

## WINTER 2026: VOICES OF VIRGINIA AT ASA

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### Feature Article

# My Journey as a VSA Delegate: An Honor, A Responsibility, and An Invitation

**By Mike Saccocci, DO, MPH, FASA**  
VSA Secretary  
Delegate, ASA House of Delegates  
Roanoke, Virginia



Dr. Mike Saccocci

When I left military medicine and joined the Virginia Society of Anesthesiologists in 2011, I knew intellectually that the ASA House of Delegates served as the policymaking and governance body of our national organization. But it wasn't until I was appointed as a VSA

Alternate Delegate in 2023 that I truly understood the profound importance of this work. The HOD doesn't just set policies, it shapes the future of anesthesiology across the nation!

Virginia's representation in the HOD is crucial. Our state faces unique challenges – from rural access issues to the complexities of practicing near the nation's capital. Ensuring that Virginia anesthesiologists' perspectives and interests are reflected in national policy decisions isn't just important; it's essential for our patients and our profession. Let me share what this journey has taught me and why I hope you'll consider joining us.

The formal requirements are straightforward but important. First, you must maintain active membership in good standing with both the VSA and ASA – this demonstrates your ongoing commitment to our profession at both state and national levels. Delegates are selected according to VSA bylaws, typically through nomination by leadership or



*It wasn't until I was appointed as a VSA Alternate Delegate in 2023 that I truly understood the profound importance of this work. The HOD doesn't just set policies, it shapes the future of anesthesiology across the nation!*

expressed member interest.

The most critical requirement is your commitment to attend the full ANESTHESIOLOGY Annual Meeting and HOD sessions – typically Saturday through Tuesday, now that we've moved to a four-day national

meeting template. To be clear, this isn't a drop-in role; the HOD needs delegates who can participate fully. You'll also need to commit to pre-meeting preparation, including attending virtual informational sessions hosted by the ASA and reviewing extensive materials. When I first saw the time commitment, I'll admit I was daunted. But the VSA leadership assured me – correctly – that every hour invested would be worthwhile.

About six to eight weeks before the annual meeting, the real work begins. The ASA sends out the Delegate Handbook – a comprehensive document covering procedural rules, guidelines, report structures, and parliamentary processes. In preparation for my new role as Alternate Delegate in 2023, I took about 3-4 hours reviewing this thoroughly. The ASA also hosts virtual informational sessions that are invaluable for understanding the issues at hand. Our VSA holds delegate caucus calls where we

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UPDATE

VSA Executive Board

<b>Casey Dowling, DO, FASA</b> <i>President</i>	<b>Mike Saccocci, DO, MPH, FASA</b> <i>Secretary</i>	<b>Craig Stopa, MD</b> <i>Immediate Past President</i>
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Newsletter Editors

<b>Editor</b> Brooke Trainer, MD, FASA brooke@vsahq.org  <b>Incoming Senior Editor</b> Iyabo Muse, MD, FASA  <b>Incoming Associate Editor</b> Nabil Elkassabany, MD, MSCE, MBA
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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



## Annual Membership Business Meeting

Monday, January 26, 2026

5:30 pm – Reception

6:00 pm – Meeting

7:00 pm – Dinner

Julep's New Southern Cuisine  
420 E Grace St, Richmond, VA 23219

## Lobby Day

Tuesday, January 27, 2026

7:30 am

Commonwealth Strategy Group, 118 N 8th Street, Richmond, VA 23219

Light breakfast will be provided along with talking points before walking to the Capitol.



Scan the code to register for both events!



## Donate to the VaSAPAC

*Your contributions make a difference!*

No gift is too small and together, we can make a difference in the healthcare of all Virginians.



## President's Message

# Voices of Virginia at the ASA

By Casey Dowling, DO  
Winchester Anesthesia  
VSA President



Dr. Casey Dowling

This October, it was my privilege to represent Virginian anesthesiologists in the House of Delegates at Anesthesiology 2025 in San Antonio, Texas. This annual meeting is where the governance of our national organization—the American Society of Anesthesiologists (ASA)—takes place.

Also, this year, I was honored to serve the ASA as Vice Chair of the Credentials Committee. My sincere thanks go to Dr. Paul Yost, Secretary of the ASA, and to Dr. Kristyn Ingram, Chair of the Credentials Committee, for entrusting me with this opportunity.

In healthcare, credentialing is a vital process that verifies a physician's qualifications to practice medicine safely and competently. Similarly, in professional governance, credentialing safeguards the integrity of our field—ensuring that only qualified representatives are granted the privilege to vote on policies, best practices, and leadership within our society. Serving on the ASA Credentials Committee provided me with a unique, up-close perspective on the dedicated physician anesthesiologists from across the country who volunteer countless hours to advance our profession. The ASA takes its stewardship role seriously, and it was deeply gratifying to contribute to that mission.

This experience reminded me how integral the ASA is to our daily practice. The standards we follow, the guidelines we reference, and the policies that shape patient safety—all originate from the collective work of our society.

At this year's House of Delegates session, the ASA presented and approved one new Practice Guideline and eight new Statements:

- Statement on Non-Physicians' Misuse of the Title "Resident" in Health Care Settings (Committee on Anesthesia Care

Team, 357-3)

- Statement on Adverse Event Analysis (Committee on Patient Safety and Education, 407-2)
- Statement on Human Factors Engineering and Patient Safety (Committee on Patient Safety and Education, 407-2)
- Practice Guideline on Perioperative Pain Management Using Local and Regional Analgesia for Cardiothoracic Surgeries, Mastectomy, and Abdominal Surgeries (Committee on Practice Parameters, 409-2)
- Statement on Antenatal Anesthesiology Consultation (Committee on Obstetric Anesthesia, 526-3)
- Statement on Anesthesia Management and Support for External Cephalic Version (Committee on Obstetric Anesthesia, 526-3)
- Statement on Anesthesia Services Staffing for Labor and Delivery (Committee on Obstetric Anesthesia, 526-3)
- Statement on the Importance of the Anesthesiologist Physical Job Description (Ad Hoc Committee on Physical Demands of Anesthesiologists, 675-8)
- Statement on Maintaining the Anesthesiologist Workforce by Prevention of Injuries and Knowledge of Workers' Compensation, Disability, Return to Work Requirements, and Accommodations (Ad Hoc Committee on Physical Demands of Anesthesiologists, 675-8)

In addition, 11 previously established statements were revised to reflect evolving knowledge and practice patterns.

Through its diligence, transparency, and commitment to excellence, the ASA continues to be the foremost authority on anesthesiology in healthcare. But it's important to remember—the ASA doesn't exist in a vacuum. It's not "them." It's us.



The ASA is made up of dedicated physician anesthesiologists like you—professionals who believe in advancing patient safety, professional integrity, and the future of our specialty.

Membership matters. The ASA is our collective voice.

Join the ASA.

Join us.



# Dr. Trainer Stepping Down as Editor



*Dr. Brooke Albright-Trainer*

Dear Colleagues,  
As I prepare this issue of the Virginia Society of Anesthesiologists Newsletter, I find myself reflecting on what an extraordinary privilege it has been to serve as your Chief Editor from 2019 through 2025. When I first

stepped into this role, I hoped simply to help strengthen our society's voice. Instead, I found a community that strengthened mine—a readership deeply committed to

the integrity, advocacy, and future of our specialty.

This issue will be my last as Chief Editor. It is time for the newsletter to welcome new ideas, new energy, and new perspectives that will keep it fresh, engaging, and forward-moving for years to come. I am delighted to share that Dr. Iyabo Muse will be stepping into the role of Chief Editor, with Dr. Nabil Elkassabany joining as Associate Chief Editor. Both bring tremendous talent, thoughtful leadership, and a genuine passion for uplifting the VSA's mission. I look forward to mentoring and supporting them as they guide the newsletter into its next chapter.

Serving in this role has been one of the

great honors of my professional life. Thank you for trusting me with this platform, for allowing me to help safeguard the voice and values of our society, and for engaging so meaningfully with the stories and issues that shape our work. I have every confidence that Dr. Muse and Dr. Elkassabany will continue to elevate the newsletter as contributors, organizers, and thought-provokers—ensuring it remains a vibrant reflection of who we are as anesthesiologists in Virginia.

With gratitude and excitement for what comes next,

Brooke Trainer, MD, FASA  
Outgoing Chief Editor, VSA Newsletter

## Member Spotlight

# Q&A With Dr. Manhal Saleeby

## Anesthesiologist and Pain Specialist, VCU Health

### What drew you to anesthesiology?

When I came from Syria, to be able to get into American specialties I had to go to internal medicine first. However, I felt like my dream was more intervention. I wanted to have hands-on. With the help of the medical director of internal medicine, they appointed me to anesthesiology. When I went to interview, I really fell in love with the culture. I fell in love with how everybody is down to earth. As a junior CA1 or CA2, you felt like you were one of the team. And I really like that. The other thing is the immediate satisfaction of when you care for the patient. You're right there monitoring the outcome ... and you're treating it right away.

### How about your subspecialties?

I graduated from anesthesia in 2000. Then I did the pain management fellowship and a pediatric anesthesia fellowship. I had to pick one to be my long-term career, and that was pain management. Because I missed my own patients. I missed following patients long-term. In pain management, you can do a procedure and you can follow the patient for years. Just like any other medical specialty. So I get the best of both worlds.

### How long have you been an anesthesiologist?

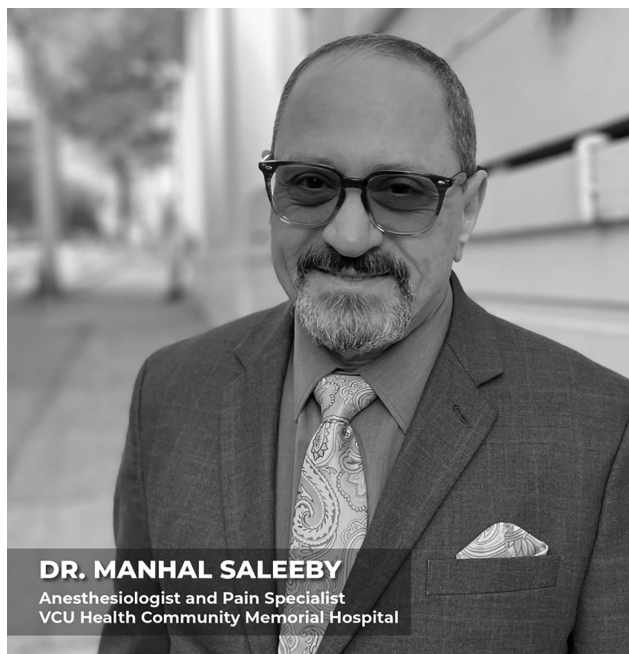
I've been an anesthesiologist since 2000 — so 25 years.

### Why did you join VSA?

We have a duty to support our societies. Because without them, a lot of the regulations, the discussions, and lobbying with Congress, or the local politicians will happen without us being involved. We have to be advocates. We have to push for patient care and continue to be the physician-led specialty. ... we can give some of our time, we can support the PAC. Because it makes a big difference. It's important that the physicians support their societies.

### What would you like medical students to know?

If you like medicine, and at the same time



**DR. MANHAL SALEEBY**  
Anesthesiologist and Pain Specialist  
VCU Health Community Memorial Hospital

you like interventions, direct patient care, hands-on ... we're a good happy medium between internal medicine and general surgery. What I like about anesthesia is that we, and our departments, care about our work-life balance.

# Meet Your New VSA Newsletter Senior Editor

**By Iyabo Muse, MD, FASA**

*Associate Professor of Anesthesiology,  
Division Chief, Regional Anesthesia &  
Acute Pain Medicine,  
University of Virginia Health System*



*Dr. Iyabo Muse*

Hello VSA members,

My name is Iyabo Muse, MD, FASA, and I am honored to serve as your new senior editor for the Virginia Society of Anesthesiology (VSA) newsletter. I look forward to connecting with you and sharing

new ideas, updates, and innovations as we move into 2026.

A bit about me: I am an Associate Professor of Anesthesiology at the University of Virginia (UVA) Health System, where I

serve as Division Chief of Regional Anesthesia and Acute Pain Medicine. I completed my residency at Montefiore Medical Center/Albert Einstein College of Medicine in New York, followed by a fellowship in Regional Anesthesiology and Acute Pain Medicine at the Hospital for Special Surgery. I spent eight years practicing at Montefiore Medical Center and Westchester Medical Center before moving to Charlottesville, VA, to begin my current role.

My clinical interests include optimizing perioperative pain management and advancing the use of Point-of-Care Ultrasound (POCUS) in perioperative care. I have remained actively involved in several professional societies, including ASRA Pain Medicine, the American Society of Anesthesiologists (ASA), the New York State Society of Anesthesiologists (NYSSA), and now the Virginia State Society of Anesthesiologists (VSA). I have served as Faculty for ASRA's Introduction to POCUS course and have taught both POCUS and peripheral nerve block workshops at the ASA Annual Meet-

ing. While at ASA, I contributed to the Ad Hoc Committee on Harassment, Incivility, and Disrespect (HID), which developed the ASA's HID statement published in November 2024. I now serve as Co-Chair of the Ad Hoc Subcommittee on HID within the ASA Committee on Physician Well-Being. During my time in New York, I was also active in NYSSA leadership and was elected District 3 Alternate Director in 2022.

Since moving to Virginia, I've been grateful for the chance to become involved in our state society. This year, I participated as faculty at the POCUS training program in Richmond, VA, and I had the privilege of representing the VSA as a delegate at the ASA House of Delegates during the Annual Meeting.

Outside of medicine, I enjoy playing tennis, traveling, attending professional sporting events, and baking. As we enter the new year, I hope to encourage continued engagement from all VSA members in our newsletter.

Wishing you all a happy new year!

# Meet Your New VSA Newsletter Associate Editor

**By Nabil Elkassabany, MD, MSCE, MBA**

*John C. Rowlingson Professor of  
Anesthesiology,  
Vice Chair of Clinical Operations,  
Medical Director, Perioperative Services  
Department of Anesthesiology, University  
of Virginia Health System*



*Dr. Nabil Elkassabany*

My name is Nabil Elkassabany, MD, MSCE, MBA, and I am your new associate editor for the Virginia Society of Anesthesiology (VSA) newsletter. I am excited about this opportunity and would like to introduce myself.

I moved to Virginia a little over three years ago to become the Vice Chair of Clinical Operations in the Department of Anesthesiology at the University of Virginia (UVA). I was also appointed the John C. Rowlingson Professor of Anesthesiology.

In addition to my departmental responsibilities, I serve as the Medical Director of Perioperative Services at UVA.

I completed my undergraduate and medical education at Alexandria University. I then joined the Department of Anesthesiology at Menoufia University in Egypt as a faculty member. Afterward, I moved to the United States, where I completed a second anesthesia residency at the Cleveland Clinic in Cleveland, Ohio. I later pursued regional anesthesia subspecialty training at the University of Florida in Gainesville. I earned a master's degree in clinical epidemiology and biostatistics from the Perelman School of Medicine at the University of Pennsylvania in December 2012, and an MBA from the Fox School of Business at Temple University in December 2021.

I spent 13 years in Philadelphia before relocating to Charlottesville. While at the University of Pennsylvania, I served as the Division Chief of Regional Anesthesia and Acute Pain Medicine. My research focuses on patient outcomes following orthopedic surgery, particularly among patients who

receive regional anesthesia in various clinical settings. I am especially interested in optimizing outcomes after major joint arthroplasty and defining the value added by regional anesthesia and acute pain medicine throughout the perioperative experience.

I have served as a member of the Board of Directors for the American Society of Regional Anesthesia and Pain Medicine (ASRA) from 2018 to 2023. I recently completed my term as Chair of the Educational Track Subcommittee on Regional Anesthesia and Acute Pain Medicine for the American Society of Anesthesiologists (ASA). I also serve as Vice Chair of the ASA Committee on Performance and Outcome Measurement. This year, I had the pleasure of serving as one of the VSA delegates at the ASA House of Delegates meeting.

Outside of work, I enjoy playing and watching tennis, as well as following professional sports. I look forward to hearing from you and learning about the wonderful work you do every day to serve our patients and the Virginia community.

# Advancing Anesthesiologist-Led Care – Highlights from the ASA Committee on Anesthesia Care Team (CACT)

**By Brooke Trainer, MD, FASA**

*Chair, ASA Committee on the Anesthesia Care Team*



*Dr. Brooke Albright-Trainer*

This year has been marked by significant progress, thoughtful collaboration, and meaningful accomplishments for the ASA Committee on the Anesthesia Care Team (CACT). Following our in-person meeting at ANESTHESIOLOGY®

2025 and ongoing quarterly virtual meetings, I am pleased to share an integrated summary of our work—much of which has direct impact on anesthesiologists in Virginia and across the country. Our committee remains steadfast in its central mission: to secure, maintain, and promote the anesthesiologist's leadership role in any setting where anesthesia or sedation is delivered, and to ensure patient safety through physician-led, team-based care.

A major portion of our accomplishments came through the committee's subcommittee structure.

The Subcommittee on Title Misappropriation finalized the ASA Statement on Title Misappropriation, now approved by the House of Delegates and available for widespread use. This statement addresses the increasing misuse of protected medical titles—including “anesthesiologist”—by non-physicians in clinical and educational settings. Clear, accurate representation of healthcare roles is fundamental to patient safety, informed consent, and professional integrity.

In parallel, the Subcommittee on ACT Member Education and Training Infographic developed a significant redesign of ASA's educational infographic comparing anesthesiologists, CRNAs, and CAAs. The updated version includes clearer depiction of medical school, residency, and supervised clinical hours; integrates authoritative references such as WHO and WFSA; highlights physician-specific decision-making roles; and enhances side-by-side curriculum comparisons. This tool will be invaluable for hospital administrators, legislators, and the public as an easily digestible representation

of why anesthesiologist-led care is the safest and most effective standard.

Another major milestone this year was the work of the Subcommittee on Resident Education on Leading the Anesthesia Care Team. Recognizing that ACGME requires residents to develop supervisory and leadership skills—but that real-world exposure varies widely—the subcommittee undertook a multi-part initiative. First, it distributed a national ASA survey to nearly 10,000 recipients, yielding insights into current leadership training gaps. Second, the group authored “Leadership Training in Anesthesiology Residency” for the ASA Monitor and participated in a companion “Residents in a Room” podcast to amplify the message. Third, and perhaps what will be the most transformative, the subcommittee has proposed a new ASA “Anesthesia Team Captain” mini-course: a 3–5-hour microlearning curriculum designed to introduce residents to practical ACT leadership skills such as supervising multiple ORs, communicating across hierarchies, managing critical events, and navigating difficult conversations. This course is envisioned as the first step in a larger ASA leadership development pipeline.

The five-year review of the ASA Statement on Physician-Led Care resulted in a complete revision, expansion, and renaming of the document to the “ASA Statement on Anesthesiologist-Led Care.” This updated statement elevates the clarity and specificity of what anesthesiologist-led care entails. It reinforces anesthesiology as the practice of medicine; describes the depth and breadth of anesthesiologist training; outlines the essential components of perioperative evaluation, pharmacologic expertise, diagnostic decision-making, procedural competency, and crisis management; and defines what constitutes physician-led care in settings where an anesthesiologist is unavailable. This updated statement is now arguably one of ASA's most strategically important documents.

Also completed this year was the new ASA Statement on Non-Physicians' Misuse of the Title “Resident.” At the request of the ASA President, the CACT developed this urgently needed statement to address misuse of the term “resident” by non-physicians—including students in allied health or nursing programs. Under federal regulations, “resident” refers specifically to physicians employed in ACGME-accredited training programs. Students are not credentialed or

privileged, do not hold medical licenses or DEA registrations, and therefore cannot describe themselves as residents in clinical settings. Misuse of the term creates substantial potential for patient confusion, undermines informed consent, and can lead to unsafe miscommunication during emergencies. This statement strengthens ASA's advocacy footing and equips state societies with clear regulatory language to address the issue.

Alongside these major work products, the committee continued its efforts to enhance national messaging, strengthen collaboration with state societies, and provide data-driven support to states facing active scope-of-practice challenges. Virginia continues to be recognized for its consistent, unified advocacy and for the strong presence of VSA members serving in national roles. The committee also reviewed new opportunities to expand resident and fellow engagement, promote clinical quality improvement projects, and build pathways that cultivate early-career anesthesiologists interested in ACT leadership, advocacy, and education.

Perhaps one of the most important messages this year is the need to grow the ASA leadership pipeline. With continued pressures on physician scope, increasing complexity in care delivery models, and evolving national policy debates, ASA needs anesthesiologists at every career stage—including early-career physicians—to serve on committees and contribute to national work products. The committee application cycle typically closes in mid-January, and I strongly encourage all interested members to apply early. Those who are unsure where they might fit are welcome to reach out directly—I am always glad to help mentor VSA members through the process.

Finally, I want to express my deep appreciation to the extraordinary committee members whose dedication has driven this year's achievements; to Vice Chair Dr. Chantal Pyram-Vincent for her leadership across multiple initiatives; to Section Chair Dr. Paul Yost for his mentorship; and to ASA staff—especially Jason Hansen—for their ongoing support and expertise.

The progress we made this year reflects the strength, clarity, and unity of physician anesthesiologists committed to ensuring that every patient receives safe, high-quality, anesthesiologist-led anesthesia care. I look forward to continuing this important work together in the year ahead.



review Virginia positions on key issues and develop our strategic messaging. In total, expect to invest 6-10 hours in preparation, though I often find myself spending a bit more because the materials are genuinely fascinating.

Before the meeting, we thoroughly review all materials in the HOD Handbook, studying reports, resolutions, and submissions from ASA committees, state societies, sections, and the Board of Directors. We identify items of particular significance for Virginia – scope of practice issues, regulatory policies, payer matters, workforce challenges, and educational initiatives.

There are four ASA HOD reference committees and each will typically have at least two Virginia Delegates or Alternate Delegates in attendance: Administrative Affairs, Finance, Professional Affairs, and Scientific Affairs. Reference Committee hearings run one to three hours each, and as delegates, we typically divide the labor to ensure coverage all sessions. This is where the detailed work happens. The formal HOD sessions themselves total approximately 8-10 hours across two days. Add in the regional caucus and delegation strategy sessions as needed, and you're looking at least 12-15+ hours of engaged participation over the conference.

The Mid Atlantic Caucus (MAC) meetings have become a highlight for me – gathering with colleagues from D.C., Delaware, Maryland, New York, New Jersey, Pennsylvania, West Virginia and the Uniform Services to discuss regional perspectives. Typically, there will be two meetings: Saturday and Tuesday afternoons, each lasts about 1-2 hours. Committee Chairs give their reports on issues of importance and make recommendations to the caucus as whole. These recommendations are debated and often can be incorporated into recommendations and motions which may inform and change the guidelines and standards of the Society.

Advocacy and representation form the heart of our role. Several VSA delegates are also committee members or Chairs. We provide insight and testimony on key issues

*The future of anesthesiology needs diverse voices – yours included. Whether you practice in Richmond or Charlottesville, whether you're in private practice or academia, whether you've been an attending for two years or twenty, your perspective matters. Join us in this vital work.*

– whether defending the anesthesia care team model, addressing occupational safety concerns like OR fatigue and environmental hazards, or updating monitoring standards – we're speaking for every anesthesiologist in Virginia, which is quite an honor and burden of responsibility.

Occupational safety has been a recurring theme. We've voted on measures addressing provider fatigue – because we all know the toll of long calls and back-to-back cases. We've debated distractions in the OR, from necessary technology alerts to unnecessary interruptions. Environmental hazards, from waste anesthetic gases to ergonomic challenges, have prompted serious discussions about protecting ourselves while we protect our patients.

Professional affairs resolutions have included establishing clear requirements and responsibilities for anesthesiologists serving as expert witnesses – crucial work that protects both patients and physicians. We've modernized monitoring standards to reflect new technology while maintaining our commitment to vigilance. Issues of quality and safety, perioperative medicine

expansion, critical care integration, and payment and practice management all come before the HOD.

The networking opportunities are extraordinary. You'll interact with ASA Officers, Past Presidents, and Committee Chairs – leaders who shape our specialty nationally. This visibility opens doors for future ASA committee appointments, chair or liaison roles, and section leadership positions. There is a small monetary reward for your participation as Delegate or Alternate Delegate, but it is nothing compared to the sense of purpose and accomplishment you feel as the meeting concludes.

Serving as a Virginia Delegate or Alternate Delegate to the ASA House of Delegates is both an honor and a meaningful leadership opportunity. Yes, it requires time – attendance at caucuses, reference committee sessions, and hours of preparation. But the professional rewards are immense: you help shape national anesthesia policy while strengthening our state's voice and impact. You join a community of dedicated colleagues who become lifelong friends and mentors. You gain insights that make you a better anesthesiologist and a more effective advocate for your patients and colleagues.

If you're interested in future HOD participation or ASA committee roles, I encourage you to express your interest early and get involved now. Attend the VSA annual meeting in January, reach out to me or any member of the VSA Executive Board – we welcome your questions and interest!

The future of anesthesiology needs diverse voices – yours included. Whether you practice in Richmond or Charlottesville, whether you're in private practice or academia, whether you've been an attending for two years or twenty, your perspective matters. Join us in this vital work. Help us ensure that Virginia's voice continues to resonate strongly in the halls where anesthesiology's future is decided.

I look forward to welcoming you to our delegation – and to the incredible journey of service that awaits!

## Donate to the VaSAPAC

*Your contributions make a difference!*

Federal and State law require VaSAPAC to use its best efforts to collect and report the name, mailing address, and name of employer of individuals whose donations exceed \$100 in an election cycle.

Contributions are not tax deductible.



# 2025 Virginia Election Overview

By Lauren Schmitt

*Commonwealth Strategy Group*

All eyes were on Virginia as voters went to the polls on November 4th to elect a new Governor, Lt. Governor, Attorney General, and House of Delegates. There were plenty of unknowns and questions going into the election. Would Abigail Spanberger easily win as the polls predicted or would the extreme partisan environment make it closer than anticipated? Would some of the recent controversies around other candidates have an impact? Would the results of this election be a referendum on President Donald Trump and if so, how big of a “blue wave” would we see? One thing we knew for certain, is that regardless of the outcome, this election would be historic: Virginia was going to elect its first woman Governor.

The polls closed at 7pm and results started coming in quickly. Forget the “blue wave”- instead it was more of a “blue tsunami,” with Democrats winning bigger than anyone predicted.

Early in the evening, Abigail Spanberger (D) won an overwhelming victory and will be sworn in as the 75th Governor of Virginia on January 22, 2026. With her win, she is officially the first woman in the Commonwealth’s history to be elected to



its’ highest office.

Democrats Ghazala Hashmi and Jay Jones also captured decisive wins in the Lieutenant Governor and Attorney General races, respectively. Many political pundits were surprised that the Attorney General race was not as close as they thought it would be and it appears the recent text message scandal had little to no impact.

In the House of Delegates races, Democrats successfully picked up 13 House seats, going from a slight majority (51-49) to an overwhelming super majority of 64 seats. In addition, 4 new Republicans were elected

in open seats.

Another exciting update is that we will have a physician in the House of Delegates! Dr. Mark Downey, a pediatrician in Williamsburg, defeated Republican incumbent Chad Green. This is a big win for the House of Medicine.

We will head into the 2026 General Assembly Session with 17 new Delegates, a new Governor, Lt. Governor, and Attorney General, and the Democrats controlling the Executive Branch, Senate, and House of Delegates.

## ASA SNAP (rapid talk) Lecture Recap AND a New Environmental Health Committee

By Varun Dixit MD

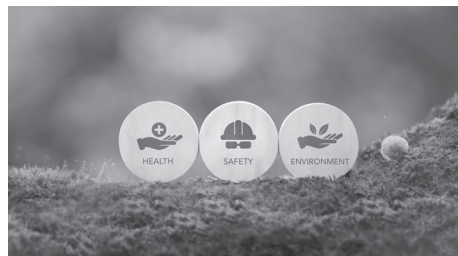
*Chief Sustainability Officer  
Henrico Doctor’s Hospital  
Richmond, Virginia*



*Dr. Varun Dixit*

Here are some of my projects thru the years:

- I have started a recycling program at Henrico Doctors. We are recycling about 180,000 pounds per year.



- Started Low anesthetic gas initiative. Saving 300 bottles worth of Sevoflurane every year. Equivalent to 100,000 miles of driving a car.
- Disconnected piped Nitrous oxide. Saving money for the hospital but also preventing 318 metric tons of CO2 equivalent being

released in the atmosphere.

- Started composting of organic food waste in hospital cafeteria.
- Starting program to better waste segregation and putting only appropriate waste in regulated medical waste bags. Saving money but also reducing waste that need to be incinerated.
- Greater adaptation of reprocessed equipment and reducing single use items.

I am starting a new Environmental Health Committee in the VSA. Please contact me if you would like to join the committee. Please email me at: [varundixit1874@gmail.com](mailto:varundixit1874@gmail.com)



# Reflections at ASA

**By Varun Dixit, MD**  
*Cardiac Anesthesiologist  
Chief Sustainability Officer  
Henrico Doctor's Hospital  
Richmond, VA*

The Annual Meeting of the American Society of Anesthesiologists is one of the largest gatherings of anesthesiologists in the world. It provides a unique opportunity to share one's experiences and learn from colleagues from around the world.

At ASA Annual Meeting in San Antonio, Texas, I was honored to moderate a SNAP talk session about "Supply Chain Shortages and Healthcare: Strategies for Stronger Future." The panel comprised of experts from across the nation. The assorted topics discussed were - Waste Reduction and Reusing Supplies: Low Flow Anesthetic Technique - by Molly Herr MD, Mayo Clinic; Pharmaceutical Waste Reduction and Management - by Galaxy Li MD, Nemours Children's Specialty Care; and Supply Chain - by Sandeep Narayan MD, Advocate Health.

Over the last few years, supply chain fragility has become increasingly clear in health care. The manufacturing of products used in the hospital depends on multiple components which are usually sourced from around the globe. Any disruption in even one of these components can bring the entire production line to a halt. In recent years, anesthesia practice has been thrown curveballs with shortages of equipment, supplies, and medications. The pandemic exposed the critical nature of our dependence on the global supply chain.

This SNAP talk discussed ways to increase sustainability and resilience in the practice of anesthesia by reusing supplies and reducing waste. Operating rooms produce significant amounts of waste. While production of waste is inevitable, there are ways by which the environmental impact can be reduced. Waste produced in the hospital can be regulated medical waste or general waste. General waste is disposed of in the landfill. Some of this waste can be put to better use by recycling. Recycling gives new life to paper, cardboard, aluminum and hard plastic.

Regulated medical waste can pose significant infection risks and is very expensive to dispose. Proper disposal of this waste is by incineration which is expensive and



*Dr. Varun Dixit at the ASA Annual Meeting*

has significant environmental costs. Proper education of the operating room staff can reduce the amount of this waste generated. This can reduce costs as well as waste to be incinerated.

Pharmaceutical waste in the operating room can be reduced by calculating the exact amount of medications needed and withdrawing amounts close to it. Proper disposal of medical waste is vital as these chemicals can cause significant pollution of water and soil. Prefilled syringes can be another novel way of reducing this waste. Following the disruption of Plants which manufactured the IV fluids, clinicians were able to reduce their consumption by using smaller bags and using fluid judiciously. Such practices should be made a permanent culture of the clinical work.

Practicing Low Anesthetic gas flows has benefits at multiple fronts. Low flow conserves heat and moisture of the patient, preserving the ciliary functions of bronchi. Anesthetic gases are powerful greenhouse gases and stay in the environment for decades after being scavenged. Reducing the waste of these gases, facilities can save money while significantly reducing their carbon footprint.

Reprocessing equipment can strengthen the supply chain by moving the manufacturing closer to the end user. This can make

the procurement of the products more resistant to disruption of events, like the recent pandemic, or disruptions by environmental events like floods or hurricanes. The process of reprocessing is a highly regulated industry and FDA approved. Each and every piece of the equipment is taken apart, checked, sterilized and repackaged, ensuring the quality and performance of the product. This can save significant revenue for the facility as well as reducing the carbon footprint by up to 40%.

Anesthesiologists are the peri-operative leaders. The nature of our position requires us to work closely with the surgical colleagues, operating room staff, nursing staff and administrators. We usually find ourselves in the middle of any conversations regarding supply chain constraints, material and equipment, pharmaceutical challenges and even new construction or upgrades. We are always there in the thick of things. We can use this unique position to forward an agenda of increased sustainability, supply chain resilience and better preservation of limited resources. We took an oath to take care of our patients. We need to extend our care of the communities and environments where those patients live. That was the message of our SNAP talk at the ASA annual meeting.

# Resident's Perspective: UVA at ASA

**By Gavin Brion, MD**  
*President, VSA Resident Section*  
*UVA Health System*  
*Charlottesville, VA*



*Dr. Gavin Brion*

As the Resident President Delegate, I had the privilege of representing the Virginia Society of Anesthesiologists at the recent American Society of Anesthesiologists (ASA) national conference. There was a significant and exciting focus on the role of train-

ees, and I wanted to share the key takeaways that directly impact us.

A central theme was the vital importance of resident involvement. The incoming ASA

President, Patrick Giam, spoke passionately about engaging residents to develop the next generation of leaders, both within our specialty and in the ASA itself. This commitment is being put into action with the launch of the inaugural Resident Advisory Group. This new initiative is designed to formally elevate resident voices and strengthen our engagement across the anesthesiology community.

The launch of this group directly supports the ASA's new Strategic Plan, which focuses on building career-long partnerships with anesthesiologists, beginning in residency. The goal is to better understand the challenges we face and how our training is evolving. Key initiatives under this plan include developing a comprehensive resident engagement plan, creating new formative assessment tools to give feedback to both residents and programs, and expanding these assessments to include communication and professionalism.

In addition to these strategic moves, the ASA has launched a new Resident Resource Center on its website. This is a practical hub of information that also serves as a valuable guide for medical students considering our field.

Finally, we discussed the future of assessment with the American Board of Anesthesiology (ABA). The ABA is embracing its reputation as an innovator by preparing for technological advances, including AI. The focus is on evolving with a new generation of anesthesiologists by developing more personalized, competency-based assessment tools, all while maintaining an unshakeable commitment to patient safety and clinical excellence.

It is a promising time for residents, with a clear focus from our national leadership on supporting our training and integrating our voices.

## MSV Meeting Summary

**By Marie Sankaran Raval, MD**  
*VCU Health System*  
*Richmond, VA*



*Dr. Marie Sankaran Raval*

The Medical Society of Virginia 2025 Annual Meeting was held on October 24–26 in Norfolk, Virginia. It brought together Physicians, Physician Assistants, residents, and med-

ical students from across Virginia. Delegates convened in the House of Delegates on Friday and Sunday to debate and vote on key policy resolutions that will guide MSV's advocacy priorities. Key resolutions that were discussed and adopted this year at HOD included State Funding for Childhood Vaccines, Access to Safe Vaccines, Physician Assisted Suicide, and the Incorporation of Critical Medical Treatment Planning into Emergency Preparedness. A key issue of debate was the Regulation of Private Equity in the Healthcare Market, which was referred to the Board of Directors

for Action. On Saturday, there were continuing medical education (CME) sessions, including a presentation on human-centered design and change management by VCU's Garret Westlake.

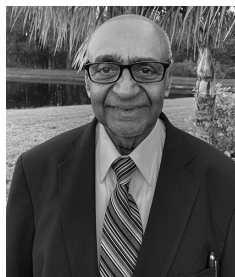
During the meeting, Dr. Mark D. Townsend was inaugurated as the new MSV President, while Dr. Arturo P. Saavedra (VCU School of Medicine) was elected as president-elect. The MSV Foundation's Physicians' Gala at the close of the event celebrated physician achievements and recognized physician commitment to service.

### The Arts

## Transcend Ego

Greatest barrier to realize the Lord is EGO  
Life trapped by possession we can't forego  
Seeing self as superior to others in short life  
Causes life long turmoil with needless strife

The Light of God shines within all of us  
As the Sun shines from Earth to Uranus  
As clouds of Ego obscure the Divine light  
We fall into the darkness of eternal night



*Dr. Jaikumar Rangappa*

Desire in today's world is Wealth & Status  
Avoid Ego to repel every curse and stress  
Hold anger and pride and don't be jealous  
Of others from the New Year to Christmas

From trappings of the outer world deviate  
Truth, compassion & forgiveness cultivate  
Love all creatures of the Divine & no hate  
Gain spiritual voice of sages and meditate  
Transcend all to a peaceful tranquil state  
To a calm life of eternal bliss & incarnate!

# Medical Student's Experience at the 2025 ASA National Conference

By **Tanner Lydic, OMS-III**  
*ACOS-MSS Anesthesia Chair*  
*Edward Via College of Osteopathic*  
*Medicine-Virginia*



Tanner Lydic

Three students from VCOM—Virginia — Grace Carroll (OMS-IV), Tanner Lydic (OMS-III), and Nick Lane (OMS-II) — attended the 2025 American Society of Anesthesiologists (ASA) National Conference in San Antonio, Texas.

The weekend offered a mix of educational sessions, professional networking, and exploration of one of Texas's most historic cities, San Antonio. Friday evening began with a medical student social where we reconnected with familiar faces and met peers from medical schools across the country. Saturday featured several informative events, including sessions on acing anesthesiology applications, a program director Q&A panel, the Virginia Society of Anesthesiologists (VSA) luncheon highlighting advocacy, this past year's state-level events and achievements, and membership initiatives, as well as the residency program open house, where we interacted directly with anesthesia residents and program directors from across the nation.

On Sunday, Tanner Lydic and Nick Lane represented VCOM—Virginia as the school's Delegate and Alternate Delegate to the ASA Medical Student Component (MSC) House of Delegates. During this session, delegates from medical schools across the U.S. elected the 2025–2026 Governing Council, which



Virginia Student Anesthesia Group Representatives: Luke Johnson (VCU), Tanner Lydic (VCOM), Grace Carroll (VCOM), Karen Frieswyk (LUCOM), Michelle Adema (LUCOM), Justin Howe (VTC), Michelle Shin (EVMS)

included positions such as President-Elect, Secretary, Membership Outreach Coordinator, Diversity and Inclusion Liaison, Senior Advisor, and the Alternate Delegate to the AMA Medical Student Section. These elected officers will guide national medical student initiatives in outreach, DEI, advocacy, and organized medicine over the coming year.

Throughout the weekend, we also explored the corporate exhibition hall, where we were able to see cutting-edge anesthesia technologies and innovations shaping the future of perioperative care.

A special highlight for Grace Carroll was her research presentation, "A Novel Approach to Improving Medical Student Participation in State Anesthesiology Society Legislative Efforts," which reflected the strong academic involvement and advocacy efforts of VCOM students.

For Nick Lane, a highlight included a dinner hosted by the Uniformed Services Society of Anesthesiologists (USSA), the military component society of the ASA.

"I was fortunate to be invited to attend and connect with physicians and residents representing various branches of military medicine. Conversations throughout the evening offered insight into the different career paths within Army anesthesia and the broader medical corps — from operational flight medicine to reservist service and subspecialty practice. This event reflected the strong sense of purpose and camaraderie that defines the uniformed service and provided a deeper appreciation of what it means to practice anesthesia as part of the military community."

Outside of the conference, we enjoyed experiencing San Antonio's vibrant culture — indulging in authentic Hispanic cuisine and Texas barbecue, walking nearly the entire River Walk, and visiting the historic Alamo.

Overall, the 2025 ASA Conference was an invaluable experience that provided insight into the residency application process, strengthened professional connections, and deepened our excitement for future careers in anesthesiology.

**Follow VSA  
on social  
media!**

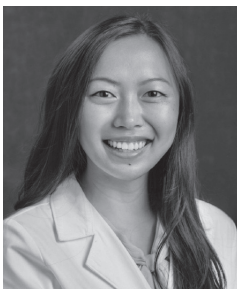




# A Quick Medical Student Guide to Presenting at the ASA

By Michelle Adema  
and Joseph Ponce  
OMS-III

Medical Students, Liberty University  
College of Osteopathic Medicine



Michelle Adema



Joseph Ponce

Recently we presented at ASA 2025 and wanted to help those wanting to present in the future with the logistics.

## Step 1: Find A Research Project

As medical students without a home academic learning center, finding research opportunities can be few and far between. However, using resources such as the FAER and physician connections are always helpful. Think of it this way: the worst

thing that can happen is the physician says “No”. In that case, you thank them for their time and ask someone else. The best case scenario is you have gained research and a new mentor.

In addition, it helps if you’re passionate or can relate to the project in some way. It’s a lot easier to work on something you have interest in between studying for exams and having a personal life. Get creative! Some topics we found interesting this year include Nitrous Oxide and Early American Cinematography and Epidural Dilemmas in Obstetrics with Brugada Syndrome.

Most research takes time, so plan accordingly. Our abstract/poster took about a year and we are still working on the manuscript.

## Step 2: Decide which Category fits

Currently there are three forms of presentation at the ASA.

### Medically Challenging Cases

This category includes case studies you may have encountered during shadowing or rotations, or even leadership opportunities within your state society. You’re given 10 minutes to give a 5-8 minute presentation with room for questions at the end.

### ePosters

This category includes research in a lab, systematic reviews, meta-analysis, etc. You’re given 7 minutes total: 5 minutes to present followed by 2 minutes for questions. Depending on how many people are at your monitor, you may have more time to elaborate on concepts or answer questions.

### Traditional Paper Posters

This category includes lab research, systematic reviews, meta-analysis, etc. You’re given an hour to stand next to your poster and present to those who walk by. Sometime during that hour, you are visited by judges, at which point you will present and answer questions.

## Step 3: Know Your Deadlines

The deadlines for each vary starting from January to the end of April. Refer to the ASA website with any questions. Most medical schools offer funding for presenting at conferences. Don’t be afraid to ask around. Your school wants you to succeed to get your name as well as the school’s name out there.

## Step 4: Congratulations!

Once accepted, be sure to follow the instructions as well as any templates that might be recommended for your poster. You need to monitor your emails closely to ensure you’re following the proper steps. Let your friends and faculty know even if you’re nervous! Not everyone is born with the gift of public speaking. However, the way to overcome the fear is practice and have support along the way. You worked hard to get here. Celebrate that.

We hope this helped give you some direction and we look forward to hearing your presentation at ASA 2026 in San Diego!

## Encourage Your Practice Administrators to Join VSA

*The VSA encourages your practice administrators to join! We have two options:*

1

If 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, the annual dues are FREE.

2

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, the annual dues are \$75.00

To have your practice administrator join, go to: <https://www.asahq.org/member-center/join-asa/educational>

- On this page, click on the category you’re interested in – in this case, its: Anesthesia Practice Administrators and Executives – Educational Member
- Click on the + sign next to the title
- The box that opens, will contain full details and the membership rate(s)

# ANESTHESIOLOGY 2025 Update: Key Changes to the ERAS Application for Anesthesiology

By Joseph Ponce and Michelle Adema  
OMS-III

Medical Students, Liberty University  
College of Osteopathic Medicine

The application process to match into residency is an ever-evolving one, dynamically changing with decisions made by medical leadership each year. This past October, we had the opportunity of attending the American Society of Anesthesiologists (ASA) Annual Meeting: ANESTHESIOLOGY 2025 in San Antonio, TX, where we learned about important updates coming to the ERAS application for Anesthesiology for the years to come. The medical student track of the conference kicked off with an informative session called “Acing your Anesthesiology Application” where program directors from Brigham and Women’s Hospital in Massachusetts, University of Alabama, Memorial Healthcare in Florida, University of Texas Health Science Center, Carewell Health in Michigan, and University of Chicago came to speak to medical students regarding the application process for residency. From this discussion, we learned about several key updates to the ERAS residency application process that will directly affect current and future applicants in Anesthesiology. Below is a concise overview of the three most significant changes that have been implemented for the 2025-2026 ERAS season.

## 1. Specialty-Specific Questions for Anesthesiology

### What changed:

ERAS has added 3 (three) specialty-specific short-answer questions tailored to Anesthesiology:

- Describe a time when you faced adversity, how you overcame it, and any lessons learned from it.
- Describe a situation in which you would have made a different decision that might have led to a better outcome.
- Describe your ideal career as an attending.

### Purpose:

Specialty-specific short-answer questions allow programs to assess applicants’ understanding of anesthesiology as a discipline, their motivations, and their fit for the field.

### What applicants should know:

A few ideas for responses may explore clinical experiences, procedural interest, perioperative reasoning, teamwork in the OR environment, and plans for post-training practice as a physician.

For students still engaged in their early years of medical school, it may be beneficial to keep consideration for these questions in mind as you proceed through your pre-clinical/clinical training, in preparation for residency.

Strong responses will require honest reflection, concise storytelling, and specialty-relevant insight.

Source for further reading: <https://students-residents.aamc.org/applying-residencies-eras/publication-chapters/specialty-questions>

## 2. Introduction of “Signal Statements”

*Note: This is a pilot project/study conducted by the AAMC for Anesthesiology and Plastic Surgery-Integrated for the 2026 ERAS season.*

### What changed:

Applicants will be asked to provide a signaling statement or explanation for why they are assigning a signal that is specific to each program.

### Purpose:

These statements give applicants the opportunity to articulate and contextualize why they are signaling a program, providing further support beyond the simple act of signaling.

### What applicants should know:

The overall number and process of program signaling has otherwise remained constant; each applicant will have 5 (five) gold signals indicating their HIGHEST interest in a program and 10 (ten) silver signals indicating VERY HIGH interest in a program.

Signals, and specifically gold signals, continue to have a high correlation with interview invitations from programs.

These signal statements provide an opportunity to differentiate your expression of extreme interest in a program from other applicants in your cohort.

Source for further reading: <https://www.>

[saaapm.org/guide-for-residency-applicants-2025-2026](https://www.saaapm.org/guide-for-residency-applicants-2025-2026)

## 3. Updates to the “Interruptions & Extensions” Section

### What changed:

The ERAS “Interruptions and Extensions” section has been retitled to “Interruptions or Extensions”, distinguishing two separate questions: one for academic, one for professional. Additional language for each type of interruption or extension was added for clarity.

### Purpose:

This update aims to reduce ambiguity and promote transparency while avoiding stigma associated with medical, personal, or academic interruptions.

### What applicants should know:

This small but important update allows for clearer communication with more applicant-friendly phrasing.

A large part of the discussion hosted by the Program Director panel was focused on the holistic review of applications; their emphasis was placed on an applicant’s whole story coming together rather than specifically concentrating on timeline, board scores, or any other aspects of the application.

Applicants should consider discussing significant interruptions with mentors early to determine appropriate framing in their application.

Source for further reading: <https://students-residents.aamc.org/applying-residencies-eras/what-you-need-know-about-2026-eras-application-season>

Each year, the application process for residency is a point of discussion with careful consideration for implementable improvements. As medical students interested in Anesthesiology, staying aware of these changes can help us prepare earlier, synthesize our experiences more effectively, and engage with programs more intentionally. We are extremely grateful for the insight that was shared during the ASA conference, and we hope that this summary supports fellow applicants navigating the upcoming ERAS cycles.

# The Preoperative Anesthesia Visit and Referral to Smoking Cessation: A New Partnership to Safer Patient Recovery

By Olga Suarez-Winowski, MD MSc.  
HSA; Shilpa Jasti; Sebastian Gutierrez;  
and Dean Zhang  
VCU School of Medicine  
Virginia Commonwealth University,  
Richmond, VA

Visiting the doctor's office can be a source of anxiety for many patients. For those who smoke, this discomfort may be amplified by the expectation of being questioned about their habits, followed by abstract or generic advice to quit. These interactions, though well-intentioned, can reinforce a paternalistic rather than supportive dynamic, discouraging patients from seeking help and having meaningful conversations about cessation.

Yet the perioperative period offers a unique opportunity to engage patients in meaningful behavioral change. Dr. David Warner describes this time as a "teachable moment"—a period when the seriousness of impending surgery increases a patient's openness to change. Research by Webb et al. (2013) found that most patients who smoke are unaware of the specific surgical risks associated with tobacco use, beyond its general cardiovascular and pulmonary effects.

Even brief preoperative abstinence can lead to measurable benefits: improved wound healing, reduced infection risk, and shorter hospital stays. Quitting smoking for as little as three weeks has been shown to significantly lower perioperative complications (Wong et al., 2012). During surgery, patients who quit also face lower risks of laryngospasm, bronchospasm, aspiration, and thromboembolic events such as deep vein thrombosis and pulmonary embolism (Yousefzadeh et al., 2016).

## From Advice to Action: VCU Health's New Approach

What if we shifted our approach to smoking cessation—from paternalism to partnership—and delivered it to patients at precisely the right moment? As a major referral center for much of the South and Southeastern Commonwealth, VCU serves many counties with higher smoking rates and greater social vulnerability than the statewide average, making it an ideal site for piloting a new smoking cessation partnership (Pilehvari et

al., 2023). At VCU Health, all elective surgery patients participate in a Preoperative Assessment, Communication, and Education (PACE) session to evaluate readiness for surgery. The PACE Clinic, within the Department of Anesthesiology, provides in-person evaluations for patients undergoing medium- to high-risk procedures to optimize modifiable risk factors before surgery, including smoking.

With smoking prevalence similar to the national average, Richmond, specifically the PACE Clinic, was an ideal setting to pilot a new intervention based on the Ask-Advise-Connect model. This initiative was launched in collaboration with the VCU Massey Comprehensive Cancer Center's We CAN (Conquer Addiction to Nicotine) Quit program, which offers structured

one-on-one counseling, both in person and via telehealth. Participants also receive support through nicotine replacement therapy. The program was chosen for its intensive counseling model, which mirrors other successful smoking cessation interventions



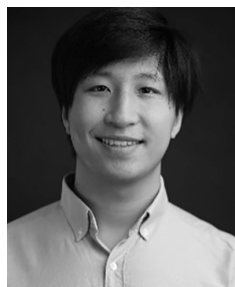
Dr. Olga Suarez-Winowski



Shilpa Jasti



Sebastian Gutierrez



Dean Zhang

in the surgical setting (Thomsen et al., 2014; Lussiez et al., 2022). All services are provided free of charge to PACE Clinic patients.

## Methodology

Prospective participants were identified through self-reported smoking status during routine PACE evaluations between June and July 2025. APPs were trained on the We CAN Quit program and collected demographic data, medical comorbidities, and smoking history from identified patients. Each patient was offered an informational flyer outlining the We CAN Quit program along with a direct scheduling link for cessation counseling.

Patients who accepted the flyer but did not immediately schedule a visit were categorized as "Flyer Given." Those who declined both the flyer and counseling were categorized as "Refusal." All encounters were documented in an anonymized database and verified against the electronic health record.

## Results

A total of 30 patients who were seen in the PACE Clinic between June and July 2025, who actively smoked were offered information about the We CAN Quit smoking cessation program. In this cohort, 56.7% were male ( $n = 17$ ) and 43.3% were female ( $n = 13$ ). Of these, 19 patients (63.3%) accepted a flyer describing the program and were categorized as Flyer Given. These individuals were not scheduled for a cessation counseling appointment during their clinic visit, but expressed interest in reviewing the material and potentially scheduling a session at a later time. Among those who accepted the flyer, several had recently quit smoking and were open to using the provided resources if they needed additional support to maintain abstinence.

Eleven patients (36.7%) declined both the flyer and the opportunity to hear more about the program and were categorized as Refusal. Of these, five individuals (16.7%) reported that they had recently quit smoking and did not feel they required further assistance. No patients in this cohort elected to schedule a counseling appointment in the

*Continued on page 15*



## Smoking Cessation, from page 14


clinic at the time of their visit.

The distribution of comorbidities within the cohort is summarized below:

Comorbidity Type	Present	Absent
Cardiovascular	83%	17%
Pulmonary	53%	47%
Psychiatric	83%	17%
Gastrointestinal	37%	63%

*Note: Gastrointestinal comorbidities included GERD, gastritis, cholecystitis Cardiovascular comorbidities included stroke, HTN, HF, PAD, MI, arrhythmia Psychiatric comorbidities included anxiety, depression, AUD/TUD, PTSD, ADHD Pulmonary comorbidities included COPD, asthma, lung cancer, OSA, PE*

### Discussion:

 Integrating the We CAN Quit referral program into pre-anesthesia evaluations demonstrates how anesthesiology can advance preventive care beyond the operating room. Traditionally, discussions around smoking have been viewed as judgmental or peripheral to surgical planning. Embedding cessation support within the PACE workflow reframes it as a standard element of surgical optimization and patient safety to provide better health outcomes (Vidrine et al., 2013).

The preoperative period offers a powerful window to motivate behavioral change. Patients are often more receptive to health advice when facing surgery, making this a “teachable moment” for smoking cessation (Warner, 2009). Many are unaware of how smoking increases surgical risks beyond its cardiovascular and pulmonary effects, including COPD, stroke, and myocardial infarction. Studies show that quitting even a few weeks before a procedure can reduce postoperative complications, improve wound healing, and shorten recovery times (Wong et al., 2012). The We CAN Quit program helps bridge this knowledge gap by providing tailored education and accessible, evidence-based support.

Our approach reflects strategies endorsed by the Enhanced Recovery After Surgery (ERAS) Society, which identifies preoperative smoking cessation as a key component of surgical optimization (Westra et al., 2020). Integrating these principles into daily workflow, we sought to make referrals simple and personalized, reducing the burden

on patients to find resources independently. Although no patients in this cohort scheduled an appointment during their visit, most accepted the educational flyer, and several expressed interest in using the materials to maintain abstinence. This suggests that even among those who have recently quit, proactive outreach fosters a supportive environment for relapse prevention.

By translating clinical advice into actionable steps within the PACE Clinic, such as offering nicotine replacement therapy at no cost, we leveraged existing standards of care to reach patients who could benefit most. This pilot study reflects a shift from passive education toward empowered, patient-centered care.

Although still in its early stages, this referral program holds promise. With a practical provider workflow and a dedicated partner, it aims to replicate the positive outcomes reported in other perioperative smoking cessation initiatives. Engaging patients at a critical time and supporting

them through a structured, evidence-based program may help optimize surgical outcomes and safeguard health before, during, and after surgery.

### Contributions

This pilot study was completed by three medical students (S.G., S.J., D.Z.) under the guidance of O.S.-W., director of the Preoperative Anesthesia Clinic at VCU while on clinical rotations as part of the MCV M.D. curriculum. O.S.-W. devised the project, the main conceptual ideas and directed the project. S.G. developed the informational flyer used. S.J., D.Z. performed the intervention and performed data collection. All three students drafted and contributed to the final version of the manuscript.

*Olga Suarez-Winowski, MD MSc. HSA is an Associate Professor of Anesthesiology at Virginia Commonwealth University, Richmond, VA. Shilpa Jasti; Sebastian Gutierrez; and Dean Zhang are M3 medical students at VCU.*

### References

1. Pilehvari, A., You, W., Krukowski, R. A., & Little, M. A. 2023. “Examining Smoking Prevalence Disparities in Virginia Counties by Rurality, Appalachian Status, and Social Vulnerability, 2011–2019.” *American Journal of Public Health* 113(7): 811–814.
2. Warner, D. O. 2005. “Helping Surgical

Patients Quit Smoking: Why, When, and How.” *Anesthesiology* 101(2): 481–487.

3. Webb, A. R., Robertson, N., & Sparrow, M. 2013. “Smokers Know Little of Their Increased Surgical Risks and May Quit on Surgical Advice.” *ANZ Journal of Surgery* 83(10): 753–757.
4. Yousefzadeh, A., Chung, F., Wong, D. T., Warner, D. O., & Wong, J. 2016. “Smoking Cessation: The Role of the Anesthesiologist.” *Anesthesiology* 122(5): 1311–1320.
5. Vidrine, J. I., Shete, S., Cao, Y., et al. 2013. “Ask Advise Connect: A New Approach to Smoking Treatment Delivery in Healthcare Settings.” *JAMA Internal Medicine* 173(6): 575–582.
6. Thomsen, T., Villebro, N., & Møller, A. M. 2014. “Interventions for Preoperative Smoking Cessation.” *Cochrane Database of Systematic Reviews* 2014(3): CD002294.
7. Lussiez, A., Hallway, A., Lui, M., et al. 2022. “Evaluation of an Intervention to Address Smoking and Food Insecurity at Preoperative Surgical Clinic Appointments.” *JAMA Network Open* 5(10): e2238677.
8. Wong, J., Lam, D. P., Abrishami, A., Chan, M. T., & Chung, F. 2012. “Short-Term Preoperative Smoking Cessation and Postoperative Complications: A Systematic Review and Meta-Analysis.” *Canadian Journal of Anaesthesia* 59(3): 268–279.
9. Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N., Curry, S. J., Dorfman, S. F., Froelicher, E. S., Goldstein, M. G., Heaton, C. G., Henderson, P. N., Heyman, R. B., Koh, H. K., Kottke, T. E., Lando, H. A., Mecklenburg, R. E., Mermelstein, R. J., Morgan, G. D., Mullen, P. D., ... Wewers, M. E. 2008. “Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.” U.S. Department of Health and Human Services, Public Health Service.
10. Westra, H. A., & Thomsen, C. 2015. “Psychological Factors Associated with Smoking Cessation: Implications for Behavioral Treatment.” *Current Psychiatry Reports* 17(6): 581.
11. Lindson-Hawley, N., Thompson, T. P., & Begh, R. 2015. “Motivational Interviewing for Smoking Cessation.” *Cochrane Database of Systematic Reviews* 2015(3): CD006936.

## VSA Membership Update

VSA has a new Director of Membership – Sara Beth Stansberry (sarabeth@society-hq.com). She has been with the society for almost two years now but recently moved into this Director role in September; please feel free to contact her with any questions or concerns regarding your membership with VSA.

### Need to renew your VSA membership?

You can easily renew online by visiting <https://www.asahq.org/member-center/member-benefits>. If you need assistance, ASA's membership team is available at 630-912-2552.

### Help Us Grow the VSA Community!

If a new Anesthesiologist joins your practice or relocates to your area, please encourage them to become a member of the Virginia Society of Anesthesiologists. A personal invitation from a colleague is

one of the most effective ways to welcome new members!

### Keep Your Member Profile Up to Date

Ensure your contact information is current by logging into the VSA Member Portal with your username and password. Click 'Change My Contact Information', make any necessary changes, and save.

Keeping your profile updated ensures you receive timely VSA communications and that your listing in the Member Directory is accurate.

### VSA App

The VSA App is your all-in-one resource for everything related to your membership, right at your fingertips! With just one tap,



*Get the VSA App!*

you can:

- Renew your membership
- Access the VSA Newsletter
- Explore Advocacy Resources
- Make quick donations to VaSAPAC
- Stay up to date with news and announcements
- Review upcoming meeting details

Stay connected and make the most of your VSA membership—anytime, anywhere.

### VSA Online Job Postings – Post Job Openings for Free!

As a benefit of membership, VSA members can post job openings at no cost. Simply log into from [HERE](#) using your username and password, click on 'Submit a Free Job Posting', and follow the instructions.

Not a VSA Member? Non-members may also post job openings for a fee of \$250.