Georgia Society of Anesthesiologists, Inc. Newsletter

scope

Fall 2009

Emory University School of Medicine

James R. Zaidan, M.D., MBA, Professor and Chair, Department of Anesthesiology; Associate Dean and DIO, Graduate Medical Education

The training program at Emory University fortunately remains healthy and, like other programs, attracts the highest caliber of academically oriented trainees. The nature of our residents has changed over the past 3 years. Now, entering residents ask questions such as how does propofol act at the GABA receptor? A rather sophisticated question from a junior resident, it provides fun and excitement at the faculty level.

All of our programs are filled, the core program through the match and the fellowships outside the match process. Currently, we train 48 core residents, five Pediatric Anesthesiology, five Pain Medicine and six Cardiothoracic Anesthesiology fellows. We just finished training three Critical Care Medicine fellows, and we look forward to training fellows in CCM next year.

The ACGME strictly applies its guidelines that all can review at the acgme.org website. The ACGME, however, provided us with an opportunity as they say. We are required to teach residents Systems Based Practice, Professionalism and Communication and also Problem Based Learning and Improvement.

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Academic Anesthesia Issue

This edition of *scope* focuses on the state's two anesthesiology residency programs. In addition to reports of the two program directors here, a resident perspective from each is provided on page four. Details of the exciting new *Georgia Cup* competition between residency programs are on page five.

... the greatest step forward was their learning about how to work in teams ...

Medical College of Georgia

C. Alvin Head, M.D., Professor and Chairman, Department of Anesthesiology and Perioperative Medicine

The Medical College of Georgia Anesthesiology Residency Program will soon be entering the resident recruitment process for next years PGY-1 and CA-1 programs. Interviews will begin in November of this year. We are expecting a competitive group of applicants to our program. We continue to improve our residency with a newly revised didactic program and a new Program Director, Dr. Jim Mayfield.

Our residents actively participated in the revision process to better focus their study habits into higher level learning. I am sure, in the end, our residents will be highly sought-out partners for the Anesthesia groups in Georgia and throughout the southeast, where demand continues to exceed the supply of qualified candidates.

One of our residents, Dr. Tom Gallen, has been added to the author list for the next edition of Yale University's text on "Anesthesiology Keyword Review," by Raj Modak, MD. Tom is the first "non-Yale" resident to contribute to this book and we are all

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Fall 2009

Editor's Corner - Pop Culture Shock

Kathryn Stack, M.D.

I hope you are all well as the heat of summer fades and the cool of fall settles in. We have all watched contentious town hall meetings dominate the summer, and clashes over healthcare reform will likely command the fall. Media coverage of the many issues entangled in the debate over healthcare has been and will remain extensive as the stakes are high for every American. Additionally, over the past few months "powerful anesthetic" drugs have emerged as front-page headline news. The pop culture shock and media blitz surrounding Michael Jackson's sudden death and ensuing investigations have introduced the topic of anesthetics into daily conversation.

Who would have thought that "propofol" would become a household word? Yet, the tragic death of a pop icon has launched propofol into mainstream vocabulary. Patients who now know that propofol is a powerful and potentially lethal anesthetic are presenting for surgeries and procedures with questions and concerns -- "Am I going to get Michael Jackson's drug?" With propofol headlining the news, are we anesthesiologists effectively using the untimely and unfortunate death of Michael Jackson as an opportunity to educate our patients about what we do and how safely and well we do what we do? In his tragic death, Michael Jackson just might be the most effective spokesperson for the safe administration of anesthetics that the ASA could never have afforded.

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The GSA Newsletter is published quarterly by the Georgia Society of Anesthesiologists, Inc. Opinions expressed in this publication do not necessarily reflect the official position of the Society. Direct correspondence to:

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Emory University: A Great Place to Learn

Mark Lofye, M.D.

Deeply entrenched in the final year of residency, I have started to gain a sense of comfort in my abilities. There is much to be learned, but having the chance to see some of the specialty rotations for a second time is allowing me the opportunity to focus on the finer nuances of my craft.

However, lurking underneath my new sense of "comfort" is an uneasiness about my residency coming to an end. Soon I will have to move away from the security net to which I have become so accustomed. As a resident, there is always someone nearby to call when help is needed. I know that security net will not be there for long, and these thoughts have given me the opportunity to reflect on my training while here at Emory. In doing so, I realize what a great experience I've had over these last two years, and I feel that there are certain areas where Emory's program is unique and offers unparalleled opportunity.

First of all, we are able to work in multiple facilities and with diverse patient populations each offering unique learning experiences. The core of our training takes place between Emory University and Grady Memorial hospitals. Most people are aware of these two institutions and what they offer as far as learning opportunities. The trauma experience at Grady is second to none, and many complex patients are treated and every type of transplant is performed at Emory University Hospital.

In addition to these two great facilities, we also get the opportunity to work at Emory University Hospital Midtown, Emory Orthopedic Center at Executive Park, Atlanta VA Hospital, Emory University Hospital Midtown Center for Pain Management, Children's Healthcare of Atlanta at

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... we are able to work in multiple facilities and with diverse patient populations ...

MCG: A Resident Perspective

Thomas Gallen, M.D., MPH

As physicians, particularly at academic institutions and during training, the month of July always has special meaning. It is a time when senior residents move on to fellowship and employment, the junior residents become the (seemingly) wise upper-level residents and the interns become the first year residents beginning the long trek towards learning the practice of anesthesiology and tormenting the attendings with ever-new "learning situations" and "teaching points."

This July brought the normal changes to MCG but also a new energy, one of increased curiosity and inquisition. Credit must be given to our new CA-1s who entered this year with unwavering excitement and abundant curiosity. Their energy was compounded by Dr. Mary Arthur and Dr. Jim Mayfield's work creating a wholly new didactic schedule based around Problem Based Learning.

This has been well received, stimulated frequent discussions and fostered enormous growth in our residents. We have been exploring a wide variety of additional educational avenues including interactive case discussions, video-recorded lectures and resident-driven daily keyword discussions. I believe this is only the beginning and that these changes will serve to enhance Georgia's production of top-notch Anesthesiologists.

In the realm of research there are several residents presenting at this year's annual ASA meeting on a variety of topics including management of a

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Healthy Competition

Emory Residents Win First *Georgia Cup*

Sona Arora, M.D.

The GSA summer meeting marked the first Resident Component *Georgia Cup* competition between the anesthesiology residents at the Medical College of Georgia and Emory University. The competition is inspired by the ASAPAC *Alabama Cup*, which is awarded to the state component society with the greatest contribution to the ASAPAC. The *Georgia Cup* is awarded to the residency program in Georgia with the highest percentage of residents contributing to the GSAPAC, contributing to the ASAPAC, and attending the GSA summer meeting.

Congratulations to the residents at Emory for winning the first *Georgia Cup* competition and achieving 100% participation in contributing to both the GSAPAC and the ASAPAC!

The central focus of the competition is to encourage continued professional involvement through both time and money to further our specialty. Advocacy and PAC contributions are key in reaching acceptable terms during the impending healthcare reform, and the resident component is responding to the challenge

How does your practice or group compare?

MCG and Emory residents hold the annual Resident Section meeting at the August 1-2 GSA summer meeting at St. Simon's Island, GA.

Emory University ... (continued from page 1)

This past year, our residents developed teams and chose mentors to tackle Systems Based Practice issues. Left to develop their own solutions to perceived problems, our residents tackled a rather amazing choice of issues. When it was all over, they found answers to how to handoff patient care, how to control supply costs and how to determine the costs of a one-hour patient delay or of an early or late cancellation. Although the projects answered a few questions, the greatest step forward was their learning about how to work in teams to reach a goal. That is the way medicine is going, and the training programs must be part of the process.

The program remains healthy from the viewpoint of research. Dr. Andrew Jenkins continues to find answers to how we become unconscious after propofol. Our stem cell lab is up and running and investigating many questions related to neurosciences. We are delighted to have Dr. Ling Wei and Dr. Shan-Ping Yu on board as our stem cell researchers. Drs. Levy and Tanaka continue to pursue their work in coagulation, and Drs. Sebel, Kerssens and Johansen continue their work in CNS connectivity. Mentoring several of our own residents and residents from FAER each year provides them additional rewards for their research.

Paul Garcia, M.D., Ph.D., one of our current Chief Residents who worked with Dr. Jenkins last year, received the American Society of Anesthesiology's second place award for his research related to molecular interactions between propofol and the GABA receptor. Dr. Garcia also received a first place finish at the New York Assembly last December. These kinds of awards bode well for the specialty of Anesthesiology as we build our crucial research reputations.

It is important in this economic downturn and looming healthcare reform that all academic programs focus on research and education. We certainly appreciate all the help we have received from the GSA and the ASA so that we can stay focused on our most important jobs.

These kinds of awards bode well for the specialty of Anesthesiology

CME

To Re-Cert or Not to Re-Cert?

Lamar "Chip" Moree, M.D.

I have been practicing anesthesiology for twenty-eight years. I have a comfortable life. I really did not want to recertify in anesthesiology. Time expended preparing for and taking the recertification exam would needlessly complicate my professional and personal life. Why do it? What is the gain? What if I failed? I went through my own version of Kubler Ross: Denial (I have a life time certificate from the ABA.); Anger (I did not want the hassle.); Acceptance (Recertification is inevitable.). Ultimately I came to the conclusion that lifetime certification is outdated and difficult to justify. Let's break it down.

Things change. Tests are like dark clouds on a cloudy day. As a medical student I dreamt of the day when I would no longer have a test hanging over me. Alas we do not live in the land of the unclouded day. The ABA granted me a lifetime certification in the nineteen eighties, something that is not available to anesthesiologists of more recent vintage. This inconsistency spotlights a double standard. All anesthesiologists should recertify. I do not think the ABA is guilty of subterfuge or broken promises if the lifetime certification is abolished. I would view this as a policy change consistent with an evolutionary process of demonstrative maintenance of skills by physician specialists. Patients, colleagues, state medical boards, and others have come to and will continue to expect ongoing proof of educational achievement and medical competency.

Caveats. Most medical specialties require a time-based recertification. Lifetime certification in other specialties is the exception, not the norm. Passing an exam does not certify you as a full service human being. There is no test that measures character or the intangibles required to be a good physician. A competent anesthesiologist is more than a test taker, however the recertification process is a reasonable objective. The recertification exam can be a signpost or a bludgeon. It can be a signpost reflective of where you are on your clinical journey or it can be a bludgeon damaging your self-esteem and causing you to question your knowledge base if you perform poorly or if the exam is unreasonable or unfair.

Franz Kafka has left the building. I distinctly recall my initial experience with the ABA exam in the nineteen eighties. The test bore little clinical relevance. A good friend told me that the ABA had contracted the exam to be written by Martian existentialists. I found the recertification exam (7/18/09) to be clinically relevant and reflective of my practice of anesthesiology.

Thank you ABA for generating a reasonable and clinically oriented recertification exam. The exam was 200 questions in length, 150 of which had to be answered over four hours by computer. There were no k type questions. I was able to schedule my exam at a computer-testing center near my home, negating travel issues. The computer interface was quite clean, self explanatory and easy to use. Questions were clinically relevant and covered basic anesthesia and all the subspecialties.

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Board Certification by the Numbers

There are 40,305 non-retired, board-certified Anesthesiologists in the US.
976 reside in Georgia.

28,949 US Anesthesiologists are certified for life with non-time-limited certifications.
11,356 US Anesthesiologists have time-limited certifications.

2,777 US Anesthesiologists have successfully re-certified.
89 Anesthesiologists from Georgia have successfully re-certified.

The recertification exam will change in 2010; examinees will have to answer all 200 questions.

Medical College ... (continued from page 1)

proud of Tom's accomplishment. Our Chief Resident this year is Dr. Bryan Zeh, and we also announced a new position this year of a Deputy Chief Resident, Dr. Lee Rawlings. Lee will move up to Chief Resident next year and will work with Bryan to accomplish all the many tasks that the Chief Resident performs at our institution.

We have five residents attending this year's ASA meeting in New Orleans with three residents presenting research, (Drs. Aryal, Setty and Zeh) and two are representatives to the resident component (Drs. Hodge & Gallen). Dr. Richard Belle-Isle has been nominated for the FAER practice management scholar program to be held in Atlanta in January 2010 and Dr. Head will be on the faculty panel for the Resident Practice Management Seminar at the annual ASA meeting in October.

Overall, we remain very busy and productive in our efforts to educate our residents and fellows as future leaders in the field of Anesthesiology.

... our residents will be highly sought-out partners ...

Editor's Corner (continued from page 2)

As facts surrounding the cause of MJ's death now emerge and become public, the perception of capitalizing on the death of a pop star might appear unseemly or exploitive. However, to ignore the lessons that may be learned from this tragic death would be unfortunate for the specialty of Anesthesiology. On a daily basis we have the opportunity to demonstrate to patients how safe "powerful anesthetic" drugs can be if properly administered in the appropriate setting by those who are specially trained. And now is the time we have an audience that is tuned-in, sensitive to the issue, and taking less of their anesthetic care for granted – *Anesthesiologists: physicians providing the lifeline of modern medicine.*

Emory University: (continued from page 4)

Egleston, and Emory Ambulatory Surgery Center. Each of these facilities offers differences with patient populations, pace of care, equipment, faculty, and anesthetic approaches. By constantly being forced to change and adapt to different environments and having to continually re-evaluate our anesthetic approach, we grow as clinicians.

Another area in which Emory excels is our regional anesthesia experience. We have dedicated ultrasound machines at each facility. Particularly at Grady, there is ample opportunity to do cases under neuraxial or peripheral nerve blocks. Additionally, we are performing a great number of peripheral nerve blocks for post-operative pain control. At Midtown and Executive Park, we are able to place peripheral nerve catheters. All offer great experiences, but by far our best learning experience is during our rotation at Executive Park where we typically perform 5-7 peripheral blocks per day. These are done with close supervision by well trained faculty, very skilled at placing blocks under ultrasound guidance. By the end of this rotation, I felt very comfortable with placing all of the common upper and lower extremity blocks.

In addition to these wonderful attributes, there are many more. For instance, we have a great deal of diversity in both our residents and our faculty. People from varying backgrounds and with different experiences all working together and learning from each other. There is active research in our department, and we have 2-3 residents each year opt for a six-month research track during their CA-3 year. There are many teaching opportunities for the residents with both the Emory University medical students and the Anesthesia Assistant Program students rotating through our facilities. There is a strong pain management program that annually inspires 1-2 residents to perform research in pain management and to go onto pain management fellowships. Our cardiothoracic program attracts some of the most qualified fellows in the country. Most importantly, we have a responsive and approachable administration which actively seeks our feedback in order to improve the program.

In conclusion, I am extremely thankful for having been given the opportunity to train at such a great institution. The faculty and staff are dedicated, caring and knowledgeable individuals whose time and guidance have been invaluable over the past three years. I look forward to my remaining time here, and I plan to do all that I can to pull every bit of experience and knowledge from my surroundings during this final year. Like most CA-3 residents, I have some apprehension about leaving residency, but I feel secure in knowing that I could not have had a better environment in which to learn.

GSA 2010 Winter Forum

New Research into the Fundamentals of Anesthesia:
How it will impact my patients

Saturday, January 23, 2010
Dolce Hotel and Conference Center
(www.dolce-atlanta-peachtree.com)
Peachtree City, Georgia

Paul Garcia, M.D., Ph.D., Activity Director

"I was flattered and excited when Dr. Bannister (GSA Program and Education Chair) asked me to be the activity director for the winter CME conference. We have invited three of our country's top physician-scientists to share their perspectives on how clinical decision-making is influenced by newly gathered scientific knowledge." ***-Paul Garcia, M.D.***

Theme

No medical specialty relies more on laboratory science than anesthesiology. Most of our critical decisions are not made by memorizing the latest in large multi-center drug trials but instead by quickly diagnosing the aberrant physiology and applying the appropriate pharmacology to correct the situation. This theme for our winter meeting was chosen because clinicians want to use fundamental scientific research to guide clinical decisions and are asking for reviews on current research in our field. It is our research training and knowledge that can be used to clearly delineate our doctorate-level education from other anesthesia providers.

In the era of evidence-based medicine, laboratory research is unfortunately de-emphasized alongside large multi-center randomized control trials, in my opinion. Often, people improperly extrapolate the results of large clinical trials as if the results proved something mechanistically. Perhaps by being advocates for investigating scientific principles we can change these perceptions.

Each of our invited speakers maintains a busy clinical practice while producing quality laboratory research. They are enthusiastic about updating the registrants on recent important scientific advancements in the field that guide clinical decision-making. Drs. Kohane, Gallos, and Crowder will instruct attendees on how to apply novel scientific principles in specific clinical scenarios (general and pediatric anesthesiology, pain medicine, critical care, obstetric anesthesia, and neuroanesthesia).

Faculty

Dr. Daniel S. Kohane obtained his M.D. and a Ph.D. in Physiology from Boston University. He subsequently completed residencies in Pediatrics (Children's Hospital Boston) and Anesthesiology (Massachusetts General Hospital), followed by a fellowship in Pediatric Critical Care (Children's Hospital Boston). He is currently a Senior Associate in Pediatric Critical Care at Children's Hospital Boston at Harvard Medical School where he directs the Laboratory for Biomaterials and Drug Delivery. He will lecture on the latest developments of controlled release of local anesthetic formulations and on new systems for drug delivery (optic, otic, and intracranial).

Dr. George Gallos finished both his Anesthesiology residency and fellowship in Obstetric Anesthesiology at Columbia University in New York City. As a resident and fellow Dr. Gallos' research on sepsis/peritonitis and airway smooth muscle physiology won numerous awards at national meetings. His recent publications on management of obstetrical hemorrhage will be discussed as will novel insights into peri-operative management of the asthmatic patient.

Dr. Michael Crowder obtained his M.D. and a Ph.D. in Neuroscience and Pharmacology from Washington University in St. Louis. Dr. Crowder completed his residency at the University of Washington in Seattle, but returned to "Wash U" for a fellowship in Molecular Genetics. Recently, Dr. Crowder was selected to receive the prestigious 2009 Frontiers in Anesthesia Research Award at the IARS 83rd

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Annual Meeting in San Diego, CA for his leadership in the field and his work on Cellular and Molecular Mechanisms of Hypoxic and Anesthetic Preconditioning.

Dr. Crowder is Chief of the Anesthesiology Research Unit at Washington University's School of Medicine. He also is an attending anesthesiologist at Barnes-Jewish Hospital, where he specializes in neurosurgical anesthesiology. His research involves identifying the targets of general anesthetics as well as looking for genes that control survival and adaptation to cellular injury from low oxygen (hypoxia). He will lecture on how current research on cellular mechanisms of hypoxic cellular injury influences his clinical decisions to prevent stroke and heart attack in the peri-operative period.

We are also fortunate to continue our tradition of highlighting research by residents from both Emory and the Medical College of Georgia at the Winter Forum.

The Georgia Society of Anesthesiologists designates this educational activity for a maximum of eight (8) AMA PRA Category 1 Credit(s)™.

... clinicians want to use fundamental scientific research to guide clinical decisions ...

To Re-Cert or ... (continued from page 6)

It is my understanding that the future recertification exam (post 2009) will require that all 200 questions must be answered and the overall percentage of questions devoted to anesthesia subspecialties will be diminished. The eight-week wait for test results does seem long.

Collateral benefits. The hidden benefit of studying for recertification lies in the fact that I studied more material than I needed to in preparation for the exam. I actually enjoyed the review process and found it refreshing. Did I really say that? I rediscovered old friends like dibucaine number, did background checks on shady characters like Mr. BIS, and made new acquaintances like xenon. Studying for the exam was akin to an intellectual reboot. Based on my experience and without yet knowing my test result I have become an advocate for recertification.

Summer CME Meeting Hits Learning Goals

Mary E. Arthur, M.D., Activity Director

More and more diagnostic and therapeutic interventions are now being performed outside the operating room. That, coupled with new research findings, state-of-the-art technology, an aging population, and the improved lifespan of patients with complicated disease states have made providing anesthesia outside the operating room more challenging. Thus the theme for our recent summer meeting at the King and Prince Golf and Beach Resort: "**Emerging Roads in Anesthesia: Reaching Beyond the OR.**"

The primary educational objective of the conference was to better prepare attendees when working outside our usual environment and comfort zone. Participants also learned about cutting-edge approaches to critical care, pain management and chemical terrorism, an area in which anesthesiologists are beginning to play an ever-increasing role.

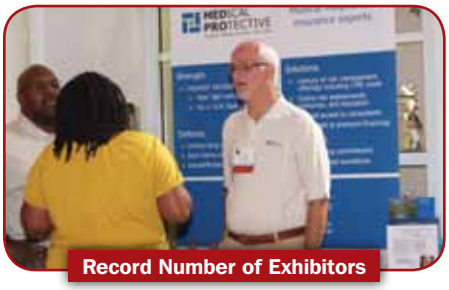
Our faculty included anesthesiologists well versed in their area of expertise from the Georgia Society of Anesthesiologists, University of Massachusetts Medical School, and the University Of Washington School Of Medicine, as well as an electrophysiologist from the Medical College of Georgia. Our presenters did an excellent job of tailoring their lectures to our learning objectives. This was reflected in the feedback we received, with more participants than ever stating that what they learned from this meeting was likely to impact their practice.

This year we introduced a short movie on the history of the GSA. The many contributions that the GSA has made to the growth and development of the profession of anesthesiology as a whole are quite impressive. Our Society will take even greater strides in the future, I am sure.

We welcomed 85 participants, their families and friends to this year's meeting. In addition we had a record number of exhibitors who did a wonderful job enhancing our meeting and helping make it a great success. We would like to take this opportunity to thank all our GSA members and vendors for their continued support during these difficult economic times, and we hope to see everyone again next year.

It was an honor to serve as the Activity Director of this year's summer meeting. Special thanks to James E. "Jet" Toney and the other members of the Cornerstone Communications Group for their support.

We welcomed 85 participants, their families and friends ...



Record Number of Exhibitors


Family Time


Old and New Friends


Mark Dershwitz, M.D.


Alex Hannenberg, M.D.


Adam Berman, M.D.

Kudos

Dr. Sween Earns SJH's Burson Award

Atlanta, Georgia – May 2009 - Dr. Steven L. Sween has been awarded Saint Joseph's Hospital of Atlanta's E. Napier Burson, Jr, M.D. Award for Physician Distinction. Dr. Sween has been a member of the Department of Anesthesia at Saint Joseph's Hospital since 1991. He has been Medical Director and Chairman there since 2003 and also serves as the Vice-Speaker of the House of Delegates of the American Society of Anesthesiologists. Dr. Sween is a member of Physician Specialists in Anesthesia, P.C., which serves Saint Joseph's Hospital.

The Burson Award is Saint Joseph Hospital's highest award for physician service and recognition. The award is given annually and is named after the late Dr. E. Napier "Buck" Burson, a respected Atlanta internist and gastroenterologist who was an influential medical staff leader at Saint Joseph's. Past Burson Award winners include Carl R. Hartrampf Jr., M.D., pioneer in the development of reconstructive plastic surgery procedures including the TRAM procedure, and John C. Garrett, M.D., one of Atlanta's most well-known orthopaedic surgeons and co-founder of Resurgens Orthopaedics.

Dr. Sween, 56, resides in Atlanta with his wife, Barbara, and daughters, Lindsay and Natalie.

Recognitions…

It is the policy of the GSA to recognize member achievement. Such will be included in future issues of scope on a space-available basis. Please submit entries to Editor Kathryn Stack, M.D. at kstack@emory.edu.

MCG: (continued from page 4)

difficult airway with Dexmedetomidine and Ketamine and the utility of TEE in a patient during thoracotomy with severe pulmonary hypertension and pulmonary venous obstruction. Following in the footsteps of Roger Bullard (a former MCG Obstetrical Anesthesiology Director and developer of the Bullard Laryngoscope), one of our more enterprising and technically gifted residents, Harsha Setty, has been working (in his spare time?) on a new video laryngoscope known as the Video-Rigid Intubating Flexible Laryngoscope. It is a self-contained video stylet-based airway management adjunct (with an integrated LCD screen) inserted through an ETT that can achieve 135 degrees of flexion and enables rapid and relatively simple intubation of some of the most difficult airways.

Harsha has used it on several known difficult airways of ENT patients after radiation and with recurrent pharyngeal masses; intubation was both successful and quick. He will be speaking at the ASA annual meeting and upcoming Society for Airway Management meeting in September regarding the scope and his experiences. On a more personal note, I am excited to be a contributor to the second edition of Dr. Raj Modak's text "Anesthesiology Keywords Review."

The field of Anesthesiology has prided itself on adapting new technology and changing practices to promote patient safety and improve patient care. In this turbulent time in healthcare history this attitude of adaptation in pursuit of perfection is even more essential and I believe that our department has risen to the challenge in fostering an environment where residents can question and innovate.

I tip my hat to the patience and expertise our faculty brings, never ceasing to amaze me with their finesse in transitioning residents to their new roles and responsibilities.

I tip my hat to the patience and expertise our faculty brings …

Committee Re

Committee for Responsible Healthcare Policy (GSA-PAC)

Katie Meredith, M.D., Chair

With all eyes on healthcare reform, it is apparent that advocacy has never been more important. We need to stay vigilant about how our legislators are affecting our futures, both on the national and state levels. Following every decision in Washington, there will be many decisions made by lawmakers at the state level that will affect us directly. State level issues will continue to include office-based surgery guidelines, APRN prescriptive authority, and interventional pain management.

The GSA-PAC supports candidates who have demonstrated an interest in protecting patient safety and improving the delivery of quality healthcare in Georgia. In a state with 236 lawmakers, Jet Toney, along with members of the Governmental Affairs Committee, will continue to hand deliver campaign contributions to both Democratic and Republican members of the House and Senate who are in positions to positively impact issues about which we care.

Although it is not an election year, opportunities to support friends of organized medicine exist and are being implemented. Help us to continue to build the relationships with the lawmakers that have demonstrated support for pro-patient, physician led healthcare. The time to act is NOW!

Thank you for your support of the GSA-PAC and for helping us to more effectively work for you.

... advocacy has never been more important.

Program and Education Committee

Carolyn Bannister, M.D., Chair

The upcoming 2010 winter educational meeting at the Dolce Hotel and Conference Center in Peachtree City is just around the corner. The date is January 23, 2010. The activity Director is Dr. Paul Garcia, MD/PhD, who is one of the Chief Residents at Emory Department of Anesthesiology. The theme is *New Research into the Fundamentals of Anesthesia. How Will it Impact My Practice?*

This theme was chosen because clinicians want to use fundamental scientific research to guide clinical decisions and are asking for reviews on current research in our field. The speakers are outstanding anesthesiologists who are actively engaged in research in various areas of anesthesiology. Dr. Garcia has also taken this opportunity to again showcase research efforts of our anesthesiology residents in the Emory and MCG Anesthesiology departments. Please refer to the article by Dr. Garcia for more information.

Per the new accreditation guidelines for CME activities, the Program and Education Committee must now demonstrate that our meetings are tailored to provide

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clinicians want to use fundamental scientific research to guide clinical decisions

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To join a committee contact the the proper committee chair for more information.

Program and Education ... (continued from page 12)

information for the membership to cover "knowledge gaps." To that end we changed the educational survey somewhat to ask what areas the membership considers to be "knowledge gaps" so that we may make conscious decisions to bring speakers for those areas. We recently received the course evaluations and the educational survey which we conducted at the summer meeting. We will thoroughly review all surveys to determine what areas the attendees consider knowledge gaps; we then will be able to select a theme for next summer's educational meeting.

Please notify the committee of any interested members who you think would plan an appealing educational meeting.

When you attend the educational meetings, please take a moment to respond to the educational survey; we need very specific recommendations for meeting content. Drs. Bannister and Kreisler also appreciate emails or phone calls with your suggestions for speakers or educational content.

We hope to see you at the winter meeting.

Doctor-Patient: A Relationship of Value and Trust

Steve M. Walsh, M.D., Chair, Government Affairs Committee

The debate on healthcare reform now involves us all. At one time, the debate was limited to discussion at corporate and government conference tables. Now it has expanded to discussions around kitchen tables. The rhetoric, as we have heard, attempts to create villains of the industry. Some of the accusations stick and become a part of future discussion. Others fade away not to be repeated.

We heard the accusation against ENT doctors who remove tonsils for their own benefit and general surgeons who would remove a limb rather than treat the underlying disease. Both of these accusations have faded. Clearly, this is not what patients experience. On this point, the kitchen table discussions, echoed in town hall meetings, did not express distrust for their doctor. What we did hear expressed was a fear of interference between the doctor and patient. This is obvious from the many surveys that demonstrate over 90% of patients are satisfied with their doctor. Perhaps this sentiment is echoed by what we repeatedly heard from our President, who states, "if you like your doctor, you can keep your doctor."

This is indeed a great testimony to our profession. It speaks to the value of the modern patient- physician relationship. It is a result of a uniquely American course of events.

The time around the turn of the 20th century was a time of great capital formation. America was beginning to reap the full benefits that the railways, telegraph, and banking brought to commerce.

In spite of enormous progress and wealth creation in the words of the author Rosemary Stevens, America was for the most part an "intellectual colony of Europe." Medical training at that time had no standardization. Medical schools to a large part were no more than a proprietary profit endeavor of an individual or small investor group. There was no uniform curriculum or length of training. Awards, like free trips, were given to students who could reliably make their tuition payments. The public had no way to value or trust the service of the person who came to introduce themselves as "Doctor."

During the 20 years that surrounded the turn of that century, American doctors set themselves on a path to create the value and trust that the public needed and deserved.

With the rise of American endowments and desire to improve the medical sciences new institutions were created. These newly established institutions created university and hospital complexes. The institution upgraded entrance standards and created premedical education requirements. Medical training moved from the classroom to the bedside and laboratory. These early and notable institutions like that of John Hopkins supervised by permanent professors like Doctors Osler in medicine, Halsted in surgery, Kelly in gynecology, and Welch in pathology were developed.

The American Medical Association was incorporated in 1897 to continue its mission to promote medicine for the benefit of public health. With the wide variation of medical education, the AMA published, in the *Journal*, success and failure rates for medical schools sending their candidates to examining boards. This gained national recognition for the AMA and by 1905 all state societies except Virginia and Maine had joined.

The need for a greater standard in education, examining boards, and state licensing agencies was acknowledged. The Association of American Medical Colleges along with the National Confederation of State Medical Examining and Licensing Boards were established in order to set minimum standards. Unfortunately, compliance within states was poor. Greater resources and incentives were needed.

This was provided in a large part by sponsorship from the Carnegie Foundation. Previous attempts to voluntarily inspect and rank medical schools provided little reform. Many of the schools who would allow inspection would insist the results remain anonymous. The results could demonstrate the existence of inferior schools, but no targeted action was possible. This problem was addressed through the Carnegie Foundation who offered pensions to the medical professors of qualified institutions. Dr. William Flexner inspected schools and published his report in 1910. The report listed medical schools by

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This is indeed a great testimony to our profession.

GSA Members Rally in D.C.

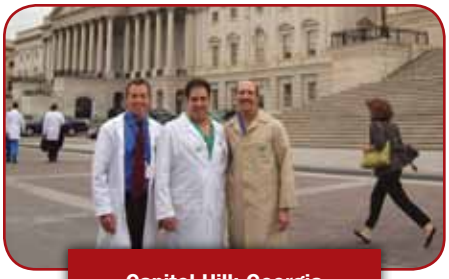
By Jordan Wetstone, M.D.

On September 10, the day after President Obama addressed Congress with his vision of health care reform, approximately 75 physicians from Georgia flew to Washington, D.C. to meet with members of Congress and attend a rally with other physicians from around the country. This was a prelude to the bigger Tea Party which occurred on September 12. Docs4patientcare.org, an association of concerned physicians, was a major organizer of this rally.

After meeting with Representative Phil Gringrey and Senators Isakson and Chambliss the group split up and made visits to Senators Baucus, Grassley and Snowe among others. In addition to discussing various options for health care reform we drove home the point that the AMA does not represent all physicians.

The most interesting moment occurred during a House Judiciary Committee meeting on health care. Chaired by Representative John Conyers (D-Michigan), the meeting began with a presentation by a health administrator from Canada who extolled the benefits of a single payer nationalized system. What followed was a lively 60-minute discussion between many of the physicians present and the congressional representatives. Topics discussed included the need for liability reform, the advantages and disadvantages of a public plan and universal access. The discussion came to an abrupt end when Representative Conyers suggested that the real reason Republicans don't support the President's health care overhaul is because President Obama is black and they just want him to fail. At this point most of the physicians present walked out and made their way over to the outdoor rally in the Upper Senate Park.

Although most of the physicians present came away with a sense that we didn't change any votes there was a sense of satisfaction that we were able to make our points, that the public who we passed in the streets were universally supportive of our efforts and that, when presented with cogent facts, it didn't take long for Representative Conyers to lose a debate.



Capitol Hill: Georgia physicians Jordan Wetstone, Todd Rubin and Ira Buchwald

Physician-led Health Care Rally in Washington, D.C.

Health Care Hearing, U.S. House of Representatives – (L-R) Hank Johnson, D-Georgia, at podium Rep. John Conyers, Dr. Frolan Gonzalez, Atlanta urologist I, Rep. Bobby Scott, D-Virginia, and Dr. Tony Musarra, plastic surgeon and President, Cobb Medical Society.

230 Years to be Lost in 2010 Races

James E. "Jet" Toney, Executive Secretary and Lead Lobbyist

The impact of state level elections is not only determined by who wins, but also who loses. The downstream impact of statewide elections in 2010 is already being felt eight months before the 2010 primaries. As lawmakers and other candidates line up to run for various statewide offices, political observers are noting there will be a huge loss of state legislative experience going into the 2011 General Assembly session.

With state senators, a state representative, a former governor, a congressman, the attorney general, the secretary of state and the insurance commissioner running for governor in 2010, dozens of state lawmakers are abandoning their "secure" legislative seats to run for the vacancies in other high profile positions. The cumulative negative impact on the "institutional knowledge" of our citizen legislature will be significant as more that 230 years of legislative perspective and experience moves on to seek higher office.

While some might say that new blood is needed, the wholesale loss of

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Breaking News from New Orleans, LA: . . . Dr. Steve Sween re-elected ASA House Vice-Speaker; Dr. Arnold Berry elected ASA VP for Scientific Affairs.

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name. The substandard schools were identified with frank descriptions like "very weak", "miserable", "dirty", and "wretched". The report caused a drastic reduction in medical schools. A total of 155 schools, through either closure or merger, were reduced to 31. In 1915, the Carnegie Foundation also subsidized the work of Dr. William Rodman in establishing a national examining board through the National Board of Medical Examiners. The reform was well on its way.

The public and medical professions are the true beneficiaries of this past effort. These people were the seminal force. They recognized the components necessary to establish and grow a relationship of trust and value between patient and doctor.

It is a success based upon a steadfast commitment to quality medical education, ongoing assessments by national examining boards and state licensing boards that require at a minimum successful completion of both. It is a standard that is born and maintained by the profession.

As a result, when a physician stands in an office or healthcare facility and introduces themselves to the patient as "Doctor" it is a brand and trademark that is instantly recognized, understood, and trusted.

I have just returned from a one-day trip to Washington, DC. I want to share with you what was, for me, the most significant part of the trip. As I walked the streets of Constitution Ave, Capital Circle, and Independence Ave in my white clinical jacket on my way to various congressional and senate visits, I was stopped by the public. Without them knowing my name, where I was from, or my political position they all expressed gratitude for me taking the time and effort to make the trip. I will summarize the sentiment of those encounters by a man who stated, "Doc whatever you feel is best for health reform is alright with me."

"Doctor" is our brand. It is our trademark. It deserves our utmost vigilance and protection. We can not allow outside influence to undermine this most privileged relationship of doctor and patient. It is an effort that started 100 years ago. It is an effort that must continue today. The public is counting on us to preserve the relationship that they have come to value and trust.

"Doctor" is our brand. It is our trademark. It deserves our utmost vigilance and protection.

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more than two centuries of legislative "know how" could result in newcomers seeking to make monumental changes in state policy, including scope of practice changes, balanced billing prohibitions and reversal of medical liability reforms.

The bottom line for GSA members is that now is the time to begin educating candidates who say they are running for the state legislature next year. Waiting till after the election affords insufficient time for anesthesiologists to explain the fundamentals of medical practice much less the intricacies of scope, tort and medical practice law and rule.