

# Department of ANESTHESIA

THE UNIVERSITY OF IOWA

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## NOTES FROM THE Chair

### *Politics*



Michael M. Todd, M.D.

effects you as much as it does us.

For the last 2 years, the American Society of Anesthesiologists (ASA) has been working very hard to help overturn the Medicare "teaching rule" - the Centers for Medicare & Medicaid Services (CMS) regulation that cuts an anesthesiologist's pay for a Medicare case by 50% if that anesthesiologist is involved in teaching residents. The origin of this rule is lost in the mists of Washington, DC regulations, but its impact on training programs is huge. The University of Iowa Hospitals & Clinics loses an estimated \$350,000 per year from this alone, and anesthesia training programs across the country are losing between \$30,000,000 - \$40,000,000, something that is tough to handle given the other financial problems that confront academic centers.

Within my past two newsletter articles, I talked about things happening in the Department and the University. You'll still find lots of that material elsewhere in this newsletter, but I want to talk about something much bigger - something that

The Iowa Society of Anesthesiologists has been an exceptionally strong supporter of this endeavor and of this department. They've drawn me more deeply into this political issue than I would have imagined a few years ago. Like most academics, I used to view "politics" as something that wasn't very interesting or was "beneath me." Big mistake! I've learned that unless we as a profession are actively and aggressively involved in politics at all levels, we are going to be left behind. Jim Becker, M.D., from Des Moines, IA, is Chair of the ASA Political Action Committee (PAC), and he has said, "If you don't have a seat at the table, then you're on someone else's menu..." He's absolutely correct. But it goes far, far beyond anything the ASA can do. Politicians in Washington or in our state capitals are happy to listen to ASA lobbyists, and the ASA has some superb ones (in

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**... regulation that cuts an anesthesiologist's pay for a Medicare case by 50% if that anesthesiologist is involved in teaching residents.**

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particular, Ron Szabat, J.D., LL.M., Executive Vice President of External Affairs & General Counsel, and Manuel Bonilla, M.S., Associate Director of Governmental Affairs and PAC Director). Politicians, however, listen very attentively to people who can vote for them, particularly if those people also contribute to their campaigns. This means the whole thing is dependent on INDIVIDUAL

## NOTES FROM THE Chair (continued)

**Politics is NOT below any of us, and none of us are so busy that we can't find some time to get involved at some level.**

ANESTHESIOLOGISTS, anesthesiologists who contact their governors, representatives and senators, telling them about the issues that concern them and their profession and letting them know how they would like that person to vote.

I've gotten a first hand look at this process in the last 2 years.

In 2006, I attended my first ASA Legislative Conference in Washington, DC where I got a crash-course in "how to influence your politicians." I also had my first chance to meet face to face with my local representative (at that time, Republican Jim Leach) and senator (Republican Chuck Grassley). [Democratic Senator Tom Harkin has repeatedly refused to meet with us!] Senator Grassley is in a unique position to help us *via* his position on the Senate Finance Committee, and his status as the reigning expert on all-things Medicare. We thought we had a great chance to overturn the teaching rule last year. Unfortunately, we were derailed at the last minute when the

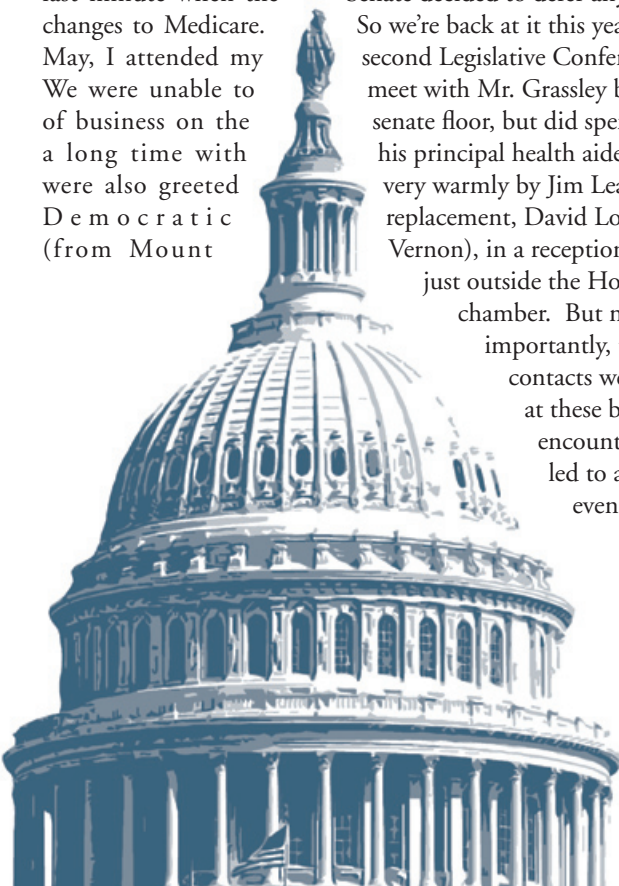
changes to Medicare. May, I attended my We were unable to of business on the a long time with were also greeted Democratic (from Mount

Senate decided to defer any real So we're back at it this year. In second Legislative Conference. meet with Mr. Grassley because senate floor, but did spend his principal health aide. We very warmly by Jim Leach's replacement, David Loeb sack Vernon), in a reception area just outside the House chamber. But more importantly, the contacts we made at these brief encounters led to an even better

opportunity. With the help of the ASA, Jim Becker and I were able to participate in a 1-hour breakfast meeting with Senator and Mrs. Grassley in Washington. This was a "group breakfast" and there were lobbyists representing several other medical organizations around the table. However, Jim and I were the ONLY TWO people from Iowa, which meant that we sat next to the senator and garnered the lion's share of his time (remember what I said about the importance of being a voter?). About 2 weeks later, Dr. John Moyers (UIHC), Ms. Cindy Roehr (from the Cedar Rapids, IA group), and I met personally with Mr. Loeb sack in his Cedar Rapids office, where we had the opportunity to explain the problems created by the "teaching penalty" in great detail. This was a clear victory. Mr. Loeb sack joined almost 50 other members of the House in signing a letter requesting CMS to revisit their valuation of anesthesia services and the teaching rule.

Many of you have asked how you can help the department. Well, this is one very concrete way. Contact your senators and representatives and tell them how much the teaching rule is threatening the future of this department and your profession. Don't just assume that they will "automatically" understand things that are "obvious" to you; these things ARE NOT obvious to nonphysicians. Remember that we are some of the least visible members of the medical profession (heck, most of our patients don't even know our names). Write to your congressman and senator, as believe it or not, most of them actually read these letters. And yes, contribute to campaigns of your local politicians if they support positions that matter to you. You can do this directly which is very good, and you can also help on a national level by giving to the ASA Political Action Committee. Politics is NOT below any of us, and none of us are so busy that we can't find some time to get involved at some level. Remember what Jim Becker said about "being on someone else's menu." There are LOTS of people out there who would be very happy to have us for lunch.

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



## ADMINISTRATOR'S Corner

## Compensating the Academic Anesthesiologist



John Stark, B.S., M.B.A.

In academic medicine, one of our greatest challenges is the escalating compensation structure for today's anesthesiologist. Personnel costs account for greater than 70% of our expenses, with faculty accounting for 75% of this amount.

For the last decade, the supply of qualified anesthesia providers has not equaled the increasing demand for service, including work in satellite suites, pain services, intensive care units, etc. In any simple economic model, when demand exceeds supply, prices go up. This is evidenced by annual survey data from both the Association of American Medical Colleges (AAMC) and Medical Group Management Association (MGMA) which show that academic anesthesiologist salaries across all ranks increased roughly 35% between 2000 and 2006.

So how do we handle these increases when reimbursement for anesthesia care keeps shrinking, which as noted in Dr. Todd's article on Page 1, is particularly acute in the academic setting due to the Medicare Teaching Rule? The answer is through a combination of time and money.

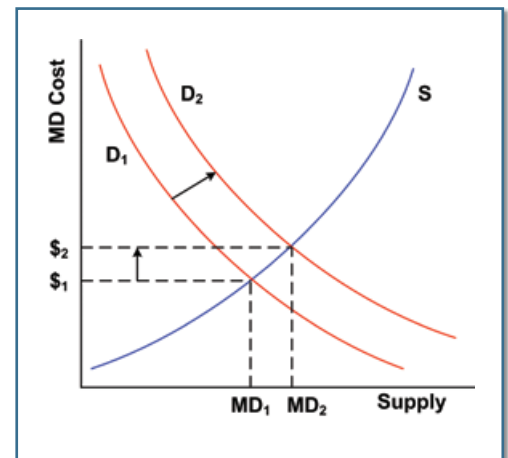
First - time. In any environment, especially academics, time is a valuable commodity. Whether used for teaching activities, research endeavors, meeting participation, or just time to catch up on documentation, there never seems to be enough time. Five years ago, nonclinical time for the anesthesiologist with no external grant funding averaged at or below 10% or just 2 days per month. By working very hard to improve our staffing ratios and increase our CRNA pool, we are now averaging 18% academic time or 3.5 days per month and are well on our way to meeting the goal of 20%, to make 1 day per week the department standard.

Second, the part that is of more interest in general - money. How much do we pay our physicians? While the funding is most definitely a challenge in our payor environment, there are a few

misconceptions I commonly encounter when talking with people. One is that being a state university hospital, we are completely dependent on State of Iowa funding to cover expenses, which, given Iowa's recurrent funding issues over the years, must negatively impact faculty salary. While state funding is important to offset some educational expenses, the fact is it accounts for less than 4% of our total revenues. The vast majority of our salary support comes from 1) our patient care revenues which, due to sustained increases in operating room activity, have increased 42% during this same time frame, despite our deteriorating payor mix, and 2) increasing amounts of institutional support, in our case from the Carver College of Medicine and the UIHC.

Another misconception is the simple assumption that, regardless of the funding source, academic pay is miserably low, which is not true any more. The average physician faculty salary at the University of Iowa is currently well over \$200,000. Add to this the University of Iowa fringe benefit package of 23%. Then consider a minimum

of 5 weeks vacation, our current average of approximately 6-8 weeks academic time as mentioned earlier in this article, office space, secretarial and administrative support, research support, paid malpractice premiums, free local CME credits, a generous CME funding account, etc. I think you can see that an academic position at the University of Iowa is very different from what you may have heard.



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





Ambulatory  
Surgery  
Center

**... a surgery center that would operate independently of the main operating rooms, affording surgeons and patients the convenience that derives from a stand-alone center.**

# Spotlight on a Clinical Division

## Ambulatory Surgery Center

March 26th, 2007 saw the opening of a new era in the University of Iowa's Anesthesia Department with the admission of the first patients to the new University of Iowa Hospitals and Clinics (UIHC) Ambulatory Surgery Center (ASC) in the Pomerantz Family Pavilion. At over 40,000 square feet and 6 operating rooms (with two more 'shelled in' and ready to finish when needed), the new ASC provides state-of-the-art care opportunities for University of Iowa patients. The ASC was conceived over a decade ago and planning began in earnest in 2004, with the fourth floor of the new Pomerantz Family Pavilion targeted to hold a separate facility that would be operated in the same manner as a 'freestanding' ASC.

### A stand-alone ASC

From the inception of planning, the idea was to create a surgery center that would operate independently of the main operating rooms, affording surgeons and patients the convenience that derives from a stand-alone center. Thus, the admission and departure of patients does not involve the hospital in any way, with free valet parking, a dedicated scheduling and admissions process and architecture intended to provide rapid throughput for the patients and their families while maximizing the primary goals of the Center: patient safety and satisfaction.

### A Children's ASC

One unique aspect is the mirroring of the Iowa Children's Hospital "hospital within a hospital" by creating a virtual pediatric ASC within the new Center. Separate admissions and waiting areas lead to separate preoperative and postoperative private rooms and play

area, well appointed to make small children feel comfortable. The need for such a facility is clear: over 40% of the ambulatory surgical cases at UIHC involve pediatric patients. The staff and the architecture are dedicated to providing an environment that is playful for the patients, reassuring for the parents, and conducive to the safest and highest quality of care available to pediatric ambulatory patients.

### A lab for lean and creative process change

The Department and the UIHC Administration committed to creating the new ASC as a laboratory for process change. In this more intimate area, with fewer employees and a more targeted surgical population, there are opportunities to find care methods that may be more economical of staff and patient time as well as resources. The ASC nursing staff and anesthesia faculty have embarked on new ways to evaluate patients, assess patient and surgeon needs, and move through the care steps of the patient's surgery in the days before and on the day of surgery. This also has been reflected by significant change in the ways in which the 13 outpatient clinics at UIHC manage patient preparation for ambulatory surgical care.

### A site for outcomes research

The new ASC has afforded the University of Iowa a means of participating in the outcomes registry of the Society of Ambulatory Anesthesia (SAMBA), which entered beta testing this summer. Three surgery centers (Iowa, Ohio's Cleveland Clinic, and New York's Stony Brook) will participate in testing the web-based data entry system

The new ASC Control Desk.



that will by the first of 2008 be used by private and public ASCs, large and small, to evaluate patient outcomes and share data anonymously. This will be the first time that national benchmarks will be established in ambulatory surgical care, allowing assessment of best practices both among a surgery center's personnel and care methodologies as well as in comparison to surgery centers across the country.

#### A Site for Other Research Opportunities

The unique environment of this separate, large, but focused care area provides an excellent opportunity for faculty to engage in research on many levels. The concentration of UIHC Orthopaedics and Sports Medicine procedures in the new ASC and new ultrasound equipment will allow regional anesthesia research projects to go forward in the milieu of a large population of patients in a controlled environment. Iowa Anesthesia Department faculty members Drs. Ruth Wachtel and Frank Dexter continue their landmark work on perioperative management process assessment as they are developing projects that can measure the impact of some of the changes that the new ASC has created. The new ASC is also developing as a potential partner of the National Advanced Driving Simulator located at the University of Iowa's Oakdale campus. The assessment of the impact of outpatient anesthesia, sedation and surgery upon driving skills as an indicator of their impact on mentation is an unmet need. The unique juxtaposition of these two facilities at Iowa bodes well for research here in that area. The Anesthesia Simulation Center Co-Directors, Drs. Paul Leonard and Ann Willemsen-Dunlap, have begun in situ simulations at the new ASC that have already led to safer patient care. Ongoing in situ simulation will provide fodder for research into the impact on care



4th floor of PFP under construction.

and caregivers of this program, a potential boon for patient safety that should become a more widely used tool for creating higher quality care in anesthesia delivery.

#### The Role of the Anesthesia Department

In ASCs across the country, the anesthesia faculty is the key to rapid throughput and patient safety. This is also true here at Iowa, but in addition - beginning years before the March opening - members of the Department have provided significant expertise in the design of the facility's architecture, equipment and care processes. Drs. Michael Todd, Frank Scamman, Lance Lichtor, Paul Leonard and others have been involved in many planning meetings over the years with the result that the anesthesia equipment and monitoring systems and information technology are both state of the art and ably focused on the unique needs of the ambulatory surgery patient.

We are very proud of the ASC and would welcome our alumni to come by so we can show it off to you!

Douglas G. Merrill, M.D.  
Medical Director,  
Ambulatory Surgery Center



Decoration in the new Pediatrics' waiting room.



The Open House of the ASC.

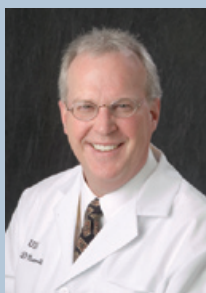


The new Pediatrics' waiting room.

# Spotlight on

## DOUGLAS G. MERRILL, M.D.

Medical Director, Ambulatory Surgery Center



**... a unique challenge and an exciting possibility: to bring a private practice model to one of the nation's highest ranking research medical centers.**

Douglas Merrill, M.D. joined the University of Iowa Hospitals and Clinics (UIHC) on February 1, 2007 as the Ambulatory Surgery Center (ASC) Medical Director and Clinical Professor of Anesthesia. That an anesthesiologist was chosen as Medical Director reflects the most common management model for ambulatory surgery centers across the nation, but also reaffirmed the recognition of anesthesia care as the key ingredient in any successful ASC. His charge is to lead the ASC in a unique experiment for UIHC, that is to see if the ASC can be operated using the same approach to ambulatory surgery as would be used in private practice, maintaining the profitability and efficiency common to such sites, but doing so within the academic environment.

Dr. Merrill's background includes over 20 years in ASC management, including 14 years in private ASCs and the last 7 years with the Virginia Mason Clinic, the Seattle, Washington-based, multidisciplinary, nonprofit clinic with residencies in Anesthesia and the surgical specialties and a teaching center for the University of Washington School of Medicine. At Virginia Mason, Merrill helped open a new freestanding ASC in November of 2000 and saw the value of anesthesia resident involvement in daily management of an ASC that had all the production pressure of a private practice setting.

Dr. Merrill grew up in Lawrence, Kansas and attended University of Kansas for undergraduate and medical school. However, he has three occult Iowa connections: he spent many summers as a child living with his aunt and uncle in Cedar Rapids, as an undergraduate he spent the summer of 1973 working in Dr. Francois Abboud's cardiovascular research lab at the VA, and has over the past 7 years spent many summer weeks at the Iowa Summer Writing Festival, enjoying Iowa City and all the benefits of summer on the Pedestrian Mall. His areas of academic interest include outcomes research, economics and pain medicine, and the impact of systems analysis on safety in the perioperative period.

Merrill notes that his new position with UIHC "...is a unique challenge and an exciting possibility: to bring a private practice model to one of the nation's highest ranking research medical centers. I feel privileged to have been given the chance to help make it work. To get to do this in a place that I have loved to visit for many years is an added bonus."

## DIVISION TEAM

# Profile



Aaron Kallsnick, M.D., Sarah Titler, M.D., Robert Raw, M.D., and Karen Kakizawa, M.D. caring for a patient.

The entire Department of Anesthesia has contributed to early success in the Ambulatory Surgery Center (ASC), but all ASCs do best if a small cadre of anesthesia providers works there routinely. The cohesion of practice patterns that grows out of such 'specialization' and the smaller group membership allows more alacrity in experimenting with process changes and efficiency improvements. The University of Iowa Hospitals and Clinics (UIHC) ASC has been no exception and the contributions have been significant by both physician and CRNA staff in the improved turnover and other process metrics that have been established in the first 4 months of activity at the Center.

Drs. Angela Thompson, Robert Raw, Alex Fraser, Ronald Lind and David Swanson have led regional anesthesia at the ASC and have quickly established that this technique is critically important to positive outcomes in orthopedic ambulatory procedures. Residents and fellows are gaining valuable experience in applying neural blockade in patients who are expected to spend little time in the ASC preoperatively and even less in the Post-Anesthesia Care Unit!

Drs. Tyrone Whitter and Yassir Karim have worked hard to bring throughput efficiency changes to the ASC, working primarily with patients in ophthalmology, general and gynecology services. As any ambulatory surgery physician or nurse can attest, these procedures can be perfect for the ASC, but sometimes patients are challenged by the postoperative recovery period. Drs. Whitter and



## Ambulatory Surgery Center

Karim work hard to see that those challenges are met and patient satisfaction kept high.

Pediatric anesthesia at the UIHC ASC forms over 40% of anesthetics provided there. Drs. James Choi, Tara Hata, Robert Forbes and Joss Thomas have brought the extremely high quality of pediatric anesthesia practiced in the Main operating room suite over to the ASC, with the result that patients and parents alike are expressing high satisfaction with their care. The challenges that face an ASC that is frequented by some of the most accomplished surgeons in the country include caring for some of the most challenging patients, patients not typically seen in a private practice setting. Many of these patients are small children with big airway problems, and these four pediatric anesthesiologists have created an environment of safety that has made the ASC a good venue for procedures that might otherwise require inpatient care.



ASC staff Joss Thomas, M.D., Glenda Eubanks, R.N., and Sarah Hoeftling, C.R.N.A. in action.

This Department is also blessed with some of the most skilled CRNAs in the country. These professionals have been a valuable resource for years at UIHC, but have been of inestimable value in the opening months of the new ASC's life. Ann Smith, Chief CRNA, has taken on the ASC as a challenge – helping Dr. Merrill to create workflow

models that insure safe and rapid delivery of the highest quality of anesthesia care available. She has been joined at one point or another by almost all the CRNAs on staff, each of whom has evinced a strong interest in making the ASC function smoothly and efficiently. As noted above, anesthesia delivery in an ASC is well served by the creation of a relatively small group of providers and to date the ASC has most often benefited from care delivered by Mss. Melissa Gambrall, Heather Bair, Carla Aldrich, Lynn Fitzpatrick, and Kathleen Fear. Each is a valuable member of the CRNA staff who has identified areas for improvement and participated in the development of the care teams central to the success of an ASC.

All of the above practitioners have managed the challenges of a gamut of cases, ranging from difficult pediatric airways to the equally challenging work of balancing the conflicting needs found in the monitored anesthesia care (MAC) patient with restless legs and an intraocular knife.

The team that has put together the ASC of course extends beyond the work of the anesthesia providers. Beginning last summer the combined efforts of the outpatient clinics, nursing, materials management, facilities, housekeeping, central supply and administrative departments at UIHC have led to a remarkable start for a new

ASC. Nurses came from within UIHC as well as some from outside, attracting several with experience in the private, freestanding ASC environment. The work of the facilities and other departments meant the space and equipment were ready for an on-time opening, a rare event in a hospital associated ASC! One of the most notable features of the UIHC

team has been the flexibility portrayed in accommodating to unexpected changes in practice patterns and patient flow, and this also has been a distinguished feature of the UIHC ASC initiative.



Sharlene Turn, R.N., and Ruth Wittkop, R.N. in the chart room.

The ASC will be the site of between 5,000 and 6,000 cases this year, and will therefore be a place where almost the entire professional staff in the Anesthesia Department will provide anesthesia services. Those I have listed here have been significant contributors to the remarkable early successes of the ASC, but we expect that the majority of faculty and staff will bring individual and team improvement to the ASC before the year is out.

Douglas G. Merrill, M.D.  
Medical Director,  
Ambulatory Surgery Center

## MEET THE ANESTHESIA

# Faculty

Erling Anderson, Ph.D., Associate Professor

Max T. Baker, Ph.D., Associate Professor

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

Anke Bellinger, M.D., Assistant Professor

Robert I. Block, Ph.D., Associate Professor

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

Javier H. Campos, M.D., Professor

James Y. Choi, M.D., Associate Professor

Won W. Choi, M.D., Ph.D., Professor

Deborah J. Dehring, M.D., Associate Professor

Franklin Dexter, M.D., Ph.D., Professor

Yasser El-Hattab, M.S., M.B., Ch.B., Assistant Professor

Robert B. Forbes, M.D., Professor

Alex I. Fraser, M.D., Associate Professor

Robert P. From, D.O., Associate Professor

Mohamed M. Ghoneim, M.D., Professor Emeritus

Donna L. Hammond, Ph.D., Professor

Anthony T. Han, M.D., Ph.D., Associate Professor

Jeanette A. Harrington, M.D., Assistant Professor

Steven Hata, M.D., Associate Professor

Tara Hata, M.D., Associate Professor

Bradley J. Hindman, M.D., Professor

Merete Ibsen, M.D., Assistant Professor

Karen Kakizawa, M.D., Associate

Yasser M. Karim, M.B., B.Ch., Assistant Professor

Venkateswara R. Karuparthy, M.D., Assistant Professor

Toshihiro Kitamoto, Ph.D., Assistant Professor

Avinash B. Kumar, M.B.B.S., Assistant Professor

Paul A. Leonard, M.D., Ph.D., Associate Professor

Ronald Lind, M.D., Assistant Professor

Magboul M. Ali Magboul, M.B.B.S., Assistant Professor

Mazen A. Maktabi, M.D., Associate Professor

Douglas G. Merrill, M.D., Professor

Paul D. Meyer, M.D. Ph.D., Associate Professor

John R. Moyers, M.D., Professor

Clark J. Obr, M.D., Associate Professor

David P. Papworth, M.B.B.S., Associate Professor

Kent S. Pearson, M.D., Associate Professor

Srinivasan Rajagopal, M.D., Assistant Professor

Robert M. Raw, M.B., Ch.B., Associate Professor

Richard W. Rosenquist, M.D., Professor

Alan F. Ross, M.D., Associate Professor

Franklin L. Scamman, M.D., Professor

Jonathan S. Simmons, D.O., Assistant Professor

Shawn T. Simmons, M.D., Associate Professor

Martin D. Sokoll, M.D., Professor Emeritus

David E. Swanson, M.D., Assistant Professor

Debra J. Szeluga, Ph.D., M.D., Associate Professor

Joss J. Thomas, M.B.B.S., M.P.H., Associate

Edward S. Thompson, Ph.D., C.R.N.A., Professor

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

Chiedozie Udeh, M.B.B.S., Assistant Professor

Ken-ichi Ueda, M.D., Associate

Ruth E. Wachtel, Ph.D., Associate Professor

Tyrone B. Whitter, M.D., Associate Professor

Ann Willemsen-Dunlap, Ph.D., C.R.N.A., Assistant Professor

The Department recognizes the stellar quality of our current faculty, each of whom contributes to the success of our organization. We also look forward to several additional individuals joining us in the near future.



## Of Special Mention...

Our Department has been saddened by 2 recent deaths.



**Shiro Shimosato, M.D.**, of San Francisco, CA. Dr. Shimosato was a Professor in the UI Department of Anesthesia for many years prior to moving to California, where he lived until his May 28, 2007 death.



**Monty Menhusen, D.O., M.P.H., J.D.**, was an Associate Professor of Clinical Anesthesia, UIHC, from 2002 until the time of his death, June 17, 2007.



The “Deer” family home, also known as the prairie area of the Mike and Linda Todd residence, Iowa City, IA.

# Chief Residents



Chief Residents Clinton Rozycki, M.D. and Robert Shontz, M.D.

The duties, responsibilities, and honor of being Chief Medical Resident fall upon the shoulders of Clinton Rozycki, M.D. and Robert Shontz, M.D. for the 2007-2008 year. Clint's and Rob's paths to the chief resident position started very similarly, as both were born in Iowa. Dr. Shontz has spent his entire life as an Iowan, growing up in Cedar Falls, where he was a model citizen, loved and adored by his community! Following his high school graduation in 1996, Rob stayed close to home and attended the University of Northern Iowa, where he graduated with a B.S. in Chemistry/Biology. He then moved a little further south to attend medical school at the University of Iowa. His interest in anesthesia first arose during his first year in medical school, and he joined the anesthesia extern program during his fourth year, further realizing that he really enjoyed the specialty. Rob married his beautiful wife Abby and they have an adorable daughter, Katelyn, and a son, Braden, just born in August. When finished with residency training, the Shontz family plan to move south, to Atlanta, GA, where Rob will be pursuing a cardiothoracic fellowship at Emory University.

Dr. Rozycki's path to a similar point is a bit more convoluted. He was born in Burlington, IA, but moved away from the Midwest at about four months of age. His family settled in Decatur, AL when Rob was 9 years of age, where he graduated from high school in 1996. Clint then attended The University of Alabama at Birmingham (UAB), where he obtained his B.S. in Biology and where he remained for medical school. He became interested in anesthesia, in large part, because a couple of his personal mentors in medical school were anesthesiologists, and helped to steer him in that direction. Clint made his first return trip to Iowa during his fourth year of medical school. Like Rob, Clint also plans to move south to pursue a cardiothoracic anesthesia fellowship, but he will be doing so in Nashville, TN, at Vanderbilt University. Clint will be taking with him a new family, as his

2008 schedule includes his marriage to Sara Robertson, whose heart he first captured while staring across the blue drapes of the operating room at The University of Iowa. Not only will this be Sara's first experience living outside of Iowa, but it will also be the first such experience for Spencer, her Great Dane.

Drs. Rozycki and Shontz are very excited about the honor and responsibility of being chosen by their peers and their faculty as the new Chief Residents. They embrace the duties that have been carried forth by those who precede them - making the call schedules and being active participants in the interview and selection process for future residents. They also look forward to expanding their role within the department. They view themselves as liaisons between the house staff and the faculty. Given that the senior faculty members are so extraordinarily busy at the university, it can often be a challenge for them to maintain a handle on the personal goals and expectations of the residents. Clint and Rob hope to find new and creative ways to bundle the clinical, educational and personal goals of the house staff in such a manner that they compliment the goals of the Department of Anesthesia as a whole.

On a more personal note, Clint and Rob feel they have the unique advantage of being the first chief residents to have completed all of their anesthesia training with Dr. Michael Todd as Chairman. Any time a large residency program goes through rapid and profound change, the transition is bound to create multiple bumps along the way. In previous years, the residents have faced the difficult challenge of integrating some differing philosophies of the previous and the current administration. The current senior class, on the other hand, has the chance to completely focus on the present and the future, while looking back with pride upon the historical past of our prestigious department. There has been a long standing, very strong tradition of great anesthesiologists at the University of Iowa. The current residents embrace the challenge of continuing that tradition, while Drs. Rozycki and Shontz are extremely honored to find themselves among that group, as both leaders and learners.

# Follow This Resident

## Lakshmi Kantamneni, M.D.



Lakshmi Kantamneni, M.D.

My name is Lakshmi Kantamneni and I'm a CA-1 in the Anesthesia Department at the University of Iowa Hospitals and Clinics (UIHC). I was born in India, moved to Iowa City when I was 6 years old, and have been a loyal Hawkeye fan since that time. I attended The University of Iowa for my undergraduate and medical degrees. On Match day, I was thrilled to match at Iowa as my involvement as a medical student in the Anesthesia Department at Iowa played an integral role in my choosing Anesthesia as a career.

I began my first month of intern year in the Surgical Intensive Care Unit (SICU). Months before I started residency, I tried to prepare myself for the transition from being a medical student to an ICU resident. I spoke to friends who gave me tips and suggested resources to have available in my white coat. I studied parts of the SICU book I owned and tried to read up on common problems I would be managing. I was told by friends to beware of the pager that would no longer be used to plan lunches with classmates, but to answer questions from nurses regarding fevers and urine output. Most of all, I truly feared staying awake for 30 hours in a row. As a side note, I also started watching Grey's Anatomy as I figured even though it is TV drama, perhaps Meredith Grey would give me some insight into what I was about to experience!

My first month in the ICU was a learning experience. I learned how to write admission orders and notes, how to put in central and arterial lines, and how to deal with common problems like fevers, hypotension, and sepsis. I also learned basic things like where everything was located, who everyone was, how to take care of patients and work together with their primary team. This involved a huge change in responsibility with the humbling and sometimes daunting task of making the right decisions to optimize patient care. In the midst of all this, I also tried to utilize my 4 days off a month in the best way possible so that I could see friends and family and have some time to unwind. The year was filled with ups and downs, frustrations, fears, challenges, and ultimately turned out to be more rewarding than I ever expected.

One of my most trying experiences in the SICU was when a young gentleman in his 20's who suffered a massive head injury was admitted on a night I was on call. I watched in complete dejection as his family had to make the decision to withdraw care. I found myself unsure of the role I was supposed to play as I was overcome with emotion regarding the pain and suffering his family was experiencing. Nevertheless, I served as one of the physicians that spoke with his family, informing them of his prognosis and helping explain to them their difficult decisions. It was an eye-opening occurrence, as I learned the aspects of being a physician that would be especially challenging for me.

I also remember numerous rewarding experiences. During my Cardiology rotation, I took care of a young gentleman who was being treated for bacterial pericarditis who, fortunately, over the course of several months, was able to recover fully and go back to his normal activities as a college student. As I went to round on him each day, I began to know him and his family quite well. He was on our service for most of the month and unfortunately the day he was discharged, I had a day off. This patient's mother left me a card, one that I will never forget, thanking me for taking the time to explain what was going on each day and for the care that he received at the UIHC. It truly made my month! It was the first time I had the full experience of taking care of someone and had the opportunity to see them get better. I learned that although I didn't have the skill and clinical knowledge of a senior resident, I could really make a difference in the care that my patients received.

Being a resident has been a surreal experience. For years I tried to learn the conceptual side of medicine through seemingly infinite lectures and textbooks, but it wasn't until residency that I began to finally put my knowledge to practical use. Using my background to take care of patients and see clinical improvements in real time has been more rewarding than I expected. Working long hours to fulfill my duties and make time to read and expand my medical knowledge within a particular area has been challenging, yet rewarding. Each day I learn something that I hope will help me make better decisions as a physician and as a future Anesthesiologist.

I look forward to presenting you with additional updates on my life as an anesthesia resident in future Newsletters!

Lakshmi Kantamneni, M.D.  
CA-1



# Achievements and Awards

## Trainees Honor Faculty

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

**CONGRATULATIONS to Ken-ichi Ueda, M.D., James Bates, M.D., Ph.D., Brad Hindman, M.D., and Avinash Kumar, M.D.** Dr. Ueda received the “Resident Teacher of the Year” award for the 2006 – 2007 academic year and Drs. Bates, Hindman, and Kumar received the “Resident Excellence in Teaching Award.” The awards were presented at the resident graduation dinner on June 24, 2007.



Ken-ichi Ueda, M.D.



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



Brad Hindman, M.D.



Avinash Kumar, M.D.

## Other Achievements and Awards

**Max T. Baker, Ph.D.**, Associate Professor, and **Richard W. Rosenquist, M.D.**, Professor, have been selected for membership in the Association of University Anesthesiologists.

**Won W. Choi, M.D., Ph.D.**, Professor, achieved his goal of a hole-in-one on the golf course!

**John J. Laur, M.D.** and **Christina Spofford, M.D.**, Fellow Associates, were selected as recipients of Lunsford Fellowship Awards.



Thomas W. Meyer, D.O. having just performed his 300th transesophageal echocardiogram.

**Thomas W. Meyer, D.O.**, a former Cardiothoracic Fellow, recently joined the faculty at the University of Missouri in Columbia, MO. Just prior to his move, Dr. Meyer reached his personal goal of performing 300 transesophageal echocardiograms (TEEs)!

**Victor Salamanca, M.D.**, currently serving a preliminary year at the Central Iowa Health System, in Des Moines, IA, prior to entering an anesthesia residency program at New York University Medical Center, New York, NY, was awarded the Stuart Cullen Award while an Extern in UI's Department of Anesthesia.

**Jonathan S. Simmons, D.O.**, Assistant Professor, Associate Director, Critical Care Fellowship, was recognized as the Best Off-Service Faculty from the Iowa Emergency Medicine Residency, for his dedication to patient care, medical education, and the development of emergency medicine in the state of Iowa. In addition, he received a letter of thanks for his efforts from the Team Commander of the Iowa National Disaster Medical System program. Dr. Simmons also received a secondary appointment in Emergency Medicine at UIHC.

The University of Iowa Health Care's Above and Beyond the Call of Duty Award Program is designed to recognize and reward individuals who have gone above and beyond their formal, identified job duties to exceed the needs of our patients, visitors, and staff, or Above and Beyond the Call of Duty. Recently, the following individuals from the Department of Anesthesia were recognized with receipt of this Award.



#### **Above & Beyond Award Recipients**

**Geoffrey B. Taylor, D.O.**, Resident, CA-2

**James N. Bates, M.D., Ph.D.**, Associate Professor

**Heather Bair, M.S.N., C.R.N.A.**

**Zach Gorman, B.S.**, Information Technology Specialist

### **The 2007 Resident Graduation Class**



Back row (L-R): Alex Dumanovsky, John Laur, Rufino Rodriguez, Khurram Khan, Andrew Wilkey, Yuri Tsirolnikov, William Esham, Scott Paulsen.

Front row (L-R): Sethabell Alvarado, Karen Boland, Christina Spofford, Rebecca DeLong, Robert Frohm, Roman Plachinta.

More photos on page 25....

# Spotlight on Investigator

## Franklin Dexter, M.D., Ph.D.



The Department of Anesthesia at the University of Iowa welcomed Franklin Dexter, M.D., Ph.D. into our Residency program in 1990. His educational background includes receiving a Sc.B. in Applied Mathematics-Biology (with honors) from Brown University in 1985, an M.S. (1988) and a Ph.D. (1989) in Biomedical Engineering with an emphasis on biomathematics, and an M.D. (1990) from Case Western Reserve University, Cleveland, Ohio. Upon completion of his residency in 1993, Dr. Dexter joined the Department as an Associate and then Assistant Professor. He became an Associate Professor in 1997. He was appointed Director of the Division of Management Consulting in 2001, received a second appointment in Iowa's Department of Health Management and Policy in 2004, and achieved the rank of Professor in 2005.

Upon entering the department, Dr. Dexter started a long collaboration with Dr. Brad Hindman, applying statistical and mathematical modeling methods to enhance experiments of perioperative brain injury. Starting in 1995, he also began to focus on the nascent scientific field of operating room and anesthesia group management. Since then, Dr. Dexter has published over 200 papers. He is internationally recognized for development of tools that managers at hospitals and in practice groups can use to analyze their clinical and financial data in order to make better business decisions. Starting in 2003, Ruth Wachtel, Ph.D., a longstanding member of our department, started research in the area. She now does the majority of the research and application work focused on the University of Iowa, while Dr. Dexter works externally.

Dr. Dexter's accomplishments are measured by his publications, but more importantly by the continuing requests for his consultations by hospitals from all over the United States and Europe. He interacts with both academic and private anesthesiologists and surgeons, hospital administrators, and private consulting firms. He has performed more than 175 consultations for more than 20 companies and 60 hospitals. Hospitals and anesthesia groups send management and billing data to our department, Dr. Dexter does the analysis, shares results by web conference, and often towards the end of a consultation makes a trip to the facility. The focus of the work of the Division of Management Consulting tends to be three-fold. One is to run the state-of-the-art statistical analyses on data from a facility to determine which of the published methods are the most helpful for them. The second is to teach specialists at the facility how to perform those analyses in the future. The third is to work with clinicians and administrators in understanding how those results can be applied to improve efficiency and profitability. The biggest change that Dr. Dexter has seen during the past couple of years has been increased institutional support ("stipends") for anesthesia services.

Through the Division of Management Consulting, Dr. Dexter offers two intensive 4-day courses in operating room management annually which draw both clinicians (typically anesthesiologists) and analysts (including business managers). In addition to the course, Dr. Dexter lectures often in the United States and abroad. He has given more than 95 invited presentations. In 2004, he won the American Association of Nurse Anesthetists' Public Interest in Anesthesia Award.

Currently, Dr. Dexter serves as Editor of the Section on Economics, Education, and Policy of the journal *Anesthesia & Analgesia*. He also serves on the editorial boards of two other journals and reviews around 120 papers per year.

Most of a typical day for Dr. Dexter involves writing. Whether on an airplane, in an airport, or at work, he is writing client reports, lectures, or papers describing research results of new techniques. His other two common activities include computer coding for statistical analyses and standing in lines at airports, preferably the former but increasingly the latter!



# Recent Publications

## Involving Department Faculty

**Baker MT.** Sevoflurane: Are there differences in products? *Anesth Analg* 2007;104: 1447-51

Lewis SJ, Owen JR, **Bates JN.** S-nitrosocysteine elicits hemodynamic responses similar to those of the Bezold-Jarisch reflex *via* activation of stereoselective recognition sites. *Eur J Pharmacol* 2006;531: 254-8

Owen JR, **Bates JN,** Lewis SJ. Differential effects of nitroblue tetrazolium on the hemodynamic responses elicited by activation of alpha1-adrenoceptors and 5-HT2 receptors in conscious rats. *Eur J Pharmacol* 2006;535: 248-52

Whalen EJ, **Bates JN,** Johnson AK, Lewis SJ. Downregulation of propranolol-sensitive beta-adrenoceptor signaling after inhibition of nitric oxide synthesis. *Br J Pharmacol* 2006;147: 755-64

Lewis SJ, Hasmi-Hill MP, Owen JR, Sandock K, Robertson TP, **Bates JN.** ACE inhibition restores the vasodilator potency of the endothelium-derived relaxing factor, L-S-nitrosocysteine, in conscious spontaneously hypertensive rats. *Vascul Pharmacol* 2006;44: 491-507

Lacolley PJ, Owen JR, **Bates JN,** Johnson AK, Lewis SJ. Tachyphylaxis to 5-HT3-receptor-mediated activation of vagal afferents is prevented by co-activation of 5-HT2 receptors. *Brain Res* 2006;1093: 105-15

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Lacolley P, Owen JR, Sandock K, Lewis TH, **Bates JN,** Robertson TP, Lewis SJ. 5-HT activates vagal afferent cell bodies *in vivo*: Role of 5-HT2 and 5-HT3 receptors. *Neuroscience* 2006;143: 273-87

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**Block RI.** Methods for studying acute and chronic effects of marijuana on human associative processes and memory. *Methods Mol Med* 2006;123: 217-34

O'Leary DS, **Block RI,** Koeppel JA, Schultz SK, Magnotta VA, Ponto LB, Watkins GL, Hichwa RD. Effects of smoking marijuana on focal attention and brain flow. *Hum Psychopharmacol* 2007;22: 135-48

Boezaart AP, **Raw RM.** Sleeping beauty or big bad wolf? *Reg Anesth Pain Med* 2006;31: 189-91

Boezaart AP, **Raw RM.** Continuous thoracic paravertebral block for major breast surgery. *Reg Anesth Pain Med* 2006;31: 470-6

Whyte DG, **Brennan TJ,** Johnson AK. Thermoregulatory behavior is disrupted in rats with lesions of the anteroventral third ventricular area (AV3V). *Physiol Behav.* 2006;87: 493-9

Lee HJ, Pogatzki-Zahn EM, **Brennan TJ.** The effect of the AMPA/kainate receptor antagonist LY293558 in a rat model of postoperative pain. *J Pain* 2006;7: 768-77

Banik RK, Woo YC, Park SS, **Brennan TJ.** Strain and sex influence on pain sensitivity after plantar incision in the mouse. *Anesthesiology* 2006;105: 1246-53

Kim TJ, Freml L, Park SS, **Brennan TJ.** Lactate concentrations in incisions indicate ischemic-like conditions may contribute to postoperative pain. *J Pain* 2007;8: 59-66

Pogatzki-Zahn EM, Zahn PK, **Brennan TJ.** Postoperative pain: Clinical implications of basic research. *Best Pract Res Clin Anaesthesiol* 2007;21: 3-13

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Kernstine KH, Dearmond DT, Shamoun DM, **Campos JH**. The first series of completely robotic esophagectomies with three-field lymphadenectomy: Initial experience. *Surg Endosc* 2007 Jun 26 [Epub ahead of print]

**Campos JH**. Which device should be considered the best for lung isolation: Double-lumen endotracheal tube *versus* bronchial blockers. *Curr Opin Anaesthesiol* 2007;20: 27-31

**Dexter F**, Davis M, Egger Halbeis CB, Marjamaa R, Marty J, McIntosh C, Nakata Y, Thenuwara KN, Sawa T, Vogda M. Mean operating room times differ by 50% among hospitals in different countries for laparoscopic cholecystectomy and lung lobectomy. *J Anesth*. 2006;20: 319-22

**Dexter F**, Yue JC, Dow AJ. Predicting anesthesia times for diagnostic and interventional radiological procedures. *Anesth Analg* 2006;102: 1491-500

**Dexter F**, Macario A, Cowen DS. Staffing and case scheduling for anesthesia in geographically dispersed locations outside of operating rooms. *Curr Opin Anaesthesiol* 2006;19: 453-8

**Dexter F, Wachtel RE**. Economic, educational, and policy perspectives on the preincision operating room period. *Anesth Analg*. 2006;103: 919-21

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**Dexter F**, Weih LS, Gustafson RK, Stegura LF, Oldenkamp MJ, **Wachtel RE**. Observational study of operating room times for knee and hip replacement surgery at nine U.S. community hospitals. *Health Care Manag Sci* 2006;9: 325-39

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O'Neill L, **Dexter F**. Tactical increases in operating room block time based on financial data and market growth estimates from data envelopment analysis. *Anesth Analg* 2007;104: 355-68

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**Dexter F, Wachtel RE**. A simple method for deciding when patients should be ready on the day of surgery without procedure-specific data. *Anesth Analg* 2007;105: 127-40

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# Of Special Interest...

## The Miles of Smiles Team

In February 2007, a team of health care professionals from Iowa City and the surrounding area traveled to Huehuetenango, Guatemala to provide medical care to Guatemalan children who required cleft lip and cleft palate surgery. The team was sponsored by Rotary Clubs from Iowa City and Huehuetenango, as well as generous support from local businesses and individuals, Mercy Hospital in Iowa City and the University of Iowa Department of Anesthesia. The Miles of Smiles Team (MOST) included otolaryngologists, plastic surgeons, dentists, pediatricians, and operating room, recovery room, and postoperative ward nurses. Also traveling with the team were a biomedical engineer, nursing assistants, medical supplies and medical records coordinators, translators, and medical students from the Roy J. and Lucille A. Carver College of Medicine.



Long lines of families awaiting evaluation for surgery selection.

Judith Dillman, M.D., currently a staff anesthesiologist at Mercy Hospital, Iowa City, previously a member of our faculty in the Department of Anesthesia at the University of Iowa, headed the Anesthesia team. Two members of our Department also participated in the mission, Robert Forbes, M.D., staff anesthesiologist and Director of Pediatric Anesthesia, and Karen Boland, M.D., a CA-3 resident in her final months of training. Dr. Boland's participation on the team and the patient care she provided were recognized by the American Board of Anesthesiology as a part of her resident training program, and she thus received full credit for her 10 day rotation in Guatemala. Dr. Boland is the first resident in our Department to participate in an international program of this type.

Preparation for the trip took many months and required the participation of numerous local volunteers. Medical supplies and equipment had to be collected, sorted, packed, and shipped from Iowa City to Guatemala prior to the

arrival of MOST in Huehuetenango. Once the team arrived at Hospital Nacional Huehuetenango, the first 2 days were spent setting up the operating rooms, the postanesthesia recovery unit, the postoperative ward, and the challenging task of beginning to screen the children and selecting the best candidates for surgery. Long lines of families stretched out the door of the clinic, each hoping that their child would be



Robert Forbes, M.D. and Karen Boland, M.D.

selected for surgery. All these children live in extremely difficult circumstances with little access to health care, clean water, or the amenities of life that we take for granted in the United States. Many had chronic pulmonary infections or long-standing anemia, and all were very small for their ages. It took great patience from the physicians and expert assistance from a translator familiar with Mayan dialects to elicit an appropriate medical history, complete a physical examination, and select the patients at least risk for experiencing anesthetic complications.

During the mission, MOST provided care to 44 patients during 5 days of surgery. The procedures performed included repair of cleft lips and cleft palates, myringotomy and tube placement, and dental rehabilitation. The youngest patient was 10 months old and the oldest was an 83-yr-old man who had spent his entire life with an unrepaired cleft lip. No intraoperative or postoperative anesthetic complications occurred during our 10 days' work in Huehuetenango.

Participating as a medical volunteer in a developing country can be demanding. Providing the highest possible standard of anesthesia care requires diligence, constant vigilance, and an ability and willingness to adapt to a very challenging environment. However, it is also professionally exciting and personally rewarding. As a volunteer, you meet wonderful people and visit fascinating parts of the world. It is an occasion to share our knowledge and skill with friends and colleagues in other countries. Finally, it is an opportunity to provide desperately needed medical care to a group of patients who struggle every day just to survive and who truly appreciate all that you do for them.

Robert B. Forbes, M.D.  
Professor

# Certified Registered Nurse Anesthetists

## News and Highlights

Certified Registered Nurse Anesthetists (CRNAs) joined the University of Iowa Hospital and Clinics (UIHC) Department of Anesthesia on a continuous basis in the mid-1980s. Over the next several years, an increasing number of CRNAs were recruited to meet the demands of a growing surgical volume and increased need for anesthesia services. This escalation over the past two decades has led to today's team of twenty-four CRNAs within our department. Efforts are currently underway to recruit several more CRNAs to meet the anesthesia service needs of our expanding department and UIHC's new state-of-the-art Ambulatory Surgery Center.

Since the inception of CRNAs at UIHC, our group has evolved to become an integral part of the anesthesia care team. CRNAs are relied heavily upon to manage the daily anesthetic needs for patients at UIHC. Without this dedicated group of professionals, our department would be unable to address the volume of anesthesia services required today. At UIHC, we are fortunate to have a team of well-educated, highly vigilant, professional

CRNA providers to ensure the delivery of top quality anesthesia care for the patients served by our hospital.

In addition to clinical duties, our team of CRNAs is actively involved in the education of future generations of healthcare providers both in and outside of anesthesia. Our CRNAs are dedicated to the clinical education of student registered



This photo is representative of our CRNAs still smiling at the end of their day of cases. Left to right: Bridget Waters, C.R.N.A., Elaine Sammons, C.R.N.A., Ann Smith, C.R.N.A., Heather Bair, C.R.N.A., and Jayne Pluth, C.R.N.A.

nurse anesthetists, medical student and resident rotators, and emergency medical service providers. Most of our staff also hold faculty appointments with the University of Iowa College of Nursing and lecture on a variety of topics within the Graduate Program in Nurse Anesthesia.

Besides clinical and academic duties, University of Iowa CRNAs are involved in other activities such as the pursuit of advanced educational degrees, involvement and leadership in professional organizations, and hospital, college, and department committee work. The challenges of academic anesthesia practice, opportunities for teaching and educational advancement, and active involvement in leadership roles provide for a truly rewarding career experience for CRNAs at UIHC.

Ann Smith, M.S.N.A., C.R.N.A.  
Chief Registered Nurse Anesthetist

Sam Thibodeaux, M.S.N., C.R.N.A.  
Assistant Chief Registered Nurse Anesthetist

### Staff CRNAs

Carla Aldrich, M.S.N., C.R.N.A.

Heather Bair, M.S.N., C.R.N.A.

Molly Bock, M.S.N.A., C.R.N.A.

Jennifer Doyle, M.S.N.A., C.R.N.A.

Kathleen Fear, M.S.N., C.R.N.A.

Lynn Fitzpatrick, M.S.N., C.R.N.A.

Melissa Gambrall, M.S.N., C.R.N.A.

Sarah Hoefling, M.S.N., C.R.N.A.

Mary Koopman, M.S.N., C.R.N.A.

Sue Lary, B.S.N., C.R.N.A.

Pat Lillenthal, B.S.N., C.R.N.A.

Lori Mascardo, M.S.N., C.R.N.A.

Dennis McQueen, B.S.N., C.R.N.A.

Jacqueline Morgan, M.S.N., C.R.N.A.

Benjamin Nuti, M.S.N., C.R.N.A.

Mary O'Brien, M.S.N., C.R.N.A.

Cormac O'Sullivan, Ph.D.(c),  
C.R.N.A.

Jayne Pluth, B.S.N., C.R.N.A.

Elaine Sammons, M.S.N., C.R.N.A.

Ann Smith, M.S.N.A., C.R.N.A.

Samuel Thibodeaux, M.S.N., C.R.N.A.

Edward Thompson, Ph.D., C.R.N.A.,  
F.A.A.N.

Bridget Watters, M.S.N., C.R.N.A.

Ann Willemsen-Dunlap, Ph.D.,  
C.R.N.A.





## Baby Sim at the Iowa State Fair!



The University of Iowa traditionally has a presence at the Iowa State Fair, offering fair-goers extraordinary programs. The 2007 Fair theme was “Be remarkable,” and the University had an opportunity to highlight truly remarkable research, outreach, and education taking place at the UI. This year, the Department’s infant patient simulator, Baby Sim, was invited along. Simulation Center Co-directors, Paul Leonard, M.D., Ph.D. and Ann Willemsen-Dunlap, Ph.D., C.R.N.A., along with Department Chair, Dr. Todd, traveled to Des Moines with a support team of 3 others on Friday, August 17, 2007. Visitors were able to participate in an interactive, guided intervention that illustrated what a team of healthcare providers might do to assist an infant in crisis. The traveling Baby Sim team had a great time demonstrating how a team simulates a crisis, and they were able to share with the public the importance of providing this teaching tool to our physicians - this opportunity to practice managing rare complications in a life-like but controlled environment. An added bonus was the fun of involving young

visitors to the fair in the simulations.

It is due to the kind generosity of Harold Jaffe, M.D. and Jeanne Jaggard, M.D., UI Carver College of Medicine alumni who donated Baby Sim that this additional educational opportunity was available to our Department. A full overview of photos from this event can be found via a link on the Department’s Homepage at <http://www.anesth.uiowa.edu>.

## Iowa International Anesthesia Symposium I

In March 2007, the Department of Anesthesia conducted its first international CME accredited program, the “Iowa International Anesthesia Symposium I” in Los Cabos, Mexico. The international symposium grew from the “Anesthesia Symposium” which has been held annually in the Department of Anesthesia since 2001. Attendance was exceptional and the attendee feedback was overwhelmingly positive. Everyone had a wonderful time in the exotic location as well. A full overview of photos from this Symposium can be found *via* a link on the Department’s Homepage at <http://www.anesth.uiowa.edu>.

Plans are currently being made for the “Iowa International Anesthesia Symposium II” to be held March 8-11, 2008 in Los Cabos, Mexico. Detailed information is available on the Department of Anesthesia Home page: <http://www.anesth.uiowa.edu>. We invite you to join us. You can look forward to a great educational experience in a beautiful location.



Symposium attendees observing in the operating suite.







# *Mark your calendars!*

## Upcoming Iowa Anesthesia Department CME Conferences

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



Regional Anesthesia Study Center of Iowa (RASCI)  
<http://www.anesth.uiowa.edu/rasci>

September 22-23, 2007

October 6-7, 2007

November 3-4, 2007

December 1-2, 2007 (Designed specifically for Veterinarians)

December 8-9, 2007



Operations Research for Surgical Services  
<http://www.anesth.uiowa.edu>

October 1-4, 2007



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

October 6, 2007



Iowa Airway Workshop 2007  
<http://www.anesth.uiowa.edu>

October 20, 2007



Iowa International Anesthesia Symposium II  
<http://www.anesth.uiowa.edu>

March 8-11, 2008, Los Cabos, Mexico



Iowa Anesthesia Symposium VIII  
<http://www.anesth.uiowa.edu>

May 3-4, 2008

## *Other Upcoming Events*

The following special events are being planned by the Department of Anesthesia. Mark the dates on your calendars, as we welcome you to join us.

**Saturday, September 29, 2007**

**Sunday, September 30, 2007**  
12:00 – 2:30 p.m.

**Saturday, October 13, 2007**  
12:00 Noon

University of Iowa Homecoming Week-end **Alumni** – Call us for details!

All-Department **Annual Picnic**  
City Park, 200 E. Park Road, Iowa City

**Alumni Reception during Annual ASA Meeting**  
San Francisco Marriott, Pacific Suite B, 4th Floor

# Photo Gallery

## *Los Cabos*

### International Conference



Hotel/pool view in Los Cabos, Mexico.



Conference attendees listening to a didactic lecture.



Carlos Verdugo (Mazatlan, Mexico) and Javier Campos, Symposium Director.



Michael Todd, Linda Todd, and Robert From.



Preparing for an O.R. instructional session at the International Symposium.



Javier Campos, Michael Todd, Robert Raw, Alfonso Prieto (Chihuahua, Mexico), Julio Cesar Juarez, (LaPaz BC, Mexico).



# Honoring

Emeritus Professors Mohamed Ghoneim, Peter Jebson, Martin Sokoll and Recipient, William Hamilton, of Distinguished Alumni Award for Service



Above: Tom DePrenger, Mary Ann Westerlund, Roger Westerlund, Ruth Osborn, and Merlin Osborn.



Dorthy and Paul Seeborn.



Right: Ignacio Ponseti, Helena Ponseti, and William Hamilton.



Mohamed Ghoneim, Tyrone Whitter, Peter Jebson, and Martin Sokoll.



Arnold Menezes, Meenal Menezes, June Jebson, and Peter Jebson.



John Colloton, Suzy Maktabi, and Mazen Maktabi.



Mohamed Ghoneim, Omar Ghoneim, Shams Ghoneim, Lois Stoltze, and Daniel Stoltze.



# Resident

## Welcome Picnic



Nick Pauly (resident) and Anna Pauly.



Above: Nathan John Brenchley (4 months) – enjoying the fun and attention at the Resident Welcome Picnic.



Anthony Han (faculty) and Brent Hadder (resident).



Above left: Brian Weiman and Stephanie Weiman (resident).



Trevor Ponte (resident) and Frank Scammon (faculty).



Relaxing at the Resident Welcome Picnic.



Donna Merck (Resident Program Coordinator), Tara Hata (Resident Program Director), and Deborah Dehring (faculty).



The buffet line at the Resident Welcome Picnic.



# Resident

## Graduation Dinner



Left: Tara Hata (Resident Program Director).

Below: Donna Merck (Resident Program Coordinator) and Khurram Khan (resident).



Above: James Choi (faculty) and Julia Choi.

Right: Robert From (faculty).



Victoria Laur and John Laur (resident).



Laurie Rychnovsky, Robert Forbes (faculty), and Thomas Meyer (fellow) in the background.



Patricia Rodriguez and Rufino Rodriguez (resident).



Irving Ward (fellow) and Corey Ward.

# Alumni Update

## Thanks for Your Feedback!

We are pleased to report that we heard from several of you after your receipt of the Spring 2007 issue of the Newsletter. We're also excited to be able to say that each comment shared with us was positive, encouraging, and constructive. Several shared with us how much they enjoyed reading about the rich history of the Department. Another commented on how she enjoyed reading about where the graduating residents and fellows were heading next. We received many kind notes about our Photo Gallery section. [See page 22 in this issue for another.] Our Alumni Profile seems to be a favorite section, and we plan to bring you many more of these. [See below.] Please keep sharing with us, as we certainly do appreciate hearing from you. We again invite you to participate in populating our Alumni Update section with news by submitting your own comments. Provide us with your news, as well as help us update our database by providing the details of your years spent at the University of Iowa as student, medical student, resident, fellow, and/or faculty. We'll share this in the following issue. Keep the suggestions for newsletter improvement coming. Feel free to contact Barb at <barbara-bewyer@uiowa.edu> or by regular mail *via* the Department.

## Mystery Solved!

Remember Page 9 in the Spring 2007 Newsletter, in which we presented you, our readers, with the challenge of identifying the individuals in a photograph taken in the SICU in 1973?

Thanks to 5 of you for communicating with us and solving the

mystery. Each of the following individuals correctly identified the physician on the right as Richard Douglas (Doug) Paul, M.D., a Critical Care Medicine Fellow at the time. Each remembers Dr.



Paul from medical school, residency, fellowship, or having been on the faculty during the time he was here.

## Alumni Profile

### Richard Douglas Paul, M.D.

Richard D. (Doug) Paul, M.D. completed his medical school at the University of Iowa in 1970, and finished his anesthesia residency at the University of Iowa Hospitals and Clinics (UIHC) in 1974, after spending 2 years in a general residency and a year as a Cardiac-ICU fellow. He then spent 2 years as an instructor in anesthesia at Brooke Army Medical Center in San Antonio, Texas, where he was involved in an active training program. James Black, M.D., currently of Marshalltown, IA, was one of Dr. Paul's residents.



Richard D. (Doug) and Gayle Paul.

Upon completion of his service obligation in 1976, Doug Paul returned to his hometown, Des Moines, IA. He joined Associated Anesthesiologists at Iowa Methodist Hospital and practiced there until retiring in October 2006.

His father was a vascular surgeon at Methodist and he and Doug were able to work together for about 10 years prior to his father's retirement.

Currently, Dr. Paul lives in Weaverville, NC, 15 minutes from Asheville. He remains actively engaged in guitar playing, fly fishing, golfing, tennis, gardening and reading. He and his wife, Gayle, have 3 daughters - 2 professional musicians and one teacher - all who live within a day's drive from them. Gayle is currently perusing her art career, and their home has a studio where she paints with oils.

Dr. Paul remembers his residency class at Iowa being a small but close-knit group, perhaps 10 individuals. He also states that Jim McKlveen, M.D. was the star of the class and would frequently ask challenging questions of the staff. [Editor's Note: Dr. McKlveen lived in Ames, IA until his death on July 21, 2001.] Among the group of medical student externs assisting Dr. Paul's group when on call included our very own Dr. John Moyers, who was (of course!) quick to learn how to anesthetize emergency patients. During those days, the externs were pretty much on their own after about 1 week on the service. Dr. Paul recalls that whenever they needed large amounts of blood, they would send an assistant to warm it in the microwave, as they had no other way to quickly warm blood or fluids and no effective way to keep the patient warm. Consequently, some patients were often in the low 30's by the time their case was finished.



-R. Dennis (Denny) Bastron, M.D.  
(Tucson, AZ)

-M. Kim Comstock, M.D. (Estes Park, CO)

-G. Arthur (Art) Janssen, M.D.  
(Tucson, AZ)

-William L. Johnson, M.D. (Placitas, NM)  
(He also remembers living next door to Dr. Paul in Des Moines.)

-Mark C. Steine, M.D. (Cedar Rapids, IA)

Now, Dr. Paul, please read this next sentence with humor. Those identifying you referred to your attire as “the Ben Casey shirt,” “the ice-cream man shirt,” and “the barber shirt!” They also suspected the individual on the left to have been a medical student, laboratory technician, or possibly a medical or surgical resident; however, none could identify him. See below for an update on Dr. Paul.

Azmy Boutros, M.D. (currently living in Naples, Florida) was Director of the Intensive Care Unit (ICU) at that time. He is remembered as an outstanding teacher, researcher, and a strong advocate for the anesthesia service in the ICU. According to Dr. Paul, Dr. Boutros insisted that all orders be approved and countersigned by an anesthesia resident or fellow. During Dr. Paul's fellowship, he cared for postoperative cardiac patients as well as all sorts of ventilator-dependent patients including those with severe burns, tetanus, mercury and carbon monoxide poisoning, trauma and postoperative respiratory failure. In 1974, they began floating Swan-Ganz catheters and were using profound hypothermia for many brain injury patients.

While Dr. Doug Paul is thoroughly enjoying his retirement, as can be evidenced in the photograph accompanying this article, he does indeed reflect back on his days in the Anesthesia Department at UIHC with fond memories.

# A Letter from UI Foundation



Tom DePrenger

## An Opportunity to Give Back

Over the past couple of years, I have met with several alumni and donors to the Department of Anesthesia who wanted to know more about the Pension Protection Act of 2006. The Act, which was passed in August of 2006, provides an opportunity for donors to make tax-effective gifts through their individual retirement accounts (IRAs). The law allows individuals aged 70 ½ or older to make gifts to qualified charitable organizations using funds transferred directly from their IRAs. Individuals making these gifts do not have to pay taxes on the amount transferred and you can transfer up to \$100,000 on or before December 31, 2007. Those of us in the development field hope that this Act will be extended beyond 2007, but in the meantime, you may wish to consider supporting the Department through an IRA contribution for the following reasons:

- The transfer counts toward your minimum required distribution as long as you have not yet received your 2007 distribution.
- The transfer generates neither taxable income nor a tax deduction, so you will receive the benefit even if you do not itemize your tax deductions.
- Most importantly, you can witness the difference your philanthropic dollars can make to the Department of Anesthesia.

Here's an example of how the new law could work for you...

John, 74-yrs old, has \$150,000 in an IRA. He made a pledge to give us \$15,000 this year. He had the choice of giving cash or other assets to fulfill the pledge, but now has another option. If he transfers \$15,000 to us from his IRA on or before Dec. 31, 2007, he avoids paying income tax on \$15,000. He will not, however, be able to use it as a charitable deduction—it is a pure wash. The Pension Protection Act gives him an easy and convenient way to benefit the Department without tax complications.

I would be happy to visit with you further about gifts of IRA assets or any other type of gift you may wish to make to the Department of Anesthesia. Feel free to contact me by sending an e-mail to [thomas-deprenger@uiowa.edu](mailto:thomas-deprenger@uiowa.edu) or by calling 319-335-3305. Thanks again for your interest in and support of the Department of Anesthesia.

NOTE: We are looking forward to seeing you during this year's American Society of Anesthesiologists meeting in San Francisco from October 13-17. More information will be coming soon about our reunion event so we hope to see you there!

Sincerely,

Tom DePrenger  
Senior Director of Development  
Carver College of Medicine/UIHC  
UI Foundation

# Save the Date!



**UNIVERSITY OF IOWA**  
CARVER COLLEGE OF MEDICINE  
University of Iowa Health Care

**IOWA CHAT**  
Iowa Conference for Hyperbaric Applications and Treatments  
**2007**

**SATURDAY, October 6, 2007**

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

**Highlights**

- Public Health Aspects of CO Poisoning
- Update on Late Radiation Tissue Injury: The HORTIS Trial
- Interpretation of TCOMs
- Decompression Illness
- Approval of Indications for HBO/Future Indications
- Current Reimbursement Issues in Hyperbaric Medicine

Program Director:  
Shaun Simmons, M.D.

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



**2nd Annual**  
**IOWA INTERNATIONAL**  
**Anesthesia Symposium**

**March 8 – 11, 2008**  
Los Cabos, Mexico  
Crescent Plaza Hotel  
San Jose del Cabo

**Highlights:**

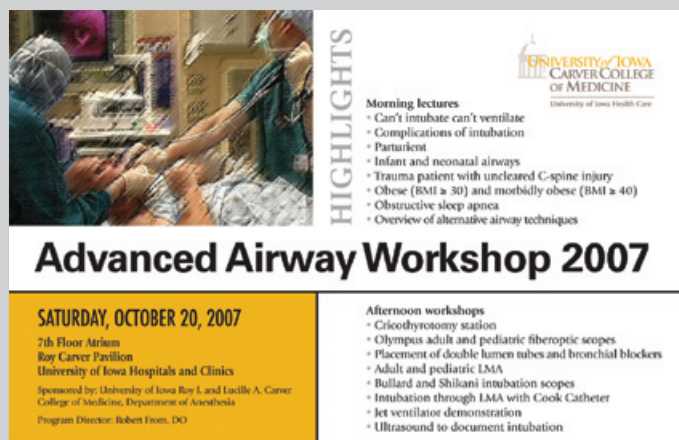
- An update on Regional Anesthesia and Acute Pain Management
- An update on selected topics on airway management
- An update on the unexpected Intensive Care Unit admission patient from the operating room

**Workshops on Site:**

- Regional Anesthesia (live demonstration)
- Fiberoptic Bronchoscopy (manikin demonstration and hands on)
- Ultrasonography
- Regional Anesthesia
- Intravascular Access

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

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



**UNIVERSITY OF IOWA**  
CARVER COLLEGE OF MEDICINE  
University of Iowa Health Care

**HIGHLIGHTS**

**Morning lectures**

- Can't intubate can't ventilate
- Complications of intubation
- Parturient
- Infant and neonatal airways
- Trauma patient with unclear C-spine injury
- Obese (BMI ≥ 30) and morbidly obese (BMI ≥ 40)
- Obstructive sleep apnea
- Overview of alternative airway techniques

**Advanced Airway Workshop 2007**

**SATURDAY, OCTOBER 20, 2007**

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

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

**Afternoon workshops**

- Cricothyrotomy station
- Olympus adult and pediatric fiberoptic scopes
- Placement of double lumen tubes and bronchial blockers
- Adult and pediatric LMA
- Bullard and Shikani intubation scopes
- Intubation through LMA with Cook Catheter
- Jet ventilator demonstration
- Ultrasound to document intubation

For additional information, contact  
Lori Bailey, CME office:  
lori-bailey@uiowa.edu  
319-335-8599



University of Iowa Health Care

University of Iowa Hospitals and Clinics  
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