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Pain Medicine and Perioperative Medicine: Further Maturation of the Specialty

Mark Warner, M.D.

The department has always been blessed with leaders and staff with vision for the specialty. Dr. John Lundy had a clear insight of anesthesiology's place in medicine and pursued it with tenacity, relentless energy, and vigor.

Drs. Albert Faulconer, Dick Theye, Alan Sessler, and Duane Rorie sought an expanded role for anesthesiology in the overall practice of medicine, securing a prominence of our department within Mayo and collaborating nationally to promote anesthesiology as a specialty that provided perioperative care and pain management. Many of our alumni have been very successful in extending their practices to include providing care to critically ill patients and those with acute and chronic pain disorders. Truly, the specialty has matured and expanded over the years.

Anesthesiology continues to grow at Mayo.

- *Pain Medicine.* Led by Drs. Marc Huntoon, Rick Rho, Tim Lamer, and Dave Seamans, we have accredited pain medicine fellowships in Rochester, Jacksonville, and Scottsdale. Our pain-trained physicians are producing a number of significant scientific contributions (e.g., see Gil Wong's story in this newsletter) and are expanding their repertoire to include, for example, radiofrequency ablation, implantable stimulators, percutaneous disc procedures, and vertebroplasty. We are thankful for the imaginative leadership by Mayo alumni such as Drs. Joe Wang, Lee Nauss, Peter Wilson, Tim Lamer, Joe Messick, and others as we gain greater visibility and leadership nationally in this growing subspecialty.
- *Critical Care Medicine.* Thanks to the pioneering efforts of Drs. Alan Sessler and Paul Didier and the commitment of their associates and those that followed them, our department has always played a major role in the care of critically ill patients at all three Mayo sites. Currently, Dr. Joel Larson chairs the Department of Critical Care in Scottsdale. Drs. Gavin Divertie and Eric Bloomfield lead our critical care efforts in Jacksonville. Here in

Rochester, we continue to oversee a number of ICUs, and our practice has evolved from a consultative service to a primary care practice in collaboration with our surgical and medical colleagues. Thanks to the drive of Dr. Martin Abel, cardiovascular anesthesiologists are actively involved in the initial postoperative care of every cardiac surgical patient. Dr. Dan Brown currently leads our critical care consultants and Dr. Bhargavi Gali is the program director of our rejuvenated critical care fellowship.

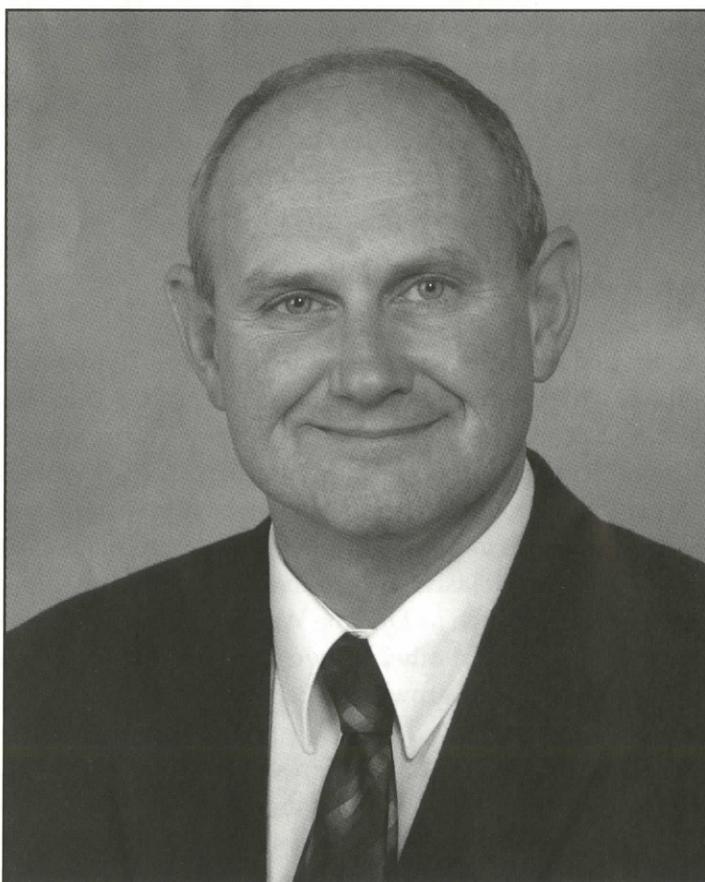
- *Preoperative Evaluation.* Initiated by Dr. Brad Narr, our Preoperative Evaluation Clinic in Rochester will see over 12,000 patients this

year. Dr. Dave Danielson has taken the reins of running this clinic and has implemented a number of new protocols and studies, ranging from examining the benefits of preoperative beta-adrenergic blockade to exploring how to use the perioperative period to best encourage permanent smoking cessation. Dr. Sue Hagstrom oversees the Preoperative Medical Evaluation Clinic at Scottsdale.

The specialty is evolving and expanding at a progressive pace. We can be proud that Mayo alumni have played a very important role in the maturation and increasing importance of the specialty within the medical community.

Editor's Note

Peter Southorn, M.D.



Dr. Mark Warner, Department Chair

I have an important item of news for our readership. This is that Mark Warner, the department's Chair, has been appointed to the Mayo Clinic Rochester Board of Governors. Members of the department are extremely proud of Mark and this recognition of his exceptional leadership ability. The department has prospered and enjoyed many notable successes under his chairmanship. The one bad thing about this appointment is that the Mayo Clinic bylaws stipulate that members of the Board of Governors cannot act as department chairs. The process of selecting Mark's successor is about to begin. Fortunately, there are some people with excellent qualifications available to step into Mark's position. In the next issue of this newsletter, we may be able to introduce the new chair to you.

I hope you enjoy the articles in this issue. I would like to thank each and every author. I am mostly grateful to everyone who has contacted us with news for inclusion in this newsletter. The value of the newsletter is immeasurably enhanced by such communication, so please keep the correspondence coming.

Thank you.

Guatemala Medical Mission

Gary Boeke, M.D., and Philip Boyle, M.D.
Anesthesiologists, St. Cloud, Minnesota



*From left to right:
Jude Mueller, CRNA,
John Gray, M.D.,
Maria Ortega, M.D.,
Phil Boyle, M.D.*

Guatemala is a beautiful country known as the "Land of Eternal Spring." The native Mayan people have a rich heritage. The culture presents a combination of colorful tradition and dress. Approximately 22 Mayan dialects along with the official Spanish language are spoken. From the early 1980s until the peace accord of 1996, Guatemala was embroiled in a civil war. As a result of war and poverty, HELPS International was organized as a relief/development organization dedicated to assisting the indigenous population. An integral part of this effort has been to bring medical-surgical teams to the needy.

In foreground, Drs. Tom Spackman on left and Phil Boyle on right taking care of a child patient. In the background, a spinal anesthetic is being administered. Because of space limitations, two patients are often operated on simultaneously in one operating room.



The first surgical team consisting of seven people traveled to Guatemala from St. Cloud in 1988. This has expanded to 11 teams scheduled for 2005 from various locations. States represented are Minnesota, California, Texas, Oregon, Michigan, and Maryland. Current teams typically consist of 50-65 people including surgeons, anesthesiologists, internists, dentists, nurse anesthetists, operating room/PACU nurses and technicians, pharmacists, translators, cooks, and other support personnel including the indispensable "MacGyver," so called because he can fix anything with the minimum of tools/parts/supplies. Medical team locations vary from remote areas in the highlands (8000 ft.) to the tropical rainforest.

The most frequent operations performed are herniorrhaphies, cleft lip and palate repairs, burn contracture releases and skin grafting, and various other general and gynecological procedures. Hard manual labor leads to many hernias and open fires used for cooking and heating contribute to numerous debilitating burn injuries. The majority of cleft lip and palate patients are children; however, many are older with the oldest being in her 80s. Lack of basic medical care makes for frequent and challenging general and gynecological surgical pathology.



Guatemalan children are wonderful.

Several Mayo alumni anesthesiologists have been involved with the teams. They are Drs. Gary Boeke, Phil Boyle, Cres Martin (St. Cloud), Tom Spackman (Rochester), Jack Bagby (Springfield, MO), Richard Olson (LaCrosse, WI), and John Gray (Duluth). Mayo CRNA alumni include Leroy Koopmeiners, Steve Molde (St. Cloud), and Cathy Cook (Rochester). Some may know Mayo-trained plastic surgeons Drs. Paul Heath, Paul Schultz, and Jim Smith (St. Cloud) who have been involved with HELPS since its inception.

The medical experience in Guatemala has been very rewarding to the many involved. Quality care is given with gratitude returned. Instead of monetary remuneration, hearts are filled. The families of team members may have the opportunity to be involved and share in the joy of medicine and serving. These experiences have impacted the vocation of many. Lives are changed both for the people served and the people serving. Anyone interested in being involved with future medical teams should contact either Gary Boeke or Phil Boyle. The web site is: www.HELPSIntl.org.



Dr. Gary Boeke, on right, with Bob Hilagen, CRNA, taking care of a child patient.

30th Anniversary of the Pain Clinic and Pain Rehabilitation Program

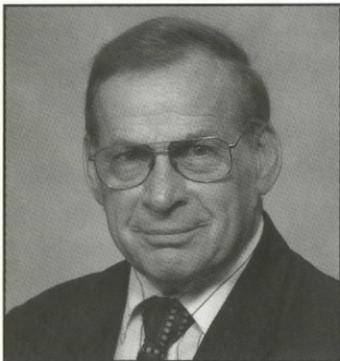
Marc Huntoon, M.D.

In October, 2004, the Department of Anesthesiology teamed up with the Department of Psychiatry to celebrate the 30th anniversary of both the Pain Clinic and the Pain Rehabilitation Program. This was a well-attended, week-long celebration of both departments' contributions to the treatment of pain that coincided with the Mayo Clinic Heritage Days' Celebration. Events occurring during the week included special patient lectures, poster displays of recent pain research, and a gala dinner.

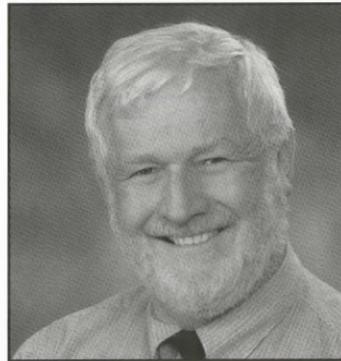
Ms. Connie Luedtke, Nurse Manager, who has integrated both nursing staffs into one large cohesive unit, acted as hostess for the dinner. One of the highlights of the evening was a "wandering microphone" that permitted

attendees to reminisce about the past, discuss interesting aspects of patient care, and describe humorous anecdotes. The audience particularly appreciated hearing the insights of Drs. Lee Nauss and Peter Wilson concerning the past history, struggles, and successes within the Pain Clinic and their perspectives on plans for the future.

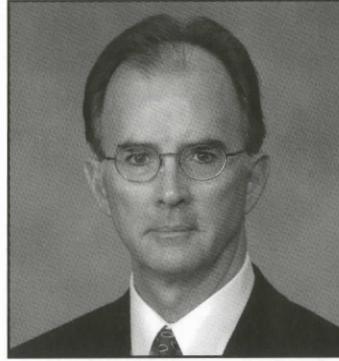
The evening was capped by two keynote addresses by Dr. Jeffrey Rome, Director of the Pain Rehabilitation Program, and Dr. Marc Huntoon, Chair of the Pain Medicine Division of Anesthesiology, with a theme of future integration of services and the mind-body connection. The celebration was an exciting time for all who attended.



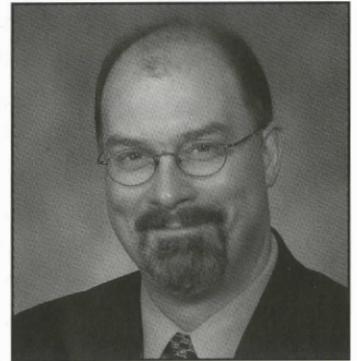
Dr. Lee Nauss



Dr. Peter Wilson



Dr. Jeffrey Rome



Dr. Marc Huntoon

Research in the Relief of Pain and Suffering in Cancer

Gilbert Wong, M.D.

Scientific advances have resulted in the transformation of cancer from a usually fatal illness to a potentially curable disease for some people and a chronic condition for many more. It is estimated that there are more than 9 million Americans with cancer and that an additional 1.3 million will be diagnosed with cancer this year. Although research is gratifyingly producing new insights into the causes of and cures for cancer, efforts to manage the

symptoms of the disease and the adverse effects of anticancer therapy have not necessarily always kept pace. An important study by the Institute of Medicine recently found that pain and psychosocial distress continue to be significant problems affecting 40-90% of patients with cancer (2001).

Over the last decade, I have had the privilege of being involved in a research effort focused



Dr. Gil Wong

on identifying effective analgesic therapies to relieve the pain and suffering of those with cancer. During my clinical and research training period and early years on staff, I was fortunate to receive mentorship in research and pain medicine from David O. Warner, M.D., Keith A. Jones, M.D., David L. Brown, M.D., Lee A. Nauss, M.D., and others. Currently, my research endeavors include collaborations with many colleagues both intramurally

and outside of Mayo. Intramural collaborators include Charles L. Loprinzi, M.D., from the Division of Medical Oncology, Darrell Schroeder, M.S., and Jeff A Sloan, Ph.D., from the Department of Biostatistics, colleagues of the Division of Pain Medicine and Department of Anesthesiology, our new research associate Monica Gowan, M.S., and numerous others. Extramurally, collaborations have involved close interactions with respected pain research scientists Patrick W. Mantyh, Ph.D., from the University of Minnesota and Frank Porreca, Ph.D., from the University of Arizona. Through these collaborations, a number of focused areas of investigation have been developed in an effort to comprehensively study the mechanisms and analgesic therapies in 1) pancreatic cancer pain, 2) chemotherapy-induced peripheral neuropathy, 3) post-surgical neuropathic pain, and 4) severe cancer-related pain states.

Pain in pancreatic cancer continues to be a major clinical challenge. Previous studies have shown that over 70% of patients experience pain at the time of diagnosis and 80-90% will have significant pain in advanced disease. Since the founding of the Mayo Pain Clinic in 1974, physicians with expertise in pancreatic cancer, including Lee A. Nauss, M.D., and David L. Brown, M.D., have performed neurolytic celiac plexus blocks (NCPB) to relieve the pain associated with this disease. Although there were reports of excellent clinical benefit, a large randomized trial evaluating

the efficacy of NCPB had not been performed to date. With funding support from the Foundation for Anesthesia Education and Research (FAER), we tested the hypothesis that NCPB provides significantly improved pain relief compared to optimized systemic analgesic therapy with opioids. The results, recently published, showed that the NCPB provides significantly improved pain relief with benefits that are sustained over time (JAMA 2004; 291[9]:1092-9). More recently, collaboration with Patrick W. Mantyh, Ph.D., and researchers at Mayo Clinic Scottsdale has led to the development of a transgenic mouse model of pancreatic cancer pain at the University of Minnesota. Our goal is to use this mouse model to understand the specific mechanisms of pain in pancreatic cancer and then to test novel analgesic therapies targeted at these identified pain mechanisms. Based on findings in this animal model, we will plan to translate these results to human studies through research infrastructure mechanisms established by the Mayo Pancreas Cancer Specialized Program of Research Excellence (SPORE) in the Mayo Clinic Cancer Center.

Another important area of research focuses on chemotherapy-induced peripheral neuropathy (CIPN). This painful and debilitating condition is caused by neurotoxic chemotherapeutic agents such as paclitaxel (Taxol®), platinum based compounds (cis-platinum, oxaliplatin), and vinca alkaloids. It is estimated that at least 30-40% of patients given these medications develop CIPN. These agents are used as first-line treatment for some of the most common tumor types including breast cancer, colorectal cancer, lung cancer, and hematologic malignancies. The symptoms of CIPN typically involve pain, paresthesias, and dysesthesias affecting the hands and feet in a glove and stocking distribution. Through the research infrastructure of the National Cancer Institute (NCI)-supported North Central Cancer Treatment Group (NCCTG) and competitive extramural funding, we have recently completed a large, double-blinded, placebo-controlled, clinical trial (n=115) evaluating whether gabapentin

(Neurontin®), an anti-convulsant often used for neuropathic pain, benefits patients with CIPN. The data from this gabapentin trial is currently undergoing statistical analysis. We are now actively conducting another randomized clinical trial with similar design and funding support to evaluate lamotrigine, another anti-convulsant used for neuropathic pain, with anticipated completed patient accrual (n=120) in mid-2005. In addition to clinical trials, an animal model of CIPN has been developed in collaborative research efforts with Patrick Mantyh, Ph.D., in his laboratory. The objective of this animal model is to elucidate the mechanisms of pain and neuropathy and permit research such as that being performed in the laboratory of Frank Porreca, Ph.D., studying the efficacy of novel new analgesics. Promising candidate drugs identified through these basic science efforts can hopefully be expeditiously evaluated in early-phase clinical trials and tested for therapeutic value in larger randomized, controlled trials.

Post-surgical neuropathic pain has been another area of focus in this cancer pain research effort. Studies suggest 20-40% of patients experience such pain following cancer-related surgeries such as thoracotomy, mastectomy, nephrectomy, and limb amputation. It is believed the pain is related to nerve injury. Topical lidocaine patches have been previously found to significantly improve the neuropathic pain of post-herpetic neuralgia with minimal to no systemic adverse effects. To address the needs of patients with post-surgical neuropathic pain, we are currently conducting a double-blind, randomized clinical trial (n=100) to evaluate the efficacy of lidocaine patches in patients with this condition. A major advantage of this form of topical-based therapy is minimizing the need for additional systemically administered analgesic medications in a group of patients who often already receive multiple other drugs.

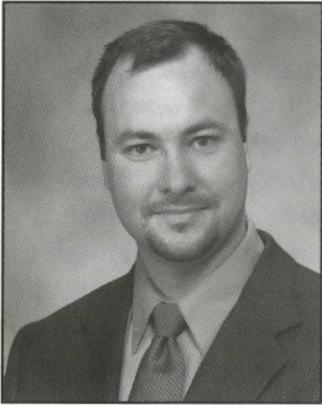
The needs of patients with severe cancer pain constitute another of our research focuses. It is estimated that up to 25% of patients with advanced cancer experience severe pain. A recent study has suggested that intrathecal drug delivery systems can provide significantly better pain relief with less opioid side effects compared to a comprehensive medical management plan (J Clin Onc 2002; 20:4040-9). This study was the first to compare these analgesic treatment modalities in a randomized study, but a significant number of patients did not receive their initially assigned, randomized treatment. Therefore, we have proposed and received NCI approval to replicate this randomized clinical trial.

Improving the quality of lives of patients with cancer by relieving pain and suffering continues to be a worthy challenge for our extended pain research effort that involves intramural and extramural collaborators. Perhaps, Dr Charles H. Mayo summarized it best many years ago . . . "If I were asked how the next considerable advance is to be sought and won in the field of medicine, I should say by the intimate study of the physiology and anatomy as related to symptoms, and that our first concern should be a more extended and intimate study of pain."

Support: This work has been funded in part by the National Cancer Institute, North Central Cancer Treatment Group, Foundation for Anesthesia Education and Research, Cancer Treatment Research Foundation, generous philanthropic support from the Ehlers Family Psychosocial Oncology and Spiritual Care Program at the Mayo Clinic Cancer Center, Mayo Anesthesiology Clinical Research Unit, and the Mayo Clinic and Foundation

Resident Life

Timothy Curry, M.D., Ph.D., Chief Resident



Dr. Tim Curry

Memories of life as an anesthesiology resident likely remain vivid for all anesthesiologists who trained at Mayo: the terror of the first day alone in the OR, the fatigue and camaraderie of long nights on call, and the challenge of clearing the written and oral board hurdles on the path to certification. Anesthesiology has changed significantly over the past decade. However, the fundamental philosophy of resident training has remained the same.

Fifty-eight residents are currently in the process of completing their three years of clinical anesthesia training in the Department of Anesthesiology. In addition, eight fellows are in subspecialty training in cardiovascular and thoracic anesthesia, pain medicine, critical care medicine, and medical informatics. Approximately half of the anesthesiology residents perform their internships (CBY or PGY1) at Mayo and about half complete this training elsewhere. Anesthesia preliminary residents have won Mayo Clinic's Internal Medicine Intern-of-the-Year Award three years running! New residents entering the program are paired with a more senior resident for three weeks of one-on-one training before they break off on their own. Clinical and call responsibilities and performance expectations increase progressively as residents advance in the program. Up to 12 residents may be on call on a given weekend providing coverage for the ORs, pain services, OB, and liver transplant call. A minimum of five residents are in-house each night of the week.

One of the more dramatic changes in residencies throughout the country was enacted last year when the ACGME (the national oversight committee on residencies) established a mandatory maximum eighty-hour workweek for all residents with restrictions on call frequency and duration and defined time off between assignments. Only minor changes were required in our program to comply with

these new regulations. Most notable were that post-call residents in the ICUs are now relieved by noon, the OB service has increased to three rotating residents, and all residents now must electronically record their hours either by swiping their ID card at a time clock or through the Mayo intranet.

Senior call at Rochester Methodist Hospital, once a relatively quiet call, has gotten much busier with the success of the North Division's regional orthopedic practice. Up to 25 patients with peripheral nerve catheters have been added to the acute pain service in a single day! Second-year call at St. Marys Hospital has also become more challenging with anesthesia regularly being conducted in the cardiac cath lab (now with its own stat pager for ST-elevation MIs to ensure a 30-minute door-to-needle time), MRI, and interventional radiology suites. Anesthesiology residents have attended "Code-45s" (cardiopulmonary arrests) for over a year. Their primary responsibility is to manage the airway at all codes. This change in practice has been a great success.

Outside of the ORs, clinical and educational opportunities abound. In both hospitals, residents have the responsibility of giving 15-minute lectures several times a week before the surgical schedule begins. Practice oral board exams are given at least twice a year. Resident attendance and participation at regional and national anesthesia conferences is common and the Midwest Anesthesia Resident Conference (MARC), to be held this year in Madison, Wisconsin, continues to be popular. Mayo residents continue to dominate at the awards ceremony. New rules implemented by the Mayo School of Graduate Medical Education (formerly the Mayo Graduate School of Medicine) limit resident and fellow trips to the continental U.S. As those who attended the Alumni Reception at the ASA Annual Meeting in Las Vegas this year can attest, resident attendance was large and enthusiastic!

The department continues to be productive in other ways as well. In fact, three babies were born to residents in October alone. Dr. Sessler says this reflects the fact that residents have too little call and too much time away from work! While still dominated by chain restaurants, new restaurants are popping up throughout Rochester, and each weekend groups of residents get together socially. Gourmet clubs, church groups, sports teams (such as the championship city league flag football team), and other social outlets allow residents to socialize in a variety of different forums. It is a credit to Dr. Steven Rose (our outstanding Residency Director and now also the Associate Dean of the Mayo School of Graduate Medical Education), the department, and our residents that we have such a diverse and cohesive program.

In short, residents lead the busy lives that make Mayo residents well-rounded and academically qualified clinicians. As Dr. Rose often states, I wouldn't exchange our residents for anyone else!

We realize many of our alumni don't know us personally. However, we continue to hear amazing "war stories" about the more colorful members of our alumni. We also greatly appreciate your advice when, as graduating residents, we begin to look to a career outside of residency.

The Mayo Clinic Room at the Wood Library-Museum of Anesthesiology

Mary Ellen Warner, M.D.



From left ASA President Neil Swissman, M.D., and Mark Warner, M.D., are joined by Alan Sessler, M.D., in the ceremony dedicating the Mayo Clinic Room at the Wood Library-Museum 2001 (photo courtesy of the ASA Newsletter).

How many of you have ever had the opportunity to visit the American Society of Anesthesiologists (ASA) Headquarters in Park Ridge, Illinois, and treated yourself to a tour of the Wood Library-Museum (WLM) of Anesthesiology? If you have not yet taken advantage of exploring this remarkable treasure trove, I urge you to do so the next time you are in the Chicago area.

For those of you who are unfamiliar with the Wood Library-Museum of Anesthesiology, it is one of the ASA's four foundations. Its mission is to collect and preserve literature, equipment, and other materials pertaining to the heritage of the specialty of anesthesiology and make these resources available to the anesthesiology community, to others in the medical profession, and to the public. The WLM contains the most comprehensive educational, scientific, and archival resources in anesthesiology in the world. Mayo alumni have had an active role in the WLM since its early years as evidenced by a photo showing our own Dr. John S. Lundy as part of the group of anesthesiologists who aided Dr. Paul M. Wood in obtaining materials for the WLM in its fledgling years. This Mayo commitment to the WLM and the preservation of the history of our specialty has continued through the years. Two of our consultants presently serve as WLM Board members (Douglas Bacon and Mary Ellen Warner) and several of our recent or present consultants and trainees have been awarded WLM research fellowships or worked on projects at the WLM

(Fran Whalen, Sandy Kopp, Claude Vachon, Tim Curry, Hugh Smith). This commitment by people associated with the Mayo Clinic has been amply reciprocated by the friendship and support provided to us by the WLM's head librarian, Mr. Patrick Sim.

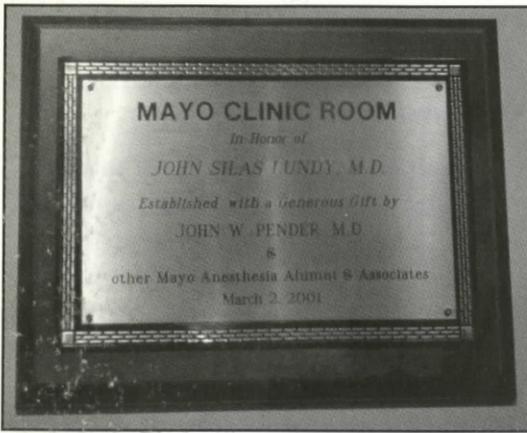
One can't help but be impressed by the volume of material available as one strolls through the library, the world's largest devoted to anesthesia and related medicine. Located on the third floor of the ASA office building, it contains more than 9000 books, more than 100 domestic and international journals, hundreds of films and photographs, and a rare book collection to rival any in the medical world. The WLM also collects anesthetic equipment, artifacts, and apparatus from around the world, although with an emphasis on North America. The best of the collection is handsomely displayed in the gallery located on the main floor of the ASA Headquarters and is open to the public. The gallery is dedicated to George S. Bause, M.D., the WLM Honorary Curator, and his wife, Ramona, who have been major donors to the museum. George is not only generous financially, but more important is his untiring dedication and efforts in converting the gallery into a world-class museum. George's office is located in the Mayo Clinic Room of the WLM adjacent to the gallery.

Why is this room called the Mayo Clinic Room? It is because of the support of one of our earlier alumni, John W. Pender, M.D. Bill Pender began a fellowship in anesthesiology in the Mayo Graduate School of Medicine in 1940. He was appointed a consultant at Mayo in 1946 after serving active duty in the U.S. Navy Reserves from 1942 to 1946. He left Mayo in 1954 to become head of the Department of Anesthesiology at the Palo Alto Medical Clinic

and assistant professor of anesthesiology at Stanford University. (Joseph G. Weber, M.D., a graduate of the 1994 Mayo Graduate School in anesthesiology and a consultant at Mayo until 1997 now works as an anesthesiologist at the Palo Alto Medical Clinic). Dr. Pender had a distinguished career in anesthesiology including serving as associate editor of Anesthesiology from 1956-1965, member of the WLM Board of Trustees from 1969-1978, chairman of the Section on Anesthesia of the American Medical Association in 1970 and 1971, and president of the Academy of Anesthesiology in 1965.

Dr. Pender was an ardent supporter of the WLM and was passionate about preserving the history of our specialty as evidenced by his leadership gift to support the Living History Collection of the WLM that is named the John W. Pender Collection in his honor. This rare gem of audiovisual interviews of anesthesiologists by anesthesiologists tells the story of our specialty by those who lived through our various eras and were responsible for our specialty's growth and maturation. Because of this collection, one can relive history through the recollections of such anesthesia giants as Leroy D. Vandam, Ralph M. Waters, John E. Steinhaus, Robert D. Dripps, H. C. Churchill-Davidson, Sir Robert Macintosh, Sir Ivan Magill, and our own John S. Lundy as interviewed by John W. Pender in 1966 and John D. Michenfelder as interviewed by Alan D. Sessler in 1991.

Dr. Pender, having trained and worked under Dr. Lundy, was a steadfast promoter of him and his contributions to our specialty. Shortly before his death in February, 2001, Dr. Pender, made a most generous gift to endow a room in memory of his mentor, John Silas Lundy, M.D., and to recognize the contributions of the Mayo



Plaque commemorating John Silas Lundy, M.D., in the Mayo Clinic Room of the Wood Library-Museum.

Clinic Department of Anesthesiology to our specialty. The donation was also intended to help maintain the WLM's Living History Collection. The WLM and the ASA dedicated the curator's office in a ceremony presided over by the then ASA President Neil

Swissman, M.D., at ASA headquarters on March 2, 2001. Five of our consultant staff attended this dedication: Mark Warner, Alan Sessler, Douglas Bacon, Mary Ellen Warner, and Ronald MacKenzie (see photo). Dr. Sarah Pender, the daughter of Bill Pender who continues to support the WLM and Mayo, was also present at the dedication.

The Mayo Clinic Room stands as a permanent testimonial to the contributions of our anesthesiologists. Seven alumni of our Department

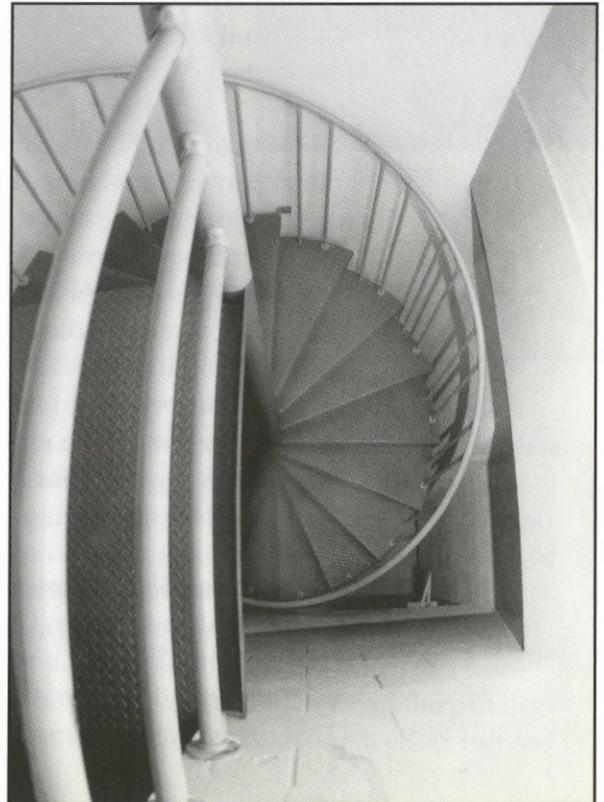
have become president of the ASA, 10 have been or are directors of the ABA, eight have won the ASA Distinguished Service Award, and three have won the ASA's Excellence in Research Award. Nine alumni of the department have served on the editorial board of Anesthesiology, with one editor-in-chief, while five have served on the editorial board of Anesthesia and Analgesia, with one of the five being named editor-in-chief. These physicians are commemorated in the Mayo Clinic Room with a plaque bearing their names.

The WLM and the Mayo Clinic Room are reminders of the past stewards in anesthesiology. Yet, both are reflective of our continuing mission to improve our specialty. Stop by the WLM the next time you are in Chicago and visit our collective past. Peruse the Mayo Clinic Room and realize the continuing impact that this department has on American anesthesiology. Let's continue the traditions represented within the walls of the Mayo Clinic Room.

Department Folklore - The "Theye Memorial Spiral Staircase" Peter Southorn, M.D.

Many will recall clambering up and down this staircase connecting the operating rooms to the OB Suite at Rochester Methodist Hospital (RMH). What may not be appreciated is why this staircase came into existence.

In the early 1970s the institution decided to move the OB suite from St. Marys to RMH. After much planning, the brilliant idea was hatched to locate the mothers-to-be and their babies on the tenth floor of RMH, giving them great scenic views of the Rochester skyline, etc. Dick Theye, our department chair, appropriately took umbrage at this. He insisted that the OB suite be located adjacent to the operating suite to allow quick unimpeded access to it. After much give and take, the final compromise was to place the OB suite on the second floor, immediately above the operating suite, and build this spiral staircase to connect the two.



Anesthesiology Education

Steven Rose, M.D.

Although the basic principles of sound medical education remain the same, technology offers opportunities for learning not previously available. There are several education projects underway at Mayo that will influence the way our residents and fellows are trained. They also offer promise for use in quality assurance and continuing medical education activities. Some of these initiatives are briefly outlined below.

Patient Simulation

Patient simulation is receiving increasing interest as an educational tool. Two Mayo simulation projects have recently been approved (one institutional and one departmental). Both will become operational during the coming calendar year.

The Department of Anesthesiology patient simulator will provide opportunities for training in a full-body simulation environment through the use of a basic mannequin. Several scenarios are programmed into the simulator. Residents, fellows, and staff have the opportunity to test their knowledge, practice their skills, and demonstrate their judgment in an environment associated with no patient risk.

In a similar manner, a state-of-the-art institutional patient simulation center will be located on the ground floor of the Stabile Building on the downtown campus. This center will include several mannequins, briefing and debriefing rooms, audio- and videotaping instruments, and sufficient space to meet the needs of our practice. Laurence Torsher is leading our simulation efforts, and Mark Warner has provided his usual energy and enthusiasm to these projects.

Procedural Skills Center

As many already know, Duane Rorie directs the Procedural Skills Center (PSC) located in the Stabile Building on the downtown campus. This center provides opportunities for Mayo

students, residents, fellows, and staff to practice procedural skills using cadaver specimens. For example, orthopedic surgical residents practice knee arthroscopy using cadaveric knees at the PSC. The Department of Anesthesiology uses the PSC for training in regional anesthesia. Feedback from this course is outstanding, and many trainees feel this course ranks among the best didactic learning opportunities in the program.

Difficult Airway Course

Chris Burkle and his colleagues have developed a mannequin-based difficult airway course using the facilities of our Advanced Airway Laboratory. This laboratory, funded by a significant gift to the Mayo Foundation by Dr. and Mrs. William Dornette of Kensington, Maryland, opened in 2002. The airway course is also regularly conducted nationally and internationally (see photos). It provides instruction and practice in the use of a wide variety of instruments used to manage patients with known or unsuspected difficult airways. All Mayo anesthesiology residents and faculty participate in this course. Feedback from local, national, and international audiences has been very favorable.

Education Technology Center/Department Intranet

Mayo is committing resources to form an Education Technology Center. This center will serve all Mayo Foundation personnel including medical students, residents, fellows, and faculty. Electronic curricula, on-line interactive training sessions, and a variety of audio-visual resources will be included to aid in the quality and efficiency of learning new material. Over time, technology may significantly alter the structure of medical education and practice. The wide-spread availability of computers already makes rote memorization less important as information can be accessed so easily electronically.

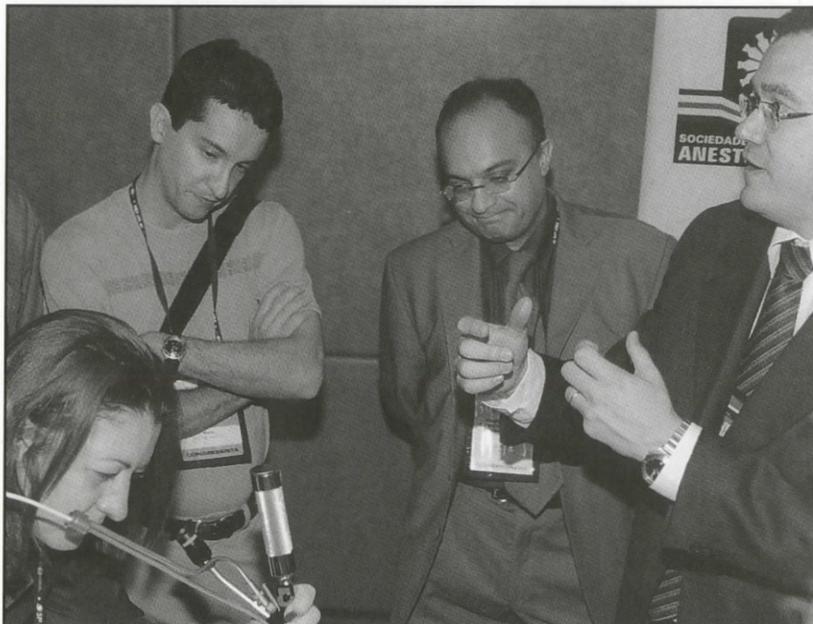
The Department of Anesthesiology intranet site is a great example. This site already provides a valuable web-based resource to department members. These include practical information related to our practice, education, research, and administration packaged in a user-friendly manner. Donna Baxter, Thom Belda, and Martin Abel have provided leadership in this area, and our intranet site is the "gold standard" by which others at Mayo are judged.

Summary

These and other advances in medical education will continue to provide opportunities to improve the value and efficiency of instruction. However, the most important ingredients in outstanding educational programs remain the commitment of the teachers and the effort of the students. We are grateful to our alumni for their efforts to improve the quality of our training programs and encourage you to continue efforts in recruiting talented students to our programs.



Dr. Mark Keegan (top photo) and Dr. Gary Vasdev (bottom photo, middle) teaching an airway course at the 51st Brazilian Congress of Anesthesia in November, 2004.





The Mayo Anesthesiology Alumni Reception

Brian Hall, M.D.

The annual reception for the Mayo Clinic Department of Anesthesiology occurred on October 13, 2004, in conjunction with the ASA annual meeting in Las Vegas. The event took place in the famed Voo Doo Lounge atop the Rio Hotel and Casino. From 6 to 8 pm, the lounge was closed to the public (although a few members of the "public" were welcomed after they succeeded in getting in). The experience began with a 60-second, 51-story ride up the Masquerade Tower in a glass elevator. After that, there was a short walk, a turn to the right, and then a panoramic view of Las Vegas.

Over 100 alumni from many cities, including Scottsdale and Jacksonville, and several foreign countries attended the reception this year (see collage). Many friends who had not visited since the ASA meeting in 2003 spent the evening catching up while enjoying food and beverage and marveling at the view of Las Vegas 442 feet below. Shortly after 8 pm, the lounge was opened to the public, and the Mayo reception wound down as good-byes were said. We hope to see everybody next year in New Orleans.

At left

Collage of some of the alumni and friends attending the Department Reception, October 13th.

News about People

Peter Southorn, M.D.

Our deepest sympathies are extended to the family and friends of **Dr. James S. Whitehouse** who died on August 15, 2004. Dr. Whitehouse, who resided in Laguna, Niguel, California, was a member of the resident class of 1973.

Dr. Mark Bazzell, a consultant in our department who specialized in critical care, has resigned. We wish him every success and happiness in the future.

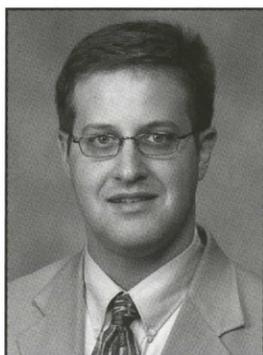
Dr. Petter Steen, a member of the resident class of 1977 and subsequently a research fellow in the department, is to be honored as a "Giant in Resuscitation" by the American Heart Association. We congratulate Petter on this significant award given for his long and distinguished career in this field. Petter is a Professor of Emergency Medicine in the Department of Anesthesiology, Ulleval University Hospital, Oslo, Norway.

Dr. David Warner from our department and Dr. Sherine Gabriel from the Epidemiology Department are responsible for the Mayo Clinic recently receiving a major grant from the National Institutes of Health to establish a multidisciplinary research scholar program.



Dr. Christopher Duncan

Dr. Christopher Duncan, currently completing his residency, is joining our department as a Mayo Foundation Scholar. He will become a fellow in regional anesthesia and also our department's first fellow in clinical research.



Dr. Toby Weingarten

We also wish to congratulate **Dr. Toby Weingarten** for his being appointed a Mayo Foundation Scholar. Toby will be joining the staff later this year specializing and having responsibilities in both the Pain Clinic and operating suite.

Ms. Marie Fuller and **Ms. Mary Schrandt**, two of my administrative colleagues largely responsible for producing this newsletter to-date, have recently accepted positions in other areas of the Clinic. Any success this newsletter has enjoyed has largely been due to their efforts, and I wish them every success and happiness in the future. I am pleased to announce that **Ms. Marla Einck** has stepped into the breach and agreed to become the newsletter's associate editor. **Ms. Rebecca Pecka** is new to the department and will fill the role of assistant editor.

