As attendees of the Annual Meeting and regular readers of the Monitor (both of which I highly recommend) are doubtlessly aware, the American Society of Anesthesiologists (ASA) is an organization that covers a tremendous amount of ground in terms of research, education, philanthropy, and advocacy. At first glance, the scope of the ASA can seem overwhelming, and residents interested in getting more involved have difficulty knowing exactly where and how to do so.

In brief, the business of the ASA occurs in a bottom up fashion. Individual committees, which usually comprise ~10-20 individuals, handle specific issues, and each of these committees falls within the purview of one of four headings: Administrative Affairs, Professional Affairs, Scientific Affairs, and Finance. Each of these four, larger areas is overseen by a Reference Committee. The committees file reports that are then considered by the appropriate Reference Committee, in an open hearing at which any ASA Member can contribute testimony. The Reference Committee then makes a recommendation on each report—which, to list but a few options, can range from an update to new Practice Guidelines to approval of a new educational expenditure—to the House of Delegates, which votes on the final day of the annual meeting.

I’m happy to report that, for the 2016 Annual Meeting, each Reference Committee—which are comprised of individuals chosen by the ASA President -- included a resident or fellow, and several residents provided testimony at the Reference Committee hearings. The presence of the Resident Component, at every step in the process, was widely noted and commended.

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Resident International Anesthesia Scholarship Program
2017-2018 Open!

The American Society of Anesthesiologists Global Humanitarian Outreach (GHO) committee is pleased to announce the application cycle for the 2017-2018 scholarship program for U.S. The site for the rotation will be a CURE Hospital in Ethiopia, Uganda, Malawi or Kenya or a GHO affiliated site in Rwanda or Guyana. Continued on Page 2.
The ASA Resident Component hopes you will join us in support of our three primary goals:

1. To encourage resident participation in ASA
   - Join ASA and learn about the ASA Resident Component
   - Get involved in the ASA-RC
   - Run for an office on the Resident Component Governing Council
   - Meeting and event information
   - More information

2. To develop experience in organized medicine among young physician leaders
   - Become a leader: ASARC leadership opportunities are available
   - Publish your thoughts: Write a Resident Review article for the ASA Monitor
   - Apply for the Resident Research Essay Contest
   - More information

3. To improve resident awareness of the ASA’s role in the evolution of the specialty of anesthesiology
   - View information on residency and fellowship opportunities
   - Discover a wealth of resident resources and links
   - Learn about the ASAPAC and help increase your program’s participation
   - Single Graduate Medical Education Accreditation System
   - More information

Dr. Plagenhoef, ASA President, addresses residents and medical students during the reception Friday evening.

GET INVOLVED, PARTICIPATE!
(Continued from previous page)

So, back to the original question—how can an individual resident be more involved? In addition to serving as a Resident Delegate from your state and providing testimony on items of interest at a Reference Committee hearing, residents are able (and encouraged!) to nominate themselves for appointment to one of the individual committees.

A full list of committees is available at this link:
https://www.asahq.org/about-asa/governance-and-committees/asa-committees

Committees are a fantastic way to get involved in an area of your choosing, learn a little bit more about the subject, make great personal connections with your current and future colleagues, and take advantage of everything the ASA has to offer. The nomination window runs from November 15th to January 15th; resident applicants are quite favorably looked upon, so find an area of interest and go for it!

Douglas Hale McMichael, M.D.

Northwestern University - Feinberg School of Medicine
Chief Resident, CA-3, Department of Anesthesiology
American Society of Anesthesiologists
Resident Component President

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Residents will have the opportunity to experience the challenges of delivering safe anesthesia in a low-resource, underserved area in a developing country as well as participate in the training and education of local anesthesia providers. With appropriate planning, the resident will be eligible to receive ABA credit. Covered expenses include travel, lodging, meals, visa, vaccinations and medical insurance.

Application requirements and details:
- CA 2 residents w/ pediatric experience
- Resident in good standing
- Letter of motivation, letter of support from Program Director, CV and one additional letter of recommendation

First available month for the rotation is September 2017, start dates flexible based on needs of the home institution.

More info:
www.asahq.org/gho/ghoprograms/scholarship

AMA/ASA Update
Your ASA Delegate and Alternate Delegate to the AMA spent several days working with residents from across the country this past November in order to craft legislative priorities and patient center health policies for the AMA. The Trump Administration will bring a significant amount of change to the Federal Government’s approach to healthcare and the AMA is preparing to work closely with this administration in order to assure the interests of patients and physicians are well represented. The Residents authored a resolution that the medical student and the young physician section mirrored and submitted to the AMA House of Delegates. Continued on Page 3.
Resident Report from the CAS Annual Meeting:
Lauren McLaughlin D.O., PGY 4 Anesthesia, University of Colorado

It was an honor to attend the Canadian Anesthesiologists’ Society Meeting 2016 in Vancouver, British Columbia and I am excited to report on what was an exceptional conference.

Meeting Theme and Issues
The CAS Annual Meeting 2016 theme was "Improving Perioperative Outcomes" and the meeting began with the plenary symposium by Dr. Jacqueline M. Leung, titled “Postoperative Cognitive Dysfunction- Noise or Signals?”. Dr. Leung reviewed the risk factors for POCD in older patients and how anesthetic techniques and management can affect rates of POCD. Despite the meeting being primarily focused on patient safety, there was a strong underlying theme that was presented by Dr. Susan O’Leary, the president of the CAS, titled "The Role of CAS in Anesthesiologists’ Health and Well-Being". This presentation was led by subject-matter experts Dr. Janet Nuth and Dr. Derek Puddester, using a ‘town hall’ approach to engage members in a discussion about physicians’ health and well-being. Many attendees of this symposium were passionate about improving and expanding the current resources available to them. Topics of discussion included how burnout is negatively affecting the profession and mainstream knowledge of physician burnout is creating public concern over patient safety. Attendees were in support of developing one regulatory body, or medical protective association, for the country by uniting the independent provincial associations. It was voiced that CAS could and should be an integral part in supporting Canadian anesthesiologists health and well-being during active practice as well as during physician retirement, which can be a difficult transition for many.

CAS Vancouver 2016
Overall, CAS 2016 was an exceptional meeting. I am very appreciative of the support I received from CAS, the ASA, and my home department at the University of Colorado to help attend and report on this meeting. The CAS supports and sponsors resident involvement in the American and Australian annual meetings and encourages international relationships among resident trainees. I was fortunate enough to have discussed my goal to attend CAS with Dr. Elizabeth Miller (University of Ottawa PGY-4) who was the Canadian representative at the ASA 2015 meeting. The meeting was held at the Vancouver Convention Center which extends over the Pacific ocean, looking across at the North Shore mountains.

Write for the ASA Monitor
We are accepting submissions for the “Resident Review” section of the ASA Monitor. If you are interested in writing an article, please submit the following:
- Topic or possible title of article, and
- Sample paragraph

Potential authors do not need to submit the entire piece, although we will accept full articles as well. Editors of the ASA-RC are happy to help edit and develop ideas if needed. Please visit the ASA website to view the most recently published articles and get a sense of what is published.

Current ASA-RC editors:
- Elena Koepke M.D., M.B.A.
  Senior Editor, ASA-RC
- Cesar, Padilla, M.D.
  Junior Editor, ASA-RC

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This language was adopted by the AMA House and states that the AMA will work hard to assure that any changes to our healthcare system under the new administration will not result in reducing the number of patients covered by insurance. Our residents also brought a resolution to the AMA House in response to the Final DEA Order from October, 2016 announcing that opioid production would be significantly reduced in 2017. This item passed. It ultimately calls for the DEA to be more transparent in its decision making regarding reducing opioid production. The AMA Board of Trustees will now be monitoring this issue closely and will respond swiftly if pain management disparities begin to exacerbate or current pain/oncology patients start to find it difficult to acquire the pain medications that they require.

Michael Lubrano M.D., MPH &
Matthew McNelley M.D.
ASA Resident Component Delegate &
Alternate Delegate to the AMA RFS
During intermissions, attendees could stand next to the floor to ceiling glass walls and peer down into the ocean, watch sea planes come and go, and look over at the famous Stanley Park and Grouse Mountain.

The meeting offered two tracks, resident and main, both of which offered exceptional presentations. A highlight from the resident track included an interactive presentation on POCUS by Dr. Robert Chen from the University of Ottawa Heart Institute. Dr. Chen reviewed the history and use of ultrasound development. He explained why and how ultrasound could be used to quickly assist in obtaining a diagnosis for patients with a variety of medical conditions, especially for trauma, shock, and cardiac patients. Dr. Chen reviewed a large selection of ultrasound pictures, providing different scenarios for the same picture and questioned how the different history or patient presentations would alter our diagnosis and management. He also emphasized the ‘breath hold technique’, which is holding one’s breath while performing an emergent POCUS exam. Once you need to take a breath your exam should be complete, or if you cannot complete your clinical assessment, then you ignore the technology and refocus your attention to immediate patient management. Dr. Chen finished his presentation emphasizing the value of POCUS training in modern clinical environment and encouraging trainees to establish these modules within their own programs. Overall, CAS was very resident centered, encouraging participation with both oral presentations and poster presentations. There was an important focus on resident research, with E-Posters presented in the main exhibit halls.

The main track of presentations were further divided into subspecialties. Each subspecialty track had multiple presentations daily, making it difficult to decide which one to attend. Particularly interesting presentations from the main track included a lecture titled "Pain control in chronic pain patients with substance abuse" by Dr. Annabel Mead from St. Paul's Hospital in Vancouver, BC. She reviewed the treatment goals for these patients, focused on restoring function and decreasing perceived suffering. She discussed the new concept of "Trauma Informed Care" which is to focus on physical and emotional safety while being transparent with treatment goals and limitations at the same time and providing the patient with control by offering treatment choices. At the end of her presentation, she reviewed a number of difficult cases and treatment strategies that have proven effective for these patients. Another interesting presentation was given by Dr. Brendan Carvalho from Stanford University, titled "Cesarean Delivery Pain Management for Breastfeeding Mothers". He gave an exceptional presentation in a standing room only lecture hall, reviewing multiple therapies and their safety profile in regards to absolute infant dose versus relative infant dose. He expressed the importance of good pain control and how adequate analgesia improves breast feeding success. Dr. Carvalho also reviewed placebo versus nocebo induced hyperalgesia during local anesthetic administration for epidural placement.
Social Program:
The meeting had a fantastic social aspect that brought anesthesiologists and trainees together from many parts of the world to network and share stories. The resident section of the meeting opened on Friday evening with a meet and greet hosted by the University of British Columbia residents at a pub located in downtown Vancouver, next to the ocean. The evening was filled with fun and entertaining conversations in a picturesque setting. During the meeting I met and had lunch with Dr. Donald Miller, from the University of Ottawa, who was this year’s recipient of the Gold Medal Award. This is the highest award given by the CAS, recognizing a Canadian anesthesiologist who has made a significant contribution to anesthesia through teaching, research, and professional practice. Vancouver itself provided a breathtaking setting for the meeting, with beaches, the sea wall, temperate rainforest, wonderful sushi, and fun night life for participants to enjoy during their time off. A group of residents were able to make it to the Vancouver Canadians minor league baseball game against the Hillsboro Hops from Portland, Oregon, which the Canadians won 3 to 2.