

Spring 2008, Volume 1

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NOTES FROM THE Chair

Another Newsletter: Why?



Michael M. Todd, M.D.

I've been asked by several people "Why are you working so hard to keep putting out this great newsletter?" [And it is really stunning!] Good question. I suppose part is related to my long connection with the publishing business, including 17 years at

Anesthesiology. Having Barbara Bewyer, the longtime Managing Editor for the Journal, as the Newsletter boss also helps. But that isn't the real reason. The real reason is hidden in my personality and some longstanding feelings, as well as in some very practical matters. Without getting carried away, I have long viewed a department as a kind of extended family. It is sometimes harmonious, sometimes contentious, sometimes happy, sometimes troubled, sometimes overlooked - but a family nonetheless. That family includes not just the people who are current members, but all those people who have touched our collective lives or been touched by their relationship with the Department of Anesthesia at the University of Iowa. This is a large family. It includes current and former students, residents, faculty and staff. It includes "friends" of the department, perhaps people whose relatives were once with us, or who were influenced either by their interactions with department members or by the University.

This is one of the oldest anesthesia departments in the country. It reaches back to the early part of the 20th century, with people like Louis Harding who was the first physician "anesthetist" at Iowa in 1911, to Mary Ross, our first resident graduate in 1923 (and perhaps the first female graduate of a formal anesthesia training program in the United States), through Stuart Cullen who founded the first "academic department" at Iowa, Bill Hamilton who saw us graduate to independent departmental status in 1958, down to the present. I honestly don't know how many people are on this list. We're working very hard with multiple sources to compile a comprehensive database. It's tough. Lots of old records are missing, many people have left us, and many may never have been recorded at all (e.g., medical students who chose anesthesia as a profession but trained and worked elsewhere). [I'm particularly interested in trying to build a list of all of our old student externs; in fact, I've asked Jim Lane to start building a history of the externship itself. Anyone with information, contact Jim at james-lane@uiowa.edu or 319-384-8074.] We're going to keep trying, and you can help. If you have any material that might help - a list of the residents with whom you trained, or a list of externs, or a departmental picture with identities of people listed - please send it to us. See the photo challenge on page 30 to see if you recognize an individual we have not yet identified, and then please contact Barb with the name. We'd like to see a lot more input from our alumni. I want our family, and this newsletter, to grow, not just by adding the names of new residents or students each year, but by finding and embracing our old colleagues and friends with whom we may have

NOTES FROM THE Chair (continued)

lost touch. I also suspect that there are a hundred fascinating stories out there. Please let us hear from you; share with us. Contact Barb at barbara-bewyer@uiowa.edu or 319-353-7559.

I'm also a great believer in the importance of history. I published a lot of historical articles authored by others during my tenure at *Anesthesiology*. I was even awarded honorary membership in the Anesthesia History Association for my efforts in promoting the history of anesthesia, although I've never personally done any historical research! My son is a graduate student in American history at the University of Chicago and my wife is also engaged in graduate studies in the subject. My mother was a serious history buff, although because of the practicalities of growing up during the Depression and then raising a family, she never was able to put this interest into practice. History is not something abstract. It's a record of where we came from and why we are what we are today. It can help us put things in perspective. If anyone wants a great example, get a copy of Volume 1, Number 1 of *Anesthesiology* (it's now available online at the Journal's Web site) and read the table of contents. The lead article is entitled "The Place of the Anesthetist in Medicine," something as important now as it was then.

The history of this department is inextricably intertwined with the history of our specialty, the history of medicine, and the history of the University of Iowa. I want to know more, and I want the members of our family to know more, and to better understand their place, no matter how large or small, in this picture. We can do this, in part, by publishing articles on the history of the department, on our alumni, etc., and we intend to do so. Look on page 7 in this issue for an article entitled "A Day in the Life..." We can also do it by recording what we are doing now; what we do today is the next generation's history. And, as I've mentioned, we can do it by telling everyone of the unique contributions, interests, and activities of our alumni - but only if you give us the information.

Yes, there is a practical side. It's called "fund raising." Like it or not, the State of Iowa, the College of Medicine, the University of Iowa, nor outside funding agencies provide enough money for us to build and maintain the kind of serious academic training program I would like. In years past, money derived from clinical practice was sufficient to buy the books, build the laboratories, develop the education programs, etc. that are critical to our mission. We all know what has happened to reimbursement patterns in our specialty. This is doubly important at the University, where State budget constraints, large indigent patient loads, ludicrous federal reimbursement rules for resident teaching, slower surgery mandated by the need to train surgical residents, stingy insurance companies, etc. are an every day reality. I know you've heard this from me before, and you'll hear it again. I can't plead complete poverty, as at the present time, we're doing

well in terms of salaries, etc. However, if we want to move from being a good department to being a great department - particularly in the areas of education and research - it will take more money than we currently receive from the usual sources. We must build an endowment for our future. I don't think anyone believes that funding for academic anesthesiology is going to get better in the future.

Alumni and friends don't donate to invisible and unknown entities. They want their money to go toward supporting vibrant, progressive, and solid causes. So, one goal of the newsletter is to let you know more about who and what we are today, what we're doing, what we've accomplished, and what we hope to accomplish. I urge you to help. A quick estimate suggests that we have as many as 300 graduates in active practice today. Given current average wages, this adds up to a total yearly income of almost \$90,000,000!!!! Yet, for 2007, we received a total of only ≈\$200,000 in support from our current faculty and alumni, and short of the gift from Sam Gergis, this was one of the best years we've ever had. We can do much better. I know that because I've seen what University of Iowa departments like Orthopaedics and Otolaryngology do. Every one of our graduates owes at least a part of their current success to this department. You can do a lot for the next generation by giving something back.

This isn't a one-way street. This department does a lot for the specialty, our alumni and our state. We get calls from many of you every week, wishing to discuss difficult cases or problems. If you're looking for high quality CME credits, just drop in at our Wednesday 5PM Clinical Case Conference. All of our physician and CRNA graduates and friends are welcome (bring cases!), and it's worth 1 hour of category 1 ACCME credit (or almost 45 hours per year). We also put on a number of very great, short, easily accessible CME courses, ranging from our Regional Anesthesia Study Center of Iowa/RASCI (now managed by Dr. **Robert Raw**) to the Iowa Anesthesia Symposium, the annual Advanced Airway Workshop (managed this year by Dr. **Robert From**), and, if you're looking for something really special, the Iowa International Anesthesia Symposium organized by Dr. **Javier Campos**, and held in Los Cabos, Mexico in March. No, the fees we charge for these do not cover our expenses. Also, if you are ever seeking high quality anesthesiologists or CRNAs to join your group, you need go no further than to look at our current trainees.

So, this is the long answer to "why put out a newsletter."

Michael M. Todd, M.D.
Chair, Department of Anesthesia

ADMINISTRATOR'S Corner



“The world hates change, yet it is the only thing that has brought progress.”

- Charles Kettering



John Stark, M.B.A.

Like it or not, change is a constant in our world. Within the Department of Anesthesia, we've certainly experienced our share of major changes over the past several years. Now that we have settled into our administrative structure under Dr. Todd's

leadership, the institution is shaking things up in a significant way.

2007 began with Carver College of Medicine's Dean Jean E. Robillard, M.D., being named the University of Iowa Vice President for Medical Affairs, a vastly broader role than has previously existed in the University. In his new position, Vice President Robillard's charge is to integrate and unify the UI Hospitals and Clinics (UIHC), Carver College of Medicine (CCOM) and UI Physicians (UIP; formerly the UI Faculty Practice Plan), creating a truly integrated medical center, University of Iowa Health Care. As an integrated medical center, the Hospital, the College, and the UIP are now united into one organization with one leadership team, not separate organizations who are partners, as in our past. Talk about institutional change? This is no small task given the years of individual identities held by each entity.

Why does this matter? Several academic medical centers, such as Johns Hopkins University, Duke University and University of Michigan, have organized themselves this way. Instead of operating as separate hospitals and colleges working independently, they have become integrated academic medical centers, pooling their resources and sharing a vision for the future. Speaking from the administrative point of view, we have always led a “schizophrenic” life while working with two separate finance offices, two separate human resources offices, two separate administrative structures - each with different leaders, different deadlines and different rules. As you can imagine, this duplication leads to some challenges and difficulties.

As VP Robillard stated in an announcement to faculty and staff this past summer, “The benefits of combining our capabilities are many, including:

- Uniting the best minds from our diverse disciplines will enhance patient care.
- Creating a seamless organization will increase efficiency and cost effectiveness.
- One highly collaborative organization will heighten our academic distinctiveness, making UI Health Care the provider of choice for Iowans.

- One organization with a unified vision will be able to apply resources to their highest and best use for the betterment of the entire organization.
- One integrated enterprise will be stronger and more responsive to emerging opportunities and challenges.”

Under the direction of Dr. Robillard, “unification” is well underway. Effective December 1, 2007, the financial structure for UI Health Care was integrated and aptly named “Integrated Financial Services” under one Chief Financial Officer (CFO), Mr. Kenneth L. Fisher. Whereas traditionally we've dealt with two distinct areas for information such as revenue management (billing), budgeting and financial reporting, we will now have just one point of contact with clear, consistent rules, with one UI Health Care CFO and a single financial statement. Our communications and marketing offices have also been joined to develop and disseminate more consistent advertising messages and publications.

The other major change has been the resignation of our Chief Executive Officer (CEO), Donna Katen-Bahensky. As part of this unification effort, her role changed from University Hospitals Director and CEO to Senior Associate Vice President for Medical Affairs and University Hospitals CEO, reporting to Vice President Robillard. She left in December 2007 to become the president and CEO at the University of Wisconsin Hospitals and Clinics. Mrs. Katen-Bahensky has been replaced on an interim basis by Mr. Gordon D. Williams, whose recruited appointment is that of Senior Advisor to the Vice President for Medical Affairs. A search for a permanent CEO is currently in progress.

Additionally, Peter Densen, M.D., was named the Executive Dean of the Carver College of Medicine, a role placing him in charge of the day-to-day operations of the Carver College of Medicine. Craig Syrop M.D., continues to lead the UIP as the Associate Vice President for University of Iowa Physicians.

So how will these changes impact the Department of Anesthesia? Obviously, simplification of formerly redundant, and in many cases conflicting, systems is always a good thing. We expect a greater level of consistency and a quicker ability to resolve issues, helping everyone in the department. To be able to pick up the phone and figuratively speak to one person about all collections related to a service or provider; to have one unified financial statement for an operation, to have one human resource contact for any personnel issue - these are examples of tremendous progress in an already strong institution.

As for the actual impact on Anesthesia, that may be the subject of a future Administrator's Corner.

John Stark, M.B.A., Anesthesia Department Administrator

Spotlight on a Clinical Division

Head and Neck Anesthesia

A Division for Head and Neck Anesthesia has existed within our department for many years. This Division covers anesthesia for Otolaryngology, Ophthalmology and Oral Surgery, commonly called the “Os.” Over the years, there has been a steady growth in the number of surgical cases involving the “Os.”

In concert with the education emphasis of this issue, we want to highlight this valuable area of clinical education for both our residents and student nurse anesthetists. Both will spend about three months of their continuum in this area. During this time, these trainees will have the opportunity to gain education and experience based on specific concepts and skills built into the program. A list of these concepts and skills is maintained for every trainee, with faculty tracking each individual’s progress. Much of the teaching material is available online through Iowa Courses Online (ICON), a University of Iowa-sponsored, Web-based educational portal. During

this rotation, faculty concentrate on teaching the concepts and skills necessary for the safe delivery of anesthesia under, at times, very difficult conditions, such as facial trauma compromising the airway or tumors encroaching on the airway.

The majority of teaching and training the “Os” at University of Iowa Health Care occurs in the Main Operating Rooms and in the Ambulatory Surgery Center. The principal faculty in this area are *Merete Ibsen*, M.D., *James Y. Choi*, M.D., and *Franklin L. Scamman*, M.D. Dr. Scamman has headed up this clinical division for almost 30 years and is set to pass the baton.

Each Fall, the department sponsors a 1-day Advanced Airway Workshop that features a morning of lectures and an afternoon of hands-on demonstrations, including familiarization of equipment to ensure a safe airway and practice on fresh pig windpipes. Registration is open to non-UI professionals and CME credit is awarded.

Because surgery on the head and neck is associated with an increased risk of nausea and vomiting, we are constantly searching for new methods and advanced techniques to reduce this risk.

Our hospital is fortunate to have both the Departments of Ophthalmology and Otolaryngology ranked within the top 10 in the country. This allows ample opportunity to maximize our teaching efforts. Many of the cases in this area involve patients younger than 18 years old. A recent addition has been the bilateral cochlear implants in children less than 18 months old. Radical cancer excision and reconstruction surgeries may last 18 hours or longer. The overall number of cases has at least doubled over the past 20 years. This growth is evidenced by the fact that there were over 5,000 surgical procedures involving the “Os” in 2007. The projection is that this growth will continue, further enhancing our opportunities to offer greater depth in the clinical care and education in the “O” rotation.

Franklin L. Scamman, M.D.
Professor

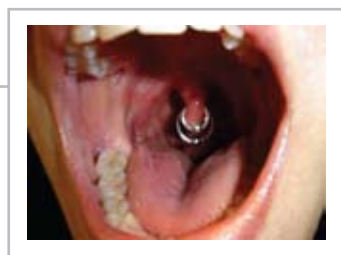
Concepts and Skills Built into the “Os” Rotation

Concepts

- Difficult airway algorithm
- Use of mannitol in controlling intracranial pressure
- Controlled hypotension in base-of-skull surgery
- Airway maintenance in airway tumors
- Post-radiation changes in the airway
- Topicalization in awake intubations
- Total intravenous anesthesia for laryngoscopy and longer cases
- Quiet field for eye surgery and yet fast and smooth emergence
- Closed circle anesthesia, oxygen and anesthetic agent uptake by the body
- Use of small endotracheal tube-effects on resistance and compliance
- Use of laser-resistant endotracheal tubes
- Use of helium-oxygen mixtures to lower resistance
- Control of ventilation under anesthesia
- To paralyze or not for open globe cases
- Complications of head-and-neck regional anesthesia
- Pressure-point padding for long cases to prevent pressure sores

Skills

- Management of the difficult airway
- Nasal intubation, direct vision and blind
- Awake intubation, fiberoptic and blind
- Use of alternate airway techniques
- Bougie, a small rod inserted into the airway to guide an ETT
- Light wand, when inserted into the trachea shines through the neck
- Bullard Laryngoscope, an alternative to looking directly at vocal cords
- FastTrach laryngeal mask airway, allows blind insertion of ETT
- Jet ventilation, breathing for the patient without an ETT
- Arterial lines to measure BP electronically and continuously



Spotlight on FRANKLIN L. SCAMMAN, M.D.



Franklin Scamman, M.D.

Dr. *Franklin Scamman* joined the Department of Anesthesia at Iowa in July 1978, having been recruited as early as 1973 by Jack Moyers, M.D., as part of the San Francisco-Iowa connection.

Dr. Scamman has always had an interest in physical science, having grown up on a farm in Northwest Missouri where cattle and hogs

were raised. His interest in engineering, and particularly electrical, dates from the time he burned his finger on a hot wire connected to a battery. His interest in life science was stimulated by an undergraduate National Science Foundation fellowship in physiology at the University of Kansas to facilitate instrumentation for nerve conduction studies. About that time, he realized he would somehow wind up an academician. After his advisor encouraged him to pursue a graduate degree, medicine was a logical choice as bioengineering was not yet a specialty. Dr. Scamman earned his undergraduate degree in 1966 and medical degree in 1970, awarded through the University of Kansas in Lawrence and Kansas City, respectively. During a M3 rotation, he was exposed to anesthesia and found a match with his engineering talents. During his residency at the University of California, San Francisco (UCSF), his anesthesia training was with Dr. William (Bill) Hamilton and fellowship with Dr. John Severinghaus. Having been in medical school during the Vietnam war and incurring a military obligation, he spent almost 5 years in the Air Force, stationed at Vandenberg, California and Wiesbaden, Germany, the Air Force's second largest hospital, where he was Chief of the Anesthesia Service.

Dr. Scamman tells a story about how he became interested in ear, nose, and throat (ENT) anesthesia. The ENT operating rooms in the old UCSF Hospital had large picture windows looking out to the north over the Golden Gate Park, the Golden Gate Bridge, and across to Marin County. As typical procedures were lengthy then, as now, he enjoyed watching the beautiful scenery!

Never short on imagination and being a "let's get it done now" person, Dr. Scamman carries a pair of vice grip pliers in his hip pocket, and has since his residency days. He's now graduated to a Leatherman, a universal repair tool for immediate fixes from electronic equipment to doorknobs.

Dr. Scamman's interest in information management has led to several advancements in the Department of Anesthesia at University of Iowa Healthcare (UIHC). He initiated a telephone in each anesthetizing location, which some faculty members worried would lead to remote-control teaching; he installed a computer with Internet access near each anesthetizing location, over the concerns that there would be inappropriate Web browsing. Both of these advancements, however, have proven to bring positive value to the operating room areas. When the Iowa City Veteran's Administration Anesthesia Chief position became available in 1987, he saw this as an opportunity to advance the discipline and order to the facility, and he accepted the challenge. Dr. Scamman served as Chief at the V.A. until 1998. This position eventually resulted in an appointment as the first Director of the Anesthesia Service at Veteran's Administration Headquarters in Washington, DC. He retired from the V.A. position in 2002, returning to the University full time. Dr. Scamman's academic appointments at the University of Iowa began as Assistant Professor in 1978, with a promotion to Associate Professor in 1984, and Professor in 1995, an appointment he still holds.



Drs. Todd and Scamman at leisure

The first "Computers in Anesthesia" meeting was held in 1980 and was organized by Dr. Scamman. This group recently held its 28th annual session in conjunction with the January 2008 meeting in San Diego, CA of the Society for Technology in Anesthesia, of which he is a charter member.

Looking back, Dr. Scamman states he could not have experienced a finer career than academic anesthesia. His joy has been the opportunity to provide patient care and to teach, receiving two teacher-of-the-year awards. Looking forward and continuing to use his engineering talents within the Department of Anesthesia at UIHC, he is heading up the project to implement an electronic anesthesia record with a go-live date in mid-2009. He is applying to the Wood Library and Museum (WLM), Park Ridge, IL, for a fellowship to continue cataloging, digitizing, and indexing the WLM's collection of audio and visual materials. He is now enjoying phased retirement and receiving more pleasure from his academic life than ever.

DIVISION TEAM

Profile

The Anesthesia Workroom, located near the Main Operating Suites, is truly a major hub of activity day and night. Staffed by highly skilled electronics technicians (ET) and clinical technicians (CT), the workroom provides a wide range of support services from anesthesia machine maintenance to restocking emergency airway carts. **Cynthia L. Carter** (Cindy) began her career in the workroom in 1987 as an electronics technician and was promoted to Anesthesia Workroom Supervisor in 2005. Other senior staff include ET technicians **Calvin D. Freese** (Cal) and **Steven J. Laubenthal** (Steve), and CT technicians **Marjorie J. Copper-Stimmel** and **Bill V. Gulick**.



Terry Moss and Cindy Carter

The Anesthesia Workroom is responsible for over \$1M in new inventory and supplies each year. Co-directors **Srinivisan Ragagopal**, M.D., Assistant Professor, and **Kenichi Ueda**, M.D., Associate, provide physician oversight for the workroom and management of the annual budget. Finding solutions to waste, damage, and requests for new inventory are challenging and require input and direction from the Anesthesia Workroom Committee. This committee consists of representatives from faculty,

Anesthesia Workroom

residents, CRNAs, workroom staff, and department administrative staff. Currently, a new computer management system, PeopleSoft Enterprise, (Oracle Corp., Redwood Shores, CA) is being brought online. We look forward to this enhancing and improving our inventory control process. The new system allows for online interactive processing, utilizing hand-held scanners to generate inventory needs and automatically place orders. Once this new system is fully functional, it will replace the old method of daily hard counts and hand-written orders.

The staff of the Anesthesia Workroom work hard to ensure that supplies are always available and equipment is functioning properly. Providing support to the Main Operating Rooms (which now includes what used to be the six rooms of the previous Ambulatory Surgery Center), the new Ambulatory Surgery Center, and the satellite locations where general anesthesia is provided, is a challenging task. Cindy and her staff always overcome the logistical hurdles, performing

room turnover and any other service, supporting the smooth and efficient functioning of all areas.

This group of people truly demonstrates on a daily basis just what teamwork is all about. They work together under demanding and stressful situations to ensure that superior patient care is delivered, which is the end goal of everything they do.

James A. Lane

Anesthesia Workroom Staff

Cynthia L. Carter, Supervisor
Jeff L. Cave
Delia E. Chadwick
Marjorie J. Copper-Stimmel
Bobby J. Curtin
Benjaminne R. Delzell
Calvin D. Freese
Teresa D. Gorsh
Bill V. Gulick
Carol M. Keith
Tomas A. Kuennen
Bret J. Kurtz
Steven J. Laubenthal
Stephanie L. Lear
Terry P. Moss
Kermit D. Petersen
Carolyn S. Wells



Calvin Freese



Steve Laubenthal

"Moment in Time"

A Day in the Life of...



Martin Sokoll, M.D.

Martin D. Sokoll, M.D.
1964

"It's 0600 hrs 04 January 1964. Having just completed my stint in the Air Force, I still tend to use a 24-hour clock and a time/day/month/year format. The alarm sounds at 405 4th Avenue Place, Iowa City, IA. I get out of bed, take a quick shower, and start the 5-minute drive to the University of Iowa Hospital. The parking lot is an open space south of the Minimal Care Unit in the South Wing (a space now occupied by the Carver and Colloton Pavilions). The dining room opens at 0630 hrs and Dr. Jack Moyers is already there. He's talking about the last basketball game. I listen and contribute little. At 0650 hrs, we go to the 6th floor and change into scrubs. The busy new day is starting.

"On the 6th floor operating area are the other members of the department: Bill Hamilton, M.D., Head of the department; Jack Moyers, M.D.; Leo DeBacker, M.D.; William Warner, M.D.; and Azmy Boutros, M.D.

"The department provides anesthesia in five different areas: eight rooms on the 6th floor, three for otolaryngology and ophthalmology procedures on the 3rd floor, two in the Children's Hospital for Orthopaedic procedures, and three at the Veteran's Administration Hospital. On the 4th floor is the Urology resection room.

"Rather than being numbered, the operating rooms on the 6th floor are named after famous surgeons: *Ambroise Paré*, M.D., French trauma surgeon (1510-1590); *William S. Halsted*, M.D., first Chief of the Department of Surgery at Johns Hopkins Hospital in Baltimore, MD (1852-1922); *Joseph Lister*, O.M., F.R.S., English surgeon who promoted sterile surgical procedures (1827-1912); *Emil T. Kocher*, M.D., Swiss surgeon who specialized in cases involving the thyroid gland (1841-1917); and *Christian A. T. Billroth*, M.D., pathologic histology tumor specialist in Austria (1829-1894). The operating rooms at Iowa used for neurosurgery, urology, and gynecology procedures were named after these famous individuals: *Sir Victor Horsley*, F.R.S., London neurosurgeon (1857-1916); *Hugh H. Young*, M.D., genitourinary urology surgeon practicing in Baltimore, MD (1870-1945); and *J. Marion Sims*, M.D., famous gynecological surgeon in New York City, NY (1813-1883). Thus, my colleagues and I referred to procedures being scheduled in *Paré* and in *Horsley*, for example, rather than in OR #1 or OR #5, which we found far more interesting!

"My assignment for today is to supervise the four tower rooms. In *Paré*, I have a resident who started the first of December 1963. The case is a cholecystectomy being done by Sidney Ziffren, M.D., and should take about 1 ½ hours. This lady is healthy, so we won't plan on using an EKG. Besides, the four EKG machines we have are already claimed. We'll use a precordial stethoscope and blood pressure cuff. I had planned on using halothane, oxygen, and nitrous oxide for the

anesthetic. We don't have enough Fluotec vaporizers for all of the rooms, so I will use the Copper Kettle vaporizer on the anesthetic



Above: Copper Kettle
Right: Fluothane

machine. That means calculating the flow rates needed to get the desired concentrations of halothane. The vapor pressure of halothane is about 1/3 of an atmosphere. Thus, if I deliver 200 cc of oxygen per minute, the output of the vaporizer will be 300 cc, 100 of which will be halothane.

Divide that by the background flow and you have the delivered concentration. The patient is a woman weighing 140 pounds. Her anesthetic begins with 300 mg thiopental followed by 3% halothane at a total flow rate of 10 l/m. After about 5 minutes of manually controlled ventilation (operating room ventilators were almost unknown), 40 mg succinylcholine is administered and the endotracheal tube is inserted. We wait for the patient to show some sign of recovery from succinylcholine and then administer 15 mg d-tubocurarine or an equivalent dose of gallamine. Patient monitoring will be a manual blood pressure cuff, precordial stethoscopes, and a 'finger on the pulse'.

"In *Lister* operating room is Dr. Edward Mason performing a colon resection. A continuous epidural anesthetic is planned. By the time I get the first operating room going, the resident already has the catheter in and it appears to be working. The



“Moment in Time”

A Day in the Life of... *continued*

Martin D. Sokoll, M.D.

1964

resident occupies the patient with conversation until the operation is underway and then asks the patient if he would like some sedation.

“While I’ve been starting cases in operating rooms *Paré* and *Halsted*, the anesthesia faculty assigned to orthopaedic rooms for today has helped get *Lister* and *Kocher* operating rooms underway. He now has to go to Children’s Hospital where orthopaedic procedures are scheduled to begin 30 minutes later than those on the 6th floor, and I will take over the rooms he started.

“The second case in *Lister* is a 5-month old scheduled for a pyloromyotomy. Pediatric valve systems have been devised, but for teaching purposes we will use a non-rebreathing system. This entails calculating the flow rates needed to provide fresh gas for each breath. I run through this with the resident. Again, patient monitoring will be a manual blood pressure cuff, precordial stethoscopes, and a ‘finger on the pulse.’ Blood pressure will be estimated by the oscillation of the needle.

“It’s now 1300 hrs. Drs. Hamilton and Azmy have covered for each other to get lunch on the 1st floor. They will now cover for me to get lunch.

“Since today is Monday and I had call over the weekend, I won’t be on call tonight. I will, however, have call one night this week. I think first call is Azmy today. After lunch, the staff on call for the night will take over running the 6th floor rooms. The others on the 6th floor will go to their offices to read or prepare lectures, but they will remain available to help in the OR if needed. Dr. Hamilton always spends the morning in the operating rooms when he is in town, saving administrative work for the afternoon. By 1500 hrs, both orthopaedic and V.A. Hospital cases should probably be done, and those faculty members will be available for help if needed.

“Office space is limited. Azmy and I share a converted broom closet under the stairway to the 7th floor. It is long and narrow. Azmy’s desk is first and mine is second. If he is sitting at his desk, I must ask him to pull in closer to let me by. It’s 1700 hrs. Azmy still has two rooms running, but they should be done soon. I think I’ll have dinner at the hospital and then go home. Oral boards are this October, and I’m thinking about them already.”

Martin D. Sokoll, M.D.

A Shared Day in the Life of...

James N. Bates, M.D., Ph.D.

with Martin D. Sokoll, M.D.

1982



“I am a CA-1 resident (first year of Clinical Anesthesia after an Internal Medicine Internship) at University of Iowa Hospitals and Clinics (UIHC), and I am on my first rotation through neurosurgical anesthesia. I have a big day ahead, as I’m going to do my first cerebral aneurysm clipping. I’ve discussed the case and the patient last night with my faculty staff, Dr. **Martin Sokoll**. I’ve read up on intracranial operations in general, and aneurysms in particular. I’ve talked with some experts - CA-2 residents - about what to expect and how to prepare. I’m as ready as I can be.

“We are in Operating Room (OR) #11, back in the corner of Boyd Tower in the 6th floor OR suite. It is a long way back to the Anesthesia Workroom, so I need to make sure I have everything I could possibly need in my green ‘tackle box.’ I’ve got my laryngoscope and Mac 3 blade, and a spare Miller 2 blade just in case. I’ve got thiopental, succinylcholine, ephedrine, atropine, fentanyl, morphine, droperidol, neostigmine, and just in case, epinephrine. We will use curare for muscle relaxation during the surgery; it has a tendency to drop the blood pressure a little, which

is good when the aneurysm is being manipulated. I also have some pancuronium, in case we change our minds about that, and besides everyone gets pancuronium (and succinylcholine, and thiopental, and fentanyl). I’ve made up a nitroprusside infusion to help drive down the blood pressure during the aneurysm clipping, and a phenylephrine infusion to drive it up if things get



Anesthesia machine used in the 1980s

complicated. I’ve been a spendthrift and prepared them with the plastic ‘Dial-A-Flow’ valves already on the intravenous (IV) tubing so I can start them and get accurate flow rates quickly. I plan on using the newer and expensive anesthetic agent, isoflurane. I think I can justify not using the much cheaper halothane, because the most recent studies suggest that isoflurane maintains better

A Day in the Life of...

James N. Bates, M.D., Ph.D.
2008



cerebral blood flow than halothane. We will also use one of the two capnometers the Anesthesia Department owns, so that we can monitor the hyperventilation that we will employ. It is lucky we are in OR #11 because one of the capnometers is more or less permanently stationed there. It is technically a portable monitor, but it weighs about 30 pounds and is as big as a cat-carrier, so it takes some motivation to move it from the top of one anesthesia machine to the top of another in a different room. And if you drop it ... well, we won't go there. There are also two pulse oximeters in the department, but they are usually reserved for infants and toddlers, or someone very sick. Besides, we are going to have an arterial line so we don't need a pulse oximeter.

"We get off to a nice start and things are going just as planned. We have the patient nicely hyperventilated, slightly hypotensive, and a little dehydrated. The surgeons are having a little difficulty getting the clip around the neck of the aneurysm. There is a video camera in the operating microscope and we can watch on the monitor as they struggle. Then the whole image just goes red, and the surgeon announces that the aneurysm has ruptured. I am VERY pleased that Dr. Sokoll is right beside me! Immediately, the nitroprusside is stopped and the phenylephrine started, and as fast as the patient's blood pressure will tolerate, we push 4 or 5 syringes of thiopental to get the patient into a barbiturate coma before she has a stroke.

"Some fluids are given, some blood is transfused, and a skilled surgeon eventually manages to get the clip on the now deflated and submerged aneurysm. A couple of days later, when the patient is allowed to wake up from her drug-induced coma, she is neurologically completely intact."

Just another day in Operating Room #11. Well, except for the fact that the day is still fresh in my mind 25 years later!

James N. Bates, M.D., Ph.D.



James Bates, M.D., Ph.D.

"It is 7:15 a.m. and we can take the first patients to the operating rooms (OR) now. I've only been up for about 1-1/2 hours and in the hospital about 1/2 hour. It's nice to live only 3 miles away; the drive only takes 5 or 10 minutes, depending on how many of the 7 signals along the way are red. The drive from home to the parking ramp is often shorter than the time it takes to get from the parking ramp to my office.

"I'm staffing two operating rooms today. In one room, I have a CA-1 resident giving anesthetics for several laparoscopic tubal ligations, followed by an abdominal hysterectomy. In the other room, I have a CA-2 resident giving anesthetics for a series of pediatric urology procedures. I've talked with both residents and both patients or parents, and everybody is ready to go. The young woman getting a laparoscopic tubal ligation is healthy, but nervous. She didn't sleep well at home last night, but she wants to get this over with now that she is here. She has gotten some intravenous midazolam in the preoperative holding area and is more relaxed when she gets to the OR. Because she is having a laparoscopic procedure, we have elected to place an endotracheal tube during her surgery instead of a laryngeal mask airway. We have also elected to use propofol as the primary anesthetic agent. When we get to the room, there is a short discussion between the patient and the OR nurse who goes through a checklist of questions to ask and forms to confirm. After the patient has moved over to the OR table, a blood pressure cuff, 5 lead EKG, and pulse oximeter probe are placed. Anesthesia is induced with propofol, during which the patient briefly comments about the burning sensation at the IV site. After airway control is confirmed, she is given a dose of vecuronium. In previous surgeries, she has been slow to become fully awake and alert and we have promised her we will try to make her recovery a little faster today. An 'Entropy' sensor has been placed across her forehead to allow this EEG-based monitor to give a measurement of the depth of her anesthesia. We hope this will aid our plan to run the anesthetic a little 'lighter' and allow her wake up to be a little quicker. After paralysis is confirmed by the 'twitch monitor' on the anesthesia machine, she is intubated. Correct placement is confirmed and the patient is stable. A formal 'time-out' is called so the surgeon, anesthesiologist, and nurse can state out loud who the patient is and what surgery is planned.

"In the second OR for which I am responsible, the 3-year old patient and his mother have arrived. She is sitting on a stool with him in her lap. We put a pulse oximeter on his finger, but he is



Anesthesia machine used today

A Day in the Life of...

continued

James N. Bates, M.D., Ph.D.
2008

too anxious to allow much more. We try to talk him into breathing some nitrous oxide and oxygen, but he would prefer to leave. We turn the sevoflurane all the way up and hold the circuit close to his face. After a few seconds of trying to turn his head away, he allows us to put the mask directly on his face. After another few seconds he is unconscious. It is a different anesthetic agent, but the routine is identical to the halothane inductions I did as a resident. Mom gives him a kiss and is escorted back to the holding area. We put on the automated blood pressure cuff and EKG leads, start an IV, and place a laryngeal mask airway. At the end of the procedure, we turn him on his side and place a caudal. He wakes up not exactly happy to be here, but not in any particular distress.

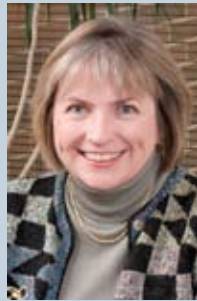
“The rest of the day proceeds similarly. I try to time morning breaks and lunch for the residents so that I can still be present for each induction and emergence. It helps that there is a cafeteria right next to the OR locker room.

“Our last patient chooses to have a thoracic epidural for postoperative pain control after her abdominal hysterectomy. After we get an IV going, we take her to the Center for Pain Medicine and Regional Anesthesia (Pain Clinic), which is adjacent to the OR suite. A resident on the pain service rotation places her epidural and professionals from the Pain Clinic will manage the epidural for the next couple of days.

“The gynecology cases have taken a little longer than planned, so at about 5:30 p.m., the faculty on call takes over my room. There are still 9 of the 26 rooms running, but the 3 faculty on the call team have taken over most of the rooms. A few papers to push in my office close to the locker room upstairs from the OR, but by 6:30 p.m., I am home. All in all, I've experienced a good day, and I feel my teaching skills have also enhanced the day for others. I am pleased about the excellent patient care delivered and feel appreciative about the technologic progress achieved over the past few decades.”

James N. Bates, M.D., Ph.D.

Spotlight on Investigator Donna L. Hammond, Ph.D.



Donna L. Hammond, Ph.D. joined the department as Professor of Anesthesia and Pharmacology in 2000. Dr. Hammond received her B.S. in Biochemical Pharmacology from the State University of New York at Buffalo and her Ph.D. in Pharmacology from the University of Illinois in Chicago. After a 2-year postdoctoral fellowship with Tony L. Yaksh, Ph.D., at the Mayo Clinic in Rochester, MN, she joined the G.D. Searle Company, where she led research efforts in the development of novel analgesics. Seven years later, she heard the siren call of academics once again, and joined the Department of Anesthesia and Critical Care at the University of Chicago. In 2000, she was lured to Iowa by the appeal of joining a grown team of investigators interested in pain research, the collegiality and quality of science at this institution, and the small town university environment.

Dr. Hammond is internationally recognized for her research into brainstem and spinal cord mechanisms of acute and chronic pain. She is the recipient of the Young Investigator's Award from the American Pain Society and the J.J. Bonica Award from the American Society of Regional Anesthesia. She has served on numerous editorial boards for preeminent journals in the field including *Pain* and *Journal of Pain and Neuroscience*, and has served as the Chair and regular member of two different National Institutes of Health (NIH) study sections. Dr. Hammond has authored over 70 publications and 10 book chapters, and has been funded by the NIH nearly continuously since 1990 for her research.

In addition to her research, Dr. Hammond has an equally strong interest in mentoring undergraduate students, graduate students, medical students, and residents to successful careers in academic research. She is particularly proud of the four M.D., Ph.D. students she has trained, three of whom have elected to complete their training in anesthesiology in top ranked programs at Johns Hopkins University (Baltimore, MD), Washington University (St. Louis, MO) and University of Alabama (Birmingham, AL). Thus, while she is not an anesthesiologist, she sees herself playing an important role in maintaining the vigor of the discipline by participating in training the next generation of academic anesthesiologists.

Dr. Hammond is Co-Director of the University of Iowa Pain Research Program with **Timothy J. Brennan**, M.D., Ph.D., Professor in the Department of Anesthesia. This program is funded by a T32 training grant from the NIH, making our department one of only ten in the nation with a training grant. The program emphasizes interdisciplinary training of students, fellows, and junior faculty in pain research. Through a strong didactic program of individualized courses, journal clubs, work-in-progress presentations, and mentored bench research, this program serves as a springboard for these individuals to develop their own independent research program.

Currently, Dr. Hammond is serving as Interim Head of the Department of Pharmacology at UIHC, where she has a secondary appointment. She refers to this experience as her “administrative sabbatical!” When not balancing the demands of research, grant writing, and administration, she can be found getting “air-time” while jumping her horse, Divine Diva.

“Unquestionably” Iowa

Photography Competition



First Prize Winner

Robert Temple, R.N.

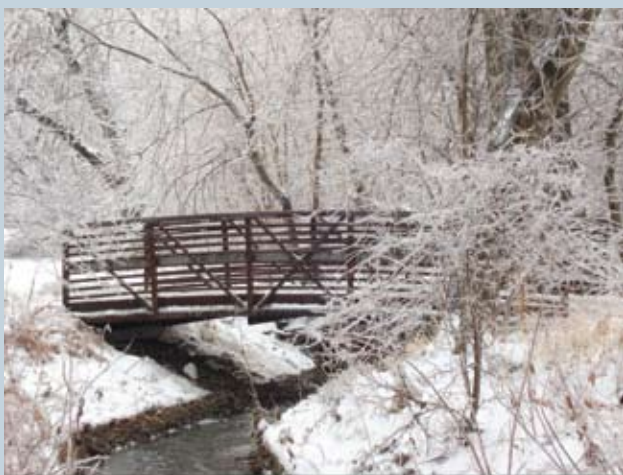
Nurse Clinical-Specialist

Center for Pain Medicine and Regional Anesthesia

Golden Maple in Hickory Hill Park, Iowa City

Fall 2007

Recently, *Dr. Todd* initiated a photograph competition within the department, triggered by positive feedback received about a photograph appearing in the Fall 2007 Department Newsletter. That photo displays a doe with her triplets living in the prairie area of Dr. Todd's residence. At the suggestion of *Robert From*, D.O., Associate Professor, a message was sent out to all current members of the department. The message contained a challenge, an invitation to submit photographs for a competition, with the winning photo to be used within our next department newsletter. The criteria were simple: the photograph must have been taken recently and it must portray something that is “unquestionably” Iowa. We received a total of 21 photographs, and each and every one is incredibly awesome! The top two “winners” are displayed here. Visit our Web site at <http://www.anesth.uiowa.edu>



Second Prize Winner

Lakshmi Kantamneni, M.D.

Second Year Resident

Ice Storm II in Willow Creek Park, Iowa City

Winter 2007

to view each of the submissions. Our competition will remain active, with submissions invited for consideration of publication in each upcoming newsletter. We will continue to select what the committee feels to be the “best of the best” to display in print, but we'll continue to post

all submissions on our Web site. We invite our alumni and friends to join the fun! Send your recent, Iowa-defining photographs to Barb Bewyer via e-mail at barbara-bewyer@uiowa.edu or by mail.

MEET THE NEW ANESTHESIA Faculty



Esther Benedetti, M.D.

Esther M. Benedetti, M.D., joined the Department of Anesthesia in August 2007 as an Assistant Professor. Dr. Benedetti and her family relocated to Iowa City from Caracas, Venezuela. She is an outstanding addition to our Center for Pain Medicine and Regional Anesthesia. She is a Board Certified pain physician and anesthesiologist, having completed a Pain Fellowship at the University of Vermont's Fletcher Allen Health Care Pain Clinic, Burlington, VT. In addition, she has several years of clinical experience and is trained in the performance of certain interventional pain treatment procedures.

Dr. Benedetti and her husband, Luciano, have three children, Luis Felipe, Carlos Alejandro, and Anapaula. Dr. Luciano Marrero is a plastic surgeon with a successful practice in Venezuela. While Dr. Benedetti misses the palm trees of her home country, she enjoys spending her spare moments traveling the state of Iowa, shuttling her children to soccer games.

Achievements and Awards

CLASA Awards Special Recognition to Dr. Campos

The Confederation of Latin American Society of Anesthesiologists (CLASA) held their XXIX meeting in Cancun, Mexico, November 20 – 24, 2007. During that meeting, **Javier H. Campos**, M.D., was given a plaque and special



Javier H. Campos, M.D.

recognition for his worldwide scientific contributions in the field of anesthesiology and for his special interest in academics and teaching in Latin American countries, including Spain. Dr. Campos, Professor, is Vice Chair of Clinical Affairs, Medical Director for the Main Operating Room, and Director of Cardiothoracic Anesthesia. This is the first time that the CLASA has ever awarded and recognized scientific contributions made by a Hispanic anesthesiologist practicing in the USA and Dr. Campos is the first nonmember to be given this award. Dr. Carlos Guzman Taveras, the president of CLASA, and Dr. Sergio Castro, president of the annual meeting, gave the recognition award to Dr. Campos. During his acceptance of the award, Dr. Campos shared insight from one of his mentors in the USA: “*Teach others what you know best.*” This is what Dr. Campos practices.



Initiation of Fellows of the American College of Chest Physicians (ACCP)

Avinash B. Kumar, M.B.B.S., F.C.C.P. (Assistant Professor; Assistant Director, Medical Student Clerkships; Director, Medical Student Rotations in the SICU); **Jonathan S. Simmons**, D.O., F.C.C.P. (Clinical Assistant Professor; Co-Director, Critical Care Fellowship), and **Joss J. Thomas**, M.B.B.S., M.P.H., F.C.C.P. (Associate; Director, Nurse Sedation Program) were recently initiated as Fellows of the American College of Chest Physicians (ACCP). Their convocation was held during the CHEST 2007 Annual Meeting in Chicago, IL. To become Fellows, Drs. Kumar, Simmons, and Thomas had to be considered specialists in disciplines related to the function and diseases of the chest and must devote the major portion of their practice to this specialty. They also had to be endorsed by two ACCP members.



Avinash B. Kumar,
M.B.B.S., F.C.C.P.



Jonathan S. Simmons, D.O.,
F.C.C.P.



Joss J. Thomas,
M.B.B.S., M.P.H.,
F.C.C.P.



Left to right: Sally Mason, Ph.D.,
President, U of Iowa; Edward S.
Thompson, Ph.D., C.R.N.A., F.A.A.N.;
Lola L. Lopes, Ph.D., Interim Executive
Vice President and Provost, U of Iowa

University of Iowa President & Provost Excellence in Teaching Award

Anesthesia faculty member, **Edward S. Thompson**, Ph.D., C.R.N.A., F.A.A.N. (Professor; Director, Graduate Program in Nurse Anesthesia), was the recipient of the 2007 University of Iowa President & Provost Excellence in Teaching Award. UI President, Sally Mason, and Interim Executive Vice President and Provost, Lola Lopes, presented Dr. Thompson this award at the 2007 Faculty and Staff Awards Banquet on October 16, 2007.

Pain Management Nurse National Certification



Trudy A. G. Laffoon, M.A., A.N., B.C. (Assistant Nurse Manger), **Deborah A. Even**, R.N., B.S.N., B.C. (Staff Nurse), and **Nicole L. Ranney**, R.N., B.C. (Staff Nurse) each recently passed the national certification examination for pain management nurses. The Pain Management certification exam is a partnership venture between the American Nurses Credentialing Center and the American Society for Pain Management Nursing. These women are healthcare providers in our Center for Pain Medicine and Regional Anesthesia.

✓ Mark your calendars!

IOWA Award Recipients

Recent IOWA (Improving Our Workplace Award) recipients were *Cynthia L. Carter*, Anesthesia Workroom Supervisor, and *Kermit D. Petersen*, Clinical Technician II in the Ambulatory Surgery Center Anesthesia Workroom. Cindy and Kermit were awarded the IOWA awards by *Douglas Merrill*, M.D., Medical Director of the Ambulatory Surgery Center.



Left to right: Douglas G. Merrill, M.D., Cindy Carter, Kermit Petersen

The University of Iowa Health Care's **Above and Beyond the Call of Duty Award Program** is designed to recognize and reward individuals who have gone above and beyond their formal, identified job duties to exceed the needs of our patients, visitors, and staff, or Above and Beyond the Call of Duty.

Most recently, the following individuals from the Department of Anesthesia were recognized with receipt of this Award.

James N. Bates, M.D., Ph.D.,
Associate Professor; Director, Obstetrical Anesthesia; Clinical Director, Main Operating Room
Karen A. Dean, M.D., Resident, CA-1
Robert B. Forbes, M.D., Professor
Susan K. Fullenkamp, B.A., M.A.,
Human Resources Administrator
Robin G. Gonzalez, Clerk
Ruth E. Wachtel, Ph.D., M.B.A.,
Associate Professor
Amy Schott, Human Resources Assistant

**Upcoming Iowa Anesthesia Department CME Conferences

Each conference offered through our Department is approved for allowance of CME credits to the participating professional. Detail regarding the upcoming conferences can be found on the Department's Web site at <http://www.anesth.uiowa.edu>. Should you have specific questions regarding a conference, you may e-mail or call the UIHC College of Medicine CME office contact, Lori Bailey Raw. She can be reached via e-mail at lori-bailey@uiowa.edu or by telephone at 319-335-8599.

Regional Anesthesia Study Center of Iowa (RASCI)

<http://www.anesth.uiowa.edu/rasci>

May 17 – 18, 2008

October 4 – 5, 2008

December 6 – 7, 2008

Iowa Anesthesia Symposium VIII

<http://www.anesth.uiowa.edu>

May 10 – 11, 2008

Iowa Conference on Hyperbaric Applications and Treatments (I-CHAT) <http://www.anesth.uiowa.edu>

October 4, 2008

Operations Research for Surgical Services

<http://www.anesth.uiowa.edu>

October 3 – 6, 2008

Iowa Airway Workshop

<http://www.anesth.uiowa.edu>

Fall 2008 conference date to be announced soon.

Iowa International Anesthesia Symposium III

<http://www.anesth.uiowa.edu>

Spring 2009 conference date to be announced soon.

**Other Upcoming Events

The following special events are being planned. Mark the dates on your calendars, as we welcome you to join us. Contact Barb Bewyer via e-mail at barbara-bewyer@uiowa.edu or by telephone at 319-353-7559.

Resident Graduation Luncheon – Sunday, June 22, 2008

New Resident Welcome Party – Thursday, June 26, 2008

ABA/ASA Resident In-training Written Exams – July 12, 2008

ABA Written Certification Exam – August 4 – 5, 2008

Iowa State Fair – August 7 – 17, 2008

University of Iowa Homecoming Week-end – September 26 – 28, 2008

All-Department Annual Picnic – Sunday, September 28, 2008

Alumni Reception during Annual ASA Meeting – Saturday, October 18, 2008
6:00 – 9:00 p.m.

Orlando, FL

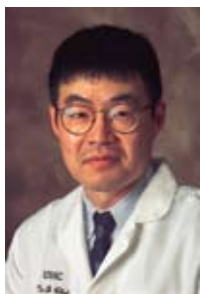


Dr. Choi lecturing to medical students

The Importance of Teaching...

Medical Students

I was very nervous when Barb [Bewyer] approached me about writing for the departmental newsletter. I felt like a freshman student back at Northwestern University listening to my instructor for the first writing assignment. After finding out that saying “no” to her was not an option, I decided to do the next best thing. I ignored it, hoping that it would go away. Well, it didn’t go away, and here I am writing about my responsibility as the Director of the Medical Student Clerkship.



James Y. Choi, M.D.

Let me give you an overview of our department’s clerkship for the medical students. The University of Iowa Carver College of Medicine is one of the few medical schools in the country to have anesthesia as a required rotation. It is considered a “minor” rotation lasting two weeks. Medical students are allowed to schedule their anesthesia rotation in their third or fourth year. Most of the students interested in going into the specialty of

anesthesiology take the rotation in their third year, and then also take the 4-week senior elective anesthesia rotation in their fourth year. It is exciting when the students who “see the light” during their 2-week rotation come to talk to me about going into anesthesiology!

Medical students start their rotation on a Monday at 6:30 a.m. with the Monday morning lecture series. After the lecture, I meet with them for an orientation session. I launch into their “Airway Management” lecture after the orientation, followed with a brief tour of the operating room (OR) area. One of the first stops is the “free coffee machine!” After the tour, they are sent to their OR assignment. The majority of their time is spent in the OR interacting with our residents and faculty members. I am always very proud of our residents especially, as they uniformly receive excellent evaluations and comments for their willingness to teach and to allow the medical students to participate in the care of the patients. Doing procedures such as IV placement and intubations provides an attraction for this rotation, and our residents and faculty do a superb job of explaining the importance of the anesthesiologist in perioperative care of the patients.

We are very fortunate to have many experts in their field taking time to lecture to the medical students.

The medical students attend the weekly Clinical Case Conferences. There are also daily lectures specifically geared for the medical students. We are very fortunate to have many experts in their field taking time to lecture to the medical students. One of the more fun lectures is given by *Dale Morgan, M.D.*, a retired

anesthesiologist and a Visiting Professor of Anesthesia. He leads the medical students through a patient simulator session. They also participate in the simulator based “team training” exercise, led by Patient Simulator Center Co-directors, Drs. **Paul Leonard**, Associate Professor, and **Ann Willemsen-Dunlap**, Assistant Professor. Both of the simulator sessions are very popular with the students.

When the OR schedule for the next day becomes available, I make the students’ assignments. I try to give them some continuity by assigning them to the same resident for 2-3 consecutive days. They spend a day each with pediatric cases, cardiac cases, and in the Center for Pain Medicine and Regional Anesthesia. A great deal of effort goes into their assignments, allowing for maximum learning potential. Most students seem to enjoy their time in the OR. Of course, once in a while, there is a student feeling disappointed that he or she never had a chance to intubate for various reasons (patient medical condition, difficult airway). Spending time with the residents in the ORs is the most important part of this rotation. Our residents and staff really make this clerkship very special. The anesthesia rotation provides an opportunity for an unusually large amount of interaction between the students and the faculty members.

At the end of the second week, on Friday afternoon, the students take the written (actually computerized now) examination that will account for about 75% of their grade, with the remaining 25% coming from the clinical evaluations. Although this test has a reputation for being difficult, students rarely fail. In the rare instance that a student fails, that student is given an opportunity to retake exactly the same test.

Among the several challenges as Director of the Medical Student Clerkship, my number one priority is to provide the opportunity for the medical students to experience anesthesiology as more than just a rotation “to do procedures.” Anesthesiology is a robust and important specialty oftentimes requiring sound medical decision making in split seconds. We are the ones entrusted with caring for the surgical patients. Every day, I agonize over student assignments. Sometimes, there are as many as 14 medical students, rotating residents, and paramedic students who need to be assigned! Even with the old Ambulatory Surgery Center (ASC) now part of the Main Operating Room (MOR), I need to be creative with their assignments.

I am grateful to have Ms. **Kristina Staab** as the Anesthesia Medical Student Clerkship Coordinator. I am always amazed by her capacity to take on yet another request from me, as she has a heavy work load also assisting **Timothy J. Brennan**, M.D., Ph.D. (Professor; Vice Chair, Research) and **Bradley J. Hindman**, M.D. (Professor; Vice Chair, Faculty Development; Clinical Director). Whenever I assign her a task, Kristina completes it promptly. I sometimes wonder if she just drops everything else she is doing to accomplish my request! Working together, we have enhanced several aspects of the medical student clerkship. Kristina has taken an active role in eliminating paper waste and moving to an electronic system.



Kristina Staab

As an example, the previous paperwork has now been scanned, affording easier access. With Kristina’s help, we have computerized the final examination. This has eliminated any scoring errors and speeded up the grading process, allowing students to find out their test scores before they leave the testing area. We also have their daily assignments on the Department of Anesthesia Web site. This allows me access to make their assignments even when I am on vacation or



Medical Students in computer testing room

traveling. It also allows easy access for the medical students. We are excited that beginning with the January 2008 rotation, all students’ clinical evaluations are now completed utilizing the Carver College of Medicine’s E-Value system.

Although the lectures and objectives of the clerkship have been refreshed several times, they remain largely unchanged from the past. We plan to streamline the lecture series and make it more consistent, as well as refine the objectives to better assist the medical students in their learning. I am grateful to all department members who participate in the medical student clinical teaching in the OR. Also, I thank the faculty who take time to prepare and deliver lectures, recognizing the importance of this in the training of future physicians. I urge all faculty members who have been thinking about participating in these lectures to jump in and join in the fun! Alumni, this would be a great, welcomed opportunity for you to continue participating in the development of our students, a way for you to “give back.” It is a fun and easy way to fulfill one of the missions of the medical school. Working with medical students and residents is one of my favorite aspects of being at the University of Iowa.

While many changes have been implemented to improve the Anesthesia Medical Student Clerkship, it remains a work in progress. I welcome new ideas and suggestions to enhance the rotation. It is a privilege to serve as the Clerkship Director.

James Y. Choi, M.D., Associate Professor
Director, Medical Student Clerkship
Chair, UI Carver College of Medicine Admissions Committee

The Importance of Teaching...

Anesthesia Residents



Tara Hata, M.D.

The structure of our residency program today has changed considerably compared to what it was 10 years ago. Some of the changes have been driven internally, but the majority have been driven by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME, an independent nonprofit council formed in 1981, evaluates and accredits medical residency programs in the United States in an effort to control the quality of postgraduate training. I am happy to report that our program underwent review in 2007 and was granted continued full accreditation. The ACGME began an initiative in 2000 called the Outcomes Project, placing the emphasis on educational outcomes rather than the “process.” Rather than simply identifying goals and objectives, we must prove to the ACGME that our residents attain the goals that have been set. The framework of this project is defined through six general competencies identified as patient care, medical knowledge, practice-based learning and improvement, professionalism, systems-based practice, and interpersonal/communication skills. Traditionally, teaching and evaluation of medical knowledge and clinical care have always been incorporated into our residency program, but it takes a little more creativity (and personnel hours) to teach and evaluate the other core competencies. By using problem-based learning discussions (PBLDs), Clinical Case Conferences, case logs, structured checklists, simulations, and special workshops and retreats, we have incorporated structured education in each of these areas. Evaluation of the residents takes place formally and informally on multiple levels and by multiple people. For example, faculty, as well as peers, nurses, patients, and medical students evaluate the residents in the areas of professionalism and interpersonal/communication skills.

While we are accredited for 13 residents per class, typically 9-10 will start their internship with us, and the remainder will join as CA-1s. During internship, our residents spend 2 months in the Surgical Intensive Care Unit, 1 month each in the Preanesthesia Evaluation Clinic and the Center for Pain Medicine and Regional Anesthesia, and 1 month of basic anesthesia. Seven months of their first year are spent with other services including medicine, surgery, emergency medicine, and radiology, serving to provide a strong foundation prior to anesthesia training. *Debra J. Szeluga*, Ph.D., M.D. (Associate Professor; Director, Urologic Anesthesia) serves as the Associate Program Director for Anesthesia Residency, and as such has developed a reading program for the interns using the textbook *Anesthesia and Co-existing Disease* (Stoelting RK, Dierdorf SF: Philadelphia, Elsevier Health Sciences, 2002). Reading assignments and essay questions encourage the interns to apply what they learn to

the field of anesthesiology. Dr. Szeluga has also organized the first month of anesthesia training to include an intensive 2-day orientation program for our residents before they start in the operating room (OR), as well as a month-long series of lectures, mini workshops, and simulator sessions.

Deborah J. Debring, M.D. (Associate Professor; Medical Director, SRNA Program) and *Merete Ibsen*, M.D. (Assistant Professor; Co-Director, Anesthesia Nurse Sedation Service) are the coordinators of our didactic curriculum. They have introduced major, positive changes over the past 3 years, addressing the educational needs at each level of training. The CA-1 basic anesthesia lecture series has been extended from 2 months to 6 months and reviews an entire textbook. Each January, the CA-1s join the CA-2s and CA-3s for the regular didactic series, which takes place on Monday and Tuesday mornings. These are organized into major topics and subspecialty areas, using the American Board of Anesthesiologists content outline as a guide for the 3-year curriculum. While Mondays continue in the traditional lecture format, Tuesdays have evolved into PBLDs. The cases are designed to cover multiple issues such as a subspecialty topic, a coexisting disease, and a pharmacology or physics problem. Individual sessions are held for each class to allow smaller groups for discussion. There are several advantages to this type of learning experience: the residents are obligated to read and prepare, they are active participants in the learning process rather than passive listeners, and application of the knowledge reinforces learning and retention.

The CA-2 and CA-3 classes each have their own lecture series during the months of July and August. While the CA-1s are learning basic anesthesia, the CA-2s participate in the Academic Series and the CA-3s participate in the Practice Management Series. *Mazen A. Maktabi*, M.D. (Associate Professor; Director, Resident Research Program; Co-Director, Departmental Performance Improvement) organizes the Academic Series. Topics include how to evaluate an article, how to search the literature, a statistics review, and how to write an institutional review board (IRB) proposal, as well as an overview of basic and clinical research that is taking



Robert Raw, M.B., Ch.B. (right) lecturing to residents

place in our own department. Because residents are required to complete an academic project before

graduation, this series gives them some of the background training to get a project off the ground. Residents have been involved in projects ranging from an evidence-based review of a topic to simulator research, as well as clinical and basic science projects. In 2007, we had several residents present at meetings of the American Society of Anesthesiologists, the American Society of Regional Anesthesia, and the Midwest Anesthesia Resident Conference. The department is very supportive of our residents presenting at meetings such as these, and every allowance is made to support their research efforts.

During the same time period in July and August, the CA-3s participate in the Practice Management Series, led in 2008 by **Douglas G. Merrill**, M.D. (Professor; Director, Ambulatory Surgery Center; Assistant Hospital Director for Ambulatory Surgery). Topics include: how to evaluate practice opportunities, how to evaluate a contract, billing and collecting, legislative and regulatory issues, risk management/quality assurance, coding and compliance, and wealth management. While job searches seem to begin earlier each year, these lectures have been especially effective at the beginning of the CA-3 year.

Clinical Case Conferences, which are organized by **Dr. Maktabi**, continue to take place weekly and are still a core component of resident education. They are the main forum for quality assurance and provide topics for lively discussion. By reviewing complications or potential complications, the residents are meeting the general competency of practice-based learning and improvement. It also is a major tool for revealing systems issues that need resolution to deliver healthcare safely and effectively.

The department's Patient Simulator Center has been a fantastic learning resource for the residents. The goal is for each resident to work through two to three simulator scenarios in each subspecialty area, providing a low stress environment for the residents to practice technical skills, critical thinking skills, and also to confront situations that only present rarely. Our simulator experts also actively engage other departments at UI Hospitals and Clinics (UIHC) to run team scenarios with our residents and study communication skills among physicians and other healthcare providers.

Other structured learning opportunities for our residents include workshops. The Regional Anesthesia Study Center of Iowa (RASCI) is organized by **Robert M. Raw**, M.B., Ch.B. (Associate Professor; Director, Orthopaedic Anesthesia; Director, Regional Anesthesia Fellowship). **Robert P. From**, D.O. (Associate Professor; Clinical Director) organizes the Advanced Airway Workshop. The annual Iowa Anesthesia Symposium is managed by **Javier Campos**, M.D. (Professor; Vice Chair, Clinical Affairs; Medical Director, Main Operating Room; Director, Cardiothoracic Anesthesia).

A new initiative beginning in 2008 includes a retreat designed for each year of residency. A CA-1 retreat took place in January, included a stress management workshop, and was well received and appreciated by our residents. Because anesthesiologists have one of the highest rates of opioid addiction among physicians, this is an important time to address the issue of stress. An outside facilitator led this retreat, which was held in the new press box

at Iowa's Kinnick Stadium. We are also planning retreats for the CA-2 and CA-3 classes next fall, focused around teamwork and communication skills, and leadership skills respectively.

In 2008, the Department is supporting two residents to accompany **Robert B. Forbes**, M.D. (Professor) on his annual trip to Guatemala. **Chandra N. Beals**, M.D., and **Thomas S. Cannon**, M.D. (both in their CA-3 year of residency) will work with Dr. Forbes and a team of health care professionals to provide medical care to the underprivileged in this area. Also accompanying the team from UIHC is a locum physician, **James Schuh**, M.D. The Miles of Smiles Team is organized through the Rotary Clubs.

As well as the faculty contributions to the success of our residency program, we are fortunate to have Ms. **Donna Merck** (House Staff Program Coordinator) and Ms. **Abbey J. Gilpin** (Education Secretary), who make sure we're all on our toes and are major contributors to all aspects of helping the program run smoothly. Our residents know they can count on Donna and Abbey to assist them in any way possible.

This article has reviewed our educational program for the residents in the Department of Anesthesia and I haven't even begun to touch on the clinical training taking place in the operating room, Ambulatory Surgery Center, Surgical Intensive Care Unit, and the Center for Pain Medicine and Regional Anesthesia. We are extremely fortunate to have on our faculty some of the finest clinicians dedicated to teaching and caring for patients. Our physical facilities and support are second to none, and we are also unique in being able to offer the great majority of the training under one roof. Patients who receive care at UIHC are understanding of our mission to teach the next generation of doctors, and often receive better care because of the team that takes care of them.



Retreat Day for CA-1s

When the ACGME looks at outcomes of training programs, we can boast of a phenomenal board certification rate (successful completion of written and oral exams) for our resident graduates. Of those that finished training during the years 2001 – 2006, 99% are board certified, which stands significantly above the national average of 75%. Additionally, all graduates from the last 3 years have passed the written exam on the first attempt. This is clearly an indication of our residents' motivation and the faculty's effort in preparing them for the boards. I am proud to serve as Program Director for our residents, and I remain enthused about continuing to improve the program.

Tara Hata, M.D., Associate Professor
Program Director, Anesthesia Residency

FAREWELL TO OUR

2008 GRADUATING RESIDENTS

While it may seem premature for our CA-3 residents to know their plans upon July 2008 graduation, most do have a plan already formulated. We wish each of these special individuals the best for their future. We remind them to always remember their roots!



Aerisolphal, Nicholas: Dr. Aerisolphal, along with his wife and baby daughter, look forward to returning to their hometown of Des Moines, IA. He will join a

private practice group associated with Methodist Hospital. He expresses appreciation for the depth and breadth of clinical training and experience he gained at Iowa.



Beals, Chandra: Following completion of her residency, Dr. Beals will relocate to Cincinnati, OH, where she will begin a fellowship in Pediatric

Anesthesiology at Cincinnati Children's Hospital. She indicates her most memorable experiences at UI Hospitals and Clinics (UIHC) include the pediatric cases, including assisting in the removal of an undeveloped conjoined fetus in a 16-month-old. However, her best memories are of Wednesday night meetings of the Xenon Society, as well as the camaraderie of her fellow residents, which she states will not soon be forgotten.



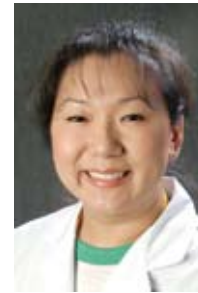
Berg, Anthony: The Wake Forest University Department of Anesthesia, Winston-Salem, NC, will bring Dr. Berg into their Pain Fellowship Program at the

Carolinas Pain Institute. He states it was his interest in pain medicine that brought him to the specialty of anesthesiology in the first place. He states he would like to practice both pain and general/regional anesthesia. While in Iowa, Dr. Berg and his wife welcomed their daughter, Adeline, and they look forward to a second child, due to arrive just days before they leave for North Carolina. He leaves Iowa with what he refers to as "second to none clinical training," two new children, hilarious experiences, and an appreciation for those physicians that dedicate themselves to training those that come after them.



Cannon, Thomas: Dr. Cannon plans to enter private practice in Salt Lake City, UT, which he states is what he hoped for 4 years ago. While experiencing frustration at times,

he states he has learned to appreciate the complexity of patients here at the UIHC. The bonus for him has been all of the great people he met and worked with while in Iowa City. He will remember with fondness being on call with Dr. Tyrone Whitter, and hearing Dr. Whitter's low voice exclaim, "It doesn't get any better than this!"



Davis, Stephanie: At this time, Dr. Davis is still finalizing plans for her future. She anticipates her interests will lead her to join a private practice group. Iowa has

been an experience for Dr. Davis, and she reports having met some great people and learned a great deal. She has enjoyed working with all of the staff and indicates she's made some dear friends.

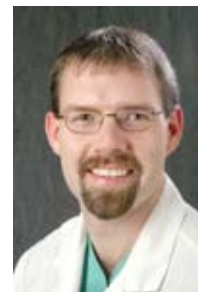


Faust, Christopher: Dr. Faust came to UIHC after serving as a medical officer in the U.S. Navy, with an interest in critical care medicine. He looks forward to continuing at

Iowa for an Anesthesia Critical Care Fellowship.



Hadder, Brent: An Anesthesia Critical Care Fellowship at UIHC is the plan for Dr. Hadder, and he is looking forward to that experience.



Hogan, Thomas: Dr. Hogan will be moving to Wausau, WI upon his graduation, with plans to join a private practice group. He states this is not what he predicted 4 years ago

that he would do upon graduation. In his PGY1 year, he planned to return to North Dakota, but he now states he is happy

and excited about the new position that awaits him. He enjoyed the vast clinical experience and teaching he has received from various attendings, specifically Dr. Bradley Hindman. Dr. Hogan experienced an anesthesia rotation here as a 4th year medical student, and during that experience worked with many faculty who influenced his decision to apply for Iowa's anesthesia residency program. He is glad to say that he hasn't been disappointed in his choice.



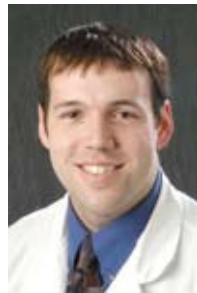
Palacek, John: Upon graduation, Dr. Palacek will begin a Pediatric Anesthesia Fellowship at Boston Children's Hospital in Boston, MA. He enjoyed many

points of his anesthesia residency at UIHC, but his fondest memory will be getting to work with such a collegial group of residents, which made his residency a truly enjoyable experience.



Rozycki, Clinton: Following graduation, current Chief Resident Dr. Rozycki will join Vanderbilt University's Anesthesia Department in Nashville, TN, for a Cardiothoracic

Fellowship. Four years ago, he states he definitely would have predicted a return to the South (he grew up in Alabama), but not necessarily in a cardiothoracic fellowship position. Dr. Rozycki states his most positive anesthesia experiences have come in the areas of critical care medicine and regional and pediatric anesthesia. The outstanding regional and ICU experiences were expected, he indicates, but the well-rounded pediatric experience came as a pleasant surprise. His greatest OR experience, however, has been meeting his fiancé, Sara!



Shontz, Robert: Atlanta, GA is where Chief Resident Dr. Shontz will next call home. He will begin a Cardiothoracic Anesthesia Fellowship at Emory University.

Upon completion of his fellowship, Dr. Shontz wants to practice cardiac anesthesia, but has not yet decided whether to pursue this practice within academics or private practice. The strengths of his Iowa residency have been numerous, and he includes the regional anesthesia program as one, as well as the addition of new faculty. He states that the wide breadth of experiences and professors the program has is second to none. Dr. and Mrs. Shontz welcomed both of their children's births while here at UIHC. He will miss two things in particular as he graduates and moves on, going to Hawkeye football games and playing poker with fellow residents!



Titler, Sarah: Dr. Titler's plans include a Pediatric Anesthesia Fellowship at the Children's Hospital of Wisconsin in Milwaukee, WI. She states that while she was a

medical student, she worked with Dr. Tara Hata, and realized how much she enjoyed working with children. Her fondest memories include getting to know her fellow residents and just hanging out in the residents' lounge, especially joking around when sleep deprived! Dr. Titler says she feels lucky to have received such great clinical training at Iowa, while remaining so close to her family and friends.



Trost, Shea: A private practice full-time opportunity in small-town Macomb, IL awaits Dr. Trost upon his graduation. He will be practicing general anesthesia, some

pain management, and take advantage of occasional consultations from a local neurologist regarding diagnostic nerve blocks. This was not exactly what Dr. Trost would have predicted for his future several years ago, as he truly enjoys teaching medical students, and at one point briefly considered academics. He looks forward to keeping his academic ties by involvement as a locum (hopefully here at UIHC). Without question, he states he most enjoyed learning from the excellent Iowa Anesthesia staff physicians, the camaraderie among his fellow residents, and definitely the stories told by fellow resident, Brent Hadder!



Wallskog, Wendy: Dr. Wallskog has accepted a position in private practice with the North Memorial Hospital in Minneapolis, MN. She is looking forward to "going

home," as she was born in Rochester, MN and attended medical school at the University of Minnesota in Minneapolis. Dr. Wallskog is thankful her Iowa residency program provided the opportunity to gain technical skills through complex cases.

FAREWELL TO OUR

2008 GRADUATING FELLOWS

Those individuals who will be completing fellowship programs with us in July 2008 are looking forward to the next stages in their careers. We wish them well, and the welcome mat is always out for your visits!



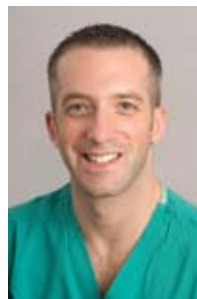
Terence Cone, M.D., Critical Care Medicine: At this time, Dr. Cone has not yet finalized his professional plans for the future. He looks forward to the opportunities available to him.



Peter Foldes, M.D., Regional Anesthesia: Dr. Foldes has not yet completed his plans to follow graduation. He states he is gravitating toward an academic setting where he can participate in some research projects, as well as interact with residents and SRNAs. He has enjoyed the opportunity to learn and experience first hand what is the cutting edge of his specialty, something not routinely possible in a community hospital setting. He has enjoyed working with what he terms "world class faculty who give of themselves freely and generously." The camaraderie of the attending staff and fellows have been enjoyable to Dr. Foldes, and his only negative memory will be the cold and long Iowa winter! Wherever he goes in the future, his experiences gathered here in Iowa will be fondly remembered.



Daniel Hallam, M.D., Ph.D., Critical Care Medicine: Dr. Hallam has not finalized his plans for the future.



Aaron Kallsnick, M.D., Regional Anesthesia: Dr. Kallsnick's plans include going into private practice upon completion of his fellowship. He leaves open the opportunity to settle anywhere, from coast to coast. He states he has enjoyed working with the nice, friendly, warm people in Iowa. While it may seem an oxymoron, he enjoyed learning how to jab long needles into people in order to take away their pain!



Sundar Krishnan, M.D., Critical Care Medicine: Post-fellowship plans are not yet finalized for Dr. Krishnan. He looks forward to additional training in echocardiography. His time here so far has been both educational and enjoyable, he reports. Dr. and Mrs. Krishnan have found living in Iowa City much to their liking (except maybe for the winter weather!). He also reports that teaching and learning combines with camaraderie amongst colleagues to make a great working climate. He anticipates a future in critical care medicine here in the United States, but leaves open the possibility of relocating to South Africa or returning to his home of India.



John Laur, M.D., Regional Anesthesia: Dr. Laur's plans include continuing at the University of Iowa Department of Anesthesia as faculty in July 2008. He will be moving forward in his second year of the K30 Master's Degree Program in Clinical Investigation, and continues working on regional anesthesia protocols that are on the path toward IRB approval. His interest is in advancing regional techniques and improving long-term patient outcomes. He states that he enjoys everyone he works with here at Iowa, with the great deal of camaraderie among all the fellows making the fellowship experience fun. He is thankful to each of the faculty members who have guided his learning and worked with him to allow for the flexibility to meet his workload requirements of the Master's program.



Kjell Rosenberg, M.D., Critical Care Medicine: Dr. Rosenberg has not finalized plans for after graduation.



Sudarshan Setty, M.D., Critical Care Medicine: Dr. Setty has not yet finalized his plans for after graduation. He remembers interviewing for this fellowship in November, and coming from India, found it very cold! He relates that

people smiled and told him he was not then experiencing the worst, and they were correct! He finds the people who live in Iowa more than make up for the cold weather. His fellowship has been rewarding, with faculty knowledgeable and helpful. All in all, this has been a great learning experience for Dr. Setty.



John Sheehan, M.D., Pain Medicine: Dr. Sheehan has not finalized plans for after graduation.



Rapipen Siriwetcharak, M.D., Regional Anesthesia: Dr. Siriwetcharak has not finalized her future plans. She is exploring opportunities in the academic

medicine field and will be making her decision soon. She states that she will have many memories of her fellowship and Iowa. Coming from a warmer climate (Thailand), winters and tornados were a new experience, and one she will never forget! She enjoys working with the faculty, fellows, residents, and nurses in the Center for Pain Medicine and Regional Anesthesia. Dr. Siriwetcharak's fellowship experience here went far beyond her expectations and she feels blessed to have had the opportunity to work with the staff here at the University of Iowa.



Christina Spofford, M.D., Ph.D., Pain Medicine Research: Plans for next year for Dr. Spofford include a position on the faculty in the Department of Anesthesia at the University

of Iowa. She will continue her work as a dual clinician-scientist, with time split between the operating room and the laboratory. Her goal is to further the understanding of acute pain mechanisms, under the mentorship of senior faculty. She has always envisioned a career in academic medicine, even when she began her journey in 1995. Dr. Spofford states it is a great joy to see the light at the end of this long educational tunnel! It has been an honor for her to be selected to participate in the Margaret Lunsford Fellowship this past year, as well as to be one of the first participants in that fellowship. Her focus on regional anesthesia and acute pain has provided many positives, both in terms of knowledge and in generating important questions related to research. She enjoys being encouraged to think about what is unknown, unproven, unthinkable, and for that, she states being very grateful.



John Stanec, M.D., Pain Medicine: Dr. Stanec's plans after graduation include a Clinical Assistant Professorship here at UIHC, and he looks forward

to continuing his passion for pain medicine and regional anesthesia. He has enjoyed working with all the staff in the Center for Pain Medicine and Regional Anesthesia. Fond memories of his fellowship will include Bob Temple's desserts, basketball games at

the Hata house, the indispensable Lee Kral, Christmas with the Rosenquists, and the best interview dinner of his career at the Linn Street Café.



Danai Udomtecha, M.D., Cardiothoracic Medicine: Plans for medical practice after completion of his fellowship have not yet been finalized for Dr. Udomtecha. He

does know that he will pursue practicing primarily in the fields of cardiac anesthesia and pediatric anesthesia. He states being thankful to everyone who has contributed to his training here at Iowa, and he will always remember it as being a wonderful experience.

FAREWELL TO OUR 2008 GRADUATING

Student Registered Nurse Anesthetists

The University of Iowa Anesthesia Nursing Program (UI ANP) honored its senior class of Student Nurse Anesthetists with a graduation ceremony on Saturday, February 16, 2008. The nine students received completion certificates from the University of Iowa Colleges of Medicine and Nursing indicating their Master's in Science and Nursing (MSN) degree with a specialization in Anesthesia Nursing. After completing board certification by the Council on Certification of Nurse Anesthetists, these students will be Certified Registered Nurse Anesthetists (CRNAs) and begin their careers in hospitals and surgi-centers in Iowa and the Midwest.



Friedrich, Melissa: Melissa will be working in Des Moines, IA and living in Winterset, IA with her husband. The UI ANP gave

her the opportunity to challenge herself professionally, clinically, and personally. She reports that her education at Iowa has been a great experience, learning so much from so many professionals with different techniques to provide anesthesia. She is grateful to all the clinical educators, especially those that took the extra time to teach in the operating room.



Haffarnan, Kate: Kate will begin her career with Heartland Anesthesia in Omaha, NE. Throughout her clinical rotations, she

learned that there are many ways to provide anesthesia and another individual's perspective and insight can improve your practice immensely, but you must be willing to change your routine. Kate is thankful to all the staff at the University of Iowa for sharing their expertise. She looks forward to working and spending more time with her eleven siblings.



Jenson, Jonathan: Jonathan will remain at UI Hospitals and Clinics (UIHC) with plans to eventually return west to be closer to

family. Jonathan feels that his clinical rotations have prepared him to safely administer anesthesia in a variety of work environments. He is especially grateful for the regional anesthesia experiences he received and to the faculty who have served as mentors, guides, and friends at the University. He states that working with such a dedicated group of professionals is truly amazing.



Mathews, Maya: Maya will join the University of Iowa Hospital and Clinics staff as a nurse anesthetist. She hopes to pursue a Doctorate of

Nursing Practice in the future. Maya says that joining the UI ANP has been one of the best experiences in her life. She credits each and every faculty and staff in the nurse anesthesia program and all of the preceptors at the various clinical out-rotations. Maya indicates she looks forward to spending more time with her husband and son.



Stokes, Kelly: Kelly is undecided on employment and will follow her husband, who is an executive for a large national corporation. She

feels the best advice given her was to keep an open mind towards individual anesthetist's methods and/or techniques, learn from them, and then take pieces of such techniques to build your own skill set and to begin to develop a method that is safe and individual to you. The anesthesia nursing program has given her an invaluable education that will allow her to function as a fully competent, confident, and well-respected CRNA member of the healthcare team. She will always remember the wonderful friendships of her classmates, supporting each other and enduring the hardships that only an anesthesia student can know and understand.



Thornton, Aaron: Aaron will join UIHC as a nurse anesthetist and is considering pursuing advanced degrees in either physiology or business

administration. He indicates his family is looking forward to having daddy back full time! The UI ANP has greatly improved his clinical skills and ability to critically think in order to provide quality anesthesia care. He is grateful for the regional anesthesia experience and the open heart experience. Aaron

said the best advice he received was that “the best learning experiences come not from your successes but from your failures.” He is grateful to the patience and kindness of CRNAs and anesthesiologists who spent so much of their time training and educating.



Tretsven, Jennifer:

Jenni completed most of her advanced education in Spencer, IA. She reports that the UI ANP has given her excellent experience in the practice of

rural anesthesia. She sends a special thanks to Northwest Iowa Anesthesia Associates in Spencer for their dedication to her education and practice. Jenni will return to her home state of Wisconsin with her husband and pets, and looks forward to working in Amery, in northwestern Wisconsin.



Vana, Craig: Craig served as Chief SRNA of the Class of 2008. He will join Iowa Anesthesia, LC, based in Manchester, IA and is looking forward to being a clinical

instructor for future UI SRNAs. The UI ANP has given Craig the skills and ability to pursue a successful, and productive career in anesthesia. The best advice he received is to take the practices and techniques that you like from everyone you work with and incorporate them into your own practice. Craig thanks his classmates for their encouragement and considers them lifelong friends, the CRNAs at UIHC for their intense mentoring and leadership, and the clinicians and instructors that pushed him daily to learn something new and beyond his comfort zone.



Wendt, Kellie:

Kellie remembers the long hours, late nights, early mornings, pots of coffee, miserable failures, and great successes during the pathway to her goal—to be a

Certified Registered Nurse Anesthetist. She will enter the profession as a well-rounded, competent practitioner, thanks to the University of Iowa staff anesthesiologists, CRNAs, anesthesia residents, and other individuals who participated in her education at the out-rotations. Kellie is proud to be a graduate of the University of Iowa program and thanks everyone involved for their dedication and commitment to building an outstanding nurse anesthesia program. She plans to work at UIHC until her husband completes his doctorate program in mathematics, at which time they hope to return to their home state of Montana.

The Department welcomes The University of Iowa Anesthesia Nursing Program Class of 2010



Sara Boyle, B.S.N., R.N.
Grandview College



Dana Coffman, B.S.N., R.N.
St. Francis Medical Center
College of Nursing



Megan DePoorter, B.S.N., R.N.
University of Iowa



John Haak, B.S.N., R.N.
University of Iowa



Stephanie Klein, B.S.N., R.N.
Mount Mercy College



Luda Lysenko, B.S.N., R.N.
University of Iowa



Christine McNair, B.S.N., R.N.
University of Iowa



Lawrance Merck, B.S.N., R.N.
Medcenter One College
of Nursing



Ryan Pharr, B.S.N., R.N.
Union College



Joel Shaw, B.S.N., R.N.
University of Iowa

HOMECOMING 2007



Linda Todd, John Laur, Mike Todd, Victoria Laur
 Right: Homcoming tailgate hosts, Bob and Louise From



Loretta Glowacki, Jerry Glowacki, Tyrone Whitter, Merlin Osborn, Ruth Osborn, Louise From



John Laur, Won Choi, Bob From, Tyrone Whitter, Herky, Mazon Maktabi, Frank Scammon, Merlin Osborn, Jerry Glowacki



Four generations: Dr. Bob From trained Dr. Mazon Maktabi. Drs. From and Maktabi trained Dr. Tyrone Whitter. Drs. From, Maktabi, and Whitter trained Dr. John Laur.



Jerry Glowacki, Loretta Glowacki, Bonnie Bryce, Marti Hendricks

ASA 2007 MEETING



Bonnie Daniels, Brian Bross, Marty Sokoll



Phil Schmid, Patrick Allaire



Ron Osborn, Barb Osborn



Guests in conversation

DEPARTMENT PICNIC



Mike Todd, Susan Fullenkamp



Children enjoying a picnic game



David Papworth, Julia Papworth



Sheila Thompson, Ed Thompson



Kris Jones, Linda Todd



Steve Gunderson, John Dooley



Lu Garrison, Mike Todd, Bolar Garrison, Lynn Garrison



Rapipen Siriwetcharak, Danny Udomtecha



Marty Sokoll, Dick Schlobohm, Phyllis Schlobohm



Ah...picnic food

WINTER PARTY



Jun Xu, Shin Young Kang



Rick Rosenquist, Rob Lance



Jong Choi, Won Choi



Hosts Tara and Steve Hata, Guests Laurie Rychnovsky and Bob Forbes



Tonya Konigsmark, Johanthan Simmons



Kotaro Kanedia, Anthony Han



John Laur, Merete Ibsen



Christina Spofford, Jason Ayer

SPECIAL EVENTS



Dr. William Hamilton, VIP Visiting Professor



Back row: Esther Benedetti, Richard Rosenquist, Peter Foldes, John Stanec
Front row: Mindy Shapiro, Aaron Kallsnick, Rapipen Siriwetcharak, John Sheehan



Back row: Ann Willemsen-Dunlap, Paul Leonard
Front row: Mike Todd, David Gaba



Science Center of Iowa (Des Moines) visitors with Baby Sim



Advanced Airway Workshop CME Course, October 2007



A hands-on demonstration at the Advanced Airway Workshop

Dale D. Morgan, M.D.

How One Alumnus Keeps on Giving



Dr. Morgan and medical students with department's first adult patient simulator

that both he and daughter Sarah, also a physician, are recipients of University of Iowa Carver College of Medicine Distinguished Alumni Awards. Dr. Dale received the Distinguished Alumni Award (DAA) for Service in 1998, while Dr. Sarah was awarded the DAA for Achievement in 2007. The Drs. Morgan are the first father and daughter team to receive a DAA from the College. Dr. Dale received recognition for his work as a clinical anesthesiologist, in particular his volunteerism, medical service, and ambassadorship to underdeveloped communities and countries around the world. Dr. Sarah is Professor of Nutrition Sciences and Medicine and Associate Dean of Research Compliance at the University of Alabama, Birmingham, where, after 20 years of research on the topic, she is considered an authority on folate metabolism in rheumatic diseases and the prevention and treatment of osteoporosis. Dr. Morgan's wife, Louise, enjoyed a career as a home economist, and remains the most enthusiastic supporter of both her husband and daughters.

The Patient Simulator Center began instructing medical student anesthesia rotators in 2000. The one thing that has remained constant through the Center's many permutations has been *Dale Morgan*, M.D. He began instructing medical student anesthesia rotators using the high fidelity patient simulator he calls SIMM from Day 1. He has seen the addition of an infant simulator, a mobile simulator, and advanced anesthesia equipment that gives the students a more realistic "OR experience." In January of this year, Dr. Morgan carried out the last student teaching session on the SIMM and began to familiarize himself with the new METI adult mannequin he will now be using. As before, with the original simulator, Dr. Morgan was around for the unpacking!

There was nothing like the patient simulator when Dr. Morgan attended medical school at the University of Iowa, graduating in 1951. After serving as a Navy medical officer in the Korean War, he returned to Iowa to complete a residency in anesthesia in 1956. He practiced for 35 years in Cedar Rapids, where he lives with his wife, Louise, "somewhere near the Cedar River," as his e-mail signature line indicates. The Morgans are parents to two adult daughters, Betsy and Sarah. Betsy and her husband live in Freehold, NJ, where she professionally applies her specialty areas of mechanical and aerospace engineering. Sarah, also married, lives in Birmingham, AL. When in Iowa, visits to the Patient Simulator Center by daughters are welcomed by their father, who enjoys having them see him teaching with SIMM. Unique to Dr. Dale Morgan is the fact

Every two weeks through the medical student school year, Dr. Morgan travels to Iowa City, where he spends 30 minutes giving a short lecture and overview of induction of anesthesia and then brings the students into the Department of Anesthesia Patient Simulator Center for some hands on practice. With the guidance of Dr. Morgan, the students quickly become comfortable telling their "patient" they are going to pre-oxygenate him, and then Dr. Morgan talks them through the fine points of helping that patient safely and comfortably go off to sleep for surgery. One student at a time is coached through one of a series of different induction strategies, using different drugs and neuromuscular blockers, while observing the physiologic reactions of the "patient" as displayed on the monitor exhibiting patient vitals. Classmates may assist and, once the patient is safely asleep, the simulator is reset and another student steps up. Dr. Morgan guides them along paths of inquiry so that they thoroughly discuss issues such as right main stem intubation, indications for rapid sequence inductions, how one would manage induction of children, and the use of ventilators in the operating room. These medical students are extremely appreciative of the education Dr. Morgan provides them so patiently, and they recognize that his dedication to their training is a noteworthy gift to them. Dr. Morgan views his volunteered time as his contribution to teaching the next generation of physicians.

In addition to Dr. Morgan's commitment to medical student teaching, he and Mrs. Morgan recently contributed a large



Dr. Morgan helping to unpack and install the department's first adult patient simulator

monetary gift to the Patient Simulator Center. This gift will assist in allowing education advancements to continue. They join other alumni who have selected to allocate their support to the department's Patient Simulator Center. Our thanks and appreciation to the Morgans, as well as other Center donors, is sincere. A plaque honoring these individuals has been placed outside the Center, and we look forward to adding names to it in the future.

When he is not teaching or spending extended hours in the Patient Simulator Center, Dr. Morgan enjoys traveling throughout the world, often with Mrs. Morgan accompanying him. Dr. Morgan has spent volunteer time in Nicaragua with the Hospital Ship Hope project, and both Dr. and Mrs. Morgan have taken several trips to Tuba City, AZ to assist at a Navajo Indian reservation through Project USA. Dr. Morgan provided relief to the full-time anesthesiologists there, while Mrs. Morgan used her talents to upgrade and classify the reservation's library system. Also, Dr. Morgan has enjoyed being an amateur radio operator since 1938, becoming one of the youngest licensed operators at that time.

The Department of Anesthesia, University of Iowa, is very fortunate that Dr. Dale Morgan commits his time and experience to teaching trainees in our Patient Simulator Center. His monetary contributions to assist the Center in remaining state of the art are also greatly appreciated. This special alumnus, from "somewhere near the Cedar River," is indeed a very extraordinary individual!

Alumni Update

We have really been busy in our department since the Fall 2007 newsletter, and we enjoy every minute of it! Thanks to everyone for your help and participation in our activities and endeavors.

We welcomed David M. Gaba, M.D. as the Ida C. Beam Distinguished Visiting Professor September 18-20, 2007. Dr. Gaba is Professor of Anesthesia, Stanford University, as well as Associate Dean for Immersive and Simulation-Based Learning at Stanford School of Medicine. He is a pioneer in the use of simulation in medical education to improve patient safety and healthcare practice. Dr. Gaba's activities included a live public radio interview, various small group discussions with other UIHC Departments, a lecture to the Health Sciences campus, presenting a joint Grand Rounds to the Departments of Anesthesia and Surgery, a live simulation with follow-up debriefing, and time to meet with our trainees. Dr. Gaba was honored at a reception, and the climactic conclusion to his visit was a public address to the community.

Our department was fortunate to host a very special V.I.P. in October – William L. Hamilton, M.D., Chair of our Department of Anesthesia (1958-1967). Dr. Hamilton presented a history lecture in which he shared his first introduction to the department in 1944 as a medical student, through his senior year clerkship in 1946, his residency beginning in 1949 after military service, and his faculty appointment leading to his selection as Chair. Dr. Hamilton provided detailed stories that included names familiar still within our department, Stuart Cullen being the most well known. The progress shown in areas of anesthetics and equipment were discussed at length, triggering memories of incidents Dr. Hamilton experienced, several of which the audience convinced him to share!

We organized a successful Hawkeye Homecoming Tailgate Party! Dr. **Bob From**, and wife Louise, hosted the event. The highlight was a personal visit from Herky! We've begun planning next year's event, so plan for a visit to Iowa City the weekend of September 26-27, 2008.

Still in the Hawkeye mood, our Department Picnic took place on Sunday, September 30, 2007. The weather was beautiful, the traditional barbeque and side dishes were a big hit, and the children had an especially good time!

In October, we hosted the Iowa Alumni Reception during the annual meeting of the ASA. We had a great turnout, and we're planning to ask for a larger room for 2008's event! Our 2008 reception will be held on Saturday, October 18th, 6:00 – 9:00 p.m., in Orlando, FL. This is a great place to visit, and we hope to see you there.

Drs. **Steve and Tara Hata** hosted the Department's Winter Holiday Party in their home on December 15, 2007. The occasion provided an opportunity for department members and their guests to dress up in holiday flair and enjoy great company, delicious food, and even the opportunity to use the Hata's indoor basketball court as a dance floor.

You may wonder when we find time to work, provide patient care, and teach our trainees. Well, we do it all! We even manage to keep in touch with you twice a year via this newsletter. Now, it's your turn to tell us all about your lives. We welcome hearing from each of you. Provide us with your news, as well as help us update our database by providing the details of your years spent at the University (as Dr. Todd mentions in his article on Page 1). Keep the suggestions for newsletter improvement coming. Contact Barb via e-mail at barbara-bewyer@uiowa.edu or by telephone at 319-353-7559.

A Letter from UI Foundation



Your legacy and the UI Department of Anesthesia

One question I enjoy asking alumni and friends of the UI's Department of Anesthesia is "What motivates you to support our department?" I typically get a variety of responses...everything from expressing gratitude for saving a loved one's life, to paying a debt for the excellent training they received during their residency program. Regardless of your reason for giving, please know how much we appreciate your gifts to support our mission of high quality patient care, excellent teaching and training of our medical students and residents, and our cutting-edge research programs.

Tom DePrenger One exceptional example of our department was recently featured during a program designed to give lay people an idea of what we do in the field of medicine. During one of the presentations, our friends learned about the exciting work of Dr. **Paul Leonard** and Dr. **Ann Willemssen-Dunlap**, Co-Directors of the department's Patient Simulator Center. The participants were able to go through an actual patient simulation in our training room and get a feel for what it's like to be a medical student or resident. The participants were very impressed and told me they had no idea how sophisticated our training had become. It made me think about the rich history of our department and the impact it has made on so many people through the years.

One of the many ways that friends and alumni can choose to express their deep commitment is by naming the Department of Anesthesia in their will or trust through The University of Iowa Foundation. Many of our alumni have already done this and it is a way to make a lasting contribution without affecting your current financial security and freedom. You might consider the following questions...

Do I really need a will?

Yes. Every adult can and should leave instructions as to what will become of their property when they no longer need it. In the absence of these instructions, state laws take over and your property may be distributed to distant relatives, or, if none are found, possibly to the state itself.

What if I already have a will?

Your will may be just fine as it is, but many people find that changes in circumstances may affect their plans. Marriages, births, deaths, divorce, and other changes, such as moving to another state, are all good reasons for reviewing your plans. If your previous beneficiary wishes have changed, you may want to update your plans. And if you would like to leave part of your legacy to worthy causes and institutions, including the Department of Anesthesia, this may be the time to take action.

Leaving a legacy

One of the most satisfying things you will be able to do by taking time to plan your estate is to make decisions to benefit some of the organizations you have supported during life. In fact, many of the most significant gifts that non-profits receive come from the estates of regular contributors who decide to share a portion of their accumulated assets later on, after taking care of family and friends. To make a bequest, be sure to use the following legal language in all your estate planning documents: The State University of Iowa Foundation. You may choose to give a percentage of your estate, or all or part of the residue that is left over after all other bequests are made. Specific sums and other property are also welcome.

I would be happy to visit with you further about leaving a gift in your will or trust or any other type of gift you may wish to make to the Department of Anesthesia. Feel free to contact me by sending an e-mail to thomas-deprenger@uiowa.edu or by calling 1-800-648-6973. Thanks again for your interest in and support of the Department of Anesthesia.

Tom DePrenger
Senior Director of Development
UI Carver College of Medicine/UI Hospitals and Clinics
UI Foundation

IOWA ANESTHESIA SYMPOSIUM *VIII*

Conferences and Workshops:

- Update on Ultrasonography and Regional Anesthesia
- Update on Difficult Airway
- Update on Lung Separation Techniques
- Update on Obstetrical Anesthesia
- Update on Out-patient Anesthesia
- Update on Sleep Apnea Issues
- Update on Ultrasonography and Vascular Access
- Update on the Use of Beta Blockers for Non-cardiac Surgery

**Saturday and Sunday
May 10 & 11, 2008**

7th Floor Atrium
Roy Carver Pavilion
University of Iowa Hospitals and Clinics

Program Director:
Javier Campos, MD;
Co-Director:
Richard Rosenquist, MD

Sponsored by:
The Department of
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of Iowa Roy J. and
Lucille A. Carver
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Save the Date!

**For additional information, contact
Lori Bailey Raw, CME office:**

lori-bailey@uiowa.edu
319-335-8599



2008

IOWA CHAT

Iowa Conference for Hyperbaric Applications and Treatments

SATURDAY, October 4, 2008

7th Floor Atrium
Roy Carver Pavilion
University of Iowa Hospitals and Clinics

Highlights

- Treatment of problem wounds and the role of HBOT as an adjunctive therapy
- Decompression Illness
- Physiology and complications of crush injury
- Day to day issues regarding patient care in the hyperbaric setting
- Review the concept of hyperbaric medicine and recent research papers of interest

Program Director:
Shawn Simmons, M.D.

Sponsored by: The Department of
Anesthesia, University of Iowa Roy J. Carver
and Lucille A. Carver College of Medicine



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