It is our pleasure to host Anesthesiology 2022 in the Big Easy. New Orleans is famous for its culture of hospitality, cuisine, music scene, and rich history.

Starting with food recommendations, the possibilities are almost endless. If you are looking for a classic New Orleans dining experience, you may want to book a reservation at Commander’s Palace, Arnaud’s, Galatoire’s, Brennan’s, Pascal’s Manale, Mandina’s, Dooky Chase Restaurant, or Willie Mae’s Scotch House. For those looking for something off the beaten path, look at Café Degas, N7, or Jacques-Imo’s. If you want to experience one of our famous po-boy’s, try Domilise’s, Killer PoBoys, or Parasol’s. Lastly, if you have been dying to try a beignet, visit these classics, Café du Monde or Morning Call Coffee Stand.

Entertainment and libations are part of New Orleans culture and can be found city-wide.

Frenchman Street is a vibrant hub of live-music halls and bars where patrons can spend the night listening to a range of genres including traditional jazz, rock, blues, reggae and more. For those looking for a night on the wilder side Bourbon Street may be the place to visit, with its boisterous collection of bars, clubs, food spots, and everything in-between. Patrons looking for a more relaxed, outdoor vibe where they can enjoy a cold drink and maybe catch a game can check out Napoleon House or some of the local beer gardens, including Tchoup Yard, Wrong Iron, Bacchanal and Bayou Beer Garden.

New Orleans also offers many experiences that do not involve eating or drinking!

Take a guided walking tour of the French Quarter, or maybe ride the trolley up to the beautiful Garden District where you can see majestic 19th century homes. Walk through Audubon Park and visit the Audubon Zoo, or head to City Park where you can stroll through the sculpture garden and New Orleans Art Museum or rent kayaks on the Bayou St. John. A nighttime haunted tour of the French Quarter or an airboat journey in the swamp where you will feed the alligators may be more your speed. History buffs can enjoy the world famous WWII museum, travel to the Tremé neighborhood, or learn about life in the 1800’s along the Mississippi River with a plantation tour.

We hope you enjoy your stay while you enjoy the unique sights, sounds, and experiences our city has to offer!
LOUISIANA ANESTHESIOLOGY
APRIL 14-15, 2023

ABOUT THE MEETING

Highlights of this year’s meeting include:

• Invited Guest Speakers
• Update from the ASA
• Hands-on Workshop
• Women in Anesthesiology Event
• Paper Competition
• ePoster Session
• Resident Jeopardy

CLICK HERE TO GO TO MEETING PAGE
RESERVE HOTEL

Key Dates

Sunday, October 2, 2022 - Submission Deadline
Monday, October 17, 2022 – Notification of Acceptance
Tuesday, March 14, 2023 – Hotel Reservation Deadline
Sunday, March 12, 2023 – ePosters are due to the LSA
April 14-15, 2023 – LSA Annual Meeting

SOCIAL EVENT

Fulton Alley
600 Fulton Street
New Orleans, LA

Join us at Fulton Alley for a fun and relaxed event to kick-off the LSA Annual Meeting. The event is on Friday, April 14, 2023 at 6:30pm and is open to all LSA members, residents, medical students, speakers, exhibitors, and guests.

The cost is $25.00 per person. It includes bowling, food, and drinks.
MEMBERSHIP TYPES

**Active Member (dues: $350 per year)**
A physician who is engaged in the practice of, or who is especially interested in the medical specialty of anesthesiology, who has successfully completed a training program in anesthesiology, who has a degree of Doctor of Medicine, Bachelor of Medicine, or Doctor of Osteopathy, who is licensed to practice medicine, whose location of principal professional activity is in the state of Louisiana, and who is an Active member of the American Society of Anesthesiologists, shall be eligible to become an Active member.

**Resident Member (dues: $25 per year)**
A physician in training in an accredited anesthesiology residency in the state of Louisiana shall be eligible to become a Resident member.

**Retired Member (no dues)**
A doctor of medicine who shall have been an active member of this Society in good standing for a period of at least ten years and who shall have attained the age of 65 years, or shall have become permanently disabled or shall have ceased the practice of medicine, shall be eligible to become a Retired member, provided, however, that the Board of Directors may at its discretion modify the time and age requirements, and that Retired membership status shall terminate upon resumption of professional activity.

**Medical Student Member (dues: $10 per year)**
An individual enrolled in full-time training in a Louisiana medical school.

MEMBERSHIP BENEFITS

- Input into the ASA
  The LSA supplies delegates for the ASA House of Delegates
- Educational Opportunities
  The LSA will host a continuing medical education annual meeting every Spring
- Leadership Opportunities
  Get involved by joining a LSA committee or become a member of the board
- Legislative Advocacy
  Become a “Key Contact” and help protect the profession of medicine
- Stay Informed
  The LSA website is dedicated to enhance communication with its members
- Patient Education Resource
  LSA is a leading resource for patient education for the citizens of Louisiana.
- Networking
  Connect with your colleagues from across the state.

JOIN LSA/ASA

The Louisiana State Society of Anesthesiologists represents over 429 active, retired, affiliate and resident member physicians in the State of Louisiana. Membership in the American Society of Anesthesiologists and the Louisiana State Society of Anesthesiologists is federated.

This means you must be a member of one association in order to be a member of the other. Both organizations provide invaluable representation and service to the practice of anesthesiology and pain medicine.

BECOME A MEMBER/MEMBERSHIP RENEWAL

In order to be a member of the Louisiana Society of Anesthesiologists (LSA), you must be a member of the American Society of Anesthesiologists (ASA). The Louisiana Society of Anesthesiologists (LSA) has asked the ASA to collect LSA and ASA dues together, at one time, on one invoice.

You will be taken to the ASA website, where you can learn more about ASA membership and follow links to join today. If you are already a member of ASA, log in to your ASA member profile to add an LSA membership.

If you have questions or need any assistance, please contact Member Services & Inquiries at the ASA headquarters office.
Do VA Bureaucrats Want to Risk Veterans Lives?

Jared Ong, MS4, UQ-Ochsner
Joeseph Koveleskie, MD, FASA

Access to Care?
The operational policies of the US Veterans Health Administration Hospitals (VA) are defined in a series of ‘VA Nursing Handbooks’. National Anesthesia Handbook 1123 is the document that governs the practice of anesthesia. When updated in 2007, Handbook 1123 maintained the longstanding practice of a physician-led anesthesia care team as the mandatory model for practice in the VA. In 2013, the ASA learned that the VA wanted to make a change to improve “access to care” for US Veterans by allowing all mid-level providers (APRN’s, including CRNA’s) to practice independently, without any physician supervision (https://crsreports.congress.gov/product/pdf/IN/IN11408). In May 2016 the VA released an official Notice of Proposed Rule Making (NPRM) which would include an update to National Anesthesia Handbook 1123 (https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2847). This change would have disintegrated the proven anesthesia care team model and its inherent safety.

Arguably more patients could be seen each day in VA outpatient clinics if APRN’s did not have to review their cases with a physician. And since in the outpatient setting therapies tend to be adjusted slowly an independent APRN would have time to consult a remote physician if needed. However, the same cannot be said for the operating room where a patient is receiving anesthesia and undergoing an invasive procedure. Decisions must be made quickly and definitively. The physician anesthesiologist, the most highly trained and skilled anesthesia professional, needs to be readily available and involved in the care of all patients in the operating room.

SafeVACare
During the 2016 comment period for the NPRM, the ASA began the Safe VA Care grassroots initiative to educate the public, patients, veterans, legislators, and hospital administrators on the VA’s imprudent proposal. VASafeCare.org asked that CRNA’s remain a part of the tried-and-true physician-led anesthesia care team model. Your Louisiana Society of Anesthesiologists led the advocacy initiative nationally obtaining over 2,000 signatures and comments on paper and online at the SafeVA Care website in support of keeping physicians involved in the anesthetic care of our nation’s veterans. Louisiana medical students’ strong efforts at gathering these comments propelled LSA to be ranked #1 nationally with comments with over 400% of our membership number commenting. Aided by Louisiana’s strong response, the ASA prevailed and in December 2016 the VA agreed in the final rule, VHA Directive 1123, to carve out CRNA’s from the independent practice plan. We had won, or so we thought because that was only 2016.

Then Came COVID
In 2020, COVID brought a generalized anxiety that there would be an insufficient number of healthcare providers to care for all the patients. Despite very large numbers of elective surgeries being cancelled and thus no shortage whatsoever of anesthesia providers, in fact the opposite, the nurse anesthetists played on the anxiety across the nation with demands for emergency removal of physician supervision regulations. Emergency suspension of supervision requirements happened in many states. Meanwhile back at the VA, Under Secretary for Health Richard Stone, M.D., a dermatologist by training, and married to a nurse anesthetist, issued a memo without explanation to once again attempt to remove physician supervision from nurse anesthetists in the VA. Not much has happened on the issue in the past year, but the time has now come to take action.

The ASA and LSA now request that everyone who cares about veterans actively support H.R.7048, a bi-partisan Bill – the **Protect Lifesaving Anesthesia Care for Veterans Act**.
About This Issue - Don’t Let VA Bureaucrats Risk Veterans Lives

The nation’s Veterans deserve nothing less than the highest-quality surgical care. Yet a proposal by the U.S. Department of Veterans Affairs (VA) unfairly lowers the quality of care and threatens the lives of Veterans by eliminating physician anesthesiologists from the surgical team, replacing them with nurses.

Surgery is inherently dangerous and replacing highly trained physician anesthesiologists with nurses in surgery is wrong. It is particularly concerning for VA patients, who are older, sicker and have conditions as a result of Agent Orange and burn pit exposure that puts them at greater risk for complications during surgery.

Veterans deserve the highest standard of care

VA’s proposal is unnecessary and is based on a badly flawed bureaucratic process that has silenced VA’s own anesthesia experts. No science or necessity supports the change that nursing proponents advocate for, as VA repeatedly ignores concerns of its own frontline anesthesia medical chiefs who have repeatedly called for the proposal’s withdrawal.

The Anesthesia Team Model, where physician anesthesiologists supervise and work with nurse anesthetists, helps ensure high-quality anesthesia care. Laws in nearly every state and the policies of the nation’s top hospitals and health systems require the involvement of a physician in anesthesia care to ensure the safety and best outcomes for patients. The physician-led anesthesia model also is preferred by nine out of 10 surgeons. VA has relied upon this model for decades.

The hundreds of anesthesia medical chiefs at VA four times urged VA to rescind these proposals by invoking VA’s “Stop the Line” patient safety initiative – an initiative where any VA employee can notify VA leadership of any risk to Veterans’ health. VA bureaucrats ignored and never responded to these important whistleblower notifications.

Education and training make a difference

Physician anesthesiologists receive 12 to 14 years of education, including medical school, and 12,000 to 16,000 hours of clinical training to specialize in anesthesia care and pain control, with the necessary knowledge to understand and treat the entire human body. By comparison, nurse anesthetists do not attend medical school and have about half the education and only up to 2,500 hours of clinical training.

Physicians ensure safety, outcomes and access

Independent research highlights the importance of the involvement of physicians in Veterans’ anesthesia care and VA’s own research specifically raised questions about the safety of replacing physician anesthesiologists with nurses.

Proponents of the VA proposal falsely claim that it would address anesthesiology workforce shortages, but there are no such shortages or lack of access to anesthesia care in VA and there is no independent research shows that nurse anesthetists can ensure the same safety and outcomes in surgery as physician anesthesiologists.

Protect Safe VA Care

Take action to protect Veterans’ health and safety. Tell VA leadership to stop this risky plan.

https://www.safevacare.org/campaign/40485/

Please visit https://www.safevacare.org/ to learn more and to take action.

From the SafeVACare website with permission.
EFFECTIVE ADVOCACY REQUIRES AN INTEGRATED APPROACH: LOBBYING, GRASSROOTS ENGAGEMENT, PUBLIC RELATIONS AND POLITICAL CAMPAIGN CONTRIBUTIONS.

LSA-PAC—LSA’s political action fund—allows LSA the ability to support candidates and/or elected officials who understand and champion critical anesthesiologist issues, and it is clear that LSA’s voice is growing in strength in the Capitol and with policymakers. But that underscores the importance of members’ continued support.

We have a strong team of advocates in Baton Rouge who are working to protect LSA’s policy priorities and advance our political goals.

Through these battles and others, it is crucial that LSA has strong relationships with influential policy-makers. LSA’s advocacy efforts include delivering facts, earning trust, and telling our patients’ stories, but it is not enough. LSA-PAC is essential to our political engagement as well.

It is important we have 100% participation from all LSA leaders and members. With your help, we can ensure LSA-PAC resources are at the level needed to be effective as we start looking immediately ahead to the next round of strategic political and policy decisions.

Why do we need a political action committee (PAC) like LSA-PAC?

LSA-PAC funds allow LSA the ability to support candidates and/or elected officials who understand and champion critical anesthesiologist issues, such as:

- Promoting physician-led anesthesia care
- Defeating inappropriate efforts to expand mid-level provider scope of practice

Who can contribute?

- Anyone can contribute to LSA-PAC
- Every member of LSA should contribute to LSA-SPAC
- Corporate entities, such as anesthesia groups, may also contribute
- Maximum contribution per calendar year is $25,000

LSA-PAC funds raise LSA’s profile and recognition at the State Capitol and position the organization as a strong patient advocate to the Legislature and regulator arena.

There is strength in unity and numbers.

Making various contributions to key individuals on behalf of LSA places and keeps our name at the forefront of healthcare related discussions.

LSA-PAC allows LSA to be proactive in the political arena in and around the State Capitol.
Dev Vyas is a CA-3 anesthesiology resident at Tulane University who was selected for the September 2022 ASA Anesthesiology Policy Research Rotation in Political Affairs. This 4 week experience in Washington D.C. gives residents and fellows meaningful exposure to the political, regulatory, and legislative processes and people that affect patient care in our nation's capitol. During his month Dev also attended ASA sponsored events, participated in lobbying discussions and worked on research projects with the assistance of the ASA's Advocacy Division. I spoke to Dev recently while he was still in Washington DC and was able to ask him questions about this interesting month.

Dev, How receptive were congressmen and legislators to resident input?

“They are actually very receptive. They see me and other residents as people on the ground dealing with these issues on a daily basis. Lobbyists are phenomenal at informing and concisely summarizing topics, but they don’t have the same clinical or real-life exposure to the issues that we do. Lobbyists and politicians realize that this is a strength we bring and they appreciate our perspective because of it.”

Did anything surprise you about the rotation?

“I didn’t realize how large the learning curve was. Once I started the rotation, I began to appreciate how much information and nuance there are to these issues. It’s similar to the practice of anesthesia, many attendings are knowledgeable about their subspecialty to extraordinary detail but have a less advanced knowledge about other aspects of practice. Similarly with lobbyists, everyone has their level of expertise that they use to advocate for issues. From zoom calls to office meetings and dinners, I was surprised about how much communication is required to effectively advocate for an issue and utilize everyone’s expertise for a common goal.”

How necessary are ASA legislative members to health care legislation?

“Incredibly important, every component is needed to make healthcare better. There is no way for physicians to know and do enough on the political side of things without it impacting us taking care of our patients. And without the stories, medical knowledge, and first hand insight into what’s occurring in practice, I don’t think lobbyists would be able to do their job. The way in which we advocate for issues is structured very effectively. It is very much a collaborative effort of different people with different expertise. It is similar to medicine, that is why you consult different specialties and why team led healthcare exists. There are certain times when an anesthesiologist needs to speak up and a certain times when a lobbyist needs to speak up. We all have the same goal which is doing what’s right for patients and I have appreciated that sentiment every day I have been in DC.”

What role do you see advocacy playing as you move forward in your career?

“As of now I’m not sure, but I do know that I want to stay involved. I will have to see where my career takes me, what works needs to be done, and how I can be helpful. Regardless of the specific position, I’m committed to driving my future state society forward in some capacity. One thing I am sure of is that I need to continue being involved in ASA. From what I have seen, there are too few anesthesiologists who are very involved. The work needs to be done and I am interested in learning about the issues and working hard to advocate for these issues. So, it would be irresponsible of me not to do the work.”

What is best way to start getting involved in advocacy as a resident?

“Anything! If you see that your local politicians are getting involved in an issue regarding healthcare, then you get involved. If you know someone personally, whether it be a co-resident, attending, or politician that you know, use them as a resource. We as people can naturally be intimidated to ask politicians to look at political issues but that’s their job. In my experience when you bring real issues to light with them, they are more than happy to listen. They are not always going to do something about it, but it’s our job as physicians to educate. To that end, most people are not averse to learning about issues that affect their country, especially politicians.”

The 2023 Residency Match cycle comes with some changes that you need to know about. In the last two years the number of applications to most programs increased significantly due to COVID and the ease of online interviews. New for the Anesthesiology Match this year is an optional supplemental ERAS application. This was debuted in the 2022 Residency Match for Internal Medicine, General Surgery and Dermatology, and has been expanded to ten additional specialties this year. The supplemental application is meant to allow the student to provide more information on their experiences and qualities, and also to allow applicants to target geographical areas and programs.

The supplemental application consists of three sections. In the first section students have the opportunity to elaborate on up to five past meaningful experiences in life, work, volunteer, research or mentoring. In the second section, applicants may geographically preference certain regions in the US and explain why this area is appealing e.g. family ties, educational preferences, urban, rural or just exploring someplace new. Lastly, applicants are able to signal their interest to up to five individual programs.

Since the supplemental application is new, program directors are trying to determine what role it will play in the application process. Dr. Kelly Ural at Ochsner Medical Center thought that the supplemental application information will likely be used to narrow down the number of interview invitations. Geographical preferring and program signaling will could help identify students who are genuinely interested in a program or have ties to an area. She did encourage students to send limited emails expressing interest to programs they are generally interested in but unable to signal or geographically preference due to the limits of the application. Dr. Ryan Kline at LSU-New Orleans, agrees that emails of interest are helpful, especially if a student feels there is a red flag in their application.

The traditional components of residency applications still carry most of the weight. Program directors emphasize the importance of a holistic review of academic performance, strong letters of recommendation and a clear personal statement dedicated to the specialty. Best of luck to all applications in the Match 2023 cycle!
Dr. de Lanzac, what initially got you involved in advocacy for anesthesiology?

While a resident at LSU in 1995 I was concerned when I heard about a proposed bill in Louisiana that would grant nurse practitioners prescriptive authority. I knew I could write a letter to my state representative, and I also imagined I could just go to Baton Rouge to talk to the legislators. So, one day I joined a group of fellow residents and we drove to the capitol. Unfortunately, this was the day of the committee hearing for the bill, so we would not be getting any private talks with a legislator. As I listened to live testimony that day, I saw that there were many legislators who were very confused about the background and education of physicians versus nurse practitioners. I learned that day that the only way to get accurate information in the hands of legislators is to be involved in the process and make sure at every opportunity I was promoting what physicians, and in my case anesthesiologists, do. I also learned that facts don’t always win votes. Facts count, but so do leverage, politics, and numbers of supporters willing to speak up. That is what got me started. I saw people question what physicians do and falsely believe that others can do the same thing as physicians. I thought that was problematic, so I have chosen since that time to stand up with a loud voice for my patients and for my profession.

What is the best way to start getting involved in advocacy?

My best advice is just to simply jump right in. No need to hesitate. But there are a couple of rules of thumb that I follow: 1) Be knowledgeable. The ASA website has great information under the “Advocating for You” section where you can read about all the issues facing physician anesthesiologists. 2) Be honest. No matter what is going on, tell the truth about what you are doing, what you believe in, and what the facts are. 3) Be reliable. If you don’t know the correct answer, say so and offer to get back to the legislator with accurate information, and make sure you follow through. 4) Be a resource. Be available to take a call from a legislator or regulator with questions regarding the practice of anesthesiology. 5) Be calm. The last thing I’ll say about advocacy is try to be calm. You will absolutely win some and lose some. Be calm and realize that somewhere down that road that legislator who voted against you may be the critical vote on something else you need. You must remain calm, as hard as it is, and recognize that you can’t win them all but try to win as many as you can.

What differentiates a good advocate from a great one?

Many physicians are not used to promoting themselves. But we need to, even if it is uncomfortable. If you really believe that your presence makes a difference in the care and life of your patients, then advocating for yourself IS advocating for your patients. Further, I believe it is unethical not to do so. If you know that it is important to be actively involved in your patients’ care, and you find out that legislation or regulation is removing you from that care, you must go and advocate and promote yourself for your patients. If your hospital or group is deciding to lessen the involvement of anesthesiologists, it is unethical to not advocate for a higher presence with the patients. The differentiator of a great advocate from a good one is knowledge of the issues and what you do, and the ability to communicate what you provide for patients to others. Ultimately, if we communicate well, promote ourselves well, and do a great job as anesthesiologists, our patients will become our best advocates. We want our patients to ask for physician anesthesiologist-led care and to accept no substitutes. Passion for our specialty and our patients’ safety makes for a great advocate.

What differentiates a good Anesthesiologist from a great one?

Clearly you must have the knowledge, aptitude, and skillset to successfully care for patients as an anesthesiologist. But what really differentiates a great anesthesiologist from merely a good one is remaining true to being a physician. We can learn techniques, procedures, and anesthetic mechanisms of action but we always need to be physicians. A second critical component of being a great anesthesiologist is communication. A mark of a great
anesthesiologist is a physician that can communicate well with their colleagues but also communicate with their patients and their patient’s family. When we are good communicators, our patients can be more educated about their care. This improves patient safety. Thus, being a good communicator is an integral part of being a good physician, and being a good physician is one step towards being a great anesthesiologist.

**What is a growing problem in the field?**

Outside of patient care issues, one of the things that concerns me the most is the financial viability of the field. We cannot do our job and recruit people into the field if we aren’t paying people for what their services are worth. To that end, one worrisome issue is that we are undervalued by federal payment plans, particularly Medicare. To illustrate, if a physician normally receives $100 for services from a private payor, Medicare would pay an anesthesiologist about $33 but other medical providers about $80 for their services. We call this the “33% problem.” The second concerning issue is the No Surprises Act (NSA) which was signed into law in 2021 and is currently being implemented through regulation. Insurance companies are unfairly benefiting from the NSA’s implementation. Because the median in-network rate is allowed to be considered in initial payment, some companies are canceling contracts with anesthesiologists to lower the median or renegotiating for an unsustainable rate. Ultimately, we are having to fight for payment from insurance companies for services that we have already delivered. ASA continues to work for members on both critical issues. We need financial viability to continue recruiting the best and brightest into the field of anesthesiology, allowing us to continue to provide safe, high-quality, physician-led anesthesiology care.

**What is something you are currently working on or foresee that excites you?**

As Assistant Secretary of the American Society of Anesthesiologists, a large portion of my job is membership and representation in our organization. Starting next year, we will debut the Early Career Member Program (ECMP). We want career and lifelong members. The ECMP consists of a low entry fee of $299 for a 3-year membership for those graduating residency or fellowship and entering practice. Not only is there a low cost to membership, but the ECMP bundles some of our most popular ASA education products including entry to our annual meeting, ANESTHESIOLOGY, and to our ADVANCE meeting as well as educational activities like ACE (Anesthesia Continuing Education) and SEE (Summaries of Emerging Evidence). Our goal is to recruit members right out of training and retain them throughout their career by providing the value they expect. ASA membership already has tremendous value and by being a member, you increase that value.

**Looking back on your career, have you been able to implement a change that you are particularly proud of?**

I have always made sure that I was very involved in patient care. From the preoperative evaluation, through the anesthetic and into the postoperative period and beyond, I have always been a physician heavily involved in the patient’s care outside of the operating and procedure rooms. Many perceive anesthesiologists as just an isolated part of the patient’s healthcare, but we can provide value far beyond that. While our surgery colleagues are focused on their procedure, we evaluate the entire patient and manage their medical problems throughout the perioperative period. The most important thing we can do is to be involved with the overall care of our patients, and make sure the patients are always the priority. In my career I have surrounded myself with physicians that have the same mindset. When I started my private group in 2004, we had five, ultimately seven, physicians all practicing anesthesiology in the same dedicated way. We were involved in every aspect of the hospital and every aspect of patient care. There was a tremendous satisfaction in knowing that we improved patient safety through our efforts.

**What is one thing every Anesthesiologist can do to protect and grow their field?**

The most important thing we can do is take excellent care of our patients. Be a great physician. As anesthesiologists we also must promote our role in patient care to patients, the public, politicians, and hospital administrators who may not really understand what we do. We may have only a few minutes of time with our patients before they are rendered unconscious, but we can use this valuable time to convey our wisdom and expertise about providing care. **We need patients to understand that we are physicians, and what we do as anesthesiologists to keep them safe.**

We also must take care of ourselves. This can be facilitated through engagement with other anesthesiologists, and the best way to accomplish that is through involvement with your state component, the Louisiana Society of Anesthesiologists, and the ASA. I have always said that ASA and your state component are like the folks in
your back office who are taking care of you while you take care of your patients. The organization, including staff and thousands of physician volunteer leaders, watch out for our profession while we look after our patients. It is very important to do a good job and be the best physician you can be, but it pays dividends to be engaged outside of your practice. **If we all would put 10 minutes per week into the profession outside of our clinical duties, we could significantly enhance the specialty.** Anesthesiologists would be recognized for all the work that we do, and we could continue to bring the best and brightest into our field.

**What part of the annual ANESTHESIOLOGY meeting do you look forward to the most each year?**

My first experience at an ASA annual meeting was in 1994 in San Francisco. I was presenting a scientific exhibit and had the opportunity to attend the meeting with several resident classmates of mine. From the first day, I was absolutely blown away with the amount of information, advanced knowledge, new products, new techniques, and the sheer number of people involved in our specialty. I decided that year that I wanted to attend every year, and with very few exceptions, Hurricane Katrina being one, I have. Every time I attend the ASA annual meeting I walk away with new knowledge or possibly I am humbled and enlightened by something I didn’t know. In addition to the educational benefit of the meeting, I value the camaraderie with other anesthesiologists, who for the most part, all share the same challenges that I do. It’s easy to feel alone when you are having difficulty with a surgeon or administrators are putting the squeeze on you. Then you attend these meetings and talk to other anesthesiologists and realize everybody is going through the same thing.

I believe live meetings are a burnout antidote. Anesthesiologists always rank high on physician burnout metrics, meaning we are more prone to burnout. Getting together with other anesthesiologists who share your interests makes the ASA annual meeting exciting and worthwhile experience. This year the meeting comes to us in my hometown of New Orleans.

I’m now at a point where I’m involved in the higher levels of ASA leadership on the ASA Administrative Council. Thus, the governance portions of the meeting will take priority for me. Our committees and our ASA House of Delegates meet at the annual meeting to drive what ASA does in the upcoming year and beyond. These are some of my favorite events at the annual meeting. And there is nothing like getting together with friends I have met over the years for social events, dinners or just a cup of coffee to catch up. The ASA annual meeting is a wonderful experience.

**What is the take home message you want the reader to get after reading this article?**

Don’t be afraid. Don’t be afraid to get involved in the LSA or the ASA. Don’t be afraid to get involved in great patient care. Don’t be afraid to get involved in advancing patient safety. Don’t be afraid to get involved at your hospital. Anesthesiologists should be involved at all levels in their facilities because we are great at it. We are excellent at prioritizing, negotiating, and multitasking. It’s what we do. Those skills are extremely valuable to administration of a department, service line, or facility. **If you take away only one concept from this article, I hope it would be to not be afraid and to get involved.** Give back to your specialty. Your career will give you great things over time. There will be stressful moments and moments that make you wonder why you are in this field or medicine at all. But for the most part, you will get back from this career what you put in, so get engaged, jump in, and make a difference.
After interacting with incoming first years at a recent activity fair, the LSU-New Orleans AIG discovered that many medical students were unfamiliar with the specialty of anesthesiology. As a result, our aim this year is to educate students on the many roles that anesthesiologists play on the health team along with the multiple subspecialities available. LSU attending physicians recently held a workshop for the current fourth year students applying to anesthesiology and gave direct feedback and advice on applications. We are planning hands-on workshops this year to help bolster clinical skills. The intubation and IV workshops we host are very popular. Finally, students can participate in shadowing an LSU resident and completing a preceptorship.

Follow us on Instagram for more updates @aiglsuno
President: Alia Fleury (writer)
Vice President: Wendy Xu
Secretary: Rebecca Maitski
Treasurer: Alexandra Nguyen
Tulane School of Medicine Anesthesiology Interest Group:

Tulane’s AIG is focused on providing insight to students who want to learn more about the field and to create a space for students to network. We host panels with matched 4th year students and residents which gives students an opportunity to hear first-hand what it takes to successfully enter the field. In addition, we are adding a simulation experience to provide students with opportunities to gain hands-on experience that would typically not be available until fourth year.

Co-Presidents: Kemdi Okafor and Hailey Phillips (writers)
Board Members: Nicole Levine, Jake Fowler

University of Queensland – Ochsner Clinical School Anesthesiology Interest Group:

Despite the ongoing global challenges of the COVID-19 pandemic, the Ochsner AIG remained active with several new community-oriented activities. We began the 2022 academic year with our general body and executive board meetings, establishing our goals and introducing new members and leadership.

The call for blood donation in the region inspired our AIG to coordinate a friendly competition among interest groups to determine which could recruit the most blood donors. Spearheaded by Kim Rich, we also had an associated bake sale posted outside the blood drive, where we raised over $400. We donated the proceeds to Trystereo, a local agency that aims to reduce harm to those who use drugs. We had several events at local breweries to contribute further to the organization. Jared Ong organized a bi-weekly opioid outreach program at the Covenant House, a local recovery home where we provided education on the use of Narcan, safe use strategies, and performing CPR.

Sean Gruen, MS4, MPH (writer)
President: Jared Ong
Vice President: Sava Turcan
Treasurer: Rohan Krishnan
Secretary: Chloe McKillop
Alumni Chair: Kimberly Rich
3rd Year Representative: Zack Kodiayttu
2nd Year Representative: Meghan McAdams
Anesthesiology 2022, the annual meeting for the American Society of Anesthesiologists, is right here in our home state of Louisiana. The anticipation for the event is evident from my conversations with students, residents, and attendings. So let’s dig right in to see who will be at the conference and what will be presented.

More than 200 different hospitals are represented from around the world. The top five number of submissions are from Cleveland Clinic (6.0%), Beth Israel Deaconess (3.5%), University of Texas Medical Branch (3.0%), and Stony Brook (2.3%). I think not too surprisingly due to their large populations, the top five states submitting research are New York (13.1%), California (9.3%), Ohio (8.2%), Massachusetts (8.1%), and Texas (7.0%). Louisiana has 22 authors submitting research. International presentations make up 14.1% of all accepted abstracts with heavy participation from Canada, South Korea, and Japan.
When you walk through the aisles of poster presentations what subjects will be covered? The most common this year are Perioperative Medicine (13.6%), Critical Care (11.3%), Patient Safety and Practice Management (8.9%), Regional Anesthesia and Acute Pain (8.9%), History and Education (8.9%), and Obstetric Anesthesia (8.6%), see Figure 1. Oral presentations are in Pediatric Anesthesia (10.6%), Perioperative Medicine (8.8%), Regional Anesthesia and Acute Pain (7.9%), Critical Care (7.5%), Obstetric Anesthesia (7.5%), and Chronic and Cancer Pain (7.5%), see Figure 2.

Finally, specific topics that will be on display include pain management and related research (9.2%), opioid use and management (6.7%), COVID-19 (5.1%), blood transfusion (3.8%), and management of hypertension/hypotension (2.96%). COVID-19 saw a decrease in presentations by 42.1% from 2021.

Wherever you are in your career you will benefit by visiting some poster and presentation sessions to learn more about a topic and to support our specialty’s academic endeavors.
Classic Nola Restaurants
• Arnaud’s
• Antoine’s
• Galatoire’s
• Commander’s Palace
• Pascal’s Manale
• Brennan’s
• Miss River
• Emerils
• Brigsten’s
• Revolution
• August
• Doris Metropolitan New Orleans

Classic Nola food w/o the price:
• Jacque-Imo’s
• Frankie and Johnny’s

Local Favorites
• Saba, Safron
• Ruth’s Chris Steakhouse (founded in NOLA)
• Charlies Steakhouse
• Station 6, R&Os
• Turkey & Wolfe
• Chicken’s Kitchen
• Juan’s Flying Burrito
• Lula’s Restaurant

Best Po-Boys
• Domilise’s
• Parkway Tavern

Oysters
• Superior Seafood
• Acme
• Royal House
• Dragos

Restaurants around the Convention Center
• Cochon
• Toups Meatery
• Lucy’s Retired Surfers Bar
• Meril
• Legacy Kitchen
• Mulate’s
• Flamingo A-Go-Go
• Vyoone’s Restaurant
• Chemin à la Mer

Activities
• Walk and shop along Magazine Street
• Vue Orleans – spectacular views of the city and Mississippi River
• Mardi Gras World – get a behind the scenes look at New Orleans Mardi Gras
• stroll in City Park and get beignets at Cafe du Monde
• stroll/ golf/ bike Audubon Park
• French markets and Jackson Square
• Natchez steamboat tour of the Mississippi
• Swamp tour with Ragin Cajun
• Ghost Tour in the French Quarter

Live Music/Bars
• Frenchman Street
• Bacchanal Wine Bar
• Le Bon Temps Roule
• Bourbon Street - Pat O’Briens (for the famous Hurricanes!), Lafitte (oldest bar in the US!)
• Jeremy Davenport at the Ritz Carlton

Cocktails
• Peacock Room at The Hotel Fontenot
• Chandelier Bar at the Four Seasons
• The Rusty Nail
• Lucy’s Retired Surfers Club
• WINO (Wine Institute of New Orleans)
• Happy Raptor Distillery
• Rossie’s on the Rooftop in Higgins Hotel