NOTES FROM THE Chair

I’m sure most of you have heard about the “aging” of our specialty, particularly within the academic community. I’ve even alluded to this in earlier newsletter articles referring to the importance of encouraging and supporting young academic anesthesiologists, without whom our profession has no future.

Well, it’s beginning to look like the Department of Anesthesia at The University of Iowa is now rapidly “youthening” (to paraphrase King Arthur’s reference to Merlin in Camelot). I thought it might be valuable to introduce you to some of the newest and youngest faculty members in our department. I will focus on those individuals who have joined us in the last two years, since July of 2007. You’ve “met” some of the people before in the newsletter.

Emine Bayman, Ph.D., Associate (August, 2008)

Dr. Bayman is an “unusual” addition to our faculty.
I decided a year ago that one way to enhance our clinical research operation would be to find a statistician who could work with our faculty as a colleague, not just as a “consultant.” I worked with Dr. Bayman for several years while she was a graduate student in the UI College of Public Health and recognized her skills, and more importantly, her rapidly growing understanding of clinical science. When she finished her doctorate, I immediately offered her a position and, based on the dramatic increase in clinical projects that we’re seeing in the department, it was an excellent decision. See pages 16 and 18 in the spring 2009 newsletter.

**Esther Benedetti, M.D., Clinical Assistant Professor**
(August, 2007)
Dr. Benedetti trained originally in Venezuela, and then completed a fellowship in pain medicine at the University of Vermont. She returned to Venezuela, but rapidly recognized that Iowa represented an opportunity for a more stable future with greater academic options. Under the direction of Dr. Rick Rosenquist, her expertise in interventional pain management brought a valuable new skill to our Center for Pain Medicine and Regional Anesthesia. See page 11 in the spring 2008 newsletter.

**Richard Cano, M.D., Associate**
(July, 2009)
Dr. Cano is one of those “nontraditional” physicians. After many years in the auto parts business after high school, he entered junior college and then California State College. After a year at the Gallo Winery (as a research technician), he ended up at Stanford Medical School! He completed his residency training at Stanford in June, 2009. Like me, and also Dr. John Stanec, he is another member of the growing group of “former Californians.” He will focus on providing clinical anesthesia in the main operating rooms.

**Peter Foldes, M.D., Clinical Assistant Professor**
(July, 2008)
If you think Richard Cano is “nontraditional,” take a look at Dr. Foldes. After many years of training and practice as a cardiac surgeon, he saw the light! He did his anesthesia residency at New York Medical College/Westchester Medical Center and then came to Iowa in 2007 as a regional anesthesia fellow. Peter tells me that he was on his way to look at a job in Louisiana when he changed his mind, turned his car around and joined our orthopaedics/regional anesthesia group. See page 20 in the spring 2008 newsletter and page 10 in the spring 2009 newsletter.

**Brent Hadder, M.D., Associate**
(July, 2009)
Dr. Hadder is “one of ours.” After medical school, he completed his anesthesia residency at Iowa in 2008, followed by a fellowship in critical care medicine here. Brent has elected to remain with us on faculty and divides his time between critical care and neuroanesthesia. See page 18 in the spring 2008 newsletter.

**Denisa Haret, M.D., Clinical Assistant Professor**
(May, 2009)
After completing her medical training in Romania and her anesthesia training at the University of Kentucky in 2003, Dr. Haret joined the faculty at the Arkansas Children’s Hospital and the University of Arkansas, Little Rock. Fortunately, a concerted joint effort between our department and the Department of Medicine (her husband is a nephrologist) convinced her that Iowa City was a much better place to live and work, and she joined our rapidly growing pediatric anesthesia team in spring of 2009.

**Ellen Wei-Fu King, M.D., Associate**
(August, 2009)
Dr. King received her bachelor’s degree from the University of Minnesota and her medical degree from Iowa in 2004. We tried very hard to convince her to join us then, but she chose to train at the Beth Israel Deaconess/Harvard Medical School program in Boston. Fortunately (for us), after completing her pain medicine fellowship at the University of Pennsylvania, Philadelphia, she decided to return to the Midwest. I’m happy to say that in addition to her work in pain medicine, she is the newest member of our neuroanesthesia group.

**Gerald Kirk, M.D., Clinical Associate Professor**
(January, 2009)
Once upon a time, a bright young former internist, trained in anesthesiology at UCLA, joined our department (in 1987). After five years with us, he departed for private practice in Indianapolis. In January, he returned to us as a Clinical Associate Professor and as our newest clinical director in the main operating room. Dr. Kirk still divides his time between Iowa City and Indianapolis, with a complete transition to Iowa taking place in 2010.

**Sundar Krishnan, M.B.B.S., Associate**
(July, 2009)
Dr. Krishnan obtained both his medical degree and anesthesia training at the All India Institute of Medical Sciences, in New Delhi. After two years in South Africa, he joined our critical care medicine fellowship program in 2007, followed by a second year as a cardiac anesthesia fellow, before joining the faculty in July. He is the first member of our faculty to be involved in the management of cardiac surgical patients BOTH in the operating room and surgical intensive care unit. See page 20 in the spring 2008 newsletter.

**John Laur, M.D., Associate**
(July, 2008)
Another “nontraditional” graduate, Dr. Laur spent many years as an independent businessman (computer technology and plumbing) before returning to college and then medical school (at the Medical College of Wisconsin, Milwaukee). He came to Iowa City as a resident in anesthesia, was selected as a Lunsford Research Fellow in regional/ambulatory anesthesia (while also achieving his master’s degree in clinical research) before joining the faculty. He currently serves as the assistant medical director of the Ambulatory Surgery Center. See page 20 in the spring 2008 newsletter and page 21 in the fall 2008 newsletter.

**Anil Marian, M.B.B.S., M.D., Clinical Assistant Professor**
(July, 2008)
Dr. Marian trained initially in Mumbai, India, then again in the United Kingdom (two residencies in anesthesia!). After a year at the University of Michigan in Ann Arbor, he joined our team in Iowa. Based on his experiences at Michigan, he has become our primary faculty “leader” in the implementation of the new Epic medical record system (which went live in May, 2009), as well as the new Epic anesthesia record system (planned for January, 2010). See page 18 of the spring 2009 newsletter.

**Martin Mueller, M.D., Clinical Assistant Professor**
(July, 2008)
Martin first came to Iowa City from Germany in 1995, as a research scholar in microbiology. He met his wife, Rashmi, while she was a resident here, and then went to Galveston, Texas where he did his residency in anesthesia, followed by a
In 2009, BOTH Drs. Mueller were awarded Excellence in Teaching Awards from our residents, with Martin being selected as the Teacher of the Year!

Sundar Reddy, M.B.B.S., Clinical Assistant Professor (July, 2008)
Like Dr. Marian, Dr. Reddy trained initially in India, followed by a second anesthesia residency in the United Kingdom (in Southampton). As part of his training, he spent a full year at the University of Michigan, focusing on liver transplantation. After completing the last five months of his UK training, he joined us in Iowa City. He has already become a valued member of our transplant team. See page 18 of the spring 2009 newsletter.

Rapipen Siriwetchadarak, Assistant Professor, (September, 2008)
Dr. Siriwetchadarak trained initially in Thailand before completing fellowships in pain medicine at the University of Virginia and in regional anesthesia at the University of Iowa. She joined us, along with her husband, Danai Udomtecha, and is currently based in the Pain Medicine Clinic at the Veterans Administration Hospital. See page 21 of the spring 2008 newsletter.

Christina Spofford, M.D., Ph.D., Associate (July, 2008)
Dr. Spofford completed the medical scientist training program at the Medical College of Wisconsin, Milwaukee (working primarily in cardiovascular physiology) before joining our residency program in 2003. After that, she completed a year as a Lunsford Research Scholar (working in the laboratory on pain-related physiology with Dr. Tim Brennan), and joined the faculty in the summer of 2008. She continues her intensive efforts in the laboratory - and last year became the first member of our transplant team. See page 18 of the spring 2009 newsletter.

John Stanec, M.D., Clinical Assistant Professor (January, 2009)
Dr. Stanec received his medical degree from the University of Colorado and then completed his anesthesia residency at Stanford University, Palo Alto, CA. After three years in private practice in California, he came to Iowa City for a pain medicine fellowship, which he completed in June of 2008 before returning to California. Once again, the charms of the Midwest - and the UI Department of Anesthesia - drew him back and he rejoined us (this time as faculty) in January. He divides his time between the pain medicine and regional anesthesia groups. See page 21 in the spring 2008 newsletter.

Sarah Titler, M.D., Associate (August, 2009)
Dr. Titler is a life-long Iowa Citian, having graduated from Cornell College in Mt. Vernon and The University of Iowa Carver College of Medicine prior to her residency with us from 2004 to 2008. She then completed a pediatric anesthesia fellowship at the Children's Hospital of Wisconsin (part of the Department of Anesthesiology at the Medical College of Wisconsin) before returning to Iowa City this summer as the newest member of our pediatric group. See page 19 of the spring 2008 newsletter.

Danai Udomtecha, M.D., Clinical Assistant Professor (February, 2009)
Along with his wife, Rapi Siriwetchadarak, Dr. Udomtecha trained in Thailand. After a fellowship in pediatric anesthesia at the Children's National Medical Center in Washington, D.C., he completed a cardiac anesthesia fellowship here at Iowa. He joined our faculty in February and now divides his time between the pediatric and cardiac anesthesia teams (with a focus on pediatric cardiac surgery in the main operating rooms). See page 21 of the spring 2008 newsletter.

I think you’ll agree with me that the future of our department is in good hands. I don’t want to neglect our other “freshly trained” individuals, those who joined us in the year prior to July of 2007. This group includes Anke Bellinger, M.D., (one of our residents and pain medicine fellows), Srinivasan Rajagopal, M.D. (trained in Detroit and a graduate of our cardiothoracic anesthesia fellowship program), Joss Thomas, M.D., M.P.H. (trained at South Florida, Johns Hopkins, Boston Children’s Hospital and at Tufts/Baystate Medical Center, and Kenichi Ueda, M.D., (a graduate of our cardiothoracic anesthesia fellowship program). We’ve built the foundations for a strong department for many years into the future. And obviously, we owe a great debt to our older and more senior faculty for providing the support and mentorship for their new colleagues.

I don’t know of any time in recent memory that we’ve seen such an infusion of bright young physicians. I believe we’ve done a great job of building the foundation for an equally bright future - and we aren’t done yet.

Michael M. Todd, M.D.
Chair, Department of Anesthesia
It’s a Tough BALANCING ACT

There is no denying that each of us has been impacted in one way or another in the wake of the financial crisis facing our industry, our state, our country – the world as a whole.

During my career to date, we’ve experienced a few recessions, as well as our weakening payer mix, especially in the academic setting. But the recessions were short-lived and followed by years of strong financial markets. Most of us have not experienced anything as wide spread and all-encompassing as what has occurred in the past 12 months. This is an unprecedented time in most of our lives and is underscored by this joint statement from University of Iowa’s (UI) Health Care Vice President for Medical Affairs, Jean Robillard, M.D., Dean of Roy J. and Lucille A. Carver College of Medicine, Paul Rothman, M.D., and Associate Vice President and CEO of University of Iowa Hospitals and Clinics (UIHC), Kenneth Kates:

"In response to the current economic challenges UI Health Care is facing, senior management has been evaluating every option for expense reduction while preserving our mission of excellent patient care, education, and research.

As part of our ongoing efforts to reduce expenses, UI Health Care announced... that [UIHC] will trim the size of the 6,600-member work force. [W]e are estimating about 200 filled positions could be eliminated... from normal attrition, normal retirements, and layoffs. Additionally, 100 vacant positions will remain unfilled.

In addition to layoffs, UIHC will re-assign qualified staff to areas of increased need, and continue ongoing re-organization and work re-design efforts. In addition to this planned elimination of positions, [UIHC] is finalizing its plans for implementing a further needed 2 percent reduction in labor expenses.

As we have stated before and cannot emphasize enough, we regret the necessity of these difficult decisions, and have worked very hard to avoid having to take these steps. However, we are forecasting a “gap” of $45 million that we must close, in order to achieve a balanced budget with at least a 1 percent operating margin in FY 2010. That is the minimum needed to assure that UI Health Care continues to serve Iowans with the exceptional care they expect and deserve.’’

The Department of Anesthesia is fortunate as of the time of writing, in that we are not planning to lay off any of our departmental family, but there still are many questions swirling. What will happen to our uninsured, underinsured, and indigent in the wake of major corporate failures, such as General Motors, and the expected trickle down? Who will be the next GM? What will happen if government run healthcare actually happens? Sure the “teaching rule” goes away January 2010, but will we truly see increased Medicare reimbursement?

As a result of the Medicare teaching penalty, anesthesia has perhaps become better suited to deal with financial challenges – we’ve been doing it for years: finding creative ways to accomplish our mission, paying providers competitively and attracting the best and brightest, all with shrinking patient revenues; maintaining top quality educational programs with insufficient funding. It hasn’t been easy, but with the current global difficulties, it’s going to be much more challenging.

As we’ve moved into our new fiscal year, we, like the rest of the UI, are working very hard to get as much cost out of our system as we can, while still maintaining excellent patient care, outstanding teaching, and cutting edge research. We have an excellent team in the Department of Anesthesia, as well as some wonderful donors to our Foundation. Through a lot of hard work and a little luck, I’m confident we’ll come out of this challenge a stronger and better department.

Thank you to our departmental staff for all your efforts and suggestions and to our donors who help provide funding for our ongoing needs.

John Stark, M.B.A.
Department Administrator
UPDATE ON

The Flood
of 2008

One year ago, in the fall 2008 issue of this newsletter, we reported, “The spring of 2008 has replaced the summer of 1993 in the minds of most Iowans.” On June 15, 2009, The University of Iowa held a commemorative event where UI president Sally Mason and other guests spoke. The theme of this event was “Remember, Reimagine, Rebuild,” and provided an opportunity for not only the campus, but the broader community to gather and remember the flood and its impact on the people, programs, and physical structures of this university and its surrounding population. Mason spoke these words to those gathered.

“
In summer 2008, The University of Iowa and its neighbors demonstrated to the world why Iowa is an inspiring place to learn, work, and live. One year later, the cooperation, resolve, and community that united us then are stronger than ever. This program is a commemoration of an unprecedented event and an appreciation of the partnership, drive and creativity that keep us focused on the future. It’s an occasion to remind ourselves of the progress we’ve made, the challenges that lie ahead, and the opportunities we are about to seize in order to renew The University of Iowa in remarkable ways.
”

Today, our university and our community continue to face challenges and decisions as a result of the flood of 2008. The emotional and economic impact on recovery and rebuilding will remain for some time to come. Still, we continue to proudly call ourselves Iowans and recognize we have much for which to be grateful.

Photos were taken during the flood (June 2008) and one year later (June 2009). They represent (upper) a view of bridges connecting the campus and (lower) the main library. Photos courtesy of the Office of University Relations, The University of Iowa.
I am reluctant to write my story because I consider myself an ordinary man with nothing special to say. I have been convinced that I do, in fact, have a story to share. I have summarized my memories into a short passage.

I was born and raised in Korea. I graduated from medical school at Chonnam National University in Gwangju, and finished residency in anesthesia at Yonsei University Hospital, Seoul. Due to the Korean War, all medical school graduates were drafted to serve in the military. I served in the military for six years, and upon discharge, I began an anesthesia fellowship in Copenhagen, Denmark. I then returned to my home country and worked as chief of anesthesia in the Seoul Red Cross Hospital. During this same time period, I performed duties and rose in rank in the Department of Anesthesia at Yonsei University, from clinical assistant to full clinical professor.

During those years, my elder brother was a classmate and friend of the father of Jong Choi, and together they arranged a date to introduce me to Jong. Jong and I were married in 1961, and we have three children. James Choi is our oldest son, is married with two children, and is an associate professor of anesthesia here at Iowa. Our daughter, Suzie, is married with two children, and lives in Korea. Our youngest son, Steven, is in the special forces of the United States Army and is stationed in Okinawa, Japan.

In 1976, I made a very serious decision in my life. I was approaching middle age (45 years old) when I decided to come to the United States with my wife and children. Shortly after making this difficult decision, I successfully applied for the anesthesia program at The University of Iowa. An interesting tidbit from my interview: Upon my arrival in Iowa, the Department of Anesthesia graciously provided me a ride from the airport to the department, where I was to be interviewed by several faculty members, as well as the department chair. After completing a few interviews, I informed the secretary that I was still expecting to see the chairman for an interview. She told me that the chairman had already interviewed me. To my surprise, I discovered that the person who picked me up at the airport was Dr. Jack Moyers - the department chairman! It was then I realized that I had begun my interviews almost as soon as I landed at the airport. In retrospect, I feel fortunate that not knowing who was giving me a ride to UIHC, I was able to answer his questions without the normal nervousness associated with interviewing. I was happy to learn that he would offer me the position in their residency program. It was an inauspicious beginning to my nearly 32 years in the Department of Anesthesia at The University of Iowa. Highlights of my tenure here include being hired as a faculty member in 1979. A few short years after that, I received an unexpected reward, “Teacher of the Year,” as selected by the residents. This pleasant surprise sealed my resolve to stay in academics.
Interesting Facts about Won W. Choi, M.D., Ph.D.

Educated first in Seoul, Korea, he received his medical degree (with distinction) in 1957 and his doctorate in 1966.

He received Chonnam University’s medical student award in 1956, providing full scholarship for the highest honor student.

In 1962, for his contributions to open heart surgery, the Korean Medical Society honored him with an award of recognition.

Iowa’s Department of Anesthesia granted him the Award for Teaching Excellence in 1982.

Since 1979, he has contributed to the department’s trainee teaching programs via lectures, workshops, problem-based learning discussions, clinical case conferences, grand rounds, supervision of clinical and basic science projects for fellows, and training in the operating rooms.

He has served as primary or co-investigator on five grants.

He has contributed authorship to 50 scientific abstracts.

He has published over 40 articles in peer-reviewed publications.

He has contributed to three book chapters.

He has presented at over 40 invited lectures, conferences, and visiting professorships.

Drs. Martin Sokoll and Samir Gergis guided me as I started a clinical research project studying muscle relaxants. I very much appreciate and respect their mentorship. My main area of interest has been in obstetric (OB) anesthesia. I started my OB anesthesia at the UI when I joined an OB anesthesia group. At that time, Dr. Barry Shaw (1972 graduate of UI medical school; currently associate professor at the University of Alabama, Birmingham) was directing OB anesthesia here at Iowa. After a few years, he left to take a job in Alabama. At that time, I assumed the duties he left behind. I also served briefly as an OB anesthesia committee member for the American Society of Anesthesiologists. Obstetric anesthesia flourished when John Tinker, M.D., department chair 1983-1997, recruited David Chestnut, M.D. in 1984 as director of OB anesthesia. Dr. Chestnut accomplished several clinical obstetric anesthesia research projects while at Iowa, and I was proud to collaborate with him on this research. He departed in 1994 to become chair of the Department of Anesthesiology at the University of Alabama, Birmingham, and Donald Penning, M.D., department faculty member 1992-1997, replaced him. Following Dr. Penning’s departure in 1997, James Bates, Ph.D., M.D. was appointed director of OB anesthesia and he remains as such today.

I enjoy my work in OB anesthesia and plan to continue working with the OB groups. It sometimes looks like magic. As people know, the birthing process can be extremely exhausting for the mother. As an OB anesthetist, we sometimes make parturients smile and feel happy after providing the “magic” of an epidural anesthetic. Seeing a mother-to-be relax and smile through her life-giving efforts always brings a smile to my face too!

In addition to my work and spending time with my family, I enjoy traveling. Jong and I travel to Korea to visit family; however, we were last there in 2000. I have also been called a “golfing fanatic!” I have played on many courses, and in 1995, I was fortunate to travel to Scotland and play on the Old Course at St. Andrews. This was quite a thrill; however, I realized my highest goal in the game of golf during the summer of 2007 when I achieved a hole-in-one on the Finkbine golf course in Iowa City!

Won W. Choi, M.D., Ph.D.
Professor
Medical Student Anesthesia Extern Highlights

We were pleased to welcome 10 University of Iowa Carver College of Medicine M4 students to our team in late spring. After receiving an extensive orientation to the department, and specifically to the operating room area, these students work evenings and weekends, providing assistance and gaining experience. An application and selection process determines those offered to participate in this program, and each applicant expressed an interest in the specialty of anesthesiology.

ANESTHESIA Resident Highlights

The department welcomed 10 anesthesia interns and three CA-1’s to our group this past July. The enthusiasm of these individuals is wonderful, and we look forward to getting to know each one as they train with us.

Anesthesia Interns 2009 – 2010

Anesthesia CA-1s 2009 – 2010
The 2009 Midwest Anesthesia Residents Conference (MARC) was held April 17-19, 2009, in Chicago, IL. It was a huge success and many positive comments from attendees were shared. Thirty-three institutions participated, with a total of 525 abstracts and presentations. The UI Department of Anesthesia residents and medical students represented themselves and the department in an exceptional manner. Our group gave a total of 23 presentations involving six medical students and 17 residents. As director of the resident research program, Mazen Maktabi, M.D., Associate Professor, serves as the MARC coordinator for our Iowa group. In addition to Dr. Maktabi, faculty members attending MARC 2009 included Drs. Jeanette Harrington, John Laur, Paul Lenoard, Christina Spofford, Kokila Thenuwar, Michael Todd, Ruth Wachtel, and Ann Willemsen-Dunlap.

**MARC 2009 Abstract Submissions***


A. Johri*, M.A. Maktabi: Ultrasound Guidance to Establish an Open Airway in a Patient with Extensive Facial Trauma


J. Smith*, A. Ross: Work-Up of Suspected Malignant Hyperthermia


K.A. Dean*, A.F. Ross: Late Pericardial Effusion after Cardiac Surgery: Diagnosis of Tamponade by Transesophageal Echocardiogram


J.H. Johnson*, J.S. Hata: Rectus Sheath Hematoma and Abdominal Compartment Syndrome

M. Miller*, A.B. Kumar: Ergotamine-induced Cerebral Vasospasm

R. Stringham*, A.B. Kumar: Noncardiogenic Pulmonary Edema and Acute Renal Failure Secondary to Dextran 40

L. Kimball*, J. Bates: Cystic Fibrosis and Cesarean Section: The Anesthetic Plan

S.M. Wieman*, J. Bates: Continuous Remifentanil Infusion in the Laboring Patient

L.S. Kantamneni*, B.J. Hindman: Neurocardiogenic Injury following Subarachnoid Hemorrhage

A.C. Ko*, A.A. Marian: Intraoperative Stroke following a Right Ankle Fracture Repair in a Patient with Undiagnosed Patent Foramen Ovale and Atrial Septal Aneurysm: Could It Have Been Prevented?

S.C. Manion*, K.N. Thenuwar: Central Cord Syndrome after General Anesthesia

B.L. O’Neal*, M.M. Todd: Fluoroscopic Characterization of Intraoperative Near-Extubation

K.A. Dean*, C.M. Spofford: Pulseless Wide Complex Ventricular Tachycardia during Shoulder Arthroscopy in an Ambulatory Surgery Center

D.A. Nguyen*, T.J. Brennan: The Effects of Repeated Spinal Administration of the Glutamate Receptor Antagonist Tezampanel in Rats

N.S. Leslein*, M.A. Maktabi, K. Ferguson, A. Campos*, L. Murphy*, A. Summers*: Surgical Patients’ Perceptions of the Role of the Anesthesiologists and the Complications of Anesthesia in the Perioperative Period

T.M. Ponte*, A.C. Ko*, J.J. Laur: Ketamine Medication Error

S. Pulley*, J. Harrington: Venous Gas Embolism

S. M. Johnson*, P.A. Leonard, A.M. Willemsen-Dunlap: Improving Situation Awareness in Novice Anesthesia Trainees: A Pilot Study

*Represents student or resident involved in research projects.

**Resident Research WITH FACULTY MENTORSHIP**

L-R: Ezra Hallam, Lee Kimball, Riley Stringham, Angela Ko, Jamie Johnson, Burke O’Neal (hidden), Phillip Brenchley, Jared Lake

Front row (L-R): Jennifer Smith, Megan Miller, Burke O’Neal, Stephanie Wieman, Assistant Professor Kokila Thenuwar

Back row (L-R): Somchin Puangsuvan, Riley Stringham, Lee Kimball, Karen Dean, Smith Manion, Trevor Ponte
MEET THE 2009 – 2010
Chief Residents

The selection of Nick and Jens by their peers to serve as chief residents is both an honor and a responsibility.

Drs. Nick Pauly and Jens Strand realize they have a tough act to follow in last year’s chiefs, Drs. Marty Hove and Smitty Manion, but are hopeful they are up to the task. The selection of Nick and Jens by their peers to serve as chief residents is both an honor and a responsibility.

Nick Pauly was born and raised in Bellevue, IA. Except for a brief sojourn as a research assistant in the Netherlands, he has been a proud resident of the Hawkeye State for his entire life. He earned a bachelor of science degree in biology from Loras College in Dubuque before completing medical school at The University of Iowa. Nick’s interest in anesthesia first became apparent to him during a clinical rotation in medical school. He was fascinated by the real-time interaction with the patient’s physiology and awestruck by the competence and ease with which the anesthesiologist manipulated this physiology. This interest continued during his year as an anesthesia extern while a senior medical student. Finally, while on a medical service trip in Peru, Nick was an integral part of the anesthesia team, making sure that all patients received safe and compassionate care. This experience left him certain that he wanted to pursue a career in anesthesiology. Nick is grateful for the excellent training he has received thus far during his anesthesia residency, and honored to have been chosen by his peers for the position of chief resident. He is also thankful to be working this year alongside a hard-working and dedicated co-chief resident – Jens Strand. Nick resides in Tiffin, IA with his wife, Anna, who is a realtor. He describes her as the “tireless engine that keeps our family running.” Nick and Anna have two children, a son, Ross, and a daughter, Madeleine, who “always seem to find a way to make daddy smile at the end of a long day.” On fall Saturdays, Nick can generally be found at Kinnick Stadium or in front of a television cheering on the Hawkeye football team.

Jens Strand grew up the son of an army surgeon. He was a self-described “army brat,” moving among many military installations in the United States and Europe. His family eventually settled in Minneapolis, MN. During his high school years at St. Paul Academy and Summit School, he worked at many jobs including grounds keeping and waiting tables. During his college years at Carleton College in Northfield, MN, he dropped out of school to spend time studying and working in East Africa. During this experience, he was struck by the positive power of modern medicine and decided to become a physician. Growing up with a father in residency and fellowship, Jens was exposed to many medical specialties. He wanted to become an anesthesiologist because as a young man, anesthesiologists simply appeared to be “doing” more than any other kind of doctor. He believes that, relative to other physician specialists, an anesthesiologist is in a position to most rapidly help or harm a patient. This responsibility appealed to him. After graduating with a biology degree and academic All-American status in cross country and track from Carleton, Jens worked as a high school teacher and alpine ski racing coach in Minneapolis for several years. At the end of this period, Jens interviewed for Medical School at the University of Chicago where he actually managed to strike up a conversation with a beautiful female applicant from Harvard. Surprisingly, the two both found themselves starting Duke University Medical School that fall where she continued to tolerate his persistent advances. Besides marrying his better half, Jens also managed to coach the Duke ski team and become a doctor during his time at Duke. Jens’ wife, Dr. Deepta Atre, just completed her residency in emergency medicine and is entering private practice this fall. Jens describes her ability to complete her medical training and be a wonderful mother to their beautiful 3 year-old daughter, Leela, as simply amazing, stating, “She’s twice the person...
Another year of residency has passed, and I must say my CA-2 year was a busy one. With experience came more complicated cases, as well as sicker patients. This past year, I was provided with opportunities to solidify the skills attained in previous years, as well as learn new ones. I frequently found myself staffing anesthetic plans that may not have been the simplest, but those that allowed me to learn new skills and gain additional practice in others. From learning how to do blocks with and without ultrasound guidance, to thoracic epidurals for postoperative pain control, to ultrasound guided central lines, by the end of my CA-2 year, I found myself wanting to make sure I had all the details covered and would ideally be able to do the case on my own. It was a challenging but fun year, as the stress of being new to everything was gone. I had the ability to focus on learning and enjoying what I was doing.

I also found myself going through scenarios in my head of what could go wrong and how I would manage it. I gained a stronger appreciation for clinical case conferences, as this is one place to hear complications and discussion on appropriate methods of management. For me, this has become a valuable hour each week where I learn from the experiences of others.

It was in my CA-2 year that I learned there isn't always just one single way to go about doing things. Early on in residency, I often found myself wanting to come up with the one right anesthetic plan. Over the course of the past year, I learned there are many safe and proper ways to achieve a good anesthetic plan. I learned to utilize this knowledge to try different anesthetics with similar cases and customize the anesthetic plan to each specific patient and their medical problems.

As I begin my CA-3 year, I am focused on preparing for oral/written boards and also finding a position that fits my interests within anesthesiology. I look forward to making decisions regarding where to live, where to practice, and what kind of practice to join, as well as moving forward with the final steps of residency training. I’m also looking forward to additional challenging cases and exposure to new rotations such as echocardiography, hyperbaric medicine, and perhaps even an overseas elective. With the department’s support, I hope to have the opportunity to travel abroad to learn anesthesia practice in a rural, less developed country.

I cannot emphasize enough how happy I am with my decision to go into anesthesiology. I think we have an exciting specialty centered around patient care, with ample opportunities to learn and grow within the field.
ANESTHESIA RESIDENT HIGHLIGHTS

Farewell to our 2009 Graduated Residents

These individuals completed their anesthesia residency with us, and have now begun new steps in their professional lives. We wish them the best! We also hope each will keep in touch with us and visit often.

Jonathan Cohen: Following graduation, Jonathan chose a pain medicine fellowship program at the University of California, San Francisco. He feels that Iowa’s residency program strongly impacted his decision for a future career in pain medicine. He advises residents to “work hard and the fruits of your labor will pay great dividends.”

Matthew Grady: Dr. Grady joined the Cedar Valley Medical Specialists group in Waterloo, IA. He’s glad the remodeling project for the resident’s lounge turned out so well, and encourages residents to keep pushing themselves to do more challenging cases.

Martin Hove: Dr. Hove now calls Des Moines, IA home, as he joined the Associated Anesthesiologists, PC, group there. He will always appreciate the camaraderie among the residents, and enjoyed living here with his family, taking his children downtown to play in the fountain or watch the musicians on the pedestrian mall. He takes away paraphrased advice he received from Dr. John Moyers, “Always bring your ‘A’ game, every day.”

Summer Johnson: Medical Center Anesthesiologists in Des Moines, IA welcomes Dr. Johnson into its practice. She states her favorite experiences during residency include the teamwork and the variety of the “nights” experiences. She will miss biking to work in the dark.

Robert Lance: Dr. Lance has moved to Dallas, TX, joining Anesthesia Consultants of Dallas. He compares living in the University Heights area near our hospital to a Norman Rockwell scene – green, safe, clean, friends as neighbors, lots of foot traffic, and families with children. He advises residents to stand at the head of the patient’s bed whenever possible, as from there, you can see the patient, the surgical field, the monitors, and much more.

James Madrian: The Sacred Heart Medical Center in Spokane, WA, has welcomed Dr. Madrian on staff. He credits our department with having many accomplished staff who are also wonderful teachers, something that made his experience here stellar. He advises residents to always be teachable and never delude yourselves that you know all there is to know about something. Another memory sure to stay vivid for his lifetime is delivering his youngest daughter prior to arrival inside the hospital, calling Obstetrics from his car outside the Pomerantz Pavilion. Fortunately, all ended well that early morning in 2006.

Smith Manion: Dr. Manion has moved to Boston, MA, where he is participating in a pain medicine fellowship at Massachusetts General Hospital. He remembers being amazed at the volume of complex cases seen here at UIHC. He considers having received praise from Dr. Rick Rosenquist after performing a procedure a true compliment, stating “because then you KNOW you’re doing good work!” He encourages residents to travel to meetings with their peer group whenever the opportunity presents itself.

Steven Pulley: A pain medicine fellowship also welcomed Dr. Pulley upon completion of his residency, at M.D. Anderson in Houston, TX. He will remember with fondness all time he spent with Dr. Alan Ross. He shares this with residents, “Residency is always hard wherever you go….Your attitude makes the difference.”

Geoffrey Taylor: Dr. Taylor chose Great Falls, MT as his new home, joining Anesthesia Associates of Great Falls. He recalls the CA-3 retreat as a special time for him, realizing only then all their class had experienced together and recognizing the exceptional collegiality they share as a group. He reminds residents that their first year is the hardest, being the new person every month and interacting with staff new to you each month. Things improve after that, culminating when you determine your senior schedule and see hope on the horizon.

Thomas Touney: Dr. Touney has joined Medical Center Anesthesiologists in Des Moines, IA. He will long remember how our community came together during the memorable flood of 2008, as well as his enjoyment working during the night, not really knowing what to expect for a next case and working so closely with other residents and staff. Dr. Touney encourages residents to see as much and do as much as you can, because it will “stick with you.”
Resident Program NEWS

Mazen Maktabi, M.D., Associate Professor, and Kokila Thenuwara, M.B.B.S., M.D., Assistant Professor, have been appointed assistant program directors under resident program director Debra Szeluga, Ph.D., M.D., Associate Professor. Dr. Maktabi will continue his focus on research, academic projects, and MARC. Dr. Thenuwara is primarily focused on curriculum issues. Tara Hata, M.D., Associate Professor, previous assistant resident program director, now focuses all her attention on pediatric anesthesia. Having two individuals involved in assisting with this process enhances accomplishing more of the long-term program goals.

ANESTHESIA FELLOWSHIP Highlights

The department welcomed 11 new fellows to our group this past July. We look forward to getting to know them as they train with us.

Department of Anesthesia Fellows 2009 – 2010
FAREWELL TO OUR
2009 Graduated Fellows

2009 Anesthesia Fellowship Graduates

James Brunz, M.D., Pain Medicine: Dr. Brunz has rejoined the Medical Center Anesthesiologist, P.C. group in Des Moines, IA. He found working with cancer patients very challenging, visiting Coralville Lake Reservoir fossil gorge with his children most enjoyable, and advises individuals to work hard during their fellowship year because it passes quickly.

Jules Marie Chehade, M.D., Regional Anesthesia: Miami, FL is now where Dr. Chehade calls home, as she continues her education with an obstetric anesthesia fellowship. A few of her favorite experiences at Iowa included cadaver dissection and involvement in our Regional Anesthesia Study Center of Iowa (RASCI) workshops. She encourages those considering fellowships to brush up on their anatomy.

Hai Duong, M.D., Pain Medicine: Dr. Duong has moved to Merced, CA, where he joined the Bear Creek anesthesia group. He indicated his experiences performing thoracic epidural placement with Dr. Rick Rosenquist enhanced his professional abilities, and that he will miss our community’s friendly residents and the weekly farmer’s market.

Brent Hadder, M.D., Critical Care Medicine: Dr. Hadder has joined our faculty here at UIHC, and feels well prepared through his training here. During his fellowship, he was impressed by how those working in the Surgical Intensive Care Unit are so committed to delivering the best patient care possible. Dr. Hadder shares with those entering fellowships at Iowa, “discere docendo,” which translated from Latin means “to learn through teaching.”

Sundar Krishnan, M.B.B.S., Cardiothoracic: Our department also welcomed Dr. Krishnan joining our faculty following his fellowship training. He remembers with appreciation how kindly senior faculty members nudged him in the right direction, especially when he may have overlooked something. He enjoyed his experience volunteering at a local organic farm. Dr. Krishnan promotes his belief that there is no such thing as too much training.

Amer Nouh, M.D., Pain Medicine: At the time this newsletter issue went to production, Dr. Nouh had not yet finalized his plans. There’s a good chance a climate warmer than we enjoy in Iowa will greet him next.

Sean Overton, M.D., Critical Care Medicine: Dr. Overton has returned to Utah, accepting a faculty position in the Department of Anesthesia at The University of Utah in Salt Lake City. We’re told he will not miss the perpetual “lost luggage” occasions during his flights through Chicago’s O’Hare airport! He will remember how nice all of the Iowa attendings are, and how willingly they contribute to the trainees’ learning environment.

Kei Togashi, M.D., Cardiothoracic: Our department benefits by Dr. Togashi beginning a critical care medicine fellowship upon completion of his cardiothoracic fellowship. Memories from his first year with us include a 170 kg patient undergoing a CABG procedure, followed by a heart transplant, followed by a lung transplant – all within 36 hours. He never imagined training to be so intense!

Bhavin Vyas, M.D., Pain Medicine: Greater Houston Anesthesiology, P.A., welcomed Dr. Vyas upon his recent departure from Iowa. He will long remember the thoracic epidural placement skills taught by Dr. Rosenquist, as well as how extremely nice and helpful he found people who live in Iowa.

Gary Weide, D.O., Critical Care: Dr. Weide has returned to Mercy Medical Center in Des Moines, IA, where he will complete his surgical residency program.
You may have noticed a little more spring in the steps of our certified registered nurse anesthetists (CRNAs) recently. At long last, the great renovations to both the CRNA staff office and chief/assistant chief CRNA office are complete.

Our CRNA community is delighted to have an excellent new “home base.” Between our new Epic electronic medical record keeping system, e-mail, and online scheduling, sufficient technology is crucial in keeping up with the rest of the hospital; the revamped CRNA office accommodates nicely with seven convenient computer workstations. The office is also less crowded these days, a major asset in a room shared by thirty-six bustling CRNAs. Plus, the new amenities in the office—like our very own sink!—make it a nicer area in which to relax, do some work, or talk with co-workers.

As chief CRNA, I am also so pleased with the refurbished chief/assistant chief office, and I know our assistant chief, Sam Thibodeaux, is equally impressed. One key improvement is the more thoughtful layout of the room, which facilitates meeting with colleagues. Redesigned shelving and storage areas help maximize our organization, while the overall roominess of the office simply makes it a more comfortable place to be.

On behalf of all the CRNAs, many thanks to everyone who helped make the remodeling projects such a great success!

Ann Smith, M.S.N.A., CRNA
Chief Registered Nurse Anesthetist
ACHIEVEMENTS & Awards

Trainees Honor Faculty

The “Resident Teacher of the Year Award” and the “Resident Excellence in Teaching Awards” were established to pay tribute to those faculty members that excel in resident education. The residents vote on these awards based on teaching inside and outside of the operating room. The winners of these honors do a wonderful job of combining multiple realms of education. These include hands-on technical training, intraoperative teaching related to the cases they oversee on a daily basis, and organized didactic lectures. The awards were presented at the resident graduation dinner on June 21, 2009.

CONGRATULATIONS to Martin Mueller, M.D., who received the “Resident Teacher of the Year” award for the 2008-2009 academic year. The “Resident Excellence in Teaching” awards were given to James Bates, M.D., Ph.D., Rashmi Mueller, M.D., Franklin Scamman, M.D., and Ken-ichi Ueda, M.D. Drs. Bates, Scamman, and Ueda have been previously awarded by our residents for their commitment to the superb education of this group.

Faculty Promotion

Jonathan Simmons, D.O., M.Sc., F.C.C.P., 2004 graduate of Iowa’s critical care medicine fellowship program, was promoted by the Iowa Board of Regents to the position of Clinical Associate Professor.

Professional Appointments

James Bates, Ph.D., M.D., Associate Professor, 1984 graduate from Iowa’s anesthesia residency program, has been accepted as a new member of the Association of University Anesthesiologists (AUA). The mission of the AUA is the advancement of the art and science of anesthesiology by the encouragement of its members to pursue original investigations in the clinic and in the laboratory, the development of the method of teaching (anesthesia), and such free and informal interchange of ideas. Dr. Bates joins other department AUA members, Drs. Max Baker, Timothy Brennan, Javier Campos, Won Choi, Mohamed Ghoneim, Donna Hammond, John Moyers, Richard Rosenquist, Martin Sokoll, and Michael Todd.

Javier Campos, M.D., Professor, Vice Chair, Clinical Affairs, Director, Cardiothoracic Anesthesia, has been appointed to serve as the executive medical director of the main operating rooms (MOR). In his new role, he is responsible for managing all of the clinical and administrative operations of the MOR. Reporting directly to Dr. Campos are the MOR nursing director, administrative director, director of Central Sterilizing Services, and manager of scheduling. As executive medical director of the MOR, he reports directly to the chief operating officer while working closely with the chief nursing officer and Surgical Services Subcommittee. Dr. Campos brings over 20 years of extensive service to this new position.

Mazen Maktabi, M.D., Associate Professor and Director of our Resident Research Program, 1987 graduate of Iowa’s anesthesia residency program, as well as graduate of the neurosurgical anesthesia fellowship at Iowa, has been accepted as one of 14 members of the University of Iowa Carver College of
Medicine Teaching Scholars Program for 2009-2012. This program was established to recognize and support faculty teaching, and also promotes the opportunity for members to learn from each other. Another of the benefits of participation is a one-time $2,000 stipend to be spent for attendance at education related meetings or educational material related to a faculty development project.

Chiedozie Udeh, M.B.B.S., Assistant Professor, Medical Director of the Anesthesia Presurgical Evaluation Clinic, has been appointed as an oral examiner for the American Board of Anesthesiology (ABA). He is the first new oral examiner from our department in many years, and joins Drs. Michael Todd, John Moyers, and Robert Forbes. The mission of the ABA is to maintain the highest standards of the practice of anesthesiology and to serve the public, medical profession, and health care facilities and organizations.

Research Grants Awarded

Donna Hammond, Ph.D., Professor and Interim Head of the Department of Pharmacology, and her colleagues in the Pain Research Program, recently renewed the NIH training grant entitled, “Interdisciplinary Training Program in Pain Research.” This grant is renewed for another five years for four positions. Within our department, the grant currently supports Christina Spofford, M.D., Ph.D., Associate, 2007 graduate of Iowa’s anesthesia residency program and 2008 graduate of our pain medicine research fellowship program.

Anthony Han, M.D., Ph.D., Associate Professor, was awarded a $25,000 award for his work entitled, “Population Pharmacokinetics and Pharmacodynamics of Ketamine for Procedural Sedation in Children with Major Burns: Phase 1 of a Pilot Study to Determine Rational Dosing Guidelines,” from the International Association of Fire Fighters Burn Foundation. Dr. Han has studied pharmacokinetics in burn patients. The goal of this study is to identify an optimal dosing strategy for the use of ketamine in pediatric burn patients.

Edward Thompson, Ph.D., CRNA served as the Director of Iowa’s MSN Nursing program from 1998 through 2009. He performed superbly in this leadership role, providing vision and guidance. He not only led the program, but also devoted hours to didactic teaching and clinical direction. His strong effectiveness in selecting students with outstanding potential contributed to his program’s current high ranking. Dr. Thompson was granted the Program Directors Award in 2003 by the American Association of Nurse Anesthetists as national recognition of his leadership and vision as an educator. The University of Iowa has recognized his excellence as an educator with both the Collegiate Teaching Award and the President and Provost Award for Teaching Excellence. In 2009, the UI nurse anesthesia class established the Sheila A. & Edward S. Thompson endowed scholarship for nurse anesthesia students.

Toshihiro Kitamoto, Ph.D., Assistant Professor, was awarded a $1,095,000 National Institutes of Health grant for his work entitled, “Studies of Genes Involved in the Lithium Responsive Neurological Processes.” In the future, lithium could potentially be used to treat or prevent brain damage following injury or during progression of neurodegenerative disease. Improving our understanding of molecular targets for lithium is necessary for enhancing the efficiency of lithium therapy and for minimizing its side effects. Dr. Kitamoto’s research aims at elucidating molecular and cellular mechanisms involved in lithium-responsive neurological pathways using the power of Drosophila genetics.

Cormac O’Sullivan, Ph.D., M.S.N., CRNA has been selected as the Director of the MSN Nursing program, beginning July 1, 2009. Previously, he served as the Assistant Program Director. Dr. O’Sullivan joined our department in 1996 and received his doctorate from Iowa’s College of Public Health, Health Management and Policy Division in continued on page 18
Ann Willemsen-Dunlap, Ph.D., M.S.N., CRNA has accepted the position of Associate Director of the MSN Nursing program. She is a 1998 graduate of this program and obtained her doctorate in science education from Iowa in 2006. Dr. Willemsen-Dunlap serves as the co-director of the Patient Simulator Center.

Lyudmyla Lysenko, B.S.N., SRNA has been selected as a recipient of the Graduate Diversity Scholarship for the 2009/2010 academic year. Her scholarship covers full tuition and fees for the entire academic year. This scholarship is established to promote outstanding students who are underrepresented in their graduate discipline and candidates are nominated by their graduate program directors.

Ann Willemsen-Dunlap

SRNA Program Ranks High

Our student nurse anesthesia program was ranked Number Five in the nation, as released in the *U.S. News & World Report* 2010 ranking list of graduate programs and colleges. Previously, our program was ranked as Number Six, a level for which we were already proud. In total 21 UI programs are positioned in the top 10 for 2010.

Newsletter House Staff Representative

Jens Strand, M.D., Chief Resident, has been appointed to the position of house staff representative for the department’s newsletter. Each year, one of the chief residents is selected for this responsibility, which also includes being the liaison between the house staff and department administration regarding noteworthy news from our interns and residents. Dr. Strand replaces previous house staff representative, Smith Manion, M.D., who has completed his residency training and moved to Boston, MA, where he is participating in a pain medicine fellowship at Massachusetts General Hospital.

Making a Difference Awards

All UI Health Care faculty, staff, and volunteers are eligible to receive a recognition award through a new program called “Making a Difference.” The focus of the recognition program is to support and promote the special efforts that make a difference to our patients, their families, our co-workers, and the public we serve by reflecting our commitment to innovative care, excellent service, and exceptional outcomes. Recently, the following individuals from the Department of Anesthesia were recognized with receipt of this award.

James Choi, M.D.
Associate Professor

Carol Keith
Clinical Technician II

Stephanie Klein, B.S.N.
Student Registered Nurse Anesthetist

Tomas Kuennen
Clinical Technician III

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

Kent Pearson, M.D.
Associate Professor

Jens Strand

Lyudmyla Lysenko
Mark your calendars!

Upcoming Iowa Anesthesia Department CME Conferences

Conferences offered through our department are 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 [www.anesth.uiowa.edu](http://www.anesth.uiowa.edu). Should you have specific questions regarding a conference, you may e-mail or call Lori Bailey Raw in the College of Medicine CME office. 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)
October 24-25, 2009
December 5-6, 2009
May 22-23, 2010

Operations Research for Surgical Services
February 19-22, 2010

Iowa International Anesthesia Symposium, 4th Annual
March 6-9, 2010, Los Cabos, Mexico

Iowa Anesthesia Symposium X
May 1-2, 2010

**Other Upcoming Events**

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

University of Iowa Homecoming Weekend
October 8-11, 2009

**Thursday:**
College of Medicine’s two-day Continuing Medical Education Program

**Friday:**
College of Medicine MD Class Reunions
College of Medicine CME Program
Anesthesia Department Welcomes Alumni Visitors, All Day Homecoming Parade, 5:45 p.m.
MD Alumni Social, 7:30-9:00 p.m., Levitt Center for University Advancement
Iowa Minority Medical Alumni Social, 6:00 – 8:00 p.m.
Homecoming Pep Rally, 8:00 p.m., Old Capitol

**Saturday:**
College of Medicine MD Program and Reunion Luncheon, 10:30 a.m. – 1:00 p.m., Medical Education and Research Facility (MERF)

University of Iowa Homecoming Weekend

**Saturday continued**
College of Medicine All Alumni Tailgate Party, 4:30-6:30 p.m., Medical Education and Research Facility (MERF)
Iowa vs. Michigan Football Game, Kickoff time 7:00 p.m.

**Sunday:**
Anesthesia Department Picnic, 11:30 a.m. – 4:00 p.m.; East Overlook at Coralville Lake, east of the spillway

Alumni Reception during Annual ASA Meeting
October 17, 2009, 6:00-9:00 p.m., New Orleans Hilton Riverside, Salon C, Section 15

Iowa Society of Anesthesiologists Spring Meeting
April 10, 2010, All Day
Holiday Inn and Suites, West Des Moines, IA
[www.iasocanes.org](http://www.iasocanes.org)
The Miles of Smiles Team Annual Trip to Guatemala

For the past many years, the Iowa Miles of Smiles Team (MOST) has been traveling to remote areas of Guatemala to provide cleft lip and palate repairs, dental restoration, and wellness screening for children of these underserved areas. The team consists of otolaryngology surgeons, anesthesiologists, dentists, pediatricians, nurses, and operating room technicians, many of whom are from The University of Iowa. The Department of Anesthesia has been a large supporter of this project over the years, providing the anesthesiologists as well as a large amount of the anesthesia supplies. For the past three years, one or two senior anesthesia residents have had the opportunity to join the team. In 2009, while still senior anesthesia residents, Robert Lance, M.D. and I had this opportunity to make the trip. We accompanied anesthesia faculty members, Robert Forbes, M.D., Professor, and David Swanson, M.D., Clinical Assistant Professor.

Our mission was to Huehuetenango, located in the mountains about a six-hour bus ride north and west of Guatemala City. This trip was an incredible, life-changing experience for me. I still have trouble grasping the standard of living that many Guatemalans endure. I enjoyed the challenge of communicating with the patients and their families. Fortunately, we had Spanish translators readily available. This was not always helpful, however, as some of our patients only spoke one of the many Mayan dialects that are found in Guatemala.

This trip was also packed with a lot of educational benefit for us as residents. Practicing anesthesia in a third world setting posed a lot of challenges that we never face in our modern, automated operating rooms here in the United States. We had to figure out how to check out older machines (the kind that do not just do it for you), calibrate CO₂ and O₂ sensors, and set up an adequate evacuation system. We had to really think about conservation of resources as we had limited supplies for the week. We had to be judicious about patient selection and postoperative pain control as there were very limited postoperative monitoring capabilities. In addition, we had a concentrated experience anesthetizing small, malnourished children, almost all of whom had some sort of respiratory tract illness. One day, we experienced trading some sevoflurane for halothane and did halothane anesthetics with Bain circuits.

Last and most importantly, there is no better experience than being able to help these little children that would never otherwise have the access to this kind of medical care. I am addicted and will hopefully be making many more medical mission trips throughout my career.

Martin Hove, M.D.
2009 Chief Resident Graduate
My Odyssey in the Asian Pacific

In May of 2009, I experienced my first trip to Japan. On my return to the United States, I was left to ponder the words of my new friend, Shigeho Morita, M.D., Professor and Chairman, Department of Anesthesia, Tokyo University School of Medicine, Tokyo, Japan. Professor Morita told me, “You must take yourself out of your comfort zone and experience more than what you already know. Medicine is more than about being a good doctor; it’s about being a great person.” My meeting with him was no ordinary experience by any stretch of the imagination. International relationships and open exchange of cultural and medical ideas have been his pursuit of fulfilling his responsibilities as a physician. I left Japan feeling inspired and motivated to be more than just another doctor.

My odyssey started in Tokyo, making my way through the bustling, over lit city streets that never sleep. My objective was clear - represent Dr. Todd and our department of anesthesia. The opportunity came during my morning lecture to faculty and residents, as a visiting physician at Teikyo University. I proudly talked about our strengths and contributions to anesthesia medical education. That afternoon, I spent time with Professor Morita and shared a conversation that still resonates. Later that evening I was privileged with a traditional Japanese dinner at a restaurant in the Ginza (Tokyo’s most famous shopping, dining, and entertaining district) with faculty and two physicians who would soon be coming to Iowa for training – Tatsuya Yoshimura, M.D., for a cardiothoracic anesthesia fellowship program, and Yoshihisa Morita, M.D., as an anesthesia PGY-1 intern.

From there I pushed on to Kochi, Japan, the home of our own faculty member, Ken-ichi Ueda, M.D., clinical assistant professor and 2004 graduate of Iowa’s cardiothoracic anesthesia fellowship program. At his former institution, the lecture focused on the American medical education and residency process. Kochi had the best sushi I have ever experienced and I had a chance to learn more about how the locals lived.

On the flight home, I realized that while there are many differences between our two worlds, there exist many more similarities. This was my first time lecturing on an international stage, and the opportunity was priceless and addicting. My trip brought a new perspective to my three years at The University of Iowa. Thank you alone just doesn’t do it justice.

Jonathan Cohen, M.D.
2009 Anesthesia Resident Graduate
Patient Simulator Center News

Round Table Discussion
On April 2, 2009, the Patient Simulator Center co-directors, Paul Leonard, M.D., Associate Professor, and Ann Willemsen-Dunlap, Ph.D., CRNA, Assistant Professor, were hosts to all available anesthesia faculty and staff for a presentation related to their Center. The department benefited from the opportunity to listen and ask questions of their guest speaker, William Rutherford, Jr., M.D. Dr. Rutherford is a welcome presence in our department whenever we are gifted by his visits. He works with the Center on specific research projects, and is a valuable asset to their team. He has enjoyed careers as a flight surgeon in the Air Force (where he learned to fly), as well as a flight surgeon and a commercial airline pilot flying 737’s for a commercial airline company. During the course of his career, he became part of the National Transportation Safety Board’s accident investigation group, eventually serving as vice-president for flight safety. His focus for many years was using in-situ flight simulation in the commercial aviation world to train airline pilots how to handle emergent situations safely and effectively. Currently, he serves as consultant to institutions that are working toward development of robust simulation programs, and collaborates with colleagues from Western Michigan University and The University of Iowa to bring simulation-based team training to the medical community. This involves using actual patient care units and actual healthcare team members to develop organization processes to train and assess team performance. Dr. Rutherford stresses the most important part of any simulation enterprise isn’t bricks and mortar and mannequins (although they are very necessary); the key ingredients are the recognition by leadership of simulation’s importance in clinician education and patient safety, and the creation and investment of intellectual capital by all concerned.

Mini Medical School Participation
The Patient Simulator Center team was on hand in April for the final session of the 2009 University of Iowa Roy J. and Lucille A. Carver College of Medicine Mini Medical School, a program provided in partnership with Osher Lifelong Learning. The 4-week course this year was entitled, “Cardiovascular Disease: What You Should Know.”

Iowa High School Students Enjoy Interactive Experience
Our department welcomed high school students from Iowa’s Postville High School in June, as well as a group of students entering eighth grade in a Cedar Rapids area school in August. The Roy J. and Lucille A. Carver College of Medicine made arrangements to provide these groups of top-notch students interested in pursuing the medical field the special opportunity to experience a visit onto the UI health sciences campus. The students’ day was planned around an interactive experience that included a case-based learning scenario and patient simulation. Our Patient Simulator Center team enjoyed sharing their knowledge and expertise, providing a unique experience for these students. Several students commented about how they know they really want to go into the medical field now and hope they can do so at IOWA!
UI Health Sciences Research Week 2009

The Carver College of Medicine, College of Pharmacy, College of Public Health and VA Health System Research Week events took place Tuesday, April 14 and Wednesday, April 15 on the health sciences campus of The University of Iowa. The event recognizing health science research at Iowa focused on cardiovascular research and excitable cell biology. Following that theme, organizers scheduled four nationally and internationally known speakers to present during the week. Timothy Brennan, M.D., Ph.D., and Clark Obr, M.D., participated as judges of the presented work. Anesthesiology laboratories were represented by eight posters involving the following researchers: Benjamin Aldrich, Timothy Brennan, Javier Campos, Hiroshi Ishimoto, Jun Ho Jang, Sinyoung Kang, Junko Kasuya, Toshihiro Kitamoto, Christina Spofford, and Jun Xu.

Take Me Out To The Ball Game....

A beautiful evening in July greeted nearly 150 members and guests of the Department of Anesthesia. Many in the department look forward to this family event as a favorite. The Kernels sponsored a fantastic fireworks display at the conclusion of the game, as well. This year, the game date coincided with Dr. Michael Todd’s birthday. He would have had a difficult time selecting a venue he would have enjoyed more than watching a Cedar Rapids Kernels game on his birthday – eating brats and birthday cake and having his photo taken with some of our department’s future employees and the team mascot, Mr. Shucks!

Above: A representative group of baseball fans from the department

Far right: Michael Todd, M.D., Mr. Shucks, and some of the children

Tejinder Swaran Singh, M.B.B.S. (CA-1) and wife, Jasleen Kaur

Monica and Zach Lewis

Louise Morgan and husband, Dale Morgan, M.D.
Our mission to identify and reunite with our alumni is well underway! Thanks to so many of you who have written to us providing new information, contacts for many we had lost track of, confirming and/or correcting information regarding the department’s history, and more. We continue to be blessed with alumni who really care about supporting our goals.

This past June was a busy month with several alumni-connecting events. We welcomed Dr. Richard Schlobohm (1956 BA, 1959 MD, 1962 R) and Mrs. Phyllis Schlobohm on Friday, June 12th. They traveled from California to Iowa to attend Iowa’s College of Medicine alumni reunion, visit our department, and visit family – also enjoying an extended family riverboat cruise on the Mississippi. We had such a great time together and were gifted by them with a collection of multiple historical photographs of our department taken over the years of their life in Iowa City. Our department hosted a small gathering of alumni in the Minneapolis-St. Paul, MN area immediately following the visit from the Schlobohms. Dr. Todd and Barb Bewyer were joined by Monica Lewis from the UI Foundation on this trip. We enjoyed a nice evening with several alumni and were able to spend some quality time talking one-on-one with each. We plan to arrange similar gatherings in other near-by locations in the future. Let us hear from you if you’d be interesting in talking with us about a visit to your area. While in Minnesota, Monica and Barb also were welcomed into the home of alumnus Mary Weisel, M.D., a 1965 anesthesia residency graduate. Dr. Weisel shared several memories of her years in Iowa City, as well as her years as a practicing anesthesiologist in Minneapolis, and Barb was reminded (once again) that she needs to travel with a “cheat sheet” of anesthesia people/dates/events/statistics! That visit represented the first time anyone from Iowa’s anesthesia department had ever visited Dr. Weisel, and we’re so pleased to say she welcomes future visits.

Mark your calendars for October events related to the department. October 9-11, 2009 are the dates surrounding Iowa’s homecoming football weekend. The Carver College of Medicine is hosting special alumni events for the medical school graduating classes of 1974, 1979, 1984, and 1999. In addition, on Friday, October
9th, the Department of Anesthesia invites all alumni returning for homecoming weekend to visit our department. We are also hosting our annual all-department and alumni fall picnic on Sunday, October 11th. We’ve started a tradition now with many alumni who join us for our activities during the homecoming weekend, and we welcome others to join in the fun. Also taking place in October, on Saturday, October 17th, is the department’s alumni reception held in conjunction with the annual meeting of the American Society of Anesthesiologists. This year, we travel to New Orleans, LA for this event, and would love to see our alumni who plan to be in New Orleans. These events are posted on page 19 of this issue, in the Mark Your Calendars section. Please contact Barb Bewyer (by phone at 319-353-7559 or by e-mail at barbara-bewyer@uiowa.edu) for more detailed information.

Our continuing medical education symposia and workshops are definitely occasions we welcome alumni to attend. Coming up March 6-9, 2010 will be our fourth annual International Anesthesia Symposium, held in Los Cabos, Mexico. This educational opportunity has been enjoyed by several of our alumni, and we are confident they recommend the experience to all.

Time now for a few requests from Barb! We’re inviting any of our alumni who were here during the years William Hamilton, M.D. was chair of the department (1958-1967) to send in their memories of Dr. Hamilton and life in the department during those years. A future issue will include an article covering the years of his chairmanship, and incorporating personal memories will enhance the content. Make sure you read the first article in our series of former department chairs, featuring Jack Moyers, M.D., on page 26 of this issue. Be inspired and send your memories of Dr. Hamilton to Barb.

Also, we’re searching for photographs of anesthesia resident groups who graduated from 1977 through 1993. Our department has no photo history of these graduating classes, and we really are seeking to add such to our history wall of graduated residents. If you have a photo of graduates from any of these years, please consider sharing it. We will be glad to duplicate the photos on our end, and return the originals to you.

Now, to end with a quiz question: Who can report to Barb the name of the physician who served as the first president of the Foundation for Anesthesia Education and Research (FAER)? Your hint is that this is someone with an Iowa connection!
In this issue, we present the first of several articles highlighting our former department chairs. As reported in the Alumni Update article in the spring 2009 issue (page 29), these synopses will be presented “out of order.” In other words, we will bring you our stories in random date order and not in chronological order from first to most recent former department chair. As also stated in our last issue of the newsletter, this project is part of a larger goal – that of compiling a document representing as much of our department’s history as possible. Please consider contributing your memories to this goal. Thanks to those alumni who have shared already, as well as those who currently are working on compiling their historical department memories. The value of this is immeasurable. Special thanks to those who sent Barb specific memories of former department chair, Dr. Jack Moyers, and certainly to his son, John Moyers, M.D., Professor. The newsletter staff sincerely hopes you enjoy reading this first article in our series of former department chairs.

Jack Moyers was born in Sydney, IA in 1921, graduating from Guthrie Center High School. He attended The University of Iowa, receiving his bachelor’s degree in 1942 and his medical degree in 1945. His medical internship year was spent in Detroit, after which he served in the United States Navy, stationed in San Diego, CA from 1947-1948. He returned to Iowa for his anesthesia residency, graduating in 1950. He joined the Iowa anesthesia faculty as assistant professor immediately upon completing his residency. He spent much of 1951-1952 in Copenhagen, Denmark, teaching at the World Health Organization Anesthesiology Center.

In April of 1957, the Journal of the Iowa State Medical Society published a compilation of related articles entitled “Intracardiac Surgery at the State University of Iowa: A Record of Progress, 1949-1956.” Dr. Jack Moyers contributed an article entitled “Anesthesia for Cardiac Surgery, 1949-1956.” He began his article by stating, “It is not uncommon for a patient to be deteriorating rapidly because of heart disease on one day, and on the next day to be able to look forward to a rather normal life as a result of cardiac surgery. There is no reason to deny the drama which pervades this field of medicine….there is, perhaps, cause for alarm when the anesthetist joins the team and feels either that his previous experiences will be of little value to him or that he must be guided in his endeavors by an entirely new set of principles.” After presenting results of over seven years of anesthetic participation in cardiac surgery cases, he concluded his article by summarizing, “These problems do not demand of the anesthetist new basic concepts, but merely an appropriate application of principles which have been practiced for some time.”

Dr. Moyers realized the need for a balance of clinical and didactic teaching with that of research. His own research involved collaboration with the following physicians with strong histories in the Department of Anesthesia at The University of Iowa: Charles Pittinger (R ’52), Stuart Cullen, Samir Gergis (R’59), Dale Morgan (MD ’51, R ’56), William Hamilton (BA ’43, MD ’46, R ’50, F ’51), and R. Dennis Bastron (MD ’64, R ’67). His research interests spanned areas that include hypothermia, intracellular microelectrode recording techniques, the “H” reflex potentiating effects of narcotics, and neuromuscular blocking agents.

Many who knew Jack Moyers have mentioned his formation of and adherence to his very basic principles. This trait was of importance in his clinical, administrative, and social roles. Some remember this as stubbornness, others as a very basic goodness. He succeeded Dr. Hamilton as chairman of the department in March of 1968. Under his direction, the intensive care unit was established, neurosurgical cases increased, and eventually anesthesiologists provided expanded obstetrical care. The main
operating area was located on the sixth floor of the general hospital, by the Boyd Tower. There were a total of eight suites, each was named after a famous surgeon. There were also three rooms on the third floor, where anesthesia was handled for ophthalmology and otolaryngology cases, and one room for cystoscopy cases. Obstetric cases were managed also in the third floor operating rooms (and in the early years, anesthesiologists were used only for cesarean section procedures). All orthopaedic cases were done in two operating rooms in the Children's Hospital, a totally separate building. The recovery rooms, radiology, locker rooms, faculty offices, and such were located from 1972-1978 very close to the sixth floor operating rooms. The supply room was the "hang out" for faculty, and Dr. Moyers could be found there in-between surgical cases, deep into conversations with his colleagues.

In 1972, as faculty and cases grew in number, the offices were moved to a different area further down the hallway. The library and the original Cullen Conference Room (58 seats, still in use today by the Radiology Department) were also located further from the clinical care area and closer to where faculty offices moved.

The operating rooms were equipped with very basic tools and machines then, with one anesthesia machine per room (typically a Forreger). The gas was piped into each room. In the early years of Moyers' tenure as chair, each room did not contain an electrocardiograph machine. The machines were assigned to the rooms where the most difficult cases were scheduled. A typical week would involve approximately 240 cases. During those years, advances in anesthesiology included the use of heart monitors and blood pressure monitors, as well as positive end expiratory pressure to keep the lungs open and functioning. That era also experienced the advances in pulmonary ventilation and perfusion, and minimum alveolar concentration.

Dr. Moyers would typically spend the mornings in the operating room providing clinical care and teaching, and manage his administrative duties as chair in the afternoons. The administrative load was lighter in the 1960s and 1970s, with fewer regulations and committees. He allowed it to be known that he would always make himself available to talk with faculty and trainees.

Jack Moyers and William Hamilton were just one year apart in undergraduate college years at the State University of Iowa, as it was called then, with Moyers being one year ahead. It wasn't until 1949, however, when Dr. Hamilton returned from his service obligation and Dr. Moyers had just finished his first year of anesthesia residency, that they really got together, becoming good friends. Dr. Hamilton recalls, "Jack and I both enjoyed our time and work. We played some golf together, neither of us very good, on Old Finkbine course, which no longer exists. We shared an abiding interest in the activities of the Hawkeyes, which persisted for all the intervening years. Professionally, we were both doing something we enjoyed in a great atmosphere."

Dale Morgan (MD '51, R '56) remembers with fondness a phrase that Jack Moyers used many times while teaching anesthesia residents, as well as medical students. Moyers used the phrase, "lead pipe cinch." Literally translated, it means a complete certainty, and for Moyers it meant that whatever he was saying or teaching was 100% guaranteed of being correct.

Robert J. Meyer (MS '50, MD '54, R '66) recalls Jack Moyers' personal love for sports, especially Hawkeye sports. While Moyers did indeed enjoy Iowa football and basketball, he loved track. Meyer was working in Des Moines post-residency, when he received a phone call from Moyers asking him to get him a motel (not hotel) reservation for several days for the Drake relays. Years later, Meyer met Moyers and his wife at a basketball game in Iowa City. He describes his memories of him as a clinician as being very practical and thoughtful.

“He was available for consultations and advice, but he never interfered…..The man read everything he could about medicine and anesthesiology, and he never forgot anything.”

During the years Moyers was head of anesthesia, one of his residents was R. Dennis Bastron (BS '60, MD '64, R '67), who then remained as faculty from 1969-1979. In his words, "Jack was the ideal chief for me. He would give me an assignment, along with necessary resources, and then get out of my way. He was available for consultations and advice, but he never interfered…..The man read everything he could about medicine and anesthesiology, and he never forgot anything."

Mohamed Ghoneim (faculty since 1967) began his memories of Jack Moyers by saying simply, "I miss him. I miss seeking his opinion about solutions to problems of our profession, clinical practice, our university, and I miss receiving his witty and thoughtful answers.” Ghoneim considered Moyers a marvelous human being, with an incisive intelligence, sharply expressed opinions and convictions for which he never compromised, and exemplary loyalty to the profession, the university and people who worked with him. Ghoneim recalls, “Jack led the department during a difficult time after Bill Hamilton left with others for San Francisco, CA. Who would replace people like Bill, Wendell Stevens (MD '56, R '63), Ted Eger (R '57), John Severinghaus (R '57) and others? This was a difficult time for many academic departments to attract good clinical academicians. Moyers worked very hard and the department survived, but it cost him his health."

Dr. Martin Sokoll (UI emeritus professor) recalls that Moyers encouraged the faculty interested in research to pursue their work. continued on page 28
Sokoll remembers a day when he was sitting in his office, deep in thought about a potential laboratory experiment, when Dr. Moyers walked by and stopped to chat. After some discussion, and Sokoll stating that he thought he wanted to study muscle relaxants post-synaptically to see what effect they would have on the nerve terminal, Moyers told him that he thought he should perhaps first see what the relaxants do on the nerve terminal. Sokoll thought on that for days, consulted a pharmacologist, who agreed with Moyers completely, and thus the research began. Sokoll recalls how basic and sparse the equipment was for the operating rooms. He talked with Moyers about the need for there to be electrocardiograph monitors in each of the ORs. Moyers instructed Sokoll to prepare a letter justifying the need, Moyers took it to John Colloton (then director and CEO of the hospital), who was reported to say, “You don’t have an EKG in each room? Well, buy them. You need them!”

Many years after Moyers stepped down as chair of the department, many young residents still have vivid memories of the man. One such individual is Tork Harman (MD ’86, anesthesia extern ’85-’86, R ’90). He recalls Moyers as always seeming a bit intimidating to the young student and resident. He states, “…… he was quite demanding and quite rigid in his approach, with all of his special nuances, including that tried and true mask induction technique. As a green student, I initially couldn’t see past the rough appearing exterior. I recall vividly working with Jack as a 4th year medical student. I had, with his help, managed the deep inhalation induction with the black mask and black hoses. It was time to intubate the patient with that Wis-Hip #3 blade he loved. I awkwardly placed it into the mouth of the patient, but really couldn’t find anything that I could recognize other than a wall of “pink.” Jack was so annoyed with my fumbling around, that he grabbed the laryngoscope from me. While still standing at the side of the patient bed, near the shoulders and still FACING me, he reached over and inserted the laryngoscope backhanded and totally blind to the airway visualization axis. Without ever seeing what he was doing, he then deftly lifted the blade and showed me a perfect Grade I view of the glottis and said, ‘There it is. That’s what you are supposed to see.’ Eventually, after mastering the anesthesia principles he championed so passionately, my day came! He stood beside me at the head of the bed during a case, put his arm around my neck, and started talking to me about my family and my life. He told me stories of the past. It was a glorious feeling.”

Dr. Moyers was active in both the American Society of Anesthesiologists (ASA) and the World Federation of Anesthesiologists, holding the highest office in each. In his final report as president of the ASA in 1977, he wrote, “Time and tolerance have been afforded by colleagues in my own department and I shall always be mindful of those who understood what I was trying to do and the time required to be of such service…… Finally, I am blessed with a family, both at home and away, who have been faithful and patient in the face of my open and obviously affectionate romance with the ASA…..I do not look on the last 12 months as a killing burden that I can hardly wait to hand over to Jess Weis…..If I had to assume the presidency all over again on October 25th, I’d do it at the drop of a hat.”

Jack Moyers died on April 22, 1996 at the age of 74. Those who miss him include family, friends, colleagues, and those he trained. Fortunately, he left behind wonderful memories, a department that benefited from his leadership, and a multitude of anesthesiologists who continue to benefit from his training.

Erratum

In the Spring 2009 issue of the Department of Anesthesia, page 18, the “Meet the New Faculty” section included incorrect photo identification for Dr. Anil Marian and Dr. Sundar Reddy. The correct information appears below. The managing editor regrets the error.
In past newsletter articles, I've tried to make the case for your philanthropic support of the University of Iowa (UI) Department of Anesthesia. Of course, we all have to balance our philanthropic inclinations with the other competing interests in our lives, such as maintaining a certain lifestyle and security for ourselves, managing our tax bill, and providing for our loved ones after we are gone. As Andrew Carnegie notes, the task of distributing your wealth wisely is serious and can be difficult; however, strategic charitable giving can maximize the benefits for you, your charity, and your loved ones.

Here is a scenario: Dr. Joe completed his residency in the UI Department of Anesthesia in 1956. His training was definitely rigorous, and the pay was just enough to support his young family living in the Quonset huts for married students. Dr. Joe went on to successfully practice in a community hospital in California for 30 years. He has provided a comfortable life for his wife, Lucy, and their three children. He and Lucy are enjoying a fine retirement, filled with travel and lots of grandchildren. Despite the recent losses sustained by his investments, Dr. Joe has accumulated a sizeable estate of about $4.5M. Dr. Joe is concerned with the level of estate taxes his heirs may face. If Dr. Joe were to die in 2009, his family would pay $450,000 in gift taxes because his estate would be larger than the present $3.5M threshold, and $1M would be subject to 45% taxation. Although he really hasn’t kept up with fellow trainees or the department for many years, he is very grateful for the role that the UI Department of Anesthesia played in his medical career and would like to be able to give back in a meaningful way. At the same time, he feels a stronger responsibility toward ensuring his family’s security after his death. Dr. Joe’s conflict is that he wants to eventually leave all of his assets to his heirs, but would also like to be philanthropic during his lifetime.

By working with his financial advisor and the planned giving experts at the UI Foundation, Dr. Joe is able to make significant gifts to the department now, while bequeathing his entire estate to his family and lowering the eventual estate tax bill for them! Dr. Joe has funded a charitable lead trust with $1M worth of depreciated securities. Dr. Joe has contributed the annual interest from the trust, which provides support for educating anesthesia residents in areas such as the Patient Simulator Center. Dr. Joe feels great about his gift, especially when he gets updates about the residents’ experiences learning from cutting-edge technology in the Anesthesiology Patient Simulator Center.

Dr. Joe’s charitable lead trust is particularly advantageous for his family in these depressed economic times for two reasons. First, he paid the gift tax associated with the eventual asset transfer to his family now, and the rate that the Internal Revenue Service is presently using for this calculation is the lowest that it has ever been. Secondly, the depreciated securities are likely to rebound before they pass to his family, but no gift tax will ever be due on that appreciation.

Dr. Joe’s charitable lead trust is just one example of how gifts can be structured to lower your tax bill while providing benefits to your family and fulfilling your philanthropic aspirations. Next time, I’ll tell you about a gift that can provide income to your family during your lifetime and provide philanthropic support after your death. In the meantime, the planned giving staff and I here at the UI Foundation would be happy to talk with you and your financial advisor about ways of giving that make sense for you and your family. Feel free to contact me at (319)335-3305 or monica-lewis@uiowa.edu.

Monica Lewis
Assistant Director for Development, Major Gifts
Carver College of Medicine/University Hospitals and Clinics
The University of Iowa Foundation
www.uiowafoundation.org

“I resolved to stop accumulating and begin the infinitely more serious and difficult task of wise distribution..”

Andrew Carnegie
Born and reared in southwest Iowa, I decided in seventh grade to be a doctor, like my father. My mother (RN), father (MD), his sister (RN), and my older brother (BA) were all graduates of The University of Iowa, so there was never any question where I would go to school.

During my junior clerkships, I quickly learned that when I was in really deep trouble, I could call “407” and an anesthesiologist magically appeared, helped out, and disappeared. Often it was Dr. Bill Hamilton (BA ‘46, MD ‘48, R ’50, F ’51) or Dr. Jack Moyers (BA ‘42, MD ’45, R ’50) and I decided they were probably the best doctors in the hospital. I learned about the anesthesia externship for senior medical students, applied, was accepted, and in preparation, Dr. Hamilton arranged for me to spend the month of May, 1963, at the Veterans Affairs Hospital learning to drip ether from a CRNA, Phyllis Rehn (RN ’41). The externship paid $100 a month, which covered my room (unheated!), board, and tuition.

I was determined to be a surgeon and got Dr. Hamilton to write a letter of recommendation for me. He did, but told me he had hoped I would go into something that required more thinking. Six weeks into my internship at the University of Tennessee in Memphis, I saw the light, called Dr. Hamilton and he said he would save me a spot. Consequently, after completion of my internship year, I began my anesthesia residency in July 1965 after an all night drive from Memphis to Iowa City.

Those were wonderful days in the department. My classmates were Richard Barber, Richard Carson, Gary Draper, Vincent Glowacki, Marilyn Harper, John Hoyt, Joseph Nizolek, Merlin Osborn, Donald Sweem, and Louis Tisovec. Dick Barber and I were single and, as I recall, it showed in the Saturday M and M conference, sometimes referred to as the Dick and Denny Show. We were a very close-knit department. We started “fluid & electrolyte rounds” after our Thursday evening lecture. This was attended every week by most of the residents, faculty, and spouses.

Most of the residents were salt-of-the-earth dedicated physicians, who all bought into Dr. Hamilton’s philosophy of quietly providing excellent patient care, but I think Dr. Hamilton spent half his time putting out fires I had started. We were blessed with an incredibly diverse patient population and an even more incredible faculty. Drs. Hamilton and Moyers were, in my mind, the best all-around physicians in the hospital. Dr. Azmy Boutros was one of the best didactic teachers I have ever come across, and the remainder of our professors - Drs. Leo DeBacker (R ’57), Marty Sokoll, Wendell Stevens (MD ’56, R ’63), Mary Weisel (R ’65), and Bill Warner - were each superb clinical teachers. They all did things differently, sometimes making it difficult to adapt but always bringing great experiences as we learned multiple ways to approach unusual situations. About three months before finishing my residency, I had a catastrophe in the operating room and wondered if I was cut out to be a physician, much less an anesthesiologist. Dr. Hamilton told me that Dr. Harvey Eastburn (MD ’41, ’48 R) in Burlington, IA suddenly needed help for a week and suggested I go and assist. Dr. Eastburn insisted that I take a blood pressure and examine each patient preoperatively. When I asked him why I needed to take the patient’s blood pressure myself, he replied, “That is what their doctor does and I want the patients to know I am a consulting physician, just like their family doctor and the surgeon.” I never forgot that lesson—if you want to be respected as a physician, you have to look and behave like one.

After spending a year (1967-77) in a research fellowship at the Peter Bent Brigham Hospital, Boston, MA, studying renal effects of anesthetics in volunteers, and a brief tour of duty with the United States Air Force (1968-69), I joined the department at Iowa. I was able to collaborate with two very bright nephrologists, Drs. Gerald F. DiBona and George J. Kaloyanides, and I developed somewhat of a reputation as a kidney man. With mentoring from Drs. Jack Moyers and Marty Sokoll, I rose fairly rapidly through the academic ranks at Iowa, and in the American Society of Anesthesiologists. There was some payback, however. Dr. Moyers asked me to become the chief of the Veterans Administration Hospital, which made me a full-time clinician.

During the Hamilton-Moyers years (and I assume with Dr. Cullen before that), the department had a close and cordial relationship with the state society. We had regular dinner meetings (Anesthesia Study Commission) to discuss interesting cases. Residents were invited which gave them a chance to meet practicing anesthesiologists. A number of practicing anesthesiologists regularly attended our Saturday morning conferences. The department sponsored a fall meeting of the state society in Iowa City and we also had a program of “visiting clinicians” where a practicing anesthesiologist would spend three to five days teaching in the operating rooms. We always offered to pay their expenses, but were uniformly turned down, as they thought they owed that to the department!

From 1978-1980, I was pulled from the VA to be the medical director of the Surgical Intensive Care Unit. It was a rewarding experience and got me interested in ethics and philosophy. During my ten years on faculty at Iowa, I served on many committees, including the College of Medicine Admissions Committee (1970-1974, as vice-chair for the
“About three months before finishing my residency, I had a catastrophe in the operating room and wondered if I was cut out to be a physician, much less an anesthesiologist.”

After nine years in Texas, my family invited me to return to Tucson with them, where I now am Professor of Clinical Anesthesiology at Southern Arizona Veterans Affair Health Care System, working full time, and traveling for invited lectures and visiting professorships. I enjoy life as a grandfather. I no longer take weekend call, which leaves time for college sports, and cooking (usually on the grill or using a smoker) for our Sunday family dinner attended by four generations! My wife and I try to get in a trip to see some Broadway shows every year. Still a Hawkeye, I love to point out that my father, mother, aunt, brother, three daughters - Elizabeth Posont (BA ’81), Kristen Taleck (anesthesia extern ’97, MD ’97), and Karen Bastron (JD ’98), and a son-in-law Michael Woltman (BS ’92, MD ’98, Pathology R ’02) all graduated from Iowa. My wife was a nurse there, and five of our eight children were born at University Hospital, and three of our 14 grandchildren live in Swisher, IA. I am also very pleased that Iowa’s Department of Anesthesia has begun to repair the relationship of the department with alumni.

Barb Bewyer asked if I had any advice or wisdom for the younger generation. My wife assures me my advice is rarely wanted, and besides, the only wisdom I have ever shown was to marry her! I do have a wish for my young colleagues, however. Dr. Crawford W. Long, the first person to use ether for a surgical procedure, was a revered country doctor in Georgia. On his tombstone it says: “Medicine is to me a calling from God.” My hope for you is that at the end of your professional life you feel the same way.

R. Dennis Bastron, M.D.
1964 UI College of Medicine Graduate
1967 UI Anesthesia Resident Graduate
Professor of Clinical Anesthesiology, University of Arizona
Clinical Director of Anesthesiology, Southern Arizona Veterans Affair Health Care System
My hometown is Clinton, Iowa; however, since 1956, I have called San Diego, California my home. My interest in medicine became focused when I was 15 years old. My grandmother developed a malignancy in her mouth which I felt had been neglected to some extent by her primary physician. This made me feel that if I became a physician, I could do a better job of handling situations of this nature. From that point forward, everything I did was to gain admission to medical school and become a first-class physician. I was admitted in 1945 to the University of Iowa’s medical school, graduating with the class of 1949.

I then enlisted in the United States Army, and was assigned as an intern at St. Louis City Hospital, St. Louis, MO. After my internship year, I was given a choice to move into the new United States Air Force with the rank of captain. My first duty station was Walker Air Force Base in Roswell, NM. I received training to become an aviation medical examiner at Randolph Air Force Base in Universal City, TX. Subsequently, this led to my becoming a full-fledged flight surgeon. From July-October in 1951, the Air Force sent me to Tulane University in New Orleans, LA, for a course in public health, which turned out quite helpful in managing a meningitis scare in the schools of Roswell, NM.

In 1952, after being relieved of active duty, I returned to The University of Iowa for anesthesia residency training. This was under the late, great Stuart Cullen, M.D., who was my special role model and mentor. In 1960, I became chief of anesthesia in Children’s Hospital, part of the Sharp Memorial Hospital in San Diego, CA. I served as president of the medical staff in 1972-1973, during which time I was also on the executive medical board of Sharp, as the representative from anesthesiology. For a time, I served as an associate professor of anesthesiology at the University of California (UCSD), San Diego. Residents from the Naval Hospital, Mercy Hospital, and UCSD came to Children’s Hospital for a six-week rotation in pediatric anesthesia. This teaching experience was very enjoyable for me, and it probably taught me more than I taught the residents!

In 1975-1976, I served as president of the California Society of Anesthesiologists. Unfortunately, this was a bad time as it was in the midst of the medical liability breakdown in California. Physicians were on strike. Very favorable new rules for medical liability insurance were implemented by a special legislative session. Fortunately, being a member of the largest anesthesia group in the country (Anesthesia Service Medical Group, Inc.) allowed for setting up a self-insurance program and thus eliminating the need for commercial liability insurance. I was privileged to serve as president of this group for two separate terms.

From 1981-1984, I served on the board of directors of the American Society of Anesthesiologists and was chairman of the legislative committee of that board. From 1984-1987, I served as medical director of Frost Street Outpatient Surgical Center. From 1984 until my retirement in 1993, my time was spent practicing outpatient anesthesiology. This gave me some very enjoyable time taking care of a number of those huge San Diego Chargers!
...be involved in your medical society affairs, as well as in state and national political affairs. Taking time to discuss your practice problems with state legislators and with your congressmen can be enlightening for them, as well as for you.

someone who had to work his way through school. In hindsight, even had I been able to afford one of the Ivy League schools, I could not have received a better education than I received from my dear old alma mater, The University of Iowa. My education has provided me with the opportunity to be whatever I wanted to be and go wherever I wanted to go.

In 1952, I took up flying and by 1953 had my private pilot’s license. In due time, I also received certification in instrument, multi-engine, and commercial piloting. During 48 years of flying, I accumulated over 2,600 hours of pilot time while flying over much of the United States, as well as Baja, CA. The Baja flying was mostly for many enjoyable deep-sea fishing trips with my sons and some of my fellow physicians. One trip was with the Flying Samaritans to provide medical service to needy children in Mexico.

Golf has become an addiction since my retirement in 1993. My wife and I take a cruise every year, and this year we are cruising through the Panama Canal for a second time. Fishing is going to be satisfied this trip by doing some deep-sea fishing off Acapulco during the cruise.

My philosophy in my professional work was always to continually improve on my management of each procedure that presented, and to treat each patient as I would like to be treated. The one thing I would like to see change in the practice of medicine is to roll back the ever-increasing interference by the government in our practice. The biggest change I’ve seen in medicine is that ever-increasing governmental interference. The biggest change I’ve seen in my practice of anesthesiology is the fabulous monitoring that has become available over the years, and of course, the huge expansion of outpatient surgery and delivery of anesthesia.

My advice to medical students today is choose the mode of practice most satisfying to you and be involved in your medical society affairs, as well as in state and national political affairs. Taking time to discuss your practice problems with state legislators and with your congressmen can be enlightening for them, as well as for you.

All in all, I could not be more satisfied with my life than having spent 41 years as a practicing anesthesiologist.

Donald R. Dose, M.D.
1949 Iowa College of Medicine Graduate
1955 Iowa Anesthesia Resident Graduate

Our department has learned of the February 4, 2009 death of Charles Ettinger Gray, M.D., who was 89 years old. He graduated from The University of Iowa, where he played bag pipes with the Scottish Highlanders. He enrolled in medical school at Iowa and received his medical degree in December 1943. He was called to active military duty after a nine-month internship program at St. Luke’s Hospital in Duluth, MN. He spent the last two years of his naval service in Okinawa. Upon his discharge, he began an anesthesiology residency program at The University of Iowa. During those years, he met his wife, Janet Roddewig, a graduate nurse at University of Iowa Hospital, and they were married at Old Brick church on the UI campus. Upon completing his residency program in 1948, they moved to Salem, OR, where he practiced as an anesthesiologist from 1948 until 1984. During the early years of their retirement, Dr. and Mrs. Gray spent the winters in Chandler, AZ, and made it their permanent residence in 2006. Dr. Gray is survived by his wife, four children, four grandchildren, and two great-grandchildren. He was an avid golfer and also enjoyed playing bridge.

Franklin Dexter introducing the Operations Research course

Robert Raw explaining the findings of Venkateswara Karuparthys during a RASCI workshop

Robert Raw and Anil Marian demonstrating during a Regional Anesthesia Study Center of Iowa (RASCI) workshop

Resident and fellow graduates enjoying the camaraderie at the graduation luncheon

Martin Mueller (Clinical Assistant Professor) accepting congratulations from chief residents Smith Manion and Martin Hove for being selected as Teacher of the Year

Dr. Szeluga accepting the thank you delivered on behalf of all residents by Smith Manion and Martin Hove, while Donna Merck and Dr. Todd look on

Attendees listening to Dr. Todd during the graduation ceremony
Attendees enjoying the food, company, and weather

Susumu Yamashita (Visiting Associate), Asami Yamashita, Susan Han, and Anthony Han (Associate Professor)

Donna Merck (resident program coordinator), Michael Todd (Professor and Head), Debra Szeluga (resident program director) during internal department celebration
University of Iowa Hospitals and Clinics
Department of Anesthesia
200 Hawkins Drive
Iowa City, IA 52242

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4TH ANNUAL
IOWA INTERNATIONAL
Anesthesia Symposium

Los Cabos, Mexico
Crowne Plaza Hotel
San Jose del Cabo

Highlights:
- Acute complications of intubation
- Endobronchial intubation
- Difficult airway in the pediatric patient
- Regional anesthesia for the orthopedic patient with severe anesthetic stress
- Regional anesthesia for breast surgery
- Perioperative pain management with epidural/caudal blocks in children

Cardiothoracic Anesthesia Update:
- Hemodynamic management of the cardiac patient undergoing non-cardiac surgery
- Transesophageal echocardiography, a hemodynamic monitor for the anesthesiologist
- Update on the thoracic surgery patient
- Update on the use of double-lumen tubes

Workshops:
- Regional Anesthesia
  - Live demonstrations: upper and lower extremity blocks
- Pulmonary Intubation in Adults/Pediatrics
  - Simulation demonstration
- Ventilation: simulated/actual
- Transesophageal Echocardiography
  - Live demonstration
  - Hands-on

Program Director: Javier H. Campos, M.D.
Sponsored by: The Department of Anesthesia, University of Iowa Roy J. and Lucille A. Carver College of Medicine

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This activity has been approved for AMA PRA Category 1 Credit™

March 6 – 9, 2010

2010 Selected Topics:
- Postoperative visual loss
- Intraoperative awareness and brain monitoring
- Understanding ischemic preconditioning for neuroprotection
- The perioperative hyperalgesia syndrome
- Children with asthma: what should you cancel them?

Faculty:
- Michael Todd, M.D. (University of Iowa)
- Marc Mehta, M.D. (University of Iowa)
- David Peschke, M.D. (University of Iowa)
- Robert Raw, M.D. (University of Iowa)
- Javier Campos, M.D. (University of Iowa)
- Jerold Lerman, M.D., FACP, FANZCA (State University of New York)

For additional information call: (319) 335-8599 or (319) 384-9273 or visit: www.anesth.uiowa.edu