

San Antonio Society of Anesthesia Technicians

2008 Seminar II
August 23, 2008
Southwest General Hospital
San Antonio Texas
First Floor Conference Room

PROGRAM AGENDA

6 CEH/CH – ASATT APPROVAL CODE: PENDING

- 0700 Registration & Breakfast –
- 0800 Opening Remarks and Introduction
Raul Esquivel
- 0810 Central Venous Line – When is Needed?
Dr. Arthur Hernandez
Staff Anesthesiologist, Southwest General Hospital
- 0900 Pain Management: The On-Q Pump
Arron Marks
I-Flow Corporation
- 0950 Break
- 1005 Anesthesia for Bariatric Surgery
Jim Machetta, CRNA
Staff Anesthetist, Southwest General Hospital
- 1100 Nerve Blocks in the OR
Dr. Kerry Latch
Staff Anesthesiologist, North-East Anesthesia
- 1200 Lunch –
- 1300 Beginnings of Pharmacology
Dr. John Munni
Staff Anesthesiologist, Texas Anesthesia
- 1400 Awareness Monitoring – BIS Monitor
Danna Mosley
Aspect Medical
- 1500 Closing Remarks & issue of Certificates of Attendance –

Program Directors: Noe M. Garcia - Raul Esquivel
210-440-7276 210-292-5660

Sponsor: BAXTER – Robert McCormick (Breakfast/Lunch)

Display: LMA – Jacquelyn Kennedy
ConnMed – Angela Nix

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PROGRAM EVALUATION

Name: _____	ASATT MEMBERSHIP No: _____
Hospital: _____	ASATT Certified: _____

SASAT strives to promote education through these seminars. Your assistance to evaluate this program and each presentation individually provides suggestions for future meetings. Your interest to attend this seminar is greatly appreciated.

Evaluation of Objectives	RATING				
	NOT ATTAINED		ATTAINED		
1 Central Venous Line – When is Needed?	1	2	3	4	5
2 Pain Management: The On-Q Pump	1	2	3	4	5
3 Anesthesia for Bariatric Surgery	1	2	3	4	5
4 Nerve Blocks in the OR	1	2	3	4	5
5 Beginnings of Pharmacology	1	2	3	4	5
6 Awareness Monitoring – BIS Monitor	1	2	3	4	5
1 Was the program material relevant to the participant's practice? Comment: _____		YES	____	NO	____
2 Were your objectives met by attending this program? Comment: _____		YES	____	NO	____
3 Were the facilities adequate? Comment: _____		YES	____	NO	____
Suggestions and Comments about the program: _____					

Signature: _____ Date: _____