

# 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				
	<u>NOT ATTAINED</u>		<u>ATTAINED</u>		
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: \_\_\_\_\_