

# UVM Anesthesia News

*A Newsletter From The University of Vermont Department of Anesthesiology*

Volume 2 Issue 3

Fall 2007

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**Department of Anesthesiology**  
**Fletcher Allen Health Care**  
111 Colchester Avenue  
Burlington, VT 05401

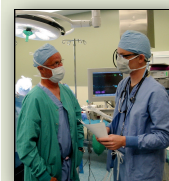
## Your First Day

Do you remember your first day of anesthesia training? Recently, watching our CA-1 residents start their very first cases brought back memories of *my* first day in UVM's anesthesia program in 1986. The day's details are unimportant - let's just say that it wasn't the highlight of my career. Chris Abajian, my attending, stayed at my side, though (most of the time anyway), and we and our patients survived.

First days were worse in the "good old days" a generation earlier. MFH nurse anesthetist Jackie Roberts recalls her first day in 1942: "Dr. (John) Abajian sat me down with a gas machine, turned on nitrous and oxygen, and went back to the phone. Well, the bag got bigger and bigger and I didn't know what to do. I didn't know you were supposed to open some kind of a valve, so I took the mask off the patient's face. The surgeon, Dr. Maynard, was a little surprised when the patient wasn't asleep. Finally, somebody found Dr. Abajian and got him off the phone, and he told me what to do." Dr. Gino Dente tells a similar story of his first day of residency in 1948: "At the DeGoesbriand, I took over a dental case under cyclo anesthesia from John Abajian, who then left for the Fletcher. I had never seen an endotracheal anesthetic and, at the end of the case, I had no idea what to do. Finally, Helen Finnegan, one of the nurses, told me to 'Take the damn tube out!'"

In contrast, today's UVM anesthesia residents have it made on their first day. They have days of orientation before they ever set foot in the OR, introductory teaching sessions, and faculty mentors who stay with them at all times. Does all this make the first day any less terrifying for the resident, attending, or patient? Probably not, but it sure does make it a lot safer. Read on for CA-1 impressions of their first day (page 2) and enjoy the newsletter.

*Joe Kreutz MD*



**CA-1 Dr. Jens Bjerregaard with David Smail MD, one of his mentors**

## CHAIRMAN'S LETTER



Welcome to the latest edition of the UVM Anesthesia News. We continue to receive wonderful feedback from our friends and colleagues. I encourage

you to send us your reflections about your time and associations with the department. The editor has put me on a word diet this quarter so I will try to respect his wishes. I would like to discuss three initiatives with you, all of them important to this department.

First, our new Anesthesia Department website should be up and running very soon (Ed. - details in the next issue). We hope to create a more



visually appealing site with updated content and additional residency recruitment information. This project has been no easy task and has been a collaborative effort of the department. Kellie Dutra, one of our administrative

assistants, however, has been keeping us all on task and deserves a great deal of the credit.

Secondly, this fall our department will help sponsor the Madison-Deane Initiative. This is an end-of-life care education program of the Visiting Nurse Association. Dr. James Madison, a respected and loved local physician, and of course our own beloved Dr. Robert Deane, died of pancreatic cancer within two years of one another. They both wanted donations in their memory to be used to support education about quality end-of-life care. This year's conference, entitled, "Teachable Moments: Companioning Children and Teens Through Loss and Grief" will be held October 4<sup>th</sup> at the Burlington Hilton Hotel. More information can be found on page four.

Lastly, you will soon receive a save-the-date postcard for the 2008 "Vermont Perspectives in Anesthesia" along with a letter asking you to contribute to The Johns' Fund. This fund was established six years ago to honor both John Abajian, Jr., MD and John E. Mazuzan, Jr., MD. The goal of the fund is to carry on their tradition of improving the understanding and practice of anesthesia. I know that our department alumni graciously devote time and money toward many worthy organizations, and I hope you will consider making a contribution to this great cause.

I look forward to hearing from you.

Howard Schapiro MD

howard.schapiro@vtmednet.org

## This Is No Humbug

The Second Annual Mazuzan-Abajian Classic golf tournament was held on June 2<sup>nd</sup> at The Links at Lang Farm and raised over \$500 for The Johns' Fund. Twenty-four participants competed in an 18-hole scramble format competition, with the winning team of Starr Barnum V, Jay Bellows, Carlos Pino MD, and Bruce Viani MD



shooting five under par. Individual skills winners were Dr. David Johnson (longest drive but still on the fairway), Dr. Heidi Kristensen (farthest from the hole but still on the green), Starr Barnum V (longest drive with a sand wedge), and Jay Bellows (closest to the pin). Tournament highlights included the honorary first tee shot by Dr. Chris Abajian (available on YouTube!), Dr. Howard Schapiro sinking a 40-foot putt for eagle on the 6<sup>th</sup> hole, and a lightning storm that forced one group to take cover in a grove between the 12<sup>th</sup> green and 13<sup>th</sup> tee box. During the brief thunderstorm, Café Mediterraneo in Essex provided Bosnian cuisine for the participants to pass the time and fill their stomachs. Thanks to tournament sponsors Vermont National Country Club, The Links at Lang Farm, The Rotisserie, Starbucks Coffee, Great Harvest, Mortgage Financial, Inc., Moe's Southwest Grill, Ken's Golf Shop, and Organon USA.

Mitchell Tsai MD

## New CA-1 Residents

UVM's anesthesia residency was established in 1946 in response to a request for graduate training for medical officers returning from military service. This request, which came from the AMA Council on Medical Education and Hospitals, resulted in a program that has since trained over 250 anesthesiologists. (History quiz: Who was UVM's first anesthesia resident and what was unique about his training? Answer on page three). Continuing this tradition, six new CA-1 residents were welcomed to Burlington on July 1<sup>st</sup>. Introduced by Chairman Howard Schapiro in the last newsletter, they are Ryan Adams (U of Nevada), Jens Bjerregaard (St. Louis U), Makara Cayer (Boston U), Eric Kent (Western U), Daniel Parsons (UVM), and Christopher Yen (Tufts). Ryan, Jens, and Dan reflect on their first day in the OR:

Awkward. That sums up the first day of my anesthesia training. Having worked as a medical resident for the past year, I became proficient at the daily duties expected of me. Although I may not have always liked the endless rounding and lists of

differential diagnoses, it became comfortable. Now, a high level of procedural skill is required in addition to the mental dexterity facing us every day in anesthesia. I found it challenging, as a former medical resident having performed few procedures over the past year, to be suddenly faced with the organization and attention to detail that it takes to perform even the most basic skills that will eventually become second nature. Patient attendings have made the transition easier, though my anxiety remains, I think, appropriately high. Ryan Adams MD

The orientation the day before had been rather intense, filled with information and new introductions. While driving in to work the first day, I tried to recall the simple things that were vital to making my first day a good one. Things such as how to find my way from the parking garage to the locker room, to more intricate details like how to start and check the anesthesia machine ran through my mind. The day was filled with small episodes of confusion and hand holding, but when the day was done and I drove home, I had some time to reflect. What stood out more than anything was the willingness of everyone that I met to help and make me feel welcome. While many people's days were inconvenienced by my many questions, I felt that I learned a great deal, and made progress in starting to learn the skills that I need. That is the kind of first day impression that makes me look forward to day number two. Jens Bjerregaard MD

My first day in the OR was great. I was out of my element, but Dr. Shapiro was smooth enough to compensate for my spasticity. There were no H&Ps, no rectal examinations, no condescending consultations, etc. I went to bed emotionally exhausted but happy. I must admit that the entire first month feels like drinking from a fire hose. Dan Parsons MD

Dan Parsons MD



2006 - 2007 UVM Anesthesia Copper Kettle Teacher of the Year Dr. Ralph Yarnell and Resident Teacher of the Year CA-3 Dr. Nick Watson and ...



... Nick competing in the July 22<sup>nd</sup> Ford Ironman USA Lake Placid Triathlon. He placed 34<sup>th</sup> in a field of 2208 competitors in 10:09:08, qualifying for October's World Championship in Kailua-Kona.





## Interview: Michael Burfoot MD

*Dr. Michael Burfoot was a UVM anesthesiologist from 1978 until 1999. In a series of far-ranging interviews conducted since October 2006, Michael talks about his life and career, displaying the wisdom, wit, and warmth for which he has always been known. Excerpts:*

### Michael, what initially attracted you to anesthesia?

I found it fascinating that anesthesia was so all embracing. You had to know your medicine from A to Z because anything might come through the door, and so I found it mentally stimulating from that point of view. I had also always been interested in neurophysiology, so I liked the idea of watching people's consciousness change and basically controlling it on that famous curve from mania down to dead, taking patients up and down that curve during anesthesia. So, for me it was a completely natural fit and I just slid into it and never regretted it. My mother, though, was horrified that I was giving up medicine just to do anesthesia.



### What are you proudest of during your UVM anesthesia career?

Being a little facetious, getting nitrous oxide installed in the old OR suite (laughing). When I arrived in Burlington, there was no nitrous, except the tanks on the machines. John Abajian was a halothane man, of course, but it was halothane and oxygen only. So one of my first jobs was to get the nitrous installed.

### You ran UVM's anesthesia section at Fanny Allen Hospital for many years - did you enjoy that?

Yes, very much. It's difficult to put a finger on it, but the influence of the nuns was still there, although there were only two or three of them left working in the hospital. Just the care of the patients, the care for each other in the various departments, it showed that there was just something different about the Fanny. It was very pleasant working there, and I think that's why people liked coming out there.

### Looking back, who's the best anesthesiologist you ever worked with?

David Johnson. I'm really impressed with his knowledge and clinical judgement. As a resident, and I would like this recorded, he was probably the best resident that I have ever come across in any country. I remember we were in trouble once and David just bang, bang, bang, he just did it all without my saying a word. I thought, "Wow, this guy has got it!" Some residents never get it. Basically, they can cope and give anesthetics, but then you come across this cadre of people that really, really get it and understand what it's all about, and they can do anesthesia with one hand tied behind their back.

### Did you miss anesthesia after retiring in 2003?

I thought I would miss it tremendously. I didn't miss it for one second. I miss the people I worked with dreadfully, but I don't miss putting people to sleep, because what we do to patients is pretty damning really. I mentioned earlier that slope from mania to death, and sometimes you take them a ways down that slope, and if something goes wrong, getting back up the slope can be a little hairy, as you well know. Anesthesia is a dangerous hobby, there's no doubt about it.

### Michael, can you talk about your illness?

Sure, it's just one of those things. Everybody drops off the twig sometime, and it just so happens that I got a cancer of the head of pancreas, discovered about a year ago. The usual silent onset until the bile duct was just completely closed off. Fortunately, like in anesthesia and in every other branch of medicine, they do some wonderful things. I had a stent put in my common bile duct, not your little cardiac stent, but a big piece of pipe, and it completely cleared up my jaundice. The chemo worked very well for the first six months and the tumor virtually disappeared, but it's come back, as it was bound to, so that's that. I've had a wonderful year, symptom-free except for the side effects of the chemo.

People ask, "Aren't you afraid?" Frightened of what? What else can you do, except lie on the floor kicking and screaming and saying "Not me, not me!" As I said, everybody drops off the twig sometime. In some ways it's nice to know what you've got, rather than fear something. When you hit seventy-five, you know that something is around the corner, not too many years away. So, you know, that's part of life.

### Page two history quiz answer:

Antonio "Tony" Bayuk. Badly shot up during a parachute drop over Wesel, Germany, Tony met John Abajian in Europe while recuperating and was lured to Burlington in the summer of 1946. He is the only UVM anesthesia resident not to work at Mary Fletcher Hospital - Tony trained at Bishop DeGoesbriand Hospital while Ernie Mills (also a WWII veteran who started his residency several months after Tony) was at the Fletcher. It was the only time the residency was structured in such a way. Tony went on to practice in Youngstown, OH, but sadly died at a young age.



## UVM's First Nurse Anesthetists

*Joe Kreutz MD, a 2007 Wood Library Fellow, has been researching UVM anesthesia history - part 3 of a series.*

In the early 20<sup>th</sup> century, surgeons began to demand anesthesia providers with specialized training who could work alongside and, in some cases, replace generalists like John Dodds. Nurses were the first to take up the challenge, making anesthesia the first clinical nursing specialty. Led by Alice Magaw at St. Mary's Hospital (later part of the Mayo Clinic) in Rochester, MN, nurses established the first formal anesthesia educational program in the U.S. in 1909, and other schools soon appeared. By the 1920s, nurse anesthetists were on the staff of many hospitals around the country.

UVM joined this trend in 1927. That spring, T.S.

Brown (Mary Fletcher Hospital's superintendent),

sent Maude (Smith) Hinsdale, a promising MFH School of Nursing graduate from Ludlow, VT, to Boston to learn anesthesia. Unfortunately, little is known of Hinsdale's



career. She worked at MFH as an anesthetist and physiotherapist until the early 1930s, then left the hospital and was lost to history. Her replacement, Elizabeth Spear, a 1925 MFH grad from Windsor, VT, trained in Burlington with Al Mackay MD (a future UVM Chief of Surgery) and practiced anesthesia at MFH until about 1938. Later, Spear was active in the VT Association of Nurse Anesthetists, living in Woodstock, VT until her 1992 death. She, in turn, was succeeded by Annie (Sprout) Waite, a 1931 MFH grad from Winooski who had trained in the Midwest. Before joining her husband in the army in 1941, Waite introduced anesthesia to 24-year-old Betty Wells, the first CRNA in Vermont and the "mother" of UVM Anesthesia.

Few remember Hinsdale, Spear, and Waite, who had brief UVM anesthesia careers. Their work, though, demonstrated the value of specialized anesthesia training and set the stage for the future - the UVM Division of Anesthesiology.

Next issue: The role of surgeons in early UVM anesthesia - Drs. George Sabin and Albert Mackay.

# Alumni News

*We and your fellow UVM Anesthesia alumni are eager to hear from you! Please write to us or just stop by our offices next time you're in the area.*

**Arno Lemmer MD**, UVM Anesthesia resident class of 1968 (and an attending from 1968 to 1969) lives in Tampa, FL with his wife Marian. Retired since December 1998, he says of his time here: "Exciting years indeed! Throughout my years in the practice of Anesthesia, I remembered and constantly drew upon the lessons learned at the feet of the "greats", Abajian, Mazuzan, Deane, and all the others."

**Shigemasa Ikeda MD PhD**, UVM Anesthesia resident from 1969 to 1972, is a Professor Emeritus in the Department of Anesthesiology at St. Louis University School of Medicine, St. Louis, MO. He is a two-time Paul M. Wood Fellow of the ASA's Wood Library-Museum with an interest in the development of post-World War II Japanese anesthesiology. "Ike" fondly remembers Gino Dente and says, "For some unknown reason, he always gave me a lunch break."

**David Wlody MD**, UVM College of Medicine 1982, has been appointed Professor of Clinical Anesthesiology at SUNY-Downstate Medical Center, where he currently serves as Vice Chair for Clinical Affairs and Chairman of the Department of Anesthesiology at Long Island College Hospital. He recently completed a term as President of the Society for Obstetric Anesthesia and Perinatology. "I remember my time rotating through the Department as a senior student in 1981 with great affection. It was a wonderful introduction to what has become my life's work. I especially valued the time I spent with Dr. Deane and Dr. Shinozaki in the Special Care Unit."

**Brian Bevacqua MD**, UVM Anesthesia resident class of 1985, is a Clinical Professor of Anesthesiology at the Univ. of Wisconsin, practicing

at the William Middleton Memorial VA Hospital "in relative obscurity." He lives in Madison with his wife of 25 years, Maryanne, and three daughters, who "allow his residence with them as long as he doesn't cause too many problems," and says, "Gino (Dente) taught me a lot about the fundamentals of regional anesthesia."

**Betty Wadland CRNA**, UVM nurse anesthetist 1985 to 1992, works at Sparrow Hospital in Lansing, MI. "I look at my employment at UVM as the highlight of my anesthesia career. What a joy to be a respected member of an "anesthesia team," whose focus was providing top-notch anesthesia services. I said when I left, that this would probably be the best job I would ever have. And so far it's true."

**Wendy Love MD** (West Bath, ME), UVM Anesthesia resident class of 1992 and FAHC pain fellow 1998 to 1999, recently participated in two medical missions to the West Bank. In March, she traveled to Beit Jala, a village near Bethlehem, with the Palestinian Children's Relief Fund, where the team did scoliosis correction surgery for Palestinian children at the Bethlehem Arab Society Hospital of Rehabilitation. Wendy returned to Israel in June with a team sponsored by Physicians for Peace, working with plastic surgeons performing cleft palate and lip repairs and burn revision surgery for Palestinian children and adults. She also presented a lecture on perioperative glucose control at a two-day symposium on oncology and diabetes at the August Victoria Hospital in East Jerusalem.



## Upcoming Events

### 5th Annual Northern New England Critical Care Conference

October 18 - 20, 2007, Stowe/Flake Resort & Conference Center, Stowe, VT

Wed. October 17: Pre-Conference ABLIS Provider Course

Thurs. October 18 - Sat. October 20: Topics covered include: When is Neurologic Intervention Futile?; ICU Ethics; Applied Physiology in the ICU; What's New in ARDS and Ventilator-Induced Lung Injury; APRV and Spontaneous Breathing; High Frequency Oscillator; "Hands-On Ventilator" Workshop; Balloon Pumps; Pacemakers Made Simple

### Teachable Moments: Companioning Children and Teens Through Loss and Grief

Thursday October 4, 2007, Burlington Hilton (formerly Wyndham) Hotel, Burlington, VT

A Grief and Bereavement Conference sponsored by the Madison-Deane Initiative of the VNA - see [www.vna-vermont.org/MDI.htm](http://www.vna-vermont.org/MDI.htm) for details



Tax-deductible contributions to The Johns' Fund (named in honor of former UVM Anesthesia Chairmen John Abajian, MD and John Mazuzan, MD) and the UVM Anesthesia Research & Development Fund are welcome and should be directed to Howard Schapiro MD, Chair - UVM Department of Anesthesiology, Fletcher Allen Health Care, 111 Colchester Avenue, Burlington, VT 05401.

## UVM Department of Anesthesiology

Website: [www.fahc.org/anesthesiology](http://www.fahc.org/anesthesiology)

Email: [anesthesiology@vtmednet.org](mailto:anesthesiology@vtmednet.org)

**Howard Schapiro MD — Chair**

**James Viapiano MD — Vice Chair - Clinical Affairs**

**David Adams MD — Vice Chair - Education & Research**

**Christopher Viscomi MD — Research Director**

## UVM Anesthesia News

**Editor — Joseph Kreutz MD**

**Assistant Editor — Shelagh Connor Shaprio**

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Department of Anesthesiology

Fletcher Allen Health Care

111 Colchester Avenue

Burlington, VT 05401

Email: [joe.kreutz@vtmednet.org](mailto:joe.kreutz@vtmednet.org)