



## 2026 Table Discussions

### TABLE ONE

#### **Medical Error in a DNR: *How should we disclose to the family?***

Leader: Ron Levy, MD

*65 year old man with h/o pancreatic cancer presents to Radiology holding for a biliary stent procedure. He has an epidural catheter for pain management. Anesthesia gets called stat because the patient becomes unresponsive in holding area before his procedure. They will later come to find out that the student nurse accidentally hooked his epidural catheter to his IV. Pt. will require intubation and eventually ACLS. Pt also found to be DNR. Family in waiting room. Discussion will be around management of LAST, rules regarding DNR and medical error disclosure to the family.*

### TABLE TWO

#### **Leading Collectively**

Leader: Matt Sherrer, MD

*We explore the evidence behind collective intelligence, teaming, and the mutual learning mindset.*

### TABLE THREE

#### **Physician Suicide**

Leader: Ruben Azocar, MD

*Suicide is a significant public health issue, and physicians—including anesthesiologists—are not immune to its impact. This discussion will explore the unique stressors and risk factors within anesthesiology, while highlighting available resources and the importance of early recognition and support. Participants will engage in an open conversation about reducing stigma, promoting mental health awareness, and strengthening a culture of peer support within our profession.*

#### **TABLE FOUR**

##### **LA Law - What is Malpractice Anyway?**

Leaders: Wendy Wellman & Kraig de Lanzac, MD

*We will discuss the Louisiana Medical Review Panel system and how to prepare for your duty as a panelist. We will also discuss strategies to avoid being the subject of a panel and what to do when it happens to you.*

#### **TABLE FIVE**

##### **Regional Anesthesia**

Leader: Varsha Allampalli, MD

*The quadruple block entails combining femoral, obturator, sciatic, and lateral femoral cutaneous nerve blocks. When performed effectively, this approach can minimize the need for general anesthesia. Advantages include perioperative hemodynamic stability in high-risk patients with significant cardiopulmonary comorbidities. Additionally, quadruple block technique for surgical anesthesia of the lower extremity may decrease incidence of severe postoperative and phantom limb pain.*

#### **TABLE SIX**

##### **Crafting Your Career in Anesthesiology: Lessons from Women Who Lead**

Leader: Julie Broussard, MD

*This roundtable brings together women in anesthesiology to share the wisdom, strategies, and defining moments that have shaped their careers. Through candid conversation, attendees will explore how to navigate training, leadership opportunities, career transitions, and the evolving culture of the specialty. Designed for medical students, residents, and early-career anesthesiologists, this session offers practical guidance, personal insights, and inspiration from women who have charted their own paths and are helping shape the future of the field.*

#### **TABLE SEVEN**

##### **OR Efficiency and Financial Sustainability**

Leader: Dewitt Bateman, MD

*Operating rooms (ORs) are widely regarded as the financial cornerstone of hospitals, contributing more than half of total hospital revenue while simultaneously incurring considerable costs. Inefficiencies—such as delayed case starts, extended turnover times, and underutilization of operating room blocks—can adversely affect profit margins, particularly in the context of rising labor expenses and declining reimbursement rates. This review will outline the fundamental aspects of operating room efficiency and highlight the important role anesthesiologists play in optimizing surgical workflows.*

## **TABLE EIGHT**

### **What is an CAA? Why Don't We have Any?**

Leader: Dominic Carollo MD

*Discuss the history of certified anesthesiology assistants. Place into historical context why the state of Louisiana does not currently allow the practice of AAs. Inspire our attendees to learn what they can do to help us reverse the ban.*

## **TABLE NINE**

### **LSA Engagement - *The Future is Bright, But it Won't be Bright Without You***

Leader: Joseph Koveleskie, MD

*The Louisiana Society of Anesthesiologists (LSA) is a component society of the ASA. We will discuss the importance of the LSA for anesthesiologists in Louisiana and our patients. Opportunities for volunteer engagement abound for expression of professional citizenship. Come hear the value of LSA and ASA membership and active involvement.*

## **TABLE TEN**

### **Improving Team Culture and Clinical Performance: Addressing Harassment, Incivility, Disrespect in the Perioperative Workplace**

Leader: Andy Pham, MD

*Harassment, incivility, and disrespect (HID) are increasingly recognized as threats to patient safety, resident training, and OR efficiency. This table discussion will explore real-world HID scenarios encountered in anesthesiology and examine how they impact decision-making, communication, and team reliability. Participants will engage in practical, candid conversation about recognizing HID patterns, preventing escalation, and creating safer environments for trainees and staff. We will share strategies that Louisiana anesthesiologists can implement within their own practices to foster professionalism, support colleagues, and strengthen perioperative team culture.*