

Anesthesia Success: Successful Submissions for Anesthesiology 2020 – How to get it right

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Participating in Anesthesiology 2020

What it looks like to participate at the annual meeting for the American Society of Anesthesiologists (Anesthesiology 2019) & How the process works?

There are several opportunities to participate in the annual meeting scheduled for Anesthesiology 2020 scheduled for **October 3-7, 2020**. Most everything can be found on the website – The general session site for submissions is now open with descriptions of all sessions.

Submissions are open to ASA Members and include Refresher Course Lectures, Panels, Point-Counterpoints, Clinical Forums, Snap-Talks, Workshops, and Interactive Tutorials. The annual meeting oversight committee (AMOC) encourages faculty new to presenting at the ASA to participate in Snap-Talks with individuals from other institutions. The AMOC likes to see diversity of educational backgrounds, nationality, and institutions.

I have included links with instructions for submission, deadlines, and information as the AMOC confirms the theme for the meeting. The most important and pressing deadline is November 15th 2019 for RCLs, Panels, Point-Counterpoints, Clinical Forums, Snap Talks, Workshops and Interactive Tutorials.

Link: <https://www.asahq.org/annualmeeting/education/submissions> [asahq.org]

All submissions should include relevant specific patient safety information, practice guidelines and standards, and radiologic and other imaging with ultrasound guidance, relevant to the topics provided by their tracks. **All submissions should also address issues regarding improvements in long term patient outcomes specific to their track.** General patient safety topics should be directed to the Professional Issues track.

The clinical tracks or areas for submission include the following:

- Ambulatory anesthesia
- Cardiac anesthesia
- Critical care medicine
- Geriatric anesthesia
- Fundamentals of anesthesia
- Neuroanesthesia
- Obstetric anesthesia
- Pain management
- Pediatric anesthesia
- **Perioperative medicine**
- Professional issues
- Regional anesthesia and acute pain

2020 Submission Information

- **General sessions**
 - Submission site: <https://www.asahq.org/annualmeeting/education/submissions>
 - Includes **submission link, deadlines, and updated information for sessions.**
 - **Review period for subcommittees begins November 1st**, includes all committee members
 - **Submissions open until November 15th**
 - 2020 Submission Guide – detailed instructions on how to submit a session in the new submission portal.

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- **Lead speaker is required to submit a speaker disclosure** (if applicable).
- Speakers will be notified to accept the proposal and confirm disclosure.
- Submission will NOT be considered complete unless all disclosure have been entered.

Why consider submitting a proposal to the ASA ?

1. **General interest: It's a great meeting** - Join the conversation on social media **#ANES20** in Washington DC
This should be an exciting time in our nation's capital in the fall of an election year
 - a. Connect with more than 14,000 global anesthesia professional to discover the latest advances in the specialty, grow your professional network and learn about innovative technology.
 - b. Physician anesthesiologists coming together to lead the way in patient safety, stay current on the latest innovations in perioperative care
 - c. "Leading the agenda instead of reacting to the agenda"
 - d. Stay current on the latest information and innovation
2. Continuing Medical Education – innovative programing and workshops, hands on learning
3. **Professional Networking with other Anesthesiologists** to stay connected throughout the year. See social media examples by reviewing the conversation **#ANES19 @ASALifeline @**
4. **Medical Students and Residents & Fellows** - Gain pertinent and practical insights at focused sessions designed specifically to address your needs and concerns at this stage in your career. Plus, participate in networking opportunities to grow your professional network. Check back soon for more details.

How to help your chances of getting accepted

- **Be flexible**, Be open to new opportunities, even if it means speaking only for 10 – 15 minutes on a topic (SNAP talk) – "Be willing, Be flexible, Say yes" – Embrace the opportunity
- **Solicit sponsorship from a committee or subcommittee and a Senior Faculty member who has presented at the ASA recently. It helps tremendously to be sponsored by a Clinical track and or subcommittee**
- Accept any opportunity- Start with a PBLD or submit a MCC discussion (poster)
- **Don't get discouraged if your submission is rejected the first time**, try again and again for years to come. Often, it takes a few attempts but the ASA maintains a record of submissions and appreciates persistence –
 - If rejected one year, try another track or partner with another subcommittee another year to see if accepted. Several of the presentations from ASA 2019/this year were finally accepted following 2-3 years of resubmission. Finally accepted by year three on a different **clinical** track as it appeared more relevant.

What makes a successful submission?

- Start thinking about your submissions **early & partner** with others
- Must be education focused – something unique to our evolving practice as anesthesiologists
- Review of recent literature or novel approach to case

What about Rejections? What characterizes a failed submission?

- **For Panels, Point – counter point, SNAP talks,etc.**
 - Need diversity on submission
 - Diversity of Institutions (academic and community)
 - High likelihood of rejection if speakers from the same institution
 - Same gender, ethnicity
- **Typically there are too many "Panel sessions" submitted.** It is important to be creative with interactive sessions and/or workshops

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- If it's your first time, partner with other physicians with similar interests (from other institutions if possible) around a common topic,

- **EDUCATIONAL SESSION PROPOSALS**

- **Snap-talks** need 5 speakers and 1 moderator

- **Short (10 min)** talks given by 1 lead speaker and 4-5 additional speakers. Each talk should be no more than 10 minutes. These are short, case based, quick reviews of fundamental issues to the practice of anesthesiology

- **60 Minute Panels** – This is a session providing presentations on multiple topics around a theme. The moderator can participate as one of the speakers. **Please note, if you want to present a 120-minute panel, please submit the panel as Part 1 and Part 2. For example, Brain Health Panel Part 1 and Brain Health Panel Part 2. These will then be scheduled together.**

- **Refresher Course Lectures** - A Refresher Course Lecture is a presentation by one speaker that addresses basic science issues important to the practice of anesthesiology or that concentrates on the clinical applications of knowledge. RCLs are limited to one presenter, no exceptions – Typically 60 minute

- **Clinical Forum** are a case-based presentation. At least one case must be provided at the time of submission.

***Special Instructions** - List cases here for Clinical Forum. You may have up to three cases; one case is required. *(e.g., A 53-year-old 90 kg man with well-controlled hypertension underwent multilevel posterior spinal instrumentation and fusion in the prone position under general anesthesia. The procedure lasted 10 hours with an estimated blood loss of 3.5 L. The anesthetic course was unremarkable, with systolic blood pressures around 95-105 mmHg supported by intermittent infusion of phenylephrine and fluid administration consisting of 8L crystalloid, 4 units packed red blood cells, and 4 units fresh frozen plasma to maintain a hematocrit of 28-30. Upon awakening, the patient had tightly swollen eye lids and he complained of inability to see in the PACU. He was subsequently diagnosed with bilateral posterior ischemic optic neuropathy.*

- Case #1
- Case #2
- Case #3

- **Point- Counterpoint** A Point- Counterpoint is a moderated presentation of opposing arguments that address current clinical controversies.

- **Hands-on Workshop** utilize materials such as simulated patients, equipment, workbooks, etc., offer guided skills practice, and emphasize group participation. Workshops may be reduced to two 90-minute sessions determined by AMOC

- Presentation times can be 1.5 hours, 3 hours, 4 hours, or 8 hours and can vary in number of presenters and duration. ☑ Every 60 minutes of instruction should include a minimum of 10 minutes of question and answer.

Interactive Tutorials A small group teaching situation where there is intensive study and Discussion between participants and seminar leaders. Seminars should emphasize small Group participation, offer guided skills and utilize materials such as workbooks, small electronics, AV, etc. ☑ Presentation time will be 1.5 and 3.0 hours and may vary in number of presenters and duration. Every 60 minutes of instruction should include at least 10 minutes for questions and answers.

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Additional Opportunities - (later deadlines)

Scientific Abstracts, Problem based learning discussions (PBLDs), and Medically Challenging Cases (MCCs)

Submissions are due at a later time but its best to start work on these early.

- Submission site: <https://www.asahq.org/annualmeeting/education/submissions>
- **PBLDs**
 - **An ideal PBLD** case presents an interesting hypothetical patient, has a teaching point and includes controversies or a conflict in management. The case should be relevant to current clinical practice and require that dilemmas be solved and decisions made.
 - The case asks open-ended questions and, as in clinical practice, unfolds gradually with new information.
 - The questions should be interspersed and not be asked at the end of the case.
 - A common approach is to have multiple iterations of one or two descriptive sentences of the can followed by a few questions. It is best to avoid questions where answers could be given without reading the case. The discussion section should not be in the form of an outline; it should reveal some scholarship and not answer question by question. It is better for participants to have to go over the entire discussion and extract the information. You can think of the discussion as a short review article, with the references numbered in the text and entered at the end. The past several years, the PBLD committee noticed that many excellent PBLDs included figures, tables and diagrams that were copyrighted. It is imperative that discussions do not contain copyrighted material. PBLDs with copyrighted material will be automatically rejected. The committee prefers the use of graphics designed by the authors. If original figures, tables or diagrams are utilized, permission needs to be obtained from the publisher and not from the authors. A good way to start choosing a topic is to identify current debates in your particular field. Find a topic that is interesting, relevant and presents a clinical dilemma.
- **Medically Challenging Cases (MCCs)** are extremely rare or unusual cases, with limited management options. A medically challenging case describes an uncommon disease or a complicated patient and how you managed the case. Unique cases
 - These should be publication worthy; will likely be considered for publication review.
- **Abstracts** samples are submitted by category
 - *You can review prior abstract submissions on line*
 - *View full abstracts of the 2019 scientific presentations in the online ASA Abstract Archives.*
 - **Note new scientific abstract embargo policy** - It is the policy of the ASA that all scientific abstracts accepted for presentation are embargoed (may not be published or publicized) until the date and time of presentation. Sharing accepted information with the media before then should be done only with permission of ASA's Public Relations Department and after acceptance of the restriction that abstracts will not be published or publicized until the date and time of presentation.
- **Submission deadlines for others:**
 - **December 2019 - February 2020 - Problem-Based Learning Discussions**
 - **January-April 2020 - Scientific Abstracts, Scientific and Educational Exhibits**
 - **February-May 2020 - Medically Challenging Cases**

Track topics

Show notes for participation in Anesthesiology 2020 (the annual meeting for the American Society of Anesthesiologists) podcast with generalities that can apply to future annual meetings

TRACK TOPICS TOPIC

Ambulatory and Office-Based Anesthesia
 Non-OR Anesthesia
 Ophthalmology
 Cardiovascular Anesthesia
 Coagulation and Transfusion (Fundamentals of Anesthesiology)
 Thoracic Anesthesia
 Echocardiography (TEE and TTE)
 Critical Care
 Endocrine and Metabolic Issues
 Hematologic System
 Palliative Care and End-of-Life
 Respiratory Systems
 Point of Care Ultrasound
 Burnout in the ICU (Professional Issues)

CLINICAL SCIENCE

Airway Management
 Gastrointestinal and Hepatic Systems
 Infectious Diseases
 Transplant
 Trauma/Burn
 Spinal cord injury
 Coagulation and Transfusion (Cardiac Anesthesia)
 Central and Peripheral Nervous System (Neuroanesthesia)

BASIC SCIENCE

Pharmacology
 • Neuromuscular block
 • General anesthetics

Physiology

- Neuromuscular transmission
- Sleep
- Fluid and electrolytes
- Autonomic and nervous system
- Pathophysiology
- Neuromuscular disease
- Disturbance of endocrine and electrolyte homeostasis
- Injury

GLOBAL HUMANITARIAN OUTREACH

TECHNOLOGY(Current/future)/EQUIPMENT/MONITORING INFORMATICS

Geriatric Anesthesia

Central and Peripheral Nervous Systems (Fundamentals of Anesthesiology)

Neurosurgical Anesthesia

Perioperative Cognition

Obstetric Anesthesia

Perioperative Medicine Topics:

Preoperative Medicine

Postoperative Medicine

Perioperative Surgical Home

ERAS

Interdisciplinary Perioperative Coordinated Care Models (eg PSH, ERAS, etc)

Quality/Outcomes Topics:

Health Care Informatics

Quality and Performance Improvement

Outcomes Measurement

Economics/Practice Management Topics:

TRACK

Ambulatory

Cardiac Anesthesia

Critical Care Medicine

Fundamentals of Anesthesiology

Geriatric Anesthesia

Neuroanesthesia

Obstetric Anesthesia

Perioperative Medicine

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Payment and Payment Models-Alternative Payment Models and Future Models
of Practice Billing & Coding
Collections Economics Population Health Practice Management
Department Administration
Large Group Practice

Education and Development

Education and Continuous Professional Development

History

Leadership Negotiation Skills

Physician Wellness/Burnout

Compliance and Policy

Health Policy

Advocacy and Legislative Issues

Regulatory and Accreditation Issues

Ethics/Medico Legal Issues

Patient Safety

Patient Safety

Closed Claims

Simulation

Regional Anesthesia

Professional Issues

Regional Anesthesia and Acute Pain