

SUMMER 2024: MEMBER SPOTLIGHT

Volume 32, Number 3 • Summer 2024

VSA's Management Company Celebrates Anniversary

By Stewart A. Hinckley



Stewart Hinckley

VSA's management firm, Ruggles Service Corporation, is celebrating its 50th Anniversary this year. Ruggles, which was founded by Mr. John A. Hinckley in 1974, specializes in managing

national and state medical associations.

Ruggles is a full-service company that handles membership, meeting planning, exhibits, marketing, communications, finances and information technology.



What sets Ruggles apart from all other association management companies (AMCs) is that all client-partners are medical associations, which leads to best practices. Nearly all technology is built and managed in-house such as the website, membership database, exhibit database, abstract system, meeting and membership apps, digital posters and more.

Based in Richmond, VA, the company is managed by John's son, Stewart A. Hinckley, and 20 team members.

Feature Article



GSE in action

Global Surgical Expedition

By David E. Rapp, MD
*Executive Director and President
Global Surgical Expedition
Professor of Urology
University of Virginia School of Medicine*



Dr. David Rapp

Surgical disease represents a significant challenge worldwide. It is estimated that nearly 17 million deaths globally are caused by conditions needing surgical care (Shrime). Untreated surgical

disease is a significant contributor to long-term morbidity and disability (Shrime, Stewart). Unsurprisingly, most of this im-

pact related to untreated surgical disease occurs in low and middle-income countries (LMIC). Surgical disease also has devastating financial consequences, resulting in both financial catastrophe to affected individuals and families, as well as larger financial losses to LMIC economies.

Fortunately, needed focus has been recently placed on providing surgical care as an important part of the effort to advance global health. The 2015 Lancet Commission on Global Surgery (LCGS) was initiated to assess the global surgery need and promote widespread access to high-quality surgical care. (Meara). The LCGS reported that the development of surgical care infrastructure in LMICs had received little attention and was unable to meet the significant and growing burden of surgical disease. Specifically, the LCGS detailed that 5 billion people lack

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UPDATE

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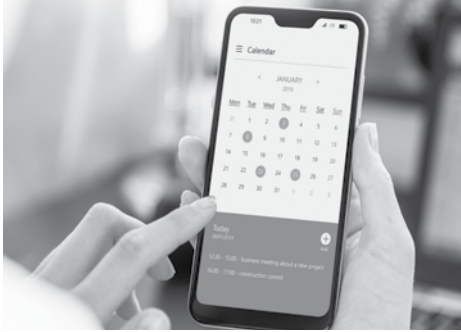
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The *VSA Update* newsletter is the publication of the Virginia Society of Anesthesiologists, Inc. It is published quarterly. The VSA encourages physicians to submit announcements of changes in professional status including name changes, mergers, retirements, 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



ASA ANESTHESIOLOGY 2024

October 18 - 22, 2024
Philadelphia Convention Center
Philadelphia, PA



VSA Annual Meeting Luncheon

Saturday, October 19
Philadelphia Marriott Downtown
RSVP to Angela Puryear at angela@societyhq.com by Wednesday, October 9, 2024

MSV Annual Meeting

October 18 – 20, 2024
The Hilton Norfolk The Main
Norfolk, VA



President's Message

Hello Sunshine: Summer Review

By **Craig Stopa, MD**

VSA President
ASA Delegate
President, Atlantic Anesthesia Inc.



Dr. Craig Stopa

I cannot believe that 2024 is half-way over. It has been a pleasure serving you, and I look forward to a strong second half of the year.

Also, thank you again for entrusting me to represent you and for

providing great care to the residents of the Commonwealth.

Last newsletter, I focused on the importance of advocacy. While the Virginia legislative session has finished, the need for advocacy continues. Therefore, I would like to continue to focus on this topic.

First, an update. This session, VSA introduced Senate Bill 33, which clarified the current law and maintained the care team model. VSA's bill passed through the Senate, but did not make it out of the House.

Fortunately, the bill supporting CRNA independent practice did not make it out of the Senate after passing through the House. The legislators decided the best path forward was to "carry over" both bills and refer this issue to the Joint Commission on Health Care (JCHC) to study and make recommendations. The JCHC will speak with all relevant stakeholders and do research on other states. This is a good outcome, however a temporary one. VSA and the anesthesiologists of the Commonwealth still have our work cut out for us. VSA will not stop advocating for quality patient care, patient safety, and the anesthesia care team model.

One method to continue our success is by giving donations to legislators through our PAC. This is why VSA had a Day of



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Giving for the VSA PAC in June. If you missed it, please consider a contribution here.

Second, I would like to recognize Senators Pillion and Locke. Thank you for sponsoring Senate Bill 33 and for the hard work you put into advocating for the care team model.

To Lauren Schmitt and Catherine Ford of Commonwealth Strategy Group and to Two Capitals Consulting, thank you for all the time and effort you put in during this session.

Lastly, to Dr. Brooke Trainer, thank you for your tireless advocacy on behalf of our specialty and patients. For those who do not know, Dr. Trainer was recently awarded the Bertram W. Coffey, MD Excellence in Government Award by the ASA.

I hope everyone had a lovely spring and is ready for summer. I anticipate a busy but fun-filled summer for all as schools are now out and vacations begin. Make sure to take time to relish life both in and out of work.

Please enjoy this fantastic newsletter and feel free to reach out to me with any questions, concerns, or comments, and thank you for all that you do!

Help Protect Your Patients and Profession!

By **Lauren Schmitt**

Commonwealth Strategy Group

Our recent legislative survey showed that 94% of us want VSA to oppose efforts by CRNAs to change the supervision model to a consultation model. But VSA cannot protect the current law without your help. Opponents of the supervision model are working hard to change it and vastly surpass VSA in raising funds for their Political Action Committee (PAC) and membership engagement. Speaking frankly, it's time for us to put our money where our mouth is.



The VSA Board of Directors has set an ambitious goal of raising \$75,000. While this may sound like a large number, our opponents have raised much more. We are confident Virginia anesthesiologists will step up to the plate and help us reach our goal. We suggest a contribution amount of \$500 - \$1,000 to provide the needed funds to compete with our opponents. The Board is asking for 100% participation to achieve our goal.

Many thanks to those who have contributed January 1 through July 2, 2024; Donors contributing \$500 or more in bold.

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Global Surgical Expedition, from page 1

access to safe and affordable surgical care and that 143 million additional surgeries are needed to save lives and prevent disability due to surgical disease. As part of its efforts, the LCGS forwarded core indicators and related goals to be used for assessment of efforts to improve worldwide surgical and anesthetic care access by 2030. Such goals, including increasing specialist workforce density, were widely supported by global health leaders, given the need to rapidly introduce effective approaches for surgical care expansion.

Anesthesia care is a critical part of these efforts to improve access to surgery. The LCGS emphasized that “surgical and anesthesia care should be an integral component of a national health system in countries at all levels of development.” Related policy efforts focus on emphasizing surgical care delivery and providing safe surgical and anesthesia care for 80% of the world by 2030 (Mukhopadhyay, Haider). Fortunately, the anesthesia community is well-positioned to play a leading role in improving worldwide access to safe surgical care. Such efforts must be directed not only toward providing surgical and anesthetic care, but also toward complementary initiatives across research and education and with a focus on key outcomes such as impact, scalability, and sustainability.

Global Surgical Expedition is a Virginia-based 501c3 NGO founded in 2012 to help meet this vast need. To do this, GSE focuses on four programming pillars: delivering surgical/anesthetic care and related infrastructure, resident education, research, and advocacy. This complementary programming has achieved significant impact in the last decade. GSE teams have performed over 600 surgeries in Central America and Africa and delivered medical services with a value of over \$1.5M. Surgeons and anesthesiologists from GSE teams have conducted over 130 training sessions for foreign health care providers in an effort to build sustainable surgical teams abroad. Since 2012, GSE has provided scholarships, international experiences, and educational programming to over 90 residents and medical students seeking to participate in international humanitarian work. Further, GSE has a proud record of research efforts allowing us to understand how we can reach patients and provide surgery in more impactful and sustainable ways.

As GSE expands its reach, anesthesia services are a critical part of GSE’s impact and



GSE in action



Global Surgical Expedition team

vision. Opportunities exist for physicians to not only participate in short-term surgical trips, but also help to play a larger role in guiding GSE’s anesthesia programming and impact. Importantly, there are volunteer opportunities not only for clinical care, but also across research, advocacy, and education, and these represent equally important initiatives. Combined, anesthesiology volunteers are a critical part of the efforts to bring needed surgical access to the 5 billion people in need worldwide.

For more information on how to get involved with GSE’s efforts, please email us at: info@global-surgicalexpedition.org



You can also support GSE’s efforts by donating at: <https://www.globalsurgicalexpedition.org/donate/>

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Dr. Brooke Trainer Receives Prestigious Bertram W. Coffey, MD, Excellence in Government Award



Dr. Brooke Albright-Trainer

Dr. Brooke Trainer, esteemed member of the VSA board and dedicated anesthesiologist, has been honored with the Bertram W. Coffey, MD, Excellence in Government Award at the ASA's legislative conference in Washington, D.C. This recognition celebrates her exemplary contributions to the medical specialty of anesthesiology, its practitioners, and patients.

Ron Harter MD, President of the ASA, presented the award to Dr. Trainer in May, on behalf of the Committee on Government Affairs for ASA.

This honor recognizes Dr. Trainer's exemplary contributions to the medical specialty of anesthesiology, its practitioners, and patients.

Dr. Trainer's journey is marked by dedication and excellence. As a physician, educator and U.S. Air Force veteran, she brings a wealth of experience to her roles at both Central Virginia VA Health Care System and VCU Health in Richmond.

Specializing in Anesthesiology, Acute Pain Medicine, and Critical Care, she manages complex cases ranging from transplants to surgical oncology with precision and care.

As a veteran, Dr. Trainer played a crucial role in flying wounded soldiers out of



Dr. Brooke Trainer Receives Prestigious Bertram W. Coffey, MD, Excellence in Government Award

combat zones during three deployments to Afghanistan. Her academic pursuits, including research in medical simulation education, have further enriched the field of anesthesiology.

Dr. Trainer's leadership in organized medicine, particularly as President of the Association of VA Anesthesiologists, underscores her commitment to physician-led care. Her advocacy during the COVID-19 pandemic ensured that policies threatening this model were met with resistance, rallying support from over 400 VA Anesthesiologists and veteran service organizations.

Balancing professional demands with the

responsibilities of single motherhood, Dr. Trainer exemplifies resilience and determination. Her multifaceted contributions, relentless advocacy, and ability to balance career and family reflect commendable commitment and dedication.

We're so proud to have Dr. Trainer representing VSA in a variety of ways, including her board service and her advocacy efforts with Virginia legislators to advance politics that protect our patients and profession.

Congratulations, Dr. Trainer, on this well-deserved recognition! Your impact on anesthesiology and healthcare at large is truly inspiring.

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



My Why: Craig Stopa and Gerry Cherayil

DR. CRAIG STOPA, VSA PRESIDENT

What Led You to Anesthesiology?

I graduated undergrad with a chemistry degree. My medical school offered us eight weeks between our first and second year, allowing us to do clinical or research. I was fortunate enough to have a friend in my class who had two older brothers in medical school. So I picked their brains on what they thought would be worthwhile. One of them recommended the four-week anesthesia clinical rotation. That introduced me to anesthesia and started my path toward residency.

Why Did It Connect with You?

One thing I liked about anesthesia was that it related to my chemistry background. A lot of physiology happens in the operating room. When you're treating the patients, and trying to figure out what's best for the patient and how to make sure they're comfortable when they wake up. It's quite interesting how things will change from patient to patient and case to case.

Why Did You Join VSA?

I really believe it's important to be a member of the Virginia Society of Anesthesiologists, mainly because of representation. It's important for our voices to be heard when needed. Without representation, you're not assured the future of your practice. After I became



involved, I realized how important representation was — and still is. So I started on the path to become president of the VSA. I've been very fortunate to serve with such a great board and executive committee, to make sure that we get everything taken care of for our anesthesiologists in the Commonwealth.

DR. GERRY CHERAYIL, INOVA FAIRFAX HOSPITAL

What Drew You to Anesthesiology?

I like the energy of the OR. Things move fast. And ever since I had those first couple of interactions, I was hooked.

What Makes Your Subspecialty Different?

What makes obstetric anesthesiology unique is there are two patients involved — there's a mother and there's a child. And the other thing is, generally people think of anesthesia as people going to sleep. We need to be able to provide mothers with pain relief without having them fall asleep.

How Safe Is Anesthesia?

We as anesthesiologists have developed techniques and procedures that have made anesthesia very, very safe. The medicines that we use work. They work fast and they work strong. We're ready to take care of patients if complications arise.

How Do You Handle Risk?

With all of our years of training, we're really training for that 1%



of complications. So that we know how to deal with those situations, and how to treat them and resolve the problems that can occur.

FAER: Developing the Next Generation of Physician-Investigators

By **Max B. Kelz, MD, PhD, FAER**
President and Chief Scientific Officer

Lise Jinno,
FAER Executive Director

Bram Harris,
*FAER Development Marketing and
Communication Specialist*



Many of you are familiar with the Foundation for Anesthesia Education and Research, otherwise known as FAER. As one of the American Society of Anesthesiologists' (ASA) related

Foundations, FAER works diligently towards its mission – noted in the title of this piece – and vision to build a nurturing community of anesthesiologists that advances health through research. Since 1986, FAER has been an important resource and advocate for emerging researchers and mentors through competitive grants and programs.

As leaders new to FAER (Dr. Kelz began his term as President and Chief Scientific Officer and Ms. Jinno was hired as Executive Director in January and April 2024, respectively), we join FAER Board Chair Dr. Dolores Njoku in guiding the Foundation's important work and building for the future. This work would not be possible without the support of donors like the Virginia Society of Anesthesiologists (VSA). We invite Virginia's physicians – both within and outside of academia – and the state's many research institutions to join the VSA in supporting FAER's efforts to nurture anesthesiology's up-and-coming investigators.

Pursuant to the mission and vision detailed above, FAER's current strategic goals include:

- Fostering a nurturing community of early career investigators and those who support them.
- Expanding the pool of investigation-oriented trainees.
- Increasing awareness of FAER across the anesthesiology community and among other groups.
- Advancing a sustainable growth business model.

FAER is working on several exciting initiatives to help achieve these goals. We

FAER 
*Foundation for Anesthesia
Education and Research*

FAER is a related organization of the American Society of Anesthesiologists (ASA). For over 35 years, FAER has been dedicated to developing the next generation of physician-investigators in anesthesiology.

Charitable contributions and support to FAER help fuel the future of anesthesiology through scientific discovery. Funding priorities include: Research, Education, and Training.

At the time of this article's publication, FAER has awarded more than \$58 million in research grants and programs since 1986. To donate to FAER, visit FAER.org/Donate.

are proud to announce that this spring, the FAER Board of Directors approved research grants totaling \$1.9 million in funding to 10 exceptional anesthesiologists.

Grants awarded include five Mentored Research Training Grants (MRTG), two Research in Education Grants (REG), one Research Fellowship Grant (RFG), one APSF-FAER Mentored Research Training Grant (MRTG) co-sponsored by the Anesthesia Patient Safety Foundation (APSF), and the second-ever funded Transition to Independence Grant (TIG).

We are particularly pleased to share with this audience that the VSA's own Dr. Michael Kazior, from the Richmond Institute for Veterans Research, was awarded a Research in Education Grant for his project entitled, *Development and Effect of an*

Electronic Learning Module on Defibrillator Competence in Anesthesia Providers. Please be sure to join FAER in congratulating Dr. Kazior on his achievement.

While Dr. Kazior is the latest example of a FAER-grant-funded VSA member, he is far from the first. FAER has funded 10 grants to Virginia-based researchers, including REGs, New Investigator Awards (NIA), and Research Starter Grants (RSG). This reflects FAER's efforts to support physician-investigators from across the country and from a broad range of institutions, particularly in keeping with the first and second strategic goals noted above.

Since 1990, FAER has sponsored 28 residents in Virginia to attend the ASA's annual ANESTHESIOLOGY® meeting through our Resident Scholar Program (RSP). As an exclusive benefit, institutions participating in FAER's Society for Anesthesia Education and Research (SAER) are able to nominate a resident scholar into the RSP. RSP scholars present their own research at a paper poster session during FAER/eSAS: A Day for New Researchers at the annual meeting.

The RSP proves even more valuable to residents through the networking and interaction with leaders of the specialty it offers. The RSP is often a resident's first exposure to a national scientific meeting with multiple scientific and educational sessions, and is a wonderful avenue to help cement a prospective researcher's commitment to the rewarding career path that is anesthesiology research.

Journeying even earlier into the training pathway, FAER offers research opportunities to medical students through our Medical Student Anesthesia Research Fellowship (MSARF). This program matches students to host departments across the country, where they take part in eight weeks of focused, anesthesiology-related research under the guidance of an experienced physician-investigator mentor.

The program culminates in the students presenting paper posters alongside their resident scholar counterparts at FAER/eSAS: A Day for New Researchers. Over the years, FAER has matched four student fellows to the University of Virginia, with another 15 student fellows from Virginia matched to out-of-state hosts.

Mentorship is at the very heart of MSARF,

Continued on page 9

New Anesthesiology Residency Program in Virginia to Commence in July 2025

By **Jeff Green, MD, MSHA, FASA**

*VSA ASA PAC Director
Boyan-Keenan Professor of
Anesthesia Safety
VCU
Richmond, VA*



Dr. Jeffrey A. Green
VSA ASA PAC
Director

Mary Washington Healthcare received full AC-GME approval for a four-year categorical anesthesiology residency program and will welcome its first class of six interns in July 2025.

The new program is the result of years of preparation by the long-serving anesthesiology group in the community and the system leadership's desire to build academic programs to train the next generation of physicians. Recognizing the shortage of physicians and particularly anesthesiologists, Mary Washington's aim is to provide Fredericksburg and surrounding communities with the physicians it needs to meet the increasing patient demands of a community that is

experiencing major growth.

The two already existing residency programs in Virginia simply do not develop enough anesthesiologists to meet the ever-increasing demand for anesthesiology services in the Commonwealth.

Anesthesiology is the fifth residency program approved at Mary Washington. Interns will rotate with residents in surgery, internal medicine, family medicine, and a transitional year during their base clinical year, for a well-rounded clinical experience. They will gain experience in OR anesthesia, ICU, emergency medicine, surgery and internal medicine, and other electives.

During subsequent years, residents will have exposure to all clinical areas at each of the Mary Washington Healthcare campuses and enjoy away rotations in pediatric anesthesiology and pain medicine. The program has designed a didactic, simulation and wellness curriculum throughout the four-year program that will prepare residents for the rigorous tiered anesthesiology board certification exams.

Mary Washington Healthcare plans to build a 39,000 square foot conference, simulation, and education center that will house the Graduate Medical Education Program faculty and staff, and provide the training

space for the residency programs.

Residents will spend most of their time at Mary Washington Hospital, a 471-bed Level II trauma center with a wide range of surgical services including cardiac, thoracic, orthopedic and general surgery. Residents will also rotate at an ambulatory surgery center on the Mary Washington Hospital campus, and at nearby Stafford Hospital, to round out the ambulatory anesthesia experience with an emphasis on pediatrics and regional anesthesia.

Mary Washington Healthcare has a busy obstetric service with approximately 2900 deliveries each year. Residents will gain significant experience in the anesthetic care of mothers during routine and complicated deliveries.



Interested candidates will apply through the ERAS in September 2024 with interviews commencing in late 2024. Interested faculty can visit <https://www.marywashingtonhealthcare.com/careers/>

for additional information.

FAER, from page 8

and the program further bolsters FAER's efforts to foster a nurturing community and expand the pool of research-oriented trainees. FAER has seen significant growth in both student interest in the program along with total approved participants in recent years, and we are excited to see this positive trend continue in the future.

We hope you've enjoyed learning more about FAER in this piece. It is our pleasure to support the VSA's talented investigators, and we hope you will consider engaging with FAER through the avenues listed below!

How can you help?

Spread the word that applications for FAER's Fall 2024 Grant Cycle are open

June 1 - August 15, 2024. Available grants include the Mentored Research Training Grant, Research in Education Grant, and Research Fellowship Grant. Also available is the Transition to Independence Grant. Please share this information with anyone you feel could benefit from FAER funding and visit [FAER.org/Grants](https://www.fair.org/Grants) to learn more.

Nominate Your Residents to take part in the Resident Scholar Program (RSP). Invitations to nominate a resident are sent out in late Q1 or early Q2 every year. Ask your departmental leadership whether you are a member of the Society for Anesthesia Education and Research (SAER) and if your department is taking advantage of this valuable benefit. Learn more about the RSP

at [FAER.org/RSP](https://www.fair.org/RSP) and see the list of SAER members at [FAER.org/SAER](https://www.fair.org/SAER).

Become a Mentor by hosting a medical student for FAER's Medical Student Anesthesia Research Fellowship (MSARF). Host applications are open annually from September 15 - October 31. Stay tuned this fall for the call for applications and learn more at [FAER.org/MSARF](https://www.fair.org/MSARF).

Make a Donation in support of FAER! Your support is vital to FAER's efforts to develop the next generation of physician-investigators. Your donation will help fuel the future of anesthesiology through scientific discovery. Visit [FAER.org/Donate](https://www.fair.org/Donate) to give.

International Anesthesia Research Society

By **Mathew Ciurash**
Virginia Commonwealth University
Richmond, VA



Mathew Ciurash

Calling all medical students to connect with International Anesthesia Research Society (IARS)!

Are you a medical student with a passion for research but having trouble finding op-

portunities to expand your involvement? The ASA and VSA have great opportunities for medical student participation including the FAER program and the annual conferences. In addition, the International Anesthesia Research Society (IARS) offers complimentary membership to medical students and can help with research opportunities.

The IARS is a nonpolitical, not-for-profit society, committed to supporting education and research to advance the specialty of anesthesiology. IARS accepts research submissions and can be a great way for students to expand their publications with



meaningful research. There is an online research-based discussion platform involving breakthrough research in Anesthesiology which can help generate ideas for your future projects.

ects.

Check out their website at iars.org to learn more about their free membership, mission, and research focused goals.

VSA Supports New Statewide Virginia Student Anesthesiology Group

The Virginia Society of Anesthesiologists (VSA) is thrilled to announce collaboration with a new Virginia Student Anesthesia Group (VSAG) designed to foster connections among medical students across Virginia. This initiative aims to create a vibrant community where future anesthesiologists can engage with their peers, access valuable resources, and participate in meaningful advocacy efforts.

The VSAG will serve as a crucial platform linking medical schools throughout the state, offering students from diverse institutions a chance to collaborate and share knowledge. One of the key features is a journal club

that is expanding to include presentations with guest Anesthesiologist speakers from schools across the states. They are held virtually with the next meeting planned for late July!

In addition to educational opportunities, the VSAG will actively involve students in legislative advocacy through opportunities at the VSA. Understanding the importance of a unified voice in shaping healthcare policies, the group will offer members a chance to participate in advocacy efforts at both the state and national levels. Through organized campaigns, visits to the state capitol, and collaboration with VSA's advocacy team,

students will gain firsthand experience in influencing healthcare legislation.

The VSA invites all medical students with an interest in anesthesiology to become involved in the new statewide VSAG. Whether you are just beginning your medical education or are on the verge of residency, the VSAG will provide an invaluable resource on your professional journey. Stay informed, get involved, and shape the future of anesthesiology with the Virginia Society of Anesthesiologists' new student group. Follow them on Instagram at [asa_vsag/](https://www.instagram.com/asa_vsag/)

ASA ANESTHESIOLOGY 2024

Registration is Open for ANESTHESIOLOGY 2024

We're looking forward to our national conference in Philadelphia, set for Oct. 18-22.

Journalist Sam Quinones will offer a keynote on the opioid crisis. His recent book is "The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth."

Other hot-topic sessions address ERAS protocols, workforce shortages, and physician well-being.

In addition to networking with colleagues, there will be

lectures from ASA Past President Dr. Mary Dale Peterson and Dr. Henrik Kehlet, a pioneer in enhanced recovery after surgery.

VSA will be represented and we'd love to have you there. ANESTHESIOLOGY 2024 is a wonderful opportunity to network, learn and enhance your practice. Get info on the conference agenda and register at asahq.org/annualmeeting.

Medical Student Update: ASA Legislative Conference and Launch of Journal Club

By Grace Carroll, OMS-II
and Joshua Sison, OMS-II
*Edward Via College of Osteopathic
Medicine*

This year, the VSA representatives in attendance at the ASA Legislative Conference in Washington, DC included a record number of students. VCOM, VTCSOM, and VCU medical students took a brief break from board studying and lectures to head to the capital. As future anesthesiologists, we were excited to provide a voice for patient safety as constituents of our respective regions of southwest and central Virginia.

The conference began with legislative briefings to explain current issues and the best strategies to communicate concerns with each legislator and their staff. After the main information session, three breakout sessions were held for more specific topics. As students, we decided as a group to attend the session that we knew the least about, which was of course, health insurance. The room was packed with passionate future and current anesthesiologists eager to learn and share their previous experience in meetings with legislators, and how they've been impacted by the current issues with health insurance companies. One question or anecdote after another was shared as the microphone was passed back and forth around the room for the entire hour-long session. We certainly came out of that session with a better understanding of the intricacies of provider payment and the importance of advocating for change for our future practice.

Legislative meetings at the Capitol spanned two days as we met with Virginia lawmakers in both the House of Representatives and Senate. As students, we were tasked with presenting the proposed legislation regarding Naloxone. Each of us took turns leading the discussion on the importance of increasing access to the lifesaving drug in schools and workplace settings, as well as reducing cost barriers. Overall, it was a fantastic learning experience, and we were very thankful to be included in this year's advocacy efforts.

Back in southwest Virginia, we've had the pleasure of organizing journal clubs for VCOM, VTCSOM, and LUCOM students through our student-run organization, Virginia Student Anesthesiology Group (VSAG). We were pleased to have approxi-



Left-to-right: Dr. Jeffrey Green, Martha Kelley, Dr. Ronald Bank, Congressman Morgan Griffith, and Dr. Casey Dowling with VCOM students Grace Carroll, Wayne Tate, Joshua Sison, and Brandon Raquet



Dr. Christine Sherman demonstrating IV insertion at VSAG/ACV Journal Club & IV Workshop on May 1st, 2024

mately twenty students in attendance for our first journal club presentation and thirty students for our second, which was combined with an IV workshop hosted at VTCSOM by the Anesthesiology Consultants of Virginia (ACV). Topics presented so far have included physician burnout, perioperative pain management, and racial and ethnic disparities in anesthesia. The IV workshop that followed the journal club was greatly received as students and attendings stayed past the scheduled time to continue practicing IVs. We want to thank Dr. Christine Sher-

man for facilitating the IV workshop and Dr. Michael Saccocci, Dr. Maxine Lee, Dr. James Crawford, and Dr. Nicholas Wright for providing lively discussion during the journal clubs.

We look forward to hosting more journal clubs and facilitating more learning opportunities for Virginia medical students in the near future. If you're interested in attending a future journal club, please follow @vsa_hq and @asa_vsag on Instagram for up-to-date student opportunities.

The Medical Student Experience - Jake Grondin

By Jason Roop
Springstory



Jake Grondin

It's the day after his Step Two exam, and Virginia medical student Jake Grondin is smiling — but cautious. “I think that everyone kind of walks out of that disheartened,” he says, laughing. He's getting ready to celebrate, visiting friends and

family in Boston.

Grondin, a Northeastern University graduate, has set his sights on anesthesiology as a specialty. He's entering his fourth year at the Virginia Tech Carilion School of Medicine, where faculty mentor Dr. Christy Sherman encouraged him to join ASA and get involved with the Virginia Society of Anesthesiologists.

Recently, he and other medical students took their interest a step further.

Reaching across campuses including Tech, Edward Via College of Osteopathic Medicine and Liberty University's College of Osteopathic Medicine, they started the Virginia Student Anesthesia Group — a VSA affiliate.

“The goal of the club is to collaborate among schools,” Grondin says, “share some networking opportunities, promote events that the ASA and the VSA are having, promote advocacy, promote the field, and use our shared resources to get people more interested in the field of anesthesia.”

Through that work, they got in touch with VSA's Andrew Mann about potentially attending the ASA's legislative conference in the spring.

Mann was thrilled with the enthusiasm — and arranged to pay registration, hotel costs, and a few other expenses for some students to join VSA's contingent in D.C. “It was just incredibly welcoming, very kind,” Grondin says.

It also was a new experience for the students, who spoke with legislators, met with



Jake Grondin (right) visiting Rep. Abigail Spanberger's office with Brooke Trainer, MD and Jeff Green, MD

VSA members and attended conference sessions on policy and business.

“It was a completely different world for me,” Grondin says. “I had never spoken with a politician or a legislator, anything in that realm.”

While he was eager to experience time on Capitol Hill, Grondin says he wasn't sure how much help the students would be: “I'm not a practicing anesthesiologist, so are they going to listen to what I have to say? How is this going to go?”

It turned out that their unique perspective was an asset. Politicians, their staffers and other physicians at the conference were “incredibly receptive,” Grondin says. “And I honestly think it meant a lot for them to hear about these issues coming from a medical student. ... And if these issues have trickled down to the medical student realm, then they're definitely at the forefront of our minds and of the physicians' minds as well.”

Key issues discussed included increasing naloxone awareness and availability — something students had been learning about in school. They also learned about health insurance and repayments, a business topic that isn't covered in medical school.

“You learn how to practice and what the right thing to do is, and we do ethics classes and biostats and all these other things — but you don't actually learn business,” he says. “It was very interesting to hear about things that I never knew were challenges that I would face if I decided to have a private practice or work for a private group.”

Grondin developed an interest in the specialty during a gap year after graduation, working in anesthesia research. He was sold on it when he got to medical school while shadowing Dr. Sherman, he says. “By the time that I did my anesthesia rotation as a third year, that kind of completely locked it in for me, and that's when I decided that this is definitely what I want to do.”

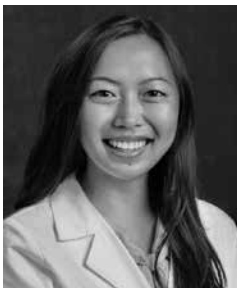
He says he likes the pace and procedures, patient care, and the problem-solving, and is enjoying Tech's ultrasound curriculum.

The legislative conference only underscored his interest. “All of the physicians were thrilled that students were coming to the conference,” he says. “So we were accepted with open arms. It was very heartwarming and reaffirmed that I wanted to go into this field.”

LUCOM AIG: Paving the Path to Anesthesiology

By Michelle Adema

Anesthesiology Interest Group President
Liberty University College
of Osteopathic Medicine
Lynchburg, VA



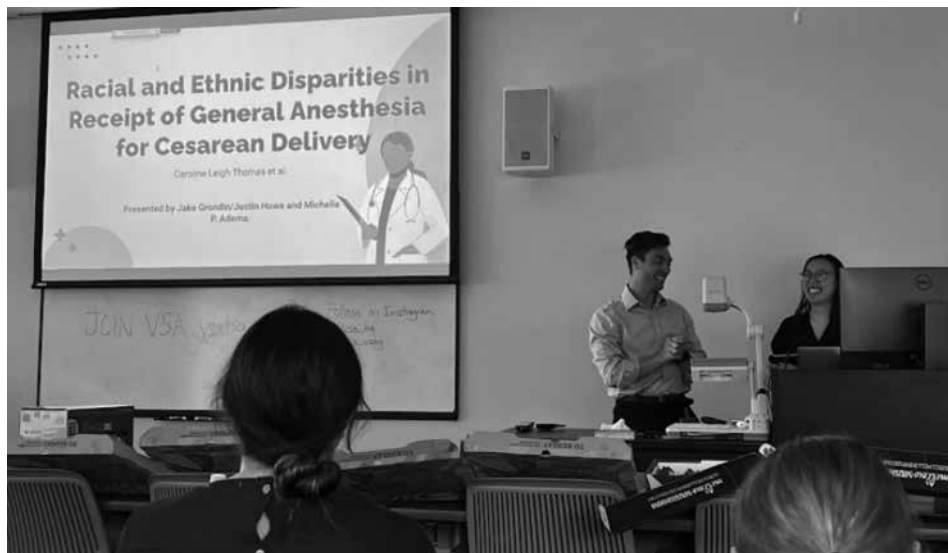
Michelle Adema

Anesthesiology is a fascinating field brimming with potential, yet it often remains underexplored until later stages of medical education. Many physicians, residents, and medical students stumble upon it serendip-

itously, missing early opportunities to delve into its depths. Recognizing this gap, Liberty University College of Osteopathic Medicine's Anesthesiology Interest Group (LUCOM AIG) is dedicated to demystifying anesthesiology for students right from the onset of their medical journey.

With the generous support of the Virginia Society of Anesthesiology (VSA), LUCOM AIG has blossomed into an independent entity. Our mission is twofold: to spark curiosity about anesthesiology and to equip students with hands-on experiences that transcend traditional learning. We're channeling our funds into recruitment efforts and procuring essential materials for dynamic events like the Airway Workshop, Central Line Workshop, and sessions with esteemed guest speakers. LUCOM AIG is not just a club, but a dedicated collective striving to excel in an increasingly competitive specialty. As a newer and smaller medical school, we are committed to enhance our training through collaboration of our local and state physicians to achieve our aspirations of becoming the physicians our communities envision.

LUCOM presents a unique opportunity for proactive engagement and networking within the medical community, due to the circumstance of not being directly affiliated with an academic hospital or anesthesiology faculty. Since assuming the role of AIG President, I've established valuable partnerships with local hospitals, leading to the creation of a comprehensive shadowing program. It dawned on me that many students have yet to witness the inner workings of an operating



Student doctors Justin Howe and Michelle Adema presenting at Journal Club



Photo: Vice President, Joseph Ponce, learning to place an IV catheter

room or stand alongside an anesthesiologist. How can one gauge their interest in a field they've never truly experienced?

There's a profound difference between watching instructional videos and being immersed in the real-world environment

of an operating room. It's an exhilarating experience to be right there, engaging with a physician, asking pertinent questions, and absorbing knowledge firsthand. I've had the privilege of shadowing Dr. Carly Hunt during a bowel resection and Dr. Gabriel Babinsky for my first cesarean sections. These encounters have been incredibly insightful, offering a unique perspective on anesthesiology that goes beyond traditional lecturing.

Anesthesiology is more than monitoring screens and managing equipment; it's a dynamic and intellectually stimulating specialty that demands both precision and adaptability. Alongside my executive board—Joseph Ponce, Karen Frieswyk, Jake Franzen, and Mary Jarrad—we are eager to share our enthusiasm and these priceless opportunities with our peers. Our goal is to kindle a flame that may guide their future in medicine.

We've also launched an Instagram account @lucom.aig to document our journey. We invite you to follow us and witness the exciting developments at LUCOM AIG!

In closing, we extend our deepest gratitude to the Virginia Society of Anesthesiology for their unwavering support and belief in our vision. Their contribution has been instrumental in our growth and success, enabling us to reach new heights and inspire the next generation of medical professionals. Thank you, VSA, for helping us illuminate the path to discovery in anesthesiology.

Cardio Pulmonary Resuscitation

By Jaikumar Rangappa MD, LTC
Retired Anesthesiologist
US Army, Desert Storm Veteran

The thoughts & idea and study of CPR
Initiated in 1960s by Professor Peter Safar
At John Hopkins dog lab with tech proctor
Worked Dr. Alfred Blalock and studied dog CPR.

With help of Negro technician who was smart
He did most of dog experiments on the heart
Showed to hospital surgeons the CPR art

Today the CPR training is taught to one & all
High School students & person in the mall
In 1976 dog lab chief Vivian Thomas honored –
Doctorate with No call.

CPR is synonymous with medical heroism
Offered to all in or out of hospital victim
Patient in pain & suffering, in misery cry
85% of patients in hospital CPR will die.

Covid Pandemic increased risks to all
Including Medical personnel on call
Most of the Covid patients died in hospital
With life support heart stopped no revival.

A promise to save all patients is futile
Doctors can't play Moses on the Nile



Dr. Jaikumar Rangappa

CPR class to Tom, Dick & Mary may seem virile
Cardiac resuscitation on TV is seen in style.

Disappointing story of CPR is open secret
In medicine it is a brutal exercise and a sad bet
Prevention is cheaper than cure any day
But who can debate “experts” of the AMA!

CPR designed to help blood flow to brain
With 100 compressions per minute plain
Using a defibrillator to shock in sun or rain
In hospital with IVs & fluids & medication.

Compression force can break ribs in hurry
Puncture lungs, bruise the heart and artery
Successful CPR may end in brain damage
Or a memory loss with physical assault savage.

In healthy patients CPR may a life save
A drowned kid may appear from the grave
Reversing death isn't same as Life God gave.

CPR is surely a medical public expectation
Successful for few an elation & exception
CPR to DNR-Do Not Resuscitate harsh perception.

CPR should be changed to AND (allow natural death)
To keep away all the lawyers at bay in stealth!



VSA members at the ASA Legislative Conference



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Questions - contact info@safehavenhealth.org or amy.factor@vitalworklife.com

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If you have an opinion about something you've read in the *VSA Update*, or about an issue in the field of anesthesiology or pain medicine, please consider writing a letter to the editor.

We prefer letters fewer than 200 words, and they must include the writer's full name, email address and telephone number. Anonymous letters and letters written under pseudonyms will not be considered for publication.

Writers should disclose any personal or financial interest in the subject matter of their letters.

Please send letters to
Dr. Brooke Albright-Trainer,
VSA Update Editor
brooke@vsahq.org.