LSA NEWSLETTER

Medical Student Takeover





Dear LSA members,

It is a privilege to introduce the Seventh Annual Medical Student Takeover Edition of the Louisiana Society of Anesthesiologists (LSA) Newsletter. Each year, this project serves as both a creative outlet and a professional milestone for medical students across Louisiana who are eager to contribute their voices to the field of anesthesiology. Having the opportunity to lead this year's edition has been both humbling and inspiring, as it has underscored the depth of student interest in anesthesiology and the strength of our community's commitment to mentorship, scholarship, and advocacy.

This issue continues the tradition of highlighting the unique perspectives of students from every corner of our state. Within these pages, you will find reflections on clinical experiences, explorations of research and innovation, and thoughtful commentary on the challenges and opportunities that lie ahead for our specialty. Though diverse in topic, a

common thread unites each article: the responsibility we share to not only advance knowledge in anesthesiology but also to advocate for the future of our profession.

Advocacy remains a defining theme of the LSA and the ASA, and as students, we are fortunate to have these organizations modeling what it means to be engaged, informed, and proactive. While our medical training is often focused on mastering physiology, pharmacology, and patient care, it is just as vital that we learn how to represent and safeguard the role of physician anesthesiologists in an ever-changing healthcare landscape. This newsletter is one small but meaningful step toward that goal.

I would like to thank our contributors for their thoughtful work, as well as the LSA leadership for continuing to entrust medical students with this important tradition. I hope this edition not only informs but also inspires you to reflect on your own role, whether as a student, resident, or attending, in shaping the present and future of our specialty.

On behalf of the student editorial team, I welcome you to this year's edition of the Medical Student Takeover. We look forward to continuing this tradition of collaboration, curiosity, and commitment in the years to come.



Building the Future of Anesthesia: The LSA Medical Student Journal Club

JOSEPH WENTLING - 2ND YEAR LSU NEW ORLEANS

The Louisiana Society of Anesthesiologists (LSA) is launching a new Medical Student Journal Club in 2025, designed to connect students across Louisiana through education, mentorship, and professional growth. This initiative represents an important step toward strengthening student engagement with the Society while building long-term investment in the specialty.

A Connected, Statewide Initiative

The LSA Journal Club will bring together medical students from across Louisiana, beginning with a session in New Orleans for Tulane, LSU New Orleans, and Ochsner UQ students, and expanding in a later meeting for LSU Shreveport and VCOM. Each session will feature student-led presentations of peer-reviewed articles selected in collaboration with LSA faculty mentors. These discussions are designed to be clinically relevant, well-structured, and engaging. The goal is to help students develop the ability to critically evaluate research and understand its application within anesthesiology practice. As the Journal Club continues to grow, it will serve as a statewide academic network that promotes collaboration across institutions while supporting a shared foundation of clinical knowledge.

Build Clinical Foundations & Engage with Research

The Journal Club is designed to give students a strong grounding in anesthesiology while also connecting these fundamentals to emerging research and innovations. Sessions will cover landmark studies, recent publications from leading journals, and commentary from faculty and residents to help participants sharpen critical appraisal skills. A central goal is to break down complex, groundbreaking research into clear, digestible concepts that can be applied in practice and taught to peers. By taking on these roles, students strengthen clinical reasoning, communication, and leadership abilities. These skills are consistently valued by program directors. To extend the impact of each session, key lessons and takeaways will be archived, creating a growing repository of collective learning accessible to LSA student members statewide.

Standing Out Through Service

The Journal Club also provides a platform for students to showcase their commitment advancing to anesthesiology. Presenting research, discussions, and engaging with LSA mentors highlight initiative and dedication to the specialty. These opportunities help students stand out to residency programs while also introducing them to advocacy as a core element of professional identity. Through the LSA, students not only learn how to protect patients in clinical settings but also how to advocate for them in legislative and policy arenas.

Why This Club Matters

Early Exposure to Anesthesiology

Most students encounter anesthesiology only during their clinical years. The Journal Club provides earlier exposure, allowing students to build confidence and literacy before sub-internships and residency applications. By engaging with the specialty sooner, participants strengthen their understanding of both the science and practice of anesthesiology.

Mentorship & Networking

Regular interaction with faculty mentors, residents, and peers creates relationships that extend well beyond the sessions themselves. These connections foster mentorship opportunities, collaborative learning, and professional support as students prepare for the next stage of training.

Professional Identity Formation

Participation in LSA programming helps students see themselves as future anesthesiologists early in their journey. By embedding scholarship, mentorship, and advocacy into their training, students naturally begin to view membership in the Society as part of their professional identity and growth.

Looking Ahead

The LSA Medical Student Journal Club begins as a pilot: small, focused, and faculty-guided, but it represents much more. It is an investment in the future of anesthesiology in Louisiana. By starting with meaningful discussions among MS3/4s and gradually expanding into a coordinated statewide program, the Journal Club will prepare the next generation of anesthesiologists with the knowledge, confidence, and professional community needed to thrive.



Research Culture in Louisiana Anesthesiology

BENNETT FORD - 2ND YEAR LSU NEW ORLEANS

Spotlight on Leadership and Innovation at LSU Health Shreveport

The Importance of Anesthesia Research in Louisiana

Research plays a vital role in advancing anesthesiology, shaping clinical practice, and improving patient outcomes across the state. Louisiana's academic centers are increasingly recognized as hubs for innovation, producing work that not only benefits local communities but also contributes to national and international progress in perioperative medicine. At the forefront of this effort is LSU Health Shreveport, where a strong culture of research and mentorship continues to expand under visionary leadership.

Spotlight on Leadership: Dr. Wendy K. Bernstein

On January 8, 2025, Dr. Wendy K. Bernstein, MD, MBA, FASA, FAMWA, began her tenure as Chair of the Department of Anesthesiology at LSU Health Shreveport. Dr. Bernstein brings a wealth of academic and clinical leadership experience from institutions including Boston University, the University of Rochester, and the University of Maryland. Over her career, she has created new fellowships, expanded simulation-based training, and published extensively, with more than 60 peer-reviewed manuscripts, 19 book chapters, and 50 invited presentations to her name.

Dr. Bernstein is also an active member of the Louisiana Society of Anesthesiologists (LSA), where she contributes her expertise to advance the society's mission. Her vision for LSU Health Shreveport emphasizes clinical excellence, cutting-edge simulation, and a deep commitment to resident and trainee research. With her leadership, the department is poised to expand its contributions in perioperative care, regional anesthesia, critical care, and health systems innovation. These advances will further cement Shreveport's role as a leader in anesthesia scholarship.



Institutional Momentum: Building a Research Hub in North Louisiana

The institutional push toward research at LSU Health Shreveport has accelerated in recent years. In Fiscal Year 2025, the university secured more than \$24 million in external research funding, representing a 13.3% increase from the previous year. This marks the most significant growth in research funding since 2018. Fourteen new research faculty were also recruited, collectively bringing over \$20 million in NIH-funded projects. In addition, plans are underway to transform a former Sears property into a state-of-the-art research facility, underscoring the university's long-term commitment to expanding research infrastructure in North Louisiana.

Engaging Students and Trainees: Dr. Sahar Shekoohi and Dr. Alan Kaye

Research success depends not only on faculty leadership but also on cultivating the next generation of physician-scientists. Dr. Sahar Shekoohi, PhD, and Dr. Alan Kaye, MD, PhD, have been instrumental in creating pathways for medical student and resident involvement in scholarly work. Together, they are spearheading initiatives that connect LSU Health New Orleans and LSU Health Shreveport students with residents and faculty mentors through an email network designed to foster collaboration. Current projects include multi-institutional meta-analyses and narrative reviews in anesthesiology. This approach helps students build research skills, strengthens mentorship opportunities, and promotes collaboration across the LSU system.

Looking Ahead

The combination of strong leadership, increased funding, expanded infrastructure, and intentional student engagement places LSU Health Shreveport in a unique position to drive anesthesia research in Louisiana forward. With Dr. Bernstein's leadership and the ongoing contributions of Drs. Shekoohi and Kaye, the department is not only shaping the academic future of anesthesiology in the state but also ensuring that Louisiana remains an active contributor to the advancement of the specialty worldwide.

Updates to the Electronic Residency Application Service (ERAS)



for Anesthesiology: 2025–2026 Cycle

ETHAN LEVITCH - 4TH YEAR UQ-OCHSNER

The upcoming application season brings several important changes for students applying to anesthesiology residency programs in the form of program signaling with statements and specialty-specific questions. These updates are designed to help programs better understand applicants' goals and experiences, while also giving students more opportunities to demonstrate genuine interest.

Program Signaling with Statements

Applicants can now send a total of 15 signals to programs divided into five "gold" signals for top choices and ten "silver" signals for other strong preferences. For each program that receives a signal, applicants must also submit a brief signal statement (limited to 300 characters). These statements allow applicants to highlight why they are a strong fit and why they are specifically interested in that program. Programs will only see the statements written for them, making this an important chance to stand out.

Specialty-Specific Questions

In addition, all anesthesiology applicants are required to answer three short-answer questions (up to 500 characters each). These questions focus on professional growth and motivation:

- 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.

These responses give program directors additional insight into an applicant's decision-making, resilience, and long-term goals beyond what is included in the rest of the ERAS application.

Other Application Enhancements

Beyond specialty-specific additions, ERAS is rolling out broader updates for the 2025–2026 cycle. New sections allow applicants to document postgraduate training experiences, explain any interruptions or extensions in their education, and identify one or more hometowns to help programs understand geographic ties. Starting in July 2025, ERAS will also integrate with Thalamus, a platform that centralizes interview scheduling and communication. This change is expected to simplify the process of receiving and managing interview invitations.

Final Thoughts

While these new features provide valuable tools for applicants to communicate their interests and experiences, program directors continue to emphasize that the core elements of the application remain crucial. Academic performance, strong letters of recommendation, and a thoughtful personal statement still form the backbone of a successful residency application. The new signals and specialty-specific responses, however, offer additional opportunities for applicants to demonstrate fit and intentionality in an increasingly competitive process.

The Evolution of Anesthesiology Residency:



Perspectives from Program Leadership

WILL HERBST - 2ND YEAR TULANE MED

The apprentice model of medical education is the bedrock on which foundational skills are passed down from generation to generation. Best practices for perioperative medicine and anesthesiology, including clinical and procedural skills such as laryngoscopy, regional anesthesia, and invasive monitoring, are transferred from anesthesiologist to anesthesiologist like an oral history. Regulating, standardizing, and optimizing the education and training of future anesthesiologists is the job of anesthesiology residency program teaching attendings across the country. In the dynamic world we live in, anesthesia providers must constantly adapt. I spoke with program directors at three major Louisiana anesthesiology residencies to hear their perspective on the changing scope of the field.

Milestone 2.0

The 2014 introduction of the ACGME milestones marked a major shift in the pedagogy of residency from a timebased model to a competency-based one. Residents are evaluated twice yearly on a 5-level scale in 25 subcompetencies ranging from airway management to ethical principles. The 2021 revised goals, dubbed Milestones 2.0, added competency in new technologies such as point-of-care ultrasound and EMR and removed the connection between PGY year and expected milestone level. Dr. Katherine Cox, program director at Tulane, emphasized the utility of milestones for a program director. Residents are expected to progress at their own speed through the competencies. The program can target feedback and learning to each individual resident to ensure they're becoming competent providers.

Changes in Training Requirements

Advances in anesthesiology and surgical techniques minimally facilitated increasingly procedures that can be done outside of an OR setting. Anesthesiology training has met these advances with changes to ICU and non-OR time requirements. Some of the biggest changes occurred in 2007 when pain and critical care rotations were increased to a minimum of 3 months. Polls of residents at the time showed that a large majority felt the changes were unnecessary [1]. It's hardly surprising that current residents oppose increases to their own requirements. Dr. Roneisha McLendon of Ochsner sees beauty in anesthesiology's ability to adapt. She cited the increased requirements for point-of-care ultrasound training as one of the most exciting frontiers.

Signaling and ERAS

The introduction of the signal system to ERAS represents a major change in the way programs view applicants. Multiple PDs expressed confidence that applicants who signal had done their research and felt they would be a good fit in the program. This allows programs to spend more time thoughtfully considering applicants most likely to be a good fit. Another major change for applicants is the widespread adoption of virtual interviews. While the decreased travel costs allow applicants to more easily attend more interviews, most find it more difficult to create personal connections through a computer screen. Students will continue having to adapt to this modernizing process.



Engaging Students and Trainees: Advice for Students

Dr. Ryan Kline, program director at LSUHSC-NO, maintains that the best strategy for applying students remains staying true to your own interests and putting your best self forward academically and clinically. Dr. McLendon stressed that the better you know yourself, the easier you'll find it to succeed. As anesthesiology becomes increasingly competitive to match into, it becomes more imperative to demonstrate one's interest in both the academic, clinical, and personal aspects of the profession. Dr. Cox mentions that being able to delineate how your journey has gotten you where you are is imperative.

COVID-19

The outbreak of the COVID-19 pandemic had a profound and lasting impact on all medical specialties but hit anesthesiology particularly hard. Not only was PPE rationed, but residents and attendings were spread thin as they were asked to assist in the ED and ICU. Halder et al. reported that many anesthesia subspecialty programs had trouble training due to the lack of elective surgery, forcing many to rely on simulation. They found a 57% decrease in the quality and quantity of academic activities [2]. Luckily, none of the PDs I spoke with reported any problems with training volume before or after the COVID-19 outbreak; however, the field has seen a massive reduction in workforce as burnout rates skyrocketed.

Future Directions

As Corinne Bailey Rae wrote, the more things seem to change, the more they stay the same. Don't you think it's strange? Anesthesiology residency continues to evolve alongside advances in medicine, balancing tradition with innovation. From competency-based milestones to shifting training requirements, new application processes, and emerging technologies, the field adapts while preserving its core mission: preparing skilled, compassionate physicians to provide safe, high-quality care in a changing world.



A Vision for Advocacy in Anesthesiology

MAX SHTEIMAN - 4TH YEAR UO-OCHSNER

Professional advocacy has always been a part of my vision for the kind of physician anesthesiologist I plan to become. Through my experiences with the American Society of Anesthesiologists (ASA) and Louisiana Society of Anesthesiologists (LSA), I've been inspired by witnessing the collaborative efforts of hundreds of leaders in this specialty to ensure that state-level and national policies align with best practices that ensure the safest patient care. In what seems like a perfect culmination to the last two years of learning about professional advocacy, in May 2025, I was presented with a very exciting and unique opportunity: to help lead the inaugural ASA Medical Student Component Advocacy Crew.

Building Awareness and Breaking Misconceptions

I was selected as a crew lead alongside Michelle Wu, a medical student at the University of Missouri-Kansas City, to build a foundation for what professional advocacy could look like for medical student members of the ASA. I was absolutely thrilled to be a part of something so special! With endless opportunities, Michelle and I began brainstorming ideas with all our fellow crew members to best represent our biggest goals: to educate and engage medical students nationwide about the importance of professional advocacy within anesthesiology. We quickly agreed that there is a big misconception among many medical students that engaging in the "political side" of this specialty may yield repercussions during the residency application process. To respond to this belief, we decided to interview a few different residency program leaders across the country to contribute to a video project that would inspire students to understand the value of engaging with professional advocacy from as early as medical school. We are excited to complete this project soon so that we can post the video on the official ASA Medical Student Component Advocacy website: https://www.asahq.org/education-and-career/asamedical-student-component/advocacy.

Creating a Student Advocacy Hub

Next, we are planning to completely revamp this current website to serve as a true advocacy "hub" for students. Here, they can find educational information about the greatest concerns that physician anesthesiologists currently face nationwide, as well as learn more about getting involved in each state component society and participating in LEGCON, the annual ASA legislative meeting in Washington, D.C. Moreover, we are hoping to collaborate with ASA leadership to develop new ways to engage medical students at LEGCON, which is a crucial event for all members of the anesthesiology community.

Looking Ahead: The Next Chapter

So far, we have gotten some great responses to our work and plenty of engagement from medical students across the country who want to learn more about professional advocacy and why they should care about it before they even become trainees in anesthesiology. The ASA Medical Student Component Advocacy Crew has been an exciting new opportunity for all involved, and with the sky being the limit to wherever these efforts go, be on the lookout for more updates coming over the next year! It has been an incredible first few months getting things off the ground with such a talented team of students, and we're just getting started!



Bringing Care Closer: **The Role of Anesthesiologists in Rural Louisiana**

ALEX HOLLANDER - 4TH YEAR LSU SHREVEPORT

A Medical Student's Perspective

As a medical student at LSU Health Shreveport, the only level one trauma center in North Louisiana, I've become increasingly aware of the disparities in anesthesia care outside of metropolitan centers. Louisiana has 64 parishes, and more than 90% are federally designated Health Professional Shortage Areas (HPSAs). Nearly one in five Louisianans live in rural areas, yet the density of anesthesiologists outside Baton Rouge, New Orleans, and Shreveport is extremely low. Many community hospitals in towns such as Winnsboro, Bogalusa, or DeRidder depend on a single CRNA to cover both the elective and emergency procedures.

Bringing Care Closer: Continued...

The Disparity in Anesthesia Care Outside Major Cities

The problem is not abstract—it's tangible. Louisiana has roughly 600 practicing anesthesiologists and about 1,100 CRNAs. Together, they cover more than 550,000 anesthesia cases annually, yet the distribution is uneven. In rural hospitals, patients may arrive in labor or with trauma only to find that no physician anesthesiologist is present, and sometimes no anesthesia coverage is available overnight. This creates delays in obstetric and surgical care that directly impact maternal morbidity and trauma outcomes.

Physician-Led Models: Feasible, Vital, and Safe

The American Society of Anesthesiologists (ASA) emphasizes that physician-led anesthesia models are both feasible and critical to ensuring patient safety and quality care in resource-constrained environments. Data from the Anesthesiology 2012 analysis showed that complications increased when one anesthesiologist supervised too many concurrent CRNAs, highlighting the importance of reasonable ratios and true supervision. In emergencies, such as ruptured ectopic pregnancies, airway complications, or major trauma, anesthesiologist involvement can be lifesaving.

ASA Advocacy: Safeguarding Physician Supervision

Budget pressures often push rural hospitals toward a nurse anesthetist only model. However, the ASA strongly opposes weakening physician supervision mandates, warning how this undermines safety. The ASA support of the Medicare Access to Rural Anesthesiology Act (aka Rural Pass Through legislation) is especially relevant because the bill would allow rural hospitals to level the compensation playing field between physician anesthesiologists and nurse anesthetists, preserving the team-based model even in otherwise resource-limited areas.

2025 County Health Rankings

Quality of community conditions affecting health outcomes in each parish

Lowest in U.S. Highest in U.S.

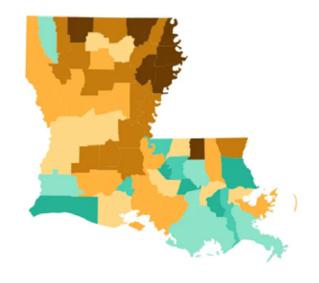
Policy Barriers: How Reimbursement Shapes Rural Anesthesia Care

While the ASA continues to advocate for team-based models, one of the most significant obstacles to physician involvement in rural areas comes from the way federal reimbursement is structured. Under Medicare's special "rural past through" program, hospitals can choose to use some of their Medicare Part

A funding for professional anesthesia services when they are provided by CRNAs working independently but not if the exact same services are provided by a physician anesthesiologist.

This rule, although intended to strengthen small hospitals financially, has had the opposite effect when it comes to patient care. It has created a financial incentive to exclude anesthesiologists from rural teams. CRNAs provide valuable and necessary care, but their training is not equivalent to that of physicians. When anesthesiologists are absent, rural patients who already face higher rates of poverty, trauma, and maternal mortality are left without immediate access to the advanced expertise required in critical situations such as airway compromise, major hemorrhage, or trauma resuscitation.

The end result is an inequity that reinforces the very disparities Louisiana is trying to address. Patients should not be offered a lower standard of anesthesia care simply because of geography. If rural hospitals are to maintain the team-based model that protects patient safety, federal reimbursement policies must evolve to support, rather than discourage, physician involvement.



Bringing Care Closer: Continued...

Supporting Rural Anesthesiology: Incentives and Training

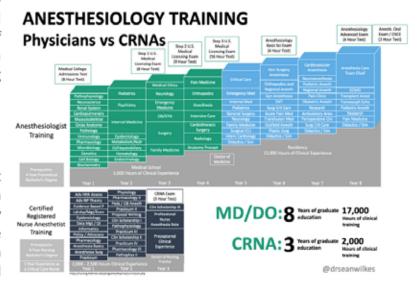
Workforce solutions must be proactive. Expanding Graduate Medical Education (GME) rural training tracks in anesthesiology would expose residents to rural practice early and build a recruitment pipeline. Incentives also matter; some examples include the Louisiana State Loan Repayment Program: up to \$30,000 per year for physicians practicing in HPSAs, and the National Health Service Corps (NHSC): up to \$100,000 in loan repayment for service in rural community health settings. Currently, only a handful of Anesthesiologists have engaged in these programs in Louisiana, yet they could be transformative in shifting practice patterns in Louisiana.

ASA Data: Access Without Eroding Training Standards

The ASA emphasizes that solving rural gaps must not come at the expense of training or supervision standards. Simply staffing CRNAs alone may temporarily fill a slot, but it does not provide the depth of expertise needed when a patient's airway is compromised, or an epidural placement fails, or when trauma patients need rapid resuscitation, for example.

Bringing It All Together

As I progress through my training at LSU Health Shreveport, I recognize the urgency of this issue. Rural Louisiana deserves access to safe, high-quality anesthesia care. Physician anesthesiologists are not a luxury; they are essential. By combining the ASA's advocacy, state and federal loan repayment programs, and new rural training pathways, we can close these gaps without compromising standards.



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The University of Queensland-Ochsner AIG Update:



Expanding Overdose Education and Narcan Distribution

ELENA KARRAS - 4TH YEAR UQ-OCHSNER

In 2025, students in the University of Queensland-Ochsner Anesthesiology Interest Group (AIG) expanded their efforts in overdose education and naloxone (Narcan) distribution through partnerships with Crescent Care and the Louisiana Department of Health (LDH). These projects highlight how medical students preparing for careers in anesthesiology can strengthen their ability to act quickly and confidently in life-or-death situations while also learning the value of professional advocacy through the Louisiana Society of Anesthesiologists (LSA).

The University of Queensland-Ochsner AIG Update: Continued...

How It Started

The UQ-Ochsner AlG's Narcan initiative began with former president Jacob Bassin, who tragically lost his younger brother to an opioid overdose in high school. Rather than letting this loss remain only a painful memory, Jacob transformed it into motivation to educate others. In January 2024, he partnered with LDH public health nurse Ms. Sedera Montgomery to deliver a handson Narcan training session for over 80 medical students at the Jefferson Highway campus.

The training focused on the essentials: recognizing an overdose, calling 911, giving intranasal Narcan, and initiating rescue breaths. Simple to learn and simple to teach, the session encouraged participants not only to become responders but also to serve as future educators.

Jacob's commitment extended beyond campus. At the 2024 LSA Annual Meeting, he was given a platform to present the project to anesthesiologists from across Louisiana. His presence there underscored how LSA actively supports students by elevating their initiatives and connecting them with mentors who can help broaden their reach. From that point forward, the Narcan campaign grew rapidly, expanding to community coffee shops, public health partnerships, and new student leaders.

Louisiana's Overdose Picture

Louisiana continues to face staggering challenges from the opioid crisis. While the CDC reports overdose deaths decreased 27% nationwide in 2024, Louisiana's decline was even greater at 35%. Yet the numbers remain sobering: more than 1,000 opioid-related deaths in 2023 and over 5,000 between 2019 and 2023. With fentanyl driving most of these deaths—and substances like xylazine complicating reversals—overdose education and Narcan distribution remain essential. For future anesthesiologists, these scenarios are more than public health statistics; they are practice in developing the ability to make immediate, lifesaving decisions under pressure.

What AIG Built in 2025

In 2025, the UQ-Ochsner AIG expanded its outreach with the support of LDH's Office of Public Health and distribution partners such as Priority Health Care and

Volunteers of America Southeast Louisiana.

Key accomplishments included:

- Peer-to-peer training: Narcan distribution and education for 20 LSU-New Orleans medical students.
- Community outreach: Training 41 athletes from local rugby and fitness clubs in overdose recognition and response.

These events reflect the mindset that future anesthesiologists must cultivate: acting decisively, protecting patients in emergencies, and sharing that knowledge broadly.

Beyond Narcan: Advocacy and Professional Growth

The AIG also worked with Crescent Care at the Black Health Summit and the Backpacks and Breakthroughs resource fair, where students supported health screenings and community education. On campus, they organized a successful blood drive. Each of these experiences demonstrated how young physicians can grow by stepping into leadership roles outside the hospital.

Equally important, these efforts reflect how the Louisiana Society of Anesthesiologists provides a platform for students to grow as advocates. LSA doesn't just prepare future anesthesiologists for operating rooms and ICUs; it also develops them as voices for patient safety in legislative spaces. Just as Narcan training equips students to protect patients in the community, LSA equips them to safeguard patients through informed policy and advocacy at the state and national levels.

Why It Matters

For medical students aspiring to anesthesiology, initiatives like this Narcan campaign demonstrate how early engagement in community health builds the decisive mindset, confidence, and advocacy skills essential for the specialty. Supported by platforms like LSA, students are learning to lead not only in emergency situations but also in broader conversations about patient safety. Together, these experiences prepare the next generation of anesthesiologists to serve as both clinicians and advocates for the people of Louisiana.

Programs interested in hosting Narcan training can contact The University of Queensland-Ochsner AIG at omsaaig@gmail.com.

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^{1*}U.S. Overdose Deaths Decrease Almost 27% in 2024.* Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 May 2025, www.odc.gov/nohs/presscoom/nchs.press_releases/2025/20200314.htm?utm_source=chatgpt.com. Accessed 25 Aug. 2025.

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Upcoming Events



Inaugural Meeting December 4, 2025

Superior Grill · New Orleans



REGISTER TODAY

The Journal Club will debut with its inaugural meeting on December 4, 2025, featuring an Obstetric Anesthesia theme. The event will be held at Superior Grill in New Orleans, bringing together medical students and faculty for a night of scholarship and community.

The evening will begin with a social hour, followed by dinner and the presentation of selected papers by two fourth-year medical students from New Orleans. Discussion will be guided by Dr. McLendon alongside members of the LSA Executive Board, ensuring participants benefit from expert commentary and mentorship.

Attendance will be limited to 30 students to encourage meaningful interaction and active discussion. This launch event models the structure that future sessions will follow, combining scholarly presentations, mentorship, and community building to lay the foundation for the Journal Club's growth across Louisiana.





2026 LOUISIANA ANESTHESIOLOGY MARCH 13-14

RENAISSANCE NEW ORLEANS ARTS HOTEL WAREHOUSE DISTRICT



Sunday, October 19, 2025 – Submission Deadline
Thursday, November 20, 2025 – Notification of Acceptance
Friday, December 12, 2025 – Confirm your participation by email
Sunday, February 15, 2026 – ePosters are due to LSA
Tuesday, February 24, 2026 – Hotel Reservation Deadline
Thursday, February 26, 2026 – All changes to speakers & abstracts are due
Sunday, March 1, 2026 – Podium presentations due to LSA
March 13-14, 2026 – LSA Annual Meeting

LSAMEETINGS.ORG/MEETINGS



ASA Grassroots Network



Join the The ASA Grassroots Network today!

Thankyouto our memberswhoareactivelyengagedwiththe ASAGrassrootsNetwork. Your support will help ensure that policymakers are knowledgeable about, and sensitive to the impact policy has on the delivery of the highest quality of anesthesia care.

If you're interested in joining ASA Team 535 and advancing your advocacy with lawmakers, please sign-up today.

If you're struggling to sign in or register, please contact us at grassroots@asahq.org __. We're happy to help!







Professional Citizenship for the Physician Anesthesiologist WHAT CAN I DO?

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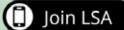


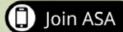












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