

# UVM Anesthesia News

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

Volume 6 Issue 1

Spring 2011

## Chairman's Letter

*Results of the Match, transitions, and a party invitation.*

Page 2



## Teaching In Peru

*Chief resident Jennifer Hay visits Arequipa & Lima with SEA/HVO.*

Page 2



## Simulated Mayhem

*The crisis may be simulated, but the terror is very real.*

Page 3



## "Life is Change. Growth Is Optional. Choose Wisely."

*Anesthesia rotation cut.*

Page 3



## 1942 To 1946: John Abajian In The Army

*An anesthesiologist becomes a war hero.*

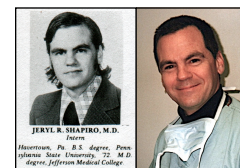
Page 3



## The Last Word, Events

*Jerry Shapiro, MAC Golf Tournament, NE Critical Care Conf.*

Page 4



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## What Is The Value Of A Teaching Hospital?

Fortunately, the cliché that many of us first heard in medical school, "see one, do one, teach one," does not accurately reflect the current model for medical education. Today, a well-trained physician relies on seeing several (as a medical student), doing many (with appropriate supervision and timely feedback during internship and residency), and teaching only with a demonstrated commitment to ongoing self and peer-assessment, skill development, and lifelong education (as an attending physician). However, on closer examination, this old cliché actually does provide a simple construct for thinking about the continuum of medical education, starting with Undergraduate Medical Education ("seeing several" at medical schools like UVM-COM), followed by Graduate Medical Education ("doing many" in residency and fellowship programs like those at FAHC), and eventually becoming part of a committed teaching faculty that support Continuing Medical Education (such as those in the UVM medical group). Locally and nationally, this chain of medical education relies primarily on successful teaching hospitals and clinics for its very existence. Because of their interdependence, funding cuts that threaten the well being of teaching hospitals can irreversibly disrupt physician training anywhere in this chain. As a clinician, educator, and citizen of Vermont, I am committed to supporting our academic medical center in order for Undergraduate, Graduate, and Continuing medical education to flourish in our state ... As you tackle the issues raised by health reform and the proposed budget cuts, I urge you to consider the all-important responsibility that Fletcher Allen has in being the anchor that secures the chain of medical education in Vermont. Our academic medical center is truly a gem that honors our past and can shine on our future. Vermonters depend on its continued success.

**David Adams MD, UVM Anesthesia Vice Chair and FAHC Associate Dean for Graduate Medical Education,** excerpts of testimony presented to the House Health Care Committee of the Vermont Legislature on March 16<sup>th</sup>, 2011. Under proposed state budget cuts, Fletcher Allen Health Care reimbursement would be reduced by \$12.2 million next year.

## CHAIRMAN'S LETTER



Welcome back to the Spring edition of Anesthesiology News. Serving as editor, Dr. Kreutz has once again put together a wonderful

newsletter. I am always amazed when I review the articles to reflect on how much is being accomplished here on a daily basis, as well as how rich the department history truly is. For that, we have much to be thankful for and, as always, recognize Joe's hard work in bringing this history to light.

This year, we had another successful resident recruitment season. We received 424 applications for our residency and interviewed 75 medical students representing a true geographic cross section of the United States. On March 17<sup>th</sup>, we were extremely pleased with the results of the Match and for the first time ever, all six of our incoming residents will be at Fletcher Allen Health Care for their PGY-1 year.

This time of year is always one of transition. Not only is the weather improving with signs of Spring in the air, but we are watching a class of great residents prepare for graduation (see next article).

In addition to the usual transitions, this July will mark the retirement of Dr. Jeryl Shapiro. Jerry has been a teacher, partner, friend, and mentor to me for my entire career. I will miss him immensely as he becomes a full-time student (learning Mandarin), gardener, bicycle rider, snowboarder, and tai chi aficionado as well as a whole host of other interesting avocations. Fortunately, he tells me that he will still allow me to bring issues to him for his trusted advice and he will let me ride a bike with him occasionally. The entire department will miss him as we wish him the very best.

This fall we are planning a party to celebrate the careers of several members of our department who have worked in support of our patients, teaching, and research. The six individuals are valued members of the department who have reached an age and accumulated years of service that will be recognized. So, we will all put our party hats on and celebrate the careers of Chris Abajian, Chris Chase, Riley Elliott, Heidi Kristensen, Jerry Shapiro, and David Smail on October 1<sup>st</sup>. Out-of-town guests are welcome - please feel free to let me know if you are interested in attending.

For those wishing to send well wishes to our colleagues, do not hesitate to write to me and I will make sure to read various comments at the party. We are truly looking forward to a great celebration.

*Dr. Kreutz and I continue to hear from the readers of the newsletter and we continue to invite your feedback and comments. I know that you will enjoy reading this edition of UVM Anesthesia News.*

Howard Schapiro MD

## Class Of 2011 Graduating Residents And Fellows

Finishing their UVM training this summer are five anesthesia residents and two pain fellows. This was an exceptional group of congenial, intelligent, and hard-working men and women (not surprising, considering how competitive our residency and fellowship selection processes have become) and we wish them well in their future endeavors:

### Residents

#### Arpita Badami MD

Regional Anesthesia Fellowship, University of California San Diego, San Diego, CA

#### Tony Fritzler MD

Pediatric Anesthesia Fellowship, University of Michigan, Ann Arbor, MI

#### Jennifer Hay MD

Department of Anesthesiology, Beth Israel Deaconess Medical Center, Boston, MA

#### Yash Patel MD

Pediatric Anesthesia Fellowship, Children's National Medical Center, Washington, DC

#### Elrond Teo MD

Critical Care and Cardiothoracic Anesthesia Fellowships, College of Physicians & Surgeons of Columbia University, New York, NY

### Pain Fellows

#### Daniel Gianoli MD

Hartford Anesthesiology Assoc, Hartford, CT

#### Terel Newton MD

Spine Specialists of Florida, Pinellas Park, FL

## Teaching Anesthesia In Peru with SEA/HVO

In March, chief resident Jennifer Hay traveled to Lima and Arequipa, Peru as a Society for Education in Anesthesia/Health Volunteers Overseas Traveling Fellow. As one of nine senior anesthesia residents chosen nationally for this honor (and the first from UVM), Jennifer spent four weeks teaching anesthesiologists and anesthesia residents at three hospitals - Hospital Nacional Guillermo Almenara Irigoyen, Hospital Nacional Alberto Sabogal Sologuren, and Hospital Nacional Carlos Al-

berto Seguin - all part of the Peruvian Social Security (ESSALUD) medical network. Although equipped with modern anesthesia machines and monitors, these hospitals are not comparable to American hospitals in terms of supplies. "Everything was reused," says Jennifer. "Drapes, gowns, LMA's, oral airways. I was given an allotment of three syringes and needles for every case, no more."



They had Propofol, Sevoflurane, and muscle relaxants like Rocuronium and Vecuronium. But they didn't have Succinylcholine or train-of-four monitors, and they didn't reverse neuromuscular blockade, so many of the patients went to the PACU intubated and ventilated." Despite the lack of supplies, Jennifer's case mix was surprisingly complex. "The Hospital Nacional Guillermo Almenara Irigoyen is the most advanced hospital in the ESSALUD system, actually a transplant center, so we did liver transplants, hearts, craniotomies, and a lot of thoracotomies for echinococcal cysts. The majority of the surgery was done under general anesthesia, and the cases we do with spinals in the U.S. were done with single-shot epidurals."

As part of SEA/HVO's educational mission, Jennifer also delivered a series of lectures on topics chosen by the Anesthesia Chief at Hospital Nacional Guillermo Almenara Irigoyen. Infant spinal anesthesia, geriatric anesthesia, endocrine emergencies, anesthesia for anterior mediastinal masses, and perioperative respiratory complications were covered at each hospital, and several lectures on TIVA were given. "The anesthesiologists were pretty well trained and well read, especially at Hospital Nacional Guillermo Almenara Irigoyen," says Jennifer. "They were very interested in learning how we would do a particular anesthetic in the U.S., what we might use for induction, which opioid would be the best for a particular patient, that sort of thing."

This was not Jennifer's first experience with overseas medicine. After her graduation from the University of Kentucky College of Medicine in 2006, she spent four months with the global charity Mercy Ships, working as a scrub tech in Ghana and Liberia. She has also traveled to Guatemala with a UVM team. Jennifer hopes that the opportunities for volunteer work will continue at her upcoming position in the Department of Anesthesiology at Beth Israel Deaconess Medical Center.



## Simulated Mayhem

Anyone want to direct a simulated megacode in front of a couple hundred strangers? Just for fun. Anyone? UVM anesthesiologist Vincent Miller did exactly that at the 2010 SSH International Meeting on Simulation in Healthcare in Phoenix, AZ last year. "I was very nervous," says Vince, "but I figured, what the heck, I'm always in the teacher's seat, so I should do this. I did notice, though, that I didn't do very well at the things I usually teach residents. But I learned a lot." And that is exactly the point.

Building on his experience with simulation during his University of Pittsburgh anesthesia residency and the simulation courses he has taken since then, Vincent has been developing a program of advanced clinical simulation for UVM anesthesia residents (and other specialties) at FAHC's new Clinical Simulation Laboratory. The laboratory, a collaborative effort of FAHC, UVM College of Medicine, and UVM College of Nursing and Health Sciences, is an interdisciplinary, state-of-the-art facility that uses life-like mannequins, body-part models ("task trainers"), and trained standardized patients (actors) to provide competency-based instruction for health professionals in a safe and (relatively) stress-free environment. It includes several mock hospital rooms, a large task training room, a computer simulation room, two debrief/lecture rooms, and a multi-

purpose room that can be converted into an operating room, trauma bay, PACU or pre-op bay. In addition, there is an elaborate AV system allowing for playback and debriefing, an essential component of simulation.

According to Vincent, "the residents don't usually need to be told what they need to work on, because they'll see it on the tape and say, 'I can't believe I did that!'"

Although Vincent has been providing crisis management scenarios in the hospital since

December 2008, he used the Clinical Simulation Laboratory for the first time in early April. The scenario was an ACLS megacode similar to his own Phoenix experience. Future crisis management scenarios will be provided for the residents on a regular (hopefully weekly) basis at the new laboratory. "I like providing the residents with an experience that they are unlikely to have during their training and possibly their career," says Vincent. "In our specialty, we're expected to be able to diagnose and treat rare and life-threatening conditions. I believe, and evidence suggests, that active participation is a more effective teaching tool than passive learning. Simulation provides that experience without putting patients or participants in danger."

According to Don Mathews, UVM Anesthesia's Residency Director, at least one simulation experience per year is now required by the Anesthesia Residency Review Committee. But it's not just for residents anymore – participation in simulation is now also mandatory for all newly certified diplomats and non-time limited diplomats who enter the Maintenance of Certification in Anesthesiology (MOCA) program after January 1, 2008. Stage fright, anyone?

## Just Say No

"Life is change. Growth is optional. Choose wisely." So says author and motivational speaker Karen Kaiser Clark. In a change vigorously opposed by our department, recent revisions of UVM College of Medicine's curriculum (specifically, a reduction to six weeks for its Surgery Clerkship) has resulted in the Department of Surgery's decision to discontinue the two-week elective in anesthesiology for third-year medical students. Instead, the College of Medicine has given us the opportunity to teach two one-week sessions during "Bridge Weeks" (April 11-15<sup>th</sup> and May 31-June 3<sup>rd</sup>). Bridge Weeks consist of modules focused on specific topics (e.g., patient safety, ethics, professionalism) during the third year of medical school. The department's goal with the new Perioperative and Clinical Simulation Module will be to ensure that UVM medical students develop basic acute care skills and knowledge useful in any medical discipline. Specifically, we will be teaching basic airway management, invasive and non-invasive monitoring, and cardiovascular support. Medical students will learn these skills at FAHC's new Clinical Simulation Laboratory (see above) and work closely with the anesthesia care teams in the operating rooms. The fourth-year anesthesia elective remains unchanged.

## John Abajian Goes To War

*Part nine of a series on UVM anesthesia history.*

In July 1942, after an eventful two years as Chief of UVM's new Anesthesia Division, John Abajian joined the Army. But to his dismay, instead of immediate service, he was instead sent to Columbia in New York City for three months of additional anesthesia training. His one-year preceptorship with James Gwathmey in 1939 apparently wasn't sufficient for military authorities. Abajian was humiliated by the assignment, but he made the best of it. Enjoying the city nightlife with his friend Emery Rovenstine, he later said, "they wanted to punish me, but the only thing that suffered was my liver." Abajian then spent 16 months with the 2<sup>nd</sup> and 4<sup>th</sup> Auxiliary Surgical Groups at Lawson Air Field in Georgia, working as an anesthesiologist specializing in thoracic surgery.

In April 1944, John Abajian was finally assigned to an English R.A.F. base. Then fate "tapped him on the shoulder" - New Orleans surgeon (and friend) Charlie Odom, George Patton's Surgery Consultant, transferred Abajian to U.S. Third Army Headquarters and named him the Consultant Anesthetist. Over the next fourteen months, Abajian traveled to Third Army installations throughout the war theatre, visiting field and evacuation hospitals



in forward areas to educate anesthesiologists, medical officers, and nurses. He focused on regional and local anesthesia as an alternative to general anesthesia (especially Pentothal), claiming later that, because of his work, the "Third Army had an evacuation rate two and three times that of any other U.S. Army."

John Abajian was not a model officer. He had no use for spit and polish. He called himself "the real major thief of the ETO, for I would always smell out the factories and German Wehrmacht dumps where schnapps was kept, and warehouses full of radios, and cigar factories ... and I traveled over the ETO with a six-by-six confiscating German material which we disseminated to everybody." Nevertheless, Abajian was eventually promoted to Lieutenant Colonel and Patton recommended him for the Legion of Merit for his service, "which elevated the standards of both anesthesia and surgery in the Third U.S. Army." By the time John Abajian returned to UVM in 1946, he had saved a lot of lives and truly was a war hero.

*Next: UVM anesthesia on the home front.*

## The Last Word: Jerry Shapiro MD

*Dr. Jeryl Shapiro, a UVM anesthesia attending since 1977, is retiring later this year (remarkably, UVM Anesthesia's first retirement in over a decade). A person of many and varied interests, Jerry will share some thoughts on the past thirty-plus years, and the future, in a lecture May 26<sup>th</sup> (see right). Excerpts of a recent interview:*



**Jerry, you went into medical school straight out of high school, right?**

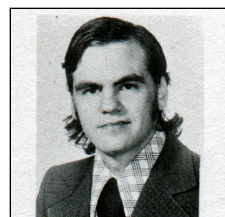
Yeah, I did the combined Penn State/Jefferson five year medical school program. Believe it or not, the basic Penn State application used to have one line, with a little check box, to apply for the program. So when people ask me why I became a doctor, I tell them, "I was sixteen years old when I checked that box off. How interested were you in 'why's' when you were sixteen?" I really had no idea what I wanted to do.

**How did you choose anesthesiology as a career?**

I did the usual medical school thing: the first day of pediatrics, you want to be a pediatrician, the first day of psychiatry, you're going to be a psychiatrist ... My third year, I did a neurology rotation in Wilmington, DE, at Delaware Memorial Hospital, I think. The thing that struck me there, walking around the hospital, was how depressed all the physicians were, except the anesthesiologists. They looked like they were having a good time, like they were just the happiest people in the hospital, and I felt like, yeah, I want some of that.

**What was your internship and residency here (1974 to 1977) like?**

Call was every fourth night. Every day, the question was, would there be any cases going after 3:30? The night attending would call in from home at 6 to see if there was anything to do ... The first person I really connected with was John Hartford. He was hyper-rational, inquisitive. John was the teaching program. He gave two lectures a week, if there were enough people around to cover the rooms. He had an interesting technique - teach physiology the first year, pharmacology the second year, and clinical anesthesia the third year. He



JERYL R. SHAPIRO, M.D.  
Intern  
Haverstown, Pa. B.S. degree, Pennsylvania State University, '72. M.D. degree, Jefferson Medical College.

said, "Don't give a second thought to the Boards, just learn."

**How were you doing general anesthesia during your residency?**

All mask halothane. For everybody, full stomach, whatever. You learned what rationalizing means. Even Hartford, with his brilliant, insightful mind, could rationalize everything we did ... We were taught that Pentothal was the death drug, that it had killed more people than anything since bubonic plague.

**How did your role in our department change over the years?**

For the first five years, from 1977 to 1982, I was just the young, hot-head attending. I was running hearts and neuro, and it was good. And then Mazu asked me to be the treasurer for the group, AAB. I never asked him why he chose me, but I never regretted it either. I started to work with Bob Dunn, and I learned a lot about the business of anesthesia from him. I enjoyed it, it was a position of responsibility, and people respected me for it. Some of the best memories of my career are my interactions with Bob and the business office staff.

**Do you feel ready for retirement?**

Oh yeah. I mean, you're never totally ready. I'm really going to miss the people. Man, that sound trite, doesn't it? But it's true. I'll miss taking care of patients, particularly preop. I love talking to patients who have thoughtful questions, and who are really scared, and reassuring them, convincing them that it's going to be alright.

## Upcoming Events

### "My Next-To-Last Lecture" - Jerry Shapiro MD

Comments after years of observation (and some other things that won't be on the Boards).

7AM, Thursday May 26<sup>th</sup>, Sullivan Classroom #200, Medical Education Center, UVM College of Medicine.

### 6<sup>th</sup> Annual Mazuzan-Abajian Classic Golf Tournament

A fundraiser for the UVM Department Of Anesthesiology Johns' Fund.

2PM, Saturday June 25<sup>th</sup>, The Links at Lang Farm, Essex Junction, VT.

Contact: S. Patrick Bender MD at [stephen.bender@vtmednet.org](mailto:stephen.bender@vtmednet.org) for details.

### 9<sup>th</sup> Annual Northern New England Critical Care Conference

October 20<sup>th</sup> - 22<sup>nd</sup>, Stoweflake Resort & Conference Center, Stowe, VT.

Contact: Mark Hamlin MD at [mark.hamlin@vtmednet.org](mailto:mark.hamlin@vtmednet.org) or go to <http://cme.uvm.edu> for details.

Tax-deductible contributions to The Johns' Fund and the UVM Anesthesia Research & Development Fund are welcome and should be directed to Howard Schapiro MD, Chair - UVM Dept. of Anesthesiology, Fletcher Allen Health Care, 111 Colchester Avenue, Burlington, VT 05401.

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