In this issue . . .

Spotlight On • As Seen on TV • Wellness for Our Residents • The MAA8 Conference • ASA Annual Meeting • Department News • What Did Dolinski Do Now?! • Mission 2011: NW Peru • History of Anesthesia at MCW • Anesthesia Softball 1993 • Cooking with Gas • Calendar of Events
Table of Contents

4 Spotlight On
Robb Kosbart, MD, Summit Anesthesiology, Ltd

6 As Seen on TV
Residency Update
Chris A Fox, PhD

8 Wellness – A New Program for Our Residents
Neil Farber, MD, PhD and Mary Lou Taylor, PhD

10 Anesthesia Awareness: The MAA8 Conference
Anthony G Hudetz, DBM PhD

12 ASA Annual Meeting
Chicago, Illinois

15 Department News

16 What Did Dolinski Do Now?!
Fellowship Focus
Sylvia Y Dolinski, MD, FCCP

18 Mission 2011:
Northwest Peru
Franklin J Ruiz, MD

20 History of Anesthesia at the Medical College of Wisconsin
John P Kampine, MD, PhD

22 Anesthesia Softball: 1993
Thomas A Stikell, MD

23 Cooking with Gas
Anita Maitra-D'Cruze, MD

24 Calendar of Upcoming Events

Editor’s Note
Herodotos Ellinas, MD, FAAP
Editor-in-chief
Assistant Professor of Anesthesiology

Welcome back to “Fresh Gas.”
In this second edition of our newsletter, our quest to bring you our latest updates continues.
We have included a tribute to our department’s history, added a new section called “Spotlight on” representing a featured alumus, and incorporated a favorite recipe. Have I indulged your curiosity to read on? Please carry on wherever you may be...keep us posted with your news (freshgas@mcw.edu) and consider supporting us with your funds.

Seasons Greetings for a safe and healthy holiday season!

Meet our new Dean
The most recent development at the Medical College of Wisconsin is the selection of a new Dean, Joseph E. Kerschner, MD. Kerschner has served as interim dean for the past ten months, and prior to that, he spent five years as CEO of the Children’s Specialty Group, our pediatric specialty group practice. He also served as executive vice president for Children’s Hospital and Health Systems and was MCW’s senior associate dean for clinical affairs in the Children’s Specialty Group. Kerschner is a well-respected otolaryngologist, and was even acting chair of the Department of Otolaryngology for a period of time. He has been a superb leader, is highly collaborative, and has always been an advocate for our department. It will be delightful to work with him in the future. Dean Kerschner is presently working with President John Raymond and the MCW Board of Trustees to outline the strategic direction that the Medical College must take in order to best be positioned for the changing landscape in healthcare in southeastern Wisconsin and healthcare reform nationally.

Our new face . . .
There is a new face on our Pain Management Center. Our present pain clinic at the Iosa Center on Mayfair Road is in “borrowed space” from the Department of Psychiatry and Primary Care. The facility is primarily a clinic (with only five exam rooms) and pain procedures are scheduled at the Froedtert Surgery Center. In addition, pain clinic faculty see inpatients and ambulatory patients at Froedtert Hospital. However, the inefficiency of traveling between facilities will soon he significantly reduced for our faculty, and patient access markedly increased. We have entered into a joint venture with the Advanced Pain Management group to build a new, freestanding, state-of-the-art facility with 12 exam rooms and three procedure rooms again located on Mayfair Road, with an anticipated opening in July of 2012. Our full-time and full professional effort faculty with adjunct faculty from the Advanced Pain Management group will care for greater numbers of patients, allowing our residents and fellows more opportunity to participate in a greater number of procedures. Steve Abram MD, an internationally recognized authority on pain medicine, will be the Medical Director of this clinic and will work closely with Dr. Hariharan Shankar, Fellowship Director for Pain Medicine, to ensure that trainees have a superb educational experience and that state-of-the-art research is conducted.

The value of medical student education
It’s that time of the year again! It seems as though we just finished with the Match for new residents and it is time to start the process over again. Academic credentials for candidates in residency training in anesthesiology are markedly improving each year. This is a national phenomenon, and we are a beneficiary! The Medical College of Wisconsin is unusual in that we have a large number of M-4 medical students that seek training in anesthesiology. This year we have 20 students in the senior class (greater than 13%) that will enter the Match. This compares with a national average for medical schools of less than 5% of students matching into anesthesia residencies. This is a reflection of an outstanding faculty (and residents as educators), and the large number of courses offered by our department. The interest in training in anesthesiology is in large part due to our M-3 required Resuscitation and Perioperative Medicine Clerkship, directed by Dr. Tatyana Strong, one of our pediatric anesthesiologists. Also, Dr. Dilga Kadow and Paul Pagel direct the highly coveted M-4 Trauma Anesthesia and Cardiac Anesthesia electives, respectively. The list of courses that we offer medical students includes:

- Resuscitation and Perioperative Medicine
- Clinical Anesthesiology
- General Anesthesiology
- Anesthesiology
- Pediatric Anesthesiology/Pain Management
- Cardiac Anesthesia
- Obstetric Anesthesiology
- Anesthesiology & Cardiac Signal Transduction
- Cardiovascular & Respiratory Regulation during Anesthesia
- Regulation of Respiration
- Cardioprotection by Volutile Anesthetics
- Anesthesia for Trauma and Emergencies
- Pain Management
- Anesthesiology Sub-Internship

Our faculty also participates in courses such as Biochemistry, Physiology, Pharmacology, and Clinical Examination and Reasoning.

Engendering a future in clinical anesthesia research
On a final note, our department continues to be ‘home’ for many physician scientists. An NIH T32 training grant for physician scientists has been awarded to Judy Kensten, MD, and the Department will receive funding for the next five years. The grant supports anesthesiology trainees desiring careers in academic medicine that will combine patient care and research. The trainee receives one-on-one mentoring by a faculty member and course work that ensures progress toward becoming an independent investigator. Our department has the mission of training future clinicians, educators, and scientists who can move our specialty forward — and we are succeeding!

Fresh Gas Newsletter Staff

Editor-in-Chief
Herodotos Ellinas, MD
hellinas@mcw.edu

Executive Editor
Jill A Barney, MS

Editors
Gregory H Diciani, MA
Benjamin Farley, MBA
Chris A Fox, PhD
Toni D Uhrich, MS

Photographer
Gregory H Diciani, MA

Designer
Sabine Beaufre
Hulahoop Design

Editor-in-chief
Herodotos Ellinas, MD, FAAP
Assistant Professor of Anesthesiology

Editor’s Note
Herodotos Ellinas, MD, FAAP
Editor-in-chief
Assistant Professor of Anesthesiology

Welcome back to “Fresh Gas.”
In this second edition of our newsletter, our quest to bring you our latest updates continues.
We have included a tribute to our department’s history, added a new section called “Spotlight on” representing a featured alumus, and incorporated a favorite recipe. Have I indulged your curiosity to read on? Please carry on wherever you may be...keep us posted with your news (freshgas@mcw.edu) and consider supporting us with your funds.

Seasons Greetings for a safe and healthy holiday season!

Meet our new Dean
The most recent development at the Medical College of Wisconsin is the selection of a new Dean, Joseph E. Kerschner, MD. Kerschner has served as interim dean for the past ten months, and prior to that, he spent five years as CEO of the Children’s Specialty Group, our pediatric specialty group practice. He also served as executive vice president for Children’s Hospital and Health Systems and was MCW’s senior associate dean for clinical affairs in the Children’s Specialty Group. Kerschner is a well-respected otolaryngologist, and was even acting chair of the Department of Otolaryngology for a period of time. He has been a superb leader, is highly collaborative, and has always been an advocate for our department. It will be delightful to work with him in the future. Dean Kerschner is presently working with President John Raymond and the MCW Board of Trustees to outline the strategic direction that the Medical College must take in order to best be positioned for the changing landscape in healthcare in southeastern Wisconsin and healthcare reform nationally.

Our new face . . .
There is a new face on our Pain Management Center. Our present pain clinic at the Iosa Center on Mayfair Road is in “borrowed space” from the Department of Psychiatry and Primary Care. The facility is primarily a clinic (with only five exam rooms) and pain procedures are scheduled at the Froedtert Surgery Center. In addition, pain clinic faculty see inpatients and ambulatory patients at Froedtert Hospital. However, the inefficiency of traveling between facilities will soon he significantly reduced for our faculty, and patient access markedly increased. We have entered into a joint venture with the Advanced Pain Management group to build a new, freestanding, state-of-the-art facility with 12 exam rooms and three procedure rooms again located on Mayfair Road, with an anticipated opening in July of 2012. Our full-time and full professional effort faculty with adjunct faculty from the Advanced Pain Management group will care for greater numbers of patients, allowing our residents and fellows more opportunity to participate in a greater number of procedures. Steve Abram MD, an internationally recognized authority on pain medicine, will be the Medical Director of this clinic and will work closely with Dr. Hariharan Shankar, Fellowship Director for Pain Medicine, to ensure that trainees have a superb educational experience and that state-of-the-art research is conducted.

The value of medical student education
It’s that time of the year again! It seems as though we just finished with the Match for new residents and it is time to start the process over again. Academic credentials for candidates in residency training in anesthesiology are markedly improving each year. This is a national phenomenon, and we are a beneficiary! The Medical College of Wisconsin is unusual in that we have a large number of M-4 medical students that seek training in anesthesiology. This year we have 20 students in the senior class (greater than 13%) that will enter the Match. This compares with a national average for medical schools of less than 5% of students matching into anesthesia residencies. This is a reflection of an outstanding faculty (and residents as educators), and the large number of courses offered by our department. The interest in training in anesthesiology is in large part due to our M-3 required Resuscitation and Perioperative Medicine Clerkship, directed by Dr. Tatyana Strong, one of our pediatric anesthesiologists. Also, Dr. Dilga Kadow and Paul Pagel direct the highly coveted M-4 Trauma Anesthesia and Cardiac Anesthesia electives, respectively. The list of courses that we offer medical students includes:

- Resuscitation and Perioperative Medicine
- Clinical Anesthesiology
- General Anesthesiology
- Anesthesiology
- Pediatric Anesthesiology/Pain Management
- Cardiac Anesthesia
- Obstetric Anesthesiology
- Anesthesiology & Cardiac Signal Transduction
- Cardiovascular & Respiratory Regulation during Anesthesia
- Regulation of Respiration
- Cardioprotection by Volutile Anesthetics
- Anesthesia for Trauma and Emergencies
- Pain Management
- Anesthesiology Sub-Internship

Our faculty also participates in courses such as Biochemistry, Physiology, Pharmacology, and Clinical Examination and Reasoning.

Engendering a future in clinical anesthesia research
On a final note, our department continues to be ‘home’ for many physician scientists. An NIH T32 training grant for physician scientists has been awarded to Judy Kensten, MD, and the Department will receive funding for the next five years. The grant supports anesthesiology trainees desiring careers in academic medicine that will combine patient care and research. The trainee receives one-on-one mentoring by a faculty member and course work that ensures progress toward becoming an independent investigator. Our department has the mission of training future clinicians, educators, and scientists who can move our specialty forward — and we are succeeding!

Fresh Gas Newsletter Staff

Editor-in-Chief
Herodotos Ellinas, MD
hellinas@mcw.edu

Executive Editor
Jill A Barney, MS

Editors
Gregory H Diciani, MA
Benjamin Farley, MBA
Chris A Fox, PhD
Toni D Uhrich, MS

Photographer
Gregory H Diciani, MA

Designer
Sabine Beaufre
Hulahoop Design
A few months ago, I received a newsletter from the Medical College of Wisconsin's Department of Anesthesiology. I read the newsletter in its entirety, as I maintain an allegiance to the department and found the content to be of interest. A few weeks later, I received an e-mail asking if I would be willing to write an article as an alumnus of the MCW anesthesiology residency program that might interest the readers. Something of a “Where are they now?” sort of essay. Well, here it goes…

Ireland and it was an enriching experience.

Ireland. My two daughters were 3 a great deal. I considered that experience to worked with outstanding people and learned from the day the hospital opened its doors. I considered that experience to be one of the most meaningful of my career. I am very pleased to remain in Milwaukee for my post-graduate training. Some of my fellow residents included Jeff Entress, Rick Kuech, Rick Lennertz, Donald MacDonald, and a host of others. It is always fun to rekindle relationships when we meet at various professional meetings. In those days, the residency consisted of only two years of clinical anesthesiology following an internship year.

Six years at MCW, four months on the Emerald Isle, and a side trip to Columbia

In July of 1986, I became an MCW faculty member when John P. Kampine, MD, PhD, offered me a position as Assistant Professor. I felt at home at Froedtert Memorial Lutheran Hospital as I had done clinical rotations there from the day the hospital opened its doors. I worked with outstanding people and learned a great deal. I considered that experience to be tantamount to a six-year fellowship! In addition, Dr. Kampine allowed me to spend 4 months as a consultant anesthesiologist in Galway, Ireland. Much as I enjoyed the 3 and 6 years of medicine when I traveled to Ireland and it was an enriching experience.

I obtained an old Toyota Carina with which my family and I explored every inch of the Emerald Isle each weekend. We had a chance to see everything from the cliffs of Moher, Blarney Castle, the Ring of Kerry, and Giant's Causeway, to the innumerable abandoned castles and cottages. Though my daughters don’t remember those experiences from their early childhoods, it was a life changing experience for me. Could it have somehow influenced my daughter, Marin, to become an Irish dancer with Trinity Irish Dance Company or to spend her junior year of college in Cork, Ireland? Coincidence? I think not! I also seem to make it a point to get to Milwaukee’s Irish Fest each year and a pint of Guinness on the Emerald Isle, and a side trip to Columbia on the Emerald Isle, and a side trip to Columbia. What a coincidence! Coincidence? I think not! I also seem to make it a point to get to Milwaukee’s Irish Fest each year and a pint of Guinness on the Emerald Isle, and a side trip to Columbia on the Emerald Isle, and a side trip to Columbia.

For a number of reasons, I chose to leave the hospital that might impact our practices. It goes along with the old adage that “If you are not at the table, you’re on the menu.”

Additionally, I have served on the board of directors of the Wisconsin Society of Anesthesiologists (WSA) since 1997. I recently completed a two-year term as President of the WSA. I am proud to say that our state society is stronger than ever and is now in the hands of Lois Connelly, MD. I am certain that under her leadership, the WSA will continue to grow and strengthen.

I have found Milwaukee to be a wonderful location to practice anesthesiology. The standard of care in our community is simply outstanding. Our model of physician-based anesthesia care is considered the “gold standard.” My training at MCW prepared me to begin my career. Lifelong learning, however, is essential for us all. I have utilized my years on the faculty at MCW, countless CME hours particularly in the area of TEE, and the experience of colleagues both young and old as the demands of my practice require new skills.

I am closer to the end of my career than the beginning, but I continue to achieve great personal satisfaction from my interactions with patients, colleagues, and others in the clinical settings in which I work. I hope to devote a bit more time to my personal interests in the coming years, but expect to continue to practice for some time to come. It is always fun to catch up with old acquaintances. Feel free to contact me at rkoebert@UCHCglobal.net

Spotlight On

Robb Koebert, MD, Anesthesiologist, Summit Anesthesiology, Ltd

Home is . . .

During medical school, I lived in a duplex I had purchased on South 92nd Street. This was convenient to school and most of the hospitals I worked at during residency. Living on a tight budget, I heated the upper level of the duplex with a small wood burning stove. I will never forget waking up to a smoky bedroom one night, the result of a smoldering ember in the oven mitt I had used to open the hot stove door. Thank goodness for smoke detectors!

Focusing on self improvement – literally . . .

As you all know, residency is not very conducive to spending much time maintaining one’s personal fitness. Once I completed my anesthesiology training, I thought it was time to get myself in better shape. I lost about 30 pounds and began a running program that defined much of my personal time for decades to come. I began to have some modest success in races as my times got faster. I raced distances from 5k at Ireland to the Boston Marathons. My personal best time of 2:57 at the Lakefront Marathon is one of my proudest athletic performances.

In recent years, my love of food and dining has begun to catch up with me. My knees are beginning to object to the pounding of running the roads and I have begun to spend more and more of my athletic activity on my bicycle. I have ridden all over the country as well as in France, Belgium and Spain. I hope to ride across the country at some point, though that may have to wait until I take some time away from my clinical practice.

I’ve been an involved clinician . . .

During my private practice career, I have assumed many leadership positions. When I began working at St. Joseph Hospital, I was appointed to the Pharmacy and Therapeutics Committee and became Vice Chairman of that group. A few years later, I was elected to serve as Chairman of the Department of Anesthesiology and ultimately served in that position for nearly five years. As department chairman, I served on the hospital’s Medical Executive Committee and I have been on that committee ever since in various roles. These roles have included officer positions including Vice President of the Medical Staff and, subsequently, President of the Medical Staff. Following my term as Immediate Past President, I am now an at-large member of the committee. I strongly encourage all anesthesiologists to become involved in the leadership of their hospitals. It serves to advance the respect of our specialty and keeps us aware of the initiatives within the hospital that might impact our practices. It
Television has historically had some of the most interesting representations of physicians. We’ve seen the bad, we’ve seen the good, we’ve seen the very young and the very strange (Dr. Who wasn’t really a doctor, right?), all performing their job in unique ways; but no matter the path, always ubiquitously competent and always there to save the day. On television even the most imperfect physician is the hero; because on television there are no repercussions for flawed logic, less than ethical patient and staff treatment, or lack of respect for health care costs or system resources.

As we settle into our new, core competency based evaluation of residents, many faculty find it difficult to assess the competencies in everyday situations. The definitions can seem vague and open to interpretation, and the ability to identify and evaluate them too murky. Let’s take a moment to look at four of the lesser-known competencies, their definitions, and what TV doctors have been doing right – or wrong – all along.

**Practice-Based Learning and Improvement (PBLI)**

The investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

To some it may seem debatable whether or not Lost’s Jack Shephard is a good example of PBLI. However, his rapid response to critical situations, his effective use of all system resources, and his willingness to go beyond the conventional approach is the foundation of effective PBLI skills. Dr. Shephard’s ability to integrate medical knowledge into ‘on the fly’ emergencies demonstrates a sound incorporation of plans from various sources. The only area where Dr. Shephard fell short on the PBLI spectrum was the ability to adequately self reflect and develop alternative plans of actions (get off the island...get back to the island...).

**Interpersonal and Communication Skills**

Communication that results in effective information exchange and teaming with patients, their families, and other health professionals.

“I brought you into this world and I’ll take you out!” – Dr. Heathcliff Huxtable (The Cosby Show) is the epitome of a clear and concise communication style. While he wasn’t always patient with his children, his character modeled the best of interpersonal skills. Dr. Huxtable was respectful and sensitive to his family, patients, and staff, he demonstrated compassion in all situations, and he was ever able to develop a personalized plan of action and always communicated his wants and needs, integrating them with the patient’s (person’s) needs.

**Professionalism**

Manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Is there any better example of what NOT to do and say than Dr. Gregory House? A physician who shows little respect for his colleagues, his patients, and the institution, Dr. House’s motto is “Everyone Lies” and his diagnostic ability is directly linked to his belief that only he knows best. By our current evaluation standards, Dr. House would definitely be considered deficient in the competency of professionalism as he has poor team communication skills, makes unethical decisions, denies responsibility, and makes limited positive contributions to the group.

**Systems-Based Practice**

Manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

Who better to demonstrate knowledge of the larger context and their position within a system than an out-of-sorts, ever socially awkward Dr. Doogie Howser? Howser’s young age and uncanny intelligence allowed him to be an advocate for patient safety. He cared about delivering effective care to patients of all ages, socioeconomic status, and illness type. And during the course of so doing, he was able to quickly identify system errors and, perhaps more importantly, provide possible solutions.

Televisionland is, for the most part, fantasy, and nearly always over-dramatized, but it has provided role models – both good and bad – that help us interpret the sometimes vague definitions of the Core Competencies.
Wellness –
A New Program for Our Residents

Neil Farber, MD, PhD
Associate Professor of Anesthesiology, Pediatrics, and Pharmacology and Toxicology

Mary Lou Taylor, PhD
Associate Professor of Anesthesiology

Why wellness?
Although our CA1s do not enter their residency thinking that these things could happen, substance abuse, stress and depression, burnout, and suicide among anesthesiology residents is a very real problem. And it doesn’t end in residency; anesthesiologists also are a high-risk group. Unlike a typical resident survival course, we have developed a resident wellness program, based on principles of positive psychology. The goal of this program is not to learn how to problem solve, but rather, to introduce our trainees to techniques and strategies on how to develop emotional toughness, reduce stress, and use their personal strengths to flourish and improve general health and wellness.

The Goals
This course aims to enhance satisfaction and create a sense of well being with work, family, friends, and life in general. The principles are applicable not only for residency but for life after training. Implementing positive psychology techniques has been shown to improve physical, emotional, psychological, and spiritual health. People who have utilized these strategies have a boosted immune system and actually live longer. Many of these same techniques have been incorporated into the Wellness Workshop that Dr. Farber coordinated at this year’s (2011) ASA meeting.

There’s more than one facet to true wellness . . .
The other, newly added feature to the course is the Health Activity Tracker program run by MCW. All residents and spouses/significant others are welcome to enroll in this program, which gives you points for such things as going to these lectures, flossing, exercising, and eating healthy meals. At the end of the year, awards will be given for those gathering the most ‘Health Points’.

There’s more than one facet to true wellness . . .
The other, newly added feature to the course is the Health Activity Tracker program run by MCW. All residents and spouses/significant others are welcome to enroll in this program, which gives you points for such things as going to these lectures, flossing, exercising, and eating healthy meals. At the end of the year, awards will be given for those gathering the most ‘Health Points’.

Spouses/significant others play an important role
Since these sessions are not just for residents, we strongly encourage spouses and significant others to attend. Not only do they benefit personally, but their relationships become stronger and more resilient. Also, as the course has evolved significantly from last year, we are hoping that the CA2’s, CA3’s, and fellows will join us. The sessions, currently held on Thursdays from 4-5:30 pm, do not simply rely on slides and lectures; there is a sharing of ideas that is entertaining and interactive. For example, in the mindfulness session, residents learn how to incorporate mindfulness into the operating room to improve safety and satisfaction, while eliminating boredom. Each class also involves doing some meditation, yoga, or both.

We live in stressful times. When compounded with the stress of residency training, it is clear that we need to provide our trainees with coping mechanisms. By “accentuating the positive”, we feel we can best achieve this goal.

Reducing stress • Resistance and mental toughness
Emotional and social fitness • Meditation • Yoga
Mindfulness • Spirituality • Enhancing relationships • Healthy eating, sleeping and exercise • Balance and prioritization • Positive communication • Strengths and “Flow”

"You’ve got to accentuate the positive
Eliminate the negative
And latch on to the affirmative . . ." *

* “Accentuate the Positive” Music by Harold Arlen; lyrics by Johnny Mercer
Beware of Awareness
The MAA8 Conference in Milwaukee

Anthony G Hudetz, DBM, PhD | Professor of Anesthesiology

In June, 2011 nearly 100 physicians and scientists gathered for a scientific meeting in Milwaukee to discuss the problem generally known as anesthesia awareness. Anesthesia awareness refers to the unintended intraoperative experience, which is often benign, but occasionally is seriously distressful and accompanied by subsequent recall and psychological consequences. Continuing the tradition of the triennially organized symposia since 1989, the 8th International Symposium on Memory and Awareness in Anesthesia (MAA8) focused on understanding of the prevalence, causes, consequences, mechanisms, detection, prevention and amelioration of anesthesia awareness. The abstracts and a summary of this meeting are published in the BJA.

International and Interdisciplinary
Physiologists, neuroscientists, physicians, and biomedical engineers joined anesthesiologists and psychologists to explore the mechanisms of awareness, memory, and cognitive changes after anesthesia, and to explore novel techniques for measuring the depth of anesthesia from brain activity. The 2½-day symposium featured 30 lectures and 22 poster presentations. Keynote presentations were either reviews of the current state of knowledge in specific fields or extensive overviews of ongoing investigations. Most of the poster presentations complemented or augmented main topics of discussion.

Anesthesia awareness is currently defined as consciousness under general anesthesia with subsequent recall of the return of consciousness.

As a more “top-down” approach, neuro-imaging has contributed significantly to a data-driven discovery of how anesthetics affect regional brain metabolism, blood flow and functional connectivity. This has spawned several new ideas on how anesthetics lead to unconsciousness at a systems level.

A novel topic at MAA8 was postoperative cognitive decline. It was hypothesized that even in the absence of an explicit and implicit memory, episodes of intraop awareness can result in subsequent cognitive impairment, particularly in memory and executive functions.

Hot topics included:
One of the themes of the meeting was the monitoring of depth of anesthesia and to preventing anesthesia awareness. The BIS remains the leading monitor in popularity although recent cousins such as the Sedline and Entropy provide nearly equivalent information and reliability.

Several presentations considered the emerging theme of cortical integration as a correlate of the conscious state, and its loss in anesthesia. Network analysis has taken center stage in this research. The subcortical modulation of consciousness has also been of interest for some time. In this respect, electrical stimulation of the pontine nucleus orals in propofol-anaesthetized animals augmented cortico-limbic functional connectivity, which perhaps is relevant to episodic memory formation during surgical stress.

As in the past, numerous presentations were directed to quantitative EEG analysis as applied to the monitoring of depth of anesthesia and to preventing anesthesia awareness. Additional experimental investigations explored the dependence of minimum alveolar concentration on metabolic syndrome in a rodent model of obesity and the neurophysiological mechanism of altered MAC in advanced age.

Oh to be “Unaware of Awareness”
In all, the MAA8 Symposium represents another milestone in the progress toward a better understanding of the true incidence, causes, and mechanisms underlying anesthesia awareness. Experimental and clinical research toward an understanding of the cellular, molecular, and integrative mechanisms of the anesthetic modulation of consciousness and memory are evolving, with continued progress expected until the next meeting in 2014. Likewise, novel methods for anesthesia depth monitoring based on fundamental neurophysiological responses along with strategies to prevent anesthesia awareness are ever improving such that hopefully soon we shall be unaware of awareness.

References:

ASA Annual Meeting
Chicago, Illinois | October 14-18, 2011
Photographs by Gregory H Diciaula, MA
Yes, I’d like to support Anesthesiology Education at the Medical College of Wisconsin

All funds raised will go to support Educational endeavors such as away missions for residents, new technologies, workshops and seminars for residents and faculty.

Please accept a donation in the amount of: _____________________

Payment
☐ CHECK ENCLOSED payable to the Medical College of Wisconsin (please write ANDS11 in the notes section).
☐ CREDIT CARD please complete information below or visit http://www.mcw.edu/giving

Account # __________________________
Expiration Date: _____________ MC Visa Discover Am. Express
Cardholder’s Name: ________________________________
Signature: __________________________ Date: ____________

Recognition
For listing in 2011 Annual Report & Alumni Honor Roll which recognizes gifts of $100 or more given from July 1, 2011 – June 30, 2012.
☐ Please list my recognition name as: ______________________________
☐ I/We wish to remain anonymous

Address:
City, State Zip: ____________________________________________
Home Phone: __________________________ Mobile Phone: __________________________
Email Address: ____________________________________________________________________________

Robert W. Amorde, MD
Private practice, Appleton
Medical Center, Appleton, WI

Pankaj H. Chhathbar, MD
MCW Instructor/Pediatric Anesthesiology Fellow

Marc S. Eisenman, MD
MCW Instructor/Cardiovascular Anesthesiology Fellow

David Hadid, MD
Cardiothoracic Anesthesiology Fellow, Henry Ford Hospital, Detroit, MI

Izabela Jugovac, MD
Cardiothoracic Anesthesiology Fellow, Cleveland Clinic, OH

Michael W. Jung, MD
Pain Medicine Fellow, MCW

Adam Kline, MD
Private practice, Northern Virginia, just outside Washington, DC

Kelly A. Linn, MD
MCW Instructor/Education Fellow

Robert Loveday, MD
Private practice, St. Francis Hospital, Grand Island, NE

Brian E. Matysiak, MD
Private practice, Door County Memorial Hospital, Sturgeon Bay, WI

Nathan H. Merritt, MD
Private practice, St. Francis Hospital, Milwaukee, WI

Christopher M. O’Barr, MD
Private practice, Maricopa County Hospital, Phoenix, AZ

Richard W.X. Pan, MD
Private Practice, Arizona

Stacy J.B. Peterson, MD
Pain Medicine Fellow, MCW

Nikolay Usoltsev, MD
Phoenix, AZ

Robert Loveday, MD
Private practice, St. Francis Hospital, Grand Island, NE

Steven J. Sivils, DO
MCW Instructor/Pediatric Anesthesiology Fellow

Ryan B. Springer, DO
Private practice, Davis Hospital & Medical Center, Utah

Laurie Steward, MD
Pediatric Anesthesiology Fellow, Children’s Hospital Los Angeles

Kai Sun, MD, PhD
Private practice, Banner Thunderbird Hospital, Phoenix, AZ

Nikolay Usoltsev, MD
Cardiothoracic Anesthesiology Fellow, Cleveland Clinic, OH

Matthew Weston, MD
Private practice, West Bend, WI

Shalini Sharma, MD
MCW Instructor/Regional Anesthesiology Fellow

“I feel our program focused heavily on education, which was reflected in the written board exam that I passed with flying colors.”
~ Kai Sun

“I have nothing but the best to say about our program. Our Anesthesiology Residency Program offers an excellent training experience. The high diversity of cases performed at our hospitals gave each resident ample hands-on opportunity to develop the clinical skills needed to become a successful anesthesiologist. As residents we worked closely, on a daily basis, with a member of the attending teaching staff in the operating room. The working environment was and is highly supportive and is based upon the respect and concern for patients and colleagues alike. I enjoyed a productive academic and cooperative work environment.”
~ Izabela Jugovac

In Memoriam

Alice Moran
July 27, 1942 - March 1, 2011
Many of you will remember Alice from the 20 years she spent with the Anesthesiology Department at Children’s Hospital of Wisconsin. We are grateful for her service and greatly miss her presence. Pictured are Alice with granddaughter Taylor and husband, Oscar.

Congratualtions

Amy Matenaer, fellowship coordinator, gave birth to Caitlyn Rae on Friday, September 16th, at 8:45 pm. Birth weight was 7lbs, 11 oz., length 20 1/2 inches. Mom and baby are both doing well.

~ Izabela Jugovac
What did Sylvia Dolinski do now?!

How Dolinski Changed Anesthesia’s Role in Critical Care at MCW

Sylvia Y Dolinski, MD, FCCP
Associate Professor of Anesthesiology
Program Director, PGY1 Trainees in Anesthesiology
Fellowship Director, Critical Care

B.D.*
Before my move to MCW from Wake Forest, I contacted the two trauma surgery intensivists with whom I was to share the consultant role on all surgical post-operative patients at the Zablocki VA Medical Center. I had noticed that the existing staffing schedule ran from Saturday to Friday and suggested we change to run Monday to Sunday. This would enable smoother transitions from staff to staff. Thus began my “taking charge” of the ICU.

A.D.**
In October 2003, I showed up (wearing my freshly starched and pressed white coat) at the VA-SICU – an 8-bed unit located on the 8th floor. I went to meet the anesthesiology and surgery residents assigned to the ICU.

I got no respect . . .
I made recommendations, wrote notes, and wrote orders on patients. While my orders were “run past” the surgical interns by the RNs, I soon discovered many of them were not signed off by the RNs. I even remember one surgeon asking me why I was seeing his patients, and that many of them were not signed off by the RNs by the interns. I soon discovered that when I said “white”, he said “black”, it seemed things were going quite well. They were going so well, in fact, that within a few months, the other cardiothoracic PA had bounced these things off the cardiac surgeon, who had declined all 18 recommendations. Interestingly, after a polite phone call and brief discussion with the surgeon, he agreed to all 18.

More consultants
As July of 2010 approached and we anticipated growth yet again, our critical care fellow, Dr. Larry Lindenbaum, and our critical care intensivist, Dr. Markus Kaiser (who joined our department via the ABA alternative pathway) were invited to join our team.

A whole new approach!
We needed to expand our coverage to give us adequate time in the intensive care unit. I approached the trauma/critical care folks, but they politely declined our help. I was told they had a group at FH looking into helping the cardiac surgeons take care of their post-operative heart patients. I went straight to the head of that group, Dr. Bibbo, a cardiologist who seemed quite delighted to hear what I had to say – primarily because he had potentially found help for the EICU (electronic intensive care unit), which monitors all beds at FH, Community Memorial Hospital and several other ICUs within the state of Wisconsin – as far away as Green Bay. I advised him to ask Dr. Warrier and within a month we had filled a void from January to July, covering every Sunday.

Finally Froedtert and the CV-ICU!
Since September 1 of 2010, we have been covering the FH CV-ICU, where we now manage the cardiac surgery patients and are consulted by the cardiologists to manage their ventilated patients who have critical care issues. It is an exhausting week when we rotate through this unit, particularly as we started without any housestaff help. Occasionally we had one of our fellows rotate through the unit. When they rotate through the MICU and Trauma/ SICU they are no longer an additional fellow, but are recognized as THE fellow in charge of the team.

Residents rotate
In July 2011, we started to have one upper level resident rotate on the CV-ICU. They typically take two calls per week and work closely with the attending. The residents enthusiastically tell us how much they learn.

Critical Care Fellowship
Our Critical Care Fellowship recently received a 5-year accreditation, we typically train one to two fellows yearly and the program continues to thrive and expand. The newest addition to our staff is Christopher Deyo, who was our critical care fellow last year. At each year’s academic close, it seems one of our critical care faculty wins a teaching award, and uniformly, the resident surveys report that their ICU rotation through our VA-SICU is the most enjoyable! I suspect the CV-ICU rotation will not lag far behind.

About the author: Sylvie enjoys woodworking in her spare time, and last year created corkboards and trivets for Christmas gifts. She gathered the wine corks and mitered, assembled, sanded and finished the frames. This required an inordinate amount of wine consumption, but that was easily accomplished after long days with patients, fellows, residents, and interns . . .

* B.D. – Before Dolinski
** A.D. – After Dolinski
Mission 2011:
Northwest Peru

Franklin J Ruiz, MD
Assistant Professor of Anesthesiology
Pediatric Anesthesiologist at Children's Hospital of Wisconsin

First Impressions
As I arrived at the two-operating room hospital that serves approximately 100,000 people in the Northwest end of Peru, I realized that I was facing a very unusual work environment, far from the comfort and plentiful resources available to me in the United States.

I gathered my basic equipment and checked the anesthesia machine, given to us to use during the mission. The OR manager gave me some instructions:
1. It (the glass, uncalibrated, universal vaporizer) uses a lot of SEVO
2. Be careful with this knob (pointing to the oxygen dial) – it “sticks” (I was hoping that he meant it does not stick in the OFF position)

At the end of the day, I was happy not to have had any issues with either.

Was it worth it?
At the end of every trip I ask myself: has the mission accomplished its goals? Has it been a worthwhile experience for everyone involved? Would I do this again? So far, the answer has been YES to all. Over the years, I have wondered WHY? What possesses me to leave the comfort of my home, the security of my job, and my friends and family to spend time in a foreign country? The answer has again always been the same: developing countries need me. They need us…they need our expertise, they need our support, and they simply need us. A simple “gracias,” a handshake, a smile, a hug from a child or a parent always makes up for a difficult day.

If you like a challenge of your own, I invite you to join the GLOBAL MEDICINE INITIATIVE at MCW and volunteer for a mission. Feel free to contact me at fjruiz@mcw.edu if you would like more information.

“Gracias,” a handshake, a smile, a hug from a child or a parent always makes up for a difficult day.”

Ed. Note: MCW has just celebrated its first annual Global Health Initiative week, November 28 to December 2.
History of Anesthesia at The Medical College of Wisconsin

John P Kampine, MD, PhD
Former Chairman & Professor Emeritus of the Department of Anesthesiology

Back in the day...
In the early 1940’s and 50’s, anesthesia in Milwaukee was provided at Milwaukee County Hospital (one of two main hospitals) primarily by CRNA’s, with part time supervision by anesthesiologists who were affiliated with private hospitals in the area. An anesthesiology residency program through the Wood Veterans Administration Hospital in Milwaukee was started in 1952. J “Woody” Gorens, MD served as Program Director and Director of Anesthesia Services at Wood.

The Department of Anesthesiology is Birthed!
In 1957, anesthesiology at Marquette School of Medicine was established as a division of the Department of Surgery, under the direction of Chairman of Surgery Edwin Ellison, MD and Professor and Director of Anesthesiology Jay Jacoby, MD, PhD. Residents rotated at Milwaukee County Hospital and VA Hospital, with a short rotation at Milwaukee Children’s Hospital. Anesthesiology faculty were aided by consultants and volunteer faculty from private hospitals. In 1965, the Anesthesiology Department was established as an independent department at Marquette Medical School, with Ernst O. Henschel, MD as the first Chairman of the independent department. The department also became an independent service, separate from Surgery, at the VA Hospital, and Henschel served as Chief of the Anesthesia Service.

Ernst O. Henschel, MD – Our First Chief
Henschel was especially noted for his abilities as a teacher and the medical school recognized this by establishing the E.O. Henschel Teaching Award, which continues to be conferred annually on the individual identified as the best teacher in the clinical departments. Among his many activities, Henschel was a member of the Board of Directors of the American Board of Anesthesiology. Henschel’s research interests included malignant hyperthermia and establishment of a malignant hyperthermia registry for patients known to have MH or to be from susceptible families. He also had an interest in transcranial electrotherapy or “electroanesthesia.” During Henschel’s term as Chairman many changes occurred, including separation of the medical school from Marquette University and its establishment as an independent, freestanding, medical school, The Medical College of Wisconsin (1965). Henschel served until his untimely death of lung cancer in 1979.

John P. Kampine, MD, PhD – ‘Growth Hormone’ for the Department . . .
John P. Kampine, MD, PhD was appointed Acting Chairman in January 1979 and then Chairman on the recommendation of the search committee in April 1979. During his time as Chairman, Kampine was President of the Association of University Anesthesiologists and The Society of Academic Anesthesia Chairmen, a fellow of the Royal College of Anesthetists, and was elected to the Institute of Medicine of the National Academies of Sciences. He received the Alumnus of the Year and Distinguished Service Awards from the Medical College of Wisconsin, and was appointed to the Board of Directors of FAER. Kampine initiated research activities in the department and was successful in recruiting young research-oriented physicians and scientists to the department. In recognition of his extremely successful efforts, he was awarded the Excellence in Research Award of the American Society of Anesthesiologists.

Clinical Specialties Emerge
In 1975 a Pain Clinic was established with Stephen Abram, MD serving as the first Director. The pain management fellowship was initially offered in 1981. The Obstetrical Anesthesia Division was established in 1977, with Susan Palmer, MD the first appointee. In 1980, Froedtert Memorial Lutheran Hospital – a private hospital staffed by Medical College of Wisconsin physicians – was opened on county grounds adjacent to Milwaukee County Hospital. William Rouman, MD was the first Director of Anesthesiology at Froedtert, which became the major adult teaching hospital of the medical school. Milwaukee County Hospital (aka, John L Doyne Hospital) closed its doors, and Froedtert Hospital took over and updated the physical plant.

. . . to be continued in the upcoming spring issue
The background

If 1992 was our inaugural season (which it was) in the MCW summer softball (geek) league, then 1993 was definitely our breakout year.

The "feel" was altogether different. In 1992, it seemed like a novelty to play softball (or doing anything athletic) was not something that we were used to associate with Anesthesiology. A lot of players showed up for just one game or two and then were done. We didn't know the nuances of the MCW "house" rules and we were basically out there to just "have fun." We finished the regular season, one game above 0.500 and we bowed out of the end of season tournament in the second round, feeling proud that we actually finished with one playoff win. Pretty much we seemed to do when we were off than pretend to be competitive league but it was really the only outlet that our guys had to play. They thrived on competition and they were stud players that dominated the league. Physiology has always been one of those faculty veterans such as Karen Madsen, Paul Pagel and Nancy Thorvelson, all of whom had decided to call it a career after just one season. But a strong core of whom had decided to call it a career from its inception). Meanwhile we began the tournament by making up for the PT debacle by trouncing them (by a lot to a very little). We then continued our run by avenging our opening day loss to Psychiatry with a relative easy win in the semi finals. However, that win came at a cost. On a sharp single, our ultra fast, high average leadoff hitter (Gary Liebsch) tripped over the lady shrink (yes, I said lady) who was playing first base for them and fell forward (on his face), bracing his fall with an outstretched left arm. He came off the field holding his wrist but we all thought it was pretty much just a mild sprain because (honestly) I have seen worse collisions in T-ball. Anyway, later that night, we were at Omega ice cream and we ran into Denise Trinkle (Anesthesia resident), who was married to an Ortho resident. We mentioned that Liebsch might be coming in the next day to have the wrist looked at and that they should get him rehabbed and ready for the big game in two days. You can imagine how astonished we were when Liebsch finally showed up later the next day with a long arm cast over the elbow for a distal radius fracture! And we were suddenly minus our high OBP leadoff hitter!

The team

I don't think I can underestimate the competitiveness of this bunch because if I had to characterize the '93 team in one word, that word would certainly be "competitive". Looking back, I don't think I realized just how competitive this group was when we started the season. For sure, the MCW (geek) league has always been a social "re" league and it was no different back then. However, there were always a couple teams with "hard core" competitive players that dominated the league. Our only other losses to Microbiology and went on to post a 7-3 record, with another five minutes, add salt and nuts. If using a rice cooker place rice mixture in rice cooker and add water up to 2 cup mark, add saffron strands, cook until done. If cooking in a pan, add water up to an inch above the rice and add saffron, bring to a boil cover tightly and lower the heat and cook until all the water is gone.

Cooking With Gas

Savory Rice

Anita Maira-D’Cruze, MD | Associate Professor of Anesthesiology

Method: Wash rice, heat oil in a pan add spices to hot oil, sauté for five minutes, add rice, sauté another five minutes, add salt and nuts. If using a rice cooker place rice mixture in rice cooker and add water up to 2 cup mark, add saffron strands, cook until done.

If cooking in a pan, add water up to an inch above the rice and add saffron, bring to a boil cover tightly and lower the heat and cook until all the water is gone.

When rice is cooked, gently toss with a fork. Serve hot with favorite chicken or beef.

Options: Slivered almonds instead of pistachios, I have even used walnuts.


**CALENDAR OF EVENTS**

**January 8-14, 2012**

17th Annual Anesthesia Topics in the Tropics CME Seminar
Caribbean Cruise, San Juan, Puerto Rico
David F. Stowe, MD, PhD, Academic Program Director
For more info: see upcoming events on our website, http://www.mcw.edu/anesthesiology.htm

**January 14, 2012**

Trauma Workshop
MCW Alumni Center
Olga Kaslow, MD, PhD

**March 16-18, 2012**

Midwest Anesthesia Resident Conference (MARC) Meeting
Fairmont Chicago, Chicago, IL

**June 1-3, 2012**

Society for Education in Anesthesia (SEA) Spring Meeting
Pfister Hotel, Milwaukee
Elena Holak, MD, PharmD, Meeting Chair
For more info: www.seahq.net