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

LABORATORY VALUES & TECHNIQUES

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2016–2017

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provides its readers with information on
anesthesia-related topics, and with a forum
for learning and discussion. The views
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All submissions pertinent to the objectives of
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PRESIDENT'S MESSAGE



Victoria Reyes, Cer.A.T.T.



THANK YOU for the show of continuing support, that the path we are following is a good one for our profession and that the membership believes in by re-electing me as your president, once again!

First of all, let me state my firm belief that we have indeed made progress as a profession, and efforts will continue to advance education and quality as we take our place as an active part of the anesthesia care team. The record numbers of those achieving technologist certifications (247) and technician certifications (2421), show that there is a serious focus on securing professional recognition. Educational opportunities are increasing with a record number of Regional Meetings and attendance at the National Meeting, we also continue to explore on-line opportunities as well.

We have three accredited programs with six more programs seeking to become accredited in 2017. I also have a list of 23 potential programs (those in the beginning stages of formation).

A leadership of frankness and enthusiasm is essential to continue this progress. You have a group of dedicated individuals who volunteer their time to keep ASATT on course, these individuals understand that the support of the members themselves is essential to keep the momentum going. I am convinced that you will again give that support to the ASATT leadership during this critical period of growth and change. This is no time to engage in the luxury of cooling off, now is the time to make real the promise of a better future for those currently working as well as those entering the anesthesia technology profession.

We must conduct ourselves as professionals with dignity and the disci-

pline to do more. We must pledge to always continue to move ahead, keeping in mind the values, purpose and future of our profession. We cannot turn back now! I am living that pledge and I encourage you to do the same, participate in your professional organization, it is essential that you do!

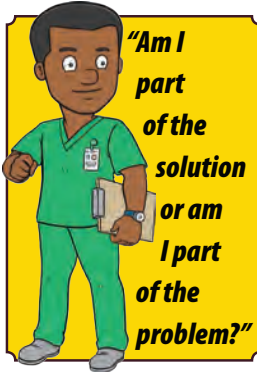
The leaders of this organization are small in number, but large in achievements. Of the approximately two thousand members, fourteen are on the board of directors, two of those are liaisons who volunteer their time to help grow and establish our profession. We still don't have all of the answers, we have put into practice suggestions made by our membership, especially those that can site proven success or information and arguments to enact such change.

We will continue to work diligently with other organizations to; garner their experience, help others to understand the professional path we are on; and give them the opportunity to be heard as we develop professionally. This endeavor will be worthwhile if they can teach us that our true destiny is not to be ministered to, but to give us the strength and confidence to guide our profession ever forward.

Now is the time to capture that momentum and consider where your particular skills can contribute to the future leadership of ASATT. Break out of your shell! Challenge yourself. Talk to your regional director on where there might be an opportunity to contribute in your regions progress. Ask to listen in on a committee meeting that interests you to better understand that change is affected when motivated people get involved. Develop

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your special skills; communications, team building, facilitating or teaching. Bring your leadership or bring your professionalism – get involved!! If not as a committee or board member how about at your work place? Are you promoting our profession at your work place? Do you sit on a patient care council? Are you in a capacity to reign in departmental costs? Or perhaps you could be on an O.R. Performance Analysis group? Equipment review panel? Patient safety group? If not ask! You will be surprised how much you can contribute to all of these committees, as others become aware of how much you know and gain a perspective they may not have had before.



Consider what it may cost you to go that extra step – even if it means that you don't rush to the door at the end of your shift, just a few minutes to help with a case, turn over that last room, double check that cart ... then consider what it may cost you if you don't. Competitive challenges will continue to be present at our workplaces. When you reflect on that extra step you took you begin to see other opportunities

where you can make a difference. That same mindset will begin to take hold as you look at how involved you are with ASATT. ASATT cannot afford to go through a brain drain. There is a legitimate need for the next generation of ASATT leadership to begin the first stages of understanding what is involved to keep this organization on a forward focus. You need to ask yourself "Am I part of the solution or am I part of the problem?" With membership running around 2000 members, only 1 person was nominated for president and only 39 people voted.

We need visionary people in all committees to carry on the work of our future. It is work and can be challenging especially when it's voluntary. Strategic planning, finance, education, policies, board and regional leadership are all areas that you can start to get involved in.

Future ASATT Challenges on the National Level

- Cost containment, increasing revenue streams, developing online education and enhancing terms of certification (Scope of Practice).

- Ongoing accreditation compliance. (This costs money!)
- Monitoring legislative issues at the state and national level.

The U.S. Senate held hearings to examine national accreditation of educational bodies, due to the ripple effect of defunct diploma mills across the nation.

We must be serious and vigilant on legislative matters to secure our accreditation and profession. (New & increased expenses)

We should also expect to see further scrutiny on this matter.

As you can see there are numerous areas of involvement where your interest would be welcomed. And, *yes* we all have family demands, soccer practice, and music lessons, yet your past and present leadership members have found enough professional conviction to achieve phenomenal accomplishments.

Collectively we can enhance our future, strengthen our professional presence and demonstrate the significance of our role in a patient safety focused O.R. and anesthesia care team!

I look forward to another excellent term!

*Vicki Reyes, Cer.A.T.T.
ASATT President*

INDIVIDUALS PASSING THEIR EXAM

Those who have earned the Cer.A.T.T. designation:

Brittany Mayotte, Cer.A.T.T.

Region 4

Victoria Motika, Cer.A.T.T.

Region 1

Robertson Tran, Cer.A.T.T.

Region 6

Jason McConnell, Cer.A.T.T.

Region 1

Nicole Nizza, Cer.A.T.T.

Region 1

Jan Urso, Cer.A.T.T.

Region 4

Neidy Moratya, Cer.A.T.T.

Region 6

Agustin Saucedo, Cer.A.T.T.

Region 4

Jami Washnock, Cer.A.T.T.

Region 4



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LABORATORY VALUES AND TECHNIQUES



Vicki Reyes, Cer.A.T.T.

AN IMPORTANT ASPECT of anesthesia care and decision-making is based upon laboratory values. It is important that all members of the anesthesia care team become familiar with the equipment, procedures and values of lab work in order to optimize the care of the patient and minimize morbidity and mortality.

Usually a patient that is scheduled for surgery will have had routine lab work performed by their generalist, as well as any specialty laboratory data, based on any pre-existing diseases. Preoperative laboratory testing is generally based on either the latest studies or information from credible sources. Individual institutions may determine guidelines for minimally required diagnostic testing for patients undergoing surgery or procedures. The guidelines for ordering routine preoperative laboratory and diagnostic screening change frequently. For



many years there were standard preoperative tests which provided baselines, assurance or necessary information to the providers prior to surgery, however, the cost of such testing, over the years, resulted in the current recommendation that only those tests that are clinically indicated should be ordered.

What should be ordered then? The American Society of Anesthesiologists (ASA) states: Preoperative tests, as part of the pre-anesthesia evaluation, may be indicated for various purposes, including but not limited to:

- (1) identification of a disease or disorder which may affect perioperative anesthetic care;
- (2) verification or assessment of an already known disease, disorder, medical or alternative therapy which may affect perioperative anesthetic care; and
- (3) formulation of specific plans and alternatives for perioperative anesthetic care.

Preoperative testing should be individualized for each patient. The preoperative history and physical examination should determine if any testing is needed. Clinical risk factors may include age, pre-existing disease(s) and type or length of the surgical procedure to be performed. Individual anes-

thesia providers should order tests when, in their judgment, the results may influence decisions regarding risks and management of the anesthesia and surgery. Legal requirements for minimum laboratory testing may be required depending on government standards of care.

So we have established that tests are required, what about the results?

Test results should be reviewed prior to beginning anesthesia. Abnormalities should be shared, documented and action taken if appropriate. Preoperative guidelines for testing, consistent with the ASA recommendation for *need to order*, would be:

Routine hemoglobin/hematocrit or complete blood count (CBC)	No – unless there is signs or a history of anemia Yes – if baseline is required prior to surgery
Routine potassium	Yes – if patient has renal disease
Glucose	Yes – if patient is diabetic
ECG	Yes – if patient has a history of cardiac disease
Routine pregnancy test	No – unless patient requests it or thinks she may be pregnant Results should be confidential and given only to the patient and providers
Other tests	Based on history and physical

For example, higher risk surgery preoperative blood testing guidelines would include:

Hemoglobin/Hematocrit (H&H) due to the potential for significant blood loss. Hemoglobin (Hgb) is the main component of the erythrocyte, transporting oxygen from the lungs to the body tissue. It also transports carbon dioxide from the tissues to the lungs. Normal values may vary but the average male Hgb is: 13.8 to 17.2 grams per deciliter (G/DL). The average female Hgb is 12 to 16 G/DL. Results for children vary, but in general are 9.5 G/DL. A lavender (EDTA) tube is used.

Type and screen is requested when transfusion is likely. Done to predict and prevent antigen/antibody reactions to

MORE 

donor blood. This test identifies the ABO Group and Rh Type, and also includes antibody screen, cross match and “type and screen.” For this test a red or lavender top tube is used. This test will determine the patient’s blood type to enable blood selection prior to transfusion; detect and identify any unexpected blood group antibodies; and detect any incompatibility in donor units before the transfusion occurs. Reagents are used to test the patient’s blood for reaction to A, B, AB and O anti-serums, RH typing is done by testing the patients blood with anti Rh(D). Positive or Negative refers to the presence or absence of the Rh(D) factor. The antibody screen is to detect and identify the presence of IgG antibodies in the patient’s serum before transfusion. A negative antibody screen indicates no IgG antibody reacting with the reagent red cells used.

PT, PTT and INR blood tests are usually performed for patients on Coumadin, heparin or other anticoagulant. The prothrombin time (PT) is used, often along with a partial thromboplastin time (PTT). PT and PTT help diagnose unexplained bleeding or blood clotting. The international normalized ratio (INR) is a calculation based on results of a PT, it is used to monitor individuals who are being treated with a blood-thinning medication or anticoagulant. A blue top tube is used for the specimen which contains sodium citrate. These tests evaluate coagulation time by the number of seconds required for clot formation after calcium and thromboplastin are added, in order to identify a prothrombin deficiency. The normal range for clot formation is 10–13 seconds.

Blood Glucose is performed for diabetics. A gray top tube is preferred as it contains sodium fluoride which prevents the glucose level from dropping if collected blood is not tested quickly, but a red top is acceptable. Normal range increases with age for patients over 50, normal pediatric and adult range is between 60–115 mg/DL.

Electrolytes are minerals in your blood and other body fluids that carry an electric charge. Electrolytes affect the amount of fluids in your body, the acidity of blood (PH), and muscle function. Common electrolytes include:

- **Calcium**, which works for skeletal and cardiac muscle contraction, neuromuscular transmission and blood coagulation. Range 8.5–10.5.

- **Magnesium** regulates muscle and nerve function, blood sugar levels and blood pressure. Range 1.7–2.4.

- **Potassium** works for nerve conduction and muscle function, assists in the rate and force of the heart contractions, helps with acid-base balance and transmit nerve impulses. Range 135–145.

- **Chloride and phosphorus** are also in an electrolyte panel. Ranges 100–108 and 2.6–4.5 respectively.

Electrolytes are commonly



done for patients with cardiac, renal disease and on certain medications (e.g. hypertensive or diuretics). Red top or green top (heparin) tubes are used to collect specimens.

Laboratory Techniques

When drawing a blood specimen you must check the patient’s armband to assure it is the proper patient and the proper medical record number. Assure availability of the appropriate specimen tubes for the test(s) ordered. Advise the provider you are about to apply a tourniquet, the tourniquet may affect the function of the pulse oximeter, peripheral IV and the arterial line. Do not draw blood from the same limb where an IV is infusing, it may dilute or contaminate the specimen. A specimen may be drawn from an a-line or heparin lock following proper procedure for wasting and flushing these lines. After accessing the vessel draw back slowly on the syringe plunger or allow tube to fill slowly, turbulence may damage cells and lead to an inaccurate value.



In order for the laboratory to accept a specimen it must be:

- Properly identified by checking the name and medical record number
- Properly labeled with the patients name and medical record number
- Placed in a biohazard bag and taken to the lab immediately

Laboratory and diagnostic testing is an important tool in the care of the patient undergoing surgery or procedures. The potential benefit of preoperative testing is less re-admission for complications, fewer delays or cancellations and new diagnosis of previously unidentified conditions. ■

QUIZ 1
PG 31

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1. ASA Practice Advisory for Preanesthesia Evaluation: Anesthesiology 2002; 96:485–496.
2. Clinical Anesthesiology: Morgan & Mikhail; 4th Edition; pg. 698, 703, 708
3. Atlas of Anesthesia: Ronald D. Miller, Editor Volume III; Preoperative Preparation and Intraoperative Monitoring; pg. 3.14
4. Laboratory Test Handbook: Jacobs, Demott, Grady, Horvat, Huestis & Kasten, Jr.; 4th edition

CHANGING WORKFORCE: LEARNING TO WORK MULTI-GENERATIONALLY



Vicki Reyes, Cer.A.T.T.

AS THE PROFESSION OF Anesthesia Technology continues to grow and find its place in the healthcare community, our workplace is changing. Another generation of workers is entering the workforce and companies find themselves managing, for the first time, five generations of workers.

Currently the workplace mainly consists of four generations — the Baby Boomer Generation, Generation X, and Generation Y, also known as the Millennials, some of the Silent Generation or Veterans are still working but nearing retirement. A fifth generation of students is now completing programs and being hired as entry level certified anesthesia technologists. This new generation will mainly consist of Generation Z.

Groups are influenced by cultural, social and environmental experiences during their childhood years and each has its own characteristics, values and attitudes toward work. The economy, politics, world events and changing culture create groups of people that share similar behaviors, beliefs, values and what we would considered the norm. A generational perspective is also formed by where they grew up, societal factors, and what the style of parenting was at the time. Even though generations share common beliefs and values, generational patterns may differ.

The goal for today’s workplace is to redefine recruitment,

benefits, and create a culture that demonstrates respect and inclusion for its multigenerational work force.

The Generations are categorized in the following manner:

Silent Generation or **Veterans** were born from 1928 to 1945 and are 71–87 years of age.

Baby Boomers were born from 1946 to 1964 and are 52–70 years of age.

Generation X were born from 1965 to 1980 and are 36–51 years of age.

Generation Y/Millennials were born from 1981 to 1994 and are 35–22 years of age.

Generation Z were born from 1995 to 2010 and are 6–21 years of age.

The Silent Generation is comprised of very loyal workers. They are highly devoted and enthusiastic workers who avoid risk. Their values were formed as a result of the Depression, World War II, and the postwar boom years. The Silent Generation has a strong commitment to teamwork and cooperation, and are the most affluent senior population in U.S. history, due to their inclination to save and conserve money.

Baby Boomers were the first generation to make work a greater priority than personal life. They distrust authority and large corporate structures or systems, initiated by the increase in civil rights movements, the Viet Nam war and inflation. This generation pursues personal gratification, which may be revealed as a sense of entitlement. However, they are open to change and more optimistic than the Silent Generation. Due to a hard economic period, retirement savings of Baby Boomers were lost and many now find themselves having to work longer than planned, or into retirement.

Generation X grew up in homes where both parents worked. They often choose to focus on work/life balance and spending time with their family and friends. They question authority figures and were born during a decline in the population, this generation of workers possesses strong technical

Millennials and Older Workers Have Many of the Same Career Goals



SOURCE: JAM (NWT) U1 E2 OR (MAG) 10/14 VALUE 2014

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skills and like to work independently. With a lower priority on work, it may be assumed that these workers are not as dedicated. They are willing to advance their skill sets, once a goal has been established and will adapt to retain their job in an unstable work environment.

Generation Y/Millennials are the first globally aware generation. They grew up in an era of rapid technological growth, the Internet and global terrorism. They are the most educated and team centered generation since the Silent Generation. They grew up with parents who encouraged participation in music, recreational activities and sports, so they participate in team activities, working well in groups. They learned from their parents the value of setting goals and hard work and are among the best at adapting to change, while maintaining an appreciation for diversity. They have also embraced the Silent Generations value for family and country.

Generation Z is the newest classification, the majority of this group has yet to begin or are just beginning their careers. It is the most diverse and fastest growing generation. This generation grew up during an unstable economy and high unemployment, so financial stability is important to them. Culturally, they are accustomed to continuous communication, being connected and quick access to information. Being raised in this era gives this generation attributes of the

Baby Boomers and Generation X, they will have a good work ethic and the flexibility of Generation X. They want to work in an environment that is fulfilling, and secure a good future where they feel they can make a difference. These anesthesia technologists will work best in a structured environment that allows for active participation. Since this generation is comfortable with technology they are well suited to anesthesia, electronic health records and ordering systems, as well as teleconferencing and simulation based learning.

Next Issue:

Optimizing the Cross Generational Workplace

Now that we have identified the groups, how will we all work together for an effective team? ■

**QUIZ 2
PG 32**

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<http://www.amanet.org/training/articles/Leading-the-Four-Generations-at-Work.aspx>
 Working Beyond Five Generations in the Workplace: Forbes Online Magazine; Contributor, Rawn Shah
 Managing People from 5 Generations: Harvard Business Review 9/2014; Rebecca Knight
<https://hbr.org/2014/09/managing-people-from-5-generations>
 Voice of Nursing Leadership November 2016; 15 Characteristics of Gen Z (Seemiller & Grace, n.d.) Debra Hampton, PhD, MSN, RN, FACHE, NEA-BC, and Yolanda Keys, DHA, MSN, RN, NEA-BC



This Transcript will be used effective January 2017 for all program graduates. This will be submitted with their Certificate/Degree to qualify for the national certification examination.

Transcript of Student Record for the National Certification Examination

Anesthesia Technologist Program Code # ASATT ID #

First Name Middle Name

Last Name Maiden Name

Current Street Address City State Zip Code

Telephone Date of Birth (MM/DD/YYYY) Social Security Number (last 4 digits)

Degree Awarded: AS BS

Anesthesia Technologist Educational Program Information

Anesthesia Technologist Educational Program Name:

Program City: State Length in Months Date Completed (MM/DD/YYYY)

Certificate Awarded Major **Anesthesia Technology**

Academic Record The minimum required hours appear in parentheses. No field can contain a zero.	Hours
1. Professional Aspects of Anesthesia Technology Practice (30)	
2. Anatomy *may be integrated into lectures	
Physiology	
Pathophysiology	
(60)	
3. Anesthesia Pharmacology (18)	
IV Therapy (6)	
Emergency Medications (6)	
(30)	
4. Basic & Advanced Principles of Anesthesia Technology Practice	
Anesthesia Machine (24)	
Hemodynamic Monitoring Equipment (40)	
Intubation & Adjunct Airway Equipment (16)	
Asepsis & Sterile Techniques (8)	
(88)	
5. Quality Assurance (8)	
6. Capstone Projects (40)	
Total (256)	

As of the date of my signature below, I affirm that this transcript contains a complete and accurate record of the above-named student's academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program. I further affirm that the student has completed all of the academic and clinical requirements necessary for completion of an approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

Program Administrator Signature
Date

As of the date of my signature below, I have read this transcript and it is a complete and accurate record of my academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

Candidate Signature
Date

Record of Clinical Experience

Codes: ()=Minimum Required Cases []=Preferred Number of Cases

First Name

Last Name

ASATT ID #

Program Code #

		Number
I. Total Number of Anesthesia Cases		(300)
II. Total Hours of Anesthesia Time		(560)
III. Total Clinical Hours		(540)
IV. Lab/Simulation Time		(40)
V. Patient Physical Status		
A. Class I		
B. Class II		
C. Classes III & IV	[15]	(10)
D. Class V	[2]	
VI. Special Cases		
A. Geriatric (65+ years)	[10]	(5)
B. Pediatric		
a. 2-12 years	[10]	(5)
b. under 2 years	[5]	(1)
c. Neonate (under 4 weeks)	[1]	
C. Trauma/Emergency	[5]	(3)
D. Ambulatory/Outpatient		(10)
E. Obstetrical management	[4]	(3)
1. Caesarean delivery	[2]	(1)
2. Analgesia for labor	[2]	(1)
a. Epidural	[3]	(1)
b. Spinal	[3]	(1)
VII. Position Categories		
A. Prone	[5]	(2)
B. Lithotomy	[5]	(3)
C. Lateral	[5]	(3)
D. Sitting	[5]	(2)
VIII. Anatomical Categories		
A. Intra-abdominal	[10]	(5)
B. Extrathoracic	[2]	(1)
C. Extremities		(5)
D. Perineal	[3]	(1)
E. Head		(1)
1. Extracranial		(1)
2. Intracranial	[2]	(1)
3. Oropharyngeal	[5]	(3)
F. Intrathoracic	[4]	(2)
1. Heart	[5]	(2)
2. Lung	[3]	(2)
3. Other	[4]	(2)
G. Neck	[2]	(1)
H. Neuroskeletal	[2]	(1)
I. Vascular		
J. Other		

		Number
IX. Pharmacological Agents-Observe & Assist for Induction		
A. Inhalation agents	[200]	(100)
B. Intravenous induction agents	[200]	(100)
C. Intravenous agents – muscle relaxants	[200]	(100)
D. Intravenous agents – opioids	[200]	(100)
A. General anesthesia	[200]	(100)
B. Induction, maintenance, emergence		
1. Inhalation induction	[10]	(5)
2. Mask management		(1)
3. Laryngeal mask airways (or similar devices)	[15]	(10)
4. Tracheal intubation		
a. Oral	[200]	(100)
b. Nasal	[1]	
5. Total intravenous anesthesia	[2]	(1)
6. Emergence from anesthesia	[200]	(100)
C. Monitored anesthesia care	[10]	(5)
D. Regional techniques: setup & assist	[10]	(5)
a. Spinal	[5]	(1)
b. Epidural	[5]	(1)
c. Peripheral	[5]	(1)
XI. Arterial Technique: Setup & Assist		(10)
A. Arterial puncture/catheter insertion		(5)
B. Intra-arterial blood pressure monitoring		(3)
XII. Central Venous Pressure Catheter: Setup & Assist		[5] (2)
1. Actual	[2]	(1)
2. Simulated	[2]	(1)
XIII. Pulmonary Artery Catheter: Setup & Assist		
A. Placement	[5]	(1)
B. Monitoring	[5]	(1)
XIV. Other		
A. Intravenous catheter placement	[10]	(5)
B. ACLS – Expiration date (mm/yy):		
C. Pain Management (acute/chronic)	[1]	
D. Alternative airway management techniques	[40]	(10)
1. Fiberoptic techniques: setup & assist	[5]	(3)
a. Actual placement	[2]	(1)
b. Simulated placement	[2]	(1)
c. Airway assessment	[3]	(1)
2. Other techniques	[2]	(1)

All areas must be completed

*Students must have experience in each category

** Including lab simulation hours (283)

Who's Who

Karen Patrick, Cer.A.T.

What is your current position?

Lead Certified Anesthesia Technician.

How many years have you been in the anesthesia field?

13 years.

What do you find the most challenging about your job?

The demands of the working personnel.

What secret vice can you confess?

Always be thinking and stay on your toes at all times.

What has been your proudest accomplishment so far in life?

Having my children.

What is your favorite food?

Pasta.

People would be very surprised to know that:

My father taught me how to be a handyman. A jack of all trades and have not found nothing that I couldn't fix.

What is your favorite type of music?

Rock.

What is your favorite movie?

Overboard and *Pretty Woman*.

What goals, expectations or changes do you foresee being accomplished by ASATT?

I always set high expectations for myself every year and belonging to an organization that helps build people's lives and gives us the knowledge to help others is a very valuable gift and together we all can make 2017 a great year.

Your favorite book?

I have many but being a mom I love Dr. Seuss.

Favorite television/movie character?

Peter Pan.

What is your favorite genre of movies?

Comedy.

What is the best vacation you've ever taken?

When I was 17, three of my friends and I took a road trip up and down the East Coast. Greatest summer ever!

If you could have a luncheon with any three people (real or fictitious, from any time period, dead or alive), which three people would you choose and why?

(1) My pappy – he was the greatest. (2) Julia Roberts – I just think she is amazing, funny and interesting. (3) Ronald Reagan – a very intelligent and intriguing individual.

What is your idea of fun?

Hanging out with my friends.

What is the craziest thing you ever done?

I begged my parents to take my training wheels off because my brother was riding a big bike and I also thought I could too. Needless to say they wouldn't, so I decided to take them off and ended up in the ER with stitches.

If given a choice, which animal would you want to be? Why?

A dog; to be pampered, walked, fed and to just sleep whenever you wanted. ■



Director, Region 2

Who's Who

Johnny Walker, Cer.A.T.T.

What is your current position?

I'm an Anesthesia Technologist at Sutter Santa Rosa Regional Hospital which is in Northern California.

How many years have you been in the anesthesia field?

Since 1993, the last 15 with Sutter.

What do you find the most challenging about your job?

Trying to be two places at once.

What secret vice can you confess?

Ben and Jerry's nightly.

What has been your proudest accomplishment so far in life?

Has to be the family, challenging but super fun!

What is your favorite food?

Mexican daily.

People would be very surprised to know that:

I can't be two places at once.

What is your favorite type of music?

Pretty much everything, mood dependant, yes even wife's county station.

What is your favorite movie?

It's a tie between Caddyshack, Trading Places and Star Wars.

What goals, expectations or changes do you foresee being accomplished by ASATT?

That's a big question, my short answer is I want the Anesthesia techs/technologists more involved in the surgical theater. I think that ASATT is moving in a positive direction toward that.

Your favorite book?

I love Moneyball by Michael Lewis, my dad used to take to those games as a kid.

Favorite television/movie character?

SNL without a doubt, I'm sure I've seen most episodes. Movie character I will go with Han Solo.

What is your favorite genre of movies?

Comedy with a closet romance, so really a Romantic Comedy is my favorite.

What is the best vacation you've ever taken?

Yosemite for 2½ months, it was actually a course I took in college but it was amazing. Close second: my wife from northern Michigan so we go back there for the 4th of July every year, that's a great celebration too.

If you could have a luncheon with any three people (real or fictitious, from any time period, dead or alive), which three people would you choose and why?

I would take all four of my dead grandparents out to pizza, they were super integral part of my life growing up. Then I like to have lunch with Arnold Palmer, Jack Nicklaus and Gary Player at Augusta. Finally I would like the Obama Family to come over for a BBQ and beer at my house (nothing political!)

What is your idea of fun?

Wrestling with my four-year-old twins and two-year-old daughter.

What is the craziest thing you have ever done?

Broke into San Francisco Zoo in the middle of the night, to steal Buffalo poop. It was for a scavenger hunt in college.

If given a choice, which animal would you want to be? Why?

Any bird, love being up in air.

What is your most favorite place in this earth?

HOME! ■

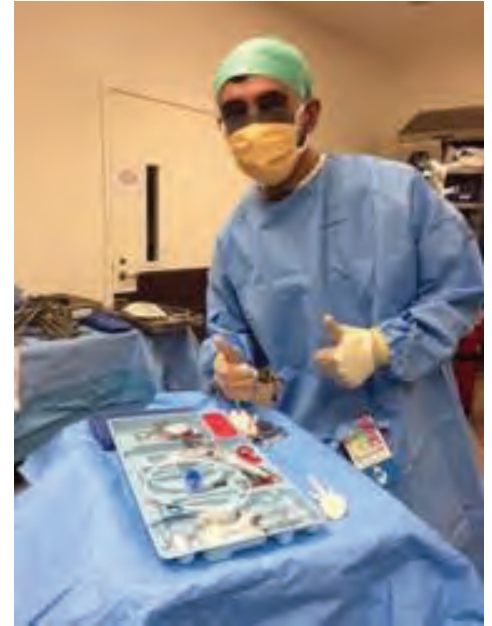


Director, Region 6

The Growing Profession of Anesthesia Technology

Why consider an Anesthesia Technology Program?

As a growing allied health profession, the Anesthesia Technology profession specifically focuses on fundamental and advanced clinical procedures, which assist the anesthesia provider in the safe and efficient care of patient's receiving anesthesia. Working under the direction of the anesthesia provider, the Anesthesia Technologist is a vital member of the anesthesia care team. They are proficient in the acquisition, preparation, and application of various types of equipment required for the delivery of anesthesia care. Technologists are trained to anticipate the needs of the patient and the provider, according to the surgical requirements, procedure or circumstance.



The overall goal of the Anesthesia Technology curriculum is to prepare the student to take and pass the American Society of Anesthesia Technologists & Technicians (ASATT) National Certification Examination to become certified as an Anesthesia Technologist (Cer.A.T.T.)

Anesthesia Technologists work in a variety of clinical settings including: hospital operating rooms, interventional and diagnostic radiology, labor and delivery units, intensive care units, emergency rooms, outpatient procedure suites, and ambulatory surgery centers.

There is a growing need for these entry-level professionals. According to the **American Society of Anesthesia Technologists & Technicians** depending on the job setting, the projected starting salary for a Certified Anesthesia Technologist is \$36,000 to \$55,000 annually.

Professional Standards and Guidelines have been created and approved for the Anesthesia Technologist and Technician by the Commission on

MORE ►

Accreditation of Allied Health Education Programs (**CAAHEP**). There are currently a handful of Anesthesia Technology programs that are CAAHEP accredited. And, there is a growing need for additional programs across the country.

Establishing an Anesthesia Technology Program

The first step in establishing an Anesthesia Technology program is to review the **Standards and Guidelines for the Accreditation of Educational Programs in Anesthesia Technology**, which is the document by which CAAHEP accredited programs are reviewed. The Standards include the required curriculum for the program.

If you feel that your institution is ready to begin the accreditation process, you will want to fill out a Request for Accreditation Services Form. The completed form is sent to the Committee on Accreditation for Anesthesia Technology Education (**CoA-ATE**), which is the committee that works with programs as they move through the accreditation process. You are encouraged to visit the CoA-ATE webpage for additional information.



If you are considering adding an Anesthesia Technology curriculum to your program, please let us help. The CoA-ATE can assist in reviewing your current didactic offerings and outline steps necessary to establish a quality Anesthesia Technology program. The CoA-ATE can also assist in presenting current information regarding the Anesthesia Technology profession and program potential at your College or University or to your Department Chair.

For Additional Information

Please visit the **CAAHEP website** and the **American Society of Anesthesia Technologists and Technicians** website to learn more about the anesthesia technology profession. For further information and to obtain an accreditation packet please contact:

Theresa Sisneros @ theresa@caahep.org
Director, CAAHEP Accreditation Services

or Victoria Reyes, Cer.A.T.T. @ victoria.a.reyes@kp.org
Committee Chairperson CoA-ATE



Committee on Accreditation for Anesthesia Technology Education

Email | Website



DID YOU KNOW?

ASATT has a Science and Technology Award which is awarded to a selected individual annually. Individuals who are considered must submit a technical article to the editor of **THE SENSOR** and/or to ASATT HQ. The article must first be selected for publication in **THE SENSOR**. The author of the technical article must be either an anesthesia technicians or technologists.

The articles considered for the award will be selected from the winter through fall issues of the quarterly published **SENSOR** during that fiscal year. (e.g., Winter 2016 to Fall 2016.)

All published articles will be judged by a panel of medical professionals in anesthesiology and evaluated on the subject matter, relevancy and its written presentation.

All submitted articles must be composed of 2,500 to 3,000 words, be formatted following American Psychological Association (APA) guidelines and have properly annotated bibliographical references. A detailed guide is available at:

<http://owl.english.purdue.edu/owl/resource/560/01/>

All Science and Technology articles submitted for publication will be scanned with plagiarism detection software by ASATT.

PLEASE DO NOT PLAGIARIZE!

If plagiarism is suspected, **THE SENSOR** editor will notify the Board of Directors prior to submitting the information to the ASATT Code of Conduct and Ethics Committee for further investigation.

The technical articles must include a 10-question quiz; answers should either be multiple-choice or true/false. The questions are used for Continuing Education, and should be written by the author of the article.

If you are the recipient of the Science and Technology Award, you will be notified first by mail, and then your name will be announced at the ASATT Annual Educational Conference. If the awardee is in attendance at the conference, a plaque/award and a check in the amount of \$1,500 shall be presented. If the awardee is NOT in attendance, the plaque/award and check will be mailed to the winner at the address on record with ASATT HQ.

So ... what are you waiting for??

Call or email ASATT HQ if you have an article to submit.

Note: Please do not call or email ASATT HQ to ask for help in writing the article. However, you can ask what deadlines exist for article submission. You may submit your article multiple times if it is not selected for publication upon first submission.

**Consider Yourself
a WRITER?**

**How about submitting a
SCIENCE & TECHNOLOGY
ARTICLE?!**

- Interested in being published?**
- Wish to enhance your professional portfolio?**
- Want to help your fellow Cer.A.T.T. and Cer.A.T. colleagues with Continuing Education credits?**
- How would you like to possibly WIN an AWARD (and \$1,500 cash!) while you do this?**



CERTIFICATION

THERE ARE TWO CERTIFICATIONS that ASATT recognizes: the Certified Anesthesia Technician and Certified Anesthesia Technologist. *Certified Anesthesia Technician (Cer.A.T.)* — No longer offering certification exam. *Certified Anesthesia Technologist (Cer.A.T.T.)* — Completing an ASATT-accredited/approved program, followed by successfully passing the Technologist exam. Certified Anesthesia Technicians in good standing have the opportunity to sit for the Technologist certification exam by completing the **Advancement Program**.*

Continuing Education

Continuing education is essential to enable Anesthesia Technologists and Technicians to ensure personal and professional development in the rapidly changing field of anesthesia technology. Therefore, to retain the Certified Anesthesia Technician and Technologist designation, Anesthesia Technicians and Technologist must document continuing education.

CE Credit Requirements

After an individual has become certified or been recertified, they must begin to earn continuing education credits, according to their two-year certification period. For new certified individuals they must wait for their designated two-year certification period to begin. Example: If you received your Technologist certification July 18, 2016, your certification expires December 31, 2018, so your two-year designated certification period would be January 1, 2017 through December 31, 2018, so you would have to wait until January 1, 2017 to start earning CEs. Individuals holding the Cer.A.T. certification must earn 20 CEs during their two-year certification period. Individuals holding the Cer.A.T.T. certification must earn 30 CEs during their two-year certification period.

Recommended Programs and Credits

It is the responsibility of the individual to ensure appropriate courses are taken and complete records are maintained.

Credit Calculation: One continuing education/contact hour (CE/CH) may be requested for each 50- to 60-minute lecture attended. Hours will not be given for introductory remarks, breaks, business meetings, meals, or non-anesthesia-related topics that do not fall under Category II.

The content of the lectures must be relevant to the Anesthesia Content Outline listed below. During each two-year

recertification period, you may submit only five CE/CH from Category II that do not relate to the Anesthesia Technician Content Outline.

Category I:

Operating Room tasks
Infection Control Techniques
Basic Anatomy and Physiology
Types of Anesthesia
Airway Management Equipment
Anesthesia Gas Machine
and Gas Delivery
Monitors and Ancillary Devices
Pharmacy
Intravenous Therapy

Category II:

Stress Management
Interpersonal Disciplines
Computer Programming
Data Record Keeping
Materials Management
Marketing
Quality Assurance Training

Other Educational Programs

Activity relevant to the profession of Anesthesia Technology CE/CHs may be earned by active participation in the field of anesthesia technology such as presenting lectures or serving the national organization as an official member of any committee or board. CE/CHs are awarded as follows:

Activity

Presenting a 50–60-minute lecture on a topic relevant to the Anesthesia Technician Content Outline:

1 for each different topic presented

Preparing a 50–60-minute lecture on a topic relevant to the Anesthesia Technician Content Outline:

2 for each different topic prepared

Serving on a official ASATT committee or board

1 for each separate official ASATT committee or board served with a maximum of three each year

Carry Forward of Excess CEs

CEs earned over the required amounts needed for Technician and Technologist recertification may not be carried over to the next certification period.

Continuing Education CEs accepted by ASATT

- Attendance at an ASATT National meeting
- Attendance at an ASATT Regional meeting
- ASATT *SENSOR* Quizzes. (Only quizzes from your certification period can be used.)
- Active participation on an ASATT board or committee

*Covered in the ASATT REFRESHER/ADVANCEMENT/PROVISIONAL RECERTIFICATION PROGRAM STANDARDS section.

MORE 

- Preparing and or presenting a lecture relevant to Anesthesia Technology
- CEs off the www.anesthesiatechpearls.com website
- BLS – copy front and back (2 CEs), documentation that the course was 4 hours in length (4 CEs);
- ACLS – New (8), Renewal (4); PALS – New (8), Renewal (4)

Programs Not Accepted

- Pfieler Enterprises
- rn.org
- Medline University

Other Programs and Credits

On the ASATT website under our Events tab there is a section call **State and Local Meetings**. Listed there will be meetings that have submitted paperwork to have their CEs approved by ASATT. Once the CEs have been approved, the number of approved CEs will be listed.

CE Approval

It is the responsibility of the individual to determine if a seminar or meeting meets the requirements for ASATT approval. If the CE comes from an unapproved organization, the individual risks not receiving approval or full credit. The individual is responsible to maintain evidence that the CE(s) meet the ASATT requirements.

Individuals may request approval for CEs not already approved by ASATT, by completing and submitting the **Pre-Approval Continuing Education** forms. These forms are reviewed and approved by the Education Committee.

If you have any questions or need additional information, contact 8 for assistance. Issues that cannot be readily answered are referred to the Education Committee Chair for review and response.

CE Reporting (Recertification)

Certification expires December 31st every two years. individuals who are due to recertify this year *will receive a postcard indicating that it is time to renew-these will be mailed out the middle of November. There will also be an email reminder as well.* These will include a short list of instructions for the applicants to complete. **Applications mailed or postmarked after December 31 must include a \$75 late fee. Your application will not be processed unless the correct fees are submitted. Members and non-members alike, who are contacted because of incomplete documentation, will incur an additional \$50 fee to complete the processing of their packet. ASATT grants a renewal extension until January 31st, which means we must receive your packet on or before the 31st. If the 31st falls on a Saturday, your packet is due by the end of business on Friday. If the 31st falls on a**



Sunday, then your packet is due by the end of business on Monday. *There will be no exceptions made for packets received after January 31st, unless prior arrangements were made with the recertification committee.*

Request for an extension

A request for extension must be made in writing to the Chair of the Recertification Committee. Keep in mind that even though an extension may have been granted the CE's submitted must have been completed during your two years certification period.

Late Submissions

If you submit your packet after the grace period of January 31st, you're subject to loss of certification. You would have to go through the Provisional Certification process within a year of loss of certification. (see below)

More information on ASATT recertification

Record Keeping

It is the responsibility of the individual to ensure complete records are maintained. For ASATT members, ASATT sponsored CEs (National and Regional meetings, *SENSOR* Quizzes) will be logged in the ASATT database, and can be viewed under your member profile on the ASATT website. All other CEs earned even if the have an ASATT approval code will need to be submitted at the time of your recertification.

Requirements for certification to be re-established or advanced

ASATT REFRESHER/ADVANCEMENT/PROVISIONAL RECERTIFICATION PROGRAM STANDARDS

General Information

Purpose

There are three methods by which certification can be re-established or advanced:

The **Refresher Program** is offered to certified anesthesia technologists who have not been substantially engaged in the practice of anesthesia technology for more than 2 years and must update their skills and knowledge of current clinical and theoretical practice in anesthesia technology in order to meet the established standards of practice and to apply for recertification through examination.

The **Advancement Program** is designed for the certified anesthesia technician who requires additional knowledge and skills in clinical practice in order to meet the established standards of practice of a certified anesthesia technologist.

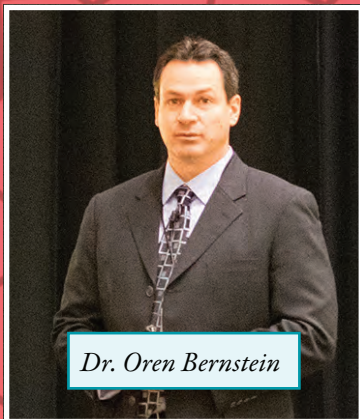
Provisional Recertification may be granted for the previously certified anesthesia technologist/technician whose certification was allowed to lapse due to late or insufficient CE credits beyond the December 31st recertification deadline. ■

ASA TT 27TH ANNUAL EDUCATIONAL CONFERENCE CHICAGO

October 20-22, 2016
Swissôtel Chicago
323 East Upper Wacker Drive



2016-2017 ASATT President Vicki Reyes opens the floor to membership for Issues & Answers session.



Dr. Oren Bernstein



Joe Answine, our ASA Liaison, lectures the members on Surgical Care.



Dr. Judith Handley discusses her past as an anesthesia tech, and her path to becoming an anesthesiologist ... lessons learned along the way.







The majestic Chicago skyline at night, as seen from the Swissôtel.



Region 2 Director Randy Harris hands his successor, Karen Patrick, the Regional Education Award.



Thank you, Alvin, for taking all these great photos!



We are grateful for our vendors! Here's Julie Anderson from Sharn Anesthesia.



When the Swissôtel in Chicago was booked, more than a year in advance, we never dreamed we'd be there when the Cubs won their first World Series since 1908!



Some members of the 2016-2017 ASATT Board of Directors; from left: Jeremy Wyatt, Treasurer; David Foster, President-Elect; Diane Alejandro-Harper, Secretary; Jonnalee Burgess, Region 1 Director; Karen Patrick, Region 2 Director; Gail Walker, Region 3 Director; Jeffery Blakney, Region 4 Director; Greg Farmer, Region 5 Director; and Johnnie Walker, Region 6 Director.



Shaleha Khalique, hoping to convince Delbert Macanas to share his muffin.



We're Number One!!



Gideon Maritim



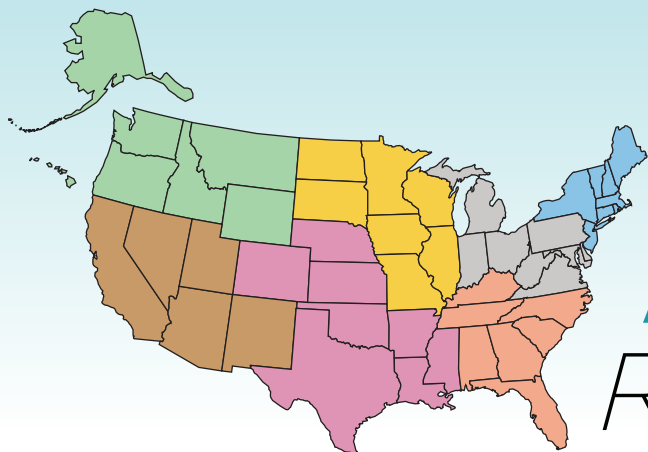
Janet Petrine and Kathy Cabai



Kevin Johnson



Joe Brooks



ASATT

Regional Activities



REGION 1

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

Director: Jonnalee Burgess, Cer.A.T.

Work: 802/296-6314

Email: region1director@asatt.org

Region 1 had a great turn-out for the National Meeting in Chicago. So glad to see familiar faces and even some new ones. If you were one of the ones that were unable to attend the meeting it was a success. There were so many great lectures and thank you to all of the vendors. Without the vendors these meetings would not be possible.

As far as future meetings, it looks like the Montefiore Medical Center is thinking about having a meeting for Region 1 next year. If you are interested in a future Region 1 meeting, please send me an email and we can discuss the specifics on hosting a meeting. The goal for Region 1 is to have at least three meetings this next year. It is all about team work and together we can accomplish this goal with no doubts. It is time for you all to start thinking about who you would like as Regional Director for next year. My term will be done in October 2017.

Just a friendly reminder for those who are due to recertify this year. PLEASE send in the correct paperwork as soon as you can. If you have any questions, do not hesitate to contact me and I can help you or at least help point you in the right direction. If any meetings that you attended were ASATT approved and you are a member, you will be receiving an email if you have not already received it. The email is a reminder as well. One of the benefits of becoming a member is that ASATT will keep your CEUs in the database.



REGION 2

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

Director: Karen Patrick, Cer.A.T.

Work: 410/605-7000 ext 5631

Email: region2director@asatt.org

I would like to thank everyone that voted me into the Region 2 Director's position. I look forward to working with everyone and making the next two years a success. We had a

great turn out for the National Meeting in Chicago. I enjoyed seeing new and old faces. If you weren't able to attend, you missed a great meeting. So many interesting lectures!

As far as future meetings, I am planning on having one in June and October 2017. If you are interested in hosting a future Region 2 Meeting, please send me an email and we can discuss the specifics. The goal for Region 2 is to have at least three meetings in the year 2017. We can do this if we all pitch in together. We all need to work together to improve our skills and knowledge and education. These meetings will help provide and accomplish this goal.

Yes, we all know that it is that time of year again, so PLEASE send in the correct paperwork as soon as you can if it is your year to recertify. If you have any questions, do not hesitate to contact me and I can help steer you in the correct direction. If any meetings that you attended were ASATT approved and you are a member ASATT Headquarters will keep the CEU's in the database so it will be easier for you to recertify.



REGION 3

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

Director: Gail Walker, Cer.A.T.

Work: n/a

Email: region3director@asatt.org

What a pleasure it was to see so many familiar faces this year in Chicago. The hotel was beautiful, the speakers exceptional and the city was great to explore after meeting all day. One of the benefits of the meeting was making plans for upcoming meetings for next year. Spacelabs does an all-day presentation that, tentatively, will be held in Chapel Hill in April of 2017. Daniel Rodriguez, A.T. at Nicklaus Children's Hospital in Miami is working with his department to possibly host a pediatric themed meeting for us. The group of technicians from Wilmington, NC tells me that one of their coworkers is interested in working with the NC state society in hosting a meeting. This is a great start towards getting our members the education and CE's they need in order to stay current in their field and to maintain their certification.

MORE ▶

One of the projects I'd like for us as a region to try this year is to have little "mini-meetings". These could be held on a Saturday morning, have two speakers do one presentation each and acquire two CEs before 10am and at an affordable cost. You don't have to worry about providing breakfast, finding vendors or looking for a venue big enough to hold 50 people. Please contact me if you'd be interested in doing one of these "mini-meetings" and I'll show you how easy they can be.

If you are a little more ambitious like Daniel from Miami, please let me help you host a bigger event at your facility. ASATT and I will handle all of your advertising, work with your speakers and handle all the paperwork. Region 3 consists of Alabama, Florida, Georgia, Kentucky, North Carolina and South Carolina and I would love to see each state this coming year have at least one meeting.

Off to a good year!



REGION 4

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

Director: Jeffery Blakney, Cer.A.T.

Work: 708/202-8387 ext 29126

Email: region4director@asatt.org

Hello Region 4,

Hope all is well as we are preparing for the cold weather that's on the way here in the Midwest. I want to thank all of you that attended the national conference in Chicago what a great turnout. Between an exciting National Conference and the CUBS winning the World Series it was a good time had by all. If you thought Chicago was beautiful wait until you visit Pasadena the home of our next National Conference tentatively late August.

The College of Dupage (Illinois) will offer what is called The Bridge (a.k.a ASATT Advancement) program. This program is an acceleration of designed courses that will allow you to sit for the technologist test once completed. You must be qualified through ASATT to take this course. That means you must be a Cer. A.T. and have five years of experience by completion of the program. For more information please give the program director Kathy Cabai a call at 630.942.8328.

The Sensor is always looking for articles to publish. If there is anyone out there, who has ever thought about writing a science/ technology article, ASATT awards an annual prize worth \$1,500 for the chosen published article in Sensor. The authors of the technical articles must be either an anesthesia technician or technologist. For more information go to ASATT.ORG for further details.

I want to assure everyone that ASATT is working diligently with exploring all educational possibilities to keep our future moving forward. We all know education is the key to success, so please continue to check the web site and don't hesitate to call.



REGION 5

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

Director: Greg Farmer, Cer.A.T.

Work: 817/250-2650

Email: region5director@asatt.org

Greetings Region 5!!

As the year winds to an end, we think about what we have done. Some of the things I think about are what have I given to my profession? The National Meeting has come and gone, and it was fantastic! It would be great to have more meetings in our region to help our fellow techs with education and CEs.

Through much effort and collaboration with fellow techs, I was able to offer three ASATT Regional meetings for Region Five. With the help of **Keith Brewer at Arlington Memorial Hospital, Mohammed Hamza and Bob Reno at UTSW and Cody Dunlop at Medical City of Las Colinas** a huge number of techs were able to reach their goals!

For his hard work, Keith Brewer Cer.A.T. was nominated by his fellow techs and won the Region Five Education award for 2016!!! Great job Keith!!!

Three meetings is a solid number. A good effort. But is that enough? I will say "NO!"

Regional meetings are a great way for techs to gain knowledge, CEs and valuable networking with other techs. But I would like to have more meetings to help fellow techs. My goal in 2017 is to have meetings in every state in our region. This is a lofty goal, but with your help it can be achieved!

So far for 2017, I have interest in meetings in Jackson, MS; Oklahoma City, OK; Denver, CO; New Orleans, LA; Arlington, TX; San Antonio, TX; El Paso, TX; and Dallas, TX. If you live in these cities and would like to be involved in coordinating these meetings, email me!!

Now as we all work together to have regional meetings, we are also working to raise the profile of our profession.

Take a look around your facility. Do you see how nurses are treated? How surgical technologists are treated? I want anesthesia technicians and technologists to be treated with the same respect and admiration.

How do we accomplish this?

- Through ASATT regional meetings to further our knowledge
- Involving our anesthesia care team to present topics to tech staff
- Showing our anesthesia providers what we are able to perform
- Raising the profile of our profession by educating staff of our profession
- Asking questions to providers

MORE ▶

By all of us working together and raising the profile of our profession, we will grow. When we grow, great things happen. We earn respect. We are able to improve our situations and lives. We become enriched.

So let's work together in the coming year ... there is no limit to what we can accomplish!!

Thank you all and God Bless.



REGION 6
AZ-CA-NM-NV-UT

Director: Johnny Walker, Cer.A.T.T.
Work: 707/576-4892
Email: region6director@asatt.org

Hello Region 6! My name is Johnnie Walker and I'm very honored and excited to be your new Director. I live in northern California with my amazing wife, my 4-year-old boy/girl twins and a 2-year-old fire pistol red-head toddler girl named Emilia. My dad was a high school teacher and my mom was a respiratory therapist and somehow 24 years ago I decided to become an anesthesia tech.

So some of you may be asking why I would take a non-paid, completely time-consuming, underappreciated position? My answer is twofold. First, I'm tired of getting emails from Risk Management telling me I can't handle medicines, or can't help with nerve blocks, or we hired an outside company to do autotransfusion. The second is that I saw some positive changes in leadership at ASATT and I wanted to be a part of it. I want to help people who aren't certified to get certified, and the people that are certified stay certified. I want more meetings and training opportunities for us.

Speaking of meetings ... it was great to meet some of you in Chicago. I know it's hard for western states to get east. Honestly a few years ago I wouldn't even have considered attending an event in the Midwest. But that was my first ASATT conference and I was enlivened by it. So Region 6, please try to attend Pasadena, California for 2017 in late August!

With that I leave you with two of my favorite quotes (thank you Delbert) — the first by Amelia Earhart: "The most difficult thing is the decision to act; the rest is merely tenacity. And for the baseball fans, Babe Ruth said, "Every strike brings me closer to my next home run."



REGION 7
AK-HI-ID-MT-OR-WA-WY

Director: Delbert Macanas, Cer.A.T.T.
Work: 808/547-9872 (0930-1830 pt M-F)
Email: region7director@asatt.org

Howzit Everyone!!!
HOLY COW!!! CUBS WIN!!! CUBS WIN!!! Congratulations to the Chicago Cubs and their long suffering

fans... The goat curse is over... 108 years is a long time...

Wow!!! Where did the rest of the year go...? It's starting to get cold for many of you, because it's beginning to drop down to the low 60's where I live in Wahiawa, HI. LOL Before you know it, there will be white stuff on the ground for some of you too.

Start planning to spend time with your family and friends this holiday season. It's hard for me; my family does not spend enough time being in the same place at the same time. Therefore, time spent together is very precious to me.

"The love of family and the admiration of friends is much more important than wealth and privilege."

~ Charles Kuralt



We had a good Annual Meeting in Chicago at the Swissotel on East Wacker. There were a lot of new faces at the meeting, along with the familiar one. I was a little sad that some of the veteran members did not attend the meeting this year. I look forward to seeing them in Pasadena, CA in 2017. If you attended the meeting, I hope you were able to bring additional knowledge back to your facilities. Most of all, hopefully you met a peer who you could network with and become a friend. That is what I enjoy the most about these meetings, meeting someone, networking and eventually becoming friends. I have friends from Philadelphia... Craig, Dan, and Carlos that go back close to 20 years. People that I will always call friend and never forget.

Region 7 received an award at the Annual Education Conference in Chicago. It was presented to me and I was thoroughly surprised. The award was for the amount meetings produced in the Region 7, which was a record, by the way. I am overwhelmed at the amount of attendees to these educational meetings. Our attendance at all of our regional meetings combined was more than our attendance at the Annual Meeting in Chicago. That also means our attendees were able to obtain their CE's at a reasonable price. But the award belongs to all of our members and the people who took the time out of their by schedules to coordinate these meetings.

The following are the people who deserve a share of this award. Kellie Hines of Kaiser and Darrell Baker from Providence Saint Vincent's with their helpers that coordinated our January meeting at Kaiser Sunnyside in Clackamas, OR. John Gonzalez and his team from Overlake Hospital in Bellevue, WA, who did the May meeting. One of John's team returned from vacation to help with this meeting. Joseph Fitzgerald and his team that organized the September at Evergreen Health in Kirkland, WA. Matt Davis and his

MORE ▶

crew put together our November meeting at Oregon Health Sciences University Hospital. Then of course there was the August meeting at the Pacific Beach Hotel in Honolulu, HI. Which is the longest running annual regional meeting in one city in ASATT. The people named share the award with me. Please thank all of them, they stepped forward to help the region prepare five meetings in 2016.

At the Annual Meeting, during our Region 7 breakout session on Saturday afternoon. That was one thing everyone was proud of... The amount of meetings that was hosted, but also Region 7 was invited to attend every CRNA Annual Educational in the region with preapproved CE's. There is no excuse having problems obtaining CE's in Region 7.



"We talk about hope, helping, and teamwork. Our whole message is that we are more powerful together."
- Victoria Osteen

Let's continue the momentum into 2017... Start thinking about meetings for the year. We already have one meeting on the schedule. Kellie Hines and Darrell Baker have set Saturday, February 11, 2017 at Kaiser Sunnyside for our first meeting of the year.

"Leadership is never an avenue to be self-serving but, a platform to render great service to people."
- Ifeanyi Enoch Onuoha



We need more people to get a taste of what it takes to coordinate meetings. The more people with the experience, the better it is. Then over the years people from different states or cities can alternate hosting meetings. Host a meeting every two years.

If you have an inkling that you may want to take on this challenge... Please contact me at your earliest convenience. By this time, I have been involved in probably 40+ meetings. Like I said before... "It's not easy... But, it's not hard..."

"When you take risks you learn that there will be times when you succeed and there will be times when you fail, and both are equally important."
- Ellen DeGeneres



"The professional has learned that success, like happiness, comes as a by-product of work. The professional concentrates on the work and allows rewards to come or not come, whatever they like."

- Steven Pressfield

Remember if you attend an ASATT "sponsored" meeting, ASATT members don't need to track these CE's, and they will go straight to the CE database. Versus an ASATT "approved" meeting, you will need to submit your certificate of attendance. This simplifies the recertification process. Please do not wait until the last minute to get your required CE's. Every year ASATT Headquarters will get calls from frantic people looking for ways to get CE's. As I have said before... Poor planning on your part does not constitute an emergency on ASATT's part.

Further, as the meetings end, please allow time for the CE's to be posted to the database and certificates of attendance to go out. There are so many times when, a meeting will be held on Saturday and by the beginning of the next week I get an email asking when the items will be posted. Also, the fastest way to get your certificate is by email so make sure your email address is correct on the database.

While reflecting on where we came from... I was part of the first wave who took the first exam in 1996. Everyone must realize how valuable your "Certification" is. Judging from the feedback, phone calls, and the review of qualifications on job websites, more employers are looking for "Certified" candidates. Therefore, what you hold is important and has become increasingly valuable in the years to come. Don't mess around with CE's for recertification.

Last... The Board of Directors and ASATT Headquarters frequently fields emails and calls from people inquiring about getting "Certified". Unfortunately, they have, as they say, missed the boat... Please value that "Certification" that you have earned and remember, IT IS OUR PROFESSION. Be proud... Hold your head up high...

Aloha! ■

**GREAT JOB REGION 7!
WE HAD AN
OUTSTANDING
YEAR!!!**

ASATT Membership and Certification Cards Printable Off ASATT Website

In an effort to reduce cost and time, ASATT membership and certification cards can now be printed off the ASATT website — www.ASATT.org.

To print a membership card, log in to the ASATT website, then go to the **Membership** tab and select **Profile**. Once in your profile you will see a button, **Printable Membership Card**, in the right top corner. Click on that to display your membership card.

To print your certification card you do not need to be logged into the ASATT website. Just go to the **Certification** tab and select **Printable Certification Card**. Enter in the requested information. Keep in mind it must be the information we have in the database, and then click on **View Certification Card**.

*If you encounter any issues, please contact
ASATT Customer Care — customercare@asatt.org.*

PROVISIONAL RECERTIFICATION

If you failed to submit your recertification application on time or if your application for recertification was not accepted, the only course of action available to you is to apply for provisional recertification. To apply for provisional recertification, you will need to contact ASATT HQ and request the application form. Follow the instructions and make sure that all required documentation is submitted with the application. Once received, your application will be reviewed to determine if you qualify for provisional certification. Do not begin to earn CEs until you receive approval from ASATT. Above all, make sure you understand the instructions. If you have questions, please contact the Chair of the Certification/Recertification Committee.

REQUIREMENTS

Before provisional recertification can be granted, the anesthesia technologist/ technician must submit a completed application for **Provisional Recertification** along with a Remediation for Expired Certification Application including all applicable fees. In addition to current recertification fees for the appropriate certification level (www.ASATT.ORG), there will be a Provision fee of \$200.00 required. The requirements are as follows:

1. 30 CE credits will be required at the technician level in order to regain Certified Anesthesia Technician status.
 - a. The applicant must follow the same requirements listed for the technician on the ASATT website, at the Certification tab under Recertification.
2. 40 CE credits will be required at the technologist level in order to regain Certified Anesthesia Technologist status.
 - a. The applicant must follow the same requirements listed for the technologist on the ASATT website, at the Certification tab under Recertification.

Accrual of required CE's begins after ASATT approval of the application for Provisional Recertification. Previously earned CE's will not be accepted for remediation purposes.

All applications, documentation and fees must be completed and **approved** within the 12 month deadline (effective December 31st through December 31st, 1 year following) without exception or the individual must complete the Refresher Program to take the Technologist NCE regardless of current certification level.

2016 Award Winners

These awards were presented at the ASATT Annual Conference in Chicago. *Congratulations to all our award recipients!*

Regional Education Award — This 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.

- Region 1 Carol Schuler, NovaMed
- Region 2 Karen Patrick, Cer.A.T.
- Region 3 Pat Vickers, GE Healthcare
- Region 4 Kathy Cabai, College of Du Page
- Region 5 Keith Brewer, Cer.A.T.
- Region 6 Diane Alejandro-Harper, Cer.A.T. *and* Michael Chen, MD
- Region 7 Owen Bernstein, MD

Science and Technology Award

This award recognizes clinical excellence in research and writing of a technical article on anesthesia technology which appeared in an issue of *THE SENSOR*.

Grace Lee, Cer.A.T.T.

The ASATT Board of Directors would like to thank all of the recipients for their hard work and dedication to the profession.

FRIDAY, MARCH 31, 2017 IS ANESTHESIA TECH DAY

SEND US YOUR PHOTOS!!

BE SURE TO INCLUDE CAPTIONS WITH NAMES!

WE'LL PUBLISH THE BEST ANESTHESIA TECH DAY
PHOTOS IN THE SUMMER 2017 ISSUE OF THE SENSOR!

EMAIL HI-RESOLUTION PHOTOS (ANY FILE FORMAT)

TO THE SENSOR — SENSOR@ALPHABASEINC.COM



Please join us this August in Pasadena, California

[CLICK HERE TO MAKE
RESERVATIONS NOW!!](#)

Rose Bowl Stadium



Pasadena Hilton



Pasadena
City Hall



CONTINUING EDUCATION QUIZ



SCIENCE +
TECHNOLOGY

To test your knowledge on this issue's **Science + Technology** article on page 6, provide correct answers to the following questions on the form below. Follow the instructions carefully.

- Which of the following is NOT required in order for the laboratory to accept a specimen?**
 - properly identified by checking the name and medical record number
 - properly labeled with the patient's name and medical record number
 - verbally identified by someone who works in the OR
 - placed in a biohazard bag and taken to the lab immediately
- Lab work drawn peri-operatively would include which test?**
 - hemoglobin and hematocrit.
 - type and screen
 - hemoglobin A1C
 - glucose
 - electrolytes
- Sodium works in the blood to:**
 - maintain blood pressure
 - provide oxygen to the cells
 - transmission of nerve impulses
 - bind CO₂ for elimination from the body
- A description of hemoglobin would include:**
 - it is a main component of the erythrocyte
 - it is not a component of whole blood
 - it transports oxygen to the lungs from the tissues
 - it helps regulate acid-base balance
- An adult male trauma patient arrives for exploratory surgery. The anesthesia provider wants to send a stat hemoglobin & hematocrit and "type & crossmatch." Which Vacutainer tube will be used for specimen collection?**
 - Green top
 - Gold top
 - Blue top
 - Lavender top
- The average female Hgb is:**
 - 10 to 14 G/DL
 - 12 to 16 G/DL
 - 14 to 18 G/DL
 - 16 to 20 G/DL
- The normal range in seconds for clot formation is:**
 - 6–9 seconds
 - 10–13 seconds
 - 14–17 seconds
 - 18–21 seconds
- A green top tube is used to collect specimens for which of the following tests?**
 - Pt, PTT
 - Blood Glucose
 - Type and Screen
 - Electrolytes
- Pre-operative testing should be ordered for:**
 - all pediatric patients
 - all adult females
 - the individual patient
 - the male patient
- Routine pregnancy test should be performed:**
 - for all female patients
 - regardless of the patients consent
 - only if the patient requests it
 - if a patient's family requests it

To apply for Continuing Education/ Contact Hours:

- Provide all the information requested on this form.
- Provide correct answers to this issue's quiz in this box > > >
- 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

QUIZ 1
OF 2

The answers to the Fall '16 / Winter '17
Continuing Education Quiz are:
(circle correct answers)

- | | |
|--------------|-------------|
| 1: A B C D | 6: A B C D |
| 2: A B C D E | 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 _____

CONTINUING EDUCATION QUIZ



SCIENCE+
TECHNOLOGY

To test your knowledge on this issue's **Science + Technology** article on page 6, provide correct answers to the following questions on the form below. Follow the instructions carefully.

- Some modern workforces now find themselves managing up to ____ generations.
A. Three C. Five
B. Four D. Six
- Someone who's 60 years old should be considered:
A. Silent Generation
B. Baby Boomer Generation
C. Generation X
D. Generation Y
- Someone currently attending high school is from:
A. Baby Boomer Generation
B. Generation X
C. Generation Y
D. Generation Z
- A goal for today's workplace is to create a culture that demonstrates respect and inclusion for its multigenerational workforce.
 True False
- Which age bracket is also called "Millennials"?
A. Baby Boomer Generation
B. Generation X
C. Generation Y
D. Generation Z
- Factors that influence generational groups include:
A. Social, environmental, cultural
B. Political, economical, societal
C. Astrological, seismic, barometric
D. A & B
- The generation best suited for simulation-based learning is:
A. Baby Boomer Generation
B. Generation X
C. Generation Y
D. Generation Z
- The generation considered the best for adapting to change is:
A. Baby Boomer Generation
B. Generation X
C. Generation Y
D. Generation Z
- The generation most likely to question authority figures is:
A. Baby Boomer Generation
B. Generation X
C. Generation Y
D. Generation Z
- The generation whose values were formed as a result of the Depression is:
A. Silent Generation
B. Baby Boomer Generation
C. Generation X
D. Generation Y

To apply for Continuing Education/ Contact Hours:

QUIZ 2
OF 2

- Provide all the information requested on this form.
- Provide correct answers to this issue's quiz in this box > > >
- Mail this form along with \$10.00 (check or money order, payable to ASATT) to: ASATT
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The answers to the Fall '16 / Winter '17
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: T F | 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

2017

Recertification cycle ends January 31, 2017

Anesthesia Tech Day March 31, 2017

Check the ASATT website frequently; more meetings will be posted soon!

~ ~ ~

As part of this year's Board of Directors commitment to educational opportunities, we have researched the next three years' meeting locations. This was discussed with the membership attending the Annual Educational Meeting in Chicago and was met with much enthusiasm!

Our goal is to keep educational meetings cost-effective, and by giving you three years' notice for upcoming meetings, you will have the opportunity to decide when and where you would like to attend annual meetings and make plans ahead of time, while keeping it interesting for you!

As this profession and ASATT continue to grow, we will consider what works best for you, this may include going to sites coinciding with the ASA and AANA or as a stand-alone meeting.

We are also exploring ideas for future meetings in new areas such as Cleveland, San Antonio/Dallas, and Charlotte, NC.

Annual Education Meeting Sites

2017:	Pasadena, CA	Pasadena Hilton
2018:	Las Vegas, NV	<i>venue tbd</i>
2019:	Orlando, FL	<i>venue tbd</i>



AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

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