

Penn State Anesthesiology News

Department of Anesthesiology



Chairman's Corner

Berend Mets, MB, ChB, PhD, FRCA, FFA(SA) Eric A. Walker Professor and Chair of Anesthesiology

Highlights of Interest:

- PACU area expansion (see page 2)
- 5th Annual Anesthesiology Resident Research Competition scheduled in April (see page 6)
- Getting to Know You...featuring Donna Shultz (see page 7)

"Our Vision for the Department is to be a Model Academic Department of Anesthesiology which serves as a Model for Academic Anesthesia Worldwide."

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As the Chairman of our Department, I am very proud to introduce the second issue of Penn State Anesthesiology News expertly edited by Dr. Sonia Vaida and Jennifer Swierczynski, who should receive all of the credit for keeping the momentum in publishing.

We set out to be a Model Academic Department of Anesthesiology, and in this issue we highlight the cutting edge Genomics research that Dr. Piotr Janicki, our Vice Chair for Research, has been conducting with many collaborators in our Department over the last five years or so. In addition, we highlight again one of our high performing divisions, namely the Chronic Pain division led by Dr. Vitaly Gordin and focus on one of our most important educational initiatives, spearheaded by Dr. Len Pott in setting up an educational and research program in Airway Management. The PACU has become a very important clinical arena for quality improvement assessment,

led by Dr. Jansie Prozesky and is also highlighted in this issue.

Key Events...

We are very pleased to announce that Dr. Jill Eckert has now become the Program Director for Anesthesiology since November 2008. Jill was a graduate and Chief Resident of our program, and completed a Pain Fellowship before joining us as Faculty. She has served as the Associate Program Director for the previous three years while Dr. Stephen Kimatian was the Program Director. We congratulate Stephen on his promotion to Vice Chair of Education in Anesthesiology at the Cleveland Clinic; a position he will take on in March of 2009. Stephen was also a graduate and Chief Resident in our program. Following a Pediatric Fellowship, he rejoined us as an Assistant Professor, and became the Associate Program Director six years ago (under Dr. Kim Walker). He became the Program Director three years ago. We welcome Dr. Arne Budde as the new Associate Program Director

and appreciate the work of our further two Assistant Program Directors, Dr. Ken Saliba and Dr. Khaled Sedeek in maintaining the high standards of our residency program.

Further congratulations are in order to Dr Victor Ruiz-Velasco on his renewal of his NIH RO1 entitled "Coupling mechanisms of NOP receptors and calcium channels." This renewal, in one of the toughest funding environments in recent history, speaks to the outstanding internationally recognized work that Victor and his collaborators

(Continued on page 2)



Dr. Berend Mets

Genomics Research

Vice Chair for Research; Professor of Anesthesiology

Current research focuses on the advances in human genomics that might identify patients at increased risk for anesthesia and surgery. This field (coined **perioperative genomics**) has the potential to establish a firm rationale behind many currently unexplained risks related to anesthesia and surgery.

My work with collaborators aims to analyze a number of associations between DNA sequence variations common in the population (single nucleotide polymorphisms, or SNP) and important clinical outcomes in perioperative medicine. The challenge will be to move from

these intriguing statistical correlations to an operational understanding of how genetic variability can be used in a practical manner to guide therapy, predict outcome, and improve patient care. Some examples of the genetic variability currently investigated in my lab involve genetic polymorphisms in the μ-opioid receptor (MOR), which is the number one target for all perioperatively used opioid analgesics, genetic variability of the cytochrome P450 isoform2D6 (CYP2D6) involved in the metabolism of many drugs commonly used during the perioperative period (e.g., antiemetics, analgesics, betablockers, etc.), as well as genetic polymorphism in the NOS1AP gene involved in the cardiac electrophysiological response produced by many drugs used during the perioperative period. The research approach used by my research group relies on genotype screening of the patients undergoing anesthesia and surgery, detecting the mutations in the analyzed region of the genome, and analyzing the selected aspects of the physiological response to surgery and anesthesia during the perioperative period. The most exciting approach, re-

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Message from the Chairman

(Continued from page 1)

have been performing in our laboratories over the last five years.

Special mention must be made of the retirement of Donna Shultz who has served the Department for over 21 years. In recognition of her selfless support, we have named the Outstanding Service Award which is conferred by annual election by faculty in her honor. This will now be named the Donna L. Shultz Outstanding Service Award. Donna is highlighted in a new section "Getting to Know you" which will highlight department members. This excellent

idea for a section in "Anesthesiology News" was suggested by Pam Myers.

We also recognize and thank Joanne Spangler who will also retire this year for her many years of service to our department.

Thankful For...

We look forward to the arrival of a number of new Faculty in July; two of our own and one from further afield.

Drs. Carolyn Barbieri and Mia Mathewson will join us as pediatric anesthesiologists after completing their pediatric anesthesia fellowships with us. Dr. Jonathan Anson will join us as a Clinical Instructor after completing his residency at the University of Pennsylvania.

Finally, while we live in unprecedented economic times, the Department of Anesthesiology has never been busier; at the time of writing, we are well on our way to providing a budgeted 33,000 anesthetics annually and are ahead by 1500 cases when compared to this time last year.

May I wish all of our readers a joyful spring and summer, I look forward to the Fall edition in the future.

Please Welcome our New Faculty...

DeAngelo, Nicholas A.	Assistant Professor (10/1/2008)
Falcucci, Octavio	Assistant Professor (10/20/2008)
Rebstock, Sarah	Assistant Professor (9/1/2008)
Sathishkumar, Subramanian	Visiting International Assistant Professor (9/15/2008)
Verbeek, Thomas A.	Visiting International Assistant Professor (2/1/2009)

Division Highlight: Post Anesthesia Care Unit (PACU)

Jansie Prozesky, MB, ChB
PACU Director; Assistant Professor of Anesthesiology

The PACU (Post Anesthesia Care Unit) is a very important part of the perioperative care for patients undergoing interventions or surgery at the Hershey Medical Center. Our professional, highly trained recovery nurses take care of a wide spectrum of patients, from the very sick premature babies waiting to be transport to pediatric ICU to the geriatric patients coming for joint replacement surgery. We have a dedicated PACU

resident as well as an attending anesthesiologist available at all times for the PACU.

Over the last couple of years, the number of patients receiving surgery/interventions has significantly increased. To accommodate the increasing number of patients, the PACU is currently being expanded to provide 39 new PACU beds. This expansion is scheduled to be completed in September 2009 and will improve the patient care environment for both patients and caregivers.





Current PACU



New PACU Space September 2009 Scheduled Completion

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Division Highlight: Chronic Pain

Vitaly Gordin, MD
Pain Medicine Director; Associate Professor of Anesthesiology

Pain Medicine is a rapidly growing multidisciplinary field in which physicians, such as anesthesiologists, neurologists, physiatrists, and psychiatrists in conjunction with specialists including psychologists and physical therapists and others, treat patients with various chronic pain conditions. The Pain Medicine Division of the Department of Anesthesiology at Penn State Hershey Medical Center has four faculty members. The multidisciplinary nature of the specialty is reflected by the fact that our division has two anesthesiologists and two neurologists. Dr. Vitaly Gordin and Dr. Jill Eckert have their primary training in anesthesiology, while Dr. Yakov Vorobeychik and Dr. David Giampetro are neurologists. All of our physicians are fellowship-trained in Pain Management. The physicians work closely with Mrs. Virginia Thompson, Certified Registered Nurse Practitioner, who brings a wealth of experience in health care and has an active role in patient education.

As with any other division in the Department of Anesthesiology, we have three main missions: patient care, training of residents and fellows, and research.

Over the past ten years, our Division has seen a steady growth of referrals, requiring a gradual increase in the number of physicians from two to four as well as the addition of a nurse practitioner. We provide care to nearly 8,000 patients per year who are referred to us internally and from as far 100 or more miles away.

Our philosophy regarding patient care consists of establishing a cordial and compassionate environment, empowering our patients by educating them about their condition, and presenting them with a wide range of treatment options. These include interventional pain management procedures, medical management, directing our patients toward a healthy lifestyle, behavioral modification, and engaging them in self-directed home exercise programs. Our Interventional Pain Management Program is headed by Dr. Vorobeychik, who has established a lecture series for the fellows and residents and is leading an ongoing discussion on evidence-based support of interventional pain procedures. We offer a variety of X-ray-guided procedures, both therapeutic and diagnostic, for spine-related disorders and other conditions such as neuropathic pain, cancer-related pain, and other chronic pain conditions. We also perform trialing and implantation of drug delivery systems and spinal cord stimulators for both chronic pain and spasticity. Recently, our physicians became involved in the multidisciplinary Spine Center, working closely with neurosurgeons, orthopedic surgeons, physiatrists, and interventional radiologists.

Our Clinic has made substantial progress in improving patient satisfaction. In 2006, our Clinic was recognized for obtaining the largest increase in Press-Gainey scores among all outpatient sites. This achievement took a concerted effort by the entire staff of the Clinic, and we are continuously working to improve our patients' experience. This, and many other tasks, are masterfully performed by our Head Nurse, Cindy Baer, who has been in this position for the past nine years.

Our Division offers an ACGME-accredited one-year fellowship, and we are currently approved for three positions. Over the last ten years we have been enjoying a very strong and ever-growing fellowship applicant pool, including candidates from our own Anesthesiology Residency Program and from institutions such as Cleveland Clinic, Columbia-Presbyterian Hospital, Mount Sinai Hospital, and many others. We have been ranked as one of the top programs in the country based on the feedback from the fellowship applicants. Until recently, the fellowship was directed by Dr. Gordin. Since July 2008, Dr. Giampetro has assumed this role and has been applying his vast knowledge and enthusiasm to maintain the high standing of our program. An integral member of our Division is Mrs. Connie Williard, who assists the faculty by skillfully coordinating our didactic and clinical missions. Our Division has a well-established didactic program with weekly lectures, case presentations, journal clubs, and a phantom-based procedure skills course. In collaboration with Dr. Bosseau Murray, Dr. Lisa Sinz, and Sally Rudy, RN, from the Simulation Lab, we have created an annual Crisis Resource Management Course based on scenarios which can be encountered while performing interventional pain management procedures.

We have trained graduates from both anesthesia and non-anesthesia residency programs, and our current fellowship class is a good reflection of this trend. Dr. Shabeera Husain graduated from Anesthesiology at Penn State Hershey Medical Center, Dr. Saloni Sharma is a graduate of Thomas Jefferson Physiatry Program, and Dr. Janak Vidyarthi came to us after completing an Internal Medicine Residency at Penn State Hershey Medical Center. Having fellows from different fields of medicine enhances our didactic program and positively affects patient care.

Over the past several years, the visibility of our faculty has increased considerably within the Department of Anesthesiology, the Medical Center, and on the national arena. After performing an excellent job for several years as Residency Co-Director, Dr. Eckert has been recently promoted to Residency Director. Dr. Gordin, along with physicians from other departments, has been intimately involved in establishing the Spine Center and has been appointed its Medical Director. He also serves as Chair of the Education Programs Committee for the American Academy of Pain Medicine. Our faculty have been presented lectures at Grand Rounds for the Departments of Orthopedics, Neurology, Neurosurgery, and Internal Medicine here at PennState Hershey. Dr. Vorobeychik was invited as a guest speaker to Massachusetts General Hospital and another teaching hospital in Boston, and his presentations were rated as "excellent" at both institutions. Additionally, our faculty have published articles and book chapters in reputable journals and textbooks, and have present at national meetings. All of our physicians are actively working on clinical research projects in collaboration with Drs. Piotr Janicki and Keith Elmslie, who provide expertise and guidance.

Over the past several years, the Pain Medicine Division, as a group, has been successful in creating a work environment conducive to providing quality patient care and achieving our academic mission, and we are determined to strive towards continuing our success.





Patient Care Focused





Genomics Research

(Continued from page 1)

cently adopted by his group in collaboration with the Hershey Functional Genomics Core Laboratory, involves use of so called **DNA-chips or DNA microarray**, which allows for parallel and simultaneous analysis of more than half a million polymorphisms in one blood or saliva sample for a fraction of the unit price traditionally paid for single genomic testing. It is hoped that a similar approach will be used sometime in the near future preoperatively in order to perform a perioperative personalized genomic scan for all patients scheduled for anesthesia and surgery so that all genomic variants relevant for perioperative management will be known by the anesthesia team well ahead of time.

Dr. Janicki is also participating in several research projects with other departmental faculty and residents focusing on the investigation of neuronal factors involved in the

variability of the clinical response to pain and analgesia. He introduced the human model of heat/capsaicin hyperalgesia to clinical research at HMC, which enables the investigation of mechanisms involved in the generation and modulation of the development of pain sensitization.

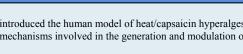


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Burns D, Hill L, Essandoh M, Jarzembowski T, Schuler HG, Janicki PK. Effect of valdecoxib pretreatment on pain and secondary hyperalgesia associated with the heat/ capsaicin sensitization model in health volunteers. BMC Anesthesiol 2006 Mar 10;6:3.

Janicki PK, Schuler G, Francis D, Bohr A, Gordin V, Jarzembowski T, Ruiz-Velasco V, Mets B. A genetic association study of the functional A118G polymorphism of the human m-opioid receptor gene in patients with acute and chronic pain. Anesth Analg 2006 Pct;103 (4):1011-1017.

Janicki PK. Cytochrome P450 2D6 metabolism and 5hydroxytryptamine type 3 receptor antagonists for postoperative nausea and vomiting. Med Sci Monit 2005 Oct;11 (10): RA322-RA328.



Do you know that if you start

your DNA, at a rate of 100 each

you reach the end?

minute, 57 years will pass before

reciting the order of the ATCGs in

Worrich S, Schuler G, Janicki PK: Effect of local administration of transdermal fentanyl on peripheral opioid analgesia. Pain Medicine 2007 Jan-Feb;8(1):41-47.

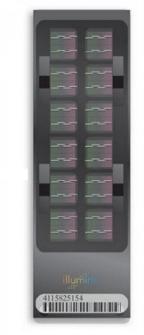
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Margas W, Zubkoff IH, Schuler G, Janicki PK, Ruiz-Velasco V: Modulation of Ca2+ channels by heterologously expressed wild-type and mutant human mcro-opiod receptors (hMOR) containing the A118G single nucleotide polymorphism. J Neurophysiol 2007 Feb;97:1058-1067.

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Janicki PK, Coyne M: Efficacy and safety of granisetron 0.1 mg for postoperative nausea and vomiting: A quantitative systematic review. Pharmacy On-Line/The International Journal of Pharmacy 2006, Nov.



Illumina High Definition DNA Beadchip (as presented on this picture) allows for simultaneous analysis of 4 independent DNA samples with total of about 2.5 millions single nucleotide polymorphisms (SNP) per

Airway Management

Leonard Pott, MB, ChB Associate Professor of Anesthesiology

Airway management is the A in the ABC of patient care and resuscitation, and is a core skill of any anesthesiologist. While every medical doctor must be competent at basic airway management skills, an anesthesiologist is expected to be competent at a significantly higher level. The Penn State Department of Anesthesiology takes the training of residents in both basic and advanced airway management skills very seriously. Our department has an integrated model for airway training, which means that residents do not rotate through a dedicated airway rotation but learn and practice their skills throughout their residency training period.

As juniors, the residents are expected to gain competency at what we consider the basic skills, skills which

will enable them to safely manage a routine intubation, and an intubation which proves to be unexpectedly difficult. Our department's airway management is based on an algorithm which is based on the Difficult Airway Society recommendations, and in turn based on the ASA Difficult Airway Algorithm. These basic skills include: bag-mask-ventilation (BMV), direct laryngoscopy using the Macintosh blade, the use of the Eschmann bougie, laryngeal mask airways (LMA's) and the intubating LMA, fiberoptic intubation in the asleep patient, and cricothyroidotomy. Residents receive formal lectures, attend simulation training sessions, and receive personal instruction in the operating rooms from experienced faculty. Assessment of competency is also vitally important, and our department uses two different techniques. Firstly, the resident completes ISSUE 2 Page 5

Airway Management

a self-reporting airway audit for each case requiring airway management, which records the technique used and if the resident could manage the airway without requiring assistance from the faculty. Statistical analysis of the residents' data provides an objective record of competency. Secondly, the residents take an annual airway management Object Structured Clinical Examination (OSCE) in their Clinical Base year and their CA1 year.

During their CA2 and CA3 years the residents are encouraged to develop skills with other, more advanced techniques. At this stage of their training, residents should be skilled at manipulating the fiberoptic scope in the asleep patient and it is time to perform

awake fiberoptic intubations. In addition, our department is also very fortunate to have a variety of indirect laryngoscopic intubation techniques such as the GlideScope, both the classic and the Cobalt models, the McGrath Video Laryngoscope and the Shikani Optical Stylet. These skills are also assessed using the self-reporting technique. By the end of their residency training, the residents should be skilled at using at least one technique from each class of instrument.

Not surprisingly, the department has a large number of faculty

very interested in airway research, and this area has resulted in a number of publications and letters and continues to be an area for much fruitful research. We are fortunate to be practicing anesthesiology during a period when advances in technology have lead to major new developments in airway management. The whole class of supra-glottic devices is only about 20 years old, and new airway equipment is being developed continuously.

Indirect techniques have been revolutionized by the

which do not require expensive and fragile fiberoptic equipment. What will be developed over the next few years is still uncertain, but what is certain is that these new techniques will lead to a comprehensive re -evaluation of airway management, both in the routine case as well as in cases which are currently considered difficult to intubate. To be sure, our department will continue to be at the leading edge of teaching and research in this exciting field.



development of miniature video cameras

GlideScope Video Laryngoscope

Recent airway management publications:

Gaitini L, Yanovski B, Somri M, Vaida S, Riad T, Alfery D. A Comparison Between the PLA CobraTM and the Laryngeal Mask Airway UniqueTM During Spontaneous Ventilation: A Randomized Prospective Study Anesth Analg 2006;102:631-636.

Suominen P, Taivainen T, Tuominen N, Voipio V, Wirtavuori K, Hiller A, Korpela R, Karjalainen T, Meretoja O. Optimally fitted tracheal tubes decrease the probability of postextubation adverse events in children undergoing general anesthesia. Pediatric Anesthesia 2006;16:641-647.

Vaida SJ, Yodfat UA. Angulation of the airway tube in the AMBU laryngeal mask could be responsible for improved insertion success. Anesth Analg. 2006;103:264.

Pott L, Swick JT, Stack BC. Assessment of recurrent laryngeal nerve during thyroid surgery with laryngeal mask airway. Arch Otolaryngol Head Neck Surg 2007; 133: 266-269.

Pott LM, Budde AO. Airway Management Skills Assessment. MedEdPORTAL. 2007 http://www.aamc.org/ mededportal,ID=9814

Khalid AN, Murray WB. Simulation of the airway. Operative Techniques in Otolaryngology 2007;18:134-139.

Katos MG, Goldenberg MD. Emergency cricothyrotomy. Operative Techniques in Otolaryngology 2007;18:110-114.

Ondik MP, Kimatian S, Carr MM. Management of the difficult airway in the pediatric patient. Operative Techniques in Otolaryngology 2007;18:121-126.

Vaida SJ. The Esophageal-Tracheal Combitube and Esophageal Injuries. Can J Anesth 2007;54:491-492.

Pott LM, Santrock D. Teaching without a teacher: developing competence with a Bullard laryngoscope using only a structured self-learning course and practicing on a mannequin. J Clin Anesth. 2007;19:583-6

Budde AO, Pott LM. Endotracheal tube as a guide for an Eschmann gum elastic bougie to aid tracheal intubation using the McGrath or GlideScope videolaryngoscopes. J Clin Anesth. 2008;20:560.

Pott LM, Murray WB. Review of video laryngoscopy and rigid fiberoptic laryngoscopy. Curr Opin Anaesthesiol. 2008;21:750-8.

Sukernik MR, Bezinover D, Stahlman B, Vaida S, Pott L. Combination of Glidescope with Fiberoptic Bronchoscope for the Optimization of Difficult Endotracheal Intubation. A Case Series of Three Patients. Chest Medicine online. January 2009 http://www.priory.com/chest.htm



A Model Academic Department of Anesthesiology

Our Vision

Become a Model Academic Department of Anesthesiology which serves as a model for Academic Anesthesia Worldwide

Our Shared Values

Collegiality Excellence Respect Integrity Compassion



Our Mission

Our goal is **to be patient and student advocates to ascertain excellence** in education, patient safety and the alleviation of suffering from surgery and pain.

Our constituents also include the physicians who consult us to manage increasingly complex patients. Our goal is **to cultivate and sustain a collegial, respectful, nurturing environment of education and scholarship** in anesthesia and pain medicine drawing from the expertise and knowledge of individuals from the USA and colleagues worldwide.

Our strategic focus is **to conduct education**, **clinical care**, **and research** to enhance **patient safety** in the perioperative period and to **alleviate pain**, recognizing that these are universal concerns with global application.

We will recruit, retain, and develop the very best trainees, faculty, and personnel who share our **vision of scholarship and patient care** relevant to the worldwide anesthesia community.

Our department will be a leader in mentoring and fostering the individual and collective potential of our colleagues and recognizing and celebrating our successes.

We envisage a department where people know that they are valued and find meaning in the contribution that they make to the **global practice of anesthesia and pain medicine**.

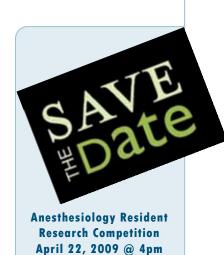
5th Annual Anesthesiology Resident Research Competition

The 5th Annual Department of Anesthesiology Resident Research Competition is scheduled to be held on Wednesday, April 22, 2009, from 4:00 – 6:00 p.m. in the Department of Anesthesiology Library (C2860).

Submissions can be made in either of two categories: Original Research (clinical, basic, or education/simulation) or Case Report. A faculty review panel will judge entries. All submissions will be presented briefly to a gathering of faculty, residents, and medical students, followed by presentation of the awards and a reception in the library. First place winners in the two categories will be selected at the end of the competition. Monetary awards will be given for the submission judged best in each of the two categories.

The award recipient's for 2008 included Dr. Richard Month with a case report on "Spinal Anesthesia for Cesarean Section in a Patient with Cerebral Venous Sinus Thrombosis." This case report was subsequently presented at the 2008 ASA meeting and published in the Canadian Journal of Anaesthesia. Dr. Sarah Rebstock received an award for her basic research on "MOR1 Gene Variant A118G and Biobehavioral Responses in Preterm Infants."

Some residents who present research at our annual competition also choose to present their work at the annual Pennsylvania Anesthesia Residents Research Conference (PARRC). For instance, Dr. Denny Orme, who presented a case report at the 2008 PARRC on "Complication of Retrobulbar Block under General Anesthesia, Presenting as Pseudo Stroke after Scleral Buckle Surgery," won third prize.



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Getting to Know You...

When did you start working at the Hershey Medical Center? I started working at The Milton S. Hershey Medical Center in October 1970, a few weeks before the Hospital opened.

Please tell us about your role(s) and positions at HMC.

I was trained as a Patient Care Clerk to work with all the Department of Medicine physicians to schedule their patient clinical visits and all testing and ancillary services that were needed. I did that job for 9 ½ years before leaving the Medical Center and moving to Colorado.

After 4 years, I moved back to Pennsylvania and started at HMC again as a secretary in the Department of Medicine, Division of Pulmonary Medicine. After 4 years, I applied for a job as Dr. Donald Martin's secretary in the Division of Clinical Anesthesia in October 1988. I feel very fortunate that he chose me because that was the beginning of my wonderful association with Anesthesia and where I stayed for 21 years. Would you say I liked it there?

Dr. Martin trained me for the job as his secretary. Working in Anesthesia was totally different for me because I had always worked in the Department of Medicine. As time went on, Dr. Martin trained me in scheduling the residents and CRNAs for the operating room and ancillary services. Dr. Martin eventually took a six-month sabbatical and gave me the additional responsibility of scheduling the faculty. That was quite a responsibility, but I was up for the challenge. That is how it all began. Scheduling was my new job and eventually a promotion came with it. Years went by and I was moved to a new office under the Chairman's direction. When Dr. Russell became Chairman, I was promoted to Coordinator of Clinical Services which included supervising the Administrative staff.

After a few years, I decreased my time to four days per week and decided to give up the supervisory portion of my job.

Eventually, I further reduced my workdays to three days per week, giving up the clinical schedule responsibilities, and assisted with finance and other duties as assigned.

Then my health changed. Beginning in October, 2006 after many tests, I was diagnosed with ALS (Lou Gehrig's Disease).

Beginning July 1, 2007, I started working PRN, but due to my disease I retired in January 2009.



Donna L. Shultz

What awards/recognition have you received?

In November 2002, at Anesthesia Grand Rounds, I was presented with the Employee of the Month Award for the Hershey Medical Center. That was a wonderful and rewarding surprise.

In June 2007, I was awarded the Non-Faculty Outstanding Service Award for the Department.*

(*This award is designed to recognize a non-faculty member of the Department who has made a major contribution and made everyone's life better. Going forward, this award has been renamed to the "Donna L. Shultz Non-Faculty Outstanding Service Award" ~see Chairman's Corner section on page 1)

Is there anything else that you would like to share with us?

My husband John and I have been married 21 years. We have 4 children between us. I have a son Tom (deceased) and a daughter Sherri. John has a son John and a daughter Jennifer. We have 9 grandchildren ranging in ages from 17 to a newborn.

Current Research				
Principal Investigator	Project Title & Sponsor	Total Funding		
Elmslie, K	Structural Determinants of Closed-state Inactivation of N-type Calcium Channels. PA Tobacco Settlement Fund (TSF)	\$43,950		
Janicki, P	A Randomized, Double-blind, Double-dummy, Dose-ranging, Active and Placebo Controlled Study of Single-dose Oral Rolapitant Monotherapy for the Prevention of Postoperative Nausea and Vomiting (PONV); Schering-Plough Corporation	\$111,920		
Murray, W.B.	Assessment of Learning with the Mobile Intubating Video Laryngoscope (MIVL) in Endotracheal Intubation; University of Nebraska	\$80,986		
Murray, W.B.	COTS HEMI Devices Characterization; US Marine Corps Contract	\$74,663		
Murray, W.B.	Developing Trial Systems and Initial Evaluation Tools: Phase I Extension for TATRC; US Marine Corps Contract	\$149,882		
Murray, W.B.	Technology Advisory Panel to the Joint Non-Lethal Weapons Program	\$21,450		
Murray, W.B.	USMC Human Effects Advising Panel	\$8,750		
Ruiz-Velasco, V.	Coupling Mechanisms of NOP Receptors and Calcium Channels; PA Tobacco Settlement Fund (TSF)	\$76,598		
Ruiz-Velasco, V.	Coupling Mechanisms of NOP Receptors and Calcium Channels; National Institutes of Health (NIH)	\$1,200,000		
Trojanowski, A.	Recognition of Unanticipated Hemodynamic Events Comparing Cuff Monitoring and the TenSys T-line; Tensys Medical, Inc	\$28,000		



Department of Anesthesiology

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Do you have a submission or topic of interest for the next edition?

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Associate Professor of Anesthesiology Director of OB Anesthesia

Associate Editor: Jennifer Swierczynski, BS

Administrative Associate

Forthcoming in the next edition...

New Residents & Fellows for 2009-2010

From the Editor...

Thank you for all of the valuable contributions to the first edition of the Anesthesiology News. I invite you to consider an original entry for an upcoming edition. Please forward any information to me via email.

Sonia Vaida svaida@hmc.psu.edu



"We are Penn State"

www.pennstate her shey.org/an est he sia