Present Your Medically Challenging Cases at the 2006 Annual Meeting

Last year a new section was introduced at the ASA Annual Meeting allowing physicians to present medically challenging cases that they have managed. The section was a resounding success with over 80 presentations. Physicians from all over the world came to the Annual Meeting to present their difficult cases. Discussion was lively.

Why don't you consider presenting at this year's meeting? The section provides physicians a lively and informative forum in which they can share their experiences, teach others how they handled a difficult situation and receive feedback as to how others might have proceeded under the same circumstances.

If you have an interesting case that you think others would enjoy discussing, please submit it for consideration. Medically challenging cases must be submitted online on the Annual Meeting Web site at <www.ASAhq.org>. Deadline for submission is xxx

Announcing 2006 CBA Program

ASA is pleased to announce the 2006 Certificate in Business Administration (CBA) Program. The program is designed to provide physicians with the business skills needed to successfully manage the operations and functions of their health care organization or medical practice. The first on-site session will be held the weekend of **March 18-19, 2006,** at the Woodlands Resort and Conference Center in Houston, Texas, with three additional on-site sessions at the Woodlands throughout the year. Please see the other dates below:

August 5-6, 2006
November 4-5, 2006
January 13-14, 2007

The program will consist of a total of 10 modules. Five of the modules will be presented at the on-site sessions, and five of the modules will be completed through distance learning via DVD-ROMs. We still have space available for the course, so sign up today. You may access the brochure and registration form on the ASA Web site at <www.ASAhq.org/conted/cba.htm>. Also, please feel free to call Jeff Schulz in the ASA headquarters office at (847) 268-9145 for additional information.

Blending ACGME Core Competencies and Casualty Care

Patient Care

The primary benefactors of this rotation are our service members. Many of those we talked with describe great discomfort at two points: transport and postoperatively. The vast majority of those injured servicemen and women who are candidates for regional anesthesia are amenable to the procedure, with most reporting greatly decreased pain and continued satisfaction. Those with catheters placed and maintained throughout their stay at Landstuhl, and subsequently used after air evacuation to the United States, were very satisfied with the benefits offered. The CPNBs not only reduce pain during transport and surgery but also improve operating room efficiency by allowing rapid re-establishment of surgical blocks for frequent wound debridement. Our early results indicate that CPNB also may have far-reaching benefits in the reduction of emotional stress and chronic pain of traumatic injuries. The initiative to provide regional anesthesia support closer to the front lines plays an important role in making travel between points of care safer and less painful for our service members. Upon return to the United States, we have the opportunity to follow up on many of the patients we met and in whom we placed catheters in Germany, many of whom still had the same functioning catheters in place. The continuity of care is a pleasant reinforcement of all the lessons learned in the month prior.

In our opinion, the Combat Casualty Anesthesia rotation in Germany is likely the most rewarding and the best training month in residency. The positive interaction with attendings, surgeons, PACU and ward nurses all working toward the common goal of treating our nation's heroes to the best of our abilities using cutting-edge equipment and technology, the sheer numbers of blocks placed and managed (and the skill set developed as a result) and the opportunity to serve one step closer to the action all combined to create a memorable and invaluable experience. **ASA**