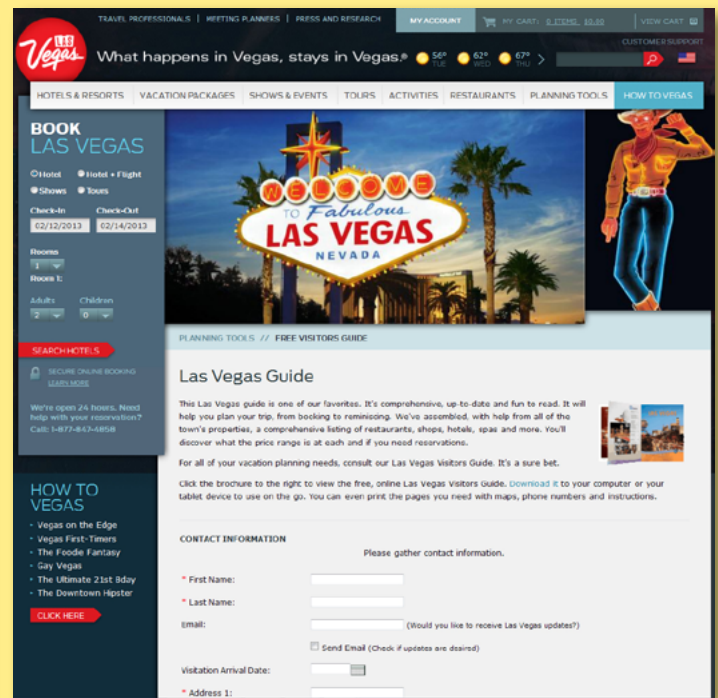
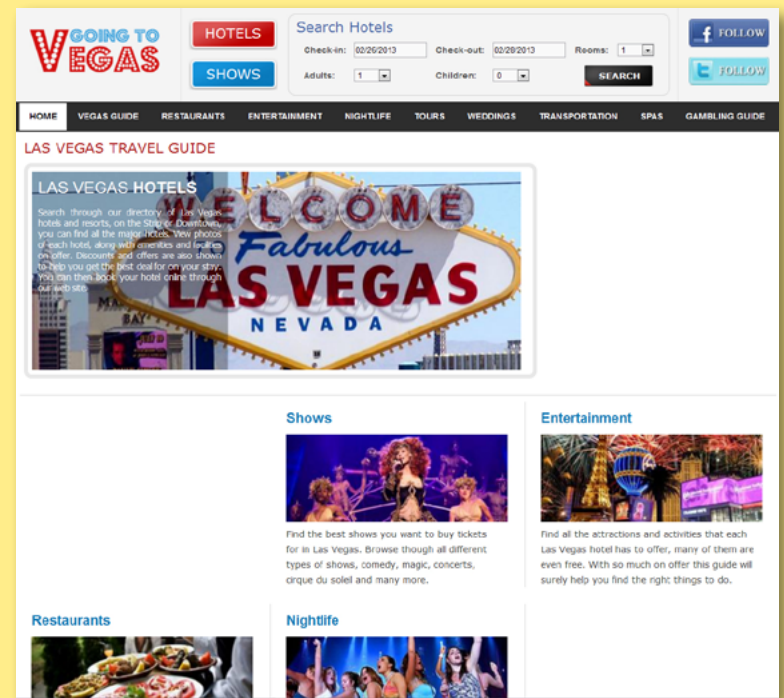
to Alex Llanas and copy Interim President Vick Carse at: [a.llanas@asatt.org](mailto:a.llanas@asatt.org) and [carsev@upmc.edu](mailto:carsev@upmc.edu). Please enter poster presentation in the subject line and in the message area write a brief synopsis of the

number of posters you wish to display, the contributing team members and title of the poster presentation. Remember, participating individuals will be awarded CEs for displaying at the Annual Meeting!

# Education Conference

## August 8-10, 2013

Las Vegas, NV • Flamingo Hotel



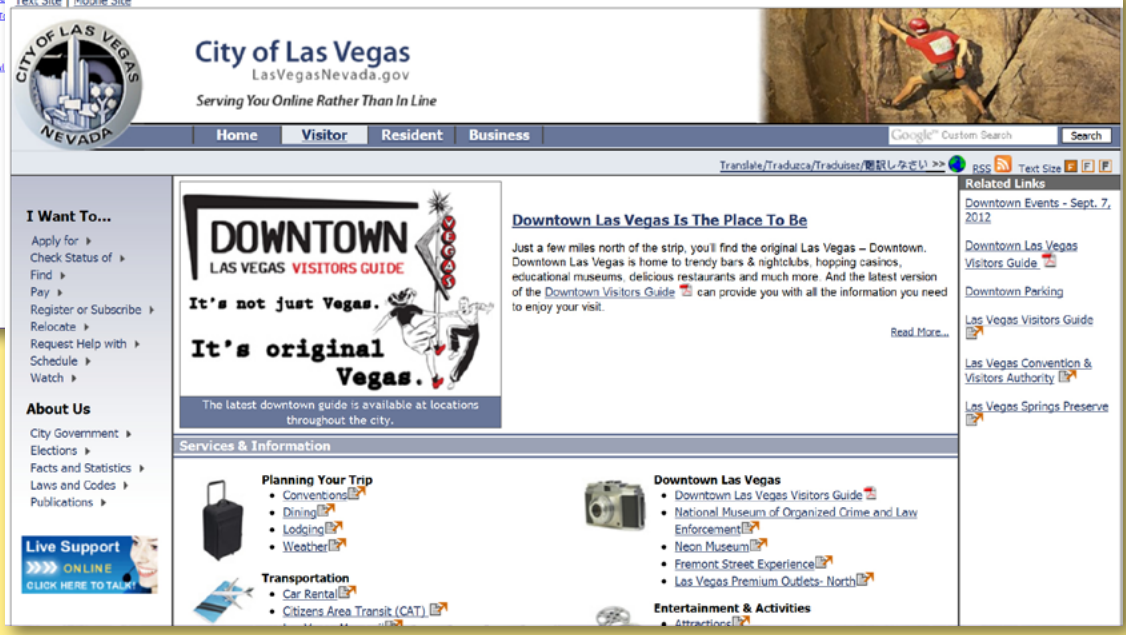
**Above left: THINGS TO DO IN LAS VEGAS**  
[www.goingtovegas.com](http://www.goingtovegas.com)

**Above: FREE VISITORS GUIDES**  
[www.lasvegas.com/planning-tools/free-visitors-guide/](http://www.lasvegas.com/planning-tools/free-visitors-guide/)

**Left: FREE TRAVEL TIPS**  
[www.vegas.com/traveltips/](http://www.vegas.com/traveltips/)

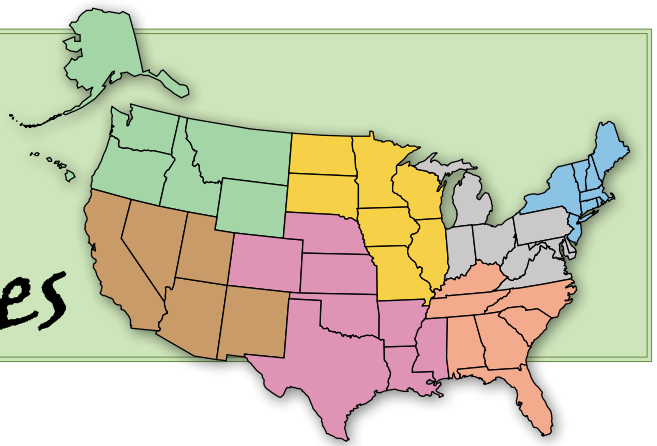
**Below: OFFICIAL VISITORS SITE**  
 featuring PDF files containing street maps and useful information about entertainment, shopping and transportation  
[www.lasvegasnevada.gov/Visitor/default.htm](http://www.lasvegasnevada.gov/Visitor/default.htm)

The American Society of Anesthesia Technologists & Technicians is not responsible for the content found at these websites. These links are meant for informational purposes only.



# ASATT

## Regional Activities



### REGION 1

CT-ME-MA-NH-NJ-NY-RI-VT

**Director:** Jonnalee Burgess, Cer.A.T.

**Work:** 603/650-6804 or 603/653-6031

**Email:** [region1director@asatt.org](mailto:region1director@asatt.org)



I want to personally thank Dodie Krambeck along with Berkshire Medical Center for hosting the meeting on April 6th Pittsfield, Mass. A big thank you to the Anesthesiologists and CRNAs at Berkshire Medical Center as well for donating their time to lecture to the group. Thank you to the vendors as well. This was the first Regional Meeting in the nation for this year, so kudos to Dodie and Berkshire Medical Center for a very successful meeting.

Start making your plans for our next meeting which is at SUNY Upstate Medical University in Syracuse, New York on Saturday, May 18th. The flyer is on the website. Thank you in advance to Joyce Freeman for hosting this meeting. On the subject of meetings, now is the time to get the early registration fee for the ASATT National Meeting in Las Vegas, August 8-10. We will be at the Flamingo Hotel directly on the Strip.

Please start thinking of people that you can nominate for the new Region 1 Director as my term ends this year. The other position that you can nominate someone for is President-elect. You need to assure that the individual that you are nominating is aware that you are doing so. We also have the Regional Educational Award that is given to someone or someplace (they do not need to be a member) that has donated their time to the education for Anesthesia Technicians and Technologists. This reward is for individuals who take the extra effort to recognize and promote the profession that deserve to be recognized and if someone in your Region is promoting the profession, we want to know about it! For this award you do not need to let them know, however ASATT needs to be aware why

you are nominating them. In *The Sensor* you will see the forms and guidelines to help you through the process.

### REGION 2

DE-IN-MD-MI-OH-PA-VA-WV

**Interim Director:** Randy Harris, Cer.A.T.

**Work:** 443/492-8928

**Email:** [region2director@asatt.org](mailto:region2director@asatt.org)



Greetings Region 2 members.

I hope everyone had an awesome Anesthesia Tech Day. I want to thank Patricia Carlson for hosting our Regional meeting in Pittsburg, PA. As we spring forward, I would like to have a strong showing at our National meeting in Las Vegas, August 8-10. For those members that will not attend this year's national meeting, please don't procrastinate to get your CEs. Utilize *The Sensor* quizzes and your local AANA to attend some of their educational seminars for CEs. Technicians that are studying for their exam, reach out to other certified technicians for support. Some hospitals have formed study groups which include doctors and CRNAs.

I am receiving calls and email from employers regarding technicians' scope of practices. I encourage all of you to read *Standard of Practice* located on ASATT website.

I am seeking a representative to host a meeting at their hospital for the 2014 Regional Meeting. Please contact me with your educational topics. Your input makes a difference.

### REGION 3

AL-FL-GA-KY-NC-SC-TN

**Interim Director:** Sue Christian, Cer.A.T.T.

**Work:** 615/343-7077 • **Fax:** 615/343-1966

**Email:** [region3director@asatt.org](mailto:region3director@asatt.org)



Hello Region 3 Members! Happy belated Anesthesia Tech Day! I hope that each and every one of you were recognized by your department for the daily contributions that you make to ensure patient safety.

A Regional meeting has been planned for May 18th at Vanderbilt University Medical Center, Nashville, TN. The



American Society of Anesthesia Technologists and Technicians

**Education Conference**

**August 8-10, 2013**

Las Vegas, NV • Flamingo Hotel

agenda and registration form are posted on the website and the meeting is scheduled to offer 7 CE's.

I would like to remind the Region 3 members of some important upcoming events:

The regional education nomination is due in to HQ July, 2013. I would like to see at least 3 nominations from our membership.

The Board of Directors nominations will soon be available-please be an active participant!

Membership dues renewals will once again be sent out by email. Please be sure to log into your account and make sure that your member profile is up to date!

Our annual meeting date has changed this year-we will be in Las Vegas August 8-10th. If you plan on attending, please register early so that you can receive the discounted rate.

Hope you have an enjoyable spring/summer season!

## REGION 4

IL-IA-MN-MO-ND-SD-WI

**Director:** Cindy Zellner, Cer.A.T.

**Work:** 715/387-7179 • Fax: 715/387-5890

**Email:** [region4director@asatt.org](mailto:region4director@asatt.org)



The Annual Conference usually held in October in conjunction with the ASA is changing this year. We are trialing holding our Annual Conference in conjunction with the AANA for 2013 and it will be held at the Flamingo Hotel in Las Vegas, August 8-10. Rooms will be \$89 per night if booked before July 8th. There is always so much information to be gained from attending these conferences, not only from the educational presentations given but also from visiting with the company vendors who bring all the latest and greatest in new technology available in the field of Anesthesia. And if you have vendors who you deal with, ask them to consider signing up for a booth at this conference to represent their company with their equipment. A form can be downloaded off of the ASATT website under the Annual Meeting link, or you or the rep can contact anyone on the Board of Directors or a Regional Director. Please consider attending this Meeting. Your organization is changing so fast and this would be the best opportunity for you to be a part of it.

And as you are planning your trip to attend, consider becoming a part of all the changes. ASATT is always looking for eager members to become members of the many committees that it takes to run this organization. Again, contact a Board member or Regional Director to find out where you could best be of value to utilize your expertise. It is very rewarding to see all the planning come into place and become reality!

And as a final reminder, our Region 4 Conference will be held at Marshfield Clinic in Marshfield, WI on April 20th. This will be a one-day conference with up to seven CEs offered. Registration can be done online through the

ASATT website under Regional Activities, and clicking on Region 4, along with information about the conference. We have a wide variety of topics scheduled this year.

## REGION 5

AR-CO-KS-LA-MS-NE-OK-TX

**Director:** Charlene Koch, Cer.A.T.

**Work:** 720/777-6207

**Email:** [region5director@asatt.org](mailto:region5director@asatt.org)



Hello Region 5. When Spring arrives, I always think of new beginnings. With the idea of new beginnings, I consider the direction that ASATT and Anesthesia Technology are moving. It is so exciting to see our profession grow and strengthen. With the hard work of truly dedicated ASATT board members, our profession is going to see a whole new level of support!

This Spring, there are amazing opportunities to enhance your education through Regional Conferences. It is not too late to register for one of these great conferences! There was also an introduction of the Anesthesia Tech Pearls that premiered in the last **Sensor**. Don't forget the **Sensor** quizzes. Develop a professional file that you can store all of your education information in to make your recertification process easier.

This is also the time to start thinking about how you, the Regional members, want to move forward in the Region. I am in the second year of my term so that means that the Region 5 Director position will be up for election. Watch for the nomination forms to come later this Spring.

The Board of Directors is actively working on preparing an exciting National Conference in Las Vegas. Get your registration in early to take advantage of the discounted fee. We look forward to seeing you in Las Vegas!

Don't forget to ask your education coordinator about the education fund at your hospital. There may be some money set aside for your education that you may have access to for the national conference. If not, it is time to start selling our profession to your facility. As anesthesia techs, you are an important part of the anesthesia care team. Find a couple of anesthesiologists to advocate for Anesthesia Techs and start writing a professional plan for the growth of the Techs in your facility. It is time to move this profession forward. Best of luck to all of you this Spring!

All of my best to you!

## REGION 6

AZ-CA-NM-NV-UT

**Director:** Paul Castaneda, Cer.A.T.

**Work:** 520/360-2055

**Email:** [region6director@asatt.org](mailto:region6director@asatt.org)



Hello Region 6.

Hope all is well with everyone. The national meeting is coming up quickly; please plan ahead to make it to the

Sin City — Las Vegas national meeting, Region 6 is growing fast, congrats to all of our new member, and thanks to those who are still with us! Regional conference update: I will be having a conference after the national meeting; will get details to all of you at the national meeting. Thanks for all your support!

## REGION 7

**AK-HI-ID-MT-OR-WA-WY**

**Director:** Joleen Bishop, Cer.A.T.

**Work:** 206/223-2391

**Email:** [region7director@asatt.org](mailto:region7director@asatt.org)



Greetings Region 7! Welcome to Spring!!!! We have several exciting things in bloom this year. First up, April 13th was our first Regional Meeting, held at Renton Technical College. We had a full line-up that included airway management, non-invasive hemodynamic monitoring, neuro pathways, anti-biotic guidelines, and more. I am looking forward to seeing many of you again and meeting new members. Sign up now on the ASATT website under Regional Activities.

In July everyone needs to remember to renew your membership; if you're not a member you can become a member now at a reduced price. With membership comes access to education conferences across the country at a discounted rate. You can combine a meeting in California

with a vacation or even head out to the east coast and meet new people and pick up those remaining CEs and make recertifying all that much easier, come December.

August 8–10 will bring our Annual Education Conference in Las Vegas at the Flamingo Hotel, where we will share the Strip this year with our AANA colleagues. Be sure to sign up now on the ASATT website under the heading National Meetings.

Save the date: Sunday, October 6th, Delbert Macanas will be hosting the Region 7 Fall meeting in Honolulu. This is a great meeting — one not to be missed in a location not to be passed up.

With all of these meetings and education opportunities in the next six months there is no reason anyone should be scrambling for CEs come recertification time this December. And remember as a member of ASATT, all CEs from approved ASATT meetings are kept track of on line so all you need to do is fill out the paperwork and send it in on time.

Finally, I hope everyone had a great turnout for Anesthesia Technician Day and as always if there is anything I can do to make sure your voice is heard don't hesitate to reach out to me via email or in person at any of the meetings.

Peace. S

*Never believe that a few caring people can't change the world. For, indeed, that's all who ever have.*

**Margaret Mead**



**SEND US YOUR PHOTOS FROM**  
**ANESTHESIA TECH DAY**

**INCLUDE CAPTIONS WITH NAMES! WE'LL PUBLISH THE BEST ONES IN THE SUMMER ISSUE OF THE SENSOR!**  
**EMAIL PHOTOS (JPG OR TIF FILES) TO THE SENSOR EDITOR, SUE CHRISTIAN, CER.A.T.T. — [SUEC598@MSN.COM](mailto:SUEC598@MSN.COM).**

## SUBMITTING AN ARTICLE FOR



*IN ORDER FOR SUBMISSIONS to be considered for publication as the **Science and Technology** article, the following criteria must be met:*

- 2,000-word minimum.
- All references must be correctly formatted and cited according to the American Psychological Association (APA). Check out their website for helpful hints:  
<http://owl.english.purdue.edu/owl/resource/560/01/>
- Three (3) high-resolution images that pertain to the content. (If taken from a website, must have permission to reprint.)
- Minimum of ten (10) quiz questions in multiple-choice format. A combination of multiple-choice and true/false combinations will be accepted.

- Once received, the article will be checked for plagiarism by sophisticated software. If the article is returned with a score report of 5% or higher, the article is considered highly plagiarized and will be returned to the author for a rewrite. If the article is not corrected or if it fails the plagiarism check a second time, the article will be removed from consideration.

Should your article be chosen for publication, you are entitled to claim up to 3 CEs for use toward recertification on Form #3 of the Recertification Application. In addition, your article will qualify for the Science and Technology Award. (The award is decided by an independent committee outside of ASATT.) If chosen, the winner receives not only an award, but a check for \$1,500. Articles submitted by sales representatives, CRNAs or MDs do not qualify for the award, should their article be published.



# California Association of Nurse Anesthetists (CANA) Invites Students to Speak at Spring Conference

**S**TUDENTS OF THE Kaiser Permanente School of Anesthesia, Alejandra Nieto and Antoinetta Hor, were guest speakers at the recent 2013 CANA Spring Conference. Speaking on the development of formal education programs for the profession of anesthesia technology, Alejandra and Antoinetta educated the CANA attendees on the progression of the profession of anesthesia technology.



Highlights of their lecture included:

- Standards and Guidelines for ASATT Approval of Educational Programs in Anesthesia Technology were first adopted by ASATT on February 22, 2011. What this means is that ASATT can now say there is a standard level of education which must be achieved in order for a student to take the national certification exam (NCE).
- These Standards and Guidelines are used for the development and evaluation of Anesthesia Technology programs. Education committee review teams evaluate a program's compliance with the approved Standards.

■ The initial goal of this process is to facilitate the transition from on-the-job training to accredited Anesthesia Technologist programs, by July 15, 2015. The transition will address employer concerns with:

- Inability to hire quality anesthesia technicians or technologists
  - Poorly trained existing technicians
  - Lack of consistent training
- The transition will also address current certified technologists and technicians concerns regarding:
- Standardization of the profession
  - Lack of an established scope of practice
- As we transition to standardized education and training we advance the profession. Recognition by the Commission on Accreditation of Allied Health Education Programs and standard education are the foundations for established practice.



A copy of their presentation is available for viewing at: [www.canainc.org/conference/2013/2013.htm](http://www.canainc.org/conference/2013/2013.htm). **S**

## Promoting the Advancement of Anesthesia Technicians with Innovative Educational Initiatives

**T**HE DEPARTMENT OF ANESTHESIOLOGY at Hospital for Special Surgery, has started an "Anesthesia Tech Journal Club". All Techs are asked to read the new issue of The Sensor when it is released and meet about a week later to discuss the articles at 3 p.m., over a late lunch. That time is chosen as the Technicians have staggered shifts so the AM Techs stay a little later and the evening Techs come in earlier. After the articles are discussed, each Technician completes their own continuing education quiz. Pictured are (clockwise) Mary Hargett, Administrative Director, Education; Hector Pineda, PM Technician; Raymond Daniel, Senior AM Technician; Grell Barnes, PM Technician Supervisor; Garrick Austin, PM Technician; Junior Rigby, Cer.A.T., Chief Anesthesia Technician; Raul Latchman, AM Technician. **S**





# LogoWear Order Form



7044 South 13th Street, Oak Creek, WI 53154-1429  
414/908-4942 Fax: 414/768-8001 [www.asatt.org](http://www.asatt.org) [asattinfo@asatt.org](mailto:asattinfo@asatt.org)

ALL WEARABLES ARE MACHINE-WASHABLE

**Full-Zip Hooded Sweatshirt** — ash with embroidered ASATT logo

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large ..... \$36 \$ \_\_\_\_\_  
\_\_\_ XX-Large \_\_\_ XXXL ..... \$38 \$ \_\_\_\_\_

**Short-sleeve T-shirt** — khaki with ASATT logo

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large ..... \$16 \$ \_\_\_\_\_  
\_\_\_ XX-Large ..... \$18 \$ \_\_\_\_\_

**Baseball Cap** — khaki with ASATT logo embroidered on front (one size fits all)..... \$15 \$ \_\_\_\_\_

**Lunch Bag** — black with ASATT logo ..... \$10 \$ \_\_\_\_\_

**16-oz. Double-Wall Tumbler** — with ASATT logo ..... \$ 9 \$ \_\_\_\_\_

**17-oz. Double-Wall Acrylic Tumbler** — with ASATT logo ..... \$ 7 \$ \_\_\_\_\_

**Bumper Sticker** ..... \$1 \$ \_\_\_\_\_

**Cer.A.T. Embroidered Patches** ..... \$5 \$ \_\_\_\_\_

**Cer.A.T. Pin**..... \$8 \$ \_\_\_\_\_

**Cer.A.T.T. Pin**..... \$8 \$ \_\_\_\_\_

Subtotal ..... \$ \_\_\_\_\_

Shipping ( *SUBTOTAL: up to \$25: \$5 \$26 to 40: \$8 \$41 to 60: \$10 \$61 or more: \$15* ) ..... \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** ..... \$ \_\_\_\_\_



PLEASE PRINT CLEARLY

REV 1-28-13

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

CREDIT CARD:    

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ CCV \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: ASATT Headquarters  
7044 South 13th Street  
Oak Creek, WI 53154-1429





# 24th Annual ASATT Educational Conference

August 8-10, 2013

Flamingo Hotel

3555 Las Vegas Blvd. South, Las Vegas, NV 89109

Reservations: 800-223-7277

Room rate: \$89 plus tax for Single/Double — Ask for Group Code

Prices guaranteed until July 8, 2013, based on availability.



## REGISTRATION FORM

Registration Type	Early Bird thru April 30	May 1 thru June 15	June 16 thru July 14	July 15 thru August 2	ON-SITE after Aug 8	DAILY (check one) <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Amount
Member* Mem. # or User ID: _____	\$250	\$300	\$350	\$400	\$500	\$250	
Non-Member*	\$450	\$500	\$550	\$600	\$700	\$350	
Spouse/Guest**	\$200	\$250	\$250	\$250	\$250		
<b>TOTAL</b>							

This is my 1st time attending an  
ASATT Conference . . . . .  Yes  No

Special physical  
or dietary needs?  Yes  No Describe: \_\_\_\_\_

Registration fee includes conference materials, opening reception, Friday and Saturday breakfast, Friday and Saturday luncheon, and designated CEs.

\*No registration will be processed without payment. Any registrations that do not have the correct payment attached will be held until full payment is received. No exceptions will be made.

\*\*Spouse/Guest rate includes Welcome Reception, meals, and exhibits only.

### PARTICIPANT INFORMATION

Please type or carefully print the information requested exactly as it should appear on the roster and participant's name badge.

Full Name \_\_\_\_\_ Nickname for name badge (if different) \_\_\_\_\_

Employer/Affiliate of \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_ Email \_\_\_\_\_

### PAYMENT INFORMATION

Check  Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code (CVV) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Full Name (as it appears on card) \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_ Email \_\_\_\_\_

### REFUND POLICY

Cancellations made by June 15, 2013, will receive full refund. Cancellations made June 16 through July 16, 2013, will be penalized 50% of the registration fee. Cancellations made on or after July 17, 2013, will receive no refund.

Print this form, attach payment (if paying by check), and submit to:  
**American Society of Anesthesia Technologists and Technicians**  
 7044 South 13th Street • Oak Creek, WI 63154  
 414/908-4942, ext. 450 • Fax: 414/768-8001

[www.ASATT.org](http://www.ASATT.org)

Please note that membership dues are not included in the Conference registration fee and are invoiced separately.

# CONTINUING EDUCATION QUIZ



To test your knowledge on this issue's Science and Technology article on page 6, provide correct answers to the following questions on the form below; follow the instructions carefully. Submissions for this issue's Quiz expire December 31, 2014. Achieve 80% in this quiz to earn one (1) Continuing Education credit.

- Which of the following variables determine cardiac output in the equation?
  - Systemic vascular resistance
  - Heart rate
  - Preload
  - Afterload
- When a manual calculation of SVR is required which variables are necessary to compute and answer?
  - Cardiac output
  - Ventricular function
  - Heart rate
  - All of the above
- One drawback to the use of TEE is:
  - Easy to use
  - Requires a skilled user
  - Highly invasive
  - Too expensive
- The importance of hemodynamic monitoring can be summed up by which of the following?
  - Monitoring Heart rate.
  - Monitoring the capacity of the body to deliver O<sub>2</sub> to all cells.
  - Monitoring Cardiac Output only.
  - Monitoring of blood pressure and temperature.
- A term that refers to the amount of resistance the ventricles must overcome in order to effectively eject blood is
  - Preload
  - Afterload
  - Contractility
  - Ejection fraction
- Cardiac output is the amount of blood pumped by the heart in one \_\_\_\_\_.
  - Variable
  - Hour
  - Minute
  - Second
- Cardiac output is measured in \_\_\_\_\_.
  - Liters per minute
  - Milliliters per minute
  - Ounces per minute
  - Quarts per minute
- The equation used to calculate cardiac output is  $CO = SV \times$  \_\_\_\_\_.
  - Mean Arterial Pressure
  - Afterload
  - Heart rate
  - Systemic Vascular Resistance
- What type of blood does the pulmonary vein carry?
  - Unxygenated.
  - Oxygenated
  - Blue
  - Hypoxic
- Where does blood flow to after it reaches the left ventricle?
  - Pulmonary artery
  - Left atrium
  - Superior vena cava
  - Aorta

## To apply for Continuing Education/ Contact Hours:

- Provide all the information requested on this form.
- Provide correct answers to this issue's quiz in the box (right)
- Mail this form along with \$10.00 (check or money order, payable to ASATT) to:

ASATT  
7044 South 13th Street  
Oak Creek, WI 53154-1429

The answers to the Spring 2013 Continuing Education Quiz are:  
(circle correct answers)

- |            |             |
|------------|-------------|
| 1: A B C D | 6: A B C D  |
| 2: A B C D | 7: A B C D  |
| 3: A B C D | 8: A B C D  |
| 4: A B C D | 9: A B C D  |
| 5: A B C D | 10: A B C D |

Name \_\_\_\_\_ ASATT Number \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# ASATT Calendar

## Membership Events

Nomination forms posted to membership site for BoD elections .....	May 10
Nominations for Education Awards begin .....	May 10
Nominations for Judy Tomlinson Award begin.....	May 10
Membership renewal begins ( <i>notices sent via email</i> ).....	June 1
Deadline for submission of BoD nominations.....	June 15
Acceptance letter and professional résumé due for BoD nominations.....	June 30
Membership renewal reminder mailed out to membership .....	June 30
Nominations for Regional Education Awards end .....	July 1
Nominations for Judy Tomlinson Award end .....	July 1
Elections for BoD begins via online voting .....	July 8
2012 membership expires .....	August 1
ASATT Annual Meeting, Las Vegas, NV.....	August 8–10
Elections for BoD end .....	August 15
New Board Orientation via conference .....	October 12

## Educational Meetings

Region 1, SUNY Upstate Medical University, Syracuse, NY .....	May 18
Region 2, Pittsburgh, PA.....	May 18
Region 3, Nashville, TN .....	May 18



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Technologists and Technicians**

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