



AUA

Association of University Anesthesiologists

Update

Fall 2005

Inside:

| | |
|--|---|
| President's Corner | 2 |
| ACGME Policies and Procedures | 3 |
| The Hand-held Internet: Never Out of Touch | 4 |
| University of Arizona Department of Anesthesiology | 6 |

Drs. Lineberger and Dedrick First Anesthesiologists to Receive Prestigious National Teaching Award From ACGME



Catherine K. Lineberger, M.D.



Daniel F. Dedrick, M.D.

Catherine K. Lineberger, M.D., Associate Professor of Anesthesiology and Director of the Anesthesiology Residency Program at Duke University Medical Center, was selected to receive the 2004 Parker J. Palmer "Courage to Teach" Award, supported by the Accreditation Council for Graduate Medical Education (ACGME).

The award is named after Parker J. Palmer, Ph.D., a highly respected traveling teacher and author of *The Courage to Teach: Exploring the Inner Landscape of a Teacher's Life*, a book about the spiritual, emotional and intellectual aspects of teaching. Dr. Palmer also developed a teacher education program that has served as a model for teachers of physicians.

Daniel F. Dedrick, M.D., Assistant Professor of Anaesthesia at Harvard and Director of the Residency Program at the

Brigham and Women's Hospital in Boston, received the 2005 award. Both recipients were one of 10 award winners chosen for each of 2004 and 2005 by ACGME from more than 200 nominated program directors spanning all medical training disciplines. Dr. Lineberger was the first anesthesiologist ever selected for the award.

Considered one of the most prestigious awards in graduate medical education, the Parker J. Palmer Award is given yearly to select program directors who demonstrate their commit-

ment to education through successful mentoring, program development and program improvement. "Good patient care depends on the whole doctor showing up, not just the intellect," said David C. Leach, M.D., ACGME Executive Director. "These program directors are being celebrated because they have systematically promoted the formation of resident physicians in ways that foster humanism as well as exceptional competence."

"Reflecting upon Dr. Lineberger's record of service, I believe she embodies the spirit of the Palmer award," said Duke Medical School Dean Sandy Williams, M.D., in his letter of nomination. "Her standing as one of the leading experts in anesthesiology is exceeded only by her reputation as an educator, her devotion to her residents and her ability to identify and take advantage of teachable moments," wrote Dr. Williams.

"I am honored by the award," said Dr. Lineberger. "I was honored to be the person put forth by Duke and extremely pleased to be recognized on a national level. I feel grateful for the supportive comments of my referees, residents and colleagues," said Dr. Lineberger.

Dr. Dedrick has devoted the majority of his academic career as the program director of anesthesiology residency at the Brigham and Women's Hospital. He is considered to be one of the longest serving and most effective, efficient, honest and dedicated program directors in the country, having served in that capacity under three consecutive chairs: Benjamin Covino, M.D., Simon Gelman, M.D., Ph.D., and Charles A. Vacanti, M.D.

As recounted by Dr. Vacanti, Dr. Dedrick has always put the education of residents first. He is a soft-spoken and humble individual who does things because they are right and not because of political agendas. He does not care about personal recognition and receives gratification from the success of his residents. He is honest and well liked and respected by the residents and faculty. His office is decorated with snapshots of former residents with their families.

President's Corner



David L. Brown, M.D.
AUA President

“We need to enrich not only our vision but also our ability to compete across the span of medical knowledge with the very best ideas.”

The AUA 52nd Annual Meeting in Baltimore, Maryland, was hosted by the departments of anesthesiology at the University of Maryland and Johns Hopkins University last May 6-8. Thirty-three outstanding new members were invited to join AUA during the meeting, and we were treated to presentations that ranged from anesthesia care of zoo animals, interstellar space, the Hubble telescope and even molecular work related to our field of anesthesiology. This meeting continues to be one of the truly interesting scientific venues of the year. Again our thanks to M. Jane Matjasko, M.D., and John Ulatowski, M.D., and their teams for being such warm hosts and allowing our academic fellowship to be so nicely stimulated.

President's Panel

The meeting's "President's Panel" highlighted our specialty's future, with many speaking to the need to grow the depth and breadth of our specialty's expertise in the perioperative period. We also heard the oft-repeated admonishment that our specialty needs to submit more proposals to the National Institutes of Health to gain more equal footing with other specialties. During the business meeting, Roberta L. Hines, M.D., was elected President-Elect, and Thomas J. Blanck, M.D., was elected Secretary-Elect to the AUA Council. Jonathan B. Mark, M.D., former Educational Advisory Board Chair, was elected as a Council Member. They will certainly bring their unique and needed insights to our AUA leadership, and the association will benefit from their service.

2006 Annual Meeting

We also heard about next year's Annual Meeting in Tucson, Arizona, on May 11-13, and the exciting venue of the Loews Ventana Canyon Resort, including the Friday evening visit to the Pima Air Museum. Steven J. Barker, Ph.D., M.D., and colleagues at the University of Arizona are busy planning for a warm and welcoming meeting in Tucson. As an interested aviation enthusiast, Tucson will be extra special as the site for our 53rd Meeting. For more information about the upcoming meeting, visit our Web site at www.auahq.org.

Eye on the Future

With another year as AUA President upcoming, I look forward to keeping the needed evolution of our specialty clearly in focus while working with other interested parties in making it better than ever. We need to enrich not only our vision but also our ability to compete across the span of medical knowledge with the very best ideas. The founders of AUA would want nothing less.

ACGME Policies and Procedures

Randall C. Cork, M.D., Ph.D.
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As academic anesthesiologists, we tend to get caught up in our teaching and scholarly responsibilities. In these days of increasing academic regulation and oversight, however, we have to keep an eye on what is going on in those areas, too. The Accreditation Council for Graduate Medical Education (ACGME) is a private, nonprofit council that evaluates and accredits medical residency programs in the United States. It was established to pre-empt government participation in the accreditation of medical training. ACGME member organizations are the American Board of Medical Specialties, the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges and the Council of Medical Specialty Societies. With the exception of AHA, ACGME still considers anesthesiology to be the practice of medicine.

In June, ACGME approved some changes to its policies and procedures manual. Prior to this approval, the entire manual (117 pages) was available to read on <www.acgme.org>, so I took the opportunity to read the whole thing. I learned a lot, and naturally, reading it raised a number of questions that AUA members might be interested in pondering. After all, educating residents is what we do, and ACGME regulates that activity.

The first area of interest to me was Article IX of the Bylaws dealing with “Residency Review Committees”; although with this revision the word “Residency” was dropped, so it is now just “Review Committees.” Section 1 deals with appointments to the Review Committees. For anesthesiology this has been done by the American Society of Anesthesiologists, the American Board of Anesthesiology and AMA. The new wording adds that these appointments must now be approved by the Residency Review Committee (now “Review Committee”) and ACGME. One might question whether or not these extra restrictions for approvals required might make the Review Committee less diverse in its perspectives and certainly less inclined to question ACGME.

Another interesting addition is Section 3: “A Review Committee member may be removed by a majority vote of the board of directors whenever in its judgment the best interests of the ACGME would be served thereby.” This, too, might make Review Committee members less inclined to question ACGME. Section 6 is also worrisome, but I am not sure what it means: “Except as provided under Article XI, Section 2 of

these Bylaws, Review Committees shall not have power to bind the ACGME.” Article XI, Section 2, deals with delegation of accrediting authority to the Review Committees, so my guess is that, aside from accrediting programs, the Review Committees cannot tell ACGME what to do.

In the section regarding Standing Committees, the duties of the Monitoring Committee (Section G.5) are defined. All reports, however, appear to go directly to ACGME. There is no “Freedom of Information” for private organizations. Thus there is no way for the associated specialty organizations to access these reports in order to assess the performance of their Review Committees. Should there not be such accountability to the specialties? To the program directors?

Section I.1.2, “Conflict of Interest” caught my eye, because I believe AHA should not participate in any matters relating to the training of anesthesiologists, as it does not accept that anesthesiology is the practice of medicine. Here is what ACGME policy says:

“ACGME directors and committee members shall not participate in the accreditation review of a program or sponsoring institution if for any reason *it is judged* [emphasis added] that participation of that individual would involve a conflict of interest. Under such circumstances, the individual shall withdraw from all deliberation of the issue under discussion, and shall leave the meeting room. These actions shall be recorded in the record of meeting actions.”

What does “it is judged” mean? I believe AHA representatives participate in decisions regarding anesthesiology training, so it must have been judged (by someone) to be O.K.

Finally, Section 10.C.a (p. 88) deals with how members of an appeals panel are appointed. It is vague: “The ACGME shall maintain a list of qualified persons as potential appeals panel members to review programs.” What does “qualified” mean? Who nominates? Who determines their qualifications? How long do they serve? Where do they come from? Are the program directors involved?



Randall C. Cork, M.D., Ph.D.

Continued on page 5

The Hand-held Internet

Never Out of Touch

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Hand-held computers are easy to use, reliable and inexpensive, making them ubiquitous accessories for everyone from students to professionals. Palm, Samsung and other manufacturers combine a mobile telephone and hand-held computer into a “smart phone,” a small, easy-to-use device that incorporates a telephone and also provides e-mail and high-speed Internet access. The broad range of products and features can make buying decisions difficult, though. This article will give an overview of these latest technology accessories.

There are two families of hand-held computers, Palm and Pocket PC, and the Blackberry, which has been a corporate tool for several years but is a relative newcomer to the consumer market. Palm-compatible hand-helds are small, fast and very easy to use. Palm entered the market by merging with Handspring and updating their Treo (so-named because it offers three functions: hand-held computer, telephone and wireless Internet). PocketPC devices (e.g., the Compaq iPAQ) use a pocket version of the Microsoft Windows operating system. PocketPC computers offer the familiar look and feel of a Microsoft Windows environment and come with a Web client and media player and allow users to access Windows networks and synchronize calendars and address books across corporate networks. As one might expect with any Microsoft product, PocketPC hand-helds tend to work best with Outlook and other Microsoft products on computers running the Windows operating system.

Blackberry

The Blackberry started life as a way for busy corporate executives to receive important e-mail while out of the office. A Blackberry is designed to allow its user to read and respond to e-mail, and it is still the best tool for that purpose. Blackberries are the only devices that offer “push” e-mail — as soon as a message is received, it is forwarded to the Blackberry, which then beeps or vibrates to indicate incoming e-mail. The earliest devices resembled pagers more closely than they did mobile telephones. New designs include a mobile telephone and address and calendar software, making them close competitors to the Palm and PocketPC families.

Smart Phones

Voice and data (Internet) services for smart telephones are provided by a telecommunications company such as Cingular or T-Mobile. When smart phones are used to surf the Web or check e-mail, the information is usually transmitted over the existing cellular telephone network. The data transfer rate is usually faster than dial-up services but slower than a broadband Internet connection such as a cable modem. Most telecommunications providers offer unlimited data service for

an additional monthly fee. Many service providers limit the kinds of information that can be downloaded, with service agreements that frequently limit use to Web access and e-mail. Most contracts give the telephone company the right to disable advanced features such as streaming media.

New smart phones either come with wireless Ethernet, or Wi-Fi, capability or offer it as an option. This feature allows them to take advantage of faster Internet access at “hot spots” or places with public wireless networks. Wi-Fi is available in hotels, airport lounges and many other public locations, including stores such as Starbucks and Barnes & Noble. Service can be purchased either by the hour or as part of an unlimited-use monthly plan, which typically costs between \$20 and \$30 per month. Wired Equivalent Privacy, or WEP, helps to protect information on wireless networks by encrypting information as it passes through a wireless network, which prevents a third party from collecting information. If Wi-Fi is unavailable, unlimited high-speed cellular data service for a personal digital assistant (PDA) or combined PDA and mobile telephone typically costs less than \$50 per month.

E-Mail on the Move

Mobile e-mail is one of the most important features that these devices offer. The ability to check e-mail while away from the office can be a real timesaver. Versamail is a straightforward e-mail program that is distributed with many hand-helds in the Palm family. Versamail works with any private or corporate e-mail account and uses Microsoft ActiveSync software to send and receive e-mail. (ActiveSync also synchronizes Outlook calendars and address books.) Owners of PocketPC devices check their e-mail using Pocket Outlook, a program that looks and works like Outlook. E-mail destined for a Blackberry must be forwarded to a specific e-mail account on a proprietary server. The message is then automatically forwarded to the Blackberry, much like a two-way pager would work.

Web surfing on hand-held computers is limited by both the available bandwidth and the limited screen real estate. Most hand-held Web programs are designed to fit large pages onto the small display while keeping them legible. Some also allow “click and drag” scrolling that allows the user to scroll the page simply by moving the stylus around the screen. All of these devices integrate the telephone and Web client with the address book so that clicking on a contact’s telephone number will call that person, or clicking on an e-mail address will open the mail program.



Keith Ruskin, M.D.

“Attacks on personal computers in the form of viruses, keystroke loggers and ‘phishing’ attacks are a well-known threat, but the increasing complexity of PDAs and smart phones means that they are no longer immune to these threats.”

Privacy and Security

Attacks on personal computers in the form of viruses, keystroke loggers and “phishing” attacks are a well-known threat, but the increasing complexity of PDAs and smart phones means that they are no longer immune to these threats. Several viruses can infect mobile telephones that use the Symbian operating system. These viruses take advantage of Bluetooth to find and infect vulnerable telephones. Fortunately all mobile telephones will ask for confirmation before installing software, including viruses. In general the correct answer to an unexpected message asking for permission to install a new program is “no.”

Slamming Spam

Unsolicited commercial e-mail (spam) has long plagued anyone who relies on e-mail for important communication. Unfortunately spammers are now taking advantage of the fact that most telephones can receive text messages to send messages to cellular telephones hawking everything from get-rich-quick schemes to controlled substances. Unsolicited text messages can be costly as well as annoying. Many subscribers pay a small fee to receive each message, including unwanted advertising. One company induces people to sign up by sending e-mail that purportedly comes from their friends and then starts billing for “information services” that are really advertisements. Unfortunately there is no clear solution to this problem. At least one provider, T-Mobile, restricts e-mail messages to its mobile telephone subscribers. The subscriber can choose a keyword that must be in the subject of the message in order for it to be delivered.

The Choice Is Yours

Ultimately the choice of which smart phone to buy depends on the individual preferences of the person who will use it. The decision should be based on the specific features of the telephone, compatibility with other software and the “form factor.” The best way to choose one of these new devices is to spend some time looking at different brands, trying to enter an address or an appointment and surfing the Web. All of these devices are powerful tools that will save time and make anybody’s life much easier.

ACGME Policies and Procedures

Continued from page 3

As an ACGME watcher, my general impression is that ACGME is moving in the direction of exerting more control over its Review Committees and that questioning and dissent will be inhibited. While it is easier to manage this way, it may not be the best way to manage. Most good ideas come from below, not above.

These are not polemics; they are questions, and we should not be afraid to engage in this type of exercise. After all, constant questioning and incorporation of diver-

sity are keys to successful adaptation. It is important for AUA to question policies of regulators that might affect the educational environment of its members as well as its educational mission.

Keep an eye on <www.acgme.org>, especially the “Review & Comment” section. Currently some radical changes in the management of anesthesiology pain fellowships are proposed. They need your comments and suggestions.

The University of Arizona

Department of Anesthesiology

Steven J. Barker, Ph.D., M.D.
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The University of Arizona in Tucson will host the next AUA meeting on May 11-13, 2006, at the Loews Ventana Canyon Resort. The University of Arizona Department of Anesthesiology, chaired by Steven J. Barker, Ph.D., M.D., provides the full spectrum of anesthesiology services at the University Medical Center, the University Physicians Hospital and the Tucson Veterans Administration Hospital. Clinical services include both major and minor operating room anesthesia, consultation services, preoperative patient assessment and optimization, emergency resuscitation and critical care medicine. In addition the department operates a comprehensive acute and chronic pain service, including an outpatient pain clinic and inpatient pain consultation service.

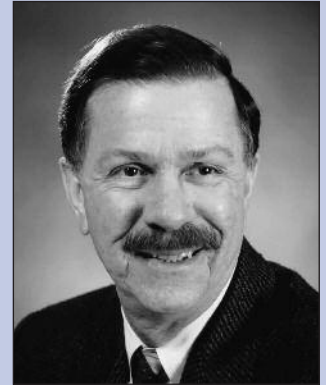
Wide Areas of Expertise

The department provides expertise in all subspecialties of anesthesiology, including cardiovascular, obstetric, neurosurgical, pediatric, transplantation, trauma, intensive care and pain management. Major areas of research include cardiopulmonary monitoring, mechanisms of pain, inhalation anesthesia, obstetric anesthesia, central mechanisms of anesthesia and cardiopulmonary resuscitation.

The department administers more than 17,000 anesthetics per year in 26 state-of-the-art operating rooms and an obstetrical suite at its three major hospitals. University Medical Center (UMC) is a tertiary care center, a level I trauma center and regional transplant center for southern Arizona. The department of anesthesiology co-directs the operating suites and the surgical intensive care unit and directs the university pain clinic. The outstanding quality and diversity of the surgical services are among the important resources of the program. In today's managed care environment, many teaching hospitals are experiencing large decreases in surgical case volume, while UMC has seen a 40-percent increase in caseload over the past four years. The department is especially active in cardiovascular and trauma surgery, organ transplantation, outpatient anesthesia and pain management.

The 240-bed Tucson Veterans Administration Medical Center (VAMC) is an important part of the integrated anesthesiology residency program. The department of anesthesiology administers approximately 4,000 anesthetics annually at VAMC. The new University Physicians Hospital at Kino (UPHK) has opened two operating rooms in its early stages and is expected to run six rooms per day within three years.

The University of Arizona Pain Clinic was founded in 1996 by the department of anesthesiology with the goal of improving the treatment of pain through research, education and clinical care. An important focus of this multidisciplinary clinic is translational research — clinical studies based upon concepts identified in the laboratory. The pain clinic also is committed to the education of physicians and all other health care professionals in the study and treatment of pain.



Steven J. Barker, Ph.D., M.D.

Ready and ABEL

The Anesthesia Biomedical Engineering Laboratory (ABEL) has a broad mission: to bring state-of-the-art technology to research, education and clinical services in anesthesiology. Research conducted by ABEL emphasizes problems unique to anesthesia. The laboratory's goal is both the improvement of the current state of anesthesia technology and the development of new approaches to anesthesia delivery and patient monitoring. Recent ABEL projects include new developments in oxygen monitoring, investigation of new end-tidal gas analysis techniques, new approaches to electroencephalogram signal processing and analysis, monitor alarm and display integration and the use of artificial intelligence techniques for physiologic data analysis. Department faculty include two recent presidents of the Society for Technology in Anesthesia, Robert G. Loeb, M.D., and Dr. Barker.

Clinical and Laboratory Research

The department of anesthesiology has numerous faculty members involved in a wide variety clinical research covering many anesthesiology subspecialties. Investigators' subspecialties include cardiac, neuro, obstetric, pediatric, ambulatory and chronic pain anesthesia management. The Arizona Health Sciences Center (AHSC) provides an active clinical research unit available to anesthesiology investigators. Within this unit are facilities for patient/subject housing, laboratory testing and examination. AHSC also provides a comprehensive Animal Research Facility for housing both large and small laboratory animals.

In the laboratory, the department has established a national reputation for its research in the fundamental mechanisms of pain. Philip Malan, Ph.D., M.D., Associate Head for Research, works in close collaboration with the department of pharmacology to advance the frontiers of this important field.



Dr. Malan is the principal investigator of an NIH R-01 grant to study the role of newly discovered pain receptors in the central nervous system. Stuart Hameroff, M.D., leads an international, multidisciplinary group that investigates the fundamental mechanisms of general anesthesia and consciousness itself.

The overall research strength of our department is partly evidenced by the fact that a full third of our faculty are AUA members.

Education

The residency program is centered at AHSC, which is adjacent to the main university campus. The department trains 36 anesthesiology residents (12 per year), two pain fellows and one critical care fellow. AHSC comprises the major facilities of the College of Medicine, including the 400-bed University Medical Center, the Arizona Cancer Center, the Colleges of Nursing, Pharmacy and Public Health, the multidisciplinary pain clinic and numerous research facilities. This consolidation of many medical and research facilities at one location yields an unusually successful collaboration between the clinical and basic science departments. It also has promoted collaboration with departments of the adjacent main campus, for example aerospace engineering.

Simulator

The department maintains and operates a comprehensive simulation laboratory for educational and research purposes. The simulator laboratory consists of a mock operating room with an adjacent control room and debriefing area. The mock operating room contains a state-of-the-art, full-scale, interactive human patient simulator designed by Medical Education Technologies, Inc (METI). This computer-controlled, model-driven mannequin is connected to conventional operating room equipment, including a Narkomed anesthesia machine and a Datex physiologic monitoring system. The simulator laboratory is used for all levels of anesthesia training, from an introduction to basic anesthesia concepts and skills to advanced crisis management. It also is used to teach paramedics, medical students, anesthesiology residents and experienced anesthesiologists.

The University of Arizona Department of Anesthesiology is proud to host the AUA 2006 Annual Meeting, and we look forward to your visit to Tucson. For more information about the department and the area, please see <www.ahsc.arizona.edu/anesth> .

Arizona Health Sciences Center



Loews Ventana Canyon Resort



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Progress?

Before ...



Photo courtesy of Marc Bloom, M.D., Ph.D., New York University

... After

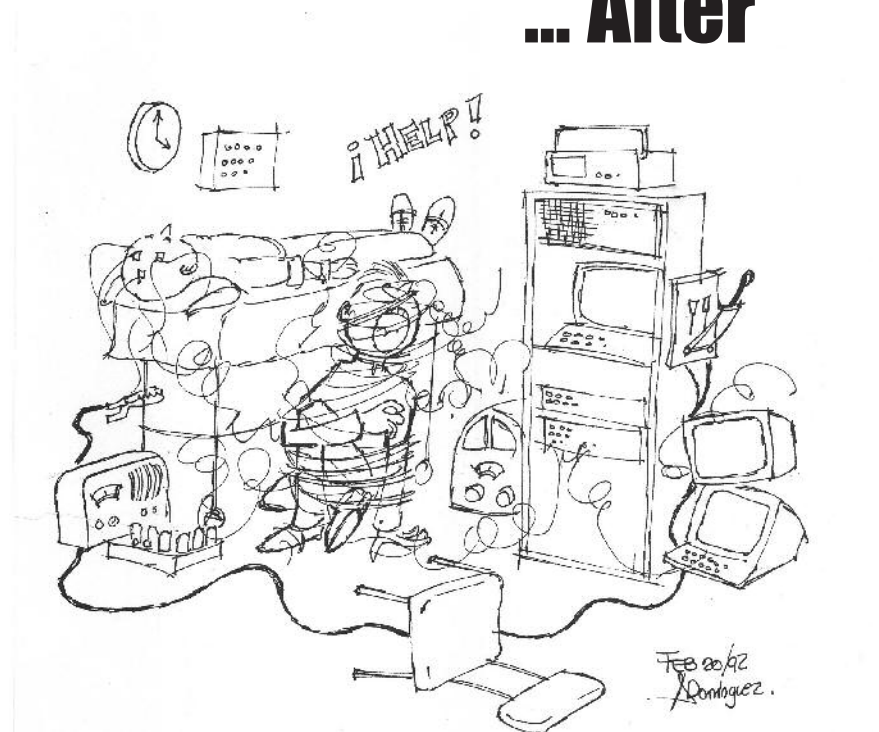


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