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SPHERE

Quarterly Publication

NYSSA • The New York State Society of Anesthesiologists, Inc.

Past Presidents of the New York State Society of Anesthesiologists

The New York State Society of Anesthesiologists, Inc., is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Up to 54.75 *AMA PRA Category 1 Credits™*

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SPHERE

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On the cover:
Present at the NYSSA's Past Presidents' Luncheon, held during PGA 72, were: (top row, left to right) Drs. Andrew D. Rosenberg, Michael H. Mendeszoon, Steven S. Schwalbe, Paul H. Willoughby, (fourth row, left to right) Paul L. Goldiner, Richard A. Beers, Scott B. Groudine, (third row, left to right) Lawrence J. Epstein, Michael S. Jakubowski, Robert S. Lagasse, (second row, left to right) Michael P. Duffy, Peter B. Kane, Alan E. Curle, (bottom row, left to right) Michael B. Simon, Rose Berkun, and David S. Bronheim.

SPHERE
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Organized Medicine Needs Champions

Farewell Address to the NYSSA House of Delegates

OUTGOING PRESIDENT DAVID S. BRONHEIM, M.D.

What a year this has been!

This year the NYSSA successfully renegotiated its contract with the Marriott and developed strategic partnerships that will essentially guarantee the survival of the PGA for at least the next decade. We accomplished this in an environment where other societies scaled back or eliminated their meetings just to survive.

This year, after an extensive self-evaluation process requiring months of work, we were reaccredited by the ACCME.

As you already know, this year we successfully fought the governor's ill-advised budget proposal that would have allowed nurses to provide anesthesia care essentially unsupervised.

This year we initiated changes to our bylaws, policies and procedures to make the committees of the NYSSA and PGA less static and more flexible in order to provide greater access to leadership opportunities for our younger members.

This year we also began a multi-year strategic planning process to prepare the NYSSA for the future.

This year saw us working more closely than ever with the ASA leadership and continuing to build cooperative relationships with both state medical societies and the international anesthesia community.

And, despite the extraordinary expenses of this past year's endeavors, we remain healthy and solvent.

None of this would have been possible without the work of our executive director, Stuart Hayman, and our entire outstanding staff. We owe them all our thanks for their work during a year when there were few opportunities to catch our collective breath.

I also want to thank Rose Berkun, our past president; Vilma Joseph, our president-elect; Jon Gal, the chair of the important Government and Legal Affairs Committee; Chuck Assini, our legislative counsel; and Bob Reid, our lobbyist, for their extraordinary efforts during this year's legislative session.

I would be remiss not to point out the enormous amount of work done by Fran Yudkowitz, Jamie Hyman and Cliff Gevirtz in preparation for the ACCME review and the work of Audrée Bendo, Meg Rosenblatt, Linda Shore, and all the PGA committee chairs and vice chairs in preparation for this year's meeting. I also wish to acknowledge the support of the entire board and especially the district directors during this past year's legislative battle.

Finally, I would like to thank Jim Grant, Linda Mason, and the entire ASA leadership for their timely help with resources and expertise. In the middle of the Albany fight, they asked one simple question: "How can we help?"

As a point of privilege, I wish to congratulate our own past president Andy Rosenberg on his new role as ASA vice president for scientific affairs.

Despite what was by any measure a successful year for our organization, I look out on the entire house of medicine with some degree of apprehension.

In the previous century, physician leadership in the public sphere led to clean water, untainted foods, and universal immunization and vaccination.

Even in our own specialty, physicians led the fight to make anesthesia safer: standardizing anesthesia equipment, building oxygen monitors,

Dr. David Bronheim addresses the House of Delegates.

developing pulse oximetry and end-tidal monitoring, and creating the latest generation of anesthetic agents. Physicians drove all these changes for the better.

Our actions have been guided by a set of principles to which few in our society willingly adhere. Think of the code of honor drummed into your heads during medical school and residency, which you have implicitly absorbed and by which you live:

- The patient's needs always come before your own and frequently even before the needs of your own family.
- Above all else and in all circumstances, you accept responsibility for the life and safety of your patient.
- You readily share your expertise and knowledge with other physicians to help their patients as well as your own.
- You do not monopolize knowledge for your own personal advantage.

These are but a few of the rules by which we proudly live. But, unfortunately, for many years we have ignored what has been going on outside our silos and direct purview, to the detriment of our patients.

Dr. Vilma Joseph presents Dr. David Bronheim with a token of appreciation for his service to the NYSSA.

Primum non nocere — first do no harm — is another one of those rules we have passed down through the centuries and by which we live.

But think about how we may have violated this dictum by not weighing in on the many changes in healthcare more aggressively:

1. Insurance companies, which were mostly organized as nonprofit mutual trusts, have been privatized and now answer to their shareholders, not their policyholders. Making matters even worse, they have consolidated to the point where competition has largely disappeared in large swaths of this country.

2. The pharmaceutical industry has done them one better. For example, PhRMA, the industry's lobbying organization, had 30 members in 1990. Those 30 companies have consolidated into 12. In conjunction with this loss of competition, the price of immunizations and vaccines increases more than 20 percent per year, doubling almost like clockwork every four years. We pay several times more than other advanced countries for drugs and 10 times more for some medical devices. We have all seen that certain drugs just disappear arbitrarily, only to reappear with a tenfold increase in price.

3. Medical equipment makers and manufacturers of medical disposables have consolidated to the point where one storm in Puerto Rico produces a nationwide intravenous solution shortage.

4. Buying organizations legally take kickbacks from manufacturers to guarantee market share at less competitive prices while continuing to merge, grow in size and decrease in numbers.

5. Physicians now spend so much time getting approval from insurers to order tests, prescribe medicines, and schedule procedures that only a minority of their time is spent providing patient care.

6. We have allowed ourselves to become captive to electronic medical record systems, instituted with good intentions but now designed mostly to provide paper trails to defend against

malpractice, justify billing, and prevent charges of fraud by government auditors. These systems are now stuffed with so much useless data that finding the information necessary to actually treat our patients seems almost like an afterthought.

7. We have allowed primary care physicians to be replaced by nurse practitioners, despite higher financial costs to society as a whole and a net increase in emergency room visits and hospitalizations. In our own specialty, we have seen the institution of models of care that we would never choose for our own family members.

8. Every one of these changes violates the **primum non nocere — first do no harm —** precept.

I turned 61 this past October, so few of these changes will affect what remains of my career as a physician. But I take them very personally because they will affect my family and me as patients.

Even as we speak, the state of New York is about to reevaluate and possibly redesign its entire health delivery system. How will these actions affect the health and safety of your patients, your family members and your friends? What do you plan to do when others with little knowledge and experience attempt to rewrite the rules that govern the way you practice your art?

The answer lies in each one of us no longer just sticking to our own knitting. It requires each of us to participate in medical care in a more organized and public manner, much as our predecessors did a century ago. It means volunteering for leadership positions at your hospital and in government. It requires giving of your time to join consumer organizations and educating your fellow citizens on what quality healthcare really looks like.

It requires that active participation in your medical society by you and all your colleagues again becomes the new normal. It requires that collaboration with our national society and our peers in other state and local medical societies again becomes routine.

On a more granular level, for the NYSSA to thrive, we need **champions** to step forward and agree to take responsibility for membership, communication and fundraising in each and every anesthesia group and

every hospital in the state. We need advocates willing to create and maintain ongoing relationships with our elected officials and government regulators. We need you to show up and answer the call when leadership rings that bell or blows that trumpet.

It also means supporting organized medicine not just with your time but also with your financial resources. At the local level it means contributing to NYAPAC and the MSSNY PAC. On the national level it means supporting ASAPAC. If you sit in the House of Delegates and are not wearing a NYAPAC pin on your lapel, you are not doing your fair share. If we continue to depend just on the herculean efforts of a small group of individuals, we might survive for a while but will eventually fail. However, with universal participation, success is guaranteed.

As my year as president of the NYSSA draws to a close, I wish to thank you all for the honor and privilege you have bestowed upon me in allowing me to serve as your president. I have great faith in Vilma and Dick, my successors, and know that the society is in good hands. I pledge my assistance to you both in the coming years, willingly paying forward the help given to me by a host of past presidents.

Finally, I need to thank my wife for tolerating me with both humor and grace this past year, especially during the first six months when I was trekking back and forth to Albany and spending way too much time on the phone. Some of you may even suggest that I thank her for tolerating me for the past 27 years. Not once did she complain about the time taken away from her and the family. And all those chores around the house? I promise that they will all eventually get done, starting right after this meeting! ■

73rd PGA Resident Research Contest

If you are interested in submitting an abstract for the upcoming **73rd PostGraduate Assembly in Anesthesiology — December 13-17, 2019**, please email the abstract to Dr. Charles Emala at pgaresidentresearch@emala.net, with the subject line: "Resident Research Contest PGA73"

The final deadline for abstract submission is May 1, 2019.

President's Message

We Can Make an Impact

Inaugural Address to the NYSSA House of Delegates

VILMA A. JOSEPH, M.D., M.P.H., FASA

It is an honor to accept the position of president of the NYSSA. I have been a member of this organization for 20 years. Throughout that time, I have been impressed by the dedication of our members to advancing the science of anesthesiology, promoting quality improvement, and enhancing patient safety.

As president I would like to act on the revised strategic plan that was initiated by Dr. David Bronheim. First, we will be seeking to better meet the needs of our membership. To that end, we will be sending out a survey to all NYSSA members asking for input on your needs.

Second, we will be taking another step forward in enhancing our mentoring efforts.We will be asking members to be more active with regard to mentoring colleagues as well as those interested in our specialty. This will take the form of local social events where leaders in our specialty will be available to interact with up-and-coming anesthesiologists. To reach

Dr. Vilma Joseph addresses the House of Delegates.

those in high school, college or medical school, we will recruit NYSSA members to attend career days to demonstrate what we do and what makes us special.

Finally, we will continue our efforts to ensure that state and federal legislators are aware of our issues, and we will strive to make it easier for NYSSA members to participate in this campaign. This past spring, NYSSA members did a fantastic job preventing the introduction of a two-tiered anesthesia delivery model whereby patients would be able to receive anesthesia care from either physician anesthesiologists or nurse anesthetists. This issue is not over and others, such as medical malpractice reform and adequate compensation for whatever healthcare system is present, need to be addressed as well. The question of the day is: "What are you going to do about it?" My dream is to have every member take at least one day this year to make contact with your legislators by any form of communication, including email, text, phone call, or an in-person visit to the legislator's local district office. Other great opportunities to get involved include attending the NYSSA Legislative Day or the ASA legislative conference. Imagine the impact that would have! It really can be done.

In conclusion, I would like to thank each and every one of you for this opportunity to serve. As a woman who was born in Brooklyn and raised in Queens by parents with Caribbean roots (Antigua and St. Kitts), I am excited to be the fifth female and first African-American female president of the NYSSA. I will be relying on the guidance of previous NYSSA presidents as well as my mentors, colleagues, and you, the members. Your input is welcome. It will be a challenging year, but with your support I believe we will do wonders. Thank you! ■

Dr. Vilma Joseph receives the president's gavel from Dr. David Bronheim.

Editorial

Recognizing the Benefits of Positive Reinforcement

SAMIR KENDALE, M.D.

When I was an undergraduate, I was involved in a research project in which I was to train rats to push one lever but not the other. A graduate student was tasked with surgically implanting a plastic post into a rat's skull, which would then be affixed to an immobile frame. Each rat would have a conductive electrode wrapped around its tail and in the event the rat pushed the wrong lever, an electric shock was delivered to the tail. The rat would eventually learn which lever not to push, though, before that, on occasion the shock would cause the rat to revolt, forcefully rip the post out of its skull, and attempt to escape.

When we started using chocolate milk as a reward for depressing the correct lever instead of the shock as punishment for choosing the wrong lever, the rats would still learn which lever to push, but with significantly less self-mutilation.

I learned two things from this endeavor: 1) I'm not built for animal research; and 2) I simplistically ascribe to the notion that the rats learned better with the chocolate milk than with the electric shock. (That may not be the case scientifically, but I left the lab well before the conclusion of the study.)

With this in mind, I like the concept that Dr. Arup De and Dr. Lindsay Gennari have introduced with the case report format in this issue of *Sphere*. While there still is a very important place for the classic approach to learning from morbidity and mortality, the "Appreciative Inquiry" approach highlights learning from challenges and mistakes in a constructive rather than punitive fashion. This mentality can be extended to the belief that our healthcare system works best when all involved function as a team instead of everyone working in silos or, in some instances, at cross purposes. We learn from our colleagues in other medical specialties, from nurses, and from our patients. Most importantly, we learn from each other.

This is rarely more evident than at events like the PGA. As usual, the schedule this past December was full of brilliant educational talks where we learned about cutting-edge advances in our specialty from our anesthesiology colleagues. Equally important, as can be seen from the wonderful PGA photo spreads in this issue, was being able simply to talk to one another about our role as anesthesiologists in the delivery of healthcare. ■

Supporting New York Legislators

Drs. David Wlody and Vilma Joseph, New York state Sen. Jessica Ramos, and Dr. Chantal Pyram Vincent

New York state Assembly Speaker Carl Heastie and Dr. Vilma Joseph

New York state Sen. Gustavo Rivera with Drs. Vilma Joseph and Chantal Pyram Vincent

Meeting With the U.S. Surgeon General

(Left to right) Drs. Andrew Rosenberg and Matthew Stratton with U.S. Surgeon General Dr. Jerome Adams

(Left to right) Drs. Jung T. Kim, Jerome Adams, Tessa Huncke, Michael Wajda, and Sudheer Jain

U.S. Surgeon General Dr. Jerome Adams with the NYU Langone Department of Anesthesiology, Perioperative Care and Pain Medicine

The 72nd PostGraduate Assembly in Anesthesiology: Opening Session and R.W. Robertazzi Memorial Panel

The Mezzo a cappella group performs at the PGA.

Drs. Audrée Bendo and David Bronheim

Dr. David Bronheim presents Dr. Scott Groudine with the NYSSA Distinguished Service Award.

Dr. Audrée Bendo

The Mezzo a cappella group performs.

E.A. Rovenstine Memorial Lecture

Dr. Audrée Bendo (left) presents the Rovenstine plaque to Dr. Cynthia Wong.

The ASA's Administrative Council

The NYSSA's Executive Committee: (Left to right) Drs. Vilma Joseph, David Bronheim, Richard Wissler, Christopher Campese, Jung T. Kim, and Jason Lok

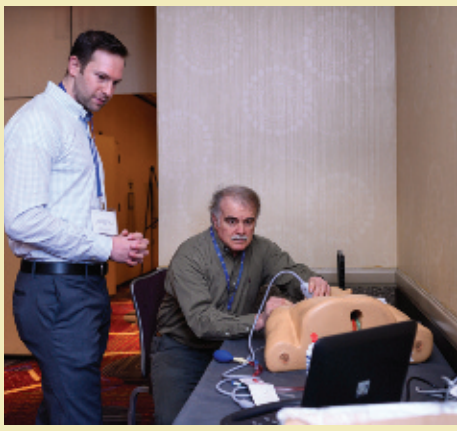
Forging International Collaborations

Dr. Vilma Joseph signs a memorandum of understanding with André S. M. B. Maciel (left) and Dr. Luiz Falcão of the São Paulo State Society of Anesthesiology as Stuart Hayman and Dr. David Bronheim look on.

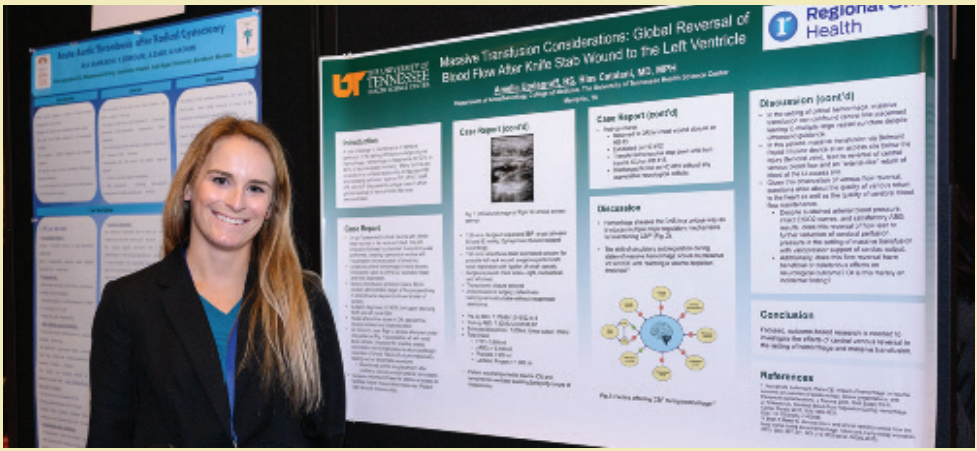
André S. M. B. Maciel, Dr. Luiz Falcão, Dr. Vilma Joseph, and Stuart Hayman celebrate their new agreement.

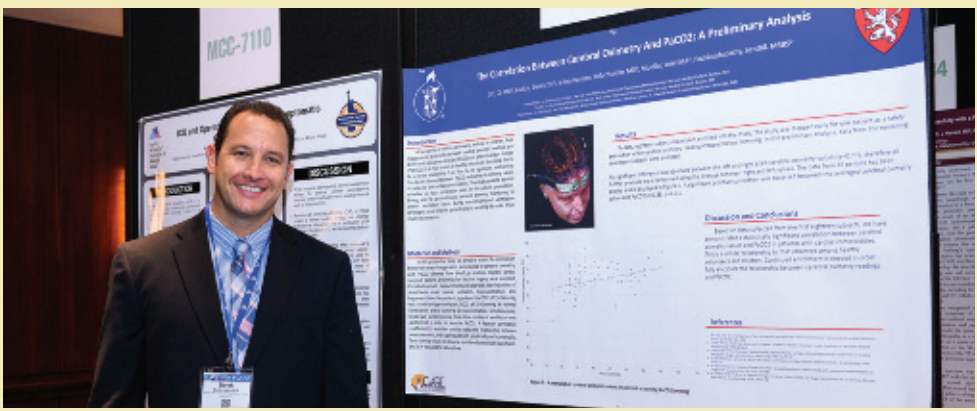
Dr. David Bronheim signs a memorandum of understanding with Dr. Stefan De Hert of the ESA.

Workshops



Poster Presentations





House of Delegates Meeting

(Left to right) Drs. Peter Kane, Jared Barlow, and Steven Schwalbe

NYAPAC Chair Dr. Rose Berkun addresses the House of Delegates.

ASA President Dr. Linda Mason

Dr. Randall Clark

The NYSSA delegates

(Left to right) Drs. Steven Schulman, Kevin Glassman, and Neil Kirschen

Delegates check in at the credentials desk.

ASA President-elect Dr. Mary Dale Peterson

Drs. Jonathan Gal (left) and Gregory Fischer

Recognizing the NYSSA Public Servant of the Year

Drs. Ansara Vaz (left) and Andrew Rosenberg with New York Assemblywoman Rodneyse Bichotte

Dr. Vilma Joseph (right) presents Assemblywoman Rodneyse Bichotte with the NYSSA Public Servant of the Year award.

Drs. Mary Dale Peterson and Linda Mason, Assemblywoman Rodneyse Bichotte, and Dr. Beverly Philip

Assemblywoman Rodneyse Bichotte

Drs. Jim Grant (left) and Andrew Rosenberg with Assemblywoman Rodneyse Bichotte

NYSSA Executive Director Stuart Hayman (left) is awarded an honorary membership to the NYSSA by Dr. David Bronheim.

MSSNY President Dr. Thomas Madejski addresses the House of Delegates.

The NYSSA House of Delegates

Lectures


Medications for PAH

International Scholars Reception

Scenes From the Speaker's Reception

Drs. Christopher Campese, Vilma Joseph, David Bronheim, Leslie Miller and Diana Anca

(Left to right) Drs. Michael Simon and Mark Zakowski with Stuart Hayman

(Left to right) Drs. Steven Boggs, Robert Johnstone, and Michael Smith

Drs. Stefan De Hert, Linda Mason, Marcelo Gama de Abreu, and Joy Hawkins, Traian Cojocaru, and Dr. Meg Rosenblatt

Drs. Steven Boggs and Elizabeth A. M. Frost

Dr. Kenneth Elmassian, Rafael Coutin, Dr. James Phillips, and Georgia Elmassian

Alice Romie, Sara Moser, and Will Burdett

Charles Assini, Jr., Esq., (left) and Dr. Robert Lagasse

Drs. Kenneth Newman, David Bronheim, Leslie Miller, and Patricia Mack

Resident Happy Hour

Women Physicians Happy Hour

Kathy Wissler and Dr. Dick Wissler with Drs. Rose Berkun, Melinda Aquino and Janine Limoncelli

(Left to right) Drs. Vesna Dinic, Rose Berkun, Vilma Joseph, and Francine Yudkowitz

Drs. Tracey Straker (left) and Melinda Aquino

Technical Exhibits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Multipac
i-gel
INTERSURGICAL

Scenes From the President's Reception

Drs. Leslie Miller, Scott Groudine, and David Bronheim

Dr. Vilma Joseph and her husband, Timothy Turner

(Left to right) Drs. David, Wlody, Lawrence Epstein, Audrée Bendo, Michael Mendezoon, and Steven Schwalbe

Timothy and Valeena Turner (front), Dr. Vilma Joseph, Assemblywoman Rodneyse Bichotte, and Dr. Ansara Vaz

ASA CEO Paul Pomerantz (left) and NYSSA Executive Director Stuart Hayman

Drs. Richard Beers (left) and David Furgurlie

Dr. Jason Lok, Janie Lok, and Julia Lok (seated)

(Left to right) Drs. Lori-Ann Oliver, Jodi-Ann Oliver, and Cheryl Gooden

Georgia Elmassian and Dr. Kenneth Elmassian

(Left to right) Dr. Jonathan Gal, Charles Assini, Jr., Esq., and Dr. David Wlody

Sandra Madejski and
Dr. Thomas Madejski

Drs. Beverly Philip
and Stefan De Hert

Drs. Audrée Bendo, Joy Hawkins and Randall Clark, and Steven Kramberg

Drs. Rose Berkun, Lawrence Routenberg, Scott Plotkin, and Yvonne Carney

(Left to right) Drs. Nibras Bughrara, Peter Kane, Scott Groudine, and Michael Jakubowski, and Susan Groudine

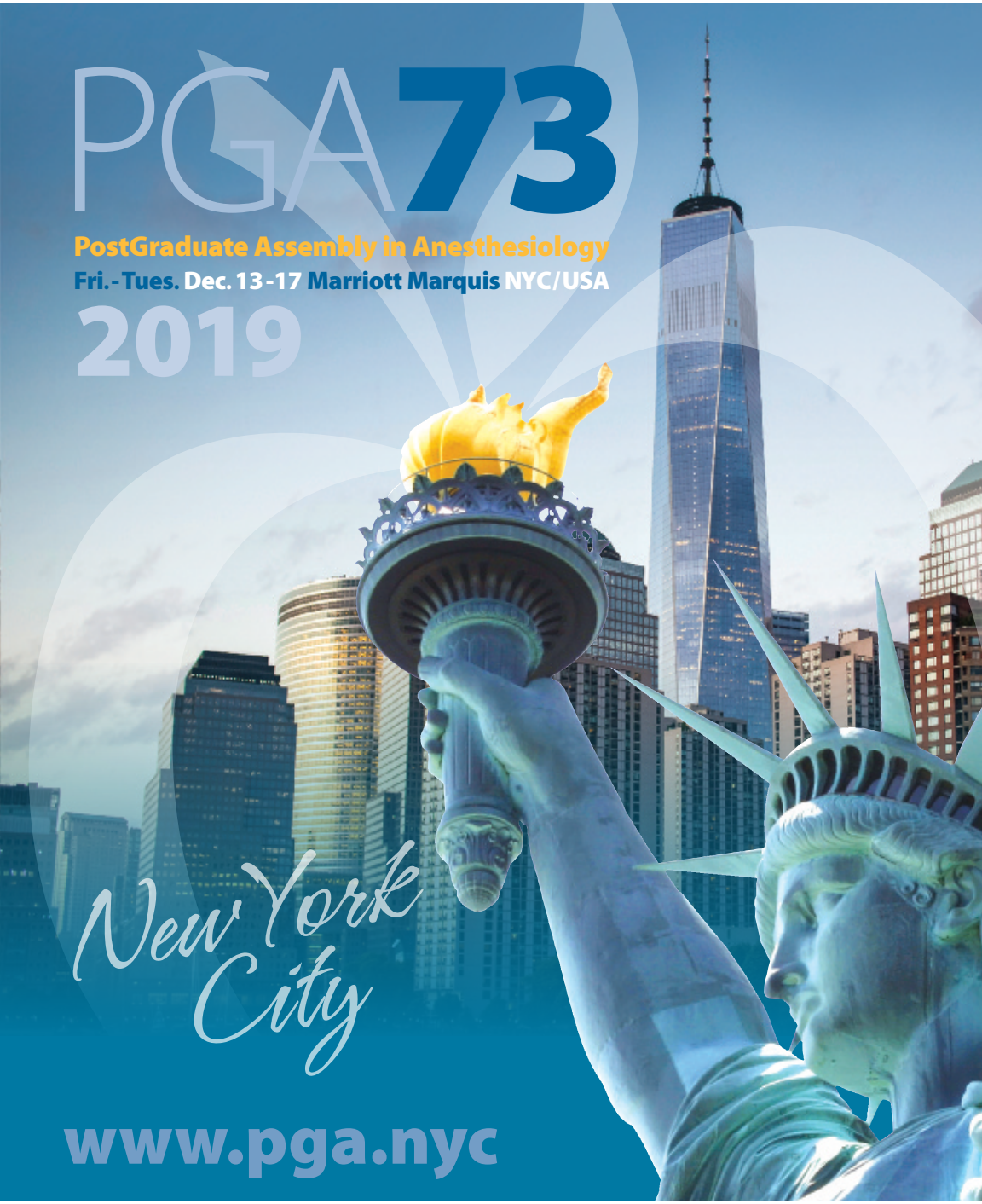
(Left to right) Drs. Rhoda Levine, Melinda Aquino, and Joan Ascher

Kathy Wissler and
Dr. Richard Wissler

Dr. Jesus Calimlim,
Caroline Agor-Calimlim,
Dr. P. Sebastian Thomas,
and Rosamma Thomas

Drs. Leslie Miller and
David Bronheim

Plans Are Already Underway for the 73rd PGA



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NYSSA Members-Legislative Day in Albany

New York State Society of Anesthesiologists

34th Annual Legislative Day in Albany

Tuesday, May 21, 2019

Location: **Renaissance Hotel**
144 State Street | Albany, NY 12207

8 am Breakfast Meeting
To include a discussion regarding legislative issues potentially impacting anesthesiologists in the state of New York

10 am Legislative Appointments
(which will be scheduled for members)

Speakers:

- **Vilma A. Joseph, M.D., M.P.H., FASA**, President, NYSSA
- **Jonathan S. Gal, M.D., FASA**, Chair, Government & Legal Affairs Committee, NYSSA
- **Robert Reid**, Partner, Reid, McNally & Savage
- **Shauneen McNally**, Partner, Reid, McNally & Savage
- **Charles Assini**, Legislative Counsel to the NYSSA, Higgins, Roberts & Suprunowicz, P.C.

RSVP

Go to **surveymonkey.com/r/Leg2019** and fill out the required information. Questions? Contact Grace Carter at GKCarter@HRSLaw.us.com.

All NYSSA members are invited — **you must RSVP**.

Travel expenses will be reimbursed at IRS rates. Overnight accommodations must be preapproved, please contact NYSSA headquarters.

Scott Groudine, M.D., Honored With the NYSSA Distinguished Service Award

KEVIN W. ROBERTS, M.D.

Dr. Scott Groudine received the NYSSA's Distinguished Service Award at the 72nd PostGraduate Assembly in Anesthesiology, held in December 2018. Dr. Groudine was honored for his distinguished career and his contributions to the NYSSA and the specialty of anesthesiology.

Dr. Groudine, a 1977 graduate of the University of Rochester, received his medical degree from the State University of New York in Syracuse in 1981. His first year of postgraduate training was in surgery at the University of Buffalo in 1982; he then saw the light and completed anesthesiology training at Case Western Reserve in Cleveland, Ohio, in 1984.

Dr. Groudine began his career in private practice at Auburn Memorial Hospital where he served as assistant chair of the Department of Anesthesiology beginning in 1984. While in Western New York, he also served in a consulting staff capacity at Seneca Falls Hospital, Geneva General Hospital and Taylor Brown Hospital.

Dr. David Bronheim presents Dr. Scott Groudine with the 2018 Distinguished Service Award at the 72nd PGA.

Dr. Groudine had a colleague and mentor in private practice, Dr. Thomas Donnelly, who taught him "the stuff you didn't learn in residency" — how to bill and code, collections, relationships with surgeons and administrators, and how, as a doctor, you have a responsibility to your profession and community. Dr. Donnelly introduced Dr. Groudine to the NYSSA District 5 meetings in Syracuse, where he met the physicians who launched him on his career of service to the NYSSA: Dr. Peter Kane, who was then president of the NYSSA; Dr. Howard Zauder, then president of the ASA; and Dr. Jack Egnatinsky, head of the NYSSA's Governmental, Legal and Economic Affairs (GLEA) Committee. As Dr. Groudine put it, "At these meetings I learned that being a good, well-trained doctor was not enough. The people who make the laws and fee schedules **also** need to know how well-trained anesthesiologists are."

Dr. Groudine, who became board certified in anesthesiology in 1987 and earned the special qualification in critical care in 1989, joined the Albany Medical College Department of Anesthesiology in 1992. At Albany he

Dr. Scott Groudine shares a moment with his family.

became the section chief of critical care and section chief of clinical research, as well as a professor of both anesthesiology and surgery. He is a respected clinician, teacher and mentor, having won the Department Resident Teaching Award on multiple occasions. He is the author of more than 40 peer-reviewed publications, 50 abstracts and scientific exhibits, and more than 40 articles in *Sphere*. He serves on a number of editorial boards, and he has presented more than 100 invited lectures.

Dr. Groudine became very active in the NYSSA's GLEA Committee, taking over the committee when Dr. Egnatinsky retired. During that period, NYSSA and GLEA Committee members fought expansion of the scope of mid-level providers, creation of a nurse practitioner of anesthesia, and the loss of reimbursement for endoscopy procedures; they also worked for a fair out-of-network bill that would protect New York state patients while at the same time protecting the rights of anesthesiologists to choose what networks they did and did not want to join. Attempts to increase anesthesiologists' exposure to malpractice were also defeated, including pre-judgment interest, the elimination of fee restrictions on malpractice lawyers, and elimination of the secondary excess liability insurance coverage paid for by New York state. Dr. Groudine helped the New York State Department of Health write the office-based surgery guidelines. He then aided legislators with drafting the corresponding legislation.

As NYSSA president in 2005, Dr. Groudine worked tirelessly to forward the interests of New York's anesthesiologists as well as their patients. He served anesthesiologists nationwide through his involvement in numerous ASA committees, starting with the Political Action Committee board, where he became the ASAPAC secretary/treasurer. He also served as the ASA director for New York state, and as the section head of clinical care he helped oversee the committees on Trauma and Emergency Preparedness, Equipment and Facilities, Occupational Health, Patient Blood Management, Respiratory Care, and Surgical Anesthesia.

Armed with boundless energy and an imposing presence, Dr. Scott Groudine has advocated tirelessly and with great success on behalf of New York's anesthesiologists for more than 30 years. ■

Kevin W. Roberts, M.D., is the chair of anesthesiology at Albany Medical College.

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Another Successful Year for the International Scholars Program

ELIZABETH A. M. FROST, M.D.

The NYSSA once again hosted a group of international scholars at PGA 72. Thirty-two applications were considered for the 2018 program, 10 of which were from the 2017 waiting list. Eighteen scholars representing 14 countries were accepted into the program. Seventeen were able to attend as, once more, the visa to the Nepalese candidate was denied. Preference was given to young applicants and to those who would be attending for the first time. Over the past 26 years, 408 young anesthesiologists have attended the meeting. Given that 15 of them returned in subsequent years, the total number of awards is now 423 from 65 different countries, figures that far exceed efforts made by any other anesthesia society.

This year's international scholars received accommodations at the Marriott Marquis. The program began with a reception, which also was attended by many of the NYSSA's directors. Scholars were offered the choice of a workshop and a mini-workshop. At a breakfast held on the final day, a large amount of equipment and books was distributed thanks to the generous donations of many technical exhibitors. Scholars were also asked to complete a questionnaire concerning PGA 72.

This program has produced a multitude of positive results. Many of the previous attendees, using the knowledge they obtained at the PGA, have developed programs in their home departments. These include

The 2018 international scholars take time for a photo with NYSSA volunteers and staff.

residency curricula, obstetrical anesthesia divisions, board certification, and problem-based learning techniques among others. Several have become departmental or residency chairs and have been instrumental in developing and leading national societies. Others have represented their countries in the WFSA.

If any NYSSA member has encountered a young, deserving anesthesiologist, preferably from a developing country, please encourage him or her to complete the application form on the NYSSA website. The scholarship offered includes gratis registration, hotel accommodations for six nights, workshop and mini-workshop tickets, and several meals.

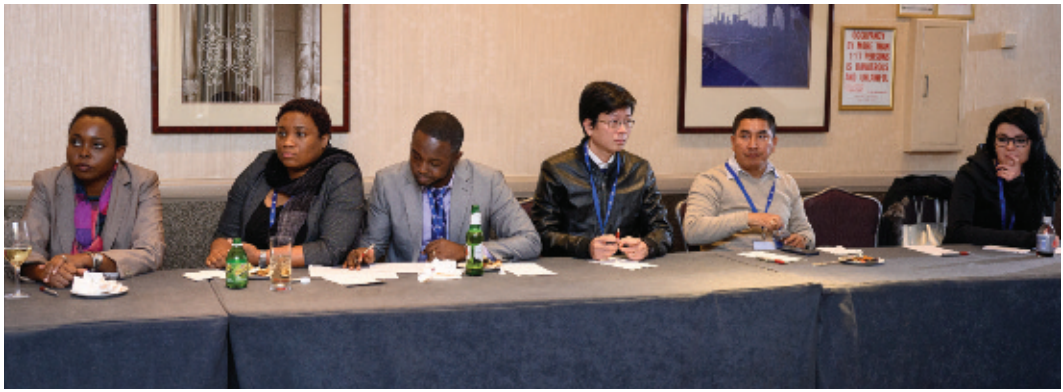
While the NYSSA does contribute to the program, the majority of funding comes from the generous contributions of NYSSA members.

International Scholars Committee Chair
Dr. Elizabeth A. M. Frost (left) and Co-Chair Dr. Cheryl Gooden

Please consider donating to this program. Any amount is welcome and all donations are fully tax deductible. Go to **http://nyanesthesiologyfoundation.org** or send your contribution to:

Anesthesiology Foundation of New York (AFNY)
c/o NYSSA
110 East 40th Street, Suite 300
New York, NY 10016 ■

Elizabeth A. M. Frost, M.D., is chair of the NYSSA's International Scholars Committee.



International scholars participate in one of the program's networking opportunities.

Scholars introduce themselves and share what they hope to gain from the PGA experience.

Mark your calendar

ANESTHESIOLOGY® 2019

OCTOBER 19–23 | ORANGE COUNTY CONVENTION CENTER | ORLANDO, FL

KEYNOTE SPEAKER

Abraham Verghese, M.D., MACP

Dr. Verghese sees a future for health care which marries technological innovation with the traditional doctor–patient relationship. He grounds his vision of technological progress in a humanistic commitment to listening to the patient's story and providing what the patient most wants—a true caregiver. This dual-pronged approach makes Dr. Verghese a leading voice in the discussion about what quality care means now and in the future.

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American Society of Anesthesiologists®

Understanding the Process of Leaving a Hospital or Large Mega Group After a Merger

MATHEW J. LEVY, ESQ., AND STACEY LIPITZ MARDER, ESQ.

The decision to merge a medical practice with a hospital or large mega group is often a very attractive one due to promises of increased take-home pay and a break from the day-to-day administrative duties of running a practice. After such a merger, however, many physicians recognize that being part of a hospital or large mega group is not necessarily the best fit for them, as they lose their autonomy and control over their own destinies.

It is important to know that physicians are not "stuck" if a merger does not meet their expectations, and that they have options. Although returning to solo practice is one option, in today's healthcare climate it is recommended that physicians join together to benefit from economies of scale and better negotiating leverage with third-party payors, while retaining the ability to control the business.

Leaving a hospital or large mega group after a merger may seem daunting, but it is completely doable and will ultimately lead to greater satisfaction going forward. To that end, it is in the physician's best interest to hire professionals specializing in healthcare, including attorneys and accountants, who have processes and procedures in place as well as proven records of success. By reviewing the applicable documents and addressing potential issues while recommending solutions, these professionals will work with the physician toward a seamless exit, taking into consideration the best interests of the physician. Furthermore, they will assist the physician with respect to setting up a new practice.

To ensure a smooth transition, there are several factors that must be addressed. For instance, before leaving a hospital or mega group, it is imperative that the documents governing the initial transaction be reviewed in order to ensure that the physician complies with the terms involving withdrawal, including giving the requisite notice.

Furthermore, physicians contemplating withdrawal need to make certain, among other things, that they are able either to have their old lease reassigned or to enter into a new lease at a desirable location. It is

also important to make sure that the physician is not in violation of his/her restrictive covenant.

In the event a physician previously sold his/her assets of the medical practice, and those assets would have value as the physician embarks on a new path, the physician should consider potentially "buying back" those assets. The physician would also have to orchestrate the transfer of patient records. Finally, it is important to evaluate the current malpractice insurance policy to ensure that the physician is protected with respect to potential claims.

In sum, if a physician is having second thoughts about a merger and is thinking of getting out, the physician should not feel trapped. There are several options available to exit successfully from a merger. ■

Mathew J. Levy, Esq., is a partner and Stacey Lipitz Marder, Esq., is senior counsel at Weiss Zarett Brofman Sonnenklar & Levy, P.C., the NYSSA's general counsel. Mr. Levy can be reached at 516-926-3320 or mlevy@weisszarett.com. Ms. Marder can be reached at 516-926-3319 or smarder@weisszarett.com. The firm can be found on the Web at weisszarett.com.

Legislative Update

CHARLES J. ASSINI, JR., ESQ.

Federal Law H.R. 6 (SUPPORT for Patients and Communities Act)

Federal law H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, was signed into law on October 24, 2018. You may have already read the ASA's October 24, 2018, press release (see below) titled "President signs into law opioid legislation; while ASA study finds patients undergoing surgery continue to expect opioids"; however, several questions have arisen with respect to the resulting impact on states. The NYSSA's focus is on how this law will impact the nurse anesthetists' prescriptive writing authority in New York state. The ASA has provided the following analysis, which makes clear that the SUPPORT for Patients and Communities Act does not authorize nurse anesthetists in New York state to prescribe controlled substances. In those states where nurse anesthetists are permitted to prescribe controlled substances, the SUPPORT for Patients and Communities Act will permit them the right to prescribe only buprenorphine.

Press Release From the American Society of Anesthesiologists

President signs into law opioid legislation; while ASA study finds patients undergoing surgery continue to expect opioids

October 24, 2018

WASHINGTON, D.C. – Today, the American Society of Anesthesiologists (ASA) commended President Donald Trump for signing into law H.R. 6, the SUPPORT for Patients and Communities Act, legislation to address the nation's opioid crisis. The new law includes provisions developed by ASA to advance opioid reducing initiatives in the surgical setting.

ASA is pleased to see the expertise of physician anesthesiologists reflected in this new law, with inclusion of H.R. 5718, the Perioperative Reduction of Opioids (PRO) Act. However, a new study reveals the need for more patient education regarding the many options for pain relief after surgery beyond opioids.

A study presented at the ANESTHESIOLOGY® 2018 annual meeting last week found people expect to be prescribed opioids and perceive them to be the most effective form of pain relief after surgery.

"This finding is especially concerning with the daily headlines around this issue and so many of us personally touched by the opioid crisis," said ASA President Linda Mason, M.D., FASA. "Almost everyone knows someone impacted and while opioids may effectively relieve pain after surgeries and procedures, they may not be the best option."

In the study, researchers set out to understand expectations of pain management after back, ear-nose-and-throat, abdomen, or hip or knee replacement surgery. The majority of patients in the study believed opioids would be most effective, even if they didn't expect to receive them: 94 percent of those who assumed they would get opioids thought they would be effective, as did 67.5 percent of those who didn't expect to receive them. Only 35.6 percent of patients expecting to receive acetaminophen thought it would be effective, and 53.1 percent of those expecting to receive nonsteroidal anti-inflammatory drugs thought they would be effective.

Because the surgical experience can be a patient's first exposure to opioids that may ultimately lead to opioid abuse and misuse, ASA is grateful to U.S. Rep. Jason Smith (Mo.) and U.S. Rep. Brian Higgins (N.Y.) for leading the proposal to recognize the surgical setting as a venue to prevent these problems that could lead to addiction. The PRO Act provides for expert support through the U.S. Department of Health and Human Services (HHS) to identify and develop recommendations around best practices to reduce opioids in the surgical setting, with the involvement of medical organizations such as ASA.

ASA believes this legislation will promote necessary patient education about the options for pain relief after surgery, including pain medications such as acetaminophen and ibuprofen. Physician anesthesiologists are experts in pain management and are uniquely qualified to prevent abuse and misuse by employing opioid-sparing techniques.

The provisions supported by ASA in H.R. 6 not only include establishing expert support through HHS, but also include a grant

program to promote best practices around alternatives to opioids for hospitals, emergency departments and other acute care settings; a study on the impact of state and federal prescribing limits; and grants to increase drug take-back and disposal programs.

Analysis by the American Society of Anesthesiologists

- Since the Narcotic Addict Treatment Act was passed in 1974, all practitioners who use narcotic drugs to treat opiate addiction must obtain a separate registration under the Controlled Substances Act (21 U.S.C. Section 823(g)(1)) and certification by SAMHSA as an opioid treatment program (42 CFR 8).
- Starting in 2000, in lieu of registration and certification required by the Narcotic Addict Treatment Act (above), physicians with proper training were granted the ability to apply for a waiver pursuant to the Drug Addiction Treatment Act of 2000 (DATA 2000) in order to treat a limited number of patients in an office-based setting using Schedule III–V narcotic drugs approved by the FDA for maintenance or detoxification treatment of opioid use disorder (21 U.S.C. Section 823(g)(2)).
    - So the prescribing rights under a DATA 2000 waiver are limited to those narcotic drugs that are:
      1) approved by the FDA for maintenance or detoxification treatment of opioid use disorder; and
      2) fall within a classification of Schedule III, IV or V.
    - — Buprenorphine is the only drug that currently fits both of these criteria (see last bullet below for further detail).
- In 2016, pursuant to the Comprehensive Addiction and Recovery Act, DATA 2000 waivers were expanded on a temporary basis to NPs and PAs, provided that the practitioners were properly trained, licensed under state law to prescribe Schedule III–V medications, and met any state-required physician supervision or collaboration requirements.
- In 2018, pursuant to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, DATA 2000 waivers were made permanent for NPs and PAs and expanded on a temporary basis to certified

registered nurse anesthetists, clinical nurse specialists and certified nurse midwifes subject to the same practice requirements (i.e., practitioners must be properly trained, licensed under state law to prescribe Schedule III–V medications, and meet any state-required physician supervision or collaboration requirements).

- While the FDA currently approves of three drugs for the maintenance or detoxification treatment of opioid use disorder (i.e., 1. methadone, 2. buprenorphine and 3. naltrexone), only one of those three FDA-approved drugs (i.e., buprenorphine) falls within a classification of Schedule III–V narcotic drugs that are impacted by this legislation.
  - A list of FDA-approved medications for use in the treatment of opioid dependence is available at: **www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm600092.htm**; and
  - A list of controlled substance classifications for FDA-approved medications can be found on the DEA's website at: **www.deadiversion.usdoj.gov/schedules/orangebook/orangebook.pdf**.
    - Methadone is listed as a Schedule II narcotic drug on page 11 and cannot be prescribed pursuant to a DATA 2000 waiver. There are additional federal regulations that apply to the prescribing of methadone.
    - Buprenorphine is listed as a Schedule III narcotic drug on page 11 and can be prescribed pursuant to a DATA 2000 waiver, but only if the practitioner has prescribing authority for Schedule III drugs under state law, completes the required training and follows any state physician supervision or collaboration requirements.
    - Naltrexone is listed as an uncontrolled substance on page 1, so it is not impacted by the registration and waiver requirements under the Controlled Substances Act and SUPPORT for Patients and Communities Act, unless used in combination with a narcotic. A practitioner would need prescriptive authority under state law in order to prescribe naltrexone as he/she would with any other uncontrolled substance.

- The SUPPORT for Patients and Communities Act is limited to waivers of the registration and certification requirements specific to opioid treatment programs and does not modify the existing DEA registration requirements set forth under the Controlled Substances Act (21 U.S.C. 801) and DEA regulations (21 CFR 1300). In order to prescribe a controlled substance, either pursuant to the SUPPORT for Patients and Communities Act or otherwise, a practitioner is still required to first register with the DEA. And the DEA will only issue a certificate of registration to a mid-level practitioner to the extent he/she is authorized to prescribe controlled substances by the state in which he/she practices. ■

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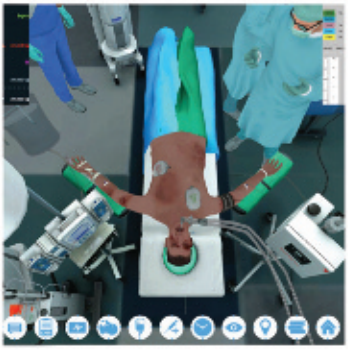
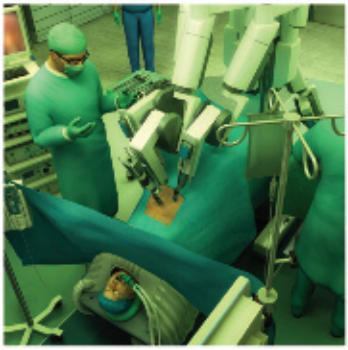

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This activity contributes to the patient safety CME requirement for Part II: Lifelong Learning and Self-Assessment of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology Program® (MOCA®2), known as MOCA 2.0®. Please consult the ABA website, for a list of all MOCA 2.0 requirements.

This activity contributes to the Part IV: Improvement in Medical Practice requirement of the American Board of Anesthesiology's (ABA) redesigned Maintenance of Certification in Anesthesiology Program® (MOCA®2), known as MOCA 2.0®. Please consult the ABA website, for a list of all MOCA 2.0 Part IV requirements and their associated point values.

Accreditation and Designation Statement
The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this enduring material for a maximum of 5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Case Report

An Unanticipated Delivery: An Appreciative Inquiry Case Report

ARUP DE, M.D., MBA, AND LINDSAY GENNARI, M.D.

This is the first report in a new Sphere *series. We hope that these case reports and discussions will encourage other medical systems to consider reevaluation of their focus in the QA process.*

Most medical and surgical specialties, including anesthesiology, maintain rigorous, structured and privileged peer-review programs through which untoward clinical outcomes and complications are presented, discussed and debated, with the goal of improving future practice performance. The discussion can degenerate into punitive, fault-finding expeditions that focus on failures and shortcomings, both provider- and system-related. Usually, these Quality Assurance (QA) meetings (alternatively and colloquially referred to as Morbidity and Mortality [M&M]) are initiated with an incident report after a poor outcome, followed by investigation and presentation to the provider group by a designated QA leader. Root cause analysis meetings may be undertaken to develop system-based protections and to implement corrective actions intended to protect patients from future poor outcomes. Through the business management lens, the M&M process is a form of change management, as it is an effort to recognize current shortcomings and prevent future poor outcomes.

Although rooted in historical precedent and part of a critical evaluation to improve future care, the overall tone of the morbidity and mortality process is negative. We are focusing on "bad" outcomes that require "corrective" actions, with the blame laid with the clinicians or care delivery systems. Overall, it is often a subjectively heavy, anxiety-provoking process that requires us to defend our care decisions. This process, although not intended to do so, can lead to low morale and fear.

Appreciative Inquiry (AI) is a method of change management that has been utilized in the business world for some time.[1,2] The fundamental belief in AI is that work systems (organizations, personnel, anesthesia care teams) are inherently good and driven to become better. AI recognizes that there is enormous talent, energy and drive within the core

of a care team, and through selective recognition and focus on the "good" the team can become even better. The quest to improve care delivery in the M&M perspective — "What have we done wrong?" — differs from the AI view — "What can we do better?" AI is a positive, energizing process. If a monthly AI conference existed to recognize stellar outcomes, it would likely be called "Positivity and Praise." We present the following case from the AI perspective.

Case Report

An otherwise healthy 37-year-old $G_5P_1$was admitted to a community hospital for induction of labor at 41 weeks' gestation. One hour following uneventful placement of a combined spinal epidural, the patient was seizing, unresponsive and cyanotic. She was intubated and an emergency cesarean section under general anesthesia was performed. Estimated blood loss was 2.5 liters. Initial APGAR scores were 2, 7 and 9. There was no evidence of placental abruption or previa. Oxytocin and methylergonovine were given. The uterine and abdominal incisions were closed but vaginal bleeding, hypotension and hypoxia continued. She received two units of packed red blood cells, two units of fresh frozen plasma (FFP) and one unit of platelets prior to and during her transfer to a tertiary care hospital, with the presumed diagnosis of eclamptic seizures and possible aspiration.

Surgical Intensive Care Unit admission vital signs were: BP 40/20 mmHg, HR 135 bpm, SpO_2 89% on 100% FiO_2. The patient was unresponsive, cold and mottled. Bleeding was noted from the intravenous sites and the vagina. Central venous and peripheral arterial access were obtained, vasoactive infusions were started to stabilize blood pressure and massive transfusion protocol was initiated. A Bakri balloon was placed, and two doses of methylergonovine and carboprost were given. Swan-ganz catheterization revealed central venous pressure to be 22 mmHg and pulmonary artery pressure to be 50/30 mmHg.

Thromboelastogram and other coagulation studies showed evidence of disseminated intravascular coagulation and anemia. Arterial blood gas was significant for metabolic acidosis and hypoxia with SpO_2 53% on 100% F_iO_2. Eclampsia was excluded given normal toxemia labs and persistent hypotension. Mild pulmonary edema was seen on chest X-ray without signs of aspiration. A chest computed tomography scan was negative for pulmonary embolus. Acute right heart failure was noted on transthoracic echocardiogram.

Despite massive transfusion and improvement in hemodynamics, the patient remained difficult to oxygenate, requiring increasingly high levels of PEEP, inhaled epoprostenol and nitric oxide. Cardiac surgery was consulted for initiation of extracorporeal membrane oxygenation (ECMO). Given the acute respiratory and cardiovascular compromise with significant coagulopathy, the diagnosis of exclusion was amniotic fluid embolism.

Veno-arterial ECMO cannulas were placed for both cardiac and pulmonary support. The oxygen saturation was restored to 100%. After 48 hours on ECMO the patient was decannulated. Vital signs coming off ECMO were: HR 78 bpm, BP 108/47 mmH_g, normal pulmonary and central venous pressures, and 100% SpO_2. Over the course of two weeks, the patient returned close to her baseline level of functioning and walked out of the hospital.

Amniotic fluid embolus (AFE) is a rare but fatal diagnosis. The mortality rate is 0.5-1.7 deaths per 100,000 live births[3] and it accounted for 7.5 percent of pregnancy-related deaths in the U.S. from 1998-2005.[4] According to the Amniotic Fluid Embolism Foundation registry, AFE has a case-fatality rate of 61 percent and cardiac arrest is seen in 87 percent of these cases. Only 15 percent of patients who survive are neurologically intact if no cardiac arrest occurs and only 8 percent are neurologically intact if cardiac arrest is involved. A triad of respiratory failure, cardiovascular collapse and coagulopathy may indicate AFE. Aggressive treatment of coagulopathy with massive transfusion protocol is necessary. Since conventional pulmonary and cardiovascular support were not sufficient, the use of ECMO support allowed the patient to recover.

Discussion

Viewed through the AI lens, the above case represents a tremendous achievement on many levels. The outcomes are positive, but the focus is on how to make it more likely that clinicians will exhibit those favorable behaviors/management decisions in the future. The emergency delivery by the obstetrician and resuscitative care by the anesthesiologist allowed delivery of what is now a normal baby. Prompt transport to a tertiary care center allowed the patient to receive appropriate and timely interventions. Transfer by ambulance rather than helicopter was chosen, thus allowing both the obstetrician and anesthesiologist to accompany and care for the patient during transport — the limited space in a helicopter would have excluded the treating physicians. The presence of obstetrical and intensivist

teams upon SICU arrival limited the delay from decision to implementation for line placement and activation of massive transfusion protocol and subsequent management. The early decision to initiate ECMO was critically important. The patient's good outcome was a result of a true multidisciplinary team involving numerous hospitals, physician specialists, perfusionists, blood bank technicians and nurses, all communicating openly and in real time.

AI teaches us that these positive outcomes have as much educational value as M&M cases with negative outcomes. In this case of AFE, the recurring themes of early/collaborative decision-making, open communication between multiple specialties, and aggressive use of invasive techniques all contributed to this patient's eventual recovery. In seeking a broader application of the lessons from this case, we can ask the following questions: What barriers exist to facilitating communication between specialists? How fluid are our patient handoffs within/between facilities? Do anesthesiologists receive adequate training in crisis resource management? In reviewing these concepts, as individuals or groups, we can streamline care delivery in a positive, uplifting manner so that we are ready when the next critical situation presents itself. ■

Arup De, M.D., is vice chair of anesthesia systems integration and an associate professor of anesthesiology at Albany Medical Center. Lindsay Gennari, M.D., is an assistant professor of anesthesiology and a member of the division of obstetrical anesthesiology at Albany Medical Center.

The authors wish to thank Elizabeth Finucane, D.O., CA-3 anesthesiology resident, for her assistance in preparation of the above case.

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The 37th Annual International Symposium: Clinical Update in Anesthesiology, Surgery and Perioperative Medicine

JACOB LURIE, M.D., MARC CASALE, M.D., AND MARYNA KHROMAVA, M.D.

The 37th Annual International Symposium: Clinical Update in Anesthesiology, Surgery and Perioperative Medicine, organized by the Department of Anesthesiology at the Icahn School of Medicine at Mount Sinai in New York, was held in January 2019 in Oranjestad, Aruba. The event is designed to help busy professionals advance their knowledge by providing a review of innovations, recent discoveries, and best practices in cardiothoracic, vascular and general anesthesiology; surgery; perioperative medicine; and critical care. More than 170 participants from 18 countries attended the conference.

The symposium consisted of 89 lectures, including five special lectures given by renowned physicians and surgeons. In addition, five complimentary workshops (One-Lung Ventilation, Difficult Airway, Transthoracic

Special Lectures Presented During the 2019 Symposium

MONDAY, JANUARY 21, 2019

Update on Mechanical Circulatory Support
Arie Blitz, M.D., M.B.A
Director of Surgery for Advanced Heart Failure
South Texas Advanced Cardiac Care
McAllen Heart Hospital
McAllen, TX, USA

TUESDAY, JANUARY 22, 2019

Oxygen – The Most Common Used Drug. How Best to Use It Perioperatively. The Whys and the Wherefores
Bodil Steen Rasmussen, M.D.
Professor, Aalborg University Hospital
Aalborg, Denmark

WEDNESDAY, JANUARY 23, 2019

Major Adverse Complications Following Non-Cardiac Surgery: Results from the National Inpatient Sample
Harish Ramakrishna, M.D.
Professor, Mayo Clinic College of Medicine
Vice Chair – Research
Department of Anesthesiology
Phoenix, AZ, USA

THURSDAY, JANUARY 24, 2019

CIEDS – What You Need to Know in 2019
Marc Stone, M.D.
Professor of Anesthesiology
Program Director, Fellowship in Cardiothoracic Anesthesiology
Icahn School of Medicine at Mount Sinai
New York, NY, USA

FRIDAY, JANUARY 25, 2019

Satisfying the ACGM Requirements for Safety and Quality: An Innovative Approach
Robert S. Lagasse, M.D.
Professor of Anesthesiology
Vice Chair, Quality Management & Regulatory Affairs
Department of Anesthesiology, Yale University School of Medicine
New Haven, CT, USA

Dr. George Silvay delivers opening remarks to guests.

Echo, POCUS, and Hands-on Regional Block) were offered. As per tradition, the annual research competition was also held during the conference. Sixteen interesting cases and original research projects from medical residents and fellows were on display. First prize was awarded to Alexander H.F. Woltersom from the Medical University of Warsaw in Poland, who presented "Development of a visualization module for image-based preoperative heart valve assessment."

The event was held at the Renaissance Aruba Resort & Casino in Oranjestad, Aruba, known for its sunny and breezy beaches, friendly atmosphere, and delicious seafood. Dr. George Silvay once again spearheaded efforts to organize the symposium, which he has done for the past 37 years. Besides being an accomplished and extensively published

Symposium jurors and participants take time for a photo.

physician, Dr. Silvay is also known for befriending many of those in attendance at the meeting and fostering a caring, jovial atmosphere that has kept guests returning to the conference year after year.

The Department of Anesthesiology, Perioperative and Pain Medicine at the Icahn School of Medicine at Mount Sinai will host the 38th Annual International Symposium: Clinical Update in Anesthesiology, Surgery and Perioperative Medicine from **January 19-24, 2020**, at the St. Kitts Marriott Resort. All are welcome to attend. Please send inquiries to Dr. George Silvay at george.silvay@mountsinai.org. ■

Jacob Lurie, M.D., Marc Casale, M.D., and Maryna Khromava, M.D., are with the Department of Anesthesiology, Perioperative and Pain Medicine at the Icahn School of Medicine at Mount Sinai.

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Course Directors: George Silvay, M.D., Ph.D., Marc Stone, M.D., Menachem Weiner, M.D.

St. Kitts Marriott Resort

St. Kitts, West Indies

January 19-24, 2020

For faculty information: george.silvay@mountsinai.org
For abstract information: menachem.weiner@mountsinai.org
For general information: margorie.fraticelli@mountsinai.org

Learning and Networking at NYSCARF

GREGORY N. YANEZ, M.D., AND BRITTANY REARDON, M.D.

The NYSSA Resident and Fellow Section (NYSSA-RFS) officers organized another successful New York State Conference for Anesthesiology Residents and Fellows (NYSCARF) at the 72nd PostGraduate Assembly in Anesthesiology in New York City on Saturday, December 8, 2018. The conference is a day dedicated to resident and fellow academic presentations, education, and advocacy activities through trainee participation in the Resident Research Contest, NYSCARF Resident Research Showcase, general poster session, advocacy panels, and technical skills workshop.

The Resident Research Showcase was well attended, with 48 residents and fellows from programs in New York state and around the country, as well as international participants. It was a wonderful opportunity for resident and fellow participants to practice their presentation skills and have their research critiqued. We would like to thank all the faculty from New York state programs who moderated the sessions: Dr. Audra Webber from University of Rochester Medical Center; Drs. Veronica Carullo and Karina Gritsenko from Montefiore Medical Center; and Drs. Mohammad Piracha, Sheida Tabaie, Daryl Banton, Jaime Aaronson, and Danielle McCullough from Weill Cornell Medical College. We would also like to thank Dr. Kane O. Pryor of Weill Cornell Medical College for organizing another successful Resident Research Showcase.

We would like to thank the Resident Research Contest Committee, headed by Dr. Charles W. Emala of Columbia University Medical Center, as well as all the committee members for their time organizing and judging this competition. Members include Drs. Samuel DeMaria Jr., Andrew Golberg, Arthur E. Schwartz, and Menachem M. Weiner of the Icahn School of Medicine at Mount Sinai Hospital; Dr. Maria A. Bustillo of Weill Cornell Medical College; Dr. Ervant Nishanian of Columbia University Medical Center; Dr. Shaesta G. Humayun of Brookdale University Hospital and Medical Center; Dr. Jun Lin of SUNY-Health Sciences Center at Stony Brook; Dr. Vandana Sharma of Upstate Medical University; Dr. Jing Song of Montefiore Medical Center; Dr. Kalpana Tyagaraj of Maimonides Medical Center;

Dr. Stacey A. Watt of the University at Buffalo; and Dr. Suzanne B. Karan of University of Rochester Medical Center. Congratulations to first-place winner Dr. Sebastian Bunte of the University Hospital of Düsseldorf, Düsseldorf, Germany, and second-place winner Dr. Prince Bonsu of the University at Buffalo. Honorable mentions went to Dr. Diana N. Romano of the Icahn School of Medicine at Mount Sinai and Dr. Lisa D. Eisler of Columbia University Medical Center.

A lunch reception was held with 120 residents and medical students in attendance. Participants enjoyed remarks from ASA leadership, including President Dr. Linda J. Mason and President-elect Dr. Mary Dale Peterson. Following the luncheon, Dr. Cortessa Russell of Columbia University, College of Physicians and Surgeons presented an informative session titled "Life After Residency: Academics vs. Private Practice." She shared her insights on the myriad practice options available following training.

Following lunch, a regional anesthesia workshop was moderated by Dr. Yan Lai, the program director for regional anesthesia at Mount Sinai Saint Luke's/Mount Sinai West. We would like to thank the regional fellows from Weill Cornell Medical College, Drs. Ashley Wells and Melvin La; Icahn School of Medicine at Mount Sinai Hospital, Drs. Amy Ye and Garrett Burnett; Mount Sinai St. Luke's/Mount Sinai West, Drs. Poonam Pai Bantwal Hebbalasankatte and Haider Al Darkazali; and Columbia University Medical Center, Drs. Carolyn Thai and Sophia Koessel. They demonstrated a variety of regional blocks to the residents and fellows in attendance. Several area medical students and NYSSA resident members graciously volunteered as models for the session.

Dr. Jonathan Gal of the Icahn School of Medicine at Mount Sinai Hospital and Dr. Jeff Mueller of the Mayo Clinic's Arizona campus led a workshop where residents had the opportunity to learn about ongoing advocacy activities and issues at the state and national levels.

The day concluded with a resident happy hour. Donations obtained from resident attendees funded a $450 donation to the NYSSA political action committee (NYAPAC).

We would like to thank all the dedicated attendings, residents, fellows, and NYSSA staff members who helped make this day possible

and, of course, the residents who participated in the day's activities. The NYSSA-RFS officers look forward to participating with resident and fellow members from across the state in the ASA legislative conference in Washington, D.C., May 13-15, 2019, and the NYSSA Legislative Day in Albany on May 21, 2019. We would also like to encourage our resident and fellow members to attend district meetings in their respective districts. ■

Gregory N. Yanez, M.D., CA-3 University of Rochester Medical Center Department of Anesthesiology and Perioperative Medicine, is the NYSSA-RFS media officer and Brittany Reardon, M.D., CA-2 Mount Sinai West/St. Luke's Department of Anesthesiology, is a member of the NYSSA-RFS Event Planning Committee.

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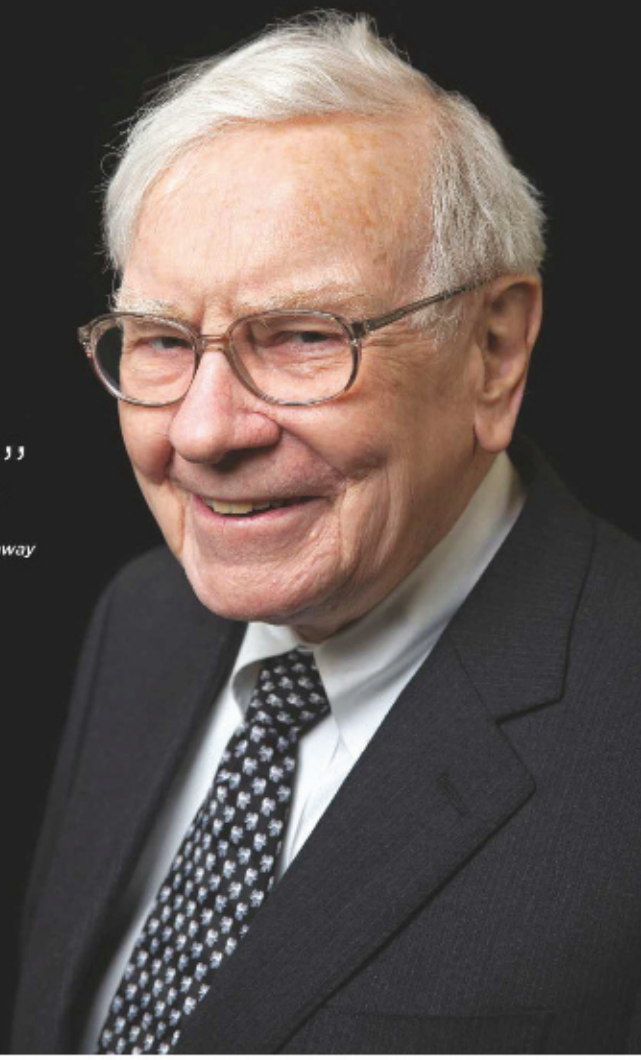

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