REPORT FROM THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS’ ANNUAL MEETING 2015

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It was an honour to represent the CAS as the Resident Representative at the American Society of Anesthesiologists’ Meeting 2015, and I am excited to report on what was an exceptional conference in San Diego!

Meeting Theme and Issues:
The ASA Annual Meeting 2015 began with the Opening Session by the captivating speaker Captain Michael Abrashoff, a former Navy Commander and author of the book entitled “It’s Your Ship”. Abrashoff told the story of his own leadership, when he took command of a poorly performing military ship and transformed it into a successful and productive one. He compared commanding in the Navy with the practise of anesthesia, saying that both industries are constantly changing, and that “it’s not just enough to be technically competent nowadays”. His ideal leadership is “excellence without arrogance”, and listeners were encouraged and inspired to think about their own leadership stories over the course of the meeting ahead.

A few topics of discussion for the meeting were introduced during the Opening Remarks as well. First, the Department of Veteran Affairs (VA) Office of Nursing Services is advancing a new policy document that would mandate independent practice for all Advanced Practice Registered Nurses. The ASA opposes including this in the VHA Nursing Handbook. Anesthesiologists at the meeting were encouraged to submit their stories demonstrating the importance of physician-led anesthesia care in support of the current physician anesthesia care model for veterans (1).
Second, the **Perioperative Surgical Home** (PSH) is a patient-centered model of care involving continuity of care for patients throughout the entirety of the perioperative period from the decision for surgery through recovery, discharge and beyond. It was designed to improve health, the delivery of health care and to reduce the cost of care (2). Anesthesiologists are uniquely positioned to be leaders in the PSH model because of their role in all stages of perioperative care. The **Ellison C. Pearce Memorial Lecture** by Dr. Mark A. Warner addressed “Expanding Our Influence: How the Perioperative Surgical Home Will Improve Patient Safety.”

Third, the **Anesthesia Incident Reporting System** is a nationwide online reporting system for adverse events in anesthesia, pain and preoperative care, and was designed by the Anesthesia Quality Institute (AQI) as an educational tool for patient safety issues (3). These examples, among many others, were interesting and important topics of discussion throughout the meeting.

**Resident Track:**
There was a full meeting track dedicated to trainees, with lectures specifically tailored to residents, fellows and medical students. Lectures focussed on resident and medical student finances, job hunting, interview preparation, and resident practise management. Specifically, an Anesthesia Workshop was offered for medical students by Dr. Daniel Lee, and a Regional Anesthesia Workshop for residents was offered by Dr. Julia Pollock. At the Residency Program “Meet and Greet”, medical students joined residents from programs across the country; there was an impressive turnout!

Overall, the resident lectures were a great success – the rooms were always filled, and good discussion was generated. Highlights included Dr. David Anthony, Dr. Steven Lisco and Dr. Kristina Goff’s session about “Cardiac Anesthesia and Critical Care Anesthesia”, which included their personal reflections and perspectives on careers and training in Cardiothoracic Anesthesiology, Critical Care, and career planning for residents with these interests. I also learned from Dr. Roy Soto’s “Resident Oral Board Prep” Session, an interactive case-based session where residents were encouraged to participate by answering challenging board-style questions about malignant hyperthermia, anaphylaxis, aspiration, ventilator management or pain with help from their peers.
Main Tracks:
I also attended lectures from the main anesthesia tracks. There was no shortage of fascinating lectures from which to choose! The various lecture tracks included: Ambulatory Anesthesia, Cardiac Anesthesia, Critical Care, Fundamentals of Anesthesia, Neuroanesthesia, Obstetric Anesthesia, Pain Medicine, Pediatric Anesthesia, Professional Issues, and Regional Anesthesia and Acute Pain.

On Saturday, at the “Research Update in Cardiothoracic Anesthesiology”, Dr. Roman Sniecinski spoke about current research in Cardiac Anesthesia, Dr. Wanda Popescu provided updates in Thoracic Anesthesiology, and Dr. Nathan Weitzel addressed systems research and the Society of Cardiovascular Anesthesiologists’ Initiative to Improve Quality and Safety in the Cardiovascular Operating Room. At the “Perioperative Pacemaker and Defibrillator Management: What you need to know” lecture, Dr. Marc Rozner explained the considerations for patients with pacemakers and defibrillators, including the different types and models of devices, and how to best manage these patients in emergency and elective settings. This was placed into context best when he explained that there are over 3 million American patients with pacemakers and over 300 000 with implanted defibrillators.

Dr. Joshua Tobin’s “Trauma Anesthesia” lecture carefully described considerations and interesting issues associated with anesthesia care of the trauma patient. To end the first day of the meeting, Dr. Paul Barash presented “Game Changers: The Ten Most Important Articles Ever Published in Cardiac Anesthesia”. He highlighted just over 20 papers that have had an immense impact in Cardiac Anesthesia, including Canadian Cardiac Anesthesia pioneer Dr. Earl Wynands’ 1967 publication in the Canadian Journal of Anesthesiology entitled “Coronary Artery Disease and Anesthesia”, which set the stage for many further publications. On Sunday, Dr. Steven Konstadt gave an excellent summary of all major valvular lesions in his talk about “Anesthesia for Patients with Valvular Heart Disease for Non-Cardiac Surgery”, and included specific suggestions for reasons to pursue further investigations or consultations prior to surgery. Dr. Franklyn Cladis outlined specific management issues for challenging cases in his talk “Common Pediatric Anesthesia Emergencies: Safety and Best Practises.” He described cases of foreign body aspiration, removal of swallowed battery, as well as airway management. Dr. Mark Nunnally spoke about management of critically ill and septic patients, and reviewed the physiology of septic shock and current literature, in his talk about “Sepsis Current Concepts, Guidelines and Perioperative Management.”
House of Delegates, Resident Component:
The Resident Component of the House of Delegates (HOD) of the American Society of Anesthesiologists met on the Sunday morning of the meeting. As Chair of our Canadian Anesthesiologists’ Society Residents’ Section, I attended this meeting as a visiting member of the Residents’ HOD and Canadian representative. The meeting opened with inspiring words from Dr. Jerome Adams, Health Commissioner in Indiana and public health advocate. In particular, he spoke about Anesthesiologists’ as leaders and healthcare advocates, about advocating for the role of the anesthesiologist and being leaders in perioperative medicine among other multidisciplinary perioperative care providers, about management of crises such as Ebola, measles, tuberculosis, West Nile Virus, and the importance of the Perioperative Surgical Home. He encouraged residents to be informed about the system in which they are working, and to lead others. This set an inspired tone for the meeting ahead.

The Resident HOD is comprised of the various Anesthesia Resident State Societies, which have a number of representatives from each state. Prior to each ASA Annual Meeting, resident delegates are elected to represent each state component, based on resident population, as one delegate for every 50 residents is elected (4). This large group was led this year by their President Dr. Matthew C. Gertsch, President Elect, Dr. Daniel Hansen, Secretary Dr. Shane Cherry, Delegate to the AMA Dr. Suvikram Puri, Alternate Delegate to the AMA Dr. Linda Young, and Senior and Junior “Residents’ Review” Editors Dr. Kristina Goff and Dr. Mark Jensen. Aside from the State Society Members, there is also a resident member sitting on most ASA Committees, similar to the structure in our CAS Residents’ Section.

Following opening remarks by Dr. Gertsch, there were the election speeches for the new Resident HOD executive, followed by voting. The Australian Representative and I each represented our respective societies, and we each had a vote in the elections. The newly elected HOD executive included President Elect Dr. Douglas Hale Michael, Secretary Dr. Chad Greene, AMA Delegate Dr. Michael Lubrano, and Junior Co-editor Dr. Elena Koepke.

Then, there were awards given for Resident Humanitarian Service Award, Lifebox National Challenge Award, and the Anesthesia Patient Safety Foundation Quality Improvement Recognition Program Award, which was presented by Dr. Robert K Stoelting. The residents at Massachusetts General Hospital won this latter award for their creation of a patient safety video about an anesthesia drug holder that they designed to hold emergency resuscitation medications in a clean and safe fashion to improve consistency among operating rooms at their hospital.

This provided an excellent opportunity to meet with our colleagues in the American resident society and to discuss the potential for the CAS and ASA Resident Sections’ to work together on the go-forward to share resources and information, and collaborate on important issues. The newly elected HOD council members with whom I spoke were excited to make these connections with our society, and look forward to further communication and collaboration with us this year. I hope that these connections can help residents hoping to pursue American electives or fellowship positions, and that our
American colleagues seeking these positions in Canada may have support from our resident body. Similarly, working together on important issues that affect all anesthesia trainees will be important for residents in both Canada and the United States. I am excited about our working together this year!

**Resident Research:**
There was an important resident research component that spanned throughout the meeting. E-Poster sessions were held in one of the main Halls, for both Interesting Cases and Original Research. Presenters’ posters were displayed on the E-Poster screen for 30 minutes at a time, during which they could explain their work and answer questions from the audience. It was interesting to learn about some of the exciting things that our resident colleagues are studying! Dr. Karoll Rodelo, one of my PGY4 colleagues from Ottawa, presented her quality assurance study about complications and perioperative factors associated with spinal surgery at the Children’s Hospital of Eastern Ontario.

**The Community:**
On the Sunday morning at 6:45, I joined 368 anesthesiologists and trainees to run a 5-kilometre race in support of “Run for the Warriors.” This is a race supported by the ASA meeting, and is dedicated to the men and women wounded in Iraq and Afghanistan, and their families. Dr. Michael Vargo, an anesthesia resident from Halifax, won the race and it was a great time for everyone who participated and cheered! It was a terrific way to start the day of lectures, to create some healthy competition among the ASA participants, and to support the military and civilian community members in San Diego.
Social Program:
The meeting had a fantastic social aspect that brought anesthesiologists and trainees together from many parts of the world to network and share stories. The resident section of the meeting opened the Friday evening with a welcome by the ASA Residents’ Component President, Dr. Matthew Gertsch, followed by a resident reception that was much enjoyed after a long day of travelling. Saturday evening was the opening reception for the entire meeting, which was an informative industry-sponsored event allowing participants to enjoy delicious appetizers and refreshments while testing the latest videolaryngoscopes and ultrasound probes alongside their colleagues from around the world. San Diego itself provided a wonderful setting for the meeting, with beaches, wonderful seafood restaurants, fun nightlife and an excellent boardwalk for participants to enjoy during their time off.

ASA San Diego 2015!
Overall, Anesthesiology 2015 was an exceptional meeting. I am honoured to have represented the CAS Residents’ Section, and am very appreciative that the CAS supports and sponsors resident involvement in the American and Australian annual meetings. One of the most important aspects of the meeting was initiating communication and collaboration with our colleagues in the American Resident Component, and I look forward to continuing to work with them on the go-forward so that our resident societies can share resources, ideas and support each others’ initiatives. After an action-packed meeting, it has been great to come back to Ottawa, meet with our Residents’ Section and begin planning our CAS Residents’ Section Meeting for 2016. Here is looking forward to a great CAS Vancouver 2016 Meeting!

References:

Dr. Gita Raghavan (PGY4, Queen’s), myself, and Dr. Sarah Tiemey (PGY4, MUN) enjoying the sun after the lectures!