

Department of ANESTHESIA

THE UNIVERSITY OF IOWA

Fall 2011

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NOTES FROM THE Chair

I now take advantage of another opportunity to expand on the introduction I provided in the Spring 2010 issue of several individuals whose administrative efforts are so critical to making an organization as large and complex as ours work well. This article is written by our department's Vice Chair for Research, Tim Brennan. Many of our readers are aware of my personal involvement in research studies, and thus are already aware of its importance to me. I sincerely believe research is critical in any academic department. Not only has our research grown immensely in the last 3 years, but beneath our current achievements is an underlying development of new young investigators and future growth. The commitment of Tim in leading our research efforts allows for this development and opportunity. I think you'll find his overview of these efforts a very positive element in the success of our department. To recognize the worthiness of Tim holding this Vice Chair appointment, in 2008 he was selected from a pool of applicants as the Samir D. Gergis Professor of Anesthesia. One of the criteria for selection was the recipient being a world-class academic anesthesiologist, one who was both a serious researcher and a solid clinician.

Michael M. Todd, M.D.
Professor and Head

Research

The Department of Anesthesia at The University of Iowa is a leader in clinical and basic science research.

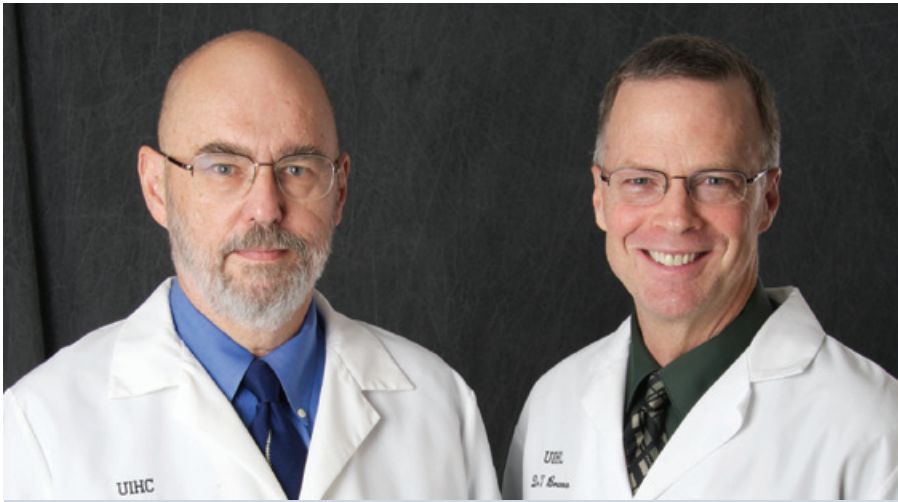


Timothy Brennan

These numbers are exclusive of research funding awarded from industry, the institution, colleges, and the department. Clinical investigations occur in subspecialties including critical care, cardiothoracic anesthesia, neurosurgical anesthesia, pediatrics, operating room management and regional anesthesia. Basic science research topics include

acute pain, analgesic pharmacology, novel anesthetic drug synthesis and the effects of drugs on learning and memory. There are many opportunities for training physicians and scientists in the fundamentals of basic and clinical research. Our department is interested in providing residents and fellows with the background for developing a career in academic anesthesia and research; our goal is to create excellent scientists by teaching the fundamentals of research.

As Vice Chair for Research, I oversee all aspects of clinical and basic science research. This includes everything from mentoring young investigators, resolving personnel issues, assuring research is being conducted following the rules and regulations of all of the accrediting bodies (Institutional Review Board, Institutional Animal Care and Use Committee, outside agencies that are funding research), overseeing



Michael Todd and Timothy Brennan

Interesting Facts

about Timothy J. Brennan, M.D., Ph.D.

He completed his doctorate education at the University of Texas Health Sciences Center.

He undertook a postdoctoral fellowship in pain neurophysiology at the University of Oklahoma Health Sciences Center. He then undertook his medical education at the University of Oklahoma.

He joined the faculty at Iowa in 1993 as an associate of anesthesia, advancing to tenured professor status in the departments of anesthesia and pharmacology in 2006.

He was named Vice Chair for Research in 2006.

He was named the Samir D. Gergis Professor in 2008.

He is recognized worldwide for his innovative laboratory work on the mechanisms and treatment of postoperative surgical pain.

The Foundation for Anesthesia Education and Research awarded two grants to Dr. Brennan, a research starter grant in 1993, and a new investigator award in 1995. He now serves on the FAER Pain Research Council.

His research has been funded by the National Institutes of Health for more than 15 years.

He has mentored 14 anesthesia and/or pharmacology postdoctoral fellows.

He has over 90 published articles, as well as contributing chapters to 8 books.

He delivers invited lectures both domestically and internationally. He was selected to deliver a plenary lecture to over 6,000 registrants at the 13th World Congress on Pain in Montreal, Canada, in September 2010, where he spoke on "Pathophysiology of Acute Postoperative Pain."

He received the Kerr Award for Basic Science Research from the American Pain Society-the first anesthesiologist to receive this honor.

He serves on multiple professional editorial boards, including his current position as assistant editor-in-chief of *Anesthesiology*, the largest international anesthesia source in the specialty.

He has held offices in professional organizations since 1996, was a founding member of the acute pain interest group of the International Association for the Study of Pain, and served as program chair for both the American Society of Regional Anesthesia and Pain Medicine and the American Pain Society.

He is married to Jacki Brennan, and together they have three children, Corey, Erin, and Ryan.

clinical research assistants, and overseeing funds to make sure they are allocated and being used correctly.

The basic science laboratories are funded primarily through grants applied for by the individual investigators. Publishing is important to disseminate new knowledge developed through our research. Innovation is needed to continue receiving grants. Our group includes a total of 37 scientists, post doctoral fellows, scholar/trainees, visiting scholars, graduate research assistants, research fellows, and staff working in basic science research. Our laboratories' efforts span a wide range of topics. For example, our laboratory is examining how incisions cause pain so that new drugs and techniques can be developed to treat acute postoperative pain in patients. Dr. **Christina Spofford** is developing a model for acute pain after back surgery; this may lead to advances in how to manage patients with chronic pain after surgery and mechanisms for post laminectomy pain syndrome. Dr. **Donna Hammond** is studying analgesic mechanisms from the brain stem that contribute to pain relief produced by many drugs used clinically now and hopefully in the future. Dr. **Toshi Kitamoto** examines *Drosophila* fruit fly behavior in an effort to identify new targets for treatments of several diseases including memory and sleep disorders. Dr. **Max Baker** is modifying anesthetic drugs to develop new medicines that could treat a variety of clinical illnesses.

With Dr. Todd's support, we are fostering clinical research in the Department of Anesthesia and this has been one area of significant advancement in the last several years. Clinical investigators are developing research ideas that begin with completion of a simple questionnaire about their idea. The questionnaire is reviewed by a Clinical Research Committee that includes statistical review and support by Dr. **Emine Bayman**. The initial proposal is discussed at a departmental Clinical Research Committee meeting where members of the department review the questionnaire and make recommendations. The clinical investigator is guided by modifications and suggestions by the committee, thereby facilitating improvements in the proposal. Our team of research

assistants, led by **Pam Jacobs**, R.N., assists the investigator in producing their Institutional Review Board (IRB) draft, which undergoes a secondary review prior to the formal submission.

Prior to submitting a research project to the IRB, all investigators are required to take an online course regarding the protection of human subjects in research. Once this training is completed, and the accompanying test is submitted, a researcher's name will appear on Iowa's Certified Investigator web site. Following IRB approval, the researcher is free to begin his or her study.

We have many areas of outstanding clinical research. For example, Dr. **Brad Hindman** and colleagues have several recent publications that have enabled the team to obtain an NIH grant to study intubation mechanics and the cervical spine. Dr. **Avinash Kumar** has been highly successful evaluating Drotrecogin Alfa in a sepsis trial and Dr. Frank Dexter and colleagues continue their highly productive research in operating room management. Dr. **Robert Block** examines drug effects on cognition, learning, and memory in adolescent patients. In the future, you will be seeing results of our research in regional anesthesia by Dr. **John Laur** and colleagues and the perioperative use of ultrasound by Dr. **Ken Ueda**, Dr. **Sundar Krishnan** and colleagues. Other areas of development include simulation research.

Anesthesia fellows, residents, and medical students also participate in clinical research. As many of our readers know, the Midwest Anesthesia Residents Conference (MARC) was born through the foresight of **William Hamilton**, M.D. [See article on page 5.] While this meeting has always held significance for our department, participation has increased markedly over the past several years. In 2008, 15 oral presentations were completed at the MARC conference. In 2009, 22 oral presentations were given and in 2010, 9 oral presentations were completed. In 2011, we had 28 total abstracts presented at MARC; 27 oral presentations and 1 poster presentation.

Our researchers also are encouraged to participate in the annual Carver College

of Medicine, College of Public Health, Institute for Clinical and Translational Science and VA Health System Research Week event. Our department presented seven posters for the research week in 2011. For several years our department has sponsored medical students from the University of Iowa Carver College of Medicine and from other institutions. The Foundation for Anesthesia Education and Research (FAER) created the Medical Student Anesthesia Research Fellowship (MSARF) to encourage talented medical students to consider careers in anesthesiology research and perioperative medicine. The MSARF program offers medical students an 8-12 week anesthesia-related research experience and the opportunity to present research findings at the American Society of Anesthesiologists Annual Meeting.

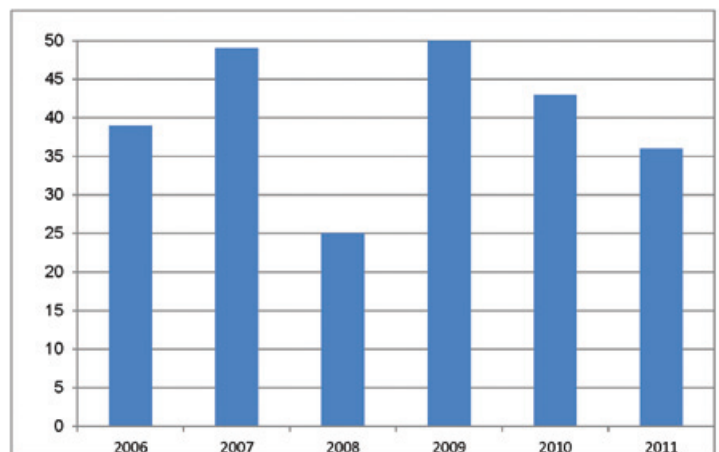
We are fortunate to have as a faculty member biostatistician Emine Bayman, Ph.D., Assistant Professor. Dr. Bayman contributes to the expansion of our research projects by assisting in designing research proposals so that the future data analyses are optimized. She is involved at the beginning of projects, even prior to the development of the written protocol. Determining appropriate design, statistical methodology, sample size calculation, and randomization protocols for clinical studies are some of the areas that Dr. Bayman has improved the research projects. Her review of projects and guidance for proceeding are invaluable to our research teams.

Our department boasts basic science researchers, clinical researchers, and translational scientists. We currently have 52 active IRB protocols generated by 23 Principal Investigators. Altogether, 40 faculty participate in either basic science or clinical research and this research generated more than \$2.8 million in grants for the last fiscal year. Our senior faculty mentor young

investigators, helping them develop, advising them, and assisting in gaining funding. This collaboration is positive for advancing their careers. We have developed an Intranet-based research site, where we post procedures, protocols, and timelines for assisting all researchers within our department. Several of our senior faculty hold joint appointments with other Iowa College of Medicine departments, allowing for even greater collaboration on projects.

In addition, our senior researchers have developed relationships with colleagues from other institutions, joining with them in collaborative projects. This allows for not only multidisciplinary, but also multi-institutional initiatives. This has resulted in an average of more than 40 publications per year since 2006 and a very productive start in 2011 (see graph). We are particularly excited about the

Department of Anesthesia Publications



number of new investigators with recent publications as a result of our clinical research program.

The future is bright for research in the Department of Anesthesia at The University of Iowa. We consider our research a key component in building an academic anesthesia department that has outstanding clinical care, teaching, and career development in research.

Timothy J. Brennan, M.D., Ph.D.
*Samir D. Gergis Professor of Anesthesia
Vice Chair for Research*



ADMINISTRATOR'S Corner

Back to School



John Stark, second from right, in class at Dartmouth.

As this newsletter is being distributed, school is back in session for yet another academic year. Aside from the increase in Iowa City traffic and the abundance of available student labor, I rarely take notice of this fact, as life in health care administration is much more “corporate” than “academic.” I see the students heading for the library, I recall the all-nighters, excessive coffee and mid-term stress, generally thinking, “I’m glad that is all in the past.” Or so I thought.

This past April, I was given the opportunity to enroll in a new program through Dartmouth College called the “Master of Health Care Delivery Science” program (MHCDS). I am one of four University of Iowa Health Care staff to attend as part of the inaugural class of the MHCDS program.

This leads to a few questions: What is this program and don’t you already have a master’s degree?

In reverse order, yes, I do have my Masters in Business Administration (MBA). I earned this degree from The University of Iowa (UI) immediately following my undergraduate work and prior to my entry into the health care world. The UI MBA program has a significant mix of students from the United States and abroad and a strong focus on teamwork, which gave me a wonderful foundation for general business administration, as well as the ability to work with groups of diverse people.

Having now been in health care administration for a number of years, this new program offers me the opportunity to combine my current environment at UI with the latest academic offerings and research. In order to properly describe this program, I defer to the narrative from the Dartmouth web site.

“The problems of health care throughout the world are not primarily ones of medical knowledge or even political will but of effective management and execution. The Master of Health Care Delivery Science (MHCDS) program seeks to deliver this specialized knowledge to a diverse, global group of participants—the managers and professionals who are poised to be the health care leaders of tomorrow.

At the heart of the program is a commitment to the value-based improvement of health care delivery—achieving better outcomes for the same or lower costs—that is scientifically, ethically, and managerially sound.

The 18-month program is designed for high-potential change agents: clinicians, administrators, and professionals in health care and related industries. In addition to knowledge and skills, participants will gain tangible results through personal leadership development and action-learning projects. Organizations supporting the program will advance their mission of value-based improvement as they invest in leadership resources and build their capacity for continual change.”

As with most articles I write, I try to circle back to, “How will the UI and/or the Department of Anesthesia be impacted?” First, as referenced above, is an “action-learning project.” This is an actual UI-based project we will develop during the course of the program with the goal of implementation once completed. The task we are planning involves the evaluation of the effectiveness of statewide efforts to provide care to pediatric patients, and what UI Health Care can do to improve these efforts. As we progress toward the new UI Children’s Hospital tower, this information will be crucial for future endeavors. Beyond this, studying the science of health care delivery, gaining an understanding of patient-focused care and tools to help implement needed change, and the relationships I’ll develop will all be enormously helpful to Anesthesia (in fact, I have two anesthesiologists from Dartmouth-Hitchcock as classmates in the program). I believe the program’s content will prove exceedingly beneficial as we continue to grow and evolve in today’s health care market.

John Stark, M.B.A.
Department Administrator

MARC 2011

Midwest Anesthesia Residents Conference 2011

The 2011 Midwestern Anesthesia Residents Conference (MARC) was held at the Marriott Hotel on Michigan Avenue in Chicago, IL. Each year, MARC is hosted by one of the midwestern anesthesia departments. But this year was very, very special.



Honary Speaker William Hamilton

Fifty years ago, Dr. **William Hamilton** (BA '43, MD '46, R '51), former Head of Iowa's Department of Anesthesia from 1963-1967, organized a small multidepartment anesthesia meeting. It was designed to bring together programs in the Midwest and to promote the exchange of information about clinical care and basic science research, with a focus on residents. This first

meeting was small, perhaps 30-50 attendees, and was held in Iowa City, IA, as were the next four, before the meeting began to rotate to other departments.

But from small beginnings..... Over the years, the MARC meeting has grown and grown -- and grown -- eventually exceeding all of Dr. Hamilton's wildest expectations. The 2011 MARC meeting set a new standard, with a whopping 766 registered participants from 33 institutions. While some might quibble, this should make MARC 2011 the fourth largest anesthesia meeting in the country -- and certainly, the largest resident get-together in the world! It was only fitting that its founding institution, The University of Iowa, host the 50th anniversary meeting.

This year, the two "senior" bosses of MARC, **Michael Todd**, M.D., and **Mazen Maktabi**, M.D., (R '87, F '88, Faculty '89-'11) had the audacity to ask two young faculty members to join them in organizing this magnum event (something that clearly demonstrates the department's commitment to promote the academic growth and development of its junior faculty). This youthful input played a big role in the success of the meeting. Hours, days, and weeks were spent on refreshing the face of the meeting, giving it a more youthful look. Novel ideas were brought to the table. As Virgil once said, "*possunt quia posse videntur*" ("they can because they think they can"). Believing that we could, we did. We wanted to implement new ideas



Organizers: Mazen Maktabi, Brent Hadder, Michael Todd and Esther Benedetti

that could be carried forward to future meetings, not just gimmicks for one meeting. And, indeed, we hit a Grand Slam.

What were these new ideas? First, we partnered with an extraordinary management company, NHS Management Services, to manage the meeting. This is only the second time that MARC has relied on an "outside" organization to aid in the meeting; however, as the meeting has gotten larger and larger, it became apparent that some truly expert help was needed. This was also the first time that a MARC meeting was held outside of the "host city." We would have loved to hold it in Iowa City, but there was simply not enough hotel capacity for something this large. And the payoff was the smoothest run MARC meeting ever (and we aren't just making this up, we've heard from dozens and dozens of attendees). However, given this success, it's a certainty that this won't be NHS's last MARC meeting. In fact, they are already actively involved in planning the MARC meetings for the next five years.

Another first in 2011 was the addition of a chief residents meeting, in which outgoing and incoming chief residents from all the member institutions were invited to discuss and exchange ideas that could potentially benefit all residency programs involved, as well as also to give us ideas for improving future MARC meetings. This idea

continued on page 6

arose from the recognition that there are very few opportunities for residents to meet together and discuss the pros and cons of their respective programs, and while MARC was FOR our residents, it had never before involved the residents in its planning. The second annual chief's meeting is already scheduled for next year.

From the beginning, some sort of entertainment on Saturday night has been the standard for MARC. It has usually been relatively traditional: a cocktail party, a musical or comedy group, a visit to an aquarium, etc. We wanted to do something that was more in keeping with the youthful nature of our residents, and we came up with a good one. We selected The Hard Rock Café as the venue



MARC attendees letting their hair down at the Hard Rock Café

for our social program, and we held it on the Saturday night of the NCAA Final Four. It was appropriately entitled *MARC Madness*. Here, even the most industrious of the attendees managed to “let their hair down” and relax in a fun, friendly, and full of rock-’n’-roll environment. Detail was paid to each interest in the room. For the hungry, there was delicious food served. For the musicians, a large array of tunes was played. For the sportsmen in the house, there were big screen televisions showing the NCAA finals. For the collectors, popcorn filled Hard Rock Café/MARC shot glasses were given out as souvenirs. For all, there was the possibility to mingle and celebrate the close of a truly magnificent day.

We also had the good fortune of having three excellent guest speakers. First, and perhaps most importantly, we had the honor of having Dr. Hamilton as an honorary speaker, celebrating the creation, birth, growth, and development of his historic idea. How many of us have the chance to see the 50th anniversary of something we created, something that



Dan Gable

has grown so far beyond its original humble model? We were also joined by Jerry Cohen, M.D., President-Elect of the American Society of Anesthesiologists, who also graciously volunteered as a judge for several presentation sessions. Finally, we had Iowa's own

Dan Gable, UI wrestling coach from 1972-1997. The opportunity to hear the story of how a young Iowa wrestler become a legendary Olympic gold medal winner and the most successful wrestling coach in the nation, through years of dedication, struggle, and focus was no less than inspiring. Mr. Gable's message was that of how the key to success in leading and inspiring excellence in a group is by exalting the specific attributes and interests of each individual in the team, rather than focusing on a recipe “same for all” approach.

Everyone loves to achieve success, and what better way to win than to be publically recognized for your effort. So, on Sunday, we gathered together one last time to honor the award winners. Our



Faculty judges Michael Todd and Jerry Cohen

department considered, again for the first time in MARC history, to give recognition not only to first place victors, but also to distinguish the second and third place winners. Certificates were awarded them all, and as an extra perk, we awarded first place holders with a collector's Hard Rock Café guitar pin. The University of Iowa came out with three first places, four second places and one third place. This represents more than years prior, making our way ahead in the game. And to wrap up this victory, mention must be made of a jam-packed room at the close of our meeting, until the very end, where extraordinary prizes were given out to those who luckily held the winning tickets! All wished for iPods, Wiis, Xboxes, Nooks, and more,



Residents at the Hard Rock Café

but only were received by a few! The residents were content, happy about having a meeting that was truly for them and about them.

Additional individuals deserve credit for the success of MARC. There was the team from NHS Management Services, as well as our department's Lorri Barnes, each working to assure the success of the event. Four 2011 Iowa resident graduates, Drs. **Burke O'Neal**, **Geoffrey Kredich**, **Angela Ko**, and **John Klein** unselfishly volunteered many hours to aid in the behind-the-scenes fundamentals, such as registration, guiding people to destinations and answering a myriad of questions. The number of Iowa faculty who participated set a record for our department.

This year's MARC will be remembered for years to come, and as John Quincy Adams said, "If your actions inspire others to dream more, learn more, do more, and become more, you are a leader."

And that we are!

Esther M. Benedetti, M.D., F.I.P.P.
Clinical Assistant Professor

Brent Hadder, M.D. (R '08, F '09)
Clinical Assistant Professor



Anesthesia Faculty and residents at the Hard Rock Café



A poster presentation



A very tired Brent Hadder



Residents have a good laugh with faculty member, Dr. Joss Thomas



David Dull, M.D. (R '87, F '88)

Check out our Online Photo Gallery

We are improving our skills of photographically capturing people and events our department sponsors – so much so that we can't fit all of the pictures we would like to share with you in our print newsletters (pg. 30). Thus, we invite you to view a more expansive Photo Gallery stored with the electronic version of this newsletter issue.

Please spend a few minutes enjoying these photos: www.anesth.uiowa.edu/portal/?tabid=797

Drs. Hine, delCastillo, Heller and Floyd
(L to R) making a bet over who will win.

Resident JEOPARDY



Christina Spofford

In 2001, an educational spin on the popular game show Jeopardy!® made a debut in our department as a teaching tool. Launched by **Phillip G. Schmid, III**, M.D. (MD '89, R '93, Faculty '99-'01, currently working in Eagle, Idaho) and **Debra Szeluga**, Ph.D., M.D., Associate Professor, Vice Chair for Education, and Residency Program Director, the Iowa Anesthesia Jeopardy started out as a home grown, low-tech computer program with buzzers. Residents enjoyed shouting out answers

to a wide range of questions on every topic of anesthesia. The fun and interactive atmosphere allowed resident participants and audience members to recall facts that are frequently on the American Board of Anesthesiologists Certification Exam.

From 2004-2010, Anesthesia Jeopardy in our department took a hiatus. Loading questions in the system took hours, not to mention the time to write them. However, in 2010, we re-launched a new and improved version, using more sophisticated hardware and software. This new gaming console allows residents to have game controllers, sound effects, and a projected game board similar to the real game.

The game starts with a single Jeopardy round that includes six categories; residents choose a category and the amount they want to bet. As in the real TV show, wrong answers result in values being deducted. We take a short break before double Jeopardy, and then the residents answer a final Jeopardy question. The computer keeps track of the points and the team that buzzes in first. There are three resident teams consisting of one CA-3, one CA-2 and one CA-1 resident each. Although our residents don't take home the big money like contestants on the popular television show, these nine brave residents are rewarded with prizes ranging from coffee house gift cards to scrub hats to board review books.

Topics cover all aspects of perioperative care, pain medicine, and intensive care with clever titles such as: "just kidding" (pediatrics), "past gas" (history), and "road rage" (satellite anesthesia). We also include a category called "I see," where images are displayed and residents have to answer subsequent questions (See image above). This helps residents learn how to read and interpret x-ray and computerized tomography images, echocardiography loops



Recent "I See" question about TEE: A 55 year old man presents with acute, severe, chest pain. The following image of the aorta is obtained on TEE. These two drugs would be important to administer prior to induction of anesthesia.

and regional ultrasound images, in addition to the standard anatomy images. Subspecialty faculty members help write and edit questions and

are present in the audience to provide clarification and education.

As educators, we are constantly seeking novel teaching tools that meet the needs of our residents. Most of our current residents are classified as millennial learners, making them adept at using new technology and computational forms of learning. They also tend to learn best in interactive formats, such as problem-based learning discussions. Therefore, we have continually modified and improved our curriculum to provide increasing educational sessions in these formats. Anesthesia Jeopardy is an effective tool for teambuilding. It provides high-yield factual recall and brings out a competitive edge! It even can lead to friendly monetary betting over the likely winners (see above photo).

The residents who have participated have enjoyed the experience. **Lee Kimball**, M.D. (MD '07, R '11), was a recent participant and had this to say about Iowa Anesthesia Jeopardy: "The ability to answer board style questions in a nonthreatening atmosphere makes the game a worthwhile investment of time. The game also allows you to think on your feet. Overall, it is a great experience..."

We look forward to our next session on January 18, 2012. If you are free at 5:00 p.m., please join us, and see how many questions you can get right! If you are interested in submitting a question for Iowa Anesthesia Jeopardy, or an image for the "I see" segment, please send your submission to Dr. Chris Spofford at christina-spofford@uiowa.edu. The first ten submissions will receive a prize!

Christina M. Spofford, M.D., Ph.D.
Assistant Professor
R '07, F '08

Help Our Students Travel PROGRAM



Editor's note: The Department of Anesthesia at The University of Iowa thanks each of our alumni who participate in the HOST program, opening up your homes to medical students from our university. We are aware that many of you take part each time you are asked and others get involved as frequently as possible. We encourage all other alumni to consider giving back to your alma mater through this opportunity.



Lindsay Knudson

Imagine traveling hundreds of miles away from home and still feeling like you are home. It is Hawkeye Country all over the country for students using the University of Iowa (UI) Carver College of Medicine HOST Program. The Help Our Students Travel (HOST) Program matches our fourth-year medical students with alumni volunteers during residency interviews around the country and is a deliberate

partnership with our alumni to help reduce student debt. While traveling for interviews, alumni provide lodging for medical students in their homes, as well as offer invaluable advice to the students about the community in which they are interviewing. It is a great way for alumni to reconnect and give back to their alma mater and also see the caliber of students at the UI Carver College of Medicine.

With the current medical student graduating with an average of more than \$135,000 of debt, the needs for philanthropy and scholarship are on the rise. Medical student indebtedness has become a national concern, and our alumni are responding and helping us to address this concern by participating in the HOST program. This program is a wonderful resource for students to help relieve some of the costs they accrue during their final year of medical school.

By staying in alumni homes during their interview travels, students have indicated that they save an average of \$150-\$200 per night (the average cost for hotel, transportation, meals and other expenses while traveling). This adds up to a collective savings of over \$330,000 for the student participants over the past 12 years. This means, our alumni are essentially providing an \$825+ scholarship/grant to each student participant.

While the money saved on the interview trail is obviously valuable to our students, the insight gleaned from our alumni has proven equally valuable. Our students have been guests in the homes of very generous alumni who have not only opened their homes, but have offered advice and insight on their medical specialties, the regional medical community, and the community as a prospective new home for the student. This value to our students is apparent, as many of our young alumni who utilized the HOST program as students now host medical students as a way to give back.

One student said, "The UI Carver College of Medicine HOST Program is about so much more than simply saving

money. You have the opportunity to meet fascinating people all over the United States who share that common Hawkeye bond. You leave your interview with a real sense of what life in that community would be like."

This year, 35 student participants made 126 requests for HOSTs during their visits to 89 different academic medical centers. These visits totaled 234 overnight stays with our alumni. The twelve-year program totals now represent 401 student participants with nearly 2,000 overnight visits. Our alumni showed their strong support of the program once again this year, and we matched 94 alumni volunteers for placements with students. Including this year's participants, over 491 alumni have now served as hosts to our students, while nearly 1,200 have asked to be included in our volunteer database.

Anesthesia alumnus, Dr. **David S. Warner**, is one of our most supportive hosts, having hosted almost every year since we initiated the program. When we first started the program, Dr. Warner said, "We are glad to help any student who needs a place to stay. This program didn't exist when I was a medical student. I carried a sleeping bag with me and actually slept in city parks and behind airline ticket counters. Things have changed for the better!"



David Warner (84R - Anesthesia) and Rose Warner hosted Jamison Engle in 2006 during a residency interview in Chapel Hill, NC

We want to thank all of the alumni who have opened their homes! We appreciate your support of our students. If you have not hosted a student, but would be interested, please contact me at lindsay-knudson@uiowa.edu or 319-335-8085.

Lindsay Knudson, B.S., M.A.
Director of Alumni Relations
UI Carver College of Medicine

Alumni Profile

Kent Croskey

"It is very rewarding, occasionally frightening, and always interesting."

So, I am walking along the hallways of the Department of Anesthesia at The University of Iowa (UI), when I hear a voice call my name down the hallway. It was Barb Bewyer, Managing Editor of the department's newsletter. She calls me into her office and shows me the department quarterly newsletter and tells me how great it would be if I would submit a story for it. So I'm thinking - what the heck. I can put something together for her. So, here is some of what I've been up to since I finished my residency/fellowship in anesthesia in 1988 at UI.

At the end of my fellowship, I had a little problem. As many of you know, I had a substance abuse problem. I went for a two-day evaluation at a treatment center in Milwaukee, WI, and five months later I was released. Not many people at that time were interested in hiring me. I got a job at the Tower Medical Clinic at the College of Osteopathic Medicine and Surgery in Des Moines, thanks to Dr Leonard Azneer, who was the president of the college at that time. While working there, I interviewed for numerous jobs around the state. I was lucky to be hired by Iowa Lutheran Hospital, in Des Moines. They wanted to hire someone to start an open-heart program, and since none of the practicing anesthesiologists did open heart anesthesia, they wanted to hire someone who had been trained in this area, and that was me.

I have enjoyed practicing at Iowa Lutheran Hospital since 1989. About eight or nine years ago, our group, Des Moines Anesthesiologists, began teaching the student registered nurse anesthetists (SRNAs) from The University of Iowa to assist in open heart anesthesia procedures at our hospital. Through this connection, it was about five years ago that I began teaching at the University as a visiting assistant professor of anesthesia. This is why I was walking down the hall by Barb's office. Many good things have happened to me since I left the U after my resident and fellowship training. Since I had experience with substance abuse, I was asked to serve on the Iowa Board of Medicine's Physician Health program. Over the last nine years, I have served on that committee, acting as chairman the last six years. It has

It has been very satisfying helping troubled physicians get back into practice and help them overcome their problems.

been very satisfying helping troubled physicians get back into practice and help them overcome their problems. I have been invited by Dr. **Michael Todd** to deliver the annual lecture entitled,

"Substance Abuse in Anesthesia," to the department's clinical staff for the last several years.

In other areas of anesthesia practice, I have had the good fortune to do some medical exchange trips, experiencing medicine in other parts of the world. My most memorable experience was going to Russia. I spent three weeks traveling around different cities in Russia, visiting numerous hospitals. The Russian sister city to Des Moines is Stavropol, and I spent two weeks there exchanging anesthesia information and practices. I traveled to Essentuki, Pyatgorsk, and Kislovodsk and worked with different anesthesiologists, teaching them open-heart anesthesia. While there, I was awakened early one morning to be rushed to the hospital. A church missionary from the United States was admitted to the hospital with an acute appendicitis. They were going to fly her to Switzerland for surgery until the hospital administrator told them there was an American anesthesiologist in town. The head missionary agreed to let this patient have surgery there, but only if the American would do the anesthesia. I received the nicest thank you letter from this patient's parents, who lived in Atlanta, GA.



Lecturing about abuse to physicians and other healthcare providers.

I enjoy practicing anesthesia. It is very rewarding, occasionally frightening, and always interesting. Recently, my anesthesia group has taken over the anesthesia practice in Fort Dodge, IA, at Trinity Regional Medical Center. I have been busy working up there getting things organized. All in all, the last 23 years have been quite an experience.

I have three grown children, two who were born at The University of Iowa while I was a resident. Olivia, my oldest daughter, is in



Dr. Croskey with a modified race car.

the masters nursing program at the university. In my spare time, I enjoy many hobbies. I have been a pilot for the last 30 years, flying many different airplanes. I sold the last, a Cessna 414, two years ago. (Aviation gas has gotten too expensive!) Twelve years ago, I opened a motorcycle shop in Des Moines, building custom Harleys. This shop did well until the recession hit two years ago, and I closed it last year. I have won many awards with several of the motorcycles I designed and built. You can see some of the motorcycles I have built by visiting YouTube and searching for Radical Cycle. I still enjoy riding and travel to Sturgis, SD for the annual Sturgis motorcycle rally each year. I have done lots of different types of motorcycling over the years - dirt bike riding in Colorado, 4-wheeling down at the farm I own, and cruising on my custom Harley. My newest hobby is racing on the International Motor Contest Association (IMCA) dirt track. I raced stock cars for two years, then moved up to SportMods for a couple years, and now I'm in my second year of racing Modifieds. They go fast! As you see, I don't play golf.

I have to relate one funny story from my residency. One day, I'm doing a neurosurgical case with Dr. **Martin Sokoll**, down in the old operating room number #11. Dr. Sokoll provides me coverage for a lunch break. When I return, I look at the electrocardiogram (EKG) of an otherwise healthy 25-year old patient and notice a distinct heart arrhythmia. I'm wondering what has happened. Then, I notice the EKG wire is going up inside Dr. Sokoll's scrub top! Well, I guess it wasn't the patient's heart rhythm. I occasionally remember this experience, and I smile about it every time!

Over the last five years, I have had the pleasure of working with many of the Iowa faculty anesthesiologists who were new staff

at the time I was a resident. They still enjoy teaching and they still do a great job. I have had the pleasure of attending the UI department's International Anesthesia Symposium in Cabo San Lucas for three years. It is a very good conference and I have enjoyed talking more with many of the staff physicians who I previously didn't know well. I would recommend this annual March conference to anyone.

I want to say hello to all my classmates from residency. I don't participate in many of the national meetings, so I haven't seen most of my fellow residents in years. I want to let everyone know I have survived and am doing well. I wish the same for all of these friends. I will always be thankful for my great education in anesthesiology at The University of Iowa.

Kent Croskey, D.O.
Resident Class of 1987
Fellowship Class of 1988



Alumni Profile

David S. Warner

"I had always been interested in the mind and consciousness."

My Iowa experience began in a lecture hall at the University of Wisconsin-Madison in 1979. But there was a prelude to that.

I had always been interested in the mind and consciousness. This intrigued me to consider the priesthood (following my father) and the world of philosophy, but never medicine or science. While majoring in philosophy and partying in Madison, a course in experimental psychology taught me that psychologists were asking the same questions, but were getting hard evidence-based answers by testing hypotheses in the physical universe. A switch to major in psychology found me quickly engaged in laboratory research, but the future didn't look bright for the need to express my humanism. Medicine emerged as a suitable alternative, and soon a future in neurosurgery seemed to bring it all together.

While taking a requisite senior medical student course in pharmacology, I overheard a couple of other future surgeons talking about their future residency plans and one mentioned Iowa as a place with a strong program. That's all it took for Iowa to get on my interview list and in July 1980, with a new beautiful wife and U-Haul trailer, I became an Iowa City resident. Neurosurgery was going well, but they (in my mind) made the mistake of requiring me to spend two months in anesthesiology as an intern. By the end of that rotation, there was no doubt that I should be an anesthesiologist. A year later, **Wendell Stevens**, M.D. who was then the chair, quickly accepted me into the anesthesia residency program, which then was severely underfilled. He soon resigned and the department went into a state of near catastrophic demise that taught me the critical services anesthesiologists provide to a hospital, i.e., the entire hospital backed up! Dr. **Peter Jebson**, one of the best teachers in my experience, served as interim Head, and made the clinical work a joy, despite the circumstances. In the end, I emerged well trained (senior faculty such as Drs. **Frank Scamman**, **Mohamed [Mike] Ghoneim**, and **John Moyers** would be quite familiar with what I teach residents at Duke), but also was converted into being a fledgling physician-scientist.

I was already a bit bored with continuous clinical practice and was allowed one month to work in the laboratory of Dr. **Martin [Marty] Sokoll**, who also inspired me to become a neuroanesthesiologist consummating the interest in neurosurgery and anesthesiology. My interest in science was resurrected from psychology, but I hadn't recognized the implications. Dr. **John Tinker** did. John arrived as the new permanent chair just a few months before the end of my residency. I already had a private practice contract in hand, but like a street cop in downtown Milwaukee, WI, who once caught me jay-walking, I felt a hand grip on the back of my shirt collar and the words something to the effect of "think about it again!"

Dr. Tinker not only made science seem fun but also could make anyone feel like they were capable of doing anything. To sweeten the pot, he organized a year of research training for me in what was then the pre-eminent experimental brain research laboratory in the world, Dr. Bo Siesjö's lab in Lund, Sweden. The combination of exotic (yes, Sweden is exotic) travel, science, and a chance to serve a cause I had come to care deeply about was irresistible. I often wonder what life in private practice in Oshkosh, WI would have been like. Probably a lot easier, but the experiences I've encountered because of John Tinker's grip, could never be purchased, and maybe the past 25 years of research and teaching have had value.

As a neurosurgery resident, my eyes were opened to the affliction of acute central nervous system injury, probably more than they would have been as an anesthesiologist.

To provide ward care day after day for a young Iowa farm kid who dove into a shallow pond on the first warm day of summer, never to walk or move his arms again gave me purpose to do more. The same could be said of a 45 year-old father with a malignant glioma or a mother with cerebral vasospasm and stroke. Human agony from central nervous system injury remains unresolved and the only hope for change, other than prevention, is research. To that end, my laboratory remains focused.

Shortly after my return from Lund, Dr. **Michael Todd** joined the Iowa faculty. He was high profile from the big city and we really weren't sure what to make of him! It became clear soon that he was generous, supportive, talented, and above all hard working ("Everybody starts with two lab days per week: Saturday and Sunday," still rings in my ears). To no one's surprise, Mike Todd won the Teacher of the Year award his first year at Iowa, and I quickly became his full-time student. We eventually formed a lab together. We both still agree this was the most productive phase of our research lives. Ten to fifteen papers a year were written, and our success formed the nidus for the International Neuroanesthesia Research Group, for which we hosted the inaugural meeting on a spectacularly beautiful May weekend in Iowa City in 1987. In Mike's style, the goal was to bring together

people of like interests so that we could become friends and colleagues, rather than suspicious competitors. All of us from that generation still enjoy the fruits of his vision. That same vision I felt in April, 2011 when invited back to Iowa as a formal visiting professor where Mike is now the chair.

I can't really put my finger on why I moved on to Duke in 1994. Iowa basketball at the time under Tom Davis actually was pretty good and, of course, Hayden Fry still had a few tricks up his sleeve. It must have been something else. Several factors come to mind. Chiseling my car out of an ice encasement after being in the hospital 36 hours is memorable. An appeal for better parking went to no avail. Probably more real though was the need to see if nurturing by the people at The University of Iowa for 14 years had made me strong enough to lead my own research team and pursue the many questions the results from each experiment ask.

I like to think the answer is yes. The opinion of the peer-reviewers has been variable, although the National Institutes of Health dollars have been continuous since 1987. I've won awards, toured the world, and touched many patients who needed a cutting-edge hand (this would not be a suitable metaphor for a neurosurgeon!). My dad liked to take us camping. He always said to leave the campground in better condition than you found it. I'd like to think the same about my time in Iowa, but there's no question that Iowa did that for me.



Warner Family 2009

My family also owes a great deal to Iowa. Both kids were born in Iowa City, and I remain convinced to this day that their success in life began with the extraordinary skill Dr. **Won Choi**



provided during the complicated births each experienced. Lindsay is now a rural veterinarian in Mebane, NC, and Seth is an economist on Wall Street, still trying to get out of coach class. My wife, Rose, began her career as an artist with a degree from The University of Iowa and continues to stun me and others with her unique combination of abstract fiber arts integrated with acrylic paintings.

I have one last experience to share, especially for those who are in the early stage of their careers. Medical students are usually required to wear short white coats. Everyone else gets to wear long white coats! I hated that short white coat, as it symbolized that I really wasn't quite capable of doing anything. Fast forward to a couple of months ago when I was walking out of the operating room late at night. It was a long and empty hallway, with only one other person in it, that being a medical student (easily identified by her short white coat!) walking towards me. I smiled, but inside thought of how fortunate she was to be wearing that coat. Her entire medical career is before her. She has her health, all of her choices remain, and the rapid advance of science should enable her to assist the body and mind in healing beyond anything we can now imagine. And if she is really lucky, she'll match at Iowa. Life is short. Each stage is precious and enables the next, sometimes with surprises on how it will turn out. To those with short white coats, or who have recently shed them, treasure each step, as I do my time in Iowa.

David S. Warner, M.D.
Resident, Class of 1984
Faculty, 1984-1994

Certified Registered Nurse Anesthetists News and Update



Randy Cornelius

Who would our readers name as the most important behind-the-scenes people in the operating rooms at University of Iowa Hospitals & Clinics? The answer is the anesthesia workroom personnel.

The development of this role and its location has an interesting history. The workroom was created around 1984, based on the vision and hard work of one of our alumni, an individual who received his

undergraduate training, his medical training, and his residency training in our department, staying to become a valuable faculty member. [Editor's note: While I really want to name this individual, I've been told by his family that he prefers to remain anonymous, feeling he doesn't really deserve credit.] This physician had the foresight to see the impact this area and its staff would have on all of the departments involved in the operating rooms. The workroom was originally designed to have technicians available for regular maintenance work on the anesthesia machines, as well as troubleshoot problems during on-going surgical procedures. It was determined that having an individual available for immediate assistance was considered necessary. This area also stored items that were specifically related to anesthesia practice. In the beginning, there were just three individuals working in this area, and they were referred to as anesthesia laboratory technicians. These original three were **Ray Petersen**, the supervisor, **Calvin Freese**, and **J. Duncan "Woody" Woodward**. Eventually, more people were hired to restock carts and clean equipment, as well as assist in cardiac procedures. These individuals, called anesthesia clinical technicians, included **Carolyn Wells, R.N.**, **Dorothy Gergis**, **Carol Braum, L.P.N.**, and **Donna Davenport**.

As technology grew, so did the complexity of the anesthesia machines, requiring the addition of more technicians, thus **James "Walt" Walters**, **Michael Heigerten**, and **Dana Loney** joined the team. In 1987, a second shift of technicians was created which included **Steven Laubenthal** and **Cynthia Carter**, with Dana Loney and Cal Freese being supervisors.

When the main operating rooms moved in 1993 to the current location on the fifth floor of John Colloton Pavilion, three electronic technicians were added to the day shift and two additional for the evening shift. During this time, the main focus of the anesthesia workroom personnel continued to be maintenance of the anesthesia machines. Anesthesia

residents were responsible for their assigned rooms and supplies; therefore, they prepared the rooms for each day's cases. Clinical technicians would clean up equipment, which included reusable circuits and masks, and take needed supplies to the operating rooms.

In 1999, **Sheila White**, a certified anesthesia technician, was hired as Anesthesia Workroom Supervisor. The focus of the workroom shifted from being mainly maintenance of the machines, to providing more assistance to anesthesia staff. Clinical technicians began to provide more help by "turning over" rooms between surgical cases as disposable circuits and masks were introduced and intubation scopes were being utilized. With technology advancement in the anesthesia machines, more scrutiny was placed on preventive maintenance.

As the main operating rooms became busier and more demands placed on anesthesia providers, additional workroom staff joined to meet the needs. In 2007, with the opening of the new Ambulatory Surgical Center (ASC) on the fourth floor of Pomerantz Pavilion, clinical technicians were needed for that area. Our current workroom personnel numbers 19 incredible individuals.

There are currently four types of anesthesia workroom personnel. The first being clinical technician I. The department currently employs four who work from 3:00-11:00 p.m. These individuals perform detailed terminal cleaning procedures of anesthesia carts and machines, process and disinfect anesthesia accessories such as fiberoptic scopes and ultrasound machines, ensure all supplies are adequately and properly stocked in the supply carts and anesthesia machines, clean and turn over operating rooms in-between surgical cases, provide oxygen tanks and intravenous (IV) pumps in every room, check that all emergency supplies (boogies, ambu bags, laryngeal mask airways, etc.) are stocked in every room, assist with transport of patients to and from units if needed, clean and stock the eight satellite areas when these areas operate late, retrieve anesthesia machines and carts from these satellite areas after 6:30 p.m. and perform accuracy checks.

Our department employs four clinical technician IIs. Two work in the ASC, and two work in the main operating rooms on a swing shift. These individuals know all the jobs performed by a clinical technician I, as well providing breaks for each other, checking and resupplying video carts, and cleaning and restocking the satellite areas. Our clinical technician IIs are learning how to become more involved with assisting in the anesthetizing rooms, learning to help with cardiac procedures



and central line placements, skills which currently are managed by the more experienced and skilled technicians.

Our current staff of six clinical technician IIIs provides assistance to the cardiac team, central lines, traumas, and difficult airways. They also set up all IV infusions (buretrols, pediatric IV sets, blood pumpers, etc.) and pressure transducers, as well as set up and calibrate special monitoring devices (arterial, positive airway pressure, central venous pressure, intracranial pressure, cardiac output), check out functional condition of all anesthesia accessories and equipment (dopplers, nerve stimulators, ultrasounds, fiberoptic scopes), as well as provide first line maintenance and troubleshooting of anesthesia equipment in the operating room and satellite locations. The clinical technician IIIs are also fully trained in the responsibilities of the clinical technician Is and IIs.

The last group are our four electronic technicians who conduct scheduled preventative maintenance on anesthesia delivery system and gas monitoring systems, perform calibrations, adjustments and repairs of all electrical, electronic, pneumatic and mechanical components, and subsystems of primary systems on the anesthesia machine. In addition, they assist anesthesia providers in setup, checkout, and operation of anesthesia and monitoring systems. They assist in conducting on-going and annual inservicing of anesthesia externs, residents, medical students, staff anesthesiologists, student registered nurse anesthetists, and certified registered nurse anesthetists for proper operation of all anesthesia equipment. They check medical gas supplies in required areas, assemble transport oxygen setups and monitor for proper operation, track and maintain equipment inventory, verify proper operation of electronic monitors, cables, leads, laryngoscope handles and blades. They attend manufacturer's educational classes as specified to receive certification to perform service on anesthesia related equipment, and assist all clinical technicians with stocking and room turn over during peak work loads.

As you can see, it is indeed these individuals who help immeasurably to keep thirty main operating rooms, eight ambulatory surgical center rooms, eight satellite locations, and labor/delivery operating smoothly. This is not an easy task for nineteen individuals when you consider the anesthesia department provided over 26,500 services last year. This could not have been accomplished without the dedication, professionalism, and pride of The University of Iowa anesthesia workroom personnel. They truly are the heart and sole of the anesthesia department.

Randy Cornelius, M.S.N., CRNA
Anesthesia Workroom Manager



Photos from left to right: Tomas Kuennen • Pizza for Lunch: Stephanie Lear, Bobby Jo Salm, Chuck Chacon • (L-R) Carmen Evans, Michelle Pluth, Brittney Ross, Rachel Simons, Marjorie Copper-Stimmel • Benjaminne Delzell
Group Photo: Sitting, L-R: Bobby Jo Salm, Carmen Evans, Terry Moss
Standing, L-R: Cindy Carter, Marjorie Copper-Stimmel, Steven Laubenthal, Teresa Gorsh, John Schmidt, Stephanie Lear, Jill Oulman

Life Legacy

Chuck Chacon, 57, died Tuesday, June 7, 2011 at his home in West Branch.

A memorial service was held at 10:30AM on Monday, June 13, 2011 at the Henderson-Barker Funeral Home in West Branch. Visitation hours were 2:00-4:00PM on Sunday, June 12, 2011 at the funeral home. A memorial fund has been established.



Chuck was born on March 30, 1954, in Greeley, Colorado, the son of Manuel and Charlotte Ramirez Chacon. He was united in marriage to Cyndi Rummells on April 21, 1979 in Denver, Colorado. He was employed with the University of Iowa Hospitals and Clinics where he worked as an anesthesia technician.

Chuck is survived by his wife Cyndi Chacon of West Branch, daughters Sasha (Phil) Chacon Johnson of Iowa City and Sadie Chacon of Dubuque, siblings Jess (Delores) Chacon, Rosemary (Joe) Lovato, Teresa Chacon, Manuella (Frank) Lovato and Louis Chacon and several nieces and nephews. He was preceded in death by his parents and a brother Ralph.

Chacon will be greatly missed by his wife, daughters, family and friends.

of *Special* interest

Note of Appreciation from Former Extern

The note below was sent to James Choi, M.D., Clinical Associate Professor, Director, Medical Student Clerkships. Dr. Choi manages Iowa's anesthesia medical externship program.



"Hope all is well in Iowa City. I just wanted to drop you a quick e-mail and say thank you for what a great experience the anesthesia externship was to help prepare for the start of CA-1 year. After about a week into training, I feel much more prepared than some of my other classmates with managing all kinds of different things in the operating room - ranging from setting up the machine, troubleshooting problems, putting together IVs, arterial lines, drawing up and dosing drugs, doing procedures/intubations, etc.

I know I would be much more stressed out this first week if it weren't for the large amount of experience gained with the externship. Best of luck with the residents this year and hope you guys have a great CA-1 class."

Take care,
Joseph C. Wickard, M.D. (MD '10,
Extern '10)
Current CA-1, McGaw Medical Center,
Northwestern University, Chicago, IL

2011 Summer Research Students



Shaw Akutsu:
Dr. **Hiroshi Ishimoto** mentored Shaw, a junior from The University of Iowa who joined us as a part of the Iowa Center

for Research by Undergraduates (ICRU) Summer Fellowship. Shaw worked on the project, "Neurobehavioral Analysis of Non-genomic Actions of Steroid in Circadian Locomotor Activity." This past academic year, Shaw has been working in Dr. Kitamoto's lab.



Todd Domeyer:
Dr. **Timothy Brennan** mentored Todd, who joined us as part of the Iowa Medical Student Research Program. Todd assisted Dr. Brennan on

a research project entitled, "Does Muscle Contraction Produce Aversive Behavior after Incision?" Todd began his M-2 year here at The University of Iowa this Fall.



Daniel Frana:
Daniel joined us as part of the Iowa Center for Research by Undergraduates (ICRU) Summer Fellowship, through The University

of Iowa. He entered his junior year this Fall. Dr. **Toshihiro Kitamoto** mentored Daniel, who worked on the project, "Forward Genetic Screen for Modifiers of the Voltage-gated Sodium Channel Gene." Daniel also worked in Dr. Kitamoto's lab this past academic year.



John Kennedy:
John joins us as part of the Iowa Medical Student Research Program. Dr. **Tim Brennan** mentored John, who began his M-2

year at The University of Iowa this Fall. John is assisting on a research project entitled, "Measurement of H₂O₂ Generated in Gastrocnemius Incision In Vivo."



Brian King:
Dr. **Javier Campos** mentored Brian, who joined us as part of the Iowa Medical Student Research Program. Brian

worked with Dr. Campos on a research project entitled, "Factors that Influence Turnover Time in Hospital Operating Rooms." He began his M-2 year this Fall.



Josean Soberal:
Dr. **Toshihiro Kitamoto** mentored Josean, a sophomore who joined us from the University of Puerto Rico. Josean participated in research

with Dr. Kitamoto through The Interdisciplinary Summer Undergraduate Research Program. The project Josean worked on is, "Role of Non-Genomic Steroid Actions in Behavioral Response to Ethanol."

A Letter from UI Foundation

Partners in Supporting the Department of Anesthesia



“...the Iowa way
makes you feel
like you are
always in the
right place and
among friends.”

It has almost been a year since my appointment as the Development Officer for the Department of Anesthesia. I have had the pleasure of meeting many engaging faculty, staff, alumni and friends of the department, and I have discovered a common thread they all share, a thread that is simply referred to as “the Iowa way.” Whether it was a kind welcome, a dedicated faculty member or personalized patient care, the Iowa way makes you feel like you are always in the right place and among friends. There are many more stories to be told and memories to be revisited. I welcome the opportunity to have you share with me your personal experience with “the Iowa Way.”

As you start to prioritize your year-end donations, consider supporting the UI Department of Anesthesia. Private support is as important as ever right now. What areas would be most meaningful for you to support? Is it the brilliant, young students? Cutting edge research? Dedicated faculty? How about the always-impressive Patient Simulator Center?

Below are some of the most common ways you can support the UI Department of Anesthesia, often while realizing tax benefits. No matter how – or how much – you give, your generosity will make a difference in the lives and work of UI students, educators, and all who the University serves.

Annual Giving Ongoing, sustaining gifts that enable the department to embrace opportunities and meet challenges

Planned Giving Gifts carefully planned to help you meet your philanthropic and financial goals

Corporate and Foundation Relations Relationships with corporations and foundations that result in philanthropic benefit for The University of Iowa Department of Anesthesia

Matching Gifts A way to multiply your generosity through your employer’s matching gift program

Honorary and Memorial Gifts Honoring someone special with a gift supporting the department

Stock Gifts Supporting the department with gifts of appreciated stocks and mutual funds

Cash gifts Outright gifts made via cash, check, credit card, or other means

Real and personal property Real estate and marketable items of personal property

Online giving Gifts made through www.givetoioiowa.org

To learn more about The University of Iowa Foundation, and how gifts from alumni and friends support students and faculty in the UI Department of Anesthesia, please visit www.uifoundation.org or contact me at heather-ropp@uiowa.edu, (319) 335-3305 or toll-free 800-648-6973.

Heather Ropp
Assistant Director of Development
The University of Iowa Foundation



(L-R) Waseemuddin Ahmed, Tejinder Singh Swaran Singh

MEET THE 2011 – 2012 Chief Residents

Waz and Tej, selected for the position by their peers, are well aware that along with the honor of this selection comes great responsibility.

Waseemuddin Ahmed (Waz) has spent his entire life in eastern Iowa. He grew up in Bettendorf and graduated from Pleasant Valley High School in 2000. He attended Augustana College in Rock Island, IL, majoring in pre-medicine. After graduating from Augustana, Waz came to Iowa City to enroll at the University of Iowa Carver College of Medicine.

He describes the four years of medical school as the most challenging, yet fun-filled, time of his life. During the first year of medical school, his older brother Dr. Azeem Ahmed (MD '00) returned to Iowa City to join the faculty in the Department of Emergency Medicine. The first two years of medical school featured many highlights, including witnessing the Iowa Hawkeyes miracle win in the 2005 Capital One Bowl. In the third year of medical school, two life-changing events took place. First, through an arranged meeting, Waz met his wife, Manaal. He knew right away that she was perfect for him, but is yet unsure why she agreed to marry him, as he was at the



Manaal and Waz

time going through a long hair and facial hair experimentation phase! Second, Waz completed his required third year rotation in the Department of Anesthesia. Although

he had never considered anesthesiology as his future specialty, he was immediately drawn to the field. After completing the fourth year senior elective rotation, he was sold on anesthesiology as a career. During his last year in medical school, he also had the opportunity to serve as an anesthesia extern. This allowed him to get to know many of the residents in the program, along with a number of staff. Most importantly, he saw the excellent training that the residents received at Iowa, which became the main reason he wanted to stay at the University of Iowa Hospitals and Clinics for residency training.

Outside of the hospital, Waz and Manaal like going to restaurants, especially those restaurants which serve sushi. Waz enjoys going to Hawkeye football, basketball, and wrestling events with his brother. Additionally, he follows the Chicago Cubs and is a hard-core fantasy baseball player. He and Manaal also love hanging out with their 3-year old niece, Issma.

Waz states that staying at Iowa was the best decision he could have made. He feels that the training offered at The University of Iowa is as strong as the training at any other anesthesiology residency in the country. Drs. **Bradley Hindman** and **Kenichi Ueda** are the two faculty members who have influenced him the most during residency. From Dr. Hindman, he has learned the importance of preparation, being meticulous, and what it means to be a professional. Dr. Ueda has pushed him to maximize his abilities and to never back down from a critical situation. As the chief resident, he looks forward to meeting with residency candidates and recruiting them to Iowa. Additionally, he wants to

promote anesthesiology as a specialty to the medical students. After residency, Waz will be pursuing a cardiac anesthesia fellowship at Cedars-Sinai Medical Center in Los Angeles, CA.

Tejinder Singh Swaran Singh (Tej) was born into a family of engineers in the small town of Salem, India. He grew up in a family surrounded by mechanical engineers, but yet never once considered engineering as a potential career choice. He was always keen on going into medicine. He attended high school in Salem, and upon graduation began medical school at Government Kilpauk Medical College in Chennai, India. Tej recalls his medical school experience as a time when many significant events occurred that helped shaped his life. He remained at Chennai for his internship, as well as working in the hospital for an additional year while studying for residency entrance examinations. Tej traveled to the Jawaharlal Institute of Post Graduate Medical Education and Research in Pondicherry, India, where he completed his Indian postgraduate training in anesthesia. Upon graduation, he remained there for an additional year as a senior resident, which is equivalent to an anesthesia fellowship in the United States. Following this, he worked as a senior house officer at MidYorkshire Hospitals NHS Trust, mainly stationed at Pinderfields Hospital in Wakefield, United Kingdom. In August 2007, Tej joined as a specialist registrar in anesthesia at York District Hospital in York, United Kingdom, earning and being awarded the Fellowship of the Royal College of Anaesthetists (FRCA). He remained in York until moving to Iowa City to begin his American anesthesia residency training.

Tej states that he had never considered anesthesiology as a career option prior to joining his residency program. Even joining the residency was a sheer stroke of luck, as the matching process in India is very different than in the United States. When his turn came during a nationalized interview process for residencies, he was offered anesthesiology and general surgery. Tej reports he still does not remember why he chose one over the other, but is so very glad he did select anesthesiology. He says he fell in love with the specialty very soon after he started his residency and that sentiment has only grown stronger over the years.

The most important event in his life occurred shortly after Tej completed his residency in India. He met his wife, Jasleen, through a family member and says he developed an instantaneous liking towards her. Even though his marriage was



Jasleen and Tej

arranged, Tej says that you will be hard pressed to find a couple more in love with each other. Jasleen is very fond of baking

and our residents are fortunate enough to sample her baked items on a regular basis in the resident's lounge. Shortly after their wedding, Tej and Jasleen moved to the United Kingdom where Tej says he enjoyed the stay in England as he had opportunities to visit many of Europe's historic cities. Tej always wanted to move to the United States, and he and Jasleen moved to Iowa after matching into the residency program here in 2008.

He consistently states that Iowa is one of the best things that has happened to him. Tej says that he has developed a great rapport with the faculty here at Iowa and says it is very difficult for him to pick one or two that have influenced him most. He reports the faculty mix here at Iowa is very diverse and there are multiple opportunities as a resident to learn many great things from each of them. Tej says he would love to have the vision of Dr. **Michael Todd**; the professionalism and knowledge of Dr. **Bradley Hindman**; the calm, poise, and skills of Dr. **Ken-ichi Ueda**, and the cooking skills of Dr. **Tyrone Whitter**. That combination, he reports, would be hard to beat and close to impossible to achieve! After completing his residency, Tej plans to pursue a pain medicine fellowship and establish a career in academic anesthesia.

Waseemuddin Ahmed, M.D.
Tejinder Singh Swaran Singh, M.B.B.S.,
FRCA
Chief Residents, 2011-2012



Back row: Michael Todd, John Klein, Tej Singh Front row: Burke O'Neil, Debra Szeluga, Waz Ahmed



THE IOWA Greeting

A step University of Iowa Health Care is taking to improve service is to implement "The Iowa Greeting," developed in-house by the Ideal Arrival Experience Team. The greeting, dubbed "A NOD and A Thanks" (ANODAT), is a simple formula designed to optimize the patient experience.

A = Acknowledge and Greet

(welcome the patient)

N = Name

(state your name)

O = Occupation

(tell the patient your occupation)

D = Duty/Task

(explain what you are going to do to/with the patient)

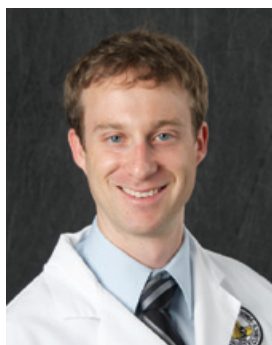
A = Anything Else

(I can do for you?)

T = Thanks

(thank patient for choosing us to provide care)

As employees, we are all encouraged to use "**A NOD and A Thanks**" in all patient and family encounters. We believe we can make a real difference today.



Follow This Resident

Matthew Maxwell, B.S., M.P.H., M.D.

....I regularly found myself wishing I could just get back in the operating room.

I am currently working as an intern this year prior to starting my anesthesia residency in July 2012. I will be writing an annual note updating you on my progress through the residency program. As I am writing at the start of my intern year, I don't have much to report from a residency standpoint; therefore, I will provide you with some information about me.

I was born in Memphis, Tennessee while my father was stationed in Millington as a Navy dentist. We moved to Iowa City when I was two years old, and my father joined a private practice with his father and brother. I lived in Iowa City until I graduated from City High School in 2001. Iowa City was a great place to grow up, but I was ready to move on for a time. I made the move to the University of Wisconsin-Madison. Madison was an awesome town for college with a great mix of fun and education.

2005 was a big year for me as I graduated with a bachelor's degree in medical microbiology and immunology and got married a month later. I met my wife, Jess, in high school and we both went to Madison for our undergraduate years. We continued on similar paths, both deferring our enrollment to the University of Iowa Carver College of Medicine (CCOM) for a year to spend time working and relaxing in Madison. I spent my year working for the State of Wisconsin Department of Public Health in the human immunodeficiency virus (HIV) Program, implementing the rapid HIV test in local health departments in the state. Jess worked in an HIV vaccine research laboratory at the University of Wisconsin. The time off was a good opportunity for both of us to gain work experience and take a breather before starting medical school, but we were ready to get back on our chosen path by the end of the year.

Medical school, which we began in 2006, has a way of forcing a quick adjustment. I knew for a long time medical school was the path for me but had given very little thought to the specialty I would pursue. The summer following the M1 year, the CCOM offers a program for students to be involved in research with faculty in the hospital, which I planned to take advantage of while Jess traveled to Ghana for a summer of clinical experiences abroad. I was browsing through the listings of research opportunities and came across Dr. **Javier Campos'** post regarding a project investigating the use of bronchial blockers and double lumen tubes for one-lung ventilation in morbidly obese patients. I was intrigued by the project, the opportunity to spend time in the operating room, and learning more about anesthesiology, a field about which I knew very little.

Needless to say, I finished my summer experience with a newfound love for anesthesiology and was one of the lucky few in medical school who felt confident in their chosen specialty so early. I never envied my classmates who reached fourth year and were still not certain what specialty they wanted to pursue. My anesthesia experiences continued during a year off from medical school to complete a master's degree in public health (MPH). While the MPH didn't relate to anesthesiology much, I found I had some extra time on my hands so I worked as an anesthesia technician in the workroom during the year. This provided me invaluable experience working with the anesthesia machines and becoming familiar with all the devices and equipment used on a daily basis in the main operating rooms.

I returned to medical school for my clinical years and further confirmed my desire to pursue a career in anesthesiology, as I regularly found myself wishing I could just get back in the operating room. I completed the required two-week rotation in anesthesia during my M3 year and then became an anesthesia extern in May of that year. The externship was a great experience to better understand the life of an anesthesiologist and gain loads of experience with intubations, intravenous placements, and even a few central lines.

Before I knew it, that last year of medical school was over and I found myself preparing to start my intern year. Jess elected to go into general surgery so we may even work in the same operating room from time-to-time. We've spent the last couple of months traveling the country for weddings, visiting friends, and checking out wine country in the Napa and Sonoma areas of California. It has been a great break, but now it is time to get back to the job at hand. I will be checking in with you again in a year with an update on the life of an intern. Cheers!

Resident-Faculty International Mission Trips 2011



Guatemala

The Guatemala trip was a FANTASTIC experience for faculty member, **Robert Forbes**, M.D., Professor, and senior residents at the time, **Corey Anderson**, M.D. (R '11), and me, **Lee Kimball**, M.D. (MD '07, R '11). We traveled to Huehuetenango, Guatemala with the Rotary International of Iowa City, IA Miles of Smiles Team (MOST). We were able to work with patients of a wide range of ages and diagnoses. It was especially great being able to continue care of the same pediatric patients that were seen in previous years. The excitement surrounding our arrival was awe-inspiring. Citizens traveled over 8 hours, just for the possibility of having us provide medical care for their children. The parents were extremely grateful after the procedures, to the point of tears. All on the team cherished these moments. We had no working ventilators; however, we were able to utilize halothane. This provided us a great experience since halothane is no longer in use in the United States. We worked in a local hospital owned by a local surgeon. Nicer accommodations than we expected were provided. Lunch was catered by a local restaurant to show the owner's appreciation of our willingness to care for the Guatemalan children. We loved the experience and both Corey and I are grateful for the opportunity provided us to participate. We also look forward to participating in more of these mission trips in our future.

Lee Kimball, M.D.

Columbia

In February of this year, two senior residents and one faculty member were fortunate to have the opportunity to join the Milwaukee Medical Mission in its 25th year of providing surgery to the underserved people of Colombia. **Sarah Titler**, M.D., Clinical Assistant Professor, (MD '04, R '08), **Trevor Ponte**, D.O. (R '11), and I, **Neadum Odum**, M.D. (R '11), joined two anesthesiologists from Milwaukee, WI to provide anesthesia for three operating rooms at the University of Santander, Bucaramanga, Colombia. Two rooms were dedicated to plastic surgery helping to repair both congenital and acquired deformities. Surgeries ranged from simple ones for polydactyly to 7-hour surgeries for tissue flaps. The third room was dedicated to otolaryngology. The majority of these cases were pediatric and nearly all of the surgeries were for cleft palate or lip repairs.

We worked in a hospital setting that was similar to the hospitals of the United States, but with much older facilities and equipment. There were ten operating rooms in all, with the seven we were not utilizing in use by the Colombian surgeons. The hospital had an anesthesiology residency with four residents per year, and we were fortunate to get to spend time discussing our respective practice of anesthesia. While there were many similarities in our styles, there were a few differences, many relating to their equipment/drug availability. They did a much higher percentage of their cases using neuraxial or regional anesthesia. If it could be done with a spinal or block, that's what they used. Their general anesthetics were nearly all 'balanced' anesthesia with inhalation agent accompanied by a remifentanyl infusion. They were very surprised by the number of cases we did as purely inhalation anesthetics. Other than remifentanyl, many of our other routine drugs like propofol and ondansetron were unavailable in mass quantity in Colombia. Their typical induction agent was thiopental and they would supplement intraoperative with intravenous fentanyl.

Overall, the experience was amazing. Even though we did not speak fluent Spanish, all the people of Colombia were patient with us, and with immersion into the culture, we made great improvements. The appreciation of their people was outstanding; patients and families were extremely grateful for all that we did. It was a truly humbling experience and we feel grateful for the opportunity Iowa's Department of Anesthesia provided us. We hope that we can participate in more mission trips during our careers.

Neadum Odum, M.D.



Photos from left to right:
Guatemala Patient before surgery • Resident, Dr. Lee Kimball, using halothane for first time in OR setting • Dr. Kimball carrying patient to postoperative area • Colombian families, awaiting the surgical evaluation process • Iowa's Robert Forbes, M.D., Professor of Anesthesia, and Steven Aquilino, D.D.S., Professor, Prosthodontics, happy with surgical outcome • Anesthesia resident physicians, Neadum Odum and Trevor Ponte, with Sarah Titler, M.D., Clinical Assistant Professor, in Colombia • Dr. Titler with patient

A Resident's *Perspective*

"...Iowa is an outstanding academic program with a great reputation, but what really sets us apart, in my opinion, is the people who work and train here."



Amy Heller

"What is the greatest strength of Iowa's anesthesia residency?" Almost every applicant I talk to about our program asks me a variation on this question. My answer is always the same: The people. Obviously, Iowa is an outstanding academic program with a great reputation, but what really sets us apart, in my opinion, is the people who work and train here. The attendings, residents, and staff are committed to making Iowa a pleasant and professional

learning environment and each of us genuinely cares about each other. Iowa's biggest asset (besides the obvious amazing clinical, educational, and research opportunities) is the value we place on the people who work here. The past 24 months have been the most challenging and rewarding of my entire life, and looking back, I am struck by how instrumental my colleagues have been in my growth process. Throughout the last two years, my coworkers have been my teachers, my cheerleaders, and my best friends.

Residency is, to be totally trite and obvious, hard - really, really hard. In only four years, we must go from newly graduated and almost entirely clueless interns to clinically competent, independently functioning physicians. My very first rotation as an intern, two years ago, was in the neurosurgical bay of our very busy surgical intensive care unit, and I, having brilliantly scheduled my M4 year for maximum senioritis prophylaxis, had gotten all of my clinical requirements out of the way early and hadn't touched a patient in about six months. I vividly remember my first page on my first call on my second day as a real doctor. The beeping had me almost paralyzed with fear, because I was pretty sure I wouldn't have any idea what to do, whatever it was. I called the number that flashed on my pager and was connected with a friendly nurse, Sarah. It turned out, a patient had a potassium level of 3.4, and what would I like to do about that? Well... uh... hmmm. See, I knew 3.4 must be a bad potassium level, or I would not have been notified about it, but I couldn't for the life of me remember what the numerical range was for a normal potassium level. I was drawing a complete blank. If it's low, I should order KCl, and if it's high, I should look at the T-waves and order bicarbonate, insulin, and calcium. But which is it? I finally gave up on trying to log into the computer to look it up, as I'd forgotten my password and stopped frantically flipping through my clinical lab values handbook and just said, "OK. What would a person normally order for a potassium of that level: potassium supplementation or insulin and glucose? And also, I don't know my Epic password and don't know how to order either of those things anyway!" After she stopped laughing, she told me it was low and took a verbal order for potassium. Next, she helped me figure out how to reset

my password and, somehow inferring that I would also become hungry at some point, she gave me directions to the cafeteria that's open at night. The kind and experienced nurses, along with my senior residents and attendings, dragged me, the terrified intern, through the month of July with their compassion and support. Every day, they encouraged me to have confidence in my knowledge base - they knew it was there even when I wasn't sure myself. Everyone was committed to making me a better physician, from the senior resident who patiently coached me through my first arterial line (which took approximately a decade for me to place), to the attendings who patiently helped me refine my flight-of-ideas presentation style on rounds.

Last year at this time, I had just wrapped up my very last off-service rotation and was excited to be finished with my intern year, to be sure, but I was also quite nervous about what was to come in my first year of clinical anesthesia. I had intubated only a handful of people, couldn't start an intravenous line to save my life, and thought the anesthesia machine was as incomprehensible as a space shuttle command center. Every day of my first week, I showed up ridiculously early in the morning, mostly because I didn't know where anything was, and it took me over an hour to do a basic room setup, and even then, I needed some assistance to figure out what needed to be done. This brings me to the anesthesia workroom staff, also known as the most wonderful people in the hospital. Though I'm sure they just wanted to cringe and run away when they saw the new CA-1s coming, they were always there to cheerfully assist me, even when my daily requests went something like this: "Hi, um, I need some of that, uh, you know that IV tubing that we use for antibiotics, and it's shorter than the regular tubing, I don't know what it's called? And also my machine keeps getting this error during checkout, and I have no idea what to do, and my attending said I need a pumper for this case, how do you make it, oh, and, also, what exactly IS a pumper?"

Over the first few months of CA-1 year, I began to get the hang of basic anesthesia cases, but then, of course, the more complicated anesthetic challenges started making appearances, and I was thrown for a loop again. When I was assigned to my first thoracic case in early September, I didn't even know where to start in preparing for it. What, now? One-lung ventilation, you say? Feeling a fair amount of panic, I went to our residents' lounge, plopped down next to the first senior I saw, and asked if she had a minute. She, as I have now realized is the norm at Iowa, spent the next hour talking me through the basics of one-lung ventilation, how to set up and use double-lumen tubes and bronchial blockers, and what other equipment I would need for the case. Then, when I arrived to set up my room the next morning, the senior overnight resident was there (without me even having asked) to assist me with the confusing and convoluted fiberoptic video tower setup.

Graduates and New Trainees

My co-residents are by far the best thing about training at Iowa. I think we do an amazing job of recruiting residents who are not only intelligent and hard working, but also just cool and well-rounded people. The anesthesia residents' lounge is my favorite place in the hospital. It's where you can always find a big smile first thing in the morning, a hug when you're having a terrible day, advice on clinical dilemmas, or a hysterically funny impression of the attending you find so intimidating. Oh, and there's usually food in there, too.

Could I have made it through the first two years of residency without all of the kindness, patience, and generosity of my coworkers at Iowa? I'm sure I could have, but it would have been miserable. If I had chosen a program with a more sink-or-swim atmosphere, I could have figured out everything on my own. But four years is a long time, and I am so grateful that I am able to spend it in the company of people who help and support each other with the common goals of fostering resident education and providing the best possible patient care. Now that I'm halfway through, I can say with certainty that ranking Iowa as my number one selection was the right decision for me. I'm receiving an outstanding education and clinical training among wonderful people, many who have become my closest friends.

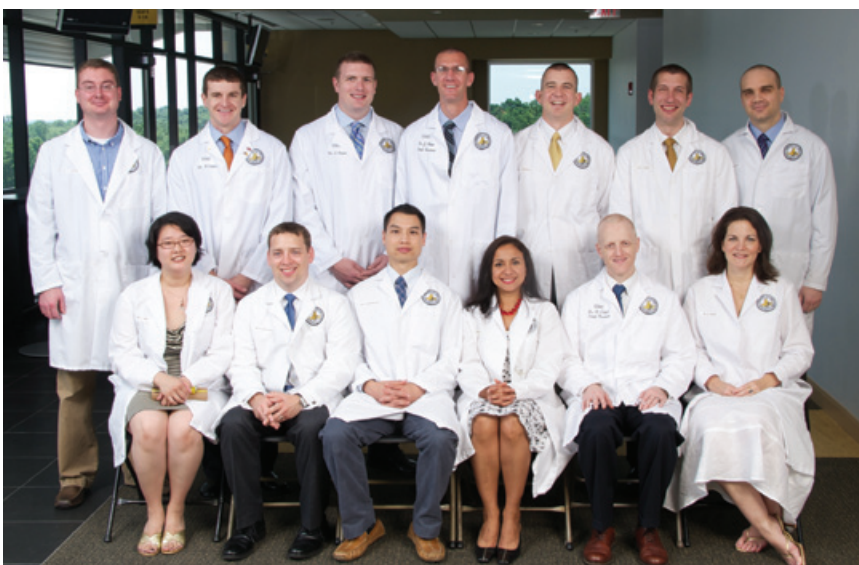
Amy Heller, M.D.
CA-2 Resident

SRNAs Graduating Class



(left to right) Eric Barrett, Kristin Khoo, Jessica Gunsolley, Lindsay Boyum, Melissa Gonzalez, Amanda McKinley, Pegah Daher, Shawna Barnett, Jason Trotter

Graduating Residents Class



Back Row (L-R): Corey Anderson, Neadum (Joey) Odum, Trevor Ponte, John Klein, Lee Kimball, Jared Lake, Geoffrey Kredich
Front Row (L-R): Esther Kim, Brian Bowshier, Somchin (Nick) Puangsuvan, Angela Ko, Burke O'Neal, Michele Tarasi

2011 – 2012 New Anesthesia CA-1s



Sarah Eisen, M.D.



Alden McEwen, M.D.



Niki Popp, M.D.



Christopher Randall, M.D.

2011 – 2012 Fellows



Laura Adam, M.D.
Critical Care Medicine



Barry Beutler, M.D.
Pain Medicine



Avinash Bhandary, M.D.
Pain Medicine



Wes Doty, M.D.
Regional Anesthesia



Esther Kim, M.D.
Critical Care Medicine



Cesar Lassalle, M.D.
Pain Medicine



Sudhakar Subramani, M.B.B.S.
Cardiothoracic Anesthesia



Ahmed Sultan, D.O.
Regional Anesthesia



Christine Waller, M.D.
Critical Care Medicine



Willis Wu, M.D.
Pain Medicine

2011 – 2012 Anesthesia Interns



Brian Cheney, M.D.



David Easker, M.D.



Patrick Gore, M.D.



Taften Kuhl, M.D.



Carl Lundberg, D.O.



Matthew Maxwell, M.D.



Brian Midboe, M.D.



Paul Miska, D.O.



Isabel Pereira, D.O.

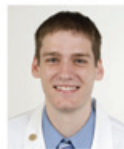


Aaron Schmidt, M.D.

2011 - 2012 Anesthesia Externs



Kwadwo
Achampong



Andrew Barnett



Matthew Bream



Matthew Bzdega



Matthew Eagles



Brandon Egbert



Holly Engelstad



Gabriel
Fierro-Fine



Kristy Huynh
Volunteer



Tran Nguyen



Martha
Oelschlaeger



Brant Rustwick



Abraham
Sheffield



Genevieve
Staudt



Suraj Yalamuri
Chief Extern



ACHIEVEMENTS & Awards

Vice Chair for Education Named

Dr. **Michael Todd** has named the first vice chair for Education in the University of Iowa's Department of Anesthesia, **Debra Szeluga**, Ph.D., M.D., Clinical Associate Professor. Dr. Szeluga is charged with overseeing all educational activities and personnel. She will continue in her position as Program Director for the anesthesia residency. She will bring all of the department's education leaders and groups together, help solve problems, provide direction, mobilize resources, manage a new educational budget, help implement improvements, and more.

Additional Internal Leadership Appointments

The administrative management of the Anesthesia Presurgical Evaluation Clinic (APEC) is now under the main operating room, specifically under the direction of **Javier Campos**, M.D., Clinical Professor, Executive Medical Director of Operating Rooms, Vice Chair, Clinical Affairs. **Christine McNair**, B.S.N., CRNA, has been selected as the Assistant to the Medical Director in charge of the APEC. As such, she will assume responsibility for direct, day-to-day administrative oversight as well as long term planning, under the direction of Dr. Campos.

Timothy Brennan, M.D., Ph.D., Professor, Vice Chair for Research, has been appointed Interim Director

of the Center for Pain Medicine and Regional Anesthesia, as well as Program Director of the Pain Medicine Fellowship.

Sarah Titler, M.D., has been selected as the Associate Resident Program Director. She will work closely with program director, Dr. Debra Szeluga, in fostering the best resident program possible.

Christina Spofford, M.D., Ph.D., Assistant Professor, has been selected as the rotation director for resident scholarly activity and research, including the CA-3 patient simulation elective.

Yasser El-Hattab, M.B., Ch.B., Clinical Assistant Professor, has been appointed as medical director of the post-anesthesia care unit. As such, he will utilize the educational resources of the unit vis-à-vis our residency.

Sundar Reddy, M.B.B.S., F.R.C.A., Clinical Assistant Professor, has assumed the directorship of the liver transplant team.

Faculty Promotions

Emine Bayman, Ph.D. and **Christina Spofford**, M.D., Ph.D., have been promoted to Assistant Professor. **Yasser Karim**, M.B.B.Ch., has been promoted to Clinical Associate Professor.



Debra Szeluga



Javier Campos



Christine McNair



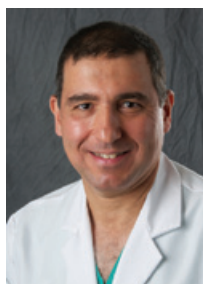
Timothy Brennan



Sarah Titler



Christina Spofford



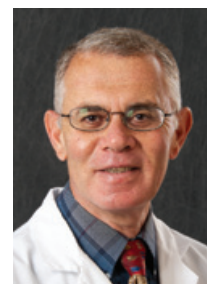
Yasser El-Hattab



Sundar Reddy



Emine Bayman



Yasser Karim

Master in Medical Education Awarded

Yasster El-Hattab, M.B., Ch.B., M.M.E., Clinical Assistant Professor, recently graduated from The University of Iowa's Master in Medical Education program. This program is designed to prepare medical faculty members to educate health professionals, offering an opportunity to specialize in theory and practice of curriculum design, effective teaching, assessment, and other aspects of medical education.

Ira P. Gunn Award

Mary O'Brien, CRNA, J.D., was honored by the American Association of Nurse Anesthetists with the Ira P. Gunn Award, one presented annually to an individual who, through leadership and/or personal effort, has made a highly significant contribution to the preservation and advancement of the nurse anesthesia profession through legislative, legal, and/or regulatory efforts.

Research Grants Awarded

James Bates, Ph.D., M.D., Associate Professor, has been named as co-investigator on a Program Project Grant through the University of Virginia. This project is entitled, "Cellular S-nitrosothiol Signaling in Respiratory Biology," and is funded for five years. This study examines the importance and mechanisms of action of S-nitrosothiols in the carotid body regulation of ventilation.

Blanca Marquez de Prado, Ph.D., Assistant Research Scientist in the laboratory of Donna Hammond, Ph.D., received a Department of Defense grant for three years. She will be studying the "Role of Nerve Growth Factor in the Inflammatory Response and Pain in the Mouse Neurofibromatosis Model." The Department of Defense Neurofibromatosis Research Program supports this New Investigator Award.

Christina Spofford, M.D., Ph.D., Assistant Professor, has received a K08 National Institutes of Health grant. Her project is entitled, "Voltage Gated Sodium Channels in Acute Post Laminectomy Pain," and she will study acute pain after laminectomy in the rat model. This grant is awarded for a four-year period.

Bradley Hindman, M.D., Professor and Vice Chair for Faculty Development, and **Michael Todd**, M.D., Professor and Chair,

have received a National Institutes of Health grant for \$1.3 million. The grant, entitled, "Intubation Mechanics of the Stable and Unstable Cervical Spine," was awarded to Dr. Hindman as Principal Investigator and Dr. Todd as Co-investigator. This is a multicenter study between Colorado State University, Rush University, and The University of Iowa. The grant will be awarded for four years.

Faculty Recipients of Resident Teaching Awards

At their graduation dinner on June 26 2011, the graduating anesthesia residents announced the recipients of the "Resident Teacher of the Year Award" and the "Resident Excellence in Teaching Awards." These 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 recipients of these honors



Burke O'Neil, Esther Benedetti, John Klein

do a wonderful job of combining multiple realms of education. **Esther Benedetti**, M.D., received the "Resident Teacher of the Year Award." Three faculty members were selected as recipients of the 2010-2011 "Residence Excellence in Teaching" awards. They are **Sundar Krishnan**, M.B.B.S., **Sarah Titler**, M.D., and **Ken-ichi Ueda**, M.D.

Editorships

Emine Bayman, Ph.D., Assistant Professor has been appointed to the editorial board of the journal *Neurosurgery*. This journal



Mary O'Brien



James Bates



Blanca Marquez de Prado



Bradley Hindman



Sundar Krishnan



Ken Ueda

is published monthly as the official journal of the Congress of Neurological Surgeons. The journal has an impact factor of 3. **Toshihiro Kitamoto**, Ph.D., Associate Professor, has been named a member of the editorial board of the *Journal of Neurogenetics*. The *Journal of Neurogenetics* is a quarterly journal that publishes papers on behavioral, biochemical, or cellular aspects of neural function, plasticity, aging, or disease. This journal also publishes analyses in the traditional genetic-model organisms, *C.elegans*, *Drosophila*, mouse, and the zebrafish.

Kokila Thenuwara, M.B.B.S., M.D., Clinical Assistant Professor, has been appointed as an Editor for the American Board of Anesthesiologists/American Society of Anesthesiologists (ABA/ASA) Joint Council on In-Training Exams. These editors are charged with writing, reviewing, and editing all questions that go into the in-training examinations and the ABA written examinations. The bonus is that our residents will be seeing the results of Dr. Thenuwara's efforts for many years to come.

UI Health Science Research Week

Our department faculty and staff researchers participated recently in the UI Health Sciences Research Week by presenting seven research projects. Department faculty who volunteered to participate as judges were **Clark Obr**, M.D., Clinical Associate Professor, **Christina Spofford**, M.D., Ph.D., Assistant Professor, and **Timothy Brennan**, M.D., Ph.D., Professor.

Appointed to Anesthesia Subcommittee

Avinash Kumar, M.B.B.S., F.C.C.P., Clinical Associate Professor, was elected to serve a two-year term on the Anesthesia Subcommittee of the Society of Critical Care Medicine.

Critical Care Team Creates iPhone/iPad Application

Avinash Kumar, M.B.B.S., F.C.C.P., Clinical Associate Professor, recently worked with critical care nurses Ann Bockelman, B.S.N., R.N., Sam Gallo, B.S.N., R.N., and Lauren Ripley, B.S.N., C.C.R.N. to release on iTunes worldwide an iPhone application on critical care nursing. The significance of this achievement was

noted by UI Health Care's chief nursing officer, Ann Smith, Ph.D., R.N. N.E.A.-B.C. Dr. Kumar credits these nursing innovators with "going beyond their busy clinical schedules to create a successful model of mobile learning."

Resident Honored for Teaching

Trevor Ponte, M.D., 2011 anesthesia resident graduate, was recognized for his outstanding contributions in mentoring and teaching of senior medical students in anesthesia, as voted on

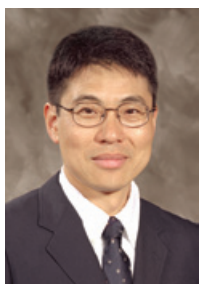


Trevor Ponte, James Choi, Michael Todd

by the anesthesia externs of 2010-2011. Dr. Ponte received a certificate of acknowledgement during the recent resident graduation luncheon, delivered to him by James Choi, M.D., Clinical Associate Professor, medical student course director, and Michael Todd M.D., Professor, Chair.

National Student Employee of the Year

Joshua Viggers, UI student working in an anesthesia research laboratory, was one of five students awarded a certificate of appreciation. Each year, the National Student Employment Association sponsors the award. Josh was nominated for the award by his supervisor, **Christina Spofford**, M.D., Ph.D.



Toshihiro Kitamoto



Kokila Thenuwara



Clark Obr



Avinash Kumar



Joshua Viggers



Tim and Jamie Cahill and their children
(Saline, MI)

Alumni Update

What a great few months it's been since I reported to you in our Spring 2011 newsletter. I've traveled a bit to visit alumni, and we've hosted a visitor or two in the department. We also look forward to several additional alumni coming to visit us soon; thus, events, celebrations, and great plans fill up the remainder of my hours.



Christine and Olivia Carstensen (Des Moines, IA),
Mike Todd



Charlie and Norma Hull (Des Moines, IA)



Barb Bewyer, Lynn and Mark Laughlin (Grand
Rapids, MI), Heather Ropp

I can't imagine those alumni appearing in these photographs had nearly as great a time visiting with me as I did with them, but I once again thank them for giving me some minutes of their time. I get so caught up in my conversations that I frequently forget to take photos of my visits; thus, just a few trips are represented here. I traveled to Grand Rapids and Ann Arbor, Michigan with Heather Ropp from the UI Foundation in March, and we were welcomed with cold weather and rainy skies. A subsequent trip to Des Moines started out with lovely skies as we headed west, but we actually shortened our day and scurried east in our attempt to stay ahead of the thunderstorms. No such luck! Our most recent Cedar Rapids trip was met with typical Iowa summer skies that indeed did erupt into rain. Heather and I remain enthused regarding our travels, determined to schedule them more regularly, and we will not let weather dictate our destinations. We have so many more alumni stories and memories of time in the department to hear and record.

Please consider inviting us to your locale. We promise we will schedule a trip whenever possible. We certainly invite and encourage you to plan including Iowa City in your upcoming travels. Send me an e-mail at barbara-bewyer@uiowa.edu, or call me at 319-353-7559, to schedule a visit. Also remember that I need your stories and memories as we prepare for our 2013 celebration of 50 years as a department independent of surgery.

As always, I welcome your feedback on the articles you read within this issue of our newsletter. I'm already busy preparing for the Spring 2012 issue, and I'd love to hear your suggestions for content.

I look forward to seeing many of our alumni friends in Chicago on October 15th, as we host our annual reunion during the ASA meeting. Let me know your plans as soon as you receive your invitation. The more attendees, the merrier!



Mike Todd and Andrew Wilkey (Minnetonka, MN)



Ed Washabaugh (Ann Arbor, MI)



Eric Larson (Grand Rapids, MI)



Plenny Bates (Cedar Rapids, IA)



Mark your calendars!

Upcoming Iowa Anesthesia Department CME Conferences

Details 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.

Iowa Advanced Airway Symposium

October 29, 2011

Regional Anesthesia Study Center of Iowa (RASCI)

October 1 – 2, 2011

December 3 – 4, 2011

Operations Research for Surgical Services

February 8 – 11, 2012

August 23 – 26, 2012

6th Annual Iowa International Anesthesia Symposium

March 3 – 6, 2012

San Jose del Cabo, Mexico

Midwest Anesthesia Residents Conference

March 16 – 18, 2012

Fairmont Chicago Millennium Park Hotel, Chicago, IL

[Hosted by John H. Stroger, Jr. Hospital of Cook County, IL]

***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.

Alumni Reception during annual ASA Meeting

Saturday, October 15, 2011

7:00 – 9:30 p.m.

Omni Chicago Hotel- Chagall Ballroom A

Chicago, IL

University of Iowa Homecoming Weekend

Thursday-Sunday, October 21 – 23, 2011

Iowa City, IA

College of Medicine Reunion Weekend for 1976, 1981, 1986, 1991, 2001

Thursday:

College of Medicine's Two-day Continuing Medical Education Program

Friday:

Anesthesia alumni welcome in the department (contact Barb Bewyer)

College of Medicine CME Program

Homecoming Parade, 5:45 p.m., Downtown

Medicine Alumni Social, 7:30 – 9:00 p.m., Levitt Center for

University Advancement

Homecoming Pep Rally, 8:00 p.m., Old Capitol

Saturday:

College of Medicine All Alumni Pre-game Tailgate, 9:00 a.m., MERF

Iowa vs. Indiana Football Game, Kickoff time 11:00 a.m.

Medicine Alumni Reunion Dinner, 6:30 – 10:00 p.m., Marriott

Hotel & Conference Center

Sunday:

Event/s TBA

American Board of Anesthesiology Maintenance of

Certification in Anesthesiology Exams

January 14 – 28, 2012

July 14 – 28, 2012

<http://www.theaba.org/home>

American Board of Anesthesiology In-Training Exam

March 3, 2012

Iowa City, IA

American Board of Anesthesiology Written Certification Exam

April 23 – 27 2012 – San Diego, CA

October 1 – 5, 2012 – Boston, MA

<http://www.theaba.org/home>

Medicine Alumni Reunion Weekend

June 8 – 9, 2012

1937, 1947, 1952, 1957, 1962, 1967, 1972

Resident Graduation Luncheon

June 24, 2012

Kinnick Stadium Outdoor Club, Iowa City, IA

Iowa Society of Anesthesiologists Fall meeting

April 14, 2012

West Des Moines, IA

Photo Gallery

Cabo Symposium



Martin Mueller



Anil Marian



Javier Campos, Rashmi Mueller, Angela Henszel, Martin Mueller

IA Anesthesia Symposium XI



Clarence Johnson and Javier Campos



Robert Raw demonstrating to registrants



Jeffrey Juhl and Jose Calderon



Ivan Fomitchev, Gagan Kamal, Michael Todd, Ratri Keonin,
Robert Beckman, Ashok Kewalramani

Graduation Events



Donna Merck, Burke O'Neal and his parents at the Residents Graduation



Slide show on the Kinnick Stadium scoreboard



Residents presenting awards to faculty at luncheon

Welcome Picnic



Cowboys Javier Campos, Michael Todd and Robert From



Isabel Pereira, Donna Merck, and Paul Miska



David and Eliza Easker



Pain Fellows Graduation Picnic



University of Iowa Health Care

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

Change Service Requested

2011 ADVANCED
AIRWAY SYMPOSIUM
Saturday
October 29, 2011

Program Director: Robert From, DO
Sponsored by: University of Iowa Roy J. and Lucille A.
Carver College of Medicine, Department of Anesthesia



THE UNIVERSITY OF IOWA
Carver College of Medicine
Department of Anesthesia



7th Floor Atrium Dining Room
Roy Carver Pavilion
University of Iowa Hospitals
and Clinics
200 Hawkins Drive
Iowa City, Iowa



University of Iowa Health Care