

How to Hire an Anesthesiologist Assistant

By Al Rothstein, American Academy of Anesthesiologist Assistants

(Panama City, FL) - Shane Angus had visions of living near the water, taking him back to his California roots. But his chosen profession, the Anesthesiologist Assistant, is not licensed to work in his home state.

"I wanted to be in a state where there was an ocean culture," he says.

Things began to fall into place when the legislature for another state known for its ocean culture, Florida, licensed AAs in 2004. His wife was considering law schools there, making the Sunshine State an ideal choice for the couple. Shane was well-qualified, having graduated from the AA program at Case Western Reserve University in Cleveland, Ohio.

Politics Stood in the Way

But Shane didn't realize the job search would take months. Even though AAs were licensed, no one had been hired yet, and there was a lot of hesitation among anesthesia groups to do so. In fact, there was pressure NOT to hire AAs.

"I actually had to talk to many groups," he remembers. "All were positive about AAs, but some were apprehensive to hire us even though they desperately needed staff. This was because of a few vocal nurse anesthetists who openly threatened to walk out if I was hired."

This did not happen with the group that eventually hired Shane, Anesthesia Unlimited. But the road through other groups and hospitals was bumpy.

"I was the first AA working under an AA license in the state of Florida and I am proud of that. However being the original can be difficult."

Anesthesia Unlimited covers two hospitals, two surgery centers, and private offices in the Panama City area. The Medical Director is Brian Kradel, who formerly served in the same capacity for the Gooding Institute of Nurse Anesthesia.

"More of the older Certified Registered Nurse Anesthetists are much more open to the idea of integrating AAs into a practice," says Dr. Kradel. "Many of the younger ones have been so drilled into the political process that opposes AA licensure, they see AAs as a political issue and direct competition."

"I've never felt that our practice was at risk of the CRNAs walking out, though" Kradel emphasizes. "If they threatened I would show them the door. They may voice their discomfort, but they never threatened."

Shane has worked mainly at an outpatient surgery center. "I have seen the quality of anesthesia that he provides, and it's equal to any CRNA," says Kradel. "The surgeons don't differentiate."

Lucy Glover, CRNA, MS, does the staffing for Anesthesia Unlimited at their two outpatient surgery centers.

"When Shane was being hired, we tried to not have pre-formed opinions, and that helped. We found that Shane had the right attitude," recalls Glover. "He knew he was coming into a previously CRNA-only practice and respected that. So he asked questions, was willing to learn how we do things, and was a team player."

To avoid conflicts with CRNAs, Dr. Kradel advises anesthesia groups, hospitals, ambulatory surgery centers, and others who would hire an AA to educate the staff about your intentions.

"Sit down with your CRNA staffs and explain to them who AAs are and why we want to bring them in. Because some of the CRNA leadership has been sending a lot of misinformation, as soon as they hear the AAs are about to be hired, they begin to work the surgeons and OR staff. They tell them they are not licensed and don't have the health care training. That makes for a malicious environment for somebody to come into."

Glover sees both sides of the political issue, and understands that some CRNAs fear the AAs will "flood the market and affect our income." But to avoid an uncomfortable or even intolerable environment in the workplace, Glover advises her CRNA colleagues to "give each individual AA a chance to show that they are competent and a team player."

Shane says the negative talk among the groups that he had previously applied for didn't discourage him. "More than one person told me that there were several CRNAs in various groups that were threatening to walk out if I was hired. It filled me with more strength and resilience. I felt like I had to prove myself to Florida anesthesiologists and CRNAs."

Dr. Kradel says it is important to keep in mind that the AAs are well-qualified health care providers with an impeccable safety record and are mandated to work under the supervision of the anesthesiologist, as part of the Anesthesia Care Team. "I've never made any bones that the ACT is the more efficient and safer model of the practice of anesthesia," he emphasizes.

He also says the hiring of an AA does not mean a CRNA would lose their job. "We have always told our CRNAs that we would never fire a CRNA and replace them with an AA. We are loyal to both, but we want to support the development of AAs as a viable midlevel provider, partly because the shortage of anesthesia providers was being felt acutely."

And Shane says the only competition created between AAs and CRNAs is not for jobs, but within the workplace itself to bring out the best in each person. "This is an important distinction. We, the AAs, bring that to a setting, because I'm being compared to another practitioner."

Hiring - Not a Difficult Process

Aside from the political resistance some anesthesia groups might receive, both Dr. Kradel and Shane say the process for hiring an AA is not difficult.

"It is just like hiring a CRNA or anybody else", says Dr. Kradel. "In the state of Florida, because AAs are licensed, there are no issues as far as staff privileges in hospitals or ASCs, just like for physician assistants."

"We did have some problems at first with the State of Florida. The biggest issue we had after we hired Shane was that the Board of Medicine did not have its software updated. That wasn't helpful in generating the proper credentialing to get provider numbers. We blazed the trail for that and I think the systems are in place now."

Shane recommends creating a credentialing packet as well as a rotation with one or several schools. "This way the group can find candidates that are interested in the facility, and the group can find an AA that fits their unique setting. Once the group finds a candidate that fits, the best thing to do is to start talking to them early, since AAs have several offers available to them when they graduate from their program."

Part of the process should also involve talking with your malpractice insurance company to make sure the process goes smoothly.

Kradel adds that the cost of insurance is no higher for AAs than for CRNAs, a fact that backs up the safety record of AAs. The salary is also similar with his groups AAs earning \$115-120,000 per year as a base salary, plus benefits.

Advantages of Hiring an AA

And the rewards of investing those dollars in AAs are numerous.

"We are trained by anesthesiologists in a format patterned after residency programs and have a heavy science and clinical training," Shane says. "The staff is happier with their hours because they are not working 50 plus hours per week. Therefore the working environment, and our training are better for everyone, most importantly the patients."

Kradel observes, "The CRNA staff works with Shane, think he's very good at what he does, and that he's a great guy."

Shane gives credit to Dr. Kradel for setting the tone for the group. "I could see there was some apprehension from the CRNAs, but after a week or two it was, 'Hey we're going to go grab a beer, want to go?' A lot of it was the environment that the doctors set. It is their group, they are in charge."

"The deepest irony is that I am now teaching CRNA students," says Shane. "They have a choice of who they want to work with and they choose me, and at the end of the day they walk out saying, 'I learned something today.'"

Shane says that Dr. Kradel's group should be a model for others who are thinking about hiring an AA.

"The group was forward thinking to be proactive. They created a credentialing packet, advertise and have student rotations. They are also the group that medically directs a CRNA school, The Gooding Institute. So if they can do it, anyone can."

"Most people are afraid of change," Shane concludes. "If you educate your staff and make them part of the process, they are more amenable and reassured, and will proceed happily."