Central Line
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VOICE OVER:

Welcome to ASA Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. DR. ADAM STRIKER:

Welcome to Central Line. I'm Dr. Adam Striker, your host and editor. Today, we're going to go behind the scenes for a peek at how ANESTHESIOLOGY 2023 is getting made. And to guide us, Dr. Sheila Pai Cole and Dr. Santhanam Suresh from ASA’s Annual Meeting Oversight Committee, or AMOC, have joined me. So Drs. Pai Cole and Suresh, welcome to the show.

DR: SANTHANAM SURESH:

Thank you very much, Adam.

DR. SHEELA PAI COLE:

Thank you, Dr. Striker. It's been an honor to be part of your show. It's very well made. So congratulations on this on this production.

DR. STRIKER:

Thanks very much. Appreciate it. Well, I'm honored to have both of you guys here on the show. So I'm looking forward to this discussion. You know, I always love talking about the annual meeting. I think it's just a it's a fantastic well put together meeting. And I'm looking forward to hearing a little bit about how this year's meeting is coming together. But before we get into those details, I'd like to learn just a little bit more about both of you, why you were drawn to this committee specifically, and maybe share a couple memories with our listeners and how the annual meeting or meetings in general have impacted you both personally and professionally. Dr. Pai Cole, why don't you go ahead and start us off?
DR. PAI COLE:

Okay. Well, thinking about my first annual meeting, I was very junior at the time and I had been introduced to a speaking opportunity by one of my mentors in critical care. They had a lot of faith in me. The room was packed and I remember my voice starting to crack and I was like, Oh my God, this can't be good. I wonder how I'm going to last for the next 30 years in this organization, because this is something that I really wanted to be part of. Um, but that meeting sort of set me up for the next few things. I've always been involved in education. I've had some remarkable mentors and sponsors who've shown me what RSA membership as well as RSA leadership can look like. So I sort of set my sights on on that path with education as the backbone.

Um, I was part of the critical Care committee, which was the educational track. It was … I was the vice chair initially, and then it was supposed to be like a four year vice chair and then chair position. But somehow something happened to the chair and the chair had to step down. So I sort of got a game time promotion, if you will, which was quite frightening if you think about it. When I was part of that educational track in Critical Care, I realized that this was an opportunity and a privilege alongside with being an honor to both shape the next generation, guide the current generation, and then introduce new ideas to any people who were sort of mid or late career and sort of reinvigorate them with cool things that were happening. And so when I was two years as the track chair, I was approached to be on AMOC, which is basically something that's offered if or when you've done a good job at putting together a good track meeting for the ASA. So it's been a wonderful 15 or so years, but it started out quite shakily, literally, if you will.

DR. STRIKER:

Wonderful. Dr. Suresh, how about yourself?

DR. SURESH:

So it's interesting, Adam, I went to the first ASA meeting in New Orleans in 1989 as a resident. Fast forward. 2022 I was the chair of the annual meeting. What an amazing, pleasant time. And I look back and I see that 30 years plus that I've been involved in the annual meeting, I don't think I've missed a single annual meeting since then. Like Sheila, I had been the chair of the pediatric track for about six years when I was approached by the president elect of the ASA to see if I would like to be part of the Annual Meeting Oversight Committee. And it has been a privilege. I learned from several of my predecessors who had then the chairs of the annual meeting. And so structurally, the way the ASA has created the Annual Meeting Oversight Committee is to
literally have us in training wheels for a year or two before we actually lead the entire program. But it's a collaborative effort both with the members of the AMOC committee, which is just five of us, and the entire staff, which I have to give credit to because they are totally the wind beneath our wings and we would never fly if we didn't have that incredible support.

DR. STRIKER:

Well, you just chaired the meeting last year, if you don't mind. Talk a little bit about how complicated these meetings are and what the effort looks like behind the scenes to put something like this together.

DR. SURESH:

Well, the interesting thing is, you know, when you're running some 400, 500 sessions, when you're running about 30 to 40 workshops and then the main plenary sessions, it's a complicated, orchestrated meeting because we're reliant on a variety of different things. There's last minute speaker drop outs, you know, either due to illness or family reasons, etcetera, where the AMOC has to make a decision as to whether we want to continue keeping on the program or find a replacement. But the most exciting part about this is there's an incredible behind the scenes rehearsal for even the opening ceremony. You know what looks like the symphony that the ASA creates? There's so much preparation and background, so it is quite a privilege and quite fun to put it together. But it's the entire crew, right? It's the cast. You can be the the leading cast, but it really without the rest of the cast, there's no play. So that's how it is. Sure.

DR. STRIKER:

This makes a lot of sense, especially with the production of this size, and it is pretty seamless when you go there, especially the the formal large presentations seem and I think very underappreciated, just the preparation that probably goes into it.

But Dr. Pai Cole, I want to talk a little bit about how the meetings evolve over time. Like if I had to choose advantages or a few perks of a meeting such as this, it would be things like the education one gets there, the opportunity to network, getting exposure to new trends and innovations and really just commiserating with a lot of your colleagues who also want to learn about what's new and and happening in the field of anesthesiology. Things are all passionate about over the years serving on this committee. How do you change things? How do you keep things that work? How do you identify things that you think are valuable to the meeting year after year, but also try to keep it fresh?
DR. PAI COLE:

Absolutely. It is quite a team effort, if you will. The staff, they do an incredible job in calling data. They also do annual value and satisfaction surveys, which are sent out right after each meeting, meaning each annual meeting just to get a sense of what worked and what didn't work from a membership and attendee standpoint. We also send our track chairs and committee members, or rather we suggest that they go and view all of their sessions so that they are our boots on the ground, if you will. And then since this is a five year task for all of us to be on AMOC, by the time you become chair of the committee, you've already served on the committee for three years. And so you've already realized that some things worked better in some stages and some some venues and some things provided with opportunities for change or innovation in future meetings. So I think it's a multi pronged sort of approach. We get data from the members and the attendees because we truly want to serve our membership. Amongst ourselves, meet twice a month and then in person at least once or twice a year. After each meeting, starting in November, right after the preceding annual meeting. And then we sort of keep in touch with emails. We make sure that no one's left behind. We make sure that no one's concerns are sort of dismissed. We ask our ASA staff to see, you know, what has worked and what hasn't. And so they are also invaluable in providing us with information that works. So that's the process of review.

This year, what we've done is we've planned activities and events for all stages. We know that our early career group are always thirsty for networking opportunities and want to move forward in their careers. So we want to honor that and we have things in place for them to sort of network with other prolific mentors so that they can get sponsorship opportunities. Directly by meeting one on one. What else is new? So this year we are making a valiant attempt by providing child care. Kitty Corp is the vendor we've landed with. They are very well known in the professional space. They've done meetings of our size for other specialties. They will have appropriately trained personnel, they'll provide age based groups which will have appropriate ratios with adults to children, especially for the little ones. So there's definitely something that we're launching this year with a lot of excitement. And the other thing is San Francisco has somewhat of a interesting reputation, if you will. So the city itself is committed to making sure that they don't disappoint us. So they've--and this is not just for us, but they've done this for all meeting events in recent years--is that they provide safety ambassadors around the area. They wear these colorful vests and they're there to direct you, to give, you know, to sort of walk with you if you need it, that kind of thing, from the convention center. So all in all, I think it's going to be a very safe meeting which will provide for career stage based events if needed. And also it's a very much team approach, ss
Suresh mentioned. We want to make sure that everyone's heard and everyone's included in the final programming.

DR. STRIKER:

And San Francisco is your hometown, correct?

DR. PAI COLE:

It is. I've lived here. It's my 10th year here. It's been a wonderful ten years.

DR. STRIKER:

What does it mean to have the coming back to your hometown this year?

DR. PAI COLE:

Oh, my God. I get to showcase my home to the membership and I'm involved in leading it. It's it's just unbelievably fortuitous. And it's been an interesting opportunity because Dr. Champeau, the president, is also from San Francisco. So we are so looking forward to welcoming everyone here. It has everything that that we want, right? It's an international location in the sense that it's known internationally. There are connections to the SF airport from all over the world. It has a large center, Moscone just been redone. It's a beautiful location. We've toured it with our city contacts and they've shown us an excellent view of what's what's to come. We hope that we've addressed all the safety concerns that people might have about San Francisco. We've definitely engaged with the city to make sure that that is definitely happening. So truly looking forward to welcoming everyone to San Francisco.

DR. STRIKER:

You know, as long as we're talking about location, do you mind telling us just a little bit about how the locations are chosen for the many of us know that it's done well ahead of time. If you don't mind, give us a little insight.

DR. PAI COLE:

Yeah, absolutely. So, you know, of course, when you book locations, if you have dates, it's best to make it as far in advance as possible. So it's a 5 to 10 year process in which these locations are chosen. Looking for logistics. The convention center capacity for anesthesiology has to be able to fit 12 to 15,000 attendees. It has to have convention
center space layout for 12 tracks and workshops all happening concurrently, have the capacity to host 6000 hotel rooms if the city doesn't have 6000 hotel rooms, which are easily accessible to the convention center, then it's a no go, a cost and value of the contract with the convention center and how the hotel sort of you know, work with us as the Asa and San Francisco has been so welcoming not just to us, but to all societies looking to host there. We need to have airlift capacity not just for domestic but like from all over the world. And then there has to be something to do once the meeting is done so that people can decompress and sort of network in a friendly environment, restaurant capacity, things to do such as, you know, whether it's outdoors, hiking or sitting on the beach. Even though the San Francisco beaches are cold, actually all of California’s. Museums and cultural attractions, that's another thing that we look at. If you can't find things to do once the meeting is done, people are less likely to come is what we've seen. We always have certain venues that are our standards, like San Diego and Boston, but then we will be trying out some new locations next year. Philadelphia's one San Antonio to come, Denver coming up as well. Just based on how they've made changes to convention center capacity and the surrounding area.

DR. STRIKER:

Excellent. Well, have a few more questions about this year's meeting and what the committee is up to. So stay with us for a short break.

(SOUNDBITE OF MUSIC)

DR. JEFF GREENE:

Hi, this is Dr. Jeff Green with the Patient Safety Editorial Board. The inter-hospital transport of patients can be risky, but most complications are avoidable with planning, preparation and safety checks. Ensure an anesthesia face mask is available and be prepared for the possibility of manual ventilation during transport by threading the oxygen tubing through the hole in the mask to ensure it is included during transport of an intubated patient should an inadvertent extubation occur. And assuming the patient is an easy mask, it might be preferable to mask ventilate the patient with a 100% oxygen until conditions are appropriate for urgent re intubation. Some even consider having a supraglottic airway device and keeping emergency medications readily available. Don't forget a mask before embarking on transport. This simple tip may save your patient's life.

VOICE OVER:

For more information on patient safety, visit asahq.org/patientsafety22.
DR. STRIKER:

Well, Dr. Suresh, you mentioned speakers earlier. How does the committee decide on speakers? Not only the keynote speakers, but also the rank and file who are presenting at all the sessions that everybody attends. How is that done?

DR. SURESH:

So the keynote speaker is chosen in collaboration with the AMOC as well as the executive committee and oftentimes the president this year, Mike Champeau has a fair number of discussions with Dr. Pai Cole on choosing. So this year, Siddhartha, who's going to be talking about the future of medicine, he talks about artificial intelligence in medicine, both in diagnostics as well as in cellular therapies. He's a riveting speaker. He's a good storyteller. So we try to kick off the meeting with a keynote speaker who can reach out to everybody in the audience, which happened last year, too.

Regarding the rest, there are several named lectures, several of them which are nominated by committees. But the most important thing is, is it's very egalitarian. They do allow individuals to submit their proposals. It doesn't matter who you are or how well known you are. If you put together a proposal that will be applicable for all audiences. That's what we're looking for.

And the committee goes through a pretty rigorous process on how to pick the session. But mostly we have 12 track chairs, the 12 track chairs along with their subcommittee. They are the content experts. You know, I'm a pediatric anesthesiologist. I really am not a content expert on geriatric anesthesia. But on the other hand, I rely on these track chairs and they pick the best of the best or the best. And who they think will draw the most audience. And that's how, you know, we're fairly successful in bringing on people from across the globe to be part of this meeting.

DR. STRIKER:

Well, Dr. PAI COLE, do you mind talking a little bit about session selection? What goes into selecting a good session?

DR. PAI COLE:

So ASA is a society that which is different from all other societies in that it encourages the membership to submit sessions. Submission process, so we want the material truly to be from the people, for the people, if you will. So the site for submissions opens in
August or so and then it remains open all the way till December. And so for 2024 meeting, for example, the site will open this year in 2023 August and then it'll close in in December. So that's the first move. The second move would be to have these submissions reviewed by the committees and then finally by the track chairs, who are the content experts on these materials. And then the top ranking from all the tracks are then shared with us and we get together. This is an in-person meeting where we sit in a big room and we have two screens and we basically plot out the sessions from, you know, 730 in the morning till 430 in the afternoon. And in each of the time slots, we want to make sure that there's no overlap from any one specialty, just so that if an attendee wants to go to all the critical care sessions for the day, then they have the ability to do so without sort of running into, Oh, what should I pick today kind of thing. So there's no overlap there.

Um, other than that, we've also focused on based on just emerging trends and the survey we were talking about things that are really important to our membership include diversity, of course, workforce shortages, medication shortages, opioid use disorder, which remains a big, big problem. Maternal health issues that have sort of come up in recent times. All of these things we want to make sure that these are covered in the various tracks. Something that that's a hot topic currently is artificial intelligence, which definitely is going to be interesting to see how it sort of lands in medicine in general and how these algorithms will have to be tweaked, if you will, based on human intelligence. Of course, there will be other tracks such as leadership tracks and research tracks. But but I hope I've given you a somewhat of an overview of what goes into session selection.

DR. STRIKER:

Yeah, certainly. If I'm not mistaken, it's 12 clinical tracks again this year? Correct. Is that right? Okay, gotcha.

DR. PAI COLE:

And and not to forget the virtual track, which is its own thing for someone that can't attend. So the virtual track has 43 CMEs that are attached to it. And that includes not just the special sessions, but also the sessions, 20 other sessions that will be recorded in the same room, actually. And these are like highly sought after, relevant cutting-edge sessions, which we've sort of ensured that our virtual only audience will also be privy to. So that would be our third team, if you will.

DR. STRIKER:
Okay. Well, Dr. Suresh, you know, it brings up a question I have about the annual meeting in general. The times I have heard people say they don't want to go to the meeting. I feel like the vast majority of those times the complaint is it's just too big. If somebody was attending the meeting, that's not as well versed with how the sessions work or how the tracks work or how it's all put together. Maybe a first time attendee, whether it's a junior attending or a resident or somebody that just hasn't been there in a long time. What do you suggest or what are some tips for that person how to navigate this whole meeting? Like, are there things they shouldn't miss? What's the resource they should go to to plan this out? That to maybe make it less daunting? Do you have any thoughts on that?

DR. SURESH:

Yeah, we color code everything. So, you know, if somebody wants a specific area--pediatrics or OB--they can choose whatever they want. But besides that, we have hot topics and these hot topics, we deal with current issues that are important for all anesthesiologists: medication shortage, post-COVID syndrome, workforce trends. I mean, what is happening with this workforce shortage? The whole issue with opioid use disorder. Anesthesia outside the operating room has become about 30 to 40% of most people's businesses. How do you conduct this in the most efficient, effective manner? What are we doing to protect maternal health? And most important of all is we're looking at issues regarding diversity, not just being provider of diversity, but how do we get to population that are diverse. In addition, how do you engage groups? One of the things that we do, and part of the AMOC's charge is certain areas we peg for residents, for medical students, early career physicians. So we have an opportunity to give them highlighted spots on the program where, for example, you know, if I were a resident, there are certain lectures that we think will definitely appeal to them for two reasons. Number one, it will help them with their whole training process, will help them taking their exams, etcetera. Second thing is we have enough people around from the ASA offices that can guide people through where they need to go. And you know, the app is very usable, user friendly, and, you know, every day the ASA will also send out a messages to all of the participants to tell them what are the pivotal lectures that will be happening that day.

DR. STRIKER:

Yeah, there's so many resources to draw upon. I certainly think the app has made a big difference. It's convenient and extremely helpful from day to day. You know, the ASA annual meeting because it's so large and there's there's such a wealth of information and expertise there that people that go there that maybe aren't used to navigating the specific sessions, you have to look at it more like a large menu and you can pick and
choose what you want, but it's not the type of conference where you're going to go and see everything. It's not like the typical subspecialty weekend conferences where you have the mainline track for everybody. Do you think that's fair?

DR. SURESH:

Yeah, that's a fair assumption. The only added advantage that I would say in going to the ASA is you talk about the who's who in the world of anesthesia, and these folks are all easily approachable. So someone wants to go to a session, say, on hemorrhage after a cesarean section. I mean, they are sitting there talking to the world’s expert on this, trying to understand what their thoughts are. So there are opportunities. And again, I think two parts to this. One is it can be tailored to the individual needs, but at the same time, there's enough people there that can help individuals if they are finding it hard to navigate.

DR. STRIKER:

Great point. There is an inherent value in an in-person meeting of this size with colleagues from all over the world that share similar expertise and desire for for knowledge on certain topics.

DR. SURESH:

Absolutely.

DR. STRIKER:

Well, let's talk about the exhibit hall. This is probably the most interesting part of the meeting. Some people would call it the center of the action. Dr. Paid Cole, what is planned for this year's exhibit? Hall This has changed over the years. It's evolved over time. Why don't you give our listeners a little bit of highlights about what the exhibit hall will entail this year and and what goes into planning that?

DR. PAI COLE:

Yeah, absolutely. So the exhibit hall used to be a place for our exhibitors to sort of showcase their products and people would walk through and that was sort of it. But it has evolved into over time, and just from looking at how other meetings are being held and how people are yearning for places to meet up with colleagues and have networking events and then, you know, have some hands on learning and things like that. So the exhibit hall has become the hub, if you will. And so it has not only center
stage where we will be offering some dynamic sessions, these will not be CME eligible because either the presenters have conflicts or it's just meant to sort of whet the appetite of attendees. It'll also have a meet up lounge, an area where you can sort of meet your mentee or mentor and have a conversation face to face. There'll be some hands on learning experience as well by looking at the various things that the exhibitors have to offer. There's a resource center which is the booth, along with other societies, provide booths there too, whether it's, you know, you're looking for locums jobs or something like that that's also available there. And this year what's going to be new is a career hub. So ASA has typically offered headshots in prior years. This year we've decided to put everything together in one place in the exhibit hall. And so this career hub is really exciting because it will feature not only a photographer that will be able to take your headshots for you to use in CVS and other professional engagements, they'll also be a CV review session. So if you're looking to get promoted and you're sort of wanting to see where you stand with your colleagues in your stage of career, this is a place where you can have your CV reviewed as well. So all the things again, that the ASA already does really well, but it's just going to be in one location now so that there'll be a lot of, you know, idea sharing as well as people to meet when you go to the ASA.

DR. STRIKER:

Okay. Well, let's talk about our younger staff, our residents or trainees who think we would all agree are the future of the specialty. And I know last year there was a significantly strong presence of residents and that was just wonderful to see. What are we doing this year to expound upon that and try to take advantage of that interest and cater to that cohort, if you will—the anesthesiologists that are in their early stages. What can early career anesthesiologists expect from Anesthesiology 2023?

DR. SURESH:

So a couple of things. We've always promoted medical students and residents coming to this meeting. I think we had about 5000 medical students and residents. And as you can see, our match this year was 100%. I mean, every spot in anesthesia was filled partly because of the interest that people have had. So a few things that we've done for residents besides helping them with the career fair, etcetera, is also the AMOC works very hard, creating a track for residents, i.e. a bunch of lectures. Et cetera, which will be helpful for them along with the medical students. I did this the year before and Sheila has done this for this year. We work with the chair of the resident component to kind of figure out what exactly their needs are, and we try to work around their needs rather than looking at what we can offer. So it becomes a more of a collaborative effort to ensure that we address their specific needs.
The second thing I think the leadership in the ASA has done something remarkable which will attract some of the early career folks. They have an early career membership program which includes pre-registration into one annual meeting and one to the advanced meeting. And this this is actually clearly beneficial for the new folks who are just going either into private practice or even in academic medicine where they are not sure that they will be supported to go to these meetings.

The other thing is the unique needs of, say, the young physician scientists, you know, how do you review an abstract? How do you write an abstract? How do you write a manuscript? Can we help you in developing your skills for a manuscript? Last year, the reception that we held for the residents, I think there wasn't even standing room. It was so packed, you recall, right?

DR. STRIKER:

Yep.

DR. SURESH:

There was no space there. So it was incredibly well attended and the thought leaders in anesthesia were all there. So that networking opportunity has been incredible. The last few chairs of the resident committees that I spoke to, all of them said, Oh, we came to the ASA and we had four jobs by the time we left. So it's an incredible opportunity for these young folks to get connected with everybody in the country.

DR. STRIKER:

That's wonderful. It's great to hear. It's got to be so demonstrative of the value of the ASA to our younger physicians when they can go and actually tangibly feel and see the benefits of membership in the society.

DR. SURESH:

Exactly.

DR. STRIKER:

Well, before I let you both go, let's leave our listeners with maybe 1 or 2 things that each of you is most excited about for for the upcoming event in October. Dr. Pai Cole, let's start with you.
DR. PAI COLE:

I'm truly looking forward to hearing Dr. Siddhartha Mukherjee give the keynote speech. Someone I have looked up to. He has very similar backgrounds in terms of being an immigrant from India and then settling and making New York, I think, his new home. And then and also the mentoring and sponsorship opportunities, because I do believe that we as leaders need to give back to the next generation or pay it forward, if you will, for all the mentorship that we've received. So those are the two things that I'm looking forward to.

DR. SURESH:

For me, the best part about the ASA is meeting all my friends from all over the world, my collaborators. I mean every collaborative research that I've done in my life has been centered around sitting at a coffee at the ASA and discussing with folks. As Sheila said, what we are trying to do is give back. Now it's time for us to sit there, buy the coffee, and let some of the young folks get on to the next stage in their career. That is the most exciting part about it.

Other than that, you know, there are times that I just go and sit and listen to an OB lecture. I'm just amazed at the talent that we have. I'm just amazed sitting there listening to some of these young speakers and the way they carry themselves, the important information that they are giving out there. And that's the exciting part about this. Look at the talent that we have. Look at the people that we have. Look at how much anesthesia is doing for health care for individuals. So that is the most exciting part about the ASA.

DR. STRIKER:

Sign me up. I want to go.

DR. SURESH:

You are on, my friend.

DR. STRIKER:

I really am excited for this year's meeting. It sounds wonderful. I know so many of the staff put so much time and effort into planning this. It's a wonderful meeting. It's a big meeting. It's well done and I always find it incredibly valuable.
Thank you both for joining me to discuss this and look forward to seeing both of you at the meeting.

For our listeners, if you want to register, registration is open now. You can get started at asahq.org/annualmeeting. Thanks again for tuning in to this episode of Central Line. Tune in again next time. Take care.

(SOUNDBITE OF MUSIC)

VOICE OVER:

The ANESTHESIOLOGY annual meeting is headed to San Francisco. Register for the best learning Opportunity of the year at asahq.org/annualmeeting.

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