Greetings

Finally, you are receiving our Newsletter! It has been a long time since we started talking about the need to have a vehicle of communication with all our members, alumni, former faculty members and friends. In the early nineties, Dr. Allan Garrett started the project; unfortunately, with the turmoil of those early days, together with his sudden and premature death, we found ourselves back at the starting point. We are most fortunate that Dr. Keith Howell volunteered to take over this task, together with all the other multiple efforts, on behalf of the Department. I am grateful to Keith and I promised him I would write a few words for each issue.

Announcements

Recently, we accomplished a very significant step in our institutional life. Dr. Jay Shapiro and Dr. Jeff Green will be the Vice-Chairs of the Department and will be helping me in running our Department, which has grown enormously in people and complexity. I am particularly proud that both of them will be the first holders of endowed professorships. Jeff Green will be the Boyan-Keenan Professor of Anesthesia Safety and Jay Shapiro will be the John Jones Professor of Anesthesia Education. I am very grateful for the support expressed by the Dean of the School of Medicine and we look anxiously to the day in August when the Board of VCU will officially approve these endowed chairs. The Boyan-Keenan Professorship is the natural recognition of our first two Chairs, who were leaders in anesthesia safety long before it was popular to talk about these issues. The John Jones Professorship honors a man who was the first Director of Residency Training and eventually became an Associate Dean in our School.

History

Dr. Bruce Johnson and I started work in the history of the Department with the naïve idea that we were going to have it ready in a few months, in time to celebrate the 40 years of the Department. I am happy to report that this project will probably take several years to document all the wealth of information and memories that we have found about the Department. Bruce went to the Medical School Library and found many old documents and the question is, which is really the starting point of our history? Recently, we asked several of you to help us with what you know and remember of our history and we are highly appreciative of the response. Two examples of this wonderful support: Dr. John Greig wrote to us and we are planning to visit him soon. He was a resident from February 1958 through January 1959, with Dr. Pemberton as Chief, and he told us that he still practices part-time in North Carolina. And, of course, Dick Keenan did what he has always done for his Department; not only did he agree to help, but sent us a manuscript summarizing his years as Chair. We hope that everyone will be inspired by these examples and actively participate in writing the history of the Department. We look at this project as the collective effort of all of us and we appreciate your help.

Medical Education

Some years ago, I asked Dr. Bob Kravetz to help me with medical student education. I remember our conversation in the Ambulatory Care Center, and, in particular, his question: “Chief, what do you want?” My answer was spontaneous and could have been interpreted as flippant, “I want to have the best program in the country.” Bob looked at me and said “Give me a few days.” That was the beginning and I am proud to say that Bob created what is probably the best program in the country. His never ending energy and dedication to our medical students is best reflected in what we have now: We offer an elective for first year medical students during the summer, recently we increased the number of students in the second year to 10 during the summer, and our anesthesia elective in the fourth year has 100 students divided in 10 groups that spend one month with us. It comes as no surprise that 23 students of the Class of May 2009 went into anesthesia and we have been forced to set a limit to the number of undergraduate and freshman and sophomore medical students who want to spend time in the Department. Recently, Dr. Jay Napoleon joined Dr. Kravetz in our medical student program, and we look forward to many successful years. One measure of our success was Dr. DeWitt, who was elected by his class to deliver the traditional speech of the class during Convocation Ceremonies. With his approval, I have included his speech, which was a remarkable call to all of us, not just to his fellow students. Our Anesthesia Interest Group in the School is large and very well organized, with increasing large attendance to their meetings; we are most adamant that they must get involved in the Virginia Society of Anesthesiologists and eventually in the ASA.
Faculty Education

Two faculty members completed a two-year Masters in Education Program, established by the Medical School to create a cadre of educators for the future. Dr. Iolanda Russo-Menna and Dr. Mark Nelson are already busy bringing us the fruit of their studies and we look forward to sending two other faculty members to the next class. Similarly, four other attendings completed the Leadership Program from the Williamson Institute at VCU and three completed the Safety Fellowship in the same Institute. Our faculty has been energized with their efforts and their added expertise is having a profound effect in our Department.

Residency

Our residency program is strong and we face increasing interest among students from all over the country. This last year we received more than 800 applications, we offered interviews to 120 of them, and we matched 8 interns. We are extremely proud of the program, which received four year accreditation last year. In addition, our Cardiothoracic Anesthesia Fellowship was one of the first programs reviewed in the country and received a five year accreditation. Increasingly, our residents are participating in external academic activities and we had 9 different presentations at the Orlando Meeting of the ASA, together with several presentations at the PGA Meeting in New York and the Atlantic Coast Meeting of the Residents.

Faculty Recruitment

After some lean years, all the faculty positions are filled and we have not had turnover in many years. Similarly, we have 40 nurse anesthetists and we expect to add 5 more; we have not experienced turnover among the nurse anesthetists. We are very proud of having provided an environment where people join us and stay with us, despite the changes and pressures that we have experienced from outside the Department. Although the number of people would appear large, many days we are fairly stretched, since we cover 12 rooms in Main 5, 10 rooms in the Critical Care Hospital, 5 rooms in the Ambulatory Surgery Center, and now we have 7 different crews doing cases out of the OR every day, with one of those duties extending until 11:00 p.m.

Facilities

Last October we opened the Critical Care Hospital, located where the old power plant used to be. It is an impressive structure with 14 floors dedicated to intensive care. The fifth floor, at the same level as all our other operating rooms, has 10 very large ORs, each larger than 600 square feet. One of those operating rooms is a hybrid room, with all the required equipment to function as an interventional radiology suite and/or an operating room. At the beginning of May we opened a new medical school research building, which replaced the old Nursing School and is connected to the Kontos Medical School research building. The final preparations are underway to bring down the A.D. Williams building, starting in February 2010. In its place there will be a new medical school building, designed by the firm of IM Pei. It is going to be a large building with the front facing Marshall Street, and will add to the isolation of West Hospital, since all the walkways between West Hospital and Main Hospital will disappear. For the next few years we will continue to be a site under construction and if you come to visit us, plan on additional time to park and find us!

We hope to make this Newsletter a regular event and we hope that you will be willing to collaborate to its success. Let us know about you, where you are, and any event or information that you want to pass along to the whole group. In particular, we ask you to consider helping us write the history of our Department. Any contribution should be directed to Keith Howell, our official Editor.

Have a very happy summer and we hope to see you back at YOUR Department.
Critical Care Hospital

After years of construction, new traffic patterns and detour signs, the Critical Care Hospital has arisen and opened its doors for business. It bridges Main Hospital and the Visitor’s parking deck.

The 15-level, 367,000 square-foot facility increases critical care capacity at the medical center with intensive care units for surgical trauma, neonatal, burn center, cardiac, neuroscience, medical respiratory and oncology patients. It also features new operating rooms and expanded emergency care.

The $184 million Critical Care Hospital is the largest capital construction project in the history of the VCU Medical Center. It houses 232 adult patient beds, increasing the medical center’s ratio of private to semi-private beds from 37 percent to 70 percent.

The private rooms average 250 square feet – large enough to accommodate patients’ families and multidisciplinary medical teams. The rooms also provide specialized features, such as built-in, ready-access dialysis portals and mobile headwalls, which reduce the need for patient moves, therefore lessening exposure to infection and risk of injury.

The OR suites include LED lights with inline cameras and swing arm mounted displays, video distribution system with wide screen monitors, dedicated music system, individual blanket/fluid warmers, moveable berms for delivering pipeline gases, electrical supply. Temperatures are remotely controlled from front desk with a phone call. Our Anesthesia machines include a touchscreen and multiple monitors to display current vital signs while maintaining a completely electronic anesthetic record.

Congratulations to our graduating residents

**PGY-4s**

- Ben Adams, DO  
  Ochsner (Cardiac Fellowship)  
  New Orleans, Louisiana
- Josh Black, MD  
  Associated Anesthesiologists  
  Tulsa, OK
- Michael Erwin, MD  
  Foothills Anesthesia Consultants  
  Spartanburg, SC
- Brad Garrett, MD  
  Pinnacle, Denton RMC  
  Dallas, TX
- Katherine Johnson, MD  
  Winchester Anesthesiologists  
  Winchester, VA
- William Leighton, DO  
  Georgetown (Cardiac Fellowship)  
  Washington, DC
- Jeffrey Lewis, DO  
  Kaiser Permanente  
  Redlands, CA
- Kyle Payne, MD  
  St. Francis Hospital  
  Maryville, MO
- Elizabeth Pedigo, MD  
  OHSU (Pediatric Fellowship)  
  Portland, WA
- Lana Rike, DO  
  Medical College of Virginia  
  Richmond, VA
- Christa L. Riley, MD  
  Royal Airforce Base Lakenheath  
  Suffolk, England
- Michele Sunler, MD  
  Johns Hopkins (Cardiac Fellowship)  
  Baltimore, MD
- Bart Wild, MD  
  McGuire VA (Pain Fellowship)  
  Richmond, VA

Congratulations to our graduating fellows

**Cardiothoracic Fellows**

- Lindsay Fox, MD  
  Medical College of Virginia  
  Richmond, VA
- Michael Richmond, MD  
  Anesthesia Consultants of VA  
  Roanoke, VA

Welcome to our new residents and fellows

**Incoming PGY-1s**

- Joshua Blecher, MD  
  Medical College of Virginia  
  Richmond, VA
- Max DeWitt, MD  
  Medical College of Virginia  
  St. George University
- Brita Holman, MD  
  Medical College of Virginia  
  Penn State
- Camilla Lyon, MD  
  Medical College of Virginia  
  Medical College of Virginia
- Claire Rezba, MD  
  Medical College of Virginia  
  Medical College of Virginia
- Kim Tran, MD  
  Medical College of Virginia  
  Medical College of Virginia
- Derrick Williams, MD  
  Medical College of Virginia  
  Medical College of Virginia
- Vishal Yajnik, MD  
  Medical College of Virginia  
  Medical College of Virginia

**Incoming PGY-2s**

- Nora Azzazy, MD  
  Eastern TN  
  Medical College of Virginia
- Tina Dailey, MD  
  Medical College of Virginia  
  Howard University
- Charity Dixon, MD  
  Medical College of Virginia  
  Oklahoma State
- Joel Hopper, DO  
  Medical College of Virginia

**Cardiac Fellows**

- Teresa Roberts, MD  
  George Washington  
  National Naval Medical Center
- John Rotruck, MD  
  National Naval Medical Center

www.anesthesiology.vcu.edu
Although the acute pain service has always had an active role at VCU, it has expanded exponentially with the development of a core group of anesthesiologists dedicated to the advancement of regional anesthesia techniques. Our department has always had a strong focus on central neuraxial blocks with peripheral nerve blocks playing a minor role. The purchase of high-grade ultrasound machines has enabled our faculty to expand our teaching of a vast number of both upper and lower extremity nerve blocks. Continuous peripheral nerve blocks, once limited to infra-clavicular blocks, are now commonplace in both the upper and lower extremities with in-hospital or even home infusions.

General anesthesia with intubation will always be at the core of anesthesia practice, but with the ability to provide accurate SURGICAL peripheral nerve blocks, a greater percentage of patients are undergoing operations with deep sedation rather than always resorting to general anesthesia. Orthopedic, vascular, and a mix of other surgeons are now requesting cases to be performed without intubation. Our residents now understand that any block they place – whether it be in the central neuraxis or peripherally – is expected to work and can’t be dismissed as a “pain block”.

As our residents begin searching for employment, they are finding that a preponderance of potential employers are searching for staff competent in regional anesthesia techniques. Consequently, our goals are to graduate residents with strong performance skills in both nerve stimulation and ultrasound techniques so that they are prepared for small community hospitals or large academic centers. This year we will be returning to conducting a Saturday regional workshop to give the residents a greater opportunity to learn and practice regional skills without the pressure of the operating room schedule.

As staff, we are excited about our developing regional team and are striving to continually improve resident education and skills.

Dean Strauss, distinguished guests, esteemed faculty, family, friends, and classmates – welcome to our graduation!

At the outset, I would be remiss if I did not offer a very well-earned thank you to two groups of people. First, to our faculty and attendings, who have patiently and skillfully guided us through our journey to becoming doctors. Thank you for your time, your expertise, and your leadership. Second, to our families and friends, who have endured this journey with us. You have tolerated our long hours, our single-minded focus, and our inability to discuss anything non-medical. Thank you for your love, your support, and your understanding. On a personal note, I must give a special thank you to my wife, Kimberlee, and my children, Ellie and Max, who have demonstrated more faith in me than I deserve and who have given me more love than I ever thought possible. I hope that I have made you proud. Classmates, our journey through medical school has indeed been wonderful, it has been arduous, and it has been collaborative. We have made it to this day together, and we should be very proud of what we have accomplished. But, rather than spending the next few minutes reminiscing about our journey, rather than waxing nostalgic about what we have accomplished, I prefer to focus on our future.
Healthcare in America is facing unprecedented challenges and changes, more is being asked of doctors than ever before, and the threat of outside control has never been more real. I think there are two specific challenges we must undertake to ensure that our profession survives these difficult times and that it emerges stronger than it has ever been. First, we must get involved, both politically and socially. Second, we must stay hopeful about our profession. As I will explain, it falls upon our generation of doctors to resuscitate the ailing medical profession, and only by getting involved and staying hopeful can we achieve this daunting task.

We frequently hear doctors bemoaning the state of healthcare, longing for the good-old-days, and blaming lawyers, insurance companies, and others for the demise of their beloved profession. Having practiced law in a former life, I am well-aware that lawyers are easy scapegoats – especially with their television advertisements and political candidates who made their fortunes on the backs of physicians. Similarly, insurance companies are easy targets, especially as they pay handsome bonuses to their executives while nickel-and-diming doctors out of business. However, the fault for the current crisis must lie as much with the profession that has allowed itself to fall prey to these outside forces as with the forces themselves.

Heretofore lies our first challenge, to get involved. Let us strive to be the generation of doctors who wrestles control of our profession away from the lay people who currently man the wheel. Only by getting involved politically and socially, and by actively participating in the legislative process, can we ensure that the process works to our advantage and to the advantage of our patients. It is too easy to sit idly by, while lawyer-statesmen write impractical regulations, and while businessmen determine how much our services are worth. Let us become ardent advocates for our patients, tenacious lobbyists for our rights, and, ultimately, the arbiters of our own fates.

We must also get more involved in our patients lives. Doctors frequently complain about their patients’ poor lifestyle choices and the unnecessary expenses that these choices incur. Then, when dealing with our patients, we are reticent to address these issues directly – perhaps out of fear of offending our patients, perhaps due to blind adherence to an unwritten code of political correctness, or perhaps due to resignation that these behaviors will never change. However, in doing so, we do a great disservice both to our patients and to our society. We must get involved in our patients’ lives and comment openly on their decisions if we hope to achieve any real change in their behavior.

The second challenge we must undertake is to stay hopeful about our profession. Given the problems facing the medical profession, it would be easy to become discouraged. Given the mountains of debt we have incurred, it would be easy to become consumed with making money. However, we must remember why we entered this profession in the first place. We must recall the early yearnings we felt to be a part of the healing process. We must realize that we are now viewed by young people with the same awe with which we viewed doctors when we were young. We must take great pride in the fact that we were willing to sacrifice in order to enter this most noble profession. If we cling to these emotions, if we strive to improve our patients’ lives, and if we work to ensure that we are good citizens as well as good doctors, the future is very bright indeed.

Let us be a generation of doctors who are enraged and vocal about the healthcare crisis, so that lay people will join our cause. Let us be a generation of doctors who are not afraid of the statehouse, but, rather, who actively participate in the legislative process, so that future healthcare legislation can reflect the wants and needs of healthcare providers and their patients. Let us be a generation of doctors who are honest and compassionate about the poor lifestyle choices that are killing our patients, so that change may actually occur. And, finally, let us be a generation of doctors who realize the incredible gift we have been given, so that we remain hopeful about our wonderful profession.

I am inspired by the brain-power and passion that I have seen in my classmates, I am humbled to have you as friends and colleagues, I am proud to call us doctors, and I expect great things from the class of 2009!
We hope you enjoy the inaugural edition of our Alumni Newsletter.

If you have address changes, updates, or any news, please contact us at anesalumni@vcu.edu.

Please log on to the website for alumni updates and current events http://www.anesthesiology.vcu.edu/

JULY
New residents begin clinical rotations

12 SEPTEMBER 2009
Airway Workshop for Residents

17-21 OCTOBER 2009
ASA - New Orleans, LA

11 -14 DECEMBER 2009
PGA - New York, NY

17 APRIL 2010
Regional Workshop for Residents

VCU Department of Anesthesiology
1200 East Broad Street
PO Box 980695
Richmond, VA 23298