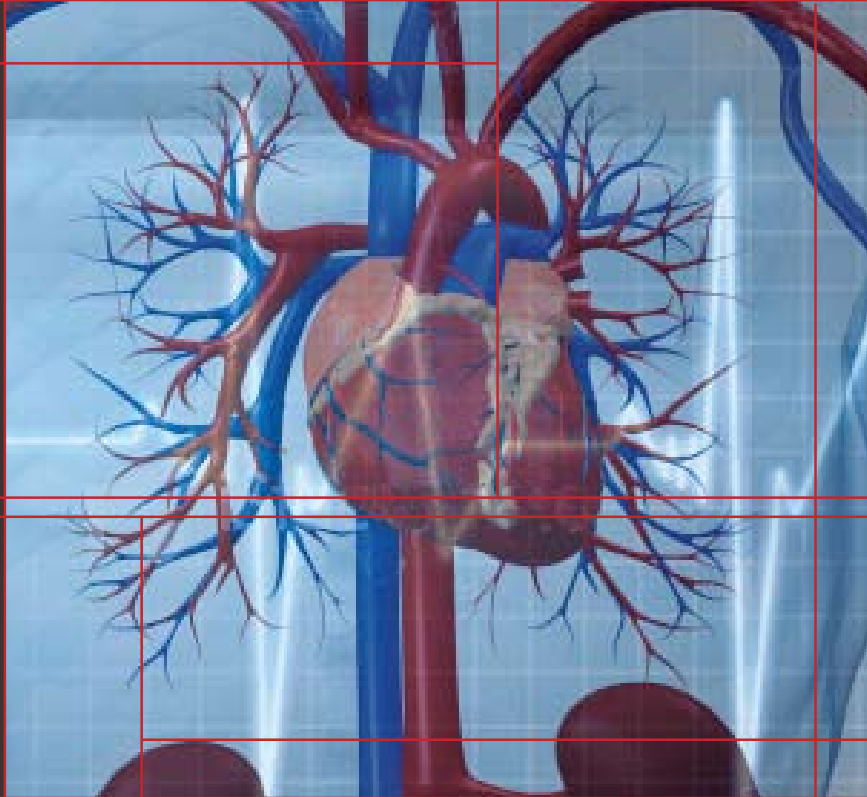




CardioVISION™

OFFICIAL JOURNAL OF THE APACVS

WINTER 2010



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ASSOCIATION OF PHYSICIAN ASSISTANTS IN CARDIOVASCULAR SURGERY



EDITOR-IN CHIEF
Doug Condit, PA-C

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MISSION & CONTENT

The mission of *CardioVISION™* is to provide a means of communicating pertinent information among practitioners of the specialty and among related professionals in the medical field and industry. *CardioVISION™* is a peer-reviewed quarterly journal that includes articles on practice issues, credentialing issues, educational opportunities, and more. *CardioVISION™* also includes classified job ads and industry advertisements.

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If you are interested in submitting an advertisement or job ad, please contact the APACVS office for deadlines, rates, and specs.

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FROM THE PRESIDENT'S DESK

By Jonathan Sobel, PA-C, FAPACVS



I am writing this as I sit in Atlanta's Hartsfield Airport having just finished a two day meeting at the NCCPA. Four specialty advisory committee's (SAC's) made up of PA's and Physicians from the specialties of Nephrology, Psychiatry, Emergency Medicine, and Cardiovascular and Thoracic Surgery convened at the request of the NCCPA. Representatives from Orthopedic Surgery will meet separately in January.

This past September, the NCCPA announced their plans to forge ahead with Specialty Certification. They outlined a general framework in which those PA-C's wishing to receive voluntary certification in their specialty would complete. This consisted of earning specialty specific CME, logging procedures, documenting years of experience in the specialty, and finally successfully passing a specialty certification exam.

Recognizing that each specialty has different needs, the purpose of the specialty advisory committees was to make recommendations to the NCCPA that would outline the specifics for each specialty. The SAC's were charged with recommending what specific CME should be required, how many hours of experience in the specialty should be required, and finally how many and what procedures should be required for logging.

The recommendations of the specialty advisory committees will be presented to the NCCPA Board between February and May of 2010, and a specialty specific certification process will be solidified and rolled out in 2011.

In January, APACVS conference attendees will hear from Randy Danielsen PA-C, PhD as he delivers the keynote address at our annual scholarship dinner. Dr. Danielsen is a past Chairman of the NCCPA, and most recently served as the Chairman of the NCCPA Taskforce on Specialty Certification.

The APACVS has recommended that CVPA's maintain a log of their patient encounters and procedures. We have created our procedure logging database to facilitate this for our members by providing them with a portable log that can move with them throughout their careers, and offers the convenience of web-based logging from any on-line computer. We have made logging of patient encounters an integral part of our Fellow Member (FAPACVS) program. Now with the general framework for specialty certification released by NCCPA, the practice of logging one's patient encounters becomes that much more essential for those hoping to gain this certification. Don't wait any longer-start logging your patient encounters today!



Whatever the final process comes to be, the ability to gain formal recognition from a certifying body for one's achievements in Cardiovascular and Thoracic Surgery has long been sought by CVPA's. I look forward to discussing this with many of you at our conference, and hope that you will pursue this worthwhile endeavor.



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¹ Brown et al. Strategies to reduce intraluminal clot formation in endoscopically harvested saphenous veins, *The Journal of Thoracic and Cardiovascular Surgery*, 134(5):1259-1265.
² Allen et al. Influence of Endoscopic versus Traditional Saphenectomy on Event-Free Survival: Five Year Followup of a Prospective Randomized Trial, *The Heart Surgery Forum*, 2003; (6): E143-E145.

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PA'S IN CARDIOVASCULAR EDUCATION SCHOLARSHIP

Since 1989 the APACVS has been awarding scholarships to PA students who had an interest in Cardiovascular and Thoracic Surgery. In 2005 the Association was informed the non-profit status would have to be changed in order to continue the scholarship auction at the APACVS social event. The BOD recommended starting the organization Physician Assistants in Cardiovascular Education with the approved non-profit status to continue the scholarship auction at the APACVS winter meeting. This was accomplished in 2005 with great effort from Goddard Associates and we were granted the appropriate non-profit status.

The scholarship auction has been sponsored in the past by W. L. Gore, Deknatel and Medtronic. Since 2005 the scholarship dinner and auction has been sponsored by Terumo.

The initial scholarships were awarded to PA students interested in cardio-vascular surgery. However, over the years the scholarship committee noted that only 25% of the awardees were going into CVS after being awarded their PA certificate. The Board of Directors of the Physician Assistants in Cardiovascular Education decided to change the scholarship to PA's in resident training programs in cardiovascular and thoracic surgery.

There was a transition period from PA students to PA residents in 2006-2007. Below is a list of PA students and residents who have been awarded scholarships from APACVS and PA's in Cardiovascular Education.

SCHOLARSHIP AWARD WINNERS

1990	1994-95	2003-04
Chris Clifton, Kettering PA Program	Gerald Simons, Cornell	None given
Linda Haws, UAB	1996-97	2004-05
William Lammle, Cuyahoga	Perry Olson, University of Detroit-Mercy	Donald Stone
Janice Pink, Albany PA Program	Joanne Trumbetas, Hahnemann	2005-06
Marcy Rux, Baylor	1997-98	Matthew Bremer
1991	Terence Panvica, St. Louis University	2006-07
Lori Aiken, Yale	Nancy Baltus, Emory	Heather Hatfield - resident
Tim Boyd, Bowman-Gray	1998-99	Adriana Sikyta - student
Mike Keene, Duke	Stafford Balderson, Nova Southeastern	Rosalyn Rosas - student
Jack Master, Cornell	1999-00	2007-08
Todd McCoy, Kettering	Stephen Dziadik, Hahnemann	None given
1992	2000-01	2008-09
Cindy Anderson, Kettering	James Carlson, Finch University-Chicago	Mehrnoush Nazmi-resident,
Norman Bizon, Yale	Damon Denzin, Emory	Duke University MC
Susan Hollinger, UAB	Tommy Tran, University of Florida	Jeffrey Miller-resident,
Richard Jackson, Cornell	2001-02	University of Iowa
Amy Kennedy, Cornell	Megan Palsa	2009-10
1993	2002-03	Kevin Martin, PA-C-resident,
James Berkes, Iowa	Jarett Gregory, University of Kentucky	Duke University MC
Michael Metz, Wisconsin		
Kristin Wagner, UAB		

The PA's in Cardiovascular Education is proud to announce the 2009 scholarship recipient: Mr. Kevin Martin, PA-C, Resident, Duke University Medical Center. He will be at the winter meeting of the APACVS to receive his scholarship. Congratulations to Kevin from the PA's in Cardiovascular Education and APACVS.

The PA's in Cardiovascular Education is a nonprofit association for the betterment of PA's in cardiovascular surgery. All contributions are tax deductible. Contributions can be sent to the APACVS office.

COMING SOON: SPECIALTY CERTIFICATION FOR CVT SURGERY PAs

Janet J. Lathrop, MBA

President/CEO, National Commission on Certification of Physician Assistants



Next year, PAs specializing in cardiovascular and thoracic surgery will be among the first to have an opportunity to earn specialty certification when the National Commission on Certification of Physician Assistants (NCCPA) launches its new specialty certification program.

For some of you, this is a rewarding conclusion after a long campaign for a specialty credential. Undoubtedly, others of you are still trying to figure out what the benefits are, what this means for PAs (those in specialties and those in primary care), and whether you'll personally participate in the process.

NCCPA's decision to offer specialty certification actually began with petitions from leaders in your specialty and others, leaders who saw PAs being challenged to document their qualifications to practice. In fact, CVT surgery PAs were among the first to ask NCCPA for help addressing those and other credentialing issues.

While the decision-making process has taken awhile and is, in fact, ongoing, the lengthy process was not without good reason: NCCPA leaders had to weigh passionate points of view on both sides of the issue. On the one hand, PAs enjoy great flexibility, with the ability to change specialties without formal or structured retraining or retesting requirements. On the other hand, the chorus of PAs who were being challenged by their lack of specialty credential has continued to grow. Eventually, we were hearing not only from PAs in CVT surgery but also from PAs in emergency medicine, psychiatry, nephrology, orthopedic surgery (all included in the 2011 launch of our program) and a number of other specialties. Plus, we recognize that the world has and continues to change as well: Over the last decade, a heightened awareness has been placed on patient safety and risk management; and state licensing boards have been taking a closer look at supervising responsibilities of physicians and the education and training of their PA partners.

Over time, it became increasingly clear that (1) with 65% of PAs practicing in specialties (according to the 2008 AAPA census), specialization is not just a possibility but a reality; and (2) the interests of patients are best served when they have access to qualified PAs. Further, as emphasis on competency assessment and documentation of qualifications continues to intensify, we believe it has become indisputable that the best way for us to serve the public is to provide a reputable, reliable mechanism for PAs to demonstrate and document their specialty qualifications. We are passionate believers in the vital role you fulfill in the health care system and are committed to doing our part to position you to continue to provide that care whenever and wherever it's needed.

Last August, NCCPA published an overview of the new specialty certification process. We reported that to be eligible for the process, PAs must hold the PA-C designation and an unrestricted state license (or equivalent federal practice authorization). Incorporating these requirements preserves your PA-C credential and your state license as the "tickets" you'll need for practice. Even more importantly, these requirements preserve the position of the PA-C credential as the pre-eminent, generalist credential for PAs and the only credential that should be a prerequisite for licensure. Specialty certification will be an optional credential that complements the PA-C sometime after licensure.

The four-part process at the core of specialty certification includes (1) specialty CME, (2) one to three years of experience, (3) procedures and/or patient case logging and (4) an exam. To keep the process flexible, PAs will be allowed to complete those four steps in any order; also, we'll designate PAs a "candidate for specialty certification" for the duration of their eligibility period after they've completed any one of the steps. Our hope is that by building in that flexibility, we'll decrease unwanted barriers to entry to specialty practice. Will some employers decide only to hire PAs who already have the specialty certification? Yes, just as some employers today only want to hire PAs who have a particular amount of experience or those who completed a particular course of training. On the other hand, there will also continue to be employers who are more than willing to hire PAs into a new specialty just as they do today. In fact, being able to demonstrate to a prospective employer that they're on an established pathway to earning

Continued on page 8



specialty certification may be the thing that gives PAs the edge over providers of other stripes.

Since announcing the model for specialty certification, we convened advisory panels with physicians and PAs from the five specialties to be included in the 2011 launch of our program. Those practitioners helped us bring more specificity to the specialty-by-specialty requirements within the model. That work is still ongoing, and we'll have more details to share later this year regarding what and how many procedures or cases are to be required, exactly how much experience is required, and how the specialty CME should be focused. Later this year, we'll also publish a "content blueprint" for the new specialty certification exams, so PAs will know what knowledge and skill areas will be covered—and have a sense of how to prepare.

We would welcome a chance to talk more with you about this new process, and we remain committed to keeping you updated as our discussions about implementing this process continue. Throughout this year and next, NCCCPA leaders will meet with PAs at conferences and events around the country. On January 22, NCCCPA representative, Randy Danielsen, PhD, PA-C, will address those of you attending the APACVS 29th Annual Educational Meeting in Ft. Lauderdale. If you miss that, look for us at other state conferences and at the AAPA Annual Conference in Atlanta this May.

I know that change—any change, and perhaps especially this one—can be stressful and maybe even unwanted. But JFK once said that change "is the law of life, and those who look only to the past or present are certain to miss the future." We are working to make sure specialist PAs aren't left out of a future where on-the-job training is no longer enough to satisfy credentialing committees, employers and patients. If I or a loved one ever needs bypass surgery, I want one of you to be there. With your support of this new specialty certification process, together we can make sure that's possible.

WHY JOIN APACVS? BECAUSE IT'S MORE THAN JUST AN ORGANIZATION . . .

Regardless of where you are in your CTV surgical career, APACVS provides a wealth of membership benefits to help in serving your patients, your community, and your profession.

"Why I am a member?"

Some would say for the educational benefits, which includes two annual educational meetings, one in conjunction with the STS Annual Meeting, and the other, our popular Invasive Skills course offered annually. Others are interested in the annual Practice & Compensation Profile prepared by an independent research firm and published yearly. Yet, some of our members enjoy the benefit of career and individual promotion through the APACVS Fellow Membership which provides qualified members the opportunity to display a level of experience and excellence in practice through the use of the FAPACVS designation.

The Benefits of Membership:

Education:

- Two annual educational meetings. The CME lectures are given by leading experts in the field of cardiovascular and thoracic surgery. The topics are ground-breaking lectures to assist in your practice as a CVT PA. Members receive discounted registration fees. This year's meeting in Fort Lauderdale will be our 29th annual meeting. Along with cutting-edge topics, a round table discussion featuring an **EVH Panel of Experts** will be taking place at the meeting. The program will address recent literature and discuss state of art EVH techniques.
- Annual and Critical Care Conference Invasive Skills Course, at which participants learn and perform hands-on technical procedures in an animal lab setting via individualized instruction.

Publications & Resources:

- The annual *Practice & Compensation Profile* which provides a comprehensive picture of the role of the CVT PA in contemporary practice and the compensation typically received.
- APACVS produces publication promoting the role of the CVT PA and guidelines for credentialing of the CVT PA.

Continued on page 9

- The Association's journal, *CardioVISION™*, is printed quarterly and helps to keep readers informed of news and events affecting the CVT PA. Career development information is also included.
- Access to Heartcall, an online community to research or post information and questions regarding many issues affecting the CVT PA.
- *The Vital Role of the Cardiovascular/Thoracic Physician Assistant on the Physician-PA Team*, A CD-ROM developed and produced by the Association to help educate the medical community about what CVT PAs can do. Copies are available from the APACVS office and have been distributed to PAs, educators, surgeons, and hospital and practice administrators at national meetings to promote the CVT PA.

Professional Development:

- Fellow Membership in the Association of Physician Assistants in Cardiovascular Surgery (FAPACVS) is reserved for active members of the Association who have distinguished themselves as competent and proficient in the practice of cardiovascular and/or thoracic surgery.
- An annual scholarship is offered to any APACVS member in good standing who is currently enrolled in a Cardiovascular Post Grad Education Program.
- The Leadership Fellow Program was established to help identify and train the future leaders of the organization. The program is open to APACVS members who have a strong interest in a future leadership position within the organization. Successful candidates are funded to attend the semi-annual APACVS Board of Director's meetings as a non-voting participant. They are also to conceive and complete a year-long project that will be approved by the BOD and funded through the program. The project is then presented at one of the CME meetings.
- *APACVS Career Center* – an online resource for jobseekers and employers alike to post or research resume's or view jobs available.
- **APACVS on Facebook** -The association launched the "APACVS" group and fan page on Facebook to provide a social networking channel to PAs and students.
- *APACVS Procedure Log* -- It is intended to be used to maintain and catalog a case record during the entire career in Cardiothoracic Surgery. A CVPA will access the Procedure Log to enter patient encounters and review his or her case experience.

Professional Liaison:

- APACVS maintains professional affiliations with the STS, AATS, TSDA, AAPA, and AASPA.
- The APACVS maintains a delegate in the AAPA House of Delegates, the legislative body of the Academy. This important "voice" for the CVT PA has been vital to educating the imperative role of the CVT PA to non CVT PAs and healthcare providers.

The above only lists the highlights of membership with APACVS. Never before in the history of our organization has a more dire time existed. With the changes of healthcare looming, no group is safe from the changes we are now experiencing in healthcare. There is definite strength and influence imparted by membership in a large group. Not only can a group fend off adversaries and accomplish monumental tasks, but the exchange of information and communication of individual experiences within the group provide knowledge that an individual may never be able to obtain. Yes, the whole is greater than the sum of its individual parts.

We hope you will plan to renew your membership or request a membership application today. You can log onto APACVS.org to complete an online membership application or renew your membership. You may also download a membership application. If you have any questions, please do not hesitate to contact us toll free at 1-877-221-5651. .



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FOOTNOTES

- 1 A study has shown that use of the VirtuoSaph™ EVH System results in limited thermal spread during ligation of branches. Data on file and awaiting publication by the University of Michigan, Ann Arbor, Michigan.
- 2 Burris et al. Incidence of residual clot strands in saphenous vein grafts after endoscopic harvest. *Innovations: Technology & Techniques in Cardiothorac & Vasc Surg* 2006;1(6):323-327.
- 3 Brown et al. Strategies to reduce intraluminal clot formation in endoscopically harvested saphenous veins. *J Thorac Cardiovasc Surg* 2007;134:1259-1265.
- 4 Burris et al. Catheter-based infrared light scanner as a tool to assess conduit quality in coronary artery bypass surgery. *J Thorac Cardiovasc Surg* 2007;133:419-42.
- 5 Chiu et al. Reduction of carbon dioxide embolism for endoscopic saphenous vein harvesting. *Ann Thorac Surg* 2006;81:1697-1699.
- 6 Lin et al. Carbon dioxide embolism during endoscopic saphenous vein harvesting in coronary artery bypass surgery. *J Thorac Cardiovasc Surg* 2003;126:2011-2015.

A LOT CAN HAPPEN TO SOMEONE IN LESS THAN A DECADE

By Michael C. Doll, PA-C, FAPACVS



In 2002, I was lucky enough to receive the APACVS/Ethicon award for Excellence in Cardiovascular Surgical Education. I received that award at the Bahia Mar hotel in Ft. Lauderdale, Florida during the APACVS annual winter CME meeting. Flash forward to 2010, I will once again be attending the APACVS winter educational meeting at the very same hotel. Within those eight years, a great deal has happened to me. Personally, I got married and have two beautiful children. Professionally, I become one of the first Leadership Fellows for the APACVS. That honor was followed by elections as a Director-At-Large, Vice President and President for this great organization. During my time as Director-At-Large, I also served as chair of the CME committee and I continue to serve on this committee to this day.

It was very pivotal that at the start of my journey with the APACVS, I received an award that centered on education. While professional representation and the ability to network with colleagues are both important benefits of being a member, the education of our members, through CME and COC meetings, is the foundation of this organization.

As you enjoy this 29th annual meeting, take heart in knowing that the members of the CME committee have worked diligently over the last year to put on the best meeting possible. This voluntary work was done early in the mornings, in between cases and late into the evening hours. A few conference calls and many e-mail exchanges took place in order to put on a meeting that our members have come to expect and pay for. All of this work is now being done in a time when putting on meetings has become increasingly more difficult. In the past, CME committee members would approach the medical industry for sponsorship of speaker's travel expenses and honorariums. Within the last few years, federal regulations have put many restrictions on such sponsorship. This reality was followed by a gigantic decline in the economy; a decline that the medical industry, like many industries, has yet to fully recover from. Despite these harsh realities, the CME committee and our Executive staff stayed committed to the process of putting on high-quality, surgically-relevant, and state-of-the-art meetings.

With regards to professional representation, my two years as President have taught me that the APACVS continues to be a very strong voice for specialty recognition and certification. Since 65% of our profession is working in subspecialty practices, the need to have a stronger voice with both the AAPA and the NCCPA regarding the needs of the subspecialty PA has never been greater. The AAPA put forth a 5 year strategic plan that placed a stronger focus upon the Academy's relationships with their constituent organizations. Starting in 2011, the NCCPA will be offering a recertification process for subspecialty PAs. This long overdue process will now allow CTVS PAs to recertify within their subspecialty. As many of you know, CTVS is one of the first subspecialties where this voluntary recertification process will be offered. I was honored to be part of the many AAPA and NCCPA meetings that took place over the last two years. Because our organization is so respected within the PA profession, we will continue to be "invited to the table" as future meetings take place with these organizations.

Since our profession was just voted the #2 profession in the country by Money Magazine, it is a great time to be a PA and to be part of PA leadership. Therefore, I have decided to take another step in PA leadership by running for an AAPA board position as an At-Large Director.

At the start of this year's meeting, my time as Past President will begin. It has been an honor and a privilege to be part of the leadership for the APACVS. I look forward to the future of our profession and, most of all, our subspecialty.

Thank you and have a great meeting.

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STS & SVS - ASSOCIATE MEMBERSHIP FOR PA'S

Cardiothoracic and Vascular professional organizations, which have traditionally limited their membership to physicians, now invite and encourage APACVS members to join their professional societies.

The **Society of Thoracic Surgeons (STS)** which is a professional organization composed of over 5600 professionals invites APACVS members to become Associate members of the STS. The STS was founded in 1964 to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research and advocacy. STS members worldwide are dedicated to ensuring quality heart, esophageal, lung and other surgical procedures of the chest. APACVS members interested in becoming an Associate member of the STS may find the application procedures online at www.sts.org.

The **Society for Vascular Surgery (SVS)** is a professional organization with over 2600 members which was founded in 1947 and exists to advance excellence and innovation in vascular health through education, advocacy, research and public awareness. The SVS invites APACVS members to become affiliate members of its professional organization. The SVS offers APACVS members a choice in annual dues: a specific amount if the PA wishes to receive an annual subscription to the *Journal of Vascular Surgery* and a significantly reduced amount if the PA elects not to receive their own personal subscription to the Journal. APACVS members interested in becoming affiliate members of the SVS may find the application procedures online at www.VascularWeb.org.

APACVS members interested in participating in the STS and/or SVS will find their application process different than the traditional PA organization. In addition to providing traditional demographic and professional information, both organizations require all applicants to provide a letter of recommendation from at least one (STS) or two (SVS) current members of their societies. Also, once the membership application has been reviewed for completeness, it is then reviewed by the society's membership committee and new members are inducted once a year at each society's annual meeting.

APACVS & STS BOARDS TO MEET

During the APACVS 29th Annual Educational Meeting, to be held at the Bahia Mar Hotel, in Ft. Lauderdale, members of the APACVS Board of Directors will have a meeting with members of the STS Board of Directors, to discuss issues of concern to both organizations.

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APACVS BOARD MEETING

The APACVS Board of Directors will hold their next meeting, Thursday, January 21, 2010, at the Bahia Mar Hotel, in Ft. Lauderdale, one day prior to the 29th APACVS Annual Educational Meeting.

Any member who has an item which they wish the Board to address is requested to contact the National Office at their earliest convenience.

All APACVS Board meetings are open to all APACVS members. .

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APACVS EXHIBIT

The APACVS will have an exhibit at the Annual meeting of the STS in Ft. Lauderdale, Florida. All APACVS members who will be attending the STS meeting are encouraged to volunteer to staff the APACVS booth for an hour or two.

Providing an exhibit at the Annual STS meeting allows the APACVS to educate CVT surgeons, hospital & practice administrators and others as to the role the CVT plays in the contemporary surgical arena.

APACVS FELLOW MEMBERSHIP

All Active members of the APACVS, who meet the qualifications for Fellow membership, are encouraged to apply for this prestigious status. Applications for Fellow status may be found on the APACVS website at www.apacvs.org. Since there is considerable expense in reviewing the material each applicant submits there is a \$50 application fee applied to all applications.

For the past several years, the APACVS has been dealing with the question of how to explicate our credentials to individuals outside of the APACVS. The Board of Directors felt that that development of a Fellow membership category, to recognize those individuals who have demonstrated experience in CVT surgery through fulfillment of a set of criteria would distinguish these individuals. The APACVS member must obtain an application from the National Office and submit it with supporting materials, criteria varies depending on years of experience.

For applicants with five or more years of clinical experience in cardiovascular/thoracic surgery:

1. Current curriculum vitae.
2. Letter of recommendation from the current supervising physician or most recent supervising physician within the previous twelve-month period. The letter must to the applicant's competence and proficiency, the number of years of clinical cardiovascular/thoracic surgical practice and approximate number of patient encounters* during the applicant's association with the practice.

For applicants with fewer than five years of clinical experience in cardiovascular/thoracic surgery:

1. Current curriculum vitae.
2. Letter of recommendation from the current supervising physician or most recent supervising physician within the previous twelve-month period, attesting to the applicants competence and proficiency in the practice of cardiovascular/thoracic surgery.
3. Certificate of Completion of a post-graduate training program in cardiovascular/thoracic surgery, which meets the guidelines as set forth by the joint task force of the APACVS and the Society of Thoracic Surgeons.

-OR-

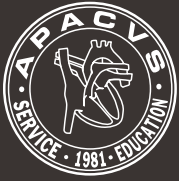
Letter of verification from the supervising physician attesting to the applicant's having had two years of full-time experience in the management and treatment of cardiovascular/thoracic surgical patients.

4. Signed transcript of a minimum of 200 patient encounters* logged via the APACVS database.

-OR-

Copy of applicant's employer-provided, HIPPA-compliant credentialing logbook, documenting a minimum of 200 patient encounters.*

**A patient encounter is defined as acting as first or second assistant in the operating room, including harvesting conduit, acting as the primary operator in performing any diagnostic or therapeutic procedure, or active participation in the bedside management of a patient.*



P.O. Box 4834
Englewood, CO 80155

SAVE THE DATE

APACVS Annual Summer Meeting Critical Care and Invasive Skills Workshop



**July 28-31, 2010
Atlanta, GA**

**Renaissance Atlanta Downtown
590 West Peachtree Street NW
Atlanta, GA 30308**

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Join us for CME through clinical lectures and hands-on workshops in beautiful destinations throughout the United States. In addition to outstanding education, these meetings offer opportunities to socialize with peers, network, and meet with industry representatives.