



AUA

Association of University Anesthesiologists

Update

Spring 2006

NIH Grants: Why Bother?	2
EAB Report: The Resident With ADHD	4
Neurocritical Care Society: A Critical Link in Neurological Care	6
Back It Up!	7
AUA 53rd Annual Meeting Program	8
Nominees for 2006 Membership	11
EAB, SAB Call for New Board Members	11
What Is MedEdPORTAL?	12



What Is the Plan to Improve Research in Anesthesiology?

Orin F. Guidry, M.D., President
American Society of Anesthesiologists

Part of James Gill's column in the February 5 New Orleans *Times-Picayune* said, "If you think that Nagin is the only public official who seems slightly unhinged these days, take a look at Gov. Kathleen Blanco's call [for a special legislative session]. All official documents in Baton Rouge, of course, are written by a team of Martians who have been kept in the Capitol basement ever since their spaceship crashed next to Huey Long's statue." Sometimes I think that I, too, have just arrived from outer space.

The lack of anesthesiology research, and all that it implies, was discussed in the January 2006 issue of *Anesthesiology*. An article and editorial recommended either increasing the number, length and research content of fellowships or increasing the length and flexibility of the residency for M.D.-Ph.D. graduates. I am not qualified to judge the relative merits of the two proposals, but I was surprised at some comments in the editorial by Paul R. Knight, M.D., Ph.D., and David C. Warltier, M.D., Ph.D.

What made me think that I had been on another planet were these sentences in the editorial: "The Schwinn and Balsler article is published at a time in which at

least part of the academic community of anesthesiology leaders is beginning to become aware that this is a critical issue." And "We strongly believe that this option should be available in anesthesiology fellowships at even more institutions. To accomplish this scenario, we, as an academic anesthesiology community, should lobby the leadership of our specialty to pursue strategies that raise physician-based research to a higher priority in departments with residency/fellowship training programs."

In fact, ASA leadership has been advocating for enhanced scholarly output in anesthesiology for a while now.

President-Elect addresses to the American Society of Anesthesiologists (ASA) House of Delegates by James E. Cottrell, M.D., in 2002 and Eugene P. Sinclair, M.D., in 2004 discussed the paucity of National Institutes of Health (NIH)-funded anesthesiology research.

My August 2003 "Administrative Update" in the *ASA NEWSLETTER* ended with these two sentences: "The declining trend in research is the most significant long-term problem that anesthesiology faces. It is very important that all of us appreciate the fundamental importance

of research to the specialty, and we need to rank this at the top of our list of priorities."

Dr. Knight works in the same department as ASA President-Elect Mark J. Lema, M.D., Ph.D., and knows his feelings on the subject.

What is needed now is not internal lobbying but a plan for anesthesiology to increase research.

The Royal College of Anaesthetists published a document in December 2005 titled "A National Strategy for Academic Anaesthesia." It is downloadable from < www.rcoa.ac.uk/index.asp?PageID=60 >. Its beginning sentence is, "There is a severe crisis in academic anaesthesia in the U.K." Sound familiar?

The report includes a superbly written rationale: "A central tenet of this Strategy Report is that academic anaesthesia is an important and necessary activity. It includes not just research but also teaching, the development of new techniques for patient care, and professional leadership. As such, academic anaesthesia is essential for the future of the specialty as a scientific (and consult-

Continued on page 3

NIH Grants: Why Bother?

W. Andrew Kofke, M.D., M.B.A., F.C.C.M.
Professor, Director of Neuroanesthesia
Departments of Anesthesia and Neurosurgery
University of Pennsylvania
Philadelphia, Pennsylvania

C. Michael Crowder, M.D., Ph.D.
Associate Professor
Departments of Anesthesiology and Molecular
Biology/Pharmacology
Washington University School of Medicine
St. Louis, Missouri



W. Andrew Kofke, M.D.,
M.B.A., F.C.C.M



C. Michael Crowder, M.D.,
Ph.D.

You have a grant idea, and surely your well-written proposal to your study section will win kudos. How much time will that take? Well, the Form 398 instructions alone are 43 pages. Notably, page 13 suggests that the Public Health Service estimates that 40 hours will be needed just to complete the application ... after, of course, reading the instructions. This does not account for your time developing the preliminary data, reading the literature and securing institutional review board or Institutional Animal Care and Use Committee approvals. So let us optimistically estimate that the whole thing, preliminary data plus the application, will take about 600 hours to complete and submit. What happens then?

Your Struggle to Get Funded

It gets assigned to a study section, and the study section then assigns it to two reviewers, both of whom are very successful and very, very, very busy. If you are lucky, the proposal will be read carefully. If not ... well, maybe the reviewer is from California and spent the whole plane ride on your grant. Maybe he/she is from Baltimore and had to drive to Bethesda (tough luck). If just one of these two reviewers is not impressed or has another agenda — or, if impressed, is not persuasive in the study section — then your 600 hours are wasted. Poof!

Oh, one more thing, there is not enough money! There are competing societal priorities such as war, reconstruction of New Orleans and deficit spending. We have to eat, too. The success rate (the percent of grants that are funded — includes all revisions) is now, at best, 20 percent. So let us do the math based on the success rate as a random probability: 600 divided by 0.2 = 3,000 hours that would be needed, theoretically, to get that grant. It may not be 3,000 hours for you, but for a department chair, thinking more globally, this is not too far off. This is a significant opportunity cost. What if you did 3,000 hours (roughly three years at 20 hours/week) worth of anesthesia moonlighting? If one uses a conservative rate of \$200 per hour, then one sees that you could have secured the \$600,000 you needed for that grant just by moonlighting!

Why bother?

Budget Stats

You know times are bad for science when the preceding sounds even vaguely reasonable — and times are definitely

bad. The recently approved 2006 National Institutes of Health (NIH) budget of \$28.6 billion is a 0.1-percent decrease from 2005, the first NIH budget cut since 1970. The 2007 budget is unlikely to be any more generous. The Bush Administration has proposed a budget freeze (\$28.6 billion) for NIH in 2007. The absolute dollars do not tell the whole story. Funding for biodefense and nuclear/chemical countermeasure research has increased greatly in the last four years and now accounts for \$1.8 billion (6 percent) of the total.

Given that most anesthesiologists are not working in these areas, the times are indeed bad for anesthesiology funding. To put this in context, in 2003, the NIH budget accounted for about 22 percent of total federal research and development (R&D). In 2006, the NIH share will fall to 20.1 percent. Moreover the overall R&D budget as a percent of gross domestic product has fallen during this three-year period from 1.3 percent to about 0.9 percent in 2006, nearly 20 percent lower than the 30-year average of 1.1 percent.

In other words, NIH is getting a smaller slice of a shrinking pie. With the reduction in NIH dollars, the overall success rate for all competing research project grants was 21 percent in 2005 and is projected to be 20 percent in 2006. For comparison the average success rate over the last 36 years was 31.7 percent, and the previous nadir was 23.5 percent in 1993. This low success rate is estimated to reduce the number of funded grants by about 400 in 2005, a 1-percent decrease. Further, the average grant size has remained essentially flat over the last three years, thus decreasing in real dollars.

Waiting for Re-equilibration

One could argue that biomedical researchers are being greedy. Maybe we should be content with the recent doubling of the NIH budget and consider this problem a growing pain that will eventually re-equilibrate. This “re-equilibration,” however, will likely hit anesthesiology research disproportionately hard. Anesthesiology has never been a particularly favored field of research, and this is even truer now with the emphasis on bioweapons/biodefense research and big science. Moreover, as detailed above, the federal budget is not just decreasing NIH funding but most other R&D funding as

well. Only defense R&D has been increased over the last three years, where it is now at \$75 billion compared to all other R&D, totaling \$56.9 billion. Thus the federal government spends 30 percent more on defense R&D than all other research in the United States combined. Three times as much money goes to defense R&D as goes to medical research. So the question does not seem to be whether we can afford to do research but rather what kind of research.

Taking Action

What can we in AUA do about this crisis in research funding? First, we must be convinced that medical research deserves better funding levels. We should not be persuaded that times are tough, and we all have to make sacrifices. Again, it is not a matter of whether but what kind of research gets the funding.

Second, we have to be politically active. Write letters to your representatives in support of NIH funding in general. If you are not already, become a member of the American Association for the Advancement of Science (AAAS); not only will you receive your weekly *Science* magazine, you also can be notified of pending legislation that could impact NIH and other science funding.

Finally, at the upcoming AUA Annual Meeting in Tucson, Arizona, we will hear, in the NIH session, from Larry Goldstein, Ph.D. (Department of Cellular and Molecular Medicine, University of California-San Diego), a board member of the Joint Steering Committee for Public Policy (JSCPP).

JSCPP is a coalition of the Genetics Society of America, the Society for Neuroscience, the American Society for Cell Biology and the Science Service (a science education organization) and was founded in 1990 to provide a unified voice for scientific advocacy for these organizations. The board of directors of the JSCPP is a truly elite group of American scientists, including five Nobel Prize winners, with Harold Varmus, M.D., serving as the chair. Dr. Goldstein will discuss effective means for scientific advocacy.

The AUA Scientific Advisory Board hopes you can come to the meeting to hear this talk. We owe it to our patients and our specialty to advocate for better funding of medical research.

Or maybe we should just start moonlighting for dollars ...

Bibliography:

AAAS Report XXX: Research and Development FY 2006; The AAAS Intersociety Working Group < www.aaas.org/spp/rd/rd06main.htm > .

AAAS Science and Policy: R&D in the FY 2007 Budget < www.aaas.org/spp/rd/fy07.htm > .

National Institutes of Health: Summary of FY 2006 President's Budget. < www.nih.gov/news/budget/FY2006presbudget.pdf > .

National Institutes of Health Office of Extramural Research: Index of Tables, Charts, and Lists < grants.nih.gov/grants/award/awardindex.htm > .

What Is the Plan to Improve Research in Anesthesiology?

ant-based) discipline." This is a sentiment with which we can all agree.

The overall problem in Britain is the same as ours, but the details are different. Our British colleagues, however, at least have a plan. We do not have a plan yet. They also have the advantages of smaller numbers of physicians and organizations and a more activist certifying body.

American anesthesiology has a lot of little pieces of a plan but nothing comprehensive:

- ASA has incorporated academic anesthesiology in its decision-making process, lobbied (as yet unsuccessfully) to change the teaching rule and increase NIH funding and increased funding to the Foundation for Anesthesia Education and Research (FAER).

- FAER has increased research grants, started a summer medical student program, started a research mentor program and held retreats in an attempt to get everyone on the same page.

- The Society of Academic Anesthesiology Chairs/Association of Anesthesiology Program Directors (SAAC/AAPD) initially raised the issue of the economics of academic anesthesia and continues to be a voice of concern.

- The Residency Review Committee for Anesthesiology (RRC) has recommended modest changes in the structure of programs and appears to have a more accommodating view of accrediting fellowships.

There is no comprehensive plan, though, to improve the quality and quantity of research.

The ASA Committee on Academic Anesthesiology was discussed by Dr. Sinclair in the Spring 2005 *AUA Update*. The 2005 ASA House of Delegates changed the composition of the committee to include designated representatives from the American Board of Anesthesiology, AAPD, AUA, FAER, the RRC, SAAC and the Society for Education in Anesthesia. The hope is that this group will serve as an interface for the interested parties to produce a comprehensive plan on which all in the specialty can agree and promote.

My frustration is that I know that something needs to be done, but I do not know what. I call on AUA and its members, as leaders in academic anesthesiology, to speak up and get involved in this debate. Submit written proposals to whatever aspect of organized anesthesiology that is best suited to make the change you propose. We do not have much time!

EAB Report

The Resident With ADHD

Robert R. Gaiser, M.D.
Associate Professor of Anesthesiology and Critical Care
Hospital of the University of Pennsylvania
Philadelphia, Pennsylvania

Attention deficit/hyperactivity disorder (ADHD) is a frequently diagnosed disorder in children. It was once thought that ADHD was a pediatric disorder. It is now generally accepted that the symptoms and disease often persist throughout one's lifetime. Although most will have the diagnosis by high school, some may be diagnosed during college, medical school or residency. These individuals may have had satisfactory progress but are unable to meet the increased demands of medical school or residency.

Identifying ADHD

Identification of ADHD in adults presents a number of problems as there is no one specific diagnostic test for the condition. The diagnosis relies heavily on symptom self-report. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, published by the American Psychiatric Association in 1994, provides specific diagnostic criteria for ADHD. For attention deficit disorder, the person must meet six or more of the following symptoms of inattention for at least six months to a degree that is maladaptive: 1) often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities; 2) often has difficulty sustaining attention in tasks; 3) often does not seem to listen when spoken to directly; 4) often does not follow through on instructions and fails to finish duties or duties in workplace; 5) often has difficulty organizing tasks and activities; 6) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort; 7) often loses things necessary for tasks or activities; 8) is often easily distracted by extraneous stimuli; and 9) is often forgetful in daily activities.

For hyperactivity-impulsivity, the person must meet six or more of the following symptoms for at least six months to a degree that is maladaptive: 1) often fidgets with hands or feet or squirms in seat; 2) often leaves seat in situations in which remaining seated is expected; 3) often runs about or climbs excessively in situations in which it is inappropriate; 4) often has difficulty in engaging in leisure activities quietly; 5) is often "on the go" or often acts as if "driven by a motor"; 6) often talks excessively; 7) often blurts out answers before questions have been completed; 8) often has difficulty awaiting turn; and 9) often interrupts or intrudes on others. These symptoms must be present before age 7 years, and the person must have some impairment from the symptoms in social, academic or occupation settings. Little information exists concerning ADHD in college and medical students. Many psychiatric disorders mimic ADHD, including depression, bipolar disorder, anxiety disorder and personality disorders.

Incidence

Given the difficulty of diagnosing ADHD in adults, the incidence in the adult population is unclear. Heilingenstein et al. studied 468 college students at the University of Wisconsin-Madison to determine its prevalence.¹ Using the *DSM-IV* threshold, 4 percent of the students fulfilled the criteria for ADHD, with ADHD symptoms declining with age. Despite the diagnosis, the majority of those fulfilling the criteria were functional and doing well in college. Interestingly, of students with ADHD, only 37 percent were classified prior to entering college; 63 percent were diagnosed after entering college. With a prevalence of 4 percent, it is not surprising that many of these students may encounter difficulty during medical school or residency. It is important to note that students with ADHD tend to score lower on standardized tests. A student may have difficulty with the Medical College Admission Test, United States Medical Licensing Examination (USMLE) or Anesthesia Written Examination. These students typically exhibit problems with studying, note-taking and summarizing.

Individuals with ADHD exhibit biochemical and gross anatomical differences from controls. Irregularities in neurochemistry are implicated and include the dopamine system, the adrenergic system or the serotonergic system. Neuroimaging reveals atypical cerebral lateralization and abnormalities in the prefrontal cortex, basal ganglia and corpus callosum. The inheritance of ADHD is high, but the disorder represents the action of multiple genes.²

Treatment

When the diagnosis of ADHD is made, medications offer the single most helpful therapy.³ Behavior modification and academic accommodation are secondary. Psychostimulants are the most commonly used medications for the treatment of ADHD in college students. Methylphenidate is the most commonly prescribed and has been a standard part of therapy for the past 40 years. Another class of useful drugs is amphetamines. As with methylphenidate, amphetamines are believed to have a clinical benefit by increasing levels of the neurotransmitters dopamine and norepinephrine by blocking their reuptake and increasing their release. Most students do well with once-a-day doses of 10 mg to 20 mg.

Colleges and universities should have systematic guidelines for identifying students with ADHD. The Americans with Disabilities Act (ADA), enacted by Congress in 1990, the Individuals with Disabilities Education Act of 1975 and Section 504 of the Rehabilitation Act of 1973 all mandate special education services for students with disabilities. All three



Robert R. Gaiser, M.D.

“A letter in the Journal of the American Medical Association highlighted three students who had difficulty passing the USMLE. Following diagnosis and treatment with Ritalin, they passed all subsequent examinations.”

mandate educational services for and protect the civil rights of students with disabilities. The first one, Section 504 of the Rehabilitation Act, prevented discrimination on the basis of disability in all institutions receiving federal funding. This act included ADHD within the category of “other health impaired.” The ADA of 1990 also included ADHD as a physical or mental condition, which may rise to the level of a disability. Both define disability as a physical or mental impairment that limits one or more major life activities. Substantial limitation is further defined as unable to perform a major life activity, or significantly restricted as to the condition, manner or duration under which a major life activity can be performed, in comparison to the average person. In order to not discriminate against students with disabilities, reasonable academic accommodations are offered. These accommodations include access to a note taker, extended deadlines and extended time for examinations. Extended time must be provided to qualified students to meet their needs, not to provide an unfair advantage. The assessment for ADHD involves history, neuropsychological and tests of aptitude. The test report concludes with a diagnosis and specific recommendations for accommodations. The evaluation is not cheap and requires extensive involvement by the student.

The ADHD Resident

Given this history, it is not a surprise that program directors will encounter residents with ADHD. This resident most likely will have difficulty with in-training examinations and may have difficulty focusing in the operating room. A letter in the *Journal of the American Medical Association* highlighted three students who had difficulty passing the USMLE. Following diagnosis and treatment with Ritalin, they passed all subsequent examinations.⁴ The American Board of Anesthesiology (ABA) provides for examination under nonstandard conditions for candidates with ADHD. Candidates who wish to request nonstandard conditions must do so in writing no later than the

deadline for filing an application. Documentation and evidence of the nature and severity of the disability must accompany the request and must demonstrate how the disability limits the individual’s ability to take the examination under standard testing conditions. This documentation includes: 1) dates and locations of all assessments; 2) a complete history of the diagnosed condition, including evidence of the condition in childhood; 3) a psychological history that rules out alternative explanations; 4) standardized testing results and scores; 5) a specific diagnosis using standard nomenclature; 6) an explanation of the limitations of standardized testing conditions; and 7) reports of past accommodations. Accommodations will be made for individuals with disabilities if there is sufficient evidence of impairment to take the test under standard conditions.

ADHD in the adult is not new. Program directors should be aware of the disability and its implications. Residents with ADHD may qualify for examination under nonstandard conditions by ABA.

References:

1. Heilingenstin E, Conyers LM, Berns AR, Smith MA. Preliminary normative data on DSM-IV attention deficit hyperactivity disorder in college students. *J Am College Health*. 1998; 48:185-188.
2. Burton C, Stevenson JC, Williams DC, et al. Attention-Deficit Hyperactivity Disorder (ADHD) and fluctuating asymmetry in a college sample: An exploratory study. *Am J Human Biol*. 2003; 15:601-619.
3. Staufer WB, Greydanus DE. Attention-deficit/hyperactivity disorder psychopharmacology for college students. *Pediatr Clin N America*. 2005; 52:71-84.
4. Uva JL. Assisting medical students with undiagnosed ADHD. *JAMA*. 1996; 275:417.

Correction

In the Winter 2006 *AUA Update*, AUA staff erroneously identified several AUA members as members of the Institute of Medicine (IOM). AUA member Michael J. Bishop, M.D., was misidentified as an IOM member. Dr. Bishop shares a similar name with IOM member and Nobel Prize winner J. Michael Bishop, M.D. Also, Robert H. Brown, M.D., was incorrectly listed as an AUA/IOM member from Johns Hopkins University. Robert H. Brown, M.D., of Massachusetts General Hospital, is an IOM member, but not an AUA member.

Finally, Mark C. Rogers, M.D., and Alex S. Evers, M.D., are members of both AUA and IOM but were inadvertently left off the list.

The AUA staff apologizes to those involved and regrets any inconvenience these errors may have caused.

A Critical Link in Neurological Care

Michael Diring, M.D., President
Neurocritical Care Society

The Neurocritical Care Society was founded in 2002 as a multidisciplinary, international organization whose mission is to improve outcomes for patients with life-threatening neurological illnesses. Our mission is to promote:

- Quality patient care
- Professional collaboration
- Research
- Training and education
- Advocacy.

Neurocritical care has undertaken a great leap in care over the last several years. Treatments that were unthinkable a few years ago are now regular occurrences. Over the past 20 years, neurocritical care as a specialty has flourished and has seen significant growth in the number of neurological intensive care units throughout the United States, Europe and Asia. The Society has grown to more than 500 members from around the world, building on the immense contributions of the pioneers in the field. One does not need to be a neurointensivist to join the Society. Stroke neurologists, neuroanesthesiologists, neurosurgeons, interventional neuroradiologists, internists, nurses, pharmacists and others involved in the care of critically ill neurological patients are welcome to join.

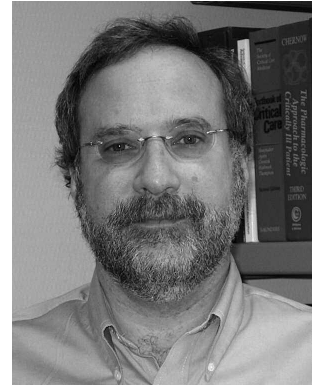
Journal

The journal *Neurocritical Care* is now in its third year and is published six times a year. This publication is intended for physicians involved in any aspect of emergency or acute neurology, neurosurgery or neuroanesthesia, giving them a needed platform. *Neurocritical Care* was recently approved for Medline, an impressive and unusual achievement for a relatively new publication. The tireless work of the editorial staff, drawn from various backgrounds, has ensured a relevant and timely publication with a steady supply of material. We have seen a marked increase in the number of submissions, and the editorial staff is looking for articles that explore uncharted areas.

Accreditation Efforts

Under the sponsorship of the American Academy of Neurology (AAN), the Society of Critical Care Medicine and the Society of Neurosurgical Anesthesia and Critical Care

(SNACC), the Neurocritical Care Society sponsored an application for the approval of neurointensive care as a subspecialty under the United Council for Neurologic Subspecialties (UCNS) umbrella. In October 2005 the application for membership was approved. Membership is the first step in the UCNS accreditation and certification process. The UCNS Accreditation Council will now work with the subspecialty on requirements for fellowship programs. Eventually programs will be able to apply to obtain UCNS accreditation. We are currently collaborating on the accreditation process with our partners and co-sponsors from AAN and SNACC.



Michael Diring, M.D.

New Fellowship

Thanks to a generous grant from Novo Nordisk, Inc., the Neurocritical Care Society is sponsoring a career development fellowship for two, two-year fellowships to support clinical research training in neurocritical care. We are accepting applications from candidates from neurology, neurosurgery and anesthesiology who are interested in careers as clinical investigators in neurocritical care.

'Synchronicity'

"Neurocritical Care 2006: Synchronicity" is slated for November 2-5, 2006, in Baltimore, Maryland. This meeting will be a first-time collaborative effort between the Cleveland Clinic Foundation and the Neurocritical Care Society. An informative and substance-packed meeting is being planned, and I encourage you to join us in Baltimore.

For more information about the Neurocritical Care Society, please visit our Web site <www.neurocriticalcare.org> or contact Administrative Director Jay Gorham at <jaygorham@llmsi.com> or (952) 645-2031.

Back It Up!

Keith J. Ruskin, M.D.
Associate Professor of Anesthesiology and Neurosurgery
Yale University School of Medicine
New Haven, Connecticut

There are two kinds of people: Those who back up their computers regularly, and those who have not yet lost all of their files. Backing up important information should become a regular part of the life of everyone who relies on a computer. Why? Because hard disks are mechanical devices and will eventually fail. How often? The highest quality drives, those used for “Enterprise storage,” have a “mean time between failure” of 1,400,000 hours. That is more than 159 years! And yet all companies back up their data every day. On the other hand, a hard drive installed in the typical desktop computer (like yours) has a five-year warranty. Even if the drive does not fail, we all make mistakes, so it is still important to keep another copy of our most important files.

Getting Started

The easiest way to back up information is to copy files to another drive. For a quick start, just buy a second hard drive, plug it into your computer’s USB port, and copy all of your important files to it. It is also important to keep permanent copies that cannot be accidentally erased. Most computers come with software that will transfer all the files in certain directories to a CD or DVD, and it is a good idea to do this at least once a week. A simple way to make sure that early versions of important files are still available is to keep the first back-up of every month for a year, and keep the first back-up of every year indefinitely. The advantage of this system is that a file that you accidentally deleted a week ago will still be on the CD or DVD that you created at the beginning of the month.

Picture This

Photographs are especially important, since a child will only lose his/her first baby tooth once. While it is essential to back up photographs to a CD or DVD periodically, online storage is another option. Online storage companies regularly back up all of their files, so the likelihood of losing a file to a disk failure is very small. As a bonus, you can share your files with others. Companies that offer this service include Kodak < www.ofoto.com >, Shutterfly < www.shutterfly.com > and Snapfish, which is now owned by HP < www.snapfish.com >. Another service, SmugMug < www.smugmug.com >, offers tiered services for both amateur and professional photographers and was recently awarded *PC Magazine’s* Editor’s Choice Award.

Virtual Storage

Online back-up services are an ideal choice for backing up other important documents, too. You install a client onto the computer that you wish to protect. Periodically that client connects to a server and uploads every file that you have changed. Most of these services save several versions of each file, so it is possible to go back to an earlier version of a document that was corrupted by a virus. Because the information is stored somewhere other than your home or office, online back-ups also protect against a catastrophe such as a fire or flood. All reputable online back-up companies guarantee the privacy and integrity of data stored on their servers. The biggest drawback is cost: back-up services cost anywhere from \$80 per year for 250 megabytes of storage to as high as \$8,000 for 100 gigabytes. Obviously this is a cost-effective strategy for protecting text files or spreadsheets, but not photographs! Online back-up services include Xdrive < www.xdrive.com >, @Backup < www.backup.com > and Data Protector < www.connected.com >.



Keith J. Ruskin, M.D.

Make It a Habit

Making back-ups can be time-consuming, and it is a difficult habit to form. If you do not want to pay an online service, you can investigate automatic back-up programs. Norton Ghost < www.symantec.com > and BackupMyPC < www.stompsoft.com > are two good examples. Seagate also makes a hard drive that automatically backs up your computer when you push a button. If you are using an Apple computer, you can use its automated back-up utility to schedule back-ups on a regular basis. The back-ups can be stored online if you subscribe to .Mac.

With so many solutions available, there is no reason not to keep several copies of important files. Back your computer up today, and you will thank me when your hard drive expires before its warranty.

AUA

**53rd Annual Meeting
May 11-13, 2006
Loews Ventana Canyon Resort
Tucson, Arizona**

Thursday, May 11, 2006

7:30 a.m.	Golf Tournament (see page 10)
12 noon - 9 p.m.	Registration
1 p.m. - 1:15 p.m.	Introduction and Welcome Steven J. Barker, Ph.D., M.D., Charles W. Otto, M.D.
1:15 p.m.-1:30 p.m.	Scientific Advisory Board (SAB) Program, Introduction C. Michael Crowder, M.D., Ph.D.
1:30 p.m. - 3 p.m.	Oral Presentations
3 p.m. - 3:30 p.m.	Break and Poster Viewing and Discussion
3:30 p.m. - 6 p.m.	Moderated Poster Discussion Session
7 p.m. - 10 p.m.	Welcome Reception

Friday, May 12, 2006

7 a.m. - 4 p.m.	Registration
7 a.m.- 7:50 a.m.	Continental Breakfast
7:50 a.m. - 8 a.m.	Introduction to 53rd Annual Meeting Steven J. Barker, Ph.D., M.D., Keith Joiner, M.D.
8 a.m. - 9:45 a.m.	Educational Advisory Board (EAB) Program, (Part 1): Fatigue, Sleep and Anesthesia
8 a.m. - 8:05 a.m.	Symposium Relevance for Practitioner and Patient Peter Rock, M.D., M.B.A., Ralph Lydic, Ph.D.
8:05 a.m. - 8:25 a.m.	Impact of Sleep Deprivation on Clinical Care Charles Czeisler, M.D., Ph.D.
8:25 a.m. - 8:45 a.m.	Alpha-2 Receptors for Regulation of Wakefulness Mervyn Maze, M.B., Ch.B.
8:45 a.m. - 9:05 a.m.	Sedating Drugs Have a Prolonged Effect on Sleep J. Lance Lichter, M.D.
9:05 a.m. - 9:25 a.m.	Fatigue and Anesthesia Safety Steven K. Howard, M.D.
9:25 a.m. - 9:45 a.m.	Question-and-Answer Session
9:45 a.m. - 10:15 a.m.	Break and Poster Viewing and Discussion
10:15 a.m. - 11:45 a.m.	EAB Program (Part 2): Managing Intergenerational Issues in Academic Anesthesiology
10:15 a.m. - 10:45 a.m.	Overview: Unique Characteristics of Different Generations in the Workplace Peter Rock, M.D., M.B.A., Robert E. Shangraw, M.D., Ph.D.
10:45 a.m. - 10:55 a.m.	A Vice-Chairman of Resident Affairs Perspective on Generational Issues in the Resident/Medical Student Workforce Charles W. Whitten, M.D.

10:55 a.m. - 11:05 a.m.	The Effect of the New Generation(s) on the Function of an Academic Department Patricia A. Kapur, M.D.
11:05 a.m. - 11:15 a.m.	What About Our Product? Expectations of a Private Practice Group Michael A. Ramsay, M.B.
11:15 a.m. - 11:45 a.m.	Question-and-Answer Session
11:45 a.m. - 1 p.m.	Group Luncheon EAB Luncheon SAB Luncheon President's Luncheon
1 p.m. - 2 p.m.	NIH Session: Being an Effective Advocate for Research Funding Lawrence S. Goldstein, M.D.
2 p.m. - 2:30 p.m.	ASA President's Update Orin F. Guidry, M.D.
2:30 p.m. - 2:45 p.m.	Break and Poster Viewing and Discussion
2:45 p.m. - 4:15 p.m.	AUA President's Panel: Mentorship in Academic Anesthesiology
2:45 p.m. - 2:50 p.m.	What Is the Issue? David L. Brown, M.D.
2:50 p.m. - 3 p.m.	Academy of Mentors at UCSF Ronald D. Miller, M.D.
3 p.m. - 3:10 p.m.	Dartmouth Mentoring D. David Glass, M.D.
3:10 p.m. - 3:20 p.m.	Research Mentorship Jeffrey Raymond Balsler, M.D., Ph.D.
3:20 p.m. - 3:30 p.m.	What Is FAER Doing About Mentorship? John P. Kampine, M.D., Ph.D.
3:30 p.m. - 4:15 p.m.	Discussion Session
4:15 p.m. - 5:30 p.m.	AUA Business Meeting
5:30 p.m. - 6:30 p.m.	Resident/Fellow Reception
7 p.m. - 10 p.m.	Social Event at Pima Air and Space Museum

Saturday, May 13, 2006

7 a.m. - 8 a.m.	Breakfast
8 a.m. - 12 noon	University of Arizona Host Program Keith Joiner, M.D. Steven J. Barker, Ph.D., M.D.
8 a.m. - 8:50 a.m.	Lightning – A Striking Phenomenon E. Philip Krider
8:50 a.m. - 9:40 a.m.	The People and Pottery of Grasshopper Pueblo J. Jefferson Reid
9:40 a.m. - 10:10 a.m.	Break and Poster Viewing and Discussion

10:10 a.m. - 11 a.m.	Planetary Exploration at the University of Arizona and the Discovery of Sub-surface Ice on Mars William V. Boynton
11 a.m. - 11:50 a.m.	Nature's Logbook – Tree Rings and Our Changing Environment Malcolm K. Hughes
12 noon - 1:30 p.m.	Group Luncheon
1:30 p.m. - 3 p.m.	Oral Presentations
3 p.m. - 4 p.m.	Moderated Poster Session
4 p.m. - 5 p.m.	SAB Plenary Session Protection of Myocardium Against Ischemia and Reperfusion Injury David C. Warltier, M.D., Ph.D.
6 p.m. - 10 p.m.	Social Event: Under the Arizona Sky

Social Events

Thursday, May 11, 2006

Welcome Reception: AUA meeting attendees are encouraged to attend the Welcome Reception on Thursday, May 11. Bring your family and tour Tucson during the day. At night, catch up with friends at AUA's Welcome Reception. Cost for attendees is included in the registration; spouse/partners are additional.

Friday, May 12, 2006

Resident/Fellow Reception: AUA encourages members to expose their residents and fellows to academic anesthesia by registering interested residents and fellows for the meeting. A special resident/fellow and sponsoring member reception will be held on Friday evening, May 12, prior to the Social Event at the Pima Air and Space Museum. Resident/Fellow attendance is limited to two residents or fellows per program. Please RSVP your attendance to <auameetings@asahq.org> by identifying the resident and/or fellow and sponsoring member.

Social Event at Pima Air and Space Museum: The Pima Air and Space Museum is a member of the Arizona Aerospace Foundation and is the world's largest nongovernment-funded aerospace museum. The entire museum property covers about 150 acres. You'll be able to dine under the wings of aircraft in our hangars and tour all that the museum holds, including more than 250 aircraft on display. For more information, visit <www.pimaair.org>. Cost for attendees is included in the registration; spouse/partners are additional.

Saturday, May 13, 2006

Social Event Under the Arizona Sky: AUA will host a southwestern dinner under the Arizona sky at the Loews Ventana Canyon Resort. Members and guests are encouraged to extend their plans to stay for this memorable event. Cost for attendees is included in the registration; spouse/partners are additional.

For complete meeting information, visit:

www.auahq.org



AUA 53rd Annual Meeting Golf Tournament Registration Form Thursday, May 11, 2006 Tucson, Arizona

Advanced registration is required. Register by April 11, 2006 and enjoy the early rate. Registrations received after April 11th will be charged a later fee. Once your registration has been successfully processed, a confirmation will be sent to the address listed on this form. Please print/type all information.

First Name: _____ MI _____ Last Name: _____

Spouse/Guest Name (if playing only): _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP code: _____

E-Mail: _____

Registration Fees		Registration Payment	
<input type="checkbox"/> Member	Early Reg. \$70	Late Reg. \$85	<input type="checkbox"/> Check (check number _____)
Handicap: _____			<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> Spouse	\$70	\$85	Card Number: _____
Handicap: _____			Expiration Date: _____ C/W Number*: _____
Total Payment:	\$ _____		Name on Card: _____
			Signature: _____

Tournament Details:

- Scramble tournament. Shotgun start at 7:30 a.m. Pairings and rules to be posted on carts prior to arrival. Scoring requested.
- The golf service fee includes: green fee, cart fee, range balls, scoring and bag pull before event.
- Individuals are responsible for their own shoe and club rental and any beverages and/or snacks consumed before, during and after play.
- Players will start on as many holes as possible.
- Pairings will be posted on the AUA web site at www.aushq.org.
- Dress Code: Men - collared shirt and either shorts or slacks. Women - sleeveless collared shirts, no tank tops; shorts must be at least mid-thigh length. Denim is not allowed, regardless of color. Soft spites only.
- Cart/very rental clubs are available at \$55.00 plus tax per set and must be reserved 7 days prior to your tee date.
- Please label your golf bags for storage and identification purposes.

<p>The Canyon Course</p> <ul style="list-style-type: none"> • features the exhilarating finishing hole #18. This par 5 showcases a partial island green and cascading waterfalls. • plays for a yardage of 6819 yards from the back tees with a course rating of 72.8 and a slope rating of 140. • was designed by Tom Fazio. • has five sets of teeing areas to accommodate all skill levels. • utilizes Bermuda grass fairways and tees along with Bent grass putting surfaces. The Bermuda grass is overseeded in the fall with a winter Rye grass. 	<p>Loews Golfing</p> <ul style="list-style-type: none"> • The facility also includes a double ended driving range, three practice putting greens and a short game practice area with bunkers. • The practice facility is open to guests of the Resort and is included in your greens fees the day of play. • There is a \$10.00 fee for unlimited use of the practice facility on nonplay days. • The Golf Shop and cart staging area are located adjacent to the Flying "V" and Health Spa.
--	---



Golf Outing Refund Policy
If your golf registration must be cancelled, a refund will be allowed if requested in writing and post-marked by April 11, 2006. We regret that no refunds will be allowed after April 11, 2006.

Send completed registration form with payment to:
AUA
520 N. Northwest Highway
Park Ridge, IL 60068-2573
Fax: (847) 825-3633

Nominees for 2006 Membership

The following is a listing of proposed nominees to be considered by Council for AUA membership. After Council's review, the most qualified nominees will be submitted to the full membership for voting at the 53rd Annual Meeting in Tucson, Arizona, on May 11-13, 2006.

Following your review of this list, please forward any comments you may have to the AUA office at your earliest convenience. Comments should be sent via e-mail to <n.bradle@asahq.org> by **April 10, 2006**.

2006 Nominees

John T. Algren, M.D.
Corrie T.M. Anderson, M.D.
Michael S. Avidan, M.B., B.Ch.
Yaakov Beinlin, M.D.
Edward J. Bertaccini, M.D.
Marc J. Bloom, M.D., Ph.D.
Ferne R. Braveman, M.D.
Brenda A. Bucklin, M.D.
Joseph P. Cravero, M.D.
James P. Dilger
F. Kayser Enneking, M.D.
Brenda G. Fahy, M.D.
Laurent G. Glance, M.D.
Roy A. Greengrass, M.D.
Scott B. Groudine, M.D.
Zvi Grunwald, M.D.
George M. Hoffman, M.D.
Eric Jacobsohn, M.B., Ch.B., M.P.H.E., F.R.C.P.C.
Leslie C. Jameson, M.D.
Kevin W. Klein, M.D.
Lorrie A. Lee, M.D.
Stuart M. Lawson, M.B., B.S.
Sean C. Mackey, M.D., Ph.D.
David P. Martin, M.D., Ph.D.
Nader D. Nader, M.D., Ph.D.
Howard S. Nearman, M.D., M.B.A.
Andrew J. Patterson, M.D., Ph.D.
Azriel Perel, M.D.
Misha Perouansky, M.D.
Linda S. Polley, M.D.
Warren S. Sandberg, M.D., Ph.D.
Stanton K. Shernan, M.D.
James M. Sonner, M.D.
Thomas A. Stekiel, M.D.
Mary C. Theroux, M.D.
Avery Tung, M.D.
Monica S. Vavilala, M.D.
Mary Ellen Warner, M.D.
Robert A. Whittington, M.D.
Paul E. Wischmeyer, M.D.
David J. Wlody, M.D.
Harvey J. Woehlck, M.D.
Cynthia A. Wong, M.D.

EAB, SAB Call for New Board Members

The AUA EAB and SAB are searching for new Board Members. If you are interested in participating on the EAB or SAB, please e-mail Nicole Bradle at <n.bradle@asahq.org> by **April 10, 2006**.

Current Educational Advisory Board

Peter Rock, M.D., Chair
James R. Zaidan, M.D., M.B.A.
Robert R. Gaiser, M.D.
Robert E. Shangraw, M.D., Ph.D.
Daniel Nyhan, M.D.
Wayne K. Jacobsen, M.D.
Jeffrey R. Kirsch M.D.

Current Scientific Advisory Board

C. Michael Crowder, M.D., Ph.D., Chair
T. Phil Malan, Jr., M.D., Ph.D.
Terri G. Monk, M.D.
Jonas S. Johansson, M.D., Ph.D.
Vesna Jevtovic-Todorovic, M.D.
Zeev N. Kain, M.D.
Marie E. Csete, M.D.
H. Thomas Lee, M.D.

AUA

Officers and Councilors-at-Large

President

David L. Brown, M.D.
University of Texas M.D. Anderson

President-Elect

Roberta L. Hines, M.D.
Yale University

Secretary

Steven J. Barker, Ph.D., M.D.
University of Arizona

Treasurer

W. Andrew Kofke, M.D., M.B.A.
University of Pennsylvania

Councilors-at-Large

Jeffrey R. Balsler, M.D., Ph.D.
Vanderbilt University

Jonathan B. Mark, M.D.
Duke University

Rona G. Giffard, M.D., Ph.D.
Stanford University

AUA Update Editor

W. Andrew Kofke, M.D., M.B.A.
University of Pennsylvania

Educational Advisory Board Chair

Peter Rock, M.D., M.B.A.
University of North Carolina-Chapel Hill

Scientific Advisory Board Chair

C. Michael Crowder, M.D., Ph.D.
Washington University

Council of Academic Societies Representatives

Lee A. Fleisher, M.D.
University of Pennsylvania

Vacant

Association of University
Anesthesiologists
520 N. Northwest Highway
Park Ridge, IL 60068-2573
(847) 825-5586; fax (847) 825-5658
aia@ASAhq.org
www.aiahq.org

What is MedEdPORTAL?

MedEdPORTAL is a scholarly publication outlet created by the Association of American Medical Colleges (AAMC). From its conception within the AAMC Group on Educational Affairs, MedEdPORTAL was designed to serve as a prestigious publishing venue through which faculty may disseminate their educational works. Structured like a traditional print journal, MedEdPORTAL:

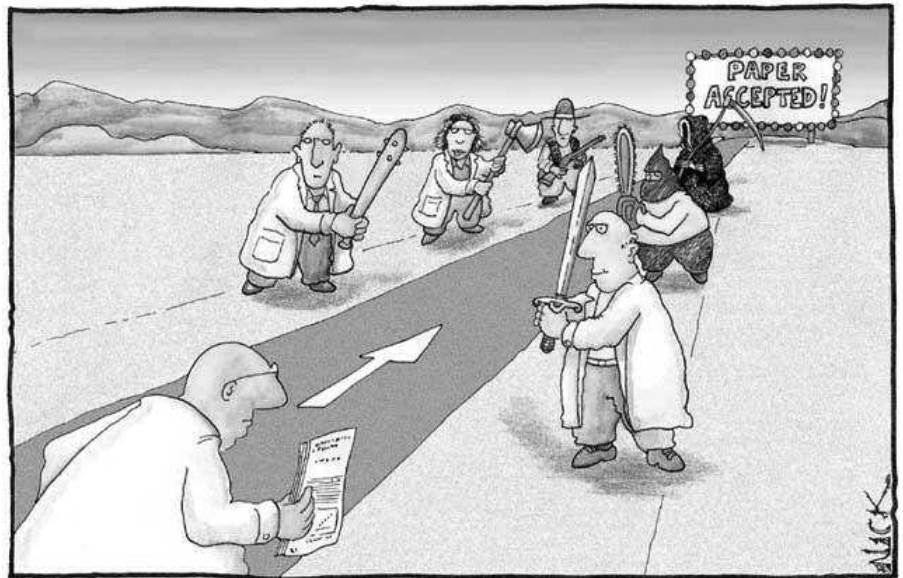
- Maintains an editor and an editorial board.
- Follows a peer-review policy that mirrors practices employed by established biomedical print journals.
- Employs a rigorous peer-review process based on accepted standards of scholarship using invited expert reviewers to conduct all reviews.

An educational resource successfully peer-reviewed and published through MedEdPORTAL is comparable to a peer-reviewed research paper published through a reputable print-based journal. Authors who publish through MedEdPORTAL benefit from the AAMC's authority and credibility and have access to a critical audience drawn from its broad membership. Publications in MedEdPORTAL should be considered compelling scholarly contributions suitable for use to support promotion and tenure decisions.

MedEdPORTAL accepts a wide variety of materials, including tutorials, cases (PBL, SP, OSCE, etc.), laboratory manuals, assessment instruments, faculty development materials, computer-based resources, etc. These materials may be submitted in virtually any technical format (although common document types are preferred).

For more information regarding MedEdPORTAL and educational scholarship, see:

< www.aamc.org/meded/mededportal/start.htm > .



Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'

From: *Nearing Zero*, with permission < www.nearingzero.net/index.html > .