

Fall 2012

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## NOTES FROM THE Chair

Previously, you read summaries of the roles of two of our four vice chairs, Drs. Hindman and Brennan. In this issue, we present an article prepared by our department's Vice Chair for Clinical Affairs, Javier Campos. Patient care represents the top point in this institution's triangular mission statement; thus, the duties and responsibilities represented within this vice chairmanship are integral in our contribution to the success of the University of Iowa Health Care system. The review presented below will be of interest to all our readers - those training to practice clinical care, those actively providing clinical care, and those who have retired from careers having done so.

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

### *Clinical Affairs*



Javier Campos

One of four vice chairs in the Department of Anesthesia, my area of responsibilities includes Vice Chair for Clinical Affairs. I began this role in February 2005, appointed by Dr. Michael Todd, and for me this is an honor to serve and work for the department and particularly to work with Dr. Todd.

As Vice Chair for Clinical Affairs, my duties include the management of the clinical operations and anesthesia providers (physician faculty and CRNAs) in their respective clinical areas and also assignment of the residents and fellows to their respective areas of rotation. This responsibility covers the Main Operating Room (MOR), Ambulatory Surgical Center (ASC), and all satellite areas.

As vice chair, I ensure that subspecialty teams staff all surgical and nonsurgical satellite locations. These teams include the following: cardiothoracic and vascular anesthesia team, liver transplantation

team, pediatric anesthesia team, obstetric team, orthopaedic and regional anesthesia teams, plus the "O" teams (otolaryngology head and neck, ophthalmology, and oral surgery), neuroanesthesia team, and urology team, to name a few. University of Iowa Health Care is a unique tertiary hospital, with a complexity of cases managed here; thus, our anesthesia subspecialty teams are designed with a very versatile specialty concept in order to provide coverage of day and night call responsibilities year round to take excellent care of our patients.

As mentioned, the Vice Chair of Clinical Affairs oversees the satellite anesthesia areas throughout the hospital. We cover very busy adult and pediatric cardiac catheterization procedures, electroconvulsive therapy, magnetic resonance imaging, a urology satellite area, the digestive disease center, the bronchoscopy laboratory, and more. The infrastructure of the clinical operations of the Department of Anesthesia is integrated in designating a clinical day coordinator that works with me very closely. I work with outstanding individuals in managing the main operating room schedule and satellite areas, in particular with three



Michael Todd and Javier Campos

## Interesting Facts

about Javier H. Campos, M.D.

He was born in Nogales, Sonora, Mexico.

He graduated from medical school at the Universidad Autónoma de Guadalajara, Mexico, where he entered at age 17.

His anesthesia residency was completed at Hospital General Del Estado De Sonora in Hermosillo, Mexico.

He completed a cardiovascular anesthesia fellowship at Instituto Nacional de Cardiología, Mexico City, Mexico.

He completed a cardiothoracic anesthesia fellowship at the University of California, Los Angeles, CA.

He remained at UCLA on faculty for three years.

He joined the faculty at Iowa in 1987 and reached clinical professor status in 2001.

He has authored 60 peer review publications and 16 book chapters, a result of extensive research in thoracic anesthesia.

He receives invitations to lecture all over the world in topics related to thoracic anesthesia.

In 1986, he was awarded Teacher of the Year at UCLA.

In 1988, 1989, and 1993, he was awarded Teacher of the Year by Iowa's anesthesia residents.

In 1999, he was awarded Teacher of the Year by Iowa's SRNA students.

The following appointments are currently held by Dr. Campos:

- Clinical Professor; Director of Cardiothoracic Anesthesia
- Medical Director of the Anesthesia Preoperative Evaluation Clinic
- Vice Chair for Clinical Affairs, Anesthesia
- Executive Medical Director of Operating Rooms

clinical directors: Dr. **Robert From**, Dr. **James Bates**, and recently named clinical director Dr. **Sarah Titler**. These outstanding clinicians contribute on a rotational basis to the management of the clinical operations of the Department of Anesthesia to ensure the throughput and appropriate coverage in all anesthetizing locations to care for our average of 120 patients per day in the MOR, the ASC, and all satellite locations.

In addition, as a vice chair I oversee the anesthesia preoperative evaluation clinic (APEC) where I have an assistant to the medical director, Christine McNair, M.S.N., CRNA and clinical coordinator Carla Aldrich, D.N.P., CRNA. Daily, they work with an average of eight anesthesia providers including registered nurses, advanced registered nurse practitioners, student registered nurse anesthetists, physician residents, certified registered nurse anesthetists, and faculty physicians. A typical day in the APEC brings an average of 35-40 on-site patient consults along with over 50 phone calls. This dedicated group works with a team of subspecialty faculty members as consultants where between APEC, MOR, and ASC the cancellation rate has been decreased to <1% because of the consensus on decision making. This is in part due to our well-managed clinic, along with continuous interaction and consultations if needed with our group of anesthesia subspecialty teams.

As Vice Chair of Clinical Affairs, I am proud of the dedication and commitment that the Department of Anesthesia contributes under the leadership of Dr. Todd. He has helped lead all members—faculty, fellows, residents, CRNAs, SRNAs, RNs, ARNPs, and ancillary services—to accomplish our commitments to patient care. In the past two years, we have broken records at the UIHC with >1,000 cases in MOR each year. I credit this to the dedication and responsibility of our department in order to keep up with our volume of cases, and with the continuous hiring of anesthesia personnel to keep all coverage strong and safe so every patient that comes to our service is managed with our highest standards of care.

Another of my responsibilities is to mentor faculty members in the clinical area so they can become our leaders of tomorrow. My advice to the faculty in this strong and beloved Department of Anesthesia is, “Do what you can do for the department, not seek what the department can do for you.” It is my privilege to work with an outstanding Department of Anesthesia including all the personnel from administrators and secretaries to all anesthesia providers.

Javier H. Campos, M.D.

*Clinical Professor and Vice Chair of Clinical Affairs  
Director of Cardiothoracic Anesthesia  
Medical Director of the Anesthesia Preoperative  
Evaluation Clinic  
Executive Medical Director of Operating Rooms*

## "MEDICINE IS A SCIENCE, Healing is an Art, Healthcare is a Business"

I've heard the quote above with a few variations, but the message behind it has never been quite as evident as in today's challenging environment.



John Stark

Medical innovations continue to amaze me – from concussion management systems using Bluetooth mouth guards (for sports fans), to improved bionic prostheses (for “Six Million Dollar Man” fans), to Transcatheter Aortic Valve Replacement (TAVR) and Iowa’s first total artificial heart transplant performed at the University of Iowa (UI) in 2011. Scientific advancements made here at the UI and across the globe allow us to not only prevent various health risks, but also to offer life-saving treatments to patients with many diseases that have been considered untreatable in the past.

The “art” of healing is the next dimension. It incorporates not only the personal relationship that develops between patient and provider, but also the caring and compassion of all people involved in the patient’s course of treatment. Aesthetics of the patient room, the hospital facilities and its grounds can also aid or impede healing. Family support, wellness programs,

spiritual beliefs, etc. are all crucial for healing to occur, regardless of the spectacular advances of modern science, and as such need to be considered in our approach to medical care.

Then there’s the reality we have all come to understand – healthcare is a business. Accounting for more than 17% of the United States Gross Domestic Product, health spending is the dominant component of our economy. As we all know, there is no such thing as a free lunch. Advances in technology and the science of medicine carry significant price tags – research and development, clinical trials, patent expense, marketing, training. By simply adjusting for inflation, the 1974 “\$6,000,000” price tag of the Six Million Dollar Man (ignoring research and development, litigation expense, and all the rest) puts him at \$30,000,000 today. Similarly, the creation of an improved healing environment, such as our UI Children’s Hospital (UICH) project, with optimal aesthetics, natural light, and private rooms also requires significant capital (e.g., the UICH is expected to cost approximately \$300 million).

A great analogy for this comes from the movie “The Right Stuff.” Confronting NASA scientist about a design issue, Gordon Cooper asked the rhetorical question, “You boys know what makes this bird go up? Funding.” This was followed by the famous line from Gus Grissom,

“**That’s Right.  
No bucks, no  
Buck Rogers.**”

The same is true for healthcare. In an environment where our reimbursement structure faces an unclear future, proper management of our health care business is crucial. Ensuring we have the financial resources available to meet our mission of patient care, teaching, and research is a battle with many continual, difficult and often unpopular decisions.

As I write this article, the Supreme Court has announced that it has upheld the Affordable Care Act (ACA, a.k.a. “ObamaCare”). Depending upon political affiliation, you might’ve been thrilled or horrified, but either way, one thing is certain: the business model we’ve worked under is broken and some very difficult and unpopular decisions have to be made. Healing our business won’t happen overnight and can’t be accomplished through blind cost cutting. One business concept we need to consider is based on Michael Porter’s “value equation,” where

$$\text{Value} = \text{Outcomes} \\ \text{divided by Cost} \\ (V=O/C).$$

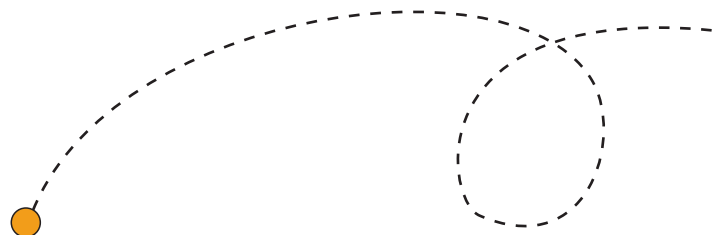
If outcomes improve (or quality increases) and costs decrease, there is an increase in value (consider it “getting more for your money”). Similarly if outcomes are flat, but costs go down, again value goes up. Our goal in health care of course is better outcomes at reduced cost, but it seems that we are currently seeing at best flat outcomes with significantly higher costs. We need to fix this.

While the November elections will certainly play into the speed at which the ACA progresses, if at all, if we are to maintain our ability to advance the science of medicine and foster the art of healing, the business of healthcare needs to be cured.

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



# Mission Trips 2012



David Swanson

The Iowa Miles Of Smiles (MOST) Team Guatemala mission trip is sponsored by Rotary 6000 (64 clubs in the southern half of Iowa) in partnership with Rotarians in Guatemala. The University of Iowa Department of Anesthesia supports the mission as well. In its seventh year, the trip has alternated between two cities. This year, we traveled to Quezaltenango, commonly referred to as Xela (pronounced Shay-la), which comes from the original indigenous name. The group of 36

mostly Iowans arrived in Guatemala in late February. Five of these 36 individuals represented Iowa's anesthesia department.

Supplies were shipped from Iowa City in November, yet still had not cleared customs until after our arrival, adding extra stress to the group organizers. The line of patients and their families awaiting their chance to have surgery is truly an impressive sight. The screening day was hectic as usual, but somewhat sad with many



Rebecca Floyd, M.D. (then CA-3 resident) holding IV pole during procedure

kids not being surgical candidates due to young age (one was four days old), small size, or being too sick. Four children were admitted to the hospital for medical treatment of their malnutrition and one for pneumonia. The collegiality and cooperation within the Guatemalan public hospitals seems to improve with each of our mission trips. I was very impressed with the speed of getting a cardiologist consult for one of our patients who had a murmur



Drs. Ron Abrons, Barry Beutler, and David Swanson "checking out" the monitor

noted during our preoperative evaluation. That patient saw the cardiologist Monday morning, received an echocardiogram, and we were told the results in the afternoon. With that information we were able to safely proceed with surgery.

Our Iowa anesthesia team consisted of faculty members Drs. **Dave Swanson** and **Ron Abrons**, pain medicine fellow, Dr. **Barry Beutler**, and CA-3 residents Drs. **Jessica Kelley** and **Becky Floyd**. The logistical challenges started a few months before the trip when the trip dates overlapped with the in-training exam for the residents. While we have only had four on the anesthesia team in the past, this problem was solved when Dr. Beutler enthusiastically agreed to help out. Drs. Kelley and Floyd were able to stay until the vast majority of surgeries were complete. We are very fortunate

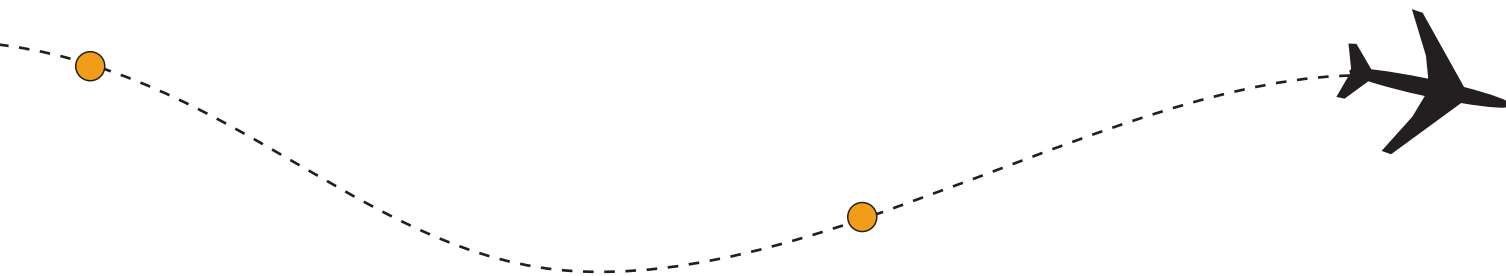


Jessica Kelley, M.D. (then CA-3 resident) holding patient in the triage area

to have the Cornelius International Mission Resident Fund that makes it possible for residents to be part of the team.

The newest anesthesiologist at the Xela Hospital, Paula, had been a resident I met during the 2010 MOST trip. Paula was helping us choose which anesthesia machines to use. One





of her residents was explaining the advantages and disadvantages of several of their machines in Spanish. While we couldn't understand most of this, we heard her say, "BOOM!" Paula interpreted this, explaining not to use the ventilator on this machine, since it went BOOM the last time someone tried it! After some debate, two machines were chosen and moved to the operating rooms we would be using. As it turned out, the next day the original two machines were in our operating rooms.

The first day was notable for a difficult intubation and case cancellation. Another interesting case during the week involved a child with increasing temperature, heart rate, and end-tidal carbon dioxide. Changing to a mapleson circuit and discontinuing the volatile agent and using propofol diminished the concern for malignant hyperthermia. It was very nice to see the cooperation from the local anesthesiologists to bring fresh soda lime, the circuit and to learn that they had expired dantrolene available if needed. The resourcefulness of Guatemalan anesthesiologists is impressive. It is amazing to see the complexity of the cases done by the local surgeons with the limited resources available. Only one or two of their monitors for seven operating rooms have functional end-tidal carbon dioxide. They always use oximeters, but do not have automated blood pressure or electrocardiogram monitors in all of their operating rooms.

This was my third MOST trip. It is enjoyable for me to see the growth experience for the new team members. I like the mentoring aspect of introducing trainees to international medical mission work. The following are comments from the rest of the team.

Dr. Beutler said, *"Trips like this remind me why I chose medicine as a career in the first place. Being among such giving team members, and such humble people that we serve, revitalizes my enthusiasm for life!"*

Dr. Kelley said, *"I wanted to be a part of a team whose goal is to provide opportunities for children who otherwise may not have the chance to get the care they deserve. I also wanted to enhance my skills in pediatric anesthesia, especially in a setting where all the resources we are used to having weren't readily available."*

Dr. Floyd said, *"I was eager to participate in Iowa MOST after learning about the great experiences previous residents*

*have enjoyed. My family had previously been able to host a child through Rotary's Gift of Life Program and being able to interact with Rotary again was a wonderful experience. I was also excited to help provide healthcare to those who may not have the access or the means to receive surgery."*

Dr. Abrons summed it up when he stated, *"I am honored to have the opportunity to help our less fortunate neighbors."*

David Swanson, M.D.  
*Clinical Assistant Professor*

**Editor's Note:** Unfortunately, a few other 2012 mission trips for our Iowa physicians were cancelled due to unsafe travel, unsafe destinations, or funding issues. We persevere in that we are actively pursuing prospects for 2013 to allow more department members the opportunity to participate in these experiences.

**Also,** for our Spring 2013 newsletter issue, we dream of bringing you stories of mission trip experiences from our alumni. PLEASE consider contributing. Send a summary of your experiences to Barb at **barbara-bewyer@uiowa.edu**. Share why you gave or continue to give your time and skills, why it's important to you. Share your personal stories AND photographs. **Deadline is December 1, 2012.**



# The Role of the Executive Medical Director of Operating Rooms

Javier Campos has served as University of Iowa Hospitals and Clinics' Executive Medical Director of the Main Operating Rooms (MOR) since 2009.

On January 1, 2009, I was appointed by the Chief Executive Officer of the University of Iowa Hospitals and Clinics, Mr. Kenneth Kates, as the Executive Medical Director of the Main Operating Rooms (MOR). This role involves managing our surgical cases in the main operating room. Under my leadership, we have built an executive advisor group that oversees the functioning of the surgical enterprise and we have developed what I consider one of the best ethical conducts in the MOR in the entire hospital. It is a privilege to be appointed to this position and have a broad authority to ensure that all surgical specialties have proper allocated time and access to the operating room. This process is managed through a central scheduling office where throughout the day our excellent manager, Mr. **John Schmitz**, along with Ms. **Becky Davis**, receives all surgical case requests. In addition, there are two outstanding individuals with whom I work directly to provide the anesthesia task force to cover all cases in the MOR, Ms. **Donna Jones** and Ms. **Gwen Christenson**, who along with Dr. **Robert From**, do a remarkable job in keeping up with the task force to make certain all our anesthetizing locations are covered in the safest and most efficient way throughout the day.

In my responsibility as Executive Medical Director, I've directed different projects to ensure that our customers receive the best care and 100% satisfaction in Day of Surgery Admissions (DOSA). I have established the concept of individual bays for patients who check in (same day admission) so every patient and their family can have privacy. We are almost in the completed phase of individual bays for each patient.

In the operating room, we have seen an expansion with the addition of two new operating rooms to be completed September 2012 for a total of 32 MORs. In the robotic area, we have built a teaching laboratory next to the MOR for surgical personnel to train with the robot in order to allow our surgeons continuous access to follow contemporary surgical technology.

We have exceeded records in consecutive years with an increase of over 1,000 new cases each year compared to previous years. Currently our utilization in the OR is >80%, the best among many hospitals. This is a reflection of our commitment along with the excellent relationship that we have built with the Department of Anesthesia and ten surgical departments. I personally believe that having an anesthesiologist in an administrative role is extremely important. We bring a new light for what the future is all about expanding our surgical enterprise in the operating rooms. We have established a continuous metric and financial reports with all surgical and anesthesia departments. This is why these five "Ps" play a very important role in every management position: Prior, Preparation, Prevents, Poor, Performance.

Always be prepared in what you do to be successful in the clinical area, research area, and administrative area. Don't settle with one thing in life. If you pursue your dreams, they will always come true.

Javier H. Campos, M.D.  
*Clinical Professor and Vice Chair of Clinical Affairs*  
*Director of Cardiothoracic Anesthesia*  
*Medical Director of the Anesthesia Preoperative Evaluation Clinic*  
*Executive Medical Director of Operating Rooms*

32  
MORs

1 000  
New Cases

>80%  
OR Utilization

# Faculty Profile

I was proud of my accomplishments and contributions until I got a “wake up call” from my mentor Dr. Tinker. I still remember what he said, “You can win many teachers of the year awards and only your wife, kids and residents will know about it. If you settle with this, only local people will know that.”



Javier Campos

I was born in Nogales, Sonora, Mexico, a border town of 60,000 people at that time. At the age of 14, my entire family moved to Nogales, Arizona, in the United States. Five of eight siblings were

born in the United States while I was still attending school in Mexico. I decided to attend medical school at the Universidad Autónoma de Guadalajara and entered when I was 17 years old.

I became very aware of responsibilities and determination when each of the four summers during medical school I would come home to the United States to work to pay for my school. In my second year of medical school, I was very interested in anesthesiology as my first choice and cardiology as my second choice. My goal was to help our citizens in Nogales, Mexico, where at that time there was only one cardiologist and two anesthesiologists for the entire city.

I trained in the Instituto Nacional de Cardiología, a world-renowned institution in Mexico City. Since day one I loved what I did and I also was very intrigued to challenge an observation during a cardiac case in the operating room that would lead to a hypothesis generating a research project. That led me to publish clinical projects as a first author in the *Mexican Journal of Anesthesiology*. I was in a meeting in Mexico when I was introduced to one of my mentors who invited me to seek a fellowship in cardiac anesthesia at the University of California Medical School in Los Angeles, California (UCLA). It was Dr.

Ronald L. Katz who saw something in me while presenting a paper in Mexico. When I began my training at UCLA, additional mentors I worked with included Dr. Stuart Sullivan (former vice chair at UCLA), Dr. Patricia Kapur (current department chair at UCLA), and Dr. Denham Ward (president of the Foundation for Anesthesia Education and Research and former chair at Strong Memorial Hospital in Rochester, NY). I learned from each mentor in the clinical arena and in research as well how to become a better person; I learned from them to become a leader.

After my fellowship, my first paper as a first author was published in *Anesthesiology* in 1986. More publications would come from animal experiments. I stayed as a faculty member at UCLA in the division of cardiac anesthesia for another three years. In 1987, I received a phone call from a UCLA colleague, Dr. Joan Flacke (cardiac anesthesiologist trained at Harvard and Massachusetts General Hospital) that changed the course of my academic career. Dr. Flacke was born in Iowa City and had moved to UCLA and lived there many years. She highly recommended Iowa for two reasons: great anesthesia department and great hospital with a lot of history and its people. She spoke with Dr. **John Tinker** (one of my greatest mentors of all times). Dr. Tinker told me he was building a young, energetic department and wanted me to come and give a lecture and see if the faculty liked me and I could fit into the department because he needed another cardiovascular anesthesiologist. One of the specific questions that I asked Dr. Tinker was, “Please provide me with names

of recent faculty member that you have recruited.” His answer was Dr. **Michael Todd** from University of California, San Diego, Dr. **David Chestnut** from Duke, and Dr. **David Murray** (R ’83) to name a few. I was quite impressed with the roster, and as a “rookie” I chose the University of Iowa over Chicago. The best thing that ever happened to my career was to come and join the Department of Anesthesia at the University of Iowa. Being a part of this team of outstanding individuals was a dream that became reality.



Dr. Campos in the operating room

As a young faculty member I was very enthusiastic to teach residents, fellows, and others what I knew about cardiac and thoracic anesthesia. It led me to multiple Teacher of the Year awards as the best teacher for residents. I was proud of my accomplishments and contributions until I got a “wake up call” from my mentor Dr. Tinker. I still remember what he said, “You can win many teachers of the year awards and only your wife, kids and residents will know about it. If you settle with this, only local people will know that.” He clearly sent me a strong message – that

*continued on page 8*



your personal satisfaction will be what you can do and contribute to the specialty. At that time, I was doing 60% cardiac cases and the rest thoracic cases. Since I did my first thoracic case as a resident, I always liked thoracic cases. I always believed that thoracic cases would be a challenge for every anesthesia provider and there was a lot to learn. Therefore, I decided to challenge every hypothesis I believed important in doing these thoracic cases in the operating room where I could make a contribution in the specialty, which is where many of my research projects came.

As of today, including original manuscripts, reviews, case reports, and letters to the editor, have come more than 60 peer reviewed publications along with 16 book chapters, including a text book in thoracic anesthesia as an associate editor with my friend and colleague, Dr. Peter Slinger. Because of my scholarship contributions to the specialty in thoracic anesthesia, I am invited to lecture internationally on thoracic anesthesia. I have given over 430 lectures and workshops in the United States, Latin America, Europe, the Middle East, and Asian countries. It has been a privilege for me to share with the anesthesia community what I know about thoracic anesthesia and learn from studies of others.

I was appointed Director of Cardiothoracic Anesthesia 13 years ago, where I have had the privilege to work with Dr. **John Moyers** and Dr. **Alan Ross**. Under my leadership, we have trained 15 cardiothoracic anesthesia fellows and recruited seven of our current faculty cardiothoracic anesthesiologists. This year is our first year with the ACGME accreditation, and I expect more good years to come ahead.

Another home run in my academic career has been to work with Iowa's College of Medicine doing research projects with medical students during the summer. I have had the privilege to work with these outstanding, will-be doctors to teach them and learn from them. Of the 14 students that have worked with me on research projects, seven have chosen anesthesiology as a residency and one, Dr. **Ezra Hallam** serves as our current chief resident and has published four peer reviewed publications with me since his days as a medical student. This is a great learning experience that I recommend to every faculty member. These

are our future doctors for whom we serve as a role model.

Another important personal contribution to this department is being a program director for 12 years for the Iowa Anesthesia Symposium and seven years for the International Iowa Anesthesia Symposium. I decided to organize these conferences a long time ago since the Department of Anesthesia did not have such. The sole purpose was to invite senior and junior faculty members to present their best in conferences within their area of expertise. These symposiums have allowed me to work very closely with young faculty members, coach them and also help them to present at conferences to anesthesia providers (MDs and CRNAs) that attend our symposiums from the United States, Canada, Mexico, and Europe. These scientific activities have been rewarding and my heart goes out to all my colleagues who have participated in these educational activities, as well as all attendees. Over 1,000 attendees have participated in our 19 symposiums up to date. Also, our department is the only department at the University of Iowa Hospitals and Clinics, Carver College of Medicine that holds an international symposium every year.

I've been asked to comment on what I like to do outside the hospital. I have three simple hobbies. One, I love to cook, especially for my family - my wife, Doris, two daughters, Sarah and Stephanie, and two sons, Jonathan and Abraham. I have been taking cooking classes all over the world, because I like international cuisine. I do my best in the kitchen, and I am good at it I think. My second passion is traveling, and I have learned different cultures and also how anesthesia is given in different parts of the world. My third hobby and passion has been race cars. I love to go to Indy races, and I regularly attend races in Indianapolis, IN, Chicago, IL, and Newton, IA, to name a few. I also enjoy Nascar races. I like the



Javier Campos at the race track

competition and also the team concept in racing which is similar to operating room teams (safety, speed, competition, and accomplishments). To relax, from time to time, I go to the oval tracks and learn to race cars that I drive; it is fun and exciting when you go at speeds up to 140 MPH.

My advice for all new anesthesia trainees is to always do your very best at home and at the hospital; always think about your contribution to the specialty, and patient safety always comes first. This will reflect your own personality and legacy. For new graduates, always think that patient safety comes first and also to take good care of your family. Any innovations, new techniques or any scientific contributions in anesthesia from private practice or academic institutions, whatever your practice, always will reflect your roots where you trained. In your specialty you will always need the strong support of your family. I've been blessed to have that in my life from my family and peers.

Javier H. Campos, M.D.  
*Clinical Professor and Vice Chair of Clinical Affairs*  
*Director of Cardiothoracic Anesthesia*  
*Medical Director of the Anesthesia Preoperative Evaluation Clinic*  
*Executive Medical Director of Operating Rooms*



MEET THE 2012 – 2013

## Chief Residents

(L-R) Matt Kidwell, Ezra Hallam

**Ezra Hallam** was born in Berkeley, CA, before moving to Ames, IA at age 5. Growing up he loved to participate in any sport he could find - wrestling, running, baseball, cycling and triathlons, just to name a few. He also held numerous jobs through his youth including a paper route, farm hand on a pig farm, lifeguard, cashier, as well as jobs at a Coca-Cola factory and pharmaceutical company. After graduating from Ames High, he attended the University of Kansas. He took two years away from college between his freshman and sophomore years to serve as a missionary in Uruguay. Shortly after returning from Uruguay, he met his wife Heidi, and somehow convinced her to marry him a year later. After graduating from the University of Kansas with a degree in Chemistry, Ezra moved his small

family to Iowa to attend the University of Iowa Carver College of Medicine.

Early on in his medical training he was fortunate to become involved in a summer research project with Dr. **Javier Campos**. Anesthesia grabbed his interest to such an extent that he applied for and was awarded the Doris Duke Clinical Research Fellowship. The nationally funded fellowship allowed him to spend an entire year between his second and third year of medical school continuing his research with Dr. Campos. This year was an amazing experience for him, as he was able to interact on a daily basis with Dr. **Kenichi Ueda** and Dr. Campos, two faculty that have helped shape his career. This year confirmed anesthesia was definitely the right career choice.

made Ezra look bad on a daily basis. (Not much has changed over the last 5 years!) Ezra quickly realized Matt should be an anesthesiologist, and spent the rest of the rotation trying to convince Matt that he should go into anesthesia. During his M4 year, Ezra was the Chief Extern, allowing him to get to know the residents and program even better, leaving no doubt in his mind that the University of Iowa is where he wanted to do residency.

During their almost eleven years of marriage, Ezra and Heidi have been blessed with five children, Annabelle (9 years old), Jonah (8 years old), Grace (6 years old), Olivia, (4 years old) and Finneas (2 years old). The best part of Ezra's day, every day, is when he walks through the door and the kids run up to give him a hug. He doesn't know how he would have made it through medical school and residency without their support each day.

During his free time, Ezra loves to be outside and play with his kids. He has been blessed with children that love to run with their dad! Once a competitive triathlete with two Ironman triathlons under his belt, the time restraints of residency have forced him into semi-retirement from triathlons. His latest fitness obsession is running every day. He has not missed a day of running since December 31, 2009, a streak of more than 900 consecutive days. He recently ran his first Boston Marathon, and though the weather did not cooperate, he had an incredible experience running the race. Ezra also loves watching his New York Yankees, who have won the World Series 27 times since Matt's Chicago Cubs last won a championship.



After returning to finish his clinical years of medical school, Ezra met another medical student named **Matt Kidwell** on their OB/Gyn rotation. Matt was so proactive and on top of things, that he

Hallam Family (L-R) Jonah, Heidi holding Finneas, Grace, Ezra holding Olivia, Annabelle



**Matt Kidwell** was born right here in Iowa City, and grew up in the nearby small town of Solon. Whether it was hunting, fishing, or trying to hide from his four sisters, Matt spent the majority of his childhood and adolescent years either outdoors or in organized sports. Growing up close to the University of Iowa, he has been a life-long Hawkeye fan, attending as many football and basketball games or wrestling meets as he possibly could. After graduating high school he followed his then-girlfriend (now, wife) Courtney to Wartburg College in Waverly, Iowa where he majored in biology. It was during their last year at Wartburg that Matt was able to convince Courtney against her better

encouragement was indeed the only reason that Matt ever thought about anesthesia as a career.

Because anesthesia had never been a consideration as a career choice for Matt, he had planned to delay his anesthesia rotation until his final year in medical school. Unable to change his third year schedule to include anesthesia, he chose to forgo part of his Christmas break to shadow anesthesia residents in order to decide if he wanted to be an anesthesia extern during his fourth year in medical school. It only took a few short days of shadowing the anesthesia residents for Matt to know without question that he

the end of October. When counting all children of anesthesia residents, there are currently a grand total of 32 residents with 65 children. It seems that at any given time there are multiple residents or spouses of residents who are either pregnant or have recently had a child.

While unparalleled training in a family-friendly environment is enough to make the anesthesia residency at Iowa a highly sought-after training program, Ezra and Matt are most thankful to have been surrounded by the incredible group of people that make up the entire anesthesia department during the last three plus years. They have come to know the department as one large family, and have developed personal and professional relationships that will persist well past the four years of residency. Ezra and Matt are very humbled by the enormous shoes they have to fill as they work to find ways to continue the growth and improvement of the residency. Former Chiefs **Smith Manion, Marty Hove, Jens Strand, Nick Pauley, Burke O'Neal** and **John Klein** have all had a great influence on Ezra and Matt. They are very grateful for the work and guidance that Drs. **Waseem Ahmed** and **Tejinder Swaran Singh** have given them over the last few months. Ezra and Matt look forward to meeting the future applicants and recruiting the next generation of outstanding Iowa anesthesia residents.



Kidwell Family (L-R) Carson, Courtney, Matt, Kendyl

judgment that she could not do any better than him, and they got engaged.

Matt and Courtney then moved to Iowa City where Matt attended medical school at Iowa and Courtney began her career as an elementary teacher. They were married after Matt's first semester of medical school, and two years later Courtney gave birth to their son, Carson. It was shortly after Carson was born that Matt did his Ob/Gyn rotation as a medical student and met another medical student named **Ezra Hallam** for the first time. While Ezra tells untrue stories about Matt's proactive approach to their Ob/Gyn rotation, his

would pursue anesthesia as a career. He was selected as an anesthesia extern during his final year of medical school, and quickly realized that it would be nearly impossible for another residency program to offer such complete and well-rounded training as the University of Iowa.

One of the most unique traits about residency at the University of Iowa is the family-friendly environment throughout all residencies, but particularly in the department of anesthesia. Matt and Courtney welcomed a second child, their daughter Kendyl, during Matt's intern year, and child number three is due at



## Anesthesia Trainee Highlights

Each year, it is a bittersweet moment when we bid farewell to our graduating anesthesia trainees during our graduation celebrations - SRNAs, residents and fellows. We have only best wishes and congratulations for each graduate, yet we know we will miss them as part of our in-house family. It is wonderful to welcome their “real” families to the graduation ceremonies and share in their pride. We are fortunate to have several SRNA graduates join our team of CRNAs, as well as graduated residents remain at Iowa in our anesthesia fellowship programs, and also a few graduated fellows remain with us. As happens each year, overlapping one class’s graduation, we welcome incoming groups of trainees.

### SRNAs Graduating Class



L-R: Ben Armstrong, Ivy Wendel, Kate Clymer, Amanda McCurdy, Jill Grund, Missy Snyder, Andrea Lillie, Mitch Dotson  
Front: Cormac O’Sullivan, Ph.D., CRNA, Program Director

### Graduating Residents Class



Back row (L-R): Jessica Jameson, Courtney Hancock, Kristin Knopke, Tejinder Swaran Singh, E. John Wallace-Talifarro, J. Randy Hine, Jessica Kelley  
Front row (L-R): Kira Fraser, Waseem Ahmed, Rebecca Floyd, Molly Kelly, Jessica Leinen

## Graduates and New Trainees *continued*

### 2012 Fellow Graduates



Laura Adam, M.D.  
Critical Care Medicine



Barry Beutler, M.D.  
Pain Medicine



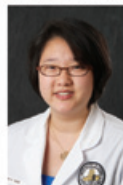
Avinash Bhandary, M.D.  
Pain Medicine



Wes Doty, M.D.  
Regional Anesthesia



Stephen Foster, M.D.  
Critical Care Medicine



Esther Kim, M.D.  
Critical Care Medicine



Cesar Lassalle, M.D.  
Pain Medicine



Ayman Nemr, M.B.B.Ch.  
Critical Care Medicine



Elizabeth Schneider, M.D.  
Regional Anesthesia



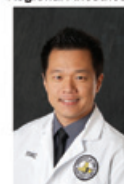
Sudhakar Subramani, M.B.B.S.  
Cardiothoracic Anesthesia



Ahmed Sultan, D.O.  
Regional Anesthesia



Christine Waller, M.D.  
Critical Care Medicine



Willis Wu, M.D.  
Pain Medicine

### 2012-2013 First Year SRNAs



Brady Blazek, B.S.N.



Tacie Clark, B.S.N.



Sarah Dailey, B.S.N.



Sara Griffin, B.S.N.



Jennifer Kuntz, B.S.N.



Lauren Ripley, B.S.N.



Jonathan Schettler, B.S.N.



Brittany Van Sickle, B.S.N.



Elizabeth Westermann, B.S.N.



Christine Williams, B.S.N.

### 2012 - 2013 Anesthesia Externs



Curtis Brown



Justin Elwood



Kendra Frush



Christopher  
Healey



Mark Jensen



Andrea Keohane



Paul Kim



Andy Mortenson



Anna Riessen



Allison Wagner  
Chief Extern



Jenna Wald



Christopher Yopp



## 2012 - 2013 Interns



Thomas Carroll, D.O.



Anita Chazhikattu, M.B.B.S.



Alexandra Chludzinski, M.D.



Peter Coonrod, M.D.



Justin Hesel, M.D.



Christopher Larson, D.O.



Devin Lindstrom, M.D.



Anthony Mueller, M.D.



Samantha Neuwirth, M.D.



Joshua Newby, D.O.



Brant Rustwick, M.D.



Nidhi Shekand, M.B.B.S.



Michael Swerczek, M.D.

## 2012 - 2013 Fellows



Evgeny Arshava, M.D.  
Critical Care Medicine



Tammy Dann, D.O.  
Pain Medicine



Yaw Donkoh, M.D.  
Pain Medicine



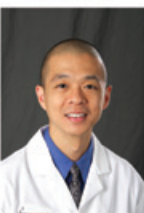
Thomas Fauli, D.O.  
Pain Medicine



Rebecca Floyd, M.D.  
Critical Care Medicine



Courtney Hancock, M.D.  
Critical Care Medicine



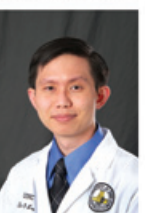
Walt Hwang, M.D.  
Regional Anesthesia



Kristin Knopke, M.D.  
Critical Care Medicine



Dallen Mill, M.D.  
Adult Cardiothoracic Anesthesia



Grant Lee, M.D.  
Critical Care Medicine



Yatish Ranganath, M.D.  
Regional Anesthesia



Jose Rivera, M.D.  
Regional Anesthesia



Nathan Roeth, M.D.  
Critical Care Medicine



Tej Swaran Singh, M.B.B.S.  
Pain Medicine

## 2012-2013 CA-1 Residents



Shelby Best, M.D.



Jay Diaz-Parlet, M.D.



Muayyad (Mo) Tailounie, M.D.

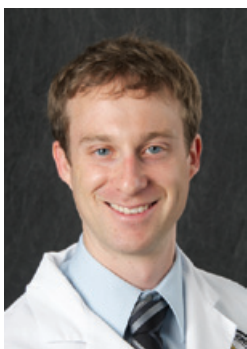


# Follow This Resident

Matthew Maxwell, B.S., M.P.H., M.D., CA-1 Resident

**“Nobody went to medical school to be an intern the rest of their life.”**

**While a true statement, intern year provided many great learning opportunities and I am already a better physician as a result.**



Mathew Maxwell

Wow, it's hard to believe one year ago today I was hardly able to sleep due to nervous excitement about starting my intern year. That year has absolutely flown by and now I find myself

with nervous excitement about starting my first anesthesia year. All of the interns are assigned to the same set of rotations during the year just in a different order. My year started with 6 Roy Carver, the inpatient medicine month. With the new intern work hour restrictions (no shift longer than 16 hours; 8 hours off between shifts; and one day off per week), the schedule had changed completely from the month prior, so even the returning residents were working in a new system. My first day of work, I wasn't even able to log in to Epic, the electronic medical record used at University of Iowa Hospitals and Clinics. After a few glitches throughout the month, the work became easier and less stressful. I finally felt I knew what I was doing in the last week of the month, a recurring theme throughout the year.

Month two was emergency medicine, a wonderful month of 20 different nine hour shifts. I enjoyed the fast paced nature of emergency medicine, the diversity of cases that presented to the emergency room (ER), and realized why so many people are interested in both emergency medicine and anesthesia. The ER physicians I worked with enjoyed working hard while they were there but appreciated the ability to leave their work at work. One memorable experience from my ER month was removing a barbed fishhook from a

patient's finger. The patient even recorded the removal on his cell phone so he could show his friends!

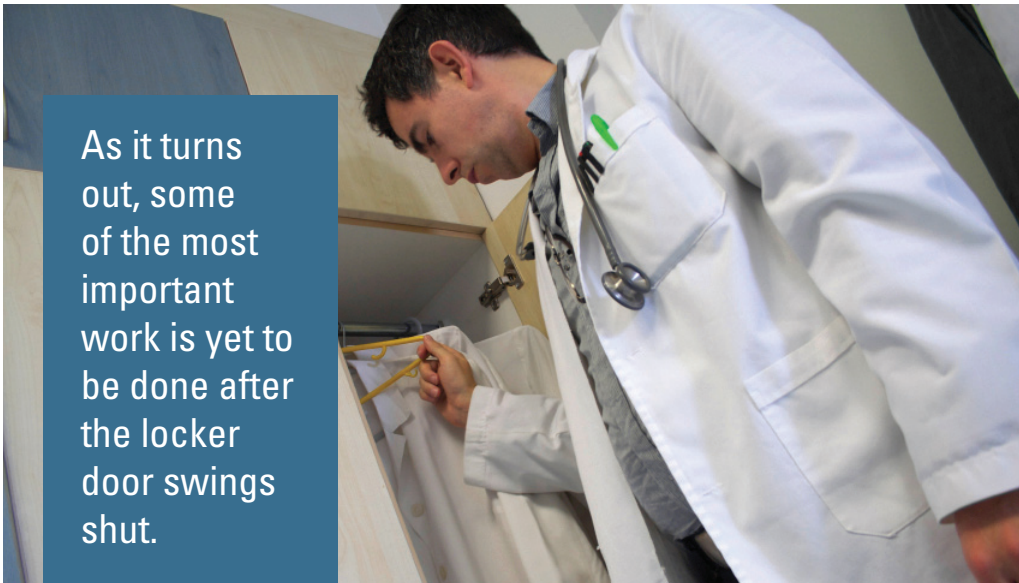
Months three and four were the first rotations in the anesthesia department - Pain Clinic and Surgical Intensive Care Unit (SICU). Both were excellent confirmation of my choice to pursue a career in anesthesiology. Pain Clinic afforded my first opportunity to perform fluoroscopy-guided nerve blocks, which was a challenge at first but I like to think I improved with every procedure. SICU was the first truly frightening month of the year as I was tasked with caring for ten patients per shift in the postcardiac surgery bay. Fortunately, the SICU and cardiac surgery fellows were excellent resources when I was unsure of decisions and provided excellent procedural instruction for my first arterial and central line placements of the year. I recall a night shift when I was writing admission orders and a nurse came running around the corner and breathlessly informed me one of the patients had chewed through their endotracheal tube! Fortunately, one of the senior residents from another SICU bay was sitting next to me and calmly assisted me in changing the tube over a tube exchanger and the patient was fine. It was another example of the helpful nature of the majority of the people at this fine institution.

The winter months were a blur of long hours and minimal days off on renal consults, trauma surgery, cardiology inpatient service, and pediatric ICU. All were worthwhile rotations and I acquired large doses of medical knowledge from each but they mainly fueled my desire to return to the anesthesia department and the operating room. February brought a month of chest radiology, also known as sitting in a dark room staring at computers. I learned much about

reading chest x-rays and also spent some time studying for, and taking, step 3 of the United States medical licensing examination boards. March brought me back to the surgical ICU, a welcome return to the world of anesthesia and critical care. This month was spent in the neurosurgical ICU, an entirely different type of critical care from my prior month in the cardiac surgery ICU.

I spent the month of April in the preanesthesia evaluation clinic, which was a nice introduction to evaluating patients for surgery. I also was able to take a week vacation in Puerto Rico with my wife. May was the busiest month of the year, spent on pediatric surgery. It was a nice introduction to the world of pediatrics, an area I am considering for fellowship. The kids were all great and most of the parents also. June was the first month the other members of my class were together as we were all assigned to work in the operating room (OR) on anesthesia to prepare for July 1st. The first week of the month we were partnered with a senior resident and each day we were allowed more independence in the OR. The last three weeks of the month we were paired with a fellow intern running our own rooms together. It was a great experience to work with my colleagues and to finally be back in the OR again!

Intern year was a roller coaster ride with regards to hours and level of enjoyment on rotations. Friends and family frequently asked me how I liked my intern year and my response was always, “Nobody went to medical school to be an intern the rest of their life.” While a true statement, intern year provided many great learning opportunities and I am already a better physician as a result. That said, I am very excited to continue my training in the OR and elsewhere in the world of anesthesia.



As it turns out, some of the most important work is yet to be done after the locker door swings shut.

The End of the Locker-Slamming Generation:

## ASA Policy Research Rotation in Political Affairs

Courtney M. Hancock, M.D., ASA Resident Component Delegate, ASAPAC Resident Representative

Our department is proud to support our trainees' participation in opportunities that take them outside our institution. We firmly believe these experiences contribute to their learning and growth as individuals and physicians. They return and share their involvement with their peers and colleagues, and the wealth of knowledge expands. From international medical mission trips to exposure to our specialty's political affairs, we encourage our trainees to be involved. The American Society of Anesthesiologists selected one of our own to participate in an experience of a lifetime for her. The following article entitled, "The End of the Locker-Slamming Generation: ASA Policy Research Rotation in Political Affairs," ASA Newsletter 2012; 76(7):32-33, is reprinted with permission of the American Society of Anesthesiologists, 520 N. Northwest Highway, Park Ridge, Illinois, 60068-2573.



Courtney Hancock

For as long as there have been doctors, there have been nicknames coined for members of various specialties. Nephrologists are members of the "bean team," urologists the "stream team" and anesthesiologists

the "dream team." I recently learned of a contemporary specialty-independent nickname for certain physicians: "locker slammers." I could not imagine what inspired this particular nickname, so I asked for clarification from the individual who had made use of the label. Locker slammers, she explained, are the docs who show up for work, do their job, change to go home,

and slam the locker closed on their way out the door. My furrowed brow revealed that I was still uncertain of the label's intended meaning. Further explanation revealed that locker slammers were physicians who viewed their professional responsibility as starting when they entered the hospital and ending as soon as they "slammed their lockers closed" to head home for the day.

If you are like me, you may be wondering how else professional responsibility might be described. What more needs to be done after completing one's clinical duties besides slamming the locker closed on the way out the door? As it turns out, some of the most important work is yet to be done after the locker door swings shut. What could compare to patient care as far as importance to anesthesiologists? The answer is simple: advocacy.

ASA has recognized that early awareness of and involvement in advocacy efforts are critical to sustaining a strong political presence on the local and national levels. Consequently, an opportunity tailored specifically for anesthesiology residents was developed to promote such early awareness and involvement. This program, called the ASA Policy Research Rotation in Political Affairs, is a one-month fellowship based at the ASA Office of Governmental and Legal Affairs in Washington, D.C. It provides residents with a once-in-a-lifetime opportunity to be completely immersed in the day-to-day activities of advocacy efforts on both the legislative and regulatory sides. I was selected as one of the resident scholars for the 2011-12 academic year and spent the month of February in Washington, D.C. Prior to my time in Washington, my understanding of advocacy was limited to an annual contribution to ASAPAC and

# The End of the Locker-Slamming Generation: ASA Policy Research Rotation in Political Affairs

Courtney M. Hancock, M.D.  
ASA Resident Component Delegate  
ASAPAC Resident Representative

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professional responsibility might end when the locker is slammed the locker closed on the way out the door. Turns out, some of the most important work is done after the locker door swings

patient care as far as impact on the patient. The answer is simple: advocacy.

ASA has recognized that the most important work in advocacy efforts are often done after the locker is slammed the locker closed on the way out the door. Turns out, some of the most important work is done after the locker door swings

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an occasional email to my congressman. The operations of the ASA D.C. office were a complete mystery. I knew we had excellent representation in D.C., but I had no idea what that actually meant nor had I an inkling of the extent of our involvement in the daily goings on of congressional and regulatory activities. This was where the rubber hit the road, and I was in for the ride of my life.

One of the best pieces of advice I was given on my first day in the office was to "be flexible" with my schedule. Over the course of the month, this proved to be invaluable wisdom. As one who may be described as slightly "type A," I prefer a modicum of predictability when it comes to my daily schedule. I was in for a rude awakening. On my first day, I met with Ronald Szabat, Executive Vice President and General Counsel at the D.C. office, and within five minutes of our meeting, he had me in a taxi on my way to Capitol Hill to attend a hearing of the House Committee on Ways and Means/Subcommittee on Health. This was the first of many hearings I would attend, each of which focused on issues that would very likely impact how I would practice anesthesiology. Between the committee meetings, hearings, conference calls and online broadcasts, there was never a dull (or predictable) moment.

I also had the opportunity to attend several "meet and greet" gatherings for members of Congress running for re-election. Thankfully, I had Manuel Bonilla, Director of Congressional and Political Affairs, as a guide. In addition to knowing who everyone was, Manuel knew how each individual might be important with respect to issues that related to medicine in general and to anesthesiology in particular. Networking and navigating within this group of America's lawmakers was like a well-orchestrated symphony, with each measure deliberately and strategically delivered.

Manuel and I also visited several members of Congress on "Hill visits." I listened closely as he skillfully communicated salient points of complex issues to non-medical individuals who were hearing about them for the first time – issues which were of utmost importance to me as a physician. I even had a chance to meet with my own representative and presented to him arguments in support of my position on repeal of the Independent Payment Advisory Board.

My month in Washington, D.C. was like a back-stage pass to Capitol Hill – a look "behind the curtain" of politics. I was humbled by how little I knew about issues so critical to my profession. I was naïve to how vulnerable our specialty would be without the tireless efforts of the members of the ASA D.C. office as well as all of the ASA members they represent and to whom they reach out for help and support. I was reassured by their skill, and I was inspired to take everything that I had learned over the month and apply it to the rest of my career.

If you are curious about advocacy, you should consider applying for the Policy Research Rotation in Political Affairs. I had no formal experience in organized medicine outside of being the delegate for the state of Iowa in the Resident House of Delegates. I had only a basic understanding of the issues challenging our specialty. I did, however, have an appreciation for how critical it was to continue with involvement on whatever level I was able and to gain a deeper understanding of the issues that threatened to undermine anesthesiology. Whether we like it or not, we've joined a specialty that is in the midst of an extraordinarily volatile political scene that demands not only our utmost attention but also our swift and deliberate action. This is the end of the locker-slhammer generation. Take your seat at the table.

Courtney M. Hancock, M.D., 2012 resident graduate, currently critical care medicine fellow at University of Iowa Hospitals and Clinics, Iowa City.



## News & Update



Ann Smith

It's that time of year again, when our CRNA team has started mentoring the newest class of SRNAs who have just begun their first-time clinical experience in the operating room. Those who

are involved know this is a time of certain trepidation, but the end result is well worth the time and energy put into giving these individuals the best training possible. We are able to add to our CRNA staff many talented and qualified anesthesia providers whose transition to practice here at Iowa is nearly flawless. Especially when compared to hiring someone trained outside of the Iowa program, the benefits are countless.

The training process of the students during their initial exposure to the operating room environment is a highly intimate activity, with one-on-one monitoring and intense discussion to achieve the maximum level of clinical expertise. As this training continues,

the CRNAs and faculty anesthesiologists are able to gain not only new colleagues, but also the personal satisfaction of shaping these new minds. They also get the chance to review the fundamentals of anesthesia practice through answering numerous questions, challenging, and quizzing their student partners.

When we recruit our own SRNAs to join the CRNA team, they are familiar with the people, places and philosophy of the anesthesia group and there are really no surprises. They know us and we know them, making for an easy adaptation into practice for all. From a hiring standpoint, we know all about these valuable trainees - we know their educational backgrounds, clinical personalities, and their skill levels. All of our faculty anesthesiologists and surgeons appreciate the level of familiarity and welcome the new additions to the CRNA crew, even the recovery room staff benefits from their personal knowledge of these new members.

Forty percent (16 out of 40) of our currently employed CRNAs are graduates of the University of Iowa program of Nurse Anesthesia. From my viewpoint as the primary CRNA recruiter, having the opportunity to hire SRNAs from within our own program has been immensely advantageous. These new team members know



### Forty percent

(16 out of 40)

of our currently employed CRNAs are graduates of the University of Iowa program of Nurse Anesthesia.

and understand the ideas that make up our collaborative practice and are able to work in a way that emphasizes the common good of the anesthesia department as a whole. They also have a solid understanding of the logistics of the University's in-patient locations and clinical settings, as well as scheduling tools and Epic documentation.

We, as an academically centered anesthesia department, find the benefits of training and hiring CRNAs who are graduates of our own program to be priceless. The personal connections and friendships that form within the mentoring of Iowa Nurse Anesthesia students help to create a team that works as a cohesive whole (CRNAs, faculty, and operating room personnel) with those we are able to hire. Even though it can be a trying time for all, we look forward to the training process of the SRNAs each year, as our CRNA group knows that we are in the process of creating our newest talented colleagues.

Ann Smith, M.S.N., CRNA  
*Chief Registered Nurse Anesthetist*



Front row (L-R): Ann Smith, chief CRNA; Lynn Fitzpatrick, CRNA (SRNA '98); Kristin Carne, SRNA

Back row (L-R): Robert From, D.O. (R '83); Carla Aldrich, CRNA, D.N.P. (SRNA '07); Bridget Moellers, SRNA



## Sharing Our ThankYous

Within our department, we work hard to thank one another when notice is made of someone taking that extra step to help improve a situation, enhance a patient scenario, or offer an extra pair of hands or a friendly, warm smile. One might call it “the Iowa way....” Recently, this editor decided to take a count, add up the number of names that crossed my desk as people who had recently been publicly thanked for going out of their way to help another. I wasn’t necessarily shocked by the number – 19 people – but instead, I wondered how many additional people had performed good deeds and whose names just didn’t cross my desk. I am pleased to report that the kudos do not just come from us to us; they also come from grateful patients, from grateful surgeons and other specialty physicians, as well as from other hospital personnel. We are good people working here in the Department of Anesthesia within the University of Iowa Health Care. To the following 19 people....a more public THANK YOU. To those who slipped past by desk unnoticed, you know who you are. Take a moment to pat yourself on the back, give yourself a warm smile, and keep on practicing “the Iowa way.” Thank you.

–bjb

Jim Bates  
Brian Bowshier  
Esther Benedetti  
Foad Elahi  
Peter Foldes  
Brent Hadder  
Ezra Hallam  
Satoshi Hanada  
Amy Heller  
Brad Hindman

Jerry Hine  
Jessica Jameson  
Clark Obr  
Melinda Seering  
Azra Salahuddin  
Jonathan Swade  
Tejinder Swaran Singh  
Tammy Taylor-Bass  
Amanda Van Weelden

## Surgical Intensive Care Unit Director Named



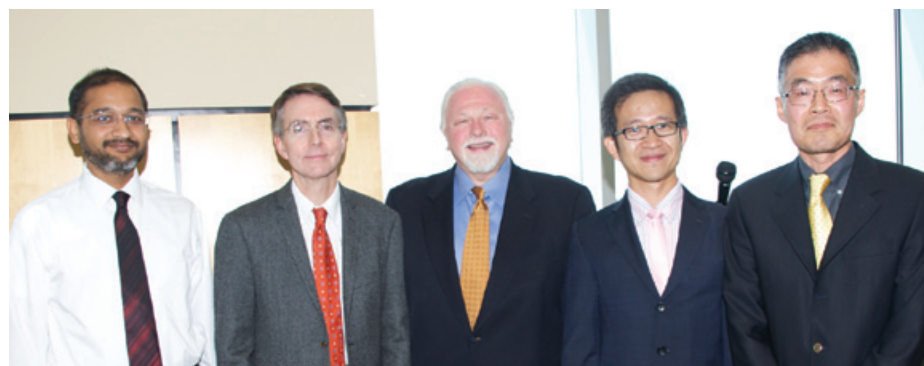
Kent Pearson

Following a national search, **Kent S. Pearson, M.D.**, Associate Professor, has been selected to fill the position of Medical Director of the SICU. Dr. Pearson received his medical degree from the University of

Illinois College of Medicine in Rockford. He completed his anesthesia residency and his critical care fellowship at Iowa, joining the department faculty immediately following this training. Dr. Pearson has 20+ years of outstanding performance in our critical care unit. Kent Choi, M.D., Clinical Associate Professor, Department of Surgery/Acute Care, and **Shawn Simmons, M.D.**, Clinical Associate Professor, Anesthesia, continue in their roles as Assistant Medical Directors in the SICU.

## Faculty Recipients of Resident Teaching Awards

At their graduation dinner on June 24, 2012, 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 winners of these honors do a wonderful job of combining multiple realms of education. **Bradley Hindman, M.D.**, Professor, Vie-Chair, Faculty Development, received



Resident Teaching Award recipients: Sundar Krishnan, Bradley Hindman, Peter Foldes, Danai Udomtecha and James Choi

the “Resident Teacher of the Year Award.” Four faculty members were selected as recipients of the 2011-12 “Resident Excellence in Teaching Awards.” They are **James Choi, M.D.**, **Peter Foldes, M.D.**, **Sundar Krishnan, M.B.B.S.**, and **Danai Udomtecha, M.D.** Dr. Choi holds an appointment as Clinical Associate Professor. Drs. Foldes, Krishnan, and Udomtecha each hold appointments as Clinical Assistant Professor.

## Faculty Named to State Board of Health



Ron Abrons

**Ron Abrons, M.D.**, Clinical Assistant Professor, was named a member of the Iowa State Board of Health, with his term extending through June 2013. This appointment is made through the office of the Governor, Terry E.

Brandstad. The Iowa State Board of Health is the policy-making body for the Iowa Department of Public Health. It has the powers and duties to adopt, promulgate, amend and repeal rules and regulations, and advises or makes recommendations to the governor, General Assembly, and the director of Public Health, on public health, hygiene, and sanitation. Under the leadership of the director, the Iowa Department of Public Health exercises general supervision of the state’s public health; promotes public hygiene and sanitation; and, unless otherwise provided, enforces laws on public health. The department’s programs are conducted through five major divisions and the executive staff director.



## SmartTots Research Grant Awarded



Robert Block

The International Anesthesia Research Society (IARS) has selected **Robert Block, Ph.D.**, as recipient of a SmartTots research grant for his project, "General Anesthesia during Human

Infancy and Brain Development." Dr. Block will receive \$100,000 over two years for this grant. The SmartTots program was established through the IARS to fund anesthesia research to ensure pediatric safety. Dr. Block's project was selected because of its superior promise to produce significant progress in the field.

## Master in Medical Education Awarded



Kokila Thenuwara

**Kokila Thenuwara, M.B.B.S., M.D., M.M.E.**, Clinical Assistant Professor, recently graduated from the University of Iowa's Master in Medical Education

program. This program is designed to offer an opportunity to develop a community of academic medical faculty with formal training in education who will create and sustain a culture of educational excellence within the College of Medicine, the university, and the medical education community at-large.

## Iowa Graduates as Newly Certified Diplomates in American Board of Anesthesiology

Our department is proud to announce that nine of our recent resident graduates have successfully completed both the written and the oral board exams to qualify as diplomats certified by the American Board of Anesthesiology (ABA). This board certification is an important milestone in the careers of these anesthesiologists, and we salute each individual. To our

faculty, we give credit for their contribution in the education of these individuals:

**Corey Anderson, Major Boateng, Brian Bowshier, Jamie Johnson, Geoffrey Kredich, Jared Lake, Neadum (Joey) Odum, Burke O'Neal, and Somchin (Nick) Puangsuvan.**

## Ambulatory Surgery Center (ASC) Promotion



Kathleen Fear

**Kathleen Fear, A.R.N.P., CRNA**, was appointed the "lead ambulatory surgery center CRNA" by Dr. **John Laur**, medical director of the ASC. Her additional administrative duties include ASC CRNA scheduling, daily ASC

CRNA assignments, recruitment of new ASC CRNAs, representing the ASC at department scheduling meetings, working with the ASC team leader to maximize efficiencies, assisting with the ASC anesthesia workroom, working to assist in arranging ASC postanesthesia care unit coverage, and helping to arrange regional blocks.

## Faculty Promotions

**Anil Marian, M.B.B.S., M.D., F.R.C.A.**, and **Joss Thomas, M.D., M.P.H., F.C.C.P.** have been promoted to Clinical Associate Professor. **Robert Raw, M.D.**, has been promoted to Clinical Professor.



Anil Marian



Joss Thomas



Robert Raw

## Main Operating Room Promotion



Sara Titler

**Sarah Titler, M.D.**, Clinical Assistant Professor, has been named the newest Clinical Coordinator in the main operating room suites. Her two major responsibilities include coordinating the throughput of cases and assigning anesthesia providers. In addition to these key tasks, several other duties fall under the purview of the clinical coordinator.

## M4 Faculty of the Year Award



Sundar Krishnan

**Sundar Krishnan, M.B.B.S.**, Clinical Assistant Professor, was the recipient of the Faculty of the Year Award from the fourth year medical student class. This is given in recognition of outstanding

contributions to student education and to the student body. The certificate was signed by Dean Nancy Rosenthal in the Office of Student Affairs and by Amy Domeyer-Klenske, president of the Carver College of Medicine student government.

## 2012 Summer Research Students

Seven students took advantage of the opportunity to work with anesthesia faculty researchers over the summer months. This win-win situation for both student and mentor is supported by the Iowa Center for Research by Undergraduates, the Iowa Medical Student Research Program, or the department directly. The 2012 summer research teams involved the following individuals, naming first the student, followed by the faculty mentor: **Ian Lamb/Toshihiro Kitamoto, Andy Mortenson/Javier Campos, Eli Musselman/Javier Campos, Guy Raz/Javier Campos, Bridget Shields/Ken-ichi Ueda, Joshua Viggers/Christina Spofford, and Mark Zhao/Christina Spofford.**



# OF **Special** INTEREST

## MARC 2012

The 2012 Midwest Anesthesia Residents Conference (MARC) took place March 16-18, 2012, in Chicago, IL. As is typical, the University of Iowa Department of Anesthesia residents participated in a manner bringing pride to our department. Presenters did a spectacular job and we are proud of them. We also are appreciative of the faculty mentorship provided. With a total of 26 (yes, 26!) presentations, TWO first place winners and FOUR third place winners, we really were represented well at this meeting. Special award winners were:

**Brenton Freeman**, first place, "Bilateral Lung Transplantation in Mounier-Kuhn Syndrome" [Mentor: **Srinivasa Rajagopal**]

**Grant Bleeker**, first place, "Anesthetic Management of a Patient with Jervell Lange-Nielson Syndrome" [Mentor: **Sarah Titler**]

**Molly Kelly**, third place, "Ketamine for Reversal of Opioid Tolerance in an Adult Non-Cancer Pain Patient: A Case Report" [Mentor: **Esther Benedetti**]

**Sarah Eisen**, third place, "Airway Management in the Setting of an Unstable Cervical Spine" [Mentor: **Bradley Hindman**]

**Tyler Kerr**, third place, "Severe Fat Embolism: Positive Outcome and Lessons Learned in Hindsight" [Mentor: **Avinash Kumar**]

**Jessica Leinen**, third place, "Occipital Meningoencephalocele in a Neonate" [Mentor: **Joss Thomas**]

## UI Health Sciences Research Week

Our department faculty and staff researchers participated in the UI Health Sciences Research week events on April 3-4, 2012. This year, we were well represented at the event that focused on the neurosciences.

Our department researchers contributed nine posters for exhibit. Two of our faculty also participated as judges for the event, Drs. **Christina Spofford** and **Timothy Brennan**.

## Feedback from Newsletter Article

In our Fall 2011 issue, on pages 14-15, we featured an article authored by **Randy Cornelius**, M.S.N., CRNA. Randy provided an overview of our anesthesia workroom, some of the personnel and their duties. To our surprise and pleasure, Randy received an email from a CRNA working in a hospital in Camden, New Jersey, a woman unknown to him, a woman unknown to our department. Laura Ho, Chief CRNA at Cooper Hospital in Camden, NJ, took the time to send Randy a nice note to let him know she had read his newsletter article and was "very impressed by the anesthesia workroom and the workroom personnel at your facility." She went on to share, "I work at a Level I trauma center..... Senior administration has recently agreed to provide us with anesthesia techs. I'm hoping to emulate the existing structure at Univ of Iowa..." We are so thrilled that our newsletter is reaching viewers outside of our alumni and known friends! We welcome new readers and we enjoy hearing feedback from all of you related to the news and stories that you read. Thanks, Laura Ho; nice to make your acquaintance; be sure to visit our department if you are ever in Iowa City!

## Ambulatory Surgery Center is Expanding

While our current Ambulatory Surgery Center (ASC) is considered quite new, we are in need of expansion already. A fourth level to the west addition building

of the Pomerantz Family Pavilion, as well as a partial fifth level, are under construction, with an expected completion in September 2013. The current ASC will expand onto the fourth level and allow for four additional operating rooms and associated sterile supply storage, along with new surgical staff conference, locker, and administrative areas. Existing staff areas will be converted into a new first stage postanesthesia care unit.

## Department Participation in Container Garden: Cultivating Excellence

A container garden on the Carver Patio of the hospital was created as a way of cultivating excellence and celebrating the University of Iowa Health Care's journey to Nursing Magnet redesignation in 2012. Magnet status is awarded to health care



organizations with exemplary nursing practice, and UI Hospitals and Clinics was the first in Iowa to be designated (2004) and the first in Iowa to be redesignated (2008). As we strive for another such goal in 2012, all departments were invited to participate in planting containers for summer display

**50<sup>th</sup>  
Reunion  
Celebration  
Weekend**

University of Iowa  
Department of  
Anesthesia

Friday – Sunday  
June 14 – 16, 2013  
Iowa City, IA

*Details being finalized  
as you read this!*

on the patio. The garden is visited daily by staff, patients and their families, and visitors, and comments have been overheard such as, “What a wonderful gift to all who view this. I appreciate the creativity used in designing these containers and arrangements, and I’m grateful for the beautiful environment it provides me to rest, to contemplate what I’ve just been told by my doctor.” Of course, there was some friendly competition added for fun! The magnet garden planning committee challenged departments to create containers with the “best use of color,” “the best use of native plants,” “flowers that best represent your department,” and more. Okay, so anesthesia didn’t win first prize!! We didn’t have the advantage of cast or crutches as did orthopaedics! Check out the photo, however. Thanks

to **Kris Jones**, Anesthesia Billing Manager, and master gardener, our department sported a container filled with sedation roses (a tiny division of knockout roses provided by Dr. **Brent Hadder**), geriatric gerbera daisies, laryngoscopy gulliver bacopa, and pediatric supertunia picassos! Container garden entries were also

submitted for enjoyment from our department’s Pain Clinic and from our Nurse Sedation Team. As you might imagine, the benefit from the container garden goes far beyond supporting our nursing magnet redesignation in cultivating excellence.



## 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](mailto:lori-bailey@uiowa.edu) or by telephone at 319-335-8599.

### **Regional Anesthesia Study Center of Iowa (RASCI)**

October 6 – 7, 2012  
December 1 – 2, 2012

### **Anesthesia Interdisciplinary Pain Symposium: Headache and Neck Pain**

October 27, 2012

### **Operations Research for Surgical Services**

February 6 – 9, 2013

### **7th Annual Iowa International Anesthesia Symposium**

March 2 – 5, 2013  
San Jose del Cabo, Mexico – Hola Grand Faro Hotel

### **Midwest Anesthesia Residents Conference**

April 26 – 28, 2013  
Westin Crown Center, Kansas City, MO

### **Iowa Anesthesia Symposium XIII**

May 4 – 5, 2013

## *\*\*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 email at [barbara-bewyer@uiowa.edu](mailto:barbara-bewyer@uiowa.edu) or by telephone at 319-353-7559.

### **University of Iowa Homecoming Weekend**

Thursday-Sunday, September 27 – 30, 2012  
Iowa City, IA  
College of Medicine Reunion Weekend for 1977, 1982, 1987, 1992, 2002

#### **Thursday:**

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

#### **Friday:**

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

Anesthesia alumni welcome in the department (contact Barb Bewyer)

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

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

#### **Saturday:**

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

Iowa vs. Minnesota Football Game, Kickoff time 11:00 a.m., Kinnick Stadium

Medicine Alumni Reunion Dinner, 6:30 – 10:00 p.m., Marriott Hotel & Conference Center

#### **Sunday:**

Event/s TBA

### **Iowa Association of Nurse Anesthetists Fall Educational Meeting**

Friday – Sunday, October 12 – 14, 2012  
Holiday Inn and Suites, West Des Moines, IA  
<http://www.iowacnas.com>

### **Alumni Reception during Annual ASA Meeting**

Saturday, October 13, 2012  
7:00 – 9:30 p.m.  
Grand Hyatt Washington Hotel – Room 12-14 Washington, D.C.

### **American Board of Anesthesiology Maintenance of Certification in Anesthesiology Exams**

January 12 – 26, 2013  
July 13 – 27, 2013  
<http://www.theaba.org/home>

### **Iowa Society of Anesthesiologists Spring Meeting**

Saturday, April 6, 2013  
Holiday Inn & Suites, West Des Moines, IA  
<http://www.iasahq.org>

### **American Board of Anesthesiology Written Certification Exam**

April 15 – 19, 2013 – Ft. Lauderdale, FL  
September 30 – October 4, 2013 – Phoenix, AZ  
<http://www.theaba.org/home>

### **UI Carver College of Medicine Alumni Reunion**

Friday - Saturday, June 7 – 8, 2013  
Carver College of Medicine campus, Iowa City, IA  
[http://www.medicine.uiowa.edu/Alumni/alumni\\_weekend.htm](http://www.medicine.uiowa.edu/Alumni/alumni_weekend.htm)



# Alumni Profile

Roger Westerlund

**"Reminiscence of Gasses Passed..."**

I grew up in the small town of Red Oak, Iowa (population: 5,000), with summers spent on an uncle's farm -- no indoor plumbing or electricity. My father was a general businessman (restaurant, cattle, car dealer) with an 8th grade education. My mother was a registered nurse and homemaker.

After a very brief time at Massachusetts Institute of Technology, where I learned that an engineering career was not for me, I, again briefly, attended a junior college, then onward to the University of Iowa. There I took a variety of interesting courses and was accepted (with no baccalaureate degree) into the College of Medicine in the Fall of 1953.

Just prior to beginning medical school, I married Janice Liljedahl of Essex, Iowa, who was a teacher with a major in music, and who taught for \$3,600 a year. There were four or five other married couples (and four women) in my freshman class. During orientation, one professor informed us, "OK, you wives, you will support your student husband for the next several years, then kiss him good-bye. Very few will remain married." Also at orientation, we were told that while there were then 120 of us, we should look around, because only 90 would graduate. And that is exactly what happened. Some were given a chance to take intensive classes over the summer, and some could attempt to repeat the year, but few returned. Our classes were divided in groups of nine or ten, and we remained in the same groups for our entire medical school careers. Thus, we barely got to know any of the others outside our immediate group.

I had the good fortune to secure summer work (two years) as an orderly at the University Hospital. The first summer was spent on the Neurology Ward (I became a master of enemas), and attending to patients in iron lung ventilators; the second summer I was assigned to the sixth floor Recovery Room -- a preview of an anesthesia career to come.

I noticed one well dressed (white pants and clean jacket) orderly type coming and going, helping, pushing gurneys, talking to

patients -- an impressive guy. I subsequently learned that he was Dr. **Stuart Cullen**, Chairman of Anesthesia. Somehow, I also got to observe Dr. Cullen and Dr. **John Severinghaus** (then a resident) work with krypton and other gases as anesthetic agents. I also became acquainted with the alcoholic dogs Dr. **Jack Moyers** used for studying the effects of chronic booze on anesthetic response.

As a senior student, I was assigned to administer anesthesia in a gynecology room. Being Spring, and I a senior, I arrived late. Dr.



## Department of Anesthesia 1960

**Back Row:** Weikel, DeFalque, Jacobs, Maungdee Inter-Jur, Wallace, Rapicovali, Hull

**Middle Row:** Speer, Roberts, Bates, Warner, Munson, Westerlund, Page

**Front Row:** \_\_\_\_\_ Moyers, Hamilton, DeBacker, Pittinger, Jackson (Secy)

Cullen was doing the anesthesia. Routine obstetrical anesthesia was administered by hired senior medical students, using nitrous and trilene. Anesthesia residents appeared only for cesarean-sections.

I received a rotating internship at King County (Harborview) Hospital in Seattle, Washington, a top-notch position at \$90 a month. I had decided that anesthesia could be an interesting field, and I arranged three months in the service of Dr. **Lucien Morris**.



Dr. Morris was a fine clinician, spending much time in the operating room (OR). Two rules of his: chart on time up to the minute, and a finger on the pulse at all times. Dr. Morris had developed the Copper Kettle for the vaporization of chloroform, so we were able to use a bit of chloroform -- very carefully. One time, the neurosurgeons threatened my life if the patient moved. That patient didn't move for two days.

Having been accepted for an anesthesia residency at Iowa in the Spring of 1958, I received a letter from Dr. Cullen that he would be leaving for San Francisco, so his potential residents could join him there or could come to Iowa to be with Dr. **William Hamilton**. I came to Iowa. Dr. Cullen's belief had been that beginning anesthesia residents should start with open drop ether to learn the signs and stages of anesthesia. Fortunately, I had my Seattle experience, so I spent most of my first weeks in the cystology suite doing spinal.

Some of our gas machines were water-level flow meters, which resulted in the situation that if the valve was left on, when you opened the gas cylinder the next morning, the water sprayed out. You were left looking for a technician to help you repair the meter. We didn't have piped in gases; we relied on cylinders on the machine.

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### **I remember...**

...using **ethylene** (very flammable) to mask unpleasant smells, such as gangrene in the OR.

...using open drop **chloroform** in a tiny closet off the otolaryngology offices for ear tubes in small children.

...doing tonsillectomy and adenoidectomy procedures with **insufflation ether**, and seeing the Chief of Otolaryngology stroll through the OR with a lighted cigar held behind him.

...there were no adequate bedside ventilators for patients needing mechanical ventilation; an anesthesia attending adapted a **truck windshield wiper** to power a fine little ventilator that could sit on the patient's bed.

...Illinois engineers working with Neurosurgery to radiate basal ganglia, which required up to **48 or more hours** over two or three days, all under anesthesia, with the anesthetist about 20 feet away from the patient.

...Dr. Hamilton working with Dr. Forrest Bird on the development of the **Bird ventilator**.

...**Wednesday night** M & M conferences, followed by more informal conferences in a local tavern.

...and **Saturday morning** case review meetings.

...the use of **nitrous oxide** "primary saturation" where nitrous was administered at 100 percent for one minute, then oxygen added.

...when one was assigned to a **tetanus patient**, it basically meant being that patient's constant companion for the duration.

...and, I remember **watching the sunrise** from a tower OR on a beautiful morning.

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If one committed a succinyl overdose, with persistent paralysis, then it was your job to hand ventilate that patient until he recovered. There were no such things as nerve twitch monitors then. There was only one electrocardiogram (EKG) machine in the OR suite. It was specially designed to be explosion proof, in a small pressurized cylinder, because of the use of ether, cyclopropane and ethylene. It was a competition to use the EKG. Open heart procedures were done with a cardiographer present who monitored a paper writer EKG.

Hypothermia for major vessel or neurologic cases was accomplished by placing the anesthetized patient in an ice filled bath tub for a certain amount of time, then returning him to the OR table.

The clinical introduction of halothane was in 1958, which wrecked the department budget, and Dr. Hamilton's disposition, which improved when rules for its use were developed. Speaking of Dr. Hamilton...he developed a problem of some kind requiring a lumbar puncture. He had believed that postlumbar puncture headache was not a true physical affliction until then. He became a believer, and was out of action for several days. No epidural blood patches at that time.

Dr. **Leo DeBacker** studied the use of intravenous lidocaine as an adjunct during major burn dressing changes, which were done with the patient soaking in a bath tub. The study was brief -- two patients convulsed and went under water.

I was involved in two research projects: One was a study on bunnies with tooth pulp electrodes, with Dr. **Charlie Pittinger** and a pharmacologist. We developed an initial paper concerning minimal alveolar concentration (MAC), which clearly confirmed my choice not to be a researcher. The other, a study with Dr. Scott Reger of ENT, was on hearing acuity with 10 to 30 percent nitrous oxide. This involved taking a gas machine into a sound-proof chamber and testing hearing. We had no shortage of volunteers, as the breathing of low-dose nitrous could be a very pleasant experience.

Bill Hamilton (Hambone) was an excellent teacher, and a superb role model. In my mind, he was looking over my shoulder for the rest of my professional life. He also hosted fine parties, with martinis served from a glass urinal.

After residency, I joined the Public Health Service, Indian Health Division. At that time, all male physicians were required to repay the government with two years of active duty or equivalent. I spent two interesting years primarily on the Navajo Reservation in New Mexico/Arizona. I would serve as a general duty officer in the emergency room, but most of the time as an anesthesiologist, working with a fine CRNA.

I then worked briefly at the McFarland Clinic in Ames, Iowa, and was offered a job there in the Fall of 1962. The bad news was that my new partner told me upon my arrival in July that he would be taking off the entire month of August. We had four hospitals to cover (Ames, Iowa State University, Story City, Nevada). I spent many nights without sleep that first month, which was not fun. The practice was fun though, and interesting. I enjoyed my years there

*continued on page 24*

as we added CRNAs and more physicians. Early in the game, my partner and I decided that we had had enough inhaling expired gases from the anesthesia machine. There were no scavenging systems, so gases were released directly into the room, right under the anesthetist's nose. We rigged up a scavenger system which was adequate.

I enjoyed an occasional trip to Iowa City to visit the department as a guest instructor, and to participate as an inquisitor at M & M, and as a commentator at case review. During those years, pulse oximetry was introduced, a tremendous advance. I went to the Mayo Clinic to learn the technique and use of a central line. Also, engineers at Iowa State developed a flexible cable with a temperature transducer that could be inserted orally or rectally to monitor temperature.

In conjunction with the pediatricians, and Iowa State engineers, we helped to develop the first system for providing continuous positive airway pressure (CPAP) for newborns and small infants.

As predicted at medical school orientation, my wife and I split, sharing our two daughters. However, I was fortunate enough a year or so later to meet a young lady (Mary Ann) at Friday Night Singles' Bar in Ames, and she was willing to go out with me. She was actually a medical nurse and an acquaintance at the hospital. We were subsequently married and moved to New York City, where I was, in time, promoted to Clinical Director of Anesthesia at New York University (NYU) Medical Center (Tisch Hospital), associated with Bellevue Hospital. There we had 60 residents, 65 attendings, 15 CRNAs and 10 technicians. It was a fine clinical department chaired by Dr. Herman Turndorf, and he and his wife became our best friends. My wife, Mary Ann, became head nurse in the NYU Blood Donor Center. I had the ideal job. I could work on administrative paper work, manage an anesthetic by myself, supervise a resident and/or CRNA, or run the floor. It was a great position.



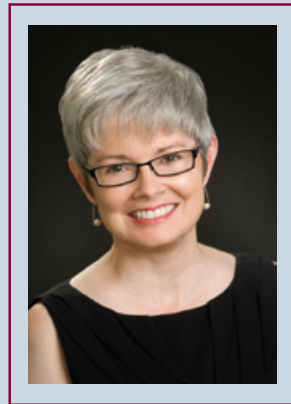
Roger and Mary Ann

Ketamine was a great drug, but it soon became a street drug so had to be controlled. We did so by use of a secure vending machine device and there were no pharmacists present in the OR. Drug addiction was a prevalent concern in the attending and the resident staffs. Precise drug control, especially narcotics, was difficult. Each year, one or two residents and also an occasional attending were sent off for intensive rehabilitation. Few, if any, ever returned to anesthesia practice. While employed at NYU, a resident and I received awards for rescuing a neurosurgical patient who was bolted to the table, and who was engulfed in flaming drapes from a misplaced cautery. Fortunately, she recovered. After

twelve years in New York, it became time to look around and to consider moving on. Mary Ann's daughter, Missy, knew that we enjoyed tropical islands and scuba diving and suggested Key West, Florida. We visited the area and loved it. We moved there in 1997 and have enjoyed the eclectic atmosphere and friends, and the many activities.

It has been an interesting and often challenging career. I could not have done better than to have chosen Iowa Medical School, Seattle Harborview for internship, Iowa Anesthesia for residency, the Indian Health Service, the McFarland Clinic, NYU, and Key West as places to spend my professional life and to live. It has been a pleasure to visit the Iowa Anesthesia Department, as I recently did this June during my medical school 55th class reunion. We are now looking forward to the department's 50th anniversary celebration next year. Count us in!

Roger Westerlund, M.D.  
*Medical School, Class of 1957*  
*Resident Class of 1960*



It is truly an honor  
and privilege to  
bring you this  
article, authored  
by the President  
and CEO of the  
University of  
Iowa Foundation.  
Our department  
newsletter  
serves as one  
tool in building  
relationships  
with our alumni  
and friends.  
Our continued  
partnership with the  
UI Foundation  
is another.

# A Letter from UI Foundation

## Our Commitment to Our University and Our Donors

Over the past several years, the University of Iowa Foundation has connected scores of generous donors with thousands of students, countless programs, and life-changing educational experiences and discoveries at the University of Iowa. It's no exaggeration to say that our donors have changed the landscape and environment of our university in profound ways.

As we prepare for the start of another academic year, and continue our work on several significant new campaigns and initiatives—including *Iowa First: Our Campaign for Breakthrough Medicine*—the UI Foundation reaffirms its strong and continuing commitment to the UI and our donors.

During this time the foundation's mission—advancing the University of Iowa and fulfilling the aspirations of those it serves—has increased in importance, as public universities are being asked to become more entrepreneurial and self-supporting. Today, successful fundraising for major universities requires different thinking, and innovative new strategies.

One such strategy is the expansion of our donor base using targeted outreach approaches for key constituencies. For example, one outreach approach has resulted in 3,442 new donors for the Holden Comprehensive Cancer Center and 3,273 new donors for UI Children's Hospital over the last three years.

Another key strategy is the utilization of innovative, creative, and collaborative approaches toward fundraising. "Grateful patient" philanthropy, the practice by which a health care organization provides giving opportunities for those who are appreciative of care they've received, is a good example of a collaborative strategy. In working with University of Iowa Health Care we've found that those who experience life-changing health care often seek out ways to pay their experience forward.

While these strategies have enabled us to advance our mission, we must continue to improve and find new ways to grow our efforts to connect donors to opportunities and bring value to the University of Iowa.

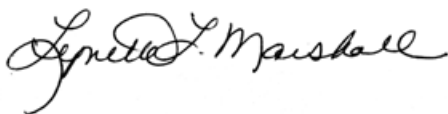
One way we're looking to the future is through our Student Philanthropy Initiative (SPI). Now in its fifth year, SPI is designed to build awareness among students about the importance of private support in enhancing their educational experience at Iowa and to actively engage current University of Iowa students in all aspects of philanthropy.

Through the activities of our Student Philanthropy Group—comprising undergraduate students who learn principles of leadership and the importance of philanthropy—and events such as Phil's Day, where students can see firsthand how private support touches every part of the UI, we're striving to instill in future generations the value of giving back.

Even as we continue to implement new approaches to fundraising, and seek new ways to nurture a culture of philanthropy within the UI community, one thing won't change: our integrity and our commitment to building the trust of our donors.

Our most important commitment is to these dedicated contributors, whose inspiring generosity has touched people on the UI campus and far beyond, funding everything from student scholarships, breakthrough research, and life-changing health care to innovative facilities, community outreach, and global education.

Those of us privileged to work on behalf of public higher education do so because we believe deeply in its transformative power. Our lives have been touched by its mission and we are proud to work with tens of thousands of generous people who want to make the world a better place.



*Lynette Marshall, president and CEO of the University of Iowa Foundation.*





Dale Morgan and Frank Scamman plotting strategy



Peter Jebson and wife June with Marty Sokoll



Marty visiting with Sonia Saceda and husband Dan Bigelow



Stephen Vanasco and Marty Sokoll

## ALUMNI Update



It's truly exciting to report that each day is a busy one here in the department in Iowa City. In addition, I have personally enjoyed several fun trips to visit with our alumni and friends. I want to share all the details with you; however, there simply is not enough room in this newsletter. I also continue my "bad habit" of forgetting to capture the memories in photographs – argh! I wonder if tying a string around my finger would help me remember....

Before I share stories of my travels with you, let's talk **REUNION 2013!** Hopefully, you have now received letters from Dr. Todd providing some small hints. The celebration is set for June 14-16, 2013. We have verbal responses from our three living former department chairs that they will attend – Drs. **Bill Hamilton** (1958-1967), **John Tinker** (1983-1997), and **David Brown** (1997-2004). Dr. **Peter Jebson**, who served as acting chair several times for our department, is also hoping to travel from Florida for our reunion. I'm thrilled to report that I receive communications weekly from additional alumni and friends indicating their plans to attend. Note the photograph shown here with Drs. **Dale Morgan** and **Frank Scamman** "plotting strategy" related to the reunion! You can be sure they will both be in attendance. This is going to be a great time, so please mark your calendars now. Those of you still working, request for time off. Those of you retired, plan other travel on nonconflicting dates. Watch your mail for additional details, soon to come. Know this: We are scheduling plenty of time and space for just plain "catching up" with each other. Also note, we will plan for a professional photographer so that these special moments do get recorded....

Recent travels took me all over the state of Florida, journeying with our department's Dr. **Marty Sokoll**, as well as our UI Foundation development officer, **Heather Ropp**. We had such fun! We visited with department alumni and friends, some still practicing anesthesia and some retired. We were welcomed into homes and practices. We heard memories of training days in the department. We listened to stories about developing practices. We learned about what activities retirement life includes. Those special alumni who welcomed our visits include Dr. **Peter Jebson** (fac '80-'06), and wife June; Dr. **Sonia Saceda** (R '75), and husband Dr. Dan Bigelow; Dr. **Stephen Vanasco** (R '82); friends Dr. **Bill** and Mrs. **Jan Rutherford**; Dr. **Fernando**



Fernando Miranda, middle, with staff

**Miranda** (F'99); Dr. **Merlin Osborn** (MD '63, R '68) and wife, Ruth; Dr. **Azmy Boutros** (fac '63-'77) and wife, Ida; Dr. **Robert Eggers** (MD '65, R '74) and wife, Kay; Dr. **Michael Cristoforo** (R '66) and wife, Donna; Dr. **Donald Sweem** (MD '58, R '67) and wife, Carol; Dr. **Charlie Hull** (MD '58, R '61) and wife, Norma; and Dr. **Amber Jandik** (MD '98/extern) and husband alum, Dr. Ken Jandik (DDS '98). While that was indeed a wonderful week of visits, we are very aware we didn't meet our goal of seeing even more Iowa alumni now living or wintering in the sunshine state. Next trip....





Merlin Osborn and wife, Ruth



Marty enjoys a visit with Azmy Boutros and wife, Ida



Marty with Amber Jandik and Ken Jandik

Anesthesia Study Center of Iowa (RASCI) course and spend several days shadowing several of our experienced faculty members in both the ambulatory surgery center and the main operating

room areas. Dr. Pede's residency training period here overlapped with that of current faculty member, Dr. **Tyrone Whitter** (R 12/'94, Fac '95-), and so I invited them both to join **Dr. Todd** one evening for dinner at one of our Iowa City restaurants. I insisted on "chaperoning" the threesome!

By the end of the evening, Drs. Whitter and Pede made me promise to resist publishing any of the memorable stories they recounted about their days of training. Remind me to share a story next time you see me in person....

In May, the department sponsored the Iowa Symposium,

and we welcomed seven alumni among the registrants. I was thrilled at the opportunity to arrange a brief "alumni reunion" and allow them an opportunity to

catch up a bit with each other.

[What a great photo opportunity missed here!] The following alumni attended this symposium, and almost all of them stayed late after the Saturday session to meet with Dr. Todd: **Ivan Fomitchev** (R '02), **Kamal Gagan** (F '87, Fac '87-'98), **Daniel Gysbers** (R '96), **Ashok Kewalramani** (R '96), **Tim Maves** (MD '86, R '90, F '91, Fac '91-'97), **Daniel Mitchell** (R '98, F '99), and **Edward Post** (R '74, Fac '76-78). In conversation, I found out Dr. Mitchell knows my son-in-law, who took his surgical fellowship training in the same hospital where he works. Small world....

New Jersey was on the travel plans for late spring, and alumnus Dr. **Jeanne Jaggard** (MD '60) welcomed both Dr. Todd and me for several days. There was



Jeanne Jaggard and Michael Todd

little time to sit still, as there were places to go and things to explore! We enjoyed a wonderful "first time for all" visit to Bushkill Falls, known as the Niagara



Robert Eggers, Kay Eggers, Donna Cristoforo and Michael Cristoforo



Charlie Hull, Norma Hall, Donald Sweem and Carol Sweem enjoying the beach in sunny Florida with Marty Sokoll

In late March into early April, we welcomed back Dr. **Roger Pede** (R '96, F '97), who planned his visit to both attend a department-sponsored Regional





Mary Ann and Roger Westerlund with Christine Spofford and Johann Cutcomp, following a tour of the Patient Simulator Center.



John Tinker



Marty Skoll, Jeanne Jaggard,

Falls of Pennsylvania, an enjoyable day trip from Dr. Jaggard's home. Dr. Todd's exploring nature took over during the return drive, to our viewing pleasure, as we truly enjoyed a beautiful drive back from the park. Dr. Jaggard, who together with her late husband, Dr. Hal Jaffe, has been a friend and regular department visitor for years, thrilled us with the news that she would be traveling to Iowa City in late July/early August to attend a wedding. Indeed, this made our departure from New Jersey emotionally easier....

Summer brought us visits from **Jack Grucza**, CRNA, former staff member for years, Dr. **Bill Hamilton** (BA '43, MD '46, R '51, Chair '58-'67), and Dr. **Roger Westerlund** (MD '57, R '60) and his wife, Mary Ann. It's always great to visit with Jack, and he always makes the time to visit the department. Dr. Hamilton, now living in California, spent many hours of his time providing hospital tour and history lesson to several of us tasked with recording our department history into print. It is so wonderful that he shares his knowledge and memories with such dedication and accuracy. His visits are always such a pleasure for us. The Westerlunds returned to campus for Roger's medical school class reunion, and see page 24 of this issue for the "bonus" from that visit. We always welcome visitors....

Another trip took Heather and Barb to Spirit Lake, Iowa and several towns

along the pathway where we dropped off materials for busy anesthesiologists. We visited a full day with former department chair, Dr. **John Tinker** ('83-'97). He welcomed us into his beautiful home, gave us a tour of his special exercise pool room, shared the view of the lake from his dock with us, and most importantly, shared hours of department history stories with us. Who knows what hobby occupies many hours of Dr. Tinker's retirement?....

After a brief time in our offices to catch our breath, Heather and Barb took off again, this time heading east through Iowa, Illinois, Indiana, and as far as Cleveland, Ohio. Our first stop was on this side of the Mississippi River, at the new home of Dr. **Vincent Glowacki** (MD '64, R '67) and his wife, Loretta. Their warm welcome reminded us again why we so enjoy our road trips to visit with alumni. Thanks again, Loretta, for the zucchini bread recipe! Dr. **David Brown**, former department chair 1997-2004, welcomed us and provided a review of his years spent in Iowa. After hours spent catching up and reviewing timelines, a delightful lunch hour was spent with two additional Iowa anesthesia alumni, Dr. **Tara Hata** (BS '82, MD '87, R '91, Fac '91-'10) and Dr. **Steve Hata** (F '87, R '91, MS '06). Several additional office visits were made during that trip, as well. And yes, another photo opportunity missed....

Next, it was time to prepare for Dr. Jeanne Jaggard's visit to Iowa City for the

wedding of a special friend. As always, her Iowa friends keep her so busy while here that she has to go back to New Jersey just to rest. We had a delightful week with her, and look forward to seeing her again in September. We are gearing up for additional visitors in September and October, also with great excitement! Dr. **Dennis Madrid** (R '85) and wife, Carla, will be visiting us just in time to attend the Iowa versus University of Northern Iowa football game. Also in town for the same time period will be Dr. **Paul Epler** (MD '57). The following weekend, we look forward to seeing alumni, Dr. **Amber Jandik** (MD '98) and Dr. Ken Jandik (DDS '98), always welcome guests. Homecoming weekend is September 27-30th. We anticipate seeing Drs. **James Neary** (MD '82, R '85) and **Christine Botkin** (MD '92, R '96), who will be attending their medical class reunions; we're hopeful of also greeting any and all alumni and friends who travel to Iowa City to see the Hawkeyes meet the Minnesota Gophers. Please contact Barb in advance to arrange for a department visit and/or to meet for watching the parade together. We would really enjoy seeing as many of you as possible. Dr. **Cherie Mohrfeld** (MD '63) is planning a trip to Iowa City later in October, and we've already ordered beautiful skies and sun-kissed autumn trees for her visit. Our special "red carpet" welcome mat awaits all visitors....

Also coming up soon is our trip to Washington, D.C. for the annual



Michael Todd and Linda Todd

meeting of the American Society of Anesthesiologists. With that, of course, comes the annual department alumni reception. Check out the details listed on page 21 under the Mark Your Calendar section. Special invitations will hopefully have reached you by the time you read this newsletter article. Please RSVP to let us know your plans to attend. We hope to see many of you there. In fact, send a special email with your arrival and departure dates and availability—it would be great to plan a few smaller group get-togethers with any interested alums. Barb will be in D.C. from Friday through Wednesday of the ASA meeting. I promise to bring the camera....

Time to bring this update to a close for this issue. There is so much more we could bring you, but there just isn't enough space. I invite each of you to mail me a note, send me an email, or pick up the phone and call me. I welcome communicating with you and staying in touch more regularly and more personally. Oh, one last appeal..... There IS ROOM in our history text being compiled for our reunion for more stories from our department alumni and friends. Please take time to submit such to me. It would enhance our publication so much. Please....

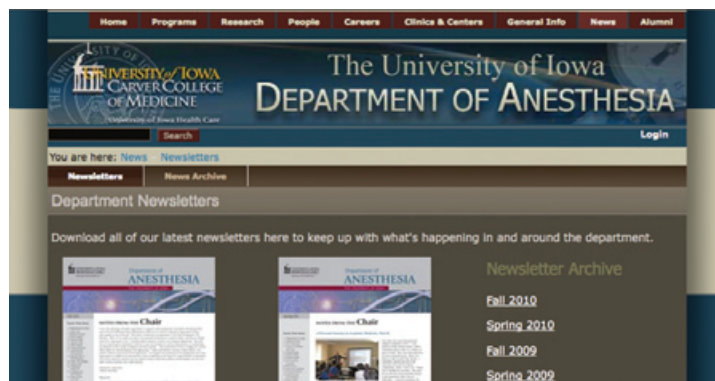
Barb Bewyer  
Alumni and Outreach Coordinator

## Erratum

In the Spring 2012 issue of the Department of Anesthesia newsletter, page 8, the resident appearing in the photo in the first column of the article entitled, "The Culture of Safety," is incorrectly identified. The correct information appears below. The managing editor regrets the error. Currently, Dr. Jessop is a CA-3 in the department.



CA-2 resident, Katherine Jessop, M.D., receives simulation training with professional actor, Gregory Geffard.



## 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 by **clicking on the graphic of the newsletter cover** visible on our Home page at: [www.anesth.uiowa.edu](http://www.anesth.uiowa.edu).



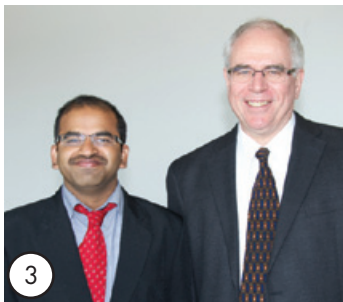
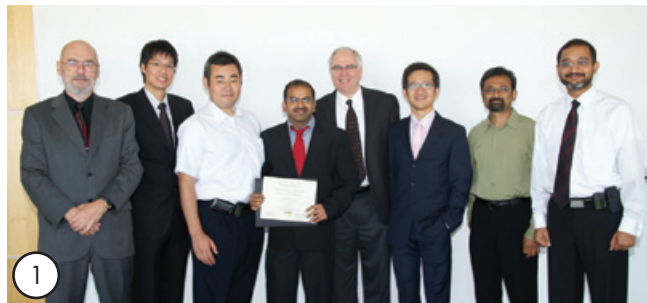
## Continuing Education

1. Raw demonstrates RA
2. Michael Todd and Brian Rupert (MD '01) at Cabo 2012
3. Helmers Lecture



## Resident Graduation

1. Adult Cardiothoracic Fellow graduates, now faculty, with Michael Todd and Alan Ross (L-R): Todd, Ken-ichi Ueda, Satoshi Hanada, Sudakar Subramani, Ross, Danai Udomtecha, Srinivasa Rajagopal, Sundar Krishnan
2. Fellowship graduates (L-R): Stephen Foster, Esther Kim (holding son, Eli), Ayman Nemr
3. Adult Cardiothoracic Fellow graduate, Sudakar Subramani, with fellowship coordinator, Alan Ross
4. Fellowship graduates (L-R): Elizabeth Schneider, Ahmed Sultan, Wes Doty, Willis Wu, Cesar Lassalle
5. Michael Todd congratulating Teacher of the Year recipient, Bradley Hindman
6. Michael Todd presenting flowers to Resident Program Director, Debra Szeluga
7. Debra Szeluga, Michael Todd, Jessica Jameson Donna Merck,
8. Debra Szeluga Michael Todd, Donna Merck, E. John Wallace-Taliffaro







## Scamman Emeritus

1. Mary Scamman, Frank Scamman, Kokila Thenuwara
2. Frank Scamman, Lauri Helmers, Ron Lind



## Kernels Outing

Mr. Shuck and Dr. Scamman



## Carolyn Wells Retirement

Cindy Carter, Carolyn Wells, Javier Campos, Alan Ross



## Becky's Birthday

Michael Todd, Becky Litwiller



## New Trainee Welcome Party

1. Ezra Hallam, Alden McEwen, Javier Campos, Michael Todd
2. New and old friends gathering in a beautiful venue
3. Residents plotting what to tell the "newbies": Ezra Hallam, Juan Ruiz, Brent Freeman
4. Anita Chazhikattu, Sunil Saharan, Nidhi Sheokand, Debra Szeluga
5. Heidi Lundberg, Carl Lundberg, E. John Wallace-Taliffaro
6. Pretty sure their resident welcome party was not this grand an affair! (L-R): Robert From, Tyrone Whitter, James Choi
7. Incoming fellow, Yatish Ranganath, learning from graduating fellow, Elizabeth Schneider





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**Save the Date!**

**March 2 – 5, 2013**

**7<sup>th</sup>  
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**Cabo 2013**

**Iowa International Anesthesia Symposium**

Los Cabos, Mexico  
HOLA Grand Faro Resort  
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For additional information call 319-335-8599 or 319-384-9273 or visit [www.anesthesia.uiowa.edu](http://www.anesthesia.uiowa.edu)