

Review

A history of the Society for Ambulatory Anesthesia

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A vision of the future arriving: formation of the Society

In 1984, Bernard V Wetchler raised the question, "Do you feel the time is right to start an ambulatory anesthesia society?" At the second annual Symposium on Anesthesia for Ambulatory Surgery sponsored by the Medical College of Virginia, Drs Wetchler, Burton S Epstein and Surinder K Kallar prepared a list of anaesthesiologists who were invited to a meeting 'to discuss the formation of a Society for Ambulatory Surgery Anesthesia.' This formative meeting was held during the American Society of Anesthesiologists (ASA) meeting in New Orleans, Louisiana on October 29, 1984. Twenty anaesthesiologists were present and provided input on the formation of the new society. A bye-laws committee was formed chaired by Stanley Bresticker, a nominating committee chaired by Herbert D Weintraub, and an administrative assistance committee chaired by George Rector. Richard Keenan volunteered the Department of Anesthesia at the Medical College of Virginia to serve as the society's office. Surinder Kallar was elected Secretary pro tem, and Bernard Wetchler was elected President pro tem.

In April 1985, a meeting of the fledgling society was held during the third annual symposium in Williamsburg, Virginia. Dr Stanley Bresticker proposed the name 'Society for Ambulatory Anesthesia' (SAMBA) and this was approved. Proposed bye-laws and the formation of a newsletter were reviewed and accepted. The first slate of officers consisted of: President - Bernard V Wetchler; President Elect - Burton S Epstein; First Vice-President - Beverly K Philip; Second Vice-President - Paul F White; Secretary - Surinder K Kallar; Treasurer - Stanley Bresticker; At Large Members of the Board - Harry C Wong, Randolph M Jackson, Herbert D Weintraub and Wallace A Reed. Charter membership was solicited in 1985; by July, SAMBA had 52 charter members and by October, 161 charter members. The Society's first

educational meeting was held in conjunction with the Medical College of Virginia's programme in April, 1986 and has been held annually since. The first edition of the Society newsletter 'Ambulatory Anesthesia' appeared in January, 1986, with Paul White as Editor. By October, 1986, there were 482 anaesthesiologist members as well as four commercial benefactors.

The missions of the Society

The bye-laws of the Society for Ambulatory Anesthesia contain a statement of the organization's goals and missions. These missions are:

1. To advance the study of ambulatory anaesthesia, to contribute to its growth and influence, to encourage specialization in the field of ambulatory anaesthesia and to encourage high ethical and professional standards by fostering and encouraging research, education, and scientific progress in ambulatory anaesthesia;
2. To publish and encourage the dissemination to the profession and to the public of information concerning the role of anaesthesia in ambulatory surgery and to issue publications of scientific and cultural interest;
3. To support, encourage, and participate in the development and promotion of policies and programmes of the American Society of Anesthesiologists and other professional organizations regarding ambulatory anaesthesia; and
4. To support, encourage, and participate in the development of guidelines of postgraduate education for qualification as a subspecialist in ambulatory anaesthesia and guidelines for approval of postgraduate training programmes in ambulatory anaesthesia.

Growth of the Society

SAMBA's first president, Bernard V Wetchler completed his term of office in October 1987. The accomplishments during those first formative years were impressive. The membership reached 1053, and almost 400 anaesthesiologists attended the Society's 1987 second Annual Educational Meeting. The Newsletter was sent to the

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members four times a year, and to the entire ASA membership twice yearly starting in June, 1987. SAMBA was granted membership on the ASA Committee on Subspecialty Representation, and hosted its first breakfast panel at the ASA Meeting on October 14, 1987. The Society's offices were moved to ASA Headquarters at Park Ridge, IL. There was a strong early relationship between SAMBA and ASA through the latter's Committee on Ambulatory Surgical Care, chaired by Harry C Wong.

At the completion of his term as second SAMBA president in October 1988, Burton S Epstein listed the accomplishments achieved during his tenure. The membership grew to 1064 active plus 39 resident physicians. The Third Annual Meeting was held in April, 1988, the ASA SAMBA breakfast panel was continued and the Newsletter edited by Raafat S Hannallah was expanded. The organization was stable financially, with support from its members and from industry. Dr Epstein also paved the way for future directions and development, including improved benefits of membership with an enhanced newsletter, annual meeting and administrative and educational services, to encourage active member participation in the Society.

In 1989, the annual term of office was changed to end in April, to coincide with our annual educational meeting. Surinder K Kallar completed her term in April, 1990. During this time, society membership grew to 1324. The Fourth and Fifth Annual Meetings were held in April 1989 and 1990, with 320 and 402 registrants each. Awards for best scientific research presentations at the annual meetings were established, sponsored by the Ambulatory Anesthesia Research Foundation. National recognition of ambulatory anaesthesia was enhanced during this time period, when SAMBA was granted representation in the ASA House of Delegates as an anaesthesia subspecialty organization. Also at the ASA annual meetings, SAMBA continued to host its breakfast panels. The Newsletter continued to grow. The scope of the Society was broadened by a bye-laws change which created an additional category of membership for international anaesthesia physicians.

Harry C Wong was Society president for the year ending April, 1991. Membership reached 1521. At the Annual Meeting, attendance was 404 and Resident Travel Awards for resident physician research presentations were first presented. SAMBA members championed the establishment of separate research sessions on 'Ambulatory Anaesthesia' at the ASA annual meeting, and the first of these was in October 1990. Ongoing projects were the ASA SAMBA breakfast panel and the Society Newsletter.

SAMBA continued to develop. In the year ending April, 1992, led by Beverly K Philip the Society addressed many of the goals in its mission statement. In the area of research, SAMBA continued to encourage the presentation of research investigations with meeting awards. In the area of education, there was increased member participation in the Newsletter under editor Sujit K Pandit. The Society again presented its ASA

breakfast panel. The 1992 Seventh Annual Meeting was the largest yet, with 528 registrants. It was the first to benefit from accreditation for continuing medical education jointly by the ASA and SAMBA as its subspecialty organization. For the first time in 1992, meeting sessions were recorded; audiotapes were given to attendees and were made available for sale for continuing education. Also for the first time, selected lectures were published as a supplement of the *Journal of Clinical Anesthesia*.

During this year, SAMBA expanded its educational mission to address the needs of those anaesthesiologists in their residency training. To that end, SAMBA developed educational guidelines for the training of anaesthesia residents and subspecialty fellows. These guidelines consist of a 'core curriculum for ambulatory anaesthesia' to be covered in the first three postgraduate years and an 'advanced curriculum for ambulatory anaesthesia' for fellowship training. The first section addresses specific areas of knowledge needed in the education of all anaesthesiologists in the subspecialty, and the second section addresses research in ambulatory anaesthesia and experience with administrative needs. Annotated references are given.

SAMBA also continued to fulfill its mission to develop policies and programmes at the national level. In 1992, SAMBA began representing the interests of ambulatory anaesthesia in the accreditation process by participating in the Professional and Technical Advisory Committee of the Joint Commission's Ambulatory Health Care Accreditation Program. Also in that year the ASA Committee on Ambulatory Surgical Care with participation of individual SAMBA members developed a brochure on ambulatory anaesthesia, used to educate patients and the public at large about the role of anaesthesiologists in ambulatory surgical care.

In May, 1992, Herbert D Weintraub assumed the presidency of SAMBA. Dr Weintraub is leading this Society in enhanced growth and participation in education, activities and research support. There is an increased awareness of our Society and of the leadership and expertise we offer in the anaesthetic care of ambulatory surgery patients. Active participation by Society members continues to be welcome and encouraged.

Toward the future

In July of 1991, SAMBA's Board of Directors held a retreat to identify long-term goals. The outcome was formulated by SAMBA's committees into a long-range action plan. The three major areas of this action plan are:

1. Education: addressing educational guidelines (see above), the Annual Meeting and refresher courses;
2. Research: including establishing monetary grants for research in clinical ambulatory anaesthesiology, to be sponsored both by SAMBA entirely and by joint sponsorship with the Foundation for Anesthesia, Education and Research (FAER). A Research Committee was also formed; and

3. Membership: with increased involvement and recruitment of all categories of members. An informational brochure about the Society is planned.

All in all, the Society for Ambulatory Anesthesia has experienced strong growth and development. It has achieved major milestones towards its goals and mis-

sions. Through SAMBA's efforts, ambulatory anaesthesia has gained acceptance as a recognized subspecialty. The Society has grown to over 2000 members. This parallels the growth of ambulatory anaesthesia and surgery, which have become the majority of procedures being done in the USA today. We look forward to continued growth, both national and international.

One Day Surgery

Ambulatory Surgery

Milan, Italy
23-25 June 1993

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- Proctology
- Phlebology
- Surgical techniques
- Anaesthesia techniques
- Minimally invasive surgery
- Ambulatory surgery

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