

**SPRING 2026: LEADERSHIP & PROFESSIONAL DEVELOPMENT**

Volume 35, Number 2

**Women in Leadership:  
RAM Inaugural  
Address**

**By Deborah Barron, MD**

*President*

*Richmond Academy of Medicine (RAM)*

On January 20, 2026, I became the President of the Richmond Academy of Medicine (RAM), an organization of over 2000 members which was initially founded in 1820. To my knowledge, I am the first female anesthesiologist in the over 200 years to be the president and only the second anesthesiologist ever.



*Dr. Brooke Trainer and Dr. Deborah Barron*

I was honored to have Dr. Brooke Trainer (our VSA President-elect) attend the inauguration as a representative from my state specialty society. For this issue of the *VSA Update* I was asked to present highlights from my inauguration presentation, including my goals for the RAM organization.

My goals are concentrated on three issues-physician identity, harnessing AI for physician and patient benefit, and active partici-

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*Feature Article*



**When “We’ll Put You to Sleep”  
Wasn’t Enough**

**By Rachel Carey, JD**

This past Thanksgiving, my father, a retired pediatric anesthesiologist in his seventies, was admitted suddenly, stayed for a week, fell twice on the unit, and was cognitively questionable. Approaching his surgery, I was standing at his bedside not just as his daughter, but as a healthcare attorney whose practice includes clinical risk management. I did not introduce myself that way, as I find it rude, and I try to create an environment where physicians can focus on care, not on feeling evaluated.

The anesthesiologist for my father’s case came in, glanced briefly at the chart and delivered the entire “consent” encounter in one line: “We’re going to put you to sleep and wake you up.” My father, in typical deadpan fashion, replied, “That sounds like a good plan.” No effort to probe his

understanding despite his recent falls and cognitive changes, no explanation of risks or alternatives, no sense that this was anything more than a script.

Already stressed from visiting the hospital for a week, I was annoyed more by the encounter, because I knew he was supposed to say more. There were no complications, however, a brief conversation to assess understanding and walk through the anesthetic plan is not optional. It is part of the duty of care.

**The Anesthesiologist Who Raised Me**

To understand why that moment landed so hard, you must know who my father is.

When I was about five years old, I spent a lot of time in the cooler section of our family gas station off Route 360 in Amelia, Vir-

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of anesthesiologists

# UPDATE

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### Administrative Office

VSA  
2209 Dickens Road  
Richmond, VA 23230-2005  
Phone: (804) 565-6356  
Fax: (804) 282-0090  
vsa@societyhq.com • www.vsahq.org

**Stewart Hinckley**  
Executive Director  
stewart@societyhq.com

**Andrew Mann**  
Association Executive  
andrew@societyhq.com

**Angela Puryear**  
Association Coordinator  
angela@societyhq.com

### Newsletter Editors

**Senior Editor**  
Iyabo Muse, MD, FASA

**Associate Editor**  
Nabil Elkassabany, MD, MSCE, MBA

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: Iyabo Muse, MD • iyabo@vsahq.org.

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# SAVE THE DATES



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## President's Message

# Leadership, Advocacy, and the Power of Presence

By Casey Dowling, DO, FASA  
*Winchester Anesthesiologists  
VSA President*



*Dr. Casey Dowling*

When our society's usual Annual Business Meeting and Lobby Day were derailed by snow and ice, we faced a difficult choice: cancel completely or try to reschedule. Anesthesiologists are busy people who cannot simply rearrange clinical responsibilities to drive to Richmond on short notice. How many of us could realistically attend without months of advance planning?

After thoughtful discussion, the leadership of the Virginia Society of Anesthesiologists unanimously agreed on one thing: maintaining an annual meeting is essential. Gathering with anesthesiologists from across the Commonwealth strengthens our shared identity and reconnects us to our purpose as a profession. These moments of connection matter.

Equally important is what follows our meeting each year: Lobby Day. I cannot stress enough the value of legislators seeing and hearing from physicians in person, particularly from their own constituents. The saying "all politics is local" remains very much true. When lawmakers know your name, your profession, and your professionalism, your voice carries weight. Relationships matter, and they are built by showing up.

With that mission in mind, the decision was made to reschedule our Annual Business Meeting and Lobby Day. The question then became when—and with how many attendees. We reached out to the Richmond Academy of Medicine, which was already planning its Lobby Day on February 4, and they enthusiastically welcomed our participation. With RAM's new president, Deborah Barron, MD, being an anesthesiologist, the partnership felt like a perfect fit. <https://www.ramdocs.org/>

Collaborating with physicians from so many different specialties was both energizing and enlightening. Together, we spoke with legislators about issues affecting physicians across Virginia, including maintaining the medical malpractice cap, banning non-compete agreements for healthcare providers, and pursuing health insurance reforms to prevent automatic downcoding. It was a powerful reminder that while our specialties may differ, our advocacy goals align.

That experience leads directly to this newsletter's theme: Leadership and Professional Development.

Leadership is not confined to titles or boardrooms—it is a culture we actively create. Anesthesiologists are uniquely positioned for leadership within healthcare facilities. We work in nearly every department, nearly every day, and we bring a perspective that benefits the entire organization. If you are not interested in serving in a formal leadership role yourself, consider how you can support those who are—by covering clinical time, advocating for protected time, or ensuring leadership efforts are appropriately valued.

Leadership opportunities also extend far beyond individual facilities. The VSA itself is a powerful example. Our Secretary, Dr. Mike Saccocci, envisioned a POCUS conference and turned that idea into a successful biennial event. Dr. Varun Dixit's passion for environmental stewardship has resulted in the creation of a new Ad Hoc Committee, and he is actively seeking others to join him. Even our medical students have formed their own committee—an especially exciting development as they represent the future of our profession.

The common thread through all these efforts is engagement. Whether it is rescheduling a meeting instead of canceling, standing in the halls of the General Assembly, or stepping forward to lead within our society, progress happens because people choose to participate. Leadership is not something reserved for "later" or for "someone else." It is built—intentionally—by those willing to show up, collaborate, and invest in the future of anesthesiology in Virginia.

## “We’ll Put You to Sleep”, from page 1

ginia. One day, a customer collapsed while pulling a drink from a cooler. My dad ran over and started CPR while I watched from a nearby shelf. There was no code team and no crash cart, just a burly anesthesiologist in a roadside gas station. While this is my earliest memory of him doing this, I have at least three other distinct memories from my adolescence.

He went to medical school in Mexico without knowing a word of Spanish, hitchhiking his way there. He ended up in pediatric anesthesiology in Richmond, where he was hardly the stereotypical “warm and fuzzy” pediatric personality, but I found thank you cards from parents in his office. Families trusted him with their children because, under the rough exterior, he took their care seriously.

Bipolar disorder forced him into an earlier retirement than he wanted from a job he cared deeply about. The operating room, his patients, and the immediacy of anesthetic practice were real losses. But even retired, he is still, in my mind, the person who spent decades in ORs carrying the weight of high-risk cases.

So, watching him sit in a hospital bed after multiple falls, cognitively not quite himself, and receive nothing more than “We’ll put you to sleep and wake you up” felt like a double betrayal. I was not looking for special treatment because he used to be an anesthesiologist. I was looking for baseline treatment for someone who had spent his life-giving patients his best.

### What Virginia Actually Requires for Anesthetic Consent

Part of my work is helping anesthesiologists translate law and regulations into something usable at the bedside. In Virginia, informed consent for anesthesia sits in its own “bucket,” distinct from the Virginia Health Care Decisions Act and DNR status; it is shaped primarily by malpractice case law, not by the Act.

The Supreme Court of Virginia has repeatedly framed informed consent as an ordinary negligence issue, not a separate intentional tort. In *Tashman v. Gibbs*, 263 Va. 65, 556 S.E.2d 772 (2002), the Court held that a physician has a duty, in the exercise of ordinary care, to inform a patient of the dangers, possible negative consequences,

*One day, many of you will be where my father was: on the other side of the drapes, older, more vulnerable, hoping the person at the head of the bed sees you as more than a case number. The respect you offer now, especially to those who practiced before you, is the respect you are teaching the next generation to return to you.*

and alternatives to a proposed treatment. In *Rizzo v. Schiller*, 248 Va. 155, 445 S.E.2d 153 (1994), the Court made the point that the duty to obtain a patient’s informed consent requires more than simply securing a signature on a generalized consent form. The law requires informed consent, not mere consent, and failure to obtain it is tantamount to no consent at all.

More recently, *Mayr v. Osborne*, 293 Va. 74, 795 S.E.2d 731 (2017), reaffirmed that informed consent claims are evaluated as negligence, with the familiar elements of duty, breach, causation (actual and proximate), and damages, and that the duty is measured by what a reasonably prudent anesthesiologist would disclose under similar circumstances. *Mayr* also confirmed that the duty of informed consent is delegable in execution in a team-based practice. The attending physician may meet the disclosure duty through a reasonable combination of personal discussion and properly supervised team members, so long as the overall process meets that professional standard. However, the ownership of the duty remains with the anesthesiologist.

Layered on top of this are federal requirements. Although 42 C.F.R. § 482.52 (hospital anesthesia services) and 42 C.F.R. § 416.42 (ASC anesthesia services) do not spell out a separate anesthesia specific consent form, CMS interpretive guidance makes clear that informed consent must be a patient specific process documented in the record,

reflecting a discussion of the procedure, its benefits, material risks, and alternatives.

### Capacity and Generational Respect

My dad was a classic gray area case: older, hospitalized, recently fallen twice, admitted with cognitive impairment, now facing spine surgery. Even if you ultimately conclude that he has sufficient capacity for this decision, the professional standard and basic respect, especially for someone who once did your job, support taking the time to ask him to explain back what he understands to align bedside practice with what Virginia calls ordinary care.

Overlaying this case is an undercurrent of generational respect. The person in bed may be the physician who practiced before you, whose era and effort you benefit from now. Practicing informed consent thinking, “I will treat you the way I hope someone treats me”, is not just sentimental. It is a concrete way to meet the standard of care while honoring the profession’s lineage. The anesthesiologists practicing now stand between those who did this work before them and the trainees who are watching how you treat patients and each other today.

One day, many of you will be where my father was: on the other side of the drapes, older, more vulnerable, hoping the person at the head of the bed sees you as more than a case number. The respect you offer now, especially to those who practiced before you, is the respect you are teaching the next generation to return to you.

### Goodwill and a Dedication

There is one more practical point that attorneys think about, but physicians sometimes underestimate: the value of goodwill on the front end. You rarely know who is in the room with your patient who might have the upper hand later, such as a patient’s daughter being a healthcare attorney. If something goes wrong, the narrative that person carries with them will matter. A family member who says, “the anesthesia team sat down, recognized my dad had fallen and was a little off, asked him to explain what he understood, and walked us through the main risks,” is far more likely to see you as a careful professional doing your best. It doesn’t erase liability when there is true

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## “We’ll Put You to Sleep”, from page 4

negligence, but it can be the difference between a family inclined to assume bad faith and one that remembers feeling respected.

The point is not to threaten, “You never know who might sue you”, but to invite reflection: you never know who in the room will one day be asked, under oath or in a complaint, what you said and how you made them and their loved ones feel. Practicing in a way that would make that person describe you as thoughtful, transparent, and respectful is both good medicine and sound risk management.

I am not blind to the reality anesthesiol-

ogists are living in. OR schedules are tight, staffing is strained, turnover expectations are unforgiving, and the preanesthesia encounter time is shrinking. My intent in telling this story is not to add one more layer of criticism to an already overburdened specialty. It is to invite reflection and to offer legal tools that protect you on the front end, so that the work you are already doing counts for as much as it should when it is later scrutinized.

For me, all this ties back to one person: my father, Dr. Gerard C. Carey. He is an austere, unorthodox pediatric anesthesiologist who hitchhiked to medical school in Mexico

without speaking Spanish, performed CPR in front of his five year-old daughter in a gas station, and kept showing up for patients while quietly struggling with bipolar disorder. His tenacity and rough edged integrity are the reasons I care enough to write this.

If this story does anything, I hope it nudges anesthesiologists to see informed consent not as one more box to check, but as a small, powerful way to honor patients, protect themselves, and pay respect, forward and backward, to the people who share this profession.

### The Arts

## Leadership

Leadership is both an art & a science  
Success or failure seen in an alliance  
With their team or intelligence in compliance  
To attain values, strength, goals with no defiance

Democratic leaders collaborate with inclusivity  
Actively seek all input from team to eternity  
Everyone is heard & valued with integrity  
With morals, diverse thoughts in intrepidity

Build trust in the whole team with hidden creativity  
Decisions may slow, consume time to clarity  
Ideal for universal collaboration and responsibility  
Decisions in an emergency may be dangerous folly

Autocrats decide in independent mode from the team  
With selfish, corrupt motives and squash peoples dream  
With wild response, emergency actions, a scream  
Can lead to low team morale as leader is Supreme

Transformation leaders inspire and elevate the team  
To extraordinary performance by all in the stream  
Strategic thoughts, innovations flow downstream  
With high commitment & pride, all attain their dream

Good leaders coach & nurture talent  
Truth, guidance and strengths latent  
Personal, professional guidance is gallant  
Trust & strength over time makes all resilient

Bureaucrats lead with rules, laws, and procedures  
With hierarchies, order & many safety features  
Compliant policies, stability with high preachers  
Can hinder creativity with many boring leaders



Dr. Jaikumar Rangappa

Laissez-faire leadership adopts hands off approach  
Grant their team full autonomy without any coach  
Trust their expertise, help only when necessary  
Great for talented intelligence in open chivalry

Visionaries lead by painting a colorful future  
Focus with clear directions to align & nurture  
With clarity of purpose & goal to think forward  
Requires clear communication motivation onward

Servant leadership puts team members first  
Emphasize, empower persons who thirst  
To lead and actively listen to all the best  
Fosters trust & loyalty for mutual respect

Choosing right leadership style needs self reflection  
For personal growth, communal harmony & innovation  
Past & current leaders can help with their roles  
In making decisions, guide them to future goals

Leadership is a dynamic process with new circumstances  
Frequently changing with time & tide with belligerences  
Needs one to reevaluate, adjust and adopt to deviances  
With need of the organization to clear all grievances

Leadership starts with the baby in the belly  
A mother talks, sings to her loving future progeny  
With Divine thoughts without watching the telly  
Great leaders will be born to lead from DC to Delhi  
May the good Lord bless all to live in harmony!

## RAM Address, from page 1

pation/advocacy. As I stated two weeks ago, for as long as I could remember, I wanted to be a physician. My pediatrician growing up was a figure that Hollywood could have created: a smart, European-educated woman who was diligent, attentive, and all-knowledgeable. I never remember her making you feel rushed or hurried. You could ask any question, and she would just sit with you and answer, for as long as it took.

I'm sure a physician today would dream of having a practice like this and, most importantly, the time to practice like this. How did we go from that to today, when many physicians are burning out during their practice years, even during their training, and choosing to retire or leave the field early? More importantly, how do we make it better for each other in our field and for our patients and community?

First, I believe we must reestablish that being a physician is an identity we can proudly claim. We are patient advocates, healers, and trusted confidants. Identifying yourself as a physician and as a medical doctor first and foremost improves the standing of not only yourself, but of all doctors. It reflects a crucial belonging, purpose, and shared identity to the world. What is the profession that has been named as the most trusted profession according to Gallup polls? For the past 24 years it has been nursing. Think of it, most nurses will immediately identify themselves as a nurse, no matter their current role. Nurse navigators, nurse anesthetists, nurse practitioners and nurse midwives- they all identify with the larger group – nursing. We can learn a great deal from our nursing colleagues about maintaining a strong professional identity.

And it is a professional identity we should be proud to claim. Every culture around the world values its healers. We are the current disciples in a field that reaches back to Hippocrates. It is our duty to maintain this continuity with those that came before us, and to preserve its promise for those who will come after us.

Medicine is a challenging field, mandating years of rigorous training which can be exhaustive, with responsibilities that can have literal life and death consequences. Keeping up in your field is a lifetime commitment so you can offer the best care. Do we deserve respect for choosing this demanding, hum-



*Dr. Barron and her family with Dr. Trainer*

bling, interesting field of study? The answer is yes: to be a physician is to be a member of a truly noble profession. Let's own it!

Second, we must actively address our current concerns with AI. Will this be artificial intelligence, or augmented intelligence? Will these tools assist in our ability to care for patients, or will they replace us? It's incredible how much it's evolved in a few short years. Within the next several, AI is going to evolve further. If we do not include ourselves in the discussion, someone else will decide for us. How well does that normally work out? A well-known business adage is if you are not at the table then you are on the menu.

This year, Utah became the first state to allow AI to write drug prescriptions. I would submit that if a drug needs a prescription, then you should have an interaction with a doctor. Does the patient still need this medicine? Is it the correct dosage? Are they taking it correctly? Have they developed any side effects? In a world with access to both vast and fast amounts of knowledge via Google and Meta, patients still want to have access to human physicians who will help interpret the results and be with them throughout their care.

Patients value more time with their doctor at each interaction, not less. Patients want to feel like they have a relationship with their physician, and when that can happen, physicians express improved satisfaction with their chosen profession. I hope that AI will be a pathway to allow us more time

with patients by decreasing paperwork and speeding approvals. Either way AI is a fact of healthcare. We must continue to be integral in the development and rollout of these technologies to allow them to assist us in healthcare. Garbage in and garbage out is a well-known adage. Technology without validation and/or correct information without interpretation is often wrong and potentially catastrophic.

Never confuse profusion of data with interpretation and understanding. George Bernard Shaw said the single biggest problem in communication is the illusion that it has taken place, which is almost where we are today. AI's robust access to data is indeed impressive and the breadth of its "knowledge span" is vast, but I still maintain that since a human is to be the end receiver of this knowledge, patients now more than ever will need a human to filter the onslaught of data. We are not gatekeepers of knowledge but rather the lens to interpret it. The important job of a physician is to be a human in a human connection.

My hope is for the Academy to be a forum for clinicians to discuss best practices of AI use in the medical field. Our current generation of physicians can carry on the pragmatic tradition of our Academy's forebears, sharing with one other to help grow and harness a tool that is already defining the future of medicine.

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## RAM Address, from page 6

Thirdly, we must be involved in active advocacy for ourselves and our patients. Our perspective is critically important to forming health care policy. I do not attribute malintent to non-health care providers, but I feel our voice at the table is critical because I know active involvement and advocacy works, because I saw it work early in my career.

I know a motivated, empowered, focused group can change public policy and the world. I know it because I saw it. Look at the results of ACT UP in the 1990s, a coalition who advocated HIV+ patients, including changing public policy for more funding, faster drug access and expanded clinical trials.

I know that when we have 100 physicians attending legislative days rather than 10, you can bet dollars to donuts it is noted by your legislators. You must speak up for your patients to the government not because we know everything but because we do know more than our legislators know about what our patients need. Relentless pleasantness is a true time-honored tactic but we cannot

do it alone.

Advocacy only works if you show up—sending an email, calling your representative, visiting your delegate. Let me be clear your time is always precious. It is so easy to say— I will do more participation/advocacy when I finish my residency, when I have started my practice or more when my family is settled, but how you spend your days is how you spend your life. If this is a priority, then you will make the time or effort. It really is that simple.

Finally, I am an admitted movie buff and usually find movie lines that express ideas and thoughts more eloquently and succinctly than I ever could. One of my favorites is from the movie *Troy* where Odysseus says, “War is young men dying and old men talking” Politics is similar— the changes that are being enacted now will be affecting people with their careers ahead of them. I am nearer the end of my career having graduated residency program in the last century (ok 1993) but I hope I can help advocate for my current and future colleagues. Actively advocate simply because it is the right thing

to do, do it because it is the right thing to do for your patients, or do it because it is in your own self-interest and for those that will come after you but please choose to do it. We have hundreds of members in this organization, and we need your active participation. We need you to join our ranks to speak with the legislators. If you don’t think you know enough, we have a cheat sheet, we have experienced members who will guide you through the process. I was so proud this year that Richmond Academy Of Medicine and Virginia Society of Anesthesiologists joined together for “White Coat Advocacy Day” On February 4, 2026. When our legislators asked who I was with I was able to proudly say both organizations.

We can take action to improve our patient’s care and we have the responsibility to take action. It has never been more important. We owe it to our patients, our present and future colleagues, and our Richmond Academy of Medicine community.

If there is something you want to see us work on, please tell us. You can contact me via email at [deborahbarron@aol.com](mailto:deborahbarron@aol.com).

## Your Opinion Matters

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  
Iyabo Muse, MD, FASA  
VSA Update Editor  
[iyabo@vsahq.org](mailto:iyabo@vsahq.org)

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of anesthesiologists

# UPDATE

# Becoming a Leader: Lessons From the Early Years

By **Iyabo Muse, MD, FASA**  
*VSA Update Editor*  
*UVA Health System*



*Dr. Iyabo Muse*

Being an effective leader does not have an endpoint, but rather it is an ongoing process that calls for adaptability, resilience, self-awareness, and a commitment to continued growth. My personal understand-

ing of leadership has developed and deepened over time and has been shaped by my own experiences. When I started my journey to become a physician and, eventually, an anesthesiologist, leadership was not part of my initial goals. At each stage, my focus was pragmatic and short-term: gain admission to medical school, match into an anesthesia residency, secure a regional anesthesia fellowship, and ultimately find a position that would fulfill my career aspirations, and provide financial stability that enables me to repay my student loans quickly.

That perspective shifted during my residency at Montefiore Medical Center in New York. There, I encountered mentors and sponsors within the American Society of Anesthesiologists (ASA) and the New York State Society of Anesthesiologists (NYSSA) who broadened my perspective on the scope of our profession. Vilma Joseph, MD, MPH, FASA, and Tracey Straker, MD, MPH, MS, FASA, introduced me to legislative advocacy and organized medicine at both the state and national levels. Their example demonstrated that leadership extends beyond clinical excellence to policy, systems improvement, and professional stewardship.

Inspired by their mentorship, I pursued leadership opportunities as junior faculty, serving as Orthopedic Rotation Director for the residency program. This has taught me the importance of early involvement with organized medicine nationally and at a state level.

As my career progressed, I continued to seek guidance from experienced leaders. Dr. Nabil Elkassabany, Vice Chair of Clinical Operations at UVA Health System encouraged me to pursue the role of Division Chief of Regional Anesthesia and Acute Pain Medicine at UVA Health. Each of these leadership roles required different competencies: strategic planning, operational oversight, conflict resolution, negotiation, and emotional intelligence. Through these experiences, I came to appreciate that leadership is iterative. It requires navigating ambiguity, making imperfect decisions, and remaining adaptable in the face of institutional and interpersonal challenges.

Below are key lessons I believe every young emerging leader should understand:

1. **Imposter syndrome is common.** High-achieving professionals often experience self-doubt or fear of failure and inadequacy. These feelings are not unique. Effective leaders acknowledge them and seek perspective from mentors, sponsors, colleagues, family, or mental health professionals.
2. **You will be wrong at times.** Leadership does not require omniscience; it requires accountability, intellectual humility, and a willingness to learn from mistakes.
3. **You will not always have the answer.** Build a trusted advisory circle—mentors, sponsors, family members, psychologists, or leadership coaches. Seeking counsel is a strength, not a weakness.

4. **You will feel under-appreciated.** Much of leadership work occurs behind the scenes. There will be some things you do that no one will notice or appreciate. Sustained motivation must come from internal standards of excellence rather than external validation.
5. **Leadership increases visibility.** Leaders attract both supporters and critics. Maintain authenticity and alignment with your core values.
6. **Inclusivity drives engagement.** Language matters. Using “we,” “us,” and “ours” reinforces shared ownership and strengthens team cohesion and accountability.
7. **Understand your leadership style.** Solicit candid feedback to identify blind spots. Structured leadership training—such as programs offered by the American Society of Anesthesiologists Leadership Academy or the Association of American Medical Colleges—can enhance competencies in communication, conflict management, and operations.
8. **Prioritize wellness.** Leadership carries emotional and cognitive demands. Without deliberate self-care and a reliable support system, burnout can compromise both effectiveness and personal well-being.

Ultimately, effective leadership requires continuous self-assessment, a commitment to personal growth, and the humility to learn from others. My understanding of leadership has been shaped largely through observation—studying how Dr. Joseph, Dr. Straker, and Dr. Elkassabany navigate organizational complexity with integrity and strategic purpose. Equally important is protecting one’s own well-being; it is the solid foundation upon which sustainable leadership is built.

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# Member Spotlight: Dr. Marie Sankaran Raval

Pediatric Anesthesiologist | Children's Hospital of Richmond at VCU Health

## What drew you to anesthesiology?

My parents were both pediatricians. I loved medicine and wanted to be like them. I did a medical mission to Romania my first year in college — Operation Smile. And I loved the relationship between the anesthesiologist and the child. I thought, that's something I want in my life. I graduated my residency at Boston Medical Center in 2008, and then I went on to Boston Children's Hospital for a pediatric fellowship.

## What appealed to you about the pediatric side of your specialty?

Seeing the interaction between the kids and the anesthesiologists. It was the one person they liked the most. I realized that the anesthesiologist was the patient advocate in the room, and they saw them not just as a physician, but as a friend. I also liked doing procedures. And pediatric anesthesia is a mix of that and patient interaction.

## Why did you join VSA?

I joined VSA because I felt, with the bigger changes I wanted to make, the only way to help more people was to join the organization. It was moving my advocacy from a small scale to a larger scale. I could effect more change. I wish I would have spent more time in the ASA [American Society of



Anesthesiologists] as a resident. I wish I had been a part of it early on, because it opens your life to more experiences.

## What kinds of advice do you offer medical students about deciding on a specialty?

I always tell them: As you rotate through the specialties, it's easier to rule out than

rule in. When I did cardiac anesthesia, I knew that was not for me. I knew I liked pediatric anesthesia. ICU was amazing, and I never envisioned that I would have enjoyed working in the critical care unit. Then I did more rotations in the things I loved to figure out what I could do for the rest of my life. Don't close yourself off to things, and spend more time engaged.

## 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)

# The Committee on Perioperative Outcomes Measurement: Advancing Quality, and Value-based Anesthesiology practice

**By Vilma Joseph MD MPH FASA**  
*Chair of ASA Committee on Performance and Outcomes Measurement*  
*Albert Einstein College of Medicine/*  
*Montefiore Medical Center*  
**and Nabil Elkassabany MD MSCE MBA**  
*UVA Health System*



*Dr. Vilma Joseph*

*“If you cannot measure it, you cannot improve it”. Lord Kelvin (1824–1907)*

Measuring perioperative outcomes has become central to improving patient care, demonstrating the value of anesthesiology, and aligning the specialty with broader healthcare quality initiatives. The Committee on Perioperative Outcomes Measurement (CPOM) plays a pivotal role in advancing these goals on behalf of the American Society of Anesthesiologists (ASA).



*Dr. Nabil Elkassabany*

## **Mission and Scope**

CPOM's mission is to improve the experiences and outcomes of patients through the development, evaluation, and promotion of meaningful measures of anesthesiologist performance and perioperative outcomes. In support of this mission, the Committee proposes appropriate measures for endorsement by the Society, monitors how outcomes and performance measures are implemented across anesthesiology and healthcare, and advances education and research related to outcomes measurement. These measures are also now an integral part of the various quality payment programs (QPP) in its different iterations.

The ASA Quality and Regulatory Af-

fairs (QRA) staff supports the different initiatives of CPOM. Its work ensures that anesthesiology remains at the forefront of quality measurement, accountability, and value-based care.

## **Core Duties and Responsibilities**

CPOM oversees the development, vetting, and dissemination of outcome and process measures relevant to anesthesiology practice. Measures developed through ASA initiatives are reviewed by the Committee and shared with ASA leadership. CPOM also conducts annual maintenance reviews to ensure existing measures remain clinically relevant, scientifically sound, and aligned with evolving practice standards.

Recognizing that perioperative care is inherently multidisciplinary, CPOM actively explores collaboration with surgical, critical care, and other specialties. These partnerships aim to create shared quality initiatives where joint accountability can meaningfully improve patient outcomes across the perioperative continuum. Additionally, CPOM reaches to the different subspecialty committees within the ASA to leverage the expertise of their members in coming up with concepts that can be developed into quality measures.

Committee members contribute by submitting and reviewing measure concepts, supporting measure testing and data collection, promoting measurement activities across the ASA, and participating in communications with external stakeholders, including the Centers for Medicare and Medicaid Services (CMS) and the Partnership for Quality Measurement (PQM).

## **Key Accomplishments and Impact**

Over recent years, CPOM has made substantial contributions to quality measurement and policy:

- **National Quality Engagement:** CPOM participated in Battelle's Partnership for Quality Measurement (PQM) survey on Digital Quality Measures, providing stakeholder input on data quality, validation, interoperability, and patient-

centered measurement approaches.

- **Measure Preservation and Endorsement:** The Committee successfully advocated for continued endorsement of Quality Measure when they are at risk of being sunset due to topping out.
- **Registry and Data Infrastructure:** In collaboration with the Anesthesia Quality Institute (AQI), CPOM developed measures for the Anesthesia Community Registry, powered by Epic, strengthening real-world data capture and benchmarking.
- **Facility-Aligned Measurement:** Hospital measure bundles were created to better align anesthesia quality measures with institutional priorities and system-level quality goals.
- **CMS Recognition:** last year, eight ASA-owned Quality Clinical Data Registry (QCDR) measures and three licensed measures were approved by CMS, reinforcing anesthesiology's leadership in national quality programs.
- **Outcomes Innovation:** CPOM partnered with AQI to develop 30-day Quality Outcome Indicators.
- **Policy Advocacy and Education:** The Committee submitted formal comments on the CMS Quality Payment Program
- **Future-Focused Collaboration:** CPOM has worked closely with committees in Blood Management, Obstetric Anesthesia, Regional Anesthesia, and Pain Medicine to support the development of next-generation measures.

## **Future directions**

As healthcare continues to evolve toward value-based models, CPOM remains committed to advancing rigorous, relevant, and feasible perioperative outcomes measurement. Through collaboration, advocacy, education, and innovation, the Committee ensures that anesthesiology not only meets external quality expectations but helps define them—always with the goal of improving patient outcomes and professional practice.

# Insights from UVA Administrators at the ASA ADVANCE

We recently had the opportunity to attend the ASA ADVANCE 2026: The Anesthesiology Business Event in Las Vegas, NV. The ASA ADVANCE centers on the business, operational, and leadership forces shaping anesthesiology practices nationwide.

For our team, the conference provided a timely perspective as anesthesia departments across the country navigate financial pressure, workforce instability, and increasing expectations from hospital and health system partners. A prevalent theme was consistent throughout the meeting: anesthesia groups must evolve from coverage providers to strategic partners while also strengthening leadership skills and supporting clinician wellbeing. It should also be noted that everyone is facing challenges of staffing and coverage expectations.

Several sessions addressed the growing “alignment gap” between hospitals and anesthesia groups. The lack of understanding of the “C-suite” as to the costs of unproductive anesthesia time cannot be under-estimated. Hospitals are facing margin compression and rising labor costs, while anesthesia practices manage workforce shortages and reimbursement pressure. Without structured collaboration and understanding of resources, these pressures can create operational and financial instability. The importance of proactive relationship-building through annual strategic planning with hospital leaders, recurring operational reviews, and shared performance dashboards was emphasized. Demonstrating anesthesia’s role in improving throughput, access, and quality was positioned as essential for long-term stability and success. For departments operating in competitive and resource-constrained environments in Virginia, this reinforces the value of continuous communication and shared accountability.

Operational strategy was brought to life in a practical OR management session that translated high-level concepts into day-to-day action. High-performing perioperative services were described as those that treat OR time as a system-level asset, rather than a department-specific resource. Key focus areas included block utilization, release-time policies, turnover efficiency, first-case on-time starts, and reducing day-of-surgery



**John Gonnella, MHA**

*Director of Operations  
Anesthesiology  
UVA School of Medicine  
Charlottesville, VA*



**Leisa Gonnella, MHA**

*Director of Administration  
Anesthesiology & Dermatology  
UVA School of Medicine  
Charlottesville, VA*



**Khaing Nwe Phoo, MHA**

*Assistant Administrator  
Anesthesiology  
UVA School of Medicine  
Charlottesville, VA*

cancellations. Leaders were encouraged to use data transparency and surgeon engagement to improve scheduling accuracy and throughput. Even small improvements in utilization and patient flow were shown to have meaningful financial and access implications; an important reminder for Virginian leaders balancing demand growth with staffing constraints.

One of the most memorable sessions focused on resilience and reframed failure as a normal, and even necessary, part of a career in medicine. Sasha Shillcutt, MD, University of Nebraska, shared a deeply personal story that highlighted how setbacks, when met with support and self-compassion, can become turning points rather than endpoints. Physicians often struggle to normalize failure, which can fuel burnout and imposter syndrome. Practical strategies discussed included adopting a growth mindset, seeking mentorship and peer connection, taking small and feasible next steps after setbacks, and replacing self-criticism with self-compassion. Importantly, these efforts cannot rest solely on individual physicians; organizations also play a critical role by fostering supportive cultures, creating space for mentorship, and normalizing open discussion of setbacks. For departments across Virginia facing workforce strain and rising clinical demands, this message served as a powerful reminder that organizational and personal strength depend on a shared commitment to both the organization and the individual to wellbeing and resilience.

Another session explored how healthcare differs from a true free market. Pricing, access, and competition are shaped by regulation and third-party payers, and physicians frequently work within complex corporate or employment structures. Despite these dynamics, physicians remain the only stakeholders with a primary fiduciary duty to patients; a perspective that is increasingly important as Virginia anesthesiologists engage in discussions about reimbursement, consolidation, and evolving care delivery models.

The ASA ADVANCE Leadership Forum concluded the meeting with a forward-looking discussion of national priorities, including fair payment advocacy, workforce challenges, leadership development, and resources to help anesthesiologists navigate a changing healthcare landscape. These conversations underscored how national efforts connect to local realities and how anesthesiology leadership now extends well beyond the operating room. For Virginia anesthesia teams, the message was clear: success will depend on strong partnerships, data-informed operations, effective leadership, and sustained attention to clinician wellbeing as we continue supporting safe, high-quality perioperative care.

Looking ahead, ASA ADVANCE 2027 will be held in Washington, DC, making this valuable meeting even more accessible for Virginia anesthesiologists and practice leaders with significantly less travel.

# Advocacy as a Core Competency: The Case for the ASA Policy Research Rotation

By **Gavin Brion, MD**  
Resident President Delegate  
Virginia Society of Anesthesiologists



Dr. Gavin Brion

As resident physicians, our primary focus is naturally on the acquisition of clinical skills and the mastery of physiology and pharmacology required to ensure patient safety within the

operating room.

However, the modern practice of anesthesiology is increasingly shaped by factors external to the clinical environment, including legislative mandates, regulatory requirements, and shifting reimbursement models. To truly advocate for our patients and our profession, it is imperative that we understand the mechanisms that govern these external forces. The American Society of Anesthesiologists (ASA) offers a premier opportunity to gain this expertise through the Anesthesiology Policy Research Rotation in Political Affairs, a program that I strongly encourage all eligible Virginia residents to consider.

This four-week, ABA-approved elective rotation is hosted by the ASA Advocacy Division in Washington, D.C. and is designed specifically to immerse residents in the political, legislative, and regulatory factors that directly impact the delivery of patient care. The rotation is available to residents who will be in their CA-3 year or Fellows during the upcoming academic year. Unlike standard clinical rotations, this experience offers a stipend of \$5,500 to assist with housing and living expenses in the nation's capital, removing financial barriers for those interested in health policy. The program operates during months when Congress is actively in session, typically including September and the months of February through June, ensuring that participants are present when critical legislative activities are underway.

The utility of this rotation extends far beyond a simple introduction to politics;



*To truly advocate for our patients and our profession, it is imperative that we understand the mechanisms that govern these external forces. The American Society of Anesthesiologists (ASA) offers a premier opportunity to gain this expertise through the Anesthesiology Policy Research Rotation in Political Affairs, a program that I strongly encourage all eligible Virginia residents to consider.*

it is directly aligned with the core competencies outlined by the American Board of Anesthesiology (ABA). Participants gain essential exposure to practice management, the economics of medical care, and the complexities of systems-based practice—areas that are often difficult to fully explore in a traditional residency curriculum. Residents are expected to participate in the day-to-day

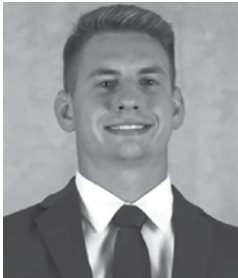
activities of the Advocacy Division, attend lobby events sponsored by the ASA, and conduct specific research projects that report on new laws or policy changes affecting our specialty. This hands-on involvement fosters a deeper appreciation for how policymaking influences every facet of medicine, from professionalism and licensure to ethics and patient privacy.

For residents of the Virginia Society of Anesthesiologists, this rotation represents a significant avenue for leadership development and professional growth. The application process is competitive and rigorous, requiring a cover letter, a curriculum vitae, and a letter of approval, preferably a full letter of recommendation—from one's program director. For the 2026-2027 academic year, the application window opened on December 15, 2025, and concluded on February 9, 2026. Although the selection process is stringent, the experience of applying itself is valuable, and securing a position places a resident at the forefront of national advocacy efforts. I urge my colleagues to review the program details and apply, as engaging in the political process is essential for securing the future of our specialty and ensuring the highest standard of care for our patients.

# Medical Student Committee at Lobby Day

By **Nicolas Lane, OMS-II**

Virginia College of Osteopathic Medicine  
Blacksburg, VA



Nicolas Lane

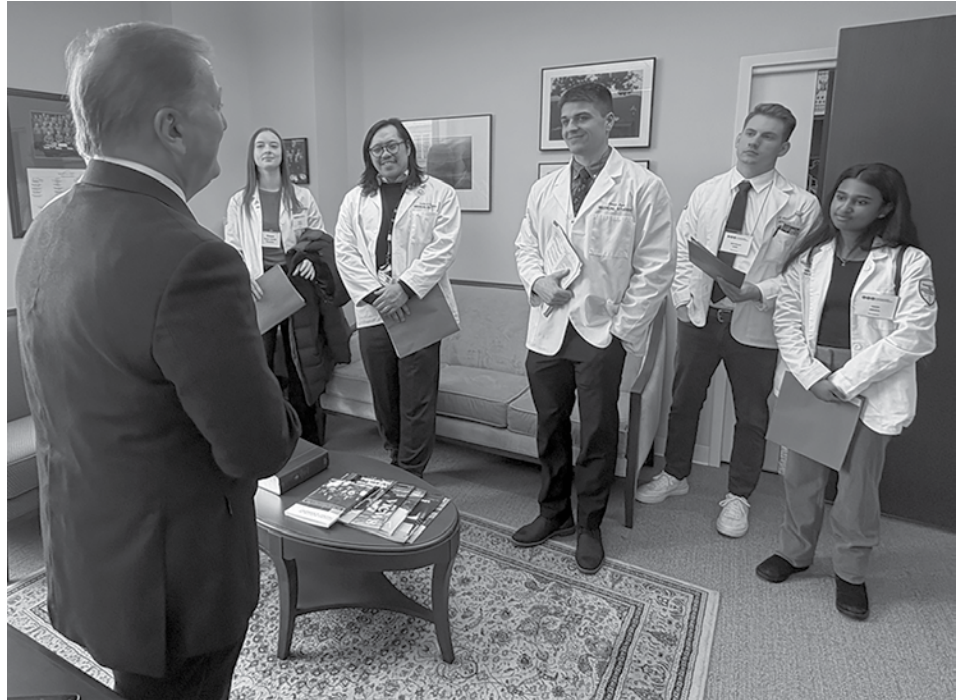
Tuesday, February 3rd marked an exciting day for VSA members and medical students interested in anesthesiology.

During this year's annual membership meeting, the final proposal for the Virginia Society of Anesthesiologists Medical Student Committee was officially approved by Dr. Dowling. This was the result of a lot of work by students across Virginia who wanted a stronger, unified voice in advocacy and in promoting the field of anesthesia.

This year, medical students from VCOM, EVMS, VTC, and

VCU were able to come together under this new committee to attend lobby day at the General Assembly. The day started at St. Paul's Episcopal Church in Richmond, where we met with VSA leadership for a briefing on several healthcare-related bills impacting anesthesiologists, medical students, and rural healthcare access in Virginia.

Throughout the day, we met with legislators including Delegate Sam Rasoul, Delegate Joseph McNamara, Senator Christopher Head, and Delegate Jason Ballard. We discussed several issues, including non-compete agreements in healthcare, insurance downcoding practices, workplace reporting concerns, and loan-for-service programs aimed at addressing physician shortages in rural Virginia. It was encouraging to see real interest in these topics, and some of these efforts have already gained legislative traction.



Va. Senator Christopher T. Head with Grace Carroll (VCOM OMS-IV), Josh Sison (VCOM OMS-IV), Tanner Lydic (VCOM OMS-III), Nick Lane (VCOM OMS-II) and Nikki Akula (VTC M2)

*Personally, this was my first time participating at the General Assembly, and I left with a much better appreciation for how physicians and medical students can influence positive change within Virginia healthcare.*

Beyond the policy discussions, the experience itself was extremely valuable. It gave medical students a firsthand look at

how advocacy works. Between preparing talking points, supporting one another in meetings, and learning how to communicate effectively with policymakers, it provided an opportunity to develop skills needed for advocacy. Personally, this was my first time participating at the General Assembly, and I left with a much better appreciation for how physicians and medical students can influence positive change within Virginia healthcare.

Overall, it was a rewarding experience and something I hope to stay involved in as I continue to pursue a career in anesthesiology. It was a unique experience that helped me develop fundamental advocacy skills I hope to carry forward not only throughout my career, but for my patients and the communities I serve.

## Become a Contributor to the *VSA Update*

Please send your story or feature ideas about your colleagues, your practices, or issues facing anesthesiologists to Iyabo Muse, MD, FASA, *VSA Update* Editor at [iyabo@vsahq.org](mailto:iyabo@vsahq.org)



# Summer Medical Leadership Program (SMLP): A Personal Experience

By Fady Attia, BS  
University of Virginia



Fady Attia, BS

As a medical student reflecting on the numerous experiences that opened my eyes to the beauty of medicine, particularly in the field of anesthesiology, one memory stands out above the rest.

During my time as an undergraduate

student at the University of Virginia, I had the unique opportunity to participate in the Summer Medical Leadership Program (SMLP), an experience that has greatly shaped my perception of leadership in medicine from quite an early point in my journey.

SMLP not only prepares its participants for excellence in clinical work but also instills in them a vision of equitable leadership and effective teamwork. This experience was particularly valuable to me, as I viewed every aspect of SMLP through the lens of a student interested in anesthesiology, where precise decision-making under pressure requires the intertwining of technical prowess, inclusive teamwork, and strong leadership.

The SMLP structure was crafted to foster future physicians who possess the confidence to lead and the humility to be led. Over eight weeks, the program's director, Dr. Taison Bell, as well as several other notable figures such as Dr. Vivian Pinn, the first African American woman admitted into the University of Virginia School of Medicine, and Dr. Jerome Adams, the 20th United States Surgeon General, immersed us in a curriculum that integrated leadership theory with practical application. SMLP's weekly seminars drew from frameworks like transformational leadership and servant leadership, adapted for medical contexts.

*This experience was particularly valuable to me, as I viewed every aspect of SMLP through the lens of a student interested in anesthesiology, where precise decision-making under pressure requires the intertwining of technical prowess, inclusive teamwork, and strong leadership.*

We analyzed case studies on hospital and patient-based crisis management, dissecting how leaders in such high-stakes environments can effectively balance empathy and authority. Interactive workshops also further honed our skills in communication, ethical decision-making, and team dynamics, offering us deep insights into how to integrate what we learned during seminars into leadership that has tangible outcomes.

By far, however, a cornerstone of the program was its commitment to underserved students and its recognition that diverse voices strengthen medical leadership. As a student from an immigrant family, I found SMLP's targeted support transformative. The program's dedicated sessions addressed imposter syndrome, bias in medicine, and strategies for advocacy, with panels that featured physicians from underrepresented backgrounds who shared their unique paths to leadership and their profound impacts on healthcare. This focus helped us envision ourselves not just as practitioners with a vision to lead teams, but as agents of change.

My SMLP experience was further crystallized during a shadowing rotation in UVA's Department of Anesthesiology. As I shadowed several physicians, I witnessed the quiet command that defines strong leadership. During one unforgettable case, a 52-year-old patient with numerous comorbidities underwent emergency surgery. As the team scrambled amid hemodynamic instability, the anesthesiology team orchestrated a seamless response while still advocating for the patient's cultural needs, ensuring that Spanish-speaking family updates were being given. The anesthesiology team's situational leadership demonstrated the goal of SMLP in teaching that adaptability and well-organized leadership can turn absolute chaos into coordinated care, that values patient safety.

Not only did SMLP allow me to observe such immaculate leadership and teamwork, but it also gave me a chance to apply what I had learned. During one workshop, we were given the unique opportunity to lecture underrepresented middle and high school students on several hands-on skills such as performing heart auscultation and understanding what to do in simple medical emergencies. Witnessing the unforgettable smiles and grins as I explained the simplest medical interventions to these aspiring physicians ingrained within me an internal love for mentorship and compassionate leadership.

Today, as I continue my pre-clinical studies, the lessons from SMLP undoubtedly inspire my commitment to leadership in medicine, especially in anesthesiology. The Virginia Society of Anesthesiologists clearly leads this change by encouraging physician education, mentorship, and early engagement of medical trainees in organized medicine. Through programs like SMLP, we can develop a new generation of leaders who not only master the complexities of the operating room but also reshape the future of medicine.

# Medical Student Committee – A New Subcommittee of the VSA (VSA-MSC)

By Tanner Lydic, OMS-III  
VCOM



Tanner Lydic

At this year's annual VSA membership meeting on February 3, 2026, the Virginia Society of Anesthesiologists Medical Student Committee (VSAMSC) was formally approved as an official subcommittee of the

VSA. This marks a significant milestone for medical student engagement and for the future of anesthesiology across the Commonwealth.

The VSAMSC serves as a statewide collaboration representing medical students from every Virginia medical school (EVMS, UVA, VCOM, VCU, VTC, and LUCOM) who share an interest in anesthesiology. Its purpose is to establish a direct, sustainable connection between medical students and the VSA, while promoting education, advocacy, leadership development, and professional growth. Through structured subcommittees in Finance, Education, Operations, and Outreach, the VSAMSC will coordinate statewide journal clubs, skills workshops, panel discussions, advocacy initiatives, and recruitment efforts.

Becoming a formal subcommittee of the VSA is especially meaningful. It enables streamlined funding distribution to support student attendance at statewide and national meetings, enhances communication between institutions, and establishes a structured leadership transition process to ensure long-term continuity. Most importantly, it unifies all Virginia medical schools within a collaborative framework that facilitates shared educational programming and mentorship opportunities, particularly benefiting students at institutions with limited anesthesiology faculty or exposure. This approval represents a pivotal step in strengthening the advocacy pipeline and supporting the next



*“It unifies all Virginia medical schools within a collaborative framework that facilitates shared educational programming and mentorship opportunities, particularly benefiting students at institutions with limited anesthesiology faculty or exposure”*

generation of physician anesthesiologists in Virginia.

We welcome collaboration with VSA physician and resident members who are interested in involving medical students in educational programming, research initiatives, advocacy efforts, workshops, mentorship, or clinical exposure opportunities. For opportunities that can be shared

across Virginia medical schools and their anesthesia interest groups, please contact Tanner Lydic ([tlydic@vcom.edu](mailto:tlydic@vcom.edu)) or VSA Association Executive Andrew Mann ([andrew@societyhq.com](mailto:andrew@societyhq.com)) for assistance with statewide dissemination.

We would like to recognize Grace Carroll (VCOM OMS-IV), Joshua Sison (VCOM OMS-IV), Brandon Raquet (VCOM OMS-IV), Jacob Grondin, MD (Resident Anesthesiologist, Brown University), and Karen Frieswyk (LUCOM OMS-IV) for planting the initial seed that led to the formation of the Virginia Society of Anesthesiologists Medical Student Committee. Their vision and dedication laid the foundation for what has now become a formal statewide initiative.

We also extend our gratitude to the subsequently appointed board members from each medical school who have devoted significant time and effort to bringing this vision to life. This achievement would not have been possible without the support and mentorship of current and future VSA leadership, as well as the longstanding VSA members who believe in empowering medical students to take an active role in advocacy, education, and collaboration across the Commonwealth.

# VSA Lobby Day: January 2026

By Sean Kumar, Michelle Shin,  
Luke Johnson

We are Sean Kumar and Michelle Shin, fourth-year medical students at Eastern Virginia Medical School, and Luke Johnson, third-year medical student at Virginia Commonwealth University School of Medicine. Lobby days are important to us because they help advance our field and improve our future careers, our colleagues', and, most importantly, the patients we will one day protect on the operating table.

We believe that anesthesiologists hold a unique role in patient advocacy, so we were excited to participate in the 2026 Lobby Day under the mentorship of Dr. Brooke Trainer and the teams at the Medical Society of Virginia (MSV), American Medical Association (AMA), American Society of Anesthesiologists (ASA), and Virginia Society of Anesthesiologists (VSA).

We all met at the Episcopal church at 7:45 A.M in Richmond, Virginia, which is just a short five-minute walk from the Virginia State Capitol. We began the day by catching up with colleagues ranging from aspiring anesthesiologists to seasoned attendings, then received a briefing on the bills to be discussed throughout the day. Among them, three stood out as particularly contentious:

1. House Bill 627/Senate Bill 128 - Voting in Support of Banning Non-Compete Agreements for Healthcare Providers.
  - a. Non-compete clauses can restrict physicians from practicing within a specific geographic area or during a specified time period after leaving a job. Eliminating these restrictions allows physicians greater professional mobility and flexibility in choosing where to practice. For patients, this policy helps maintain continuity of care and improves access to physicians, particularly in communities that may already face healthcare workforce shortages.
2. House Bill 663/Senate Bill 625 - Voting in Support of Medical Education Loan-For-Service (Forgivable Loans)
  - a. Given the significant financial burden of medical education, these programs incentivize physicians to work in communities with limited healthcare access by providing forgivable loans to medical trainees who commit to practicing in underserved areas of

Virginia. Expanding these initiatives helps address physician shortages while improving healthcare equity and access across the state.

3. House Bill 484/Senate Bill 164 - Voting in Support of Health Insurance Reform and Clear Process for Appealing Downcoded Claims.
  - a. This bill requires insurers that downcode medical claims to provide a clear notice explaining the reason for the decision and the process for appealing it. The legislation also ensures that disputes over downcoded claims are reviewed by a human rather than solely by automated systems. Downcoding can create a significant administrative burden for physicians, requiring time-consuming appeals that divert attention from patient care. By increasing transparency and accountability in the claims process, the bill helps reduce unnecessary administrative work and allows physicians to focus more fully on caring for patients.

We divided our day to meet with many legislators. We spoke to Delegates Mark Downey and Bonita Anthony and Senators Stella Pekarsky, Angelia Williams Graves, Barbara Favola, and Jennifer Boysko. Most of our conversations were productive and helped advance support for the bills we were advocating for.

Sean focused on his experience with student loans and how loan-repayment programs may have positively influenced his residency decision, given that he will likely leave the state the following year. Michelle spoke about reforming downcoding practices and reflected on her experience during her family medicine clerkship, where she observed how much time her preceptors spent navigating insurance prior authorizations and disputing downcoded claims.

What should have been time devoted to patient care was often redirected toward administrative tasks required to ensure appropriate reimbursement for services already provided. As future physicians, we were encouraged to see this bill ultimately pass unanimously in the Virginia General Assembly.

During these conversations, both Michelle and Sean reflected that they had a particularly easy time speaking with Delegate Mark Downey, whose background as a pediatrician gave him a unique and personal

perspective on the issue. His clinical experience clearly strengthened his understanding of the administrative challenges physicians face. It fostered a strong sense of empathy for why this legislation is important from our perspective and for our future patients.

It was encouraging to see how a physician-legislator could bridge the gap between policy and the realities of patient care. Sean even asked at the end of their conversation that Delegate Mark Downey attend their graduation at the beginning of the summer of 2026.

Michelle attended the Appropriations Higher Education Subcommittee hearing around 10 A.M. to show medical student support for House Bill 663/Senate Bill 625, which proposed a Medical Education Loan-For-Service program. However, by the time she arrived, the bill had already been tabled.

Sean reflected that when he served as a senator at the University of California, Davis, tabling a bill typically meant postponing discussion until the following week. In the Virginia General Assembly, however, the process works quite differently. Tabling a bill generally means it will not be reconsidered during that legislative cycle because of the large volume of legislation introduced each session.

This became a valuable learning moment for everyone involved: timing and prompt advocacy are critical in the legislative process. The group would have likely had the opportunity to speak more extensively in support of the bill before it was tabled had the group arrived earlier. Unfortunately, the tabling of the bill prevented any further testimony regarding the importance of student loan support from being heard.

Although the bill did not advance this session, both the Virginia Student Advocacy (VSA) and the Medical Society of Virginia (MSV) hope to introduce future iterations of the legislation. Their goal remains to create incentives that encourage physicians to practice in Virginia and ultimately improve access to patient care across the state.

We had a fruitful day, considering that HB484 would pass unanimously. The three of us have gained invaluable experience to continue pushing legislation in a patient, anesthesiology-positive direction. When we are attending physicians and develop more experienced, mature voices, we will be among the many anesthesiologists who, like Dr. Trainer, will advocate for the betterment of medicine.

# End of Session Legislative Update

By Lauren Schmitt

Commonwealth Strategy Group

As scheduled, the 2026 Virginia General Assembly session adjourned on Saturday, March 14th. However, they did not finish a budget on time and are scheduled to return for a special legislative session on April 23rd.

After the historic election in November, the Democrats now have a trifecta-holding the majority of both the House of Delegates and Senate, as well as all three statewide offices. Governor Spanberger's priorities fall under her "affordability" campaign, whose aim is to lower costs of health care, housing, higher education, groceries, etc.

Before the session began, VSA and the Virginia Association of Nurse Anesthesia met to discuss our legislative agendas. We both agreed we would not pursue proactive legislation this year regarding scope of practice. We also agreed to begin meetings with representatives from both organizations starting this spring, to see if there are policy issues we can address together.

Our biggest priority of this session ended up being SB 536, which had passed the Senate unanimously and originally only narrowly addressed pre-judgement interest in medical malpractice rewards. However, once it went to the House of Delegates, it was amended to more than double the current medical malpractice cap from \$2.75 million to \$6 million.

Despite strong support of the bill amongst leadership in both the Senate and House of Delegates, we were able to defeat it. However, our ability to defeat it had more to do with other legislators' frustrations with how it was done and that there was no time for stakeholder feedback.

It has become clear that there is a strong desire with both Democrats and Republicans to change the current law. In the end, the legislation passed did not increase the cap, but instead mandates data reporting from medical malpractice insurers and hospitals regarding medical malpractice claims.

The General Assembly has also instructed stakeholders to begin meeting and work toward a compromise to offer before the



*It was another successful legislative session for VSA. But we know that our work is far from over. We will work diligently over the next few months to work with fellow stakeholders on our top priorities: medical malpractice and protecting the physician-led anesthesia care team model.*

next legislative session. They have asked for updates every two weeks regarding any progress made. The Medical Society of Virginia will soon convene physicians representing numerous specialties and areas of practice to start discussing next steps.

We had a significant accomplishment this session with passing legislation to ban em-

ployers from using non-compete covenants in contracts with healthcare providers. Delegate Herring and Senator VanValkenburg both carried bills to prohibit this practice. The House bill was amended to only apply to healthcare providers who make under \$500,000 a year. However, we were able to advocate to remove that and the final bill applies to all healthcare professionals.

Legislation was also introduced that would have unintentionally allowed Certified Registered Nurse Anesthetists who practiced in the military at least three years to practice independently in Virginia. We spoke to the patron, Delegate Jackie Glass, and explained our concern. She graciously agreed to amend the legislation so that it would not apply to CRNAs. However, the bill ended up dying in subcommittee due to concerns from other stakeholders.

It was another successful legislative session for VSA. But we know that our work is far from over. We will work diligently over the next few months to work with fellow stakeholders on our top priorities: medical malpractice and protecting the physician-led anesthesia care team model.

# MSV Continues to Advance SafeHaven Clinician Well-Being Protections

SafeHaven ensures healthcare professionals can seek support for burnout, career fatigue, and mental health concerns without fear of undue repercussions to their professional license. Prior to SafeHaven, the widespread belief that seeking help could trigger mandatory reporting to a health regulatory board created a significant barrier for clinicians in distress.

SafeHaven provides critical confidentiality protections for healthcare professionals, allowing them to prioritize their well-being while continuing to care for patients.

## MSV's Continued Leadership on SafeHaven

Building on the program's strong legislative foundation, the Medical Society of Virginia (MSV) continued its work during the 2025 General Assembly session to further strengthen and expand SafeHaven protections.

In 2025, MSV advanced legislative efforts aimed at expanding SafeHaven eligibility to all clinicians licensed by the Virginia Department of Health Professions, ensuring more healthcare professionals across the Commonwealth can access confidential, preventative well-being support. This work



reflects MSV's ongoing commitment to reducing barriers to care and promoting early, voluntary helpseeking among clinicians.

Consistent with MSV's original SafeHaven approach, this advocacy included collaboration with lawmakers and key healthcare stakeholders to reinforce SafeHaven's role as a voluntary, frontend, preventative clinician well-being program—distinct from disciplinary or diversionary processes.

## What SafeHaven Means for Healthcare Professionals

SafeHaven's protections are designed to encourage clinicians to seek support early, before challenges escalate. Under existing law, a healthcare professional may seek voluntary inpatient behavioral health treatment for up to 30 days. When the treating provider certifies in writing that the individual is no longer a danger, no report is required to a health regulatory board.

In addition, SafeHaven's protections

extend to outpatient care. For example, a professional enrolled in SafeHaven who is receiving counseling may obtain a prescription for anxiety medication without triggering mandatory reporting requirements—a critical safeguard that allows clinicians to access appropriate care without fear.

## A Sustained Commitment to Clinician Well-Being

MSV's 2025 General Assembly work underscores its continued commitment to clinician well-being across the Commonwealth. By advancing SafeHaven protections and advocating for broader eligibility, MSV is helping ensure healthcare professionals can access the support they need—confidentially and without careerjeopardizing consequences.

If you're experiencing burnout or need additional professional support, learn how SafeHaven can help at [www.SafeHaven-Health.org](http://www.SafeHaven-Health.org).

# FAER NAM Fellowship Available

The Foundation for Anesthesia Education and Research (FAER) is accepting applications for the FAER NAM Fellowship through April 30, 2026.

This endowed National Academy of

Medicine (NAM) anesthesiology fellowship offers the opportunity to experience and participate in evidence-based health care or public health studies that improve the care and access to care of patients in domestic

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