

WINTER 2023: INSPIRE, CONNECT, ENGAGE

Volume 31, Number 4 • Winter 2023

Anesthesiologists: The Integral Link to a Safe Anesthetic?

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While advocacy may not be the most exciting topic at ASA, it may be the most important for the future of anesthesiology. The booths with fancy airway equipment, new hemodynamic monitoring systems and free trinkets do catch our attention at first glance, but what about a session that educates on the value of the anesthesiologist and why this is something we need to be discussing amongst ourselves and the public? Attending

the national ASA conference allows us to see and better understand what advocacy is. Those who are actively involved in the legislation that shapes our field of medicine in Virginia and across the US discuss successes and failures, and the challenges that

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Feature Article

“Rest Assured” Awareness Campaign Reaches Millions



Dr. Marie Sankaran Raval with patient Caroline Dunn

By Brooke Albright-Trainer, MD, FASA
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Dr. Brooke Albright-Trainer

As we begin 2023, we’re taking stock of our VSA public relations campaign, “Rest Assured” — designed to increase awareness in Virginia of the role anesthesiologists play in patient care.

Our VSA communications committee has shared our work on a national level, in presentations with our ASA counterparts, and to colleagues attending the American Society of Anesthesiologists Annual Meeting in New Orleans in October.

Across Virginia, our billboards, targeted emails and paid advertising have reached more than 3.4 million people — with more results ahead.

Our goals for the campaign grew from the survey we commissioned last year, which gave us insight into what the public knew about physician anesthesiologists. Findings from the National Survey Research Group State of Virginia, reported October 2021, showed us the gaps in understanding and the opportunities for us to provide context and education.

Fewer than one in five of the survey respondents, for example, were aware that a majority of physician anesthesiologists continue in their training to become sub-specialists. When it came to differentiating between nurse anesthetists and physician anesthesiologists, 60% of respondents said the term “nurse anesthesiologists” would be confusing. Some of these issues are likely to be a topic of discussion during the 2023

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UPDATE

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The **VSA Update** newsletter is the publication of the Virginia Society of Anesthesiologists, Inc. It is published quarterly. The VSA encourages physicians to submit announcements of changes in professional status including name changes, mergers, retirements, and additions to their groups, as well as notices of illness or death. Anecdotes of experiences with carriers, hospital administration, patient complaints, or risk management issues may be useful to share with your colleagues. Editorial comment in italics may, on occasion, accompany articles. Letters to the editor, news and comments are welcome and should be directed to: Brooke Trainer, MD • brooke@vsahq.org.

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SAVE THE DATES



2023 ASA LEGISLATIVE CONFERENCE

May 15 - 17, 2023

Hyatt Regency Washington on Capitol Hill,
Washington, DC

If you have any questions, please contact
Silvana Barbosa at s.barbosa@asahq.org
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President's Message

Dr. Sankaran-Raval Looks Back on Two Years as VSA President

By Marie Sankaran-Raval, MD
VSA President



Dr. Marie Sankaran Raval
VSA President

As I look back at the last two years as your VSA president, I pause in awe of all the people who have helped me to successfully lead this organization.

I am very thankful for the VSA executive board, our amazing administrative staff and our lobbyists at Commonwealth Strategy Group. Last but not least, I thank all of you who have performed above and beyond as anesthesiologists, critical care physicians, innovators and leaders throughout the pandemic. We could not have been successful without you, because as I have written previously, we are stronger together!

This winter newsletter focuses on a theme that is very important for us as anesthesiologists – the Anesthesia Care Team. The American Society of Anesthesiology released a statement on October 26, 1982, which was amended in October of 2019. It states:

“In the interests of patient safety and quality of care, the American Society of Anesthesiologists (ASA) believes that all patients deserve the involvement of a physician anesthesiologist in their perioperative care. In the U.S. today, most anesthesia care is either provided personally by a physician anesthesiologist, or is provided by a non-physician anesthesia practitioner directed by a physician anesthesiologist within the Anesthesia Care Team (ACT) model.”

The statement further defines the members of the ACT: the Physician Anesthesiologist who directs an anesthesia resident/fellow, a Certified Registered Nurse Anesthetist

or a Certified Anesthesiology Assistant. It stresses that the physician direct all care, including preanesthetic evaluation, prescribing the anesthesia plan, administering the anesthesia, and postoperative care.

We at the VSA believe that all patients deserve the ACT model and we want to preserve the safest and highest quality of care, as determined by the ASA.



To that end, the VSA has launched an awareness campaign entitled Rest Assured, lead by the marketing firm, Springstory. Our goal is to educate the public as well as legislators about what we do as Anesthesiologists and how we keep our patients safe. More information can be found in this newsletter and online at RestAssuredVA.com.

This issue also includes a review of the ASA annual meeting and the House of Delegates proceedings, which took place in New Orleans, Louisiana. I encourage you all to read it and participate next year in Anesthesiology 2023, not only for the CME but to connect or reconnect with anesthesia colleagues across the globe.

Lastly, we include a legislative update as we prepare for the Virginia General Assembly, which commenced on January 11, 2023. This legislative session is critical for the VSA because legislation is being introduced that could breakup the ACT model we are working hard to protect.

We encourage you all to reach out (marie.sankaranraval@vcuhealth.org) to participate in our campaign and to donate to the VaSAPAC. No contribution is too small and we thank you for your support as we build our relationships with key legislators and diligently lobby on behalf all Anesthesiologists in the Commonwealth to protect our patients and provide them with the safest anesthesia care.

The ASA Annual Meeting Offers Something for Everyone!

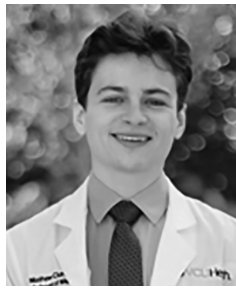
A Collaborative Medical Student Experience



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The 2022 ASA Conference held at the Ernest N. Morial Conference Center in New Orleans was attended by 1500 medical students from across the country and around the world.

We had a chance to meet during the medical student and resident reception Friday night and again during student track lectures starting on Saturday. By Sunday, many of us attending the Medical Student Section (MSS) House of Delegates (HOD) session had become well acquainted.

This collegial atmosphere framed our discussions as we voted to elect new officers, redefine an existing position, and propose new opportunities for aspiring student anesthesiologists.

Keynote Speaker at ASA MSS HOD

The keynote speech, *Keeping Humanism Alive While Letting Yourself Thrive*, was given by Dr. Elizabeth Malinzak, a pediatric anesthesiologist at Duke University.

She spoke of generational differences, adapting to workplace issues, and how to remain centered amidst turbulent times. The message was hopeful, supportive, and well-received. She delivered a compelling and eye-opening speech stressing the importance of mental health, diversity, and leadership development.

Sharing her own stories through the development of her career in anesthesiology, she provided insight into the challenges ahead of us students that are often overlooked. These included the importance of setting values to maintain a work life balance, working to keep a humanistic perspective, and empha-

sizing the need for inclusion as we become the new leaders in the field. Her presentation was concluded with a standing ovation of appreciation from the House of Delegates.

MSS Governing Council Initiatives

The meeting began with updates from the incredible work the governing council has done over the past year. This included an over 60 percent increase in student membership over the past year to over 4,000 students, the introduction of a state society medical student liaison program, and the creation of an advocacy interview series with Georgia State Senator Dr. Sam Page, and former US Surgeon General Dr. Jerome Adams.

Some other important updates from the past year is the creation of an Anesthesiology Interest Group (AIG) toolkit that aids students in forming student interest groups at their schools. The student mentoring program was also expanded to include 376 students, 131 resident mentors, and 13 attending mentors to help provide students with guidance in pursuing a career in anesthesiology. These programs are vital to continue the growth and trajectory of student involvement in the field.

The MSS HOD addressed minor amendments to the MSC bylaws including title changes of governing positions. The Member at Large position was changed to Membership Outreach Coordinator to better represent the roles and responsibilities of the position, and the Diversity and Inclusion Liaison title was changed to Diversity, Equity, and Inclusion Liaison to better represent the goals of MSC.

The first speaker session of the new Environmental Health Initiative was also con-

ducted on March 24th of 2022, and can be found on the ASA medical student component webpage under current highlights.

Overall, the House of Delegates Meeting and other medical student events were incredibly productive thanks to an outstanding Governing Council, which elevated the medical student component of ASA over the past year. Their work will be continued and strengthened under the new administration with a special emphasis on creating more leadership opportunities for students, expanding centralized resources to guide students without strong anesthesiology programs at their schools, and strengthening diversity and inclusion efforts through scholarship and service. Special thanks to former president Natalie Koons and the rest of the council for their unmatched dedication to the program.

Medical School Mentoring Initiatives

At the annual ASA Medical Student Component House of Delegates, we received updates on initiatives started in the previous year, including medical student mentoring, which matched 376 students with residents and attendings, as well as a new anesthesia interest toolkits which can be utilized by anesthesia interest groups to provide students with more opportunities in the field.

MSS DEI Initiatives

We had the opportunity to hear from our Diversity, Equity, & Inclusion liaison about how we as medical students are leading the way in inclusion with opportunities such as

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the DEI feature form - allowing students a platform to share a story, memory, or photo that captures their experience as underrepresented minorities in the field of anesthesia.

MSS Elections and Leadership Opportunities

The conference, and serving on the MSC, is an incredible opportunity for students to get involved early in leadership in anesthesiology. Strong leaders are vital in anesthesiology because it is a field where lobbying for physician rights is a necessity to keep the field established. The MSC serves as a student run governing body, conducting important delegation meetings, and acting as a central resource for all interested students.

This meeting, we listened to speeches from the highly-motivated candidates for 2022-2023 officer positions. Virginia's own Mathew Ciurash from VCU, campaigned on a platform to share resources between schools with academic anesthesiology departments, and those without, in order to create more inclusion. This resonated with many students present and he was voted in as President Elect.

The Member at Large position, which had previously been vaguely defined, was reinvented by the outgoing officer, Courtney Strickland. This position was renamed Member Outreach Coordinator, and will seek to improve communication and involvement within the student component of ASA.

Awards for the best Anesthesiology Interest Group (AIG) were presented and the election for the 2022-2023 MSC term was conducted. The results are as follows. A special thanks to all who ran for the positions and demonstrated their dedication and interest in leadership among the MSC.

Outstanding AIG Award Recipients for 2022

- Best Overall AIG - Oakland University William Beaumont School of Medicine
- Most Innovative AIG - Vanderbilt University School of Medicine
- Best New AIG - Tufts University School of Medicine

Election Results for the 2022-2023 Term

- President-Elect: Mathew Ciurash
- Secretary: Mindy Hoang
- Alternate Delegate to AMA Medical Student Section: Lucas Kasson
- Senior Advisor: Iman Soliman
- Membership Outreach Coordinator: Tiffie Keung
- Diversity and Inclusion Liaison: Breyanna Dulaney

Medical Student Advocacy

We also discussed a new initiative to create a State Society Medical Student Liaison program. The State Society Medical Student Liaison program aims to create leadership opportunities for students and connect anesthesiology programs across the state. This will allow greater exposure of students to the local issues affecting anesthesiologists. The interview program has the goal of creating an online resource to guide students in the application process and gain an insight into the importance of advocacy and diversity from thought leaders in the field.

For example, at the Virginia Society meeting at ASA we heard about scope creep. Recently, California came very close to passing a bill that would have allowed optometrists to perform laser eye surgery with less than a year's training. We were surprised to learn that very similar legislation did pass here in Virginia last year. Knowing about current issues from other states, and the strategies the AMA uses to promote patient safety, can help us anticipate possible future legislation in our own state. The issues may not be directly relevant to all medical students, but may be especially relevant to future anesthesiologists. It's important to gain early exposure to what it means to advocate for the well-being of our patients, and that this engagement in our specialty extends far beyond the clean spaces of the operating room.

Events Preparing Students for Anesthesiology Residency

There was a plethora of opportunities for medical students to attend and engage; beginning with the medical student and resident welcome on Friday night, where students met students from medical schools from across the country, as well as some of the residents, to talk about their programs. Saturday afternoon brought the annual program director meet and greet, where program directors and staff from residencies across the country set up booths for medical students to introduce themselves and meet with them. The conference is utilized as an opportunity for students to be able to meet residency programs in person in which they have applied. This aspect has grown in importance because interviews are now conducted virtually. Students around the US flock to this event! While the auditorium set up was certainly crowded, it was also a great opportunity to learn more from programs that you may be interested in considering for rotations as 4th year students.

Other events targeted for the medical students who are preparing to apply to anes-

esthesiology residencies are held and include "Navigating the Road to Residency" and "Basics of Anesthesiology: The Perioperative Course".

VSA Advocacy Initiatives

Our annual Virginia Society of Anesthesiologists meeting was held in the afternoon, where we had the chance to hear from our leadership about the strides we have taken in the past year at the state level, such as with RestAssuredVA.com. This is a campaign where we are educating the general public about what an Anesthesiologist is, and what our role is in patient's healthcare.

POCUS Snap Talks

This year there was special emphasis dedicated to the production of so-called "Snap Talk" presentations. The presentations that caught our eyes were the ones which focused on changing the future of anesthesiology residency, notably, Focusing on Point of Care Ultrasound, by Dr. Ben-Jacob et al. We have seen the addition of ultrasound become increasingly incorporated into anesthesiology residency programs and believe that this is a step in the right direction, as it adds significant value to the work that anesthesiologists are capable and provide, both in a clinical and a hospital setting.

Artificial Intelligence in Anesthesiology

Featured as an opening talk were details regarding the use of artificial intelligence in anesthesiology. It was titled, AI for the Sake of Humanity, by Mick Ebeling. This and other presentations on the subject matter are stored on the ASA online website for virtual consumption. However, at the core of this presentation and other similar talks at the event was artificial intelligence will, without a doubt, become a central driving force in the evolution of the field of anesthesiology. On one hand, this seems frightening, since it will ultimately lead to challenging the way procedures have been performed in anesthesiology. However, the revolution that artificial intelligence provides is only going to transform anesthesiologists into irreplaceable team players in the operating room, as well as in the clinical setting, although this might require us to shift our training by placing emphasis on the digital world.

Entrepreneurs and Technology in Anesthesiology

The cutting-edge technology and new

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research on display made the vast potential of future technology clearly evident, and we had the opportunity to witness the latest ultrasound technology with its precise localization for life-saving procedures. Ultrasound education is a great beginning in this transition, and we predict that soon, anesthesiologists will receive technical training in the field of systems engineering, computer science, and leadership. There were a number of startups in large companies at the event. It was overwhelming indeed, including names such as Edward Life Sciences, all the way to newer startups testing novel anesthetics and AI prediction for vital signs. For those who are entrepreneurial minded, it would benefit to explore the various companies in the field of anesthesiology. The future is bright and exciting, and all it takes is anyone, not just a student, to attend the ASA national conference and witness the heights to which technology is elevating anesthesiology.

In Conclusion

The 2022 ASA conference and Student House of Delegates meeting gave students the opportunity to become more involved in our future profession. We are concerned about the ever-increasing competitiveness of residency positions, creating more student engagement, and how to become lifelong advocates for our patients. We hope that our involvement now will help shape an uplifting, inclusive profession of anesthesiology, building on the foundation of opportunities that have been created for us.

From classroom to cubicle, the medical school routine can become quite monotonous. Luckily, we had the opportunity to attend this conference, which provided us with a wonderful reprieve. To see what the future might hold and to talk with those who have already gone through the throes of residency was inspiring. Overall, the conference was an

incredible opportunity to learn from leaders in our field, meet other medical students who could be co-residents soon, and to hear directly from residencies across the country about how to prepare for the challenges of matching into anesthesia.

Perhaps most significant, however, was the awe-inspiring nurturing ability of the profession. We could integrate every aspect of our profession, from med students to residents to senior attendings. The good people in each and every stage of training were not only helpful but also highly motivating. Another pleasant surprise was meeting the tight-knit community of the Virginia Society of Anesthesiologists. We highly recommend attending to any student who is given the opportunity. We look forward to the conference next year in San Francisco, and hope to see everyone again in sunny California.

Members in the News

Ciurash Elected to ASA Medical Student Component Governing Council



*Mathew Ciurash
Virginia Commonwealth
University
School of Medicine
Class of 2025*

The 2022 New Orleans ASA conference was a great success, but few are aware of an important and growing section of the ASA - the Medical Student Component (MSC), which is responsible for helping guide the future generation of anesthesiologists. They curate a collection of resources, tools

and topics to assist students in early career progression. Anesthesiology is commonly referred to as a “hidden gem” of medical specialties. This is because so many students miss the opportunity to be exposed to the field during medical school. The MSC is dedicated to increasing exposure to the incredible field to help create passionate anesthesiologists.

Mathew Ciurash, a Class of 2025 medical student, graduated from William and Mary with a bachelor's degree in biology and was fortunate to serve 4 years as the president of a safe ride program called Steer Clear- basically

a free uber for students. He managed over 50 student employees, spearheaded numerous fundraising campaigns, and gained confidence in leading a large organization. This experience helped him develop a toolbox of leadership skills he now uses as a second year student at Virginia Commonwealth University School of Medicine (VCU SOM). Continuing that involvement in school organizations, he joined a global acute care curriculum track at VCU called ACCESS. The program is aimed at creating future leaders in global health and is how he discovered his passion for anesthesiology.

In ACCESS, anesthesiologists and other acute care specialties share global health experiences. Some of the most inspiring moments are those learned from the incredible problem solving physicians who deal with low resource settings. The surgical teams consistently utilize creative solutions to maintain a high level of safety and efficacy, and the anesthesiologists seem to be the glue holding everything together. Intrigued and wanting to learn more about the anesthesiologists role, Mathew spent the next year shadowing through the VCU anesthesia department. One of his mentors recommended he join the ASA and VSA to find more opportunities

in anesthesiology to explore his continued interest. Fortunately, the application for the VCU SOM's Medical Student Delegate position was open and Mathew jumped at the opportunity.

Mathew applied to become a delegate to become an advocate for his peers and gain leadership experience for future endeavors. He felt he could make a larger impact given the opportunity and decided to apply for the president elect position of ASA's MSC. He attended the 2022 New Orleans ASA conference and was elected by his peers to serve as the president-elect among the MSC governing council. He ran with the goal to increase leadership opportunities, connect schools without an anesthesiology program to the field, and strengthen advocacy resources provided by the ASA. With the opportunity he has to participate in organized medicine, he aims to work to give other students the same opportunities. Mathew hopes to foster the creation of meaningful connections in mentorship and centralized experiences so more students will have opportunities to explore this incredible field and their passions.

VSA congratulates Mathew Ciurash for his commitment to education, advocacy, and leadership in the field of anesthesiology!

Legislative Update

IMPORTANT!

By Lauren Schmitt

Lobbyist, Commonwealth Strategy Group

The 2023 Virginia General Assembly Session will begin on January 11, 2023 and is scheduled to adjourn on February 25. This will be a critical legislative session for physician anesthesiologists.

The Virginia Association of Nurse Anesthetists (VANA) has notified us they are introducing legislation to remove the supervision requirement for Certified Registered Nurse Anesthetists (CRNA). The law currently requires a CRNA to practice under the supervision of a doctor.

VANA's legislation would remove "supervision" and replace that with "consultation." Consultation does not require a doctor be physically present or in close proximity. The VSA strongly opposes this because we believe patients benefit from a physician-led patient care team.

It is critical that another doctor be able to intervene when cases go wrong. We place the safety of our patients first and because of that, we will oppose this legislation. We

need all physician anesthesiologists' hands on deck. Now is the time to contact your legislator and express your concerns with this proposed bill.

Please e-mail our lobbyist, Lauren Schmitt, asap if you'd like to help. You can reach her at Lauren@commonwealth-strategy.net

We have handouts, talking points, and more to provide you for talking with your legislators. Your outreach can make the difference!

We have also learned that some hospital systems may be introducing legislation to allow for Certified Anesthesiology Assistants to be licensed in Virginia. VSA will support this legislation, but it is not our bill.

We have heard from multiple hospitals that are concerned about anesthesia staffing shortages and feel that CAA licensure is a necessary step. We agree and support them in their efforts!

It's going to be a very busy and fast-moving two months for us. Stay tuned and please join the effort!

VaSA PAC



Contribute today!

Thank you to everyone who has recently contributed to our PAC. If you haven't done so, please consider making a contribution. Now is the time to replenish

our VaSA PAC. A strong and robust PAC demonstrates VSA's leadership and investment in the political and policy process. Your support is crucial to our advocacy success!

Contributions to the PAC will help raise the visibility and profile of anesthesiologists, connect us to new and returning legislators, and continue to build productive relationships with key General Assembly members.

As always, we continue to support members of the legislature who care about issues affecting our profession and our patients. We support both parties and their leadership through individual legislator and caucus events.

Integral Link, from page 1

lie ahead. During residency, anesthesiologists focus intently on their clinical training, and the idea of advocating for one's job as an anesthesiologist seems almost silly, as every day we witness just how imperative the presence of an anesthesiologist is in the operating room and throughout the hospital. The public is not aware of this. As a result of intense residency training requirements, anesthesiology research, and organizations like the ASA constantly updating guidelines and recommendations, general anesthesia in the US is incredibly safe. Most of the public view it as simply "going to sleep," which is also what many of us tell our patients to make general anesthesia sound a bit more natural. Unfortunately, there are groups that want to take away the anesthesiologist's role. For this reason, we must inform our patients, the public, and legislators of our role and why it is important.

Similar to the general public, many

legislators see our job as merely drifting a patient off to sleep and not much else. The idea that after induction we can relax and do a crossword puzzle or peruse our smartphones continues to exist. This perception of our specialty exists in part because we do not work to change it. Thoughts like these become especially dangerous as our current patients have more comorbidities and are older than in the past. We need to point out that these patients, and even the ones with serious medical conditions, can and will undergo safe, uneventful general anesthetics. Why? Because we are present. Right before surgery may not be the best time to explain to a patient hemodynamic changes or paralysis or airway instrumentation that occur under general anesthesia. But when speaking with a legislator, introducing the idea that anesthesia is not simply putting a patient to sleep is appropriate and necessary. We completed four years of undergraduate study with ad-

vanced sciences to get into medical school, the most difficult graduate school to obtain acceptance. We then studied for four years in medical school and trained an additional four years in residency, not only to keep patients safe in the operating room, but also to provide expertise in emergency situations, pain management, and resuscitation. We are integral to obstetrics and lead intensive care units. We perform vital nerve blocks that allow our patients to be comfortable post operatively. We are asked to be available at hospitals 24/7 for airway, surgical, and obstetric emergencies. Anesthesiologists are vital to healthcare in the USA and around the world. Advocacy is necessary to continue to uphold our high standards of safety both in the operating room and throughout the hospital. We are essential to patient care, and now more than ever, we need to ensure our role is visible to our patients, our community, and our country.

UVA Health Works to Find Opioid Alternatives

Re-printed with permission from the Charlottesville Daily Progress

By Peggy P. McNaul, MD

*John Rowlingson Professor and Chair
Department of Anesthesiology
University of Virginia School of Medicine*



Dr. Peggy McNaul

On Nov. 4, I had the honor of introducing one of the gala screenings at the Virginia Film Festival. The film was “Stay Awake,” which explores the consequences of the opioid epidemic not only for those struggling

with substance-use disorders but for their loved ones and our society.

This film hits home for me, and not just in my role as a UVA Health anesthesiologist who seeks better ways to control patients’ pain. My younger brother lost his battle with opioid addiction following a methadone overdose in 2009. Substance-use disorder affects everyone, regardless of race, gender or income.

The toll of substance-use disorders has been heavy, both across the United States and here in Virginia. In 2021, more than 107,000 people in our country died of a drug overdose.

In Virginia alone, six people die every day. Unfortunately, the rates of deaths and substance-use disorders skyrocketed to new peaks during the COVID pandemic because of social isolation, limited healthcare access, and the widespread proliferation of fentanyl, which carries substantially greater risk of overdose than heroin.

Accessing care is often difficult for lower-income individuals and people living in rural areas with fewer healthcare providers. At UVA Health, we are committed to both preventing substance-use disorder and providing care for everyone in need.

We have developed robust educational programs for patients, our local community and healthcare providers across Virginia and beyond. Our three-part educational series for healthcare providers, “Meeting the Moment: How the Opioid Crisis Has Changed the Way



We Study, Evaluate and Treat Patients,” concluded with a session in December discussing patient education for those prescribed opioids, including sending them home with a lockbox for safe storage, and Narcan to reverse an accidental overdose.

We have also taken several steps to reduce the prescribing of opioids. Many patients are first exposed to opioids when recovering from surgery – approximately 6% to 7% of surgical patients prescribed opioids are still using them 90 days after their procedure.

To reduce the risk of opioid use disorder, UVA’s enhanced recovery after surgery program seeks to control pain through non-opioid medications and localized anesthesia, such as nerve blocks and epidurals. Our pain medicine division, led by Dr. Lynn Kohan, works tirelessly to treat patients suffering with chronic pain using a range of non-opioid options, including a wide variety of injections, non-opioid medications, innovative therapies such as spinal cord stimulation, and psychological interventions that help patients self-manage pain.

Our addiction medicine program, led by Dr. Nassima Ait-Daoud Tiouririne, offers extensive programs for both inpatient and outpatients with substance-use disorders. Additionally, Dr. Tiouririne has set up a free helpline – 1-877-OPIOIDS (674-6437)

where callers from Virginia can get free education regarding opioid use and referrals to treatment programs in their community.

We are also leading critical research in new and better ways to treat pain and addiction. One of the newest members of our team in the Department of Anesthesiology at UVA is renowned pain researcher Dr. Patrick Finan. He is part of a UVA Health team examining deep brain stimulation to treat chronic pain that does not respond to medications. Backed by more than \$5 million in funding from the National Institutes of Health, the team is working to develop brain stimulation for severe pain conditions.

“Stay Awake” performs a valuable service by casting light on the opioid epidemic. Ending the crisis, and the terrible burden it places on patients and their families, will take a collective effort, not only from healthcare providers and researchers but from our communities to eliminate the stigma associated with this horrific disease.

*Dr. Peggy McNaul is a VSA Member
and Chair of the Department of
Anesthesiology at UVA Health.*

Summary of the Medical Society of Virginia Annual Meeting held October 27-30, 2022

By Alice A. Tolbert Coombs MD, MPA, FCCP

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Dr. Alice Coombs

What an exciting time as the Medical Society of Virginia (MSV) celebrated its 200th anniversary!

The continuing medical education (CME) program evaluated patient access issues and discussed strategies to overcome barriers to practice. There was a well-rounded discussion addressing regional geographic deficits in the physician workforce. Updates focused on prior authorization, telemedicine payment parity, scope of practice issues, and the upcoming legislative bills we will face next session were presented.

MSV experienced one of its highest physician attendances and there was tremendous engagement in the MSV activities. The HOD opened with two reference committees. The following resolutions and the disposition are listed:

Final Actions of the 2022 Medical Society of Virginia House of Delegates Summary Of Action Adopted

- 19-111 Medical Care for the Terminally Ill
- 22-101 Medical Society of Virginia Proposed 2023 Budget



- 22-103 A Proposed Bylaws Change Concerning PA Membership
- 22-104 A Proposed Bylaws Change Concerning the Compensation Committee
- 22-105 A Proposed Bylaws Change Concerning Meetings
- 22-202 Mental Health Questions on Credentialing Forms
- 22-203 Supporting Mental Health in Veterans and Veteran's Families

Adopted as Amended or Substituted

- 22-102 2022 MSV Policy Compendium 10 Year Review
- 22-107 Striving for Adrenal crisis treatment by Virginia EMS responders (SAVE)
- 22-108 Resolution Supporting Maternity Leave
- 22-113 Acknowledging Climate Change as a Public Health Emergency
- 22-205 Improved Reimbursement for Hair Prostheses for Individuals with Cicatricial Alopecia
- 22-206 Amending Policy Compendium
- 25.1.02: Opposition to Criminalization of Reproductive Decision-Making
 - o This Resolution, 25.1.02: Opposition to Criminalization of Reproductive Decision-Making, along with 22-207: Opposing Restriction of Medically Appropriate Care were among the most debated and discussed resolutions. There was strong testimony regarding preserving the patient-physician relationship, opposition to criminalization of

patient decisions regarding their healthcare, and the inclusion of abortion as a patient's reproductive choice.

- 22-207 Opposing Restriction of Medically Appropriate Care
- 22-208 Resolution to Protect Evidence Based Medicine and Safeguard Medical Speech

Adopted as Amended In Lieu Of

- Policy 40.3.01- AEDs for Police First Responders o (in lieu of Resolution 22-106: MSV Support for Expanding AED Access in Public Spaces Around Virginia
- Policy 40.9.04- Child Firearm Injury Prevention (in lieu of Resolution 22-109: Gun Safety Resolution).
- Policy 35.2.03- Physician Dispensing (in lieu of Resolution 22-111: Benefit for Patients at Virginia Physicians' Offices)
- Policy 25.3.02 Legislation, Standards of Care, and the Patient/Physician Relationship (in Lieu of Resolution 22-210: Health Care Policy Should Be Based Upon Peer Reviewed Research and Evidence-Based Practices

Referred to the Board of Directors for Report

- 22-112 Hospital Medical Staff Self-Governance •
- 22-114 Housing as Healthcare

The MSV meeting culminated in a fabulous masquerade Gala with a sort of New Orleans ambiance. Dancing and socializing filled the evening. The MSV meeting will long be remembered as an amazing experience. It is highly recommended that all physicians consider getting more involved in MSV!

Become a Contributor to the VSA Update

Please send your story or feature ideas about your colleagues, your practices, or issues facing anesthesiologists to

Brooke Trainer, MD, VSA Update Editor
at brooke@vsahq.org



2022 House of Delegates Meeting Summary

House of Delegates (HOD) sessions were conducted Sunday, October 23 and Wednesday, October 26.



American Society of
Anesthesiologists®

- An invocation was provided by Reverend Deogratias O. Ekisa from Notre Dame Seminary Graduate School of Theology in New Orleans.
- The 2021 Honorary Member Award was presented to Henrik Kehlet, MD, PhD.
- The HOD approved Stanley W. Stead, MD, MBA, FASA as the 2022 Distinguished Service Award recipient. This award will be presented to Dr. Stead at ANESTHESIOLOGY 2023.
- The following officers were elected:
 - o Ronald Harter, MD, FASA – President Elect
 - o Don Arnold, MD, FASA – First Vice President
 - o David Martin, MD, PhD, FASA – Vice President, Scientific Affairs
 - o Lois A. Connolly, MD, FACHE, FASA – Vice President, Professional Affairs
 - o Kenneth Elmassian, DO, FASA – Secretary
 - o Kraig S. de Lanzac, MD, FASA – Assistant Secretary
 - o James Mesrobian, MD, MBA, FASA – Treasurer
 - o Crystal C. Wright, MD, FASA – Assistant Treasurer
 - o Patrick Giam, MD, FASA – Speaker, House of Delegates
 - o Jeff Jacobs, MD, MBA, FASA – Vice Speaker, House of Delegates
- A gavel exchange was conducted at the conclusion of the HOD, recognizing Randall M. Clark, MD, FASA as ASA's now-Immediate Past President and Michael W. Champeau, MD, FASA being installed as ASA's 2023 President.

A number of action and informational reports were submitted to the House of Delegates at this meeting. The House had an opportunity to provide testimony on these reports during the Administrative Affairs, Professional Affairs, Scientific Affairs, and Finance reference committee hearings. Highlights from House actions on the select reports are noted below.

Administrative Council (AC):

- Annual Report (300-3): The HOD approved a proposed statement template and that future Diversity, Equity, and Inclusion (DEI) efforts will be overseen by the first

vice president moving forward; these recommendations will be put before the HOD in October.

- Revenue Growth Strategy (300-4): The Board of Directors (BOD) approved \$4M in new Board Designated Funding for the Revenue Growth Strategy. The HOD accepted this report for information.
- Centers Concept (300-5): The HOD approved a proposed concept of a Center for Anesthesia and Perioperative Economics and Center for Perioperative Medicine, with each being subject to a five-year review.

Committee on Governance Effectiveness and Efficiencies: Annual Report (340-3)

The HOD approved the creation of an Editorial Board for Perioperative Life Support and an Editorial Board for Anesthesia Toolbox. Mission, composition, and duties language will be implemented in upcoming versions of the Administrative Procedures and Bylaws.

Program Directors Advisory Group: Annual Report (675-2)

The HOD approved the concept and criteria for an ASA Resident Distinction Award, with implementation and oversight of the program to be managed by a committee of the President's choice.

Christine A. Doyle, MD, FASA, et. al.: Policy for Response to Current Events, Media Requests, Calls for Statements and Comments (675-4)

The HOD approved board action to refer to a committee of the President's choice the development of a proposed process for creation of ASA public statements and comments.

Christina M. Menor, MD, MS, FASA, et. al.: Request for 2022 Annual Meeting Accommodation (675-5)

The HOD accepted for information a report that the BOD disapproved recommendations related to additional hybrid or concurrent virtual/online option for participation in the ANESTHESIOLOGY® 2022 and ADVANCE 2023 meetings.

Alyssa M. Burgart, MD, MA, et. al.: Statement re: Dobbs (675-6)

The HOD approved, with amendments, a comment for internal and external messaging in response to the Supreme Court's decision on Dobbs. The comment, titled "ASA House of Delegates Comment on Dobbs SCOTUS Decision," has been posted at the ASA Newsroom area of the ASA website.

Harriet W. Hopf, MD, FASA, et. al.: Facilitating Virtual Presentations by Speakers for ASA (675-9)

The HOD referred to a committee of the President's choice recommendations related to requests for virtual presentations at ASA meetings and other accessibility options for speakers and attendees at ASA events.

Christine A. Doyle, MD, FASA, et. al.: Selecting Venues for ASA Events and Meetings: Guiding Ethical Principles (675-10)

The HOD referred to a committee of the President's choice recommendations related to ASA meeting venue selection, virtual or hybrid attendance options, and the creation of an ad hoc committee to evaluate such logistics according to principles established by the American Medical Informatics Association and International Medical Interpreters Association.

Committee on Bylaws: Annual Report (336-1)

The HOD approved Bylaws revisions related to calculating a component's number of delegates, dues timing, and composition of the Committee on Executive Compensation.

Committee on Bylaws: Annual Report (336-2)

The HOD approved Bylaws revisions related to a name change for the now-named Committee on Neuroanesthesiology (from Committee on Neuroanesthesia), the now-named Committee on Global Health (from Committee on Global Humanitarian Outreach), and addition of the HOD-approved new Editorial Board for Perioperative Life Support. Please note that the Committee on Bylaws will submit a recommendation to add the HOD-approved Editorial Board for Anesthesia Toolbox within its March 2023 report.

Continued on page 11

ASA HOD Summary, from page 10

Revised Statements Approved by the BOD

The following revised statements were approved by the HOD:

- Statement Comparing Anesthesiologist Assistant and Nurse Anesthetist Education and Practice (Committee on Anesthesia Care Team, 357-2)
- Statement on Controlled Organ Donation After Circulatory Death (Committee on Ethics, 406-1)
- Statement on Granting Privileges for Deep Sedation to Non-Anesthesiologist Physicians (Committee on Quality Management and Departmental Administration, 411-1)
- Statement on Sedation and Anesthesia Administration in Dental Office-Based Settings (Committee on Quality Management and Departmental Administration, 411-1)
- Statement on Transesophageal Echocardiography (Committee on Economics, 427-1)
- Statement on Recommendations for Safe Injection Practices (Committee on Occupational Health, 512-1)
- Statement on Surgical Attire (Committee on Occupational Health, 512-2)
- Statement on Outcome Indicators for Office-Based and Ambulatory Surgery (Committee on Ambulatory Surgical Care, 521-2)
- Statement on the Principles of Critical Care Medicine (Committee on Critical Care Medicine, 523-1)
- Statement on Regional Anesthesia (Committee on Regional Anesthesia and Acute Pain Medicine, 529-1)

New Statements

The HOD approved new statements:

- Statement on Certified Anesthesiologist Assistants (CAAs): Description and Practice (Committee on Anesthesiologist Assistant Education and Practice, 359-2)
- Statement on Safety Culture (Committee on Patient Safety and Education, 407-1)
- Statement on Peer Support After Unexpected Outcomes: Treatment of the “Second Victim” (Committee on Quality Management and Departmental Administration, 411-1)
- Statement on Intravenous (IV) Fluid Bag Spiking (Committee on Quality Management and Departmental Administration, 411-2)
- Statement on Oral Intake During Labor (Committee on Obstetric Anesthesia,

526-2)

- Statement on Anesthesiologists’ Role in Reducing Maternal Mortality and Severe Maternal Morbidity (Committee on Obstetric Anesthesia, 526-2)
- Statement on Quality Metrics (Committee on Obstetric Anesthesia, 526-2)

Referred Statements

The HOD approved board action to refer back to the committee of origin the following statement:

- Guidelines for Expert Witness Qualifications and Testimony (Submitted by the Texas Society of Anesthesiologists and referred to the Committee on Professional Liability, 645-1)

Sunset Statements

The HOD approved sunsetting the following statements:

- Statement on Granting Privileges to Non-Anesthesiologist Physicians for Personally Administering or Supervising Deep Sedation (Committee on Quality Management and Departmental Administration, 411-1)
- Statement on Developing Policy for Infection Prevention Related to Surgical Attire (411-1)

New Practice Guidelines

The HOD approved new practice guidelines that will be published in Anesthesiology in 2023:

- 2023 American Society of Anesthesiologists Practice Guidelines for Preoperative Fasting: Carbohydrate-Containing Clear Liquids with or without Protein, Chewing Gum, and Pediatric Fasting Duration (Committee on Practice Parameters, 409-2)
- 2023 American Society of Anesthesiologists Practice Guidelines for Neuromuscular Blockade Monitoring and Reversal: A Report by the American Society of Anesthesiologists Task Force on Neuromuscular Blockade (Committee on Practice Parameters, 409-2)

Five-Year Section Reviews:

- Section on Representation: 5-Year Review (355-1): The HOD approved the continuation of all committees within the section.

Additional Reports

- The Texas Society of Anesthesiologists

(645-1) submitted a resolution that asked ASA to review and make recommendations to the American Board of Anesthesiology (ABA). The resolution recommended “that the ASA HOD maintain that structural changes to the ABA need to be made regarding the geographical representation and practice setting of its directors.” And recommended that “procedural changes need to be made to the MOCA process...” to help support ABA as the “entity best suited to determine ongoing proficiency and expertise for its diplomates who are members of the ASA.” The HOD approved board action for referral to a committee of the president’s choice.

- Committee on Academic Anesthesiology, et. al, (426-1): The HOD approved that ASA establish an ad hoc committee to investigate harassment of anesthesiologists within all practice settings to make a report to the 2023 House of Delegates, which will include recommendations and an ASA statement on the prevention and mitigation of harassment of anesthesiologists.
- Committee on Quality Management and Departmental Administration (QMDA) (411-1): The HOD approved a recommendation that the Committee on Occupational Health (COOH) work with QMDA to amend COOH’s Guidelines for Surgical Attire to include portions of the Statement on Developing Policy for Infection Prevention Related to Surgical Attire.
- Report 675-7. The BOD and HOD considered recommendations to introduce legislation to have medical licensure bodies, accrediting organizations, and medical specialty boards change all new and renewal state medical licensure applications and mandate institutional privilege applications and medical specialty boards to change all inquiries of a physician’s mental or physical health impairment to the following: “Do you have a medical condition that currently impairs your ability to practice medicine?” The HOD approved board action of disapproval of these recommendations, noting in a comment that similar policy was passed through the American Medical Association, as this issue affects the entire House of Medicine and that ongoing efforts should be directed through state component societies and the Federation of State Medical Boards.

Awareness Campaign, from page 1

General Assembly session, which we're watching closely.

We started work in the summer, when we engaged Jason Roop of public relations and content marketing firm Springstory. The mission was to help us create and implement a positive awareness campaign that aimed to reach decision-makers, parents, lawmakers, patients facing surgery and Virginia healthcare influencers in key markets.

Springstory took a personal approach to our topic, working with VSA members and their patients who could share stories about their experiences, and how the unique expertise of physician anesthesiologists helped them during their healthcare issues.

We appreciated the time from our participating physicians and how open their patients were in sharing their stories. Jason interviewed the doctors and patients, and visited different Virginia locations with a professional photographer to capture their portraits.

In Richmond, Dr. Marie Sankaran Raval of VCU appeared with Caroline Dunn, a teenage patient going through chemotherapy treatments. In Roanoke, new VSA member Dr. Julie Joseph of ACV, Inc., was photographed alongside Rachel McCleave — herself a surgical tech, who had seen firsthand the role of physician anesthesiologists in leading the care team.

Dr. Ebony Hilton, a critical care anes-

thesiologist at the University of Virginia, reunited with patient Jim Stewart, a Covid survivor who needed a lung transplant. And in Northern Virginia, pediatric anesthesiologist Dr. Tiffany Minehart visited the home of the Wright family — Jobie and Desiree, and their children, Nellie and James. Nellie, now 2, had undergone a surgical procedure at 18 months.

Patients and their families spoke about what they learned about physician anesthesiologists during the process of their procedures — and how the knowledge and care brought them peace of mind.

Springstory's creative team worked to give life to these stories and portraits in a way that would connect with our target audience. They were repurposed for different formats, starting with billboards in Richmond — along the busy Interstate 95 corridor, with an estimated 610,327 impressions a week, and in the Carytown shopping corridor.

As the season unfolded, our VSA physicians and patients also appeared in a number of print and targeted email campaigns. Such media included Virginia Business, Blue Ridge Outdoors, and the Washingtonian's Top Docs issue and Health emails. Audiences of these outlets allowed us to reach key geographic markets and a variety of decision-makers, parents and others. We also plan to be included in content published by the Virginia Hospital and Healthcare Association.

Our campaign also has been designed for

Facebook advertising. The back-end process to get our ads underway has taken some twists and turns through Facebook's strict policies and rocky service. But we expect a digital rollout soon.

On the topic of digital, we've created a website at RestAssuredVA.com, where our ads have been directing people for more information. The website features more on the stories we gathered along with patient resources and stories from ASA.

A crucial element of our campaign lies in your hands — and we hope you will help us spread our awareness message. Springstory has created a social media toolkit that allows easy cutting and pasting, with easy-to-follow instructions. We'd like to see all our members take advantage of this toolkit by posting to the channels you and your companies use. There are messages and photos optimized for Facebook, LinkedIn, Instagram and Twitter. We urge you to post all four stories. If every member can publish a story once a week, our message will be amplified exponentially.

Special thanks to our VSA Communications Committee Members:

Jason Roop, Springstory
Marie Sankaran-Ravel, MD, FASA
Jeffrey Green, MD, FASA
Casey Dowling, DO, FASA
Herbert Berding, MD
Ruggles Staff

The Arts

Physician Burnout



Dr. Jaikumar Rangappa

Psychological syndrome a nemesis
Response to some prolonged stress
Affects student or doctor in practice
Physicians suffer at home, in an office.

Varies with speciality, social support
Residents on call & doctors in ER port
Covid -19 pandemic brought to fore
In greater numbers than ever before
With cynicism, sense of failing more.

As Covid patients suffered & died
Even when various treatment tried
Overworked, lack of sleep & fatigue
With no relations, friendly colleague.

Lose control and make medical errors
Suffer patient deaths, create terror
Overwork, no food or rest in 24 hours
Physician shortage makes it harder.

With older patients & their demand
Caring is tough with no helping hand
Family pressures they cannot stand
Cause depression & life is not grand.

Desensitized doc with no joy in work
With no desire to heal patient & shirk
From responsibilities & become a jerk
Affect family, do drink, drug and sulk.

With odd hours & frequent call
Residents can't study and stall
Verbal abuse from relatives & all
Their colleagues take a final toll.

Meditation and yoga may help
The family support can develop
Good relationship with one & all
With compassion prevent the fall
Religious worship beliefs enthrall
To a real sanity in the comfort hall!



CAAs: How Can They Help Protect the ACT?

By Nicole Cabell, CAA
VAAA President, AAAA Legislative
Committee Chair
The George Washington
University Hospital
Washington, DC



Nicole Cabell, CAA

The Anesthesia Care Team (ACT) is one of the safest and most effective models for providing anesthesia for patients undergoing surgeries or procedures. The ACT can be comprised of a physician anesthesiologist

supervising an anesthesiology resident, a Certified Registered Nurse Anesthetist (CRNA) or a Certified Anesthesiologist Assistant (CAA).

Although some non-physician anesthesia providers can work in a variety of models, CAAs can practice only within the ACT model. CAAs are highly trained master's degree level non-physician anesthesia care providers who practice and bill exclusively under the medical direction of a physician anesthesiologist.

CAAs believe the safest model of providing anesthesia is within the Anesthesia Care Team and fully support maintaining the ACT in all places anesthesia services are performed.

During the pandemic in 2020 the field of anesthesiology extended past the operating room with an increased number of patients requiring airway intervention, ventilator management and invasive line placement. Anesthesia providers were called upon to help.

Certified Anesthesiologist Assistants were able to assist with that increased demand as CAAs are qualified to perform all of those necessary tasks. It allowed practitioners the opportunity to travel to states without current CAA licensure in place under emergency executive orders to help meet the increased need for providers.

Continuing over the past few years since the pandemic, we have seen an increase in the demand for anesthesia providers across the country. Although there are multiple ways to combat this increase in demand, it



“As a whole, the CAA community fully supports the Anesthesia Care Team and will always strive to maintain it for the safety of our patients.”

is imperative that we prioritize the safety of our patients by maintaining the Anesthesia Care Team Model when coming up with solutions. Certified Anesthesiologist Assistants are eager to help with the shortages we are seeing around the country by increasing opportunity for new states for CAA practice.

Between 2021 and 2022, CAAs practice is now open in Kansas and Pennsylvania under delegatory authority, and licensure legislation passed into law in Utah allowing for the practice of CAAs. With the addition of these new states, CAAs can now practice in 19 jurisdictions: 17 states, the District of Columbia and the US Territory of Guam.

The first step in the process of introducing licensure legislation in a state is typically to form a state Academy of Anesthesiologist Assistants in that state. For example, we have the Virginia Academy of Anesthesiologist Assistants here in Virginia. The American Academy of Anesthesiologist Assistants has almost doubled its number of state academies in the last two years, up to a total of 36 (plus DC), as a way to bring

awareness to the CAA profession; the first step to bringing more non-physician anesthesia providers into a state to meet demands while maintaining the ACT.

The CAA profession has also seen a rapid growth rate over the past few years with currently just over 3,000 CAAs. There has been a significant increase in training programs for CAAs as well, now with 15 accredited programs (and 4 with provisional accreditation) graduating between 12-50 students a year for a total of about 325 CAAs going into the workforce each year.

With this increase in qualified non-physician anesthesia care providers, CAAs feel that we can help fill the shortages we are seeing across the nation while maintaining the Anesthesia Care Team model.

CAAs are also able to practice in the Veterans Affairs Hospitals across the country and are looking forward to becoming more involved with the care of our veterans in the future. We are in full support of the ASA's SafeVACare campaign to protect the Anesthesia Care Team within the VA system and look forward to being a part of those care teams in the future as our veterans deserve the safest care possible.

As a whole, the CAA community fully supports the Anesthesia Care Team and will always strive to maintain it for the safety of our patients. We are excited at the growth of the profession and the ability to help preserve the ACT with our physician anesthesiologist colleagues. For more information on CAA or their education, please visit www.anesthesist.org.

VSA Governance Represents Physician Anesthesiologists at ASA

By Casey Dowling, DO, FASA
VSA Treasurer
Winchester Anesthesiologists
Winchester, VA



Dr. Casey Dowling

Representatives from the VSA, including myself, recently attended the ASA House of Delegates (HOD) governance meetings in New Orleans, LA in October 2022. VSA sponsored four residents and nine

students, as it is imperative to cultivate our future.

The order of business at these meetings included the election of officers, review of all committee reports, and various awards and recognitions.

We approved various statements and updated guidelines, a couple of which had opposition from the House of Delegates. Of those, there is one I'd like to highlight, the new ASA Practice Guidelines for Neuromuscular Blockade Monitoring and Reversal.

This new guideline lists a specific reversal agent by name instead of by drug classification, it recommends neuromuscular testing that is not available to all, and it also failed to mention the birth control warnings that should be given to all patients of childbearing age.

The feeling of the VSA, as well as the MidAtlantic Caucus of states, was that this statement was not ready for prime time and should go back to committee. Despite our concerns, this statement was passed as is. While the outcome was disappointing for our caucus, I'm still proud of all the work that went into that statement. Watching the process unfold was also a wonderful thing to see. It warms my soul to see the members of our profession care so deeply about the science.

Additionally, I want to highlight the State's Issue Forum, which immediately follows the ASA HOD. Various states are asked to share their advocacy issues and



The VSA delegation at the ASA House of Delegates Meeting in October (From top left to bottom right): Alice A. Tolbert Coombs, MD, MPA, FCCP; Ali Kazemi, MD; Casey Dowling, DO, FASA; Brooke Trainer, MD, FASA; William Manson, MD; Lynda Wells, MD; Craig Stopa, MD; Marie Sankaran-Raval, MD; Jeffrey A. Green, MD, MSHA, FASA

You can see what your dues enable. The VSA works for our patients and the physician anesthesiologist - because the VSA is us. It was my great pleasure to represent us and our initiative at the national level.

initiatives with the House.

It is my great pleasure to inform you that the Virginia Society of Anesthesiologists was chosen to present our latest initiative, our public media campaign titled Rest Assured VA (Virginia).

Spearheaded by our VSA Assistant Director Brooke Trainer, MD, FASA, along with a sub-committee of VSA members, we have created a pro-patient, pro-physician anesthesiologist multimedia information campaign. We first polled Virginians to see just how much they knew about physician anesthesiologist involvement in their peri-operative care. The poll demonstrated that we had a lot of educating to do. It helped us also realize that we couldn't do it alone.

We vetted and chose a highly reputable public relations firm, Springstory, to help us develop and market content for the public to better learn the value we bring to the anesthesia care team here in Virginia. They recommended interviewing real physician anesthesiologists with their real patients. We loved this idea! We then used those interviews to illustrate the value of physician-led anesthesia care.

I am so proud of these doctors and patients for their bravery to be interviewed, photographed, and publicly displayed as intelligent, compassionate, and caring representatives of our profession. Their stories and photographs were shared on billboards, magazines, social media, trade association publications, and our new website, RestAssuredVA.com.

The VSA is doing their part for your patients and your specialty, and so can you! Look for future VSA emails that include a very easy Toolkit to start sharing this content. This campaign is not only meant for to educate the public, but also the advocacy needed for sustainment of the safe practice of anesthesiology.

You can see what your dues enable. The VSA works for our patients and the physician anesthesiologist - because the VSA is us. It was my great pleasure to represent us and our initiative at the national level.

Time to Renew Your VSA/ASA Dues!

Please note: VSA/ASA memberships expire on 12/31 and are on a calendar year. Dues are not pro-rated and are non-refundable.

VSA/ASA Membership Application

<https://www.asahq.org/join>



Use this QR code to join ASA/VSA, renew, or reactivate a lapsed membership. If you encounter any difficulties, please call (630) 912-2552 M-F 7:30 a.m. – 4:30 p.m.

(CT). Note: If you were a member within the past 3 years, you may have an unpaid membership invoice on record. Save time by logging into your ASA member account online to confirm!

For U.S.-based physicians, Resident/Fellows

For Early-Career Members:

The VSA will be implementing the early career 3-year membership bundle for 2023. We will be offering this to physicians completing their residency three-year membership for \$75 total. This program will help engage members early and show results over time as we develop lifelong members of VSA.

Please note, ASA bylaws require all ASA Active, Affiliate in the U.S., and Resident/Fellow members to be members of a both ASA and their state component society. Active and Resident/Fellow members engaged in active-duty military or military training programs can choose to belong to the U.S.S.A. component society instead of a state society.

Affiliate Memberships - Discounted Membership rates

A physician who is in the service of the United States Government including the Veterans Administration; or a physician who is not engaged in the clinical practice of anesthesiology; or a scientist, not a physician, who is interested in, and contributes to, the advancement and progress of anesthesiology research.

Resident/Fellows, Medical Students

A physician in full-time training in anesthesiology in a program accredited by the Council on Medical Education of the American Medical Association. No Resident

member may remain in this classification for more than a total of four years. All Medical Student members will also belong to the Medical Student Component Society.

Anesthesiologist Assistant

An anesthesiologist assistant who is a Fellow member in good standing of the American Academy of Anesthesiologist Assistants (AAAA). Annual dues \$50

Practice Administrators

For practice administrators to qualify for FREE membership requires 90% or more of a group's physician anesthesiologists are VSA Active members in good standing and all members will be on a single group bill. A group physician roster may be sent to info@asahq.org. Please reference the membership application submission date.

Group practice administrators and executive employees. Note: Due to variability of dues options and sponsor requirement, you must complete the fillable application, email to info@asahq.org or fax to 847-825-1692. Do not apply via the online application. If you have any questions, please contact ASA at (847) -825-5586.

If less than 90% of a group's physician anesthesiologists are ASA Active members in good standing, or the group does not participate in group dues billing, then there will be a nominal dues fee for the practice administrator.

Honorary

A physician or other scientist who has attained exceptional eminence in anesthesiology or related fields and has made significant contributions to anesthesiology. Annual dues - No Fee.

Retired

A Doctor of Medicine or Bachelor of Medicine who has been an Active member of this Society for ten or more years and has retired completely from professional activity. Annual dues - No Fee.

Welcome New Members!

ACTIVE

Saeed Anwar, MBBS..... Petersburg
Artin Bastani, MD..... Great Falls
Jasmit Brar, MD..... Aldie
Jonathan DeBoer, DO..... Carrollton
Graham M. Fehr, DO..... Virginia Beach
Lawrence J. Fowler, MD..... Arlington
Frederick P. Grois, MD..... Lorton
Maureen M. Higgs, MD..... Suffolk
Sharon Lee, MD..... Richmond
Joseph D. Leech, DO..... Roanoke
Venkat R. Mangunta, MD..... Crozet
Alan F. Molina, MD..... Alexandria
Katherine T. Ramsey, MD, MPP, DABA..... McLean
Caroline Reynolds, DO..... Lynchburg
Johnathan T. Seligman, MD..... Rockville
Jessica S. Sheeran, MD..... Charlottesville
Sriniketh Sundar, DO..... McLean
BobbieJean Sweitzer, MD, FASA..... Fairfax
Josephine Tracy, MD..... Vienna
Laura Webb, MD..... Richmond
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AFFILIATE

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RESIDENT

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Maya Golan, MD..... Richmond
Andreas Gregoriou, MD..... Richmond
Slater Jameson, MD..... Charlottesville
Leigh Anne Kline, MD..... Charlottesville
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Taylor Lonjin, MD..... Richmond
Bridgette Love, MD..... Charlottesville
Darryl Mason, MD..... Richmond
Reginald Osardu, MD..... Richmond
Kelley Osborn, MD..... Charlottesville
Tracy Oyugi, MD..... Charlottesville
Chris Pastrana, MD..... Charlottesville
Ali Seferovich, MD..... Charlottesville
Laura Starzenski, MD..... Charlottesville
Matthew Vachon, MD..... Richmond
Alex Will, MD..... Richmond
Richard Young, MD..... Richmond

STUDENT

Marjo Beltoja..... Norfolk
Jonas Black..... South Boston
Joe Carter..... Lorton
Hannah Chung..... Fairfax
Mathew Ciurash..... Richmond
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