

SPRING EDITION

Newsletter



Editors: Chinyere Archie, MBBS
Veronica Zoghbi, MD

Our society provides a forum for partnership and advancement. The Association of Anesthesia Clinical Directors (AACD) recognizes that given the evolving healthcare environment in which we work, operating room (OR) efficiency, productivity, and cost containment are increasingly vital to our survival. The AACD offers physicians and other perioperative leaders with responsibilities and interest in the business aspect of OR management an opportunity to tackle common challenges, share ideas, collaborate with anesthesiologists who have similar experiences, and to ultimately create solutions.

An Outgoing Missive from Our Immediate Past President

Dear Members,

This past March, the Association of Anesthesia Clinical Directors (AACD) hosted the annual perioperative summit in Tampa, FL. Focusing on the importance of culture and organizational development, the speakers and panelists guided discussions on OR design, the ethical balance between efficiency and empathy, and the micro- and macro-environments surrounding the perioperative services. Dr. David Etzioni, the Chair of Surgery at the Mayo Clinic Scottsdale, delivered a keynote address reminding us that we still have much to do as surgeons, nurses, anesthesia providers, and technicians.



Mitchell Tsai, MD, MMM, FASA, FAACD
AACD President (2023 - 2025)

As I complete my term as President, the AACD has experienced notable growth over the past two years, including increased individual and institutional memberships. This year, the organization welcomed TeamHealth. I hope that we can collaborate with a national practice to scale the organization's impact, disseminating best practices and training the future of American systems. I have always believed that the AACD's members collectively possess one of the largest bodies of practical knowledge. Whether it is my daily professional practice or my commitment to the organization, I believe it is our job to build networks.

Further, I have had the time to test my leadership theories and management frameworks, and I firmly believe that no leader exists in a vacuum. Any leader's sole responsibility is to build a community and establish a culture, a way of thinking about doing things. To this end, I am proud that the board members have moved the organization forward. Drs. Jill Kilkelly, Matt Sherrer, and Irving Ye have revamped the mission statement to reflect the agility and adaptability necessary in today's uncertain world. Dr. Franklin Dexter has stepped into the ring to bring the organization up to date on OR management science. Dr. Elizabeth Duggan continues to provide organizational insights into the perioperative space. Drs. Chinyere Archie and Veronica Zoghbi have remained steadfast in their mission to bring the organization's communication platform into the 21st century. They have revived the quarterly newsletter, redesigned the website, and developed a social media presence for the AACD. At the annual business meeting, the organization voted wholeheartedly to promote them from Directors-at-Large to more permanent positions to maintain momentum. And yes, I am certain that I skipped someone. My apologies in advance.

Again, serving as your president has been a privilege and honor. Intuitively, I know leadership is neither title, rank, nor position. To paraphrase the literature, the only way one knows that they have led is when they leave. At the annual board meeting, I looked around the table and told

everyone that I was not worried about the future of this organization. I will be around as Past President and Liaison to the American Society of Anesthesiologists (I am not sure the ASA is ready). I will continue to host the podcast Fresh Flow with Dr. Matt Sherrer (your future Secretary). And after a brief hiatus to allow David and Kim to catch their breath and find some well-deserved rest and recreation, I am sure I will send them ideas, thoughts, and reflections. And for everyone at the AACD, please never hesitate to reach out. Remember, build a network.

“Perhaps the greatest legacy we can leave from our work is not to instill ambition in others,...but the passing on of a sense of sheer privilege, of having found a road, a way to follow, and then having been allowed to walk it, often with others, with all its difficulties and minor triumphs; the underlying primary gift, of having been a full participant in the conversation.”

-David Whyte

Presidential Message



**Andrew David Franklin, MD, MBA, FASA,
FAACD**
**President, Association of Anesthesia
Clinical Directors**

Dear Members of the AACD,

It is my great honor and privilege to serve as your next AACD President. I am grateful for the opportunity to continue to work with each of you over the next two years. My commitment to the continued flourishing of the AACD is unwavering, and I am excited to see how we can further develop our small but mighty organization. It is certainly humbling to follow in the footsteps of extraordinary past AACD presidents, particularly Dr. Mitchell Tsai, our immediate Past President. When you first meet Dr. Tsai, you are likely struck by his vast knowledge base, infectious optimism, and energetic approach to perioperative leadership. Having considered Dr. Tsai a good friend and close colleague for many years, I can also attest to his steadfast leadership, dedication to this organization, and executive efficacy. Thank you, Dr. Tsai, for your extraordinary leadership over the past two years!

As we consider the AACD's future, I think it's important to first reflect on the past and assess the current state of our organization.

The AACD was formed in 1988 by a group of anesthesiologists who sought to build a forum to tackle the complex task of operating room throughput. Though OR management remains at the core of the AACD, the past two decades have seen the organization grow to address many common concerns shared by anesthesiologists across the globe. These topics include staffing challenges, budgetary constraints, team dynamics, and expansion of clinical services. The annual AACD Perioperative Leadership Summit, held each Spring, has served as a physical forum where anesthesiologists convene to listen to renowned speakers share their expertise about the most pressing issues facing anesthesiologist leaders at the nexus of clinical care and business operations. The vigorous discussions and debates that follow each session, driven by both novice and seasoned members in the audience, have been the hallmark of our organization's annual meeting.

The current state of the AACD can be described as strong, stable, and primed for growth. The Board of the AACD has made significant progress over the past two years. Following the financial tumultuousness of the COVID epidemic, the AACD has emerged fiscally stable under the leadership of our Treasurer, Dr. Richard Urman, and has received strong backing from industry sponsorships and new institutional memberships. Though it was difficult to staff the AACD Board just a few years ago, the 2025 AACD Board is strong, diverse, and mission-aligned. The Board has recently updated our Mission and Vision Statements, which can be found on our newly updated [website](#). Our newly elected Secretary, Dr. Matthew Sherrer, fostered a partnership with UAB Medicine to produce our ever-engaging [Fresh Flow Podcast](#). Lastly, the Board very recently approved funds to grow the AACD's social media presence, and AACD posts will soon be seen on Instagram, Facebook, LinkedIn, and X thanks to the creative minds of our Communication Co-Chairs, Drs. Chinyere Archie and Veronica Zoghbi.

The future of the AACD is promising; it is undoubtedly an exciting time to be an AACD member! Though anesthesiologists founded the AACD, effective perioperative care is clearly a team sport. Given that highly cohesive, interdisciplinary teams produce the best patient outcomes, a focus of the AACD moving forward will be to invite surgeons, nurses, advanced practice nurses, business leaders, and other healthcare team members to become part of the AACD. Promoting positive synergy within our diverse teams is what we do daily in our careers as healthcare leaders. Therefore, the AACD will aim to emulate this in the core of our organization. While the Perioperative Leadership Summit will remain our organization's highlight of the year, we will strive to continue the vibrant discussions throughout the year on our new social media platforms. I encourage you to subscribe and share your views on our new social media sites, as we begin posting content relevant to our membership. Though anesthesiologists from large academic medical centers have largely led the AACD in the past, we will strive to be

more inclusive of healthcare providers in private practice by expanding our AACD Board, inviting private practice speakers, and offering institutional memberships. Along these lines, any committed AACD member [may apply to be a Fellow of the AACD](#). Finally, the long-term health of our organization (and our specialty) is critically dependent on the engagement of our medical trainees and junior partners. To this end, I encourage each AACD member to ask a medical trainee to submit an abstract to our annual Summit, consider adding a junior colleague to your institutional membership, and/or let us know if you have an up-and-coming star in your organization that would be a great speaker.

I want to thank the AACD board and membership for entrusting me to lead this wonderful organization during an exciting phase of growth and opportunity. I look forward to handing the Presidential gavel and an even more energized, thriving AACD to our President-Elect, Dr. Thomas Schulte, in 2027. Please don't hesitate to email me directly (andrew.franklin@vumc.org) if there is anything I can do for you regarding the AACD.

Respectfully,
Andrew David Franklin, MD, MBA, FASA,
FAACD
President, Association of Anesthesia Clinical
Directors

Ask the Experts: Cause and Effect: To what extent is the primary surgeon the true cause of operating room time or a marker for other factors?



Roya Saffary, MD, FASA
AACD Board of Directors



Franklin Dexter, MD, PhD, FASA
'Ask the Experts' Host

With staffing shortages and increasing healthcare costs, operating room (OR) efficiency is important for maintaining a sustainable workflow that supports clinical operations, patient safety and provider wellness. There has been understanding for decades that the key predictor of surgical time is the primary surgeon [1-5]. In this short discussion, we consider that while surgical time is often attributed to the primary surgeon, how much of that association is truly due to the individual as opposed to other variables such as case complexity, team composition, and patient characteristics?

To answer this question, we conducted a search in Scopus on November 25, 2024:

TITLE(surgeon*)

AND

TITLE-ABS("case duration*" OR "case length*" OR "operating room time*" OR "operative duration*" OR "operative time*" OR "surgical duration*" OR "surgical time*")

AND

TITLE-ABS("assistant*" OR "junior resident*" OR "resident level" OR "senior resident*" OR "second surgeon*" OR "surgical resident*")

AND

TITLE-ABS("attending-specific influence" OR "individual surgeon influence" OR "primary surgeon influence" OR "attending surgeon variation" OR "individual surgeon variation" OR "primary surgeon variation" OR "variability among surgeons" OR "variability between surgeons").

Among the resulting three publications, only one, van Eijk et al, performed a random effects analysis to estimate the variance components due not only to the surgical procedure and surgeon, but also the assistant surgeon and anesthesia practitioner [6].

They matched OR cases from January 1993 until June 2005 with data from electronic hospital information containing patient specific information resulting in 17,412 cases that were classified into 253 different types of procedures. Cases without an anesthesiologist or a second surgeon were excluded, resulting in a final number of 16,389 cases and 251 procedure types. The model consisted of a base model that contained the random effects of interest, and some covariates such as patient characteristics. Their analysis revealed that the incremental direct effect of the surgeon only accounted for 2.9% of the total variability in OR time among all cases. Differences due to anesthesiologists were negligible, 0.1%. The largest source of variability (31.6%) was, of course, the surgical procedure. Significantly more important than the direct effect of the surgeon was interaction between the effect of the primary surgeon and the procedure. There also was comparable importance from the interaction between the assistant surgeon and the procedure. The study [6] suggests that, contrary to common belief, the

effect of the primary surgeon on operating room times is rather limited. Therefore, efforts to improve OR efficiency should focus on allocating OR time based on maximizing the expected efficiency of use of OR time months in advance [7,8]. Schedule the cases into that time based on the expected case durations [4,7,8]. Then, work with the surgeons to choose assistant surgeons and surgical technologists targeting ORs expected to have overutilized time [7,8].

The question we are trying to address here is distinctly different from that regarding case duration prediction. While case duration is often estimated using historical data, procedure type and surgeon [1-5], the variability among all OR times attributable to the surgeon includes human factors, most specifically the organizational decisions resulting in the assignment of the first assist and the rest of the OR team [6,8]. For more efficient OR management, surgeon and team variability should be taken account when performing staff assignment [7,8].

References

1. Wright IH, Kooperberg C, Bonar BA, Bashein G. Statistical modeling to predict elective surgery time. Anesthesiology 85:1235-1245, 1996
2. Zhou J, Dexter F. Method to assist in the scheduling of add-on surgical cases - upper prediction bounds for surgical case durations based on the log normal distribution. Anesthesiology 89:1228-1232, 1998
3. Zhou J, Dexter F, Macario A, Lubarsky DA. Relying solely on historical surgical times to estimate accurately future surgical times is unlikely to reduce the average length of time cases finish late. Journal of Clinical Anesthesia 11:601-605, 1999
4. Dexter F, Traub RD, Qian F. Comparison of statistical methods to predict the time to complete a series of surgical cases. Journal of Clinical Monitoring and Computing 15:45-51, 1999
5. Strum DP, Sampson AR, May JH, Vargas LG. Surgeon and type of anesthesia predict variability in surgical procedure times. Anesthesiology 92:1454-1466, 2000
6. van Eijk RP, van Veen-Berkx E, Kazemier G, Eijkemans MJ. Effect of individual surgeons and anesthesiologists on operating room time. Anesthesia & Analgesia.123:445-451, 2016.
7. Dexter F, Wachtel RE, Epstein RH. Decreasing the hours that anesthesiologist and nurse anesthetists work late by making decisions to reduce the hours of over-utilized operating room time. Anesthesia & Analgesia 122:831-842, 2016
8. Dexter F, Epstein RH. Lack of validity of absolute percentage errors in estimated operating room case durations as a measure of operating room performance: a focused narrative review. Anesthesia & Analgesia 139:555-561, 2024

From Your Communications Directors: A Message to Our AACD Community



Chinyere Archie, MBBS
AACD Communications Director



Veronica Zoghbi, MD
AACD Communications Director

Dear AACD Members and Colleagues,

Thank you for your continued interest in and engagement with the Association of Anesthesia Clinical Directors (AACD). As leaders of the Communications Committee, we are proud to support our mission by fostering timely, effective, and impactful communication across our growing community. Our goal is to keep you informed, connected, and inspired as we collectively shape the future of perioperative leadership and management.

Our journey with the AACD began during residency, when we had the opportunity to serve as Resident Representatives on the Board of Directors. This experience allowed us to witness firsthand the power of this organization to elevate clinical practice and empower future leaders. We're thrilled to share that this same opportunity is available to others—the AACD will be accepting applications for the Resident Representative position at the upcoming annual meeting. We strongly encourage residents to apply and gain invaluable experience working alongside national leaders in the field.

This quarter's newsletter reflects our renewed commitment to providing a dynamic and accessible platform for knowledge exchange and professional networking. Inside, you'll find our ongoing "Ask the Experts" column, along with a series of insightful articles contributed by fellow AACD members—each offering practical perspectives and innovative approaches to perioperative care.

We also encourage you to use the newsletter as a space to showcase your institution's initiatives, research projects, or announcements. For those looking to increase visibility, the AACD offers advertising opportunities at a nominal fee. Our electronic distribution surpasses United States borders and includes international members in several continents.

We are excited to announce the complete redesign of our website, thoughtfully crafted with your needs in mind. The new layout is more intuitive, user-friendly, and aligned with our core values making it easier than ever to stay connected. Additionally, our presence on LinkedIn, Facebook, Instagram, and X (formerly Twitter) is growing. Expect more frequent updates and fresh content throughout the year. Be sure to follow, like, share, and engage! We want to hear from you.

As we look ahead, we encourage you to introduce your colleagues, trainees, nurse anesthetists, and perioperative fellows to the AACD. Everyone is welcome to contribute articles to future newsletters. We also invite you to submit abstracts for our upcoming annual summit— stay tuned for more information!

Finally, please know that we are here to serve you. If you have suggestions, ideas, or feedback, don't hesitate to reach out. We are excited about what's ahead and grateful to work alongside such a passionate, forward-thinking community.

Warm regards,

Dr. Chinyere Archie & Dr. Veronica Zoghbi
Communications Committee Directors

An Introduction to Our Revised Vision, Mission and Core Values Statements



Jill Kilkelly, MD
AACD Board of Directors

Every living entity – a person or a collective group – successfully grows by undertaking a philosophical re-branding, intermittently, by examination of who they are, what their purpose is, and where their journey is headed. The Association of Anesthesia Clinical Directors has been at the forefront of the Perioperative Leadership realm for almost four decades now.

As the complexities of leading in the perioperative space are continuously increasing, it felt important to explore what our unique relevance is, what we stand for and most want to support.

It also felt critical to expand our intended reach, by leveraging our surgical colleagues, anesthesiologist colleagues, and OR nursing leadership, to embrace collaboration toward the safest, most efficient and innovative care for all our patients, as well as financial sustainability into the future.

To this end, our AACD board members came together to bring our basic tenets up to date, to brainstorm intended strategic directions going forward, and to create alignment in the perioperative space via inclusivity of all colleagues that we want walking alongside us, as anesthesia providers, on the journey toward **“unparalleled excellence across the perioperative spectrum”**.

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"Physician leaders must be visionaries; creating collaborative culture, innovative ideas, and empowering people. Having a business acumen not only allows physicians to see things from a different perspective, but it also allows them to find creative solutions and lends them credibility in their respective organizations."

Jarrett Heard, MD, MBA

Physician, Associate Professor of Anesthesiology, The Ohio State University Wexner Medical Center

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UAB MEDICINE

Contact: Matt Sherrer, M.D., MBA, FASA, FAACD
Program Director
dsherrer@uabmc.edu



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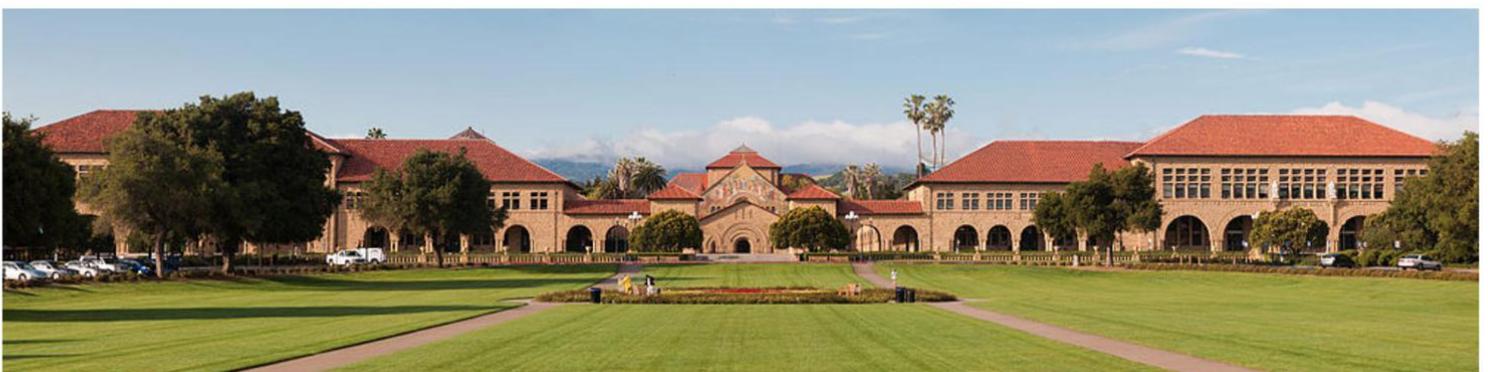
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Perioperative Leadership Summit

See you in Austin at the AACD Annual Summit!

SAVE THE DATE

March 27-29, 2026

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Check your email for news, updates & the next newsletter!
Contributions are invited!

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