

PENNSTATE HERSHEY

Anesthesiology

HIGHLIGHTS OF INTEREST:

- Operation Smile (front cover)
- New Anesthesia Clinic (pgs 6-7)
- 40th Anniversary Celebration (front & back cover)

"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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Penn State Anesthesiology News



Chairman's Corner

Berend Mets, MB, ChB, PhD, FRCA, FFA(SA)

Eric A. Walker Professor and Chair of Anesthesiology

In this fourth issue of Anesthesiology News, we wish to highlight the Department of Anesthesiology's significant outreach efforts and also mention the celebration of the 40th Anniversary of the Department.

To celebrate this 40th anniversary, all Departmental Alumni will be invited to join us on Saturday, October 9, 2010, for a Brunch and Tours of the Department, New Simulation Center and Hospital. That evening, all Alumni will be invited to a dinner to be held at the Hershey Lodge, where we have invited all of the former Chairs of the Department to attend and provide us with a few choice anecdotes from their Chairmanships. We hope that many alumni will be able to attend this historic occasion.

While all Academic Departments of Anesthesiology have the three missions of Research, Education and Clinical Care, we have long held that our fourth mission is Outreach. We have addressed this in a number of ways; by inviting international faculty to visit our department, through our

involvement in societies that work internationally, as well as by travelling on surgical missions or educational missions to other countries.

In line with our Outreach Mission, you will find in this issue, descriptions by our Faculty and Residents of their involvement in Volunteering around the World.

Sonia, our Editor, has also asked that I describe my personal involvement in Outreach.

I currently serve as the Anesthesia Director for Health Volunteers



Dr. Berend Mets
Eric A. Walker Professor and Chair

Overseas organization. This is a network of health care professionals, organizations, corporations and donors united in a common commitment to improving global health through education. HVO has more than 80 clinical education programs in 25 developing countries. HVO currently has Anesthesiology sites in Africa (South Africa, Tanzania, Ethiopia, Eritrea), India, Vietnam and Peru, and we are working on developing a new site in Malawi, as well as in Uganda. Consultant Anesthesiologists and CRNA Volunteers are invited to join HVO and volunteer to travel to these sites to educate anesthesia providers on site for periods of 2-4 weeks. Each site has an onsite Director, as well as an American-based Program Director, who oversee the applicants and sites to ensure that there is a good match and that appropriate training is provided. At conclusion of the visit, each volunteer provides a written trip report which is posted on our website and made available to future volunteers (http:// www.hvousa.org). In conjunction with the Society for Education in Anesthesiol-

Continued on page 2

July 2010 marks the 40th Anniversary of the Department of Anesthesiology at Penn State Hershey! We are planning a celebration on <u>Saturday</u>, <u>October 9, 2010</u> in Hershey for all of our alumni, including former faculty, residents, and fellows.

Dr. Patrick McQuillan and Operation Smile

Sonia Vaida, MD

Associate Professor in Anesthesiology

Dr. Patrick McQuillan received the Operation Smile Volunteer of the Year Award in 2009 for his incredible contributions as a medical volunteer for over 20 years. He has participated in numerous medical missions to Vietnam, China and Columbia. The Dr. Lionel Glassman Award for Excellence in Volunteerism is given to an outstanding volunteer who exemplifies

the true meaning of volunteerism by working on behalf of others without the expectation of any gain except to improve others' lives. With the devastating earth quake in Haiti, he was first on board with a mission from Hershey Medical Center to help and relieve the pain and suffering.





(Continued from page 1)

ogy, a SEA/HVO Fellowship was established some 8 years ago. This Fellowship is granted annually to senior resident applicants from programs across the US. This is very competitive and around 40 residents apply annually to be awarded a number of these Fellowships to travel to one of the HVO sites to teach anesthesiology. Last year, we were very pleased that Dr. Stacey Swift, from our Residency Program, was selected for this Fellowship to travel to Tanzania.

Another area of my involvement in Outreach is through the World Federation Societies of Anesthesia, (WFSA) where I have served as a Refresher Course Lecturer in countries such as Vietnam, China and the Philippines. I serve on the Publications Committee and as a Delegate for the ASA to the WFSA.

With respect to Volunteering, Special Mention should be made of Dr. Pat McQuillan, who has volunteered for Operation Smile for over 18 years. For his work, Pat was honored by Operation Smile this year as the Recipient of the Volun-



teer of the Year Award, which was conferred in a Special Ceremony held in Virginia Beach, VA.

In closing, I express my gratitude for the work of our dedicated administrative staff, CRNA's, residents, faculty and researchers who together contribute to the ongoing success and growth of this Department.



PENN STATE ANESTHESIOLOGY NEWS

Ecuador Mission

Douglas Bower, MD, Resident in Anesthesiology

In November 2009 I had the opportunity to travel to Guayaquil, Ecuador with the Penn State Hershey Children's Heart Group. Dr. Ramesh Kodavatiganti and I spent a week providing anesthetic care for fourteen children undergoing surgical repair of their congenital heart defects. It was challenging to provide anesthesia without access to all the medications and equipment that are readily available here at Penn State Hershey. I definitely learned a lot, and it was a tremendously rewarding experience to provide anesthesia care in a developing country so full of need. This trip strengthened my desire to participate in medical missions throughout my career.









Vietnam Mission

Matthew Desciak, MD, Resident in Anesthesiology

Sometimes, it is easy to forget why we went into medicine. It is easy to get lost in the schedules, endless paperwork and the bureaucracy in Washington. As a CA-3 resident, the additional pressures of applying for jobs/fellowships and preparing for the boards makes it easy to lose sight of what is important. We all ultimately went into medicine because we like helping people and using our particular skill set to make a difference in their lives. This past year, I got the chance to practice medicine in its simplest form and remind myself of why I went into anesthe-

In November 2009, I had the experience of a lifetime when I traveled to Vietnam as part of Operation Smile. I traveled as a "Regan Fellow" which is a position designed to give senior residents in anesthesia or surgery the opportunity to participate in an Operation Smile mission. The fundamental goal of Operation Smile is to provide surgical care for children with cleft lips and cleft palates. This mission has expanded throughout the years to include providing dental care, speech therapy as well as coordinating long term follow up care for these patients. Operation Smile has a presence in over 50 countries and has provided over 120,000 surgeries free of charge.

I traveled to Can Tho, Vietnam as part of the Operation Smile's 20th Anniversary mission to Vietnam. This was a special mission for both Operation Smile and Vietnam and involved 14 simultaneously running sites throughout the country involving over 1000 volunteers and almost 900 surgeries over a period of 10 days. I worked alongside a team of 6 anesthesiologists, including one of my attendings from Penn State and a long-time Operation Smile volunteer, Dr. Patrick McQuillan. The anesthesiologists came from all regions of the Unites States, as well as another from Sweden. The surgeons included a mix from the U.S. and Vietnam.

It was an amazing experience to work with so many talented anesthesiologists, surgeons, pediatricians and nurses who were all invested in the same goal of providing life-changing surgery to as many children as we could in our time in Vietnam. There were no egos in the operating rooms. There was no bickering over schedules or supplies. Our case turnover times were generally less than 5 minutes, and the OR

nurses never missed a beat. The days were long, but I don't recall hearing a single complaint.

The language barrier between the English speaking medical team and the Vietnamese was intense. Even after nearly two weeks in the country, I was still working on correctly pronouncing "please" and "thank you." Despite the language barrier, it was obvious how truly grateful the parents of these children were. In Vietnam, like most countries, a condition like a cleft lip or palate makes most of the children a pariah,

often kept behind closed doors by their families. A simple 45 minute cleft lip repair is often the single most important event in some of these children's lives because it gives them a chance to experience a normal life.

The mission was without a doubt the most fulfilling experience I have done in medicine. The opportunity to observe the techniques and styles used by anesthesiologists with such a wide background and training was extremely practical. I also learned much from the Vietnamese people and how important volunteering can be. Along the way, I remembered why I went into medicine and anesthesia and what I always hoped to get out of this career path I have chosen. I encourage anyone who has ever contemplated mission work to consider a mission such as this, you won't regret it!







Dr. Jansie Prozesky in Guwahati, India



Operation Smile in India

Padmani Dhar, MB, BS

Assistant Professor in Anesthesiology

This year in February, by going on an Operation Smile Mission, I did something I had wanted to do for a long ime.

Operation Smile is a worldwide children's medical charity that was founded in 1982. It provides cleft lip and palate repairs to children and young adults in the developing countries. Currently OpSmile is doing this charity work in 50 countries worldwide and has so far performed more than 140,000 surgeries. Our OpSmile mission trip was to Guwahati, India. Guwahati is a city on the banks of the mighty Brahmaputra River in the North-Eastern State of Assam, famous for its tea gardens and silk.

In Assam, census has it that there are more than 35,000 cases of clefts that need repair. Ours was the fourth visit to the city from OpSmile. I was told that this mission was much larger than a usual Op Smile mission. We were in fact the second half of a whole mission. There was already a team just ahead of us, finishing their work as we were approaching Guwahati. Each of these two teams had some 120-130 volunteers and each team worked for about 10 days. Volunteers from 19 countries were on this mission, including some from the parent country. There were large groups from Columbia and Peru.

By the end of the mission, 967 surgeries had been performed and 1871 patients had been evaluated. In our team, there were 18 surgeons and 18 anesthesiologists. The other personnel included pediatricians, intensivists, nurses, dentists, speech therapists, translators, coordinators, etc. The anesthesia team leader was from our own department, Dr. McQuillan, who has been doing this almost from its inception. Jansie Prozesky was the other team member from our department. It felt just like at home, secure with the team leader we had, even though we were in a very different environment. It was nice to see other familiar faces like Dr. Dillon, Dr. Mackay and Dr. Lucking.

Our day started with the bus ride from the hotel to the hospital, where the surgeries were performed. The buses were ready to take us at 6:30 in the morning after having been served a sumptuous breakfast. The in-charge nurses had a perfect grip of the situation, making the schedules, running the board and assigning the patients and surgeons to the tables. All at once, the surgeries would be in full swing: patients waiting to be operated on, patients being taken into the operating rooms, once in a while a screaming little child, patients being carried out after the surgery, sometimes on a stretcher and sometimes just picked up in the lap to the awaiting staff in the recovery ward. The coordinators were making sure we all were well fed; the boxed lunches, water bottles, sodas, coffee, tea and snacks would be passed around as well.

We used the operating rooms of the Government Hospital at Assam who also provided the scrub nurses. Each operating room had two tables. Op Smile has its own anesthesia machines and we had a work room from where we restocked our supplies of medicines, IV fluids, etc. Of course not everything was as disposable as we are used to here. Anesthesia was simple. No premeds were used. Lots of Sevoflurane was consumed, as we were also using high gas flow rates. Sevo anesthesia was supplemented with fentanyl and Tylenol suppositories. Not all patients were children; there were also adults. And not all anesthetics were general anesthesia; some surgeries were performed under local anesthesia. There were some OR tables set aside for local anesthesia cases. Patients had travelled even 15-20 hours of bus journey to get their surgery done.

It was very impressive to see how all this had been organized. I am sure the coordinators here as well as in India had put in a lot of thinking and hard work behind the scenes. Everybody worked hard and seemed happy. It was especially very rewarding to see the children a few days after they had their clefts repaired. All patients were followed for a week after the surgery by the post op team. All in all, it was a wonderful experience for me.





SEA/HV0 Traveling Fellowship-Tanzania

Stacey Swift, M.D., Resident in Anesthesiology

I was awarded the SEA/HVO Traveling Fellowship award in 2009. I traveled to Mwanza, Tanzania for four weeks in November, 2009 to teach 21 nurse anesthetist students currently enrolled in a one year anesthesia training program. Bugando Medical Centre, where I was teaching, is a 900 bed hospital with upwards of 60 surgeries performed each day. Tanzania has considerable limitations for providing anesthesia including money and education and many of the students I was teaching were training to be the first anesthesia provider at their much smaller district hospital. A significant portion of my teaching was about Ether since purchasing an anesthesia machine is not possible. Other areas of focus during my time there was cardiovascular physiology, pulmonary physiology, monitoring, and anesthesia pharmacology.

The experience was incredibly rewarding and the memories will be with me forever. I am reminded of my students daily and motivated to continue their education. While my purpose there was to be a teacher, I found that my students taught me more than I could ever teach them. I am reminded of the saying, "give a man a fish and he'll eat for a day, teach a man to fish and he'll eat for a lifetime."









Please Welcome our New Faculty...

| Subhash Das, MD, PhD | Assistant Professor (February 1, 2010) |
|-----------------------|--|
| Salah Eldohiri, MD | Assistant Professor (March 22, 2010) |
| Mary Beth McAlevy, MD | Clinical Instructor (January 1, 2010) |

Dr. Robert Thompson

Sonia Vaida, MD Associate Professor of Anesthesiology

Dr. Thompson joined the department on July 1, 2009 as the new Medical Director for the Anesthesia Preoperative Evaluation Clinic. He came here from the department of emergency medicine "down the road" at Pinnacle Health where he had practiced since 1996, after completing his fellowship there in obstetrics and gynecology. He completed his residency in family medicine at United Health Services in Johnson City, New York, During residency, he obtained a Masters degree in Health Services

Administration from New School of Social Research, New York City. His received his medical training from Southeastern College of Osteopathic Medicine in Ft. Lauderdale, Florida. He was the co-founder and former administrative director of the Sports Medicine Center of Sarasota, Florida. He also served for one year at the Amundsen-Scott Base, South Pole, Antarctica, 1999-2000 as the base physician.



Robert Thompson, DO, MS, FAAP

New Anesthesia Clinic

Robert Thompson, DO, MS, FAAP

Assistant Professor of Anesthesiology and Family and Community Medicine; Medical Director of the Anesthesia PreOperative Evaluation Clinic

A new location, new electronic medical record, new patient flow, and a new director what hasn't changed at the Anesthesia Preoperative Evaluation Clinic lately? The new Clinic is located at 1300 UPC Building, on the right just after crossing the walkover bridge. The excellent standards and high quality history and physical that have been the reputation of the Clinic for years remain the same. The methods, format, and techniques for creating that document have changed a lot.

The Clinic began in the late 1970's open for one-half day per week as part of the Internal Medicine Clinic. One attending and one resident saw complex preoperative patients on Friday afternoons. The Clinic gradually expanded to five days per week and moved to what is now the OR control desk on the second floor with a full-time nurse. In the early 1990's, the Clinic moved again to the more recent space on the east side of the first floor adjacent to the Admissions Office, with six exam rooms, a lab, and a radiology room. Patients were

originally seen on a walk-in basis from the various surgical clinics. Carol Kimak, PA was the first practitioner hired in February, 1995 and she is still working at the Clinic today. Carol said, "The bus (shuttle bus) used to literally roll in from Ortho Clinic and our waiting room would be swamped with sitting room on the floor only. We would call more residents as needed and have three or four residents seeing patients at the same time." The Clinic continued to grow in patient volume until four practitioners were needed each day, along with an anesthesia attending, usually one resident and additional support staff.

On July 1, 2009 the Clinic went "on-line" with the new electronic H&P, which was also my first day as the new Director. Dr. Donald Martin was the former Medical Director of the Clinic for fourteen years. Without his tireless efforts, groundwork, sharing, and side-by-side assistance, my transition to becoming Director would not have been possible. Revisions are ongoing, but the new electronic H&P is proving to be

more practical, seamless and efficient with time. The Clinic achieved a "Top Ten" Press Ganey ranking for the first time ever for the most recent sixmonth period, compared to the 52 other Hershey out-patient Clinics.

On December 4, 2009, we moved the Clinic from the east side of the hospital "across from Starbucks" to our current location at 1300 UPC Building. The number of exam rooms was doubled to twelve. Patient flow was totally redesigned. Labs and X-rays are no longer obtained in the Clinic, since these services are now conveniently located down the hall in UPC. The practitioners and attendings are using new portable computers on carts that can be wheeled into the room with the patient.

Our total number of staff is fifteen, including the Office Manager, Jennifer White.
There are four Medical Office Assistants (MOA's), and three Medical Assistants (MA's).
There are six mid-level practitioners, two full-time and four part-time, who complete the H&P's. The attending and the

New Anesthesia Clinic (cont'd)

resident obtain the informed consent. The practitioners have been working at the Clinic for an average of over ten years each, and their experience and dedication is an integral factor to the Clinic's success. We see approximately 9,000 patients per year or roughly one quarter of all the anesthetics that are given at this institution. The attendings who currently rotate through the Clinic are Wilson Po, MD, Piotr Janicki, MD, PhD, and Sarah Rebstock, MD, PhD, with Thomas Dunn, MD and Tiffany Bartsch, MD joining in July.

Staff from other departments who also work in the Anesthesia Clinic include Molly Pells, who obtains the tissue bank consents for the Penn State Cancer Institute from the appropriate patients. There are also two staff members from In-Patient Access who obtain the overall hospital "Consent for Medical Treatment," after the patients are done with their Anesthesia Clinic visit.

I would encourage any of the residents to consider our patient population as a potential source for research projects. The opportunities exist to access patient data retrospectively, and follow patients longitudinally through our system, for any variety of study purposes. There are plenty of challenges ahead. Four new OR's opened on May 3rd and two more OR's are scheduled to open in July. Five more OR's plus a Cath Lab are also planned for when the Children's

Hospital opens in 2012. We are currently averaging 38-40 patients per day, which is a significant increase compared to before the move. Those numbers may not sound like a lot at first when compared to other acute care clinics, until you consider that each and every one of our patients is getting a full H&P, including accurate medication reconciliation, on a document that it accessible on-line before the patient leaves the Clinic. We will continually strive to improve our services to the surgeons, anesthesiologists, anesthetists, residents, and most importantly, the patients. There is still significant room for growth and adding value to the pre-operative visit that may require some creative thinking outside the box in the not-so-distant future.



JoAnn Ginter, CRNP



Back row, L to R: Carol Kimak, Kelly Thrush, Jen Dengler, Robert Thompson, Anna Olsen, Jim Berzinski, Nancy Ebersole. Front row, L to R: Dawn Herr, Erica Hoffman, Jennifer White, Paul McCullough, Alison Siegfried. Not shown in group photo - Sheri Kline, Charlynn Duncan, JoAnn Ginter, Angela Miller.

Getting to Know You...

Susan Harris, Anesthesia Support Associate (clinical scheduler), is an avid and very successful photographer while also working towards a Bachelor of Science in Business Management degree, and mothering two daughters. Her photographic specialty is still-life detail. Approximately 30 of Susan's photos were featured on the Artist Wall of Hershey Medical Center from Monday, April 19 through Friday, May 14. You can also view some

of Susan's work by visiting http://harrisphoto.webs.com/









Susan Harris



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

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From the Editor...

"Thank you for all of the valuable contributions to the fourth 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."

Come Visit the New PennState Hershey Clinical Simulation Center for Required MOCA Credit!

The PennState Hershey Clinical Simulation Center is an ASA-accredited Simulation Program offering ABA endorsed courses eligible for MOCA credit. Participants must be Board-Certified or Board-Eligible Anesthesiologists, regardless of whether MOCA credit is sought. Anesthesiologists who achieved ABA Board Certification in 2004 or later are required to participate in an appropriate Simulation Education Course at an endorsed Simulation Center, such as ours, at least once every 10 years. Visit the ABA website at www.theaba.org for further information about MOCA requirements.

Maintenance of Certification in Anesthesia Pt. IV Requirement: Simulation Education Course The PennState Hershey Clinical Simulation Center—Course Fee: \$1,500 for 1-Day Session

Optional ACLS Certification: \$75 Available Dates: November 20, 2010 February 19, 2011

Additional information or to register: CME Phone: 717-531-6483 Anesthesiology Department Contact: 717-531-5173



"We are Penn State"