

Spring 2011

NOTES FROM THE Chair

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A Personal Journey in Academic Medicine: Part II



Dr. Michael Todd during a lecture in Japan

Few students at the University of Chicago in the mid-1970s were interested in anesthesiology. I was an odd duck. But there was an advantage - the department embraced me as one of its own. I did a lot of anesthesia and was treated like a resident, meaning I was left alone for a frightening amount of time. I worked closely with Harry Lowe, M.D., one of the founders (along with Edward Ernst, M.D.) of closed circuit anesthesia. Harry had developed syringe pumps that injected a liquid halothane into the circuit. We would inject thiopental and succinylcholine, intubate the trachea, connect the circuit, ventilate the patient with 100% N₂O for a few minutes to fill the circuit (! - yes, you could do that on old machines), add oxygen, close the circuit, and start the pump. And yes, I once forgot to turn on the oxygen until I saw the patient turn blue, which is why modern machines prevent you from such misadventures. We used a lot of methoxyflurane.

Like ether, this agent had profound analgesic properties (why?). I saw patients awoken during surgery, follow commands and yet show no evidence of pain or recall. They were often pain-free for hours postoperatively. Harry was known to take no guff from anyone. I remember a patient moving in the operating room and the surgeon complaining. Harry's retort was, "Thank God, I thought he was dead." But since he was the best clinical anesthesiologist in the department, there were no difficulties. I learned something: the way to "get along in the OR" is not just to be agreeable, but rather to know your job better than anyone else in the room.

I also learned a lot of the basics. In those days, anesthesia machines had no electronics. The chief technician in the department was Eddie Bowie, who had created a series of "cutaway" models of anesthetic equipment. For example, he would cut a wedge out of a vaporizer to allow you to see its internal workings. We learned to dissect machines and their plumbing in detail. I still know more about anesthesia machines than many other anesthesiologists.

Another individual with whom I worked was James Elam, M.D., who was in charge of obstetric anesthesia. Jim was an inventor first and anesthesiologist second, and everything was an experiment to him (so we got along famously!). He invented the first "rising bellows" ventilator (the Air Shields, which minimized the likelihood of an

unrecognized disconnect), and what became the Combitube (I remember sticking his homemade prototypes into patients). I was again treated as a resident. I did my own epidurals, spinals, and (one of his favorites), catheter spinals (for labor, which means I also did a lot of blood patches).

In spite of my positive experiences, I wanted to go elsewhere, but since no student had chosen anesthesia for years, residency advice was sparse. I won't relate all my adventures on the interview trail but two are notable. I interviewed at the University of Pittsburgh and, long before I became interested in neuroanesthesia, watched Maurice Albin, M.D., and the surgeon, Peter Jannetta, M.D., do a sitting position craniectomy using a precordial Doppler, something I'd never seen before. I personally started CPR on a patient in the Veterans Administration Hospital's intensive care unit during what was supposed to be a tour during my interview. My last stop was the University of Pennsylvania, speaking with Harry Wollman, M.D. I remember him saying, "Why aren't you looking at Mass General?" So when I returned to Chicago, I contacted Massachusetts General Hospital and interviewed on December 26th. I loved it, and was accepted almost immediately. I later learned from Richard Kitz, M.D., that he'd received a call from Dr. Wollman characterizing me as "a chairman waiting for a chair." I hope I've lived up to his vision.

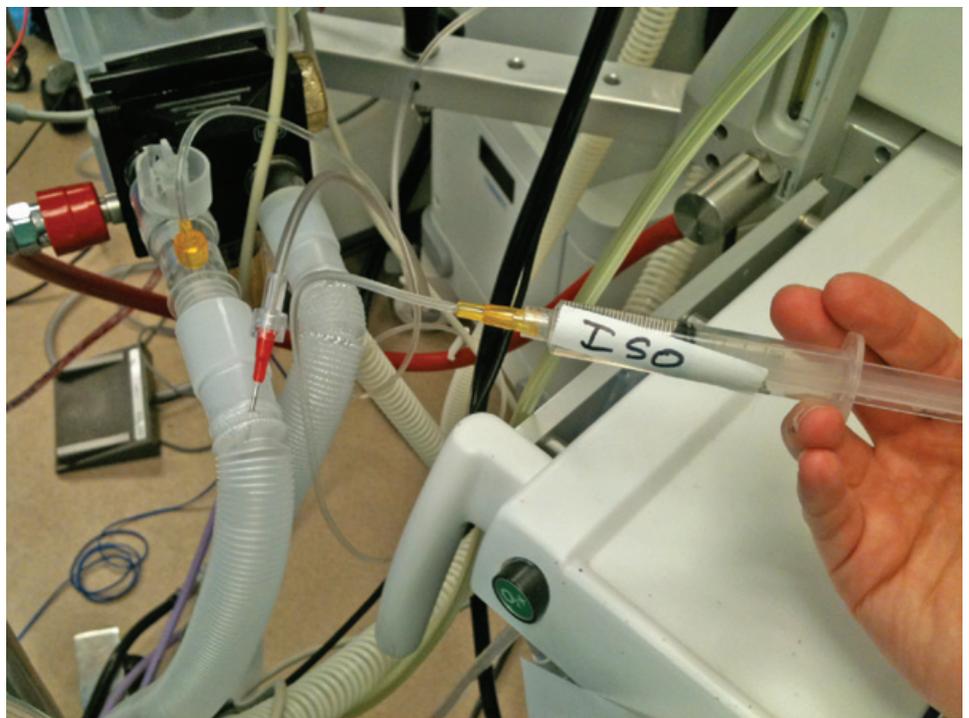
But this left me with a problem. Massachusetts General Hospital did not offer an internship and they worked outside the residency match program in those days. The chairman at the University of Chicago, Donald Bensen, M.D., kindly offered me one of their internship slots. Being a Chicago medical student, I was allowed to pick my own rotations. So I did a lot of medicine, several months of obstetrics (where I personally delivered 30-40

babies!), and two months of thoracic surgery (I got very good at placing chest tubes). I was still considered to be "an anesthesia guy," so ended up as the de facto airway management person in the emergency room, in the coronary care unit, and just about everywhere. I also got called (even when I was on other services) to start arterial catheters. There was no 80-hour work week. On the thoracic surgery rotation, we were on call five nights out of seven; and while on internal medicine, we were assigned a day-and-a-half off every three weeks. But it was an incredible experience. We did everything ourselves: spinning hematocrits, doing urinalyses, wheeling patients to X-ray at 1:00 a.m., drawing blood, and starting intravenous lines. I first understood "volume replacement" when I watched the internists "resuscitating" a patient with a gastrointestinal bleed using a 20-gauge butterfly - until an anesthesiologist came by and started a 14-gauge catheter! I personally saw the ravages of alcohol and heroin, and watched people die as a result. I learned the pitfalls of new diagnostic tests with a patient who was unwittingly taken to the operating room to remove a "brain tumor" which turned out to be a stroke. She'd undergone one of the first computed tomography scans in Chicago, but nobody knew how to read scans in those days. I remember first asking, "Why are we doing this?" when charged with working up healthy young patients for elective minor surgery - an *inpatient* work-up that included an SMA36, electrocardiogram, pulmonary function studies, and a few other things.

Medicine has changed a lot, and anesthesiology with it - for the better. But I'll always be grateful for the experiences I've had. The lessons learned are as valuable today as they were 30 years ago.

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

Closed circuit anesthesia with direct liquid agent injection. Closed circuit anesthesia is very old (and was effectively mandatory with the use of cyclopropane). However, the concept of directly injecting *liquid* anesthetic agent into the circuit was introduced by Harry Lowe in the late 1960s/early 1970s (e.g., Weingarten M and Lowe HJ: A New Circuit Injection Technique for Syringe-Measured Administration of Methoxyflurane: A New Dimension in Anesthesia. *Anesth and Analg* 1973; 52: 634-642). But good ideas never disappear. The attached picture shows a case being done at UIHC with liquid injection/closed circuit method by Dr. **Frank Scamman** in March of 2011. The hand in the photo belongs to **Jillian Grund**, B.S.N., junior SRNA.





ADMINISTRATOR'S Corner



Iowa River Landing and the Impact on Anesthesia



A few years back, University of Iowa Health Care (UIHC) proposed an idea to take our institution's growth in a significantly new direction with the creation of a second campus with considerable clinical space. The proposal received approval in 2010 and is in the process of becoming a reality, with construction now under way for expected occupancy in 2012.

As everyone knows, UIHC's main campus has expanded to its fullest extent, short of buying neighboring residential properties upon which to build. Even if space were available, the inherent problems with one mega-complex, such as traffic congestion, insufficient parking, physical distance between clinical locations under the same roof, etc., present a significant barrier to our patients and staff to achieve the optimal patient experience.

The new campus will be located just off Interstate Highway 80 at the 1st Avenue exit, up the hill from the Marriott Hotel and Conference Center. This space is known as Iowa River Landing (IRL) and is being further developed by the City of Coralville to include shopping, entertainment, and restaurants. The UIHC decision to create the clinic space, estimated to see more than 300,000 patients per year, has been a big boost to the development effort. As the artist rendering shows, the initial phase of the UIHC facility includes one main building with five floors constructed and an adjacent parking structure. Current plans call for the occupation of three floors, with the other two to be developed as further need presents itself. At the time of writing, services to be present at IRL will come from General Internal Medicine, Dermatology, Gastroenterology, Ophthalmology, and a host of other services.

Another goal for this new site, beyond rectifying some of the challenges above, is to help the main campus refocus toward our

inpatient population. The move of various ambulatory clinics to IRL will create space that will allow for the expansion of private patient rooms from the existing semi-private, allow for the expansion of our main operating room suites, and improve patient preparation and family waiting areas.

So how does this impact the Department of Anesthesia?

At IRL, we originally considered an adjunct chronic pain service – supplemental to the Center for Pain Medicine and Regional Anesthesia located in UIHC. After much deliberation, we concluded that this would not be an optimal decision for the department, as our patients could not receive their full scope of care at this location. However, with more surgical clinics planning to function at IRL, such as Otolaryngology, General Surgery and potentially Cosmetic Surgery, there is a push for us to provide presurgical evaluation services on site. We are presently discussing our options to provide such a service, either by duplicating our current Anesthesia Presurgical Evaluation Clinic, staffed by our providers and nurse practitioners at the physical site, or through the use of telemedicine technology. We are piloting telemedicine between the Anesthesia Presurgical Evaluation Clinic and the UI Sports Medicine Facility located off Mormon Trek Boulevard in Iowa City. Should this prove effective, it would allow for a greater ability to perform initial anesthetic evaluations throughout UI Health Care, not just at IRL.

Here “at home” inside UIHC, as mentioned above, we expect operating room suite expansion, which always keeps us busy! We also will be preparing for the new UI Children's Hospital tower (including dedicated pediatric OR suites) – subject of a future article, so stay tuned.

“...we have a lot of exciting changes ahead of us!”

The Iowa River Landing project has continued to evolve from its initial concept to the current construction phase and will certainly transform further as we draw nearer occupancy. One thing is certain—we have a lot of exciting changes ahead of us!

John Stark, M.B.A.
Department Administrator



“Moment in Time”

Intensive Care Unit: Summer 1972



The Surgical Intensive Care Unit at University of Iowa Health Care had its beginning, in concept at least, based on an idea presented by **Stuart Cullen**, M.D. (anesthesia division chair, 1937-1957), to the College of Medicine. He felt

certain there should be a special area in the hospital to care for patients needing assistance with ventilation. The unit's fruition came some years later in 1961, with a four-bed unit on the third floor of the west wing of the General Hospital. It was considered to be a responsibility of the University of Iowa (UIHC) Department of Anesthesia with admission to the unit controlled by the department. At that time, intensive care units were uncommon and one administrated by a department of anesthesia was even more rare.

By 1970, it was obvious that this four-bed unit was inadequate and a drive to establish a larger one was begun. The individual primarily responsible for this assigned project was **Azmy Boutros**, M.D., a member of the anesthesia faculty from 1963-1977. His concept included a single unit for both medical and surgical patients in need of intensive care.

The result was the establishment of a 20-bed unit occupying the C43 ward of General Hospital. After some considerable discussion, it was decided that the head of the unit would report directly to the Hospital Advisory Committee rather than to the head of the anesthesia department, causing some consternation within the department. It was an open ward of 17 beds with three single rooms to the side. These were used primarily for the cardiac surgical patients.

At this time computers were becoming more common. Azmy felt that computers should be

applied and used in the intensive care unit (ICU). He requested a years' leave of absence to go to England to learn computer programming. His replacement as head of ICU was **Regino Urgena**, M.D. (R '68, faculty 1968-1972). After only four months, he decided to leave the department for private practice; thus, in January 1972, **Dennis Bastron**, M.D. (M '64, R '67, faculty 1969-1980) and I took on the job of running the ICU.

During this period, concepts of the physiology of the lung were slowly maturing. Anyone who has done so remembers the futility of long term ventilatory support using a purely pressure limited ventilator. The application of the intermittent “sigh” had produced some slight improvement in patient outcome. It was about this time that the concept of volume-controlled ventilation with the application of positive end-expired pressure (PEEP) came into practice.

As head of the intensive care unit, one had an additional responsibility. The first duty of the morning was to do ICU rounds to evaluate patient progress since the time of your rounds the afternoon before, and you then went to the 5th floor to do anesthesia for the cardiac cases of the day. When these were done you returned to the ICU.

In early July 1972, while supervising anesthesia for an open-heart procedure, I was informed that there was an 18-year old young man in the emergency room with a “crushed chest” injury. Late the night before, he had driven through a “T” intersection and crashed into the dirt embankment on the far side, crushing his chest on the steering wheel. When I first saw him in the ICU, his blood gases had deteriorated significantly and knowing, from previous experience, that they would deteriorate even further, I decided that intubation and controlled ventilation would be needed.

Recent to that 1972 time period, responding to both advancement in knowledge of pulmonary physiology and the perceived need to apply this to the clinical setting, ventilator manufacturers had produced

“As I reflect on this experience, this young man was very fortunate to have survived.”

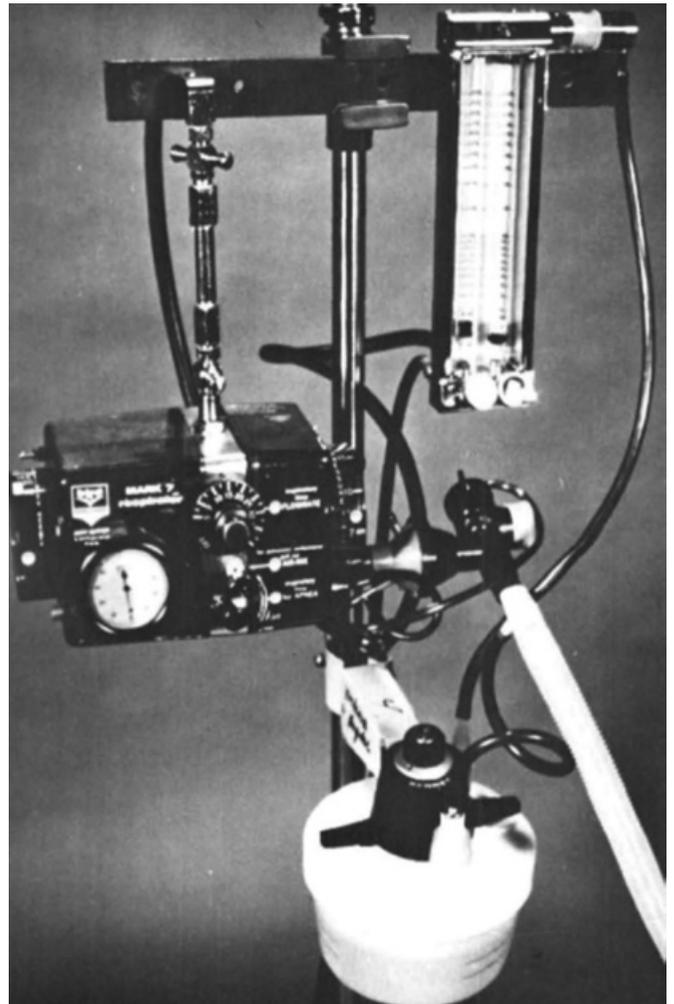


volume controlled ventilators with the ability to apply positive end-expiratory pressure (PEEP). We had also learned about oxygen toxicity and the need to keep inspired oxygen percentage as low as the patient would tolerate. Also, for this patient, a central venous pressure catheter was placed to evaluate blood volume status. His condition slowly stabilized. About a week later, it became obvious that his right upper lobe was necrotic and needed to be resected. At one point the evening after his operation, his central venous pressure (CVP) suddenly dropped and blood pressure started declining. The CVP, as crude as it is, helped us through this episode. After about two weeks, our patient's condition began to improve. At one point, as he was improving, I gave a trial of spontaneous ventilation with PEEP. He became agitated and we put him back on the ventilator. He later told me that he thought I was trying to kill him! This was long before the days of benzodiazepines, so sedation was with narcotics and barbiturates. I'm sure, if asked, this patient would remember a fair amount of his period of ventilation in the ICU.

As I reflect on this experience, this young man was very fortunate to have survived. I had seen previous patients with this type of injury die because of our inability to maintain adequate ventilation. Had his accident occurred two years earlier, it is quite likely that he would have died. He, by chance, sustained his injury at a time when our knowledge of pulmonary physiology and function had matured to a point that it was clinically useful, the ventilator manufacturers had applied this information in the ventilators that they made, and he had his accident at a location where this information could be applied to his care.

As an aside, during that period we shepherded an 82-year old man through four weeks of ventilation during a bout of tetanus. In addition there were two clinicians who were willing to drop the research going on in their labs to address a clinical challenge that the department needed to manage.

Martin D. Sokoll, M.D.
Professor Emeritus



Bird Ventilator, such as that used in intensive care units during the 1970s



Celebrating!

our Anniversary!

Yes, it's true! In 2013, our department will observe its 50th year as a department of anesthesia independent from the department of surgery. This is cause for celebration, and we intend to plan just that. Please jump on board and contribute to our ideas.

Several things are certain. We want to plan a reunion to include all persons with a connection to our department. We want this event to take place right here in Iowa City, involving university, hospital, and department venues, as well as spanning out to include our surrounding communities. We want to offer you plenty of social time to reconnect with those in attendance with whom you trained, as well as those who trained you, and those who shared faculty status with you. As of the printing of this newsletter issue, we have not yet selected a specific date. We are leaning towards an early fall 2013 home football game weekend. How do you feel about that? What activities would you like included in our plans? What tours would you like arranged? What family events to include children? How many of you would be interested in inclusion of an educational symposium or lecture during the reunion? What would be your topic/s of interest for such? We want this to be YOUR reunion of choice. Please communicate with me and share your suggestions. We will be deciding and moving forward with plans very, very soon.

In addition, we have organized a department history committee. Six current and former faculty serve on this committee, and let me share with you – they keep me very busy! We have a wealth of history that is not yet organized. We are privileged to claim a connection with so many individuals who accomplished enormously important clinical work, as well as discoveries in the research front, while a part of our department. We also are connected to so many others who went on to various institutions to further develop what they learned during their tenure at The University of Iowa. We are indeed blessed with our rich history, our current accomplishments and goals, and certainly have every reason to believe our future holds more greatness for us.

Our history committee has determined that it is essential for us to uncover all historical elements currently available to us within our department. This includes paper documents of history, photographs, pieces of equipment, and more. In addition, we need YOU to contribute, in the form of written memories and/or

documents, as well as photographs. The department has invested in a fabulous piece of software for cataloging our finds. Under the very capable direction of **Franklin Scamman, M.D.**, Professor, little by little, he and I are learning how to best utilize a very sophisticated database entitled PastPerfect Software. Originally designed for museum use, this database is now the leading provider of collection management software to over 7,500 organizations around the world. Organizations as large as the American Red Cross and the New York State Historical Association utilize the PastPerfect software to organize and catalog their collections. It serves our purposes very well now, as well as promising to advance with us into the future.

Concurrently, while discovering, collecting, and cataloging our valuable department history, we are planning a professional compilation of such to develop into a print and digital recording. This document of text and graphics will be made available to all who have an interest in reading and adding it to your library of important books. We aspire to being able to offer you this publication in time for our 2013 celebration.

Watch your mailboxes. In the not-too-distant future, we will be sending you a personal letter requesting your assistance in helping us succeed in achieving our goals of (1) hosting an all-alumni reunion in 2013, and (2) publishing a book representative of the first 50 years in The University of Iowa Department of Anesthesia. We admit that these are two lofty goals, but with your help, I'm sure we will succeed. I invite each of you to contact me and begin contributing your memories now.

Barb Bewyer, Administrative Staff Representative
Department History Committee

Committee Members:

Martin Sokoll, M.D., *Committee Chair*

Won Choi, M.D.

Mohamed Ghoneim, M.D.

William Hamilton, M.D.

Bradley Lind, *Support Staff Representative*

John Moyers, M.D.

Frank Scamman, M.D.

Department of Anesthesia Patient Simulation Program

Spreading the Word

The last time an update on the Department of Anesthesia Patient Simulator Center appeared in the newsletter was in the Fall 2006 issue. Much has happened in the intervening four plus years and we would like to update you. Highlights include installation of a new high-fidelity patient simulator, acquisition of a lower-fidelity mobile mannequin, bringing interprofessional in-situ simulation to The University of Iowa, development of an interprofessional teamwork experience for undergraduate medical and nursing students, the inception of the Simulation Instructor Development Program, and assuming an active role in the Carver College of Medicine's Clinical Beginnings Program. Each new piece of equipment and each new endeavor has been carefully chosen to enhance the education of our anesthesia trainees, to help inform other specialties and professions about effective teamwork practices and, ultimately, to make patient care safer.

The mission of the Department of Anesthesia Patient Simulator Center is to promote excellence in anesthesia care, to improve interprofessional team performance among clinicians, and to establish the Center's faculty and staff as go-to experts on the effective use of simulation-based education. We have undertaken a diverse set of activities to achieve and expand upon these goals. The common thread binding them together is the educational philosophy of our simulation program.

For too long, medicine and healthcare have existed in a culture of shame and blame. Errors were something to be avoided if possible and hidden at all cost in order to forestall the shame and blame associated with them. Clinicians of all kinds believed that if they were smart enough, and worked hard enough, nothing bad would happen to their patients. Egregious errors were, after all, the purview of bad or incapable practitioners. Nothing could be further from the truth. We will all make mistakes. We work in complex systems and high-risk environments fraught with the potential to make an error that may harm a patient. The Patient Simulator Center can only accomplish and expand its missions with an educational philosophy that makes it safe to talk about errors.

An assumption basic to the growth and development of the department's simulation program is that all who participate are intelligent, highly motivated, and want to improve. We share this with our participants to help them understand our educational philosophy, but this assumption also serves as a reminder to faculty

to instruct and debrief using a Good Judgment approach. The Good Judgment¹ approach implies a learning environment that is neither harsh and judgmental, nor is it falsely nonjudgmental. It also implies that the instructor is forthcoming with his or her own views related to the simulation case. In this environment, learners and faculty work together to create an experience where participants can explore their assumptions and beliefs, the actions they produce, and the subsequent results of those actions. This environment fosters the ability to openly discuss errors without fear of retribution, and to talk about things done well with an eye to maintaining good performance. Of equal importance is that what is done and said in the simulation environment remains confidential. In such a setting, deep learning—the kind capable of shaping and changing behavior—can occur. In this manner, the seeds of cultural change that support such inquiry and make the culture of shame and blame obsolete can take root.

Clinical Knowledge and Team Simulation

With the assistance of a generous gift from Dr. Dale Morgan (MD '51, R '56) and Mrs. Louise Morgan, a new METI HPS simulator was installed in the simulation laboratory in early 2008 when our previous high-fidelity MedSim-Eagle simulator was retired. The new mannequin named Hal (Hulk is his nickname) has allowed us to further develop our clinical knowledge and laboratory-based team training curriculums. Simulation faculty, staff, and residents have developed more than 30 clinical knowledge and team training scenarios since that time.



Standing: Ann Willemsen-Dunlap, Ph.D., CRNA; Paul Leonard, M.D.
Sitting: Johann Cutkomp, B.L.S.; Dale Morgan, M.D.

During clinical knowledge scenarios, trainees come to the lab in pairs to work through simulation cases under the guidance of a Department of Anesthesia faculty member. A learner may complete the simulation without stopping, or undertake a “re-do” in which they have the opportunity to utilize a different approach to managing the case. The simulation laboratory presents many such opportunities for learning that are not available in the operating room due to patient safety and productivity concerns. While it is often challenging to free trainees from the demands of clinical care for simulation activities, **Debb Szeluga**, Ph.D., M.D., Clinical Associate Professor and Director of the Anesthesia Residency Program, in conjunction with the clinical coordinators, and the multiple faculty members who participate in clinical knowledge scenarios along with the Patient Simulator Center staff, work together as a team to provide this valuable teaching to our trainees. Our Clinical coordinators include **Javier Campos**, M.D., Clinical Professor and Executive Medical Director of Operating Rooms, **Robert From**, D.O. (R ’83), Associate Professor and Assistant Medical Director of the Main Operating Room, **Gerald Kirk**, M.D., Visiting Associate Professor, and **James Bates**, Ph.D., M.D. (R ’84), Associate Professor. As a result of this cooperative effort, including the trainees themselves, we have redoubled our efforts to ensure trainees complete, at a minimum, 20 core scenarios during their clinical education.

Other lab activities include work on select psychomotor skills such as pediatric arterial line placement, as well as intraprofessional team training exercises that are video recorded for immediate debriefing. Lab-based teamwork scenarios include prebriefing of the participants, the scenario itself, and the post simulation video-guided debriefing. These teamwork simulations most closely mimic night call where a junior resident and two more experienced residents work together to respond to a critical patient care situation.



Pediatric In-situ in the Ambulatory Surgery Center

We began doing lab-based teamwork simulations with anesthesia personnel in the Fall of 2006. On December 15th of that year, we completed our first lab-based interprofessional simulation, involving faculty, staff, and trainees from anesthesia, surgery, emergency medicine, and nursing. While we met our educational goals with that simulation, we quickly learned there are significant

challenges posed by doing interprofessional simulations in our lab; namely, most team members are working outside their normal environment, thus emphasizing the “feel” of things that are never quite right. Therefore, we began to explore in-situ simulation as an alternative to doing such work in the lab.

In-situ simulation refers to simulations performed in actual patient care areas. There, learners simulate in their normal work environment, use normal workflow processes, and have access to expected equipment and supplies. This allows participants to more fully engage in the simulation, as well as to identify systems problems that can later be corrected. Simulation, however, is inherently threatening to participants regardless of where it happens. Practicing clinicians who have been paid for years to avoid mistakes, as well as trainees striving to prove their competence, may suddenly be seen making an error. Further, it will be captured on video and likely discussed in debriefing. For this reason and others, bringing in-situ simulation to The University of Iowa has been a lengthy process.

In June 2007, the leadership of the Ambulatory Surgery Center (ASC) opened their doors to us, and we completed our first in-situ simulation there. The simulation centered on a three-year old with a bleeding tonsil who was moved from the Post Anesthesia Care Unit back to the operating room. We used Baby Jeanne, the infant simulator purchased in 2005 through a generous donation in 2002 by Dr. **Jeanne Jaggard** (MD ’60) and Dr. **Harold (Hal) Jaffe** (MD ’56, urology R ’60). Currently, using a lower fidelity mannequin named Alf for adult scenarios, we offer interprofessional simulations in the ASC, Surgical Intensive Care Unit, Post Anesthesia Care Unit, and soon, the main OR. The audiovisual equipment, both in the lab and on the mobile video cart used for in-situ simulations, was purchased with funds also donated by the Drs. Jaggard and Jaffe. Like Dale and Louise Morgan, Jeanne Jaggard and husband, Hal Jaffe, have been visionary friends of the Patient Simulator Center. In fact, our Patient Simulator Center has been the recipient of many very kind gifts from our alumni, grateful patients, and friends. In addition to Drs. Jaggard and Jaffe, and Dr. and Mrs. Morgan, our major contributors have been the former Dr. **Gordon Clappison** (MD ’51, R ’56) and his wife, **Jean Clappison** (Biochemistry MS ’51); the former Dr. **Charles Gray** (BA ’41, MD ’43, MS ’48, R ’58) and his wife, **Janet Roddewig Gray** (BS ’45, GN Nursing ’45); and **William Rutherford**, M.D., and his wife **Janice**, grateful patients. Our Patient Simulator Center has been able to mature in every respect due to the generosity of many. You are indeed contributory in allowing our trainees to benefit, learning to become superior clinicians, and we thank you.

Simulation is a powerful educational tool with the potential to positively impact clinicians’ patient care. If used inappropriately, it also has the potential to negatively effect self-image and self-confidence. Because of the power of this educational modality, all instructors who run and debrief interprofessional simulations conducted through the Department of Anesthesia Patient Simulator Center must undergo formal training in teamwork and debriefing skills. In response to a Summer 2009 needs assessment, we developed a two-and-a-half day simulation instructor course that prepares learners to lead and debrief interprofessional simulations. The cost of this offering is kept below \$200 per

person through a novel payback agreement in which new instructors agree to conduct three interprofessional simulations at The University of Iowa Patient Simulator Center within 18 months of course completion. Similar courses at other institutions cost \$2,000-\$3,000. Participants' first simulation is mentored by course faculty and is applied toward the payback agreement. We have run the course twice since 2009 with a third planned for Spring 2011. To date, we have trained 18 instructors. With this grow-your-own plan for instructor development, we believe we can further develop and sustain a growing in-situ simulation schedule.

Reaching Down The Developmental Ladder

Effective patient care requires a team approach, both in simulation and in real life; hence, it seems counterproductive to train medical, nursing, and other healthcare professionals in isolation. In 2007, we developed a simulation-based team training experience for medical students completing their anesthesia clerkship, as well as for senior nursing students in The University of Iowa's second-degree undergraduate nursing program. During this 90-minute experience, students watch and debrief a scripted video, then apply what they learned during two subsequent team simulations done in the lab. This activity is consistently rated by both groups as one of the best learning experiences of their clinical education. We also believe it's important to begin imparting early in trainees' education the message that mistakes do happen, that they themselves will make mistakes, regardless of how bright, dedicated, and hard working they are.

In order to reinforce this message, we partnered with faculty and staff in the Carver College of Medicine to develop a half-day, hands-on session on error and teamwork that was part of the June 2010 Clinical Beginnings. One hundred and sixty rising third year medical students, as well as physician assistant students, attended an interactive lecture that contained compelling video about human error and teamwork. Following the video, each individual completed five skills stations where they practiced masking and compressions, assembly of a pre-filled syringe of emergency medication, using an automated external defibrillator (AED), starting intravenous therapy (IV), and using a streamlined advanced cardiac life support (ACLS) algorithm. After completing these skills stations, students divided into groups of five to participate in a low-fidelity simulation that utilized each of the skills they had just practiced. A trained simulation instructor then debriefed each group on the teamwork they exhibited. Utilizing low-fidelity cardiopulmonary resuscitation (CPR) mannequins, reusable IV training pads, and interdepartmental sharing of AEDs made such a high volume program possible. In addition to trained instructors who volunteered their



Medical student Clinical Beginnings session

time, seven rising M4s were trained to mastery level in the skills required at each station. This provided a great teaching opportunity for them, and allowed them to contribute to a learning experience many requested in their own evaluations of Clinical Beginnings the year before. Three of the participating M4s went on to become anesthesia externs this year.

Besides providing undergraduate medical and nursing students with simulation-based teamwork experiences, both programs introduced our newest clinicians to an environment of open, honest, inquiry into their thoughts, actions, and results during each simulation. As simulation becomes a ubiquitous part of training, licensure, and maintenance of certification, both novice and experienced clinicians will need to be comfortable working and learning in the simulation environment. We are proud to say that over the past four years, the Department of Anesthesia's simulation program has assumed a leadership role in this transition of educational and organizational culture.

Ann Willemsen-Dunlap, Ph.D., CRNA
Clinical Assistant Professor
Co-director, Patient Simulator Center

¹Rudolph JW, Simon R, Dufresne RL, Raimer DB. There's No Such Thing as "Nonjudgmental" Debriefing: A Theory and Method for Debriefing with Good Judgment. *Simul Healthc* 2006; 1:49-55

Alumni Profile

Brenda Bucklin, M.D.

Much to my surprise, Barb Bewyer asked me to contribute to this issue of the University of Iowa Department of Anesthesia newsletter. I wondered why, but then I got some answers when I recently joined Mike and Linda Todd, Barb, and a group of University of Iowa alumni for dinner during the most recent American Society of Anesthesiologists annual meeting in San Diego, CA. Although I have always been proud of my training, I returned that evening to my hotel with a renewed sense of pride and gratitude for my training at The University of Iowa.

It was the summer of 1986 when I arrived in Iowa City ready to embrace an internal medicine internship after spending my undergraduate and medical school years in Nebraska. Iowa City was a logical place for me to train. I had grown up on a farm in northeastern Nebraska. My parents were committed to higher education and lifelong learning, despite the nearest school being ten miles away. While Iowa City was a comfortable place, the University of Iowa Hospitals and Clinics was overwhelming in those first weeks and months of internship. I had intentions of becoming dually trained in internal medicine and anesthesiology, but acute care medicine could not wait. After a year, I left the Department of Medicine and began a residency in anesthesiology at Iowa.

My experiences in the Department of Anesthesia gave me valuable skills and insights that have influenced my attitudes about life and my career in academic medicine. To name just a handful of my advisors during that time, I recall **David Chestnut**, M.D. (Faculty '84-'93), **Won Choi**, M.D., Ph.D. (R '79, Faculty '79-Current), **Michael Todd**, M.D. (Faculty '86-Current, Department Chair, '05-Current), **David S. Warner**, M.D. (Neurology R '82, Anesthesia R '84, Faculty '84-'94), and **Bradley Hindman**, M.D. (Faculty '88-Current). Although it has been nearly 20 years now, their mentorship has continued to influence my work today. My experience included a terrific group of fellow residents (to name a few): Drs. **Tanya Oyos**, **Steve Lillehaug**, **Pamela Russell**, **David Stein**, **Tork Harman**, **Theodore (Ted) Ajax**. No story would be complete from the late 1980's without mentioning **Jack Moyers**, M.D. (BS '42, MD '45, R '50, Faculty '50-'96, Chair '68-'77) "breathing patients close to Jesus" and **Samir Gergis**, M.D. (R '70, Faculty '70-05) with his red rubber endotracheal tubes.

Obstetric anesthesia became my area of interest during residency. It was Drs. David Chestnut, Won Choi, and **James Bates** (R '84, Faculty '84-Current) who perked my clinical interest in obstetric anesthesiology. At the time, Mike Todd and David Warner ran a neuroanesthesia basic science laboratory, and I was fortunate to benefit from their expertise and laboratory space to complete a

basic science research project during my CA-3 year. It became clear that I wanted to pursue a fellowship in obstetric anesthesiology, which I did at Wake Forest University, Winston-Salem, N.C. I spent nearly two years in basic science research during my fellowship and first faculty appointment at Wake Forest before I returned to Nebraska and the University of Nebraska Medical Center. I spent nearly ten years there as Director of Obstetric Anesthesia before moving to Colorado in 2002.



Dr. Brenda Bucklin

I joined the faculty as an Associate Professor during the building and rapid expansion phase of the Anschutz Medical Campus. In 2007, I was promoted to Professor and asked to serve as Senior Associate Chair for Academic and Educational Affairs in the Department of Anesthesiology. I spend much of my professional time mentoring medical students and anesthesiology residents. In 2010, I completed a Fellowship as part of the Executive Leadership in Academic Medicine (ELAM) Program at Drexel University. ELAM is a national program dedicated to preparing senior women faculty at Schools of Medicine, Dentistry, and Public Health for positions of institutional leadership where they can effect sustained positive change.

More recently, I was appointed to the position of Assistant Dean for the Clinical Core Curriculum. In this position, I oversee the third year medical student curriculum. My other roles in the School of Medicine include chairing the University of Colorado School of Medicine External Program Review Committee and serving on the Vice-Chancellor's Advisory Committee for Reappointment, Tenure, and Promotion.

My national activities in both obstetric anesthesiology as well as in the field of anesthesiology include serving on the American Society of Anesthesiologists Committee on Obstetric Anesthesia, as well as

“My experiences in the Department of Anesthesia gave me valuable skills and insights that have influenced my attitudes about life and my career in academic medicine.”

its Task Force on Obstetric Anesthesia. In 2006, I was elected to the Association of University Anesthesiologists. For two years, I served as Secretary of the Society of Obstetric Anesthesia and Perinatology and currently am an oral board examiner for the American Board of Anesthesiology. All of these activities and responsibilities contribute to a very diverse and rewarding professional life.

After I assumed new responsibilities in the School of Medicine as Assistant Dean of the Clinical Core Curriculum, some have asked if I will give up my “day” job. I respond that, “I am a physician first and administrator second.” The decision to become an obstetric anesthesiologist has been vital to my success and job satisfaction

and I credit Drs. David Chestnut, Won Choi, and Jim Bates for their mentorship.

Besides my work, I enjoy spending time with my husband Dr. **Ulrich Klein**, a graduate of the Iowa Pediatric Dentistry residency (R '96) and dog, Lucy.

Brenda Bucklin, M.D.
Anesthesia Resident Alumnus, Class of 1990



Dr. Brenda Bucklin with husband, Dr. Ulrich Klein

Alumni Profile

Timothy Koritz, M.D.

In April 2010, I had the pleasure of visiting The University of Iowa Department of Anesthesia enroute to a medical meeting I attended near Des Moines. I was asked by the Department to put a few of my thoughts to paper to share with fellow alumni.

I completed my anesthesia residency in 1994. Prior to my visit in 2010, the last time I had been in the department was in April of 1995, on the exact date that Timothy McVeigh attacked the federal building in Oklahoma City, OK. Thankfully, my 2010 visit was not marked by any such memorable event. It was very enjoyable to meet up with faculty from my past. I was heartened to see how active and vibrant the department remains to this day. It looks like Dr. Todd is doing a fine job as the captain of the ship!

Prior to this most recent visit the only other direct contact I had with our department was attendance at the continuing medical education conference in Cabo San Lucas, Mexico, in 2007. The quality of lectures and demonstrations was superb. I would recommend this conference to all anesthesiologists. Eating breakfast at the open-air café every morning while watching the grey whales play in the Sea of Cortez was pretty tough duty, however.

A brief background: I am originally from a small town in Northern Illinois. I completed my bachelor's degree in biology at the University of Illinois in Urbana-Champaign in 1978 (Go Illini!). The next four years I spent pursuing a Ph.D. in immunology at the University of Cambridge in England. I received my M.D. from Harvard in 1987. That was financed by the United States Air Force, so following internship, I spent three and one half years on active duty as a flight surgeon (F-15's).

I separated from the military in December of 1991 and moved back to Illinois. The following month, I interviewed in Iowa City for a residency slot "outside the match." My very last rotation in medical school was in anesthesia, and I found it so enjoyable I decided to pursue that career once I fulfilled my military obligation.

I was fortunate enough to be offered a position in the residency program at Iowa and was allowed to begin in February of 1992, rather than having to wait until July of that year. I am grateful to **John Tinker**, M.D. (chair 1983-97), for the flexibility he offered me in this respect. He took good care of "us residents." I especially recall how I used to look forward to his morning discussion sessions following night call.

Like most residents, many times my sights were set on the day I would complete training and pursue a "real job." Looking back, however, is overwhelmingly filled with fond memories of my days in Iowa City.



Dr. Tim Koritz enjoying the UIHC Rooftop patio

My wife and I and three small children owned a small house west of the hospital, just south of the Finkbine golf course. I was able to bicycle to work and back every day of my residency, except when the temperatures dropped below -20F or so. Then **Jeanette Harrington**, M.D. (R '86, F'90, Faculty '90-Current) would take pity on me and insist I catch a lift with her into work. We loved living in Iowa City. It is such a pleasant town with friendly folks. Where else can you practice at a 1,000-bed hospital and live in a safe, sleepy Midwestern town? Rochester, MN, is the only other place that comes to mind. Iowa City is a tremendous asset to the UI Department of Anesthesia.

"Where else can you practice at a 1,000-bed hospital and live in a safe, sleepy Midwestern town?"

I think the two best aspects of my training at The University of Iowa were the quality of the faculty and the breadth of cases we saw, all under one roof. Being able to work at such a large institution exposed us to virtually all types of cases we would

see later on in our careers. We tended to take that for granted, but that is a huge asset in any training program, and I suspect is essential to some extent for accreditation. We worked in state-of-the-art facilities with all the most up-to-date equipment. The University of Iowa Hospitals and Clinics is indeed lucky to have such strong financial support. And of course, no program is anything without quality instructors. We were blessed with a very strong faculty dedicated to teaching, and with extremely talented clinicians in all subspecialties.

Following training, I took a job at Rockford Memorial Hospital in Rockford, IL. I have been there ever since. We have a busy and varied practice, with open heart, high-risk obstetrics, Level 1 trauma—it's a great job except for all the call. We do essentially all types of cases here except transplants, and that is only because there is no medical service established to follow transplant patients postoperatively long term at our facility. Other Iowa graduates in our group are Drs. **Brad Johnson** (R '86, F '87), **Patty Harley** (R '92), **Allan Kornfeld** (R '93), and **Mark Kellen** (R '94).

Recently I have branched out from my medical practice a little bit to include some public service. In September 2009, I had the very good fortune to be appointed by Pat Quinn, Governor of the State of Illinois, to the Board of Trustees of the University of Illinois. Of course, I am a University of Illinois graduate, so I was ecstatic to be appointed and to be given the opportunity to serve my dear alma mater in this capacity. The University of Illinois has a total of three major campuses, employs 28,000 faculty and staff, serves 73,000 students and has an annual budget of 4.8 billion dollars. It is a big, complex operation, but as you can probably appreciate, is vital to the quality of life and to the future of the state. Like many major public universities, our biggest problem currently is funding. The state's fiscal situation is in a shambles, and all state-supported institutions are feeling the pain from that. We currently receive about 16% of our funding from the state budget—this has been decreasing steadily over the last twenty years. The inevitable tuition rate is painful, as we worry we may be pricing ourselves out of range of some students, thus flying in the face of the philosophy of a land-grant university. It is a harsh reality, however, if we want to attract and maintain quality faculty. Fund raising helps, but cannot bridge the entire gap.

I am the only physician on the Board, so it was my good fortune (ha!) to be assigned the duty of Chairman of the Board Committee on the Hospital. The University of Illinois hospital is a 350-bed tertiary care center just west of downtown Chicago. Its mission is much like that of the University of Iowa Hospitals and Clinics. The University of Illinois Medical School is the largest in the



Dr. Tim Koritz with wife, Julie, beside their preferred mode of travel

United States, with a class size of 300 per year at 4 different clinical campuses. We also offer degrees in nursing, dentistry, pharmacy, biomedical science, biomedical engineering, public health, occupational therapy, and physical therapy, to name a few. Coming from a clinical medical background with a touch of research in the past, and now to be immersed in administrative issues, well, it's the old saying: "trying to take a drink from a fire hose."

I would like to take this opportunity to thank all members of the Department of Anesthesia at The University of Iowa who made my recent visit so enjoyable. Thank you for taking the time from your day to meet and talk with me. I would encourage all alumni to visit the department if you are able to do so. I think you will be proud of what you see.

Timothy N. Koritz, M.D., Ph.D.
Anesthesia Resident Alumnus, Class of 1994



Alumni Update



Drs. Jeanne Jaggard, Brenton Freeman, Juan Ruiz, Hal Jaffe, and Paul Leonard after a patient simulation scenario

I never tire of reliving in my mind the many opportunities I enjoy spending time with our alumni. Since my last newsletter update, I've enjoyed "alumni time" on several occasions. Homecoming 2010 brought special friends Drs. **Jeanne Jaggard** (MD '60) and **Hal Jaffe** (MD '56, urology R '60) to Iowa City. They tell me they look forward to each visit, but to be honest, they have SO many friends here at the university that consider them part of our families, that we keep them very, very busy when they visit us! If I were asked my favorite activity



Drs. Jeanne Jaggard, and Hal Jaffe cheering on the UI Alumni Band during the Homecoming Parade

during their most recent visit, I'd say it was my alone time with Jeanne and Hal, enjoying conversation and catching up on their lives. I guess that is pretty selfish of me, but it's the truth!

Shortly after homecoming weekend, many from our department traveled to San Diego, CA, for the annual meeting of the American Society of Anesthesiologists. Again, what fun! While the weather could have been a bit warmer and a bit drier, the welcome we received was fantastic. I met several alumni for the first time, something I always consider very special. It was also great to see so many familiar faces again



Linda Todd and Mary Kinyon at Mary's home in La Jolla, CA

this year. The reception we hosted for our alumni and friends was well attended and it was fun to listen to our alumni catch up with one another and share memories of their days spent in Iowa City. Be sure to check out additional photos in the Photo Gallery section on Page 24. I was also fortunate while in San Diego to spend some very special time with **Mary Kinyon**, widow of Dr. Gilbert Kinyon (BA '46, MD '50, R '53). Mary and I became friends years ago, and I also had the privilege of knowing and spending time with Gil. This year, Mary invited Linda Todd and me to her home, where she treated us to a very special lunch and an afternoon of

knitting together. Mary remains very active in her community and enjoys spending time with her many good friends and family. I definitely look forward to more opportunities to spend time with Mary.

Dr. **Cherie Mohrfeld** (MD '63) is an alumna I met for the first time during the San Diego ASA meeting. Along with Dr. Michael and Mrs. Linda Todd, she joined me for a fantastic breakfast brunch one morning. While Dr. Mohrfeld has lived in California for her entire career, her tie to Iowa remains strong. She grew up in the Tama-Toledo area, and finished her bachelor's degree at Iowa State University in Ames.

Also in October, our department enjoyed a surprise visit from the Dr. **Bradley Haugstad** (MD '90, R '94) family from Pleasant Prairie, WI. Dr. Wendy Haugstad (DDS '95) was enjoying her dental school class reunion, and together, she and Brad were showing their children, Martin and Grace, around the campus and the community. Fortunately, the Department of Anesthesia was on their list of places to visit. The

Haugstad family can attest to how excited I become when I learn alumni are here to visit!! Due to their limited available time, we abbreviated our anesthesia tour somewhat. The family enjoyed walking through our history hallway, and we found the resident graduation group photo from Brad's class. We also walked through the hallway in the medical laboratories where the Carver College of Medicine group photographs are on display from medical school graduation classes. We found one photo that the Haugstad children especially enjoyed – that of their father's class of 1990.

All anesthesia clinical professionals made it to work through snow accumulations varying from 14 to 18 inches in places.

Right: University students playing in the snow during a no-class day



The Haugstad Family during their Iowa City visit

Iowa City, the Midwest, and actually much of the country experienced quite the snow blizzard in early February. Very, very rarely does The University of Iowa cancel its classes; however, this was one such occasion. Our hospital, our department, and our faculty and staff are to be commended for how they worked together to manage keeping patient care a priority. All anesthesia clinical professionals made it to work through snow accumulations varying from 14 to 18 inches in places. Stories abound regarding those who slept at the hospital the night the big storm took place, those who made it in to work to replace those who couldn't get here, and those who picked up others on their way to work. University students who were not working or studying could be found enjoying outside winter fun.

I hope you will take time to read the long list of department achievements beginning on Page 16 in this issue. We are very proud of each other and our accomplishments, and I personally feel these reflect on the positive growth and development within our department. It is truly my joy to share these announcements with our newsletter readership.

It's time now for an apology of sorts. I tend to dream big, and I tend to disregard the realities involved with accomplishing my dreams. I informed you in our last newsletter issue that we were reviving the department's photo contest. Yes, that's what I said (check out page 28 of the Fall 2010 issue). I invited everyone, including all people with either a current or a former connection to our department, to submit their photos. I expanded the criteria to include any and all types of photographs, not just those relating to a particular season and representing Iowa. My apology goes out because apparently my initial thought that this idea was a lemon holds true! I received NO response from anyone related to submitting a photograph or even indicating interest in the contest. Thus, I concede. No photo contest for our department for some time to come!

Note the upcoming events of possible interest to you, both educational and social. If you want to plan a trip to Iowa City, there are multiple events being planned in 2011. Dr. **Tyrone Whitter**, (Ph.D. '88, M.D., '91, R '94), Associate Professor, is well known within the department for hosting a great annual barbeque fest at his home (June 4, 2011). The Carver College of Medicine's plans for their June 10-11 reunion are in full swing. We are sponsoring several courses and symposia throughout the rest of 2011. Check dates for these on Page 21, with more detailed information available via links on our department's Internet Home Page at <http://www.anesth.uiowa.edu>. Be sure to mark your calendars for Saturday, October 15, 2011, for our department reception being planned in conjunction with the annual meeting of the American Society of Anesthesiologists, in Chicago, IL. This will

be immediately followed the next weekend with Iowa's Homecoming events (October 20-23rd).

Content for our next newsletter issue will include an overview of the 2011 Midwest Anesthesia Resident Conference taking place April 1-3, 2011, and being hosted by our department. We'll report on the 2011 resident/faculty international mission trips. Also in this issue, we'll present an article authored by Mrs. Lindsay Knudson, our representative working in the Carver College of Medicine Alumni Office.

On Page 6 of this issue, read the article entitled, "Celebrating our Anniversary," and you'll get an idea how busy we are planning our 2013 anniversary activities. The anniversary party and the history book we're developing are very important to us. The success of both is dependent upon your involvement. Please look for a letter in your mailboxes in the next few months, and please take the time to respond. Together, we'll create a memorable event and a book you'll each want to own.



Dr. Martin Sokoll during a Saturday cleaning of the department history wall display



ACHIEVEMENTS & Awards

Plenary Speaker at International Meeting



Timothy Brennan

In conjunction with the International Association for the Study of Pain, at their 13th World Congress on Pain held in Montreal, Canada, August 29-September 2, 2010, **Timothy Brennan**, M.D., Ph.D., Samir Gergis Professor of Anesthesia, Vice-Chair for Research, delivered the plenary lecture entitled, "Pathophysiology of Acute Postoperative Pain." This lecture provided Dr. Brennan the opportunity to put clinical findings in the context of his groundbreaking findings in the laboratory. Dr. Brennan explained in his pre-lecture summary statement:

"It is well known that a substantial percentage of chronic pain patients are refractory to existing pharmacologic treatments and that the patients who do respond to these treatments typically only obtain partial relief of their pain. For this reason, there has been considerable effort devoted to the development of new pharmacologic treatments. In an increasing number of randomized clinical trials, however, the medications being evaluated have failed to provide greater pain relief than placebo. It is difficult to determine whether these recent studies were 'negative' trials of medications that truly lack efficacy or whether they were 'failed' trials that were unable to demonstrate the benefits of truly efficacious medications. This presentation will discuss research intended to improve the assay sensitivity of clinical trials as well as other strategies that have the potential to identify medications that provide either meaningful benefits to larger percentages of chronic pain patients or greater pain relief for those who do respond to treatment."

Research-related Honors



Bradley Hindman

Bradley Hindman, M.D., Professor, Vice-Chair for Faculty Development, was selected for two honors relative to his research efforts. An abstract entitled, "Cervical Cord, Root, and Spine Injury: A Closed Claims Analysis," coauthored with Karen Posner, Ph.D., **Michael Todd**, M.D., Lorri Lee, M.D., and Karen Domino, M.D., was selected as one of twelve abstracts out of 2,048 submissions for presentation during the "Best Abstracts of the Meeting: *Anesthesiology* Editors' Picks" special session held during the annual

meeting of the American Society of Anesthesiologists (ASA) in San Diego, CA, October 16-20, 2010. The full manuscript based on this research was accepted for publication in a special April 2011 issue of *Anesthesiology* in which other invited research papers presented at varying sessions during the 2010 annual meeting will also appear.

In addition, Dr. Hindman was invited to speak at the annual Society for Neuroanesthesia and Critical Care meeting, held in conjunction with the ASA meeting last October. A published article entitled, "No Association between Intraoperative Hypothermia or Supplemental Protective Drug and Neurologic Outcomes in Patients Undergoing Temporary Clipping during Cerebral Aneurysm Surgery: Findings from the Intraoperative Hypothermia for Aneurysm Surgery Trial," (Hindman BJ, **Bayman EO**, Pfisterer WK, Torner JC, **Todd, MM**. *Anesthesiology* 2010; 112:86-101) was selected by the Scientific Affairs Committee as one of three papers presented during a journal club session.



Max Baker

Max Baker, Ph.D., Associate Professor, was awarded a \$47,000 grant from the Grow Iowa Values Fund (GIVF) for his grant, "Optimization of Novel Anticonvulsant alkyl-(1-hydroxy 2,2,2-trifluoroethyl) Phenolic Compounds." The GIVF is a program that provides seed grants to support the development of innovations

with commercial potential, with the result that more University of Iowa technology reaches the marketplace as the foundation for new Iowa companies and/or growth of existing Iowa companies.

Toshihiro Kitamoto, Ph.D., Associate Professor, has been selected as a reviewer for the NIH F03B fellowship study section, Biophysical and Physiological Neuroscience. The NIH F03B fellowship study section reviews grants that include the basic cellular and molecular physiology of neurons, glial, retinal, and other excitable cells; the structural and functional characteristics of ion channels and transporters; the mechanisms by which extra- and intracellular signals are transduced.



Toshihiro Kitamoto



Special Acknowledgement for One Special Volunteer

Dale Morgan, M.D., Visiting Faculty, (MD '51, R '56) was given special recognition by the University of Iowa Hospitals and Clinics during a luncheon to celebrate those who volunteer their time and special talents to our institution, serving patients, patient families and friends, staff, trainees, and faculty. Dr. Morgan has donated over 1,000 hours to our department's Patient Simulator Center through his didactic and hands-on training for the Carver College of Medicine third and fourth year medical students. Our department continues to benefit from the many ways Dr. Morgan gifts us, as do the students with whom he interacts.

Left: Kenneth Kates, Associate VP and CEO of University of Iowa Hospitals and Clinics, helps honor Dr. Morgan at the volunteer luncheon.



Kent Pearson



Josh Thomas



Peter Foldes



Shawn Simmons



Rashmi Mueller



Randy Cornelius

Department Appointments

Kent Pearson, M.D. (R '84, F '85), Associate Professor, has been named interim division chair of the Surgical Intensive Care Unit. The departure of former division chair, **J. Steven Hata**, M.D. (R '83, internal medicine F '84, pulmonary and critical care F '87, anesthesia R '91, MS '06, Faculty '98-'10), who accepted a position at the Cleveland Clinic, prompted this appointment. We thank Dr. Pearson for his willingness to accept this appointment, and acknowledge the great job he is doing.

Josh Thomas, M.D., M.P.H., F.C.C.P., Clinical Assistant Professor, has been named the new division director for pediatric anesthesia. The departure of former pediatric division director, **Tara Hata**, M.D. (BS '82, Extern, '86-'87, MD '87, R '91, Faculty '91-'10), who accepted a position at the Cleveland Clinic, opened the door to this opportunity for Dr. Thomas.

Peter Foldes, M.D. (F '08), Clinical Assistant Professor, has been named director of the regional anesthesia fellowship program, and as such, has accepted the responsibilities involved with leading this program.

Shawn Simmons, M.D., Clinical Associate Professor, has been named director of the critical care medicine fellowship program, and as such, has accepted the responsibilities involved with leading this program.

Rashmi Mueller, M.D. (R '01), Clinical Associate Professor, has been named assistant director of the medical student clerkship. As such, she will work closely with **James Choi**, M.D. (MD '91, R '95, F '97), Clinical Associate Professor, director of the medical student clerkship, primarily on aspects of our department's work with M-3 and M-4 medical students during their anesthesia rotation.

Randy Cornelius, CRNA, M.S.N. (SRNA '09), has accepted a new role as Anesthesia Workroom Manager. He will function as liaison between the anesthesia providers, workroom personnel, and administration. Randy will work with the Workroom Medical Directors to provide administrative supervision over the MOR and ASC workrooms and represent the Department of Anesthesia, at the direction of the department head, on College of Medicine or University committees or task forces to develop and monitor annual budgets for operations, capital and staffing needs. The Department offers a sincere "thank you" to **Samuel Thibodeaux**, CRNA, D.N.P., (SRA '05), for his two years of service to the department in this role prior to stepping down to concentrate more intensely on clinical work. Sam has been the driving force behind all of the highly successful workroom related quality improvement initiatives that have transpired over the past two years.

continued on page 18

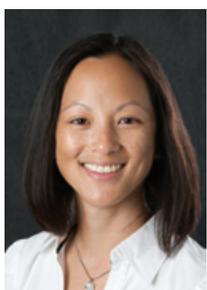
Professional Accomplishments



Donna Hammond

Donna Hammond, Ph.D., Professor, has been appointed as the Interim Executive Associate Dean for the Carver College of Medicine. Dr. Hammond brings significant administrative and leadership skills to this position, as demonstrated most recently during her service as the interim head of the Department of Pharmacology. In her new position as Interim Executive Associate Dean, she will assume responsibility for the day-to-day operations of the College and

play a key leadership role in carrying forward strategic goals of the College with respect to education and research. She continues her research and leadership role as co-director, with Dr. **Timothy Brennan**, of the University of Iowa Pain Research Program.



Ellen King

Ellen King, M.D. (Extern '03-'04, MD '04), Clinical Assistant Professor, recently passed the examination to become a board certified pain medicine specialist. This certification is awarded by the American Board of Anesthesiologists, and fulfillment of both training and a practice pathways is required to be eligible, as well as successful completion of the examination.



Yasser El-Hattab

Yasser El-Hattab, M.B., Ch.B., M.M.E., Clinical Assistant Professor, completed the requirements and has been awarded the degree of Masters in Medical Education (M.M.E.). Individuals are required to complete ten courses in 30 months. Dr. El-Hattab completed these ten courses in just 18 months! He also received honors in seven of the ten courses. He is the first faculty member within our department to earn this specific degree.



Chris Faust



Usman Saleem



Kimberly Arras

Chris Faust, D.O. (R '08, F '10), Clinical Assistant Professor, and **Usman Saleem**, M.D., M.S.P.T. (F '10), Clinical Assistant Professor, having passed their oral exams, are now certified Diplomates of the American Board of Anesthesiology.

Kimberly Arras, Compliance and Coding Specialist, has succeeded in passing her most recent coding examination. Kim is now a Certified Anesthesia and Pain Management Coder, which adds to her earlier achievement to become a Certified Professional Coder. She is the first of our department coders to achieve this new distinction.

Anke Bellinger, (R '05, F '06), Clinical Assistant Professor, has been recognized by the American Society of Regional Anesthesia and Pain Medicine (ASRA), at its annual meeting held recently in Phoenix, AZ. Dr. Bellinger was awarded second place for her instructional video entitled, "Cervical Epidural Steroid Injection." This video was initially created for our pain medicine fellows and residents. The ASRA web site has uploaded Dr. Bellinger's newest educational video, as well as two others she created, on their site at <http://www.asra.com/videos.php>.

Marlene Cano (MSTP Scholar/Trainee) in Dr. Timothy Brennan's laboratory, and **Arliss Dudley-Cash**, Graduate Research Assistant in Dr. Donna Hammond's laboratory, recently participated in a neuroscience research day organized through The University of Iowa Neurosciences program. These women received two of the three awards given for poster presentations, Marlene a first place award and Arliss a third place award.

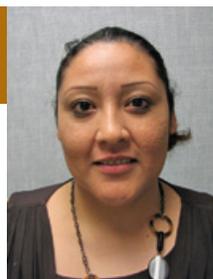
Avinash Kumar, M.B.B.S., F.C.C.P. (F '05), Clinical Associate Professor, was awarded a certificate of appreciation by The University of Iowa Office of Student Affairs and Curriculum. This award is in recognition of his contributions to medical education. Based on a nomination and evaluation process, awardees are selected. Dr. Kumar has contributed an ambitious set of improvements for the critical care clerkship, redesigning and implementing study materials using video/audio/test-based formats.

ACHIEVEMENTS

& Awards



Anke Bellinger



Marlene Cano



Arliss Dudley-Cash



Avinash Kumar



Amy Heller



John Aker

Amy Heller, M.D. (CA-1), was elected to serve as a resident representative to the University of Iowa Health Care graduate medical education committee. She will speak for residents in all disciplines during the committee meetings.

John Aker, CRNA, M.S., D.N.A.P., was named a semi-finalist of the Nurse Leader Nursing Excellence in Clinical Education award. The award, established jointly by the Department of Nursing Services and Patient Care and the UI College of Nursing through the Nursing Education Collaboratory, recognizes staff nurses and nurse leaders who demonstrate excellence in learning, educational leadership, staff and patient advocacy, professional presentation, and innovative spirit.

Making a Difference Awards

The faculty, staff, and volunteers who work at University of Iowa Hospitals and Clinics are eligible to nominate and be nominated for “Making a Difference” awards. 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 reflecting our commitment to innovative care, excellent service, and exceptional outcomes. During the past several months, the following individuals from the Department of Anesthesia received recognition under this awards program.

Ken Ueda, M.D.
(F '04), Clinical Assistant Professor

Jessica Kelley, M.D.
(Extern '07-'08, MD '08, Current CA-2)

Wasseemuddin Ahmed, M.D.
(Extern '07-'08, MD '08, Current CA-2)



University of Iowa Hospitals and Clinics



Ken Ueda



Jessica Kelley



Wasseemuddin Ahmed

Student Registered Nurse Anesthetists Program News and Update



Greetings to one and all from Iowa City. This is my second annual update on the events and happenings within the anesthesia nursing program. I can't believe it's been a year since my last communication, but what a year it has been. I'll never get tired of saying another year, another Hawkeye Bowl win! Now if the basketball team could just pick it up a little bit, but have faith and that too will come. So what has been happening with the program?

As mentioned previously, the program was shifting from a 30-month Master's degree to a 36-month Doctor of Nursing Practice (DNP) degree. The Commission on Collegiate Nursing Education (CCNE) and the Council on Accreditation of Anesthesia Education (COA), who accredit the program, mandated this transition. While the CCNE is mandating this change by 2015 and COA by 2025, The University of Iowa decided to be a leader in anesthesia education and proceed with the change as soon as possible. I am very pleased to report that we received the maximum 10-year accreditation for the redesigned DNP anesthesia program from the COA in October 2010. The new curriculum will continue to prepare remarkable certified registered nurse anesthesia (CRNA) clinical practitioners, but also prepare our graduates to face the changes that will be brought about by healthcare reform. Whether the current law survives or not, as the population continues to age and science advances, the healthcare system of the future will be very different from the one we practice in today. How many of you still provide anesthesia for open gallbladder surgeries, cataract surgeries, or colonoscopies? Ten years ago, how many of you ever believed we'd be doing outpatient cardiac or neurosurgical procedures? A suitcase sized, portable, computerized tomography scanner is in development as is a blood test for cancer detection. These advancements and others to come greatly affect the way we deliver anesthesia and the way it must be taught to students. The new curriculum has courses in leadership, quality and safety, evidence-based practice, epidemiology, health economics, and health policy. All the anesthesia content is still there, but the format of instruction has changed and we are including more simulation experiences. Furthermore, the economic downturn of the last two years has forever changed the way we pay for graduate education. In 2010, student tuition revenues made up a greater portion of the State University of Iowa's budget than does state funding for the first time in history.

The students still spend an amazing amount of time in the clinical setting gaining valuable experience and

being mentored by all the great CRNAs affiliated with the program. They still perform reverse machine checkout demonstrations, and calculate the amount of EtCO₂ that the soda lime can absorb, and the time constant at a 500cc, 1L and 3L flow rate. They still drive all over the state of Iowa for additional experiences in the areas of obstetrical, cardiac, regional, and rural anesthesia. **Daniel Jorgensen, M.D.** (MD '78, otolaryngology R '83) and the crew in Spencer, IA send their greetings, as do the CRNAs at the local Veterans Administration Hospital, and also those friends in Manchester, IA and Bloomfield, IA. Jean Simonson, M.D., affiliate clinical coordinator at the University of Nebraska Medical Center in Omaha, wants to know why no one has written to her. I'm a little bit disappointed that no one has stopped in to visit while traveling through Iowa City. I know some of you have been to town for a game or passed by on the way to a better shopping or vacation destination. Give us a call or stop on in. Homecoming is October 22, 2011 (Indiana) and September 29, 2012 (Minnesota) and Nebraska travels to Kinnick Stadium on November 24th, 2012. I'm always up for a tailgate and a good game. I know one alumnus living in Nebraska who will be here for the November 2010 game, but probably cheering for the wrong team!

An additional major change I want to share is that **Sharon Doak** has moved on. After faithfully assisting the SRNAs as program coordinator for the past 10 years, she has accepted a position as education coordinator for the Anesthesia Department, and Sharon will now be managing all educational programs within the department. We're all glad to keep Sharon in the department. Please send her a congratulatory note.

Paul Shulte has taken over as the program coordinator for our program. Paul has been with the University of Iowa Hospitals and Clinics for ten years and, among other things, has been in charge of coordinating the physician assistant and advanced registered nurse practitioner program accreditation process for the hospital. Paul has some great skills that will continue to help move the program forward to meet the needs of the students and health care system for the future.

I hope all is well with our readers and that you enjoyed both a great 2010 and a wonderful holiday season. I'm grateful that we have had so many high quality students pass through our program over the years and am confident that the anesthesia in the new healthcare system is in good hands. Give us a call, e-mail or stop by sometime.

Cormac T. O'Sullivan, Ph.D., CRNA, A.R.N.P.
Director, Anesthesia Nursing Program



Mark your calendars!

Upcoming Iowa Anesthesia Department CME Conferences

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

Regional Anesthesia Study Center of Iowa (RASCI)

April 9-10, 2011 October 1-2, 2011
April 30-May 1, 2011 December 3-4, 2011

Iowa Anesthesia Symposium XI

June 11-12, 2011

Operations Research for Surgical Services Course

September 8-11, 2011

Anesthesia Advanced Airway Workshop

Saturday, September 29, 2011

***Other Upcoming Events*

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

Iowa Society of Anesthesiologists Spring Meeting

Saturday, April 9, 2011
Holiday Inn and Suites, West Des Moines, IA
<http://www.iasocanes.org>

Iowa Association of Nurse Anesthetists Spring Meeting

Friday – Sunday, April 15-17, 2011
Holiday Inn and Suites, West Des Moines, IA
<http://www.iowacrnas.com>

Department Spring Barbeque

Saturday, June 4, 2011
12:00 - 5:00 p.m.
Home of Dr. Tyrone Whitter, Iowa City, IA

UI Carver College of Medicine Alumni Reunion

Friday – Saturday, June 10-11, 2011
Carver College of Medicine campus, Iowa City, IA
http://www.medicine.uiowa.edu/Alumni/alumni_weekend.html

Resident Graduation Luncheon

Sunday, June 26, 2011
12:00 – 4:00 p.m.
Kinnick Stadium Press Box Outdoor Club, Iowa City, IA

New Resident Welcome Party

Thursday, June 30, 2011
5:30 – 9:30 p.m.
Home of Dr. Michael and Mrs. Linda Todd, Iowa City, IA

Iowa State Fair

August 11-21, 2011, Des Moines, IA
<http://www.iowastatefair.com>

Iowa Society of Anesthesiologists Fall Meeting

Monday, September 12, 2011
5:30 – 9:00 p.m.
Hotel Vetro, Iowa City
<http://www.iasocanes.org>

Alumni Reception during Annual ASA Meeting

Saturday, October 15, 2011
Chicago, IL

University of Iowa Homecoming Weekend

Thursday – Sunday, October 20-23, 2011

Thursday:

College of Medicine Progress in Internal Medicine CME Program

Friday:

College of Medicine Progress in Internal Medicine CME Program
Department of Anesthesia Welcomes ALL Alumni Homecoming Parade, 5:45 p.m., Downtown
Medicine Alumni Social, 7:30 – 9:00 p.m., Levitt Center for University Advancement

Saturday:

College of Medicine All Alumni Pre-game Tailgate, time TBA, MERF
Iowa vs. Indiana Football Game, Kickoff time TBA
Medicine Alumni Reunion Dinner, 6:30 – 10:00 p.m., location TBA

Sunday:

Events TBA

We pay tribute to the lives of the following individuals. We also thank those who have informed us of this information, allowing us to share it with our readers.

of *Special* mention.....



John Colman Cleary, M.D., (R '01, F '02) 47-years old, died of cardiac failure on October 14, 2010 in Des Moines, Iowa. Dr. Cleary was born December 14, 1962, in Rochester, Minnesota, the second son to two Irish immigrants, John Cleary, M.D., and Elizabeth Philomena Hickey Cleary. Colman Cleary graduated from St. John's Preparatory School in Collegeville, MN, Tulane University in New Orleans, and Chicago Medical School. Dr. Cleary met his wife, Bianca, while completing his anesthesia residency in Iowa City, IA. At the time of his death, he was working with the Medical Center Anesthesiologists, P.C. group in Des Moines, IA.

Colman Cleary is survived by his wife Bianca Cleary, and their three daughters, Maeve, Aoife, & Sinead, his parents, and brothers Douglas, Oliver and Justin Cleary. Colman had a passion for life that was unique and which he shared with his friends and family - be it his enjoyment of hunting and guns, motorcycling, or downhill skiing. However, his greatest joy was his wife Bianca and their three daughters.

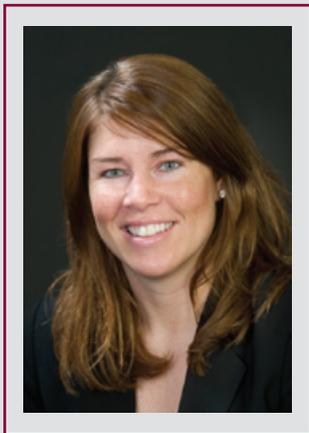
A Tribute to a *Special Friend*



While Patrick Pui-Kam Sim, M.L.S., was not an alumnus of The University of Iowa, it is fitting that our department pay tribute to him. Mr. Sim passed away at the age of 71 on October 14, 2010. Patrick, as he was called by most who knew him, spent nearly forty years as the Paul M. Wood Distinguished Librarian at the Wood Library-Museum (WLM) of Anesthesiology in Park Ridge, IL. His career involved overseeing the development and growth of the WLM into a spectacular specialty library and a museum that contains an exceptional collection of objects related to the history of anesthesiology. Patrick was dedicated to the specialty and the American Society of Anesthesiologists. He welcomed being a resource to our department and was always willing to research our questions and provide us copies of documents relevant to our needs – always taking that extra moment to ask about how our department members were doing, as well as our families. The essence of his spirit and heart serve as an example to each of us.

A Letter from UI Foundation

Partners in Supporting the Department of Anesthesia



As someone who follows The University of Iowa Department of Anesthesia, you know that the department has always striven to provide more than excellence in patient care, research, and education. Its ongoing goal is to lead the discipline with innovation and new ideas.

Thanks to generous gifts from alumni, patients, the department's faculty and staff, and other supporters who recognize the important work being done here, that goal is being realized. UI anesthesiologists are producing groundbreaking research that drives both state-of-the-art clinical care and the outstanding education of the next generation of professionals for which the UI is renowned.

As the director of development for the UI Department of Anesthesia, I am pleased to work with committed donors to ensure that Michael Todd, M.D., Chair, and his staff have the financial resources necessary to develop and meet their ambitious goals. My role is something of a matchmaker—I help the department's alumni and friends align their philanthropic passions and interests with the department's needs. The result is a stronger department, better able to improve

lives, make vital discoveries, and train first-rate anesthesiologists.

That gift support comes in all forms. Many friends and alumni regularly make gifts to the Anesthesia General Gift Fund, which provides discretionary resources to be used where the need is greatest. There are also other funds specified for particular uses such as the patient simulator center, faculty support, and educational initiatives.

All gifts—no matter the size—make it possible for the department to seize opportunities and explore ideas that might otherwise be left behind. They help leverage crucial grant funding, and ensure that the UI can recruit and retain the finest professionals at all career levels.

If you would like to learn more about how private support benefits the faculty, staff, residents—and most important, patients—of the Department of Anesthesia, please contact me or Dr. Todd. Thank you!

Heather Ropp
Assistant Director of Development
The University of Iowa Foundation
P.O. Box 4550
Iowa City IA 52244-4550
(319) 335-3305 | (800) 648-6973
heather-ropp@uiowa.edu
www.uifoundation.org

“All gifts—no matter the size—make it possible for the department to seize opportunities and explore ideas that might otherwise be left behind.”

Photo Gallery

ASA Reception



Julie and Brent Chrichton



Michael Todd, Sebastian Schulz-Stubner, Frank and Carolyn Radosevich



William Hamilton and Michael Todd



Jong Choi, Dale Morgan, Osamu Kemmotsu



Merete Ibsen and Anke Bellinger



Barb Bewyer, Steve and Judy Kersten



Charles Galaviz and Eric High



Dale Morgan, Patricia Easton, Mary Kinyon, Louise Morgan



Donald and Eilene Dose



Robin Goldsmith, Dee Isackson, Frank Dexter, Theresa Maicke

Photo Gallery



Jon and Becky Litwiller



Dani Udomtecha, Jeanette Harrington, Rapi Siriwetchadarak



Jeanette Harrington, Ann Perino

Winter Holiday Parties

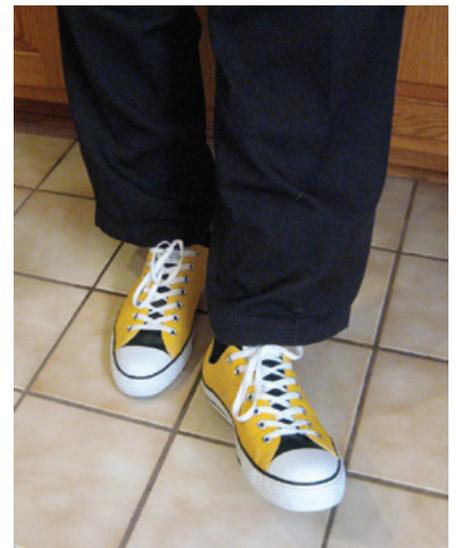


Bryan and Deah Hested, Roberto Blanco



John and Heather Stark, Ellen Day-Rogers, Ann and Jay Smith

Homecoming



Guess which faculty member is sporting the Hawkeye tennis shoes?



University of Iowa Health Care

University of Iowa Hospitals and Clinics
Department of Anesthesia
200 Hawkins Drive
Iowa City, IA 52242

Change Service Requested

IOWA

Anesthesia Symposium XI



**Saturday and Sunday
June 11 & 12, 2011**

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

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

Javier H. Campos, MD, Program Director

