



American Society of  
**Anesthesiologists™**

Central Line  
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VOICE OVER:

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

DR. ADAM STRIKER:

Welcome to Central Line. I'm Dr. Adam Striker your editor and host. And today I'm joined by Drs. Gary Schwartz and Barbara Orlando, both fellows of the American Society of Anesthesiologists. As chance would have it, that is the discussion topic for today, the FASA credential. Thanks to you both for joining us.

DR. GARY SCHWARTZ:

Thank you for having us.

DR. BARBARA ORLANDO:

Thank you for having us.

DR. STRIKER:

Yeah, absolutely. Well, let's, let's start at the beginning and we'll start with you, Dr. Schwartz. Let's explain to our listeners what is FASA and do you think most of our listeners are familiar with the credential?

DR. SCHWARTZ:

So a FASA is the fellow of the American Society of Anesthesiologists. It's the ASA, the American Society of Anesthesiologists, highest acknowledgment, and that recognizes years of dedication to education, leadership, and commitment to the specialty of anesthesiology. I think it's a very important. I think it's a prestigious honor. And it really demonstrates the anesthesiologist's commitment to advancing the practice of anesthesiology and most importantly, just securing the future of anesthesiology.

DR. STRIKER:

Well, I wanted to ask you both why you wanted those four letters after your name. Before you became a fellow, what did you expect to get from the credential? And Dr. Orlando, let's start with you.

DR. BARBARA ORLANDO:

So, as my accent is giving it away, I was not born in the U.S. and I did a lot of my training in France. And when I arrived here, I had to retrain. And I think the way I arrived into the ASA was by having to do a lot of work on the way I was handling my family, because I was way older than the average residents. And I started getting involved with ASA as soon as I was a resident and then as an attending. And I wanted to really get involved in committees because I felt that that was kind of a recognition of the hard work I had put in to become a physician here. And as I got more years as an attending, I noticed that my involvement in committees was a recognition, but also was a very important work to help the other residents and young attendings to be more involved and to do more things for the community. And I think having those four letters was really the achievement of what I had been through throughout my life. And I'm very proud of it.

DR. STRIKER:

And Dr. Schwartz, how about you?

DR. SCHWARTZ:

I agree with Dr. Orlando completely. We know anesthesiologists are some of the strongest advocates for patient safety in the whole House of Medicine. We know the ASA stands for advocacy, leadership and scholarship. And becoming a FASA was the ASA's highest honor just to show our commitment to the field, our contribution to learning, and the future of anesthesiology. And it was just important for me to obtain this recognition for all the hard work that all the volunteers, the physician anesthesiologists. It recognizes our expertise and just the sustainability of the practice of anesthesiology and the specialty.

DR. STRIKER:

Just to delve into it a little bit more, why is it so important to demonstrate this value and knowledge and your skills to others with this designation?

DR. SCHWARTZ:

I think one to our peers just so they can get more active in the ASA, but also to our patients. Not every patient knows what a physician anesthesiologist is, what they do, our level of expertise, our training, our role in research and just patient safety. So in my pain office and in the operating room, I've had patients ask what it stands for and I get to explain it to them so they know what a physician anesthesiologist does. What am I there to do, how their safety is my number one priority. So it piques the interest of my patients. So I get to explain our specialty and what we do.

DR. ORLANDO:

I totally agree. This is really important for our patients in term of patient safety, but also to our other colleagues, because as an OB anesthesiologist, I work very closely with nursing team and OB team, and I think it's really essential to establish ourselves as the guardian of patient safety and to establish the knowledge we have. Because very often, as Dr. Schwartz said, a lot of people, even in the medical community, feel that anesthesiologist is kind of a specialty a little bit on the side. So I really believe it's so important to have strong knowledge, strong bases in society that are nationally and internationally recognized. And it makes a big difference I believe in the interaction you can have with those teams.

DR. SCHWARTZ:

And in the age of social media, to kind of parlay in what Dr. Orlando says, we all have like the memes of the anesthesiologist sitting on the chair or the Sudoku or sitting on their phone. It really advocates us as the champion of patient safety, which I think is important to get the word out to our patients, our politicians, and just our other specialists in the medical field, nursing, etc.

DR. STRIKER:

Well, let me ask you both. The organization's obviously been around a long time, but compared to some other organizations, we have not had this designation for the Society for Anesthesiologists until recently, relatively. Do you know why that was the case?

DR. SCHWARTZ:

I don't think anything pushed for it. I know some of the leadership were pushing for it in in the early 2010s and it finally came to light in 2017. As you alluded to, Adam, that we were one of the few specialties without the whole alphabet after our name. And I think

people in leadership wanted anesthesiologists to be seen and show excellence just as much as our other physician colleagues for the work that we do.

DR. STRIKER:

Do you think that has something to do with what Dr. Orlando just mentioned, which is that sometimes, historically, we were a specialty that has kind of gone under the radar, if you will, certainly with the public, if not with some of our other physician colleagues.

DR. SCHWARTZ:

Oh, I think for both. I think in hospitals, I think in the public politically, and I think the ASA has always tried to do a good job. And with your leadership on some of the committees, on on communications, etc., and this podcast, to get it out not just to our members but also to the public, that we are the champions of safety. We advocate this, we do a lot of research. Our goal is to promote the specialty, and I think this is an important step in that role.

DR. ORLANDO:

I just wanted to add also, I think there's a progression in the anesthesia specialty here. In Europe, we are very much involved as the main provider of all the very opera trois period. We do the pre, we do the intra, and we do the post. And we are really the one taking care for the patient in all aspects. We do our pre ops, our clearance, we follow the patient in during the surgery and then we follow them post post op, which really gives us a lot of value in the eye of the patient and the eye of the other physician. And I think in US, at some point, we had lost that. And we are trying to regain it by being way more involved in the whole peri trois care of patients ... to things in OB anesthesia. That's also what we try to do more and more. So I think that might also correspond to a progression in how we see our specialty as not only service provider, but more real physician taking care of our patients. I think we are regaining what we should never have given up is our role as physician who can really take care of a patient from beginning to end. With all the knowledge and the quality of care we can bring to it.

DR. STRIKER:

No, absolutely. And let's start with you, Dr. Orlando. Has this met your expectations, having that designation? Specifically how it influences how others see you?

DR. ORLANDO:

So actually it's interesting because I was in an executive leadership meeting course, training on Tuesday, and it turned out that one of the aspect of that course was media relationship. And someone from the media for the hospital was telling us that if we do any podcast or anything like that, we should really let them know. So of course, since I had a podcast with you, I disclosed it to the media person who was there and she was like, Oh my God, but that's amazing. We should definitely advertise on the hospital website. You should contact that person who is in charge of this, this group sees all the news that are pertinent to the physician staff in the hospital. And she was like, This way you can be displayed in those scopes. It's great. And I'm very proud of it. But I didn't realize how much people do care for those designation. Really. For me, that designation is is a personal pride. I know that people look at it and my colleagues are probably very proud also, but it's mostly for me that I was proud. But I realize that apparently it does trigger some very nice behavior with other people.

DR. STRIKER:

Dr. Schwartz, how about you?

DR. SCHWARTZ:

I agree completely. I did it originally just for personal pride as a side. I do chair the FASA subcommittee, so I do review along with my physician volunteers on the membership committee, help review a lot of the applications. So I originally did it for personal pride. I am still very proud of it. But as I was reviewing different applications and I look at different academic and private groups sites, they actually advertise it. Like some of the departments of the academic departments will advertise how many of their members have earned this distinguished designation. On the ASA website every month, they always acknowledge all the new fellows. So I just did it originally personally. But just like Dr. Orlando said, other people appreciate the designation. It's also been nice when patients or nurses or other specialties ask what it is so they can just learn and appreciate more of what our specialty does.

DR. STRIKER:

I imagine there's still a little bit of misunderstanding about the role of us as members of the American Society of Anesthesiologists and that everything we do for the society is voluntary.

DR. SCHWARTZ:

Well, I think it's voluntary in terms of that we do not get any monetary value on it. But I think the future of our specialties and subspecialties are paramount, not just for our careers and the careers of our colleagues, but most likely we will be patients at some point if we had to play the odds. So we want to make sure that physician anesthesiologists have a role in patient safety going forward. It's in ourselves, in our own best interests.

DR. STRIKER:

Yeah, like certainly necessary. But also, what I wanted to emphasize was the fact that really the society is made up of members who are volunteering their time for the betterment of the specialty and the organization.

DR. SCHWARTZ:

Oh no, it is completely voluntary. That's how we are here. They're providing the zoom for us, which is quite nice. And some of the administration. But I believe all three of us have fulfilled our clinical duties today. We have our familial duties as well. And this is in between. The whole meeting--obviously, the assay staff does a great job of organizing everything--but all the lectures, all the work is the physician, anesthesiologist, voluntary time, along with the ASA staff. We would not be able to do this, but there's a lot of time going into fighting for our specialty.

DR. ORLANDO:

The monetary aspect is really not the only thing that really we should look at when you do something at work. Yes, of course. It's nice to be retributed for the hard work you do, but I think there's also a different type of retribution and that that falls into it. The work you do separately for committees, society like ASA, you know you'll get payback not in money but in other kind of retribution, which can be just an honor like becoming a FASA member or getting to get in touch with people who are going to help you with the research you want to do or advocating for something you really care for. I have done a lot of wellness and I'm part of the wellness committee, and that's really something that for me is important. Now I had to gear to take a different direction with the new job that I had, but I'm still very involved in wellness and patient care and safety model safety. So yes, money is one thing, but this is really not like the goal here. I think the goal is more on a different level.

DR. SCHWARTZ:

I agree. The FASA designation is also a way to acknowledge the hard work our volunteer physician anesthesiologists do for the society. Like on your wellness committee, you've put a lot of work of your free time in for the wellness and advocating for the physician anesthesiologists in our specialty. So it's one designation to help recognize all your hard work for the specialty.

DR. ORLANDO:

Correct. That's true.

DR. STRIKER:

Yeah. Certainly. The voluntary aspect, the reason I wanted to emphasize it is because I want our listeners to understand--I'm sure the vast majority of our listeners know this--but especially younger physicians, maybe or physicians in training may not understand that to sustain the society, to sustain professional involvement, it does take volunteers for the betterment of the specialty. And as Dr. Orlando pointed out, it has its own rewards. I just wanted to throw that out there for people that may not think about it and may not be as involved, but understand that decisions that are made, guidelines that are put forth out of committees, these are all done by fellow physician anesthesiologist, colleagues.

DR. SCHWARTZ:

And I think that brings up one misconception. To be a FASA or to move along with the society, you don't have to be a chair of a department. You don't have to be an ASA member of 25 years or run a clinical department to, number one, be a FASA or to, two, get involved in an ASA committee, you volunteer, you show interest, and people always appreciate hard work. But you do not have to be practicing for decades and decades to receive this designation.

DR. STRIKER:

Absolutely. Well stated. Have there been benefits you didn't expect things that have surprised you?

DR. SCHWARTZ:

One that I didn't expect is that people ask about it and now I'm more used to it because I've had this for a while. But people in my department, patients. It also showed my department as I was more junior attending, that I had leadership goals, expectations,

and also criteria to move up in my own career. Because everyone has their own little departmental politics and the different advancement either in your private group or your academic department. And this is something that I was able to do outside of it. So my group appreciated the hard work and realized that I had expectations and also acknowledgement from the ASA that I could bring the group even more than I do.

DR. STRIKER:

Dr. Orlando, you mentioned before how the organization wanted to put the podcast episode on or advertise that, but is there anything, anything else that comes to mind about you getting the FASA designation?

DR. ORLANDO:

I mean, I was I was surprised by my my family. My kids were very, very proud. And I was surprised by their enthusiasm and their pride. And they were like, Oh, mom, that's so great. You did an amazing job. We're so proud of you. Everybody was really proud. And I wasn't really expecting it because I was like, they probably not going to notice anything, but they did. So that was that was also very nice.

DR. STRIKER:

Excellent. Well, I certainly have more questions for both of you, including some of the specifics of earning the FASA designation. So if you don't mind sticking with me through this short patient safety break, that'd be great.

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DR. JONATHAN COHEN:

Hi, this is Dr. Jonathan Cohen with the ASA Patient Safety Editorial Board. Mitigated Speech and incivility can both have negative consequences on team performance. In times of urgency, health care professionals should voice a concern at least twice to ensure it's been heard using an increasing level of respectful assertiveness. One tool for using graded assertiveness is to use cuss words. First, state your concern. If the message is not received, explain why you are uncomfortable with the situation. Finally, announce that there is a safety issue. Other acronyms for graded assertiveness exist, but whatever method you choose should be universally used at your institution so that the team gets accustomed to the signal words and understands their use indicates that there is a serious safety concern that must be addressed. Being as direct as possible,

while remaining respectful is the key to successfully communicating a threat to patient safety.

VOICE OVER:

For more information on patient safety, visit [asahq.org/patientsafet22](http://asahq.org/patientsafet22).

DR. STRIKER:

Well, we're back with Dr. Schwartz and Orlando to talk about the FASA designation. And Dr. Schwartz, let's start with you on this question, if you don't mind. Explain to our listeners what's involved in earning the FASA designation.

DR. SCHWARTZ:

So there's eligibility criteria for the FASA designation. It's on the AsA website. If it's [www.asahq.org/member-centerfasa](http://www.asahq.org/member-centerfasa) or if you just search the ASA website for F.A.S.A. It has it all there and it's a pretty easy application. Some basic eligibility criteria. So five years continuous ASA active membership, five years of the ASA active component membership, which kind of is tied and tied. Unfortunately, the resident category does not count. But the new ASA young attending membership does. Unrestricted medical license. Board certified by the American Board of Anesthesiology or American Osteopathic Board of Anesthesiology. You need a to names and emails of active ASA members in good standing for letters of recommendations, a CV, application fee only one time of \$350, and you must meet six qualifications.

There's three different categories: professionalism, leadership, advocacy and education. Scholarly activity. You need at least one from the three, and it's pretty easy. Most anesthesiologists would be able to, so either a local leadership position, a hospital leadership position, military or government, any sort of medical volunteerism. That's all becomes under the professionalism, leadership advocacy. So that is attending the ASA Legislative Conference Active Participation ASA Advocate. See efforts like the big VA campaign, the VA campaign, donating to the PAC, any active participation in that. And then education, scholarly activity. Any research, teaching, mentoring, being a board examiner, editor for a publication, MOCA participation. I believe most of our members, and that's the goal, is that most people are engaged with the ASA and want to become faster members because most of us would qualify after a certain amount of time.

DR. STRIKER:

Yeah. And Dr. Orlando, tell us a little bit about your experience earning the designation.

DR. ORLANDO:

I felt the process was very easy, especially in my recent position, I've had to update my resume and make sure that everything was well organized and added to it. So all the information that was requested by the application, I had them at hand very easily. And finding two members were active ASA member was really not an issue. So I felt it was a very easy and very self-explanatory application system. And then we got the answer in a fairly quick turnover. Personally, I found it very easy to apply to it.

DR. SCHWARZ:

Yeah. And this is the one time I want to give the shout out to the ASA staff. I know Mike Alisch and his team, they do a wonderful job organizing the information, talking to the component societies, double checking all the records on the CV, so the FASA subcommittee and the membership committee could get this information out. We've tried to make a process that's foolproof and very easy to do for the applicant and for the two letter writers. And just so everyone knows, the letters don't have to be like a multi paragraph, like you're looking for a promotion. It could just be a simple few lines that everything is correct in your application and you believe that the designee is deserving of this designation.

DR. STRIKER:

I remember when this started, when some of us that first applied back when this was available, not only the application process--found it to be fairly straightforward--but the criteria to be such that I didn't need to do anything extra. It was already things that I had already done. And I imagine that's the case for a lot of our members that just wanting to be involved and being active in some fashion will sufficiently fulfill the criteria that that you already outlined.

Let's talk about some misconceptions or misunderstandings about FASA. Dr. Schwartz, are there any misunderstandings or things that you'd like to talk about that you feel people do not understand properly about this designation?

DR. SCHWARTZ:

I think people think that it's just letters after the name, which it's not. It's just showing your expertise and your leadership for the field of anesthesiology and the American Society of Anesthesiologists. It shows that you want to get and stay involved with the ASA. It helps your hospital group in that you show leadership to other departments. It is

a one-time fee just for the application process, just to build out this whole platform and to take the time to look at all the information. And you keep your FASA designation as long as you're an active ASA member. You don't have to apply every year. As long as you maintain your active ASA membership, you remain a fellow of the American Society of the Anesthesiologists once you obtain it, which is pretty easy to do. You do not have to apply yearly. You do not have to recredential. It's very easy to maintain and it is very easy to apply. It's not onerous. I believe yourself and Dr. Orlando already brought this up. Most people have their CVs in place. It's very easy to fill out the information online. The whole process easily takes less than an hour to fill out.

DR. STRIKER:

And Dr. Orlando, what advice do you have for anesthesiologists that are not sure about moving forward with trying to earn their FASA designation?

DR. ORLANDO:

So I was surprised by the low number of people I know who would totally qualify for that, who applied for it. I think a lot of people do not know what exactly that entails and a lot of people have a misconception on how you can obtain that designation. They think that it's much more complicated than it actually is. So within my division, I can say there's at least four other people who could totally apply for that designation. And as a matter of fact, now that I'm thinking about it, I'm going to send a text to all of them and tell them to apply for it. But it's interesting because I think it's not advertised enough among our community.

DR. STRIKER:

What do you think the reason is? The ones you were talking about? Is it just that maybe they don't know what it is, they're not sure about it or they haven't heard of it? Or is there some other hesitation?

DR. ORLANDO:

I think most people have heard of it. I think they just they have a preconceived idea. And I was a little bit like that. In my mind, it was it was more like an achievement you get toward the end of your career. That was my misconception. And I think maybe a lot of people have the same. You don't need to be ready to retire to apply for that designation. I think that's probably one of the main misconceptions. I don't think it was just me. I think might be how people perceive that designation.

DR. STRIKER:

So good segue for this next question, which is what do you want to leave the anesthesia community with an understanding of regarding the FASA, or what would be the key take home point about?

DR. SCHWARTZ:

I think the key take home is it's not a lifetime achievement award. Really. You can apply for this if you're five years out of residency and you meet all the criteria. And I bet the majority of people will. It's not an onerous application. It could help forward your career as it's a different sort of leadership promotion, let's say, earlier in your career that you could use for further promotion. It's very easy. It's a designation that you earn and it shows not only your colleagues, but other people in the medical field that you have worked hard for a specialty designation and that you are improving the specialty of anesthesiology.

DR. STRIKER:

Well, I think we've done a pretty good job of summarizing the designation, but but also articulating why it's important, the value, and also the probably the straightforward process that's involved. It's been a really insightful conversation. So thank you both for joining me today to talk about it.

DR. SCHWARTZ:

Thank you so much, Adam, for having us and all you do for the specialty and society.

DR. ORLANDO:

Thank you for having us. It was really a pleasure.

DR. STRIKER:

Well, thanks again to both of you. And thank you to our listeners for tuning in to this episode of Central Line. Please tell colleague about the podcast if you find it interesting or useful or entertaining, and don't hesitate to leave a review on on your favorite podcast platform. And certainly please tune in again next time. Take care.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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