

FAER and Mayo Anesthesiology

Peter Southorn, M.D., and Alan Sessler, M.D.

Perhaps Charles H. Mayo said it best: "There are two objects of medical education, to heal the sick and advance the science." Although not all of us are involved in research, we can all agree that it is vital to the ongoing viability and success of our specialty. Not only does such research advance patient care, it also helps to attract the best and the brightest to the specialty. It is in this light that the recent decline in anesthesia research nationally has attracted major attention from leadership of organized anesthesiology (see *Anesthesiology* Vol 106, April 2007). This in turn has led to an increasing appreciation of the importance of the Foundation for Anesthesia Education and



Dr. William Hamilton (on the right), the first President of FAER and Dr. Alan Sessler, the first Vice-President of FAER at Dr. Albert Faulconer, Jr.'s retirement celebration held in the Foundation House, Rochester.

Research (FAER) to our specialty. It is of interest that members of our staff played a significant role in getting FAER up and running and have been involved in its day-to-day operation for

many years. Perhaps, more importantly, many of our young faculty and residents at Mayo have been successful in obtaining initial grant support from FAER. In their subsequent careers, the majority of our FAER grant recipients have gone on to have a major positive impact on the specialty and our department.

The American Society of Anesthesiologists (ASA) established FAER in 1986 to manage funds from industry intended to support research in anesthesiology. FAER's task was to support worthy scientific projects by residents,

fellows, and junior faculty. Dr. Gerald Gronert was the first treasurer of FAER and Dr. Alan Sessler its first vice-president. Dr. Sessler assumed the role of executive director of FAER in 1995, and the offices of this organization were moved to Rochester, Minnesota. Initially housed physically within the Department of Anesthesiology and provided with space from Mayo Clinic, FAER eventually acquired its own dedicated office suite, which, although no longer in the department, is still on the Mayo campus. Many of FAER's office staff have been from Mayo Clinic including Ms. Cindy King, Kerry Todd, Linda Van Sickle, Mary Schrandt, and Carol Demulling.

The ASA Research Committee is responsible for reviewing and ranking grant proposals submitted to FAER. It was by this means that Dr. Duane Rorie received a FAER Research Starter Grant and subsequently went on to get NIH funding and have an illustrious research career. This eventually led him to being appointed Chair of the ASA Research Committee and given the responsibility for evaluating FAER grant proposals. Many other Mayo research faculty have been involved in this activity over the years. Currently Dr. Mark Warner serves on FAER's Board of Directors and Dr. Alan Sessler is President.

All told, some 17 residents and junior faculty of our department have been successful in obtaining grant funding from FAER. Their names are Drs. Eduardo Chini, Dorothee Gaumann, Roger Hofer, Terese Horlocker, Philippe Housmans, Joseph Hughes, Christopher Jankowski, William Lanier, Jr., Dwight Legler, Jeffrey Lunn, David Martin, Christina Pabelick, William Perkins, Duane Rorie, Keith Stein, David Warner, and Gilbert Wong. These individuals have, on the whole, remained active in research and become leaders within this specialty. Some have obtained competitive NIH funding to support their subsequent research and several have assumed leadership roles in national

anesthesiology subspecialty societies. Examples of their prowess include an individual who, in addition to his highly successful academic career, has been the editor of a prestigious medical journal for several years and another who now works in industry and is responsible for a major effort to introduce new anesthetic medications.

It is obvious that the relationship between Mayo Clinic and FAER has been mutually

beneficial to both our department and the entire anesthesiology community. As such we must extend our gratitude to those who have supported FAER over the years. Many individuals currently involved in research and education jump-started their academic careers by successfully obtaining a FAER grant. This success, representing as it does only a microcosm from the totality of FAER's work, demonstrates the importance of FAER to this specialty at-large.

Gonda Outpatient Procedure Center

Mary Ellen Warner, M.D.



Leadership of the Outpatient Procedure Center, from left to right: Mary Ellen Warner, M.D., Director; Marilee Hughes, RN, Head Nurse; Marlea Judd, CRNA Supervisor.

June 2nd marks the 4th anniversary of the Gonda Outpatient Procedure Center located on the 7th Floor of the new Gonda Building. For those of you who have not returned to Rochester in a while, the 20-story Gonda Building is the most prominent newer structure in the Mayo complex linking as it does the Mayo Building and the Charlton Building of Rochester Methodist Hospital.

The Department of Anesthesiology had an integral role in the development of the Outpatient Procedure Center. As originally designed, the center provided a coordinated accredited procedural area that could be used by multiple practices requiring monitoring and/or sedation care in their procedural

practice. Plans were made to relocate existing sedation practices from the Mayo Building to this new Gonda facility. It quickly became apparent that there would be other uses for such a facility including using it to decompress surgical suites within the hospitals and modeling "same-day" surgery practices and ambulatory surgery processes. As we evolved, plans were changed from providing a facility devoted to procedural sedation care to one in which both procedural sedation care and ambulatory surgical care could be performed with various types of anesthesia including local anesthesia, monitored anesthesia care, regional anesthesia, and general anesthesia.

Unique to the design of the facility was the need to incorporate both hospital-based and clinic-based procedural and surgical practices in the same facility. The facility is very welcoming to patients and their families because of its structural design. Patients and their family members are assigned small private individual rooms (approximately 100 square feet in size) which can be used for either preoperative or postoperative care. During the preoperative phase, all the necessary assessments are completed, monitoring is initiated, and IV access established. The patient's "chair" then becomes the patient's cart for transport as well as their operating room table. This minimizes the inefficiency of time devoted to transfer of