



What's a Vice Speaker Supposed to Do?

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Let me introduce myself to you: I am Tracey Straker, and I was elected to the ASA Vice Speaker office at the October 2023 House of Delegates. ASA Bylaws state that the Vice Speaker's role is "to assist the Speaker." The job description is extremely vague, but in that "vagueness," I have come to understand clearly what "assist" really means. Assist means to do whatever is needed to support the Speaker and House of Delegates in all capacities.

The Speakers use parliamentary procedure to ensure the voice of the majority prevails – but just as importantly to also ensure that the voice of the minority is heard. The majority and the minority make up the entire voice of the membership, and everyone has a say and one vote.

In my short tenure, I have assisted the Speaker, and I am also growing in my knowledge base to better represent the membership. Recently, at the August 2024 Board of Directors meeting, the Speaker was unable to attend. In my anxiety and fear, I had to fulfill the role of "assisting" the Speaker. With my supportive ASA Governance staff and two former Speakers



Dr. Straker, ASA Vice Speaker, addresses members at the 2023 House of Delegates.

(Drs. Harter and Giam) on the dais beside me, along with our Speaker, Jeff Jacobs, MD, FASA, on Zoom, we were all successful in helping to "assist" the Speaker.

I tell this story because being a Speaker is a team "activity." The ASA Governance staff, along with the Speakers, prepare for the Board of Directors meetings and the House of Delegates months in advance so we can bring forth a meeting that runs expediently and efficiently. Our goal is to present a succinct and productive business meeting governed by the tenets of parliamentary procedure.

As I learn and grow, I have realized that assisting the Speaker is not my only role. In addition, I am also one of the 12 members of the Administrative Council. The Administrative Council collaborates with the Executive Committee to help conduct the business of the organization. Each member of the council brings their opinions and values forward to address issues that may impact ASA members and the organization.

When Speakers are members-facing, we are neutral. But behind closed doors, we have a voice that is heard and respected. I ran my election campaign on a platform of "being the voice" of the membership. I am so excited and honored that my voice is being heard and valued. Consequently, I confidently know that I can bring forth the voice of the membership so it can be heard and valued as well.

It is so important to be involved in the change that you want to see happen. Anesthesiology is a specialty where we advocate for our patients when they cannot do so for themselves. Similarly, the Speakers advocate for the membership. Intense training engages in both pathways,



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but learning is never completed in either one. We, as a specialty, owe it to our profession and our patients to be cognizant of the voices of the community. The social changes within the role of the anesthesiologist and the role of the Speakers are strikingly similar. In either role, we are servant leaders and representatives for our respective communities.

Your Speakers are always available to answer questions, assist in report preparation, and to guide you in the most expedient pathway for motions and resolutions. Your Speakers and the entire ASA Governance staff work together to ensure that all voices are heard, and your parliamentary experience is efficient and rewarding. ■

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Cannabis use increases postoperative pain and opioid consumption (September 2024)

Patients who use cannabis may have increased postoperative pain and opioid requirements. In a retrospective study of nearly 35,000 patients undergoing elective surgery with general anesthesia (without neuraxial or regional anesthetic techniques), cannabis users had higher opioid consumption and higher pain scores during the first 24 postoperative hours compared with never-users.¹ When possible, we use multimodal analgesia incorporating regional analgesic techniques to control perioperative pain in patients with cannabis use disorder (or acute cannabis intoxication).

Videolaryngoscope blade type and intubation success (September 2024)

The two primary categories of videolaryngoscope blades are Macintosh-style and hyperangulated blades. Hyperangulated blades provide a better glottic view, but whether this improves intubation success is unclear. A recent randomized trial compared video-assisted laryngoscopy (VAL) with a C-MAC Macintosh blade versus the hyperangulated C-MAC D-blade for tracheal intubation in adult patients with

predicted difficult intubation undergoing elective surgery.² VAL with the D-blade resulted in increased percentage of glottic opening visible (89% vs. 54%), increased first attempt intubation success (97% vs. 67%), and a lower rate of failed intubation (1% vs. 13%). If confirmed, these results suggest using a hyperangulated blade preferentially for VAL in patients with difficult airways.

1. Ekrami E, Sari S, Kopac O, et al. Association Between Cannabis Use and Opioid Consumption, Pain, and Respiratory Complications After Surgery: A Retrospective Cohort Analysis. *Anesth Analg* 2024; 139:724.
2. Köhl V, Wunsch VA, Müller MC, et al. Hyperangulated vs. Macintosh videolaryngoscopy in adults with anticipated difficult airway management: a randomised controlled trial. *Anaesthesia* 2024; 79:957.

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