MAYO CLINIC

Mayo Anesthesiology Alumni Newsletter

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Peter Southorn, M.D., Editor
Marla Einck, Associate Editor
Stacey Maxwell, Assistant Editor

Inside This Issue

KISS

Bradly Narr, M.D.

Keep it simple _____. We can all add many words to fill in the blank to make the acronym complete. The amazing thing about our practice is that every anesthesiologist knows how to keep complex situations and scenarios prioritized (simple) for efficient and effective patient care. Big cases (+ 150 kilograms), little cases (less than 2 kilograms), heart cases, pain cases, ICU cases, and others are successfully managed by each and every one of us every day. Despite this, or perhaps because of it, one surprisingly learns from quality and safety analysis that no matter how healthy your patient or how common or brief the procedure you plan to perform, there is no such thing as a guaranteed simple and stress-free intervention.

Now let me jump scenes. Yesterday, my dear wife decorated our real Christmas tree with the same perfectly spaced lights that Granny used in 1955 and the decorations that we have accumulated since then. It provided an idyllic setting getting up this morning. Although it was dark outside, the tree's lights were bright as I relaxed listening to Marcus Roberts' jazz rendition of Silent Night and sipped my favorite coffee. In this peaceful and calm milieu I contemplated our need to prepare for the future of our specialty. The traditions of safety, anticipatory vigilance, and innovation, just as our tree, must stay. In contrast, the formal evaluation of new residents and our own ongoing education will probably depend less on multiple choice questions (old lights) and more on simulation of critical events (LEDs for us next year). Some changes, like my jazz recordings, will not necessarily make sense at first. For example, more than 50% of our central lines institutionwide are inserted with real-time ultrasound guidance even though we know that we have greater than 90% success rates using nothing but a needle. I would venture to say that any line complication in the near future will be a problem for those who don't completely gown and drape, use ultrasound guidance, transduce the line, and maintain records for ongoing credentialing. It is indeed a complicated world.

Please do not hesitate to contact us if you have a story to share in this newsletter. Dr. Southorn feels he is wearing out his welcome with repeated requests. We look forward to hearing from any of you and reserve editorial rights. Have a happy 2008!

Editor's Note

Peter Southorn, M.D.

It's our privilege to put out this Newsletter together. In doing so we are in debt to and thank its contributors. Reading it, I think, gives one a sense of pride in being associated with our department. The ongoing viability of this publication depends on our staying in touch with your thoughts, reminiscences, or whatever. We really hope to hear from you and at the same time wish you a wonderful 2008.

A Stitch in Time

Renee Caswell, M.D., Arizona

Dr. Renee Caswell

For me, quilting is not about making "blankets," but is a creative outlet that balances my life as a Mayo anesthesiologist with my artistic side. I have always considered myself creative and crafty. Growing up on a farm in Minnesota, we learned to make the things we needed since we could not afford to buy them. I began sewing clothes as a teenager and even made some quilts in high school and college. In 1984, I took my first quilting class and learned traditional techniques for hand piecing, appliqué, and quilting. Next, I took classes in newer techniques including rotary cutting, strip piecing, and machine quilting. Medical school, residency, and two children limited my free time, but I continued to do some quilting throughout those years.

In the past 9 years, I have spent an increasing amount of time in the quilting arts. Attending international quilting shows opened my mind to the incredible creativity, artistry, and advanced techniques used by quilters from around the world. Each year I learn new things and expand my skills. In recent years, I have started designing my quilts rather than following someone else's pattern. As my quilting has expanded, so has my fabric stash. I also continue to invest in a variety of specialized tools and other types of equipment. In fact, when I had outgrown my small quilting room and my fabric had metastasized all over the house, my husband, Steve, and I decided to build onto our house so that I could have a larger studio with more storage. We also wanted a large enough space so that several people could work on projects at the same time. This was especially important as both of my daughters have their own sewing machines and we enjoy doing projects with friends and visitors. We also included comfortable chairs for the "dads" so that the whole family could hang out together.

My new quilt studio is one of the best rooms in the house. It is comprised of two sewing cabinets, an 8 foot by 8 foot felt design wall, a cutting and ironing area, a built in light box, a quilting/design library, tall display walls, and well planned storage. We also included large windows for daylight and an incredible six-tiered lighting system for specific tasks. Steve was able to accommodate all my needs and more in the new studio space. It is one of the many advantages of being married to a custom home builder! Since any self-respecting anesthesiologist must be more than a little compulsive, my fabric storage systems reflect my need for some order in the chaos. Fabrics get folded and "filed" by color and type.

When I am working on a project, I can pull out all the appropriate drawers to choose from. In the midst of a project, my studio will often look like a "fabric bomb" has exploded. Quilting is like painting with fabric, and my fabric drawers are my palettes.

Since I now have such an incredible work space, I have been able to produce and complete more quilts than ever in the past. My quilts have been displayed at Mayo Clinic on four different occasions as part of the Humanities in Medicine rotating art displays.

1. Quilts on display at Mayo Clinic Arizona; 2. Mayo Clinic Quilt; 3. Mayo Clinic Quilt detail; 4. Blue Collection Quilt; 5. Renee free motion quilting the Mayo Clinic Quilt; 6. Studio at Dr. Caswell's home.

The Purple Quilt

Fall Leaves Quilt

I have also had quilts in the Arizona Quilters Guild Show and the International Quilt Festival juried competition in Houston, Texas. I do not specifically create quilts for competition, but rather what strikes my fancy or interest at any one time.

After conceiving the idea for a group quilt to commemorate Mayo's 20th anniversary in Arizona, I have spent the past 2 years working almost exclusively on that project. A local quilt artist was commissioned, and she and I led the project and did the majority of the design and construction of the quilt. Several Mayo employees helped with the project. I personally worked over 1,000 hours on this piece of art - nights, weekends, and vacations. As a result of our labors, this spectacular piece of art will be on permanent display at Mayo Clinic in Arizona. Now that the Mayo Clinic Quilt is completed, I am back to designing and making my own quilts just for "fun" again.

A Return Visit from Australia

Matthew Crawford, M.D., Sydney, Australia

Dr. Crawford and his wife, Margaret, and his children, Belinda, Jacqueline, Lindsay and Tanya.

In 1982, I moved with my family to Rochester to become a special clinical fellow in anesthesia at Mayo Clinic. This began one of the most rewarding exercises that I have ever undertaken in my medical career. We stayed for just under two and one half years, and at the end of that time, I truly felt that I had participated in every aspect of anesthesia practice at its ultimate level. I felt comfortable that anything I encountered back home in Australia would not present major difficulties.

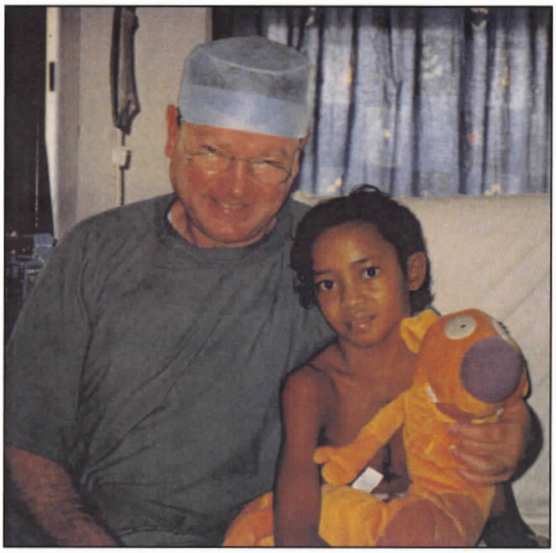
Coming home, I initially acted as the anesthetist to various surgical professors. After a year, I drifted into Critical Care and completed my Fellowship in Intensive Care. Following this, I was attached to the Pediatric Critical Care section and developed high frequency ventilation that I had researched extensively during my time in Rochester. A few years later, we took up the challenge of extracorporeal membrane oxygenation (ECMO) and became a center that accepted very sick neonates with cardio-respiratory problems of all types.

At the time our pediatric cardiac surgical program, then combined with the adult service in one of our sister hospitals, was experiencing some difficulties. It was eventually transferred to the Children's Hospital where I was working. I became heavily involved in the anesthesia and postoperative care of these infants. This was another major learning experience for me. The cardiac surgeon I worked with taught me a great deal, but unfortunately, our association lasted only a year. Our results were less than acceptable, and I felt that I could not continue. The surgeon was asked to stand down, and in an acrimonious separation, we all suffered significantly.

Nothing had prepared me for this, and I thought my chances of ever taking part in pediatric cardiac surgery again had been dealt a fatal blow. The Anesthesia Department in Rochester was quick to become aware of the problem and was very supportive through the process. As luck would have it, a new surgeon was available and ready to take up the challenge. Together, we have spent many years working successfully at the Children's Hospital as well as participating in numerous overseas aid projects, such as Operation Open Heart Program. I feel that I have been privileged to work with him and his successor, both of whom I regard as true craftsmen and with whom I have developed long-term friendships.

Pain has always been an interest of mine, and in the mid 1980s, both the adult and pediatric sections of our hospital supported developing pain services. I initially set up an adult service and some years later the pediatric component. Both sections are now running very well, but my personal involvement in the adult section has decreased over time as I now concentrate on pediatrics and a private clinic that we have developed. Although the public system is finding it increasingly difficult to resource our pain services, particularly the chronic pain section, pediatrics has been spared and this year was given an injection of 3.5 million Australian dollars to further develop pain and palliative care services. As the director of the Sydney Children's Hospital in Sydney, Australia, this injection of funds is truly a blessing.

I still practice in three specialties: anesthesia, intensive care, and pain medicine. As time goes on my role in pain medicine is increasing and anesthesia decreasing. The junior consultants want more and more of the complex pediatric workload that I have been



Dr. Crawford and one of his patients from the Operation Open Heart Program in Papua, New Guinea.

performing, which I don't mind since much of it is after hours and on weekends. Hopefully, I will be able to maintain my cardiac and ENT involvement, but in building a department, one needs to foster young talent. I have been on these rosters for too long, and as our more experienced anesthetists retire, the workload for those remaining is rapidly increasing. Currently, I take call for 13 weekends per year providing neonatal care and a similar amount of the supporting pediatric cardiac patients. Thankfully, occasionally, the rosters coincide.

In April 2007, my wife and I traveled back to Rochester to catch up with old friends that we met during our stay some 25 years earlier. This experience again was quite amazing. I was expecting to find Rochester and Mayo Clinic still doing what it did 25 years ago.

As one drives into the city, one clearly sees that some extraordinary changes have occurred. It soon becomes evident that these changes are a result of the development of the Clinic over the years. The governors of Mayo have predicted the developing nature of health care in the regional USA and have adapted to produce a system that services the community within Minnesota and the surrounding states to the extent that it is now bigger and better than it ever was.

I had expected that, with the establishment of Mayo Clinic Arizona and Mayo Clinic Jacksonville, Rochester would have some difficulty continuing to grow. How far from the truth this turned out to be. Mayo Clinic Rochester now employs 25,000 people whereas in the 1980s it was a mere 10,000. Rochester itself has a population of 90,000 instead of 60,000, and now the major employer is clearly Mayo.

The services at Mayo are still on the cutting edge, and although not significantly different from the services we offer in Australia, the sheer volume of high-end complex procedures carried out is something to behold. The extraordinary becomes the ordinary. This was something that was quite striking in that our system could never sustain such a cost-consuming process. We have a national health system that will provide hospital care for anyone whether they have health insurance or not. Should they be working, they pay 1.5% of their salary toward health care and are entitled to virtually anything in terms of health care except cosmetic surgery.

Patients with private health insurance, about 30% of the population, can have their procedures performed at the time of their choosing but public patients are put on a waiting list. Unless regarded as urgent, e.g. patients needing cancer surgery wait for 6-12 weeks. the wait for orthopedic implants is about 6-12 months, for cardiac surgery 3 months, and for ENT surgery 12-24 months. The private hospital system has targeted the quick turnover procedures as these are profitable, to the detriment of the public system's ability to generate an income. In the private system, cardiac surgery, neurosurgery, and major vascular surgery are offered with intensive care backup. Although these procedures are relatively cost neutral for the private sector, they bring significant prestige to the hospital offering them and help attract patients in the rapid turnover areas.

The public system is designed to never make money and any money it makes is returned to the state's consolidated revenue and not the hospital. The more efficient the public system is in turning over patients, the more cost it engenders. Since both the state and federal governments partially fund the system, they control health expenditure by under funding the system, and blaming each other, until it becomes electorally unacceptable. As such,

health is always a major political football at election time.

Although our system is relatively under funded, we can do what Mayo does but never as much and will never be as good at it. Although our population and medical profession is now becoming more demanding in terms of intensive care resources and an inability to accept death as a satisfactory outcome, we still have not reached the levels seen in the United States. We still run ECMO, but rarely for more than 72 hours or until such a time that the team can be assembled for a concerted effort to wean the patient. Patients have been on support for longer time periods, but the return in terms of good long-term survival have been disappointing. At Mayo, I saw one woman still being supported well after three weeks. This would deal our system a mortal blow as it would prevent us from providing health care to many other seriously ill and potentially salvageable patients.

One of the most appealing aspects of Mayo was the number of lectures and talks given by world experts each week. The ability to attend and discuss various aspects of diagnosis and therapy with them was truly a humbling experience. Since I have a number of interests, I could attend a talk virtually every day.

Anesthesia at Mayo itself has continued to develop in line with other growth at the clinic. The computerized, paperless system seems to have cost an arm and a leg to develop, but is certainly producing results in terms of availability of information regarding a prospective customer. Anesthesia's ability to interact with it has been refined to such a point that it is now user friendly. It has the ability to rapidly search patient records. In allowing retrospective chart review to be performed quickly and easily, it was something to behold. All I can hope is that systems being developed by our state government will incorporate some of Mayo's versatility and flexibility at a fraction of the cost, but alas I fear (know) that will not be the case.

For those practitioners interested in regional anesthesia, a visit to the Orthopedic Section at Rochester Methodist Hospital is worthwhile. Here the proponents of both nerve stimulation and ultrasound can be seen at work, displaying their knowledge and skills. Ultrasound is promising, but I am yet to be convinced that it will offer a lower complication rate compared to other methods already available. It is certainly a great teaching tool and impressive to watch with a good practitioner.

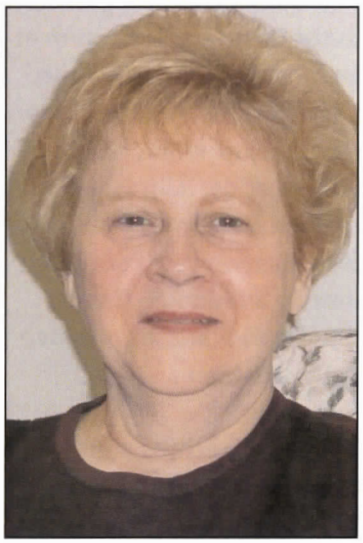
Simulation is said to be the teaching tool of the future, and Mayo is right there with its own center. Anesthesia has a designated area set up just like any operating theater within the clinic. It has the ability to train residents in crisis management or situations such as weaning from bypass. The facility is by far the most sophisticated I have seen and an absolute pleasure to explore. A visit to the clinic is not complete without a session there. What impressed me most was the time allowance given to trainers to devote their energies to the system without it being regarded as something additional that they do on top of their clinical work, as is often the situation here.

My recent visit to Mayo Clinic Rochester proved more valuable than I had expected, and certainly something I would consider again in a few years time. I would urge other ex-trainees to do the same, as the place is still impressive and has something powerful to offer that we are most unlikely to find in our own institutions.

I would like to thank the staff within the Department of Anesthesia at Mayo Clinic Rochester for their great kindness and consideration in looking after both myself and my wife, Margaret, during our stay.

A Conversation with Mrs. Jane Post

Peter Southorn, M.D.



Mrs. Jane Post

Mrs. Jane Post has known every leader of our department and has worked with the majority of them. This remarkable and wonderful lady led our department's office staff from 1955 to 1994. She was known for her loyalty to the consultants she worked for and her probity and formality in which she ran this office. Recently, she kindly agreed to meet me in her Rochester home to talk about her career.

Jane joined Mayo after graduating from Zumbrota High School. Almost immediately, she was substituting in the Legal Department for the secretary of Harry Blackmun (prior to his appointment to the United States Supreme Court.) At this time, she also interacted with Dr. Charles (Chuck) Mayo. Within two months of her joining Mayo, Dr. Albert Faulconer, Jr., interviewed her and selected her to be his secretary. His only requirement was that Jane give him a two-year commitment. Albert Faulconer had become the chair of the department in 1953 when his predecessor, Dr. Charles Adams, had to step down because of ill health. Jane recalls that even though ill, Dr. Adams shared Dr. Faulconer's charm and was also a wonderful pianist. Another person around at that time was Dr. John Lundy, a former chair. It would be several years before he left Rochester and perhaps this was not a happy time in Dr. Lundy's life. Apparently, Dr. Lundy could be a bit brusque and demanding. Fortunately for Jane, Dr. Lundy had another secretary. Jane also remembers other anesthesiologists of that era including Dr. John Osborn, the father of Mr. Steven Osborn, the current Chief Nurse Anesthetist at Mayo Clinic Rochester. In addition to Albert Faulconer, Jane also became Dr. Richard Theye's secretary when he joined the staff. As such, she had a wonderful insight into Dr. Theye's and others involvement in developing open heart surgery with the surgeon, Dr. John Kirklin. Dr. Theye's dislike of formality persisted even after he was appointed chair of the department in succession to Albert Faulconer. One day he had come to work without wearing a tie (a "no-no" in those days) when he was summoned to a Board of Governor's meeting. He promptly sent Jane out to the men's store, Hanny's, to buy a tie, and thereby, she saved the day. Apparently, he hated the tie and never wore it again but kept it forever in his desk drawer.

Jane used to earn extra pocket money during her lunchtime by proofreading papers for Dr. Harry Seldon, the editor of Anesthesia and Analgesia. Jane also took care of and supported Dr. John Martin who was head of the Methodist section of the department and a trustee of the International Anesthesiology Research Society. Dick Theye's appointment as department chair was unfortunately cut short by illness, and he was succeeded by Dr. Alan Sessler. Jane had a high regard for Dr. Sessler and his accomplishments during his long tenure in this position. She says he was a dreamer, always looking to the future, seeking to expand the role of the specialty and the department, in particular. After Alan Sessler, Jane was also the department secretary for the next two department chairs, Dr. Roy Cucchiara and then Dr. Duane Rorie. Roy Cucchiara's term was brief, and Jane recalls it as being one of rapid changes. She had been Duane Rorie's secretary in his capacity as head of Methodist Anesthesia prior to his assuming the chair position. She found Dr. Rorie to be a straight shooter, always busy trying to sustain the department while maintaining his own laboratory research. He was a person who demanded instantaneous attention and gave his thank you's only after a job was well completed.

Jane retired in 1994 while Duane Rorie was still chair. Although she did not work with our last two department chairs, Drs. Mark Warner and Brad Narr, she remembers them well from their first days in residency.

Jane virtually knows everyone who has been through our department, and she is a treasure trove of information about people. It was a pleasure to meet with her again. She is enjoying her retirement with her husband, Darrel (Babe), children, and grandchildren here in Rochester. We wish her many more years of happiness.

Anesthesiology Residency News

Timothy Long, M.D.

Dr. Timothy Long

Dr. Steve Rose

Mayo Clinic Rochester

Following more than 13 years of displaying unparalleled excellence, Steve Rose recently stepped down as program director of the Mayo Anesthesiology Residency program in Rochester. After having worked closely with Steve in education over the last seven years, I am honored to have been selected to replace him as program director. Steve, no doubt, left big shoes to fill, but I rest assured knowing that I can knock on his door any time for advice regarding the program. He has served not only as a mentor for many of our fine residents over the years, but he has mentored me and will continue to mentor me in this new position. Steve continues to serve in his role as Vice Dean for Mayo School of Graduate Medical Education (MSGME) and as the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official (DIO). Mark Warner, of course, serves as MSGME Dean and Renee Caswell serves as MSGME Associate Dean for Surgery and Surgical Specialties at Mayo Clinic Arizona, so anesthesiology remains well-represented in graduate medical education at Mayo. Steve has done a tremendous job with the program over the years. Although our training program is one of the best in the country, we can always be better. I plan to continue on the course that Steve has set, always striving to be the best in the world.

Currently we are in the middle of a new (and busy) interview season. The applicants are extremely competitive this year, and I anticipate having another outstanding group match with us in March, 2008. Although I do not anticipate any immediate major structural changes in the program, there are several issues we will consider over the next few months. The traditional didactic curriculum that we provide remains excellent. One way that we will be looking to enhance the didactic training is through computer technology. Specifically, I would like to set up online course modules for residents to complete either before or during each rotation. The goal is not to replace our faculty lectures as time with the faculty in this setting is a critical educational component. This will be a very large undertaking and will take cooperation from our entire faculty.

In recent years, we have hired many of our graduating residents and fellows (a constant reminder of the importance of recruiting good resident candidates.) These young faculty members are very energetic and have many great ideas. We will be looking to restructure our Education Executive Committee in Rochester in the near future. The goal is to maintain a core group of people who are actively involved in education, constantly looking at ways to make our program better. We know we have an excellent program here, but I think it is important to avoid complacency in any program.

Finally, I would like to congratulate all of our residents who took the ABA/ASA In-Training Examination this past July, 2007. All of our residents who took the exam for credit passed. Our goal is to be at or above the 90th percentile nationally as a program, and I am happy to say that we have once again accomplished this. Of note, two CA-1 residents (with two weeks of training at Mayo) scored high enough to pass the examination. We have a tremendous group of residents. I'm excited to work with our current residents and I'm optimistic about the future success of our program and, thus, our department.

Mayo Clinic Arizona
Renee Caswell, M.D.

The Mayo Clinic Arizona Anesthesiology Residency program entered its first group of trainees in July, 2007. Our premiere group of anesthesiology residents are **Drs. Carla Dormer, Allen Shoham**, and **Eric Cornidez**. They are all off to a fabulous start. Our Pain Medicine Fellowship entered its 7th year with **Dr. Court Empey** who did his anesthesia training at the University of Utah.

Dr. Cornidez had a poster presentation at the American Society of Anesthesiologists Annual meeting in San Francisco, California, October 13-17, 2007: "Does Induced Hypothermia Decrease Brain Temperature".

Mayo Clinic Jacksonville
Marie De Ruyter, M.D.

The results of the 2007 ABA/ASA In-Training Examination recently became available. The overall results for our residents were outstanding. Every resident taking the examination for credit passed. Congratulations to all our residents on their outstanding performance.

The following residents had poster presentations at the American Society of Anesthesiologists Annual Meeting in San Francisco, California, October 13–17, 2007:

Dr. Brian Emerson: "Anesthetic Management of a Ruptured Mycotic Aneurysm"

Dr. Sarah Stolldorf: "Tricuspid Regurgitation"

Drs. Kathryn Bietenholz and **Beth Ladlie**: "Percutaneous Localization of Nerves Using the Stimuplex Pen"

South Division

Peter Southorn, M.D.

Many of you will probably recall giving your first anesthetics in the South Division. It's still here! To this day, it has retained a diversity in practice and a collegial work environment which, taken together, offer a superior learning experience. The division traces its origins back to the late 1970s when the growing Methodist Hospital practice was divided into groups. Its success, in part, stems from its leaders over the years – these luminaries, in order, being Allan Gould, Ron MacKenzie, Mary Ellen Warner, Doug Bacon, Chris Burkle, and now Michael Walsh.

The type of surgery we provide anesthesia for has often changed. Most recently, the division's responsibility for covering the Obstetric Unit was transferred to the North Division. Currently, we provide anesthesia for patients undergoing general, gynecologic, ENT, and plastic surgery and give the anesthesia for patients receiving kidney, pancreas, and liver transplants. We also cover the da Vinci robotic surgery OR suite (soon to be suites.)

The photo shows the current staff. Many of these individuals have joint appointments or ties with other department areas. For example, Michael Walsh often also works in the new Outpatient Procedure Center. David Martin's research helps him retain his ties with the Pain Clinic, and Bhargavi Gali, Mark Keegan, and Jim Findlay also work in the Critical Care Service. Jim Findlay is the Medical Director of our department's and institution's Respiratory Therapy Program and School and David Plevak continues to have a long-term commitment to this activity as well.

The South Division, historically, has had a long history of involvement in obstetric anesthesia and analgesia. Gary Vasdev is currently President of the Society for Obstetric

Anesthesia and Perinatology. In addition to organizing that society's annual meeting, he has led several highly successful and well-received workshops teaching high-risk obstetric anesthesia and critical care. These workshops have attracted an audience of not only anesthesiologists, but also obstetricians and neonatologists.

The increasing acuity of disease seen in many of our patients, together with advances in the specialty, has certainly impacted our practice. There has been an increasing emphasis on total intravenous anesthesia and regional anesthetic techniques in caring for the general and gynecological patient population. Many of these patients require very extensive monitoring during surgery. Our practice includes the whole gamut of different types of ENT surgery including laser surgery of the upper airway. The liver transplant program, currently headed by Jim Findlay, includes Bhargavi Gali, Chris Jankowski, Gerard Kamath, David Plevak, and Gary Vasdev. Our success in taking care of all these patients have and continue to depend on the support, expertise, and help we receive from our CRNA colleagues currently led by Ms. Lori Brundige and Mr. Bob Conway.

Airway management is often of critical importance, and residents and others rotating through the division can expect, and indeed receive, a first-class educational experience in this field. Members of the division were among the pioneers promoting fiberoptic bronchoscopic assisted awake intubation to manage the difficult airway and introduced the laryngeal mask into North American anesthesia practice. Other forms of specialized airway management are also commonly employed. This expertise in airway management has been spearheaded most recently by Chris Burkle. In addition to teaching this subject on a day-to-day basis, the division has put on various institutional, national, and international workshops to teach airway management. This work has been inestimably helped by the generosity of Dr. William Dornette who donated money to create an airway management simulation center at Rochester Methodist Hospital.

All members of the division are committed to education and several have been recognized for their efforts. Dr. David Martin currently heads up our efforts in education. Drs. Burkle, Kamath, and Gali have all been honored as Teachers of the Year.

Front Row (left to right): Drs. Peter Southorn, J. Christopher Sill, Christopher Burkle, Bhargavi Gali, Gurinder (Gary) Vasdev. Back Row (left to right): Drs. David Plevak, Christopher Jankowski, James Findlay, Michael Walsh, David Martin, Edward Rho. Absent: Drs. Gerard Kamath and Mark Keegan.

My colleagues' research and other interests contribute to the South Division's vitality and success.

- Chris Burkle's research and publications on airway management have produced several innovations.
- Jim Findlay, Mark Keegan, Bhargavi Gali, and David Plevak have ongoing studies dealing with liver transplantation.
- Bhargavi Gali, in collaboration with David Plevak, has a grant to examine the possible adverse effects of general anesthesia in patients with obstructive sleep apnea.
- Chris Jankowski has a Foundation for Anesthesia Education and Research (FAER) grant examining delirium in elderly patients following anesthesia. He is also involved in various other studies including one examining the benefits of perioperative beta adrenergic blockade.
- David Martin's research is also funded by a FAER grant. His research explores using acupuncture to treat fibromyalgia and changes in the autonomic nervous system caused by neuropathic pain.
- Chris Sill maintains his long-term research interest in the biochemical mechanisms involved in platelet adhesion.
- Mike Walsh's work in national anesthetic societies and his research focuses on making outpatient anesthesia a safer experience.
- Finally, my remaining colleagues, Ed Rho, Gerard Kamath, and Gary Vasdev do not have a current research project, but they remain our consummate clinicians to whom the rest of us often seek advice and counsel.

The track record of these consultants, to date, is impressive and holds promise to bring the department much credit in the future. Equally important, their collegial, busy clinical practice is an example of how Mayo Clinic provides excellent care to patients while at the same time offering a myriad of educational and research possibilities.

News about People

Peter Southorn, M.D.

Dr. Timothy Long has been selected as the new director of our department's residency program in Rochester. Tim has had a long productive involvement in our department's educational endeavors, and we congratulate him wholeheartedly on this appointment. He's taking this position over from **Dr. Steve Rose** who held it for 14 years and has recently been appointed the Vice Dean for Mayo School of Graduate Medical Education (MSGME) and the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official (DIO)

Dr. Gregory Nuttall and his colleagues wrote the lead article in the October issue of *Anesthesiology* which was also accompanied by an editorial. The article described their research on whether low-dose droperidol increased the risk of drug-induced QT prolongation and torsade de pointes. They found that the drug had a very low incidence of causing these effects and suggested that the FDA black box warning on droperidol was excessive and unnecessary.

Dr. Gregory Nuttall

Dr. Michael Joyner continues to make headlines. The September 27th issue of the *New York Times* features an article in which he was interviewed about how one's physique determines the aptitude one has to compete in a specific sport. Mike received the 2007

University of Arizona Alumni Association Professional Achievement Award. This was given to him in recognition for his outstanding contributions to science and medicine.

Dr. Gary Sieck

Dr. Gary Sieck was named one of the two 2007 Mayo Distinguished Investigators. This prestigious award by our institution, one of its highest, was given for Gary's multiple innovations, his teaching-mentoring work, and his leadership role in directing Mayo research efforts. Gary is a world authority and prolific researcher on the neural control of respiratory muscles.

Those of you who work within the Mayo system know about **Dr. Renee Caswell** and her colleagues' work in completing a magnificent quilt to celebrate the 20th Anniversary of Mayo Clinic Arizona. This quilt is on public display in that facility and was featured as a cover on the current Mayo Clinic telephone directory. There is more about Renee's quilting in this issue.

Dr. David Cook

Dr. David Cook and two friends completed a feat of endurance in September 2007, swimming across the Straits of Gibraltar entrance to the Mediterranean Sea in just over four hours. This test of stamina was remarkable, including as it did, not only swimming across a great body of water but also in doing so dodging the huge ships steaming through the Straits.

Drs. Wanna Somboonviboon and **Thara Srichomkuan** were recently honored by His Majesty The King of Thailand for their contributions to medicine.

Quite a number of alumni colleagues were appointed to office in the ASA and its associated academic societies at the recent ASA Annual Meeting in San Francisco. Of particular note, **Dr. Christopher Jankowski** was elected President-Elect of the Society for the Advancement of Geriatric Anesthesia and **Dr. John Abenstein** was re-elected Vice-Speaker of the ASA House of Delegates.

Dr. Christopher Jankowski

Dr. John Abenstein

Mayo Clinic Alumni Reception at the ASA Annual Meeting

Brian Hall, M.D., Chair, Anesthesia Alumni Liaison Committee

The Mayo Clinic Alumni Reception was held in San Francisco on October 13, 2007. This event was successful and enjoyed by everyone who attended. The photographs are courtesy of Dr. Mary Ellen Warner.

200 First Street SW
Rochester, Minnesota 55905
www.mayoclinic.org

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